

INFORMAL CAREGIVER OVERLOAD OF PEOPLE WITH MENTAL ILLNESS

Elva Rosa Valtierra Oba

0000-0003-4307-3712

Barbara Mónica Lemus Loeza

Ana Celia Anguiano Morán

María Jazmín Valencia Guzmán

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Abstract: In Mexico, the family care system continues to be privileged, where a relative or blood relative of a sick person assumes the role of main caregiver and is practically the only person responsible for the daily tasks of attending and caring for the person who cannot fend for themselves. They are called informal carers to differentiate them from external professional carers, who are paid for their services. Thus, in Mexican society, the informal caregiver becomes the main resource for the attention and care of dependent people. People who require help are characterized as dependents, a mental illness can be incapacitating, according to figures from the World Health Organization (WHO) up to 17% of Mexicans suffer from at least one mental disorder and one in four will suffer from it once in their life, the mentally ill person requires in many cases the support of a caregiver and the fact of exercising this care for a long time and without an adequate support network represents a burden and a stressor that entails adverse consequences for the health of the patients. caregivers. The objective of this work is to determine the level of overload of the informal caregiver of people with mental illness. Methodology: Quantitative, non-experimental, prospective and cross-sectional study, the Zarit questionnaire was applied, which measures the overload of caregivers of dependent people, to a sample of 102 Informal Caregivers (IC). Results: 60% of the sample are women and up to 70% of the respondents presented intense overload. Conclusions: The tasks and activities of daily care for people with mental disorders constitute a burden and a stressor that puts the health of the informal caregiver at risk.

Keywords: Informal caregiver, mental illness, overload.

INTRODUCTION

The concept of informal care is not new, it

has been discussed in various forums for some years now, it is more and more common for the family, a member in particular, to take care of a sick or disabled family member. Different authors agree in characterizing it as care that is provided by people who, for the most part, are not professionals or do not have formal health education. Wright (1987) defines it as the care provided by relatives, friends or other people in the immediate circle of the dependent person and who do not receive financial compensation for the help they offer. This care involves carrying out tasks aimed at providing the services required for the preservation of the physical, mental and social conditions of the dependent person, however, fulfilling this function can be detrimental to the living conditions of the informal caregiver.

Traditionally, it is the women of the family who assume care activities. In Mexico, as in other countries, when a person is diagnosed with a serious and potentially disabling illness, the family takes on a preponderant role. It is pointed out, for example, that in Spain and Latin America the family continues to be the main source of care (Cuesta Benjumea, 2009) and women are recognized as the caregivers par excellence and it was even common in traditional families to designate one of the daughters so that she could dedicate herself exclusively to the care of her parents in their old age.

The deterioration and loss of capacities due to advanced age and chronic diseases that affect the person's autonomy and make them dependent on the care and help of others, imply a burden that profoundly affects family dynamics. The Global Burden of Disease study (WHO 2000) reported on the effect of many disabling chronic conditions on the global economy, including mental disorders considered common such as depression.

More than 300 million people at a group level suffer from depression and more than

260 million have anxiety disorders, statistical data place depression as the third cause of morbidity, In the world, this disorder represents the fourth cause of disability in terms of loss of years of healthy life. Mental disorders account for 25.3% and 33.5% of years lost to disability in low-income and middle-income countries, respectively. The burden of mental disorders continues to increase and has major health implications, as well as significant social, economic and human rights consequences in every country in the world. (WHO, 2013)

According to Camacho 2010, one in four people in Mexico has presented at least one mental disorder and one in three people will have had a mental illness by the time they turn 65, at which time they need or will have needed someone to support them in their self-care. on the other hand, many informal caregivers do not have knowledge about mental illness and the symptoms can become overwhelming, it is important to know that the behaviors do not depend on the person, but on the disorder, that bizarre and sometimes repetitive behaviors are the result of a pathology and not the will of the patient.

The excess of tasks, long hours and excessive demands contribute to both a physical and emotional wear of the IQ and that can lead to a stressful situation with the risk of overflowing and depleting resources and having repercussions on the physical health of the caregiver, their state of mind and in the modification of the thresholds of perception of the suffering and pain of the patient in their care, which has been called the caregiver's syndrome. (Owners, 2006).

METHODOLOGY

Quantitative, non-experimental, prospective and cross-sectional study that included informal caregivers of people with mental

illness, non-probabilistic convenience sampling grouped a sample of 102 informal caregivers of patients with mental illness at the Psychiatric Hospital in Morelia Michoacán.

In the selection criteria, the companions of the patients in the follow-up consultation and the relatives who attended the family visit of the patients of the aforementioned hospital and who did not receive remuneration for the care they provide to their relative or close friend were considered.

The instrument used for data collection was the Zarit Burden Inventory, known as the Zarit questionnaire in Spanish, which quantifies the degree of overload suffered by caregivers of dependent people. The original version in English with copyright since 1983, consists of a list of 22 statements about how caregivers feel, indicating the frequency using a scale ranging from 0 (never), 1 (rarely), 2 (sometimes), 3 (quite a few times) and 4 (almost always). For data analysis, the statistical package SPSS v.25 and descriptive statistics were used.

RESULTS

The informal caregivers who participated in this study were mostly women, representing 60% of the total sample, up to 32%, in addition to being a caregiver, have a paid job as an employee, worker or merchant, which exerts greater pressure in the agendas of those who are in charge of people with mental illness.

The dependent people who were considered for this study presented the following diseases: schizophrenia, 22.5% of the sample; mental and behavioral disorder due to substance use 19%; while 17% corresponds to depressive disorders; bipolar disorder 12% of the total sample.

Regarding the overload of the informal caregiver of a person with mental illness, the Zarit questionnaire yielded the following results: intense overload 68.6% of the sample,

17.6% of the respondents manifested absence of overload and with light overload 13.7, as shown in the adjoining table.

<i>caregiver burden</i>	<i>f</i>	<i>%</i>
absence	18	17.6
light overload	14	13.7
severe overload	70	68.6

Source: results obtained from the application of the Zarit questionnaire.

CONCLUSIONS

Mental illnesses are considered a public health problem that affects the quality of life of people who suffer from them and their families. People with mental disorders require, in many cases, support and support to carry out their daily activities, but also for adherence to treatments, especially pharmacological

treatments, the identification and control of risk behaviors, tasks that the caregiver assumes, many times, without the training that is required and that leads him to face great stressors that improve his own health.

Perceiving care as an intense overload involves conflicting feelings in the caregiver that, together with the other variables associated with the burden of care, improves their quality of life and, consequently, the quality of care provided to the mentally ill.

The risk factors inherent in overloading the task of caring for another, the scarcity of social support networks and the low visibility of informal caregivers in public health are reasons why they must be considered a vulnerable group and implemented health policies that allow generating strategies to care for the caregiver.

REFERENCES

- Camacho, L., Yokebed, G., (2010). **Sobrecarga del cuidador primario de personas con Deterioro Cognitivo y su relación con el Tiempo de Cuidado**. Revista Enfermería Universitaria ENEQ-UNAM, (7)4 Recuperado de file:///C:/Users/Toshiba/Downloads/25024-45576-1-PB.pdf
- Cuesta Benjumea, Carmen de la (2009). **El cuidado familiar: una revisión crítica**. Investigación y Educación en Enfermería, XXVII(1),96-102.[fecha de Consulta 28 de Febrero de 2020]. ISSN: 0120-5307. Disponible en: <https://www.redalyc.org/articulo.oa?id=1052/105213198010>
- Dueñas, E., Martínez, M., Morales, B., Muñoz, C., Viafara, A. Y Herrera, J. (2006). **Síndrome del cuidador de adultos mayores discapacitados y sus implicaciones psicosociales**. Revistas científicas de América latina, el Caribe, España y Portugal. (37) 2 (supi). Recuperado de <http://www.redalyc.org/pdf/283/28337906.pdf>
- Instituto Nacional de Estadísticas y Geografía (2017). **Estadísticas a propósito del día de las y los cuidadores de personas dependientes** (2 de marzo). INEGI Recuperado de: http://www.inegi.org.mx/saladeprensa/aproposito/2017/cuidadores2017_Nal.pdf
- Organización Mundial de la Salud OMS (2013). **Plan de acción sobre salud mental 2013-2020**. Recuperado de: http://apps.who.int/iris/bitstream/10665/97488/1/9789243506029_spa.pdf?u a=1
- Wright Ken (1987). **“The economics of informal care of the elderly,”** Working Papers 023chedp, Centre for Health Economics, University of York.
- World Health Organization (2000). **World Health Report, 2000: Reducing risks, promoting healthy life**. Geneva: World Health Organization.