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Anxiety and Depression in Caregivers of Chronic Mental Illness

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Abstract

In chronic mental illness, patients often live with their families. For this reason, chronic mental illness negatively affects not only the patient but also the family. The illness of one of the family members is disturbing the balance of the family. One of the family members has to take caregiver role. The caregiver is experiencing various difficulties in the care-giving process and is trying to cope with these difficulties. As a result of the difficulties experienced during the care giving process, caregivers may experience anxiety and depression. For this reason, caregivers should be handled and supported by the healthcare personnel with the patient.

Keywords: Chronic mental illness; Anxiety; Depression

Literature Review

In chronic mental illnesses, emotions, thoughts, perceptions and behaviors of individuals and their functionalities are significantly affected negatively. For this reason, therefore, cannot fulfill the role expected of individuals with chronic mental illness themselves, they have to take care of the family and support [1]. Patients often live with their parents at home. Therefore, family members of patients in the care of family members are taking an important role. When the illness occurs, one of the family members has to take care of the ill person. Becoming a caregiver cannot be selected or planned. For this reason, compliance with this situation occurs after the situation has emerged [2,3].

A caregiver has been defined as a family member who has been living with the patient, and has been closely involved in his/her activities of daily living, health care, and social interaction for more than a year [4]. The caregiver role is an unpredictable experience that requires hard work and effort. Physical, emotional and economic difficulties experienced by caregivers, loss of functioning of the ill person, negatively affecting the quality of life of caregivers such as the caregiver's lack of free time [3,5].

In the case of families who provide long-term care for individuals with chronic mental illness, psychological or economic difficulties can be seen. These difficulties can lead to emotional life such as burden, depression, anxiety, burnout, impaired physical health, social isolation and economic difficulties, stress, shame, guilt, helplessness, anxiety, fear, strain, anger, loss and hopelessness [2,3,6-8].

The difficulties experienced in the caregiving process, especially in the case of difficult coping behavior problems in the patient and the high incidence of negative symptoms lead to high levels of anxiety among the relatives of the patients. In addition, caregivers indicate that stigmatization, family problems, and patient dependency of the caregiver are also effective in the anxiety life of caregivers [9]. In the study of Goldstein et al. [10] 44% of caregivers of individuals with chronic mental illness have anxiety disorders. The study conducted by Madianos et al. [11] states that individual caregivers of chronic mental illness have social isolation from the causes of anxiety and depression, change in social activities, economic difficulties, and fear of stigmatization. Steele, Maruyama and Galynker [12] reported that in a systematic review, depression occurred in 46% of caregivers in chronic mental illnesses. In another study, 19.5% caregivers of chronic mental illness reported severe depressive symptoms [13]. In the studies of caregiver depressive symptoms in individuals who they live with chronic mental illness it appeared to be associated with burden [14]. For this reason, caregivers in chronic mental illness need to be assessed for the burden they experience. Health care professionals should take care of the caregiver as well as the patient.

Studies conducted on caregivers of chronic mental ill patients indicate that people with mental illness are often looked after by their parents and supported very poorly by official health care services [15-17]. The continuity of care for individuals with chronic mental illness in the community depends on the ability of families to provide this care in a big way. For this reason, it is important to evaluate and support the caregiver as well as the individual with chronic mental illness. For this reason, health professionals who provide community care for those with schizophrenia need to consider the "unit of care" as the family rather than the individual. The health status of family caregivers should be routinely assessed. Individualized interventions to reduce caregiver anxiety and depression could include community-based health professionals as well as trained community volunteers, opportunities for social interaction, and improving self-care for all family members.

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