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IMPACT OF PSYCHOLOGICAL DISTRESS, BURDEN AND HOSTILITY ON CAREGIVERS OF MENTAL ILLNESS

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Abstract

The aim of the current research is to find out the caregivers psychological distress, burden and hostility on mental illness (schizophrenic, depression, bipolar etc). Study also intended to determine the demographic impact (age, gender, socio economic class impact, education level and marital status, length of contact with the patients) among caregivers of mentally ill patients. 150 caregivers, 67 male caregivers and 83 female caregivers of mental ill patients in the age group of 16 to 55 years were taken as the study sample. The purposive sample was taken from the hospitals of DHQ Haripur, Yahya Welfare Hospital Haripur, Ayub Medical Complex Abbottabad, INOR Abbottabad, and DHQ Mansehra. Psychological distress, burden and hostility were measured by Caregiving Distress Scale, Zarit Burden Interview, and State Hostility Scale respectively. The results indicated the presence of moderate to high level of psychological distress, burden and hostility among the caregivers of mental illness, within male and female, married and unmarried, working and non working, serving as caregivers from the last 2 years to 30 years to mentally ill patients.

Gender hostility has significant impact on caregivers while psychological distress and burden is non-significantly different with gender affect (Atchley, & Amanda, 2004). For testing working status, hostility has significant impact on caregivers while Psychological distress and burden is non-significantly different with employed status. Results revealed non-significant impact between married and unmarried caregivers, young and old

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caregivers of mental on burden, hostility and distress. The non-significant impact was found in all demographs of the research except burden in education levels and working status of the career over hostility. On the bases of the results it can be concluded that the caregivers of mental illness has revealed moderate to severe range of distress, burden and hostility due to care of ill patients but this impact is not statistically significant between caregivers of mental illness.

Keywords: mental illness, Caregiver, Psychological distress

Introduction

Constant care is very important for the person who provides assistance to another person who increasingly requires care. With personal activities of daily living The informal caregiver is defined as the person who provides care to assist for daily living of personal instrumental activities without payment, and whose relationship is simple personal attachment (Loboprabhu, Molinari & Lomax 2006). Caregivers operational definition is like 15 years of aged person or more, who provides any informal care and informal assistance to relatives or family members who suffer from mental illness (Australian Bureau of Statistics, 2008) this definition applied in Australia and also in America (Chiang et al., 2012), refers to unpaid and paid care persons, the term "caregivers" as used in this report.

Caregiving means to take responsibility of the patients' daily requirements for example going for checkup to the doctors regularly and on time, making meal for patients and caring for patient's medicines. Circumstances of caregiving are of different nature for example patient's age, severity of illness or impairment, amount and duration of caregiving responsibilities being provided. Most of the studies describe that the caregivers provide care for the patients' friends or relatives with the age of 50 years or above (National Academy on an Aging Society, 2000). There are a lot of studies describing the definition of family caregivers based on their own findings. For example in different areas of the world the concept of caregiver is different for them 25% or 22 million people are involve in the caregiving responsibilities for family members or relatives.

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Role of caregivers is inevitable in mental illness of their love ones. Goodman, Rabow and Folkman (2007) argued that caregivers require a lot of skill, tolerance and the ability to manage the patients' demands. To care for loved one who is ill, is very challenging, important and meaningful (Goodman, Rabow & Folkman, 2007). According to Caring for the Caregivers World Federation For Mental Health, caregiving effects all people weather they belong to any country or any culture, all individuals in present or in future need to be cared during their life time, and all individual may cared for someone during the life time, the care provide is unpaid, unrecognized and even under-supported. Generous help or care represents and mean to care for daily needs which may include visiting to doctor, cooking meal for patients and also make surety to care for the feelings of the patients like what they want, whether they want to talk, feeling angry or sad, and caregivers handle and manage all these, (Caring for the caregivers National Cancer Institute, 2014). Rossman and Ho (2018) stated that motherly affectionate and familial stressors may include aggression and hostility among caregivers and it may cause hyper arousal symptoms of caregivers. Platt (1985) defined family caregiving as the problems and difficulties and negative life proceedings that affect the life of the family members who is caring for the patient of mentally ill.

Different researches estimated that in California 1.5 million adults who have mental disabilities required continuous help in their daily activities from their caregivers (GAO, 1999) and 6.4 % Americans with aged 70 or above are functionally disabled, necessitate help and care in their activities of daily living like walking, eating, bathing or dressing (Crimmins, Saito & Reynold, 1997). It is also predicted that with the passage of decades the number of patients require full time help and assistance will be increase double. It is also predicted that by 2030 the older

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individual who require care will be increase substantially who even do not have caregivers to care for them for example having no biological or step children (Wachter, 1998). Minimum family size, and dispersion of the family members for job or any other purpose, especially increases no of employed women, increased ratio of divorce and remarriage all are the causes of decrease number of caregivers available for patients (Ory, 2000).

Rosenbaum et al. (1998) argued that the caregivers have a lot of health issues and they may suffer from chronic illness as compare to non caregivers, for example they may suffer from high blood pressure, heart disease, diabetes and arthritis. They may also suffer from poor health and immune system, may feel exhaustion and fatigue, they may avoid caring for their own self and avoiding health care for themselves, which may cause high mortality ratio than non caregivers of same age. According to Hastrup, Van Den Berg and Gyrd-Hansen (2011) the caregivers should take a good care for themselves, it will help to minimize their stressors and tensions because these tensions, stressors and anxieties are dangerous for caregiver and care recipient. Some of the indications of stress may include aggression, social departure, fatigue, lack or disturbance of sleep, tetchiness, concentration and attention problems, and other physical and mental health troubles. (The Alziemers Association, Take Care of Yourself, 2009).

According to one study conducted randomly women show more compliance than men with certain situation and create adjustment inferences which may sometimes help them to cope with certain situations (Gitlin et al., 1999). On the other hand men are more strengthened and have more managerial qualities which may help them to solve the problems and delegate tasks and are so less distressed and burdened than females (Draper et al, 2004).

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One study revealed that the spouse feel more psychological distress and hostility and engage in harmful behaviors towards their loved ones when caring for the spouse (Beach et al., 2005). According to The Common wealth Fund (1999) female caregivers are greater risk of burden than noncaregiving females because of expenses (26% vs 13%). Female caregivers are more hostile than male caregivers (Marks et al., 2002). Vitaliano et al. (2009) clinical observation showed that caregivers of mental illness revealed more distress and burdensome, to care for someone creates persistent distress and burden. As the time exceeds of illness it creates psychological distress and pressure by high level of unpredictability and uncontrollability. Families not only provide sensible help and personal care but also give emotional support to their relative with a mental illness. The responsibilities of the giving care can create psychological distress among the caregivers and their daily life routine and tasks related to job, social activities and relationships get affected badly (Brown & Brown, 2014).

Certain factors that create psychological distress among the caregivers are associated with gender, age, and mental health of caregiver, ethnic and cultural boundaries, lack of social support, and rear that they will lose their loved one and many other characteristics that cause psychological distress. On the other hand some risk factors are also from patients' side like behavioral disturbances, functional impairment, cognitive disturbances and social withdrawal. Cohen et al. (1990) stated that the behavioral disturbance of the patient is the best way to identify the caregivers' distress caregiver burden and depression than are the functional and cognitive impairments of the patients. The distress and depression creates when caregivers have to face the new situations that are unfamiliar and unpredictable for them (Williamson & Schulz, 1993).

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Caregiving is the causal factor for a lot of distress for caregivers, the objective and chronic stressors include the patients physical disabilities, cognitive impairment and problems behavior and time and intensity of care provided. These stressors create psychological distress among the caregivers and cause the health problems which may sometimes impaired caregivers health and sometimes cause mortality. These psychological effects on caregivers may be different for different individual which may be because of resources and vulnerabilities like socio economic status, prior health conditions and the level of social support (Lauber, Eichenberger & Luginbuhl, 2003).

More than 90% of patients with mental illness live with the caregivers, who support them practically and emotionally for an extended period of time. Caregivers' burden distress and hostility increase when patients live their families for long period. This extended duration increase burden, hostility and distress among the caregivers (especially isolation, disappointment and emotional involvement) (Andren & Elmstahl, 2008).

According to McDonell et al. (2003) caregivers of both mental illness like schizophrenia and cancer, suffer highly from objective burden than the caregivers of one type of illness. In distinction study, it was revealed that women caregivers of the mental impairment show more burdensome, either with or without physical impairments (Tooth et al., 2008).

A research showed that carers are on prominent margin of social activities and social network. So they are prone towards unemployment than non caregivers expected to fall under lower socio economic class and it creates distress, burden and hostility among the caregivers. It may be concluded that the caregivers are at greater risk of social and economic problems and also on

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mental health issues. Extremely stressed person cannot benefit from any social support of others as much as moderately stressed person (McVilly et al., 2008).

In a crossectional study it has been observed that the parents are less hostile, burdensome and distress than did spouses, and spouses are less than did young individuals and parents and spouses are more close to the family than young and teen agers. One study on mental illness reviewed that patients' spouse was linked to higher level of distress (Schultz et al., 1995). Additional, Nolan & Keady (1996) perceived differences in increased satisfaction of spouses' caregivers than the caregivers who were children of parents of mental illness.

Parents caregivers of children with disabilities may also perceive distress when they come to know that their children are not as physically fit as other children, so when other parents celebrate their childrens' milestones they feel sorrow and thus cause distress to them. Young children with disability also create burden and distress when they face additional apprehension of the decision that amongst them who will care for the child when they are no longer able to take care (Bigby, Ozanne & Gordon 1999).

According to Bigby et al. (1999), older caregivers of intellectually disabled children and carers of older adults with mental illness who are totally dependent cause a lot of distress and burden. Friends and family members providing care are more at negative consequences of mental illness like anxiety, depression and physical illness and may even cause death .

Oshodi et al. (2012) observed that the caregivers of psychiatric illness have an impact on both caregivers and care recipients, caregiving creates distress and is a challenging task because it affects all of the aspects of carers' life, when this happens known as to be "caregiver burden".

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Caregiver burden is a multifaceted, which includes several dimensions such as daily activities of life, social routine and personal care for the care recipient. According to Sales (2003) caregiver burden is stated as all the hitches and problems face by the caregiver because of the illness of loved ones. An increasing and extended set of scientific confirmation is that caregivers bear a lot of burden and also bear a lot of serious health issues as well as emotional problems are of significant rate.

In a research by Dyck et al. (2009) showed that schizophrenia caregivers' hostility, for the caregivers who had regular contact with mentally ill family members and they perform their responsibilities continuously. In this study health caregivers' resources, susceptibility hostility and caregivers stressors were assessed. Hostility in the caregivers is trigger by different stressors associated with caregiving like financial difficulties, social withdrawal, avoidance of personal activities and affective reactions (Vitalinao, Young & Russo, 1991). In another study the relationship of caregivers distress and hostility were assessed of the caregivers of mental illness, caregivers' hostility was evaluate on the bases of performance based measures of mental illness. The association between caregiver hostility and their restricted duties and responsibilities of giving care to the patient with relation to the poor emotional well being develop greater feelings of hostility in the caregivers.

Another study on the carers of the patients with depression revealed that about 85% of the carers give assistance to the patient full time as a primary caregiver, thus it is the possibility of negative consequences among the caregivers like hostility (Van Wijngaarden et al., 2004). The quantity of disapproval, hostility and emotional greater participation, the research on professional caregivers show a high level of hostility towards their clients with mental disorders.

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Method

Research Design

In this research quantitative research method is used in which cross-sectional survey method was selected for the collection of data.

Sample of the Study

In the present study cross-sectional sampling technique was used to select the sample. The sample size was *N*=300. The sample was divided into on the bases of illness (150 caregivers of mental illness). Caregivers of mentally ill patients were selected from different hospitals such as DHQ Haripur, Yahya Welfare Hospital Haripur, Ayub Medical Complex Abbottabad, INOR Abbottabad, and DHQ Mansehra and from home settings with reference to demographic variables such as age, gender, socio economic class, length of illness, occupational status and education.

Data Collection and Analysis

The participants had been approached from caregivers of different mentally ill, admitted in hospital and also family caregivers at home. Before starting the procedure they had been informed about the research and their consent has been taken. After their willingness questionnaires had been distributed with the set clear instructions. After completion the questionnaire, they had appreciated for the participation and giving precious time and opinions. Descriptive as well as inferential statistics will be used by using SPSS. According the data, t-test, and 1 WAY ANOVA will be used to seen the variables.

Results

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Initially the analysis was carried out about the demographic characteristics (gender, age, marital status, working status, socio economic class) of the caregivers of mental illness and also given the description in table 1. For testing the research hypothesis, there is non significant difference of psychological distress between the caregivers of mental illness. The analysis was carried out between the caregivers of mental illness among gender, occupational status, marital status, length of illness and age in the form of t-test and one way ANOVA.

Demographic Characteristics of Caregivers of Mental illness

Variables	Subgroups	Mental Illness (n = 150)
Gender	Male	67
	Female	83
Age	Young	62
	Old	87
Marital Status	Married	94
	Unmarried	56
Working Status	Working	68
	Nonworking	82

As shown in the table 1, sample of the present study was comprised of (N = 150) caregivers of mental illness, caregivers of mental illness (n=150), caregivers of mental illness male (n = 67) and female (n= 83). Sample was further divided on the base of age, young caregivers of mental illness were (n = 62) and old age (n= 87), with reference to marital status among the caregivers of mental illness, married were (n= 94) and unmarried were (n= 56). Working status of caregivers of mental illness that is working were (n=68) and nonworking were (n= 82).

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Table 2

Mean Standard Deviation and Ranges of Psychological Distress (Mental Illness, , Gender, Age, Marital Status and Occupational Status) among the Caregivers on Caregiving Distress Scale (n = 300)

	M	*SD*	Possible Range	Obtained Range
Psychological Distress				
Mental illness	58.00	6.45	17-85	39-73
Male	55.75	8.221	17-85	30-70
Female	57.48	8.221		33-78
Young	56.67	7.75	17-85	37-74
Old	56.85	9.19		30-78
Married	56.89	8.596	17-85	30-78
Unmarried	56.52	8.56		33-77
Working	55.76	8.07	17-85	30-73
Nonworking	57.43	9.04		33-78

As shown in table 2 it has been noted that obtained range of psychological distress among the caregivers of mental illness is 39 to 73 within mean score of 58.0 and *SD* = 6.45 and in male caregivers 30 to 70 within mean score of 55.75 and *SD* = 8.22 and female caregivers were 33 to 78 within mean score of 57.48 and *SD* = 8.22, young caregivers obtained scores 37 to 74 within mean score of 56.67 and *SD* = 7.75 and old age were 30 to 78 within mean score of 56.85 and *SD* = 9.19, married caregivers were 30 to 78 within mean score of 56.89and *SD* = 8.59 and unmarried caregivers were 33 to 77 within mean score of 56.52 and *SD* = 8.56, working caregivers were 30 to 73 within mean score of 55.76 and *SD* = 8.07 and nonworking caregivers

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obtained score range 33 to 78 within mean score of 57.43 and *SD* = 9.0 the level of psychological distress among mental illness was observed. The scores on the Caregiving distress scale show that the caregivers have the moderate to severe burden in mental illness.

Table 3

Means, Standard Deviation and Ranges of Caregivers Burden (Illness, Gender, Age, Marital Status and Occupational Status) among the Caregivers on Zarit Burden Scale (n = 300)

	M	*SD*	Possible Range	Obtained Range
Burden				
Mental illness	75.120	10.04	22-110	42-97
Male	74.22	12.77	22-110	41-104
Female	172	77.22		42-100
Young	75.53	12.51	22-110	40-97
Old	77.07	12.45		40-104
Married	75.91	12.71	22-110	40-97
Unmarried	76.59	12.13		47-104
Working	73.89	12.59	22-110	40-104
Nonworking	77.91	12.15		42-100

As shown in table 3 it has been noted that burden among the caregivers of mental illness is 42 to 97 within mean score of 75.120 and *SD* = 10.04 and in male caregivers 41 to 104 within mean score of 74.22 and *SD* = 12.77 and female caregivers were 42 to 100 within mean score of 172 and *SD* = 77.22, young caregivers were 40 to 97 within mean score of 75.53 and *SD* = 12.51 and old age were 40 to 97 within mean score of 77.07 and *SD* = 12.71, married caregivers were 40 to 97 within mean score of 75.91 and *SD* = 12.71 and unmarried caregivers were 47 to 104

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within mean score of 76.59 and *SD* = 12.59, working caregivers were 40 to 104 within mean score of 73.89 and *SD* = 12.59 and nonworking were 42 to 100 within mean score of 77.91 and *SD* = 12.15 the level of burden among non working caregivers was observed. The ranges of the scores on Zarit Burden inventory showed that caregivers of mental has moderate to severe burden with no significant difference among mental illness.

Table 4

Means, Standard Deviation and Ranges of Hostility (Illness, Gender, Age, Marital Status and Occupational Status) among the Caregivers on State Hostility Scale (n = 300)

	M	*SD*	Possible Range	Obtained Range
Hostility				
Mental illness	118.34	13.7	35-175	73-157
Male	117.1	16.65	35-175	74-148
Female	121.05	16.18		73-157
Young	118.86	15.81	35-175	74-146
Old	119.72	16.92		73-157
Married	119.29	16.82	35-175	73-157
Unmarried	119.56	15.968		74-148
Working	116.136	15.94	35-175	76-148
Nonworking	121.91	16.50		73-157

As shown in table 4 it has been noted that hostility among the caregivers of mental illness is 73 to 157 within mean score of 118.34 and in male caregivers 74 to 148 within mean score of 117.1 and *SD* = 16.65 and female caregivers were 73 to 157 within mean score of 121.05 and *SD* = 16.18, young caregivers were 74 to 146 within mean score of 118.86 and *SD* = 15.81 and

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old age were 73 to 157 within mean score of 119.72 and *SD* = 16.92, married caregivers were 73 to 157 within mean score of 119.29 and *SD* = 16.82 and unmarried caregivers were 74 to 148 within mean score of 119.56 and *SD* = 15.968 working caregivers were 76 to 148 within mean score of 116.13 and *SD* = 15.94 and nonworking were 73 to157 within mean score of 121.91 and *SD* = 16.50 the level of hostility among female caregivers was observed. The ranges of the scores on State Hostility Scale showed that the caregivers of mental illness has moderate level to severe level of hostility with non significant difference among mental illness.

Discussion

Impact of psychological distress, burden and hostility on caregivers of mental illness was the purpose of the study. The findings indicated that the caregivers have the moderate to severe burden in mental illness and also findings on Zarit Burden inventory indicated that caregivers of mental has moderate to severe burden with no significant difference on mental illness. The findings of the present study were coincided with the findings of Singleton et al. (2007) they argued that taking care to the patients with illness related to both mental problems results in high level of psychological distress, burden and hostility than dealing with the patients of any one category.

Conclusion

The findings of the study were concluded as: the study's main goal was to find out the Impact of psychological distress, burden and hostility on caregivers of mental illness. In the present study it is concluded that there is high level of psychological distress, burden and hostility among the caregivers of mental illness and the stressors prevail in caregivers of all demographes of gender,

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male and female, married and unmarried, working and nonworking among all socio economic status and educational status.

Recommendations

Following are the recommendations/suggestions:

1. There should be counseling and awareness programs for the caregivers, so that the psychological distress, burden and hostility levels of the caregivers trim down.

2. The findings of the current research revealed moderate to high level of psychological distress, burden and hostility on almost all the demographic variables of the study, it is suggested that there should be a comprehensive research for exploring the factors of the stressors and effective treatment of these stressors.

Suggestions for the Future Research

The present study focus only on categories of mental illness (schizophrenia, bipolar, depression, PTSD, ADHD and neurological disorders) were taken, other categories of mental illness like OCD, sleep and appetite disorders, somatoform disorder etc. further studies should be conducted with the caregivers of these illness categories in future.

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