



A Study on Caregivers Stress of Psychiatric Patients Employed at Private Mental health Centers

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Abstract:

The world is moving through the era modernization where people dedicate much less time for their physiological and psychological health. The problem of mental illness among masses is increasing day – by day which is being ignored at the very basic stage. Around 75 percent of the population is said to report with some sought of psychological ailments. When such people are brought under institutionalized care, they rely on the support of the caretakers. Most of the research deals about the psychiatric ill persons, leaving out the conditions underwent by the caretakers of psychiatric patients. With routine care of the mentally ill, they exhibit psychosomatic conditions in due course of their profession, which are left unnoticed at most cases. Their monotonous routine without proper training to handle the patients makes them exhaust and feel isolated from their work. At a certain threshold, recreations, counseling, and routine checkup are must to ensure their social inclusiveness. With the lacuna in personal care, there is a high chance of being alienated.

The study intends to find the unaddressed causes of social alienation and the awareness among caretakers about the personal space exploitative nature of this profession. The researcher adopts Quantitative analyses to find the true empirical result, which is done with the help of an interview schedule. The respondents were identified by induction of purposive sampling. Based on the response of 210 respondents, the researcher concluded that, the caregivers face too many psychiatric burdens at both the familial and social sphere. It was inferred that the isolation was completely unrecognized by the caregivers themselves. Over time, it had led to distress and social anxiety and alienation.

Keywords: Social Anxiety, Social alienation, psychosomatic behaviors, vulnerability, isolation, familial burden, social stigma

I. INTRODUCTION

Mental illness is one of the major health problems of all time and is considered to be a social stigma in India. Approximately 70 million people in our country suffer from mild and severe mental disorders. According to the statistics by the World Health Organization, the average suicide rate in India accounts for 10.9 for every lakh people. The illness has substantial short-term and long-term consequences for the individuals as well as their families, and society. The symptoms can cause immense distress to the patients and are often associated with a variety of social and occupational impairments. It has reported an increased incidence of several medical disorders and mortality, especially from suicide. The condition usually disrupts the family life of distressed persons, and has considerable adverse impact on relatives or caregivers. The social and economic stress it poses for the community makes it one of the most serious health problems faced by the society.

Over the years, there have been many new advances in the understanding and management of mental illness. Notably these developments had a drastic positive impact on the Indian phase of development. Despite this, the majority of the Indian patients do not seem to have improved. This is partly because of the lack of sustained efforts to adapt existing treatments to patients and their families. Lack of awareness about mental illness, and stigma encountered by sufferers increases the complexity of these problems. Caregiving is a time-consuming responsibility, which inflicts various limitations on the caregiver's personal life.

Caregiver role strain, caregiver burden, caregiver stress, and caregiver distress are all words that are used to describe feeling overwhelmed about providing care to a family member with an illness. Most caregivers have reported feeling exhausted, overwhelmed, sad, and anxious when rendering care and service.

Caregiver stress particularly that of closely involved family members such as parents is important as an outcome measure in mental health care, to assess and reduce it for the well-being of both caregivers and the mentally ill. Indeed, the measurement of caregiver stress has been shown to enhance worker and administrator awareness of the need to reduce such stress in the health care field in general. This may be particularly important where reform is in the making, with a shift to the community, such as has been happening suit the specific requirements of Indians lately worldwide healthcare in the field of mental health care. This is so because, with the shift to the community, caregivers such as families naturally take on a more central role. Mental and behavioral disorders cause massive disruption in the lives of those who are affected and their families. Inconvenience arises due to a mentally sick person in a family. It is not the

affected person who alone is suffering, but those who are dependent on that person are also subjected to many difficulties in their life. If that person is the only earning member of the family, and if he/she cannot perform that role anymore due to the illness, it will aggravate the stressful situations in the life of his / her dependents. Because they have to find other resources for their daily living along with caring for that person.

An average person should try hard enough to maintain the equilibrium of his family life on a satisfactory level. The strain of mental illness on families includes economic difficulties, emotional reactions to the illness, the caregiver's stress of coping with disturbed behavior, disruption of household routine, and the restriction of social activities. The most important aspect to overcome in society is the stigma and its associated marginalization towards a person who is suffering from mental illness.

There is a list of research about mental illness and mentally ill people, but only a few have confronted the problems faced by the care givers of these sick people. With the introduction of community-based mental health care, families have become the ultimate and prime targets of treatment. Here the mental patient is treated in his /her family, so we need to think about those who are involved in the management and treatment of mental patients. In the initial stage, the family members may cooperate with the caring and management of these sick people, but as days pass, the level of cooperation slowly withers away due to many other reasons. At this time also, there will be at least one person who may be obliged to look after the sick person. That person is subjected to many tensions as well as challenges in life. It can be financial, social, psychological, physical, etc.

When the gap increases the familial support with degrade at a point in time, and from there the work of community and private health centers starts. The caregivers at community and private mental hospitals will bear the burden of handling the psychiatric patients. The deviation takes the form of distress when the individual is too much suffocated by the control of systems. If the distressed person cannot overcome the situation he/she may need the support of others. As a result, they will be under stress to keep a balance between the caregiving duty and other responsibilities of their life.

They have to attend the patients, and at the same time, they have to look after their own lives too. Sometimes the caregiving role can be a hindrance to their employment, marriage, child rearing etc. The early caregivers also have to undergo similar situations in their lives. They often feel that their entire life is completely bleak or lost. In the case of married people, they have restricted freedom, restricted social life, and so on. Sometimes the care giving can act as a hindrance to their children social mobility like education, better choice of employment in distant places, active social life etc.

It has been found in many research works that a considerable percentage of caregivers are at increased risk of anxiety symptoms which are predictors of many serious psychological problems. In brief, it can be stated that mental illness affects not only the life of the mentally ill but all those who are closely related to that person are subjected to many challenges in their lives in varying degrees. It affects their personal, social, familial, and occupational life and their physical and psychological health is at risk. In this study, the researcher focuses on caregiving stress experienced by the caregivers of mentally ill patients working at private mental hospitals and its impact on the psychological health of caregivers.

Here the stress of care giving is categorized into four areas such as

- a) Care giving stress in familial area which focuses on difficulties met by the key caregivers in their familial life.
- b) Care giving stress in financial area which focuses on difficulties associated with the financial security/stability and occupation of both the caregivers of psychiatric patients.
- c) Care giving stress in illness area which focuses on difficulties and worries associated with the patient care, investigates their devoted time for the patients overlooking their personal care time
- d) Care giving stress in social area explores the aspects of societal life of the caregivers of psychiatric patients, along with labeling faced by their family

The present research work focuses on assessing the severity of anxiety exhibited by the caregivers. For that purpose, the Perceived Stress Scale and Caregivers Stress Scale is used and it is explained in detail later. It assesses both physical and psychic symptoms of distress exhibited by the caregivers. The purpose of this assessment is that many researches have proved that caregivers are at increased risk of severe psychiatric problems owing to the stress of care giving, but still the condition of social alienation is least studied.

II. LITERATURE GAP

Studies on Caregivers stress of psychiatric patients working at private mental hospital highlight the magnitude of the problem mostly at psychological level. A careful analysis of the available literature indicates that numerous empirical researches/ studies have been undertaken on psychological sphere whereas its interlink between different spheres are ignored.

Therefore, the researcher has built up the framework to analyze the entire problem in sociological perception in such a way to dig out the problems encountered by the caregivers of psychiatric patients, for the enhancement of psychological health and also the ambit of social vulnerability is controlled so as to decrease the ever-increasing deviant nature and alienation whose reason are left unidentified.

III.METHODOLOGY

Aim of the Study

The study intends to analyze the derogatory impacts confronted by the caregivers of psychiatric patients, working at private mental health center and its relation with individual's psychological health and also the social backwardness and vulnerability.

The study explores the sociological base of the stress experienced by the caregivers and to elicit the motives behind such critical condition which they undergo and to provide suggestions to set right the ill-effects that arise out of it.

Research Objectives

- To Study the Socio-demographic Profile of the Respondents
- To identify and list the problems faced by caregivers of psychiatric clients, thus extracting the intense difficulties confronted by them leading to utmost stress
- To analyze the consequence of being stressed at work by the respondents in the different spheres: physically, emotionally, psychologically, and socially, and to elucidate the due cause of social alienation.

Research Design

The research is studied in an explanatory approach to state the root cause of the stress of caregivers of psychiatric patients. The research purposively focus on the caregivers working at private mental health center so as to examine the amount of stress experienced by them out of their social marginalization, in addition to the nature of work. The researcher used Purposive Sampling Technique to identify the respondents as it is necessary enough to identify the potential respondents. As the research involves an in-depth analysis of anxiety and stress suffered by the caregivers of psychiatric patients at private mental health center, the research is studied both quantitatively and qualitatively. Henceforth, the data were collected by the researcher with the use of an interview schedule and some for the cases were listened to enlist the root cause of the difficulties confronted by the caregivers and provide suggestive measures accordingly.

Area of the Study

The researcher concentrated on the caregivers of psychiatric patients especially working at private mental hospitals in the six districts of Tamil Nadu in India through a series of pilot studies. In the non- probability sampling, the researcher had chosen selected districts from Tamil Nadu to study the intensity of stress experienced by them. Accordingly, the respondents were selected, ensuring the representativeness of entire district which are as follows:

- 1) Salem
- 2) Namakal
- 3) Erode
- 4) Thanjavur
- 5) Tiruchirappalli
- 6) Chennai

Universe and Sample

The people who work as caretakers of persons suffering from mental ailments working at private mental health center constitute the universe of the study. The researcher based upon number of established private hospitals in selected region, interpreted that, the size of universe is approximately 1500. Thus, the researcher selectively chose 210 respondents from the whole universe as a sample to proceed with the research.

IV.ANALYSIS AND INTERPRETATION

Age, Gender and Marital Status

The Age determines the amount of stress and other addictions to the respondents. It is been observed here that the respondents were equally divided based on their gender to have sensitized study on psychological and physiological changes and issues i.e., 50.0 percent of them were Male while the remaining 50.0 percent of the respondents were Female. The inference drawn from the research signifies that roughly equal numbers of male and female caregivers were taken for study for the extensive perception over gender sensitization in employment and exploitation faced by them and 50 percent of the respondents belong to the aged above 30 years and 46.7 percent are married.

Experience at Work Area

Significantly proved by the data analyses that majority of the respondents i.e., 83.8 percent of them were injured or hurt during their work phase. Consequently, 82.9 percent of the respondents had planned to quit their job if they had a better

opportunity than this profession. Despite too many issues reported, the researcher have also identified that there is a lacuna in the management support for the personal care of the respondents.

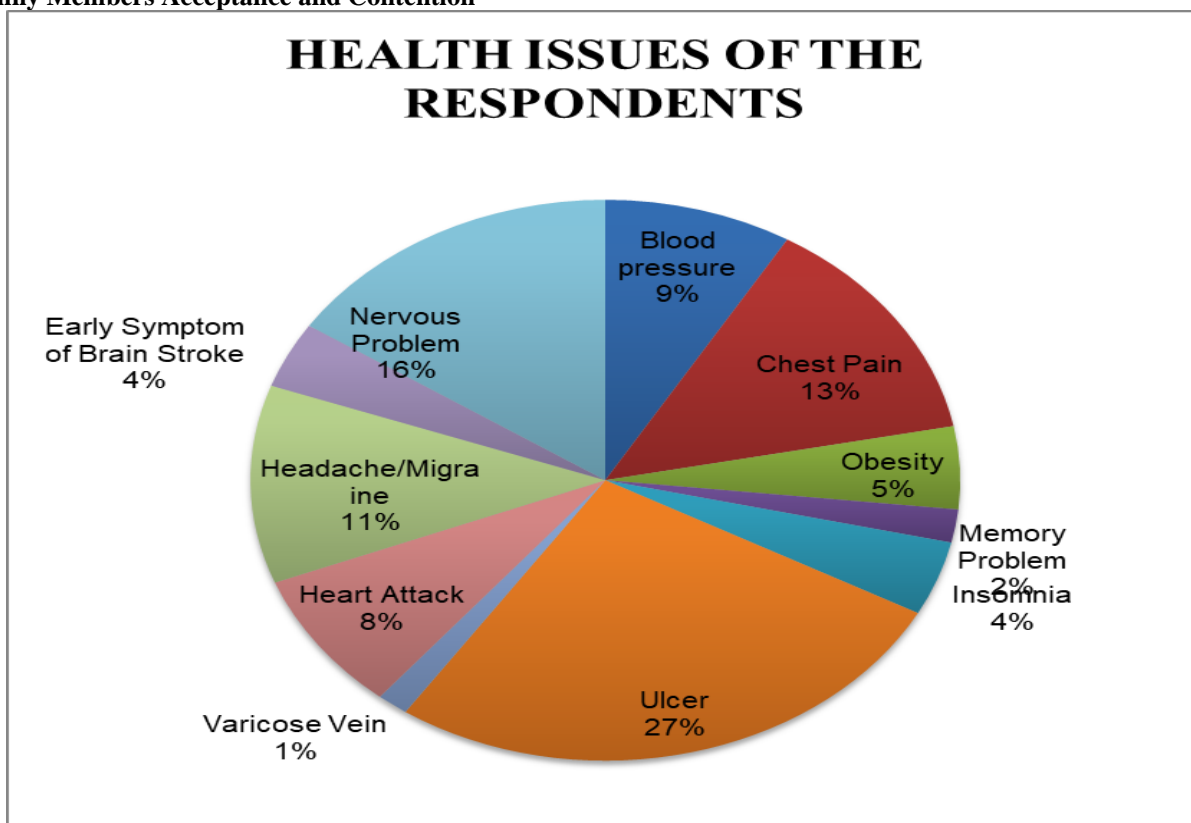
Quality of Life

The research had an intense comparison between the quality of life before and after the profession as caregivers which identified that majority of the respondents; approx. 80 percent of them had led a miserable life before them being employed as caregivers, while the majority of the respondents i.e., approx. 80 percent had led dreadful life after joining the profession. Thus, that there is no statistically significant difference between the quality of life before and after choosing the profession as Caregiver for psychiatric patients. The result signifies that, the job isn't sufficiently enough to dilute the poverty and socially marginalized conditions of the respondents. Rather it added misery to their life.

Satisfaction of Working as Caregiver

Majority of the respondents approx. 80 percent had least job satisfaction i.e., they opined that the job hadn't brought any biggest change to their life rather it added misery to their life.

Family Members Acceptance and Contentment



Large sum of respondents had revealed that their family members were highly discontent about the nature of their profession. The inference drawn from this table signifies that approx. 75percent majority of the respondent's family had dreadful experience out the job nature and they are not delighted with this job.

Health Status of the Respondents

It is identified that a vast majority i.e., 87.6 percent of the respondents had no health issue before this profession, while 84.8 percent and 15.2 percent of the respondents are reported to have major and minor health issues after their profession as caregivers, respectively.

Participation with Family

Significantly identified that approx. 65 percent majority of the respondents had great participation in their family before taking up this profession, while majority of the respondents had reduced participation in their family after taking up this profession. And also nearly, 80 percent majority of the respondents was hardly able to satisfy their familial needs.

Regarding Psychological and Physiological health of Respondents - Highlighted from the analysis that majority of the respondents were distressed because of their profession as caretakers of psychiatric patients, out of which they had wept alone at most cases.

And also it was found that many were Prescription Drug Misuse users, 88.6 percent - majority of them used prescription drugs, to get relieved themselves from the work stress and pain. Some cases, it was found that consumption of

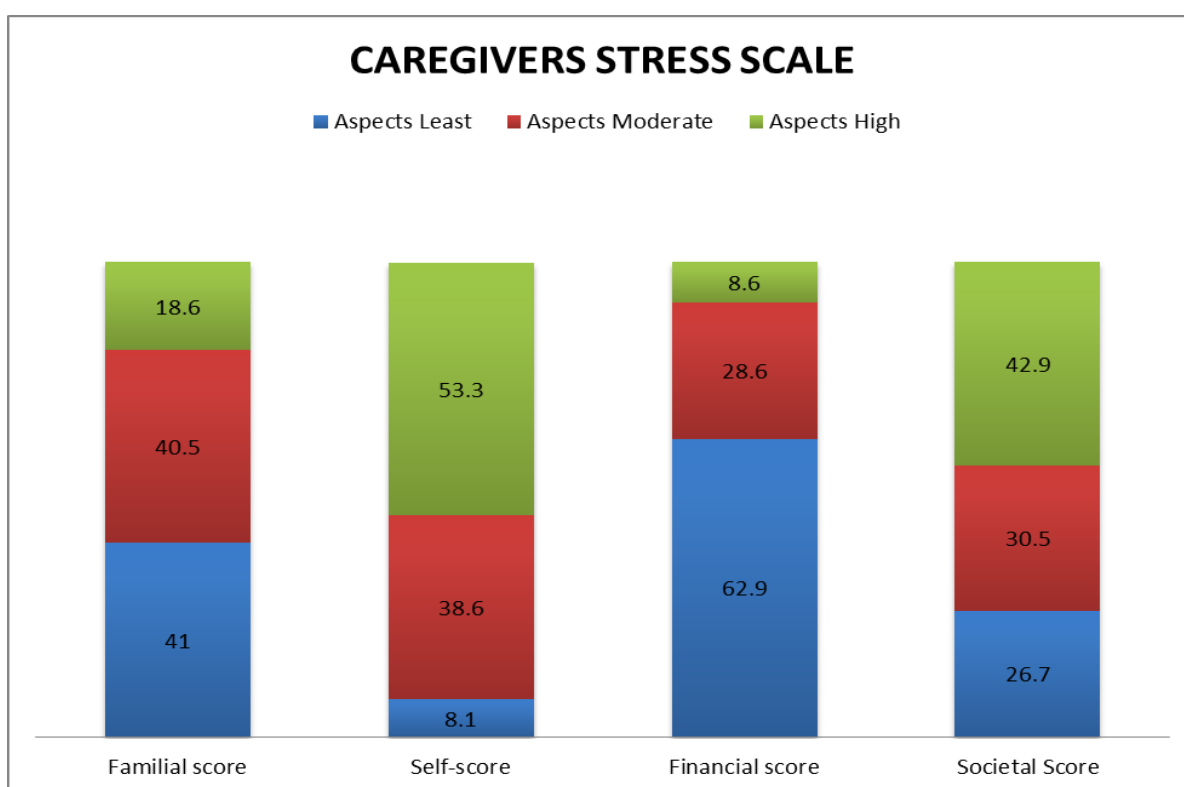
prescription drugs without consent from doctors had become a habitual one, i.e., even without illness respondents had the history of consuming medicines.

The majority of the respondents 87.1 percent don't have an adequate sleep; and 88.6 percent of the respondents don't keep on track with proper meal time, which can eventually have an impact over gut health.

Scheffe's Critical Value 5.231105437

Societal Score Vs. Financial Score	24.1716287	Significantly different
Societal Score Vs. Self-care Score	14.86068236	Significantly different
Societal Score Vs. Familial Score	16.63360141	Significantly different
Self-care Score Vs. Familial Score	62.93862616	Significantly different
Self-care Score Vs. Financial Score	1.126802422	Significantly no difference
Familial Score Vs. Financial Score	80.90815953	Significantly different

Familial Score: 41.0 percent of the respondents had least familial score, while 40.5 percent of the respondents had moderate familial score and only 18.6 percent of the respondents had the high familial score.



Self - Score: 53.3 percent of the respondents had high self -contention, while 38.6 percent of the respondents had moderate self-score (contention) and only 8.1 percent of the respondents had the least self-contention.

Financial Score: 62.9 percent of the respondents had least familial score, while 28.6 percent of the respondents had moderate financial score and only 8.6 percent of the respondents had the highest financial score.

Societal Score: 42.9 percent of the respondents had least societal score, while 30.5 percent of the respondents had moderate societal score and the remaining 26.7 percent of the respondents had the least societal score.

Based on Counselling and Recreational Programmes availed

Significantly proves that 86.2 percent had no recreational program offered by their institution and the majority of the respondents 82.3 percent hadn't attended any counseling session.

Proof of being alienation

Highlights that 90.0 percent of the respondents i.e., majority had more religious faith, they often visit temple at regular intervals, significant enough to prove that most of the respondents have high faith in god, such that god is the ultimate one who could end all their miseries.

ANOVA: SINGLE FACTOR –STRESS SCALE

SUMMARY

Groups	Count	Sum	Average	Variance
Stress and nervous	210	747	3.557143	0.908202
Irritation control	210	658	3.133333	0.881659
Angered	210	762	3.628571	0.95229

ANOVA

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	30.09841	2	15.04921	16.46431	1.07E-07	3.010091
Within Groups	573.1095	627	0.91405			
Total	603.2079	629				

Identifies that 36.2 percent of the respondents had often felt distressed, adding to the distressed survey table it had been reported that 29 percent of the respondents had faced the condition sometime. Thus inferred from the research that that majority of the respondents had felt distressed during their lifetime, in due course of their job.

The study shows that 41.9 percent of the respondents had fairly often felt stressed and had become nervous, adding to the stress scale table it had been inferred that 32.9 percent of the respondents had faced the condition sometime. The inference drawn signifies that majority of the respondents had often felt stressed and nervous during their professional term.

The data reveals that 35.2 percent of the respondents had opined that almost things never go as planned by them; 31.9 percent of the respondents had faced the condition occasionally. The inference signifies that majority of the respondents had felt events are becoming misproportioned because of their financial vulnerability.

Highlighted from the research that 46.2 percent of the respondents had rarely often able to control irritations and 29.0 percent of the respondents had opined that they were to able control the irritations fairly often. The inference drawn from this table signifies that majority of the respondents had somehow managed to control their irritable emotions.

The analysis demonstrates that 41.0 percent of the respondents had fairly often got angered during their work, 30.0 percent of the respondents had faced the condition sometimes. The inference drawn from the research signifies that majority of the respondents had been angered due to their work nature.

It also found from the research that majority of the respondents were angered and had the trouble of frozen head when the patients treated by them behave aggressively / violently.

V. SUGGESTION

- Cordial relationship must be maintained among the parents and children, as it helps them realize their necessity in family participation rather being in the state of distress and also it evades of the Loneliness among them.
- More recreational programmes and medical routine checks have to be arranged for the caregivers of psychiatric patients working at private mental centres to relieve themselves from economic and social distress.
- Awareness on importance of Joint Family have to be given to all the adults and children such that for children it should to be included as a part of curriculum, whereas for adults it has to be included in curriculum for college going students and monthly camp must be organised to inculcate the goodness of living in joint family.
- Amendments to Mental Health Care Act, 2017 are highly needed of hour.
- Rendering provisions as enjoyed by the permanent staffs to all the staffs employed in private mental health centres.
- Management should allocate certain fund for their employee’s personal management.
- Regular health monitoring sessions are to be arranged for all the employee’s working at mental health centres by government institutions or concerned private hospitals.

VI. CONCLUSION

The present study reveals that at most cases tested the psychological sufferings of caregivers are left unnoticed. The institutionalised treatments help in the betterment of psychiatric patients leaving out the efforts of caregivers and trauma experienced by them as a part of their profession. It was identified from the research that caretakers haven’t got good participation with their family as they are more specific to their work space. Because of which, there rises dis-content among the family members leading to alienation from their own family. On the other, in due nature of their job, they exhibit psychosomatic conditions as they witness the behaviour among the patients they assist, which are left unnoticed as lack routine health check-up and quality familial space. To escape this nature, many started to misuse prescription drugs that are administered to the patients whom they assist, that have a great consequential effect over the

psychological and physiological health of the caregivers of psychiatric patients. All these limitations could be alleviated to maximum, with the above suggested measures.

VII. FUTURE DIRECTIONS

While this study had its own exclusive physiognomies regarding Stress and Anxiety of Caregivers of psychiatric patients, there are certain arenas which are still understudied. This is extensively true considering the original data that has been collected to look at downsides among the caregivers of psychiatric patients employed at private mental health centers for this study. The study can be expanded to other geographical locations, in addition to the study of drug abuse limit of caregivers to relieve themselves from their strain.

REFERENCES

1. Hsiao, C.-Y., Lu, H.-L., & Tsai, Y.-F. (2020). Caregiver burden and health-related quality of life among primary family caregivers of individuals with schizophrenia: A cross-sectional study. *BMC Psychiatry*, 29, 2745–2757.
2. Litzelman, K., Skinner, H. G., Gangnon, R. E., Nieto, F. J., Malecki, K., & Witt, W. P. (2014). Role of global stress in the health-related quality of life of caregivers: Evidence from the survey of the health of Wisconsin. *Quality of Life Research*, 23, 1569–1578. <https://doi.org>
3. Scafuzaca, M. (2002). Brazilian version of the Burden Interview scale for the assessment of burden of care in carers of people with mental illnesses. *Revista Brasileira de Psiquiatria*, 24(1), 12–17. Retrieved November 11, 2018, from <http://www.scielo.br/pdf/rbp/v24n1/11308.pdf>
4. Zhou, Y., Rosenheck, R., Mohamed, S., Ou, Y., Ning, Y., & He, H. (2016). Comparison of burden among family members of patients diagnosed with schizophrenia and bipolar disorder in a large acute psychiatric hospital in China. *BMC Psychiatry*, 16(283), 1–10.