There are only few studies investigating the stresses in families of psychiatric patients and the way in which members deal with this problem. Studies performed so far do, however, agree that mental illness severely affects the family. Willi (6) reports a host of physical illnesses in the family as the result of great emotional burdens caused by a schizophrenic person in the family.

Grad and Sainsbury (4) found that mental illness almost invariably means a deterioration in the family's economic standing. The authors have also shown that community centered care apparently increases the family's burden. Based on these considerations, we interviewed the relatives as part of an investigation of psychiatric patients who were admitted for the first time. Above all, we were interested in learning more about the effects of a person's illness on his family and recording, at a relatively early stage, the kind and extend of stresses in the family due to a psychiatric disease. Based on this information, concrete supportive measures can be developed at this early stage where the social conditions are not chronic and rigid, thus not hampering the success of these measures.

Methods

The relatives were interviewed one year after the patient's discharge, in most cases in the family's home. This 60-minute interview was carried out in the absence of the patient on the basis of a structured, pre-tested questionnaire developed by us.
Frequent, regular contacts between the relative and the patient, as well as the patient's consent were preconditions for an interview. The relative, moreover, had to be of age and was chosen, in most cases, by the patient himself.

230 patients were involved in the follow-up examination, and 179 relatives were questioned. Despite a drop-out rate of 22%, these relatives represent without distortion the total random sample in regard to central examination variables. 50% of the relatives interviewed were spouses, every fifth person questioned was a parent. Almost all relatives lived in the same house as the patient (91%), and most of them shared an apartment with the patient. With a few exceptions (9%), the relatives saw and spoke with the (former) patient daily. The relatives interviewed were grouped according to the patient's diagnosis on discharge as follows:

- 10% (n = 17) organic psychiatric diseases
- 13% (n = 24) schizophrenic psychoses
- 10% (n = 18) affective psychoses
- 30% (n = 54) neuroses and personality disorders
- 37% (n = 66) addictions

Results

Two thirds of the relatives suffered from stresses due to the patient or his illness in the 12 months following his discharge. Half of them suffered from these stresses for the whole year. Every third relative experienced only the first few months (up to 6 months) after discharge as burdensome, while every fifth relative reported the occurrence of stresses only in the second half of the year after discharge (mostly alcoholics). We were then interested in determining different kinds of stresses, distinguishing between "emotional", "financial", "work-related", and "physical" stresses in regard to the relatives.

Stresses occurring were generally emotional; additional financial, physical or work-related stresses due to the patient or his illness were experienced to a much lesser degree (Table 1). Furthermore, we know of 6 cases (3%) where the relatives either had to stop working or go back to work; in 6 cases, the families had to apply for welfare benefits.

How can patients be described whose illness was a burden on their relatives in the 12 months following their discharge? Are there any characteristics typical of this problem group? Socio-demographic variables do not provide the information we needed to characterize the problem group; variables regarding illnesses and work were, however, quite suitable to distinguish this group from the group whose members had caused only little or no stress in their families.