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### **Importance of Mental Well Being of family care givers of mentally ill**

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#### **ABSTRACT**

Family care givers are the essential caregivers of persons with mental illnesses in the majority of the nonwestern globe. In India, more than 90% of patients with chronic mental illness live with their families. The family caregiver plays different roles in care of persons with mental illness, including taking day-to-day care, administration and supervising medications, taking the patient to the hospital and looking after the financial requirements. The family caregiver also has to tolerate with the behavioral disturbances in the client. Thus, the family caregiver experiences considerable stress and trouble, and requirements of help in coping with it. The caregivers develop different kinds of coping strategies to deal with the trouble.

**KEYWORDS** - Mental Well Being, anxiety, depression, NGO

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## **INTRODUCTION**

An unhealthy coping style is likely to adversely change the caregiving function. Hence, it is important to take care of the needs of the family caregivers. The family caregiver has remained ignored lot, often unnoticed by the mental health professionals as well as by society and relatives (Chadda RK, 1994, 2001)<sup>1,2</sup>.

A severe mental illness, which is stressful not only for patients, but also for family members. Numerous studies have demonstrated that family caregivers of persons with a severe mental illness suffer from significant stresses, anxiety, depression, experience moderately high levels of burden, and often receive inadequate assistance from mental health professionals. Effective family functioning in families with schizophrenia and other psychotic disorders may be influenced by a variety of psychosocial factors. To improve qualitative care of mentally ill client which is mainly given by their family care givers, it is necessary to maintain mental well being of care givers through coping strategies, financial support through NGO,s, improve social support, information regarding professional help, and support systems (Treadley MB, 1946)<sup>3</sup>.

The caregivers concerned for their patient with mental illness feel stressed, anxious and low, 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 family and 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 patient in the family (Grad J, Sainsbury P, 1963)<sup>4</sup>.

Information regarding mental illness of client, management of behavior, referral system, institutional hospitals, and rehabilitation can reduce the anxiety of family care givers of mentally ill client. Probably they feel less stress and they can manage the situation and they can handle the things carefully. Family care givers could feel more emotional strong if they start healthy life style by adopting yoga, meditation and mindful based cognitive therapies, indoor or outdoor exercises, in regular basis (Hoenig J, Hamilton MW, 1996)<sup>5</sup>.

## ***CAUSES OF MENTAL DISTURBANCES IN FAMILY CARE GIVERS OF MENTALLY ILL***

Family functioning has been affected by caring for patients with mental illness. There is change in the role of family members as the parents become involved or more consumed by patient's needs. The patient has many needs which must be fulfilled by the caregivers at the same time that they must engage in daily tasks to earn an income. This increases fact increases the overall burden on the caregivers. A large quantitative study in Australia reported that higher levels of the burden of

care were associated with lower levels of family functioning, which in turn were associated with higher levels of anxiety, depression and perceptions of poor health<sup>12</sup>.

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 tolerate these behaviours<sup>8</sup>. Thus, psychiatric professionals often view the family members of a patient as people of support because they can act as informants regarding the patient and they can act as co-therapists at home<sup>9</sup>. The family members need to be in an optimal social and psychological state. It is reported that 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<sup>10</sup>. Such criticism can in some cases lead to a relapse of the patient's illness or to the family feeling overwhelmed by the patient's disruptive behaviour<sup>7</sup>.

In chronic mental illnesses, emotions, thoughts, perceptions and behaviors of individuals and their functionalities are significantly affected negatively. For this reason, therefore, cannot fulfill the role expected of individuals with chronic mental illness themselves, they have to take care of the family and support<sup>1</sup>. Patients often live with their parents at home. Therefore, family members of patients in the care of family members are taking an important role. When the illness occurs, one of the family members has to take care of the ill person. Becoming a caregiver cannot be selected or planned. For this reason, compliance with this situation occurs after the situation has emerged<sup>13</sup>.

A caregiver has been defined as a family member who has been living with the patient, and has been closely involved in his/her activities of daily living, health care, and social interaction for more than a year<sup>14</sup>. The caregiver role is an unpredictable experience that requires hard work and effort. Physical, emotional and economic difficulties experienced by caregivers, loss of functioning of the ill person, negatively affecting the quality of life of caregivers such as the caregiver's lack of free time<sup>13, 15</sup>.

In the case of families who provide long-term care for individuals with chronic mental illness, psychological or economic difficulties can be seen. These difficulties can lead to emotional life such as burden, depression, anxiety, burnout, impaired physical health, social isolation and economic difficulties, stress, shame, guilt, helplessness, anxiety, fear, strain, anger, loss and hopelessness<sup>12, 13, 16-18</sup>.

## ***IMPACT OF STRESS ON HEALTH AND MENTAL WELL BEING ON FAMILY CARE GIVERS***

Stress symptoms may be affecting your physical condition, even though you might not realize it. You may think illness is to blame for that nagging headache, your frequent insomnia or your decreased efficiency at work. But stress may actually be the perpetrator (Platt S, 1985)<sup>6</sup>.

### ***COMMON EFFECTS OF STRESS ON BODY***

- Headache
- Nerves excitement or pain
- Chest pain
- Fatigue
- Change in sex drive
- Stomach upset
- Sleep disturbances

### ***COMMON EFFECTS OF STRESS ON MOOD***

- Nervousness
- Agitation
- Lack of enthusiasm or focus
- Feeling overwhelmed
- Irritability or anger
- Depression

### ***COMMON EFFECTS OF STRESS ON BEHAVIOR***

- Overeating or under eating
- Angry outbursts
- Drug or alcohol abuse
- Tobacco use
- Social withdrawal
- Exercising less often

### **MANAGEMENT OF STRESS**

- If you have stress symptoms, taking steps to manage your stress can have numerous health benefits. Explore stress management strategies, such as:

- Regular physical activity
- Relaxation techniques, such as deep breathing, meditation, yoga, tai chi or getting a massage
- Keeping a sense of humor
- Socializing with family and friends
- Setting aside time for hobbies, such as reading a book or listening to music
- Get plenty of sleep and eat a healthy, balanced diet. Avoid tobacco use, excess caffeine and alcohol intake, and the use of illicit substances.

## **RELAXATION TECHNIQUES THAT HELPS TO REDUCE STRESS FAST**

### ***1. MEDITATE***

A few minutes of practice per day can help ease anxiety. “Research suggests that daily meditation may alter the brain’s neural pathways, making you more resilient to stress,” says psychologist Robbie Maller Hartman, PhD, a Chicago health and wellness coach.

It's simple. Sit up straight with both feet on the floor. Close your eyes. Focus your attention on reciting -- out loud or silently -- a positive mantra such as “I feel at peace” or “I love myself.” Place one hand on your belly to sync the mantra with your breaths. Let any distracting thoughts float by like clouds.

### ***2. BREATHE DEEPLY***

Take a 5-minute break and focus on your breathing. Sit up straight, eyes closed, with a hand on your belly. Slowly inhale through your nose, feeling the breath start in your abdomen and work its way to the top of your head. Reverse the process as you exhale through your mouth. “Deep breathing counters the effects of stress by slowing the heart rate and lowering blood pressure,” psychologist Judith Tutin, PhD, says. She's a certified life coach in Rome, GA.

### ***3. BE PRESENT***

Slow down. “Take 5 minutes and focus on only one behavior with awareness,” Tutin says. Notice how the air feels on your face when you’re walking and how your feet feel hitting the ground. Enjoy the texture and taste of each bite of food. When you spend time in the moment and focus on your senses, you should feel less tense.

#### **4. REACH OUT**

Your social network is one of your best tools for handling stress. Talk to others -- preferably face to face, or at least on the phone. Share what's going on. You can get a fresh perspective while keeping your connection strong.

#### **5. TUNE IN TO YOUR BODY**

Mentally scan your body to get a sense of how stress affects it each day. Lie on your back, or sit with your feet on the floor. Start at your toes and work your way up to your scalp, noticing how your body feels. "Simply be aware of places you feel tight or loose without trying to change anything," Tutin says. For 1 to 2 minutes, imagine each deep breath flowing to that body part. Repeat this process as you move your focus up your body, paying close attention to sensations you feel in each body part.

#### **6. DECOMPRESS**

Place a warm heat wrap around your neck and shoulders for 10 minutes. Close your eyes and relax your face, neck, upper chest, and back muscles. Remove the wrap, and use a tennis ball or foam roller to massage away tension.

"Place the ball between your back and the wall. Lean into the ball, and hold gentle pressure for up to 15 seconds. Then move the ball to another spot, and apply pressure," says Cathy Benninger, a nurse practitioner and assistant professor at The Ohio State University Wexner Medical Center in Columbus.

#### **7. LAUGH OUT LOUD**

A good belly laugh doesn't just lighten the load mentally. It lowers cortisol, your body's stress hormone, and boosts brain chemicals called endorphins, which help your mood. Lighten up by tuning in to your favorite sitcom or video, reading the comics, or chatting with someone who makes you smile.

#### **8. CRANK UP THE TUNES**

Research shows that listening to soothing music can lower blood pressure, heart rate, and anxiety. "Create a playlist of songs or nature sounds (the ocean, a bubbling brook, birds chirping), and allow your mind to focus on the different melodies, instruments, or singers in the piece," Benninger says. You also can blow off steam by rocking out to more upbeat tunes -- or singing at the top of your lungs!

## 9. GET MOVING

You don't have to run in order to get a runner's high. All forms of exercise, including yoga and walking, can ease depression and anxiety by helping the brain release feel-good chemicals and by giving your body a chance to practice dealing with stress. You can go for a quick walk around the block, take the stairs up and down a few flights, or do some stretching exercises like head rolls and shoulder shrugs.



### AT WHAT TIME TO SEARCH FOR HELP

- If you're not confident if stress is the cause or if you've in use the steps to control your stress but your symptoms continue, see your physician. Your physician may want to check for other possible causes. Or, consider seeing a professional counselor or therapist, who can help you to recognize the sources of your stress and learn new coping strategies.
- Also, if you have chest pain, especially if it occurs during physical movement or is accompanied by shortness of breath, sweating, dizziness, nausea, or pain radiating into your shoulder and arm, get emergency help immediately. These may be warning signs of a heart attack and not simply stress symptoms.

## **IMPORTANCE OF MENTAL WELL BEING OF FAMILY CARE GIVERS OF MENTALLY ILL**

In their roles and activities, family caregivers may have a major influence on care recipient health and well-being. The decline of family caregiver health is one of the major risk factors for institutionalization of a care recipient, and there is evidence that care recipients whose caregivers lack effective coping styles or have problems with depression are at risk for falling, developing preventable secondary complications such as pressure sores and experiencing declines in functional abilities (Elliott & Pezent, 2008). Evidence indicates that cognitive-behavioral interventions to help family caregivers benefit their family members as well: As caregivers experience decreases in depression in response to treatment, so do their care recipients (Berry, Elliott, Grant, Edwards & Fine, 2012)<sup>19, 20, 21</sup>.

Care recipients may also be at risk for encountering abuse from caregivers when the recipients have pronounced need for assistance and when caregivers have pronounced levels of depression, ill health, and distress (Beach et al., 2005; Williamson et al., 2001)<sup>22,23</sup>.

As a result of the above factors, the health and well-being of family caregivers – and the subsequent ability to assist their care recipients – is a public and mental health priority. Healthy People 2010 explicated the need for behavioral and social initiatives to promote the health and quality of life of persons with disabilities and their family caregivers<sup>24, 25</sup>.

Families of peoples with mental illnesses are a vulnerable population with increasing needs so mental well being of family care givers of mentally ill is extremely important.

## **REFERENCES**

1. Thara R, Henrietta M, Joseph A, Rajkumar S, Eaton WW. Ten-year course of schizophrenia – The Madras longitudinal study. *Acta Psychiatr Scand.* 1994;90:329–36. [PubMed]
2. Chadda RK. Psychiatric patient in the community: Challenges and solutions. *J Ment Health Behav.* 2001;6:7–15.
3. Treudley MB. Mental illness and family routines. *Ment Hyg.* 1946;30:235–49. [PubMed]
4. Grad J, Sainsbury P. Mental illness and the family. *Lancet.* 1963;1:544–7. [PubMed]
5. Hoenig J, Hamilton MW. The schizophrenic patient in the community and his effect on the household. *Int J Soc Psychiatry.* 1966;12:165–76. [PubMed]
6. Platt S. Measuring the burden of psychiatric illness on the family: An evaluation of some rating scales. *Psychol Med.* 1985;15:383–93. [PubMed]



7. Magliano L, Fiorillo A, De Rosa C, Malangone C, Maj M National Mental Health Project Working Group. Family burden in long-term diseases: A comparative study in schizophrenia vs. physical disorders. *SocSci Med.* 2005;61:313–22. [PubMed]
8. Ssebunnya J, Kigozi F, Lund C, Kizza D, Okello E. BMC International Health and Stakeholder perceptions of mental health stigma and poverty in. *BMC Int Health Hum Rights.* 2009;9:1–9. doi: 10.1186/1472-698X-9-5. [PMC free article] [PubMed] [Cross Ref]
9. Shankar J, Muthuswamy SS. Support Needs of Family Caregivers of of People Who Experience Mental Illness and the Role of Mental Health services. *FamSoc J ContempSoc Serv.* 2007;88(2):302–310.
10. Hasui C, Sakamoto S, Sugiura T, Miyata R, Fujii Y. Burden on Family Members of the Mentally Ill : A Naturalistic Study in Japan. *Compr Psychiatry.* 2002;43(3):219–222. doi: 10.1053/comp.2002.32360. [PubMed] [Cross Ref]
11. Larson JE, Corrigan P. The Stigma of Families with Mental Illness. *Acad Psychiatry.* 2008;32:87–91. doi: 10.1176/appi.ap.32.2.87. [PubMed] [Cross Ref]
12. Bøen H, Dalgard OS, Bjertness E. The importance of social support in the associations between psychological distress and somatic health problems and socio-economic factors among older adults living at home : a cross sectional study. *BMC Geriatr.* 2012;12(1):1. doi: 10.1186/1471-2318-12-1. [PMC free article] [PubMed] [Cross Ref]
13. Edwards B, Higgins DJ, Gray M, Zmijewski N, Kingston M. *The Nature and Impact Caring for Family Members with a disability in Australia.* Melbourne, Victoria: Australian Institute of Family Studies; 2008.
14. 13. AtagMI, Balaban, AtagElagM, zpolatAY Caring load in chronic diseases. *Current Approaches to Psychiatry* 2011; 3: 513-552.
15. BademliK, Duman, Caregivers of Schizophrenia Patients. *PsikiyatrideGuncelYaklasimlar-Current Approaches in Psychiatry* 2013; 5: 461-478.
16. Ranjan LK, Kiran M Stress, anxiety and depression among caregivers of individual with psychiatric disorders. *International Research Journal of Multidisciplinary Studies* 2016; 2: 2.
17. Kudlicka A, Clare L, Hindle JV Quality of life, health status and caregiver burden in Parkinson's disease: relationship to executive functioning. *International Journal of Geriatric Psychiatry* 2014; 29: 68-76.
18. Wong DFK Stress factors and mental health of carers with relatives suffering from schizophrenia in Hong Kong: Implications for Culturally Sensitive Practices. *Br J Soc Work* 2000; 30: 365-382.

19. Barrowclough C, TARRIER N The family questionnaire (FQ): A scale for measuring symptom appraisal in relatives of schizophrenic patients. *Acta Psychiatrica Scand* 2003; 108:290-296.
  20. Beach, S. R., Schulz, R., Williamson, G. M., Miller, L. S., Weiner, M. F. and Lance, C. E., Risk Factors for Potentially Harmful Informal Caregiver Behavior. *Journal of the American Geriatrics Society*, 2005; 53: 255–261.
  21. Berry, J. W., Elliott, T., Grant, J., Edwards, G., & Fine, P. R.. Does problem solving training for family caregivers benefit care recipients with severe disabilities? A latent growth model of the Project CLUES randomized clinical trial. *Rehabilitation Psychology*, 2012; 57: 98-112.
  22. Elliott, T.R. & Pezent. Family caregivers of older persons in rehabilitation. *Neuro-Rehabilitation*, 2008; 23: 439–446.
  23. Institute on Medicine (2008). *Retooling for an Aging America: Building the Health Care Workforce*. Retrieved Nov. 2, 2010, from <http://www.iom.edu/agingamerica>.
  24. Institute on Medicine. *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands*. Retrieved from <http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx>, 2012
  25. Williamson, G. M., Shaffer, D. R., & the Family Relations in Late Life Project, Relationship quality and potentially harmful behaviors by spousal by spousal caregivers: How we were then, how we are now. *Psychology and Aging*, 2001; 16: 217–226
  26. U.S. Department of Health and Human Services (2010). *Healthy People 2010*. Retrieved Nov. 2, 2010, from <http://www.healthypeople.gov/2010>
  27. Stuart, G.W. Community based psychiatric nursing care. In G.W. Stuart and M.T. Laria (Ets.) *principles and practices of psychiatric Nursing*. St. Louis: Elsevier Mosby, 2005;710-727
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