

# Frequency of Psychological Symptoms amongst the Caregivers of the Mentally Unwell

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## ABSTRACT

**Aim:** To determine the frequency of psychological symptoms in caregivers of mentally unwell.

**Study design:** Descriptive, cross-sectional study

**Place and duration of study:** Psychiatric and Emergency Departments of Bolan Medical Complex Hospital, Quetta from 16<sup>th</sup> February 2012 to 15<sup>th</sup> August 2012.

**Methodology:** Ninety six caregivers of mentally unwell patients, aged  $\geq 18$  years, were consecutively recruited for the study. Those with history of depressive symptoms prior to onset of their patients' illness, with history of co-morbid physical illnesses like Diabetes Mellitus, Hypertension, Ischemic Heart Disease, Stroke, likely to affect the state of their own health, and those refusing to give informed consent, were excluded from the study. Screening for the major mental illnesses in patients was done through semi-structured interviews using ICD-10 criteria.

**Results:** Fifty seven (59.4%) had somatic symptoms, 59 (61.5%) had anxiety/insomnia, 52 (54.2%) had social dysfunction and 67 (69.8%) had severe depression.

**Conclusion:** A high frequency of psychological symptoms in caregivers of mentally unwell individuals which implies that care giving for mental illnesses is associated with significant caregiver stress, therefore urgent attention must be paid to this issue.

**Keywords:** Family caregiver, Caregiver burden, Depression, Anxiety, Behavioural symptoms

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## INTRODUCTION

Caregivers play an important role in the management of patients with chronic mental illnesses<sup>1</sup>. Patients with long-term and debilitating health problems are often cared for by family members at home. The burden and stress on caregivers relates to the negative feelings and the resulting stress experienced due to caring for a chronically sick individual<sup>2</sup>.

Multiple challenging pressures of time and resources are often cause adverse physical and psychological problems which may range from mild irritation to dramatic dysfunction that may cause severe health issues. Previous literature shows that caregivers who consistently handle the mentally unwell individuals show signs of stress in different ways<sup>3</sup>.

Data from published literature shows that chronic mental health problems generally deteriorate the overall functioning of care and adversely affect mental health and a quarter of the American workers suffer a mental health issue.<sup>4</sup> A recent study by Anjum and colleagues<sup>5</sup> on burden of care in caregivers of patients with schizophrenia and epilepsy showed high incidence of psychiatric symptoms (55%). They revealed that 56% of their study patients had anxiety and insomnia, 53% had social dysfunction, 52% somatic symptoms and 48% suffered from severe depression<sup>5</sup>.

Despite the fact that research has shown that home based care save hospital and consumer costs significantly, this results in increased physical, emotional and financial responsibility upon family members. Carers are more often bound to use complex equipment at home. They manage extensive patient care, comprising symptom management, disability, mobility and sometimes dressings. As a result, caregivers often feel exhausted, alienated and frustrated owing to lack of support, training, information with no one to share their distress.

Likewise, caregivers who are on job report missing their duties, taking personal days and leaving or retiring prematurely to offer care.<sup>6-9</sup> With the advent of de-institutionalization and home-based care, the burden on the caregivers and families in the communities has tremendously increased which is a source of major stress<sup>10-12</sup>.

Studies on etiology, epidemiology and management have mostly emphasized on patients ignoring the psychological needs of their caregivers. Attending to these unmet needs can result in better health related quality of the caregivers concerned along with better caring quality for the patients. Keeping this background in mind, we decided to conduct this study, at Bolan Medical Complex, a tertiary care setting of Quetta, to determine the frequency of psychological symptoms in caregivers of patients with mental illnesses mainly Schizophrenia, Depression and Substance misuse.

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## MATERIAL AND METHODS

This descriptive, cross-sectional study was conducted at Psychiatric and Emergency Departments of Bolan Medical Complex Hospital, Quetta from 16<sup>th</sup> February 2012 to 15<sup>th</sup> August 2012. The patients were inducted through consecutive, non-probability sampling method. Caretakers of mentally unwell patients, aged  $\geq 18$  years, of both genders, were included. Exclusion criteria was followed to exclude confounders i.e. caregivers with history of depressive symptoms prior to onset of their patients' illness, with history of co-morbid physical illnesses like Diabetes Mellitus, Hypertension, Ischemic Heart Disease, Stroke, likely to affect the state of their own health, and patients refusing to give informed consent, were excluded. The baseline characteristics such as age and sex of respondent were noted. Special care was taken to maintain confidentiality of the participants' identity and individual responses throughout the study. Screening for major mental illnesses i.e. schizophrenia, depression, substance abuse, in patients was done by semi-structured interviews, applying ICD-10 criteria, by a team of Psychiatrists and psychologists, who were trained in conducting these interviews. General health Questionnaire 28 was then administered to the patients' caregivers. Considering the rural background of most of the participants along with low educational status, it was decided to orally administer the questionnaire in the native language, to overcome problems due to language barrier. The responses were obtained for the 4 major symptom categories i.e. somatic symptoms, anxiety/insomnia and social dysfunction. All the psychological symptoms were thus recorded for each participant. All the data was entered and analyzed through SPSS-20.

## RESULTS

The mean age of the participants was  $43.55 \pm 13.44$  years with an age range of 19-78. There were 47 (49%) males and 49 (51%) were females (Table 1). Fifty seven (59.4%) had somatic symptoms, 59 (61.5%) had anxiety/insomnia, 52 (54.2%) had social dysfunction and 67 (69.8%) had severe depression (Table 2).

Table 1: Demographic information of the patients (n=96)

Variable	No.	%
Age (years)	43.55 $\pm$ 13.14	
Gender		
Male	47	49.0
Female	49	51.0

Table 2: Frequency of psychological symptoms in participants

Psychological symptoms	No.	%
Somatic symptoms		
Present	57	59.4
Absent	39	40.6
Anxiety/Insomnia		
Present	59	61.5
Absent	37	38.5
Social dysfunction		
Present	52	54.2
Absent	44	45.8
Severe depression		
Present	67	69.8
Absent	29	30.2

## DISCUSSION

The current study examined the frequency of psychological symptoms as measured by General Health Questionnaire-28 (GHQ-28) in the carers of patients suffering from three major psychiatric disorders i.e. schizophrenia, major depressive Disorder and substance abuse, which in turn, translates into 'caregiver stress' or 'caregiver burden'. The findings reveal that there is a high proportion of psychological symptoms amongst the assessed patients i.e. amongst the 96 total patients, 57 (59.4%) had somatic symptoms, 59 (61.5%) had anxiety/insomnia, 52 (54.2%) had social dysfunction and 67 (69.8%) had severe depression, which clearly means that there is a high caregiver burden.

A recent study conducted by Siddiqui and colleagues<sup>13</sup> at Armed Forces Institute of Mental Health, Rawalpindi, found similar results. Caregiving burden was high thus affecting the overall performance in terms of caring for the mentally unwell individuals and the duration of mental illness was significantly associated with caregiving burden ( $p < 0.001$ ) thus longer the duration, higher the caregiver stress. This can be compared with our study which has almost similar finding, and also, this indicates a need for counseling and support for the relatives concerned, for improved care giving performance.

Similarly a study conducted by Alvi and colleagues<sup>14</sup> at Department of Psychiatry and Behavioural Sciences, POF Hospital, WahCantt. The study found that highest level of anxiety and depression was found among caregivers of schizophrenia (57%) and bipolar disorders' (50%) patients. More female caregivers had a clinically significant level of anxiety and depression as compared to male caregivers.

Likewise, another study from Pakistan, by Akbar et al<sup>15</sup>, conducted at Combined Military Hospital, Peshawar, targeting caregivers of patients with Schizophrenia. It was found that 29% had depression while 18.5% had significant anxiety symptoms, which translates into high caregiver burden. Another study conducted at Neurology and Psychiatry Department of Lahore General Hospital and targeted caregivers of patients suffering from dementia. Neither caregiver burden nor quality of life predicted for anxiety and depression in the caregivers<sup>16</sup>.

Data from the International studies is also suggesting high caregiving burden in carers of the mentally unwell individuals. In one study conducted in Hong Kong, a significantly high care giving stress was found while caring for patients with Schizophrenia.<sup>12</sup> Other studies in different parts of the world, support the same finding consistently<sup>10,11,17-20</sup>.

The main implication thus of our study is that care giving of mentally unwell individuals is indeed quite stress provoking and can lead to significant psychological distress, in the form of anxiety and depression. Thus, caring for the caregivers through providing adequate psychosocial support can facilitate in their better caring and health related quality of life.

## CONCLUSION

The high frequency of psychological symptoms in caregivers of mentally unwell individuals which implies that caregiving for mental illnesses is associated with significant caregiver stress, therefore urgent attention must be paid to

this issue, and early and effective intervention strategies should be devised, for improved quality of caregiving and better outcomes for the patients concerned.

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