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ASSESSMENT OF CAREGIVER BURDEN OF MENTALLY ILL PATIENTS: A CROSS SECTIONAL STUDY

Community Medicine

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ABSTRACT

One of the main aspects of community care of mentally ill patient is family support. Caregiver Burden is the Physical, Emotional & Financial toll of providing care. A caregiver may go into depression, anxiety, physical burnout or emotional burnout due to stress of giving care to the patient. By assessing the burden and finding out the factors related to high burden we can find out the coping strategies. This cross-sectional study was planned to assess Caregiver burden of mentally ill patients and also to find out the factors associated with high caregiver burden among the study subjects. This study was conducted in tertiary mental health care centres of Thiruvananthapuram among 80 primary care givers using Burden Assessment Schedule (BAS) developed by Schizophrenia Research Foundation (SCARF), Chennai and data was analysed to get Proportions and Chi Square. We found that majority of caregivers had high burden and caregiver's relationship with patient is significantly associated with high burden.

KEYWORDS

Mental health, mentally ill, Care giver, Care giver burden, Coping

INTRODUCTION

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community[1].

A mental illness or psychiatric disorder is a disturbance of

1. Cognition (Thought) or
2. Conation (Action) or
3. Affect (feeling) or Any equilibrium between the three domains[2].

Worldwide Disability Adjusted Life Years (DALY) due to psychiatric disorders is 11.5% [3].

About 20% of the adult population of Indian community is affected with some form of Mental Illness [4]. Prevalence of mental health problem in Kerala is 12.43% [5]. Because of the combination of high prevalence, early onset, persistence, and impairment, mental disorders make a major contribution to total disease burden. One of the main aspects of community care of mentally ill is family support for the patient. A caregiver is a person who gives basic care to a chronic patient [6]. A primary care giver is defined as an adult relative living with a patient in the same environment for at least 12 months and is involved directly in giving care to the patient and most supportive either emotionally or financially; i.e., felt most responsible for the patient [7,8] Caregiver Burden is the Physical, Emotional & Financial toll of providing care [7].

In a study conducted at Chandigarh by Subho Chakrabarty et al.[9] the percentage of severe and moderate burden was, 47 % and 53% in case of schizophrenia and 19.5% and 67.9% in case of mood disorders.

In another study conducted at Mumbai by Creado et al in 2006, 60% of caregivers have severe burden and 40% have moderate burden [11].

A caregiver may go into depression, anxiety, physical burnout or emotional burnout due to stress of giving care to the patient.

In a study conducted at Rhods Island by Heru et al revealed that 72% of caregivers have depressive symptoms [12].

Caregiver's physical and mental health has a direct impact on the patient's health. Here comes the importance of assessing and reducing the burden of the caregiver of a psychiatric patient. By assessing the burden and finding out the factors related to high burden we can find out the coping strategies. These will help to alleviate the stress of caregivers and thus will prevent them in going into a state of physical or mental burnout. This will definitely reflect as good prognosis of the illness of patients who are getting care from these Caregivers. No information about studies conducted in Kerala is available on this issue. In this background this study was planned to assess Caregiver burden of mentally ill patients admitted in tertiary mental health care centres of Thiruvananthapuram.

AIMS AND OBJECTIVES

1. To assess the burden of caregivers of adult mentally ill patients.
2. To find out the factors associated with high caregiver burden among the study subjects.

MATERIAL AND METHODS

This was a cross sectional study conducted in Psychiatry wards of Medical College, Thiruvananthapuram and Government Mental Health Centre, Thiruvananthapuram among the Primary Caregivers of mentally ill patients. Sample size was 80 and was calculated by taking Standard deviation (SD) of Caregiver Burden from another study as 12.7. Study was conducted after getting approval from the Institutional Ethics Committee. Informed written consent was obtained from the study subjects.

Data was collected by direct interview of study subjects using a Performa containing questions regarding the socio-demographic details of the patients and caregivers and the Burden Assessment Schedule (BAS) developed by Schizophrenia Research Foundation (SCARF), Chennai (1992)[13]. It is a Semi-quantitative, 40 items, 3-point scale. The maximum score is 120 and minimum is 40. The scale has 9 domains measuring the subjective burden of caregivers. Statistical analysis was done using Microsoft Excel and SPSS software. Proportions were estimated and Chi Square test was done after dividing the study subjects into two groups that is a group with low burden and a group with high burden taking the median as the cut off value to find out the associated factors of high burden.

RESULTS

Sociodemographic characteristics of the study subjects

Majority of the patients are in the age group of 18-30 years which is 42.5 %. The caregivers are more in the age group >50 years and is 40% of total. Majority of the patients were females in the study. It is 53.8 %. The caregivers are also mainly females. It comes as 87.5 % of total. 65% of the caregivers are parents of the patients and 17.5% are spouses. 70% of the caregivers are from nuclear families.

Caregiver Burden – Total Burden

Divided the caregivers into two groups i.e., those who are having high burden and those with Low burden.

The Mean and Median values of total burden are 88.65 and 89 respectively. Those having a total burden of 89 or above, are taken into the High burden group. The rest are in the low burden group. 52.5% of the caregivers have high burden as shown in Table 1

Table :1Distribution of caregivers according to Burden Caregiver

Burden – Domain wise

Burden	Number of Caregivers	Percentage
High Burden	42	52.5
Low Burden	38	47.5
Total	80	100
Mean Burden		88.65
Median		89
Standard deviation		7.4
Burden is High if value is >= Median		

Table 2: Distribution of caregivers according to Domain wise Burden

#	Domain	Score			High Burden	Low Burden	Total
		Mean	Median	SD	Number (%)	Number (%)	
1	Physical and Mental Health	19.29	19	1.76	39 (48.75%)	41 (51.25%)	80
2	External Support	10.16	10	1.69	31 (38.75%)	49 (61.25%)	80
3	Caregiver's Routine	9.69	10	1.51	44 (55.00%)	36 (45.00%)	80
4	Support of Patient	9.81	10	0.90	48 (60.00%)	32 (40.00%)	80
5	Taking Responsibility	9.16	9	0.92	33 (41.25%)	47 (58.75%)	80
6	Other Relations	8.29	9	1.31	54 (67.50%)	26 (32.50%)	80
7	Patient's Behaviour	11.14	11	1.03	39 (48.75%)	41 (51.25%)	80
8	Caregiver's Strategy	9.49	9	1.25	39 (48.75%)	41 (51.25%)	80
9	Spouse Related	9.29	9	1.64	05 (35.71%)	09 (64.29%)	14
	Total	**88.65**	**89**	**7.42**	**42 (52.50%)**	**38 (47.50%)**	**80**

In each domain, the caregivers are divided into two groups – High burden and Low burden – based on the median value of the total score in that domain. Burden is treated as High if the sum of scores in that domain is greater than or equal to the Median score in that domain. The details are shown in Table 2

Factors Associated with Caregiver Burden

Chi-square test is used to find out the association between study variables and caregiver burden. Different characteristics were analysed. Only the relation between the caregiver and the patient showed significant association for high caregiver burden.

Table 3: Association between Relation and Burden

N = 80					
Caregiver Characteristics		Burden			x^2 Value (df, p value)
		High (n = 42)	Low(n = 38)	Total	
Relation	Spouse	13 (92.9%)	01 (07.1%)	14	11.083 (1,0.001)
	Others	29 (43.9%)	37 (56.1%)	66	

Table 3 shows the association between the caregiver-patient relation and caregiver burden. Among the spouses-caregivers, 92.9% appreciates high burden; while among the other relatives, only 43.9% experience high burden. This association between the caregiver-patient relation and caregiver burden is statistically significant. (2 is 11.083, p-value is 0.001. Here if the spouse is the caregiver the burden is more.

DISCUSSION

The caregivers are mainly females. It comes as 87.5 % of total. In another study by Dean A Creado et al [11] using the same instrument, female care givers were 53%.65% of the caregivers are parents of the patients and 17.5% are spouses. Others together constitute 17.5%. In a study by D de Silva et al.[14], 58% were parents. In the study by Creado et al.[11], 43% were parents and 31% were spouses.

52.5% of the caregivers have high burden. In a study conducted in Mumbai in caregivers of Schizophrenic patients using the same tool (BAS), 60% of them were having High burden [11]. In another study by D de Silva et al.[14] using the same tool, 60% of caregivers were very anxious and depressed.

Spouse care givers are having more caregiver burden in this study than any other relatives.

CONCLUSION

- As 52.5% of the caregivers have high caregiver burden, a proper caregiver support system must be there in our hospitals and community.
- As spouses have high burden than other relatives, special emphasis must be given to spouse caregivers.

LIMITATIONS

Proper follow up of the care givers could not be done and sample size was small to demonstrate other associated factors of high caregiver burden

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