

ATTITUDES TOWARDS MENTAL ILLNESS TO DECREASE THE FAMILY CAREGIVERS' BURDEN

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ATTITUDES TOWARDS MENTAL ILLNESS TO DECREASE THE FAMILY CAREGIVERS' BURDEN

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Abstract

Background: Community-based mental health services should be aware of the role of family and society. With the stigma issues in mental illness that still remain, the impact would be greater on the family caregivers. Their behavior toward patients creates a burden on care.

Objectives: Assess the relationship between attitude toward mental illness and burden of family caregivers.

Methods: Descriptive with a cross sectional approach. There were 120 family caregivers of patients with Schizophrenia in the hospital in Surabaya, Indonesia participated on this study by using purposive sampling technique. The instruments on this study were Attitudes towards Schizophrenia Questionnaire (ATSQ) and Burden Assessment Schedule (BAS).

Results: The higher burden correlates with the negative attitude toward mental illness ($r(118) = .54, p = .000$).

Conclusion: Realistic attitude would relieve the burden for family caregiver. Therefore, need more knowledge for family and society to shape their behavior toward patients with mental illness.

Keywords: *Attitude, Burden, Family caregiver*

INTRODUCTION

Mental health issues are trending. The mental illness affects people of all ages, genders, education levels, social status, and other aspects of identity (Ofili et al., 2022; Fernandez et al., 2023; Matar Boumosleh & Jaalouk, 2017). Some people experienced symptoms of mental illness as an impact of the COVID-19 pandemic (Sandhu et al., 2022; Mourelatos, 2023; Stanton et al., 2020; De Kock et al., 2021; Pierce et al., 2020). Depression is the leading cause of dysfunction in daily life (WHO, 2023). Nevertheless, despite the issue being a highlighted topic, stigma remains high (Simões de Almeida et al.,

2023; Nohr et al., 2021; Ingram et al., 2019). Moreover, stigma in mental illness has more effects on the family who have a member with mental illness than on the person (Kaggwa et al., 2023; Ebrahim et al., 2020; Minichil et al., 2021).

With continuing healthcare for patient with mental illness, the family would care for the patient at home. Family caregiver provides physical, mental, and monetary assistance to a family member who is unable to take care of themselves because of mental illness (Annisa, 2016). Caring for person with mental illness at home creates a burden (Laranjeira & Querido, 2021; Sun et al., 2019; Cheng et al., 2022; Udoh

et al., 2021), and with stigma, the burden worsens. Burden is defined as the family caregivers' perception about the effects of their caregiving (Annisa, 2016). As a matter of fact, the general community has little understanding of mental illness, which affects their attitude (Sadeghian et al., 2020; Lien et al., 2019; Tesfaye et al., 2020).

Family caregivers need to adjust their attitudes in providing care to patients to deal with the burden of caregiving. They should improve their knowledge of mental health, illness, and care skills. However, the insufficient mental health services from health care providers in supporting and enhancing the caregivers' abilities can make the caregivers feel unprepared and vulnerable. In addition, culture may have an impact on how people behave with mental illness. In Indonesia, myths and beliefs regarding mental illness occur in every ethnicity and community. Various studies have found predictive factors of burden, but only a few have examined attitudes towards mental illness. To the best of our understanding, it is necessary to investigate the attitudes of family caregivers toward bearing this burden.

Objective: The aim of the study was to examine the correlation between attitudes towards mental illness and burden among family caregivers in Indonesia.

METHODS

Study Design

A descriptive correlation design was used in this study. The study was conducted at the mental hospital in Surabaya, Indonesia.

Setting

This research was conducted for two months in Surabaya, Indonesia.

Research Subject

Sample in this study was 120 family caregivers of patients with mental illness with purposive technique sampling. All the patients were diagnosed with Schizophrenia.

Instruments

Attitudes towards Schizophrenia Questionnaire (ATSQ)

The ATSQ was used to evaluate attitudes toward people with this condition (Caqueo-Urizar et al., 2011). This questionnaire comprised 9 items with Likert scale. The total score is the mean of all items; the lower score indicates a better attitude of the caregiver toward schizophrenia.

Burden Assessment Schedule (BAS)

The BAS Indonesia version was used to assess the burden of family caregiver. It has 20 items which each question rated on a 3-point scale. Depending on how the questions are framed, the point for each of these responses would vary. The higher score means higher burden of care.

Data Analysis

After all data gathered, the researcher did data analysis using a statistical software. The alpha level of statistical significance was set at 0.05. Bivariate analysis was performed to explore the association between variables using the *Spearman rho test*.

Ethical Consideration

Human subject's approval was obtained from the Ethical Approval Committee, Faculty of Nursing, Burapha University, Thailand (Number of IRB approval: 01-12-2557). The study purposes, procedures, benefits, and safety related to risk of the study were explained. The consent form was reviewed and signed by the participants. Each participant was requested to complete the questionnaire in the outpatient department where data collection took done with their signed consent.

RESULTS

Family Caregivers' Characteristics

As shown in Table 1., the family caregivers had a mean age of 48.81 (\pm 10.78) years and were more likely to be female (72.50 %) than males (27.50 %). The mean duration of care provision was 7.52 (\pm 7.58) years, and the

average time of caring per day 4.53 (\pm 3.99) hours/ day.

Table 1. Distribution of Family Caregivers Characteristics in Surabaya

Characteristics	n	%
Age		
<i>M</i> = 48.81; <i>SD</i> = 10.78; <i>Range</i> = 19-60		
Gender		
Male	33	27.50
Female	87	72.50
Duration of providing care (years)		
<i>M</i> = 7.52; <i>SD</i> = 7.58; <i>Range</i> = 1-30		
Average time of caring (hours/ day)		
<i>M</i> = 4.53; <i>SD</i> = 3.99; <i>Range</i> = 1-20		

Source: Primary Data of Questionnaire

Attitude towards Mental Illness and Burden of Family Caregiver

There was significant correlation between attitude toward mental illness and burden of family caregiver with the *r* value was .54 (*p* = .000).

Table 2. Attitude towards Mental Illness and Burden of Family Caregivers in Surabaya

Variables	<i>M</i>	<i>SD</i>
Attitude towards mental illness	31.21	4.49
Family caregivers' burden	24.76	4.09
Spearman Rho	r(118) = .54	
	p = .000	

DISCUSSION

This study aimed to assess the correlation between attitude towards mental illness and burden of family caregivers.

As the statistic result showed that the good attitude of family caregivers towards mental illness, the less they would perceive burden of caring the patients (*r*(118) = .54, *p* = .000). This finding was a line with the study that conducted with family caregivers of mental ill in Egypt (Ebrahim et al., 2020). The higher burden correlates with the negative attitude toward mental illness.

Many of family caregivers have some beliefs or misunderstanding regarding the cause and symptom of mental illness. This lack of knowledge shapes their behavior toward the patients, as shown on this study (Table 2). The attitude of families and societies have an impact to the patient to cope their illness (Sadeghian et al., 2020; Tesfaye et al., 2020).

Although family caregivers do not know about mental illness and feel ashamed of it, they continue to care for the patients. This lack of preparation of caring lead them to perceive high burden, as shown on this study (Table 2). They have poor social support cause of stigma, making it difficult for them to address this problem (Kaggwa et al., 2023; Minichil et al., 2021).

The shifting of caring for patients from hospital-based to community-based should concern for families and societies. Healthcare services in community need more effective approaches with the family as well as the improvement of both the resource availability and health policy in order to provide continuous professional health care for patients, family, and community. Their readiness of accepting the patients on their living would affect the effectiveness of health service in community area.

CONCLUSION

In order to manage the stress of providing care, family caregivers should modify their attitudes toward caring for patients. The family caregivers should be taught how to prepare and assess the available resources on caring patient with mental illness. Starting from the family to community, attitude toward mental illness begin to be more positive.

SUGGESTIONS

Stigma issues need more be evaluated on vary area. With the research and education for family and society, the attitude toward mental illness would be better.

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DECLARATION OF CONFLICTING INTEREST

There is no conflict of interest in relation to this study.

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AUTHOR CONTRIBUTION

Faida Annisa: Conception and collecting data

Agus Sulistyowati: Editing and project administration

Dini Prastyo Wijayanti: Writing-review and data analysis

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