

PSYCHOLOGICAL WELLBEING OF CAREGIVERS IN BIPOLAR AFFECTIVE DISORDER PATIENTS: A STUDY IN INDIAN

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ABSTRACT

Background: Bipolar affective disorder is chronic psychiatric illness that requires long term care. This study tends to measure psychological wellbeing among caregivers and its comparison across gender. **Aims:** The study aims to assess and compare the level of psychological wellbeing among the caregivers of male and female bipolar affective disorder patients. **Methods:** This is a cross-sectional study that included participants by purposive sampling method. Self-designed Performa was used to collect the socio-demographic details of the caregivers. About 60 caregivers of patients diagnosed with bipolar disorder, aged 20 years or more, of either gender, living with the patient for at least two years were assessed by the Psychological wellbeing scale (Ryff, 1989). Descriptive statistics, chi-square test, and t-test are used to analyze the data. **Results:** It was found that the Ryff psychological wellbeing scale domain scores of Autonomy, Environmental Mastery, Personal Growth, Positive Relation with others, Purpose in Life, Self-Acceptance were similar and had no significant difference in all the domains. The study did not find any statistically significant difference in the psychological wellbeing of the caregivers in relation to the patient's gender. **Conclusions:** Psychological wellbeing is seen to be similar in caregivers of both male and female Bipolar Affective Disorder.

Keywords: psychological wellbeing, Caregiver, Bipolar affective disorder.

INTRODUCTION

Bipolar affective disorder (BPAD) is one among most common psychiatric disorders. Lifetime prevalence of BPAD is about three percent in the general population and is the sixth leading cause of disability worldwide. (1)(2)

It is very demanding and challenging to take care of patients living with mental health issues, particularly in India, where the social stigma of being labeled "Mentally ill" by even consulting a psychiatrist is prevalent. (3) Such a level of stigma with a high prevalence of

psychiatry disorders and gradual de-institutionalization of the treatment of psychiatry disorders can result in significant stress to the caregivers. (3)

Bipolar affective disorder is a chronic and complex disorder of mood that is characterized by a combination of manic (bipolar mania), hypo manic and depressive (bipolar depression) episodes, with substantial sub-syndromes symptoms that commonly present between major mood episodes. (4) Bipolar 1 disorder has been frequently associated with serious medical and psychiatric co-morbidity, early mortality, high levels of functional disability, and compromised quality of life. The necessary feature of bipolar 1 disorder involves the occurrence of at least one lifetime manic episode, although depressive episodes are common. Bipolar 2 disorder needs the occurrence of at least one hypo manic episode and one major depressive episode. (5)

Various studies have been conducted globally including India for assessing the difference in caregivers' psychological well-being in various population groups. Some studies have demonstrated that the caregivers of patients with bipolar affective Disorder face psychological issues and burden. (2)(6)(7)(8)(9)(10)

Caregivers play a vital role in helping people with serious mental illness such as bipolar affective disorder. Caregivers also need the social and psychological support to prevent their overtiredness in caring and maintaining their own mental health. Supporting caregivers by improving their psychological wellbeing may help them to continue to provide support, and cope with, the challenges of providing care.

In Indian context man of the family is the breadwinner and primarily involved in productive work outside the home, while the woman as the housewife and homemaker takes overall responsibility for the reproductive and domestic work involved in the household.(11) Unequal involvements relate differently to men and women on different ways of work-family interaction.(12) The unequal involvement in household chores between men and women may also be associated with increased care giving burden and psychological distress, when a member in the family affect by bipolar affective disorder. Hence, we should have an understanding about the psychological issues of caregivers for reducing it. Hence, the present study was designed to understand the difference between the psychological wellbeing felt by caregivers of male and female patient with bipolar affective disorders.

METHODOLOGY

It was a cross-sectional hospital-based comparative study among the caregivers of bipolar affective disorder patients. A total number of 60 caregivers of the bipolar affective disorder patient in accordance to the DCR ICD- 10 criteria were selected. Among the total sample, 30 were the caregivers of male bipolar affective disorder patients and 30 were of female selected from outpatient and inpatient unit, department of Psychiatry, Sriram Chandra Bhanja Medical College and Hospital, Cuttack. The samples were selected by using the purposive sampling method over the period of 12 months from November 2020 to October 2021. The study was approved by the Ethics Committee (Approval number:

417, dated 14.10.2020) of the institute and all the participants were recruited after obtaining written informed consent.

Inclusion and exclusion criteria of bipolar affective disorder patients:

Patient diagnosed bipolar affective disorder according to DCR of ICD-10, age range between 18 to 60 years, were considered for the study. Chronic BPAD patient of duration of illness at least 2 years or above were included. Any history of significant physical or neurological conditions, psychiatric co-morbidity, Mental retardation, Epilepsy, or Substance abuse, and those who failed to give the consent were excluded from the study.

Caregivers of BPAD patients:

According to Mental Healthcare Act, 2017, Caregiver is "A person who resides with a person with mental illness and is responsible for providing care to that person. A caregiver includes a relative, friend, family member, or any other person who provides care for free or with remuneration.(13) In this article the term "caregiver" is an informal unpaid caregiver caring for a person with Bipolar affective disorder, who can be a family member such as; parents, spouse, sibling, children. In the current study the caregivers included who has been with the patient continuously for the last 2 years, age ranges from 18-60 years, and at list educated up to primary level. caregivers having history of epilepsy, organic brain disorder, major physical illness, psychiatric illness including substance dependence, personality disorders or mental retardation, more than one psychiatric ill patient is present in the family were excluded from the study.

Tools used:

A semi structured socio-demographic and clinical data sheet is used to capture the socio demographic and clinical characteristics of the patients and caregivers.

Psychological wellbeing scale (Ryff, 1989)

The 42-item Psychological Wellbeing (PWB) Scale measures six aspects of wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff et al., 2007) adapted from ryff, 1989. Carol Ryff has conceptualized psychological well-being as consisting of 6 dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance. She has designed self-report scales to assess an individual's well-being at a particular moment in time within each of these 6 dimensions. Three- to 12- items per scale validated versions exist of the measure for use in survey research or other data collection. Individuals respond to various statements and indicate on a 6-point Likert scale how true each statement is of them. Higher scores on each scale indicate greater well-being on that dimension.

Procedure

Informed consent was taken from patients coming to inpatient and outpatient units by considering the inclusion and exclusion criteria. The tools were administered on the study sample. Further information was collected based on Socio-demographic and clinical

datasheets. Subsequently, the patient's caregivers those who were willing to participate in the study, the socio-demographic and clinical data sheet administered on them, the Psychological wellbeing of caregivers was assessed by using psychological wellbeing scale (Ryff, 1989). The statistical analysis was done by Statistical Package for Social Science (SPSS) Version-22. Comparison of psychological wellbeing between the 2 groups was carried out using the chisquare test and independent t-test. Descriptive statistic was used to get the mean score and percentile of the socio-demographic variables.

RESULT

Table -1 Comparison of Socio-demographic profile among male and female bipolar affective disorder patients.

Variables		Bipolar affective disorder Male patients (N=30)	Bipolar affective disorder Female patients (N=30)	Total	df	X ² / f	p
Age	18-29	11(36.7%)	9(30%)	20(33.3%)	3	2.636 f	.457
	30-39	8(26.7%)	13(43.3%)	21(35%)			
	40-49	5(16.7%)	2(6.7%)	7(11.7%)			
	50-60	6(20%)	6(20%)	12(20%)			
Religion	Hindu	29(96.7%)	30(100%)	59(98.3%)	1	1.017 f	1.000
	Islam	1(3.3%)	0(0%)	1(1.7%)			
Education	Primary	10(33.3%)	10(33.3%)	20(33.3%)	3	3.133 f	.384
	Upper Primary	2(6.7%)	3(10%)	5(8.3%)			
	Matriculation	10(33.3%)	14(46.7%)	24(40%)			
	Above	8(26.7%)	3(10%)	11(18.3%)			
Marital Status	Married	16(53.3%)	21(70%)	37(61.7%)	3	4.823 f	.103
	Unmarried	14(46.7%)	7(23.3%)	21(35%)			
	Separated	0(0%)	1(3.3%)	1(1.7%)			
	Widow	0(0%)	1(3.3%)	1(1.7%)			
Occupation	Employed	21(70%)	3(10%)	24(40%)	1	22.500	.000
	Unemployed	9(30%)	27(90%)	36(60%)			
Domicile	Rural	24(80%)	24(80%)	48(80%)	1	.000	1.000
	Urban	6(20%)	6(20%)	12(20%)			
Types of family	Nuclear	13(43.3%)	21(70%)	34(56.7%)	1	4.344	.037
	Joint	17(56.7%)	9(30%)	26(43.3%)			

(df= degree of freedom, ^f = Fisher's Exact Test)

The socio-demographic details of male and female bipolar affective disorder patients is shown in Table-1. Out of 60 patients taken in to study 30s were male and 30s were female.

Table -2 Comparison of Socio-demographic profile among caregivers of male and female bipolar affective disorder patients.

Variables		Male patient's caregiver (N=30)	Female patient's caregiver (N=30)	Total	df	X ² / f	p
Age range of the caregivers in years	20-30	5(16.7%)	5(16.7%)	10(16.7%)	3	2.924	.404
	31-40	10(33.3%)	8(26.7%)	18(30%)			
	41-50	3(10%)	8(26.7%)	11(18.3%)			
	51-60	12(40%)	9(30%)	21(35%)			
Religion	Hindu	29(96.7%)	30(100%)	59(98.3%)	1	1.017 f	1
	Islam	1(3.3%)	0(0%)	1(1.7%)			
Education	Primary	9(30%)	11(36.7%)	20(33.3%)	3	1.240 f	.800
	Upper Primary	4(13.3%)	3(10%)	7(11.7%)			
	Matriculation	8(26.7%)	10(33.3%)	18(30%)			
	Above	9(30%)	6(20%)	15(25%)			
	Nuclear	13(43.3%)	21(70%)	34(56.7%)	1	4.344	.037
Types of family	Joint	17(56.7%)	9(30%)	26(43.3%)			
Domicile	Rural	24(80%)	24(80%)	48(80%)	1	.000	1.000
	Urban	6(20%)	6(20%)	12(20%)			
Occupation	Employed	22(73.3%)	21(70%)	43(71.7%)	1	.082	.774
	Unemployed	8(26.7%)	9(30%)	17(28.3%)			
Marital status	Married	24(80%)	19(63.3%)	43(71.7%)	2	2.033 f	.404
	Unmarried	4(13.3%)	7(23.3%)	11(18.3%)			
	Widow	2(6.7%)	4(13.3%)	6(10%)			
Relationship with the patient	Father	9(30%)	2(6.7%)	11(18.3%)	7	39.823 f	.000
	Mother	1(3.3%)	9(30%)	10(16.7%)			
	Brother	10(33.3%)	2(6.7%)	12(20%)			
	Sister	0(0%)	6(20%)	6(10%)			
	Wife	5(16.7%)	0(0%)	5(8.3%)			
	Husband	0(0%)	8(26.7%)	8(13.3%)			
	Son	5(16.7%)	1(3.3%)	6(10%)			
	Daughter	0(0%)	2(6.7%)	2(3.3%)			
Socio economic status	LSSES	22(73.3%)	29(96.7%)	51(85%)	2	6.305 f	.030
	MSES	4(13.3%)	1(3.3%)	5(8.3%)			
	USES	4(13.3%)	0(0%)	4(6.7%)			

(df= degree of freedom, f = Fisher's Exact Test)

The socio-demographic details of caregivers is shown in Table-2. Out of 60 caregivers taken in to study 30s were caregivers of male patient and 30s were of female.

Descriptive statistics for patient and Caregivers Age:

The Mean \pm SD of the age of male patients was 37.37 ± 11.909 whereas for females it was 35.77 ± 10.897 .

The Mean \pm SD of the age of male patient's caregivers was 43.60 ± 12.599 whereas for the female patient's caregivers it was 42.83 ± 11.296 .

Table –3 Comparison of Ryff Psychological Wellbeing among caregivers of male and female bipolar affective disorder patients.

Ryff Psychological Domains	Caregiver Groups		t	df	p
	Male patient's caregivers(N=30) Mean \pm SD	Female patient's caregivers(N=30) Mean \pm SD			
Ryff - Autonomy	28.53 \pm 5.097	26.03 \pm 5.555	1.816	58	.075
Ryff – Environmental Mastery	25.80 \pm 4.046	24.23 \pm 3.471	1.610	58	.113
Ryff – Personal growth	26.63 \pm 6.128	26.20 \pm 4.429	.314	58	.755
Ryff – Positive Relation with others	27.63 \pm 5.000	28.10 \pm 5.454	-.345	58	.731
Ryff – Purpose in Life	28.30 \pm 6.722	28.70 \pm 5.161	-.259	58	.797
Ryff – Self Acceptance	26.80 \pm 5.798	23.80 \pm 6.042	1.962	58	.055

*p <0.05 (Statistical significance at 0.05 Level).

Figure: 1

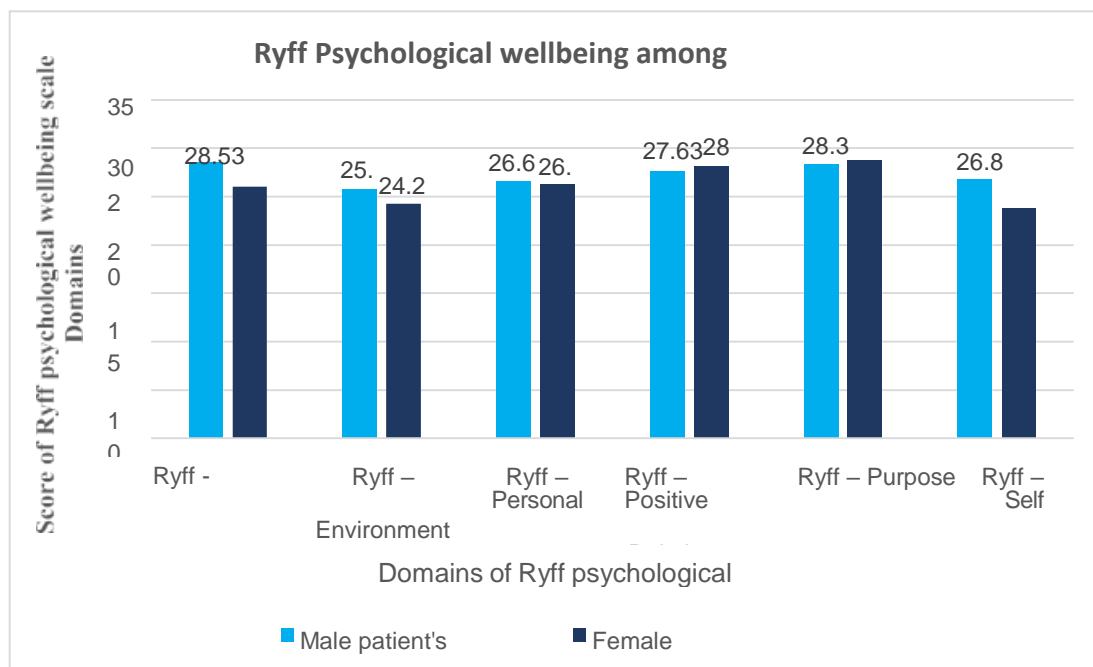


Table-3 is presented in figure-1 graphically, that the comparison of Ryff Psychological Wellbeing among caregivers of male and female bipolar affective disorder patients. It revealed that the mean score in Ryff - Autonomy domain caregivers of the male patient were scored (28.53 ± 5.097), whereas caregivers of female patients scored (26.03 ± 5.555). Caregivers of the male patient were scored (25.80 ± 4.046) in Ryff – Environmental Mastery whereas caregivers of female patient scored (24.23 ± 3.471). In Ryff – Personal growth domain caregivers of the male patient were scored (26.63 ± 6.128) caregivers of female patient scored (26.20 ± 4.429). In Ryff – Positive Relation with others domain caregivers of male patient scored (27.63 ± 5.000) whereas caregivers of female patient scored (28.10 ± 5.454). In Ryff – Purpose in Life domain caregivers of male patients scored (28.30 ± 6.722) whereas caregivers of female patients scored (28.70 ± 5.161). In Ryff – Self Acceptance domain caregivers of male patients scored (26.80 ± 5.798) whereas caregivers of female patients scored (23.80 ± 6.042). There was no significant difference found in all six-sub domains such as (Ryff – Autonomy, Ryff – Environmental Mastery, Ryff – Personal growth, Ryff – Positive Relation with others, Ryff – Purpose in Life, Ryff – Self Acceptance) of Ryff psychological well-being scale.

DISCUSSION

A total number of 60 caregivers were selected for the study, out of which 30 caregivers were of female and 30 were of male BPAD patients. The mean \pm SD of the age of male patient's caregivers was (43.60 ± 12.599) whereas for the caregiver of female patients it was 42.83 ± 11.296 . The majority 98.3% of caregivers were belonging to the Hindu religion and the rest of 1.7% were Islam religion. This finding may be explained on the basis of that due to Islam Population in Odisha. According to the 2011 census survey, that is 2.17% of the total population. (14)

It showed that the majority 33.3% of the caregivers were studied up to the primary level and the lowest 11.7% studied up to the upper primary. However, 30% of them studied up to matriculation but 25% completed their education above matriculation. Similar study findings were reported by Ghosh et al., (2020). (15) This finding may be explained on the basis of that due to the effective literacy rate in Odisha works out to 72.9%(Rural 70.2%; Urban 85.7%), according to 2011 census survey.(16) It also revealed that the maximum caregivers (71.7%) were employed but only 28.3% were unemployed. For their livelihood majority of the caregivers were engaged in Private and government Jobs and farmers, daily wage workers. similar study findings were reported by Ghosh et al., (2020).(17) Another similar to present study findings by Pakkiyalakshmi et al., (2015) reported that the majority 44.2% were unskilled workers, 40.4% were clerical, shop owner, farmers, 9.6% unemployed, 5.8% were semi-skilled workers.(18) The majority 71.7% of caregivers were married whereas only 10% were widows. However, 18.3% of them were unmarried. similar study findings were reported by Ghosh et al., (2020) that the majority 80% of caregivers were married, 11.4% were single, 8.6% were widows.(19) Another similar to present study findings by Gania et al., (2019) that majority 93% of caregivers were married, 7% were

unmarried.(20) In the present study it was also revealed that the majority 20% of caregivers were the brother of the patients and the lowest 3.3% were daughter of the patients. The 2nd majority 18.37% of the caregivers were father of the patients whereas the mother relationship of caregivers with the patients were 16.7%. The rest 13.3%, 10%, 10% and 8.3% were husband, sister, son and wife of the patient's respectively. Also, it showed that most of the caregivers (85%) were belonging to the low socio-economic status whereas the rest 8.3% and 6.7% were belonging to the middle socio-economic status and upper socio-economic status respectively.

In this present study, the comparison of Psychological Wellbeing of caregivers was done. It reveals that the mean score of male patient's caregiver was (28.53± 5.097) in Ryff – Autonomy domain whereas female patient's caregiver scored (26.03± 5.555). Male patient's caregivers were scored (25.80± 4.046) in Ryff – Environmental Mastery whereas female patient's caregivers scored (24.23± 3.471). In Ryff – Personal growth domain male patient's caregiver scored (26.63± 6.128) whereas female patient's caregivers scored (26.20± 4.429). In Ryff – Positive Relation with others domain male patient's caregiver scored (27.63± 5.000) whereas female patient's caregivers scored (28.10± 5.454). In Ryff – Purpose in Life domain male patient's caregiver scored (28.30± 6.722) whereas female patient's caregivers scored (28.70± 5.161). In Ryff – Self Acceptance domain male patient's caregivers scored (26.80± 5.798) whereas female patient's caregivers scored (23.80± 6.042). Analysis of intergroup comparison of the Ryff psychological wellbeing scale domain scores of male patient's caregivers with female patient's caregivers. It was found that the Ryff psychological wellbeing scale domain scores of Autonomy, Environmental Mastery, Personal Growth, Positive Relation with others, Purpose in Life, Self-Acceptance were similar and had no significant difference in all the domains.

The study did not find any statistically significant difference in the psychological wellbeing of the caregivers in relation to the patient's gender. Similar findings were reported by Pakkiyalakshmi et al (18) who found no statistically significant difference between sociodemographic variables in terms of age groups, gender, education, occupation, and residence with respect to the mean psychological wellbeing score.

CONCLUSION:

Psychological wellbeing is seen to be similar in caregivers of both male and female Bipolar Affective Disorder. The study did not find any statistically significant difference on the psychological wellbeing of the caregivers in relation to the patient's gender.

LIMITATION OF THE STUDY:

Limited sample size. Cross-sectional nature of the study. A purposive sampling method was used. Data was collected from a tertiary care hospital of Odisha, which may not reflect the data of the general population.

Conflict of Interest: Nil

Financial support: Nil

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