Original Article

Multidimensional Impact of Mental Illness on Tribal Families in India

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Abstract

Background: Mental illness and burden of care on family is widely discussed in the context of the general population. However, mental health in tribal people also needs the same attention from researchers. In this study, the authors intended to find out the effect of mental illness on tribal families having a person with mental illness. **Methods:** A descriptive study was done to collect data at the Ispat General Hospital from 50 tribal respondents who were admitted to the Department of Psychiatry. We used open-ended questions to collect the qualitative data. Then, we did content analysis to build themes of the issues of their mental illnesses. **Results:** We found that the effect of mental illness is on education, marriage, financial crisis, family stress, disruption of family routine activities, physical abuse and violence in the family, social isolation, lack of caregiver's personal care and care for other children in the family, as well as damage to household accessories. **Conclusion:** In this study, the authors created major themes, to dissect and trisect into adverse events, which were frequent and appear the same in the general and tribal family having a patient with mental illness.

Key words: indigenous psychiatry, purposive sampling, qualitative study, theme identification for causing mental illness
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Introduction

Mental illness is grossly affecting the patients and their family members [1]. The affected member can be anyone ranging from children to parents or to grandparents. The problems in mental health cause organizational deterioration among various family domains such as livelihood, happiness, relationships, leadership, social mobility, and education, etc., as the family is dynamic because of its interdependency relationship among various members [2]. Once mental illness penetrates the family through individual(s), in the form of schizophrenia, depression, anxiety, bipolar disorder, obsessive-compulsive disorder (OCD), phobias, or any others, there can be devastating effects within the family members depending on the status, circumstances and adaptability. The mental illness affects the emotional climate of the family [3]. This is because individuals suffering from mental health problems display aggression, confusion, distress, violence which are reflected on family members and creates riffles among the individual members within the family, resulting in causing tension, unhappiness, stress, and other challenges among all the members [3].

Mental health problems can have a bearing on the family's financial component and affect productivity as more time needs to be spent looking after the individual suffering from mental illness. Therefore, family income may be affected depending on who is earning or contributing. Apart from that, other members may also face psychological, behavioral, social, and emotional trauma. There are high chances of them getting some mental illness at a later stage [4]. A family with a severe mental illness increases healthcare expenses (mental healthcare) of the family and may affect other family expenditures [5].

In cases of spouses, either husband or wife or both suffering from mental health problems can adversely affect

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their relationship. That may lead to an argument, disliking each other, health issues, conflicts, and in the long term, it may lead to violence and divorce [3]. Children suffering from mental health problems bring down-hearted to parents as they need to readjust their expectations and hope. The parents' somatic and emotional adaptability, education, financial, and social position significantly affect children. In adverse cases, it has been observed that the parents grieve or blame each other, which further leads to multiple problems within the family [6].

The family burden increases (in taking care of the patient and accepting the patient's condition) day by day because of the lack of acceptance among family members [7]. The World Health Organization in 2003 stated to quantify and assess the family's burden is not easy. The caregivers face social, emotional, and financial difficulties, among others [5]. Along with this, negative attitudes are highly associated with people with mental illness and their family members, impacting different life domains like social mobility, relationship with relatives, and community [8]. Empirical research shows that mental illness harms each member of the family and affects multiple family systems [9]. Both family members and individuals are facing various stigma and discrimination due to illness [10].

Tribes and mental illness

India is home to the largest tribal population globally, sharing 8.6% of its total population. The Scheduled Tribe (ST) population in India is 10.43 crore; out of that, 89.97% reside in rural/tribal areas, and 10.03% live in urban setups [11]. Tribal populations are known as the aboriginal inhabitants of the country. They depend on forests and have their distinct lifestyle known as tribal culture [12]. They have retained their cultural pattern, traditional values, and beliefs, including traditional healing practices, to deal with their physical and mental health problems [13]. The urban industrial explosion has disrupted the tribal's original habitat and cultural life [12].

The intricate life pattern, urbanization, acculturation, displacement, and dislocation have caused severe health issues along with socioeconomic problems in tribals. Mental health is an emerging unnoticed vital matter [14, 15]. Epidemiological research of various developing countries (including urbanisation) denotes that the most common mental disorders are depression and anxiety disorders [16]. Tribal people are known as indigenous people with a unique identity and culture. They have their health-care practices, formerly known as the "traditional health-care system" that mostly depends on herbs, faith healing, and magico-religious rites.

It is evident that mental health issues of the tribal population are lesser studied or noticed subjects to the academicians and policymakers; their prime debate and argument revolve around the livelihood, art, and culture of the tribals. Hence, it is highly required a study on impact of mental illness on families among tribal population. In this study, we intended to find out the effect of mental illness on tribal families having a person with mental illness.

Methods

Study settings and study participants

The proposed study was carried out in an institutional setting from June 2015 to May 2017. We interviewed 50 study participants from the Department of Psychiatry, Ispat General Hospital (IGH) Rourkela, Sundargarh District, Odisha, India. IGH is a multi-speciality hospital located in Sector 19 of Rourkela city.

The ethical committee review board (ECRB) of IGH Rourkela, Odisha (ECRB protocol number = IGH/DNB/2864 and date of approval = December 18, 2015) and the institute ethical committee (IEC), National Institute of Technology

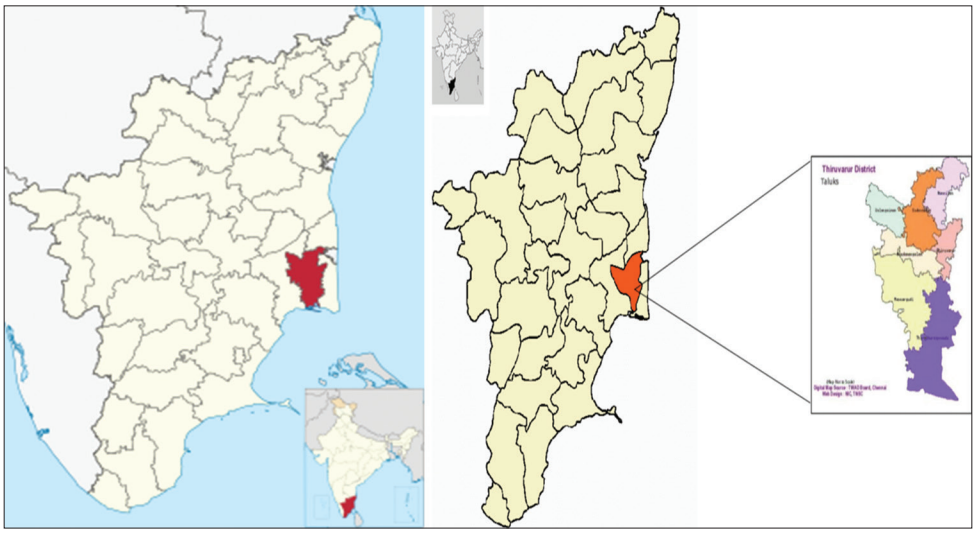

Figure 1. The map of Thiruvarur, India (photo courtesy of Wikipedia) the author (first author) lives live in Thiruvarur (southern) direction form Tamil Nadu, where is 337 km to Chennai, the capital of Tamil Nadu State, and 913 km for Colombo. Thiruvarur district is one of the 38 districts in the Tamil Nadu state of India. As of 2011, the district had a population of 1,264,277 with a sex-ratio of 1,017 females for every 1,000 males.

Rourkela Odisha India (protocol number = NITRKL/IEC/Form-2 and date of approval = April 21, 2016) approved this study. All study participants needed to sign informed consents before being interviewed. Figure 1 shows Department of Social Work, Central University of Tamil Nadu, the location of the first author (CS) works.

All 50 tribal study participants who were admitted along with their caregivers to this institution for treatment. The inclusion criteria of study patients who (a) were both male and female, (b) had the age group of 18 years and above, (c) were ever diagnosed with any form of mental illness, (d) belonged to ST, (e) were admitted in the hospital, and (f) had caregivers being able and willing to provide the information. We used purposive sampling method in the selection for study participants. Those patients and their caregivers refused to give information or unable to provide the information due to the illness; and those patients were not in a stabilized position (with doctor's recommendations) to interact with the researcher were excluded from the study. The collected data were based on information shared by the patients and their family members.

Tools used

A social demographic datasheet along with the Kuppuswamy scale by Saleem and Jan (2019) was used to obtain the education, occupation and income score to find out the class of the respondents [17]. To find out the impact, the respondents faced due to the mental illness in their family members, an interview schedule with open-ended questions was used.

Statistical analysis

We used open-ended questions to collect the information. After the collection of data, we converted them it into different codings for the analysis. We also used qualitative content analysis of the data. Qualitative content analysis "is a method for systematically describing the meaning of qualitative data. This is done by assigning the successive parts of the material to the categories of a coding frame" [18]. Due to the nature of nonnumerical variables in this study, we did not use any *t*-tests or Chi-square tests to test the differences between the groups.

Based on the qualitative information shared by the patients and their family members, we prepared different themes on the consequences of mental illness on family members. Again, these initial themes assembled based on their common themes such as consequences on education, consequences on marriage, financial problems, family stress, disruption in family routine activities, physical abuse and violence in the family, social isolation, and damage to household accessories. We clubbed the responses from caregivers with user survivors for a comprehensive analysis and presented the findings in an inclusive manner without any repetition and overlapping of the data.

Results

Sociodemographic profile of the respondents

Table 1 describes the sociodemographic profile of the respondents, and we used the Kuppuswamy scale (2019) to find out the class most of the respondents belongs. Descriptive statistics comprised of frequency and percentage revealed that most respondents belonged to the higher middle-class category, i.e. 42%, followed by the upper lower class, i.e. 28%.

Impact of mental illness on the family member

As shown in Tables 2 and 3, the themes impacting or relating to the mental illnesses of those study participants were explained under the subtitles of nine themes.

Theme 1: Impact on the education of the children

It is common for children to play the Role of caregivers. Mostly, they are part-time caregivers in tertiary care so that either their mother or father (prime caregiver) could take some rest or finished some household or other chores. Due to this, children could not attend school frequently missed important classes and ultimately affected their education.

Case 1 (male, age 51 years): "My spouse stays most of the time at the hospitals for the treatment. For that reason, my daughter also stays with her as the caregiver. So she (her daughter) could not concentrate on her education properly, and most of the time she was absent from school." Impact on school attendance should be attributed to the phenomena of hospitalisation and probably on nonavailability of other caregivers.

Furthermore, frequent shifts in caregiving did not allow parents and children to sit together, resulting in having no time to devote to a child's education further results in failing. In most of the cases, the child did not have fees to pay, as most of the saving of the family went in hospital fees and medication.

Case 35 (female, age 28 years): "I have two children: 11 years old and 6 years old. Most of my spouse saving has been

Table 1. Demographic details of the respondents (patients with mental illness) (n = 50)

Demographic characteristics	*n* (%)
Gender	
Male	28 (56)
Female	22 (44)
Age group (years)	
Under 20	4 (8)
21-40	28 (56)
41-60	17 (34)
Above 61	1 (2)
Marital status	
Married	32 (64)
Unmarried	18 (36)
Family type	
Joint	9 (18)
Neuclear	41 (82)
Social class	
Higher middle	21 (42)
Lower middle	13 (26)
Upper lower	14 (28)
Lower	2 (4)

Range of age = 18-72 years; Mean of age = 36.34 years; Median age = 45 years

Table 2. Identified major themes impacted by mental illness of the family member

Education
Marriage
Financial problem
Family stress
Disruption in family routine activities
Physical abuse and violence in family
Social isolation
Lack in caregiver's personal care and care to the children
Damage in household accessories

Table 3. Specific problems faced by the family members under each category

Consequences on education
Not to be able to give proper affection on children's education
Not to be able to send children to private school
Consequences on marriage
No to have saving for daughters' marriage
To affect the marriage of other family members
Financial problem
To pay medical expense to family member
To affect income generating resources
Family stress
For taking care of the patient/worry about the future of children
Impact of substance use on children
Disruption in family routine activities
As (only) female member of the family
Always focus to the patient
Physical abuse and violence in the family
Abuse to wife for restricting him from alcohol
Physical abuse by husband due to illness
Social isolation
Quarrel with neighbors and relatives
Due to fear of the patient
Damage in household accessories
Patient is doing theft of household accessories
Damage the household accessories

spent on his medications. Hence, I am unable to send my children to private schools for a better education."

Theme 2: Hurdles in marriage

There are different types of mental illness, and most of the diseases are hereditary in nature. Therefore, many families feel reluctant to give their daughter or son to a family who has a member with mental illness. Most of the time, families intentionally discard the marriage offers due to prevailing mental illness in their family.

Case 13 (male, age 38 years): "I am (the patient) the eldest son in the family, and I have been diagnosed OCD. I have three other younger brothers. Due to the illness, the family members are not interested in my marriage. Also, this illness is creating hurdles for other brothers' weddings also. Most of the proposals have been cancelled due to this illness."

If any person has a mental illness in the family, it affects the whole family in fixing the marriage. The people fear that the illness may come from the other family members. Hence, the families generally avoid such families.

Theme 3: Financial problems

Mental illness such as schizophrenia, substance abuse disorder, and other forms of severe mental illness creates disability and put a strain on the family's pocket. Almost all the patients and their family members face this problem. The illness is a long-term illness compared to other physical illnesses; a substantial amount of money is spent on medicine, doctor consultation, and travelling (direct and indirect expenditure). Direct or indirect out-of-pocket expense makes this illness quite unmanageable.

Case 6 (male, age 43 years): "I had a bad alcohol addiction and am presently admitted in the psychiatry wing of the hospital. I lost my job, and my treatment is gradually shrinking my savings. Hence, my wife facing challenges in taking care of the family and my 13 years old child."

If the patient himself/herself contributed to the family's livelihood, the illness created an obstacle and prevented them from being an earning member of the family. So, it affected the overall livelihood of the family.

Theme 4: Rise in family stress

Several studies in the past already pointed out that a family with a patient with mental illness comes under the purview of stress. If any member's illness disrupts the daily routine of the other, then it is natural for the other to get under pressure, gradually into distress.

Case 24 (male, age 23 years): "My grandfather is suffering from a severe form of Alzheimer's disease. He has no control over bowel movements. Many times I need to assist him and to sit beside him in the late-night hours. I am unable to study late at night, nor can wake up early morning. My sleep cycle has been disturbed and I feel agitated about it."

Theme 5: Disruption in family routine activities

Disruption in family routine happens due to rising in caregiving demands from the patients. If the person living with mental illness is a female member who looks after everyone, then it is natural that other members routines will get modified so as a lifestyle.

Case 7 (female, age 47 years): "I have two sons. The elder son works in a private company, and the younger one is studying. My husband is also working. Due to the illness, I cannot give breakfast on time and make a lunch box for my younger son."

Theme 6: Physical abuse and violence in the family

Mental illness impairs the thoughts, perception, judgement etc. Therefore, high chances of physical abuse and violence existed in our interviewed participant:

Case 4 (female, age 35 years): "My husband consumes alcohol even after being opposed by the family members. So, he always quarrels with the family members, using profane

language. If someone tries to stop him, he physically attacks that person."

Theme 7: Social isolation

Mental illness, unlike physical illness, does not result in any deformity physically. Hence it is less understandable by general people since it impairs the cognition of the person. A person fails to act as per the situation and often does inappropriate gestures and bizarre actions, which tends people to ostracise that person. People fear the mentally ill, therefore, demands patients be kept under surveillance and isolated from the general public.

Case 2 (male, age 35 years): "Due to the illness's effects and irregularity with medicine, my brother always quarrels with neighors, using profane language. My neighors blame us, fears from my elder brother and regularly demand to lock him in the room."

Theme 8: Lack in caregiver's personal care and care to the children

Caregivers spend most of their time with the patients to take care of them at home or the hospital. This is the main reason why they (caregivers) were unable to give proper time and enough attention for their personal care as well as care for the other children in the family.

Case 28 (female, age 47 years): "I suffer from bipolar disorder and have three children. After the diagnosis of the illness, all the responsibilities fell on the husband. But it is complicated to manage the family as he also has to work. He hardly gets time for himself to groom and takes care of his health, and the children do not get much attention from their father. My husband is unable to take out the time to help children in their studies."

Theme 9: Damage in household accessories

A person suffering from a severe form of schizophrenia or in a manic state or crave for substance use often gets violent and indulged in quarrelling, and break household items. Their judgement is impaired, and therefore, they never hesitate to tend to such actions. Usually, the substance abuser lacks money and steal household goods to sell and get money to buy substances. The example is shown in the following patient.

Case 5 (male, 40 years): "My elder brother is being a user of "*charas* (cannabis)." To purchase it, he steals from home. Sometimes, he takes family accessories and sells them for money."

Case 11 (female, age 32 years): "My father has bipolar disorder with psychotic symptoms. He sometimes gets irregular with his medicine which leads to violent behaviour; he gets aggressive and last month, he smashes the wood against our LCD television."

The data displayed that mental illness consequences affected family life and disrupted most of the family's regular activities. We also observed that, in the case of a male patient, stealing household accessories commonly as the family members reported most of the cases of being taking substances.

Discussion

Mentioned below are some of the literature, which also confirms the findings of the study. Mental illness can have a profound effect on the socio-economic life of family members. A member in the family with mental illness can put the whole family under stress. It affects daily family life, social life, and economic life and increases the burden on the family. It changes the structure and functions of the entire family [5]. The dynamics of human relationships change drastically and change the social role of every individual in the family. "The consequences that mental illness has on family relationships are largely disruptive and cause interpersonal difficulties. The effects are particularly devastating for the person acting as caregiver [19]." Children's education gets affected. They drop out of school is due to the incapacity of the earning member who has a mental illness [20].

Speaking about the financial problem, it has been empirically established that if any member or earning member is diagnosed with mental illness, it leads to irregularity at the workplace or, worse, people get terminated from their job. The lack of a job makes the family vulnerable and challenging to manage out-of-pocket expenditure, pushing the family into grave poverty [21]. Family relationships will always be in strain and sometimes also reach the breaking point. The state of mental illness also increased anxiety among family members.

Another primary concern is the marriage of the siblings or the family member of the person with mental illness or the patient themselves. Due to widespread stigma and misconception, healthy families are reluctant. They sometimes refuse to marry their children into families where the patient with mental illness stays or has a family history of mental illness. Thus, it leads to the alienation of such families by society. Due to these reasons, a sense of guilt and shame prevails in the family, and often, they isolate their family, suffering from mental illness.

Limitations of the study

The readers are warned against over-interpreting the study results because this quality-oriented study has the following five limitations:

- Although the individual accounts brought many issues of the caregivers, it is far from generalization due to the small sample size.
- The sociodemographic data presented in Table 1 somewhat shows most of the respondents belongs to the higher middle class.
- Asymmetry existed between the verbatim of the patient and profile of the caregivers' family.
- The representations of the study participant are questionable. We use purposeful sampling instead of any rigid randomized sampling process.
- Because the contents of mental illness vary, and different mental illness affects people unequally. However, we did not pay much attention to improve those issues.

Summary

Evidentially, the findings that mental illness creates strain on the family. The study added the results into the existing literature pertinent to the tribal population suffering from mental illness. More repeated qualitative studies can strengthen the findings in this study. Further quantitative inquiries can determine what problem a tribal family faces when they do not attend psychiatry set-up and whether those problems are similar or different. Thus, action plans can be made accordingly to better the family with a different culture but share the same worries.

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Conflicts of Interest

The authors declare no conflicts of interest.

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