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Psychosocial Burden among Close Family Members of Individuals with Alcohol Use Disorder in Inpatient Treatment Centers Kiambu County, Kenya

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Abstract

Close family members of individuals suffering alcohol use disorder (AUD) have reported elevated levels of negative emotions and poor psychological wellbeing. They are at a greater risk for psychosocial distress characterized by depression, stress and anxiety. This study examined the impact of the burden of living with an individual suffering alcohol use disorder. The Family Systems Theory informed the present study in helping conceptualize the associations among variables under investigation and their interrelationships within the family context. A descriptive cross-sectional study was used to determine the burden of AUD on the close relatives and to identify the level of psychosocial distress they experienced while living with the patient. Non-probability purposive sampling was done to identify n=138 close relatives of individuals suffering AUD admitted in residential rehabilitation centers in Kiambu County, Kenya. Perceptions of AUD severity, psychological distress, psychological burden, and general health were assessed. The study revealed that more than half of relatives of individuals suffering AUDs experienced reduced general health and severe to moderate level of psychosocial and burden. There was statistical significance between the level of psychosocial burden ($p=0.03<0.05$) and distress ($p=0.048<0.05$) among close relatives and living with a patient with AUD. Some of socio-demographic characteristics of the relatives such as gender, level of education, marital status and economic status yielded a statistical significance with psychosocial distress ($p=0.000<0.01$) and burden ($p=0.001<0.05$). The study recommends provision of psychosocial family support for families with individuals suffering alcohol use disorders and development of outreach programs to psycho-educate communities.

Keywords: *Psychosocial distress; Psychosocial burden; Close family members; Alcohol use disorder*

1. Introduction

Alcohol use disorder is characterized by persistent desire or unsuccessful efforts to cut down on alcohol use, including recurrent use and spending more time to obtain alcohol, cravings, and continued use despite interpersonal problems (American Psychiatric Association; APA, 2013). There are several emotional reactions of family members living with an individual suffering AUD, which affects the relative's mental state and quality of life. Family members with an individual suffering AUD may feel neglected and may at times suffer in silence. Their burden is not only financial but they also suffer psychological distress (Hutchinson, Mattick, Braunstein, Maloney, & Wilson, 2014), reduced quality of life and declining general health (Wagman, Donta, Ritter, Naik, & Nair, 2016) as they try cope with the impact of the chronic illness. While there are numerous programs, interventions and organizations that provide social support for the relatives of individuals suffering AUD, many of the families still suffer lack of social and financial support, and have poor coping strategies brought about by the unique set of challenges resulting from living with an individual with AUD.

Heavy drinking is associated with psychological burden and distress to family members living with the patient. Some of the family members may suffer frustrations due to unsuccessful attempts to solve the drinking problems, while others suffer anxiety, depression, and chronic stress (Nitasha, Sunita, Ghai, Basu, Kumari, Singh, & Kau, 2016). Spouses of individuals with drinking problems have reported poor health, more tendencies to feel isolated, and more depressive symptoms (Moos, Brennan, Schutte, & Moos, 2010). Some strategies used by family members to cope include pouring out drinks, pleading for change, persuading and begging the individual to stop drinking, ignoring them when drunk, nagging, threatening to leave them if they continue drinking, joining them for a drink, or using indirect

manipulative methods (Hunter-Reel, McCrady, & Hildebrandt, 2009). According to Hooley (2005) these are seen as codependent behaviours and are positively correlated with increased drinking. Nadkarni, Acosta, Rodriguez, Prince, & Ferri (2011) while studying the psychological health in a survey of the elderly found a statistically significant association between alcohol use and poor mental health ($p=0.006$). Children of alcoholics are at a risk of internalizing depression and anxiety (Kaur & Ajinkya, 2014) and are likely to develop the drinking problem later in life.

According to the Family Systems Theory, alcoholism is viewed as a family disease with a circular influence on members of the family (Nichols & Schwartz, 2006). Substance abuse and related disorders are viewed as symptoms of a dysfunctional family system and should target the family as a whole. This view has contributed to the high impetus to extend the scope of effectiveness of rehabilitation programs to include the alcohol-using individual's close family members (Copello, Velleman, & Templeton, 2005). O'Farrell and Clements (2012) have offered suggestions of marital and family therapy (MFT) for general enhancement of positive coping mechanisms for the family and motivation for recovery for the patient.

Individuals suffering AUD often require additional attention as well as specialized inpatient and long-term treatment mostly provided by rehabilitation centers. Family members are also required to go through their own psychosocial help during the time the patient is in a residential program so as to create an environment that would nurture recovery for the individual with AUD after treatment. In Kenya, most rehabilitation centers offer a one day per month 'family day' for this kind of psychosocial assistance (Githae, 2016). Studies indicate that majority of the family members do not conceptualize alcoholism as a disease and mostly blame their family member for the maladaptive behaviour (Hooley, 2007). Rehabilitation programs are necessary to ensure that families with individuals with AUD get the much-required help and assistance in recovery.

According to the National Survey on Drug Use and Health (NSDUH, 2017) the estimated prevalence of alcohol use has increased in the last few decades and continues to escalate putting millions of families at risk of reducing mental health. This is an indication that more families are likely to suffer more psychological burden and distress and that millions will continue living with declining mental health. However, there is scanty information on levels of psychological distress and burden among close family members of individuals suffering AUD.

The objectives of the study included:

- (i) Finding out the relationship between psychosocial distress with demographic characteristics of close family members with a member with alcohol use disorder (AUD).
- (ii) Assessing the levels of psychosocial distress among close family members of individuals with AUDs.
- (iii) Finding out the relationship between psychosocial burden with general mental health of close family members with an individual with AUD.

2. Research Methods

The study adopted a descriptive research design with an analytic utility. A self-rated questionnaire was administered and included the General Health Questionnaire GHQ (12 questions) scale, the Zarit Burden Interview ZBI (22 questions) and the Kessler Wellness Scale (K10). The Alcohol Use Disorders Identification Test (AUDIT) was used to elicit responses providing perceptions of family members based on their anecdotal experiences with the patient. The measures were prepared on a 5-point Likert scale, where the respondents were asked to indicate on a scale of 1 'strongly disagree' to 5 'strongly agree' whether the statements reflected their current psychological state. The study was conducted on the close family members living with an individual suffering AUD at eleven rehabilitation centers in Kiambu County Kenya, the County previously leading with highest rates of alcohol abuse within the country (NACADA, 2012). A nonprobability purposive sample of 138 close family members of inpatient rehabilitees was selected from eleven rehabilitation centers dealing with alcohol related problems in the County. A response rate of 86% yielded 138 participants from among close family members who came for the monthly 'family day' visits scheduled at the rehabilitation centers. Verbal consent to participate was obtained from the caregivers during the family plenary session of the visiting day hence the questionnaires were answered at the same time for all the participants. A pilot study conducted in a rehabilitation center with similar characteristics at the neighbouring Murang'a County yielded a reliability above $\alpha=0.7$.

The analysis processes utilized the statistical package for social sciences (SPSS), version 21 to provide frequencies (F), percentages (%), means (\bar{x}), standard deviations (SD), reliability coefficients (r), and probability values (p). Close family members were those above 18 years and selected if they lived with the inpatient. They participated in the study if their relative admitted in the rehabilitation center used alcohol as their main drug of choice (DOC). The study excluded respondents who did not fill the questionnaire completely and close family members less than 18 years of

age. Some limitations experienced during the data collection process included: (i). Though a debriefing session was given to the family members the researcher was unable to provide individualized psychosocial support of the family members after the data collection. (ii) Some close family members openly expressed feelings of hopelessness when they were asked about their relative suffering AUDs, and much time was needed to clarify and explain the questionnaire for them. (iii) Cross-addictions were common among the patients. However, the study focused on alcohol being the main drug of choice.

3. Results

Majority of close family members were female (74.3%) while male were 25.7%. Of the females 67.1% were mothers 26.9%, were spouses, while 6 were sisters of individuals suffering alcohol use disorder. The average age bracket of the close family members was 35-45years. Among the study participants, (22.8%) were university graduates, 26.0% had a diploma, and 47.2% had completed secondary school education, while 4.0% of the participants had terminated their education after primary school. Among those who participated in the study, 24.7% were married, 29.9% separated, 42.7 were single, 2.7% were widowed. Approximately half of the participants were working on stable employment and had a monthly income of between \$370-&1150 per month. The overall assessments of the perceptions of family members on severity of AUD of the inpatients was measured using their observed characteristics of the patient and anecdotal experiences of their relative suffering alcohol use disorder. Table 1 illustrates the perceptions and judgements based on the AUDIT questionnaire.

Perceptions on Level of AUD	F	%
Mild/Moderate	61	44.2
Severe	77	55.8
Total	138	100

Table 1 perceptions of severity of AUD

According to the findings, participants yielded lower than expected levels for general psychological wellbeing assessed using the general health questionnaire (GHQ)with more than half (52%) having poorer general health levels, 29% with moderate scores, while 19% with optimum levels of functioning. Based on the findings from the K10,68 (49.3%) of the participants had no psychological distress 42 (30.4%) had mild, while 28 (20.3%) indicated high levels of psychological distress. The K10 measures psychological distress and well-being using scales that show stress, depression and anxiety of the respondents. More than half of the participants (57 %) had a moderate burden level of psychosocial burden while 43% indicated lower levels of psychological burden assessed using ZBI (Table 2).

Level of Psychological burden n=138	F	%
No burden	13	9.69
Mild burden	39	28.3
Moderate burden	61	43.9
Severe burden	25	18.11
Total	138	100

Table 2. Distribution of the participant level of psychosocial burden among close family members

There was statistical significance between the level of psychosocial burden ($p=0.03<0.05$) and distress ($p=0.048<0.05$) among close relatives and living with a patient with AUD. The association between the overall psychosocial burden score of caregivers with socio-demographic characteristics of the close family members of the individuals with AUD was statistically significance ($p=0.001<0.05$) and psychological distress ($p=0.000<0.01$). Close family’s monthly income was statistically significant to psychosocial burden ($p=0.004$) and gender was significant at ($p=0.009$).

4. Discussion

The current study investigated close family members (n=138) whose alcoholic family member had been admitted to a residential inpatient rehabilitation center. The family members participated in the study only if their family member had problems with alcohol use, whether or not they were using other drugs. Family members responded to questions indicating their perceptions of the severity of AUD and several assessments of their psychological burden, distress and general health.

Majority of respondents were female who rated AUD from their anecdotal experiences with the alcoholic patient admitted in a rehabilitation center. From the results of the study (74.3%) were female while male respondents were 25.7%. This finding reflects that the larger number of caregivers for individuals with AUD were either mothers, wives,

or sisters of the patient. This finding gained support from Vaishnavi et al. (2017) who indicated that majority of the caregivers in his study with alcohol dependent individuals were female probably because men were the breadwinners which shifted the burden of care to the females. The findings of this study are further supported by the study of Githae (2016) who reported that the majority of family members that attended family counselling sessions at residential rehabilitation centers for psychological wellness were female. This result is consistent with majority cultures where women are seen as nurturers hence are likelihood to carry that role into adulthood of their child. This evidence predicted that psychosocial burden associated with AUD is likely to be experienced by mothers than fathers (Kiran & Sentil, 2016). Very few up-to-date studies have compared the psychosocial burden of mothers and fathers (Deepa, 2012).

Gender of the family member was correlated with psychosocial burden and yielded statistical significance ($p < .05$). This association is in agreement with many studies that have pointed out that majority of the females who were caretakers suffered from anxiety and depressive disorders (Glass et al. 2013). When asked for the gender of the inpatient, family members reported that their relatives were male (91%) while only 9% were female. This finding is a likely indication that more males seek treatment for addiction more than females. Perhaps this can be explained by a culture that is less tolerant to females who suffer alcohol use disorders compared to their male counterparts. Indeed studies have demonstrated that females who suffer alcohol related disorders receive more stigmatizing labels compared to males with similar problems (Glass & et al., 2013).

Majority of the respondents indicated that their family member had 44.2% severity of AUD clinical features while more than half of the close family members perceived that the individual with AUD had high (55.8%) levels of severity AUD (Table 1). This likely suggests that family members interpreted the AUD problem as serious hence the need for specialized treatment. Robust studies have confirmed that addiction in the family is a major disorder and a real contributing factor to ill-health (Orford et al, 2013).

The results of the present study showed that the monthly income of respondents was of sufficient high level. Rehabilitation in Kenya is costly and chances are that those admitted in residential treatment centers are capable of affording the cost. This explanation is in agreement with other studies that have indicated that the cost of rehabilitation is very high and a challenge to reducing and prevention of alcohol misuse (Begun & Clapp, 2015). Considerable gaps exist between those who can afford treatment for alcohol related disorders in specialized facilities and those who cannot afford (SAMHSA, 2014). Efforts are required to reduce the cost of treatment to make this affordable to larger populations requiring specialized treatment.

The study revealed high levels of psychological burden which was statistically significant ($p < 0.05$). The finding is supported by a study by Vaishnavi et al., (2017) who found a positive correlation with high levels of significance between caregiver burden and alcohol dependence syndrome among patients and their caregivers. Psychological distress was also statistically significant at ($p < 0.001$) to the general health of the respondents. This is a likely indication that indeed families of individuals with AUD have declining general health and are likely to develop symptoms of stress, anxiety and depression (Kaur & Ajinkya, 2014). Besides, it has been documented that families with an individual suffering AUD are likely to evidence a home environment characterized by high emotional expression which is a stress reaction of the family members to the chronic illness (Hooley & Gotlib, 2000).

Further support for the association of psychological distress with caregiving was highlighted by Rospenda, Minich, Milner and Richman (2010) who found out the link between negative emotions such as depressive feelings and strained family relationships towards their care recipients. Alcohol related problems were responsible for depressive symptoms among spouses and children of individuals with alcohol problems (Kaur & Ajinkya, 2014). The result further agrees with Hutchinson (2014) whose results indicate that the general mental health is mostly affected among the close family members of individuals with AUD. Kühn and Slabbert (2017) elucidates the effects of fathers who are heavy alcohol drinkers on the psychological distress of their families by explaining the negative emotional and mental health evidenced by their children and spouses. The children are likely to suffer from feeling of isolation and depression later in life and would likely engage in problem drinking in future. Psychological distress was high among the participants who were also burdened by caregiving roles that were draining their emotional well-being.

5. Conclusions

Results from the current study are consistent with previous studies that advance that there is a positive association between psychosocial burden and mental health of the caregivers of individuals with chronic illnesses. The study particularly demonstrated that there are high levels of psychosocial distress among caregivers of individuals suffering alcohol use disorder (AUD). The study demonstrated that anxiety and depression were a major risk for the caregivers who are constantly exposed to the challenges of dealing with a constant and relapsing illness. This study provided

further evidence in support of the importance of care for the caregivers in order to alleviate their own burden brought about by caring for the individual with AUD. The study found that approximately half of the close family members are impacted by psychosocial distress at a high to moderate levels, which questions their efficacy in providing a nurturing environment for the patient. Therefore, when treating the individuals with alcohol use disorders, it is necessary to alleviate the psychological burden of the close relatives in order to mitigate for development of other mental health problems.

6. Recommendations

The researcher recommends provision of information to the general public regarding clinical features of AUD as well as information to rectify the perception and dealing with individuals suffering alcohol use disorders. There was a general lack of appreciation of the alcoholism as a disease hence a misunderstanding on the nature of the illness. There is need for stakeholders to use standard indicators to assess for early recognition and diagnosis of AUD. Rehabilitation counselors are required to expand their interventions to cater for the psychosocial needs of the family. It is important that family members undergo a similar process of rehabilitation just like the treatment offered to the individuals with AUD. Future researches can develop brief interventions and models of family counseling and support to increase psychosocial wellbeing of family members. Education Programs should be established for the general population or perhaps mainstreamed within the existing educational programs to presenting knowledge about AUDs and treatments, teaching problem solving and providing coping skills. The Press and Media can play a major role in terms of providing communities with adequate information to deal with referral systems to reduce the psychosocial burden carried by close family members of individuals suffering alcohol use disorders.

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