

Burden of Care among Caregivers of Mentally Ill Patients

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Abstract

The presence of a person with mental illness in a family is often associated with social, emotional, behavioral and financial problems to the family. Therefore, the study was conducted with the aim of finding out the burden of care among the caregivers of mentally ill patients. **Methods:** A descriptive cross-sectional study was conducted with quantitative approach. A total of 97 family members was selected consecutively from the psychiatric outpatient department (OPD) and wards of Mental hospital. **Results:** The study revealed that 40.2 % of the caregivers had mild burden, 27.8% had moderate burden, 25.8% experienced little or no burden and 6.2% experienced severe burden. The mean score percentage of burden was highest in the area of relationship (44.46%) followed by loss of control over one's life (40.08%) and emotional well-being (39.29%). There was significant statistical association between burden and caregiver's age ($p=0.017$), educational status ($p=0.001$), marital status ($p=0.378$), occupation ($p=0.307$), relationship with patient ($p=0.035$) and duration of care-giving ($p=0.026$). There was statistical association between burden and patient's gender ($p=0.010$), age ($p=0.40$), marital status ($p=0.50$), duration of illness ($p=0.01$) and type of illness ($p=0.09$). **Conclusion:** It is concluded that greatest number of caregivers had experienced mild burden and nearly one-third experienced moderate burden. Highest amount of burden is observed in the area of relationship followed by loss of control over one's life, emotional well-being, finances and burden in social and family life. Thus, there is a need to develop the strategies and support system to address and reduce their burden.

Key words: Burden, Caregiver, Caregiver Burden, Mental Illness, Level of Burden.

INTRODUCTION

Mental illness brings with it a range of consequences not only for the individual concerned but also for the primary caregiver which can be family members, friends or relatives of the patient. The family plays a very vital role in the case of a mentally ill patient. Caregiver has been defined as "a family member who has been staying with the patient for more than a year and has been closely related with patient's daily living activities, discussion and care of health."^[1]

Burden of care can be understood by its impact and effects on caregivers. The early conceptualization of burden of care can be divided into two distinct components, objective and subjective. Objective burden of care deals with effects on finance, health, routine and leisure of the family whereas subjective burden deals with psychological and emotional impact of mental illness on family members. In addition burden of care can be precise in some upsetting notions such as shame, embarrassment, feelings of guilt, and self-blame.^[2]

Caregiving drains one's emotions and hence caregivers undergo a lot of depression as compared to the general population. It includes taking care of personal hygiene of the patient and emotional support such as listening, counseling, giving company, and informational caring such as how to alter the living environment of the patient.^[3]

In 2004, mental disorders accounted for 13% of global burden of disease. Families who perceived a higher level of caregiver burden are those who lived in a family with poorer functioning, worse health status and less satisfaction of social support.^[4]

An estimate of 30% of the population of Nepal is suffering from psychiatric problems. The government spends less than 1% of its total healthcare budget in this area. Nepal, a country of about 28 million populations has only one government run Mental Hospital. In Nepal mental health receives "insignificant attention" at all levels of society from the government to the general public.^[5]

According to the World Federation of Mental Health, it is acknowledged that caring for those with a chronic condition requires tireless effort, energy and empathy and truly greatly impacts the daily lives of caregivers. Often family members receive little recognition for the valuable work that they do, and policies in most countries do not provide financial support for the services they provide. As caregivers have to struggle to maintain work, family and care giving, their own physical and emotional health is often neglected. In combination with the lack of personal, financial and emotional resources, many caregivers often experience enormous stress, depression and/or unease in the year after care giving begins.^[6]

Objectives of the study

General objective

To assess the burden of care among the caregivers of mentally ill patients.

Specific objectives

- To find out the level of burden of care among the caregivers of mentally ill patients.

- To measure the association between level of burden of care and selected variables.

Significance of the study

The findings of the study revealed the prevalence of burden of care among the caregivers living with mentally ill patient which would serve as reference material for future researchers to conduct further related research in this issue.

The findings of this study might be useful to the authorities of concerned hospital in planning the psycho-education program, counselling services, stress management techniques for the caregiver of mentally ill clients.

METHODOLOGY

This chapter deals with the type of research design used, study setting, study population, sampling procedure, research instrument, data collection procedure and data analysis procedure.

Research Design

The research was quantitative in nature. A cross-sectional design was used to find out the burden of care among the family members of mentally ill clients.

Study setting

The study was conducted in Mental Hospital, Lagankhel. The hospital is located in Lagankhel, Lalitpur, Nepal. This is the oldest neuropsychiatric hospital in Nepal established in 1985 with 25 beds. This is the government hospital with commitment to serve the community. The hospital has got 50 beds at present, provides various services such as Outpatient department (OPD) services, Emergency services, Counseling and Psychotherapy, Electroconvulsive therapy (ECT), Electroencephalogram (EEG), Methadone Maintenance Therapy Program (MMTP), Community Psychiatry Program, Laboratory services, Hotline telephone services. This study setting was selected because this is one of the specialized tertiaries mental hospitals inside the Kathmandu valley with good patient's flow which would be feasible to the researcher in terms of time, place, and person.

Study Population

The population of the study was family members living with and caring mentally ill client in ward and attending the psychiatric outpatient department in Mental Hospital, Lagankhel.

Sampling

Mental hospital Lagankhel wards and psychiatric outpatient department was selected. Non-probability consecutive sampling technique was adopted for selecting samples.

Sample size: Sample size was 97.

Inclusion Criteria

- Family member of age above 18 years
- Family members taking care of the mentally ill patient who is diagnosed with Schizophrenia or Bipolar Affective Disorder (BPAD) or all chronic mental illness more than six months.

- Family members living with and taking care of the mentally ill patient for at least 6 months
- One caregiver for one patient
- Those family members who will participate self-willingly

Exclusion Criteria

- Family member with diagnosed mental illness
- Family member taking care of mentally ill patients who is diagnosed with other chronic co-morbidities.
- Family members whose patient have been diagnosed recently or first-time checkup

Research Instrumentation

Structured interview-based questionnaire was used. Along with this, Zarit Burden Interview Schedule was used to collect the information regarding burden experienced by caregivers.

Questionnaire consisted of three parts:

Part I: Socio-demographic data

Part II: Questions related to mental illness

Part III: Questions related to burden of care

All questions were in English Language transformed to Nepali language.

Ethical Considerations

Study was conducted only after the approval from NAMS. Permission was obtained from the campus chief. A verbal informed consent was taken from each respondent. The information obtained was kept confidential and used only for this study. The confidentiality of the respondents was maintained.

RESULTS

Table 1.1 reveals that most of the caregivers belonged to age group of 32-38 and 46-42 years. The mean age of caregivers was 3.92 years. Most of the caregivers were male (61.9%). Likewise, most of the caregivers were residing in urban area (67%). Regarding the religion, majority of the respondents (62.9%) followed Hinduism. More number of caregivers were Janajatis (49.5%).

Table 1.2 shows that majority of caregivers (77.3%) were able to read and write. And among 76 caregivers, majority (41.2%) had basic level education. Majority of caregivers were married (79.4%). Majority of the caregivers were employed (68%).

Table 1.3 illustrates that most of the caregivers were engaged in business (27.8%). Similarly, more caregivers had their family income sufficient for 6 months to 1 year (53.6%). Most of the ill patients were parents of caregivers (29.9%). Regarding the duration of care giving, majority of the caregivers (36%) were caring their patient less than five years.

Table 2 depicts that nearly one-third of the mentally ill patients (30.9%) belonged to the age group of 44-58 years. More than half of the mentally ill

Table 1.1: Socio-demographic Characteristics of Caregivers n=97.

Characteristics	Frequency	Percentage
Age (In years)		
18-24	17	17.5
25-31	8	8.2
32-38	18	18.6
39-45	12	12.4
46-52	18	18.6
53-59	14	14.4
60-66	8	8.2
67-73	2	2.1
Mean: 41.74 Minimum: 18years Maximum: 69years		
Sex		
Male	60	61.9
Female	37	38.1
Residence		
Rural	32	33
Urban	65	67
Religion		
Hinduism	61	62.9
Buddhism	21	21.6
Islam	3	3.1
Christianity	12	12.4
Ethnicity		
Dalit	10	10.3
Janajati	48	49.5
Madhesi	4	4.1
Muslim	3	3.1
Brahmin/Chhetri	32	33

Table 1.2: (b) Socio-demographic Characteristics of Caregivers n= 97.

Characteristics	Frequency	Percentage
Educational status		
Unable to read and write	22	22.7
Able to read and write	75	77.3
Level o Education n=75		
Informal education	2	2.1
Basic Level	40	41.2
Secondary level	33	34.7
Marital Status		
Unmarried	20	20.6
Married	77	79.4
Employment status		
Employed	66	68
Unemployed	31	32

Table 1.3: Socio-demographic Characteristics of Caregivers n=97.

Characteristics	Frequency	Percentage
Occupation		
Agriculture	13	13.4
Service	25	25.8
Business	27	27.8
Family income status		
Sufficient for less than 6 months	10	10.3
Sufficient for 6 months to 1 year	52	53.6
Sufficient for 1-year surplus	35	36.1
Relationship with patient		
Spouse	24	24.7
Children	24	24.7
Parents	29	29.9
Siblings	18	18.6
In-laws	2	2.1
Duration of caregiving		
1-5	36	37.1
6-10	33	34
11-15	15	15.5
16-20	7	7.2
21-25	3	3.1
26-30	1	1
31-35	2	2.1

patients (58.8%) were male. Regarding the educational status, majority of the mentally ill patients (55.7%) were able to read and write. Among them, one-fourth mentally ill patients (41.2%) had attained primary level of education. Most of the mentally ill patients (73.2%) were married. Few of the mentally ill patients (25.8%) were involved in any occupation.

Table 3 shows that more than half of the patients (63.9%) had mental illness since more than 5 years. 44.3% of the mentally ill patients had history of hospitalization before. Most of them (95.34%) were hospitalized for less than or equal to 5 times. Regarding the currently receiving treatment, most of the patients (96.9%) were receiving only medicine.

Table 4.1 illustrates that mean of burden was higher in areas of relationship (44.46) followed by finances (34.54) and social and family life (29.83).

Table 4.2 shows that mean of burden was higher in the area of loss of control over one's life (40.08%) followed by emotional wellbeing (39.29%).

Table 5 illustrates that the greatest number of caregivers i.e., 40.2% had mild burden whereas 27.8% caregivers had moderate burden. Similarly, 25.8% of the caregivers faced little or no burden while caring and few of the caregivers (6.2%) has severe level of burden.

Table 6 shows that there was significant statistical association between level of burden and age, educational status, marital status and occupation with

Table 2: Demographic Characteristics of Mentally Ill Patients n=97.

Characteristics	Frequency	Percentage
Age (in years)		
18-28	27	27.8
29-43	28	28.9
44-58	30	30.9
59-73	10	10.3
74-88	2	2.1
Mean:41.07 Minimum: 18 years Maximum: 88 years		
Gender		
Male	57	58.8
Female	40	41.2
Educational status		
Unable to read and write	43	44.3
Able to read and write	54	55.7
Educational level(n=54)		
Informal education	2	2.1
Primary level	40	41.2
Secondary level	12	12.3
Marital Status		
Unmarried	26	26.8
Married	71	73.2
Occupational status		
Yes	25	25.8
No	72	74.2

Table 3: Illness related Characteristics of Mentally Ill Clients n=97.

Characteristics	Frequency	Percentage
Duration of illness		
Less than or equal to 5 years	35	36.1
More than 5 years	62	63.9
History of hospitalization		
Yes	43	44.3
No	54	55.7
No of hospitalization (n=43)		
≤ 5 times	41	95.34
> 5 times	2	4.65
Currently receiving treatment		
Medicine	94	96.9
Medicine and Psychotherapy	3	3.1

p-value 0.017, 0.001, 0.037 and 0.031 respectively. There was no statistical association between level of burden and sex of the caregiver.

Table 7 depicts that there was significant statistical association between level of burden and relationship with patient and duration of caregiving with p-value of 0.035 and 0.026 respectively.

Table 8 depicts that there was significant statistical association between level of burden and gender, age of the patient and marital status. Similarly, there

Table 4.1: Burden experienced by the Caregivers in different Domains (Burden in the relationship, Finances, Social and Family life) n= 97.

Domains of Burden	0	1	2	3	4	Mean
	n(%)	n(%)	n(%)	n(%)	n(%)	
Burden in relationship						
Relatives asks for more help he/she needs	40 (41.2)	8 (8.2)	24 (24.7)	23 (23.7)	2 (2.1)	
Relative is dependent in you	30 (30.9)	2 (2.1)	18 (18.6)	37 (38.1)	10 (10.3)	
Don't have as much privacy because of your relative	32 (33)	5 (5.2)	20 (20.6)	33 (34)	7 (7.2)	
Relative seems to expect you only to take care	38 (39.2)	6 (6.2)	17 (17.5)	33 (34)	3 (3.1)	44.46
Wish to leave the care of your relative to someone else	64 (66)	4 (4.1)	19 (19.6)	7 (7.2)	3 (3.1)	
Feeling of doing more for your relatives	3 (3.1)	0 (0)	9 (9.3)	43 (44.3)	42 (43.3)	
Finances						
Not enough money to take care of your relative longer	39 (40.2)	5 (5.2)	34 (35.1)	15 (15.5)	4 (4.1)	34.54
Social and Family Life						
Stressed from caring and other responsibilities	30 (30.9)	4 (4.1)	42 (43.3)	17 (17.5)	4 (4.1)	
Relative currently affects your relationship with others	54 (55.7)	13 (13.4)	25 (25.8)	3 (3.1)	2 (2.1)	
Social life suffered because of relative	43 (44.3)	5 (5.2)	18 (18.6)	26 (26.8)	5 (5.2)	29.83
Uncomfortable about having friends over because of your relative	57 (58.8)	10 (10.3)	13 (13.4)	15 (15.5)	2 (2.1)	

was no statistical association between level of burden and educational level and educational status.

Table 9 shows that there was no statistical association between level of burden and no. of hospitalization. There was statistical association between level of burden and duration of illness and type of illness.

DISCUSSION

Level of Burden: In this study, the level of burden is mild in most of the caregivers (40.2%). Few of the respondents i.e., 6.2% had severe burden. It is consistent with the finding of a study conducted by Bhandari *et al.*, (2015)^[4] which showed that 48.2% of family members had mild level of burden. In one of the study conducted in Iran by Shamsaei *et al.*, (2015)^[22] 225 caregivers were selected from Farshchian psychiatry Hospital in Hamadan, Iran from July to September 2012. Measures included patients and caregivers' demographic variables and caregivers' burden using the Zarit Burden Interview (ZBI)^[7] it has reported that 41.8% of the caregivers had experienced mild to moderate burden and 27.1% had experienced severe burden. which reported that 59.2% of the family members had moderate level of burden. Another study done in Nepal by Pun *et al.*, (2014)^[8] showed that 46.9% of the family caregivers experienced moderate extent of burden. Revealed that 52% of family

Table 4.2: Burden experienced by Caregivers in different domains (Emotional wellbeing and Loss of control over one's life) n= 97.

Domains of Burden	0	1	2	3	4	Mean
	n(%)	n(%)	n(%)	n(%)	n(%)	
Loss of control over one's life						
Afraid about future of relative	13 (13.4)	3 (3.1)	15 (15.5)	60 (61.9)	6 (6.2)	
Feel unable to take care of relative much longer	55 (56.7)	5 (5.15)	25 (25.77)	9 (9.27)	3 (3.09)	40.08
Feel lost control of life since relative's illness	51 (52.6)	7 (7.2)	24 (24.7)	11 (11.3)	4 (4.1)	
Uncertain about what to do about with relative	28 (28.9)	1 (1)	22 (22.7)	38 (39.2)	7 (7.2)	
Health has suffered because of relative	45 (46.4)	10 (10.3)	27 (27.8)	12 (12.4)	3 (3.1)	
Feel you could do a better job in caring for relative	5 (5.2)	2 (2.1)	4 (4.1)	37 (38.1)	49 (50.5)	
Overall burden felt in caring for relative	22 (22.7)	19 (19.6)	31 (32)	14 (14.4)	11 (11.3)	
Emotional well-being						
Not enough time for self because of relative	35 (36.1)	6 (6.2)	18 (18.6)	27 (27.8)	11 (11.3)	
Embarrassed over relative's behavior	56 (57.7)	8 (8.2)	22 (22.7)	8 (8.2)	3 (3.1)	
Feel angry when around relative	56 (57.7)	10 (10.3)	26 (26.8)	3 (3.1)	2 (2.1)	39.29
Feel strained when around relative	39 (40.2)	2 (2.1)	37 (38.1)	15 (15.5)	4 (4.1)	
Health has suffered because of relative	45 (46.4)	10 (10.3)	27 (27.8)	12 (12.4)	3 (3.1)	
Feel you could do a better job in caring for relative	5 (5.2)	2 (2.1)	4 (4.1)	37 (38.1)	49 (50.5)	
Overall burden felt in caring for relative	22 (22.7)	19 (19.6)	31 (32)	14 (14.4)	11 (11.3)	

Table 5: Level of Burden among the Caregivers n= 97.

Level of burden	Frequency	Percentage
Mild burden (21-40)	39	40.2
Moderate burden (41-60)	27	27.8
Little or no burden (0-20)	25	25.8
Severe burden (61-88)	6	6.2
Total	97	100.0

caregivers respectively reported severe burden. The inconsistency in result might be due to difference in sample size and setting of the study.

Table 6: Association between Level of Burden and Sociodemographic Variables n=97.

Characteristics	Level of burden				chi-square	p-Value
	little or no burden	Mild burden	Moderate burden	Severe burden		
	n(%)	n(%)	n(%)	n(%)		
Age						
18-46	50(52.94)	46(47.06)	0(0.00)	7(8.33)	36.923	.017
47-76	11(12.50)	35(37.50)	48(50.00)	20(21.43)		
Sex						
Male	24(25.00)	43(45.00)	24(25.00)	3(5.0)	1.747	.626
Female	26(27.03)	31(32.43)	30(32.43)	7(8.11)		
Educational status						
Unable to read and write	0(0.00)	34(36.36)	38(40.91)	21(22.73)	21.771	.001
Able to read and write	31(33.33)	40(41.33)	22(24.00)	1(1.33)		
Marital status						
Unmarried	44(45.00)	18(20.00)	0(0.00)	2(3.09)	23.58	.037
Married	23.38	0(0.00)	0(0.00)	0(0.00)		
Occupation						
Unemployed	7(8.96)	27(29.87)	6(7.79)	2(3.09)	7.69	.031
Employed	36(37.2)	45(46.88)	24(25.00)	6(7.34)		

* p-value significant at ≤0.05

Table 7: Association between Level of Burden and Socio-demographic characteristics of Mentally Ill Patients n=97.

Characteristics	Level of burden				chi-square	p-Value
	little or no burden n(%)	Mild burden n(%)	Moderate burden n(%)	Severe burden n(%)		
Gender						
Male	20(21.05)	34(35.09)	35(36.84)	7(7.02)	6.28	0.01
Female	31(32.50)	46(47.50)	14(15.00)	4(5.00)		
Age of the patient						
14-50	10(11.11)	50(51.85)	21(22.22)	13(14.81)	12.57	0.04
51-88	30(32.14)	33(35.71)	24(25.00)	6(7.14)		
Educational level						
Undergraduate	46(50.00)	46(50.00)	26(30.00)	6(7.50)	8.20	0.51
Postgraduate	19(20.00)	41(42.50)	29(30.00)	6(7.50)		
Educational status						
Unable to read and write	22(23.26)	36(37.21)	30(32.56)	5(6.98)	1.06	0.79
Able to read and write	26(27.78)	41(42.59)	23(24.07)	5(5.56)		
Marital status						
Unmarried	18(19.23)	37(38.46)	29(30.77)	10(11.54)	2.37	0.05
Married	27(28.17)	38(40.85)	24(26.76)	4(4.23)		

* p-value significant at ≤0.05

Table 8: Association between Level of Burden and Relationship with Patient and Duration of Caregiving n=97.

Characteristics	Level of burden				chi-square	p-Value
	little or no burden	Mild burden	Moderate burden	Severe burden		
	n(%)	n(%)	n(%)	n(%)		
Relationship with patient						
Spouse and Children	32(33.33)	40(41.67)	40(41.67)	23(24.17)	22.192	.035
Parents and Siblings	42(44.83)	50(50.00)	26(27.24)	0(0.00)		
Duration of caregiving						
1-10years	35(36.00)	41(42.00)	15(16.00)	5(6.00)	14.336	.026
10-20years	12(13.89)	43(44.44)	37(38.89)	2.78		

* p-value significant at ≤0.05

The findings of the study showed that there was statistical association between burden and caregiver’s age, educational status, marital status, occupation, relationship with patient and duration of caregiving. There was no statistical association between burden and sex of the caregiver.

Regarding the age, sex and educational level of caregivers, the study conducted by Pun *et al.*, (2014)^[9] showed significant association of burden with age($p=0.010$), sex($p=0.016$) and educational level($p=0.004$) respectively. In a study conducted in Iran, the level of burden experienced was significantly associated with age($p=0.000$), gender($p=0.000$), and educational level($p=0.011$), relation to care recipient, caregiving duration and duration of schizophrenia illness(Shamsaei *et al.*, 2015)^[22] 225 caregivers were selected from Farshchian psychiatry Hospital in Hamadan, Iran from July to September 2012. Measures included patients and caregivers’ demographic variables and caregivers’ burden using the Zarit Burden Interview (ZBI).^[7] The finding was consistent with this study except gender.

Regarding the marital status, relation with patient and duration of care giving, the present study showed statistical association of burden with marital status ($p=0.378$), relationship with patient ($p=0.035$) and duration of caregiving ($p=0.026$). Which reported significant association of burden with marital status ($p=0.05$), relationship with patient ($p=0.001$) and duration of caregiving ($p=0.001$). In contrast, the study in Brazil by Souza *et al.*, (2017)^[9] reported no statistical association between burden and marital status ($p=0.916$) and relationship with patient ($p=0.805$).

The findings in the current study showed that there was statistical association of burden with gender, age of the patient and marital status. There was no statistical association between level of burden and educational status.

In a study regarding age and sex, the study of Swaroop *et al.*, (2013) showed that there was no statistical association of burden with age ($p>0.05$) and sex ($p>0.05$). However, the study findings contradict the findings of the study conducted by Nallapeni *et al.*,(2015)^[10] which showed that there was statistical association of burden with age($p=0.004$), sex ($p<0.05$), education ($p<0.05$) and marital status of the patient($p=0.046$).

Table 9: Association between Level of Burden and Selected Characteristics of Mentally Ill Patients n=97.

Characteristics	Level of burden				chi-square	p-Value
	Little or no burden n(%)	Mild burden n(%)	Moderate burden n(%)	Severe burden n(%)		
Duration of illness						
less than or equal to 5 years	35(37.14)	46(48.57)	7(8.57)	4(5.71)	11.02	0.01
more than 5 years	18(19.35)	34(35.48)	37(38.71)	5(6.45)		
Type of illness						
Schizophrenia	28(29.63)	35(37.04)	21(22.22)	10(11.1)	11.01	0.03
Bipolar Affective Disorders	24(25.76)	42(43.94)	26(27.27)	3(3.03)		
No. of hospitalization						
Less than 5	30(33.33)	22(23.81)	31(33.33)	9(9.52)	16.35	0.57
More than 5	10(11.11)	32(33.33)	32(33.33)	20(22.22)		

* p-value significant at ≤0.05

Regarding the educational status and marital status, the present study showed no statistical association of burden with educational status ($p=0.79$). The result is similar to the result of study conducted by Souza *et al.*, (2017)^[9] which showed no statistical association of burden with educational status ($p=0.71$).

The difference in finding might be due to different sample size, technique and different setting.

The findings of this study showed that there was statistical association of burden with duration of illness ($p=0.01$) and type of illness ($p=0.09$). There was no statistical association of burden with number of hospitalization ($p=0.57$). These findings are contradicted by study done by Bhandari *et al.*,(2015)^[4] which showed that there was no statistical association of burden with type of mental illness($p=0.656$), duration of mental illness ($p=0.644$) and number of hospitalization ($p=0.789$). Likewise, the study conducted by Souza *et al.*, (2017)^[9] reported no statistical association was found between burden and type of mental illness ($p=0.53$) and duration of mental illness ($p=0.544$). In another study done by Nallapeni *et al.*, (2015)^[10] reported that there was no significant statistical association between burden and duration of illness ($p>0.5$).

CONCLUSION

On the basis of study findings, it is concluded that the maximum number of caregivers had mild burden whereas nearly one-third of the caregivers experience moderate level of burden. The highest amount of burden is observed in the area of relationship followed by loss of control over one’s life, emotional wellbeing, finances and burden in social and family life. The current study also concludes that there is significant statistical association between burden and caregiver’s age, educational status, marital status, occupation, relationship with patient and duration of caregiving. Similarly, there is statistical association between burden and patient’s gender, age of patient and marital status. Duration of illness and type of illness has also statistical association with level of burden.

Implications

The findings of the study would be useful for authorities of mental hospital in recognizing the baseline information of caregiver and severity of burden faced by them while caring for mentally ill patients.

The study findings might be helpful for mental health professionals in planning and providing mental health services such as psychoeducation, counselling, guidance and support to the caregivers of mentally ill patient.

The findings of the study might be useful for the nurses in recognizing the impact of mental illness in caregiver and focus their nursing interventions in promoting caregiver's health and wellbeing.

The study findings will be helpful for the future researchers as a reference.

Recommendations

The current study suggests the planning and implementation of caregivers focused programs including psychoeducation, stress management techniques, counselling, motivation, support to the caregivers in hospital as well as community settings.

Qualitative studies can be done to find out burden of care in different aspects.

Further studies can be replicated in inpatient department and in other different level hospitals and institutions for better generalization of the results.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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