

Psychosocial Problems Faced by Caretakers of Patients with Schizophrenia

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ABSTRACT

Schizophrenia is a mental disorder characterized variously by hallucinations (typically, hearing voices), delusions, disorganized thinking and behavior and flat or inappropriate affect. Symptoms develop gradually and typically begin during young adulthood and are never resolved. There is no objective diagnostic test; diagnosis is based on observed behavior, a psychiatric history that includes the person's reported experiences, and reports of others familiar with the person. For a diagnosis of schizophrenia, the described symptoms need to have been present for at least six months (according to the DSM-5) or one month (according to the ICD-11). Many people with schizophrenia have other mental disorders, especially mood disorders, anxiety disorders, and obsessive–compulsive disorder. Through the various programmes we take care of the patients to become a positive mental health.

Keywords: Schizophrenia, stress, psychological stress, Psycho therapy, Rehabilitation.

INTRODUCTION

Schizophrenia is a chronic and severe disorder that affects how a person thinks, feels, and acts. Although schizophrenia is not as common as other mental disorders, it can be very disabling. Approximately 7 or 8 individuals out of 1,000 will have schizophrenia in their lifetime. People with the disorder may hear voices or see things that aren't there. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can be scary and upsetting to people with the illness and make them withdrawn or extremely agitated. It can also be scary and upsetting to the people around them.

Families and society are impacted by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they may rely on others for help. Stigmatizing attitudes and beliefs about schizophrenia are common and sometimes interfere with people's willingness to talk about and get treatment for the disorder.

SYMPTOMS OF SCHIZOPHRENIA

The symptoms of schizophrenia are typically categorized into three groups:

Positive Symptoms: These are behaviors or experiences that are **added** to a person's experience.

Hallucinations, delusions, disorganized thinking, and disorganized or abnormal motor behavior are key symptoms of schizophrenia. **Hallucinations** involve hearing, seeing, or feeling things that aren't present, with auditory hallucinations—where a person hears voices being a common example. **Delusions** are strongly held false beliefs, such as believing one has special powers, is being persecuted, or is under

some form of external control. **Disorganized thinking** refers to fragmented or disconnected thoughts, which can make communication difficult or nonsensical for those experiencing it. Additionally, **disorganized or abnormal motor behavior** can manifest as unpredictable movements, agitation, or inappropriate emotional responses, making it challenging for individuals to engage in typical daily activities. These symptoms collectively disrupt a person's ability to function and can significantly impact their interactions with the world around them.

- **Negative Symptoms:** These represent a **decrease** or **loss** of normal functioning.
- Avolition refers to a lack of motivation or the inability to initiate and complete tasks, often leading to difficulties in daily functioning.
- Alogia is characterized by limited speech or difficulty in speaking, typically manifesting as poverty of speech or a lack of meaningful content in communication.
- Anhedonia involves a profound loss of interest or pleasure in activities that were previously enjoyable, significantly impacting one's quality of life.

Cognitive Symptoms: These involve disruptions in **thinking processes**.

- **Impaired attention:** Difficulty focusing or concentrating.
- **Working memory problems:** Difficulty in using short-term memory to process or retain information.
- **Executive function issues:** Difficulty in planning, organizing, or problem-solving.

CAUSES OF SCHIZOPHRENIA

Schizophrenia is believed to arise from a combination of genetic, biological, and environmental factors:

- **Genetic Factors:**
 - Schizophrenia tends to run in families, though many people with the disorder do not have a family history. If a person has a first-degree relative with schizophrenia, their risk is higher.
- **Brain Chemistry and Structure:**
 - **Dopamine and glutamate:** Abnormal levels of neurotransmitters like dopamine and glutamate are thought to contribute to the symptoms of schizophrenia.
 - **Brain structure abnormalities:** Some people with schizophrenia may have structural brain changes, such as enlarged ventricles or reduced gray matter, which can affect cognition and perception.
- **Environmental Factors:**
 - **Prenatal exposure:** Infections or malnutrition during pregnancy can increase the risk of developing schizophrenia.
 - **Stress:** High levels of stress, especially during critical periods of brain development (such as adolescence), may trigger or worsen the disorder.
 - **Drug use:** Certain substances, like cannabis, cocaine, or hallucinogens, can increase the risk of schizophrenia in vulnerable individuals or trigger episodes in those predisposed.
- **Psychosocial Stressors:**
 - Stress, trauma, or difficult life events, particularly during adolescence or early adulthood, can contribute to the onset or worsening of symptoms.

TREATMENT OF SCHIZOPHRENIA

Schizophrenia is a chronic condition, but it can be managed with proper treatment:

- **Medications:** Antipsychotic medications are often prescribed to manage symptoms, particularly positive symptoms like hallucinations and delusions.
- **Psychotherapy:** Cognitive-behavioral therapy (CBT) and other therapeutic approaches can help patients manage symptoms and improve functioning.
- **Social Support and Rehabilitation:** Support groups, family education, and rehabilitation programs help people with schizophrenia reintegrate into society and lead fulfilling lives.
- **Hospitalization:** In severe cases, hospitalization may be required to manage acute symptoms or crises.

EMOTIONAL AND PSYCHOLOGICAL STRESS

- **Burden of Care:** Constant care giving can lead to physical and emotional exhaustion. Caretakers often feel overwhelmed by the demands of managing symptoms, treatments, and daily activities for the patient.
- **Depression and Anxiety:** Caregivers may experience symptoms of depression or anxiety due to chronic stress and uncertainty about the patient's condition.
- **Feelings of Helplessness and Guilt:** They may feel guilty for not being able to do enough or helpless when the patient's condition worsens.

SOCIAL ISOLATION

- **Stigma and Discrimination:** The stigma associated with schizophrenia can isolate caretakers socially, as they might avoid disclosing the illness to others.
- **Reduced Social Activities:** Caregivers may have limited time for socializing or engaging in hobbies due to their responsibilities.
- **Strained Relationships:** Relationships with friends and extended family may suffer due to misunderstandings or lack of support.

FINANCIAL STRAIN

- **Cost of Treatment:** Schizophrenia often requires long-term treatment, including medication, therapy, and sometimes hospitalization, which can strain family finances.
- **Loss of Income:** Caretakers, especially those providing full-time care, may need to reduce work hours or leave their jobs entirely.

PHYSICAL HEALTH PROBLEMS

- **Neglect of Self-Care:** Caregivers often prioritize the patient's needs over their own, leading to neglect of their health.
- **Chronic Stress:** Prolonged stress can lead to conditions such as hypertension, migraines, or other stress-related illnesses.

COPING CHALLENGES

- **Lack of Knowledge:** Caretakers may struggle with understanding schizophrenia, its symptoms, and management strategies.

- **Difficult Behaviors:** Managing symptoms like aggression, delusions, or hallucinations can be particularly challenging.
- **Decision Fatigue:** Constantly making important decisions regarding treatment and care can lead to mental exhaustion.

IMPACT ON FAMILY DYNAMICS

- **Role Shifts:** Other family members may have to take on additional responsibilities, altering family roles and dynamics.
- **Sibling or Child Neglect:** Attention may become disproportionately focused on the patient, leaving other family members feeling neglected.
- **Conflict:** Disagreements about care strategies or financial burdens can lead to familial tension.

NEED FOR SUPPORT SYSTEMS

- **Lack of Professional Support:** Many caregivers lack access to adequate mental health services or respite care.
- **Limited Peer Support:** Joining support groups can be difficult due to time constraints or lack of availability.
- **Advocacy Challenges:** Caregivers often find it difficult to navigate healthcare systems to secure appropriate care for the patient.

PERSONAL IDENTITY AND GROWTH

- **Loss of Independence:** The demands of care giving can lead to a loss of personal goals and aspirations.
- **Resilience:** Some caretakers develop resilience and coping skills, but this often comes after significant personal struggles.

REVIEW OF LITERATURE:

Struening et al (2001) studied 461 caregivers of persons with schizophrenia and bipolar affective disorder. They assessed beliefs regarding the extent to which caregivers felt that most people devalue patients and their families. They found that 70 % of the caregivers felt that people, in general, devalued patients and 43% felt that families were also devalued. The stigma perceived by patients as well as their families, was an added source of distress to the caregivers.

Martens and Aldington (2001) studied if a measure of care giving would be a stronger predictor of the psychological well-being of families who have a member with schizophrenia than a measure of burden.

SIGNIFICANCE OF THE STUDY

Schizophrenia is a chronic mental illness with a fluctuating course that significantly impacts the reasoning, thinking, emotional, and working capabilities of those affected. Despite periods of remission, patients often fail to regain their premorbid functioning levels, affecting their families psychologically. This study emphasizes the importance of understanding the psychological challenges faced by the parents of individuals with schizophrenia, which can lead to depression and other mental health issues among family members.

OBJECTIVES OF THE STUDY

- To analyze the socio-demographic data of the respondents.
- To explore the psychological problems faced by respondents.
- To examine the social problems encountered by respondents.
- To assess the level of awareness regarding psychiatric illnesses among respondents.

UNIVERSE OF THE STUDY

The study focuses on family members of individuals diagnosed with schizophrenia who accompanied their sons or daughters to **Athma the Mind Center, Trichy**.

SAMPLING

The study sampled with 40 respondents who acted as informants for the patients through Census method.

FINDINGS:

- **Demographic Characteristics:**
 - 30% of respondents were aged 46–50.
 - 55% resided in urban areas.
 - 47.5% identified as Hindus.
 - 32.5% had completed high school.
 - 55% were married.
 - 37.5% were employed in the unorganized sector.
 - 47.5% earned ₹10,000 per month.
- **Awareness and Treatment:**
 - 62.5% had awareness of the illness.
 - 85% were aware of psychiatric treatment options.
 - 45% reported the onset of illness occurred after 20 years of age.
 - 55% identified the illness through symptoms.
 - 47.5% were referred by family doctors.
 - 42.5% of patients were undergoing treatment for more than 3 years.
- **Challenges Faced by Respondents:**
 - 60% encountered difficulties with treatment.
 - 52.5% missed regular check-ups.
 - 50% expressed sadness about the patient's condition.
 - 72.5% felt a sense of punishment from God.
 - 60% experienced psychological issues.
 - 85% struggled to overcome problem situations.
- **Social and Emotional Impact:**
 - 80% felt discouraged about the future.
 - 65% attended social functions and felt accepted by relatives.
 - 67.5% reported feeling ashamed.

SUGGESTIONS

- **Awareness and Education:**
 - Promote understanding of schizophrenia among caregivers.
 - Establish psychiatric hospitals in every district to improve accessibility.
- **Psychosocial Support:**
 - Address caregivers' psychosocial needs, such as managing stigma and participating in community activities.
 - Introduce tailored interventions focusing on reducing burden and depression.
- **Caregiver Empowerment:**
 - Educate caregivers about coping techniques and problem-solving skills.
 - Provide relaxation techniques to reduce stress, such as rhythmic exercises and mindfulness activities.
- **Professional Interventions:**
 - Develop long-term interventions involving caregivers and patients.
 - Train social workers to educate families about mental health challenges and support systems.
- **Community Involvement:**
 - Enhance societal acceptance of individuals with mental illness.
 - Facilitate financial and social services for families facing economic hardships due to caregiving responsibilities.

Conclusion

The study highlights the substantial psychological, social, and economic challenges faced by caregivers of individuals with schizophrenia. It underscores the necessity of psychosocial interventions, professional support, and community awareness to improve outcomes for both patients and their families. Addressing these issues can lead to better caregiver well-being and patient care

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