



Service Priorities and Programmes
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Level of caregiver burden of psychiatric in-patients with schizophrenia spectrum disorders and its association factors in Hong Kong

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Introduction

Providing care for a relative with severe mental illness was significantly affecting all aspects of the caregivers' life. In combination with the lack of personal, financial and emotional resources, many caregivers experienced tremendous stress, depression, and anxiety after care giving began. "Caregiver burden" had been frequently used to describe the extent of affected family life in Western countries. If people with schizophrenia were in the state of mental relapse, the entire families have to carry even a heavier caregiver burden and undergo emotional distress. There are limited local studies investigated the level and the associations of caregiver burden of those patients with relatively poor mental state.

Objectives

To examine the level of caregiver burden of psychiatric in-patients with Schizophrenia spectrum disorders and its relationships with demographic characteristics, family condition, psychiatric symptomatology, disability, social and occupational functioning of patients and caregivers.

Methodology

A cross sectional exploratory study was conducted. The study adopted convenience sampling approach. Total 236 In-patients who were admitted to Kwai Chung Hospital, Hong Kong from January 2012 to March 2012, were screened with inclusion and exclusion criteria. 46 pairs of in-patients and their caregivers were recruited and assessed with Family Burden Interview Schedule (FBIS), Involvement Evaluation Questionnaire (IEQ), Brief Psychiatric Rating Scale (BPRS), and Scale for the Assessment of Negative Symptoms (SANS), Social and Occupational Functioning Assessment Scale (SOFAS) and World Health Organization Disability Assessment Schedule II (WHODAS II).

Result

The results of the study provided a general picture of level of caregiver burden particularly for people who were recently admitted to psychiatric hospital. Their level of

caregiver burden was relatively lower than those living in the community, which implied that there was immediate release of caregiver burden with the management and support provided by psychiatric hospitals in Hong Kong. High level of perceived caregiver burden was associated with patients with male gender, low education level, unemployment, presence of violence and forensic history, crowded household environment, young caregivers, high level of negative symptoms (apathy and sociality), high disability and low level of social and occupational functioning. The results could help clinicians to notify groups associated with high burden level and to provide a more comprehensive and target oriented treatments and interventions. More attentions could be paid to some trainable factors such as social and occupational functioning. The burden of families would be reduced after arranging daily engagement and exploring vocational placement for patients.