Chapter 3: Leadership and the Duty Care Manager

Supporting Family Caregivers of Clients with Schizophrenia in Jamaica

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The majority of mental health patients in Jamaica are treated as outpatients (1,034 per 100,000 population) and 51% are diagnosed with schizophrenia, placing family caregivers at significant risk of developing high levels of caregiver burden. Trained psychiatric nurses, referred to as mental health officers, form the backbone of the mental health services in Jamaica. They are assigned to public health centres and outpatient clinics with administrative, practice and public relation responsibilities. The advance practice mental health nurse practitioner (MHNP) assesses, diagnoses and (along with psychiatrists) manages the care of mentally ill clients.

Postgraduate nursing research on Jamaican families who are caregivers for relatives diagnosed with schizophrenia, report that caregivers experience significant negative psychological effects and financial difficulties related to caring for their relatives, as well as ineffective coping mechanisms and poor social support. Furthermore, parents and spouses who care for clients diagnosed with schizophrenia are at greatest risk of being burdened, with limited support in the Jamaican practice setting.

As a newly trained mental health nurse practitioner who is inspired to make a difference, the opportunity to use nursing leadership skills acquired during pre-qualifying education to improve the care of clients and their family was seized. Examples of successful nurse-led interventions associated with improved patient outcomes and reduction in adverse events are well documented. Would a nurse-led support group make a difference in the lives of family caregivers of clients with schizophrenia, attending a rural health centre in Jamaica?

Support for the intervention was garnered using a best practice model. A literature review suggested that comprehensive management of clients with schizophrenia should include strategies to support family caregivers and structured interventions. Benefits of support strategies can include inhibiting the development of secondary stressors, reducing relapse and hospitalisation rates, and assisting the caregiver and client with maintaining optimum health.

Following a consultative collaborative process, structured support group activities were designed to provide information about schizophrenia, enhance caregivers’ skills in the management of crises and in coping with the illness, while providing support from peers and mental health professionals.

In July 2013, amid strong institutional backing, the support group was launched. Twenty-five caregivers of clients diagnosed with schizophrenia resident in the community setting, accepted an invitation to join the support group, which met on alternate months at the Wellness Clinic of the health centre. Family support group activities and discussions were facilitated by a mental health nurse practitioner. The meetings lasted for approximately two hours each session and light refreshments were served.
Positive feedback from the intervention activities included the identification of peer support and increased knowledge among attendees. The group also enabled the health team to gain additional insights into the needs of the client and family. The team later conducted a formal evaluation of the intervention to determine the effectiveness of the caregiver support group in reducing caregiver burden. This informed nurse-led advocacy for scaling up of caregiver support group activities in Jamaican communities.