"A Study To Assess The Level Of Stress Among Caregivers Of Individuals With Mental Disorders Attending Psychiatric Opd Of Selected Hospitals In The City".

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ABSTRCT:-

BACKGROUND: - Stressors have a major influence upon mood, our sense of well-being, behavior, and health. Acute stress responses in young, healthy individuals may be adaptive and typically do not impose a health burden. OBJECTIVES -To assess the level of stress among caregivers of individuals with mental disorders attending psychiatric OPD of selected hospitals in the city .To associate the level of stress among caregivers of individuals with mental disorders with selected demographic variables.METHODS - A descriptive research design was used to accomplish the objectives. Sample size: - 100 caregivers for the toolA pilot study was conducted on 10 samples to refine the methodology and find the feasibility of the study.100 caregivers of individualswith mental disorders who fulfilling the inclusion criteria were selected for the main studyRESULT- According to the results,75% of caregivers have moderate level of stress and 25% had severe level of stress. Andhighest stress score were in the area of role performance with modified mean i.e. 2.15 so, caregivers may perceive challenges regarding the caring of individuals with mental disorders.

KEYWORDS: -relationship with patient diagnosis of family members, giving care torelatives,visitedpsychiatricOPD

INTRODUCTION:-
 "Being a care giver is the most thankless role in the world. Everybody gives the patient some slack as they should, but the care givers have the stress of life and then you put a catastrophic illness on top of it, stress goes through theroof."
- Marcia Wallace

Family caregivers play a major role in providing care giving assistance to ill persons and their families' .the effect of stress and anxiety on family members caring for an ill person in the family has been referred to as caregiver's burden[1]. Caregiver is an individual's who has the responsibility of meeting the physical and psychological needs of the dependent patient.

Psychiatric patient need assistance or supervision in their daily activities and this often places a major burden on their caregivers, thereby placing the caregiver at a great risk of mental and physical health problems. The term "caregiver burden" is used to describe the physical, emotional and financial toll of providing care. As the disease progresses, it carries with it a tremendous increase of burden on the caregiver who does the care giving.

The burden upon caregivers for a mentally ill patient living at home was first acknowledged by grad and Sainsbury in the early 1960's[2].

Today mental and behavioral disorders are common and affect more than 25% of all people at some time during their lives. One in four families is likely to have at least one member with a behavioral or mental disorder[3]. It is estimate that mental disorders contribute a large share to the global disease burden and account for 33% of the years lived with the disability worldwide[4]. it is estimated that two to three persons in every thousand adults suffer from serious mental illness such as affective disorders and schizophrenia[5,6]. The burden of related conditions is evident from Global Burden of Disease study[7,8,9].

Care for severely mentally ill individuals may carry a heavy burden and stress particularly true for close family members such as parents, who take care of their mentally ill children forlong.

MATRIAL AND METHODS:-

This study was based on the Quantitative approach with explorative research design . A descriptive research design was used to accomplish the objectives. The tool was validated by 16 experts of various fields. Reliability of the tool was tested by using Karl Pearson formula. (r=0.94) for the tool.

A pilot study was conducted on 10 samples to refine the methodology and find the feasibility of the study.

100 caregivers of individuals with mental disorders who fulfilling the inclusion criteria were selected for the main study. Non -probability convenient sampling technique was used to select the subjects. The obtained data was analyzed by using descriptive and inferential statistics.**SAMPLE TECHNIQUE**: - The sampling technique used in the study was non probability convenient sampling.

SAMPLE SIZE: - Sample size consists of 100 caregivers of individuals with mental disorders

SELECTION CRITERIA:

Inclusion criteria:

☐ Caregivers who are attending psychiatric OPD of selected hospitals in the city .

☐ Caregivers who are willing to participate.

☐ Caregivers who are present during the time of data collection.

☐ Caregivers those who are able to communicate in Marathi.

Exclusive criteria :

☐ Caregivers who are not willing to participate in the study.

☐ Caregivers who are not present during data collection.

In The pilot study was conducted among 10 caregivers , after obtaining the permission from concerned authority

DESCRIPTION OF THE TOOL:

The tool used for the current study is a self -structured stress rating scale to assess the level of stress among caregivers of individuals with mental disorders. It is divided into two parts-

➢ **PART A**: Demographic data
Thispartconsistsofquestionsrelatedtodemographicdatasuchasage,gender,typeof   family, education,occupation,relationship, monthly familyincome.
➢ **PART B**: self structured stress rating scale.
This part is a self -structured stress rating scale to assess the level of stress among Caregiversofindividuals with mental disorders. It is a three point Likert scale which has situations or statements applicable to day to day life of a caregivers of individuals withmental disorders with option **:-**
Never (1), Sometimes (2),   Nearly always (3).
The statements/ situations in the rating scale are grouped into six sections. They are as follows:

A. **Emotional issues (9items)**
B. **Problem solving (5items)**
C. **Physical health/ effects (4items)**
D. **Financial issues (6 items)**
E. **Role performance (4items)**
F. **Interpersonal relationship and leisure life (social) (14items)**

Scoring of the rating scale:-

Assessment of the stress among caregivers of individuals with mental disorders will be done according to individual scores on the three point Likert Scale which will be marked from 1 to 3 Situationsthatwillmarkedbythe'**never**'willbegiven1marks,'**sometimes**'willbegiven   2   mark, **'nearly always** ' will be given 3 mark. The interpretation of stress assessment among caregivers of individuals with mental disorders will be done asfollows.

-42 :	Mild stress
-84 :	Moderatestress
-126 :	Severe stress

ORGANIZATION OF FINDINGS

The analysis and interpretation of the observations are given in the following section:

➢ **Section A:** Distribution of caregivers with regards to demographic variables.

➢ **Section B:** Assessment of level of stress among caregivers of individuals with mental disorders attending psychiatric OPD of selected hospitals in the city.

➢ **Section C:** Association of level of stress among caregivers of individuals with mental disorders with selected demographic variables.

➢ **Section D:** Area wise comparison of level of stress.

➢ **Section E:** overall association level of stress among caregivers of individuals with mental disorders.

SECTION A: Distribution of caregivers with regards to demographic variables.

TABLE -1 Percentage wise distributionof caregivers of individuals with mental disorders according to theirdemographic characteristics.   n=100

Demographic Variables	Frequency (n)	Percentage (%)
Age in years		
18-26 yrs.	3	3
27-35 yrs.	19	19
36-44 yrs.	33	33
45-53 yrs.	29	29
54-64 yrs.	16	16
Gender		
Male	37	37
Female	63	63
Type of family		

Nuclear	53	53
Joint	39	39
Extended	8	8
Educational Status		
Illiterate	3	3
Primary	15	15
Secondary	30	30
Higher Secondary	39	39
Graduate	9	9
Postgraduate	4	4

Demographic variables	Frequency (n)	Percentages (%)
Others	0	0
Occupational Status		
Government Service	2	2
PrivateService	29	29
Business	25	25
Housewife	40	40
Others	4	4
Relationship with the patient		
Mother	1	1
Father	1	1
Sister	6	6
Brother	5	5
Child	40	40
Husband/Wife	47	47
Other	0	0
Monthly family income(Rs)		
<5000 Rs	1	1
5000-10000 Rs	5	5
10001-15000 Rs	47	47
>15000 Rs	47	47
Diagnosis of family member		
Schizophrenia	15	15
Depression	22	22
Bipolar Disorder	3	3
Obsessive Compulsive Disorder	2	2
Substance Abuse	18	18
Other	40	40
Giving care to relative since		
<1 yrs.	50	50
1-2 yrs.	31	31
2-3 yrs.	15	15
>3 yrs.	4	4
Visited the Psychiatric OPD		
Once a week	0	0
Twice in a month	10	10
Every Month	90	90
No. of times patient was admitted in psychiatric ward in last six months		
Once	30	30
Twice	43	43
Thrice	14	14
More than 3 times	13	13

Distributionofcaregiversaccordingtotheirageinyearsrevealsthat3%ofthemwere belonging to the age of 18-26 years,19% in the age of 27-35 years, 33% in the age group of 36-44 years, 29% in the age group of 45-53 years and 16% were belonging to the age of 54-64years.

- Distribution of caregivers according to their gender reveals that 37% of them were males and 63% werefemales.
- Distribution of caregivers according to their type of family reveals that 53% of them were belonging to nuclear, 39% in joint and 8% in extendedfamilies.
- Accordingtotheireducationalstatusshowsthat3%ofthemwereilliterates,15%were educated up to primary standard, 30% were educated up to secondary, 39% up to higher secondary, 9% were graduates and 4% werepostgraduates.
- Distribution of adolescents according to their occupational status reveals that 2% of them were doing government service, 29% of them were doing private service, 25% werebusinessman,40%werehousewifeand4%ofthemweredoingotherprofession.
- Distribution of caregivers according to their relationship with the patients shows that 1% each of them were mother and father, 6% were sisters, 5% were brothers, 40% were children and 47% werehusband/wife.
- Accordingtotheirmonthlyfamilyincome(Rs)showsthat1%hadincomeintherange of 5000-10000 Rs, 5% in the range of 5000-10000 Rs and each 47% had income in the range of 10001-15000 Rs and more than 15000Rs.
- 15%ofthefamilymembersofcaregivershadschizophrenia,22%haddepression,3% hadbipolardisorder,2%hadobsessivecompulsivedisorder,18%hadsubstanceabuse and 40% had other disorders such as psychosis, insomnia, somatoform , dementia, seizures, postpartum psychosis, ADHD, mania, suicidal attempt, neurosis respectively.
- 50% of the caregivers giving the care to their relatives since <1 year., 31% from 1-2 years, 15% from 2-3 years and 4% of them were giving care to relatives from more than 3 months.
- Distribution of caregivers according to visiting the psychiatric OPD reveals that 10% ofthemvisittwiceinamonthand90%ofthemvisitthepsychiatricOPDeverymonth.
- DistributionofcaregiversaccordingtoNo.oftimespatientswasadmittedinpsychiatric ward in last six months reveals that 30% of them visited once, 43% visited twice, 14% visited thrice and 13% visited
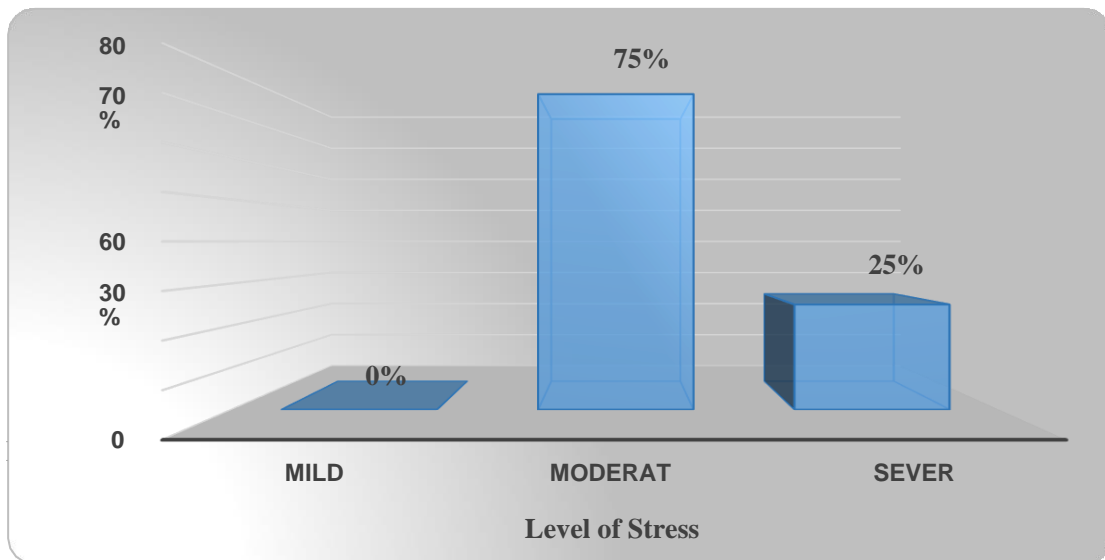
SECTION B:

Assessmentof level of stress among caregivers of individuals with mental disorders attending psychiatric OPD of selected hospitals in the city.

Level of stress	Score Range	Level of Stress		Mean	SD
		Frequency (n)	Percentage %		
Mild	1-42	0	0		

Moderate	43-84	75	75		
Severe	85-126	25	25		
				81.99	5.66

Table 2 : Distribution of caregivers of individuals with regards to level of stress   n =100

Distribution ofcaregiversaccording to level of stress regarding mental disorder. The levels of stress were seen into 3 categories. mild, moderate and severs. 75% of caregivers had moderate level of stress and 25% had severe level of stress and mean level of stress was 81.99 ±5.66.

disorders regards to level ofstress.

SECTION - C

This section deals with the association of level of stress among caregivers of individuals with mental disorders with selected demographicvariables.

Table 3 :- Association of level of stress in relation to age.   n=100

		Level of Stress		Mean	SD
Level of stress	Score Range	Frequency (n)	Percentage %		
Mild	1-42	0	0	81.99	5.66
Moderate	43-84	75	75		
Severe	85-126	25	25		

The levels of stress were seen into 3 categories,mild,moderateandsevere.75%ofcaregivershadmoderatelevelofstressand25% had severe level of stress and mean level of stress was 81.99 ± 5.66.

SECTION – D

AREA WISE COMPARISON OF LEVEL OF STRESS

Table 4:-: Table showing description on area wise comparison of level of stress.

n =100

Area	No. of Questions	Mean	SD	Modified mean	Rank
1. Emotional Issues	9	15.91	2.39	1.76	VI
2. Problem Solving	5	10.39	1.39	2.07	II
3. Physical Health	4	8.21	1.13	2.05	III
4. Financial Issues	6	11.21	1.47	1.86	V
5. Role Performance	4	8.62	1.21	2.15	I
6. Interpersonal relationship and leisure life	14	27.67	2.65	1.97	IV

Highest stress score were in the area of role performance with modified mean i.e. 2.15, followed by problem solving 2.07 , physical health 2.05 , interpersonal relationship and leisure life 1.97, financial issues 1.86 and emotional issues of 1.76.

SECTION -E

Table 5 :- association of level of stress among caregivers of individuals with mental disorder with   selecteddemographicvariables.

n=1

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Demographic Variables	Calculated value			Degree of freedom (df)	Table value	Level of significance	significance
	t value	F value	p value				
Age		1.17	0.32	4,95	2.46	p>0.05	NS
gender	0.82		0.41	98	1.98	p>0.05	NS

Type of family		0.91	0.40	2,97	3.09	p>0.05	NS
Educational status		0.38	0.85	5,94	2.31	p>0.05	NS
Occupational status		0.99	0.41	4,95	2.46	p>0.05	NS
Relationship with patient		0.38	0.85	5,94	2.31	p>0.05	NS
Monthly income		2.38	0.043	3,96	2.70	P<0.05	S
Diagnosis of family members		0.76	0.57	5,94	2.31	p>0.05	NS
Giving care to relatives		0.31	0.81	3,96	2. 70	p>0.05	NS
Visited psychiatric OPD	1.56		0.12	98	1.98	p>0.05	NS
No. of times admitted to psychiatric ward		0.92	0.43	3,96	2.70	p>0.05	NS

RESULTS AND DISCUSSION:

A maximum 33 (33%) of the subjects were between 36-44 years of age, 63 (63%) of caregivers were female, majority of caregivers 53 (53%) live in nuclear family , 47 (47%) have monthly family income of above Rs 15000, most of the caregivers 39 (39%) are higher secondary, maximum of caregivers 29 (29 %) occupational status is private services, 47 (47%) of relationship with the patient , majority of caregivers diagnosis of family member 22 (22%) depression and 40 (40 %) others such as psychosis, insomnia, somatoform , dementia, seizures, postpartum psychosis, ADHD, mania, suicidal attempt, neurosis .majority of caregivers 50 (50%) giving care to relative since ,90 (90%) every month visited the psychiatric OPD, 43 (43 %) no. of times patient was admitted in psychiatric ward in last six months .

According to the results ,75% of caregivers has moderate level of stress and 25% had severe level of stress. and Highest stress score were in the area of role performance with modified mean i.e. 2.15 so, caregivers may perceive challenges regarding the caring of individuals with mental disorders.

Many related studies on this issue were reported. Gawai and Tendolkar assessed the perception of mental health problems and coping strategies among rural women living in Vidarbha Region[10]. Related studies were also reported by Aryalet. al. [11, 12], Ransinghet. al. [13], Gaidhaneet. al[14], Khatib et. al[15] and Regmi et. al. [16,17,18,19].

CONCLUSION:-

The following conclusions were drawn from the finding of the present study:Thedistributionofcaregiversaccordingtolevelofstressregardingmentaldisorderthe levelsofstresswereseeninto3categories.75%ofcaregivershadmoderatelevelofstressand 25% had severe level of stress and mean level of stress was 81.99 +5.66. There was no significant association between age, gender, type of family, educational status, occupational status, relationship with patient diagnosis of family members, giving care

torelatives,visitedpsychiatricOPD,no.oftimesadmittedtopsychiatricwardandsignificantly associated with monthly family income.

IMPLICATION OF THE STUDY

In this context , the implication of the study have been discussed under identifying problem, psycho education about illness, treatment and rehabilitation and referral for follow up and after care services. Several implications can be drawn from the present study.

The nurse's researchers can use the findings of this study as baseline data to control further interventional research to identify the level of stress among caregivers and to determinethe association of other demographic variable to identify the effort on level of stress among caregivers.

The findings of the present study can be utilized by nurse researchers to contribute to the profession to accumulate new assessment regarding level of stress among caregivers and cantake professional accountability to educate and motivate the stress among caregivers. The present study would help nurses and other health care personnel to understand the level of stress among caregivers

The nurse researchers can use the findings of this study as baseline data to conduct further descriptive research to assess the level of stress among caregivers and to determine the association of other demographic variables.

RECOMMENDATIONS
1. A similar study can be done to assess level of stress among caregivers in community setup in same study.
2. A study can be done to assess level of stress among caregivers in differentpopulation.
3. A comparative study can be done to assess level of stress among caregivers in the city withthe level of burden in community setting of the samecity.
4. Health education module can be prepared on each aspects contributing to prevention and minimizing effects of level of stress among caregivers.
5. A study can be done to the management and level of stress among caregivers of individuals with mentaldisorder.

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