Spring 2015

**Caring for Carers**

**An analysis of carer therapy provision in the Centre for Health and Well Being**

**Kate Laverty, Angie Shen, Chioma Iwelumo**

Table of Contents

[Foreword 3](#_Toc423438514)

[Rationale 4](#_Toc423438515)

[Context 5](#_Toc423438516)

[CHWB 5](#_Toc423438517)

[Literature Review 6](#_Toc423438518)

[Complementary Therapies in the United Kingdom 6](#_Toc423438519)

[Mental Health in the UK 6](#_Toc423438520)

[Carers in the UK 7](#_Toc423438521)

[Methodology 9](#_Toc423438522)

[Sample 9](#_Toc423438523)

[Survey 9](#_Toc423438524)

[Bias 10](#_Toc423438525)

[Findings 12](#_Toc423438526)

[Demographics 12](#_Toc423438527)

[Category of Care 14](#_Toc423438528)

[Types of Care 16](#_Toc423438529)

[Time Commitments 18](#_Toc423438530)

[Challenges 22](#_Toc423438531)

[Mental Health Needs 25](#_Toc423438532)

[Additional Support 29](#_Toc423438533)

[Motivation for Services 31](#_Toc423438534)

[Usefulness of Services 32](#_Toc423438535)

[Discussion 36](#_Toc423438536)

[Recommendations 37](#_Toc423438537)

[Conclusion 38](#_Toc423438538)

[Bibliography 39](#_Toc423438539)

[Appendix 40](#_Toc423438540)

[Appendix I Raw Data from Survey 40](#_Toc423438541)

# Foreword

It gives me great pleasure to present this research which outlines the needs and challenges of carers and show cases the work our centre does to meet these needs. It evinces further investment is needed though to ensure the inspiring work of carers continues without causing harm to those caring for their loved ones.

From 2012, the Centre has provided therapies to 17 men and 111 women with investment from BHSCT. We have delivered therapies to a further 45 men and 212 women through philanthropic funding. These clients have either received the allocated interventions from BSHCT or are not registered as carers and therefore unentitled to the therapies offered by BHSCT to registered carers.

This research was conducted with 85 of the BHSCT funded clients. 89% of respondents were women, roughly mirroring the diversity in gender of referrals where women make up 86.7% of the BSHCT referrals.

The mean age for the 128 BHSCT referrals was 56 for women and 54 for men. The mean age for the 85 respondents was 52 for women and 57 for men. Key findings include;

* 47% of our carers care for older people
* Emotional support and household tasks are the most common help provided
* 55% of our carers care for more than 100 hours
* 95% of challenges faced by our carers are emotional ones
* 65% of carers receive no formal support
* 42% of our carers felt respite care would be the most beneficial support they could be offered
* 89% of carers suffer stress and worry
* 80% of our carers said complementary therapies brought stress relief
* 69% of our cares were referred by a social worker
* 62% of carers felt the services were helpful
* 86% felt the service in the Centre was ‘excellent’
* 7% felt they would not have been able to afford a donation of £5 per hour if it had been sought



# Rationale

Building on centre specific research in recent years about the perception of therapies and their usefulness to clients in the Upper Springfield area, this report addresses the specific needs of a particular demographic within our clientele. This research aims to study the mental health needs and daily challenges of the carer demographic among the clientele of Centre for Health and Wellbeing and how the complementary and alternative therapy the Centre provides caters to their needs.

The rationale for undertaking the research was three-fold:

1. To gain a better understanding of the challenges facing carers in Northern Ireland, particularly their mental health problems and needs.
2. To gain a better understanding of the carer clientele at the Centre for Health and Well Being, particularly why and how they utilize and experience the Centre’s service.
3. To assess the effectiveness of the Centre’s service in addressing carers’ mental health needs, and determine how to better serve the carer clientele.

# Context

## CHWB

The Centre for Health and Wellbeing has delivered complimentary therapiesthroughout West Belfast for 17 years. We offer each client 6 one hour long therapies, one per week at the same time each week for 6 weeks, after which time they will have devised a personal development plan along with their therapist and outcomes should reflect improved mental and physical health. We have 2 staff, 3 volunteers and 6 board members as well as 2 volunteer counsellors and 10 self employed therapists. Our volunteers are local people who have benefitted from the services provided and want to give something back. Two of our therapists are also past clients who have completed accredited training with us and enhanced their learning with a minimum of 50 CPD hours per annum over the last 7 years. Now self employed, they are contributing to the economy.

## C:\Users\User\Desktop\centre-front.jpg

## Literature Review

Systematic literature searcheswere performed using several databases, reference list searching,and inquiry to colleagues.

### Complementary Therapies in the United Kingdom

Complementary therapies are becoming more popular and widespread with rising numbers of people using them in conjunction with conventional western medicine. In order to serve the community and its needs, it is important to study the effectiveness of complementary therapies in order to maximize its positive benefits for those receiving treatments.

With 32 million visits in 2008 in England, one in ten people aged 60 to 74 living in private households in Great Britain had a common mental disorder (such as anxiety, depression and phobias) according to the Stationary Office. Occurrence in older age groups declined, and were more commonly reported by women than men. The NHS provided an estimated 10% of these. The majority of non-NHS visits were financed through direct out-of-pocket expenditure estimated at £450 million. The findings suggest that therapies are making a measurable contribution to first-contact primary care. Herbalism, aromatherapy, homoeopathy, acupuncture/acupressure, massage and reflexology were the most popular treatment modalities. The main reasons for trying complementary therapies were due to its perceived effectiveness, a positive inclination towards it, and its relaxing effects. On average, users spent £13.62 on therapies per month, which extrapolates to an annual expenditure of £1.6 billion for the whole nation.

### Mental Health in the UK

Mental health has an important impact on all aspects of our lives at individual, community and societal levels. Poor mental health contributes to socio-economic and health problems such as higher levels of physical morbidity and mortality, lower levels of educational attainment, poorer work performance, greater incidence of addictions, higher crime rates and poor community and societal cohesion (Goldie & McCulloch, 2010).

Mental ill-health can have diverse and long-term effects on individuals, families and society. The Office for National Statistics Psychiatric Morbidity report found that in any one year 1 in 4 British adults experience at least one mental disorder (Singleton, et al., 2001), and 1 in 6 experiences this at any given time. Mixed anxiety and depression is the most common mental disorder in the UK, with almost 9% of people meeting criteria for diagnosis (Singleton, et al., 2001). The core symptoms are low mood, fatigue or lack of energy, lack of interest or enjoyment in life (Halliwell, et al., 2007). Anxiety is characterised by worry and agitation, fatigue (restlessness) and stress (Halliwell, et al., 2007).

Women are more likely to have been treated for a mental health problem than men (29% compared with 17%) (National Statistics, 2003). Depression is more common in women than men. 1 in 4 women will require treatment for depression at some time, compared with 1 in 10 men (NHS, 2003). Women are twice as likely to experience anxiety as men (Singleton, et al., 2001). Overall, common mental health problems peak in middle age. Older people are less likely to have a common mental health illness than other sections of the British population (Singleton, et al., 2001). However, depression affects 1 in 5 people over the age of 65 living in the community and 2 in 5 living in care homes. (Baldwin, 2002) According to the Health Survey Northern Ireland 2013/14 conducted by Department of Health, Social Services and Public Safety (Walker, et al., 2014) one-fifth of respondents (19%) showed signs of a possible mental health problem (GHQ12 score ≥4). This was true for more females (20%) than males (16%). Young females (aged 16-24 years old) were more likely than young males to have showed signs of a possible mental health problem (23% compared with 13%).

While these statistics show the prevalence of mental health issues at large, this report will focus on the almost 214,000 carers in N. Ireland. A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. According to the 2011 Census, 6.5 million people in the UK are carers, about 10.3% of the population, an 11% rise in the number of carers since the last Census in 2001. 58% of carers are female and 42% are male. The majority of carers are of working age and the peak age for caring is 50-64 – 1 in 5 people in this age bracket are carers. The care provided unpaid, by the nations’ carers is worth an estimated £119bn per year – considerably more than total spending on the NHS (Carers UK; University of Leeds, 2011).

### Carers in the UK

The causes of someone taking on caring responsibilities are varied but can include serious physical illness, long-term physical disability, long-term neurological conditions, mental health problems and learning difficulties. The 2011 Census shows that caring tends to affect men and women at different times. Women are much more likely to care in middle age. 1 in 4 women aged 50-64 have caring responsibilities, compared to 1 in 6 men. Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old. The imbalance reduces amongst older carers and men are slightly more likely to provide care than women amongst retired people– many caring for their partners.

The 2011 Census also shows that there were 213, 980 carers in Northern Ireland, a 16% increase from the number of carers in 2001. The greatest increases (21%) were among those caring for over fifty hours a week. 26% provided 50 or more hours per week of care. 57% provided less than 20 hours of care per week. In the 2009/10 NHS survey conducted in England and Wales (NHS Information Centre, 2010), 52% of carers cared for less than 20 hours of care a week. 22% cared for 20-49 hours a week. 9% cared for 50-100 hours a week. 13% cared for 100 hour or more.[[1]](#footnote-1) 71% of those who care for less than 20 hours a week report their health as good, whereas only 52 % of those who care more than 20 hours a week report their health as good. Half of carers (50%) they were affected by depression after taking on a caring role. The 2009/10 NHS survey also found differences in mental health symptoms experienced by cares in terms of gender and hours of care provided per week. More women experience all of the symptoms than men: tiredness (39% compared to 25%), stress (34% compared to 22%), disturbed sleep (28% compared to 21%), short temper (24% compared to 19%) and depression (21% compared to 15%). Carers who provide more than 20 hours of care are significantly more likely to experience mental health symptoms than those who provide less than 20 hours of care: tiredness (47% compared to 25%), stress (38% compared to 22%), disturbed sleep (35% compared to 16%), short temper (26% compared to 18%) and depression (25% compared to 12%).

Cares’ duties are varied and include practical household tasks such as cooking and cleaning, personal care such as bathing and dressing, and emotional support such as offering advice and friendship. In the 2014 CarersUK State of Caring Survey (Carers UK, 2014), 93% of carers said they provide practical help such as preparing meals, doing laundry or shopping. 87% provide emotional support, motivation or keeping an eye on someone either in person or by phone. 71% of carers provide personal care like help with washing, dressing, eating or using the toilet. 57% carers provide physical assistance – getting in and out of bed, moving around or getting out of the hour.

The 2013 In Sickness and in Health survey (Carers UK, et al., 2013) asked carers to identify what had impacted on their physical and mental health. A lack of practical support was a reason for 64 per cent of carers and 50 per cent said they do not have enough financial support. Meanwhile 67 per cent of carers who responded to the survey said they did not have enough emotional support. Carers thought their health would be improved by more regular breaks from caring (61%). financial support (52%). more advice and information (43%). practical support such as care workers and domestic help (52%). The 2009 survey found that, as a result of carers assessment or review, carers received services for the cared person(22%), information about support group (16%), break away from home (8%). 33% did not receive any services.

# Methodology

Data extraction followed a predefinedprotocol. Clients were invited on arrival to the centre, or by telephone to respond.

## Sample

The sample population is the carer clientele at the Centre from 2012 to 2015 who have been referred by the BHSCT and have at least completed one session of treatment. A total of 113 carers visited the Centre from 2012 to 2015; 85 of them (75%) responded to the survey.

## Survey

The data for the client portion of this project was collected via an anonymous 14-question survey (Appendix I). The survey remained anonymous so that the most honest answers may be obtained. All questions, except for the responder’s age, are multiple-choice questions.

A majority of the responses were collected via telephone calls conducted by a temporary intern with no past or long-term ties to the Centre. Informed consent was obtained and the survey questions were read verbatim. Responses were logged directly into the online survey software Qualtrics. The intern made multiple attempts to reach every client on file, calling back unanswered numbers on different days at different times of both day and evening. The hard copy version of the survey was administered to current clients who are carers, available at the Centre upon arrival for a scheduled appointment. Responses were manually entered into the online survey by researchers after completion.

There are several advantages of using surveys as a data collection tool. Large amounts of information can be collected from a large number of people in a short period of time and in a relatively cost effective way. The results of the survey can usually be quickly and easily quantified by either a researcher or through the use of a software package. When data has been quantified, it can be used to compare and contrast other research and may be used to measure change (Ackroyd & Hughes, 1981). In this case, survey has been chosen in order to collect information from carers, to quantify the data using Qualtrics and to find correlations between different factors under study. Cross-tabulation is used to examine how two different variables are related to each other.

## Bias

Several potential sources of bias have been identified, and measures have been taken to mitigate their effects.

|  |  |  |
| --- | --- | --- |
| Type of Bias | Relevance to Project | Measures Taken to Avoid bias |
| Acquiescence bias: respondents have a tendency to agree with all the questions in a [measure](http://en.wikipedia.org/wiki/Psychological_testing) due to the motivation to be agreeable to please the researcher or to save time. (Watson, 1992)) | Respondents may inaccurately report the helpfulness of therapy (See Question 9 in Appendix I) or agree with the potential positive effects of therapy (See Question 10) | 1. A vast majority (90.6%) of respondents have completed their treatment and have no long term ties to the Centre. 2. Scales of 1-5 were used to enable respondents to express their attitudes more accurately 3. Respondents were assured before the survey that it would take less than 5 minutes, so that they were more likely to ponder over their answers |
| Social desirability bias: respondents have a tendency to deny undesirable traits to make themselves look more favourable to the researcher (Furnham, 1986) | Respondents may be unwilling to admit to mental health issues (See Question 7 in Appendix I). Individuals with mental disorders are more likely to decline participation and less likely to report stigmatizing symptoms, leading to an underestimation of prevalence and treatment figures. (Knauper & Wittechen, 1994) Clients are more likely to over report the number of hours care they give per week, equating ‘living with’ the person to ‘caring for’ the person. | 1. Choices were edited to be as neutral as possible. For example, Question 7 asks for mental health symptoms rather than problems. Behaviours such as drinking and smoking were not asked. 2. Respondents were assured the survey is anonymous. 3. Respondents were told that the purpose of the survey is to learn about challenges facing carers and to improve services for carers. 4. Respondents were asked to consider only the hours they actually completed daily tasks for those for whom they cared, negating the hours in which they simply lived in the same house. |
| Non-response bias: respondents differ in meaningful ways from nonrespondents | Clients who did not respond to the survey are more likely to be those who (1) had a negative experience at the Centre; (2) were unable to answer their phones because the person they care for needs intensive care; (3) are in poor mental or physical health condition | 1. Multiple attempts were made to reach those who did no answer their phones 2. The researcher will take the potential influences of such biases into account when performing analysis of the responses. |

# Findings

### Demographics

89% of survey respondents are female. 86.7% of all BSHCT referrals are female, roughly mirroring the percentage of female respondents (89%) of the survey. In the UK, 58% of cares are female. The mean age for the 85 respondents was 52 for women and 57 for men. The mean age for the 128 BHSCT referrals was 56 for women (4 years older than the mean age of respondents) and 54 for men (3 years younger than the mean age of respondents). The most common age group is 50-59 year old, concurrent with the respondents.

Figure : Age Distribution

Disproportionately more women (89%) were referred to our centre and took up the offer than men, considering 58% of carers are female and 42% are male according to the 2011 UK Census. This can be accounted for by the following factors. First, women are more likely to experience mental health problems. Second, women are more likely to seek treatment than men. Third, women are more likely to respond to mental health surveys.

All of the respondents who care for their family and children and those with a learning disability are women. Men (55%) are more likely to care for an older person than women (45%). Men (33%) are more likely to care for a person with physical disability than women (20%).

All men provide personal care. Men are more likely to provide physical assistance than women. Women are more likely to provide emotional support than men. Women are more likely to assist with household tasks than women.

Women (96%) are more likely to report emotional challenges than men (89%). Men (56%) are more likely to report physical challenges than women (49%).

Women are more likely to report having experienced all of the mental health symptoms than men except for poor sleep.

Women (71%) are more likely to have been referred by a social worker than men (56%). Men (33) are more likely to report that they needed help for coping than women (11%).

Two women reported the therapies were slightly helpful and another two women reported the therapies were not at all helpful. Women are more likely to experience all of the mental health benefits of therapy than men.

Women (29%) are more likely to not have received any intervention than men (11%). Men (22%) are twice as likely to have received respite care as women (11%). Women (29%) are more likely to think no additional services could improve their situation than men (11%). Men (78%) are more than twice as likely to have received respite care as women (38%).

The male respondents (mean=57) in the sample are older than the female respondents (mean=53). Those who care for an older person (mean=57) are to be older than average. Those who care for their family and children (mean=39) or someone with learning disability (mean=48) are younger than average.

Those who provide care for more than 100 hours a week (mean=58) are older than average.

Those who report physical challenges as one of the biggest challenges (mean=57) are older than average. Those who report financial challenges as one of the biggest challenges (mean=48) are younger than average.

Those who have experienced lack of enjoyment in life (mean=57) are older than average.

Those who needed time for self (mean=49) are younger than average.

Those who rated the therapies as extremely helpful (mean=58) are older than average. Those who did not experience any relief of symptoms (mean=59) are older than average. Those who experienced a sense of wellbeing are older than average.

Those who are not receiving any addition support (mean=57) are older than average. Those who are receiving home help (mean=59) are older than average.

Those who rated the quality of service as good (mean=49) are younger than average. Those who rated the quality of service as average or poor (mean=58) are older than average.

Those who reported that they are moderately likely to pay 5 pounds for a session (mean=64) are older than average. Those who reported that they are not at all likely to pay 5 pounds for a session (mean=45) are younger than average.

### Category of Care

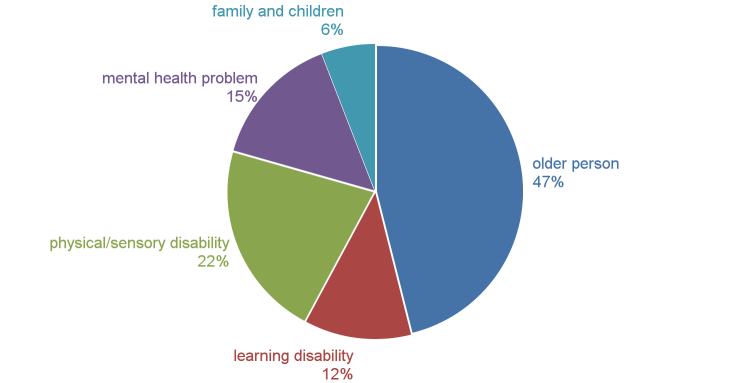
Almost half of respondents care for an older person (**50%**). 22% care for a person with physical/sensory disability (**16%**). 15% care for a person with mental health problem (**14%**). 12% care for a person with learning disability (**5%**). 6% care for their family and children (**2%**).

Figure : Category of Care

The figures in blue above indicate the figures for the categories of care reported in the 2015 BHSCT carers assessment report. According to January-March 2015 Quarterly Carers’ Statistics for Northern Ireland, the majority (50%) of carers who had been offered an assessment during quarter ending 31 March 2015 were caring for someone in the Older People client group. The client group with the least offers of a carers’ assessment was Family and Child Care (2%).

It would seem we see disproportionately high numbers of peple caring within the categories of ‘learning disability’ and ‘family and children’ and low numbers of those caring ith in the category of ‘physical disability’.

All of the respondents who care for their family and children and those with a learning disability are women. Men (55%) are more likely to care for an older person than women (45%). Men (33%) are more likely to care for a person with physical disability than women (20%).

Considering the mean age within each cateogry, there are notable differences with the youngest carers reported in the category ‘family and children’. Those who care for an older person (mean=57) are to be older than average. Those who care for their family and children (mean=39) or someone with learning disability (mean=48) are younger than average.

Table : Category of Care

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Older Person | Learning Disability | Physical Disability | Mental Health | Family And Children |
| Mean age | 55 | 48 | 54 | 51 | 39 |

All of those who care for someone with learning disability provide personal care and emotional support. All of those who care for their family and children provide personal care.

90% of those who care for someone with learning disability care for more than 10 hours a week, compared to 38% of those who care for someone with mental disability and 44% of those who care for an older person. All those who care for someone with learning disability care for more than 50 hours a week.

Those who care for their family and children are more likely to experience all three challenges than those who provide other categories of care. All of those who care for someone with learning disability or those who care for their family and children experience emotional challenges.

100 percent of those who care for their family and children experience fatigue. Those who care for someone with physical disability are most likely to experience lack of enjoyment in life (72%) compared to those who care for their family and children who are least likely to experience lack of enjoyment in life (40). 100% of those who care for someone with mental disability and those who care for their family and children experience stress. 100% of those who care for someone with learning disability and those who care for their family and children experience poor sleep.

Those who care for someone with leaning disability (20%) and those who care for their family and children (20%) are most likely to have needed help for coping compared to those who provide other categories of care. Those who care for someone with learning disability are most likely to have wanted time for self (50%) compared to those who provide other categories of care. Those who care for their family and children are most likely to have wanted relaxation (60%) compared to those who provide other categories of care.

100 percent of those who care for their family and children rated therapy as extremely helpful. 100 percent of those who care for their family and children experienced relaxation. Interestingly, those who care for someone with mental disability are most likely to experience improved quality of life (38%), sense of wellbeing (62%), happier (62%) and less pain (46%) compared to those who provide other categories of care. Those who care for someone with their family and children are least likely to experience improved quality of life (0%), sense of wellbeing (20%), happier (20%) and less pain (0%) compared to those who provide other categories of care.

Those who care for someone with learning disability are most likely to not have received any treatment (90%) compared to those who provide other categories of care. Those who care for their family and children (40%) are least likely to not have received any treatment compared to those who provide other categories of care. Of those who care for someone with learning disability, no one received home help or counselling. Of those who care for someone with mental health problem and family and children, no one received home help.

Remarkably, 40% of those who care for someone with learning disability reported that financial support could be helpful, compared to 21% of those who care for an older person, 22% of those who care for someone with physical disability, 23% of those who care for someone with mental disability and 0% of those who care for their family and children.

### Types of Care

Respondents provide personal care (79%, compared to 93% in the CarersUK survey from 2014), physical assistance (79% compared to 57% in the CarersUK survey from 2014), household help (86%) and emotional support (86%). Household tasks was the most common type of care offered by women and the least common type of care offered by men.

Figure : Areas of Care

This cross tabulation overleaf outlines what duties are conducted by respondents in each category of care. The rows in red give the count for a combination of values of the two variables. For example, 30 respondents both care for an older person and provide personal care. The rows in orange display the counts as percentages of each of the columns. For example, 75% of those who care for an older person provide personal care. Considering the types of care provided within each category, the table below outlines the differences within the population. 75% of people who care for older people provide personal care, although the greatest help is required in completing household tasks and providing support to older people. All those who care for someone with a learning difficulty have to provide personal care such as washing and dressing as well as providing emotional support. A remarkably high number of people who care for those with mental health needs are offering physical supports – 76.92%. It is not surprising that they are providing predominately emotional support – 84.62%, but that that the same percentage are also doing household tasks such as cooking is also striking.

Table : Cross Tabulation--Category of Care & Areas of Care

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **3. What category of disability does the person you are caring for belong to?** | | | | | |
|  |  | **older person** | **learning disability** | **physical/**  **sensory disability** | **mental health** | **family and children** | Total |
| **4. What are your main responsibilities?** | **personal care** | 30 | 10 | 13 | 11 | 5 | 67 |
|  | 75 | 100 | 68.42 | 84.62 | 100 | 78.82 |
| **physical assistance** | 31 | 9 | 16 | 10 | 3 | 67 |
|  | 77.5 | 90 | 84.21 | 76.92 | 60 | 78.82 |
| **emotional support** | 35 | 10 | 16 | 11 | 3 | 73 |
|  | 87.5 | 100 | 84.21 | 84.62 | 60 | 85.88 |
| **other** | 3 | 0 | 0 | 1 | 0 | 4 |
|  | 7.5 | 0 | 0 | 7.69 | 0 | 4.71 |
| **household tasks** | 36 | 7 | 17 | 11 | 4 | 73 |
|  |  | 90 | 70 | 89.47 | 84.62 | 80 | 85.88 |
|  | Total | 40 | 10 | 19 | 13 | 5 | 85 |
|  | 100 | 100 | 100 | 100 | 100 | 100 |

### Time Commitments

Figure : Time Commitents

More than half of respondents (55%) provide more than 100 hours of care a week. The same percentage (18%) provide 20-50 and 50-100 hours of care per week. 9% of respondents provide less than 20 hours of care per week. Compared to respondents of the 2009/10 NHS survey, carers who responded to our survey provide significantly more hours of care. Carers who responded to our survey are four times more likely to care for more than 100 hours (55% compared to 13%) and almost 6 less likely to care for less than 20 hours (9% compared to 52%). The 2009/10 NHS survey also found that those who cared for more than 20 hours per week were twice as likely as those who cared for less than 20 hours per week to feel tired, 1.5 times more likely to feel stressed, twice as likely to have disturbed sleep to feel depressed and 1.7 times as like to be short tempered and irritable. 90% of BSHCT referrals to our centre cared for more than 20 hours per week, speaking to the very real possibility of this population presenting with level, complex and multi-faceted needs. The NHS survey also found that women reported higher instances of tiredness, stress, insomnia and depression than men by as much as 13%.

It is important to consider if a particular category of care requires a higher time commitment than the others. Each category of care had the same trend; the least reported number of carers were in the ‘less than 20 hours’ bracket and the greatest amount of carers were in the ‘more than 100 hours’ bracket. 36% of those caring for an older person care for more than 100 hours per week compared to only 6.4% of those who care within the ‘family and children’ section. People caring for those with physical and mental health needs are most likely to care for less than 20 hours, but 47 of the 85 respondents care for someone for more than 100 hours per week. Using UK figures for calculation, N. Ireland carers provide £3.9 billion of care[[2]](#footnote-2).

Emotional support provided for between 50-100 hours was the most common modality of care provided (93.33%). Those caring for more than 100 hours tended to provide physical assistance (91.49%) and emotional support (91.49%). Women were more likely than men to provide high-intensity (more than 20 hours a week) care (62% compared with 38%); 19 % were aged 45-54 and 18 % were aged 55-64 and 30% were aged 65 or over.

Figure : time commitment & challenges

The figure above shows that the percentage of people who experience physical and financial challenge generally increases with the amount of time people spend caring.

Table : Cross Tabulation--Time Commitment & Category of Care

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **5. How much time do you spend caring each week?** | | | | |
|  |  | **Less than 20 hours** | **20-50 hours** | **50-100 hours** | **more than 100 hours** | Total |
| **3. What category of disability does the person you are caring for belong to?** | **older person** | 6 | 7 | 10 | 17 | 40 |
|  | 75 | 46.67 | 66.67 | 36.17 | 47.06 |
| **learning disability** | 0 | 0 | 1 | 9 | 10 |
|  | 0 | 0 | 6.67 | 19.15 | 11.76 |
| **physical/sensory disability** | 1 | 3 | 2 | 13 | 19 |
|  | 12.5 | 20 | 13.33 | 27.66 | 22.35 |
| **mental health problem** | 1 | 4 | 3 | 5 | 13 |
|  | 12.5 | 26.67 | 20 | 10.64 | 15.29 |
| **family and children** | 0 | 1 | 1 | 3 | 5 |
|  | 0 | 6.67 | 6.67 | 6.38 | 5.88 |
|  | Total | 8 | 15 | 15 | 47 | 85 |
|  | 100 | 100 | 100 | 100 | 100 |

Figure : time commitment & mental health symptoms

The above graph shows the general trend that the percentage of people who experience mental health symptoms generally increases with the amount of time people spend caring.

A vast majority (82%) of those who sought treatment because they needed help with coping provide care for more than 100 hours a week. The more hours of care carers deliver, the more likely carers sought treatment because they needed relaxation. The same holds true for those who sought treatment because they needed help with coping. No one who provides care for less than 20 hours a week sought treatment because they couldn’t cope, compared to 19% of those who care for more than 100 hours a week, 7% of those who care for 50-100 hours a week and 7% of those who care for 20-50 hours a week. We see the opposite trend for those who were referred by their GPs. 25% of those who care for less than 20 hours were referred by their GPs but only % of those who care for more than 100 hours were referred by their GPs

100% of those who provide care for 50-100 hours experienced relaxation. Those who care for more than 100 hours a week are least likely to experience improved quality of life and less pain compared to those who care for fewer hours.

Figure : time commitment & additional support received

The above graph shows an increasing trend of the percentage of people who receive respite care with the amount of time spent caring. It also shows a decreasing trend of the percentage of people who receive counselling and home help.

### Challenges

Seeking to determine if our respondents self-identified any physical, emotional or financial challenges, we found that 95% of respondents experience emotional challenges. 49% of respondents experience physical challenges. 26% of respondents experience financial challenges. More women (96%) than men (88%) reported emotional challenges.

Figure : Challenges

This mimics findings from multiple UK surveys.

Seeking to determine if there was a correlation between the number of hours cared and the types of challenges perceived by carers, we cross tabulated the results from both responses. Those who cared for less than 100 hours all reported feelings of isolation, stress and worry. Those who cared for less than 20 hours per week reported no financial concerns, compared to 34% of those caring more than 100 hours per week. Interestingly, there was a dip in the reporting of physical challenges for those caring between 50-100 hours per week from those caring between 20-50 hours per week and those caring more than 100 hours per week.

Table : Cross Tabulation--Time Commitments & Challenges

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **5. How much time do you spend caring each week?** | | | | |
|  |  | **Less than 20 hours** | **20-50 hours** | **50-100 hours** | **more than 100 hours** | Total |
| **6.   What is(are) your biggest challenge(s) as a carer?** | **emotional challenges** | 8 | 15 | 15 | 43 | 81 |
|  | 100 | 100 | 100 | 91.49 | 95.29 |
| **physical challenges** | 2 | 8 | 6 | 26 | 42 |
|  | 25 | 53.33 | 40 | 55.32 | 49.41 |
| **financial issues** | 0 | 3 | 3 | 16 | 22 |
|  | 0 | 20 | 20 | 34.04 | 25.88 |
| **other** | 0 | 1 | 0 | 2 | 3 |
|  | 0 | 6.67 | 0 | 4.26 | 3.53 |
|  | Total | 8 | 15 | 15 | 47 | 85 |
|  | 100 | 100 | 100 | 100 | 100 |

Those who experience financial challenges are more likely to experience lack of enjoyment in life (64%) compared to those who experience physical (54%) and mental challenges (50%). Those who experience financial challenges are more likely to experience restlessness (59%) compared to those who experience physical (46%) and mental challenges (45%).

After therapy, those who experience financial challenges (14%) are less likely to have experienced improved quality of life than those who experience physical (25%) and mental challenges (24%). Those who experience financial challenges (18%) are less likely to have experienced less pain than those who experience physical (27%) and mental challenges (24%).

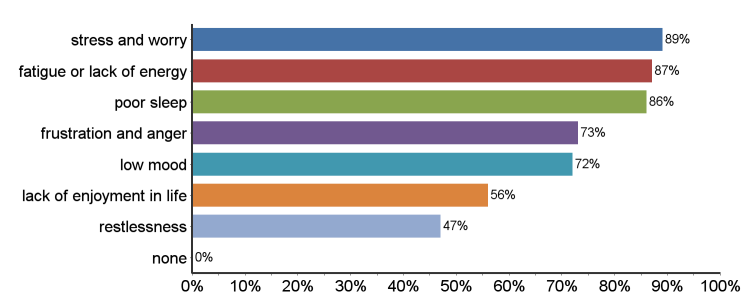
Those who experience financial challenges (41%) are much more likely to report that financial support could be useful compared to those who experience physical (24%) and mental challenges (29%).

Those who experience financial challenges are less likely to pay 5 pounds for a session of therapy. 18% of those who experience financial challenges are not at all willing to pay, compared to 6% of those who experience physical challenges and 10% of those who experience mental challenges

### Mental Health Needs

In the 2009 survey, a wide range of effects were mentioned; 34% of carers reported feeling tired, 29 % felt stressed, 25 % had disturbed sleep, 22 % reported being short tempered or irritable, 19% felt depressed. In the 2013 survey, 83% of carers stated that caring has had a negative impact on their physical health and 87 per cent of carers stated that caring has had a negative impact on their mental health. Carers were affected in the following ways: a bit or a lot less of sleep as a result of caring (52%) , anxiety or stress (91 per cent), depression (53 per cent). The 2014 survey found that over 80% of carers report that caring has a negative impact on their health. 69% report disturbed sleep because of caring. 73% of carers surveyed reporting increased anxiety and 82% increased stress since taking on their caring role.

While an equal number of men and women reported restlessness, 73.68% of women reported low mood compared to only 55.56% of men. The biggest difference though is in stress and worry where 93.47% of women and 55.56% of men reported it.



|  |
| --- |
| **Other Comments** |
| Got used to the stress and fatigue; try to not reveal frustration to husband (her caree) |
| No job |
| My Kids keep me going |
| Suffer from anxiety |
| Cry a lot |
| Had a break down |

Figure : Mental Health Symptoms

For women who answered the question “What mental health symptoms, if any, have you experienced?” about 93% said that stress and worry were one of them, 88% said fatigue or lack of energy is one, and 85% said poor sleep was another. For men that answered the question, about 89% said that poor sleep was a symptom and 78% said that fatigue or lack of energy was another.

For carers that are caring for an older person, about 88% included fatigue or lack of energy as a symptom.  Of carers caring for someone with a learning disability, all of them reported poor sleep as a symptom.  Of carers responding that they care for persons with a physical/sensory disability, 95% reported stress and worry as one of their symptoms, 89% reported fatigue or lack of energy, and 89% reported poor sleep.  Of carers reporting that they cared for family and children, all of them reported feeling fatigue or lack of energy, stress and worry, and poor sleep.

Of carers reporting that their main responsibilities included personal care, about 88% reported poor sleep as a symptom, and 88% reported stress and worry.  Of carers that included providing physical assistance as one of their main responsibilities, 88% reported feeling stress and worry, 87% reported fatigue or lack of energy, and 85%reported poor sleep.  Of carers indicating that providing emotional support was one of their main responsibilities, 90% reported feeling stress and worry, 88% included fatigue or lack of energy, and 86% reported poor sleep.   Of carers reporting other as a main responsibility, all of them reported fatigue or lack of energy as a symptom.  Of carers that listed household tasks as one of their main responsibilities, 90% reported fatigue or lack of energy as a symptom, and 90% reported stress and worry.

Of carers that reported spending less than 20 hours caring a week, all of them reported fatigue or lack of energy as a symptom they have experienced.  Of those who reported caring 20-50 hours, 93% reported having poor sleep. Of those carers who reported caring for 50-100 hours, all of them reported stress and worry as a symptom, and 93% reported poor sleep. Of carers that responded caring for more than 100 hours, 90% reported having stress and worry.

Table : Cross Tabulation--Time Commitments & Mental Health Symptoms

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **5. How much time do you spend caring each week?** | | | | |
|  |  | **Less than 20 hours** | **20-50 hours** | **50-100 hours** | **more than 100 hours** | Total |
| **7.      What mental health symptoms, if any, have you experienced?** | **none** | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 |
| **low mood** | 5 | 10 | 12 | 34 | 61 |
| 62.5 | 66.67 | 80 | 72.34 | 71.76 |
| **fatigue or lack of energy** | 8 | 12 | 13 | 41 | 74 |
| 100 | 80 | 86.67 | 87.23 | 87.06 |
| **lack of enjoyment in life** | 4 | 7 | 7 | 30 | 48 |
| 50 | 46.67 | 46.67 | 63.83 | 56.47 |
| **stress and worry** | 6 | 13 | 15 | 42 | 76 |
| 75 | 86.67 | 100 | 89.36 | 89.41 |
| **frustration and anger** | 5 | 9 | 12 | 36 | 62 |
| 62.5 | 60 | 80 | 76.6 | 72.94 |
| **poor sleep** | 4 | 14 | 14 | 41 | 73 |
| 50 | 93.33 | 93.33 | 87.23 | 85.88 |
| **restlessness** | 1 | 7 | 8 | 24 | 40 |
| 12.5 | 46.67 | 53.33 | 51.06 | 47.06 |
| **other(please specify)** | 0 | 4 | 2 | 4 | 10 |
|  | 0 | 26.67 | 13.33 | 8.51 | 11.76 |
|  | Total | 8 | 15 | 15 | 47 | 85 |
|  | 100 | 100 | 100 | 100 | 100 |

Figure : time commitment and mental health symptoms

Of carers that reported suffering from low mood, 59% marked the services as extremely helpful and about 30% marked them as quite helpful.  Of carers that reported suffering from fatigue or lack of energy, 61% found the services extremely helpful and 28% found them quite helpful.  Of carers that reported suffering from lack of enjoyment in life, 54% marked the services as extremely helpful, and 33% marked them as quite helpful.  Of carers that reported suffering from stress and worry, 64% marked the services as extremely helpful, and 26% marked them as quite helpful.  Of carers that reported frustration and anger, 65% reported the services as extremely helpful.  Of carers that reported poor sleep, 59% marked the services as extremely helpful.  Of carers who reported feeling restless, 53% reported that the services with extremely helpful.  The two carers that reported the services as slightly helpful were carers who reported that they suffered from all the mental health symptoms listed.

Stress relief and relaxation were the two most reported health needs that our services help carers meet across all the mental health symptoms that carers reported as feeling.

The one carer who had rated the services provided by the centre as average reported that they suffered from all the mental health symptoms listed in the survey.  For each mental health symptom category listed, over 85% of the carers that reported having each symptom rated the services of the centre as excellent.

Additional Support  
77.78% of men compared to only 38.16% of women wanted respite care. Currently, those currently receiving this support sit at 22.22% for men and 11.84% for women. One third of men wanted counselling where one ninth currently receive it. 26.32% of women wanted counselling although 28.95% of women are currently receiving this modality.

Figure : Additional Services Received & Desired

The biggest discrepancy between received and desired services was in

|  |
| --- |
| **Other Comments** |
| Would like support after caree passes away |
| More information |
| I wouldn't send him to one of those homes. |
| I have a full time job. I’m a bus driver. I don't think about this stuff. |
| Have no time to think about this |
| they are fine the way they are (from carer for her husband who has early dementia) |
| if I leave there is nobody there; tried counselling didn't help; would like to leave the house |

‘peer support groups’ where only 2% currently enjoy this support and 27% of our cohort would welcome it.

The more hours invested in caring for someone, the less likely the carer is to receive support. Home help services are there for those caring for less than 20 hours per week, perhaps explain why they are required to spend so few hours in care. Based on the comments such as “I have no time to think about this” and “If I leave there is nobody there,” it can be deduced that those who provide intensive care maybe unable to divert time or attention away from caring and therefore are not receiving any services.

Table : Time Commitments & Other Services Received

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **5. How much time do you spend caring each week?** | | | | |
|  |  | **Less than 20 hours** | **20-50 hours** | **50-100 hours** | **more than 100 hours** | Total |
| **11. What other services are you receiving, if any?** | **none** | 4 | 11 | 10 | 30 | 55 |
| 50 | 73.33 | 66.67 | 63.83 | 64.71 |
| **counselling** | 1 | 2 | 1 | 3 | 7 |
| 12.5 | 13.33 | 6.67 | 6.38 | 8.24 |
| **respite care** | 0 | 0 | 1 | 10 | 11 |
| 0 | 0 | 6.67 | 21.28 | 12.94 |
| **peer support groups** | 0 | 0 | 1 | 1 | 2 |
| 0 | 0 | 6.67 | 2.13 | 2.35 |
| **other** | 0 | 2 | 0 | 3 | 5 |
| 0 | 13.33 | 0 | 6.38 | 5.88 |
| **home help** | 3 | 3 | 4 | 8 | 18 |
| 37.5 | 20 | 26.67 | 17.02 | 21.18 |
|  | Total | 8 | 15 | 15 | 47 | 85 |
|  | 100 | 100 | 100 | 100 | 100 |

### Motivation for Services

One third of men felt they needed help to ‘cope’ compared to only 10.53% of women. Half of our male clients were referred by a social worker and none were referred by a GP. Only 7.89% of women were referred by a GP but 71.05% of women were referred from a social worker.

A vast majority (82%) of those who sought treatment because they needed help with coping provide care for more than 100 hours a week. The more hours of care carers deliver, the more likely carers sought treatment because they needed relaxation. Of those who provide more than 100 hours a week, 40% sought treatment because they wanted relaxation. Of those who provide care for less than 20 hours, 12% sought treatment because they wanted relaxation. The same holds true for those who sought treatment because they needed help with coping. No one who provides care for less than 20 hours a week sought treatment because they couldn’t cope, compared to 19% of those who care for more than 100 hours a week, 7% of those who care for 50-100 hours a week and 7% of those who care for 20-50 hours a week. We see the opposite trend for those who were referred by their GPs. 25% of those who care for less than 20 hours were referred by their GPs but only % of those who care for more than 100 hours were referred by their GPs

Those who were referred by their GPs are least likely to have experienced all of the mental health symptoms. Those who were motivated by time for self are more likely to have experienced low mood (88%) and frustration/anger (88%) than those motivated by other reasons. Those who needed help for coping are more likely to have experienced lack of enjoyment in life (64%) and restlessness (64%) (two of the less frequently experienced symptoms) than those motivated by other causes. Those who needed relaxation are more likely to have experienced poor sleep compared to those motivated by other causes.

Those who needed time or self (75%) are twice more likely not to receive any additional support than those who were referred by their GPs. Those who needed help for coping are the most likely to receive counselling those motivated by other causes. Those who were referred by their GPs (17%) are the most likely to have received respite, more than twice more likely than those who needed time for self (6%). No one who needed help for coping received home help, compared to 33% of those who were referred by their GPs.

Figure : Motivation for Service

### Usefulness of Services

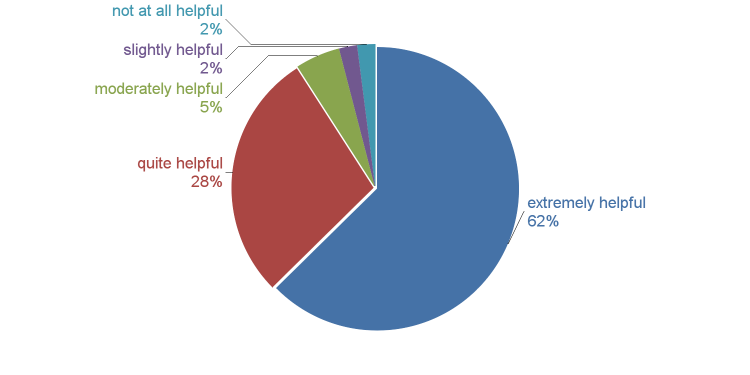
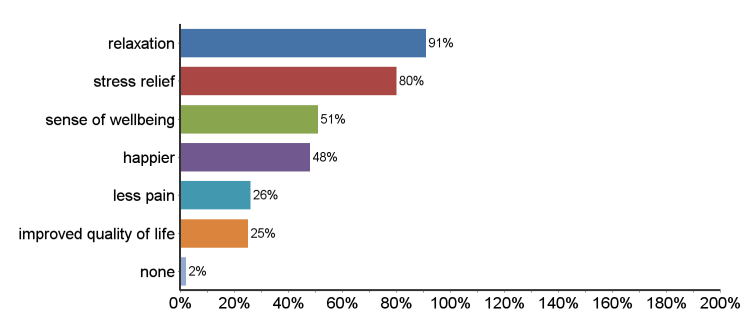
62.35% of clients felt the service was ‘extremely helpful’ to them, with only 2.63% reporting no impact to their health and wellbeing as a result of the therapies. Seeking a more nuanced understanding of how the services were helpful, clients were asked to quantify the assistance provided. 91% reported feeling relaxed after each session with 80% reporting longer term stress relief from their caring duties. For one quarter of clients a reduction in pain and an improved quality of life meant they rated the services as ‘extremely helpful’. Furthermore, 85% of clients rated the service as ‘excellent’ and 69% would contribute to the provision of their therapies in future. 7% noted that they could not afford even a £5 contribution when asked why they were ‘not at all likely’ to contribute to their services.

Figure : Relief of Symptoms

Figure : Usefulness of Services

|  |  |
| --- | --- |
| **Other Comments** | **Frequency** |
| better able to cope, but still a lot of pain and stress | 5 |
| Things have gone downhill; stress level increased tremendously | 3 |
| (relief of symptoms)just for a while | 9 |
| canceled because of sexual assault and too much going on | 1 |
| circumstances change daily, an injection of calm at the time, not eradicate the causes of stress, help me cope at that time | 1 |
| The few first sessions were good, but the last few sessions were moved about. huge breaks between first and last sessions, Had argument about timing (I needed to go in the day) , uncertain when I would have last sessions, more stress, not helpful, | 1 (from the responder who rated quality of service as “poor” and “not at all helpful”) |

More women (64%) rated the services as “extremely helpful” than men (44%). Men are more likely to rate the services as quite or moderately helpful than women. Two women rated the services as “slightly helpful” and two women rated the services as “not at all helpful.” One of those four clients was dissatisfied with service because of administrative complications (See the last comment in table on the left). Three of the four clients suffered from all of the mental health symptoms, care for more than 100 hours a week and are not receiving any other services. All of those who sought out the therapies to help them ‘cope’ with daily tasks rated the service as excellent.

If we compare the responses of carers with the responses of general clients (data were collected in a survey in 2014), we can see that carers (91%) are more likely to find our service to be relaxing than general clients (81%). More carers (48%) felt happier after therapy than general clients (34%). Carers (25%) are less likely to experience improved quality of life than general clients (35%) The comments above can explain this. Nine carers reported that therapies only helped for a while; therapies did not resolve the cause of their mental health problems such as intense caring responsibilities and therefore did not improve their quality of life in the long term.

Women are more likely to meet all of the health needs than men. 100% of those who provide care for 50-100 hours experienced relaxation. Those who care for more than 100 hours a week are least likely to experience improved quality of life and less pain compared to those who care for fewer hours.

Those who experience lack of enjoyment in life and frustration (two of the less common symptoms) are more likely to have experienced improved quality of life, sense of wellbeing and less pain (three of the less common effects) after therapy compared to those suffering from other symptoms. Those who experienced improved quality of life are more likely to have experienced low mood, lack of enjoyment in life, frustration, poor sleep and restlessness than those who met other health needs. Those who felt happier are most likely to have experienced fatigue than those who had other health needs met. Those who felt less pain are most likely to have experienced stress than those who had other health needs met.

Table : Cross Tabulation--Mental Health Symptoms & and Relief of Symptoms

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **7.      What mental health symptoms, if any, have you experienced?** | | | | | | | | | |
|  |  | **none** | **low mood** | **fatigue** | **lack of enjoyment in life** | **stress** | **frustration** | **poor sleep** | **restlessness** | **other** | Total |
| **10.Which of the following health need(s) do our services and therapies help you meet?** | **none** | 0 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 0 | 2 |
| 0 | 1.64 | 2.7 | 2.08 | 1.32 | 1.61 | 2.74 | 2.5 | 0 | 2.35 |
| **stress relief** | 0 | 48 | 58 | 39 | 63 | 51 | 59 | 33 | 8 | 68 |
| 0 | 78.69 | 78.38 | 81.25 | 82.89 | 82.26 | 80.82 | 82.5 | 80 | 80 |
| **relaxation** | 0 | 55 | 66 | 42 | 71 | 58 | 67 | 38 | 9 | 77 |
| 0 | 90.16 | 89.19 | 87.5 | 93.42 | 93.55 | 91.78 | 95 | 90 | 90.59 |
| **improved quality of life** | 0 | 19 | 18 | 16 | 19 | 20 | 20 | 11 | 4 | 21 |
| 0 | 31.15 | 24.32 | 33.33 | 25 | 32.26 | 27.4 | 27.5 | 40 | 24.71 |
| **sense of wellbeing** | 0 | 35 | 37 | 28 | 40 | 37 | 35 | 21 | 5 | 43 |
| 0 | 57.38 | 50 | 58.33 | 52.63 | 59.68 | 47.95 | 52.5 | 50 | 50.59 |
| **happier** | 0 | 32 | 37 | 25 | 38 | 32 | 36 | 20 | 3 | 41 |
| 0 | 52.46 | 50 | 52.08 | 50 | 51.61 | 49.32 | 50 | 30 | 48.24 |
| **less pain** | 0 | 16 | 18 | 14 | 21 | 20 | 20 | 11 | 3 | 22 |
| 0 | 26.23 | 24.32 | 29.17 | 27.63 | 32.26 | 27.4 | 27.5 | 30 | 25.88 |
| **other (please specify)** | 0 | 12 | 16 | 11 | 14 | 13 | 15 | 10 | 3 | 16 |
| 0 | 19.67 | 21.62 | 22.92 | 18.42 | 20.97 | 20.55 | 25 | 30 | 18.82 |
|  | Total | 0 | 61 | 74 | 48 | 76 | 62 | 73 | 40 | 10 | 85 |
|  | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Although 27.12% of those referred by a social worker enjoyed pain relief, the highest outcome was ‘relaxation’. Interestingly, only 90% of those who sought relaxation felt they achieved it in therapy, although 93% of this group reported stress relief. 100% of those who sought relaxation or were referred by their GPs experienced relaxation. 27% of those who were referred by a social worker experienced improved quality of life compared to 7% of those who sought relaxation. 27% of those who were referred by a social worker felt less pain compared to 13% of those who sought relaxation. No one who were referred by a social worker experienced sense of wellbeing compared to 63% of those who sought time for self. 67% of those who were referred by their GP felt happier compared to 27% of those who needed help for coping.

Table : Motivation for Services and Helpfulness of Services

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **8.      Why did you seek treatment at the Centre?** | | | | | | |
|  |  | **referred by social worker** | **referred by GP** | **needed help for coping** | **time for self** | **other** | **relaxation** | Total |
| **9.      Were the services and treatments you received at the Centre helpful in addressing your m...** | **extremely helpful** | 37 | 2 | 8 | 11 | 6 | 19 | 53 |
| 62.71 | 33.33 | 72.73 | 68.75 | 75 | 63.33 | 62.35 |
| **quite helpful** | 16 | 4 | 3 | 3 | 2 | 9 | 24 |
| 27.12 | 66.67 | 27.27 | 18.75 | 25 | 30 | 28.24 |
| **moderately helpful** | 2 | 0 | 0 | 2 | 0 | 2 | 4 |
| 3.39 | 0 | 0 | 12.5 | 0 | 6.67 | 4.71 |
| **slightly helpful** | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 3.39 | 0 | 0 | 0 | 0 | 0 | 2.35 |
| **not at all helpful** | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 3.39 | 0 | 0 | 0 | 0 | 0 | 2.35 |
|  | Total | 59 | 6 | 11 | 16 | 8 | 30 | 85 |
|  | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

# Discussion

# Recommendations

Future research should ask the following questions;

1. Do you care alone?
2. Does your caring responsibilities prevent you accessing health services for yourself?
3. Do you exercise less due to your caring responsibilities?
4. How has caring impacted your ability to work?
5. How has caring impacted your personal relationships, social life or leisure time?
6. Do you have sufficient access to transportation, medical professionals, information, etc.?

Although a majority of clients reported that they find therapies relaxing and stress relieving, only a quarter of respondents reported that therapies improved their quality of life in the long term. Clients reported that stress, fatigue and other mental health symptoms tend to return after therapies stop and their caring responsibilities resume or intensify. The Centre should make an effort to look after clients’ mental wellbeing in the long term. The Centre can (1) recommend more sessions to carers who display more serious mental health symptoms; (2) introduce and recommend other support services such as respite, home help and counselling to clients, especially those who have intense caring duties.

The research has shown that a vast majority of carers are willing to pay £5 per session. However, some are unwilling to pay due to financial constraints. The Centre can ask carers for £5 of voluntary donations per session.

During the survey, one respondent reported that scheduling complications marred her experience as a customer. Several respondents reported that they had wanted to receive more sessions but never heard back from the Centre. The Centre should minimize administrative confusion or mistake in order to maximize customer satisfaction.

# Conclusion

# Bibliography

Ackroyd, S. & Hughes, J., 1981. *Data Collection in Context ,* London: Longman Publishing .

Age UK; Carers Trust; Carers UK; Independent Age; Macmillan Cancer Support; Marie Curie Cancer Care; MS Society and Parkinson’s UK, 2013. *In Sickness and in Health,* London: Carers UK.

Baldwin, R., 2002. Depressive Disorders. In: R. Jacoby & C. Oppenheimer, eds. *Psychiatry in the Elderly.* Oxford: Oxford University Press, pp. 627-676.

Carers UK; University of Leeds, 2011. *Carers 2011: Calculating the value of carers’ support,* London: Carers UK.

Carers UK, 2014. *State of Caring 2014,* London: Carers Uk.

Cares UK, 2001. *It Could Be You – A report on the chances of becoming a carer,* London: Carers UK.

Furnham, A., 1986. Response bias, social desirability and dissimulation.. *Personality and individual differences,* pp. 385-400.

Goldie, I. & McCulloch, A., 2010. *Public Mental Health Today.* Brighton: Pavilion Publishing Ltd.

Halliwell, E., Main, L. & Richardson, C., 2007. *The Fundamental Facts: The Latest Facts and Figures on Mental Health,* London: Mental Health Foundation.

Knauper, B. & Wittechen, H., 1994. Diagnosing major depression in the elderly – evidence for response bias in standardized diagnostic interviews.. *Journal of Psychiatric Research ,* pp. 28. 147-164.

National Statistics, 2003. *Better Or Worse: A Follow-Up Study Of The Mental Health OfAdults in Great Britain,* London: National Statistics.

NHS Information Centre, 2010. *Survey of Carers in Households 2009/10,* London: The Health and Social Care Information Centre.

NHS, 2003. *National Institute for Health and Clinical Excellence, Depression, NICE Guideline, Second Consultation,* London: NHS.

Singleton, R. et al., 2001. *Psychiatric Morbidity Among Adults 2000.* London: The Stationery Office.

Walker, H., Scarlett, M. & Williams, B., 2014. *Health Survey Northern Ireland: First Results 2013/14,* Belfast: Department of Health, Social Services and Public Safety.

Watson, D., 1992. Correcting for Acquiescent Response Bias in the Absence of a Balanced Scale An Application to Class Consciousness August 1992. *Sociological Methods Research,* pp. vol. 21 no. 1 52-88.

# Appendix

## Appendix I Raw Data from Survey

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **1.  What is your gender?** | |  |
| **3. What category of disability does the person you are caring for belong to?** |  | **Female** | **Male** | Total |
| **older person** | 34 | 5 | 39 |
| 44.74 | 55.56 | 45.88 |
| **learning disability** | 10 | 0 | 10 |
| 13.16 | 0 | 11.76 |
| **physical/sensory disability** | 15 | 3 | 18 |
| 19.74 | 33.33 | 21.18 |
| **mental health problem** | 12 | 1 | 13 |
| 15.79 | 11.11 | 15.29 |
| **family and children** | 5 | 0 | 5 |
| 6.58 | 0 | 5.88 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **4. What are your main responsibilities?** | **personal care (e.g. washing, dressing)** | 58 | 9 | 67 |
| 76.32 | 100 | 78.82 |
| **physical assistance (e.g. help to walk or climb stairs)** | 59 | 8 | 67 |
| 77.63 | 88.89 | 78.82 |
| **emotional support (e.g. listening, offering advice and friendship)** | 66 | 7 | 73 |
| 86.84 | 77.78 | 85.88 |
| **other (please specify)** | 4 | 0 | 4 |
| 5.26 | 0 | 4.71 |
| **household tasks (e.g. cooking, shopping)** | 67 | 6 | 73 |
| 88.16 | 66.67 | 85.88 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **5. How much time do you spend caring each week?** | **Less than 20 hours** | 7 | 1 | 8 |
| 9.21 | 11.11 | 9.41 |
| **20-50 hours** | 14 | 1 | 15 |
| 18.42 | 11.11 | 17.65 |
| **50-100 hours** | 13 | 2 | 15 |
| 17.11 | 22.22 | 17.65 |
| **more than 100 hours** | 42 | 5 | 47 |
| 55.26 | 55.56 | 55.29 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **6.   what is(are) your biggest challenge(s) as a carer?** | **emotional challenges (e.g. social isolation, stress, worry)** | 73 | 8 | 81 |
| 96.05 | 88.89 | 95.29 |
| **physical challenges (e.g. back pain, tiredness)** | 37 | 5 | 42 |
| 48.68 | 55.56 | 49.41 |
| **financial issues (e.g. work care balance)** | 20 | 2 | 22 |
| 26.32 | 22.22 | 25.88 |
| **other (please specify)** | 3 | 0 | 3 |
| 3.95 | 0 | 3.53 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **7.      What mental health symptoms, if any, have you experienced?** | **none** | 0 | 0 | 0 |
| 0 | 0 | 0 |
| **low mood** | 56 | 5 | 61 |
| 73.68 | 55.56 | 71.76 |
| **fatigue or lack of energy** | 67 | 7 | 74 |
| 88.16 | 77.78 | 87.06 |
| **lack of enjoyment in life** | 44 | 4 | 48 |
| 57.89 | 44.44 | 56.47 |
| **stress and worry** | 71 | 5 | 76 |
| 93.42 | 55.56 | 89.41 |
| **frustration and anger** | 56 | 6 | 62 |
| 73.68 | 66.67 | 72.94 |
| **poor sleep** | 65 | 8 | 73 |
| 85.53 | 88.89 | 85.88 |
| **restlessness** | 36 | 4 | 40 |
| 47.37 | 44.44 | 47.06 |
| **other(please specify)** | 9 | 1 | 10 |
| 11.84 | 11.11 | 11.76 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **8.      Why did you seek treatment at the Centre?** | **referred by social worker** | 54 | 5 | 59 |
| 71.05 | 55.56 | 69.41 |
| **referred by GP** | 6 | 0 | 6 |
| 7.89 | 0 | 7.06 |
| **needed help for coping** | 8 | 3 | 11 |
| 10.53 | 33.33 | 12.94 |
| **time for self** | 14 | 2 | 16 |
| 18.42 | 22.22 | 18.82 |
| **other (please specify)** | 7 | 1 | 8 |
| 9.21 | 11.11 | 9.41 |
| **relaxation** | 27 | 3 | 30 |
| 35.53 | 33.33 | 35.29 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **9.      Were the services and treatments you received at the Centre helpful in addressing your mental health needs?** | **extremely helpful** | 49 | 4 | 53 |
| 64.47 | 44.44 | 62.35 |
| **quite helpful** | 20 | 4 | 24 |
| 26.32 | 44.44 | 28.24 |
| **moderately helpful** | 3 | 1 | 4 |
| 3.95 | 11.11 | 4.71 |
| **slightly helpful** | 2 | 0 | 2 |
| 2.63 | 0 | 2.35 |
| **not at all helpful** | 2 | 0 | 2 |
| 2.63 | 0 | 2.35 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **10.      Which of the following health need(s) do our services and therapies help you meet, if a...** | **none** | 1 | 1 | 2 |
| 1.32 | 11.11 | 2.35 |
| **stress relief** | 63 | 5 | 68 |
| 82.89 | 55.56 | 80 |
| **relaxation** | 70 | 7 | 77 |
| 92.11 | 77.78 | 90.59 |
| **improved quality of life** | 19 | 2 | 21 |
| 25 | 22.22 | 24.71 |
| **sense of wellbeing** | 40 | 3 | 43 |
| 52.63 | 33.33 | 50.59 |
| **happier** | 39 | 2 | 41 |
| 51.32 | 22.22 | 48.24 |
| **less pain** | 20 | 2 | 22 |
| 26.32 | 22.22 | 25.88 |
| **other (please specify)** | 14 | 2 | 16 |
| 18.42 | 22.22 | 18.82 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **11. What other services are you receiving, if any?** | **none** | 50 | 5 | 55 |
| 65.79 | 55.56 | 64.71 |
| **counselling** | 6 | 1 | 7 |
| 7.89 | 11.11 | 8.24 |
| **respite care** | 9 | 2 | 11 |
| 11.84 | 22.22 | 12.94 |
| **peer support groups** | 1 | 1 | 2 |
| 1.32 | 11.11 | 2.35 |
| **other (please specify)** | 4 | 1 | 5 |
| 5.26 | 11.11 | 5.88 |
| **home help** | 16 | 2 | 18 |
| 21.05 | 22.22 | 21.18 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **12.      what other services could be useful for you?** | **none** | 22 | 1 | 23 |
| 28.95 | 11.11 | 27.06 |
| **counselling** | 20 | 3 | 23 |
| 26.32 | 33.33 | 27.06 |
| **respite care** | 29 | 7 | 36 |
| 38.16 | 77.78 | 42.35 |
| **peer support groups** | 21 | 2 | 23 |
| 27.63 | 22.22 | 27.06 |
| **financial support** | 17 | 2 | 19 |
| 22.37 | 22.22 | 22.35 |
| **other (please specify)** | 9 | 2 | 11 |
| 11.84 | 22.22 | 12.94 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **13.      How would you rate the services and therapies you have received at the Centre for Healt...** | **excellent** | 67 | 6 | 73 |
| 88.16 | 66.67 | 85.88 |
| **good** | 7 | 3 | 10 |
| 9.21 | 33.33 | 11.76 |
| **average** | 1 | 0 | 1 |
| 1.32 | 0 | 1.18 |
| **poor** | 1 | 0 | 1 |
| 1.32 | 0 | 1.18 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |
| **14.     Would you have sought treatment at the Centre if you had to pay £5 for each session?** | **Extremely likely** | 52 | 7 | 59 |
| 68.42 | 77.78 | 69.41 |
| **Quite likely** | 17 | 0 | 17 |
| 22.37 | 0 | 20 |
| **Not at all likely** | 5 | 1 | 6 |
| 6.58 | 11.11 | 7.06 |
| **moderately likely** | 2 | 1 | 3 |
| 2.63 | 11.11 | 3.53 |
| **slightly likely** | 0 | 0 | 0 |
| 0 | 0 | 0 |
| Total | 76 | 9 | 85 |
| 100 | 100 | 100 |

1. The 2009/10 NHS survey noted that its methodology produced a more modest prevalence of lower-intensity caring, especially away from the home. [↑](#footnote-ref-1)
2. £119 billion of care provided by 6.5 million carers, 214,000 of whom are in N. Ireland x £minimum wage (£6.50, 2015) [↑](#footnote-ref-2)