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|Research Article |

CAREGIVERS BURDEN AND TREATMENT SEEKING BEHAVIOR AMONG NEUROTIC AND PSYCHOTIC PATIENTS: A CROSS-SECTIONAL STUDY

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ABSTRACT

This study aims to recognize relationship of caregivers' burden and treatment seeking behavior among neurotic and psychotic patients in Rawalpindi Islamabad. A total of 100 Caregivers of patients fulfilling the diagnostic criteria of Diagnostic and Statistical Manual for Mental Disorders-04 or International Classification of Diseases-10 for psychotic and neurotic disorders from different clinics, hospitals. They were assessed through Zarit Burden Interview Scale (CBI) and Attitude towards psychological help seeking scale (ATPPHS). 50% caregivers were females and 50% males. 26% of caregivers belonged to the rural areas followed by 31% belonging to the urban areas. 34%of caregivers who had time spend from less than three years and 23% of caregivers who had time spend from more than three years while providing care. Whereas 37% of caregivers belonged to persons suffering from neurotic disorders and 24% of caregivers belonging to a person's suffering from psychotic disorders. 16% opted traditional approaches, 36 % sought general medical and 42% opted psychological treatment services. Association found between caregivers' burden and treatment seeking behavior among neurotic and psychotic patients and there is also an association of demographic factors with caregivers' burden and treatment seeking behavior. It is concluded that the social support of the family, friends and others decreases the level of burden while suffering a caring process among the caregivers of neurotic and psychotic patients. It is also concluded that psychological educational programs through psychiatric institutions community mental health services pointing family members helps to understand signs and symptoms of the patient's disorder, groups of treatment and significance of psychosocial support.

Keywords: caregivers, caregivers' burden, treatment seeking behavior, neurotic patients,

psychotic patients.

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Introduction

Human behavior is much difficult and it is subjected to a variety of factors with some aidingas well as impeding the behavior. It is assumed as a product of multidimensional system influence from numerous areas extending from personal aspects to structural and sociocultural elements. So,the drain of psychiatric illnesses remains to raise with a substantial impact on wellbeing, socialization, human rights and economic consequences in all over the world. Psychiatric disorders fall into two main categories. Neurotic disorders and psychotic disorders, are characterized by modifications or shifts in thinking, mood and overall conduct substantially leads to sufferings like psychomotor agitation loss of reality contact, and arbitration in day-to-day functioning. Caregivers play an important fragment in caring persons with enduring psychological disorder. Carefulness is not a cool job and it can influence on their personal life. Patients suffering with schizophrenia are less likely to employ and marry, which yields larger quantity of burden on caregivers including family specially parents. The psychologically ill are unable to take decision about their life (Altaf et al, 2021). As a result, the remaining household members required to commence the care of the persons with psychological disorders. Caregivers burden in caregiving of severe psychological disorders includes missed work, native routine trouble, and economic strain, impaired social and leisure activities, and deteriorated caring role to the other family members (Ong, Ibrahim & Wahab, 2016).

Neurotic and psychotic disorders such as depression, anxiety, specific phobias, alcohol use, schizophrenia, and panic disorder are the most common disorders associated with enormous health care cost as well as high burden diseases. These psychiatric disorders have a wide-ranging, long- lasting and enormous impacts not only on individuals but families and communities also as patient's productivity decreases that ultimately leads to a huge burden for the patient and family (Mathias et al, 2015; Iqbal & Khattak, 2019). Occurrence of the psychological illness is progressively increasing with almost 150 million people suffering with neurotic disorders and 26 million people with psychotic disorders. There is a soundincrease in mental illnesses in Asian region also. Although the epidemiological studies in perspective of Pakistan are even scare but as of the available data, we can assume that the circumstances would be parallel here too (WHO, 2010).

The patients suffering from severe psychological disorders usually develops tough reliance on the caregivers mostly due to the impairments linked with their disorders. That reliance and responsibility of caring in turns becomes challenging with a passage of time having a person with chronic psychological disorders and ultimately the quality of life of caregivers as well as influences their health, employment, socialization, associations and also adds to their anxiety and distress (Sadequi & Khalid, 2019).

Earlier studies show that among the four families one has minimum one members suffering from psychological, emotional and behavioral conditions. An extensive amount ofliterature has shown that Caregiver remained as the "household member who has been residing with individuals under psychiatric care additionally and has been closely connected with the clients' everyday doings, consultations and maintenance of healthiness (Chan, 2011). Family burden caregivers' burden and treatment seeking behavior among neurotic and psychotic patient 16 in caregiving of severe mental illness includes missed work, domestic routine disturbance, and financial strain, effect on social and leisure activities, and decreased caring role to the other family members (Zeng, Zhou & Lin, 2016)

In addition to the clear misery, seeing a loved one restricted, inactivated and disabled as a result of psychological disorders, family members are also subjected to the stigma, disgrace, humiliation judgment and shame refusal by friends, relatives, neighbors and public as well. it usually intensifies the family's sense of remoteness, helplessness, limited group undertakings as well as rejection of equivalent contribution in overall patient's treatment seeking process (Naik et al, 2012.) Family support system played a main part in caring for people with psychological ailments. Most of other studies in this extent during the past 5 decades through the world have captivated on the families of patients with psychotic and neurotic disorders and set up that the families experience substantial burden due to the disorder. Advanced studies on caregivers of neurotic disorders revealed that the families of patients with depressive disorders also experience substantial distress (Chadda, 2014).

Methodology

Study Design and Sample

Quantitative research which is cross-sectional in nature was used in the current study. The inclusion criteria was caregivers of patients fulfilling a screening and diagnostic criteria of Diagnostic and Statistical Manual for Mental Disorders (DSM V) or International Classification of Diseases -10 (ICD-10) for psychotic and neurotic disorders, Caregivers aged more than 20 years and who wereresiding with the patient for one or more than a year (regarding the day-to-day necessities, managing their prescriptions, taking the patients to hospital ,remaining with the patient during the inpatient stay and ongoing contact with the hospital staff)since the onset of illness. Irrespective ofthe blood relation, spouses or distant family member were included in the study. The exclusion criteria was the caregiver who have developmental disability, mental retardation, brain syndrome, substance addiction and unable to give reasonable responses. The persons under the age of 18 years and above the age of 60 years were excluded, since the persons below the age of 18 years were considered as adolescents who take care of the patient with the help of neighbors or associatesand beyond the age of 60 years in Pakistan are considered as senior citizens who too need.

Data Collection

All the caregivers who were taking care of patients suffering from neurotic and psychotic disordersidentified and screened out as per the principals and guidelines given in DSM-V or ICD-10 belonging to District Rawalpindi and Islamabad were taken as population of the study The sample population was consisting of 100 caregivers of neurotic and psychotic disorders from RawalpindiIslamabad using a purposive sampling technique to study a specific group. Access to participants was assured by visiting at public and private sectors hospitals, clinics catering to mental health needs of the population in District Rawalpindi and Islamabad.

Instruments

Demographic form

Demographic information was collected by a self-made demographics 'scale which include basic information of caregivers like gender, age, residence, family system, or time spent with the patients,

type of illness and treatment approaches/styles

Attitude towards professional psychological help

Attitude towards seeking professional psychological help (ATPPHS) scale developed by Fischer and Turner in (1970) the scale is consisting of 20 Likert scale items, with 9 items positively stated and 11 items negatively stated. Scores ranges from 29-116 and a higher score shows a more positive attitude towards psychiatric help seeking. It's a frequent used research tool designed to assess general attitude towards psychological treatment seeking for a mental health problem. The scale has reported internal reliability co-efficient of 0.86 and 0.83 as well as test-retest reliabilities reaching from 0.89 to 0.73. The Likert scale utilizes a two-point scale (0- disagree, -1- agree)

Zarit caregiver burden interview

Zarit Burden Interview was used to evaluate the level of caregiver's burden of neurotic and psychotic patients. It consists of 22 items that evaluates the connection between patients and caregivers as well as their physiological health, psychological well-being, economic and social life graded on 5-point Likert scale reaching from 0 (never) to 4 (always) with the total of scores reaching among 0-88. Higher score shows greater burden. With each statement on Likert type scale ranging from 1 (disagree) to 4 (agree). The Cronbach's alpha for ZBI was .92 and item correlation ranging from.40—76 (Yap, 2010).

Procedure

Caregivers in inclusion criteria were approached by visiting hospitals, clinics, and rehabilitation centers. Approval was taken from participants and dispatch of acceptance given by supervisors was shown to authorities of hospitals, clinics and rehabilitation centers in order to assemble the data. The instructions and research material were given in Urdu language. To overcome resistance by the participants because of the researchers' gender a male assistant was inducted with the researcher so that in case of any resistance from, male assistant could collect data.

Data Analysis

Frequencies were calculated to assess the prevalence of caregiver's burden. Correlation between levels of caregiver's burden and treatment seeking behavior between neurotic and psychotic patients was analyzed. Difference along demographic such as gender, residence, time spent with patient, types of disorder was also analyzed through independent t-test. One way ANOVA was used to analyze the categories of treatment. Post Hoc analysis was also used to analyze and further differentiate the treatment approaches.

Results

Table 1

Demographic statistics of participants (N=100)

Demographics	*Categories*	*f*	*%*	*M*	*SD*
Age				27.68	2.50
Education				12.23	2.22
Gender	M	50	50		
	F	50	50		
Residence	R	36	36		
	U	64	64		
Time spent	Less than 3 hrs	54	54		
	More than 3 hrs	46	46		
Type of illness	Neurotic	63	63		
	Psychotic	37	37		
Type of	Traditional	16	16		

treatment			
	Medicines	36	36
	Psychological	42	42

Table 1 shows the demographic statistics of respondents in terms of age, gender, education, residence, time spent, type of illness, type of treatment. 36% caregiver of neurotic and psychotic patient live in rural area while 64% lives in urban area. Furthermore, 63% patients are neurotic while 37% are psychotic. 54% caregivers spent less than 3 hours with patients while 46% caregivers spend more than 3 hours with patients. 16% caregiver seek traditional treatment, 36%seek medical treatment and 42% seek psychological treatment.

Table 2

Psychometric properties of the variables (N=100)

Scale	a	M	SD	Range		Skew.	Kurt.
				Min	Max		
Caregiver Burden	.93	35.58	17.53	0	70	-.10	-.81
ATPPHS	.60	11.31	2.18	6	18	.36	.11

*p=.05 **p=.01; ATPPHS= Attitude towards Professional Psychology Help scale

Table 2 indicates that scales have sound psychometric properties.

Table 3

Inter scale correlation among study variables among neurotic and psychotic patients (N=100)

	M	*SD*	*1*	*2*
1-CGB	35.58	17.53	-	
2- ATPPH	11.31	2.18	-.47**	-

*p=.05 **p=.01; CGB= Care Giver Burden, ATPPH= Attitude Towards Professional Psychological Help

Table 3 indicates that there will be significant negative relationship between care giver burden and attitude towards professional psychological help (r= -.47, p=.01).

Table 4

T-test and Descriptive Statistics for Care giver burden and attitude towards professional psychological help by gender (N=100)

	Male *N=50*		*Female* *N=50*				
	M	*SD*	*M*	*SD*	*t*	*p*	*Cohen's d*
CGB	40.28	17.40	31.13	16.94	.21	.01	.53
ATPPH	11.37	2.23	11.32	2.18	.09	.42	.02

* p < .05; CGB= Care Giver Burden, ATPPH= Attitude Towards Professional Psychological Help

Table 4 indicates that there is significant mean difference in care giver burden between males and female. Result shows that males tend to have higher care giver burden than females (t=.21, p=.05)

Table 5

T-test and Descriptive Statistics for attitude towards professional psychological help by residence

	Rural *N=26*		*Urban* *N=31*				
	M	*SD*	*M*	*SD*	*t*	*p*	*Cohen's d*
ATPPH	31.03	18.18	40.80	17.08	1.76	0.00	.55

* p < .05; ATPPH= Attitude Towards Professional Psychological Help

Table 5 indicates that there is significant mean difference in care giver burden between rural and urban areas. Result shows that people in urban area tend to seek professional psychological help than people living in rural areas (t=1.76, p=.05).

Table 6

T-test and Descriptive Statistics for Care giver burden and attitude towards professional psychological help by type of illness (N=100)

	Type of illness								
	M	SD	N	M	SD	n	t	p	Cohen
CGB	31.28	19.40	37	65.13	16.94	24	3.34	.01	1.85
ATPPH	11.32	2.23	37	11.74	2.18	24	.15	.34	.19

* p < .05; CGB= Care Giver Burden, ATPPH= Attitude Towards Professional Psychological Help

Table 6 indicates that there is significant mean difference in care giver burden between neurotic and psychotic patients. Result shows that care givers of psychotic patients tend to have higher care giver burden than care givers of neurotic patients (t=3.34, p=.05)

Table 7

T-test and Descriptive Statistics for care giver burden by period of time spend with patient

	Less time spent		More time spent				
	M	SD	M	SD	t	p	Cohen's d
CGB	33.30	17.01	42.10	15.08	1.22*	.02	.55

* p < .05; CGB= Care giver Burden

Table 7 indicates that there is significant mean difference in care giver burden between period of time spent with patient. Result shows that care giver who spend more time with patient feel higher care giver burden than those who spend less time (t=1.22, p=.05).

Table 8

One-way Anova for care giver burden and attitude towards professional psychological help with treatment style

		N	M	S.D	95% Confidence Interval		F	Sig
					L.L	U.L		
CGB	Traditional	14	44.85	18.40	34.22	55.48	3.56	.03
	Medicines	32	30.59	17.52	24.27	36.91		
	Psychological	39	35.38	15.29	30.42	40.34		
ATPPH	Traditional	14	10.35	2.23	9.06	11.65	1.79	.17
	Medicines	32	11.40	2.43	10.52	12.28		
	psychological	40	11.65	1.99	11.01	12.29		

* $p < .05$; CGB= Care Giver Burden, ATPPH= Attitude Towards Professional Psychological Help

Table 8 shows the result of one-way ANOVA with treatment style in care giver burden and attitude towards professional help. Results showed that there is significant difference found treatment style on care giver burden. Mean scores of care giver burden is higher traditional treatment (M=44.38, SD=18.40). there is no significant difference found between treatment style in attitude towards professional help seeking.

Table 9

Post Hoc analysis for care giver burden and attitude towards professional psychological help with treatment style

		Mean difference	*SE*	*p*	*95% CI*	
					L.L	*U.L*
CGB	Traditional	14.26	5.34	.02	1.19	27.32
	Medicines	-14.26	5.34	.02	-27.32	-1.19
	Psychological	-9.47	5.19	.21	-22.17	3.22
ATPPH	Traditional	.37	1.16	1.00	-2.45	3.21
	Medicines	-.37	1.16	1.00	-3.21	2.45
	psychological	.41	1.12	1.00	-2.33	3.16

* $p < .05$; CGB= Care Giver Burden, ATPPH= Attitude Towards Professional Psychological Help

Table 9 shows post hoc analysis using Bonferroni test, result indicates that there is substantial difference between treatment style of care giver behavior. Traditional treatment style is significantly different than medical treatment and psychological treatment.

Discussions

According to the current study 50% of caregivers were females and 50% males. Furthermore 26% of caregivers belonged to the rural areas followed by 31% belonging to the urban areas.34%of caregivers who had time spend from less than three years and 23% of caregivers who had time spend from more than three years while providing care. Whereas 37% of caregivers belonged to persons suffering from neurotic disorders and 24% of caregivers belonging to a person's suffering from psychotic disorders. While 16% opted traditional approaches, 36 % sought general medical and 42% opted psychological treatment services.66 caregivers' burden and treatment seeking behavior among neurotic and psychotic patients. Current study found significant mean difference of 40% in male caregivers was reported 31% female caregivers. Result shows that males tend to have higher care giver burden than females (t=.21, p=.05, whereas a 14-year cohort study was conducted on the caregivers of patients with schizophrenia in rural China, 209 caregivers were taken as sample population (Zeng, Zhou &

Lin, (2016). The study hypothesized that in a male dominating society males are exposed to a multiplicity of responsibilities and are more susceptible on the areas of physiological and psychological health of one selves and others and financial burden. males are dependable with the communal and traditional hassles, different gender roles and prospects, in that men are supposed to work outside the home to support the livelihood of household members while females are subjected to stay at home and carry out their core responsibilities. The study also stated that males were usually more tangled in violence and distressing behaviors (Hassan et al, 2021). They had knowingly higher ratio of mortality, suicide and homelessness, and poorer family and social support, which may be a major reason (Calsyn & Winter, 200)

Current study reported significant negative relationship between the caregiver's burden and attitude towards professional psychological help seeking (r = -47, p = .01). Previous studies also showed that the family caregivers of people with psychological disorders were found to be hesitant for seeking psychiatric aid and they were also exposed to a damaging appraisal usually initiatives from hostile previous engrossments (like views that psychological support is not beneficial) and also from damaging view point about looking for mental health services, for example when the people felt that they persisted not to facilitated or else their difficulties were not looked completely (Hamilton et al, 2013). Unavailability of psychiatrists/psychologists to found out strategies for proliferation, readiness and accessibility to the services ,reported confidence, and good reputation , that caregivers distress, shame and guilt for patient's overseeing behaviors and negative beliefs, stigmatization and prejudiced behavior, no psychiatric treatment, wish for a public detachment and avoidance from the individuals with psychiatric disorders as well as negative attitude toward treatment seeking behavior, and awareness and understanding about the treatment services or either because they were unwilling or hesitant to participate fully or to become oriented in the overall help seeking process and to meet the requested demands and tasks as well as perceived emotional difficulty and pain expected to experience in clinical settings (Perry, Lawrence & Henderson, 2020).

The present study indicates that there is a substantial mean difference (M-31) in the caregivers' burden between rural and urban areas. Results shows that people in urban areas tend to seek professional psychological help than people living in rural areas (t-1.76, p-.05). One-third of people living in urban areas received professional psychological help less than onefourth of people living in rural areas And, among those receiving some professional care, people in rural areas had a knowingly lower regular yearly visit (Wandersman & Nation, 1998). In contrast for people in rural areas mental health services were more plausible than people in urban areas to take a professional psychological help seeking services. Additionally swift development is prominent to the occurrence of more nuclear families, particularly in municipal areas which clues to a lesser amount of care from other household members and associates. The combined family system is more supportive in managing through burden; whereas, nuclear families are additionally susceptible to strain (Qadir et al, 2013).

The present study shows a significant mean difference (M-65) in the caregivers' burden of psychotic patients and caregivers' burden of neurotic patients (M-31). Results shows that caregivers of psychotic patients tend to have higher caregiver burden than the caregivers of neuroticpatients.(t-3.34, p-.05). This is in parallel to previous studies that psychotic individual had considerably high impairment in family interaction than neurotic individuals Disturbance of family collaboration and relations was additional important element of caregivers' burden. Schizophrenia, is a chronic relapsing disorder, household member needs slightly different kind of adaptive skills. Relapsing disorder would require the fundamental reorganization in the family system while the episodic neuroticdisorder can be malleable and allow the overall caring activities (Ae-Ngibise, et al 2015). However, the patients with neurotic disorder had extensive period of illness and management, the variance of burden was more in caregivers of patients with psychotic disorders. One of the probable reasons for the variance might be the fact that most of the neurotic patients were in remission, whereas psychotic patients were devisingsome residual symptoms. Also, it might be the poor level of functioning in psychotic disorders as compared to neurotic disorder.

The present study regarding the treatment styles/approaches shows significant mean differences between the treatment approaches on caregivers' burden. Mean scores of caregivers' burdens highertowards traditional treatment approaches (M- 44, SD-18) However there is no significant difference found between general medical Practitioner and professional psychological services. In parallel to current study, previous studies revealed that on non-psychiatric treatment services assumed as a fragment of the high burden of mental illness on persons, families, about 60% - 70%of patients accesses the non-psychiatric doctors, this might be due to health care distribution system in the country, as well as comfort and convenience to public/private health services, more faith, reduced stigma, in consulting family physician or general practitioner (Yu, et al, 2020). In parallel to a previous study, many research studies have confirmed in general medical hospital settings chronic psychiatric illnesses (including neurotic and psychotic disorders) are ignored. Neurotic and psychotic disorders are often attended by somatic complaints (including discomfort, weakness, faintness, dyspepsia, malaise etc.). Caregivers and patients lacking knowledge and awareness regarding their mental illness so prior to arriving for consultation, or visiting mental health professional in hospitals nearly 30%-60% consult faith healers that are also found to be a common, widely consulted and accepted part of treatment approach for neurotic and psychotic patients (Bhandari et al, 2017).

Conclusion

In conclusion the burden of care among family caregivers of patients with neurotic and psychotic disorders is common and of high prevalence. Caregivers while providing care and looking for treatment services for their ill relatives suffering with neurotic and psychotic disorders usually experience high psychological morbidity and burden of care for their ill relatives. Caregivers suffers with emotional, mental, social and cognitive dysfunctions. Experiences of stress and intrusions in their private life from promising time and resources to the carefulness of their ill family member serves as definite elements of caregivers burden. As family play a vital part in carefulness of individuals under psychiatric care, so caregivers while providing care and looking for the treatment services faced additional difficulties. Caregiver remained as the “household member who has been residing with individuals under psychiatric care additionally and has been closely connected with the clients’ everyday doings, consultations and maintenance of healthiness. A caregiver frequently has to expense their wishes and commence a proportion of tension are greatly disregarded. It also contains maintaining hygiene and emotional care such as hanging on, attending, and counseling as well as informational caring like in what means to modify the existing setting of a patient.

Limitations

Due to lack of resources and time this research data was collected from only few areas of the region. A higher illustration would possibly release enough data for generalization of the findings. Another restriction of the study is the selection of the caregivers as the study did not assess the relationship between the number of the caregivers and the burden of caregiving; thus, this is a topic that should be valued in future. Its cross-sectional design cannot endorse causative relationships between each variable and outcome. Adding this, care burden might vary over timeand a cross sectional study cannot take this into explanation.

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