



Abstract: *This research study aimed to describe the socio-economic problems faced by families of mentally ill patients due to mentally ill member. Case study research design was used to collect and analyze data by using different tools and techniques. 12 case studies were taken from neurology ward of Nishter hospital Multan through purposive sampling. It was found that the families of mentally ill persons considered the causes of mental illness as psychological problems and some of them also considered it as supernatural phenomenon. They firstly relied on Pir baba and other faith healers for mentally ill patients' treatment and then came to hospital after the failure of faith healing in this way they had to face a lot of economic expenses. Because of mental illness the families of mentally ill patients faced social (isolation, stigmatization, time wasting, marriage problem etc.) and economic problems (loss of job, loss of income etc.).*

Key Words: Mental Illness, Social Problems, Economic Problems, Families, Family Income, Social Isolation, Treatment Expenses

Introduction

With the care of mentally ill patients, their families had to bear social and economic problems. The families could not attend any event and they were not able to arrange any gathering because of their patients. Some patients whose mental condition was serious like patient of schizophrenia can harm themselves, because of this their families could not go outside and had to stay with patient. They felt ashamed due to misbehavior of patient with guests. People rebuked them and named them with harsh words which was hurt touching for their families. They had no enough resources for the treatment of their patients. There people came from different places, they had paid fear and bought medicines. They had to live in hospital with patients, in this way their jobs disturbed. They had taken loan for the treatment of the patient. In fact family plays a very important and vital role in recovering the patient of mentally ill. The impacts of socio-economic status are critical determinants for the mentally ill patients' families. This research study focused on the socio-economic problems that families faced because of their mentally ill family member.

Review of Literature

[Mfoafo-M'Carthy and Grischow \[2020\]](#) looked into the socio-economic impact of mental illness on individuals and carers in Ghana, where poverty, stigma, and prejudice are all too common. Because carers have not been thoroughly examined in Ghana or Africa, while suffering similar issues such as financial pressures and stigma, incorporating caregivers fills a critical research vacuum.

According to [Akbari et al. \[2018\]](#), family caregivers of patients with mental illnesses play the most significant role in psychiatric patient care and reducing readmission. According to the studies, the most significant issues experienced by caregivers include not satisfying their needs, fatigue and a high burden of care, high social stigma, limited social support for caregivers, and low caregiver quality of life.

[Ssebunnya et al. \[2009\]](#) entailed that the family members who care for relatives with mental illness report feeling stigmatized as a result of their association with the mentally ill patient. Family helps greatly for upholding a positive attitude. Family positive attitude progress the patient's quality of life and improvement in health and then patient overcame on his disease. Family support play major role in improvement of patient. Family developed

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courage and capacity and power to fight this dangerous disease because patient of mentally ill was being hopeless. When patient's family realized him that they all of them were with him in every condition and in every moment then patient wanted to fight to this dangerous disease and wanted to overcome on his disease. Family play very important and vital role in recovering the patient of mentally ill.

[Caqueo-urn \(2006\)](#) has demystified that the mental illness of one of the member of family burdened and affects family equally in social and psychological dimensions. Due to patient the family faced many problems. Family engaged with patient and his care. Family members could not participate in routine life activities and could not attend parties, ceremonies and many more activities which were very important for a person in their social circle.

[Ann Hackman, and Lisa Dixon \(2008\)](#) have revealed that the families of schizophrenia patients are confronting great challenges. The family burden as a main concept of study reflects the influence of mental distorted members on families. This family burden is a result of dealing and handling with day to day objective problems associated with mentally ill family members like distorted income, disrupted household routines etc. The subjective burdens on family are reflected through their emotion and psychological responses in the form of stresses, grief, aggressiveness and worries. Families of such type of mentally sick patients have to tackle with the daily base abnormal behavior of patient, his impaired activities, and fulfilling his resource demands.

[Edwards et al. \(2008\)](#) stated that the significant functioning system of family gets highly disrupted while handling and managing the mentally disordered members of a family. Especially parents have to bear a lot of burden while running the whole family system and along with it managing and handling their mentally disordered descendants. Like parents have to cater their daily routine activities, handling income generating resources as well as caretaking of the descendant who is undergoing through mental illness. This directly reflects that how much burdened the parents are who have such mentally disorder descendants. A study in Australia based on Quantitative research approach demonstrated the inverse relationship between the level of burden on the caretaker of mentally sick member of family and the level of functioning of family system. This exposed the fact that higher level of caretaking of such type of patients in family can lead to lower level of functioning of family systems. Also, this lower level of functioning results depression, anxiety, and poor health in a family.

[Fadden et al. \(1987\)](#) investigated the impact of serious mental illness on the patient's family members. Caring for a patient at home comes with a lot of responsibilities. They frequently interfere with the caring relative's social and recreational interests, as well as causing financial difficulties. [Magliano, et al. \(1998\)](#) researched on the concept of burden on families and their adapting strategies living in Five European countries. He had taken a sample of 236 relatives of schizophrenia patients and get them evaluated through well designed and validated instruments. In all of the selected central locales within the five European countries, it was evaluated that there is higher level of burden on the patient's families when they have depleted resources and lessen social connectivity. The relatives of Mediterranean centers addressed on their coping strategies to family burden resulted from schizophrenia patients. They revealed that they are relying on spiritual assistance as they are deprived of social support. These findings show that cultural factors might influence family stress and coping mechanisms, and that family therapies should include a social component, seeking to expand the family's social network and eliminate stigma.

[Saunders \(1999\)](#) elaborated on the family psychological distress and found that it was a significant predictor to examine the system of family functioning. Families have revealed that they are very disturbed and distressed due to handling positive and negative symptoms of schizophrenia patients. These distresses are expressed in the form of anxiety, depression, paranoid ideation and interpersonal sensitivity. Financial resources of families linked with mentally distorted patients have been influenced negatively. As the financial resources are majorly consumed on the treatments of the mentally ill family members. Financial resources are also get influenced in transportation of patients to the hospitals.

[Rose \(1996\)](#) demystified that mental illness has some significant relation with level of burden on family caregivers. Since 1950s, Medical fields are working on identifying the extent of the burden on family members especially on the families who have schizophrenia patients. But there are still significant gaps in systematic research for portraying the real extents of burden that the families are bearing by holding the responsibilities of caretaker for their mentally sick family members. The extensively changing health care departments suggests that there should be reexamination of families and their response to mental illness to bring forward new insights and profound knowledge in this field. The current research study aims to examine all the

previously conducted relevant researches to identify and demonstrate the gaps in knowledge about this topic of research. Researcher argues that there is a need to seek attention of research departments or institutes to examine the relation of level of burden on families and the level of caretaking of mentally disordered family members.

Materials and Methods

This research study used case study research design in qualitative approach to collect and analyze the data. There were some tools of data collection, which were used during research.

Researchers selected neurology ward of Nishtar Hospital Multan to locate the families of mentally ill families. Neurology ward number was 21 in the Nishtar hospital. Because in that ward people suffering from mental illness were found. Researcher selected this locale because it covered corners of many rural areas. Researcher could observe many cases of mental illness in families and their socio-economic problems. The patients were

provided with proper health care to reduce depression and schizophrenia. Only one ECT machine was available in the ward for the patients getting serious condition. Proper medication was given to the patients on time so they would be able to recover soon. They were provided with peaceful environment for mental relaxation. The available doctors in the ward were Dr. Iqbal, Dr. Arshad, Dr. Feroz, Dr. NaeemLaghari, Capt. Tahir, Dr. Fozia and Dr. Tahira.

In the neurology ward of Nishtar Hospital Multan, a sample of 12 Respondents was selected through purposive sampling. Researchers used this case study method to get in depth information of respondents that were carers of mentally ill members. Interview guide used a tool to get case study of respondents. This made the respondents able to describe much more realities and enabled the researcher to better understand the actions of participants. Researcher conducted 12 case studies. Pseudonyms were used for respondents and patients to analyze the case studies.

Results

Table 1. Comparative Analysis of Case Studies

S.NO	Monthly income	Education level	Age in year	Relationship with patient	Disease of patient	Problems
Case 1	10,000	Uneducated	39	Maternal uncle	depression	Financial problems and his family had to do work
Case 2	15,000	Uneducated	37	Mother	Hysteria	Her siblings screamed out after seeing her condition
Case 3	25,000	Matric	47	Husband	Stress response syndromes (formerly called adjustment disorders)	Sometimes she got out of control
Case 4	30,000	B.A	37	Father	Illusion and Hallucination	Financial problems required huge amount of loan
Case 5	10,000	Under F.A	62	Father	Post-traumatic stress disorder	In front of strangers it's difficult to control him
Case 6	35,000	B.A	43	Father	Personality disorders	Convince problems
Case 7	18,000	Primary	45	Father	Dissociative disorder	Cannot afford treatment cost.
Case 8	7,000	Uneducated	33	Brother in law	Schizophrenia	His family is afraid of him because he can harm himself
Case 9	20,000	Uneducated	67	Mother	Alzheimer's disease	Financial problems
Case 10	30,000	F.A	50	Father	Depersonalization Disorder	Could not bear the shock
Case 11	20,000	Primary	55	Father	Depression	The main problem was delay in marriage
Case 12	45,000	F.A	58	Father	Generalization anxiety disorder	She was expelled out from her husband's house

In this table researcher shows different type of problems which patients and patient's family face in our society and in the department of mental illness. They face different type of problems, within the family and the family is bitterly affected because of this disease. In the treatment patient's families have to face the financial problems as its process is prolonged. Therefore most people can't afford the treatment of this disease privately. So, economic and financial problems are seen in all type of cases. Besides this researcher saw other problems in mentally ill patient's life is social problem. The whole family is badly affected because of this. According to researcher's observation most cases are about disturbed youngster's life who are mentally ill. They are fully supported by their families. They are neither left alone nor admitted to mental hospitals. If their families have to take loan they do it for their children. They came to hospital with them and lived there when the patients are admitted. They faced all type of problems with courage and took care of them. On the other hand it's also seen that married life too was affected due to this disease. If male is affected by this disease he can't go for his work. Then whole family is disturbed. In all cases only patients are not affected by this disease but all family including wife, husband and children. Due to those crises patients and their families were disturbed emotionally as well as psychologically. Social network and social gatherings of mentally ill patients and their families have been finished. Their families are bounded with them so that they can be cured.

A. H. was mentally ill patient. He came with his maternal uncle Case 1. A. H. took the stress of his father's death and became the patient of depression. His treatment was continued in Nishter hospital. His family was worried because of his behavior and his mother and sisters started to work. Respondent told that

"I am his maternal uncle. His father has died and from that day he is on bed, he talk to himself and then laugh. He is the only one son, we cannot help him financially so his mother and sister had to work for his treatment."

R. B. was the patient of hysteria. She came to hospital with her mother. She suffered from the mental disease when she saw something according to her that was a spirit with a gown and long black untied hair. Firstly, she was taken to peer baba and then hospital. Her family was worried because of her this condition. Respondent told that

"My daughter saw witch so that's why we went to the spiritual healer. He took 10,000 rupees from us. Now, I don't know from where to arrange money now."

Case 3 brought his wife Ru. to Nishter hospital for her treatment. Who became mentally ill patient after the death of her son. When she came to know this news then she could not bear and went into comma. She was admitted to hospital. That's the trial for her family.

H. S. was the patient of illusion and hallucination. Case 4 who was the father of H.S. took her to Molvisb then Nishter hospital. One day when she was preparing her test then she saw someone and heard whispering then got frightened. To see her serious condition her siblings got feared. Because of her, her family had shifted to another home and faced a lot financial problem.

Case 5 brought his son S. S. to Nishter hospital. Who suffered from Post-traumatic stress disorder. One day he got late because of overload of work on the way to home. Robbers demanded money, but his friend refused and was murdered by them. To see that disaster, he took stress. Patient's family had to suffer from both social and economic problems. Respondent told that

"Ay hi sadda sahara hai, hunrh sade kul roti khawarh kite paisay keri"

[He was the only supporter and breadwinner for us, now we don't have money even for food].

M. H. came to Nishter hospital with his father Case 6. M.H. was hard working student but could not pass entry test and got disappointed. This disappointment lead him to mental illness. He left all social activities then his father consulted the doctor. When he misbehaved with guest then his family felt insult. Besides this his family suffered economic problems.

M. Sa. was suffering from the dissociative disorder. He was brought to Nishter hospital by his father Case 7. M. Sa. was spending healthy life with his family. Once he was kicked out by his friend from third floor. Then he got injured and lost his memory and he could not recognize the people. His family was worried about him because father had low income and cannot afford treatment cost.

Case 8 took M. B. to Nishter hospital for his treatment who was brother in law of his. As M. B. was patient of schizophrenia. He was happy with his marriage but his wife did not want to live with him and asked for divorce. This hurt him a lot and he quarreled with people for no reason. He was taken to Molvisb then to hospital. His family members have to live all the time with him so that he could not harm himself. In this way family members had to waste their time with M. B.

M. A. was mentally ill patient. He came to Nishter hospital with his mother Case 9. When he

was three years old then he fell down from stairs. His bruise started to affect him, when he was young. Then his behavior started to change and he abused others. Because of his mental illness his family had also to suffer both social and economic problems.

Al. was suffering from depersonalization disorder. He was brought to Nishter hospital by his father Case 10. Al. could not accept the detachment of his wife. His children cried for their mother. He left eat and did not talk to anyone. Then his parents decided to take him to hospital. His parents suffered from economic problems.

Naj. was 29 years old. She was the patient of depression and came to Nishter hospital with her father Case 11. Due to demand of dowry, she could not get married. While her friends got married. Whenever some visited their home and asked question about her marriage, she could not bear and went into depression. Her family was worried because of behavior and economic problems. Responded told that

“Dowry had ruined my daughter’s life, whenever songs play she started to act as mad. I don’t have money for dowry, who can understand.”

Case 12 brought San. to Nishter hospital, who was his father. She was the patient of generalization anxiety disorder. San. was mentally tortured by her husband and in laws. She was beaten badly because she had no son. Then she was kicked out by them and came to her parents’ home. Her family became hurt because of her such condition. And they bear her expenses.

Conclusion

Caregivers of patients with mental illness have high rates of mental health difficulties, family burden and impaired quality of life. It assesses as burden in various categories which include financial burden, disruption of various family activities, disruption of family leisure, disruption of family interaction, effect on physical health of others and effect on mental health of others. There is extensive social and economic influence on the family members who are adopting the role of caretakers of mentally disordered patients in a family. The family have to

face patient’s behavior, patient’s impairment in activities of daily living and resource demands and disruptions in caregiver routine. Most people are very poor except some families are belonging to middle class. But when crisis started in these families then relatives and friends do not help and leave them alone. The lower families can’t afford all the expenses of their patients. So, they have to take loan or they are indebted harshly. But they have to do all this because of their loved ones. The families of mentally ill patients visit *Molvisb* and *Peer baba* for exorcised. Besides this they have to go hospital for the checkup of the patient. Sometimes, they have to live with patient when he/she is admitted in hospital. The family pays the fare and bears the charges of medicine. Their income is short and expenses are higher. It’s too difficult for a man to live in limited income.

When family has to go hospital or to live with the patient in the hospital, then he can’t go for work. In this way both work and other family members are ignored. Due to the trouble, which family faces become irritable with others. Because of lack of income children have to leave school. Some children have to work so that they can help their parents. The family members who care for relatives with mental illness report feeling stigmatized as a result of their association with the mentally ill patient. Burden can also result from stigmatizing attitudes of society towards psychiatric patients and their families. The families of mentally ill patients can’t go in other functions because of the behavior of patient. Whenever guests come at their home the mentally ill patients misbehave with them. In the streets, the children call him with different names and then he harms them. Then the parents of children come with the complaint and use harsh words for mentally ill patients. All of these things make them feel ashamed but they have to bear. It is critical for mental health experts to understand the requirements of family caregivers, as well as the difficulties they endure, and to implement appropriate interventions to alleviate the burden and assist in the development of healthy methods.

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