

The Role of Psycho-education in Assessing Stress, Anxiety and Depression among Caregivers of Patients undergoing Electroconvulsive Therapy

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Abstract

Background: Psychiatric illnesses influence the entire relationship of a family unit. Caregivers provide useful contribution in maintaining the biological, physical, social, moral support.

Electroconvulsive therapy (ECT) is proficient, non-pharmacological treatment that is implemented for the management of psychiatric illnesses. ECT is very common and famous treatment in many psychiatric hospitals of Pakistan and hundreds of ECTs sessions are conducted in a single day to treat thousands of patients with mental health illnesses. Unfortunately, many psychiatrics are not providing an adequate awareness regarding ECT procedure/ treatment to their care-givers/families which is resulted into stress, anxiety and depression in caregivers.

Aim: To evaluate stress, anxiety and depression among caregivers of patients who are undergoing electroconvulsive therapy and highlight the importance of psycho-education of caregiver of patients who are undergoing for ECT.

Methods: It was hospital based cross sectional study conducted at Combined Military Hospital, Peshawar, Pakistan. Sample of 35 individuals was chosen in the course of purposive sampling. They were acknowledged well regarding purpose of study. Each participant was interviewed at inpatient department of hospital facility. Interview was based on demographics and stress, anxiety and depression scale.

Results: The research resulted into prevalence of stress, anxiety and depression among the caregivers of patients undergoing Electroconvulsive Therapy.

Conclusion: The study suggests that caregivers played very important part in the management of mentally ill patients. Psychiatrists and other mental health professionals can achieve miraculous progress in the recovery of serious mental patients if provided psycho-education to caregivers of patients who are undergoing for ECT.

Keywords: Young adults, Social Anxiety, Internet Addiction, Loneliness,

Introduction

As a western country, Pakistan is facing deinstitutionalization of professional services due to its continuous political instability. This trickle down also affects the general health services in hospital settings and there is a shift of support from hospitals to public, where caregiver play an essential role in supporting mentally ill patients (Lobbon et al., 2013).

“Caregivers” are those individuals who have personal relationship with psychiatric patients and they are generally blood relatives, intimate partners (husband/wife), parents, and children who are paying voluntary services to the patients. Involvement of caregiver has great support for the patients with mental health issues. Severely mentally disturbed patients especially those who are under-going ECT are totally dependent on their caregivers in terms of biological, physical, social, moral support.

In Pakistan general practice of medical health especially psychiatric facilities are the most neglected part. In this concern majority of patients with severe mental disorders are being treated with Electro-convulsive Therapy (ECT). In the same way caregivers of patients who are undergoing ECT with severe mental disorders are not given adequate information, awareness, confidence and education regarding ECT and related treatment by the professionals and their staff.

In Pakistan ECT is named as “shock therapy” or “کرنٹ والی تھراپی”. Many people are of the view and perceive that ECT is an inhuman treatment for animals or treatment for vindictive purposes. This concept prevails due to lack of knowledge, societal rumors and general stigmas related to psychiatric illness and their treatment. Unlike many other medical disorders mental illnesses are not easily treated as it requires a long-term care and close supervision. Caregivers always remain sensitive towards their patients and had lot of quires regarding ECT treatment e.g how it works? How much duration it requires? What type of treatment is this? Will it be an effective treatment or not because? Why medication is not helping my patient? Will my patient be cured completely or not? What types of harms are involved in ECT? Unfortunately, these questions are generally left unanswered by the psychiatrists thus it results into disappointment in caregivers.

Rumors and stigmatization also lead to the difficulties in rehabilitation of mentally ill patients. Awareness regarding ECT among caregivers of patients may have a considerable impact on the outcomes of the treatment and may also assist in the eradication of the misconceptions prevailing in society related to the whole concept of ECT and mental health. ECT is very common and famous treatment in many psychiatric hospitals of Pakistan and dozens of ECT sessions are conducted in a single day to treat large number of patients with psychiatric illnesses.

According to World Health Organization internationally about 450 million individuals are affected by psychiatric disorders. These disorders can be treated by a number of treatment modalities such as, psychotherapy, psychotropic medication and electroconvulsive therapy (Abdul et al., 2009). Electroconvulsive therapy (ECT) is successful, non- pharmacological intervention that is practiced to treat psychiatric illness.

A study concluded that psycho-education of ECT among caregivers of mentally ill patients was effective (Kalita B & Sumita M., 2022). Caregivers and family can provide psychological, social and contributory care to individual and working relations with facilities evolving and carrying treatments (Pharoah et al., 2010 & Lucksted et al., 2012). The mental health of caregivers is often neglected despite many caregivers have poor psychological/psychiatric health. Looking after family member with psychiatric issues can significantly affect caregiver's psychological and mental health (Shah et al., 2010). Involvement of family members in the health care setting has vivid benefits for patients (Pharoah et al., 2010, Pitschel-Walz et al., 2001) but puts adverse effects on caregivers e.g. emotional burden, isolation, high level of stress, inadequate wellbeing (Hill et al., 2019). A survey conducted in UK reported that less than 35% caregivers were provided adequate services and information regarding their patients by the hospital staff (Care Quality Commission., 2015) and another article revealed that family members were neglected in treatment (Doody et al., 2017, Skarsater et al., 2018).

Mental health problems of caregivers contain emotional stress, and depression (Shah et al., 2010), 71% showed poor mental and physical health (HM Government., 2008). Survey (2015) in UK showed that 84% of caregivers were stressful, 78%, anxious and 55% reported depression (Carers UK., 2015). An imperative role is played by the caregivers in terms of support they provide to their in-patients e.g. physical support, food, sleep and general hygiene, social, financial, transportation, and emotional support. Therefore, the patient is completely dependent on caregivers and their wellbeing is directly related to quality and nature of care provided by caregivers. Grover et al, (2013) concluded that high numbers of caregivers of patients with schizophrenia and bipolar disorder have reported tension, worries and higher functional deterioration.

In this regard a study conducted by Basheer et al (2005) determined that caregivers of psychologically ill patients have considerably high level of anxiety and depression. Another research performed by Salleh (1994) on caregivers of psychiatric disorder analyzed that 50% of the caregivers of mentally ill patients had neurotic depression and distress. Crasta et al (2016) summarized that 88% of caregivers of patients with mental illness have shown unfavorable attitude towards ECT.

Yee and Schulz (2000) carried out experiential study on gender diversity in psychiatric morbidity among family caregivers and concluded that female caregivers showed additional psychiatric signs than male caregivers. Another research conducted on 43.5 million female caretaker who reported decrease capability to work and burden with their family members (The national alliance and the AARP public policy institute, 2015). Carod-Artal. et al., 2009 concluded that occurrence of anxiety disorders was high in females then male caregivers. Another supported article by Verama R et al (2011) analyzed that depression and anxiety was high in female as compared to male caregivers. According to Pakistani research (Taj, et al 2005) depression is generally high in female as compared to male while another research finding concluded that there was high level of depression and anxiety as well as lesser life facilities as compared to male (Imran et al., 2010).

Methodology

Objectives

Study aims to evaluate depression, anxiety and stress in caregivers of mentally ill patients undergoing with electroconvulsive therapy (ECT) and importance of psycho-education in minimizing these effects.

Hypotheses

- Stress, anxiety and depression among caregivers of mentally ill patients who are provided psycho-education will be low as compared to caregivers who were not provided psycho-education.
- Stress, anxiety and depression among female caregivers of mentally ill patients will be high as compared to male caregivers.

Sample

The sample consists of 70 participants; age range of sample is 20 to 60 years. The data was collected from Combined Military Hospital (CMH), Peshawar.

Instruments

Depression, anxiety and stress was assessed by Depression, anxiety and stress Scale (DASS) developed by Lovibond and Peter Lovibond from University of New South Wales (1995). This scale is based on 21-items questionnaire with three self-reported parts.

These three-question compartments are planned to measure the negative emotional states of depression, anxiety and stress respectively.

Procedure

Quantitative correlational study was conducted at Combined Military Hospital (CMH), Peshawar. Sample of 60 Indoor patient's caregivers were selected through purposive sampling. Informed consent was taken from the participants and the nature, purpose and benefit of the research was clarified to them. The contributors were guaranteed about the privacy of their information. They were encouraged to ask questions regarding the research or instrument. Respondents are requested to answer 4-point frequency scale while considering past 2 weeks. High score on scale displays high level of depression, anxiety and stress.

Questionnaires were filled by the participants and were thanked for their cooperation.

Inclusion criteria: Data was conducted before first ECT of their patients.

Results: -

Table 1

Psychometric properties for scale (N = 35)

Scale	<i>M</i>	<i>SD</i>	Score Range	Cronbach's α	Skewness	Kurtosis
DASS	20.11	13.76	00-60	.95	1.18	2.29

Note. DASS: Depression, anxiety, stress scale

Table 1 shows psychometrics properties for the scale. The Cronbach's α value for the Scale was .95 (>.80) which indicates high internal consistency, which means that the scale was highly reliable for the measurement of constructs.

Table 2

Pearson Product Moment Correlation for depression, anxiety and stress (N=35)

Variables	1	2	3	4
Depression	-	.85**	.84**	.95**
Anxiety	-	-	.83**	.94**
Stress	-	-	-	.94**
DASS	-	-	-	-

Note. ** $p < .01$.

Table 2 indicates the Pearson product moment correlation, that was utilized to check the hypothesis and the relationship among subscales depression, anxiety and stress are significantly positively correlated at 0.01 levels.

Results Showed that that the more is depressive symptoms; it will be accompanied by more anxiety symptoms and stress. The correlation between depression and anxiety is 0.85, while the correlation between depression and stress is 0.84. The correlation between stress and anxiety is 0.83 and vice versa. Moreover, all subscales also had significant positive relationship with DASS.

Table 3

Mean differences by gender of participants on study variables (N = 35)

Variables	Male (n = 16)		Female (n = 19)		t (33)	p	Cohen's d
	M	SD	M	SD			
Depression	3.00	3.03	8.74	5.18	-3.89	.001	-1.32
Anxiety	2.19	2.11	8.42	4.26	-5.32	.001	-1.81
Stress	5.75	3.02	10.68	4.83	-3.54	.001	-1.20

Note. *** $p < .001$.

Table 3 point out that there is a noteworthy difference in stress, anxiety and depression between males and females. The table also demonstrates that women caregivers have elevated levels of stress, anxiety and depression as contrasts to male caregivers.

Table 4

Mean differences of effects of psycho-education in participants on study variables (N = 35)

Variables	Yes (n = 17)	No (n = 18)
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	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> (33)	<i>p</i>	<i>Cohen's d</i>
Depression	2.53	2.96	9.50	4.49	-5.38	.001	-1.82
Anxiety	2.76	3.01	8.22	4.37	-4.27	.001	-1.45
Stress	4.76	2.25	11.89	3.79	-6.71	.001	-2.27

Note. ****p* < .001.

Table 4 indicated that the participants of experimental group displayed significant difference in stress, anxiety and depression from the participants of control group. Mean of depression in experimental group is 2.53 as mean of depression of control group is 9.50 which show significant improvement in experimental group. Similarly mean of anxiety of control group is 8.22 while mean of anxiety in experimental group is 2.76 which again is a sign of noteworthy improvement. On the other hand mean of stress in control group is 11.89 while mean of stress in experimental group is 4.76 again a substantial improvement.

There is a significant difference in stress, anxiety and depression among participants who were provided psycho-education and other. Results demonstrates that caregivers who were psycho educated about the process and effects of electroconvulsive therapy, they showed less symptoms of depression, anxiety and stress as compared to the other group who were not psycho educated.

Discussion

This study proposed to discover the stress, anxiety and depression among caregivers of mentally ill patients undergoing ECT in Pakistan. *It is unique research which is addressing the issues of caregivers of mentally ill patients undergoing ECT and no single research found in this context until now.* Literature is supporting that the stress, anxiety and depression among caregivers of mentally ill patients would be high (Heru AM., et al. 2005, Prasanna et al 2015, Steele A1 et al., 2010 & Ali, et al. 2010). Many other researches also reported high level of anxiety in caregivers with psychiatric illnesses (Prasanna, et al 2015, Prabhu, et al 2016, Selamat Din et al 2017, Prasanna., et al 2015., Al-Zahrani ., 2015., Maria Crespo et al 2005).

Current study found that stress, anxiety and depression among female caregivers of mentally ill patients undergoing ECT will be high as compared to male caregivers which is well supported through researches (Carod-Artal. et al., 2009) concluded that occurrence of anxiety disorders was high in females then male caregivers. Another supported article by Verama R et al (2011) analyzed that depression and anxiety was high in female as compared to male caregivers. The possession of depression is generally high in females as judge against males in previous research finding in Pakistan (Taj R et al., 2005). Moreover, research carried out in Pakistan concluded that a vast number of carriers were females who had a high level of depression and anxiety, and lesser life facilities as compared to males (Imran et al., 2010).

Implications

- Knowledge and awareness regarding ECT in caregivers will help to improve their mental health.

- Negative effects of ECT in caregivers, patients and general public may decrease and patients and their relatives will get benefit of this important treatment.
- To provide intervention regarding psychological disorders in caregivers.
- Counselling prior to ECT will be more fruitful as an intervention.

Conclusion

It has been fairly established that care-givers of patient with mental disorders have poor knowledge and negative attitude towards ECT hence it is need of the time to provide awareness in this concern. There is a high need to educate, inform and produce awareness in caregivers, especially patients with mental disorders.

Mental disorders have a significant influence on whole functioning of the family unit. Caregivers' mental health is a necessity of time. Multiple psycho-educational techniques can be applied to prevent depression, anxiety and stress in caregivers and turn this treatment turn into more positive outcome for the patients in general.

The study highlights the effect of ECT causing depression, anxiety and stress among caregivers. Moreover, findings of the research emphasis on the health risk in female caregivers. The present study will contribute as a handy document in the field of psychiatry and clinical psychology.

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