



Assess the Psychosocial Problem Faced by the Primary Caregivers of Mentally Challenged Children

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Study Protocol

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ABSTRACT

Background: It is estimated that up to 20% of children worldwide suffer from debilitating mental illness. Learning disabilities, ADHD, depression, psychosis, pervasive developmental disorders, attachment disorders, anxiety, and conduct disorder are all serious mental illnesses. Living with such children can be extremely stressful for the family's caregiver. Recognizing the difficulties of living with these children is critical in assisting or supporting caregivers in providing appropriate care for their children. For family members, the onset and long-term presence of mental illness can be a stressful event or a crisis. Interactions with mental health professionals have been found to have an impact on these families' transition from crisis to recovery. Families who meet with a mental health professional regularly have a better chance of recovering from the crisis and dealing with the situation.

Objectives: Assess the psychosocial problem faced by the primary caregivers of mentally challenged children.

Materials and Methods: Descriptive research study was to assess psychosocial problems faced by primary caregiver's children who are mentally challenged. Selected parents who are mentally challenged children of community area. In this study total number of 50 samples to fulfill the inclusion criteria were selected. Likert scale was developed to assess psychosocial problems.

Expected Result: This study is a plan to assess the psychosocial problem faced by primary care children who are mentally challenged. Hence it is expected to identify the psychosocial problem of parents with mentally challenged children.

Keywords: Mentally challenged children; psychosocial problem.

1. INTRODUCTION

In the twentieth century, child psychiatry was a relatively new field, and as the therapeutic value of nurses' interactions with children became clear, child psychiatry nursing evolved.

In 1954, the first graduate program in child psychiatry nursing was founded. The professional organization for this nursing specialty, Advocate for Child Psychiatric Nursing (ACPN), was founded in 1971. In 1979, the American Nurses Association (ANA) certified the first child psychiatric nurses. In 1985, the American Nurses Association published the standard of practice for Psychiatric and mental health nursing for children and adolescents.

Among the treatment modalities used by child psychiatric nurses are pharmacological agents, milieu therapy, behavior modification, cognitive behavior therapy, therapeutic play, group and family therapy.

In the following ways, child psychiatric nursing differs from adult psychiatric nursing:

Children rarely initiate a consultation with a clinician. Adults, usually, parents, bring them instead because they believe their behavior or development is abnormal in some way.

Whether a child's behavior is normal or abnormal is determined by his or her developmental stage. Bedwetting, for example, is normal when a child is three years old but abnormal when he or she is seven. As a result, the child's developmental stage and the duration of the disorder should be given more consideration.

Because children are unable to express themselves verbally, parents, teachers, and others are relied upon to provide evidence of disturbance.

Medication and other forms of individual treatment are used less frequently in the treatment of children. The main focus is on reassurance and retraining children, as well as changing parents' attitudes. The main focus is on

reassurance and retraining children, as well as changing parents' attitudes.

To comprehend behavioral and psychosocial problems in children, it is critical to understand normal patterns of child development. Although no two children are alike, all normal children's mental and physical development share some commonalities. In this modern world, where people have more knowledge, higher education, awareness of medical complications, and other technological advancements, society's attitude toward mentally challenged people has shifted in a positive direction. People have become more understanding and considerate of others.

Special and near-special care for special children is provided by a variety of organizations, private institutions, and government initiatives. Significant shifts in attitudes have recently occurred, and several institutions and special schools for the retarded have recently opened.

The first organized program for mentally ill people was established in 1837 by a French Psychiatrist named Seguin. The first school for such children was founded in Massachusetts in 1848, followed by another in New York and then Pennsylvania, as well as the first professional organization, the American Association for the Education of Special Children. The American Association for the Education of Special Children. The American Association on Mental Deficit Disorder Medical Officers of Institutions founded the (now known as the American Association on Mental Illness) in 1876 (Girishabala Mohanty 2002) In 1941, Mumbai became home to India's first institution for mentally challenged people. Mangalore, Karnataka, has reached a significant turning point in its development. The Apostolic Carmel sisters founded St. Agnes Special School in 1970, and it has grown into a massive tree that 300 special children are housed here, bringing glory to the city of South India.

They've been working to improve the lives of special children and their families who are suffering as a result of the stigma associated with having a special needs child. There is now a

slew of schools devoted solely to the care of mentally ill children. Thousands of organizations assist people with developmental disabilities all over the world.

State-run for-profit and non-profit privately run agencies are among them. Departments within a single agency may include fully staffed residential homes, day rehabilitation programs similar to schools, workshops where people with disabilities can find work, and other services, and programs that help people with developmental disabilities find jobs in the community. Examples include People with developmental disabilities who live in their apartments can benefit from programs that help them raise their children. Parents of children with developmental disabilities have access to a variety of agencies and programs.

Behavior disorders are especially important for children with mental retardation. In addition to the objective distress, they cause subjective distress to the individual. They restrict one's ability to engage in a variety of activities. According to Holmes, people with mental disabilities who have behavior problems Those who do not have less freedom of movement, less training in domestic, social, and self-help skills, fewer leisure activities at home, and fewer friends. The studies looked at the prevalence of psychiatric and behavioral disorders in mentally retarded children [1].

1.1 Background of Study

Up to 20% of children worldwide are thought to suffer from debilitating mental illness. All of these serious mental illnesses include learning disorders, hyperkinetic disorders (ADHD), depression, psychosis, pervasive developmental disorders, attachment disorders, anxiety disorders, conduct disorders, substance abuse, and eating disorders. For the family's caregiver, living with such children can be extremely stressful. As a result, recognizing the difficulties of living with these children is critical in assisting or supporting caregivers in providing appropriate care for their children.

For family members, the onset of mental illness and its long-term presence can be a stressful event or a crisis. The impact of interactions with mental health professionals on these families' transition from crisis to recovery has been discovered. Families who meet with a mental health professional regularly have a better chance of recovering from the crisis and dealing

with the situation for children and adolescents suffering from mental illnesses, for meeting their mental health needs, home-based treatment programs appear to be effective and long-term strategy. In countries where infectious diseases have overburdened the health system and psychiatric inpatient care is scarce, these programs would be cost-effective.

1.2 Need of the Study

A group of problems includes the psychosocial problem that primary care providers of mentally challenged children face.

A study looked at the epidemiological characteristics of mental retardation and looked for risk factors. It's a congenital problem. It is more prevalent in children.

Mental retardation is a psychosocial issue that is seen in nearly every pediatric clinical setting. A pediatrician's assessment of a child with mental retardation is a common diagnostic and treatment procedure. Mental retardation research is currently in flux, not only in terms of our understanding of the condition but also in terms of language and process.

This article will help readers gain a better understanding of mentally ill children and how to approach them rationally. In the past, epidemiological research, biopsychological factors, cognitive functioning and personality, ecological factor causation, and malnutrition have all been heavily emphasized in the study of mental retardation 1988 (Sen).

In our country, there are very few studies on stress and coping in the field of handicaps in general, and mental handicaps in particular.

2. METHODOLOGY

The study is based on the descriptive research design. A probability sampling technique was used 50 sampling of parents of mentally challenged children were selected in community areas.

2.1 Inclusion Criteria

The study includes:

1. Primary caregivers both male and female.
2. Those who are willing to participate in the study

2.2 Exclusion Criteria

The study excludes:

Primary caregivers are suffering from any psychiatric disorder

2.3 Randomization

The convenient sampling approach for this investigation.

2.4 Intervention

Assess the psychosocial problems faced by the primary caregivers of mentally challenged children. Under the guidance of the associated professor of community health nursing.

2.5 Statistical Analysis

Statistical analysis was done by Non-Experimental descriptive research design with the help of the SPSS software.

2.6 Expected Outcomes / Result

The study is planned to assess the psychosocial problem faced by mentally challenged children. Hence it is expected to identify the primary caregivers facing psychosocial problems about mentally challenged children.

3. RESULTS AND DISCUSSION

The goal of this research was to see what kind of psychosocial impact primary caregivers have on mentally challenged children.

A descriptive study was used to collect data from 50 primary care providers who faced psychosocial problems using a questionnaire. The research was carried out in the Wardha and pavnar areas, and the data we reanalyzed using descriptive statistics and presented in the form of tables, diagrams, and graphs.

According to a thorough review of the literature, the majority of studies found that education has a significant impact on the assessment of psychosocial problems faced by primary caregivers of mentally challenged children. The study is also of modest effort to increase the assess psychosocial problem faced by primary caregivers of mentally challenged children [2,3].

The findings show that in test scores, 10% sample were having poor knowledge, 78 percent

of the sample had good knowledge, while only 12% had excellent knowledge. The study also makes a small effort to raise awareness of the psychosocial issues that primary care providers of mentally ill children face [4,5].

According to the findings, 10% of the participants in the study had lacked knowledge, 80% had good knowledge, and 2% did not know. In terms of knowledge, 78 percent had good knowledge and 12 percent possessed superior knowledge, according to the test results [6].

According to the result obtained, 4% of the sample had lacked knowledge, 16 percent had good knowledge, and 80% had possessed superior knowledge on the test. As a result, the primary caregivers of mentally challenged children face a social problem with a p-value of 0.41 and a Chi2 of 3.95. As a result, the psychosocial problem faced by primary caregivers of mentally challenged children is statistically interpreted as effective [7].

The goal of this research is to find out what psychosocial issues primary care providers face. To strengthen the current study and lay the groundwork, an extensive review was conducted, which aids in revealing the current state of similar studies in various fields. The following sections outline the relevant literature for this study [7].

A study was carried out to assess the psychosocial issues faced by primary care providers of mentally challenged children from the Wardha district. The assessment focused on the psychosocial issues that primary care providers face. The findings revealed that mentally challenged children have psychosocial issues [7].

The presence in the family of a child with a developmental disability necessitates a significant amount of adjustment on the part of the parents and other members of the family.

Although stress is commonly associated with unmet needs among parents of disabled children, there may be cultural differences in how stress affects parents and their quality of life [8].

Although these two groups showed impairment in the physical domain, it was less than in the other two domains. In terms of the environment, both the MR and autism groups' fathers had a negative attitude toward their children's mental health, which hampered their social interactions.

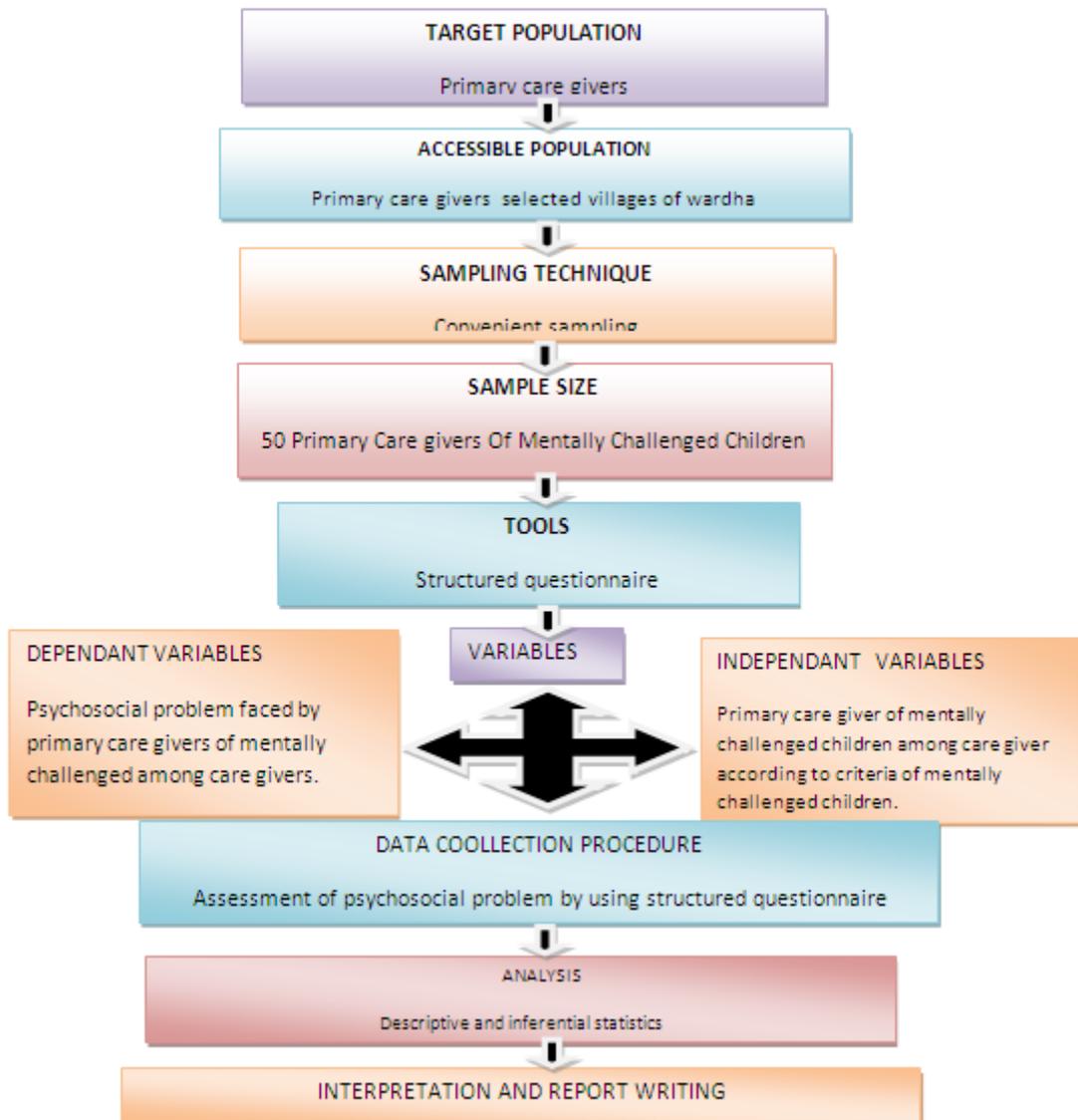


Fig. 1. Schematic presentation of Descriptive Research Design used for present study

Physical well-being includes questions about physical health, sleep, pain, and coping with day-to-day challenges. In the area of the environment, all three groups differed only slightly. Parents of autistic children, particularly mothers, are more stressed than parents of normally functioning children in previous studies.

The findings of this study revealed that mothers take on more responsibility for their disabled child's daily needs due to a variety of psychological factors., a social Both fathers and mothers in the MR and autism groups have impaired functioning physical as a result of social-adaptive functioning impairments and

increased demands on parents, the domain has deteriorated. Life is time-consuming, and it has an impact on children with disabilities' daily physical activities. and the financial difficulties that parents faced as a result of raising a mentally ill child. Some of the key themes from peer-reviewed literature about the experiences and needs of families of people with mental illnesses were echoed in this study.

Negative mood, sadness, anxiety, and dissatisfaction with oneself are all linked to psychological well-being. In this category, both mothers and fathers in the MR and autism groups were severely disadvantaged.

In both disability groups, parental feelings of isolation and incompetence were found to be significantly associated with parental psychological well-being in the MR and autism groups, both mothers and fathers were severely disadvantaged in this category.

In both disability groups, parental feelings of isolation and incompetence were found to be significantly associated with parental psychological well-being. Furthermore, developmental disabilities are frequently associated with anxiety about one's own and one's child's future, which leads to sadness about the child's condition, as well as feelings of self-blame, guilt, and social shame.

4. CONCLUSION

The study's point is to find out what psychosocial issues primary care providers face. The study's findings revealed that almost all of the sample, except a few, had no psychosocial problem that primary care providers faced and that almost all primary care providers had a psychosocial problem. As a result of the study's findings, primary care providers are dealing with psychosocial issues related to mentally challenged children. As a result, the checklist is found to be effective in assessing the psychosocial problems that primary caregivers of mentally challenged children face.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

The study was approved by the university's ethics committee. (DMIMS (DU)/IEC/2020-21/162), and it will be carried out in compliance

with the institutional ethics committee's ethical principles of human research.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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