Chapter 6

Understanding Psychological Distress Among Female Caregivers of the Patients With Mental Illness

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ABSTRACT

The present study aims to find the level of psychological distress in female caregivers of patients with mental illness in the context of Jharkhand and its relations with the socio-demographic variable. The sample was drawn from five blocks of Hazaribagh districts of Jharkhand and the respondents were 200 relatives of the patients with mental illness. A socio-demographic data sheet used for recording the socio-demographic characteristics and Kessler Psychological Distress Scale version 10 (K10) used for assessing their psychological distress. The result shows that female gender is having more psychological distress than male and may lead to common mental disorder under persistent condition. The mean score of female was higher than male (i.e., 26.36 [SD= 9.44] and 22.23 [SD= 8.86], respectively). The difference between both the genders found to be significant at less than 0.001 p values in Man Whitney U test.

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INTRODUCTION

Psychological distress which encompasses of worthlessness, hopelessness, sadness leads to gradual loss of interest to socialize and to work triggered by unfriendly socio, economic and cultural environment (Mirowsky & Rose, 2002; Kleinman, 199; Kirmayer, 1989). This didn’t stop only to emotional disturbance but can cause to neurotic and mental disorder in the absence of proper support (Phillips, 2009; Watson, 2009). Relatives or the caregiver of the patients with mental or physical illness are not spared of its influences. Relatives or caregivers staying with their patients live in the same social, cultural and economic environment exhibit tremendous stress due to handling the symptoms of patient with financial insufficiency and stigmatized attitude of the society with less cooperation from the neighbors (Eag, 2014; Lesselo, Kajula & Malema, 2016; Raj, Shiri & Jangam, 2016; Chadda, 2014). In such environment, women who look after the family members, kids and old parents get additional workload to look after her man who has met with mental illness who was earlier the bread earner of the family. The noncooperation of other members of the family, expressed emotion of the other member on her husband, critical comments by in laws, physical abuse, domestic violence done by irresponsible alcoholic and substance abused husband, guilt of not able to sustain financially, concern of the suicidal behavior of the patient, over load of roles and responsibilities towards the family, recapitulation of the memories of the leisure and its gradual decrease in frequency and poor physical health in addition to the earning pressure mounting on the shoulder of the women can put her under the high level of psychological distress leading her to suffer from common to severe mental disorder (Ramiro, Hassan, Peedicayil, 2004; Vizcarra et al., 2004; Kingston, McDonald, Austin, Tough, 2015; Jungbauer et al., 2004). Therefore, bringing the symptoms into the notice and their management seems necessary (Kessler et al., 2003). Being one of the least developed states of India, Jharkhand has very poor health facilities. Adequate medical facilities are mostly confined to capital and other important towns. Underutilization of medical care and naxalite activities which sometimes corners transportation and reluctant attitude of medical staff to move into the remote rural areas and cultural practices and unawareness of medical schemes among local residents make the existing scenario more complicated (Saxena, 2009; Statistical Profile, 2013; Gosh, 2014). There are few studies on prevalence and comparison of psychological distress and its correlates exist in India and hardly any studies is there which talk about psychological distress of caregivers of mentally ill patients and especially the comparison among gender. Therefore, the present study is trying to find out the distress level among gender with the significant association with education, occupation and income.
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