



PSYCHOLOGICAL DISTRESS OF FAMILY CAREGIVERS OF RELATIVES WITH MENTAL ILLNESS AND ITS BURDEN IN EDIM OTOP COMMUNITY, CALABAR

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ABSTRACT

Background: Caretakers have been described to encounter mental anguish and anxiety throughout the management of household member with mental infirmities.

Aim: The study aimed at assessing psychological distress of family caregivers of relatives with mental illness and its burden in EDIM OTOP Community, Calabar.

Method: Descriptive strategy was implemented for the study. An expedience selection was employed to select (122) adults that constituted the sample for this study. A survey form was the adopted tool for information assemblage. Information obtained from the survey form was evaluated using expressive measurements whereas the proposition was verified at 0.05 magnitudes.

Results: Findings indicate 87(71.3%) study participants said yes to bipolar/affective disorder while 35(28.7%) said no. Lastly on schizophrenia 91(74.6%) said yes while 31(25.4%) said no. Less than half of the respondents, 41(33.6%) identified constant under strain; and 9(7.4%) identified frightening thoughts. Furthermore, despite all other outcomes, 113(92.6%) respondents identified feeling of loneliness. Finding further revealed that maternal age influences the between maternal age and burden of care of caregivers of relatives in EDIM OTOP community.

Conclusion: Caretakers been thoughtful of their household associates with psychosis, cerebral ailment and drugs dependence specifically encounter psychological illness, anguish and concern of their sick relatives, however, observations of stress and intervention in their individual existence from obliging interval & possessions to the care of their sick household boons as about constituent of anguish of concern for a cerebrally sick household.

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INTRODUCTION

Globally, the principal roots of indispositions & infirmities have been found to be mental ailments with one-in-four approximation households with at least one member inflicted with a mental ailment [1]. 450 million populaces at the culmination of 2001 experienced a mental or interactive syndrome [2], still, about 1,000,000,000 individuals suffered diversified psychological illnesses in 2017 alone, including drug dependency [3]. In spite of the elevated prevalence of affliction from the psychological ailment, there is an unsatisfactory reaction in respect to management and supply of curative for individuals with psychological illness. Barely 25% and 15% of individuals with mental conditions in low- and middle-income countries respectively obtain medication [4].

An unequal proportion of psychiatric inpatients who obtain therapy from a psychiatrist or a professional caregiver were shown in existing data from the developing countries. Furthermore, a very small obtainability of typical care homelands or mental asylums to accommodate psychologically deranged people. Somewhat, individuals with mental ailment frequently receive care and medication in improper sceneries, in homes by their household relatives, 90% of persons with mental conditions get assistance from their household. However, relatives and caregivers play significant roles in the treatment of their cerebrally ill associate. Contrary wise, with extended progression and long-lasting kind associated with mental syndrome, relatives are habitually obliged to take the charge of caregiving for their family associated with cerebral syndrome. The outcome of the devastating influence of caregiver's observations during the progression of treatment for their mental derange relatives has become an upward apprehension.

Caretakers have been described to encounter mental anguish and anxiety throughout the management of household member with mental infirmities. Therefore, a caregiver or burden of care can be referred to as an undesirable and depressing encounter caretakers are subjected to as an outcome of enhancing care to their ill relative [5]. Psychological distress refers to a condition of demonstrative anguish personified by signs of despair (such as apathy, dejection and woe (agitation, feeling tense and corporal indication) that disturbs a person's capability to manage specific situations [6]. Wallowing in psychological difficulties and incumbrance destabilizes the eminence of life and well-being of the caregiver, this also affect their efficiency as persons & their capability to deliver good treatment for the unwell member of household consequently, deteriorate the wellbeing of the mentally ill relative and lessen the possibility of their improved health. Explicitly, family caregivers have been observed to encounter demonstrative, mental, corporal, societal and monetary worries because of caring for their mentally ill relative [7]. In Nigeria, the measure and seriousness of the problem have been undervalued, and care givers do not get any consideration regarding their health and struggle while caring for the mentally ailment.

METHODS

Design, Setting & Population

Descriptive design was implemented. The location for the survey is Edim Otop Community. Edim Otop Community is located in Calabar Municipality and is bounded by Atimbo Road on the North, IBB Way on the South, Satellite Town on the East and Akpandem Community on the West. Edim Otop Community has an area of 264km² and a population of 191,515 as recorded during 2006 census (National Population Commission, 2006). Edim Otop is densely populated by two (2) ethnic groups the Efiks and Efuts and non-indigenous inhabitants. The two dominant ethnic groups share a common culture, religion and language and the people are pre-dominantly Christians. Edim Otop Community people are famous for their cultural heritage, hospitality and peace-loving disposition. The people engage in farming, petty trading and craft making with few civil servants as inhabitants. Private and public institution as well as local, traditional and spirit leaders provide health care for the people. Public institutions such as, nursery, primary and secondary schools were used. It also has over five (5) primary health centers. The convenient selection was adopted to select the one hundred and twenty-two (122) adults that established the sample for this study.

A survey form was the adopted tool for data assemblage. The researchers' ensured validity was established in the survey. The reliability was achieved through a test-retest reliability technique. The assembled data through the tool were evaluated using simple percentages and frequency tables while the proposition was verified using the Chi-Square test statistic at 0.05 level of significance.

CONSENT

The researchers obtained an introductory letter from the research and ethics committee from the Cross River State Boards of Ethical Committee to the Clan Chiefs of Edim Otop Community for approval to carry out the study in the community. The subject matter was presented and principles granted on the utilization of the tool. Respondents were assured maximum discretion and privacy hence their consent were gained by giving appropriate information to enable them express opinion without prejudice or fear.

RESULTS

Table 1: Participants data (n= 122)

Variable	Frequencies	Percentage (%)
Age (in years)		
20 – 25	14	11.5
26 – 30	24	19.7
31 – 35	47	38.5
36 – 40	21	17.2
41 – 45	16	13.1
Marital status		
Nuptial	56	45.9
Unmarried	32	26.2
Divorced	23	18.9
Relict	11	9.0
Religion		
Christians	118	96.7
Islam	4	3.3
Educational qualification		
FSCL	31	25.4
SSCE	64	52.5
Degree	27	22.1

No. of relative with mental cases		
1-3	69	56.6
4-6	46	37.7
7 children & above	7	5.7
Total	122	100

Results from the socio-demographic data revealed that 14(11.5%) were between 20 – 25years of age, 24(19.7%) were between 26 – 30years, 47(38.5%) were between 31 – 35years, 21(17.2%) were between 36 – 40years and 16(13.1%) were between 41 – 45years. Most of the respondents, 56(45.9%) were nuptial, 32(26.2%) were unmarried, 23(18.9%) were divorced and 11(9.0%) were relict. A greater proportion of the respondents, 118(96.7%) were Christians while 4(3.3%) were Muslims. Out of the 122 respondents, 31(25.4%) had only obtained FSLC qualification, 64(52.5%) had obtained SSCE and 27(22.1%) had obtained degree. Most of the respondents, 69(56.6%) had between 1-3 relatives affected with mental health, 46(37.7%) had between 4-6 relatives affected with mental health while 7(5.7%) had 7 relatives affected with mental health.

Table 2: Burden of care of family caregivers of relatives

Variable	Response		
	Yes (%)	No (%)	Total(%)
Substance abuse	122(100)	0(0.0)	122(100)
Mental retardation	97(79.5)	25(20.5)	122(100)
Depression	122(100)	0(0.0)	122(100)
Bipolar/affective disorder	87(71.3)	35(28.7)	122(100)
Schizophrenia	91(74.6)	31(25.4)	122(100)

Findings in table 2 shows that all of the study participants 122(100%) had relatives who experienced substance abuse, as regards mental retardation 97(79.5%) said yes while 25(20.5%) said no. On depression, all the study participants 122(100%) said yes. Furthermore, on bipolar/affective disorder 87(71.3%) study participants said yes while 35(28.7%) said no. Lastly on schizophrenia 91(74.6%) said yes while 31(25.4%) said no.

In addition, the total mean score 12.8 out of 15.0 was obtained. The highest mean score obtained was 1.78 out of 3.0 from substance abuse while the lowest mean score obtained was 1.32 out of 3.0 from Bipolar/affective disorder followed by a mean score of 1.52 on Schizophrenia

Table 2b: Burden of care of family caregivers of relatives

Practice level	Mean scores	Frequency	Percentage
Good	≥ 6.5	94	77.1
Poor	<6.5	28	22.9
Total		122	100

Table 2b showed that 94(77.1%) mothers who had individual mean scores greater than or equal to 6.5 were considered to have exhibited good burden of care of family caregiver while 28(22.9%) who had individual mean scores less than 6.5 were considered to have exhibited poor burden of care of family of caregiver.

Table 3: Determinant of psychological distress

Outcomes	Response		
	Yes (%)	No (%)	Total (%)
Feeling of stress	63(51.6)	59(48.4)	122(100)
Financial issues	96(78.7)	26(21.3)	122(100)
Inability to concentrate	66(54.1)	56(45.9)	122(100)
Insomnia	93(76.2)	29(23.8)	122(100)
Constant under strain	41(33.6)	81(66.4)	122(100)
Frightening thought	23(18.8)	99(81.2)	122(100)
Feeling of loneliness	9(7.4)	113(92.6)	122(100)

Results in Table 3 showed that 63(51.6%) identified feeling of stress. More than half of the respondents, 96(78.7%) identified Financial issues; 66(54.1%) identified Inability to concentrate and 93(76.2%) identified Insomnia. Less than half of the respondents, 41(33.6%) identified constant under strain; and 9(7.4%) identified frightening thoughts. Furthermore, despite all other outcomes, 113(92.6%) respondents identified feeling of loneliness

Table 4: Analysis of the relationship between maternal age and burden of care of caregivers of relatives in Edim Otop community

Age (years)	Burden of care of caregivers of relatives		Total	df	X^2_{cal}	X^2_{crit}
	Good	Poor				
18-22	5	9	14	4	36.0701	9.4877
23-27	22	2	24			
28-32	45	2	47			
33-37	10	11	21			
38-42	12	4	16			
Total	94	28	122			

DECISION RULE

If $X^2_{cal} > X^2_{crit}$, reject H_0 . Otherwise, accept H_0

Since the X^2 -calculated value (36.07) is greater than the X^2 -critical value (9.45), the proposition which stated that influence of maternal age and burden of care of caregivers of relatives in Edim Otop community is significantly positive was rejected. Therefore, maternal age influences burden of care of caregivers of relatives in Edim Otop community

DISCUSSION OF FINDINGS

Findings reveal that a large proportion of participant 94(77.1%) mothers who had individual mean scores greater than or equal to 6.5 were considered to have exhibited good burden of care of family caregiver while 28(22.9%) who had individual mean scores less than 6.5 were considered to have exhibited poor burden of care of family of caregivers. Diverse opinion of caretakers' associated with household expressively exemplify mental ailment. Unlike mental ailment offshoot undiversified dimensions of exhaustion and physical anguish owing to their different depressing signs [8]. It was discovered that mental suffering was momentous amidst caretakers whose associated household were inflicted with mental ailments and psychosis, however, the elevated anguish emanated from incumbrances of these ailments can be credited to the fact that they are long lasting illnesses [9,10] with predisposition of perpetuating vast inconvenience to cope by caretakers. Nonetheless, surveys indicate psychosis & epilepsy to be amongst highly psychological ailments to treat [11,12]. Furthermore, colossal instinctive & expressive anguish has been found to be related to cerebral impedance exclusively amongst paternities of offspring agonizing from it [13].

Caretake roles are presumed to benefit feminine universally sick or cerebrally deranged household associates. Nonetheless, feminine caretakers have vast expressive, communal & monetary aid interlinked to anguish, consequently more disposed to the problem of supervision, distinct, masculine who incline to have more 'administrative pattern' behavior to reserve been worried by the predicament.

This survey is inclined to indicate top-notch suffering encountered during management elevated in phase. Milestone amongst the elderly could emanate from tremendous task in attention, precaution than juvenile individuals, provision of monetary, communal and medicinal for example in providing for the financial, social and medical needs requisites of their sick associates. However, the elderly could be custodians of the cerebral afflicted, hence have the tendency to obtain the impression of the indigent vigor of their relatives [13]. Furthermore, elderly is associated to despair. The questionnaire showing the burden of care indicated 6 procedures of anguish to comprise individual anxiety, task anxiety, bigotry, patient's reliance, remorse and restriction in individual existence. While numerous research have indicated between two and five issues on the Zarit Burden of care talk [14, 15], no study has yet found and presented 6 factors from the burden scale.

CONCLUSION

The encounter of mental concern & problems with treatment among household caretakers of affected role with cerebral ailment mental illness is rare in the study area. Caretakers been thoughtful of their household associates with psychosis, cerebral ailment and drugs dependence specifically encounter psychological illness, anguish and concern of their sick relatives.

Caretakers are agonized with communal, physical and perceptive dysfunction as phase of psychological illnesses. Observations of stress and intervention in their individual existence from obliging interval & possessions to the care of their sick household boons as about constituent of anguish of concern for a cerebrally sick household. Sensitization to enhance efficient treatment of household associates to edge cerebral sickness and anguish of concern should be consistently communicated to the caretakers by the media through the healthcare providers. Encouragement for caretakers should be evenly partitioned for credible cerebral sickness and anguish of concern for prompt empathy and cerebral ailment and burden of care for prompt signs and mediation required.

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