



## Psychosocial Impacts of Primary Care Givers of Patients With Chronic Mental Illness

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### ABSTRACT

*Mental health problems are found in people of all ages, regions, countries and societies. People with mental disorders often cause severe distress among their family members and are overwhelmed by the patient's symptoms. Many studies in developed countries have focused on burden encountered by family members with small attention to psychological impacts and coping skills when caring the patient, and few of these studies have been done in developing countries like India. It is expected that this burden is more severe in low income countries as it aggravated by poverty consequently families suffer psychologically and socially due to living with or caring for their relative or family member affected by mental illness. Here the researcher attempts to explore the psychosocial impacts of first degree relatives of a family caring a mentally ill patient and the way they coped with the caring situation*

**KEYWORDS :** Care giver, Psychiatric nurses, Subjective Burden, Demand Burden

### Introduction

Caring for a relative with mental illness can be burdensome in different ways. Family members are often concerned and worried about the health and well-being of their relative with mental illness. Persons with serious mental illnesses often engage in behaviors that are frightening, troublesome, disruptive, or at least annoying, and many relatives are obliged to control, manage, or at least tolerate these behaviors. Thus, psychiatric professionals often view the family members of a patient as people of support; family members can act as respondents regarding the patient and they can act as co therapists at home. Family members of the patient with mental illness can also be a good support to Community Psychiatric Nurses as they work shoulder to shoulder to improve the condition of the patient. Therefore, family members need to be at optimal social and psychological state. However, the family members themselves are facing difficulties due the patient's behaviors and symptoms. Reduced function of one family member contributes to the burden of other members and this in turn leads to other family members assuming a critical attitude towards the patient. Such criticism can perhaps lead in some cases to a relapse of the patient's illness or the family to be overwhelmed by the patient's disruptive behavior which leads the family to abandon the patient and make him/her roam in the street.

Caregiver is an individual who has the responsibility of meeting the physical and psychological needs of the dependent patient. Psychiatric patients need assistance or supervision in their daily activities and this often places a major burden on their caregivers, thereby placing the caregiver at a great risk of mental and physical health problems. The burden perceived by caregivers of patients with psychiatric illness is a fundamental prognostic aspect as the caregiver burden is reportedly a critical determinant for negative care giving outcomes.

Mental disorders constitute a wide spectrum ranging from sub-clinical states to very severe forms of disorders. Mental health problems can attain the disorder syndrome level, which are usually considered easy to recognize, define, diagnose and treat. Hence, they can be called, 'Visible Mental Health Problems' in a community. The most common mental health consequences identified are depression, anxiety and burnout which occur when a caregiver slips beyond exhaustion or depression. Studies conducted showed that caregivers reported burden in different areas including effects on family functioning, social isolation, financial problems, and health. Most of the notable community-based studies proved that 18-47% of caregivers land in depression. It is also known that caring for someone with psychiatric illness is associated with a higher level of stress than caring for someone with functional impairment from other chronic medical illnesses. Many authors opine that the level of burden does not correlate with the duration of illness, but has enough variability with age, gender and educational status. A previous study concluded that poor social

support and severity of illness have major role in determining the amount of burden on a caregiver.

### Objectives

- To determine the psychological impacts and coping strategies of mental illness on the family members caring a person with psychiatric disorders in Payyannur Taluk.

- To assess, discover, understand, and gain insight on the impacts of families caring for and living with mental illness.

### Method

#### Sample

The sample constituted 14 primary care givers selected on the basis of three criteria:

1. Caregiver living with relative, who had been suffering from mental illness for more than 6 months.
2. The caregiver should be 18 years old and above.
3. The caregiver should be the key care taker.

### Procedure

The researcher collected data through focused group discussions which lasted about 55 to 60 minutes and 30 to 45 for in-depth interviews.

### Data analysis

Scribbled papers of focus group discussion and in-depth interview were transcribed verbatim in the Malayalam language. In the process of transcription, the respondent's words were captured as closely as possible. Then the verbatim is transferred in to English language without losing its emotional tone.

### Result and discussion

Data analysis was done by content analysis whereby seven different themes manifested.

#### Seven main themes manifested from this study are;

- Economic crisis.
- Interruption in family functioning.
- Difficulty in managing Patient's symptoms.
- Social support.
- Clash with neighbors.
- Stigma and Sacrament.
- Coping and Adjustment.

#### Impact on Care giver: Changing Realities

In India, most people suffering from psychiatric disorders do not receive any financial benefits from the state on account of their illness

or unemployment. Those living in nuclear families are facing a new problem, because in the past, families used to be bigger, and joint families provided human as well as material resources for the care of people with mental illness. In a nuclear household, it becomes an onerous duty for the already extremely busy family members to look after the person with mental illness. The gradual breakdown of the joint families with urbanization and smaller nuclear families with both spouses working have introduced the new problem of increasing load on the family caregivers. Once a family member gets a chronic mental illness, there is a huge drain on the family resources. The caregiver may have to make considerable compromises on his or her job so as to extend constant care to the sick family member, and sometimes may even have to leave the job, further increasing the financial problems.

Sometimes, the family breaks down due to death or divorce and the role of care giving may be taken by some other relative, such as parents or siblings. This creates a new crisis, which needs to be handled by the mental health professional. In many cases, the mental illness may itself be in the background of the marital breakdown. Sometimes, a female patient is deserted by her husband, and the mother extends all sorts of support to her ill daughter as well as to her grandchildren. Caregivers of women with schizophrenia and broken marriages are at a double disadvantage.

Family caregivers of persons with mental illnesses are a key support system in our country as well as in most of the nonwestern world. In the absence of adequate mental health infrastructure, the family caregivers take multiple roles at providing care for persons with mental illnesses. The family caregivers suffer substantial impact as a result of the care giving role and need help from the mental health professionals. It is very important for the mental health professionals to identify the needs of the family caregivers, the stresses faced by them and introduce suitable interventions, so as to reduce the impact as well as help in developing healthy coping strategies.

### Psychosocial Impacts

The caregivers caring for their patient with mental illness feel stressed, anxious and depressed, since the illness tends to be chronic and demanding. In the long run, there may occur burnout and emotional exhaustion. The caregivers feel isolated from the society, both due to restriction of their social and leisure activities, as well as the social discrimination and stigma attached to the mental illnesses. Some caregivers may need to look after more than one client in the family. A number of factors related to caregivers, patients, and illness determine the caregiver burden. These include characteristics of the person with mental illness, characteristics of caregivers, and relationship between them, time spent by the caregiver with the patient and nature and severity of illness.

The caregiver burden may be seen in all stages of illness. Sometimes, the caregivers have high hopes in the initial phases of illness, which gradually go down. The impact of care giving has been reported to be seen with the complete range of symptoms.. In general, it is the poor functioning of the client due to symptoms, which leads to more severe impact on primary care givers. Mental illness may cause varieties of psychosocial impacts such as sleeping problems, feeling guilty, inappropriate behaviors leading to a decreased quality of life on the Patient's family members. Psychosocial impact is enhanced by stigma attached to mental illness which is a big problem affecting not only the patient but also the family as whole.

### Conclusion

Family caring for person with mental illness has its tolerance, yet it has multiple social and psychological problems and challenges for both primary care givers and the mental health professionals. This study has attempted to explore Impact of chronic mental illness on close family members. The findings offer a direction for family disruption that acknowledges the need of both the Primary care givers and their mentally ill relatives.

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