A Study to Assess the Family Burden and Coping Strategies among the Caregivers of Patients with Schizophrenia

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Abstract

Schizophrenia has often been described as the “cancer” of mental illness and care giving is a burdensome task for the family members. Assessing the family burden and coping strategies among the caregivers of patients with schizophrenia may help the caregivers to understand the nature of the problem and plan for better care. The Non experimental descriptive design was used. Fifty caregivers of schizophrenic patients were selected by using Non probability purposive sampling technique. Semi structured interview schedule and Coping inventory was used to assess the level of family burden & coping strategies of the caregivers of schizophrenic patients. The results regarding the Family burden of caregivers shows that 24(48%) of them had no burden and only 13(26%) of them had severe burden in the item of loss of patients income. 38(76%) of them had no burden and 6(12%) of them had severe burden in the item of family become secluded or withdrawn from others. Regarding coping strategies of caregivers in problem oriented coping method 74% of the them “Always” used the item of „Accept the situation as it is” and Inaffective oriented coping strategies 82% of them „Always” used the item of „pray” as a coping method. The study concludes that the caregivers of schizophrenic patients experience burden on the physical, emotional, financial aspects and the extent of the burden is closely linked to the amount of symptomatic behaviour of the patient. Coping positively will not only make the caregivers to feel better and also they will be able to take better care of schizophrenicpatients.

Introduction

To keep the body in good health is a duty...otherwise we shall not be able to keep ourmind strong and clear

-Buddha

Schizophrenia has often been described as the “cancer” of mental illness. The word schizophrenia was coined in 1908 by the Swiss psychiatrist Eugen Bleuler. It was derived from the Greek words “Skhizo” means split and “Phren” means mind. Schizophrenia is defined as a severe mental condition in which there is disorganization of the personality, disorientation in social functioning, and loss of contact with, or distortion of reality. There may be evidences of hallucinations and delusional thinking.

An estimated 50% to 80% of persons with schizophrenia and related psychotic disorders live with or have regular contact with a family caregiver. Caring for someone with mental health problems can be challenging and difficult responsibility. The burden of caring for a mentally ill individual often falls on the patient’s immediate family or relatives. While caring for someone else can be very rewarding, it can also be a stressful and demanding one, taking its toll both emotionally and physically on the caregiver.

Demands of care giving includes managing the activity of daily living of
patient by caregivers, paying for psychiatric treatment, supervision of a mentally ill family member, dealing with societal stigma associated with mental illness, and emotional distress that may result from symptoms of a family member’s illness.

As a result of the high proportion of family members providing care to persons with schizophrenia and the high rates of burden reported by these caregivers, researcher have attempted to identify predictors of family burden and their coping level of care givers with schizophrenia and also the strategies by which caregiver can be helped.

**Objectives**

1. To assess the level of family burden among the caregivers of the schizophrenic patients.
2. To assess the coping strategies adopted by the caregivers of the schizophrenic patients.
3. To correlate the family burden with coping strategies adopted among the caregivers of the schizophrenic patients.
4. To associate the family burden and coping strategies with selected demographic variables.

**Methodology**

The descriptive design based on the quantitative approach was adopted. The study was conducted at ATHMA hospital at Trichy. The population consisted of care givers of psychotic patients. The sample consisted of 50 caregivers of schizophrenic patients. The study was conducted over a period of six weeks using Non probability purposive sampling technique. The researcher explained the purpose of the study and written consent was obtained from the samples. The patient and participants were first registered in the outpatient department and then to the psychiatrist. Then the participants were taken to the counseling room and the interview was conducted by the researcher.

**Inclusion criteria:**

1. Care givers who were 18 years or above
2. The care giver who stayed with the patient and provided minimum one year of care to the Patients.
3. Both male and female caregivers

**Exclusion criteria**

1. Care givers of psychotic patients who do not know English or Tamil
2. Care givers who do not give consent for the study.
3. The care givers who were having any obvious psychiatric illness.

**Description of the tool**

1. The Demographic variables of the Schizophrenic Patient’s Caregivers.
2. The Demographic variables of the Schizophrenic Patients.

**Ethical consideration**

Formal permission was obtained from Head of Department of ATHMA hospital. Informed consent was obtained from the study participants. Assurance was given to the participants regarding the confidentiality of collected data.
Findings

Table I: Frequency distribution of Burden of caregiver of patients with schizophrenia

<table>
<thead>
<tr>
<th>S.No</th>
<th>Items</th>
<th>No Burden</th>
<th>Moderate Burden</th>
<th>Severe Burden</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Loss of patient Income</td>
<td>24</td>
<td>48</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Expense due to patient illness or treatment</td>
<td>15</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>Patient not helping in the house hold work</td>
<td>12</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Family become secluded or withdrawn</td>
<td>38</td>
<td>76</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Any members of the family become depressed, weepy or irritable</td>
<td>11</td>
<td>22</td>
<td>21</td>
</tr>
</tbody>
</table>

Table I shows that 24(48%) had no burden and 13 (26%) of them had severe burden in the item of loss of patients income. 18 (36%) had severe burden and 15(30%) of them had no burden due to expenditure of the family members for the patients treatment. 22 (44%) had severe burden and 12(24%) of them had no burden in the item of patient inability to help in the house hold work. 38 (76%) had no burden and six (12%) of them had severe burden in the item of family become secluded or withdrawn from others. 11 (22%) were able to cope normally and 21(42%) of them become depressed, weepy or irritable.
### Table II: Frequency distribution of coping strategies of caregivers of patients with schizophrenia

<table>
<thead>
<tr>
<th>S.No</th>
<th>Items</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td><strong>Problem oriented methods</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintain Control over the situation</td>
<td>2</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>Accept the situation as it is</td>
<td>2</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Breaking the problem into smaller pieces</td>
<td>4</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>4</td>
<td><strong>Affective Oriented methods</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hope</td>
<td>4</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Pray</td>
<td>2</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Cry, get depressed</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

#### Level of Burden of Caregivers of Schizophrenic patients

- Family member becomes depressed, weepy or irritable
- Patients becomes secluded
- Patients inability to help in the house hold work
- Patients Treatment Expenditure
- Loss of patients income
- Level of Burden
  - No Burden
  - Moderate Burden
  - Severe Burden
Table II shows the coping strategies adopted by caregivers of schizophrenic patients in the problem oriented coping strategy shows that twenty nine care givers (58%) „always” used the item of „Maintain control over the situation”. Majority of the care givers (74%) „always” used the item of „Acceptthesituationasitis”.Twentytwo care givers (44%) „sometimes” used the item of „breaking down the problem into small pieces” and 24(48%) of them „always” used it.In affective oriented coping strategies, thirty two care givers (64%) „always” used „hope” as a coping method. Majority of them (82%) „always” used the item of „pray”. Thirty care givers (60%) „sometimes” used the item of „cry and get depressed as a coping method in solving their problems.

There is a significant association between coping strategies in the items of hope, accepting the situation as it is, breaking the problems into smaller pieces and talking over the problem with someone else with the burden perceived by the caregivers of schizophrenia (P>0.05). The other items like pray, try to put the problem out of your mind, sleep, physical activity, past experience and maintain control over the situation had no association with burden of the caregivers.

With regards to association between demographic variables and burden of caregivers, there was a significant association between caregiver’s marital status (p value<0.05) with the burden of caregivers. The other variables like age, sex, religion, residence, education, occupation, income, and duration of the illness had no relationship with burden of the caregivers.

**Recommendations**

- A comparative study on male family members and female members can be carried out.
- A same study can be conducted in the community setup.
- A comparative study with particular age group of the patients and their caregivers’ burden and coping can be assessed.
- A comparative study with duration of illness of the patients and their caregivers’ burden and coping can be assessed.

**Conclusion**

Caregivers of schizophrenic patients experience burden on the physical, emotional, financial aspects and the extent of the burden is closely linked to the amount of symptomatic behaviour of the patient. Coping positively will not only make the caregivers to feel better and also they will be able to take better care of schizophrenic patients.
References
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