What to Know about Schizophrenia Caregiver Support

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Most of schizophrenic patients live with their families who provide care without any external support in most of the cases. It is neither by choice nor by planning that does one become a caregiver. Therefore, adaptation to this situation is realized once the situation presents itself. As the primary caregiver is central to the daily life of the patient and as the responsibilities of care giving increase, the whole process turns into an intensive, unilaterally binding and long term engagement as a result of which care giver's life suffers (Atagun, Balaban, Atagun et al., 2011). Care giving is a demanding and exerting unforeseen experience. It overwhelms the individual physically, emotionally and financially (McCann et al., 2009). In a study by Schene and his colleagues the four dimensions of care giving were defined as; economic worries, an uncertain future, having to accompany the patient for outdoor activities and to thwart the excessive alcohol consumption (Schene et al., 1998). The care givers are at the forefront of those who endure the burden of rehabilitation period of schizophrenia. For this reason, the rehabilitation processes should not only address the patients but the care givers as well (Kuscu, 2000).

The families of the patients are in need of support and information to tackle the stressful times they live through. It is stated that the interaction between the patient, the family and the health workers during treatment of schizophrenia increases the effectiveness of the treatment and decreases the likelihood of repetition of the illness and re-hospitalization (Dogan, 2002; Maldonado & Urizar, 2007). Advising families, encouraging them to share the feelings, hearing them out and early intervention by the health workers gives strength to the families to cope with their ordeal (Gavois et al., 2006). It is important that the caregivers of schizophrenics are provided with professional support for the wellbeing of the caregiver and for the enhancement of the patient's functionality (Doornbos, 2001).

The most common forms of intervention targeting the families of schizophrenics are educating the family, family support groups, training groups specifically designed for the families, crisis management and consultation (Chien & Thompson, 2008; Dixon et al., 2001; Solomon, 2000; Dixon & Lehman, 1995). By means of such interventions, the families, in general, are given information about the illness and its treatment and are thought of problem solving skills (Glynn et al., 2006). Mental health workers are formal support sources for the families. Professional recommendations put to the families by the health professionals exert a feeling of sufficiency, thereby reducing the weight of the perceived burden (Chen & Greenberg, 2004). Therefore, the mental health workers, in conjunction with family intervention programmes, play an important role in fulfillment of the families' caregiving duties, in developing effective coping abilities, in enhancing interpersonal relations, in improving problem solving skills and in dealing with stress (Saunders, 2003).

Psychoeducation which is an evidence based practice providing information to the family about the illness, its treatment and the ways of coping with it, has a significant place in increasing the families' functionality, in assisting them to cope with the illness, in reducing the sufferings experienced by the family and in decreasing the probability of recurrence of the illness (Maldonado & Urizar, 2007; Bauml et al., 2006; Glynn et al., 2006).

It is stated that the intervention programmes focused on care givers of chronic mental diseases enhance the quality of the lives of care givers, improve their experience in providing care and reduce the psychological distress suffered by those caring for people with severe mental illness (Yesufu-Udechuku, 2005). The programmes designed for the caregiver of people with chronic mental illnesses should be incorporated in the routine practices undertaken by the health professionals.

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