

Dementia and Mental Health and Economy of Primary Caregivers: A Case Study

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Abstract : Dementia is rapidly a growing challenge for elderly population throughout the globe. Caring for loved one with dementia is a burden and very much stressful for primary caregivers (family members) who are under the home care. It is a serious issue for family which is in lack economic resource. This study examines mental health and economy of a lower middle class family of slum colony of Kolkata metro city of India where has no separate shelter for elderly one and family's financial condition is in thick and thin position. Elderly mother was about 76 years old. The family had been managing dementia for last 5 years. The study assessed that family members were depressed and their anxiety as well as depression had crossed the limit. Their mental health had been reflected in their daily life and interactional level had been worse affected. So, they were almost isolated from their neighbour. On the other hand, male of this family, only earner (daily wage labour) was unable to go outside for job. This study suggested that government should take effective policy for dementia care and a support to the family with dementia is needed.

Keywords : Dementia, Caregivers, Elderly population, Depression, Mental health.

INTRODUCTION

Dementia is a serious health problem of population at their afternoon or last stage of life. It is rapidly increasing throughout the globe. The statistic shows that about 47.5 million elderly people suffer from dementia worldwide. Yearly new cases are recorded about 7.7 million [1]. It would be reached to 65.7 million in 2030 and 115.4 million in 2050 [2]. In India, it is a major issue of burden for aging population. It is estimated to be crossed 14 million by 2050 [3].

Major sufferings of dementia population are memory loss, poor judgement and confusion, problem in verbal communication, self management and so forth. So, they behave like babies. Sometimes, they lose their balance and physical movements become a serious task. Additionally, they lose their interest in daily activities.

Therefore, caring for loved one becomes an agony to the primary caregivers, It is a physical, social, psychological, and financial burden to the caregivers. Caring of dementia is more stressful and they are considered as hidden victims [4]. They are the invisible second patients. Family members are usually motivated to provide care because of sense of love or reciprocity, spiritual fulfilment, a sense of duty, guilt, social pressure, or in rare instance greed [5]. They

become a liability to the caregivers. Caregiver burden is seriously affected their behaviour adversely. They become mentally helpless and aggressive. Psychotic and depressive symptoms are with their daily living. They are being depressed considering their involvement for caring of the people with dementia [6]. So, the relationship between patients with dementia and their families is a complex and multidimensional.

This case study was conducted to examine the sufferings (social, psychological and financial) of caregiver families of an elderly with dementia.

THE CASE STUDY

Sandhyarani is a 76 years old widow. She lost her husband about 30 years ago. She has been living with her two married sons. She was a domestic help at her tender age and it was her only source of income for raring up her family. At present, she lives in a slum colony located at the southern part of Kolkata Metro city of India. She got a about 800 square feet plot of land in 1980s as refugee from the government of West Bengal. She and her husband left Bangladesh at their teenage. They lived at refugee shelter at the Indo-Bangladesh bordering district of West Bengal. After getting marriage both of them shifted in rental house of slum area for their daily living. They had no skill. They had to survive in unhealthy situation.

Later on they built a small house in 1980s and it is their present resident which is now at very bad condition and a renovation is badly needed immediately. Her two sons got married and live together in the same

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house. Their households are separate. Only two rooms are separated them, while other(kitchen and toilet) are common. Sandhyarani uses to stay in small room along with deity. Here there is culture in Hindu family that every house should have room for God. They offer their prayer to the God every day. Her sons are financially in very poor condition. They have no fixed income. They are basically daily wage earners. The younger son is A worker under MGNEGRA (Mahatma Gandhi National Employment Guarantee Act of India). And Sandhyarani is widow pensioner of government of West Bengal for which she gets one thousand rupees(\$ 13) monthly. So, their financial condition is not good to manage themselves.

Anyway, she was good. Only she used to take sleeping pill and other some medicine for her neuro problem. Suddenly, she faced a serious health problem. She was admitted at local hospital. It was diagnosed as cardiovascular attack. She recovered by that time. But she had been suffering from high blood sugar and high blood pressure. Regular medication is her source of living.

From that time, her memory loss has been increased and gradually, her daily activities have been changing. At present, her physical condition is well. But mental condition has become a burden and stress to her families.

OBSERVATION

It has been recorded that her caregivers (son and daughter-in-law) are taking care. But their mental condition is depressed. They become aggressive and their interaction pattern with each other and with their neighbour and relatives has been deteriorated badly.

Their financial condition is also in bad because her sons are unable to go their job for caring of their mother. Regular conflict with each has become a routine issue. Their mother has become burden to them. Most of them suffer from insomnia. They are socially isolated and their quality of life is adversely affected. Now they are praying for her death.

CONCLUSION

This is a problem to family with elderly dementia. It is strictly a personal family matter. No relative and neighbour is supportive for this. A family might be alone for this. On the other hand, government has no policy to assist the family with dementia. It is a serious all round burden to the poor families.

Therefore, health policies related to dementia need to be developed both for patient and their families to improve their quality of life and productivity.

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