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Psychiatric Illness Impact on Caregiver Burden

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Abstract **Original Research Article**

The World Health Organization (WHO) states caregiver burden as the "the emotional, physical, financial demands and responsibilities of an individual's illness that are placed on the family members, friends, or other individuals involved with the individual outside the health care system [1]." Several studies have concluded that mental illness has negative consequences for caregivers and functional impairment in their daily activities. The study was to explore the impact of psychiatric illness on caregiver burden. The sample was collected from the clinical psychology department, Vinayaka Missions Medical College Hospital, Karaikal, during December 2023 to November 2024. It includes 210 samples based on stratified sampling techniques with inclusion and exclusion criteria. Analysis revealed that caregiver burden was higher among males, middle-aged groups, unmarried, widows, firstborns, LSES & MSES, spouses, education, at higher secondary level, daily wages, homemakers, nuclear families, and history of psychiatric illness in their family. The study concluded that caregivers have experienced a high level of stress in ADS, schizophrenia, BPAD, depression, and intellectual disabilities compared to other psychiatric illnesses.

Keywords: Caregiver strain, psychiatric illness.

INTRODUCTION

WHO described that Mental illnesses are increasingly prevalent worldwide and significantly contribute to the global burden of disease [2]. As per the National Health Mission, approximately 6 to 7% of the Indian population is suffering from a mental disorder. Compared to non-caregivers, caregivers often experience psychological, behavioural, and physiological effects that can contribute to impaired immune system function and coronary heart disease and early death [3]. The informal caregiver is usually a spouse, child, child-in-law, or close friend of the person in need of care. The vital care is rooted in the Indian family system, which plays a major role in caring for psychiatric illness, and so that major psychiatric illness person is living in their family [4, 5]. Caregiving in the Indian family system is not a simple experience but a spectrum of emotions and experiences encompassing pain, which reduces homelessness and improves the well-being of mentally ill patients [6].

LITERATURE REVIEW

The caregiver burden for mentally ill patients living with family members was first documented by Grad and Sainbury in early 1960 [7]. Family caregivers are the largest unpaid workforce tasked with providing full-time care to their beloved person, and they also sacrifice their lives with no recreational activities and avoid visiting relatives, friends, and socio-cultural gatherings [8-12].

In India, the majority of persons affected by psychiatric illness are living in their families. Experience of burden is related to the caregiver's age, gender, marital status, socioeconomic status, duration of the illness, personality, patient's problem, psychosocial factors, coping strategies, relationship with patients, and cultural factors. The tertiary medical college hospital in the Karaikal division of UT of Puducherry is the main referral for the nearby districts of Nagapatinam and Thiruvarur in Tamilnadu for referring psychiatric treatment. There is no caregiver study that was conducted in Karaikal. Therefore, it is necessary to assess the burden on the caregiver and provide psychoeducation and psychotherapeutic techniques to reduce the stress and to bring early recovery of the patient.

METHOD

Participants

The study was conducted during the month of December 2023 to November 2024 in the department of Clinical Psychology, School of Allied Health Science,

Vinayaka Mission Medical College Hospital Campus, Karaikal. The sample consists of 210 caregivers who brought their family members or relatives for psychotherapeutic intervention to reduce psychiatric illnesses. The caregiver came along with his family member's psychiatric treatment in between the age group of 25 to 65 years to the clinical psychology department for psychiatric intervention of his family members. It includes both genders from LSES and MSES in and around Karaikal, Nagapattinam, and Thiruvarur, distinct from Puducherry and Tamilnadu, with a history of psychiatric patients. We excluded the patients who came along with their children and the caregiver who is not willing to give consent for the study.

Measure

It is a descriptive and cross-sectional study with an introspective method. The samples were collected based on purposive sampling techniques from the Department of Clinical Psychology, School of Allied Health Science, Vinayaka Mission Medical College Hospital, Karaikal. To assess and compare the burden of caregivers for different psychiatric patients using the Caregiver Strain Index (CSI) The scale was developed by Robinson, B. 1983, published in the name of Validation of a Caregiver Strain Index in the Journal of Gerontology 38; 344-348. The scale has 12 items with yes or type of answer. Any positive item will get marks. A total score of 7 or higher indicates a high level of stress. The scale has at least one item related to employment, finance, physical, social, and time. The Cronbach's alpha value is 0.71 [13].

Procedure

The purpose of the study was explained to the caregiver and patient to establish adequate rapport. Before starting the interview, the consent form was given to the caregiver to answer the questions according to instruction, with the request to respond honestly and truly. The details about each caregiver, including the relationship of the caregiver to his patients, name, age, gender, marital status, education, occupation, socioeconomic status, geographical location, birth order, type of family, number of children, family history of psychiatric illness, and patients' psychiatric illness, and then the caregiver strain index scale was administered, and the data was collected in the clinical psychology department and consolidated.

Statistical Analysis

The data was analysed using the SPSS software version 27.0. A chi-square test and a non-parametric test were used to assess the association between dependent and independent variables.

RESULTS AND DISCUSSION

The research analysis revealed that overall, 83% of caregivers experience a high level of stress in various psychiatric disorders. The age group inspection for 46 to 60 years of experience shows 37% of high-level stress in alcohol dependence syndrome, schizophrenia, bipolar disorder, and depression when compared to psychosis, somatoform, obsessive-compulsive disorder, anxiety, schizoaffective disorder, intellectual disabilities, conversion disorder, dementia, cell phone addiction, and insomnia. The high level of stress may be due to family conditions, parental responsibilities, socioeconomic status, and economic burden for hospital treatment. Correspondingly, 16 to 30yrs has a 35% high level of stress, 30 to 45yrs has a 17% high level of stress, and above 60yrs has 10% of high stress [17].

The caregiver burden stress for both male 15 and female had shown 85% and 75% respectively, and the number of participants for males was 174 and for females 3615. The date doesn't show equivalence among genders for relating caregiver stress. The marital status of a caregiver shows that widows, separated and singles have experienced a high level of stress when compared to married people. The widow, single and separated, has a high level of stress from alcohol dependence, schizophrenia, intellectual disabilities, and bipolar disorder associated with other psychiatric illnesses. But most psychiatric illness persons were brought by married persons for psychotherapeutic intervention.

The analysis shows that 50% of caregivers are spouses, and parents 43% who had brought their family members for psychiatric treatment, which indicates that they are more responsible for taking care of their family members and actively participating in the psychotherapeutic intervention compared with children and relatives [16].

The illiterate caregiver 28%, has brought his family members for psychiatric treatment. The 60% of caregivers were studied less than higher secondary compared with educated caregivers [14, 15]. 57% of caregivers belong to daily wages, and 20% were homemakers when compared with self-employed, private job, and government job holders 17. 88% of caregivers have come from rural areas compared with urban and semiurban 15. 51% of caregivers have two children in their family, and 26% are having three children in their family. Even though the caregiver has two or three children in his family, they are taking care of a beloved person affected with a psychiatric illness.

The socioeconomic status has revealed that lower SES has experienced a high level of stress compared to middle and upper classes. The caregiver in lower socioeconomic status has experienced a high level of stress related to alcohol dependence syndrome, schizophrenia, bipolar disorder, intellectual disabilities, depression, conversion, somatoform, schizoaffective delusional disorder, anxiety, and psychosis. The caregiver in the middle socioeconomic status suffered high levels of stress in alcohol dependence syndrome,

depression, bipolar disorder, schizoaffective disorder, Cell phone addiction, insomnia, and dementia.

Regarding the birth order, the firstborn has more responsibility related to the middle and last born for bringing the psychiatric illness person to involve psychotherapeutic intervention for the welfare of his family [20].

The majority of caregivers are coming from nuclear families compared to joint families and extended families. The inference about family systems indicates that the majority of psychiatric patients are coming from nuclear families. The psychiatric illness was present in 66% of caregivers, and 33% had no family history of psychiatric illness in their family. The 12% of caregivers had a history of medical illness, and 87% had no history of medical illness [18, 19]. The majority of caregivers brought his family members for the management of alcohol dependence syndrome, schizophrenia, bipolar disorder, intellectual disabilities, depression, and conversion compared to cell phone addiction, dementia, schizoaffective disorder, insomnia, psychosis, anxiety, somatoform, delusional disorder, and OCD.

CONCLUSION

The study concluded that caregivers have experienced a high level of stress in serious psychiatric illness compared to common psychiatric illness. The majority of caregivers have experience with a high level of stress, but they are actively participating in their family psychotherapeutic intervention to improve the beloved person's psychiatric illness. Limitation of the study it is a self-efficient study, and it cannot be overgeneralized for caregiver research analysis.

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