Depressive syndromes among female caregivers of schizophrenic patients in prof. dr. m. ildrem mental hospital medan

A Handi\textsuperscript{1}, M S Husada\textsuperscript{1} and D P Gultom\textsuperscript{1}

\textsuperscript{1}Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia
\textsuperscript{*}Corresponding author: andrew.h15885@yahoo.co.id

Abstract. Caring for schizophrenic patients can lead to emotional distress. It remains unclear about the level of depressive syndromes among female caregivers of schizophrenic patients. To determine the level of depression among female caregivers of schizophrenic patients. This is a descriptive study with a cross-sectional approach to describe the level of depression of female caregivers in Prof. dr. M. Ildrem Mental Hospital Medan, using HADS instruments. Most age group of caregivers is from age 51-60 years that is 48.15%, caregiver’s work status mostly not works (62.96%), marital status of caregiver mostly is married (59.26%), kinship with most patients are a biological mother (57.41%). Most patient age group is from age below 30 years (50%), work status of most patients is not working (81.48%), marital status of most caregiver is married (83.33%). Mostly of the depressive syndrome is mild depression (42.59%). Mostly of the depressive syndrome is from mild depression.

1. Introduction
Schizophrenia is one of the most burdensome chronic mental illness, especially to the family.[1-3] Schizophrenic patients are physically and emotionally dependent on their families.[2] Schizophrenia increases the role of relatives in caring for schizophrenic patients.[1,4] Also, caregiver plays an important role in the treatment of chronic mental illness in society.[1,4] Many studies indicate that the more psychiatric symptoms and caregiving demands associated with the high level of psychological distress.[5] About 40% - 90% schizophrenic patients stay with their caregivers.[1,4]

Patients with mental illness more often stay at home with their families than in institutions.[3] Caring for schizophrenicpatientcanresult in emotional distress on caregivers such as anxiety, depression, loneliness, isolation, fear, and easily disturbed.[1] Family members who care for schizophrenic patients are described as forgotten patients.[1,2] A study by Koujalgi et al. (2003) in India concluded that caregivers of schizophrenic patients experienced higher burden than caregivers of patients with depression.[6] A study by Brown et al. (1998) in Australia showed that most schizophrenic patients that lived with their families continue to experience significant limitations by their illness when their caregivers suffer from ongoing stress.[7]

Depression is a complaint that is more often reported by caregivers of schizophrenic patients. Several factors that influence psychological distress on caregivers of schizophrenic patients such as sociodemographic factors of caregivers of schizophrenic patients, sociodemographic of schizophrenic patients, kinship relationship, and clinical features of schizophrenic patients. One of the
sociodemographic factors that affect a psychological distress in a schizophrenic patient is the gender of the schizophrenic patient, where male sex associates with a higher level of psychological distress.[4]

A study by Gulseren et al. (2010) in Turkey indicated that one of the caregivers’ burdens is related to the male sex of schizophrenic patients gender.[8] A study by Yusuf et al. (2009) in Nigeria showed that Hospital Anxiety and Depression Scale-Depression (HADS-D) scores are higher in caregivers of male schizophrenic patients.[1] Meanwhile a study by Mitsonis et al. (2012) in Greece. Showed that there is no relationship between the gender of schizophrenic patients with psychological distress on caregiver of schizophrenic patients.[4] This study would like to determine the level of depression among female caregiver of the schizophrenic patient.

Hospital Anxiety and Depression Scale (HADS) was first developed by Zigmond and Snaith in 1983. HADS is divided into Hospital Anxiety and Depression Scale-Anxiety (HADS-A) for the anxiety subscale and HADS-D for the depression subscale. Both HADS-A and HADS-D have a sensitivity and specificity of 0.80.[9] HADS is designed to provide a simple and reliable tool in medical practice. The term “hospital” in the title suggests that it is only valid in the arrangement, but many studies conducted in worldwide have confirmed that it is valid when used in the community and medical practice services. HADS only takes 2-5 minutes to complete. HADS consists of 14 questions with 2 subscales, namely to assess anxiety (7 questions) and depression (7 questions), in which each state in 4 points, from 0 (not at all) to 3 (very often). The minimum and maximum amounts being 0 and 21 for each scale.[10]

2. Methods
This study is a descriptive study to see the level of depression in female caregivers Prof. dr. M. Ildrem Mental Hospital Medan, using HADS instruments with cut off 7.[9-11] The sampling method was by purposive sampling method.[12] The respondents were female caregiver, aged between 18 – 60 years, education time at least 9 (nine) years, first degree relatives, living with the patient, caring times at least one year, time spent to care for the patient at least 10 hours weekly that caring for schizophrenic patient which have education time at least 6 (six) years. Caregivers with past mental illness, chronic physical illness, and disabilities such as blind, deaf, and speech disorder were excluded. Patient that comorbid with other mental illness, chronic physical illness, and not cooperative were also excluded from this study. Female schizophrenic caregivers from Emergency Installation and outpatient that filled inclusion and exclusion criteria will be given an inform consent and sign an agreement before participating in this study and filling HADS-D rating scale.

3. Results
This research got 54 research subjects. The sampling method was by purposive sampling method.[12]

| Table 1. Caregiver’s sample demographic. |
|----------------------------------------|
| **Caregiver** |  **N (%)** |
| Age          |            |
| - >30        | 4 (7.41)   |
| - 31-40      | 10 (18.52) |
| - 41-50      | 14 (25.93) |
| - 51-60      | 26 (48.15) |
| Employment   |            |
| status       |            |
| - Working    | 20 (37.04) |
| - Not working| 34 (62.96) |
Table 1 shows that most age group of caregivers is from age 51-60 years (48.15%), caregiver's most work status does not work (62.96%), marital status of caregiver mostly is married (59.26%), kinship with the most patients are a biological mother (57.41%).

### Table 1. Caregivers of the depressive syndrome.

| Marital status | N     |
|----------------|-------|
| Married        | 32(59.26) |
| Not married    | 22(40.74) |

| Relationship with patient | N     |
|---------------------------|-------|
| Younger sister            | 4 (7.41) |
| Older sister              | 17 (31.48) |
| Daughter                  | 2 (3.70) |
| Mother                    | 31 (57.41) |

Table 2 shows that most patient age group is from age below 30 years, namely 50%, work status of most patients is not working (81.48%), marital status of most caregiver is married (83.33%).

### Table 2. Patient’s sample is demographic.

| Caregiver | N (%) |
|-----------|-------|
| Age       |       |
| >30       | 27 (50.00) |
| 31-40     | 19 (35.19) |
| 41-50     | 6 (11.11) |
| 51-60     | 2 (3.70) |
| Employment status |       |
| Working   | 10 (18.52) |
| Not working | 44 (81.48) |
| Marital status |     |
| Married   | 9 (16.67) |
| Not married | 45 (83.33) |

Table 3 shows that the largest group of the depressive syndrome is from mild depression for 42.59%.

### Table 3. HADS-D score.

| HADS-D   | N(%) |
|----------|------|
| NoDepression | 19 (35.19) |
| Mild      | 23 (42.59) |
| Moderate  | 10 (18.52) |
| Severe    | 2 (3.70) |

Table 3 shows that the largest group of the depressive syndrome is from mild depression for 42.59%.

### 4. Discussion

From this study, mostly group of the depressive syndrome is from the mild depression in which the study is in accordance with the study conducted by Yusuf et al. (2009) in Nigeria where the average HADS-D score was found to be 9.46±4.25. Where the score of 9.46 falls into the group of mild depression syndrome on the HADS-D score.[1] The similarities with the study may be due to schizophrenic patient caregivers getting a nurturing burden when caring for schizophrenic patients.[1-3]

This study is different from the study conducted by Osman et al. (2010) in Malaysia, wherein the study found only about 7% of caregivers schizophrenic patients. The difference may be because most...
of the caregivers are male, while the caregiver in this study is female.[2] Where the sex of a female caregiver affects the syndrome of depressive.[4] The majority of carer-to-patient relationships are maternal mothers where it is in accordance with a study conducted by Magana et al. Magana et al. reported that the major relationship of schizophrenic patient caregivers were mothers (59%).[5] The sample of this study represents the general population because the sample is sufficient. The limitation of this study is not done in multicentre because of the limited resource.

5. Conclusion
Most age group of caregivers is from age 51-60 years that is 48.15%, caregiver's work status mostly not works (62.96%), marital status of caregiver mostly is married (59.26%), kinship with most patients is abiological mother (57.41%). Most patient age group is from age below 30 years (50%), work status of most patients is not working (81.48%), marital status of most caregiver is married (83.33%). Mostly of the depressive syndrome is mild depression (42.59%).

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