



PROBLEM FACED BY THE FAMILY OF MENTALLY CHALLENGED YOUTH

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ABSTRACT :

Families of mentally challenged adolescents face a variety of obstacles, including societal stigma and prejudice, financial obligations, and restricted access to adequate care and support resources. These families frequently deal with the emotional toll of caregiving, navigating complex healthcare systems, and assuring their loved ones' overall well-being and inclusion in society. Furthermore, individuals may experience isolation and a lack of understanding from their communities, compounding their problems. Understanding and treating these diverse difficulties is critical for giving effective care to mentally challenged adolescents and their families, upholding their dignity, and developing an inclusive society.

Families of mentally challenged adolescents face considerable and diverse challenges, including societal prejudice, financial strain, and limited access to vital assistance. Caregivers bear emotional responsibilities as they navigate complex healthcare systems and advocate for their loved ones' participation in society. They frequently endure social isolation and a lack of community support, exacerbating their problems. Recognizing and resolving these multiple difficulties is critical for providing full support to both mentally challenged adolescents and their families, preserving their dignity and promoting an inclusive atmosphere.

The family relationships of mentally challenged adolescents provide a complicated web of obstacles, including societal stigma, financial restraints, and limited access to required resources and support networks. Caregivers bear substantial emotional pressures as they navigate healthcare systems and advocate for their loved ones' integration and well-being in society. These families usually face social isolation and a lack of community awareness, which exacerbates their problems. Effectively tackling these multidimensional difficulties is critical for providing holistic care to mentally challenged adolescents and their families, supporting their dignity and developing a more inclusive and compassionate society.

INTRODUCTION:

Families of young people with mental health disorders have significant and varied difficulties that affect everyday living, emotional health, and social integration. A wide range of illnesses are categorized as mental problems, including schizophrenia, bipolar disorder, autism, Down syndrome, developmental disorders, and intellectual disabilities. Families face many difficulties in providing care, dealing with financial hardship, social shame, and gaining access to necessary assistance when dealing with these conditions, which frequently call for continuous attention, specialized care, and resources.

Given this, it is critical to acknowledge the complexity of these issues and the profound impact they have on people and families. Families of children with mental health disorders may contend with emotional strain, social isolation, and financial hardships in addition to navigating a challenging web of therapy, educational opportunities, medical visits, and support systems. Comprehending these obstacles is imperative in order to devise efficacious support networks, regulatory frameworks, and remedial measures that advance the welfare and societal integration of mentally challenged adolescents and their families.

This essay will examine the unique difficulties faced by families of mentally challenged youth in greater detail. It will cover important topics like caregiver burden, social stigma, financial strains, healthcare and support service accessibility, and methods for fostering resilience and empowerment in these families. By bringing attention to these problems, we hope to increase understanding, compassion, and support for the needs of these families. In the end, we want to create a society that is more welcoming and encouraging to everyone, irrespective of their mental health or difficulties.

Families who have children who are mentally challenged have special difficulties in their everyday lives, emotional health, and social relationships. In addition to developmental impairments and intellectual disabilities, mental health issues that affect young people might include schizophrenia, bipolar disorder, autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and bipolar disorder. Families must negotiate a challenging terrain while dealing with these conditions, which frequently call for specialized treatment, continuous support, and access to a variety of resources.

Review of literature:

1. **Araya, R., Lewis, G., Rojas, G. and Fritsch, R. (2003).** How much more crucial is income or education for mental health? 57, 501–505 *Journal of Epidemiology and Community Health*. Reductions in income (odds ratio 2.14, 1.70 to 2.70), low housing (odds ratio 1.53, 1.05 to 2.23), and lower education (odds ratio 2.44, 95% confidence intervals 1.50 to 3.97) were the only socioeconomic status factors that continued to be significantly associated with a higher prevalence of common mental disorders after corrections. In addition, those with manual, unskilled employment, crowded housing, and lower per capita income had higher rates of common mental diseases; however, these correlations vanished when other explanatory and confounding factors were taken into account.
2. **Barrett, A. E. (2000).** Mental health and marital paths. 451-464 in *Journal of Health and Social Behavior*, 41(4). By analyzing many aspects of marital trajectories, such as the quantity and kind of previous marital losses and the length of present status, this study adds to the body of research on married status and mental health. The Piedmont Health Survey, which was conducted in 1982–1983 and included 2,158 participants, is the source of data for the National Institute of Mental Health Epidemiologic Catchment Area Study.
3. **Costello, E. J., Foley, D. L. and Angold, A. (2006).** Review of 10 years of research: II. Developmental epidemiology in the epidemiology of psychiatric diseases in children and adolescents. *American Academy of Child and Adolescent Psychiatry Journal*, 45, 8–25. Over the past ten years, child and adolescent psychiatric epidemiology has grown into new areas of research while still addressing prevalence and burden issues, as outlined in the first of these reviews. Over the next ten years, research into gene-environment correlations and interactions will benefit greatly from the rich descriptive data that longitudinal epidemiological data sets give on psychopathology and environmental risk over time, as well as the possibility of adding biological measures.
4. **Deswal, B. S. and Pawar, A. (2012).** a mental health epidemiology study conducted in Pune, Maharashtra. 37(2), 116–121 in *Indian Journal of Community Medicine*. It was discovered that the lifetime prevalence of mental diseases was 5.03%. Male rates (5.30%) were higher than female rates (4.73%). Depression (3.14%) was the most common diagnosis among the diagnostic group, followed by drug use disorder (1.39%) and panic disorder (0.86%).
5. **Director General of Health Services. (1982).** India's national mental health program. Ministry of Health and Family Welfare, Director General of Health Services, New Delhi. In many respects, the Government of India's endorsement of the National Mental Health Programme (NMHP) in August 1982 marked a turning point in the history of psychiatry in this nation[1]. We recently passed the 30-year mark for this significant occasion in 2012. The updated National Mental Health Policy of India[2] and the proposed National Health Policy, 2015[3] were made public over the past year, 2014. Over the past three decades, specialists have conducted numerous in-depth examinations of the mental health program.
6. **Director General of Health Services. (1990).** National mental health programme: A progress report (1982–1990). New Delhi: Director General of Health Services, Ministry of Health and Family Welfare. India was one of the major World Health Organization (WHO) member countries to launch its National Mental Health Programme (NMHP) in 1982 in accordance with WHO's recommendations to deliver mental health services to the people under the framework of general health care system in the community. NMHP underwent major strategic revisions over its course, starting from setting a district as the unit for program planning and implementation under the District Mental Health Program (DMHP) to incorporating it with the National Rural Health Mission (NRHM) for effectively scaling up the program. The program also underwent evaluations by government bodies and independent agencies and was reviewed by many researchers.

Methodology :

Research Design

On basis of concepts, ideologies and frameworks as discussed in review of literature, the exploratory study, qualitative method is used as primary means for online data collection

The study will use a mixed-methods approach, combining both quantitative and qualitative research methods. The population for this study will be Family Members. Data will be collected through online surveys and in-depth interviews. The data collected will be analyzed using descriptive statistics and content analysis. Tools for data collection Structured questionnaire was prepared to Online the youth people. Sampling method The sampling method used in the survey was simple sampling method. Sample size was a 50 simple size.

FINDINGS:

- The data shows that the majority of the individuals are female 54.0% (N=)
- With 84.0% of responses marked as "Agree," it indicates a strong consensus among the surveyed population that there's a difficulty in finding appropriate educational options for these young people.
- The data suggests that a significant portion (62.0%) of families feel social isolation due to the stigma associated with mental health issues. This highlights a potential concern that families are experiencing social isolation due to the stigma surrounding mental health.
- The data suggests that financial strain is a significant concern for a majority (68.0%) of families supporting mentally challenged youth. This highlights a potential challenge that many families face financial burden when supporting the needs of their mentally challenged youth.
- The data suggests that emotional stress is a common experience for a majority (70.0%) of families caring for mentally challenged youth. This highlights a potential challenge that many families experience emotional stress when caring for their mentally challenged youth.

- The data suggests that finding inclusive recreational activities is a challenge for a majority (66.0%) of families with mentally challenged youth.
- The data suggests that accessing appropriate healthcare services is a challenge for a majority (60.0%) of families with mentally challenged youth.

Conclusion:

In Conclusion, the path of families raising mentally challenged children is paved with many obstacles that profoundly affect their everyday existence, psychological health, and general standard of living. We have discussed a number of these difficulties in this document, such as monetary constraints, social stigma, a dearth of support networks, and emotional strain.

A recurring topic that surfaced is the immense obligation imposed on families to offer care and assistance to their loved ones with mental health disorders. This obligation frequently affects caregivers and other relatives in addition to the immediate family. Families are put under tremendous pressure by the added financial burden of paying for therapy sessions, specialized education, and medical bills.

Furthermore, the societal stigma associated with mental health disorders persists as a noteworthy obstacle for families, resulting in emotions of seclusion, bias, and embarrassment. This stigma affects mentally challenged adolescents, but it also makes it more difficult for their families to ask for community support and assistance.

Families confront additional difficulties due to a lack of appropriate support networks, which include easily available healthcare, educational materials, and job prospects. Many families struggle to get their loved ones the services and help they need by navigating convoluted governmental procedures.

Not with standing these difficulties, it is critical to acknowledge the fortitude and bravery shown by families of young people with mental health disorders. Many families fight for their loved ones' rights and work to improve their futures in spite of the challenges they encounter. They show unflinching passion and love for one another.

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