

A Study on Depression among Caregiver of Mental Patients

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ABSTRACT- Caregivers of a person in mentally ill they are facing in many problems like depression. The aim of the study was to investigate the difference between male and female caregivers of mentally ill patients. This is a descriptive study with correctional approach to describe the level of depression among the caregivers of mentally ill patients. A total of 120 caregivers are participate in this study, including 60 male and 60 female caregivers were selected. The Beck Depression Inventory (BDI-II) questionnaire was used of the study of depression. The significant differences between the two groups were determined by students T'test. Significant difference was found in the male and female care givers by using the student's T'test. The result of significant difference at 0.05 level were (t=8.03and t=8.03) both male and female respectfully. The depression level was found to be higher in females (45.25) than in males (30.72) caregivers. In the following study, females' caregivers were more suffering from depression as compared to the males.

Index Terms – Beak Depression Inventory, Caregivers, Depression.

I. INTRODUCTION

Now a day, the word 'depression' is common among all people. People are generally use the word 'depressed', when they have a bad day or bad situations to an overwhelming inability to live life. Depression slowly takes over a person's life to the point where they forget how it began. It is insidious, progresses slowly and accumulates over time. At first, small and unnoticeable things change leading bigger changes. Therefore, a person's good life is covered by black cloud. Being a caregiver can be physically and emotionally stressful. When taking care of loved one, caregivers often put other's needs before their own. Caregivers often sacrifice a lot of time, energy and their own physical and emotional needs which could lead to stress, anxiety or depression.

Patients with major depression have a greater chance of dying prematurely than the general population because depression is associated with heart diseases,

cancer and diabetes mellitus. Caregivers of patients with neurological illnesses experience high levels of psychological distress and depression; increased rates of physical illnesses and personal, financial, family, and other social problems. Depression among caregivers of patients with mental illness has been estimated to be more than two times higher than the general population.

In Odisha culture, family is regarded as the most important structure in caring for vulnerable family members including those with mental illness and more than 90% of patients with chronic mental illness live with their families. The caregivers not only provide the basic needs of care like long-term assistance of housing and financial aid, they also take care of the day-to-day needs of the people with mental illness, monitoring the mental state, identify the early signs of illness, relapse and deterioration and help the patient in accessing services. The family caregiver also supervises treatment and provides emotional support to the patient. However, the lack of knowledge and relatively lower mental health literacy pose challenges to family caregivers, mental health patients and service providers. Nevertheless, people's symptom management activities will be influenced by mental health literacy. Mental health literacy has been defined as knowledge and beliefs about mental disorders, which aid their recognition, management or prevention. Further, researchers have suggested that mental health literacy is not a single dimension but rather represents knowledge and beliefs about mental health disorders that emerge from general pre-existing belief systems. However, most of the literature found that mental health literacy among the public is unfortunately poor.

Depression is an extremely complex condition with many research studies underway to pinpoint the causes include genetic characteristics, hormone levels, environmental triggers, certain medications, the effects of living with a major illness, grief and loss due to the death of a loved one, having

experienced physical or emotional abuse, living with someone with serious depression, and other factors. Not everyone will experience the negative feelings that go with depression. But we know that in an effort to provide the best possible care for a family member or friend, caregivers often sacrifice their own physical and emotional needs.

II.OBJECTIVE

The aim of the study to assess the depression among caregiver of mental patients.

III.HYPOTHESIS

1. There is a no significant difference between depression among the male and female caregivers of mental patients.
2. There is a significant difference between depression among the male and female caregivers of mental patients.

IV. METHODOLOGY

The study focused on the caregivers of psychiatry patients admitted in both of the hospitals. The target population were primary caregivers of patients of patients on psychiatric follow up in these two hospitals A total of 120 primary caregivers of various types of mentally ill patients were taken. The persons in the patient’s family who is mainly involved in providing care for most of the time during the illness and treatment period was considered as the caregivers in the current study. The caregivers could be anyone who has lived with the person for more than 6 months. A hospital based quantitative, cross sectional; descriptive study was used to measure the level of depression among caregivers of mental patients. The data is consisting of 120 caregivers including 60 male and 60 female caregivers of mentally ill patients. The samples were selected using a purposive sampling technique.

V.PROCEDURE

The primary purpose of the study is to determine the difference between the male and female caregiver’s depression levels. For the conduction of the study 120 participants were chosen keeping in mind their inclusion criteria. The age of the participants was 18 to 80 years. The participants chosen were the caregivers of the patients of two medical colleges of Odisha. i.e. S.C.B Medical college, Cuttack and KIMS hospital, BBSR. Participants’ permission was

taken for the study with the permission of the higher authorities of the medical colleges. The study was explained in the regional language to the participants. All participants were assured of the confidentiality and were also informed about the right to withdraw at any time.

VI. RESULT

The data were analysed using the Statistical package for social Sciences (SPSS) Descriptive statistics (I.e. Mean, standard deviations) were calculated. Independent sample t test was applied to determine the significance difference in the level of depression among the male and female caregivers.

Table 1: showing the difference between the depression among male and female caregivers of mental ill patients.

Variable	N	Mean	SD	DF	T	Sig(2 tailed)
Male	60	30.72	9.38	118	8.03	.000
Female	60	45.25	10.39			

The table 1 reveals that there is a significant difference in depression among male caregivers and female caregivers (t=8.03). The above result show that the male caregivers are low depressive level (30.72) is lower than female depressive level (45.25). Thus, the result supports the hypothesis “significant difference between the male and female caregivers of mental patients.” Here, the null hypothesis (H0) is rejected and alternative hypothesis (H1) is accepted at 0.05 level and 0.01 level.

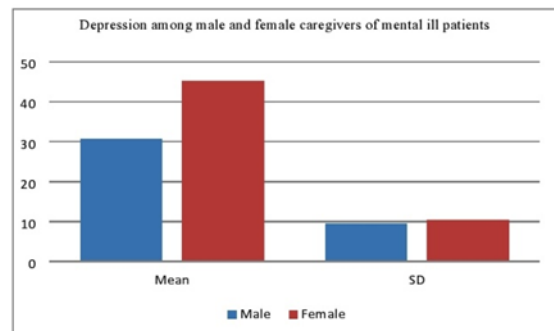


Figure A

VII.CONCLUSION

Caregiving and receiving can occur at any point in the life course and is typically associated with chronic illnesses or disabilities, which results in losses of independence and functioning. The study investigated the depression status among caregivers of mentally ill patients. Our findings indicated a noticing result that is the prevalence rate of Male and

female caregivers. The male caregivers mean score is 30.72 whereas the female caregivers have 45.25 mean score. Having a t value of 8.03 on students t test. This clearly indicates that there's significant differences between the two. Result shows that female caregivers have more high level of depression where male caregivers have low level of depression.

The average age of caregivers was 55 years old, which defines that they are close to old adulthood. Female caregivers reported significantly higher financial burden than male caregivers, which seems to be in contradiction with the higher financial status of female caregivers. However, considering that more female than male caregivers were unemployed (65.9% vs 25.2%) and mainly relied on other family members to provide financial support, it makes sense that female caregivers were more vulnerable to financial risks and thus endured higher financial burden. Female caregivers also reported more adverse effects on the physical and mental health of others and were more likely to suffer from psychological distress, including anxiety and depression. Although some studies found no gender difference in caregiving burden and caregiver mental health, majority of the existing literature showed that female caregivers are worse off than male caregivers. Even in the general population, women are 1.5–3 times more likely than men to suffer depression, a phenomenon that has been widely acknowledged in the literature and can be explained by both biological and social factors. One explanation is the gender role theory, where female caregivers are more emotionally connected to the patient, more willing to sacrifice their social life, and less likely to seek external help and resources and thus perceive more burden and stress. Another possible reason may be the different coping methods used by females and males, with women more often resorting to emotional coping strategies that usually lead to a higher sense of burden and depression. In contrast, men use coping strategies that focus on solving challenging problems, avoiding disruption and distractions, and thus block 46 their emotional reactions. Women, primarily wives and daughters, provide the majority of caregiving. In the United States, approximately 12 million women experience clinical depression each year, at approximately twice the rate of men. If you think depression is all in your head, think again. Physical factors like menopause, childbirth, PMS, thyroid disease, and

nutritional deficiencies in iron, vitamin D, and Omega-3 fatty acids can all cause depression.

Men are less likely to admit to depression and doctors are less likely to diagnose depression in men. Men will more often “self-treat” their depressive symptoms of anger, irritability, or feelings of powerlessness with alcohol or overwork. Although male caregivers tend to be more willing than female caregivers to hire outside help for assistance with home care duties, they tend to have fewer friends to confide in or positive activities to engage in outside the home. The mistaken assumption that depressive symptoms are a sign of weakness can make it especially difficult for men to seek help. The primary health care system as well as social service organizations need to supply suitable aids for caregivers to cope with their stress and burden.

REFERENCES

- [1] Piotrowski C, Sherry D, Keller JW. Psychodiagnostics test usage: a survey of the society for personality assessment. *J Pers Assess* 1985; 49:115–119.
- [2] Steer RA, Beck AT, Garrison B. Applications of the Beck Depression Inventory. In: Sartorius N, Ban TA, eds. *Assessment of Depression*. Geneva, Switzerland: World Health Organization, 1986; 121–142.
- [3] Beck AT, Steer RA, Garbin MG. Psychometric properties of the Beck Depression Inventory: twenty-five years of evaluation. *Clin Psychol Rev* 1988; 8:77–100.
- [4] Beck AT, Steer RA, Brown GK. *BDI-II: Beck Depression Inventory Manual*. 2nd edn. San Antonio, TX: Psychological Corporation, 1996.
- [5] Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. *Arch Gen Psychiatry* 1961; 4:561–571.
- [6] Kendall PC, Hollon SD, Beck AT, Hammen CL, Ingram RE. Issues and recommendations regarding use of the Beck Depression Inventory. *Cognitive Ther Res* 1987
- [7] Dyck DG, Short R, Vitaliano PP. Predictors of burden and infectious illness in schizophrenia caregivers. *Psychosom Med*. 1999
- [8] Caqueo-Úrizar A, Gutiérrez-Maldonado J, Miranda-Castillo C. Quality of life in caregivers of patients with schizophrenia: a literature review. *Health Qual Life Outcomes*. 2009

- [9] Singh M, Sousa AD. Factors affecting depression in caregivers of patients with schizophrenia. J Ment Health Hum Behav. 2011.