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Challenges experienced by caregivers of family members with a mental illness in a rural community in Limpopo province, South Africa

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Faculty Disclosure

Faculty Name:	Faculty of Health Sciences, Student
Conflicts of Interest:	None
Employer:	Department of Health, Limpopo Province
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Employer:	University of Pretoria, South Africa
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Goals and Objectives

Session goal:

- To present the findings of a research study that explored and described the challenges caregivers experience in caring for a mentally ill family member in a selected rural community in Limpopo, South Africa

Session objectives:

- The learner will be able to use the information provided in the presentation to address caregiver burden in own work context.
- The learner will be able to assess own practices regarding the management of challenges caregivers experience in caring for a mentally ill family member.



Introduction

- Emphasis shifted from institutional care to community care (Gonzales, Polansky, Lippa, Walker & Feng, 2011)
- Families become “institution of choice” (Papastavrou, Charalambous, Tsangari, & Karayiannis 2010)
- Provide care, no reduction in other demands (Blum & Sherman, 2010)

Problem statement

- Process of deinstitutionalisation
- Family members primary caregivers
- Caregivers overburdened by their caregiving role
- Little is known about the challenges of caregivers in the selected community

Research question and aim

- What are the challenges caregivers' experience in caring for family members with mental illness in a selected rural community in Limpopo?
- To explore and describe the challenges caregivers experience in caring for a family member with a mental illness in a selected rural community in Limpopo.

Research methodology

Design

- Descriptive, qualitative

Research setting

- Rural community in Limpopo, South Africa

Population

- Caregivers caring for family members who are mentally ill

Selection of participants

- Purposive sampling
- 13 caregivers selected

Data collection

- Semi-structured interviews
- Field notes

Trustworthiness

- Lincoln and Guba's framework (Polit & Beck, 2012)

Ethical considerations

- Respect for persons
- Beneficence
- Justice

Data analysis

- Tesch's method of open coding (Creswell, 2014)

Findings of the analysis

- Inside look into the world of the caregivers
- Theme 1 - Effect on family as a unit
- Theme 2 - Experiences of caregivers
- Theme 3 - Resources in the community

Theme 2 - Experiences of caregivers

- Time consuming

“I am unable to go anywhere...”

“Spending more time providing care may be at the expense of more pleasurable activities for the carer.”
(Loi et al., 2015).

- Only carer

“... I am overworked, unable to attend community matters as I can’t leave them alone”

Patriarchal African society (Adeosun, 2013).

- Emotional reaction

“We were heartbroken. We were wondering how we were going to live with him ...”

Families find it difficult and painful to live with a mentally ill family member (Monyaluoe, Mvandaba, du Plessis & Koen, 2014).

- Effects on health

“... suffering from high blood pressure as a result of his behaviour”

Mothers of adults with chronic mental illness higher rates of high blood pressure and other physical problems (Magna, Greenberg & Seltzer, 2004).

- Lack of knowledge

“I do not know whether he takes his medication or not, I do not have any information or knowledge about his treatment”

Caregiver survival depends on the knowledge about mental illness (Uys & Middleton, 2010).

Main findings

- Caregivers are over-burdened
- Socially isolated
- Experience financial strain
- Feelings of hopelessness
- Increased emotional strain
- Lack of professional & social support
- Lack of community resources



Recommendations

The psychiatric nurse practitioner should:

- Recognise that the caregiver burden is multidimensional
- Identify strengths of the family
- Provide health education
- Assist caregivers and other family members to adjust their roles and functions within the family

- Follow up on the families by doing home visits
- Institute awareness campaigns in the community
- Assist families to start a support group
- Refer caregivers in need of financial support
- Involve other stakeholders such as agriculture services

Nursing education

- Formal education of psychiatric nurse practitioners

Nursing research

- A better understanding of the potential protective role of social support in relieving caregiver burden

Limitations

- Limited to the particular rural community

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Thank you



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