



आधिकार

ISSN 2231-2552

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ADHIKAR

An International Refereed & Peer-Reviewed Research Journal Related to Higher Education for all Subjects

पृष्ठ 7 अंक 12 DECEMBER 2017

UGC Approved

SLRF Impact Factor 2.360



Adhikar

प्रधान संपादक

डॉ मुकेश कुमार मालवीय

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38 | **Adhikar** An International Refereed Research Journal, Yr-7 Vol-12 Dec.2017 ISSN2231-2552

Stress and Burden among Caregivers of Individuals Suffering with Schizophrenia and Bipolar Affective Disorder: A Mental Health Perspective

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Abstract

Background: Family is an exclusive group of people who share a close relationship, a unit typically composed of a mate couple and their dependent children in co-residence. Families create generations: each of which gain in maturity and self-sufficiency such as to create and provide for subsequent generations. Family members who were taken off primary responsibility for a schizophrenia and bipolar affective disorder sibling and posed a threat to marriage and on family life. It also caused hardship for family life (inter personal relationship) and leisure and pleasure placed a stress and burden on one of the family.

Aims & Objectives: To assess and understand the

Aims: Objectives: To assess the pleasure and stress and burden placed a stress and burden on one of the family of persons suffering with Schizophrenia and the family burden and perceived stress among the caregiver's Individuals (30)suffering with Schizophrenia and suffering with Bipolar Affective Disorder. Method: 60 Caregivers of included purposively as sample of study. Semi-Structured Socio Demographic (Socio Demographic) was used to collect the relevant socio demographic information followed by Family Burden Schedule (Family Burden Schedule) and Stress was collected was analyzed using Statistical Package for Social Sciences (SPSS-20 version). **Result:** current study, the caregivers of individuals suffering with schizophrenia perceives more stress and burden compared to caregivers of individuals suffering with bipolar affective disorder.

Keywords: Family burden, Psychological Stress, Schizophrenia, Bipolar Affective Disorder.

Keywords: Family burden, Perceived Stress Scale, Caregivers, Schizophrenia and BPAD

Schizophrenia is a severe mental disorder that starts in late adolescence and early adulthood. Schizophrenia is characterized by disruption in thought process, perception and sense of self. It also includes psychiatric features or symptoms such as hallucinations or delusions. It also impairs functioning because the loss of an acquired ability which is not being able to gain one's own livelihood or disruption of studies. Positive symptoms of schizophrenia tends to become less severe with over the time but socially devastating, negative or deficit symptoms may increase in severity. Although one-third of all patients with schizophrenia have some marginal or united social reality, most have lives characterized by aimlessness, inactivity, frequent hospitalization, and in burden setting homelessness and poverty. The term bipolar refers to the way your mood can change between mania and depression.

The term bipolar refers to the way your mood can change between two very different states – mania and depression. In the past, bipolar disorder was referred to as manic depression, so you might still hear people use this term. Some health care professionals may also use the term bipolar affective disorder (affective means the disorder relates to mood or emotions).

The term burden on the family in context to the concerns of the psychiatric problems (Trendley, 1946). Platts (1985) describes more descriptive definitions which conditions that burden scopes to the occurrence of problem, complications or adverse events that affect the livelihood of psychiatric persons. Although the entire family perceives burden of the illness the concerns of caring is often shouldered by the primary caregiver who perceives psychological and emotional burden. Family burden may be labelled as the problems practiced by families who live with mentally ill members.

Two variants of family burden, e.g., objective burden and subjective burden. Objective burden was defined in terms of the negative effects of the illness on the family whereas subjective burden was defined as feelings of the family towards the presence and the behaviors of the patient, and the general feeling of being burdened (Hoening and Hamilton, 1969).