

## Study Of The Functioning Level In People Having Psychosocial Disabilities

Jha RK, Mahat, P., Shrestha, R.L., Kami, K.B., Chaudhary, A., Chaudhary, S.

Centre for Mental Health and Counseling-Nepal (CMC-Nepal), Kathmandu, Nepal

E-mail \*Corresponding author : [rajesh.rishujha@gmail.com](mailto:rajesh.rishujha@gmail.com)

### Abstract

**Introduction:** Mental health is state of wellbeing in which as individual realizes in his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2004). Schizophrenia is a significantly disabling disease that affects social family psychological, vocational and occupational functioning (Lyngdoth, L. et al, 2016). Depressive disorders often start at a young age; they reduce people's functioning and often are recurring (Marcus et al., 2012). Studies have shown decreased functioning ability in people having mental illness in Nepal. This study was done to explore the impact of mental illness in their daily functioning abilities.

**Material And Method:** A cross-sectional survey was conducted among 120 people suffering from mental illness (psychosocial disabilities) for more than six months. Mental health social workers who were facilitating mental health self-help group of treatment seeking mental health patients in the health facilities were trained and supervised during data collection. Selected participants were informed about research objectives and received consent for the study. Nepali adopted WHO-DAS-2 (Thapa et al, 2005) was used to collect both demographic and functioning abilities of research participants. Data were analysed using SPSS 20th version mainly for descriptive statistics.

**Results:** Participants' age ranged from 18-60 years with mean age 29.53 (SD+10.8), with gender distribution 58.3% female and 41.7% male. People with psychosocial disabilities experienced in an average 9.45 days difficulty, average 6.95 days they couldn't do daily work and minimized work for average 3.55 days in the month. Female with mental health problems experienced more difficulties in daily life functioning (S1-S12 items in WHO-DAS) where moderate to severe level difficulties observed than male with mental health problems. Emotional effect due to health problems, talking with unknown people, difficulties in friendship area and doing daily activities were affected significantly statistically ( $p=0.01, 0.05, 0.04$  and  $0.02$ ). Ethnicity and gender is significantly correlated with total affected days ( $r=.221, -.180$   $p= 0.05$ , table 3). Gender and total affected working days is correlated but not significant statistically.

**Conclusion:** Level of functioning is affected significantly in people having psychosocial disabilities; impairment is higher in female, people suffering with severe form of mental illness. Findings indicate need of awareness in mental health. Further research is necessary in larger and representative population including care-taker of mentally ill person.

**Keywords:** Functioning Level, Psychosocial Disabilities, Nepal

### INTRODUCTION

Mental health is state of wellbeing in which as individual realizes in his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.<sup>1</sup> People suffering with mental illness often experienced high level of burden impairing daily life

functioning. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring.<sup>2</sup> Schizophrenia is a significantly disabling disease that affects social family psychological, vocational and occupational functioning.<sup>3</sup> People suffering with chronic mental illness in Nepal experienced even higher level of social stigma and excludes

from social and family opportunities. Though there is no epidemiological data regarding prevalence of mental illness in Nepalese population, however about 25-30% people are projected to be suffering from one or other types of mental illness. Studies have shown decreased functioning ability in people having mental illness but are not studied much in Nepal. Thus present study explores the impact of mental illness in their daily functioning abilities. Findings of study will help to design program activities supporting in the increase of daily functioning ability of people suffering with mental illness.

**MATERIAL AND METHOD**

A cross-sectional survey was conducted among 120 people suffering from mental illness (psychosocial disabilities) for more than six months. Equal numbers of participants were selected conveniently from district health facilities of four remote districts (Dadeldhura, Salyan, Kailali and Bardiya) including hill and Terai area where mental health service is available from the support of mental health NGO, CMC-Nepal since more than two years. Mental health social workers who were facilitating mental health self-help group of treatment seeking mental health patients in the health facilities were trained and supervised during data collection. Selected participants were informed about research objectives and received consent for the study. Nepali adopted WHO-DAS-2<sup>4</sup> was used to collect both demographic and functioning abilities of research participants. Mental patient and their care-takers who did not accept to participate in the study, illness less than six month duration and not getting treatment from primary health care facilities were excluded from the study sample. Data were analysed using SPSS 20th version mainly for descriptive statistics.

**RESULT**

Participants' age ranged from 18-60 years with mean age 29.53 (SD+10.8), with gender distribution 58.3% female and 41.7% male. Marital status showed 66.7% married followed by 29.2% unmarried and 4.2% widowed. Ethnic distribution showed 45.8% Janajati followed by Brahmin/ Chhetri 34.2% and Dalit 20% respectively. Employment statuses showed 49.2

were self- employed mainly in subservient farming in family owned agriculture, student 30.8% and house-wife 18.3%. Further descriptive statistics (table 1) showed people with psychosocial disabilities experienced in an average 9.45 days difficulty, average 6.95 days they couldn't do daily work and minimized work for average 3.55 days in the month.

**Table 1: Descriptive Statistics**

	Mini- mum	Maxi- mum	Mean	Std. Error	Std. Deviation
Age of respondent	18	60	29.53	.987	10.815
In last 30 days, how many days you faced such problem?	2	30	9.45	.671	7.349
In last 30 days, how many days you couldn't completely do your daily works?	1	30	6.95	.584	6.396
In last 30 days, how many days you minimize your work?	1	14	3.55	.378	3.35

Female with mental health problems experienced more difficulties in daily life functioning (S1-S12 items in WHO-DAS) where moderate to severe level difficulties observed than male with mental health problems. There is increased difficulties in most of the areas of daily life such as taking responsibility of household work, standing long time, walking more than hour, participating in community activities, concentration to work, talking with unknown person, doing daily activities etc. Bathing and changing cloth were less impaired than other daily life activities. Emotional effect due to health problems, talking with unknown people, difficulties in friendship area and doing daily activities were affected significantly statistically (p=0.01, 0.05, 0.04 and 0.02). Ethnicity and gender is significantly correlated with total affected days (r=.221, -.180 p= 0.05, table 3). Gender and total affected working days is correlated but not significant statistically.

**Table 2: Table Showing Level Of Functioning**

	Learning new things (S1)					
Gender	None (%)	Mild (%)	Moderate (%)	Severe (%)	Extreme (%)	Total (%)
Female	2.5	9.2	21.7	17.5	7.5	58.3
Male	0	8.3	18.3	9.2	5.8	41.7
Total	2.5	17.5	40	26.7	13.3	100
	Taking for responsibility to household work (S2)					
Female	3.3	9.2	20	20.8	5	58.3
Male	0.8	6.7	15.8	15	3.3	41.7
Total	4.2	15.8	35.8	35.8	8.3	100
	Stand for long time (>30 min) (S3)					
Female	0.8	14.2	22.5	18.3	2.5	58.3
Male	0	15.8	12.5	10	3.3	41.7
Total	0.8	30	35	28.3	5.8	100
	Participating community level activities (S4)					
Female	1.7	8.3	21.7	17.5	9.2	58.3
Male	0	8.3	18.3	12.5	2.5	41.7
Total	1.7	16.7	40	30	11.7	100
	Emotional effect due to health problem (S5) $\chi^2=14.37, p=0.01$					
Female	0	6.7	15	29.2	7.5	58.3
Male	1.7	11.7	15	9.2	4.2	41.7
Total	1.7	18.3	30	38.3	11.7	100
	Concentration in work for 10 minutes (S6)					
Female	0.8	15	20	15.8	6.7	58.3
Male	0	20	10	8.3	3.3	41.7
Total	0.8	35	30	24.2	10	100
	Walk for about 1 Km (S7)					
Female	1.7	11.7	24.2	15	5.8	58.3
Male	2.5	11.7	12.5	10.8	4.2	41.7
Total	4.2	23.3	36.7	25.8	10	100
	Bath whole body (S8)					
Female	9.2	13.3	20	14.2	1.7	58.3
Male	2.5	16.7	10.8	10.8	0.8	41.7
Total	11.7	30	30.8	25	2.5	100
	Changing cloth (S9)					
Female	10.8	10	20	15.8	1.7	58.3
Male	5	9.2	16.7	10	0.8	41.7
Total	15.8	19.2	36.7	25.8	2.5	100
	Talking with unknown people (S10) $\chi^2= 9.13, p=0.05$					
Female	0	11.7	15	22.5	9.2	58.3
Male	1.7	9.2	12.5	14.2	4.2	41.7
Total	1.7	20.8	27.5	36.7	13.3	100
	Friendship (S11) $\chi^2= 10.13, p=0.02$					
Female	0	7.5	16.7	21.7	12.5	58.3
Male	0	9.2	18.3	12.5	1.7	41.7
Total	0	16.7	35	34.2	14.2	100
	Doing daily activities or school work (S12) $\chi^2= 11.06, p=0.04$					
Female	0.8	9.2	16.7	23.3	8.3	58.30%
Male	0	10.8	15	13.3	2.5	41.7
Total	0.8	20	31.7	38.7	10.8	100

**Table 3: Table showing Correlations between Various parameters**

		Total days affected	Gender	Marital status of respondent	Ethnicity	Main work status
Total days affected	r	1	-.180	-.127	.221*	.130
	p		.05*	.168	.015	.159
Gender	r	-.180	1	.219*	.008	-.073
	p	.05*		.016	.932	.430
Marital status of respondent	r	-.127	.219*	1	.049	-.022
	p	.168	.016		.599	.808
Ethnicity	r	.221*	.008	.049	1	.094
	p	.015	.932	.599		.308
Main work status	r	.130	-.073	-.022	.094	1
	p	.159	.430	.808	.308	

\*. Correlation is significant at the 0.05 level (2-tailed).

**DISCUSSION:**

Mental health problems increased in female, daily functioning level is impacted more in female though it affects male as well. Total days affected is significantly increased in Janajati ethnic group, highest representation in study sample. Present study findings also supported findings of Kessler et al (2003) who stated severe form of mental illness encompasses a group of disorders that result in substantial functional impairments in one or more major life activities. Individual with major mental illness face persistent and pervasive disruption in functioning, from work to socialization to neurocognition to self-care. The care-taker of person suffering with mental illness is also equally affected and experienced high level of distress that reduced daily functioning abilities which is not explored in the present study. Though the study finding is important for further planning of intervention and treatment to mentally ill people, it needs further research in larger population.

**CONCLUSION:**

Level of functioning is affected significantly in people having psychosocial disabilities; impairment is higher in female, people suffering with severe form of mental illness. Findings indicate need of awareness in mental health. Further research is necessary in larger and representative population including care-taker of mentally ill person.

**ACKNOWLEDGEMENT:**

This study is conducted in Community Mental Health & Psychosocial Support Project Of CMC-Nepal. Thus the support of CMC-Nepal is acknowledged.

**FUNDING:** This study was supported by CMC-Nepal.

**CONFLICT OF INTEREST:** None

**REFERENCES:**

1. World Health Organization (2004). *Promoting mental health: Concept, Emerging evidence, Practice: Summary Report*. Retrieved from [http://www.who.int/mental\\_health/evidence/en/promoting\\_mhh.pdf](http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf). Accessed on 15 February 2017).
2. Marcus M., Yashami M.T., Ommeren M.V., Chilshom D., & Saxena S. (2012). *Depression: A Global Public Health Concern. Depression: A Global Crisis World Mental Health Day. 6-8*. Retrieved from [http://www.who.int/mental\\_health/management/depression/wfmh\\_paper\\_depression\\_wmhd\\_2012.pdf](http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf)
3. Lyngdoth L & Ali A. (2016). *Disability in person with schizophrenia: A study from north east India. International Journal of Psychosocial Rehabilitation. Vol 20 (2) 3*.
4. Thapa S.B, Ommeren, M.V., Sharma B., de Jong Joop T.V.M. & Hauff E. (2003) *Psychiatric disability among tortured Bhutanese refugees in Nepal. American Journal of Psychiatry; 160: 2032-2037*
5. Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., et al. (2003). *Screening for serious mental illness in the general population. Archives of General Psychiatry, 60, 184 -189*. In Iyer S.N., Rothmann T. L., Vogler J. E., & Spaulding W.D. (2005). *Evaluating Outcomes of Rehabilitation for Severe Mental Illness. Rehabilitation Psychology, 50(1), 43-55*. DOI: 10.1037/0090-5550.50.1.43