A Study on Mental Health Status of Elderly Destitute Women in MHI, COE, SCB MCH, Cuttack-A Tertiary care centre in eastern India

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Abstract

Background: The rejection by families or society or further away from home, their real selves are lost or submerged under the four wall of hospital settings and negligence the life of the destitute becomes really worse and miserable. Mental health is recognized globally as being of enormous social and public health importance. Mental health problems currently are said to constitute about eight percent of the global burden of disease.

Aim & Objective: To assess the mental health status of the women destitute admitted in destitute ward of MHI (COE) at SCBMCH & To see the psychological wellbeing and distress of the above destitute women.

Methodology: The study was descriptive in nature. The purposive sampling method was adopted and 20 respondents were the sample for the study. MMSE, Kessler Psychological Distress Scale, K-10 (Kessle ,2003) & Ryff's (1995) Scales of Psychological Well-Being (SPWB)(Ryff's,2004) were used for the study.

Results: From the interpretation various obtained data it was found that 40% of the respondents are having severe level of distress. All the domains of psychological wellbeing scale show a lower level psychological wellbeing among the respondents.

Conclusion: After a clinical evaluation about the homeless individuals with mental illness at MHI, SCB Medical it was revealed that they are not satisfied with their life. The existing resources don't full fill their psychosocial wellbeing. So they are living not only with the distress but also with various types of psycho social problems.

Keywords: - Destitute, psychological wellbeing, distress & Mental Health Status

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I. Introduction

Every individual has the right to live a respectful life. The constitution of India assures fundamental requirements of life to every citizen. Destitute woman refers to a female who lacks adequate support and encouragement from family members, relatives, sometimes from the society itself and may lead a miserable lifestyle.(Mubasheer ,2018) "Destitute" in relation to a woman means any female who has no independent source of livelihood or is not being looked after by any family member or relative. When a woman becomes a destitute, she has to face several hardships and disadvantages in day to day life. Sometimes they feel a kind of loneliness, exclusion from the society and others. They may also have to be the victims of sexual abuse, violence, oppression, demoralization, poverty and so on. Some of the factors responsible for destitution are poverty, other types of maladjustment, family relationships, and sexual harassment. Destitution has become a serious offshoot of family as well as a social problem in India(Devereux , 2003)

Need for the study:

The present study is an attempt to contribute to the unrevealing out of this problem. We cannot deny that the existence of destitution in India. This is also true that there are many number of destitute homes exist different parts of India, (Mubasheer ,2018) but for mentally ill destitute homes are very few in Odisha. However, the destitute have to face many numbers of challenges in their day to day life at the chronic ward of the psychiatric hospitals. Through this study, the researchers focus on finding out the mental health status of elderly female destitute. So far our knowledge there is no study on psychiatric destitute patient of Odisha so, this study is an attempt to bridge the gap between the Western and Indian literature and which will be help us for their psychosocial rehabilitation as well as to improve their quality of life.

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II. Methodology

Aim &Objective:

- To assess the mental health status of the women destitute admitted in destitute ward of MHI (COE) at SCBMCH.
- To see the psychological wellbeing and distress of the above destitute women.

Hypothesis

- There will be no relationship between psychological well being and mental health status.
- There will be no relationship between distress and psychological well being.

Research Design: it is a descriptive, hospital based study.

Sample & Sampling Method

A total number of 20 female are mentally ill destitute patients were recruited from IPD, of M.H.I., C.O.E., SCBMCH, and Cuttack. Purposive sampling is used to select the respondent.

The Study was conducted between oct-18 to Feb. -19.

Inclusion criteria for the elderly mentally ill destitute women:

- i. Persons declared as destitute by M.H.I,SCBMCH,Cuttack
- ii. Patient age range between 30 -50 years
- iii. Female gender
- iv. At least 2 years of total duration of illness
- v. Those who are scored< 18 or = 18 in MMSE
- vi. Patient those who give consent for being part of the study.

Exclusion criteria for the elderly mentally ill destitute women:

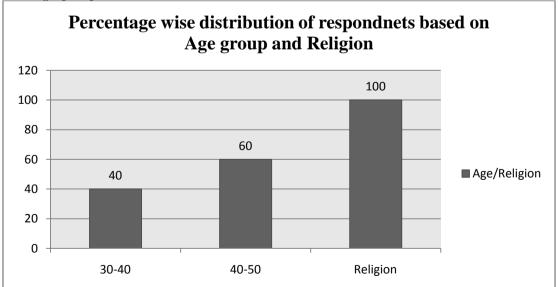
- i. Patient's those who have chronic physical illness and Mental Retardation.
- ii. Patient age range <30 yr &>50 yr.
- iii. Less than 2 years of total duration of illness
- iv. Not ready to give consent for being part of the study.
- v. Those who are scored >18 in MMSE.

Measures used:

- Socio demographic and clinical Data sheets.
- MMSE for screening
- Kessler Psychological Distress Scale, K-10(Kessle ,2003)
- Ryff's (1995) Scales of Psychological Well-Being (SPWB)(Ryff's,2004)

III. Results

Socio demographic profile:



The above fig. shows that out of 20 respondents, 40% are belong to the age group of (30-40) and the rest 60% are belongs to the age group of (40-50). Also it reveals that all the respondents are belong to the Hindu religion.

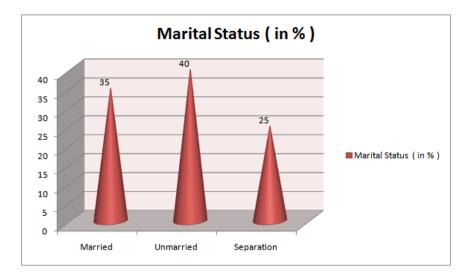
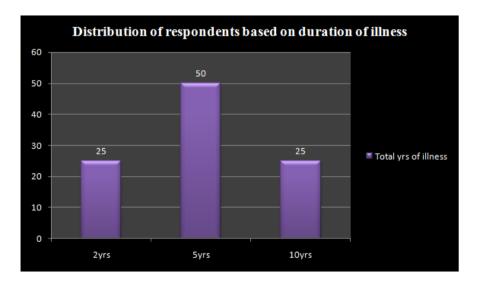
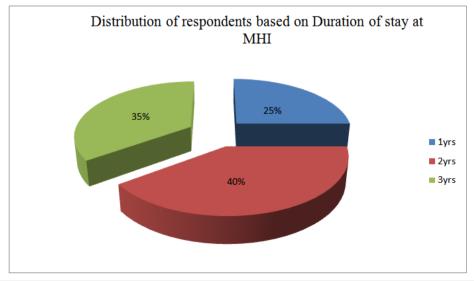


Fig No:02 presents the marital status of the respondents. It shows that 35% are married, 40% are unmarried and other 25% are separated.

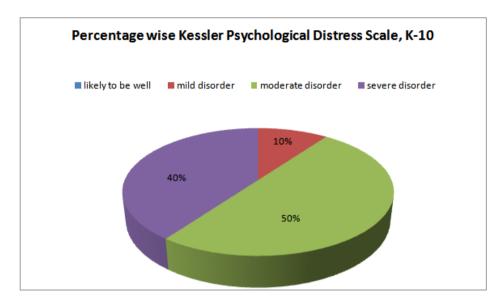


The above fig shows the distribution of respondents based on duration of illness. It reveals that 50% respondents are diagnosed with mental illness from 5 years. The rest each 25% are diagnosed with mental illness from 2 and 10 years.

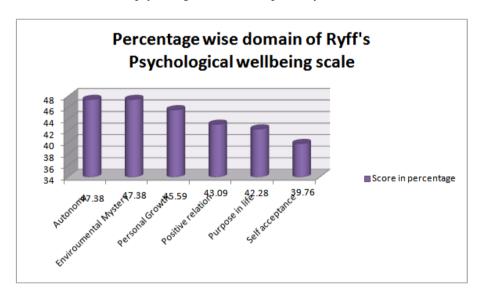


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The above fig. shows that 35% respondents have been staying at MHI from last 3 years whereas the other 40% are staying from last 2 yrs and 25% respondents have been staying from lat 1 year respectively.



The above pie chat shows the likely to be well, mild, moderate and severe level of psychological distress of respondents. It was found that every destitute woman has some level of psychological distress. 10% female destitute are having psychological distress in mild level where as other 50% and 40% respondents are having moderate and severe level of psychological distress respectively.



The above Fig presents the percentage wise domain of Ryff's Psychological wellbeing scale. It shows that all the respondents have 47.38% autonomy and environmental mystery. Also the respondents have the scored 45.59%, 43.09%, 42.28% 39.76% in personal growth, positive relation, purpose in life and self-acceptance.

IV. Discussion

From the above interpretation, it is seen that within the category of respondents majority of respondents are belonging to the age group of (40-50) and also all the respondents belong to the Hindu religion. Most of the respondents are unmarried and also 25% are separated. In terms of duration of illness of the respondents 50% of them are diagnosed with the mental illness from last 5 yrs. Similarly, in terms of duration of stay at MHI maximum of the respondents are staying at MHI from 2 years. However ,the similar study findings was reported byMubasheer ,2018 .The findings can be also explained on the basis of socio-cultural background of the study population.

Kessler Psychological Distress Scale, K-10 was used to analyze distress level of the respondents. After being applied this scale on each of them it was found that 40% of the respondents are having severe level of distress. This findings also supported by the previous study findings by Downe-Wamboldt B,1991

Also Ryff's Psychological wellbeing scale use applied on each of the respondents. In this scale there is 6 domains which mention score in high and low level. After being applied this scale on each respondent it was revealed that 47.38% score (low level) was obtained in autonomy dimension which means it concerned about the expectations and important decisions, conforms to social pressures to think and based on evaluations of others, relies on judgments of others. Same score was obtained in environmental mastery which means difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world. In personal growth domains 45.59% (low level) means a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors. In positive relations with others obtained score 43.09% (low level) means trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others. In purpose in lifedomain obtain score 42.28%(low level) means Lack a sense of meaning in life; has few goals of aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning. In self-acceptance domain shows that obtain score 39.76%(low level) means Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what one is. This findings also supported by the previous study findings by Dersak R.,2014.

V. Conclusion

After a critical evaluation about the homeless individuals with mental illness at MHI, SCB Medical it was revealed that though they are living in a building but they are not satisfy with their life. The existing resources don't fulfill their psychosocial wellbeing. So they are living not only with the distress but also with various types of psycho social problems

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