

Caring For Institutionalized Mentally Ill Clients; Burden Among Informal Care-Givers In Benin-City, Nigeria

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Abstract: Providing physical, economic and emotional supports have negative impacts on the family as the caregiver or immediate individual within the family giving care to mentally-ill patients. The number of mentally ill is growing within the society, both developed and developing. Aims of the study were to examine subjective burden and sociodemographic factors that correlate with severity of burden among informal care-givers in Benin-city, Nigeria. Instrument was 22-item Zarit Burden Interview (ZBI) with internal consistency of 0.92, which is a self-report measure of subjective burden. 237 informal care-givers were recruited for study and findings show 5.1% prevalence of severe burden, 80% overall burden and significant relationships between burden and relationship of informal care-giver ($\chi^2 = 0.000$, $p \leq 0.05$), income ($\chi^2 = 0.001$, $p \leq 0.05$) and length of involvement in the care ($\chi^2 = 0.010$, $p \leq 0.05$).

Keywords: Burden, informal care-giver, subjective burden, mentally-ill patients.

1. BACKGROUND

WHO (2001) has reported that mental and behavioural disorders have enormous effect on individuals, family units and communities. There are also evidences that economic status, gender and educational level are correlates to the extent of both subjective and objective burden among caregivers of mentally – ill patients (To'meh, 2013). Walker, McGee and Druss [2015] have estimated that 14.3% of deaths globally every year are attributable to mental disorders and it is ranked among the most considerable causes of death.

Worldwide, one in four families have at least one member currently suffering from a mental or behavioural disorder (WHO, 2001). Bearing the stigma imposed by societal perceptions as well as providing physical and emotional support all have negative impacts on the family as the caregiver or immediate individual within the family giving the care to mentally-ill patients. In bearing the burden of care, the members of the family are prevented from attaining potentials and this in turns tell on the family economy and there could be impaired family process. It has also been shown by reports [Colton & Manderscheid, 2006; Whiteford, Degenhardt, Rehm et al., 2013] that global burden of mental disorders is increasing even with it being disability-related than mortality-related.

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Furthermore, studies showing demographic relationships between burden of care and mental illness are available (Adeyemi, et al., 2012; Magaña, Ramirez, Garcia, Hernandez, & Cortez, 2007; Chan, Yip, Tso, Cheng, & Tam, 2009; Chien, Chan, & Morrissey, 2007; Baronet, 2007; Juvang, 2007; Hsiao, 2010; Schneider, Steele, Cadell, & Hemsworth, 2010).

Therefore, this study aims to examine the overall burden experienced by the informal primary care-givers. Montgomery, (2002) have defined objective burden of care as the perceived intrusion of real-life aspects of a caregiver's life while subjective burden however is the emotional feelings and mental health status (guilt, feelings of loss, and anxiety) of family caregivers (Ivarsson et al., 2004).

2. METHODOLOGY

Cross sectional descriptive design was adopted for the study and comprised the use of simple random sampling technique. The study was conducted in a Federal Neuro-Psychiatry Hospital, Uselu, Benin-city which is a referral centre for mentally ill patients.

Sample size calculation:

According to Rose, Spinks and Canhoto (2015), the formula below was applied to calculate the final sample size.

$$n_r = Z^2 P(1-P) / d^2$$

Where Z = level of confidence at 95% (1.96)

n_r = required sample size to ensure probability

P = prevalence of phenomena (taken as 20% prevalence of mental illness in Nigeria, according to Gurege, Chisolm, Kola, Lasebikan & Saxena, 2007)

d = precision level, also called margin of error taken as 5% (0.05)

Substituting the values; $n_r = 245$ approx.

245 participants were recruited for the study and administered research instrument to collect data over a period of 3 months [March to mid-June, 2016] comprising informal care givers whose relatives were admitted, discharged and returned for follow-up.

3. INSTRUMENT FOR DATA COLLECTION

Instrument of research consisted of the 22-item Zarit Burden Interview (ZBI) which is a self-report measure of subjective burden, used by previous researches with internal consistency of .92 Crocrach's alpha coefficient according to Herbert, Bravo and Preville (2000). Overall burden was scored thus: Minimum burden score was 0 and maximum 88. Little or no burden; 0 to 20, Mild to moderate burden; 21 to 40, moderate to severe burden; 41 to 60 and severe burden were scored 61 to 88.

Ethical Issues:

Approval and ethical clearance (PH/A.864/Vol. VII/90) was sort and received from the Ethical Committee of the Federal Neuro-Psychiatry Hospital, Uselu, Benin-city, on 15/03/2016 to conduct the study.

4. RESULTS

Total numbers of 237 family care-givers were recruited for the study during a period of four months and rate of completion of research instrument was 96.7% as incomplete questionnaires were discarded.

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Table. I: Frequency distribution of informal caregivers according to sociodemographics, burden scale and level of relationships among variables

Items	Frequency N=237	Percentage %	Level of significance with burden of care. CI=95% $p \leq 0.05$
Age of informal-caregivers	M=38.42		
	SD= ±12.228		
19 – 37	119	50.2	
38 – 56	99	41.7	0.850
57 – 76	19	8.0	
Education			
Primary education till secondary	68	26.8	
No formal education	27	11.7	**0.010
secondary till tertiary education	142	61.5	
Relationship with patient			
Sibling (Brother/Sister)	109	45.9	
Parents	71	30.0	
Guardian and distant relation	41	17.3	***0.000
Spouse	8	3.4	
Friend	4	1.7	
Grand parents	4	1.7	
Occupation			
civil/public servant	80	33.8	
unemployed	60	25.3	0.133
Artisan/Self employed	89	37.6	
Student	8	3.4	
Income rating			
Low income earner	208	87.8	
Middle income earner	24	10.1	**0.001
High income earner	5	2.1	
Care-giver' awareness of patients illness			
Aware	121	51.1	
Unaware	116	48.9	0.164
Length of involvement of informal care-giver in care			
Less than 6months	78	32.9	
More than 6months but less than a year	58	24.5	
More than a year but less than 2 years	28	11.8	
More than 2 years but not up to 5 years	28	11.8	**0.010
More than 5 years	45	19.0	
Caregiver Burden			
Little or no burden	47	19.8	
Mild to moderate burden	120	50.6	
Moderate to severe burden	58	24.5	
Severe burden	12	5.1	

* =level of significance

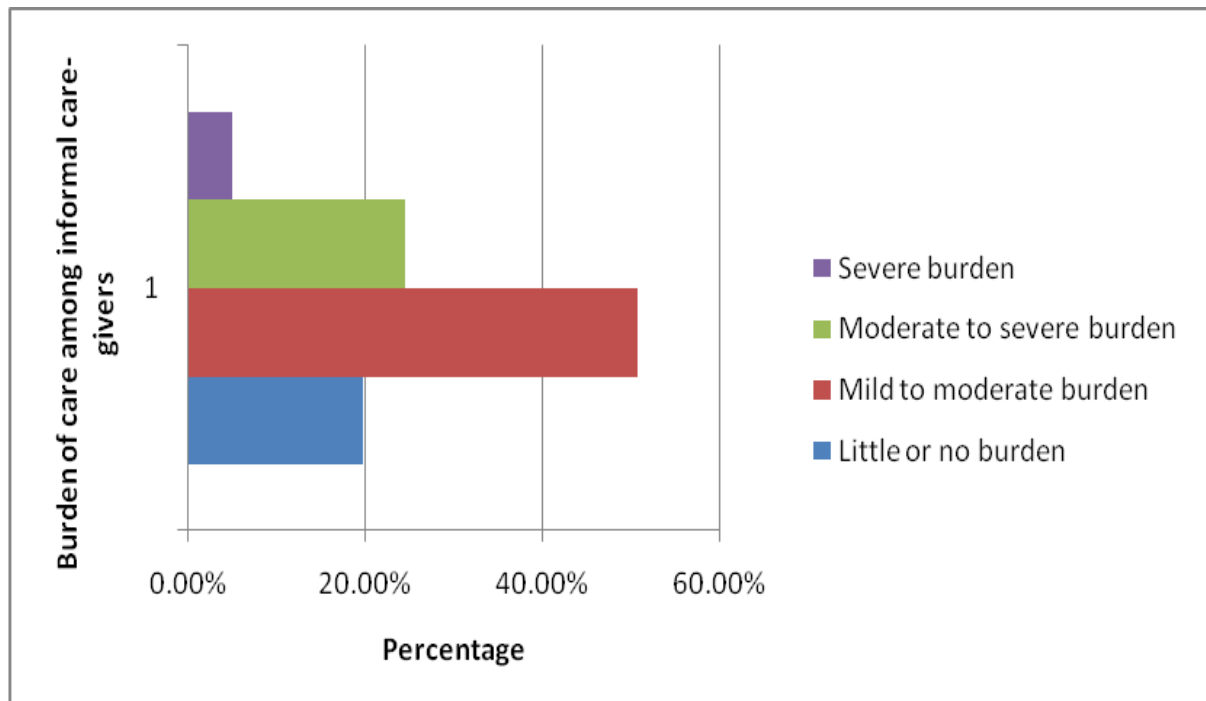


Figure.I: Burden of care among informal care-givers.

5. DISCUSSION

Mean age of informal caregivers was 38.42 with SD of ± 12.228 and majority were between the ages of 19 to 37 years, similar to findings from India by Sachin, Suresh and Ravindra (2014) about the age of informal care-givers. Majority [61.5%] of caregivers were found to have secondary till tertiary education. 45.9% [n=142] of informal caregivers are siblings to mentally ill while majority 33.8% were civil servants and only 3.4% were students. However, the study reveals majority [87.8 %] of care-givers are low income earners while just above average [51.1%] were aware of what the patients were suffering. The findings from this study revealed that 50.6% [n=120] had mild to moderate burden while prevalence of severe burden was 5.1% in the study population and overall presence of burden of caring for mentally ill was 80%. This empirical finding is similar to Sachin, Suresh and Ravindra that reported nearly 45% (n=27) of family care givers with mild burden and also owing to the fact that few of family caregivers 9 (15%) suffers severe burden in caring for their family mental that is mentally ill.

Relationship between burden of care, education and duration of involvement in care of patient were found to be significant ($\chi^2 = 0.010$ at $p \leq 0.05$, $\chi^2 = 0.010$ at $p \leq 0.05$) in both tests at the same level respectively which contradicts Sachin, Suresh and Ravindra (2014) that found no significant relationships among the three variables. Also a weak negative correlation ($r = -0.24$, $p \text{ value} = 0.711$) between burden and income of caregivers was found in the study. However, the increase in burden among informal care givers was not significantly important ($p \text{ value} = 0.711$ at $p \leq 0.05$) to the change in level of income of informal care-givers.

Finally, the study reports a significant relationship between burden and relationship of informal care-giver ($\chi^2 = 0.000$, $p \leq 0.05$), income ($\chi^2 = 0.001$, $p \leq 0.05$) and length of involvement in the care ($\chi^2 = 0.010$, $p \leq 0.05$). The empirical result has been found to be similar in previous studies (Adeyemi, et al., 2012; Hsiao, 2010; Schneider, Steele, Cadell, & Hemsworth, 2010).

6. CONCLUSION

This study concludes that burden of mental illness exists in various forms among informal care-givers in Nigeria due to various attributes associated with mental illness. There are also strong relationships between how the informal care-givers experience the burden and some sociodemographic variables.

7. RECOMMENDATION

Mental healthcare should be regarded as an important entity of social health insurance by policy makers in order to ease the economic burden of care among informal carers. This could be done by extending services of National Health Insurance Scheme to cover some services of mental health in Nigeria.

Further studies are needed in Nigeria to continue examining the burden of specific prevalent mental illnesses and the development of Nigeria version of illness burden scales.

Declarations:

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REFERENCES

- [1] Adeyemi¹, J., Aina, O., Erinfolami, A., Oshodi, Y., Suleiman, T., & Umeh, C. (2012). Burden and psychological effects: caregiver experiences in a psychiatric outpatient unit in Lagos, Nigeria. *African Journal of Psychiatry*, 15(2), 99-105.
- [2] Baronet, A. (1999). Factors associated with caregiver burden in mental illness: A critical review of the research literature. *Clinical Psychology Review*, 19, 819–841.
- [3] Chan, S., Yip, B., Tso, S., Cheng, B., & Tam, W. (2009). Evaluation of a psychoeducation program for Chinese clients with schizophrenia and their family caregivers. *Patient Education and Counseling*, 75, 67–76.
- [4] Chien, W., Chan, S., & Morrissey, J. (2007). The perceived burden among Chinese family caregivers of people with schizophrenia. *Journal of Clinical Nursing*, 16, 1151–1161
- [5] Colton CW, Manderscheid RW. Congruencies in increased mortality rates years of potential life lost and causes of death among public mental health clients in eight states. *Prev Chronic Dis*. 2006;3(2):A42.
- [6] Gurege, O., Chisolm, D., Kola, L., Lasebikan, V., Saxena, S (2007) Cost Effectiveness of an Essential Mental Health Intervention Package in Nigeria. *World Psych*. 2007; 6(1):42 -48
- [7] Hébert, R., Bravo, G., & Prévile, M. (2000). Reliability, Validity and Reference Values of the Zarit Burden Interview for Assessing Informal Caregivers of Community-dwelling Older Persons with Dementia. *Canadian Journal of Aging*. 19, 494 -507.
- [8] Hsiao, C-Y. (2010). Family demands, social support and caregiver burden in Taiwanese family caregivers living with mental illness: the role of family caregiver gender. *Journal of Clinical Nursing*, 19, 23-24
- [9] Ivarsson, A., Sidenvall, B., & Carlsson, M. (2004). The factor structure of the Burden Assessment Scale and the perceived burden of caregivers for individuals with severe mental disorders. *Scandinavian Journal of Caring Sciences*, 18(4):396-401
- [10] Juvang, L., Lambert, C., & Lambert, V. (2007). Predictors of family caregiver's burden and quality of life when providing care for a family member with schizophrenia in the people's republic of China. *Nursing and Health Sciences*, 9, 192-198.
- [11] Lai, D. W. L. (2007). Validation of the Zarit Burden Interview for Chinese Canadian caregivers. *Social Work Research*, 31, 45-53.
- [12] Montgomery, R. (2002). Using and Interpreting the Montgomery Borgatta Caregiver Burden Scale. Retrieved October, 11, 2006, from <http://uwm.edu> – RJV Montgomery.
- [13] Magana, S., Ramirez Garcia, J., Hernandez, M., & Cortez, R. (2007). Psychological distress among Latino family caregivers of adults with schizophrenia: The roles of burden and stigma. *Psychiatric Services*, 58(3): 378–384. Chan et al, 2009;

International Journal of Novel Research in Healthcare and NursingVol. 3, Issue 2, pp: (109-114), Month: May - August 2016, Available at: www.noveltyjournals.com

- [14] Schneider, M., Steele, R., Cadell, S., & Hemsworth, D. (2010). Differences on psychosocial outcomes between male and female caregivers of children with life-limiting illness. *Journal of Pediatric Nursing*, 30, 1-14.
- [15] Sachin S, Suresh V, Ravindra H.N (2014). Descriptive study to assess the burden among family care givers of mentally ill clients. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)* e-ISSN: 2320–1959.p- ISSN: 2320–1940 3(3): 61-67
- [16] To'meh, H. (2013) Family burden among caregivers of mentally ill patients in Nablus District. Masters Degree Thesis. An-Najah National University, Palestine
- [17] Walker, E.R, McGee, R.E, Druss, B.G [2015]. Mortality in Mental Disorders and Global Disease
- [18] Burden Implications; A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2015;72 (4):334-341.doi:10.1001/jamapsychiatry.2014.2502. accessed; <http://archpsyc.jamanetwork.com/> on 06/10/2016
- [19] Whiteford HA, Degenhardt L, Rehm J, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet*. 382 (9904):1575-1586.
- [20] World Health Organization (2001) *Mental Health: New Understanding, New Hope*. The World Health Report. 2001, Chapter 2.
- [21] Zarit, S. H., Reever, K. E., Back-Peterson, J. (1980). Relatives of the impaired elderly: correlates of feelings of burden. *The Gerontologist*, 20, 649-655.
- [22] Zarit, S., Anthony, C., & Boutselis, M. (1987). Interventions with caregivers of dementia patients: comparison of two approaches. *Psychology & Aging*, 5, 502-9.