

Review Article

Intervention Program to Reduce the Perceived Burden among Caregivers of Chronic Mentally Ill Person

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Submitted: 28 February 2015

Accepted: 16 March 2015

Published: 18 March 2015

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Keywords

- Burden
- Caregiver
- Mental illness
- Intervention program

Abstract

Families of chronic mentally ill person experience a perception of burden due to the loss of ability that occurs in their patients. Burden is the negative effect on the caregiver. Objective burden refers to the negative outcomes in family routines and subjective burden refers to the emotional distress experienced by the caregiver. Perception of burden and difficulties of giving care may cause impairment of physical and mental health in caregivers. In this review two different intervention programs will be introduced to help reduce the burden of caregivers perceive the chronic psychiatric patients. The first of these is "Caregiver Empowerment Program" and the other one is "Family to Family Support Program".

INTRODUCTION

Chronic mental illnesses adversely affect the emotions, thoughts, perceptions and behaviour of an individual. [1]. Individuals with chronic mental illness often live with their families rather than in institutions. This situation negatively affects both the patient and the family [2].

The age of the caregivers, ethnicity, gender, his proximity to the patient, whether it is willing to give care, education, economic status, whether the disease, coping skills, beliefs, social support, cultural characteristics of the society are personal factors which are associated with caregiver perceived burden [3]. Perceived burden vary depending on social support of family, the patient's symptoms, gender, employment status, marital status, cultural beliefs and coping strategies [4,5].

Families of chronic mentally ill person want more information and advice about the particular disease, they need the support and services, and they want these services to be accessible. Care for chronic psychiatric patients can increase caregiver's burden, not careful sick themselves at very high risk. Caregiving as it takes all the time, caregiver can lost work and status thus resulting in loss of revenue can be experienced, around people with time running out and begins to experience loneliness risk and the caregiver often must cope with many new problems, [6].

As a result of the stress caregivers of patients with chronic mental illnesses are perceived burden about social, emotional, economic and physical areas [7]. Caregiver burden is classified as objective and subjective burden. Objective burden can be

observed costs that the disease brings to family are defined as tangible. Subjective burden on the situation of individuals and individual assessments are the emotional distress triggered by the patient's disturbing behavior [8]. Families report that they live negative experience such as sadness, anxiety, fear, loneliness, withdrawal from social life, future anxiety, shame, have conflicting feelings towards the patient, rejection of the severity of the disease, condition, increase in alcohol and drug intake and these experiences causes burden [9,10].

Behavioral changes in patients due to the variable nature of chronic psychiatric illness, depression, agitation, the emergence of situations such as thoughtfulness, as well as the loss of healthy person causes stress or psychological problems to the family members who accepted the role of caregiver [11]. Care giving requires allocation of a large part of time to the patient and a person whose role is to provide care experiences increased levels of stress, strain, anxiety, depression, which could lead to psychological problems such as social isolation and deterioration of physical health [12].

All these can adversely affect the life and health of care providers both physically and emotionally [13,14]. In this review two different intervention programs will be introduced to help reduce the burden of caregivers perceive the chronic psychiatric patients. The first of these is "Caregiver Empowerment Program" and the other one is "Family to Family Support Program".

Caregiver Strengthening Program

After chronic psychiatric diagnoses caregiver's burden continuously increases.

To provide professional support to the care providers of chronic mentally ill person is vital in so far as the wellbeing of the care provider and the increment of the functionality of the patient are concerned [15]. In a study of chronic mentally ill person's roles within their families, it is remarked that these are poorly and morbid. The same study also states that the families should be educated and made conscious of inter family relations as much as on social and family support issues [10].

The intervention methods generally offered to the patients' families are awareness programmes, family support groups, dedicated tuition groups, crisis management and consultancy [16-18]. These methods are used to inform the families about the disease itself and its treatment and to provide them with skills in communicating and problem solving [19]. Family interventions are directed at various aims, such as ; a) To improve the co-operation with the caretaker of the patient, b) To reduce the stress and the burden of the caretaker in order to minimize the negative effects of possible family oriented issues, c) Early detection of the problems by the caretakers and to increase their ability for solutions thereof, d) To minimize the accusative and irritating statements within the family, e) To identify the patient's expectations f) To encourage the caretakers to establish and to sustain limitations suitable to patients behaviour, and g) To provide the anticipated changes in the behaviour and of the conviction of the care provider [20].

Mental health workers are formal support sources for the families. Professional advice given to the families by the health professionals achieve a sense of self containment and reduce the feeling of burden. For this reason, mental health workers, through intervention programmes, play an important role in the development of the family's skills to cope with stress, to deal with problematic issues, to improve interpersonal relations, to enhance their ability to cope effectively and to properly perform their role as care providers [1]. In order to fulfill this role a mental health and psychiatric nurse should employ one of the family intervention methods –that of, orientation of the family [21].

Psychoeducation which is an evidence based application not only supplies information to the families with respect to the illness, its treatment and ways of coping with it but it also occupies a central role in expanding families' functionality, supporting families to cope with the illness, lessening the dilemma faced by the family and reducing the probability of the repetition of the illness [22,16].

However, psychoeducation does not constitute a part of the routine practise but is provided only to those families which are being monitored for research purposes [23]. In general, the families are able to receive training when their patient is hospitalized [21]. The studies cite that short periods of hospitalization, lack of family oriented programmes within the routine clinical practises, shortage of trained manpower on the subject of family interventions, time constrains and insufficient clinical experience are the main reasons why psychoeducation can not be made available to the care providers of chronic mentally ill person [24,25].

Caregivers therefore always need the support of a professional. Provide professional support to caregivers is important to improve the health and functionality of the patient

and patient's caregivers [15]. "Caregiver Strengthening Program" is structured professionally and its aim strengthens to the caregivers. "Caregiver Strengthening Program" is complemented by making weekly visits to the person's home caregivers. A Caregiver Strengthening Program" session consists of seven sessions for strengthens caregivers, reduces burden and develop healthy lifestyle behaviors.

The Program; first week; "Meeting, recognize the disease and person", second week "communication with caregiver (give care without degrading)", third week "to describe the difficulties experienced by the patient had been diagnosed with the disease" fourth week "make systematic of the daily work", fifth week "to determine the social support system", sixth week, "the health of the caregivers healing and make development activities" and the seventh week "General evaluation and termination" is consists of session [26-28,6]. If the "Caregiver Empowerment Program" which can be applied for caregivers manage effectively, can reduce caregivers the physical, economic, and social burden, will also contribute to health promotion.

Psycho education is one of family interventions applied to the requirements of the care providers of chronic mentally ill person. Yet, non inclusion of psycho education within the practices implemented by the health workers causes a vacuum in an area of importance for the families. This vacuum has led to the emergence of family-to-family support programmers [16,29] .

Family to Family support Program

Family-to-family groups are peer support groups. Peer support is a span of time when people with mutual problems get together on a voluntary basis and support each other by face to face discussions [30,31]. During this period, people going through similar situations may establish better empathy with each other and may advice each other on practical recommendations and prepositions which may have been overlooked or missed by the health professionals [32], Sharing similar experiences with other people may expand a person's social network by easing his comprehension of the state he is in and by fending off social isolation [33] Structured and continuous family intervention programs for families are not part of routine practice. The causes of non implementation of family intervention programs are; too short hospital stays, lack of programs designed for families in routine clinical practices, insufficient number of professionals trained in family intervention, lack of time and insufficient clinical experience [24,25]. The gap of family interventions, in the routine services performed by healthcare workers led to the emergence of family to family support programs [16,29]. A family to family support program allows emotions, thoughts and information on coping with a family member experiencing a psychiatric disease to be shared. In these programs, volunteer family members are trained by healthcare workers, and they, in turn, train other family members [34]. When the contents of the family support programs are examined, mental illness, information about drugs and other therapies, problem solving skills, communication skills with patients, coping with living difficulties and group assessment seem to consist of topics [16,35-37]. Supportive ties bridged over peer groups have a positive effect on the individual and play a protective role against stress factors and difficulties. Participation in family support groups designed for families

with chronically mentally ill family members, makes it more manageable for the families to provide care during the period of caretaking and contributes to the reduction of both the burdens and stress levels which the families endure [38].

The impact of family support programs have been evaluated in several studies [39] and the studies stated that family to family support program reduce the depressive symptoms of caregivers [29] and the burden of caregivers [16,40,35]. In a qualitative study conducted with the families who took part and successfully completed the family-to-family programmes, care providers attending the same programme have remarked that they have benefited from such a programme, that their skills to cope have improved, that their stress levels have decreased, that they experience a lesser degree of constraint, that they feel stronger, that their self-confidence has boosted, that they got better in communicating and that their hopes got much higher [41].

CONCLUSION

Chronic psychiatric patients with the leading professional care nurses working at each stage, where the caregivers should be guidelines in dealing with this difficult situation and provide support. When the nurses as caregiver to strengthen help reduce the maintenance burden, knowing the caregiving job done and ensure a balanced way. In this way, both the patient and care during the course of the disease, this will contribute to close both. Family intervention programs are seen as being implemented in various ways and positive impact on caregivers in studies to be effective. Family intervention programs to reduce the burden of caregivers and provide them cope with the difficulties they had with the objective should be included within the scope of mental health services and should be expanded. To be in collaboration with health professionals and family caregivers in planning and implementation of intervention programs are important in the promotion of this work.

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Cite this article

Bademli K, Lök N (2015) Intervention Program to Reduce the Perceived Burden among Caregivers of Chronic Mentally Ill Person. *Ann Nurs Pract* 2(2): 1022.