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Original Article

Burden of the Care Giver Serving the Mentally ill Patients

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Abstract:

Introduction: Care giver burden are actually an expression of addressing the adverse consequences of the care provided to the mentally ill patients. Review of the previous studies reveals a higher rate of burden among the care giver as compared to the general population.

Objective: To find out the burden of care giver of mentally ill patient attended NIMH of Dhaka and to the association of duration of mental disorder on the burden of care giver of mentally ill patient attended NIMH of Dhaka.

Methods and materials: This cross sectional descriptive type study was conducted at the National Institute of mental health (NIMH), Sher-e-Bangla Nagar Hospital of Dhaka in Bangladesh. The period of study was from July 2015 to June 20016. A total 300 respondent were included care givers of mentally ill patients. After pre tested written questionnaires and face to face interview and care giver burden measure by using ZBI (Zarit burden interview scale) for subjective burden and Montagomery Borgatta care giver burden scale for objective burden.

Result: Majority 185(61.67%) of caregiver duration of care 0-10 years followed by 76(25.33%) of them 11-20 years and 39(13%) of them 21-30 years. More than three fourth (77.3%) of caregiver were moderate and 22.7% were mild objective burden. Almost two third (66%) of care giver were moderate subjective burden and rest(34%) were mild subjective burden ($p<0.05$).

Conclusion: Study shows caregivers burden depends on the disease duration as well as some socio demographic factors. To provide a total care to the patients with mental disorders it is necessary to mitigate the caregiver's burden. For this reason clinicians need to review periodically the status of caregiver's burden. Further exploration is needed in future to assess the caregiver burden in community based, multi centered approach in long term follow up with a large sample size.

Introduction

Bangladesh is a developing country located in South Asia, is home to approximately 160 million people living in an area of 147,570 sq. km. It estimates that 10% of the population i.e. 16 million peoples are living with a disability that need assistance from a caregiver or family member and mentally illness patient is one of the common cause of this disability.

Mental illness not only affect the survivor; it also affects their family or caregiver as the survivors and caregivers suffer from depression.[1] Survivors require help from family members or from the close friends who become a valuable resource for the patient.[2]

The World Health Organization has predicted that by 2030, more people will be affected by depression than any other health problem. Recently published findings from a study on mental illness among healthy adults age 40 years and older in rural Bangladesh reveal that elderly individuals and women of poor socio-economic status are at highest risk of mental illness.[3]

As mental illness causes serious and long term disability, impacting their ability to perform activities of daily living independently thus they are dependent on their family members which are known as caregivers. Family members already have a lot of responsibilities in the family, but when a family member acts as a caregiver role, they have to take on additional responsibilities of the mental illness besides other responsibilities of family. So, these additional responsibilities seem unbearable or a burden for them. On the part of the family caregivers, the adjustment to the new challenges poses the necessity of learning to cope with various potentially stressful problems in everyday life.[4]

Methodology

A descriptive cross sectional study conducted at National Institute of mental health (NIMH)situated at ¬Sher -e-Bangla Nagar, of Dhaka from july 2015 to june2016.The population of this study were the care givers of mentally ill in door and outdoor patients attended of National Institute of mental health (NIMH) ¬Sher -e-Bangla Nagar, Dhaka in Bangladesh .Convenient sampling technique were used to select the subject during the period.. Inclusion criteria: Family member living and caring with mental illness patient. The caregivers who did not suffer from mental illness. Exclusion criteria: Participants who were not taking part in patient care, Participants who were younger than 15 years old, because usually who arc younger than 15 not able to take care of others and themselves are in need for care giver. Data collection technique:Data were collection face to face interview by questionnaires method respondents were found care giver mental illness patient of National Institute of mental health (NIMH) ¬Sher-e-Bangla Nagar Dhaka Bangladesh. After pre tested written questionnaires and face to face interview and care giver burden measure by using ZBI (Zarit burden interview scale)for subjective burden and Montagomery Borgatta care giver burden scale for objective burden and scoring the mild moderate and severe. The questionnaire contained. First section was for collecting information socio demographic variables e.g. age, level of education, occupation, monthly income, family characteristics etc. Second section was for collecting information to know the level of burden by measuring scale. Data processing-

After collections of each day the data were checked and to main followed by editing &cleaning to detect error or omission to maintain consistency and validity then the data were entered into the computer for analysis with SPSS software version 20. Data analysis-Data were analyzed by computer using SPSS 20 version software according to appropriate variables. Then various tables were made and analyzed according to the objectives, frequency distribution, mean value with standard deviation was calculated, presented in the table where necessary, Significant test were done by chi-square tests.

Result

Table-I: Distribution of the respondents by their feeling excess stress and responsibility

Feeling excess stress	Number of frequency	Percentage
Never	45	15.0
Rarely	155	51.7
Some time	41	13.7
Frequently	42	14.0
Nearly always	17	5.7
Total	**300**	**100**

Table-I: Shows 51.7% were rarely, 15% never, 13.7% some time, 14% frequently and 5.7% nearly always feeling excess stress and responsibility.

Table-II: Distribution of the respondents by feeling angry to take care of their patient.

Feeling angry to take care of their patient	Number of frequency	Percentage
Never	72	24.0
Rarely	7	2.3
Some time	164	54.7
Frequently	51	17.0
Nearly always	6	2.0
Total	**300**	**100**

Table-II: Shows 24% were never, 2.3% rarely, 54.7% some time, 17% frequently and 2% nearly always feeling angry to take care of their patient.

Table-III: Distribution of the respondents by feeling excessive help requests for their patients.

Feeling excessive help requests for their patients	Number of frequency	Percentage
Never	58	19.3
Rarely	56	35.0
Some time	107	35.7
Frequently	66	22.0
Nearly always	13	4.3
Total	**300**	**100**

Table-III: Shows that 19.3% were never, 35% rarely, 35.7% some time, 22% frequentlnd 4.3% nearly always feeling excessive help requests for their patients

Table-IV: Distribution of the respondents by thinking that they did not enough money to care of their patient.

Thinking that they did not enough money to care of their patient	Number of frequency	Percentage
Never	49	16.3
Rarely	137	45.7
Some time	20	6.7
Frequently	74	24.7
Nearly always	20	6.7
Total	**300**	**100**

Table-IV: Shows that 16.3% were never, 45.7% rarely, 6.7% some time, 24.7% frequently and 6.7% nearly always thinking that they did not enough money to care of their patient.

Figure-I: Distribution of the respondents by feeling that they will unable to take care of their patients.

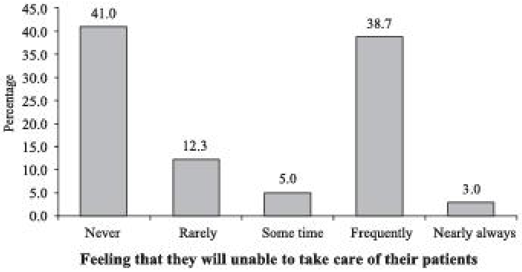

Figure-I: Shows 41% were never, 12.3% rarely, 5% some time, 38.7% frequently and 3% nearly always feeling that they will unable to take care of their patients.

Table-V: Distribution of the respondents by their feeling that they had just to leave to take care of patient.

Feeling that they had just to leave to take care of their patient	Number of frequency	Percentage
Never	98	32.7
Rarely	116	38.7
Some time	18	6.0
Frequently	47	15.7
Nearly always	21	7.0
Total	**300**	**100**

Table-V: Observed that 32.7% were never, 38.7% rarely, 6% some time, 15.7% frequently and 7% nearly always feeling that they had just to leave to take care of their patient.

Figure-II: Distribution of the respondents by feeling their health had been suffered because of take care of patients.

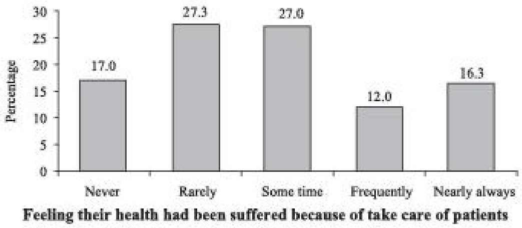

Figure-II: Shows 17% were never, 27.3% rarely, 27% some time, 12% frequently and 16.3% nearly always feeling their health had been suffered because of take care of patients.

Figure-III: Shows subjective burden of the study respondents.

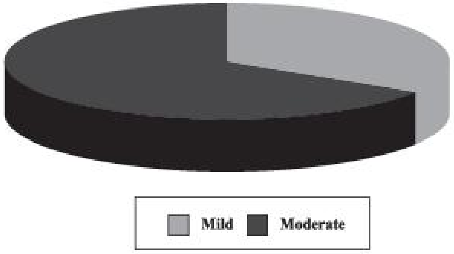

Figure-III: Shows 34% had mild burden and 66% had moderate burden.

Table-VI: Distribution of the respondents by objective burden.

Objective burden	Number of frequency	Percentage
Mild	232	77.3
Moderate	68	22.7
Total	**300**	**100.0**

Table-VI: Shows objective burden of the respondents, it was observed that 77.3% had mild burden and 22.7% had moderate burden.

Discussion

In current study found that female family caregivers perceived less social support and experienced higher degrees of caregiver burden compared to male family caregivers.[5] According to burden types mean values; standard deviation and the response degree of the study sample responses were calculated. The results show the distribution of burden types; it illustrates that subjective burden, while (34%) had mild burden, (66%) had moderate. Regarding objective burden, (77.3) had mild burden, while (22.7%) had moderate, (15%) had moderate burden. Nevertheless the development of community mental health services in Palestine is still in progress and needs further support and long term commitment to ensure the provision of comprehensive services and support to sufferers and their families.[6] Similar findings were found in Israel that the burden of Israeli family members of mentally ill individuals was moderate.[7,8] In another study found that burden and emotional well-being among Cypriot families' caregivers of schizophrenic patients illustrated a high level of burden among family caregivers where (43%) of the participants scored above 24/42 in the family burden Scale.[9,10] At present study there were significant differences between males and females in regard to subjective burden and these differences were for females (P value 0.0003). There were also significant differences between males and females in regard to objective burden and these differences were for females (P value 0.001). These results were in agreement with who found that there was a significant difference in gender in term of their burden, which was explained by social gender role and hormonal factors.[11]

Women were predominant in care giving and spent more time in care giving than men. In terms of hormonal, oxytocin hormone contributed in distress and women's need to nurture. When caring for patient women experienced distress, her oxytocin level and nurture need will increase, but at the same time she had to pay more attention to the patient. Therefore women felt more burden than men.[12]

Conclusion

This study extends knowledge about the level of burden experienced by the caregivers of mental illness patient in terms of general strain, isolation, disappointment, emotional involvement and environment. The study findings revealed that most of the caregivers faced moderate burden where they were highly disappointed rather than isolated or emotionally upset. The environment did not create any burden for them, possibly due to the Bangladeshi culture where country people are more hospitable. Caregivers think that caring for their near ones is their responsibility and they take this responsibility enthusiastically rather than feel burden. Through this study it was also found that the degree of burden depends on several aspects, such as caregiver's social and demographic characteristics: age, sex, relationship, care giving duration of mental illness. The study also discovered that there is a possibility to have higher. This study suggests the health professional to focus on the care giving situation to provide a better support to them.

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