EXPLORATION OF PSYCHOLOGICAL DISTRESS AMONG CAREGIVERS IN AYURVEDIC TREATMENT SETTING

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Introduction

Caring for a patient with Psychiatric illness affects the family caregiver's quality of life. The burden experienced by caregivers of patients psychiatric illness has been associated with increased caregiver depression, anxiety and mental health service use. As caregiver burden is also associated with poor patient treatment outcome, these findings may indicate a source of distress not only for caregivers, but also for patients. The aim of the present work is to explore the psychological distress as well as smoking among caregiver of psychiatric inpatient at Ayurvedic centre. . The specific objective were:

•To examine quality of life of the caregivers

•To examine nicotine dependence among caregiver

•To explore relationship between quality of life and nicotine dependence among caregivers.

Materials and methods

Pl describe the type of profile of patient you get at Ayrurvedic center and the type of servise provided.This is a cross sectional normative study of 40 caregivers of psychiatric inpatient at Ayurvedic centre, NIMHANS. Ther reason for consultation were ….. With inclusion criteria of nicotine use ,willingness to participate and familiarity with English & regional language. Participants were excluded if they had history of neurological/neurosurgical/psychiatric illness.9are we including psychiatric group

All participants received GHQ-5,whqool and Fagerstrom test of nicotine dependence. (Describe GHO5 by shyamsunder,whqool (who quality of life and FTNF take from net)

Results and Discussion

Total 40 participants between the age-range of 30 to 64 years completed the assessment. Mean age of the participants was 43 years (SD=9.00). On an average, they had completed 12 years of formal schooling (Mean=11.75; SD=5.60). Majority of the participants were male from urban setting (n=30). Results indicated that reported poorer quality of life. Further they scored higher on Fagerstrom test of nicotine dependence.

In our study we found that scores on GHQ-5 were positively associated with scores on Fagerstrom test of nicotine dependence (r=0.89; p=0.01). In another words low quality of life was positively associated with higher use of nicotine and this association was found to be significant (p=0.01). Results indicate the high use of smoking on Fagerstrom test of nicotine use as well as presence of psychological distress. The relationship has also been seen between psychological distress and use of smoking as coping behaviours to overcome the distress. It has implications for assessment of psychological variables among caregivers and development of module for promotion of positive mental health among caregivers.

References

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for introduction:Carers play a vital role in supporting family members who are sick, infirm or disabled. *Singleton* ***2002) There is no doubt that the families of those with mental disorders are affected by the condition of their near ones. Families not only provide practical help and personal care but also give emotional support to their relative with a mental disorder. Therefore the affected person is dependent on the carer, and their well-being is directly related to the nature and quality of the care provided by the carer. These demands can bring significant levels of stress for the carer and can affect their overall quality of life including work, socializing and relationships. Research into the impact of care-giving shows that one-third to one-half of carers suffer significant psychological distress and experience higher rates of mental ill health than the general population. Being a carer can raise difficult personal issues about duty, responsibility, adequacy and guilt.***

for discussion:Caregiver health has also been identified as a significant predictor of caregiver depression.

- *Poorer physical health among caregivers than age-matched peers. Such health problems are linked to an increased risk of depression.*
- *Longitudinal studies demonstrated that caregivers are at a greater risk, than non-care-giving age-matched controls, for developing mild hypertension and have an increased tendency to develop a serious illness as well as increased risk for all-cause mortality.(schulz 1995)*

conclusions:The impact of caring for someone with mental illness brings the risks of mental ill health to the carer in the form of emotional stress, depressive symptoms, or clinical depression. Most individuals with mental disorders live in their own homes and are cared for by a family member. The caring process can be very taxing and exhausting, especially if the care recipient has a severe mental disorder. Providing such long-term care can be a source of significant stress. The behavioural problems associated with mental disorders further increase the stress levels of the carer and therefore impacts significantly on their mental health.

Carers face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. This leads to negative effects on the quality of life of the carer and the standard of care delivered. Efforts to identify and treat caregiver psychological distress will need to be multidisciplinary, require consideration of the cultural context of the patient and caregiver, and focus on multiple risk factors simultaneously.