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RESEARCH ARTICLE

PROPOSAL OF A SOCIO-EMOTIONAL STRATEGY TO INFLUENCE THE MENTAL HEALTH OF INFORMAL CAREGIVERS OF THE ELDERLY PEOPLE IN A RURAL COMMUNITY: THE IMPORTANCE OF CARING FOR THE CAREGIVER.

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Abstract

This study focuses on the sociodemographic knowledge of informal caregivers and the identification of the level of overload, the sample was for convenience and is composed of nine subjects of study (8 women and 1 man), has a quantitative approach, a descriptive scope and a non-experimental design. Three instruments are applied: SCB-SB Caregiver Overload Questionnaire, EUROQOL-5D Scale and General Health Questionnaire GHQ-28. The objective is to know the characteristics of informal caregivers of the city of Hopelchén, Campeche, Mexico, in the sociodemographic and emotional dimensions, with the intention of designing a training program that allows them to improve their emotional state. Answer the question: what are the benefits obtained from the identification of sociodemographic characteristics of informal caregivers of the city of Hopelchén, in the period October-December 2018? The main results are: at the level of study 1 has a bachelor's degree, 2 primary, 6 high school; 55.56% have an age range between 45 and 50 years; 55.56% have two years with this activity; 55.56% work as a caregiver between 6 and 10 continuous hours; 100% report not having health problems; in the Surveillance Questionnaire of the SCB-SB caregiver, 66.67% reached a result of low overload; Scale EUROQOL-5D, seven caregivers obtained 90/100 points, which does not represent risk; in the General Health Questionnaire GHQ-28, 88.89% of the sample obtained zero, which means that they perceive good general health. A strategy is proposed to influence the mental health of the caregivers.

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Introduction:-

The population in the world is aging at a huge pace, the estimate for 2050 shows the challenge that underdeveloped countries will have to face, due to the high poverty and illiteracy rates that prevail. The scenario will be very uncertain for these countries, because they will have become a country full of old people, in a city that has not been designed for frail people. In all these years it has not been built for the future, neither public policies nor infrastructure. The impact on the family is direct, having to attend to their sick relative, in an environment of precariousness and without training as a caregiver. Given this scenario of a population with older and less young, the

figure of the caregiver emerges, who will have the responsibility of providing a favorable scenario for people with a pathological aging.

Aging is an issue that has first impacted the first world countries, since they are the ones who are experiencing longevity and will continue to experience a new way of life, with the understanding that in this 21st century there is a transformation of the scenario. Large families and deaths from communicable diseases have been left in the past, thanks to advances in medical science, technology and preventive actions; now the society values the singleness, if there are marriages, these lack children and if they have them, it will probably be one or two. Gutiérrez, L. (2014), states that: "people over 85 years old are the fastest growing population group, with an increase of 3 to 5% per year" (p. 2) compared to the growth of the population in general, which is 1.3%, being a reality that the population segment of older people will increase faster than many assume. Non-communicable diseases, formerly called chronic degenerative diseases, occupy the first places of cause of death, and there are cardiovascular diseases, diabetes, cancer, trauma and disability. The health scenario in Mexico is worrisome Gutiérrez Robledo (2014) has reflected on this and affirms that:

A long life should be everyone's right, but currently in Mexico, longevity can be a double-edged sword. Many never thought that getting old could be so exhausting and difficult. For those who are poor, aging means new burdens and worries about the planning of the last days. (d'Hyver, C. and Gutiérrez, L. 2014. p. 2).

In Mexico, we find a very complicated scenario because the social differences are abysmal, the public policies of the last five sexenios have been unsuccessful and we have the risk of becoming very soon a country of people with a pathological aging, poor, without education and lacking in training on how to treat their disease. The scenario in developed countries is different, Gutiérrez Robledo states that:

While in developed countries, the current reality is an aging population that is healthier and better educated, 60% is not disabled or is dependent (Robine and Romieu, 1998 cited by Gutiérrez, L. 2014, p. 3), in the underdeveloped countries the analysis of the situation reveals many problems that make more difficult the care for it, among which illiteracy, poverty, poor social and family support prevails, leads to a deficient capacity for self-care. Finding the means to achieve an understanding of morbidity, helping the aging population of 13 to 16 additional years of life expectancy, so that at the age of 65 years remains active and robust until recent years will be the biggest challenge of public health for the 21st century. (d'Hyver, C. and Gutiérrez, L. 2014, p. 3)

Undoubtedly, the challenge is to promote self-care, through real programs that give results and their benefit is perceived in the citizens. To achieve this we must all participate, if we do it well, we will enjoy the benefits. Gutiérrez Robledo also warns the risks involved in the action:

Elderly health status and functional limitations are likely to have worse outcomes than those observed among the elders of more developed countries. If this hypothesis proves to be true, then the aging process in the region will have to be characterized not only by its speed and dimension, but by an "expansion of mobility", leading to a huge increase in the demand for health services. In such conditions, countries like Mexico would face the "failure of success": the population achieves a longer life expectancy, but only to spend it in a situation of illness and dependence, due to the lack of specific resources and services... If politicians understand the urgency and implications of all these phenomena and the connections between population aging, health status at an early age, economic growth and the current lack of infrastructure, it will open the way for the development of community-based long-term care systems. (d'Hyver, C. and Gutiérrez, L. 2014, p. 3-5)

In this event, the authors call on those responsible for the design of public policies in Mexico to act in favor of the quality of aging. It is interesting to note the proposal related to the development of a community-based care system; citizens must organize themselves to receive training in the subject of care, so that the activities they do at home when taking care of their family members are really in accordance with their health needs. This doesn't exist in Mexico, no health or educational institution is dedicated to the training of caregivers, or the promotion of self-care. The solution is not to continue with governmental paternalism, citizens must become aware of the importance of taking care of their health and organize themselves to receive training.

In Mexico, an important work has been carried out by Victor Manuel Mendoza Nuñez, through the gerontological nuclei, which promote social participation in health issues. Villagómez (2009) states that Mexico ...stopped being a

country eminently of young people to begin its transit towards the aging... the challenge now is to translate the increase in the life expectancy of the population into the experience of more years lived with quality (p. 306).

Living with quality is the desire of all people, nobody wants to live with diseases, for this reason it is important to be aware of taking care of the health of all Mexicans, so that these years that have increased in life expectancy are well lived, with quality of life. This translates into an economic saving for family finances and therefore the financial budget in health would not be collapsed, this would be the ideal scenario for all developing or underdeveloped countries.

To identify the stages of aging, there are multiple classifications of several authors that Villagómez (2009) gathers into four different categories:

For analytical purposes, four different ones were identified for the same number of age groups: pre-aging (between 60 and 64 years old), functional old age (65-74), full old age (75-79 years) and advanced old age (80 years or more). (p. 309)

As a complement to this classification, Villagomez (2009) shares that the stage of pre-aging in 1970 represented 6.6% of the population, forty years later, in 2010, it raised to 32% and it is expected that in 2050 it will be established as 23.4% of the population. In the functional stage it is observed that in the 1970s and 2050s 40% is obtained, and in 2010 42.1% of the population is reached. In full old age, it remains in 12% in 1970 and 2010; in 2050 it will reach 15.3%. Advanced old age reaches a percentage of 13% and 13.9% in 1970 and 2010, and by 2050 an increase of 21.4% of the population is expected. Given this scenario of a gradual and sustained increase in the aging of populations, it is important that the government bodies of the three levels (national, state and municipal), take this social problem seriously and commit themselves to concrete actions that allow the society, in the near future, to perceive the social benefit in old people, in the company of their families, to achieve what has always been sought in all these years: an active and healthy aging; to achieve this, prevention actions by people are necessary. There in the privacy of their being, people should be aware that their health is very important and that by making the best decisions, it is possible to enjoy a better life and health, reflecting that nobody but each of us is responsible for taking the decision to live healthy.

Gutiérrez, L. (2004) "Disability is the functional deficit resulting from the action of a disease in an organ, apparatus or system. Disability is the result of the interaction of the individual's incapacities with the environment that surrounds him" (p. 60) As the chronological age of the people advances, as part of their aging, there is the possibility that they suffer a pathological aging that affects not only the instrumental activities, but also the basic activities of daily life. Having a sick person in the family affects all its members emotionally and economically.

Mendoza, V. (2015, cited in Villatoro, A. and Loria, J.) defines aging as:

The gradual and adaptive process characterized by a relative decrease in the homeostatic response, due to morphological, physiological, biochemical, psychological and social changes, propitiated by the changes inherent to age and the accumulated wear and tear faced with the challenges faced by the organism throughout the history of the individual in a given environment (p. 8).

There are some authors who affirm that we are getting older since we are in the womb, and then we continue with the birth and the other stages, but this is an error, because they are confusing growth and development of the human being, with aging, for this reason the definition of Mendoza Nuñez is very accurate, complete and fresh.

Due to the characteristics of life that we have in Mexico, where sedentary lifestyle and the taste for fast food, rich in sugar, fats and salts reigns, there is a high risk of acquiring noncommunicable diseases (NCD), which is why the number of people who dedicate themselves to caring for the sick will gradually increase. In this sense, it is important that caregivers also take care of their health, because there is a thin line in which the caregiver runs the risk of becoming a person who also needs to be taken care of; this process starts with overload of the caregiver and then progresses to the burnout syndrome, in this respect Cabrera, A. (2015, cited in Villatoro, A. and Loria, J.) expresses that:

The concept of caregiver overload, which makes a general reference to the effects of care on family members, distinguishes between "objective" or changes in behavior and autonomy of the patient, with the practical problems involved, and a "subjective" burden or emotional reaction of the caregiver. (p. 519)

When a member of the family is left with full responsibility for the care of the sick person, he suffers from overloading and soon collapses, commonly referred to as "burned caregiver". Cabrera, A. (2015, cited in Villatoro, A. and Loria, J. p. 520) states that the primary caregiver is the one who "attends in the first instance the physical and emotional needs of a sick person." On the other hand Armstrong (2005, cited by Cabrera, A. in Villatoro, A. and Loria, J. p. 520) states that "the primary caregiver assumes full responsibility of the patient helping him to perform all the activities that this by itself it cannot perform." The people who assume the role of caregivers, have as characteristics to be a family member of the person who needs help, mostly women with low school level, who do not receive payment for what they do and do not receive help from other members of the family, they often leave them alone in the activities they do, they do it out of love for the dependent person; the problem is that if the family does not support the caregiver, the caregiver will gradually transform into an emotionally ill person, due to all the burden they have, Maslach and Jackson (1996, cited by Cabrera, A., in Villatoro, A. and Loria, J. p. 520) have identified three main problems that arise in the caregiver: a syndrome of emotional exhaustion, depersonalization and the feeling of lack of personal fulfillment; the first arises due to the physical activities that the caregiver must carry out, which are added to the duties that he or she already has; having an overload of work, they no longer have time to meet their commitments, now all their time is focused on the sick person who needs attention, moving themselves to a second or third place; this joins the third situation presented by the caregiver that is: the lack of personal fulfillment.

Astudillo and Mendinueta (2005, cited by Cabrera, A. in Villatoro, A. and Loria, J.), suggest that: ...the primary caregiver should let himself be helped and try to distribute the work more equitably and accept relief for his rest, asking for help from relatives, friends or neighbors who have ever expressed their desire to support him. Taking a walk, getting distracted, reading a book, eating with a friend, getting a gift, etc., are effective ways to combat the caregiver's stress. They have to try to continue making their normal life. It is healthy to maintain a circle of friends and to have a trusted person to talk openly about your feelings and find a way out of any concern. (p. 524)

These activities should be of the knowledge of the people who play the role of caregiver in their family, it is necessary that they do not close their world around the sick person, if they do so, very soon there will be not one but two sick people: the sick person and his caregiver; It is also important that the caregivers exchange experiences with other caregivers and share what has worked for them in the treatment of the sick person in their charge.

Tarasco (cited in d'Hyver, C. and Gutiérrez, L. 2014, p. 789) states that, in 1991, the General Assembly of the United Nations established the five basic principles that guide the legislation of the countries in relation to rights of the elderly: independence, participation, care, self-fulfillment and dignity.

When a person has a fragile state of health, they need long-term care, in this regard López, M. (cited in d'Hyver, C. and Gutiérrez, L.) expresses that "... they are aimed at satisfying the needs of personal and health care for a certain time" (p. 850), these can be granted by the family or by an institution that dedicates itself to it, in the first case, they are called informal caregivers, because the family lacks a technical training and takes care of their sick relative in the face of the need for care that emerges, because of this, they must be trained, and one way to do this is to ask the health personnel who take care of them all the doubts they have in order to be able to offer adequate care to their family member; the other is a service offered by private assistance establishments that, through a fee, give attention to the family member.

Rivas (2011) and De los Reyes (2001), (cited by Prieto et al. 2015), have reflected on the issue of caregivers and share that

Currently a change is taking place in the family care models, given by the current epidemiological profiles, in which the diseases that yesterday were conceptualized as acute and of imminent death, today are chronic and of questionable quality of life, and with this, a process of care extended to the home, to the family and to a caregiver of the same nucleus. (p. 661)

In previous years, when a person fell into an acute illness, the next step was its death, now in the 21st century, the next step is recovery, stage in which they will need a person who offers the necessary care that allows their recovery, for this it is necessary that the person meets the following criteria:



Source: Own creation.

The caregiver is the key person in the recovery of a sick person, therefore he/she must have in the first place: a good mental health, and in the second place: knowledge in the activities that he/she is going to carry out, the experience will come when they perform their caregiving activities with quality and warmth, this refers to informal caregivers. When this role is assumed by the family, they are almost always: the wife, the mother or the single sister. The women are the ones who assume the role of informal caregivers in the family, who will be acquiring the knowledge with the support of the personnel of the health area, for example, the indications given by doctors about the times and ways to take each medication, the caregiver must receive them and ask the questions they have for each indication of the health personnel, for this the doctor must have all the openness to resolve assertively the concerns that may arise in the caregiver, it is also important that the caregiver has all the security to express all their doubts and concerns, it doesn't matter how insignificant they may seem, they should be made known to the attending doctor, because of the clarity one has of the medical recommendations, depends on the success of the caregiver and will represent a quick recovery of the patient.

Mental health is important in all people, but even more so in people who assume the role of caregivers of a family member, the World Health Organization (WHO) defines it as:

Mental health is a state of well-being in which a person realizes his or her abilities and is capable of coping with the normal stress of life, of working productively and of contributing to their community. In this positive sense, mental health is the foundation of individual well-being and the effective functioning of the community (paragraph 3).

This is precisely what should be maintained in the caregiver, an emotional stability that allows him/her to have a good mental health, which impacts on a better care in the sick person and achieve a quick recovery. The WHO also affirms that there is no health without mental health.

It is important to attend the caregiver, to pay attention to the emotional and work load that he/she has and gradually acquires, the family should not leave it alone, it should support to reduce its burden, and for this it is necessary to receive useful information. There is a blog dedicated to Alzheimer's, in which there is information that is useful for family members, you can even contact a health professional (doctor) directly to ask questions to the expert, this page has the name "KNOW" concrete answers to real questions, is an initiative of professionals in Alzheimer's disease that join forces with Associations of relatives with Alzheimer's and have the support of various Spanish companies, such as the Spanish Society of Geriatrics and Gerontology. In the Caregivers section, its characteristics are defined and provided, which are presented below:

The main caregiver is the person who assumes responsibility for the care, support and daily care of any type of sick person. Is the one who, in addition, accompanies the ill person most of the time and who, apart from the sick person, suffers a greater risk on his/her general state of health. In most families, a single member assumes most of the responsibility for care, which implies that:

1. It contracts a **great physical and mental load**.
2. Is **responsible** for the life of the sick person: medication, hygiene, care, food, etc.
3. It gradually loses its **independence**, because the sick person absorbs more and more of his/her time.
4. They **disregard** themselves: they do not take the necessary free time for their leisure, they abandon their hobbies, they do not go out with their friends, etc. and may end up paralyzing, for many years, their life projects. (paragraph. 1)

We must bear in mind that the caregiver is, first of all, a person, who must receive the support of the family and that their mental health must be taken care of, so that they can do a good job and we have excellent results in our patient.

Materials and methods:-

This article aims to know the characteristics of informal caregivers in the city of Hopelchen, Campeche, Mexico, in the sociodemographic and emotional dimensions, with the intention of designing a training program that allows them to improve their emotional state. This answer the question: what are the benefits obtained from the identification of sociodemographic characteristics of informal caregivers of the city of Hopelchen, in the period October-December 2018? The sample was for convenience and is composed of nine subjects of study, has a quantitative approach, a descriptive scope and a non-experimental design. With the results obtained, it is intended to analyze them, to design a social-emotional strategy proposal to influence the mental health of the informal caregivers of the elderly in a rural community, emphasizing the importance of caring for the caregiver.

The selection was made of nine people dedicated to the care of sick people at their homes, to whom three instruments will be applied: *Caregiver overload questionnaire SCB-SB* (Screen Caregiver Burden-Subjective Burden) short version (25 items) for Mexico; *EUROQOL-5D scale*, which measures the state of health today, integrated by five dimensions of analysis, plus a five-dimensional analysis such as: mobility, personal care, daily activities, pain / discomfort, anxiety / depression, with total values ranging from 0 to 100 points, where 0 is the worst health state imaginable and 100 is the best state of health imaginable, each one with three response options; and finally, the *General Health Questionnaire GHQ-28*, composed of 28 items. The application will be made in several sessions, to avoid fatigue in the caregiver, according to the time spaces available. Similarly, a semi-structured interview will be conducted to obtain the sociodemographic data integrated by: age, sex, inquire if they have any pathology, in which month and year they begin their work as a caregiver, hours a day in which they work as a caregiver, as well as if they considers that they have problems with their health. Only the age and pathology of the person receiving the care will be investigated.

This study fulfills the bioethical criteria for scientific studies, the letter of informed consent is not performed because the study subjects will not be immersed in any experimental processes, and the data obtained will only be for statistical data object of the investigation. It will be treated with respect in an ethical framework, taking care of the confidentiality of the data and situations observed, work only will be done with the caregivers, there will be no contact with the people who receive the cares.

Results:-

After performing the analysis of the data obtained, it is shown on Excel 2010 the results organized in two parts: The caregiver and the applied instruments.

First, the sociodemographic data of the caregiver are presented here, such as: level of studies, sex, age, time as a caregiver, how he perceives his health and main health problems, as well as general information of the person receiving care, here the specific data:

Of the nine caregivers 1 (11.11%) has a bachelor's degree, 2 (22.22%) have an elementary school level and 6 (66.67%) have a high school level. In the aspect of sex, it was found that 1 (11.11%) is a male and 8 (88.89%) are

female. In the age range only 2 (22.22%) are 24 years old and 32 years old, five (55.56%) have an age range between 45 and 50 years, one (11.11%) is 51 years old and one (11.11%) more is 60 years old.

In the aspect of the time they have taken care of people, the following data was obtained: 1 (11.11%) in 2015, already with four years as caregiver; 1 (11.11%) in 2016, already with three years; 5 (55.56%) started in 2017, they have been with this activity for two years; 1 (11.11%) in 2018, he only worked as a caregiver for eight months: from January to August.

It is also observed that none of the eight caregivers spend more than eleven continuous hours taking care of the sick person; 5 caregivers that represent 55.56%, attend the work as caregiver between 6 and 10 continuous hours; the remaining 4 caregivers, who represent 44.44% of the sample, dedicate to the care of the sick person between 1 and 5 continuous hours a day.

In the question asked to the person who performs functions as a caregiver, if they consider that they have a health problem, 100% of the sample answered no, which is good news, knowing that they are perceived as healthy people. To confirm this, they were asked to mention the main health problems they suffer such as: diabetes, hypertension, to name a few, and all answered: none.

In the question about the pathology subject of the person's care, the following data was obtained: 4 (44.44%) do not present pathology; they receive care due to their advanced age of 89, 78, 85 and 88 years old; 2 (22.22%) present hypertension, have an age of 91 and 80 years old; 1 (11.11%) diabetes, with an age of 93 years; 1 (11.11%) presented hypertension, diabetes and dementia, with an age of 83 years; 1 (11.11%) presents hypertension, diabetes and arthritis, with an age of 73 years.

Second, the results are presented here, by applied instrument:

Caregiver overload questionnaire SCB-SB (Screen Caregiver Burden-Subjective Burden) short version (25 items) for Mexico. Of the nine people who are caregivers, 6 (66.67%) have a low overload result and 3 (33.33%) have a medium overload; the six that appear with low overload are those who started as caregivers in 2017 and 2018, three have as patients people who do not have any pathology, two with hypertension and one with diabetes; the three caregivers with medium overload, one started as a caregiver in 2016 of a person who has hypertension, diabetes and dementia; the other person takes care of several people in a public assistance establishment, since 2015; the last person in this group, starts as a caregiver in 2017 of an 88-year-old person who does not have a pathology.

EUROQOL-5D scale which measures the state of health today, integrated by five dimensions of analysis: mobility, personal care, daily activities, pain/discomfort, anxiety/depression, each one with three response options. Of the nine people who work as caregivers, the highest value was obtained by only one, age of 32, gets 95 points of a hundred, in contrast, the lowest value was obtained by a caregiver with 46 years of age who obtained 80 points of one hundred; the seven remaining caregivers obtained values of 90 points of one hundred.

General Health Questionnaire GHQ-28, of the nine study subjects, only one, which represents 11.11% of the sample, with 49 years of age and who works as a caregiver since 2015, responded positive in two aspects, what represents in general terms that she has a good health, however it is important to keep in reserve the result for future research; the remaining eight that represent 88.89% of the sample obtained zero, which represents that they perceive a good general health.

Conclusions and recommendations:-

Performing as a caregiver is an activity that requires training to perform their activities with quality, there is no age or social status to be, arises from the need that "someone" has to care for the family member who has fallen in the disease. It is observed in the results that women are the ones who take care for the sick at home. It is concluded that there is a relationship between age and the time spent caring for the person, the older the caregiver and the longer he or she takes care of it, the greater the risk of being overloaded, so it is necessary to identify in time in order to be able to act, as always the best is the prevention of burnout syndrome.

In view of the results analyzed, the following is proposed:

1. Add to the three applied instruments the following: Zarit scale, Quality of life scale and the SF-36 questionnaire on the state of health, to be certain of the health status of the person dedicated to the care of others.

2. Carry out a training aimed at informal caregivers, those who are not health personnel and need knowledge and training in the tasks that they have had to perform and that have been carried out empirically. To achieve this, educational institutions in the health area must assume their social role and go to rural communities to train informal caregivers, so that the social commitment of any higher education institution is truly fulfilled.
3. The training should be on the following topics: 1. mental health in the caregiver. 2. Non-pharmacological treatment in the pathologies presented by the community to whom it is addressed. 3. Mobilizations. 4. How to avoid pressure ulcers. 5. Bioethical aspects and its importance in the care of people. These issues should be developed by trained personnel and should have the support of local authorities, but above all should have the enthusiastic participation of people who serve as caregivers.
4. The change occurs with the effort and dedication of all involved, we must leave the paternalistic position, to act for the benefit of society, each of us must be contributing their expertise and energy to make this world a better world. We trust that the data presented will contribute to other researchers to join this project in their communities.

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