



A STUDY ON QUALITY OF LIFE OF CAREGIVERS OF MENTALLY ILL- PATIENTS

AISHWARYA DANODIA

DR. TARANNUM S. DANI

ABSTRACT

BACKGROUND: Individuals suffering from mental problems rely heavily on their families for assistance. However, one of the most significant sources of stress in families is the diagnosis of a family member with a mental illness, which results in reduction in overall quality of life. In providing care for mentally ill patients, caregivers play a critical role. Increased caregiver stress can make people more prone to mental illness.

AIM: The study aims to explore the quality of life (QoL) of caregivers (first degree relatives) with mentally ill patients to the general population.

MATERIAL AND METHOD: the comparative study was carried out on 90 caregivers out of which 45 were caregivers of mentally ill patients and 45 were caregiver of general population. It was assessed quality of life scale was given by Nasreen Sharma and Nakhat Nasreen.

RESULT: Sample of caregivers has comparatively lower QoL scores than other general populations. Female caregivers are more as compare to the males,

CONCLUSION: The study suggests that quality life of caregivers of mentally patient is significantly less and they experience high burden care as compare to the general population

KEYWORDS: Caregivers, Caregiving, mentally ill-patients, Quality of life.

INTRODUCTION

WHO states caregiver burden as “the emotional, physical, financial demands, and responsibilities of an individual’s illness that are placed on the family members, friends, or other individuals involved with the individual outside the health care system.

WHO characterizes QoL as person's impression of their position in life with regards to the way of life and worth frameworks in which they live and corresponding to their objectives, assumptions, guidelines, and concerns [Group TW 1998]

Taking care of mentally ill patient requires Lot of sacrifice and a caregiver Need to attune their life according to the patient Which eventually damage to their social family leisure and even professional life which possibly engender assorted psychopathologies on depressive and anxiety dimensions. [Vázquez FL et al., 2018.]

the procedure of caregiving can destructively disturb the caregiver's relationships with partner or with other family members [Nuwara AS et al., 2019; Carmassi C et al.,2020] Generally, efforts of caregiver are overlooked and underemphasized and viewed as a free healthcare source [Akbari M et al., 2018.]

families of patients are unprepared to get through the illness. Though caregivers perform a crucial role in reducing the frequency of self-harm and suicidal behaviour in patient and the length of hospitalization, being caregiver is a fatiguing process that can have negative impact on caregivers physical, emotional, mental, social, and financial area of life. [Carmassi C et al., 2020; Boltz M et al., 2018.]

Deinstitutionalization has led to increase the role of caregivers [Kaushik P et al.,2013.]. Nowadays mentally in patient Spend relatively less amount of time in hospitals and they get early discharged from the hospital as a result caregiver plays an important role [Kate N et al.,2013.]

In a country like India where rehabilitation is nearly inexistent and there is no social security system by reason of the family becomes important and play a crucial role [Kate N et al.,2013.]

In a study of caution P et al., it will find that patients who stay in the family shows drastic progress because because hospital cannot replace the environment of the family but on the other hand the caregivers was of those patient experience relatively high amount of stress and burden which negatively impact all spheres of their life. [Kaushik P, Bhatia MS.2013]

Family is the fundamental unit of the general public and is widely associated with the prosperity of kith and kin. [Bora K, Das A] With the disturbing ascent in the occurrence of psychological maladjustment across the globe, there is a proportionate ascent in the weight of care among guardians of the people who are deranged. Beside furnishing assist with exercises of day-by-day living, families additionally give enthusiastic, social and monetary help to people with mental illness. [Rospenda KM et al.,2010.] Being the initial ones to interact with the individual with psychological instability, relatives additionally have to confront the disgrace, and bias from the society. Ongoing psychological instability in one relative might incapacitate the existence of others in the family and limit their roads for relaxation, socialization, and business. [Swapna B et al.,2012].

Family members of patients with major mental problems feel troubled, as these problems are capricious and dependable. Past investigations have discovered that weight is knowledgeable about the structure of interruption of day-to-day life, family associations, well-being, and monetary weight influencing their nature of life (Schene AH et al.).

Agarwal GJ (2013) and Sales E (2003) Most carers suffer from poor mental health as a result of their caring responsibilities, and as a result, they acquire mental disease and have greater levels of depression than that of the general population. Caregivers had a 63% higher risk of mortality than non-caregivers. (Schulz R et al.,1999). Basheer S (2005) Almost two-third of all caregiver's report difficulty in their employment.

In a study of Ahmed Rady et al. it has been found that caregivers of severe mental health disorder go through excess amount of stress, anxiety, and tension which can lead to symptoms of post traumatic disorder and can have adverse effect on work performance and in their relationship.

Caregivers with extreme burden of care are extra expected to have depression, anxiety and poor QoL. (Vadher S et al.,2020)

As indicated by the World Health Organization (WHO), around 450 million individuals overall experience the ill effects of a psychological or conduct sickness, and one out of three or four individuals might encounter mental issues during their lifetime.

The physical, emotional, social, and financial burden that comes with caring for a loved one is referred to as the guardians' weight. (Nuwara S et al.,2019; Ahmed Rady 1 et al.,2001; Kaushik P, Bhatia MS.2013; Kate N et al.,2013). The theoretical foundation of the guardians' problem is how they perceive life obstacles (subjective weight) or how they adjust to the demands of daily existence (objective weight) (Kaushik P, Bhatia MS.2013; WHO.2005; Schene AH et al.,1998).

OBJECTIVE

The objective of the study is to compare the quality life in caregivers those who are taking care of mentally ill-patients. This study aims to find out what are the factors involved that are involved in differences in quality life among these two groups.

To study/To compare the quality life of caregivers of mentally ill patients to the general population more specifically to identify the significance difference among two distinct group.

STATEMENT OF THE PROBLEM:

To test and study if there is any significant difference in QoL in caregivers of mentally ill patient and of caregivers of general population.

HYPOTHESIS:

It has been hypothesis that the QoL in caregivers of mentally ill patient is significantly less as compared to the general population.

METHODOLOGY

TOOL:

QUALITY OF LIFE SCALE was given by Nasreen Sharma and Nakhat Nasreen in 2014. The scale consist of 42 items out of which 34 items are positive and 8 items are negative with three responses i.e., Always, Seldom and rarely. The score for positive item is given as 3,2,1 and for negative item as 1,2,3 respectively. The scale has 11 dimension and they are; life satisfaction, goals and motivation, spirituality, happiness, hopes and wishes, stress reduction, frustration/depression/anxiety, adjustment, physical well-being and self-care, effectiveness/efficiency of myself, personal development/personal evolution.

PROCEDURE

The present study involved survey method of data collection. The data was collected manually from Raipur and bhilai the questionnaire was given to each individual was taken back after the completion of it all the necessary demographic details as well as consent for participation was collected and then the further calculations were carried out.

SAMPLE:

Purposive sampling method is used for the collection of data. 90 sample were collected from the population. The sample was divided into two groups-caregivers of mentally ill-patients and caregivers of general population. The caregivers should be a family member for both groups and the caretaker only care the age group of 3-21. The caregiver of mentally ill-patient group the patient should have problem from 6 month or more, the patients who needs help in their day-to-day activity.

DATA ANALYSIS:

TABLE NO. 1:

Final sample

GROUP	NO: OF SAMPLE
Caregiver of mentally ill patient	45
Caregiver of general population	45
Total	90

The statistical analysis was done manually for this paper. For the comparison of data between two groups i.e., caregivers of mentally ill-patient and caregiver of general population, independent t-test was used.

Mean, median and t-test was done manually.

RESULT:**Quality life of caretakers of mentally ill patients**

The problem of the study pertains the quality life of caregivers of mentally ill patients.

It was hypothesised that the QoL in caregivers of mentally ill patient is significantly less as compared to the caregivers of general population.

TABLE NO 2:

Mean of QoL in caregivers of both the groups

Caregivers of mentally ill patient	Caregivers of general population
N=45	N=45
Mean=92.133	Mean=63.955
$\Sigma X^2=6377.22$	$\Sigma X^2=7195.91$

It is clear from table no.2 that mean of group 1 that is Caregivers of mentally ill patient (92.133) is higher than the mean of second group that is Caregivers of general population (63.955).

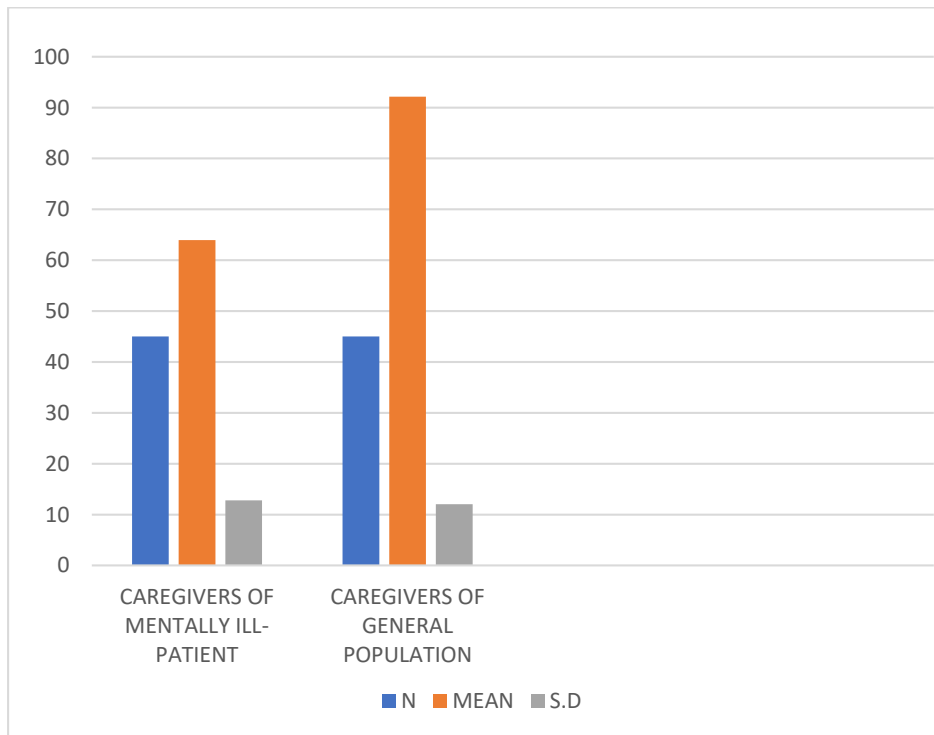
The obtained t-value for this difference was significant at 0.01 level of significance for 44 degrees of freedom, and that provide an empirical background to retain the research hypothesis in this regard.

Thus, it can be said that the QoL in caregivers of mentally ill-patients is significantly less than the quality of life in caregivers of general population.

The aim of the present study was to find the QoL of caregivers of mentally ill-patient and QoL of caregivers of general population. Moreover, it was found that women caregivers are more as compared to the males. It was hypothesized that the quality of life in caregivers of mentally ill patient is significantly less as compared to the general population.

Graph 1:

Number of samples, mean and S.D



Based on the data gathered from the two population it was found that QoL of caregivers of mentally ill-patients is significantly less as compared the QoL of caregivers of general population. On the basis of result, it can be said that caregivers of mentally ill patients experience higher level of stress burden and poor QoL.

The findings for the current finding may be found in M. Dey et al., (2018). They believe that health practitioners who interact with parents of mentally ill children should consider and lecture them about their quality of life.

Another study by Sabreen Basheer et al., (2022), who tested the quality of life of caregivers of mentally ill patients in a sample of 100 in a tertiary care hospital in Urban India. According to the study's findings, carers of mentally ill patients had a worse quality of life score, implying a lower quality of life.

Another study by Disha Geriani et al., (2015), which looked at the association between caregiver load and schizophrenia patients' quality of life, and showed that carers had moderate to high levels of burden, with the majority of them being females.

Another study conducted by Vadhar S et al., (2020). In the study they evaluated the severity of burden of care and its association with depression, anxiety and quality of life among caregivers of patients with alcohol use disorder (AUD) and schizophrenia and they found that the caregivers who experience high burden of care are more likely to develop symptoms of anxiety, depression and poor quality of life.

CONCLUSION:

Caregiver burden is the emotional, physical, financial demands, and responsibilities of an individual's illness that are placed on the family members, friends, or other individuals who are involved with the individuals.

Taking care of mentally ill patient requires Lot of sacrifice and a caregiver Need to attune their life according to the patient Which eventually damage to their social family leisure and even professional life which possibly engender assorted psychopathologies on depressive and anxiety dimensions. the procedure of caregiving can destructively disturb the caregiver's relationships with partner or with other family members. efforts of caregiver are overlooked and underemphasized and viewed as a free healthcare source. The aim of this present study to find out the QoL of caregivers of mentally ill-patients and of general population.

One of the main objectives is to test the caregiving process effect the quality life of individual or not, and to test the QoL in caregivers of general population and of mentally ill-patients, and if it does then by using result, we can aware people about the burden and psychological problem associated with it. This is beneficial not only at individual level but it will also benefit the society.

To carry out the work, we carried out descriptive research involving two groups- caregivers of mentally ill-patients (caregiver should be the parent, caretaker should take care of the child who is 3-21 years, and the child should have problem from last 6 months and unable to do daily activities.) and the caregivers of general population (caregiver should be the family member). Each group comprises of 45 members. And then analyzing their QoL using Quality of Life scale. The scoring and statistical analysis was done manually, and the interpretation was done based on data gathered. Based on the result obtained, it can be said that people in group I (caregivers of mentally ill-patients) has lower QoL than group II (caregivers of general population).

This study concluded that the QoL in caregivers of mentally ill-patients is significantly less as compared to QoL in caregivers of general population.

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