

“A STUDY ON THE PSYCHOSOCIAL PROBLEMS OF FAMILIES WITH SEVERE PSYCHIATRIC ILL PATIENTS”

By

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Abstract: Family members are essential in the treatment of persons with mental illness. If they are unable to handle the stress of caring for their mentally ill family member, they suffer from severe distress and have a poor quality of life while providing care and assistance. The goal of the study is to pinpoint the psychosocial issues that carers of severely mentally ill patients experience. The goal of the project is to better understand the psychosocial effects of mental illness on families and to help family members develop appropriate coping mechanisms that will help them lead healthy, balanced lives. Families of severely mentally ill individuals were the respondents chosen for the study. The study used a simple random sampling technique with a sample size of 60 people. The research reveals that women made up 67% of all study respondents (caretakers). In accordance with 82% of the respondents, life is not satisfying. The illness of a family member, according to 63% of respondents, has caused them to become permanently or temporarily socially isolated. Many stresses are placed on patients' families, either directly or indirectly, as a result of caring for severely sick psychiatric patients. The study's conclusions compel mental health practitioners to actively assist in ensuring that the family members of psychiatric patients have a high quality of life and are able to deal with their psychosocial issues.

Keywords: Psychosocial Problems, Family members, Psychiatric Illness.

INTRODUCTION

When there is no mental illness present, one is said to be in good mental health. The "psychological state of someone who is functioning at a suitable level of emotional and behavioural adjustment" is what it is. The ability to enjoy life and strike a balance between daily activities and endeavours to develop psychological resilience may be considered a sign of mental health from the standpoint of positive psychology or holistic thinking.

According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others." The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. A widely accepted definition of health by mental health specialists is psychoanalyst Sigmund Freud's definition: the capacity "to work and to love".

Mental problems can have a major impact on your thinking, mood, and behaviour. Mental diseases can have a variety of causes. Your ancestry and genetics could be important factors. Your past experiences, such as stress or abuse, may also be important. The cause may also include biological variables. Although it is widespread, there are therapies for mental problems. The term "mental disease" or "psychiatric problem" refers to a behavioural or mental pattern that may result in pain or a reduced capacity for daily living. These characteristics may be ongoing, relapsing, or just present during a single episode. There are numerous illnesses that have been identified, and each disorder has unique signs and symptoms. A mental health expert may make the diagnosis of such diseases.

Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks. This may be associated with particular regions or functions of the brain, often in a social context. A mental disorder is one aspect of mental health. Cultural and religious beliefs, as well as social norms, should be taken into account when making a diagnosis. Services are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, psychologists, and clinical social workers, using various methods but often relying on observation and questioning. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options. Other treatments include social interventions, peer support, and self-help. In a minority of cases there might be involuntary detention or treatment. Prevention programs have been shown to reduce depression. This study examined the psychosocial problems and coping strategies of families living with a person with mental illness. The respondents were chosen for the study was in Kerala within Kochi region of Ernakulam District. In order to collect data, the respondents were chosen from a mental health centre in Kakkanad. The respondents were the care takers of the patients admitted in that hospital with severe psychiatric disorders.

METHODOLOGY

OBJECTIVES :-

- To research the mental health of the family of patients with serious psychiatric illness.
- To comprehend the respondents' social difficulties.
- To determine the respondents' coping mechanisms

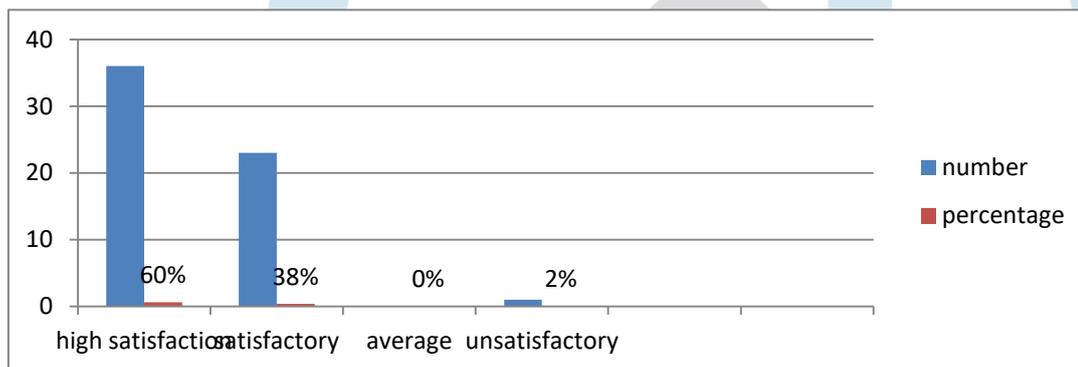
ANALYSIS AND INTERPRETATION**Table 1: Age**

Age	Male	Female	Total
18-25	1 (1%)	0 (0%)	1 (1%)
25-32	1 (2%)	3 (5%)	4 (7%)
32-38	2 (3%)	4 (7%)	6 (10%)
38-42	7 (12%)	6 (10%)	13 (22%)
42 above	9 (15%)	27 (45%)	36 (60%)
Total	20 (33%)	40 (67%)	60 (100%)

The above table 1 shows that 36 of the respondents belongs to the age group of 42 and above and 13 of the respondents belongs to the age category of 38-42 and 6 of the respondents belongs to 32-38 age group while 4 of the respondents belongs to 25-32 age group and 1 of the respondents belonged to the category of 18-25 age group. It also shows that 41 of the respondents belong to the category of females while 19 of the respondents belong to the category of males.

In the above table, majority of the respondents belongs to the age group of 42 above. It is mostly the wives or mothers of the patient. Most of them belonged to female category.

Majority of the psychiatric patient's carers were females such as wife, mothers, daughter sister et cetera. The male members of the families usually went for work while the female members are the care takers of psychiatric ill patients. Even if some of the female respondents are working, during the onset of illness of their family member, they mostly sacrifice their jobs and take care of the patient.

**Figure: 2 Proper attention**

The above figure shows that 36(60%) of the total respondents were giving highly satisfied proper attention to the patients while 23 respondents were giving satisfactory proper care to the patient which constitutes 38 percentage of the respondents and 1 of the respondent were given only unsatisfactory care for the patient which constitute 2 percentage of the respondents. Majority of the respondents were able to give highly satisfied care for the patient.

Table no: 3 Patients illness

Patients' illness	Number	Percentage
Okay	6	10%
Helpless	27	45%
Worse	19	32%
Manageable	8	13%

The above table shows that 27 respondents (45%) opined that they were helpless about patient's illness and 19 respondents felt the patient's illness is worse (32%) and 8 respondents (13%) felt the patient's illness is manageable while 6 (10%) of the respondents were okay with patient's illness.

Majority of the respondents felt helpless because of patient's illness. They accept the illness of the patient, but most of the time they felt so helpless about the situation of the patient. The respondents said that the illness of the patient exhaust both the patient and their family members socially economically and emotionally.

Table no: 4 Depression due to patients' illness/Giving pressure to the patient

Depression due to patients' illness	Always	Not at all	Sometimes	Total
Yes	16 (26%)	10 (17%)	9 (15%)	35 (58%)
No	0 (0%)	0 (0%)	2 (4%)	2 (4%)
Sometimes	2 (3%)	3 (5%)	18 (30%)	23 (38%)
Total	18 (29%)	13 (22%)	29 (43%)	60 (100%)

The above table shows that 58 percentage of the total respondents felt depression due to the illness. Among that, 16 of the respondents always gave pressure to the patient while 10 not at all gave pressure to the patient and 9 of them gave pressure to the patient sometimes. 2 (3%) respondents said that they sometimes give pressure to the patient due to depression while 3 (5%) of the respondents not at all give pressure to the patient when they are depressed while 18 (30%) of the respondents sometimes gave pressure to the patient due to their depression which altogether constitute 23 (38%) of the respondents.

Majority of the respondents do feel depressed due to the illness of their family member and gave some kind of pressure to the patient. The depression was due to the helplessness of the situation of their family member suffering from mental illness while the pressure exerted on the patient was to make sure the patient will not shame the family in the public, or to take medicines or to go for regular hospital check-ups.

Table no: 5. Attend public functions

Public functions	Number	Percentage
Yes	20	33%
No	28	47%
Sometimes	12	20%

The above table shows that 28 respondents (47%) do not attend public functions and 20 respondents do attend public functions which constitute 33% of the total respondents while 12 of the respondents (20%) attend public functions sometimes.

Majority of the respondents do not attend public functions in order to avoid questions about patient's illness and to avoid sympathy. And some said that they occasionally get shamed or socially isolated because of the illness of the patient. Respondents said that they get shamed or blamed for the illness of the patient due to the social stigma. Sometimes people believe that it is a curse by the God.

Table no: 6. Satisfaction in life

Satisfaction in life	Number	Percentage
Yes	11	18%
No	49	82%

The above table shows that 49 of the total respondents were not satisfied with their life i.e.82 percentage of the total respondents while 11 of the respondents were satisfied with their life which constitutes 18 percentage of the total responses.

Majority of the respondents said that they aren't satisfied with their life and they hope for a peaceful living in their next life. It is due to the psychological, emotional, societal and financial stress due to the illness of their family member. Some respondents said, it would have been so much easier if the patient was having any chronic illness rather than having mental illness.

FINDINGS

- Majority of the respondents were females (67%). So the psychiatric ill patients were mostly took care by female members in the families.
- The study indicates that most of the respondents feel the illness of the patient as helpless 27(45%).
- Most of the respondents felt they find difficulty to mingle 31(52%) with the patient sometimes.
- Majority of the respondents have went through or going through depression 35(58%) due to the patient illness at some point in their life time.
- The study shows that majority of the respondents said they give pressure 23(38%) to the patient sometimes.
- The research indicates that 38(63%) of the respondents were dissatisfied with their work life.
- Most of the respondents 24(40%) have felt the patient is a burden sometimes in their life.
- Majority of the respondents 28(47%) said that they do not attend or have lack of interest in attending public functions.
- Majority of the respondents 49(82%) said that they do not have any satisfaction with their life.
- Majority of the respondent 41(68%) do not resort to any kind of substance use as they are mostly women.
- The study shows that majority of the respondents 31(52%) neither have time nor interest for fun and relaxation.

SUGGESTIONS

- Adequate relaxation by maximising the importance of yoga, meditation and other leisure activities for both care takers and patients.
- Hospitals should consider providing free counselling for the care takers of severe psychiatric ill patients.
- Care takers should be given awareness so that they get a better understanding about the psychiatric disorder of their family members.
- Long term support and consultation programs for the family members of severe psychiatric ill patients.

CONCLUSION

The care takers of severe psychiatric ill patients can promote a healthy life style by imbibing various healthy coping strategies. Instead of thinking that their ill family member is a burden, the care takers should be able to tackle their problems at the right time and it helps their ill family member to have a good and healthy atmosphere, give them love, affection, acceptance, support and also providing them the opportunity to live in a healthy manner just like any other human being. This helps proper social functioning and helps those families to be no different from the rest. The study has helped the researcher to understand the various psychological and social problems of the carers of severe psychiatric ill patients. The care takers of severe psychiatric ill patients can promote a healthy life style by imbibing various healthy coping strategies.

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