ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 08 | August - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

ASSESSMENT OF BURDEN AND COPING MECHANISM OF CAREGIVERS OF PATIENTS ATTENDING PSYCHIATRIC OPD OF SELECTED HOSPITALS, WEST BENGAL.

Psychiatry

Suparna Ghosh (Singh) Sister Tutor, GNM Training School, Lalgarh, Jhargram, West Bengal, India

Dr. Chandrima Maity Professor, College of Nursing, Calcutta National Medical College and Hospital, Kolkata, West Bengal, India.

Mrs. Tapati Baisya Senior lecturer, College of Nursing, Burdwan , Purba Bardhaman, west Bengal, India.

ABSTRACT

Introduction: WHO defines mental health as the state of wellbeing in which an individual realises his or her own capabilities can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Caregivers of mentally ill person plays an important role in the management of all mentally ill persons. They may be family or relatives of the patients. **Aim:** The aim of the study is to assess the burden and coping mechanisms of caregivers of mentally ill clients and find out the relationship among them. **Method:** A descriptive survey research was conducted to assess burden and coping mechanisms of the caregivers of patients attending psychiatric outpatient department at selected hospital, West Bengal. Total 170 caregivers of patients with mentally illness were selected by purposive sampling technique. Semi-structured interview schedule, standardized Zarit Burden Interview Scale and Brief COPE Scale were used respectively to collect data. **Result:** The findings revealed that burden had statistically significant strong negative (r = -0.95) correlation with coping mechanisms of caregivers. Total 58.82% caregivers had moderate level of burden whereas 61.18% caregivers adopted moderate level of coping. There was a significant association found between burden and age, gender, marital status, occupation and relationship with patients of the caregivers. Study results also showed that an association was found between coping mechanisms and age and educational status of the caregiver. **Conclusion:** The findings of the study showed that majority of the caregivers felt moderate to severe burden and adopted moderate level of coping mechanism. This also helps the researcher to come to some conclusions and preventive aspects of mental illness to provide for the possible suggestions and recommendations for future study and expect the implication of the study in nursing field.

KEYWORDS

Burden, Coping mechanism, Caregiver.

INTRODUCTION

World Health Organization defines mental health as the state of wellbeing in which an individual realises his or her own capabilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.[1] Caregivers of mentally ill person plays an important role in the management of all mentally ill persons. They may be family member or relatives of the patients. Caregiver burden is to describe the physical, mental, social and financial impact of caring someone who is ill or who has functional disabilities. Although this term can be applied to all caregivers (paid or unpaid), in most conditions the term is used for unpaid caregivers (called informal caregivers) who are usually family members of the ill or impaired care receiver.[2]

BACKGROUND OF THE STUDY

Mental illness results in an enormous social and economic burden to individuals affected by the illness, their families and communities.[3] Burden of caregiver is any unwanted or negative consequences experienced by caregivers of people with mental illness as a result of taking care of responsibility of person with mental illness.[4] It can be either objective burden such as family disruption, financial crisis, limitations on activities of daily living and social interactions and/or subjective burden which is a perceived feeling of getting overwhelmed by the care they are providing.[5] The central role of caregiving for mentally ill patients lie on the shoulders of family members.[6] Because of this, mental illness have considerable off-putting impact on the quality of life of patients and their caregivers.[7] A shorter duration of inpatient stay and early discharge from the hospital for mental illness has expanded the role of the caregiver. Many of the caregivers experience a burden due to the additional responsibilities of caring for a mentally ill individual. Deficit of coping ability may increase their level of burden.[8]

Globally, the burden of mental disorders is on the rise, impacting socio-economic status, health, and human rights. Family caregivers of people with mental disorders experience several burdens and stressors, such as stigma and burnout. These burdens are often a result of their caring role associated with insufficient support or ineffective coping strategies, which can influence their quality of life and biopsychosocial integrity that, in turn, may strike the care they provide.[7]

Health care providers like psychiatric social workers, clinical psychologists, and psychiatrists, etc should be helped and support the family caregivers to acquire knowledge and problem solving, organizational and communication skills in order to maximize quality care. Some caregivers are capable to carry out caregiving tasks better than others due to their knowledge regard their disease, experience, level of involvement, and skills. Researchers and clinicians are interested in expressed emotions because it predicts symptoms of relapse in patients with psychological problems and family-based interventions that seek to reduce expressed emotions have had success in decreasing patients relapse rates.[9]

Problem Statement

Assessment of burden and coping mechanism of caregivers of patients attending Psychiatric OPD of selected hospitals, West Bengal.

OBJECTIVES OF THE STUDY

1.To assess the burden of caregiver of patient attending Psychiatric OPD.
2.To assess the coping mechanism of caregiver of patient attending Psychiatric OPD.
3.To find out the relationship between burden and coping mechanism among caregiver of patient.
4.To find out the association between burden of caregiver and selected demographic variables.
5.To find out the association between coping mechanisms of caregiver and selected demographic variables.

METHODOLOGY

A descriptive survey research was conducted at OPD of Psychiatric Department, Burdwan Medical college and Hospital, Purba Bardhaman, West Bengal from 19/2/2023 to 18/3/2023. Total 170 caregivers of patients with mentally illness were selected by non-probability purposive sampling technique. The present study was carried out after getting all permission from the concerned authority. Informed consent was taken and anonymity was maintained. Semi-structured interview schedule, standardized Zarit Burden Interview Scale and Brief COPE Scale were used respectively to collect data. The prepared tool with criteria checklist were given to nine experts for validation. The experts were asked to consider addition, omission, and suggestion to improve the clarity of items. The experts were selected based on the related field of specialization and experience in the field of psychiatry, psychiatric nursing, and psychology. Permission was taken

from the Mapi research trust on the behalf of Mr. Zarit, Steven Howard for using the tool 'Zarit Burden Interview' in research study through e-mail. Permission was granted by them. And permission taken from the MedEdPORTAL on behalf of Mr. Charles S. Carver for using the tool Brief COPE Scale. Standardized Zarit Burden Interview Scale and Standardized Brief COPE Scale were translated into Bengali. Language validity was established and translated with the help of language experts. The reliability of Tool II and Tool III were calculated by using Cronbach's alpha or coefficient alpha method. Reliability of Tool II (Zarit Burden Interview Schedule) r = 0.99 (actual tool reliability is 0.93). Reliability of Tool III (Brief COPE Inventory) r = 0.96 (actual tool reliability is 0.99). Internal consistency of both tools was accepted. Both descriptive and inferential statistics were used to analysis the data. Data analysis was planned on the basis of objectives of the study using descriptive (frequency and percentage distribution, mean, median, standard deviation) and inferential statistics (corelation coefficient 'r', 't' test, chi-square test). Considering the objectives of the study, total three tools were used and data were organized in six sections: Section I- Findings related to describe the socio-demographic characteristics of respondents. Section II- Findings related to assess burden of caregivers. Section III- Findings related to assess coping mechanism of caregivers. Section IV- Finding related to relationship between burden of caregiver and coping mechanism. Section V- Findings related to association between burden of caregiver with selected socio-demographic profile of respondents.

Section VI- Findings related to association between coping mechanisms of caregivers with selected socio-demographic profile of respondents.

FINDINGS OF THE STUDY

Socio- Demographic Profile Of The Respondent

Data presented in Table 1 shows that most of the caregivers 40.59% (69) belonged to the age group 40-50 years of age, 25.29% (43) were in 50-60 years age group, 18.24% (31) were up to 30-40 years of age and 15.88% (21) were 20-30 years of age. Most of the caregivers were female 56.47% (96) and 43.53% (74) were male. Majority of the caregivers 64.71% (110) were Hindu and 35.29% (60) were Muslim. Data also shows that 85.29% (145) of caregivers were married, 7.65% (13) were unmarried and 7.06% (12) were widow.

Data presented in Table 2 depicts that out of 170 caregiver 127 (74.71%) were resident of rural area and 43 (25.29%) were from urban area.105 (61.76%) of caregiver belongs from joint family and 65 (38.24%) were from nuclear family. Table also reveals that among 170 caregivers 46 (27.06%) had no formal education, 68(40%) had primary education, 38 (22.35%) had secondary education and 18(10.59%) had higher secondary education. Most of the caregiver 94 (55.29%) was spouse of the mentally ill patient, 30 (17.65%) were children of mentally ill patient and 46 (27.06%) were parents of mentally ill patient.

Data presented in Table 3 reveals that 57 (33.53%) caregivers were farmer, 27 (15.88%) were businessman, 18 (10.59%) were labour, 4 (2.35%) were service holder,14 (8.24%) were home maid, 38 (22.35%) were home maker and 12(7.06%) were unemployed. This table also shows that the 114 (67.06%) caregivers had family income 5001-10,000, 31(18.24%) had 10001-15000, 11 (6.47%) had up to 5000, 5 (2.94%) had 15001-20000, 5 (2.94%) had 25001-30000 and 4 (2.35%) caregivers had family income between 20001-30000.This also shows that out of 170 of patients 61(35.88%) were suffering from mental illness for 1-5 years, 52 (30.89%) were for 6-10 years, 39 (22.94%) were for 11-15 years, 7 (4.12%) were for 16-20 years and 11 (6.47%) were suffering from mental illness for 21-25 years. Total 61 (35.88%) caregivers were giving care to their patient for 1-5 years, 52 (30.89%) were for 6-10 years, 39 (22.94%) were for 11-15 years, 7 (4.12%) were for 16-20 years and 11 (6.47%) were giving care to their patient for 21-25 years.

Findings Related To Assess Burden Of Caregivers.

Data presented in Table 4 shows that out of 170 caregivers, 100 (58.82%) caregivers having moderate to severe burden for caring their patients, 39 (22.94%) caregivers felt mild to moderate burden and 31 (18.24%) caregivers felt severe burden for caring their patients.

Data presented in Table 5 reveals that the range was 26-39, mean value was 32.64, median value was 31 and standard deviation was ± 4.83 among those caregivers who had mild to moderate level of burden. It can be inferred that the scores of mild to moderate level of burden were normally distributed and mildly dispersed. Range was 41-60, mean value was 52.46, median 55 and standard deviation was ± 6.02 among those caregivers who had moderate to severe level of burden. It can be inferred that the scores of moderate to severe level of burden were normally distributed and moderately dispersed. And range is 61-82, mean value was 67.29, median 67, standard deviation ± 4.87 for those caregivers who had severe level of burden. It can be inferred that the scores of severe level of burden were normally distributed and moderately dispersed.

The data presented in Table 6 shows that the obtained range of burden score was 26-82, Mean score was 50.61, Median was 54. It can be interpreted that the burden scores are normally distributed with mild skewness (0.81) but standard deviation was ± 12.53, so the scores were highly spread out or dispersed

Findings related to assess coping mechanism of caregivers.

Data presented in Table 7 shows that among all the caregivers 104 (61.18%) adopted moderate level of coping mechanisms, 66 (38.82%) of caregivers adopted low level of coping mechanisms and none of them adopted high level of coping mechanism.

Data presented in Table 8 shows that, the obtained range of the score of coping mechanisms was 47-79. The mean value was 58.43, median value 58 and standard deviation was ± 5.99. It can be inferred that the score of coping mechanisms were normally distributed with mild skewness (0.21) and the scores were mildly dispersed.

Data presented in table 9 shows that the obtained range of problem focused coping score of caregivers were 11-27 with mean problem focused coping score was 20.04 and median was 20. So, it can be interpreted that obtained problem focused cooping was almost normally distributed with mild skewness (0.034). It also depicts that the SD of problem focused coping score of caregivers was ± 3.51, which can be interpreted that the obtained scores were mildly dispersed. It also shows that the obtained range of emotion focused coping scores of caregivers were 19-34 with mean emotion focused coping score was 24.72 and median was 24, also the SD was ± 3.83. It can be interpreted that the obtained scores of emotions focused coping was normally distributed with mild skewness (0.56) and mildly dispersed. It also shows that the obtained range of avoidant coping score of caregivers were 10-21 with mean avoidant coping score was 13.67 and median was 13, also the SD of avoidant coping score of caregivers was ± 2.16, which can be interpreted that the obtained scores were normally distributed with mild skewness (0.93) and obtained scores were mildly dispersed.

Data presented in Table 10 shows that in coping mechanisms 75.3% of caregivers adopted moderate problem focused coping, 14.7% of caregivers adopted low problem focused coping and 10% adopted high level of problem focused coping.

Data presented in Table 11 shows that in coping mechanisms 51.18% of caregivers adopted low emotion focused coping, 48.82% of caregivers adopted moderate emotion focused coping and none of them adopted high emotion focused coping.

Data presented in Table 12 shows that in coping mechanisms 88.82% of caregivers adopted low avoidant coping, 11.18% of caregivers adopted moderate avoidant coping and none of them adopted high avoidant coping.

Finding Related To Relationship Between Burden Of Caregiver And Coping Mechanism.

Data presented in Table 13 depicts that there was a highly negative co relation (r = -0.95) between burden of caregivers and their coping mechanisms. That means if the coping mechanisms increases than the burden will decreases. As the calculated t value (39.43) was greater than the table value (3.29) at $p<0.001$ level of significance at df_{168}.

Findings Related To Association Between Burden Of Caregiver With Selected Socio-demographic Profile Of Respondents.

Data presented in Table 14 depicts there was significant association between burden and age of caregiver (7.44) at 0.01 level of significance. There was significant association between burden and sex of caregiver (11.56) at 0.001 level of significance. There was significant association between burden and with marital status (5.77),

occupation (5.68), relationship with patient (4.87) at 0.05 level of significance.

Findings Related To Association Between Coping Mechanisms Of Caregiver With Selected Demographic Variables.

Data presented in Table 15 depicts There was significant association between coping mechanism and age of caregiver (9.69) at 0.01 level of significance. There was significant association between coping mechanism and educational status of caregiver (4.24) at 0.05 level of significance.

DISCUSSION

In the present study, the majority 100 (58.82%) caregivers were felt moderate to severe burden for caring their patients, 39(22.94%) caregivers felt the mild to moderate burden, 31(18.24%) caregivers felt severe burden for caring their patients. These findings were supported a descriptive study which was done by Konwar G and Borah M (2019) to assess of the burden of caregivers and coping mechanisms of family members of schizophrenia patients. The findings of the study showed that the majority (60%) of family members expressed a moderate burden of care.[10]

In the present study, the majority 104 (61.18%) caregivers were adopted moderate level of coping, 66(38.82%) caregivers adopted low level of coping. In a study to Assess the Level of Burden and Coping Strategies among Caregivers of Patient with Affective Disorders at Selected Hospitals of Sangli, Miraj, Kupwad Corporation Area Conducted by, Honamore R G, Ghorpade Narayan K (2020). Result reveals that, levels of coping strategies among care givers, 19(15.83%) were had moderately adequate coping strategies, 93(77.50%) were had adequate coping strategies and 08 (6.67%) were had inadequate coping strategies.[11]

There was a highly negative co relation (r = -0.95) between burden of caregivers and their coping mechanisms. These findings are supported by a cross sectional study on "The Relationship between coping style and family burden in chronic schizophrenic and bipolar type I patient's caregivers", conducted by Abbaslou T, Farsham A, Bidaki R & Bozorg B (2023). The study was conducted on 100 main caregivers of patients (50 schizophrenia,50 bipolar type I). The result reveals that there was inverse correlation between the problem focused coping strategy about caregivers of both groups ($r=-0.29$, $p<0.01$).[12]

CONCLUSIONS

Nursing as a profession has undergone tremendous change in various fields of nursing education, nursing practice, nursing research, and nursing administration The present study was conducted with the aim to assess the burden and coping mechanisms of the caregivers of patients attending Psychiatric OPD of selected Hospital, West Bengal. The findings of the study showed that majority of the caregivers felt moderate to severe burden and adopted moderate level of coping mechanism. However, it was found that there was a significant association between burden and coping mechanism mainly with gender of caregivers, relationship with patient, education, marital status. Further, the present study findings showed that there was strong negative relationship existed between the burden and coping mechanisms of caregivers of patients attending Psychiatric OPD.

Limitations

The study has the following limitations-

- Only one family members was assessed, there may be other caregiver with different burden and coping.
- Sampling error due to non-probability purposive sampling

Recommendations

Based on the findings, the following recommendation was offered for future research

- A similar study can be replicated on large sample for wider generalization
- A similar study can be done on community basis.
- A comparative study can be done to assess the burden and coping mechanisms of various mental disorders (Schizophrenia and bipolar, Schizophrenia and obsessive-compulsive disorders).
- A comparative study can be done to assess the burden and coping mechanisms of the caregivers of mentally ill patients in urban and rural areas.
- A co-relation study can be carried out to assess the relationship between burden and coping among the primary caregivers of persons with various mental illnesses.
- An experimental study can be conducted to see the effect of psycho- education to reduce the burden of caregivers of persons with mental illness.
- An awareness program can be done on coping strategies of caregivers to care the patients with psychiatric illnesses.

ANNEXURE

Table 1 Frequency and Percentage distribution of sociodemographic variables of respondents in terms of age, sex, religion and marital status. n = 170

Demographic variables	Frequency	Percentage
Age (in years)		
20-30	21	15.88
30-40	31	18.24
40-50	69	40.59
50-60	43	25.29
Sex		
Male	74	43.53
Female	96	56.47
Religion		
Hindu	110	64.71
Muslim	60	35.29
Marital Status		
Married	145	85.29
Unmarried	13	7.65
Widow	12	7.06

Table 2 Frequency And Percentage Distribution Of Sociodemographic Variables Of Respondents In Terms Of Residence, Family Type, Education And Relationship With Patient. N= 170

Demographic variables	Frequency	Percentage
Residence		
Urban	43	25.29
Rural	127	74.71
Family type		
Nuclear	65	38.24
Joint	105	61.76
Education		
No formal education	46	27.06
Primary	68	40
Secondary	38	22.35
Higher secondary & above	18	10.59
Relationship with patient		
Spouse	94	55.29
Parents	30	17.65
Child	46	27.06

Table 3 Frequency And Percentage Distribution Of Sociodemographic Variables Of Respondents In Terms Of Occupation, Monthly Family Income, Duration Of Illness And Duration Of Caregiving. N=170

Demographic variables	Frequency	Percentage
Occupation		
Service	4	2.35
Business	27	15.88
Farmer	57	33.53
Labour	18	10.59
Home maid	14	8.24
Home maker	38	22.35
Unemployed	12	7.06
Monthly family income (in Rupees)		
Up to 5000	11	6.47
5001-10000	114	67.06
10001-15000	31	18.24
15001-20000	5	2.94
20001-25000	4	2.35
25001-30000	5	2.94
Duration of illness (in years)		
1 -5	61	35.88
6-10	52	30.89
11-15	39	22.94
16-20	7	4.12
21-25	11	6.47
Duration of care (in years)		
1 -5	61	35.88

6-10	52	30.89
11-15	39	22.94
16-20	7	4.12
21-25	11	6.47

Table 4 Frequency And Percentage Distribution Of Caregivers According To Level Of Burden. N =170

Level of burden	Score	Frequency	Percentage
Mild to moderate	21-40	39	22.94
Moderate to severe	41-60	100	58.82
Severe burden	61-88	31	18.24

Table 5 Range, Mean, Median and Standard Deviation of burden score according to the level of burden. n (n_1+n_2+n_3) =170

Level of burden	Range	Mean	Median	Standard Deviation
Mild to moderate (n_1=39)	26-39	32.64	31	± 4.83
Moderate to severe (n_2=100)	41-60	52.46	55	± 6.02
Severe burden (n_3=31)	61-82	67.29	67	± 4.87

Table 6 Range, Mean, Median And Standard Deviation Of Burden Score Of The Caregivers. n=170

Variables	Obtained Range	Mean	Median	Standard Deviation
Burden of caregivers	26-82	50.61	54	± 12.53

Minimum possible score -0
Maximum possible score-88

Table 7 Frequency And Percentage Of Level Of Coping Mechanism Of Caregivers. N =170

Level of Coping mechanism	Frequency	Percentage
Low	66	38.82
Moderate	104	61.18
High	Nil	-

Table 8 Range, Mean, Median And Standard Deviation Of Overall Coping Mechanism Score Of The Caregivers. n=170

Variables	Obtained Range	Mean	Median	Standard Deviation
Coping mechanism	47-79	58.43	58	± 5.99

Minimum possible score- 0
Maximum possible score-112

Table 9 Domain Wise Range, Mean, Median And Standard Deviation Of Coping Mechanism Of The Caregivers. n =170

Coping mechanisms	Obtained Range	Mean	Median	Standard Deviation
Problem Focused	11-27	20.04	20	± 3.51
Emotion Focused	19-34	24.72	24	± 3.83
Avoidant coping	10-21	13.67	13	± 2.16

Table 10 Frequency And Percentage Distribution Of Caregivers According To Their Problem Focused Coping. n=170

Level of Problem focused coping	Frequency	Percentage
Low	25	14.7
Moderate	128	75.3
High	17	10

Table 11 Frequency And Percentage Distribution Of Caregivers According To Their Emotion Focused Coping. n =170

Level Of Emotion Focused Coping	Frequency	Percentage
Low	87	51.18
Moderate	83	48.82
High	Nil	-

Table 12 Frequency And Percentage Distribution Of Caregivers According To Their Avoidant Coping. N= 170

Level of Avoidant coping	Frequency	Percentage
Low	151	88.82
Moderate	19	11.18
High	Nil	-

Table 13 Co Relation Between Burden Of Caregivers And Their Coping Mechanisms. n= 170

Variables	Mean	Median	'r' value	't' value
Burden	50.16	54	-0.95	39.43*
Coping mechanism	58.43	58		

t (df=168) =3.29, p<0.001

Table 14 Chi-square Test Of Association Between Burden Score Of Caregivers With Sample Characteristics Of Respondent In Terms Of Age, Sex, Marital Status, Occupation And Relationship With Patient. N=170

Variables	Burden score		Value of Chi square
	<Median	≥Median	
Age			7.44**
<45 years	36	24	
≥45 years	42	68	
Sex			11.56***
Male	23	51	
Female	55	41	
Marital Status			5.77*
Married	61	84	
Other than married`	17	8	
Occupation			
Working	48	72	5.68*
Not working	30	20	
Relationship with patient			4.87*
Spouse	36	58	
Other than spouse	42	34	

χ^2 (df =1) = 10.83, p<.001 ***, χ^2 (df =1) =6.64, p<.01 **, χ^2 (df =1) =3.84, p<0.05*

Table 15 Chi-square Test Of Association Between Coping Mechanisms Score Of Caregivers With Sample Characteristics Of Respondent In Terms Of Age And Education Of Caregiver. N =170

Variables	Coping mechanisms score		Value of Chi square
	<Median	≥Median	
Age			9.69**
<45 years	20	40	
≥45 years	64	46	
Education			4.24*
Up to secondary	79	73	
Above secondary	5	13	

χ^2 (df =1) = 6.64, p<0.01 **, χ^2 (df =1) =3.84, p<0.05 *, Yates's correction done.

REFERENCES

1. Mental health [Internet]. World Health Organization. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
2. Di Lorenzo R, Sagona M, Landi G, Martire L, Piemonte C, Del Giovane C. The revolving door phenomenon in an Italian acute psychiatric ward. Journal of Nervous & Mental Disease. 2016;204(9):686–92. doi:10.1097/nmd.0000000000000540
3. Dhami J, Tuladhar S. Burden of care among caregivers of mentally ill patients. Journal of Pharmacy Practice and Community Medicine. 2022;7(4):52–8. doi:10.5530/jppcm.2021.4.14
4. Saibal Gupta / TNN / Dec 5 2016. 13% in Bengal Have Poor Mental Health: Survey: Kolkata News - Times of India [Internet]. Available from: https://timesofindia.indiatimes.com/city/kolkata/13-in-Bengal-have-poor-mental-health-Survey/articleshow/55804690.cms
5. Weldeslasie Hailemariam K. The psychological distress, subjective burden and affiliate stigma among caregivers of people with mental illness in Amanuel Specialized Mental Hospital. American Journal of Applied Psychology. 2015;4(2):33. doi:10.11648/j.ajap.20150402.13
6. Federal Democratic Republic of Ethiopia; Ministry of Health. National mental health strategy 2012/3–2015/6. Addis Ababa: Ministry of Health; 2015.
7. World Federation for Mental Health (WFMH). Caregiver and mental illness: living with Schizophrenia. World Federation for Mental Health (WFMH). Oct,2014.
8. Viana MC, Gruber MJ, Shahly V, Alhamzawi A, Alonso J, Andrade LH, et al. Family burden related to mental and physical disorders in the world: Results from The Who World Mental Health (WMH) surveys. Revista Brasileira de Psiquiatria. 2013;35(2):115–25. doi:10.1590/1516-4446-2012-0919
9. Ahtned R, Vikas, Singh P C. Burden as a contributory factor in mental health. Indian Journal of Health Social Work. 1(1) Jan-Jun, 2019 Available from:https://aiamswp.org.in/wpcontent/uploads/2019/02/Expressedemotions-as-a-contributory-factor-in-mental.pdf.
10. Konwar G, Borah M. A study to assess burden of care and coping mechanism of family members of schizophrenia patients. IJHSR. 2019; 9: 63-68. Available from: https://www.ijhsr .org/IJHSR Vol.9_Issue.7_July2019/10.pd
11. Abbaslou T, Farsham A, Bidaki R, Bozorg B. The relationship between coping styles and family burden in chronic schizophrenic and bipolar type I patients' caregivers. The Egyptian Journal of Neurology, Psychiatry and Neurosurgery. 2023;59(1). doi:10.1186/s41983-023-00609-7
12. Adhikari R, Lama S, Shrestha N, Thapa K. Burden and Coping among caregivers of chronic mentally ill patients. Journal of Advanced Health Care,2020.4(4):55-61.