# Emotional distress and strain in relatives of patients with severe mental disorders: A comparative study.

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**Summary**

**The levels of emotional distress and strain were examined in two groups of relatives of psychiatric patients using standard instruments.**

**The dementia group had more GHQ - 30 cases than the schizophrenic group. Even though the schizophrenic relatives had higher distress and strain scores than the dementia relatives, they did not reach significant levels when the two groups were compared.**

**Keywords:** ***Distress, Strain, Schizophrenia, Dementia, Relatives.***

**Résumé**

Les niveau de la douleur et de l'entorse emotionnelle ont été étudiées chez deux groupes des parentés des patients psychiatriques avec l'utilisation des instruments de niveau normal. Le groupe de la démence avait plus de GHa–30 cas plus que du groupe de la schizophrénie. Bien que les parentés de la schizophrénie aient le niveau des scores bien élevé de la douleur et de l'entorse plus que les parentés de la démence, ils n'arrivent pas à atteindre les niveaux importants quand les deux groupes ont été comparés.

**Introduction**

Conferring a psychiatric diagnosis on an individual on admission to a psychiatric facility has multiple personal, social, vocational and financial consequences[1]. Read and Baker in a 1996 survey reported that 47% of psychiatric patients had been abused or harassed publicly, with physical assault in 14%, 34% had been sacked or forced to resign employment and 26% had to change their environment because of continued harassment[2]. These difficulties are likely to affect family members of a psychiatric patient in an adverse manner.

There are studies of the profound and pervasive effects of an identified case of mental disorder on other family members[3,4]. There are difficulties of stigma social isolation, fear and eventual family distruption[5,6]. High levels of emotional distress and strain have been reported in supporting relatives of patients newly referred to psychogeriatric day care[7,8]. The stresses of caring within the family are multiple for all families and diagnoses[9].

In Nigeria the lack of adequate community based medical and social provision for the mentally ill has inevitably placed the burden of care on the patients family. In addition to the needs of the mentally ill patient, there would therefore appear to be justification for directing attention to the needs of the supporting family. Towards this end the present study was suffering from paranoid schizophrenia and compare them with a group of relatives of patients suffering from dementia.

**Methodology**

The study was conducted at the Obafemi Awolowo University Teaching Hospital Complex, Osun State, Nigeria. Permission to carry out the study was given by the ethical and research committee of the institution. Informed consent was obtained from patients and relations. or relations only, where patients were not capable, after the aims and objectives of the study had been explained to them.

Participants were consecutively recruited from the psychiatric units of Wesley Guild Hospital, Ilesa, and Ife State Hospital (ISH) (All in Obafemi Awolowo University Teaching Hospital Complex)

The diagnostic criteria for paranoid schizophrenia and Dementia were based on the ICD – 10 criteria[10]. The paranoid schizophrenia and Dementia were based on the ICD - 10 criteria [10]. The paranoid schizophrenia group were all in-patients at the time of study. The Dementia group were all out patients. The onset of all patients' illness had occurred at least 2 years before our research contact.

Also recruited to the study was a key relative of each patient (family member with the most face-to--face contact and primary caretaking role), who was interviewed using a questionnaire made up of socio-demographic variables; the 30-item General Health Questionnaire (GHQ-30)[11] as an index of emotional distress; and a 13-item measure of strain derived from Machin's strain scale modified to a three rather than a five point response format[7]. The minor modification to the scale did not reduce its internal consistency (internal reliability and alpha coefficient = 0.87). The GHQ-30 has been standardized and used extensively in Nigeria[12,13].

The strain scale was originally designed for use in psychogeriatric research, and it is seen as measuring the stressful experiences of caring, while the GHQ reflects the distress reaction within the carer. For the present study the words "elderly person" were changed to "the patient" to adapt the questionnaire for use in the schizophrenia population. This did not alter its internal consistency.

The items of the questionnaire were translated into Yoruba, the language of the indigenes of Osun State, and then back-translated in order to finetune the wordings.

The questionnaire was pretested among patients attending the units who did not participate in the study.

Literate relatives completed the screening instruments in English or Yoruba . One of us or a trained research assistant read out the questions and marked the responses of those subjects who needed help in completing the questionnaire. Caseness on the GHQ-30 was defined as a score of five and above.

**Result**

Of the 44 relatives recruited into the study, 24 were those of paranoid schizophrenia patients, and 20 were those of dementia patients. Table 1 shows the socio-demographic and clinical characteristics of these key relatives. Male relatives (66.6%) and fathers formed the majority in the schizophrenia group, whereas females (90%), and spouses and daughters were the

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**Table 1 Socio-demographic characteristics of patients**

| | Paranoid Schizophrenia n(24) | Dementia n(20) | |
|---|---|---|---|
| Mean age (± sd) years | 34.8 (11.8) | 71.5 (4.1) | t = 13.7 df = 42 p<0.0001 |
| **Gender** | | | |
| Male | 11(45.8%) | 8 (40%) | |
| Female | 13 | 12 (60%) | |
| **Marital Status** | | | |
| Single | 13 | 0 | |
| Marrried | 9 | 16 | |
| Divorced/Widowed | 2 | 4 | |
| **Education** | | | |
| Nil | 2 | 12 | |
| Primary | 5 | 2 | |
| Secondary | 10 | 0 | |
| Post secondary | 7 | 6 | |
| Mean years of illness (± sd) | 5.45 (3.22) | 3.66 (5.1) | t = 1.34, df = 42, ns |

majority in the dementia group. Chi-squared analyses of the socio demographic characteristics of the relatives revealed that the two groups were disimilar in terms of age (t = 2.05, df = 42, P<0.05), sex (Fisher's Exact, P<0.001) and education ($X^2$ = 10.792, df = 3, P<0.01). They were not different in terms of marital status ($X^2$ = 3.59, df = 2, ns). Table 2 presents the socio-demographic characteristics of the patients. Female patients were in the majority in the two groups.

***GHQ-30 scores of relatives***

Caseness on the GHQ was recorded in 13 (54.2%) relatives of schizophrenia and 14(70%) relatives of dementia subjects. The GHQ-30 mean score was 6.08 for the schizophrenic group, and 5.4 for the dementia group. This difference was not statistically significant (t=0.50, df = 42. NS).

***Strain scores of relatives***

The mean strain score for the relatives of the paranoid schizophrenic patient was 11.16; sd 4.86, and for the dementia group, 9.80; sd 3.88. Intergroup comparison of scores using t-tests did not yield significant results.

**Table 2 Socio-demographic and clinical characteristic of key relatives**

| | Paranoid Schizophrenia n(24) | Dementia n(20) | |
|---|---|---|---|
| Mean age (± sd) years | 53.5 (16.1) | 43.5 (16.2) | t = 2.05, df = 42, p<0.05 |
| **Gender** | | | |
| Female | 8 (33.4%) | 18 (90%) | (Fisher's Exact, P<0.001) |
| Male | 16 (66.6%) | 2 (10%) | |
| **Education** | | | |
| No formal education | 8 | 6 | |
| Primary | 3 | 5 | ($X^2$ = 10.792, df = 3, P <0.01) |
| Secondary | 2 | 9 | |
| Post secondary | 9 | 0 | |
| **Marital Status** | | | |
| Single | 2 | 4 | ($X^2$ = 3.59, df = 2, ns) |
| Married | 19 | 16 | |
| Divorced/Widowed | 3 | 0 | |
| **Living with patient** | | | |
| Yes | 85% | 60% | |
| No | 15% | 40% | |
| **Mean scores** | | | |
| GHQ(±sd) | 6.08 (4.96) | 5.4 (3.78) | |
| Strain (±sd) | 11.16 (4.86) | 9.80 (3.88) | |

**Table 3 Strain scale**

| Scale no | Items | Responses (%) Paranoid Schizophrenia n(24) | Dementia n(20) |
|---|---|---|---|
| 1 | Fear of accidents or dangers concerning the patient | 15 (62.5) | 15 (75) |
| 2. | Feeling embarrassed by the patients behaviour | 17 (70.8) | 20 (100) |
| 3. | Sleep interrupted by the patient | 18 (75) | 10 (50) |
| 4. | Difficulty coping with situation | 15 (62.5) | 5 (25) |
| 5. | Depressed about the situation | 18 (75) | 10 (50) |
| 6. | Worrying about the patient | 24 (100) | 18 (90) |
| 7. | Household routine upset due to caring | 13 (54.2) | 20 (100) |
| 8. | Feeling frustrated with your situation | 13 (54.2) | 5 (25) |
| 9. | Gets no pleasure from caring | 3 (12.5) | 0 (0) |
| 10. | Problems of caring for the patient prevents leisure activities | 18 (75) | 15 (75) |
| 11. | Standard of living affected due to the necessity of caring | 6 (66.6) | 15 (75) |
| 12. | Health had suffered from looking after him or her | 16 (66.6) | 10 (50) |
| 13. | Attending to his or her problems getting too much for you? | 15 (62.5) | 12 (60) |

An analysis of the responses to items on the strain scale is presented in table 3. Relatives of schizophrenic patients responded more to items on worry (100%), sleep interruptions (75%), less pleasure in caring (12.5%), more health complaints 66.6%, and problems of caring getting too much for carer (62.5%). Relatives of dementia patients responded more to items on fear of accidents or dangers to patient (75%), feelings of or embarrassment by patients behaviour (100%), household routine being upset by caring (100%).

## Discussion

The study has shown that high levels of distress are experienced by relatives of patients with schizophrenia and dementia. The relatives of dementia patients had more GHQ-30 caseness (70%) than relatives of schizophrenia patients (54.2%). Schizophrenia relatives had higher mean GHQ-30 and strain scores than dementia relatives even though these differences did not reach significance. Most of the relatives of schizophrenic patients expressed the opinion that the burden experienced through caring for the patient interfered with their own health. Among the negative consequence of care cited, worry ranked first, followed by interruption of sleep, health complaints and diminished standard of living ranked third. These findings in the schizophrenic relatives are similar to those of previous workers[14,15]. In their investigation health burden followed by restrictions in the field of leisure, employment/career and finances were identified as problems[14,15].

A Nigerian study of the family burden of schizophrenia had earlier identified rural families as being more prone to minor psychiatric morbidity than urban families[16].

In the dementia group of relatives, feelings of embarrassment by patients' behaviours and household routine being upset ranked highest, followed by fear of accidents or danger to the patient. Caring for the dementia patient also interfered with their leisure time and markedly affected their standard of living. These findings support those of previous studies[17,18]. We have thus seen that there were high levels of psychological morbidity and strain in both the relatives of schizophrenia and dementia patients. Intervention strategies should be developed to reduce distress and strain in caregivers. Psychoeducational training programmes for caregivers is an area that needs to be explored.

This study was limited by the difficulty in controlling for age, sex and educational level of the carers. There is need for additional systemic research on the family burden of psychiatric disorders in Nigeria.

## References

1 Byrne P. Stigman of mental illness: Changing minds, changing behaviour. Brit J of Psych 1999: 174: 1– 2.

2. Read J, Baker S. Not just sticks and stones: A survey of Stigma, Taboos, and discrimination experienced by people with mental health problems. London: Mind 1996.

3. Fadden G, Bebbington PKL, Kuipers L. The burden of care: The impact of functional psychiatric illness on the patients family. Brit J of Psych 1987; 150: 285 – 292.

4. Schene AH. Objective and subjective dimensions of family burden toward an integrative framework. Social Psychiatry and psychiatric epidemiology 1990; 29: 228 – 240.

5. Gallo K. First person account: Self stigmatization. Schizophrenia Bulletin 1994; 20: 407 – 410.

6. Anonymous. First person account life with a mentally ill spouse. Schizophrenia Bulletin 1994; 20: 227 – 229.

7. Gilleard CJ. Influence of emotional distress among supportes on the outcome of psychogeriatic day care. Brit J of Psych 1989; 150: 219 – 223.

8. Gilleard CJ, Belford H, Gilleard E, GledHill KI, Whithick JE. Emotional distress amongst the supportes of the elderly infirm. Brit J of Psych 1984; 1145: 172 – 177.

9. Biegel D, Milligan S. The role of race in family care giving with persons with mental illness: Burden, support systems amnd the use of self help. Clevel and olt: Mandell School of Applied Social Sciences. 1992.

10. World Health Organisation. The ICD-10 classification of mental and behavioural disorders. Clinical descriptions and diagnostic guidelines (1993).

11. Goldberg DP, Hiller VF. A scaled version of the General Health Questionnaire. Psychol. Med. 1979; 9: 139 – 145.

12. Abiodun OA, Adetoro OO, Ogunbode OO. Psychiatric morbidity in a gynaecology clinic in Nigeria. Journal of Psychosomatic Research 1992; 36: 485 – 490.

13. Abiodun OA, Adetoro OO, Ogunbodede OO. Psychiatric morbidity in a pregnant population. General Hospital Psychiatry 1993; 15: 125 – 128.

14. Angermeyer MC, Liebelt P, Matshinger H. Distress in parents of patients suffering from schizophrenia or affective disorders. Psychotherapie, Psychomatik, Medizinsche Psychologic 2001; 51: 255 – 60.

15. Povencher HL. Objective burden among primary caregivers of persons with chronic schizophrenia. Journal of Psychiatric and Mental Health Nursing 1996; 3: 181 – 7.

16. Martyns-Yellowe IS. The burden of schizophrenia on the family. A study from Nigeria. Brit J. of Psych. 1992; 161: 779 – 82.

17. Adler C, GunzelMann T, Macnold C, Schumacher J, Wilz G. Perception of stress by caregiving relatives of dementia patients. Zeitschrift Fur Gerontologie und Geriatrie. 1996; 29: 143 – 9.

18. Jansson W, Almberg B, Grafstrom M, Winblad B. The circle model – Support for relatives of people with dementia. International Journal of Geriatric Psychiatry 1998; 13: 674 – 81.