

A Study on the Role of Caregivers in the Welfare of Persons with Mental Illness in Krishnancoil

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ABSTRACT

Mental illness has a profound impact not only on individuals but also on the family members who take on caregiving responsibilities. This study explores the role of caregivers in supporting the welfare of persons with mental illness in Krishnancoil. It aims to analyse the nature of care provided, the difficulties encountered by caregivers, and their influence on the recovery and day-to-day functioning of affected individuals. A descriptive research design was adopted for the study. Data were gathered from caregivers through interviews and structured questionnaires, along with relevant secondary sources. The findings indicate that caregivers are central to the well-being of persons with mental illness, as they provide emotional care, supervise treatment, assist in routine activities, and help maintain social relationships. At the same time, caregivers face multiple challenges such as psychological stress, social stigma, financial difficulties, and limited access to professional support services. The study highlights the importance of strengthening caregiver support through social work interventions, including counseling services, awareness programmes, and community-based mental health initiatives. It stresses the need for policies that recognise caregivers as key partners in mental health care. Enhancing their capacity and well-being can significantly improve the overall quality of life of persons with mental illness and promote effective community rehabilitation.

Keywords: Caregiving, Mental Illness, Welfare, Family Support, Stress, Stigma, Rehabilitation, Community Mental Health, Social Work.

Introduction

Mental illness is increasingly recognised as a major public health and social issue affecting individuals across all sections of society. Beyond clinical symptoms, it impacts everyday functioning, family relationships, employment, and social participation. From a social work perspective, mental illness is understood as a bio-psycho-social condition, influenced by both individual and environmental factors such as poverty, social exclusion, and family dynamics. In India, mental health services are limited, particularly in semi-urban and rural areas. As a result, families play a central role in caregiving. Caregivers provide continuous support in treatment, daily living, and social protection. Despite their importance, their contributions often remain unrecognised.

This study focuses on understanding the role of caregivers in ensuring the welfare of persons with mental illness in Krishnancoil.

Objectives

- To understand the role of caregivers in the welfare of persons with mental illness
- To examine the challenges faced by caregivers
- To analyse the impact of socio-economic conditions on caregiving
- To study the influence of stigma on caregiving and welfare

Methodology

The present study adopts a descriptive research design to examine the role of caregivers in ensuring the welfare of persons with mental illness in Krishnancoil, Kanyakumari District. The universe of the study comprises caregivers of persons diagnosed with mental illness residing in the selected study area. Krishnancoil was chosen as the study setting due to its semi-urban social structure and the limited availability of community-based mental health services, which increases the dependence on family caregivers.

A total of 50 caregivers were selected as respondents for the study using a purposive sampling technique, ensuring that participants met the objectives of the research. Prior to the main data collection, a pilot study was conducted with 5 caregivers to test the clarity, relevance, and reliability of the interview schedule. Based on the pilot study findings, necessary modifications were made to improve the tool.

Data for the study were collected using a structured interview schedule developed by the researcher. The tool included questions related to socio-demographic characteristics, nature of caregiving, welfare practices, and challenges faced by caregivers. Primary data were collected through direct face-to-face interviews with the respondents, while secondary data were gathered from books, journals, research articles, government reports, and other relevant sources related to mental health and caregiving.

The collected data were coded and analysed using the Statistical Package for the Social Sciences (SPSS). Simple statistical techniques such as frequency and percentage were used to interpret the data. Tables and charts were utilised to present the findings in a clear and systematic manner.

Analysis and Interpretation

Table 1 Distribution of Age

Age group	Frequency	Percent
11-20	6	12.0

21-30	15	30.0
31-40	10	20.0
41-50	12	24.0
51-60	7	14.0
Total	50	100.0

The table shows that the highest number of respondents (30%) belong to the 21–30 years age group, while the lowest (12%) are in the 11–20 years age group. Other respondents are distributed across different age groups.

Table 2 Occupational Distribution of Respondents

Occupation	Frequency	Percent
Coolie / Labour	8	16.0
Home maker	6	12.0
Private Employee	6	12.0
Others	20	40.0
Total	50	100.0

The table shows that coolie/labour work (16%) is the most common occupation among respondents. Homemakers and private employees each account for 12%. A large proportion (40%) fall under other or unspecified occupations, indicating varied employment backgrounds.

Table 3: Years of Caregiving Experience

Years of experience	Frequency	Percent
No experience	8	16.0
1 year	6	12.0
2 – 5 years	12	24.0
6 – 10 years	10	20.0
11 – 15 years	7	14.0
15 years and above	7	14.0
Total	50	100.0

The table shows that caregiving experience varies among respondents. While some have no or very little experience, a considerable number have been providing care for several years, including long-term caregiving of more than 15 years, indicating sustained responsibility among caregivers.

Table 4: Living Arrangement of Caregivers

Living arrangements	Frequency	Percent
Living in same house	40	80.0
Living in separately	10	20.0
Total	50	100.0

The table shows that the majority of caregivers (80%) live in the same house as the person with mental illness, indicating close involvement in daily care. Only a small proportion (20%) live separately.

Table 5: Age Distribution of Persons with Mental Illness

Age group	Frequency	Percent
11-20	6	12.0
21-30	15	30.0
31-40	10	20.0
41-50	12	24.0
51-60	7	14.0
Total	50	100.0

The table shows that the highest proportion of persons with mental illness (30%) belong to the 21–30 years age group. However, mental illness is seen across all age groups, indicating its wide impact.

Table 6: Type of Mental Illness of the Respondents

Type of mental illness	Frequency	Percent
Schizophrenia	9	18.0
Bipolar Disorder	7	14.0
Anxiety Disorder	6	12.0
Alcohol use disorder	5	10.0
Drug addiction	4	8.0
Hallucination /psychotic symptoms	2	4.0
Behavioral disorder	4	8.0
Postpartum	3	6.9
Intellectual disability	2	4.0
Depression	8	16.0

Total	50	100.0
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The table shows that schizophrenia (18%) is the most common mental illness among the respondents. Depression (16%) and bipolar disorder (14%) are also significant. Other conditions such as anxiety disorder, alcohol use disorder, drug addiction, postpartum mental illness, behavioural disorder, hallucinations, and intellectual disability are reported in smaller proportions.

Suggestion

- **Mental Health Awareness Programs** Awareness programs should be conducted, especially in rural areas, to reduce stigma and increase understanding about mental illness.
- **Caregiver Training Programs** Training should be provided to caregivers to improve their skills in managing patients, medication, and behavioural issues.
- **Counseling Services for Caregivers** Regular counseling support should be given to caregivers to reduce stress, anxiety, and emotional burden.
- **Financial Assistance from Government** The government should increase financial support, including free medicines and treatment facilities for persons with mental illness.
- **Development of Rehabilitation Services** More rehabilitation centers and programs should be established to support recovery and social reintegration.
- **Improvement in Medical Facilities** Better mental health services, especially in rural and semi-urban areas, should be provided with trained professionals.

Conclusion

This study brings to light the often unseen yet indispensable role of caregivers in the lives of persons with mental illness. Beyond medical treatment, it is the everyday care, emotional strength, and continuous support provided by caregivers that sustain the recovery process. In many ways, they function as silent pillars of the mental health system. At the same time, this responsibility comes with considerable personal cost. Caregivers face emotional strain, financial challenges, and social stigma, often without adequate recognition or support. Their struggles highlight the gap between formal mental health services and the realities of community-based care. In conclusion, strengthening mental health care requires not only focusing on patients but also supporting caregivers through awareness, counselling, and accessible welfare services. Recognising and empowering caregivers is essential for building a more inclusive and compassionate mental health system.

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