The Coping Patterns among Primary Care Givers of the Persons with Schizophrenia - An Empirical Study

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Abstract

"Over the past half century, the model for mental health care has changed from the institutionalization of individuals suffering from mental disorders to a community care approach backed by the availability of beds in general hospitals for acute cases. This change is based both on respect for the human rights of individuals with mental disorders, and on the use of updated interventions and techniques" (WH0, 2001). Recovery from schizophrenia is a long-term goal and a journey that has to be made. There will be good and bad days in the journey, and it may be easy to get tired of fighting the illness and give up. Support and encouragement for the Person getting the family to take a constructive role in the journey are important. This is way it is so important to have someone who can help and guide the person and the families managing the illness and the social problems. The present empirical study on the Coping Patterns among primary care givers of the persons with schizophrenia by researchers would definitely through light to practitioners to intervene. By adopting systematic random sampling procedure the authors have drawn 60 samples, from every second name among the list of 120 universes. A self prepared questionnaire has been used to collect socio-demographic data and to measure the level of coping patterns the three point scale developed by Priya Daniyal (1997) has been used. The study reveals that the majority (72%) of the respondents expressed overall high level of coping mechanism.

Keywords: Coping Patterns, Schizophrenia, Primary care-givers and community care approach

1. Statement of Problem

Schizophrenic patient's constitutes a major part of the mentally ill. Even though the advanced psychiatric drugs with their magical power appear to exercise a significant influence in controlling even the acute symptoms of Schizophrenia, the illness is still a challenge to mental health professionals as well as to the primary care givers. The primary caregivers assume their care responsibilities with concern and affection for their dependent relatives, despite of their physical, financial, economic costs. Nevertheless, providing care can negatively affect the caregiver's health, employment, personal, freedom, privacy and social relationships and causes significant burden in care giving. But effective coping can reduce the intensity of the burden caused by the chronic ill patients. In this study the researcher aims to explore the extent of burden in primary caregivers and the coping patterns adopted by them to encounter this burden.

2. Related Reviews

Swaroop N and et al., (2013) conducted a study on Burden among Caregivers of Mentally- Ill Patients. The family constitutes an important support system in the care of the mentally ill in the community. Mental health professionals need to be aware of and address the stress borne by the family in caring for patients with mental illness as they treat the patient. The objectives of the study are to assess burden among caregivers of mentally ill patients and associated factors in a rural area in Bangalore Urban District. The materials and methods were caregivers of mentally ill patients were selected from a registry of a Community Based Mental Health Program of the institution, in a rural area in Bangalore Urban district in September 2009. A 20-item interviewer-administered Burden Assessment Schedule was used to assess caregiver burden. Burden was scored based on impact on 5 domains with a maximum score of 12, high scores indicating a high burden. The study results and conclude that 73 caregivers consented to participate in the study, 48 (65.7%) were females. The average score for caregiver wellbeing was 6.00 ± 1.81, for marital relationships was 6.53 ± 1.37, appreciation for care giving was 6.07 ± 1.40, for perceived severity of disease was 5.99 ± 1.90, and for relations with others was 5.64 ± 1.59, the last of which was significantly associated with type of mental illness ($p<0.05$). The burden among caregivers in general was lower than expected, probably due to the interventions made in the community based program.

Alejandra Caqueo-Urízar and et al., (2014) an updated reviews on burden on caregivers of schizophrenia patients. Schizophrenia is a debilitating mental illness that has a significant impact not only in the patient but also in the entire family as well. Caregivers assume almost the totality of the patient care. This responsibility exposes caregivers to an intense burden with negative consequences for them and the rest of the family system. This is an updated review of existing literature about burden on families with schizophrenia patients. The method adopted was an electronic search of articles from MEDLINE, EMBASE, APA, EBSCO, and Cochrane databases was conducted for articles published between 2008 and 2013. the study results: A systematization of information and frequency analysis revealed the existence of eight factors related to burden that were present in almost all the reviewed literature: Programs of family treatment, Ethnic group, Expressed Emotion, Stress and Burden, Preoccupations of the caregiver, Kind of caregiver, Social networks, Social support, Finances and Coping Strategies. The study conclude that supports the statements of different theories reflecting the complexity of schizophrenia caregivers' burden and these, in turn, may be related to the above factors.

Anvar Sadath, Reni Thomas and Justin P Jose (2015) conducted an evidence Based Social Work Intervention for Caregiver Burden in Schizophrenia: A Case Analysis and Discussion. In present scenario, psychiatric institutions are replaced by families to provide care for the family members with mental illness. It implies not only the relevance of emotions and affection in care but also induce higher amount of burden on family members. Evidence suggests that burden on family members of persons with schizophrenia has been associated with significant reduction in family members' quality of life, causing damage in caregivers' health and mental health conditions. The paper illustrates a case of chronic schizophrenia person and discusses various features of caregiver burden in comparison with other relevant literature. It describes evidence based clinical social work intervention to manage caregiver burden and evaluates its effectiveness in the background of this case. Using a case study approach, the present study evaluates the effectiveness of evidence based clinical social work intervention for caregiver burden experienced by family members. The clinical social work intervention was found effective in improving the caregiver's knowledge and understanding about the illness, problem solving skills and subjective wellbeing.

Geriani and et al., (2015) have done a study on Burden of Care on Caregivers of Schizophrenia Patients: A Correlation to Personality and Coping. Schizophrenia is a mental disorder where the caregivers are likely to face increasing levels of burden and stress. The present study aims to explore the relation between burden of care on the caregivers of schizophrenic patients with various psychological parameters including their coping strategies, personality type, overall quality of life and socio-demographic details. The participants included in the study (n=110) were administered a socio-demographic data sheet and questionnaires to assess their personality type, burden, quality of life, and coping mechanisms of having a schizophrenic in the family. These questionnaires were administered in individual setting. Their informed consent was taken prior to the administration of tools and their privacy was taken care of. The data obtained was analyzed statistically. The study results that most of the caregivers were females. The caregivers were observed to have moderate and high levels of burden. Burden on the caregivers showed a significant correlation with psychoticism and their overall quality of life. A significant correlation was seen between the levels of coping and extrovert type of personality, and also with the environmental health of the caregivers. The study concludes that certain personality traits like psychoticism and certain social traits such as living in joint families can increase the risk of caregiver burden in looking after family members suffering from schizophrenia. A need for psychological assistance for the vulnerable caregivers to help them reduce the burden levels and employ positive coping strategies has, therefore, been emphasized in our study.

3. Objectives

The objectives identified for this research paper are:

1. To examine the level of Coping Patterns among primary care givers of the persons with schizophrenia.
2. To find out the significant differences and associations between gender, type of family, monthly income, educational qualification, occupations and marital status of the respondents.

3.1.1. Method

The universe of the study includes 120 primary care givers of person with Schizophrenia under the Tele – Psychiatric project by Schizophrenia Research Foundation- SCARF (India). The primary care givers bring their patients regularly to the Tele – psychiatric clinics in Avudaiyarkovil , Gandharvakottai Talukkas in Pudukottai District. Schizophrenia: a group of psychosis in which there is fundamental disturbance of personality, characteristic distortion of thinking, often a sense of being controlled by alien forces, delusion in which may bizarre, disturbed perception, abnormal effect out of keeping with the real situation and autism. The researchers have adopted systematic random sampling procedure to draw 60 samples, from every second name among the list of 120 universe of the study population. In this study, researcher has adopted Descriptive Design. The present study describes a problem, particular group or situation as precisely and completely as possible. It is a fact finding exercise. It measure some dimensions of a phenomenon.

3.1.2. Materials

A self prepared questionnaire by the researchers have been used to collect socio-demographic data regarding the respondents Type of family, Gender, Age, Educational qualification, Occupation, Marital status, etc. To measure the level of coping patterns, the questionnaire developed by Priya Daniyal (1997) has been used . The information required for the study was directly collected from the respondents using interview schedule method as the primary source of data collection. The data collection was done during the months of May, June & July

2015.

3.1.3. Data Analysis and interpretation

The collected data were carefully scrutinized to attain accuracy, consistency to facilitate coding and tabulating, the z-test and Chi square test were applied to find out the difference / association between gender, marital status, education, occupation, type of family of the respondents.

4. Socio demographic findings

- In the case of gender of the respondents, the male has influenced more than females. Majority of the respondents 55 percent of the respondents are males and remaining 45 percent of the respondents are females.
- 51.7 percent of the respondents' education is up to primary, 30 percent of the respondents' qualification is secondary level, 11.7 percent of the respondents education is illiteracy and the remaining 6.7 percent of the respondents education is above higher secondary.
- With regard to the occupation that 70 percent of the respondents are daily wages, 23.3 percent of the respondents are private employee and the remaining 3.3 percent of the respondent are distributed into two variables namely unemployed and government employee.
- 41.7 percent of the respondents monthly earning is below Rs.5000, 30 percent of the respondents earning income is Rs.5,000 to 8,000, 16.7 percent of the respondents earning is Rs.8,000 to 11,000 and the remaining 11.7 percent of the respondents earning income is above of Rs.11,000.
- 76.7 percent of the respondents are married, 10 percent of the respondents are unmarried, 8.3 percent of the respondents are separate and the remaining 5 percent of the respondents are widow.
- 71.7 percent of the respondents are living as nuclear family and the remaining 28.3 percent of the respondents are living in joint family system.
- 80 percent of the respondents background is rural and while 20 percent of the respondents nativity is urban.

4.1.1. Findings related to Coping Mechanism

Coping mechanisms can also be described as 'survival skills'. They are strategies that people use in order to deal with stresses, pain, and natural changes that we experience in life. It are learned behavioural patterns used to cope. 72 percent of the respondents are categorized as high and 28 percent of the respondents are seems to be low level of coping mechanism.

S.No	Gender	Sample size N=60	X	SD	Statistical Inference
1	Male	33	74.5152	9.06960	Z = 0.658 P>0.05 Not Significant
2	Female	27	76.1111	9.68478	

Table 1.'z' Test between the gender of the respondents and perception towards Overall level of coping mechanism

The above table reveals that there is no significant difference between the gender of the respondents and overall level of coping mechanism yet based on the mean score that the female have a little higher level of coping pattern than the male respondents.

S.No	Type of family	Sample size N=60	X	SD	Statistical Inference
1	Nuclear family	43	76.3953	4.50470	Z = 1.557 P>0.05 Not Significant
2	Joint family	17	72.2941	15.91291	

Table 2.'z' Test between the type of family of the respondents and perception towards Overall level of coping mechanism

The above table reveals that there is no significant difference between the type of family of the respondents and overall level of coping mechanism yet based on the mean score that the Nuclear family have a little higher level of coping pattern than the joint family respondents.

S.No	Monthly Income	Overall level of coping mechanism		Statistical Inference
		Low	High	
1	Below Rs. 5,000	10	15	$X^2 = 4.160$, df = 3 P>0.05 ,Not Significant
2	Rs. 5,000-8,000	10	08	
3	Rs. 8,000-11,000	03	07	
4	AboveRs. 11,000	01	06	

Table 3.' Association between the monthly income of the respondents and Overall level of coping mechanism

The above table reveals that there is no significant association between the monthly income of the respondents with regard to overall level of coping mechanism.

S.No	Educational qualification	Overall level of coping mechanism		Statistical Inference
		Low	High	
1	Illiteracy	04	03	$X^2 = 1.614$ df = 3 $P<0.05$ *Significant*
2	Upto Primary education	13	18	
3	SSLC	06	12	
4	Higher Secondary and above	01	03	

Table 4.‘ Association between the educational qualification of the respondents and Overall level of coping mechanism

The above table reveals that there is a significant association between the educational qualifications of the respondents with regard to overall level of coping mechanism.

S.No	Occupation	Overall level of coping mechanism		Statistical Inference
		Low	High	
1	Unemployed	02	02	$X^2 = 1.667$ df = 3 $P<0.05$ *Significant*
2	Government employed	01	01	
3	Private employee	05	09	
4	Daily wages	16	24	

Table 5. Association between the occupation of the respondents and Overall level of coping mechanism

The above table reveals that there is a significant association between the occupations of the respondents with regard to overall level of coping mechanism.

S.No	Marital status	Overall level of coping mechanism		Statistical Inference
		Low	High	
1	Married	17	29	$X^2 = 3.678$ df = 3 $P<0.05$ *Significant*
2	Unmarried	04	02	
3	Widow	02	01	
4	Separate	01	04	

Table 6. Association between the marital status of the respondents and Overall level of coping mechanism

The above table reveals that there is a significant association between the marital statuses of the respondents with regard to overall level of coping mechanism.

5. Suggestions

According to the role theory, having a member of the family with schizophrenia disorganizes the familiar dynamics. The roles of each member are affected by caring for the patient. Evidence shows that many of the roles of the caregivers are annulled or handicapped, and an important part of the caregivers do not work outside of the home, they lose their friends and their social networks (Grandón et al., 2008) In addition, caregivers indicate that patients do not fulfill their expectations, generating personal and familiar dissatisfaction (Huang et al., 2009; Knock et al., 2011; Riley et al., 2011). Considering the stress theory, the literature indicates that caregivers go through high levels of stress because they feel that their capacity of action is overwhelmed, or because the patient absorbs most of their time. In addition, caregivers' stress increases due to communication difficulties, lack of appropriate intervention strategies for patient's symptoms, and financial problems (Chien & Norman, 2009; Hanzawa et al., 2013) Working outside the home, generating incomes and maintaining other activities aside from patient care can protect caregivers' mental health. Schizophrenia is understood as an individual, familiar, social and cultural phenomenon. Cultural and racial aspects have significant importance. Being part of an ethnic minority originates the feeling of disadvantage in caregivers, due to the reduction of social networks, aid or access to benefits from the government (Caqueo- Urízar et al., 2015).

In this way, caregiver's burden is not guaranteed to be independent of the culture. The systemic theory emphasizes the existence of coordination between the diverse subsystems, which is an essential issue, considering the need to establish public policies of investment aimed at providing a holistic treatment for the patient with schizophrenia, which should comprise not only pharmacological or psychotherapeutic attention, but should also include caregivers' social networks and communitarian support. As confirmed by Pharoah, Mari, Rathbone and Wong (2012), family intervention may reduce the number of relapse events and hospitalizations and would therefore be of interest to people with schizophrenia, clinicians and policy makers.

5.1.1 Psycho-Education

Researchers have found that psycho educational interventions reduce feelings of anxiety, depression, burden and stress, along with improved coping abilities, family relations and family functioning.

5.1.2. Family Support Group

The researchers suggests that participation in family support groups relates to improved coping skills, increased access to information, perceptions of increased social support and reduction in feelings of subjective burden and psychological distress.

6. Conclusion

The various coping strategies mature or immature, employed by the caregivers do not seem to have an effect on the levels of burden experienced by them. It is seen that caregivers with an extrovert type of personality and those belonging to joint families have a better way of coping with the effects of having schizophrenia patients in the family. Better ways of coping also lead to an overall improvement in environmental health. The knowledge of various factors affecting burden of care can be identified and this knowledge can be used in reducing the burden of care. The treatment and policing of the government for the mentally ill should minimize the burden on the caregivers for a better treatment outcome of schizophrenia patients. The treating psychiatrist must consider the difficulties faced by caregivers and these issues must be appropriately addressed so that the overall outcome of integrating the patient back into the family can be achieved. The primary caregiver burden in Schizophrenia is high; they need support from Psychiatrists, counselors and society. There is also a need to study caregiver burden in schizophrenia compared to chronic physical illnesses. This present study highlights the need to counsel the caregivers as to how to deal with various situations faced due to having schizophrenia patients in the family. The mode of interaction and coping strategies determine the course of the illness in these patients, and hence positive interaction can improve the quality of life of both the caregivers and the patients, thereby increasing the lifetime productivity of these individuals.

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