A STUDY OF STRESSORS, COPING SKILLS, AND BURDEN IN CAREGIVERS OF PATIENTS WITH SCHIZOPHRENIA

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ABSTRACT

Schizophrenia is a severe mental illness and requires care for almost entire lifespan. Significant burden and stress are being experienced by the caregivers of patients with schizophrenia. Family members use various coping strategies in order to deal with the burden of caregiving. Assessing and reducing the caregivers' burden is important for the wellbeing of both caregivers and patients.

AIM

To assess coping strategies, levels of burden, and stressors experienced by caregivers of patients with schizophrenia and to identify the relationship between stressors, coping strategies, and burden among them.

MATERIALS AND METHODS

Convenience sampling method was used and the sample comprised of 30 caregivers of patients with schizophrenia. Presumptive Stressful Life Events Scale, Coping Check List, Burden Assessment Schedule were administered to study population. Data were analysed using appropriate statistical methods.

RESULTS

Among 30 study subjects, males and females participated in equal number with equal rural and urban participation. In relation to coping skills, males scored higher in problem solving and emotion focused coping strategies compared to females. The whole study group scored less in social support subscale of coping. 23.3% (n=7) of caregivers scored higher in total BAS score (>80) with wife as caregiver scored the highest. In relation to stressors, 23.3% (n=7) scored >150 life change units.

CONCLUSION

With mean duration of caregiving of 9.14±8.341 years, the extent of burden in relatives of schizophrenic patients as caregiver was statistically significant among spouses, different age groups, and between rural and urban population. Among caregivers, mothers as subgroup (n=7) experienced lowest burden. Males, parents, and husbands as caregivers expressed higher coping skills. There was no statistically significant correlation found between stressful life events, coping strategy, and level of burden in this study.

KEYWORDS

Burden, Caregivers, Coping strategies, Schizophrenia.

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INTRODUCTION

Families are integral part of care system for persons with a chronic mental illness such as schizophrenia.¹In India, more than 90% of the patients with chronic illness live with their families.²Weidmann et al. noted that despite a change in traditional family environment more than half of the patients with long-term schizophrenia live with at least one 'significant other' i.e. primary caregiver.³

Presence of individual with severe mental illness in the family causes stress, emotional disturbances, and strain on the family members, which is referred to as caregiver burden.⁴

Numerous studies have demonstrated that family caregivers of persons with severe mental illness suffer from significant stress, experience moderately high level of burden and often receive inadequate assistance from mental health professionals.⁵

The demands of caring for a mentally ill relative have both an emotional and practical impact on the caregiver,⁶ which have been defined by concepts of subjective and objective burden. Change in the family role, activities, financial implications contributes to objective burden. Subjective burden includes the caregivers feeling of loss, guilt, and anger.^{7,8}

Behavioural problem in patients adds on to the stress in caregivers. Thus, the caregiver experiences considerable stress and burden and need help in coping with it.⁹ Stress and strain caused by prolonged caregiving of mentally ill person is managed by various coping strategies. An unhealthy coping style is likely to adversely affect caregiving function.

Several variables in relation to patient and caregiver have been found to contribute to family burden. Not all caregivers perceive the same burden because it varies according to their ways of coping. Folkman and Lazarus have defined coping as

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a person's constantly changing cognitive and behavioural efforts to manage an encounter appraised as stressful.¹⁰

Stress can be defined as the response of the body to various physical and psychological demands, which may be internal or external and are perceived as threatening and out of their control and coping resources.¹¹

Both emotion focused and problem focused coping lead to reappraisal of the stressful event, i.e. patients' illness.¹² the emotion focused coping help to reduce emotional disturbances caused by the stressors by avoiding and refusing to accept the stressors and seeking religious help. The problem focused coping refers to direct actions, which the individual undertake to change the situation. These include problem solving or seeking social support to resolve the stress.^{13,14}

Avoidance strategies seem to be less effective in regulating the distress of caregivers than problem-focused strategies. On the other hand, passive coping styles are associated with a high level of burden and problem solving coping styles are related to lower levels of burden in caregivers.¹⁵ the caregivers' burden is determined significantly by their perception about the patient's condition than the illness per se.¹⁶

Those living in nuclear families are facing a new problem, because in the past, joint families provided human as well as material resources for the care of the people with mental illness. With increasing change in family structure from joint family to nuclear family with working parents have introduced newer problems of increasing load on the family caregivers.⁹

Caregivers' relationship with the mentally ill has a decisive effect on their burden. Many studies have documented various concerns expressed by parent caregiver (Not achieving educational, employment, marital goals).¹⁷ and spouse caregiver (Financial concerns, family relationships, and responsibilities such as child-rearing, planning for future).¹⁸

It has been noted by Pai and Kapur that caregiver's burden differed significantly between developed and under developed countries due to different sociocultural and economic backgrounds. The areas of burden and the pattern of accepting and rejecting patients in India may be entirely different.¹⁹ Wig et al. also found that expressed emotion as a concept associated with burden plays a relatively less significant role in Indian families.²⁰

Among the stressors, patients' behavioural disturbances have stronger implications on caregiver burden. Patient's physical illness does not contribute much to the burden of caregivers of demented patients.

MATERIAL AND METHOD

The study was carried out on caregivers of patients diagnosed with schizophrenia, attending Department of Psychiatry, Mahatma Gandhi Memorial Government Hospital (MGMGH) attached to KAPV Govt. Medical College, Tiruchirappalli, were subjected for study.

With ethical clearance, this study involved assessment of subjects cross sectionally for once and a purposive sampling done.

Caregivers (Parents and spouses) who were above 18 years of age, actively involved in caregiving for at least 6 months prior to assessment were included in the study.

Caregivers with history of mental illness and who were cognitively impaired were excluded. This study included total of 30 caregivers of whom 14 were parents and 16 were spouses. Informed consent was obtained from all participants.

Measures

Socio-demographic data sheet was used to record name, age, sex, marital status, living status, area of living, and duration of caregiving.

Kuppasamy's socioeconomic status scale²¹ was applied to all subjects.

Burden Assessment Schedule (BAS, Thara et al., 1998).¹³ this is a 40-item scale, which measures seven different areas of burden. Each item is rated on a three point scale with minimum score of 40 and maximum being 120 where the scoring corresponds to the burden level. The reliability value is 0.75.

Coping checklist (Rao et al., 1989).¹⁴ this is a 70 item scale, in a Yes/No format. It covers a wide range of cognitive, behavioural, and emotional responses that are used to handle stress. There are seven subscales: problem solving, denial, positive distraction, negative distraction, acceptance, religion/faith, and social support seeking. The reliability value is 0.73. Patients' coping resources are assessed based on the number of responses and checklist score.

Presumptive Stressful Life Events Scale (Gurmeet Singh et al. 1984).²² PSLES is a scale of life events designed for use in Indian population. The scale was revised based on Holmes and Rahe's Social Readjustment Rating Schedule. The scale consists of 51 items, which are arranged in ascending order of severity. Each event is given mean stress score that varies from 20 to 95. The reliability value is 0.89.

Statistical Analyses

Descriptive statistical data were analysed by Percentage, Mean and Standard Deviation. Results were analysed using Student t-test, one-way ANOVA and correlations were made with Karl-Pearson test.

RESULTS

In the total study population (n=30), there were equal number of males (n=15) and females (n=15). The mean age of study population is 50.73±14.57 with minimum age 28 and maximum age was 80. Age group between 31-40 yrs. contributed 30% (n=9) and age group between 41-50 yrs. constituted 26.7% (n=8).

In this study, spouses as caregivers were 53.4% (n=16), and parents were 46.6% (n=14). Among the study group, 20% (n=6) were illiterate and 46.6% (n=14) attained primary and high school education. Regarding socio-economic status, 19 persons (63.3%) were from lower/upper lower class and 9 (30%) were from middle/lower middle class. In this study 73.3% (n=22) were from nuclear family, remaining 26.7% (n=8) from joint family, and equal number of caregivers were from rural and urban area. (Table-1).

The mean duration of caregiving is 9.74±8.34 years (1-30 yrs.). Among caregivers 46.7% (n=14) were caregiving for less than 5 yrs. and 30% (n=9) were caring for 15 yrs. and above.

The mean number of stressful life events occurred in study population was 2.50±8.61 (1-4 events). 50% (n=15) of study population undergone 3 life events in the previous

year. The mean life change units of overall study population is 110.13 ± 47.03 (0 to 202 life change units), 20% (n=6) had life change units between 150-200. Female caregivers (n=15) had mean life change units of 120.20 ± 46.07 and male (n=15) caregivers had 100.07 ± 47.35 life change units. Among females, mothers (n=7) had mean life change units of 122.29 ± 57.00 . Though, the difference were statistically not significant. There was no statistically significant difference in life change units score among age groups and socio-economic status (Table-2 and 3).

In this study, the mean total score for coping was 15.77 ± 4.43 (10 to 24), with higher mean score in problem solving coping (4.37 ± 1.06) and lower score for social support subtype of coping (1.47 ± 0.937). Males (n=15) had mean score of 16.33 ± 4.63 and females (n=15) with the score of 15.20 ± 4.31 . In this study, males found to have higher mean score in the problem solving and emotion focused coping though the difference is statistically not significant. (Table-4).

Among different age group mean coping was highest in age group of less than 30 yrs. (21.00) and lowest in age group between 60 to 70 yrs. (12.33 ± 0.577) with respect to duration of caregiving, the study group with less than 2 yrs. of

caregiving (n=6) was presented with high mean score (17.83 ± 4.708). (Table-5).

Compared to spouses (15.38 ± 4.129) parents had higher score of mean coping (16.21 ± 4.886). (Table-6).

In the assessment of burden in the caregiver, the total burden mean score was 66.57 ± 12.878 with the range of 41 to 92. 76.7% (n=23) scored between 41 to 80 and 23.3% (n=7) scored in the range of 81 to 120. Males scored less mean burden score 62.40 ± 11.070 compared to females score of 70.73 ± 13.557 . Among different age group, there was statistically significant difference in care givers burden.

Caregivers living in rural areas (n=15) had higher burden score (71.93 ± 11.074) compared to caregivers from urban areas (n=15) who scored (61.82 ± 12.616) the difference being statistically significant. (Table-7, 8, 9).

Among the spouses, wives scored statistically significant difference burden score (79.75 ± 8.548) compared to husbands (62.75 ± 12.23). (Table-10).

In this study group, there was no statistically significant correlation between Stressors, Coping strategies, and Caregivers' Burden. (Table-11).

Sl. No.		Total	
		(n=30)	100%
1	Below 30	1	3.3%
	31 to 40 yrs.	9	30.0%
	41 to 50 yrs.	8	26.7%
	51 to 70 yrs.	7	23.3%
	Above 70 yrs.	5	16.7%
2	Sex		
	Male	15	50%
	Female	15	50%
3	Education		
	Illiterate	6	20.0%
	Primary school	7	23.3%
	Middle school	5	16.7%
	High school	7	23.3%
	Diploma	4	13.3%
4	Occupation		
	Unskilled worker	9	30.0%
	Semi-skilled worker	10	33.3%
	Skilled worker	5	16.7%
	Clerical and Farmer	5	16.7%
	Semi-profession	1	3.3%

Sl. No.		Total	
		(n=30)	100%
5	Income		
	Rs. 1601 to 4809	15	50%
	Rs. 4810 to 8009	6	20.0%
	Rs. 8010 to 12019	5	16.7%
	Rs. 12020 to 32049	4	13.3%
6	Socio-Economic Status		
	Upper middle	2	6.7%
	Middle\lower middle	9	30.0%
	Lower\upper lower	19	63.3%
7	Relationship of the Caregivers		
	Parent	14	46.6%
	Spouse	16	53.4%
8	Living Status		
	Nuclear family	8	26.7%
	Joint family	22	73.3%
9	Area of Living		
	Rural	15	50%
	Urban	15	50%
10	Religion		
	Hindu	23	76.7%
	Muslim	3	10%
	Christian	4	13.3%

Table 1: Socio-Demographic Profile

Sl. No.	Item	Min.	Max.	Mean	S.D.
1	Age	28	80	50.73	14.572
2	Duration of Care	1	30	9.74	8.341
3	PSLES - Number of events	0	4	2.50	.861
4	PSLES- Life event score	0	202	110.13	47.034
5	CCL (Coping Check List) - Total	10	24	15.77	4.439
6	CCL - problem solving	2	6	4.37	1.066

7	CCL - Positive distraction	0	6	2.33	1.398
8	CCL - Negative Distraction	1	4	2.33	0.922
9	CCL - Acceptance	0	4	1.90	0.995
10	CCL - Religion	0	4	1.50	1.106
11	CCL - Denial	0	4	1.80	1.031
12	CCL - Social support	0	4	1.47	0.937
13	BAS (Burden Assessment Scale) - Total	41	92	66.57	12.878
14	BAS - Spouse related	0	12	5.17	5.100
15	BAS - Physical and Mental Health	6	15	10.70	1.915
16	BAS - External support	5	12	8.97	2.042
17	BAS - Caregiver routine	7	12	9.13	1.634
18	BAS - support of patient	4	10	6.60	1.610
19	BAS - Taking responsibilities	4	11	7.30	1.950
20	BAS - Other relations	3	8	5.33	1.539
21	BAS - Patient behaviour	5	10	7.60	1.610
22	BAS - Caregiver Strategy	4	10	5.80	1.518

Table 2: Descriptive Statistics

PSLES - Life Event Score	Mean	S.D	Statistical Inference
Male (n=15)	100.07	47.353	T=-1.180 Df=28 .248>0.05*
Female (n=15)	120.20	46.075	
Father (n=7)	92.57	54.218	T=-.999 Df=12 .337>0.05*
Mother (n=7)	122.29	57.002	
Husband (n=8)	106.63	43.124	T=-.577 Df=14 .573>0.05*
Wife (n=8)	118.38	38.112	
Parents (n=14)	107.43	55.625	T=-.290 Df=28 .774>0.05*
Spouse (n=16)	112.50	39.781	

PSLES - Life Event Score	Mean	S.D.	SS	DF	MS	Statistical Inference
Between age Groups			9460.903	5	1892.181	F=.830 .541>0.05*
Below 30 (n=1)	108.00	.				
31 to 40 (n=9)	118.11	43.676				
41 to 50 (n=8)	126.88	44.418				
51 to 60 (n=4)	115.00	65.258				
60 to 70 (n=3)	74.00	9.849				
Above 70 (n=5)	87.20	56.238				
Within Groups			54692.564	24	2278.857	F=2.820 .077>0.05*
Between Socio-Economic Groups			11084.230	2	5542.115	
Upper middle (n=2)	38.50	54.447				
Middle\lower middle (n=9)	112.67	37.759				
Lower\upper lower (n=19)	116.47	46.367				
Within Groups			53069.237	27	1965.527	

Table 3: Life Events Score Among Different Groups

*Not significant

Variables	Male (n=15) Mean $\pm$ S.D	Female (n=15) Mean $\pm$ S.D	Significance
Problem solving	4.47 $\pm$ 1.125	4.27 $\pm$ 1.033	T=.507 Df=28 .616>0.05*
Positive distraction	2.67 $\pm$ 1.676	2.00 $\pm$ 1.000	T=1.323 Df=28 .197>0.05*
Negative distraction	2.27 $\pm$ 961	2.40 $\pm$ 910	T=-.390 Df=28 .699>0.05*
Acceptance	2.07 $\pm$ 961	1.73 $\pm$ 1.033	T=.915 Df=28 .368>0.05*

Religion	1.53±1.125	1.47±1.125	T=.162 Df=28 .872>0.05*
Denial	1.93±1.033	1.67±1.047	T=.702 Df=28 .488>0.05*
Emotion focused	10.47±3.583	9.40±3.397	T=.837 Df=28 .410>0.05*
Social support	1.40±.986	1.53±.915	T=-.384 Df=28 .704>0.05*
Table 4: Comparison of Coping Strategies Among Male and Female			

*Not significant

Variable	CCL-Total	CCL_TOTAL		SS	DF	MS	Statistical Inference
		Mean	S.D				
Age	Between Groups			70.625	5	14.125	F=.677 .645>0.05*
	Below 30 (n=1)	21.00					
	31 to 40 (n=9)	15.67	4.796				
	41 to 50 (n=8)	16.13	4.224				
	51 to 60 (n=4)	17.00	5.831				
	60 to 70 (n=3)	12.33	0.577				
	Above 70 (n=5)	15.40	4.722				
	Within Groups			500.742	24	20.864	
Duration of care	Between Groups			46.858	4	11.715	F=.558 .695>0.05*
	Below 2 yrs. (n=6)	17.83	4.708				
	2 to 5 yrs. (n=8)	15.13	4.673				
	5 to 10 yrs. (n=5)	16.20	5.167				
	10 to 15 yrs. (n=2)	13.00	.000				
	15 yrs. and above (n=9)	15.33	4.387				
	Within Groups			524.508	25	20.980	
Socio Economic Class	Between Groups			14.680	2	7.340	F=.356 .704>0.05*
	Upper middle (n=2)	14.50	3.536				
	Middle\lower middle (n=9)	16.78	4.944				
	Lower\upper lower (n=19)	15.42	4.401				
	Within Groups			556.687	27	20.618	
Table 5: Comparison of Coping Among Study Groups							

*Not significant

CCL-Total	Mean	S.D	Statistical Inference
Male (n=15)	16.33	4.639	T=.693 Df=28 .494>0.05*
Female (n=15)	15.20	4.313	
Father (n=7)	16.71	4.957	T=.370 Df=12 .718>0.05*
Mother (n=7)	15.71	5.155	
Husband (n=8)	16.00	4.660	T=.592 Df=14 .563>0.05*
Wife (n=8)	14.75	3.732	
Parents (n=14)	16.21	4.886	T=.510 Df=28 .614>0.05*
Spouse (n=16)	15.38	4.129	
Rural (n=15)	16.00	4.943	T=.283 Df=28 .779>0.05*
Urban (n=15)	15.53	4.033	
Joint family (n=8)	17.13	4.734	T=1.011 Df=28 >0.05*
Nuclear family (n=22)	15.27	4.333	
Table 6: Coping in Different Study Group			

*Not significant

Variable	BAS - Total		Statistical Inference
	Mean	S.D.	
Male (n=15)	62.40	11.070	T=-1.844 Df=28 .076>0.05*
Female (n=15)	70.73	13.557	

Father (n=7)	62.00	10.536	T=.279 Df=12 .785>0.05*
Mother (n=7)	60.43	10.549	
Husband (n=8)	62.75	12.233	T=-3.222 Df=14 .006<0.05 Significant
Wife (n=8)	79.75	8.548	
Parents (n=14)	61.21	10.162	T=-.101 Df=28 .920>0.05*
Spouse (n=16)	61.63	11.860	
Rural (n=15)	71.93	11.074	T=2.476 Df=28 .020<0.05 Significant
Urban (n=15)	61.20	12.616	
Joint family (n=8)	63.13	11.655	T=-.879 Df=28 .387>0.05*
Nuclear family (n=22)	67.82	13.326	

Table 7: Comparison of Burden Among Study Groups

*Not significant

Variable		BAS - Total		SS	DF	MS	Statistical Inference
		Mean	S.D.				
Age	Between Groups			1868.625	5	373.725	F=3.050 .029<0.05 Significant
	Below 30 (n=1)	81.00					
	31 to 40 (n=9)	75.33	13.509				
	41 to 50 (n=8)	59.88	10.535				
	51 to 60 (n=4)	71.00	4.082				
	60 to 70 (n=3)	64.33	9.452				
	Above 70 (n=5)	56.40	10.900				
	Within Groups			2940.742	24	122.531	
Socio-Economic Level	Between Groups			224.864	2	112.432	F=.662 .524>0.05*
	Upper middle (n=2)	57.00	0.000				
	Middle\lower middle (n=9)	65.78	12.081				
	Lower\upper lower (n=19)	67.95	13.778				
	Within Groups			4584.503	27	169.796	
Duration of Care	Between Groups			1074.403	4	268.601	F=1.798 .161>0.05*
	Below 2 yrs. (n=6)	61.00	14.683				
	2 to 5 yrs. (n=8)	72.88	14.808				
	5 to 10 yrs. (n=5)	70.60	7.162				
	10 to 15 yrs. (n=2)	51.00	14.142				
	15 yrs. and above (n=9)	65.89	9.466				
	Within Groups			3734.964	25	149.399	

Table 8: Comparison of Burden Scores

*Not significant

Variables	MALE (n=15) Mean $\pm$ SD	FEMALE (n=15) Mean $\pm$ SD	Significance
1. Total BAS	62.40 $\pm$ 11.070	70.73 $\pm$ 13.557	t=-1.844 df=28 .076>0.05*
2. Mental and Physical health	10.07 $\pm$ 1.438	11.33 $\pm$ 2.160	t=-1.891 df=28 .069>0.05*
3. External support	8.27 $\pm$ 2.282	9.67 $\pm$ 1.543	t=-1.968 df=28 .059>0.05*
4. Caregiver routine	8.87 $\pm$ 1.846	9.40 $\pm$ 1.404	t=-.890 df=28 .381>0.05*
5. Support of patient	6.07 $\pm$ 1.534	7.13 $\pm$ 1.552	t=-1.893 df=28 .069>0.05*
6. Taking responsibilities	6.53 $\pm$ 1.685	8.07 $\pm$ 1.944	t=-2.308 df=28 .029<0.05 Significant
7. Other relations	5.13 $\pm$ 1.807	5.53 $\pm$ 1.246	t=-.706 df=28 .486>0.05*

8. Patient behaviour	7.40±1.549	7.80±1.699	t=-.674 df=28 .506>0.05*
9. Care giver strategies	5.47±1.598	6.13±1.407	t=-1.213 df=28 .235>0.05*

Table 9: Comparison of Burden Among MALE and FEMALE

*Not significant

Variables	Husband (n=8)	Wife (n=8)	Significance
	Mean ± S.D	Mean ± S.D.	
1. Total BAS	62.75±12.233	79.75±8.548	T=-3.222 Df=14 .006<0.05 Significant
2. Spouse related	8.63±1.768	10.75±1.389	T=-2.674 Df=14 .018<0.05 Significant
3. Mental and Physical health	9.50±1.414	12.13±1.885	T=-3.151 Df=14 .007<0.05 Significant
4. External support	8.25±2.493	10.38±916	T=-2.263 Df=14 .040<0.05 Significant
5. Caregiver routine	8.38±1.506	10.00±1.195	T=-2.391 Df=14 .031<0.05 Significant
6. Support of patient	5.88±1.553	7.00±1.414	T=-1.515 Df=14 .152>0.05 Not Significant
7. Taking responsibilities	5.88±1.458	8.75±1.488	T=-3.904 Df=14 .002<0.05 Significant
8. Other relations	4.50±2.000	6.25±886	T=-2.263 Df=14 .040<0.05 Significant
9. Patient behaviour	6.88±1.246	8.63±916	T=-3.200 Df=14 .006<0.05 Significant
10. Caregiver strategies	4.88±991	6.00±1.512	T=-1.760 Df=14 .100>0.05 Not Significant

Table 10: Comparison of Burden in Spouse

Variables	Correlation (r value)	P value
BAS vs CCL	-.054	.776 (Not Significant)
BAS vs Stressors (Life Event Score)	.456	.133 (Not Significant)
CCL vs Stressors (Life Event Score)	.217	.249 (Not Significant)

Table 11: Correlation Between Burden, Coping Strategies, and Stressors

DISCUSSION

The study examined the difference in the experience of stressor, burden, and coping styles in the caregivers, and the role of demographic variables, stressors, and coping strategies of caregivers in contributing to burden.

The Socio-Demographic data of the caregivers indicate 60% (n=18) of the study group were less than 50 yrs. of age and 40% (n=12) were above 50 yrs. In this study, males and females are equally represented. This finding was in contrast

to majority of the studies on caregivers where females were largely represented.^{15,23,24} The mean age of the study group was 50.73±14.572 and duration of care was 9.74±8.341 where as in the study of Wageeh Abdel-Nasser Hassan et al¹⁵ the mean age was 33.6±11.6 and in the study of Anupama Rammohan et al²⁵ the mean age of parents and spouses was 54.4±7.96 and 47.29±8.07, the mean duration of the care in that study was 5.88±4.59 and 7.50±4.97 for parents and

spouses as caregivers, in the study of Vasudeva S et al.²⁵ the mean age of caregiver was 48.32 ± 11.65 and duration of caregiving by parents was 7.13 ± 3.13 .

In this study, equal number ($n=15$) of caregivers from rural and urban areas were participated. This was contrary to the study done by Dean A. Creado et al.²³ and study of Vasudeva S et al.²⁵ where more from urban setting participated. 73.3% ($n=22$). Caregivers from nuclear family setup participated more, which is in agreement with study done by Vasudeva S et al.²⁵ and Dean A. Creado et al.²³

The study shows that families of schizophrenia experience considerable burden. The mean burden score 66.57 ± 12.878 was in agreement with study done by Vasudeva S et al.²⁵ (68.75 ± 10.16) and study of Anupama Rammohan et al.²⁴ (65.50 ± 8.61 for parents and 70.00 ± 8.74 for spouses), and not in agreement with Dean A. Creado et al.²³ (78.52 ± 12.70 in group A and 68.13 ± 11.37 in group B). In our study, 23.3% ($n=7$) scored higher burden i.e. >80 in BAS total, which is not consistent with the study by Dean A. Creado et al.²³ where 60% in group A and 28% in group B experienced higher burden.

Among study group, parents scored burden mean score of 61.21 ± 10.16 and spouses scored 61.63 ± 11.86 . This finding is lower than observation made in the study of Anupama Rammohan et al.²⁴ (65.50 ± 8.61 in parents and 70.00 ± 8.74 in spouses).

For spouse caregivers, physical impairments and patients' behaviour problems had a stronger relationship to burden.²⁶ In this study, wives as caregivers scored highest burden (79.75 ± 8.548) and mothers scored lowest burden (60.43 ± 10.549). When compared to males, females scored higher mean burden in all areas. Within spouses, wives scored statistically significant higher burden except in areas of caregivers' strategy and support of the patient.

The literature on stressful life events devotes far less attention to continuous or chronic stressors than to discrete events (Kessler, Price, and Wortman, 1985).²⁷ Yet, in surveying the most widely used scales, Angermeyer (1985).²⁸ pointed out, "You will find every major event conceivable in an individual's life, but you will miss the fact that a close relative has become mentally ill, one of the most devastating and catastrophic events that they can experience."

Limitations

Some limitations of this study are sample size and cross-sectional design. A longitudinal prospective study would give more information about the factors studied.

Implications

In developing countries like ours, mentally ill patients are primarily taken care in family setup. Therefore, this study aids in understanding caregivers' burden, various strategies of coping used by them, and its impact over their burden.

Future Directions

In the era of deinstitutionalisation in spite of social significance, research on caregivers' burden is meager.²⁹ with more number of studies, one can understand the burden and disruption caused by the mentally ill on the caregivers. The caregivers often benefit from counseling that provide emotional support and education that improves their understanding about the patient illness and its management.

By this, we can improve their problem focused coping and there by their positive well-being.

CONCLUSION

Mental health professionals should give due concern to caregiver burden and associated distress while evaluating and treating chronic mentally ill persons. Early identification and suitable interventions would help in keeping this support base intact, healthy, and effective. This would help the caregivers to deal effectively with the burden of caregiving using healthy coping strategies and also improve their caregiving capacity.⁹

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