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

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Schizophrenia patients struggle because they couldn't perform the social roles that were 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 of care giving without any external support. Schizophrenia affects negatively the family member’s life as much as the patients.

CAREGIVER ROLE

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

- stress
- guiltiness
- desperation
- shame
- anxiety
- hopelessness
- fear
- strain
- depression

Obfuscation of the patient and/or disease.
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.
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)
Families are reported to resort to mechanisms for coping with stress.

- Crying
- Denial
- Anger
- Withdrawal from social life
- Aggressive behavior
- Positive thinking
- Knowledge acquisition
- Social support

Huang et al. 2008
Insufficient coping strategies

Lack of knowledge

STRAIN

NEEDS PROFESSIONAL SUPPORT
Psychosocial interventions reduce the risk of relapses and re-hospitalization among the caregivers of patients with schizophrenia while increasing patient compliance with drug therapy.
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%.
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 chronic 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 (Dixon et al., 2004),
- received more social support and were less anxious about the mentally ill individuals (Reay-Young, 2001).
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

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<th>Inclusion criteria</th>
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<td>➢ Participants must consent to participate in the study,</td>
<td>➢ were to attend less than three sessions out of eight sessions in total</td>
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<td>➢ be literate and above 18 years of age,</td>
<td>➢ their relative suffered no co-morbidity of other mental illness during recruitment to the study</td>
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<td>➢ 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.</td>
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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

• 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

Expert opinions
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, post-intervention, 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

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Archives of Psychiatric Nursing

Volume 28, Issue 6, December 2014, Pages 392–398