

Making it Better: Experiences of Thai Caregivers in Managing Psychotic Symptoms of Persons with Schizophrenia

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Becoming a caregiver of person with schizophrenia



(Muhlber, 2002; Rose et al., 2002; McCann et al., 2011)

Background: Difficulties in caregiving role

- - To promote continuous care, prevent relapse, and improve the patients' functioning
- - Deal with psychotic symptoms needs special skills
- - Most patients have poor compliance with medication, which adds more difficulties to the management.
- - Struggled to make the patients achieve normalcy by maintaining medication adherence, vigilantly managing the symptoms, preventing any relapse of the symptoms, and managing the consequences of being sick
- Phanthunane, Vos, Whiteford, Bertram, Udomratn, 2010; Chan, 2011; Poonnotok, Thampanichawat, Patoomwan, Sangon, 2016

The study aim

- To understand the meaning, situation, process, methods, and results of psychotic symptoms management among caregivers in various circumstances.



Methodology

- This qualitative phenomenological study collected data by using a focus group with 8 caregivers and confirmed information via in-depth interviews among 13 caregivers, who cared for relatives with schizophrenia for more than five years, at the outpatient clinic of a hospital in Thailand.
- Thematic analysis was used for the data analysis.



Characteristics of study participants

- 8 participants in the focus group, including 3 mothers, 2 daughters, 1 sister, 1 son, and 1 father.
- Their ages ranged from 30 to 68 years with a mean of 50.9.
- The duration of their experience as caregivers was 9.75 years on average.
- All of them were Buddhist.
- Six of them finished elementary education and were married.
- Half were employees and seven of them earned an adequate income.
- All patients were male age ranged from 18 to 56 years with a mean of 40.8.

In-depth interviewed participants

- 6 mothers, 1 father, 5 elder sisters and 1 younger sister.
- Their ages were between 39-75 years old with 58.07 years being the average.
- The duration of being caregivers was between 5-30 years with a mean of 14.46.
- Ten of them were Buddhists and the rest were Muslim.
- Eight of them had elementary education and were married.
- Six of them had unstable occupations with inadequate income.
- Nine of the patients were male and for all ages ranged from 25 to 60 years with a mean of 46.



Cutting off the wind

Protecting from harm

Making it better

Preventing relapses

pulling back to normality



“Making it better”

- Most caregivers perceived psychotic symptoms as aggressive and violent behaviors caused by brain problems.
- The aims of making it better were to improve the situation, to prevent relapses or worsening of the symptoms which affected patients, other persons, or belongings, and to give psychological support to prevent the exacerbation of aggressive behaviors, which could happen at any time.
- They also make an improvement in the patients’ daily functions.
- It was a matter of trial and error learning over a long time period and in many different circumstances.

Cutting off the wind

- To deal with initial signs of aggression
- Calm down the patients by giving them cold water
- Used carefully modulated speaking to make them cease the unwanted behaviors
- Talk with a soft and tender tone, supportive content, and careful explanation and reasoning.
- Used silence in cases of uncontrolled aggression
 - Caregivers had to control their own mind

Protecting from harm

- To deal with the patients' uncontrollable aggression or disorganization
- When the patients were chaotic and confused, the caregivers would first try to keep them at home to keep an eye on.
- Detain the patients in their rooms for the safety of the patients, others or their belongings
- If the patients ran away from home, caregivers tried to bring them back home, by seeking help from rescue teams, using direct phone calls
- Prepared in advance, such as putting contact lists of other relatives or putting coins in their wallets for them to call back via public telephone
- Let things go for the safety of others and themselves even though their belongings were destroyed

Preventing relapses

- **Continuing medications**

- When the symptoms were still severe, the caregivers would closely monitor the patients taking medications: give the medications on schedule, warned the patients to take medications
- When a patient's condition improved, the caregivers began to let the patient take medications by themselves: warned the patients to take medications, asked about taking medications, emphasized the reasons for taking medications
- If the patients underwent relapses, the caregivers would strictly check the medications or count the number of the pills
- Deal with patients' medications noncompliance: putting medications into liquids, or food, used bartering for what patients like, threatening with bad consequences, minimize the side effects of anti-psychotic drugs.



Preventing relapses (con.)

- **Psychological care**

- Preventing stress
- Not opposing, not complaining, not blaming, giving morale boosters, and not letting them get hungry.
- Letting them act out if inappropriate behaviors were not harmful.
- Truly staying with their patients to understanding the behaviors, thoughts, feelings, symptoms, and needs of patients

Pulling back to normality

- Help their patients to care for themselves
- Improve memory and daily routine performance: talking with patients or encouraging to do various stimulating mental activities because they believed that something was wrong with the patients' brain.
- Improve the patients' responsibility for daily living by warning them regularly: reminding, teaching how to do

Discussion and conclusion

- The findings shared some common attributes with “struggling to restore normalcy” in a study among caregivers of persons with early schizophrenia (Poonnotok, Thampanichawat, Patoomwan, Sangon,2016).
- The caregivers tried to use a variety of techniques to alleviate the psychotic symptoms.
- Unlike the findings from the study in early phase of illness
 - The informants of this study felt stability in caring for their ill relatives.
 - They began to be familiar with or aware of the chronic trajectory through the cycle of exacerbations and relapses .



Discussion and conclusion (con.)

- In managing psychotic symptoms, most caregivers were concerned with aggressive behaviors.
- Safety concerns were most commonly mentioned.
- This reflects that persons with schizophrenia are more likely to engage in aggressive or violent behaviors.
- Caregivers perceived mental ill person as a violent person who needed to be controlled.

(Poonnotok, Thampanichawat, Patoomwan, Sangon, 2016; Tungpunkom P, Napa , 2012; Vermeulen et al., 2015; Pompili, Carlone, Silvestrini, Nicolo, 2017; Neupane,Dhakal,Thapa, Bhandari, Mishra, 2016)



Discussion and conclusion (con.)

- The caregivers had no concerns about managing delusion or hallucination, which was noted as a cause of patients' acting out.
- The social media information on the nature of mental illness nowadays, which places emphasis on aggressive and violent behavior, could create misunderstanding among people.
- In managing psychotic symptoms regarding psychiatric rehabilitation, the caregivers focused only on daily routines and memory, which relied on their perception that a brain problem is a cause of mental illness.

Implications

- Provide knowledge for people in society about the psychotic symptoms, treatments, warning signs, and fundamental management.
- Develop program to enhance caregivers' skills and competencies in managing psychotic symptoms which included other approaches of psycho-social
- Psychiatric rehabilitation should be focused, in long term caregiving.

Thank you & questions

