

ABSTRACT

Carers of persons with mental illness bear considerable responsibility in looking after their family member with mental illness. There is a dearth of literature on carer burden in Sri Lanka. Therefore this descriptive cross-sectional study aims to describe carer burden and its correlates among 117 carers of out-patients with schizophrenia and depression attending the University Psychiatry clinics. Carer burden was measured using the Burden Assessment Schedule (BAS). The Beck Depression Inventory (BDI) and Brief Psychiatric Rating Scale (BPRS) were used to measure depressive and psychiatric symptoms respectively. Expressed emotion was measured with the Family Questionnaire (FQ).

The sample comprised of 69 carers of patients with schizophrenia (59%) and 48 carers of patients with depression (41%). Their mean age was 50.3 years. A majority of the carers (63.2%) and patients (70.1%) were female. The mean duration of the mental illness was 8.4 years.

Financial situation, physical and emotional impact of caregiving, and lack of support were the major areas of concern in both diagnostic groups. Three fourths of the depression group and 55% of the schizophrenia group stated that the current financial position was inadequate to look after the patient. Two thirds of schizophrenia carers and 58% of depression carers stated they felt depressed or anxious because of the patient. Fifty nine percent of schizophrenia carers and 56% of depression carers reported that the patient's illness prevented them from having satisfying relationships with the rest of the family. There was no statistically significant difference in the carer

burden scores between the two diagnostic groups indicating the burden profiles were similar for both groups. This study could not demonstrate a statistically significant association between carer burden and age, sex or relationship of carer to patient. However, in schizophrenia ($r = .26, p = .027$) and depression ($r = .67, p = .000$) the duration of illness correlated with carer burden significantly. The symptom severity of patients correlated with carer burden in both schizophrenia ($p < .001$) and depression ($p < .05$) groups.

Thirty one percent of the depression carers and 42% of the schizophrenia carers had some degree of depression themselves. The relationship between depression in carers and carer burden revealed a significant positive and moderately strong correlation, $r = .63, p < .001$. There was a significant correlation between expressed emotion and carer burden in schizophrenia with higher expressed emotion associated with higher burden ($p < .001$).

These findings that carer burden is correlated with length of patients' illness, patients symptom severity, depression in the carer and expressed emotion highlight the need to develop family support psychoeducation programmes to help carers to cope better with these burdens and improve their physical and mental wellbeing. Carers need to receive training on how to reduce expressed emotion. Mutual support groups that increase carer confidence by sharing concerns and difficulties in caregiving with other carers could be commenced. Ensuring good compliance and symptom control would also reduce carer burden. It would help to have routine screening of carers for depression to identify the high risk carers