

**Family caregivers are
important for rehabilitation**

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Problems of schizophrenia caregivers in India

(Agannathan 2010)

Detailed problems :

- I would want my son to go to a job. He has forgotten about going for the job completely. He does not have a mind to go for a job.
- My son has changed seven companies. In no company he has worked for more than two to three days... He gets a job easily. But after joining, he cannot maintain the job.'

Problems of schizophrenia caregivers in India

(Agannathan 2010)

Detailed problems :

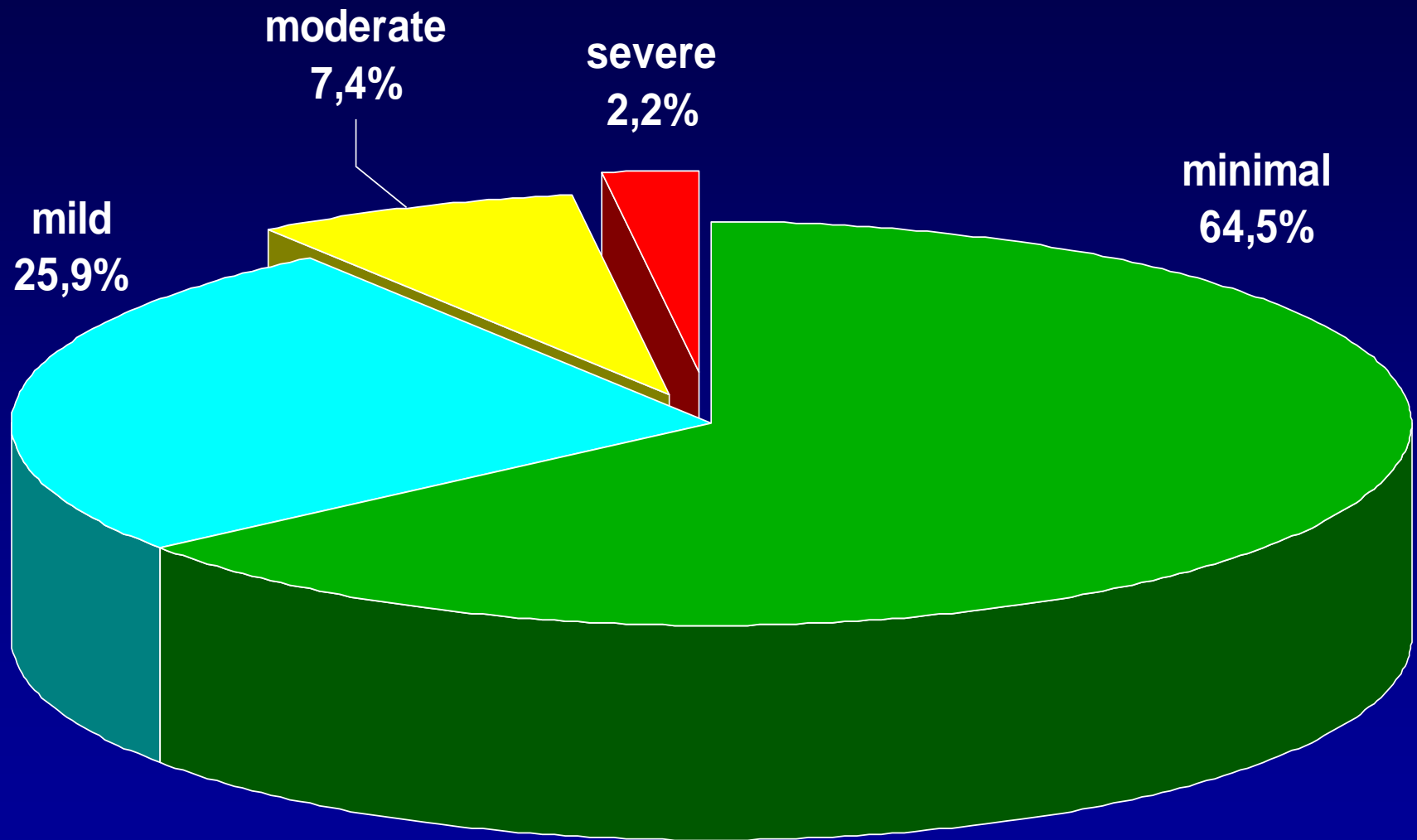
- There is a lot of stigma about this illness... a lot of misconceptions about mentally ill patients. They do not understand what type of illness this is, what is the problem. So educating society is important.

Schizophrenia caregivers

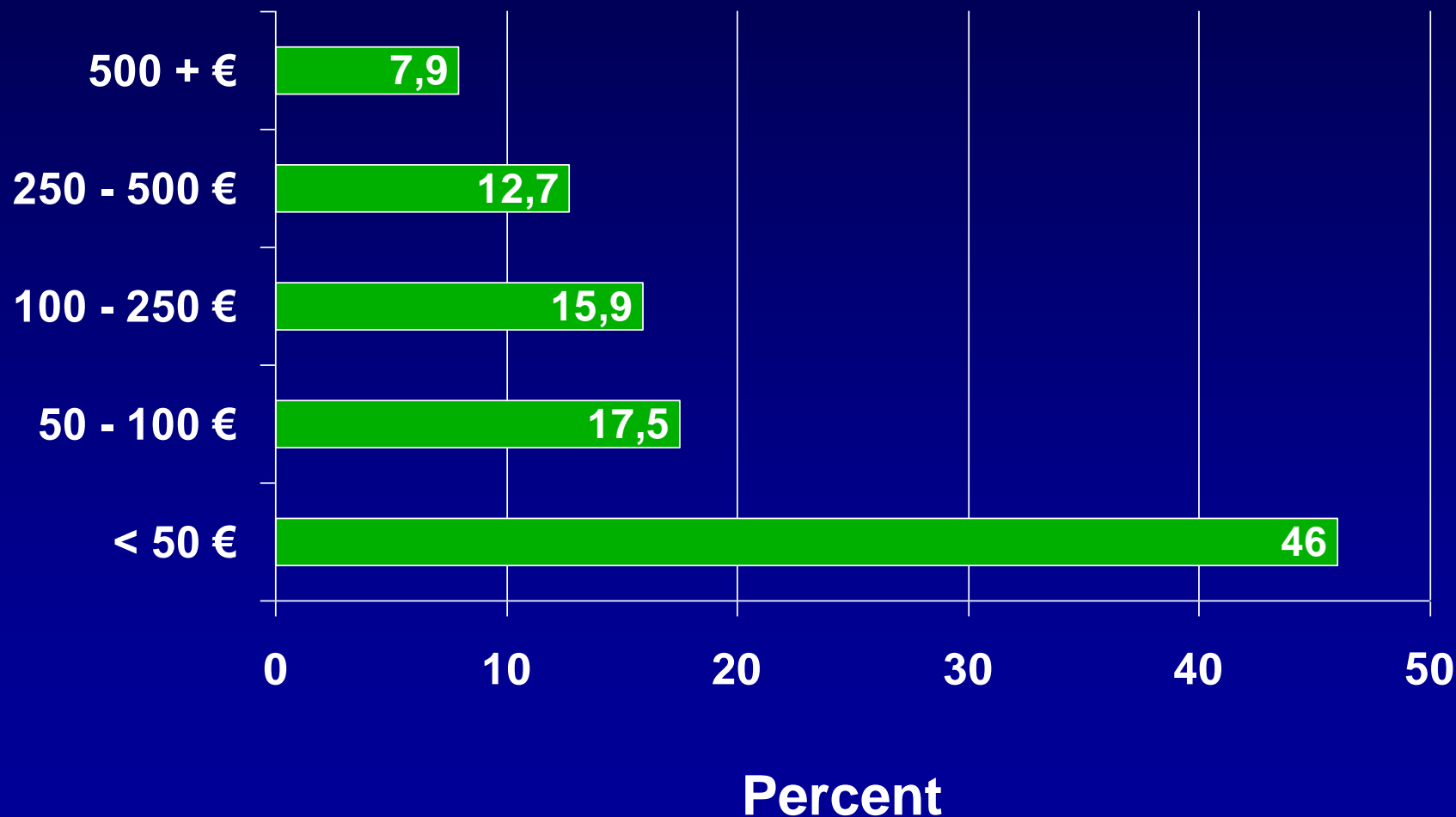
Burden of family caregivers:

- Stress due to caring (supervising the pat.)
- Loss of social contacts, isolation
- Feelings of guilt
- Financial consequences
- Depression, use of psychotropics
- Stigmatizing experiences

BDI - Schizophrenia Carers (N=135)



Costs for the patient (IEQ, N=135)

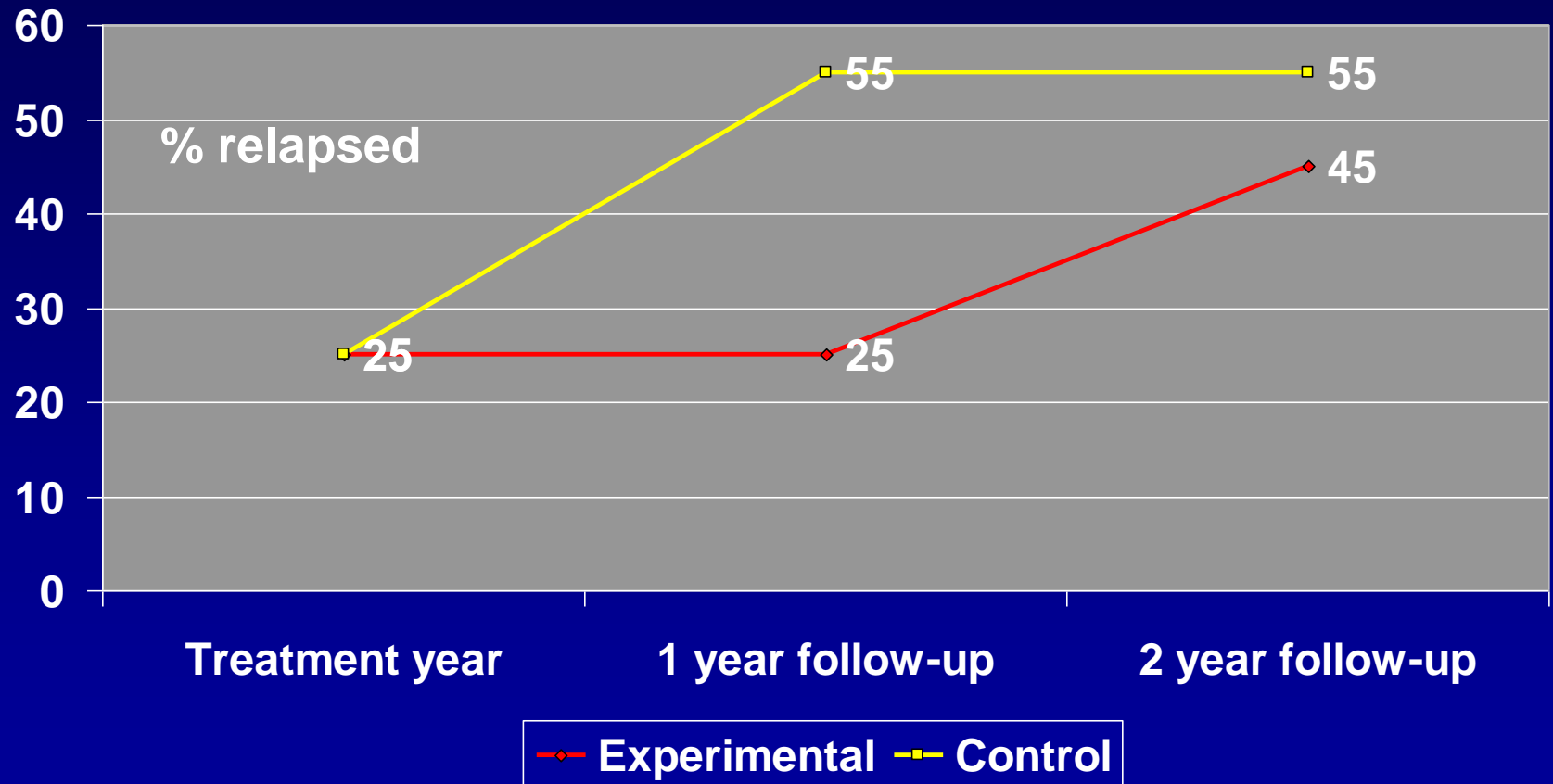


Types of Interventions

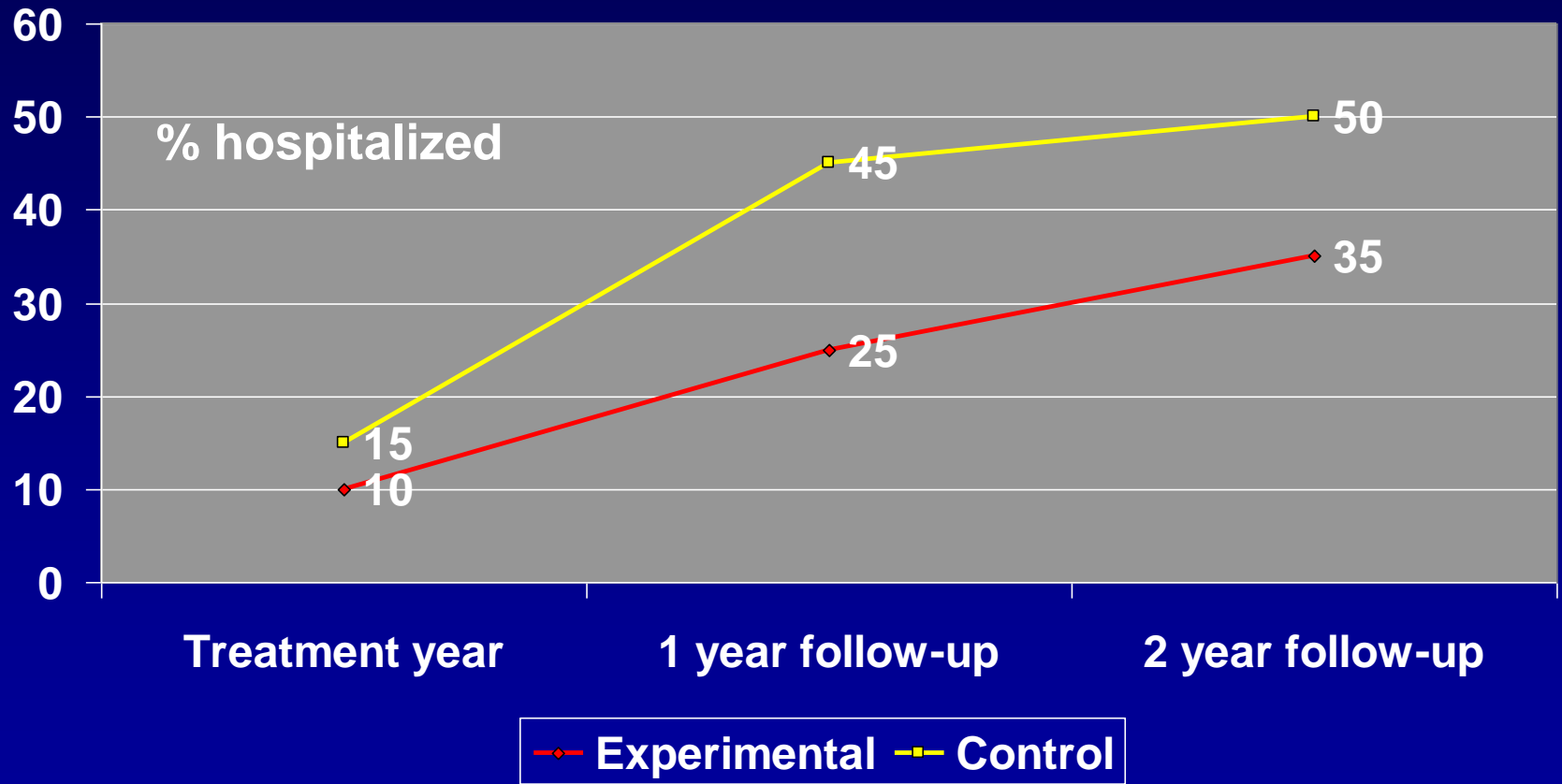
- EE (= Expressed emotions) interventions
- Psychoeducation
- Relative Groups
- CBT
- Family sessions
- Social and emotional support

Usually combinations of these interventions are offered.

Effect of family intervention on high EE families of chronic schizophrenic patients (ITT) (Tomaras et al., 2000)



**Effect of family intervention on high EE families of
chronic schizophrenic patients (ITT)
(Tomaras et al., 2000)**



Psyhoeducation for caregiver (Kulhara et al. 2009)

PATIENT OUTCOME:

Overall disability level	+
PANSS positive	+
PANSS negative	+

CAREGIVER OUTCOME:

Burden	+
Social support	+

Family interventions – relapses (%)

9 or 12 months	Intervention	Control	Sign.
Camberwell (Leff 1982,1985)	8	50	Sign.
California USC (Falloon 1982,1985)	6	44	Sign.
Pittsburg (Hogarty 1986, 1987)	23	41	Sign.
Salford (Tarrier 1988, 1989)	12	53	Sign.

(Tarrier 1997)

Family interventions – relapses (%)

24 months	Intervention	Control	Sign.
Camberwell (Leff 1982,1985)	20	78	Sign.
California USC (Falloon 1982,1985)	17	83	Sign.
Salford (Tarrier 1988, 1989)	33	60	Sign.

(Tarrier 1997)

Meta-analysis of family intervention (Pilling et al. 2002)

OUTCOME:

Relapses (1 yr)	+
Relapses (1-2 yrs)	(+)
Readmission (1yr, 2 yrs)	+
Suicide	n.s.
Treatment non-compliance	n.s.
Burden	n.s.
Medication compliance	+

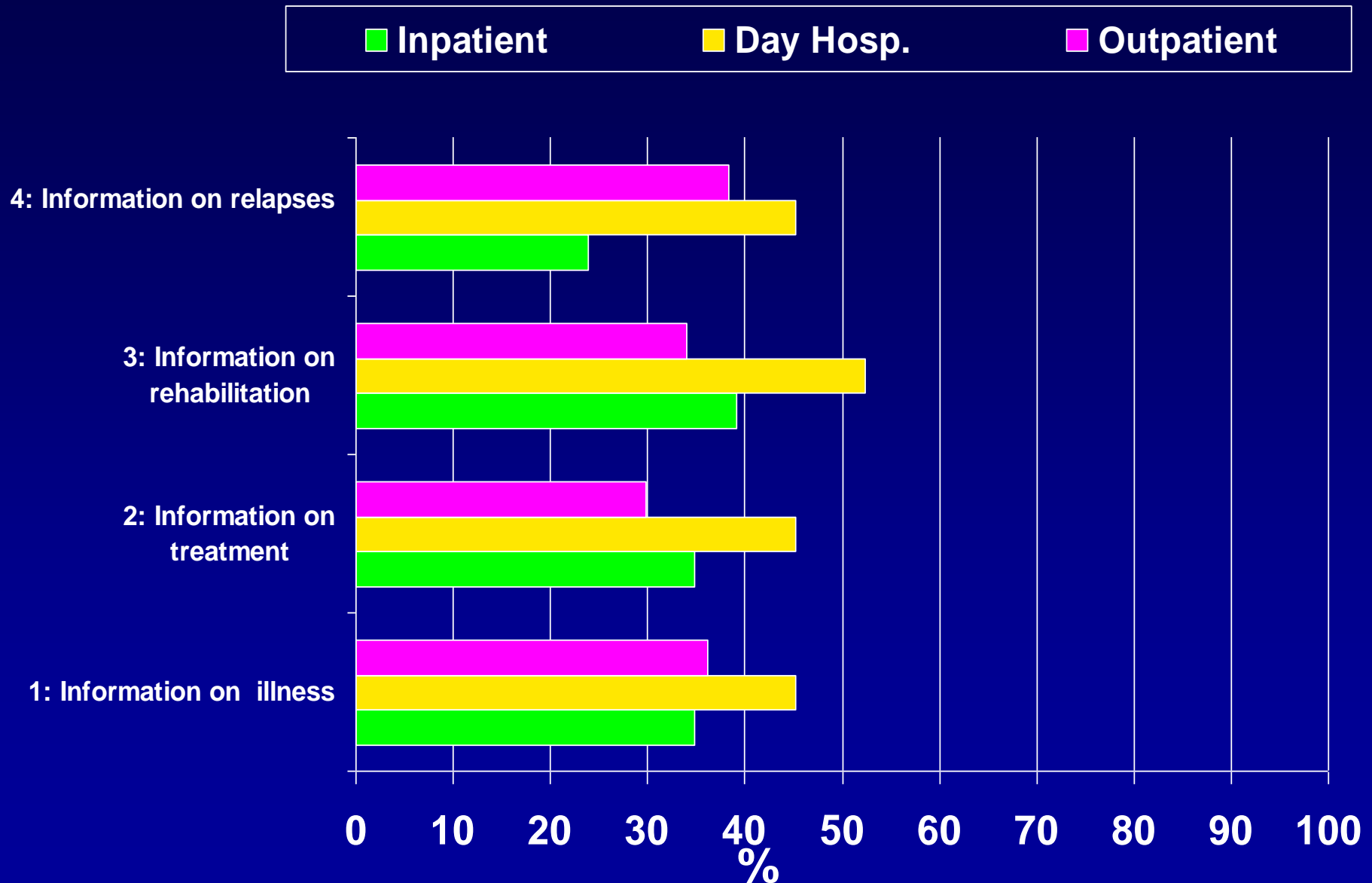
Cost saving of family interventions

Study	Cost saving (%)
Tarrier 1991; direct costs	26.2
Held 1993	39

Treatment guidelines (ÖGPP, DGPPN)

- Caregivers are essential for treatment and rehabilitation
- Caregivers need
 - Information
 - Practical support
 - Problem solving techniques
 - Social and emotional support

Carers view (N=135)



Needs assessment for relatives – Content

2. Do you have enough information about ?

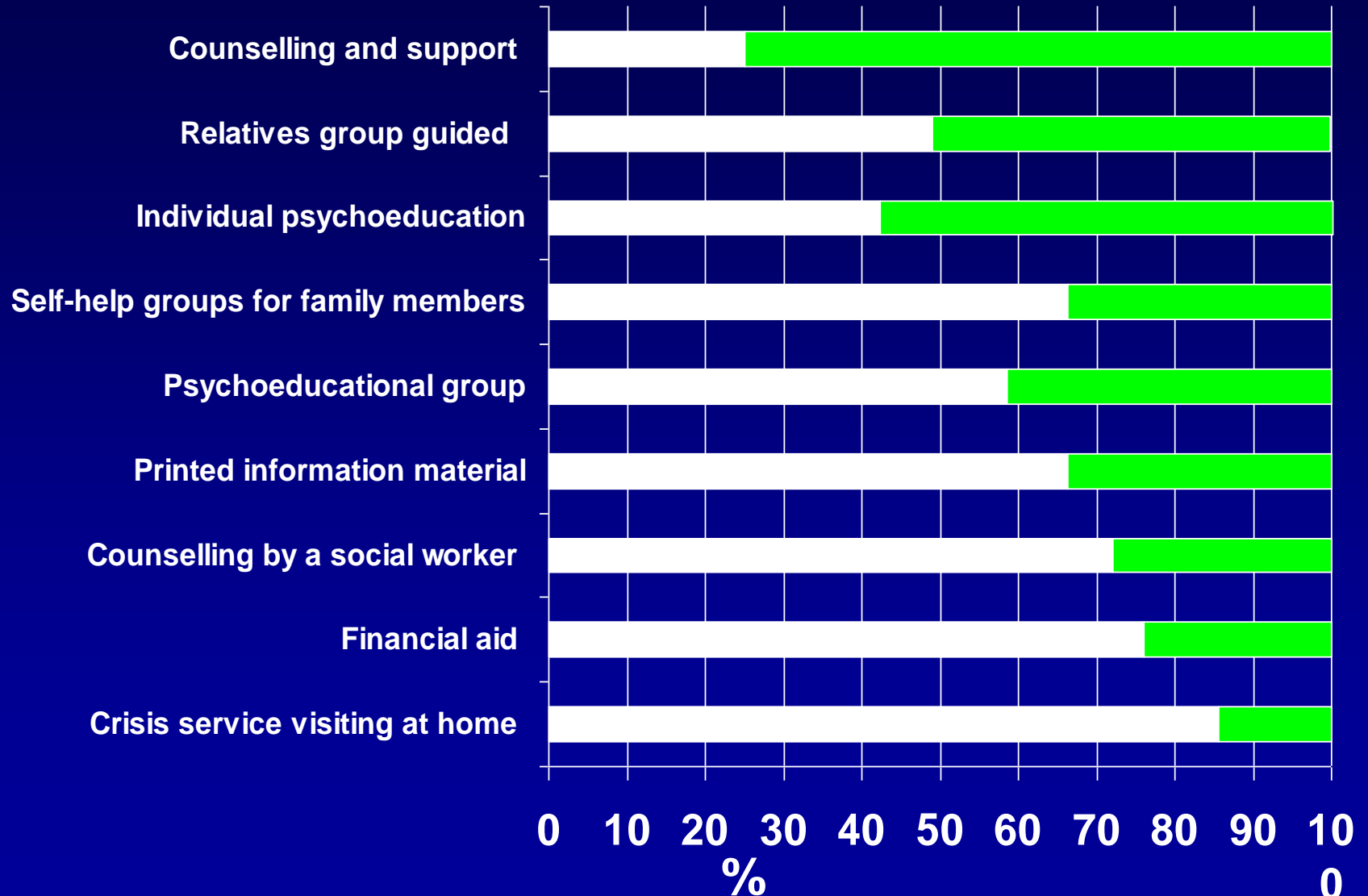
- ***Interventions***

- Personal information and explanation by a member of the team
- Group for psychoeducation
- Booklet or other written material

Mothers' needs (self; N=100)

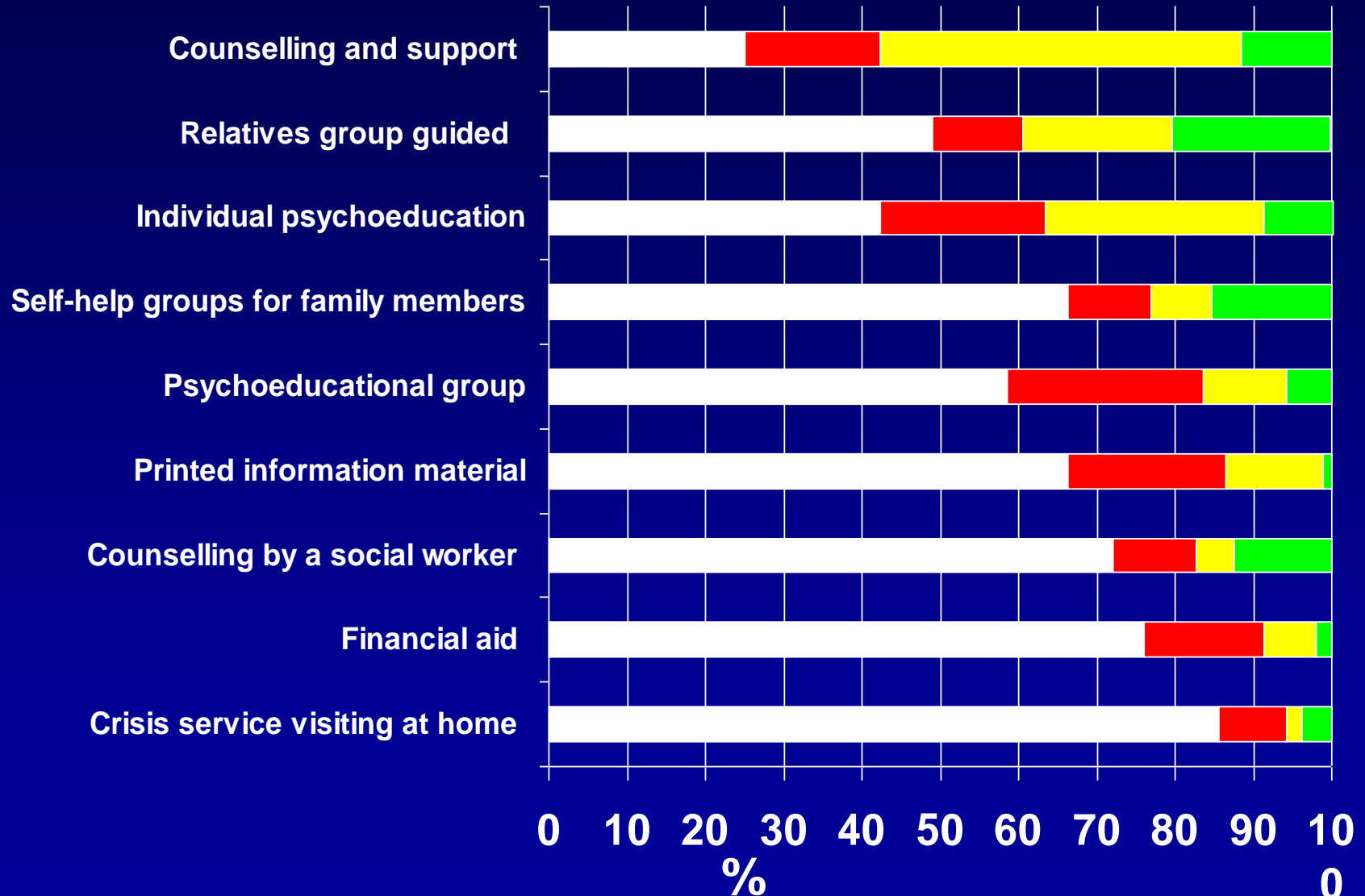
■ No need

■ Need



Mothers' needs (self; N=100)

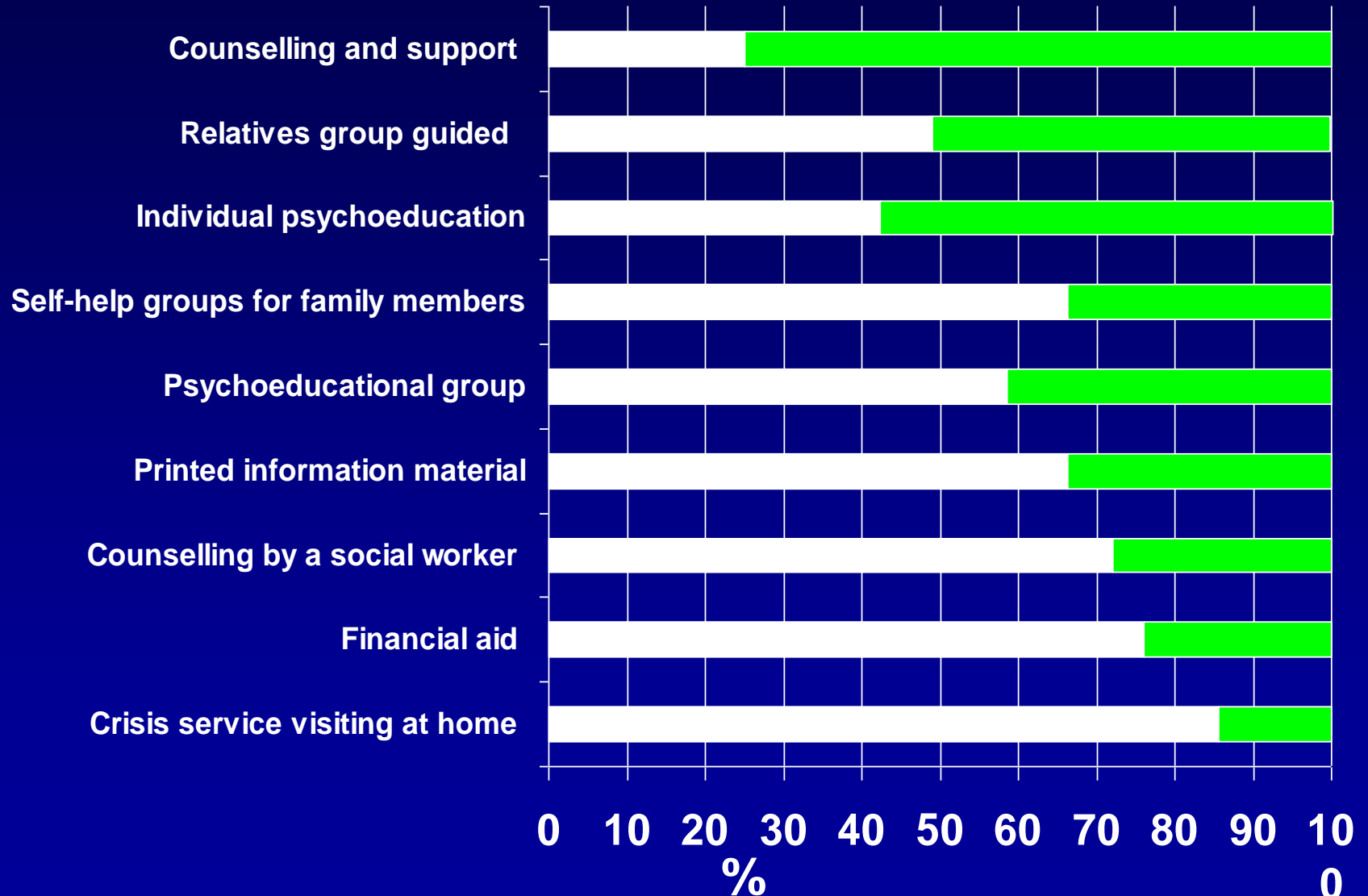
■ No need ■ Unmet ■ Partially ■ Met



Mothers' needs (self; N=100)

■ No need

■ Need

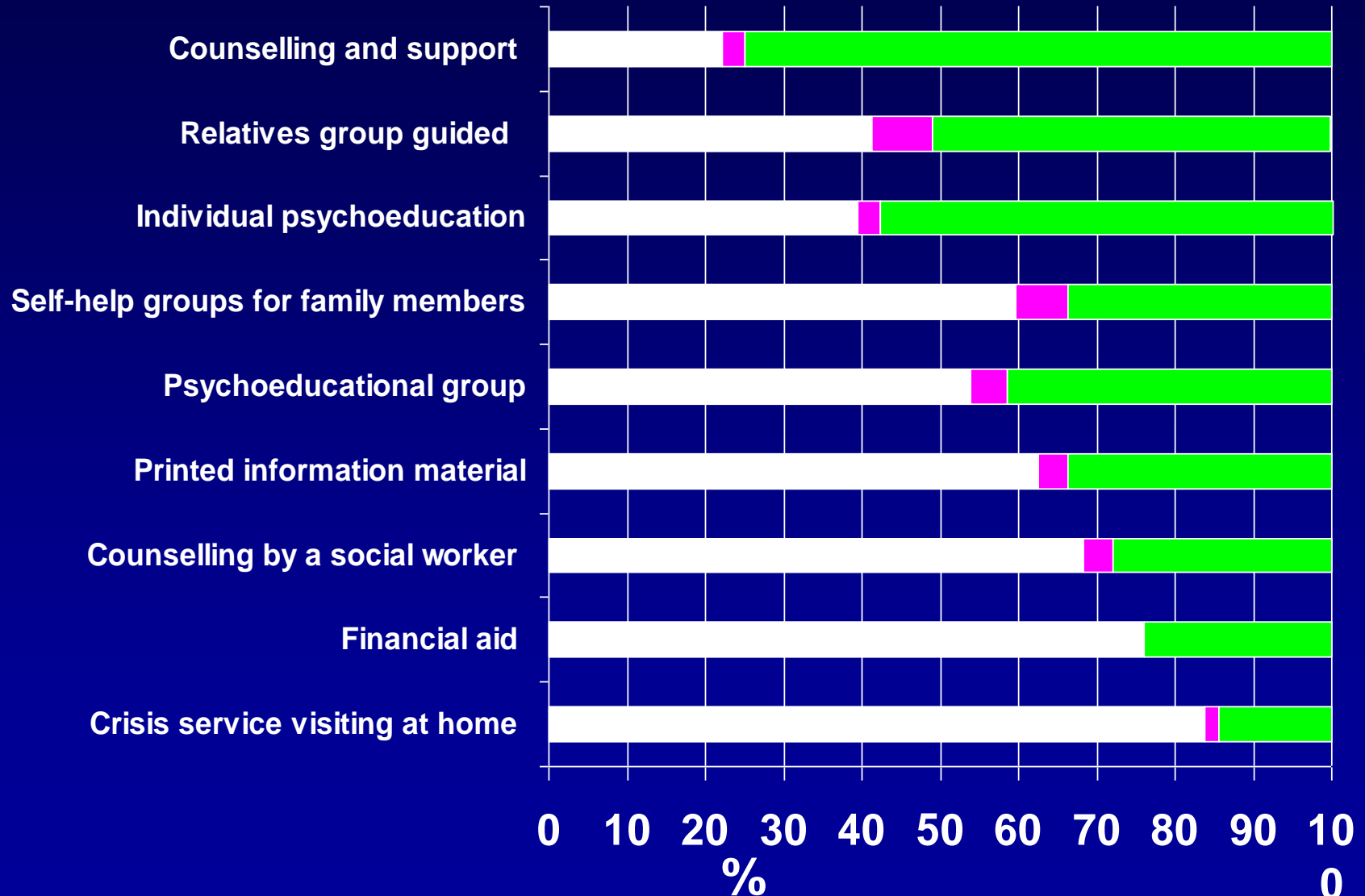


Mothers' needs (self; N=100)

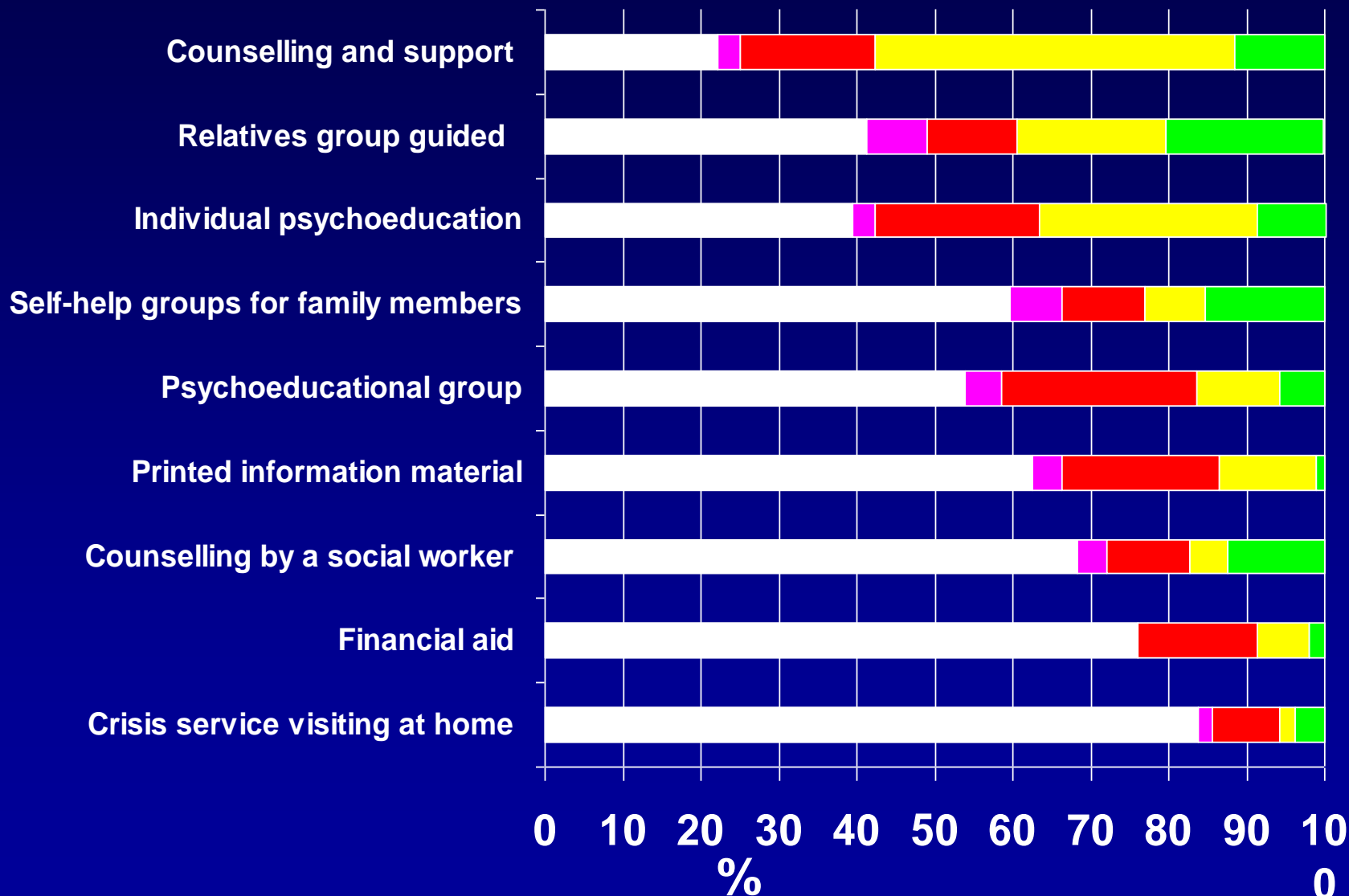
■ No need

■ Overprovision

■ Need



Mothers' needs (self; N=100)



Conclusions

- Caregivers suffer of numerous emotional and financial burdens.
- Family interventions show positive effects of family interventions on patients and caregivers.
- Caregivers can have an essential role in rehabilitation.
- Frequently they don't get the necessary support.
- Improvement of support is essential.