Volume: 2 Issue: 3 Pages: 18-22

An Investigation into the Psychosocial Issues of Male Mental Health Patients' Caregivers at St John of God Psychiatric Ward

[*1]Faith T. Maliseni and [2]Dr. AP Senthil Kumar

[*1] P.G. Student, Department of Social Work, DMI-St. Eugene University, Lusaka, Zambia.

[2]Associate Professor, Department of Social Work, Jigjiga University, Jigjiga, Ethiopia

Article Info.
E-ISSN: 2583-6528
Impact Factor (SJIF): 5.231
Available online:
www.alladvancejournal.com

Received: 05/Feb/2023
Accepted: 11/Mar/2023

***Corresponding Author**
Faith T. Maliseni
P.G. Student, Department of Social Work, DMI-St. Eugene University, Lusaka, Zambia.

Abstract
A recent study concluded that caregiving was associated with distress, anxiety, stress and depression. Between 40 to 70 percent of caregivers suffer from depression which may also cause symptoms such as anger and irritability. However, a comprehensive study on the psychosocial issues caregiver's faces when dealing with male patients has not been conducted. The main objective of this study is to investigate the psychosocial issues that male mental health patients' caregivers face at St John of God and the specific objectives include looking into the services, strategies used by caregivers as well as the challenges they face. Thus, the research will try to answer the hypothesis that there is no relationship between the age of the respondents and stress level. The other hypothesis that this research will look into is that there is no strong relationship between income level and anxiety level. Thus, this study used Explanatory research design and the sampling technique that was used in this study is probability, simple random sampling. The findings of this study indicate that most caregivers face a lot stress and anxiety regardless of their age and that the income of the caregivers does not determine how much stress they will experience. In conclusion, the study has found out that most caregivers face anxiety, stress, financial and relationship problems.

Keywords: Psychosocial, Mental Health, Patient, Caregivers, Psychiatric.

1. Introduction

Caregivers play the most important role in the care of psychiatric patients and preventing their readmission. These caregivers face different challenges in different circumstances. This study focuses on the psychosocial issues these caregivers face specifically when dealing with male patients suffering from various mental health issues. The affected person is dependent on the carer, and their well-being is directly related to the nature and quality of the care provided by the carer. These demands can bring significant levels of stress for the carer and can affect their overall quality of life including work, socializing and relationships.

The well-being of caregivers has been ignored for a long time and this study aims to bring to light some of the issues that they face that could potentially reduce the quality of the service that they provide to the patients. This chapter presents the background of the study, statement of the problem, objectives.

1.1 Statement of the Problem

According to the research conducted by Samuels in the US (2022), 53% of caregivers have been diagnosed with two or more chronic conditions and nearly half of caregivers are concerned about the physical strain that comes with caregiving, according to a survey from SCAN health. Nearly 17% of the population provides unpaid care, Over 75% of these caregivers are women. This study also concluded that the average caregiver is 50.1 years old. Furthermore, the study also found out that 60% of caregivers are marries or in long term domestic partnerships. When it comes to education status, 6% of caregivers did not complete high school, 34% have attained either a technical school or some college and 15% have completed graduate school or other tertiary education.

Studies have been conducted on caregivers of chronically patients in Malawi and around the world. For instance, caregivers of the elderly, cancer patients or those that need physical therapy. Some of the psychosocial issues that have been outlined that caregivers in general face are: burnout, maintaining boundaries, financial strain, isolation, lack of support and caring for their own mental health.

There is a lot of data on the issues that patients face in mental health facilities as well as the kind of mental health problems that most of them face. However, a comprehensive study on the psychosocial issues caregivers face when dealing with male patients has not been carried out. Thus, this research is covering that knowledge gap. This study aims to research the psychosocial issues of caregivers specifically when dealing male mental health patients.

2. Main Literature Review

Watson (1997) emphasizes that we must care for ourselves to be able to care for others. Studies show that the status of caregivers of patients with mental health disorders has been neglected in some countries. Caregivers have unique needs with many uncertainties. By understanding and identifying the problems and challenges that may arise, the caregivers can plan and find better ways to cope/deal with their issues and problems.

While psychological treatment has been reported as equally efficacious for men and women, recent study suggests some men have difficulty engaging with specific forms and elements and treatment (Stazcan 2017). Johnson *et al* (2016) explains that men find it difficult to engage in a trusting therapeutic relationship. According to Mc Kelley (2007) [22], past research posit numerous factors for the reluctance in men's help seeking attitudes and these have remained stable overtime and across cultures.

The impact of caregiving on the wellbeing of carers has been studied in different communities across the world. The overall results revealed that these caregivers suffer from significant psychosocial problems. The problems encountered included depression, anxiety, loneliness, anger, fear, stigmatization and economic difficulties. The extent of caregiving in these studies included assistance with activities of daily living (ADL), management of the disease and medications, as well as emotional and financial support.

Factors that prevent men from seeking therapy vary, but most surround the idea that men should be on top of whatever they are feeling. The difficulty for most men when it comes to seeking therapy is the stigma and social construct that men need to "have it all together" and can't ask for help (Stevenson, 2020) [19]. Our culture has conditioned most of the men to view asking for help or admitting they have a problem as a sign of weakness. However, men in particular endure the most of this harmful stigma and as such, are far less likely to seek mental health treatment.

This paper also looks at how men are more resistant than women when it comes to therapy and treatment. It is generally accepted that men avoid therapy because of what are known as Masculine norms which include risk-taking, violence, winning, emotional control, dominance, self-reliance and pursuit of status (Zaman, 2021) [28]. Part of the reason men aren't seeking help is because they are basically unable to admit that they are suffering (ibid).

Another study by Forrest and Steigerwald (2004) explains that men are less likely to share and reach out and ask for help and are more likely to seek solutions and play the role of Mr. Fix it.

According to Stosny (2009) [42], men dislike seeking mental health care is because they hate that therapy forces them to experience the most heinous emotional state for a man: feeling like a failure. It is not exactly easy to give treatment or provide aid to someone who is not ready or open to be helped.

3. Significance of The Study

According to the findings conducted by the St John of God Hospital in 2019, the social demographic correlates of suicide indicate that 80.3% of suicide cases in Malawi were males. This indicates that males are at most risk of committing suicide compared to females.

Between January and August of 2022, the Malawi Police reported 208 suicide cases with 168 being male and 40 being female. The Malawian culture does not allow men to be vulnerable and express emotional weakness during difficult times, unlike women (Banda, 2021) [7]

This is why this study aims to understand it from the point of view of those who take care of male when they get hospitalized due to the various mental health conditions that may potentially lead to suicide.

Thus, Understanding the psychosocial issues they face will in turn help in promoting competence, reducing medical errors and thus, ensuring health system cost effectiveness. Caregivers who feel better will make fewer mistakes and solve problems faster.

4. Scope of The Study

This study will only be conducted in the St John of God psychiatric ward with both male and female caregivers of male mental health patients. This is due to the fact that the well-being of caregivers is usually ignored, most people have in mind that these are professionals.

5. Objectives of The Study

Main Objective

The main objective of this study is to investigate the psychosocial issues that male mental health patients' caregivers face at St John of God.

Specific Objectives

1. To describe the services of caregivers towards male mental health patients.
2. To explore the strategies to handle the male mental health patients.
3. To investigate the challenges of caregivers towards male mental health patients.

5.1 Research Questions

- What are the services that you provide to mental health patients?
- How do you handle male mental health patients?
- What has been the biggest challenge in dealing with males in the facility?

6. Research Methodology

St John of God is located in Area 14, Lilongwe in the central region of Malawi. It is an urbanized area and it comprises of a mixture of individuals from different cultures who come from different parts of Malawi for different economic activities such as jobs and business as well as for education. Due to its urbanized nature, most households comprise of working class individuals and interactions among neighbors is not very common.

This study used Explanatory research design. Explanatory research is a method developed to investigate a phenomenon that has not been studied or explained properly. It is used to discover details about why something occurs.

According to Burns (1997) [30], the population of the study is the entire aggregation of respondents that meet the designated set of criteria. The study population were the caregivers (both male and female) of St John of God psychiatric ward.

The sampling technique that was used in this study is probability, simple random sampling. Singh (2003) [32] defines simple random sampling as the simplest and most common method of selecting a sample, in which the sample selected unit by unit with equal probability of selection for each unit at each draw.

The sample is a set of population; it consists of some members selected from it. According to Mugenda, (2010) [36] the sample is defined as a part of the total population. A sample is defined as a subset of the target population that researcher intends to generalize the results of Kothari C. R (2004) [25]. It is difficult to study the whole population because of time, finance and other related problems; from this reasons sample will be determined by using probability sampling technique which will be representing the whole population out of the target population.

The target population of this population of this study will be care takers of male mental patients in St John of god psychiatric ward, which is registered under Malawi health department. According to St John of god psychiatric ward 100 caretakers are providing service to the male mentally ill patients.

The researcher used a probability sampling process that is simple random sampling lottery method to choose the 52 respondents from the study population of 100 as per Kothari formulae. The sample size will be determined using Kothari (2015) [26] sampling design formula;

$$n = \frac{(z)^2 * p * q * N}{e^2 (N-1) + z * p * q}$$

Where

n= sample size

N= total population of sample (100),

z= 95% confidence interval level under normal curve, (1.96)

e=marginal error 5% that means 0.05

P & q is estimates of the proportion of population to sample.

P is estimates of the proportion of the population improved 90% which is p value.

Then q is equal to 1-0.9=.1

$$n = \frac{(1.96)^2 * 0.9 * 0.1 * 100}{0.05^2 (99-1) + (1.96)^2 * 0.9 * 0.1}$$

$$n = \frac{34.57}{0.5932}$$

n=58.2

Therefore, assuming 95% confidence level and 5% precision level, and given the total population, the sample size of the study will be 58. The following Table shows the total sample size of the study as follows.

There were primary and secondary sources for the data. The main information was gathered using Anxiety and stress measurement scale. Secondary information was gathered from a variety of public and unpublished sources, including books, the internet, and official health reports.

This research will use standardized scale to measure the anxiety through the Hamilton Anxiety rating scale among the caregivers and will measure the stress through the Kingston caregiver stress scale in 2019.

7. Results and Discussions

The study results have supported the hypothesis that there is no relationship between age of the respondent and stress level. For example, about 93% of the respondents show signs of being overworked, overwhelmed and overburdened. Moreover, average age of most caregivers in this facility is the age of 40, which makes up only 19% of the population. However, the other percentages are spread across. This shows that there is no correlation between age and stress level of caregivers. Thus, this study's findings are similar to those of Rosanne (2020) [15], Family caregiver alliance (2021) and Bijnsdorp (2022) [12] that stresses that caregivers experience different kinds of stress pertaining to confidence in ability to provide care, social life and caregiving responsibilities respectively.

These results also built on the hypothesis that there is no strong relationship between the income and anxiety level. However, the findings of this research supports the findings by Demos and the institute on Assets & social policy that all caregivers experience some sort of financial stress, however, the stress could vary in complexity. Another study conducted by Moss (2019) explains that over 76.0% of caregivers agree to having feelings of anxiety. This study concludes that about 99% of caregivers experience different levels of financial stress and 96.6% experience different levels of anxiety. Thus, all caregivers experience stress and anxiety regardless of how much they earn.

There is no relationship between gender and income. This study indicates that most caregivers at this caregiving facility have diplomas which was represented by 51%. On the other hand, certificate program was represented by 32.8%, MSCE 1.7% and Bachelors 13.8%. Thus, the income levels of the caregivers was from the basis of their education levels and not on gender.

8. Suggestions and Recommendations

- Counsellors in the facility could help the caregivers in coping with feelings of stress and anxiety. This may also involve teaching the caregivers skills that are required when dealing with difficult patients, how to manage their time as well as their stress.
- Establishment of caregiver associations. In these platforms, caregivers would discuss the various issues that they all face and share the ways in which they cope with the issues.
- Community based responsibility to care for those who provide care. Thus, the community should receive civic education and from that, they could appreciate the work that caregivers do and in the end help ease the burden of caregivers.
- Traditional institutions' social acts in the social change for caregivers. Institutions should actively work towards improving the welfare of caregivers.

Conclusion

In an effort to fill some of this gap, this thesis' central purpose aimed to find out the psychosocial issues that caregivers of male mental health patients face. The services that this facility provides to mental health patients are community based mental health services. Thus, the study accepts all the hypothesis that was laid out in the introductory chapters. The study has also found out that most caregivers face a lot of problems and there is need for these issues to be addressed to ensure that quality services are provided to patients.

Furthermore, these problems such as anxiety are coming in because of the gender they are dealing with. The resistance that men have when it comes to receiving and asking help comes in the way of caregivers. Negative impact of caregiving was observed among caregivers due to extensive demands of caregiving and limited resources. These include promoting caregivers to work in shifts for a few hours to avoid feelings of being overwhelmed and potentially leading to caregivers performing in their lowest ability. Therefore, it is imperative for healthcare providers to explore, identify and support caregivers to cope in a better way to the challenging task of caregiving.

References

1. Fu W, Li J, Fang F. I *et al.* Subjective Burdens among informal caregivers of critically ill patients: a cross sectional study in rural Shandong, China. BMC Palliat Care, 2021; 20:167.
2. Hammond T, Weinberg MK, Cummins RA. The dyadic interaction of relationship and disability type on informal carer subjective well- being. Qual Life Res. 2020-2024; 23(5):1535-42.
3. Celis JE, Heitor M. Towards a mission-oriented approach to chancer in Europe: an unmet need in cancer research policy. Mol Oncol. 2019; 13(3):502-10.
4. Lawton MP, Brody EM, Saperstein AR. A controlled study of respite service for caregivers of Alzheimer's patients. Gerontologist, 1989, 8-16.
5. WHO. Public health action for the prevention of suicide: a framework, 2012.
6. Vaugham M. Suicide in late colonial: the evidence from inquests from Nyasaland. The American historical review, 2018.
7. Gift Treighcy Banda *et al,* Suicide Epidemic in Malawi: What can we do?, 2021, 2.
8. Uren SA, Graham TM. Subjective experience of coping among caregivers in palliative care. The Online Journal of Issues in Nursing. 2013; 18(2):1-8.
9. Barnett MD, Moore JM, Harp AR. Who we are and how we feel: Selfdiscrepancy theory and specific affective states. Personality and Individual Differences. 2017; 111:232-237.
10. Belsky J. *et al.* Are there long-term effects of early child care? Child Development. 2007; 78(2):681-701.
11. Strauman TJ. Self-discrepancies in clinical depression and social phobia: Cognitive structures that underlie emotional disorders? Journal of Abnormal Psychology. 1989; 98(1):14-22.
12. Femmy M, Bijnsdorp Bregje D, Onwuteaka-Philipsen, Cécile RL. Boot Allard J. van der Beek & H. Roeline W. Pasman Caregiver's burden at the end of life of their loved one: insights from a longitudinal qualitative study among working family caregivers BMC Palliative Care. 2022; 21:142.
13. Whitaker RC, Dearth-Wesley T, Gooze RA. Workplace stress and the quality of teacher-children relationships in Head Start. Early Childhood Research Quarterly. 2015; 30:57-69.
14. Wood S. *et al.* Demands, control, supportive relationships and well-being amongst British mental health workers. Social Psychiatry and Psychiatric Epidemiology. 2011; 46(10):1055-1068.
15. Hammond T, Rosanne, Cummins RA. The dyadic interaction of relationships and disability type on informal carer subjective well-being. Qual Life Res 2020; 23:1535-42.
16. Huang SS. *et al.* Caregiver burden associated with behavioural and psychological symptoms of dementia (BPSD). Taiwanese, 2012.
17. Norton MC. Caregiver personality predicts rate of cognitive decline in a community sample of persons with Alzheimer's disease. The chache country dementia progression study, 2013.
18. Goldenberg D. (n.d). Why men are resistant to therapy. Psych alive.
19. Stevenson. Malawi registers 72 percent rise in suicide deaths between January and March, 2020-2021.
20. Chasimpha S. *et al*. Patterns and risk factors for deaths from external causes in rural Malawi over 10 years: a prospective population-based study health behaviour, health promotion and society. BMC public Health: Malawi, 2015.
21. Cohen CA et *al.* Positive aspects of caregiving: rounding out the caregiver experience. International journal of Geriatric psychiatry, 2002.
22. Mc Kelly, Ganguly KK, Caregiver burden and coping in schizophrenia and bipolar disorder. Am J Psychiatr Rehabil. 2007; 131:126-142.
23. Aranda MP, Knight BG. The influence of ethnicity and culture on the caregiver stress and coping process: A sociocultural review and analysis, 1997.
24. Gallagher-Thompson D, Steffen AM. Comparative effects of cognitive-behavioral and brief psychodynamic psychotherapies for depressed family caregivers. Journal of consulting and clinical psychology, 1994.
25. Kothari CR. Research Methodology. Methods and Techniques, New Age International, Ltd, New Delhi, India, 2004.
26. Kothari CR. Research Methodology. Methods and Techniques, (Second Revised Edition) New Age International, Ltd, New Delhi, India, 2015.
27. Borg C, Hallberg IR. Life satisfaction among informal caregivers in comparison with non-caregivers. Scand J Caring Sci. 2006; 20(4):427-38.
28. Zaman M. Why will men do literally anything to avoid going to therapy. Refinery29, 2021.
29. Jeon L, Buettner CK, Snyder AR. Pathways from teacher depression and childcare quality to child behavioral problems. Journal of Consulting and Clinical Psychology. 2014; 82(2):225-235.
30. Burns & Grove Research Methodology, Chapter-3, Target Population the target population is the entire aggregation of respondents that meet the designated set of criteria, 1997, 236. https://docplayer.net/41708466-Chapter-3-research-methodology.html
31. Figueiredo D, Gabriel R, Marques A. Caring for people with earl and advanced chronic obstructive pulmonary disease: how do family carers cope? Clin Nurs, 2014.
32. Singh simple random sampling, 6 Basic Steps With Examples, 2003.
33. Sadighian MJ, Allen E, Hampson LA. Caregiver burden among those caring for patients with spina Bifida, 2019.
34. Rosanee Focus on psychiatry in East Africa. Br J Psychiatry. 2020; 181:354-9.
35. Chamberlian L. *et al*. Suicide risk in informal carers of people living with dementia, 2018.
36. Mugenda OM, Mugenda AG. Research Methods, Quantitative and Qualitative Approaches. OALJ, ACT, Nairobi, 2010.

37. Von Kanel R. *et al*. Sleep in spousal Alzheimer caregivers: a longitudinal study with a focus on the effects of major patient transitions on sleep, 2012.
38. National Alliance for Caregiving and AARP. Caregiving in the U.S, 2009.
39. Amagai M, Allaince M, Amagai F. Qualitative study of the resilience of family caregivers for patients with schizophrenia in Japan. Psychol Med 2016; 12:307-12.
40. Koujalgi SR, Nayak RB. Factors associated with family burden in schizophrenia. Indian J Med Res. 2016; 9:273-8.
41. Raj EA, Shiri S, Jangam KV. Subjective burden, psychological distress, and perceived social support among caregivers of persons with schizophrenia. Indian J Soc Psychiatry. 2016; 32:42-9.
42. Stosny Sheth HC Common Problems in Psychosocial Rehabilitation, 2009.