



ORIGINAL RESEARCH PAPER

Psychiatry

PREVALENCE OF DEPRESSION AMONG PRIMARY CAREGIVERS OF PATIENTS WITH SCHIZOPHRENIA

KEY WORDS: Caregivers, Schizophrenia, Prevalence.

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ABSTRACT

Background: Schizophrenia is a dark shadow in an individual's life. Caregivers experiences a range of emotions from loss and grief to guilt and anger. Along with other factors and due to lack of support from psychiatric services, caregivers of schizophrenic patients suffers from severe depressive symptoms.

Aims: To find prevalence of depression among primary caregivers of patients with schizophrenia.

Materials & Methods: The present study was cross-sectional which involved caregivers of schizophrenic patients and was conducted at Government Psychiatric Diseases Hospital Jammu. After meeting inclusion & exclusion criteria for Caregivers, Hamilton Depression Rating (HAM-D) scale was used for assessing depression in caregivers.

Results: The overall prevalence of depression among primary caregivers of patients with schizophrenia was 80.7%. Prevalence of depression was high in caregivers who are younger, females, living in rural areas, widowed/divorced, living in nuclear families, uneducated, doing agricultural or household works and are parents by relation to the patient.

Conclusion: From present study, it has been concluded that the prevalence of depression is high among caregivers of the schizophrenia patients. So it is suggest that screening and adequate treatment of these caregivers should be done so that the prevalence of depression can be decreased in the society.

INTRODUCTION:

Schizophrenia is a dark shadow in an individual's life. From ancient times it was regarded as punishment resulting from one's sin or curse.¹ It is a severe mental illness which is one of the leading contributor to the global burden of disease. It affects 1 out 100 people worldwide. It causes impairment in various domains of psychosocial functioning which limits the ability of the sufferer to remain independent.² It has devastating impact on the patient as well as his or her family members. It reduces employment opportunities and diminishes capacity for social relationships.³ Patients of schizophrenia may exhibit aggressive behaviour, hallucinations and impaired self care, they may relapse during treatment and may need frequent hospitalisations.¹

Since the trends are shifting from institutional care to community care, relatives have become the most important caregivers for patients with schizophrenia. Caring for these patients requires money, knowledge and continuous energy which influences daily living to a large extent. In order to establish a balance between their jobs, families and patient care, caregivers usually neglect their own physical and mental health.⁴ Caregivers experiences a range of emotions from loss and grief to guilt and anger. They also feel isolated and stigmatized.³ The impact of caring for psychiatric patients along with the combination of physical, emotional work and social pressure, such as economic restrictions that arise from taking care of the patients produces significant distress and depression among the caregivers of schizophrenic patients.⁴ Hence this study was conducted to find prevalence of depression among primary caregivers of patients with schizophrenia.

METHODOLOGY:

The present study was cross-sectional study which was

conducted over a period of 2 months and involved caregivers of patients with schizophrenia who were receiving services at outpatient department of Government Psychiatric Diseases Hospital Jammu which serves to whole Jammu province. The caregivers were assessed by using HAM-D scale.⁵

Selection Criteria for Caregivers:

Inclusion Criteria: Primary caregivers who are staying with the patient since the onset of illness, above 21 years of age, living with the patient for at least last 1 year, those who gave written consent before participating in the study.

Exclusion Criteria: Caregivers with psychiatric conditions, organic syndromes, mental retardation, substance dependence or chronic physical illness.

Hamilton Depression Rating Scale (HAM-D) 1960 by Dr. Max. Hamilton:

The Hamilton Depression Rating Scale (HAM-D) is a 21 items scale which should be administered by a clinician experienced in working with psychiatric patients.

- **How to Score:** Although the HAM-D form lists 21 items, the scoring is based on the first 17. It may takes 10-15 minutes to access the patients and score the results. Eight items are scored on a 5-point scale, ranging from 0 = not present to 4 = severe. Nine are scored from 0-2.
- Sensitivity: 86.4%
- Specificity: 92.2%
- Add on the scores from the first 17 items

0-7 = Normal
 8-13 = Mild Depression
 14-18 = Moderate Depression
 19-22 = Severe Depression

Statistical analysis:

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. Data presented as percentage (%) as discussed appropriate for quantitative and qualitative variables.

RESULTS:

In the present study prevalence of depression was 80.7%. Table no. 1 shows that the prevalence of depression was more in younger caregivers as 91.7% caregivers below the age of 25 years were suffering from depression. 82.3% of female caregivers were suffering from depression whereas 78.9% of male caregivers were suffering from depression. Caregivers living in rural areas had higher prevalence of depression i.e. 83.2% against those living in urban areas with a prevalence of 76.4%. Caregivers who are divorced or widowed had 100% prevalence of depression. Caregivers belonging to nuclear families had high prevalence of depression i.e. 94.5% whereas caregivers belonging to joint families had low prevalence i.e. 67.5%. 89.7% caregivers which are uneducated had depression whereas 73.2% caregivers which are educated had depression. Caregivers who are students, householder or agricultural workers had 100% prevalence of depression. Prevalence of depression among caregivers who are parents by relation to their patient was 93.9% whereas it is 70.2% in caregivers other than parents.

DISCUSSION:

Schizophrenia is one of the devastating disorder of modern times which affects the patients as well as their families. In present times, where caring of patients is shifting from psychiatric inpatient care to family and community based management, the families became the main caregivers for schizophrenic and majority of patients remain in close contact with their families. As the caregivers provides consistent support to these patients and continuous care for years as a result of which the caregivers are at risk of developing psychological distress, anxiety and depression. Higher rates of distress are found in caregivers of schizophrenic patients when compared with distress among caregivers of eating disorders. Along with other factors and due to lack of support from psychiatric services, caregivers of schizophrenic patients suffers from severe depressive symptoms.⁶ Hence the present study was conducted to find prevalence of depression among primary caregivers of patients with schizophrenia.

Out of 150 caretakers, 80.7% i.e. 121 caregivers of patients suffering from schizophrenia suffers from depression. Psychological distress is present in majority of caregivers of schizophrenia⁶ and the prevalence of depression is high⁷ as the challengeable task of caretaking (e.g. providing personnel care such as bathing, eating, taking drug, emotional support to their patient), chronic stress, daily hassles, negative caregivers perception, ignorance of their own physical & emotional health, lack of resources (personal, financial, emotional), stigma, insufficient knowledge & skill to provide care, limited social support, poor mental health facilities, inadequate assistance from mental health professionals and inability or struggle to balance work, family & caregiving bring profound objective and/or subjective burden which leads to severe physical, emotional and mental distress and causes severe mental illnesses especially depression in caretakers of schizophrenia patients.⁸ Chowdhury MKP had found that 55% of caretakers of mentally ill patients experience depression.⁹ Sintayehu M et al in his study had also found that 56.67% of caretakers had met the criteria for being at the risk of mental distress.⁸ Derajew H et al and Rodrigo C et al had found symptoms of depression in 37.5% and 19.6% of caretakers of schizophrenia patients.^{7,10} The difference in prevalence of depression in our study and the above discussed studies may be due to different tools of evaluation, selection criteria and cultural variations.¹¹ Also the caregiver strain is influenced by a variety of cultural & sociological modifiers that is specific to each community and

also depends on the support and coping strategies available to individuals and hence findings of one community cannot be applied to another directly.¹⁰ Moreover we had conducted the present study on caregivers who were attending the psychiatric OPD's along with patient and patients coming to hospital are more disturbed than those in the community which produces more stress in the caregivers.⁶ Our finding can further be supported by the fact that psychological distress (anxiety, depression, and insomnia) in caretakers of schizophrenia was twice as high as in the general population⁸ and in our state (especially Kashmir) the prevalence of depression in general population is as high as 55.72% which is largely attributed to continuing conflict during the last 20 years which has resulted in a phenomenal increase in psychiatric morbidity especially depression.¹²

In the present study, maximum number of caretakers i.e. 91.7% who were suffering from depression belongs to younger age group i.e. below 25 years. Depression among caregivers of patients with mental illness has been positively associated with younger age of the caregiver⁷ as the younger caregivers are more distressed than the older ones and is the result of more responsibilities and roles a younger person has to carry out.⁶ One possible explanation for the relation between younger age and higher depression is that younger caregivers, particularly those in adulthood and early middle age, are more likely to have additional responsibilities and social roles, such as work and other caregiving roles that include raising children and caring for aging parents.¹³ Our study is in accordance with Derajew H et al who found higher prevalence of depression among caregivers of schizophrenic patients who were between the age group of 18-27 years.⁷ Similarly Shah STH et al had also found higher prevalence of depression among younger as compared to older caregivers of schizophrenic patients⁶ whereas Sintayehu M et al had found higher levels of depression in caregivers who are above 44 years of age compared to 18-24 years of age.⁸

In the present study 82.3% of female caretakers whereas 78.9% of male caretakers were suffering from depression. In Indian family system, whole family responsibilities and related tasks are usually taken care by women.¹⁴ In addition to performing full domestic responsibilities, illness in his husband or children places extra treatment, caring, social and financial responsibilities on female caregivers which add to their burden. They feel more tired, isolated, anxious, frustrated and depressed.¹⁵ Our finding is in agreement with Derajew H et al who found that the prevalence of depression among female primary caregivers was higher than that of male primary caregivers.⁷ Similarly Shah STH et al, Sintayehu M et al and Vijayalakshmi K had also found higher levels of depression among female caregivers of schizophrenic patients.^{6,8,14}

In the present study 83.2% caregivers living in rural areas were suffering from depression as compared to 76.4% living in urban areas. The possible reason could be that peoples living in urban areas had better access to health facilities like hospitals, counseling centres and hence better management of their sick patients whereas those living in rural and far flung areas may have poor health facilities may face severe difficulties while reaching hospitals which provides basic psychiatric care. Our finding can be supported by Vijaylakshmi K who also found higher prevalence of depression in caregivers of schizophrenic patients who were from rural background than those from urban background.¹⁴

In the present study 100% caregivers who were divorced and widowed had depression whereas 83.9% married and 76.9% unmarried caregivers were suffering from depression respectively. The caregivers who are divorced or widowed feels more stigmatized in society, may have lesser satisfaction in life, lack the support of life partner and may feel difficulty in performing dual role of bread earning and

caregiving which could be very stressful.¹⁰ Our finding is in accordance with Derajew H et al who found higher prevalence of depression among caregivers who were single.⁷ Similarly Sintayehu M et al had also found that the prevalence of depression was more in caregivers who were divorced/separated and widowed.⁸

In the present study 94.5% caregivers living in nuclear families suffers from depression as compared to 80.5% living in joint families. Caregivers living in joint families may have shared responsibilities and may have social support from other family members while caring for their sick patients whereas there is no such privilege for caregivers who lives in nuclear families.¹³To the best of our knowledge we didn't find any study which showed prevalence of depression in caregivers of patients suffering from schizophrenia across the type of family.

In the present study 89.7% caregivers who were uneducated were suffering from depression whereas 78% of educated caregivers had depression. The reason could be that lower levels of education are related to lower socioeconomic status which results in fewer resources available to caregivers. Moreover in the context of caring for an adult with schizophrenia, effect of lower education is thought to be more related to psychological distress.⁶ Our finding is in agreement with Derajew H et al who also found high prevalence of depression among caregivers who are uneducated and states that ever attending secondary school education was negatively associated with depression among primary caregivers.⁷ Sintayehu M et al and Vijayalakshmi K had also found similar results.^{8,14}

In our study maximum rates of depression i.e. 100% were found in persons doing agricultural works i.e. farmers, household works and students followed by 92.3% in peoples doing government and private jobs. It could partly be explained by that the fact farmers and peoples doing household works may have been more stigmatized, inaccessible to media/information/lack of knowledge, lower income and exposed to stressful life experiences than those of employed and worked their own business in urban areas.⁸ Students may feel higher amount of distress due additional duties of caregiving which produces excessive burden in addition to burden of studies.¹¹ Sintayehu M et al had also found that prevalence of depression was highest among agricultural workers.⁸

In our study 93.9% caregivers who were parents were suffering from depression whereas 72.6% caregivers other than parents had depression. There are high levels of emotional distress among parents of mentally ill persons and their mothers exhibits higher levels of emotional drain and depression.¹⁰ As the age of caregiver progresses, the level of burden of caring increases and old caregivers(parents) cannot provide good care to their childrens which produces considerable amount of distress among them.³ Our finding is in accordance with Sintayehu M et al and Uddin MMJ et al had also found higher prevalence of depression among parents of patients suffering from schizophrenia.^{8,11}

CONCLUSION

There is high prevalence of depression among the caregivers of patients suffering from schizophrenia which may affect the treatment outcome and management of the patients suffering with schizophrenia. In addition to this, prevalence of depression is high in caregivers who are younger, females, living in rural areas, widowed/divorced, living in nuclear families, uneducated, doing agricultural or household works and are parents by relation to the patient. So it is suggest that Screening and adequate treatment of these caregivers should be done so that the prevalence of depression can be decreased in the society.

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Declaration:

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	Number of caregivers	Normal	Depressed
Age (in years)			
≤25	12	1(8.3%)	11(91.7%)
26-35	28	6(21.4%)	22(78.6%)
26-45	40	9(22.5%)	31(77.5%)
≥46	70	13(18.6%)	57(81.4%)
Sex			
Males	71	15(21.2%)	56(78.9%)
Females	79	14(17.7%)	65(82.3%)
Residence			
Rural	95	16(16.8%)	79(83.2%)
Urban	55	13(23.6%)	42(76.4%)
Marital status			
Married	124	26(21%)	98(79%)
Unmarried	13	3(23.1%)	10(76.9%)
Divorced	2	0(0%)	2(100%)
Widowed	11	0(0%)	11(100%)
Type of family			
Joint	77	25(32.5%)	52(67.5%)
Nuclear	73	4(5.5%)	69(94.5%)
Education			
Uneducated	68	7(10.3%)	61(89.7%)
Educated	82	22(26.8%)	60(73.2%)
Occupation			
Unemployed	69	18(26.1%)	51(73.9%)
Students	2	0(0%)	2(100%)
Government sector	13	1(7.7%)	12(92.3%)
Private sector	23	3(13%)	20(87%)
Agricultural sector	18	0(0%)	18(100%)
House-holder	7	0(0%)	7(100%)
Retired	4	1(25%)	3(75%)
Others	14	6(42.3%)	8(57.1%)
Relation with patient			
Parents	66	4(6.1%)	62(93.9%)
Others	84	25(29.8%)	59(70.2%)
Total	150	29(19.3%)	121(80.7%)

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