

# Family- to-Family Support Program for Caregivers of Adults With Mental Illness

Kerime BADEMLİ, PhD, Assistant Professor Akdeniz University Faculty of Nursing Department of Psychiatric Nursing

Email: kerimedemirbas@akdeniz.edu.tr



Schizophrenia patients struggle because of they couldn't perform the social roles that expected and they are obliged to take continuous family care and support.

Most patients with schizophrenia live with their families who often undertake the responsibility care giving without external any support



Schizophrenia affects negatively the family member's life as much as the patients

(Addington ve ark. 2005, Chien 2008, Li ve ark. 2007, Saunders 2003).



One of the family members is obliged to take care of the patient

After a while caregiver becomes to the center of the patient's life

Becoming caregiver is a situation that can't be planned and choose

Physical, emotional, economical difficulties

Hard, effortful and unforeseen experience

Atagün ve ark. 2011, Urizar ve ark. 2009

When schizophrenia patient's family couldn't cope with the difficulties of the disease problems as



As a result of the stress they experience, caregivers of patients with schizophrenia are found to have a high prevalence of depressive symptoms and anxiety

03.09.2015 Valencia / Spain

Kerime Bademli 6

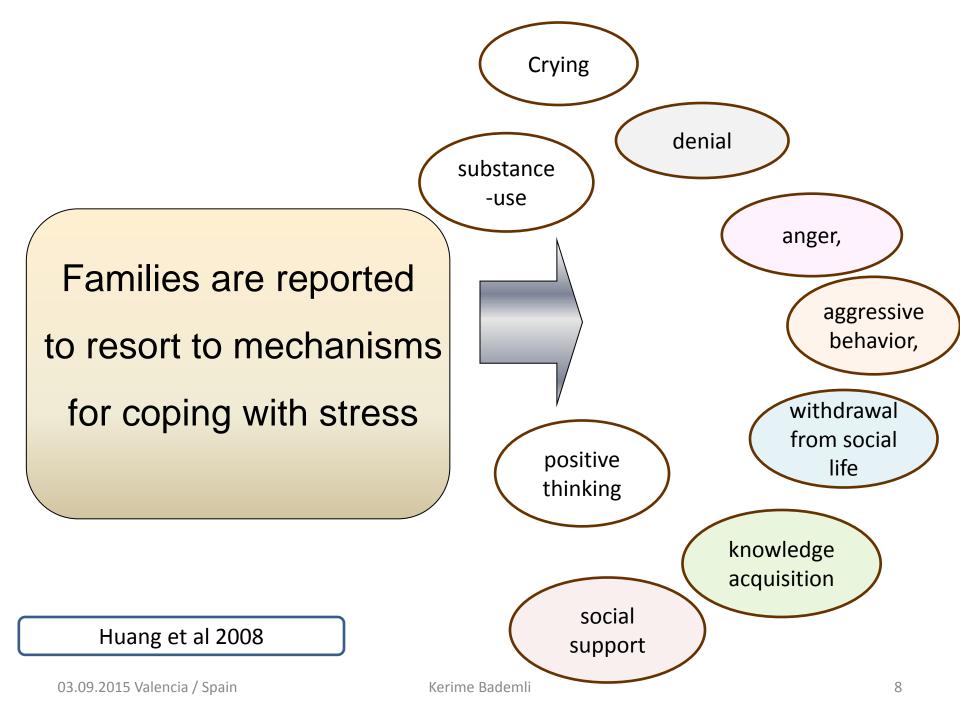
The researches that performed with schizophrenia patient's families indicated that

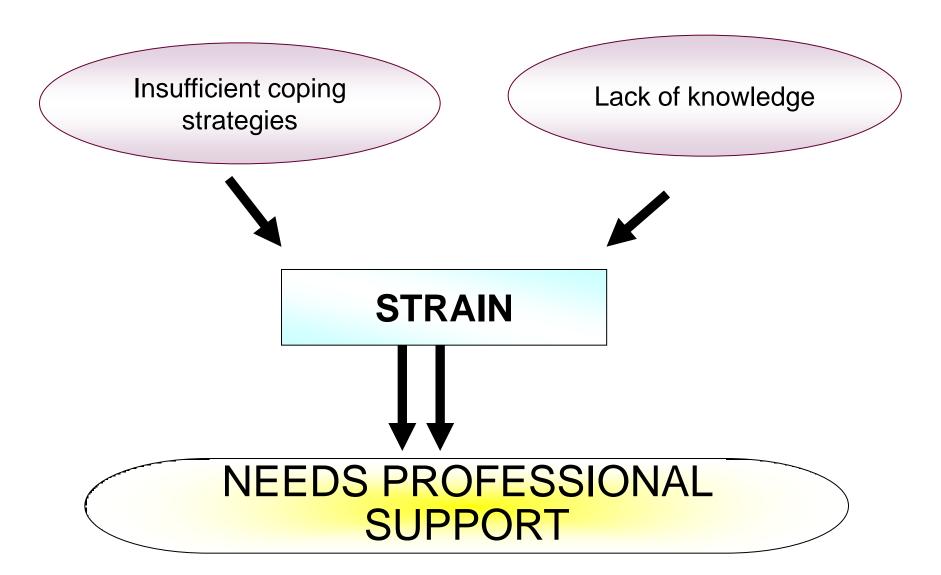
The rate of mental health disorders in caregivers of patients with chronic mental illnesses is 55% (Barrowclough et al.1996)

The rate of mental health disorders in caregivers of patients with chronic mental illnesses who had first psychosis attack is 12% (Tennakoon et al.2000)

The rate of depression caregivers of patients with chronic mental illnesses is 40% (Magana et al. 2007)

The rate of depression or anxiety like problems caregivers of patients with chronic mental illnesses is 25% (Laidlow et al. 2002)





# Family Interventions



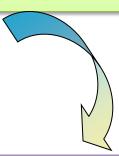
Psychosocial interventions reduce the *risk* of relapses and re-hospitalization among the caregivers of patients with schizophrenia while increasing patient compliance with drug therapy

Pilling ve ark. 2002

In a meta-analysis of studies on the families of patients with schizophrenia by Pitschel-Walz, et al.(2001), it was reported that family interventions reduce the rates of relapse by 20%.

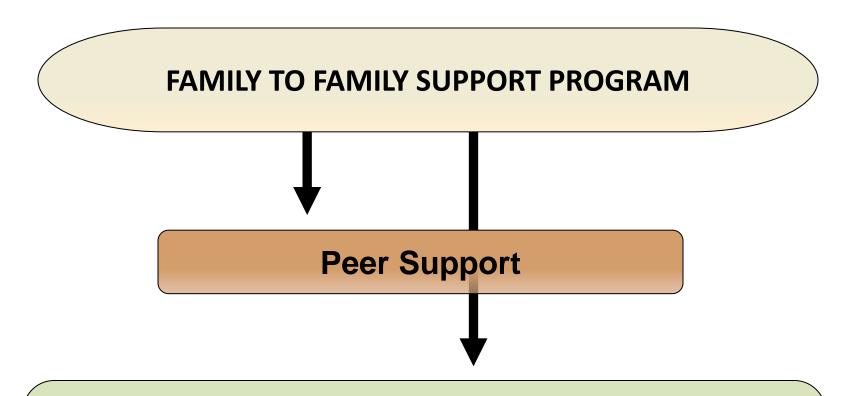
#### **TODAY**

Family interventions are applied only when families participate in research and some families can only receive services after the patient is hospitalized.



The fact that family interventions are not a part of the practices carried out by healthcare workers has led to the emergence of Family-to-Family Support (FFS) programs

Lincoln ve ark. 2007, Fung ve Fry 1999)



In this program, families can interact with other families with similar stories, share their experiences, and develop a new perspective towards their own lives

- •Family to family support programs are community support programs that provide families with information about mental illnesses while creating a forum for sharing thoughts and feelings.
- •Healthcare workers train volunteers among family members who in turn train other family members

## FAMILY TO FAMILY SUPPORT PROGRAM



equip the caregivers with self-help skills, to provide emotional support, and to ameliorate the traumatic impact of chronicle mental illnesses on caregivers.

## **Family- to-Family Support Program**

- >Knowledge about mental illness, drugs and other treatments
- >Improvement of problem solving skills
- ➤ Coping with stress
- >Improving the communication skills with patients
- ➤ Sharing the experiences and struggling
- ➤ Society resources for schizophrenia patients

## **Results of Studies With Family to Family Support Program**

- ✓ Caregivers gained more knowledge about the causes and treatment of mental illnesses (Chien, 2008, Dixon et al., 2004 and Pickett-Schenk et al., 2008),
- ✓ coped more easily with the difficulties they encountered (Chien, 2008),
- ✓ felt stronger (Pickett-Schenk et al., 2008),
- √ had less negative emotions (<u>Dixon et al., 2004</u>),
- ✓ received more social support and were less anxious about the mentally ill individuals (<a href="Reay-Young, 2001">Reay-Young, 2001</a>).

## **Study Aims**



The aim of this study is to assess the effects of the FFS program on the coping skills and mental health status of caregivers of patients with schizophrenia.

## Method and Sample

Material and methods

A randomized, controlled intervention design was employed in the study.

The study was conducted İzmir Schizophrenia Solidarity Association in Turkey.

The study sample consisted of registered family members of the association

Inclusion criteria	Exclusion criteria
•	were to attend less than three sessions out
participate in the study,	of eight sessions in total
> be literate and above 18 years of	➤ their relative suffered no co-morbidity of
age,	other mental illness during recruitment to
	the study
> be the primary caregiver responsible	
for a period of over 3 months for the	
care and treatment of a patient who	
was diagnosed with schizophrenia at	
least 1 year before the study.	

Caregivers who agreed to participate in the trial were randomly selected



Family to family support group 22

Control 24

### Measurements

- Socio-Demographic Characteristics Survey Questionnaire
- General Health Questionnaire
- Ways of Coping with Stress Scale

- First phase of the study, the FFS Program was developed,
- Second phase where the participants of the study were identified and trained.
- Third phase, trained caregivers trained other caregivers.

## Development of the FFS Program

# Relevant literature



# Expert opinions

- Family to Family Support Program Content
- Session 1: Introduction
- Session 2:Understanding schizophrenia as a disease
- Session 3: Learning about the treatment of schizophrenia
- Sessions 4 and 5: Communicating patients with schizophrenia
- Sessions 6 and 7: Coping with stress
- Session 8: Conclusion of the group sessions

## RESULTS

The difference between the overall health scores of the care givers in the Family to Family Support Group and the control group was analyzed with Friedman analysis in comparison with time periods (pre-intervention, post intervention month 2, month 3, and month 6).

Comparison of the General Health Questionnaire Scores of Caregivers in the Family-to-Family Support Group and the Control Group

Mean scores of **General Health Questionnaire** in the Family to Family Support Group of caregivers at post intervention, month 3 and month 6 were significantly reduced at the < .05 level than their mean baseline **General Health Questionnaire** scores.

Comparison of the Ways of Coping With Stress Scale Scores of Caregivers in the Family-to-Family Support Group and the Control Group

### **Self-Confidence**

Significant differences were found between the baseline, post-intervention, month 3 and month 6 Ways of Coping With Stress Scale self-confidence subscale mean scores of the Family to Family Support Group group caregivers whereas there were no significant differences between the self-confidence mean scores of the control group over the four measurements.

## **Optimistic**

The Ways of Coping With Stress Scale optimistic subscale mean post-intervention score of the Family to Family Support Group was found to be significantly increased at the < .05 level than the baseline and month 6 mean scores.

### **Seeking Social Support**

There were statistically significant differences between the baseline, post-intervention, month 3 and month 6 Ways of Coping With Stress Scale seeking social support subscale scores in the Family to Family Support Group but not in the control group

## **Helpless**

There were significant differences between the baseline, postintervention, month 3 and month 6 mean scores of Ways of Coping With Stress Scale helpless subscale of the Family to Family Support Group.

### **Submissive**

There were no statistically significant differences between the four measurements of the Ways of Coping With Stress Scale submissive subscale mean scores in the Family to Family Support Group and control group.

Effects of a Family-to-Family Support Program on the Mental Health and Coping Strategies of Caregivers of Adults With Mental Illness: A Randomized Controlled Study

K Bademli, ZÇ Duman

Archives of Psychiatric Nursing

Volume 28, Issue 6, December 2014, Pages

392-398







03.09.2015 Valencia / Spain

Kerime Bademli 37

