

A CROSS-SECTIONAL STUDY ON ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES AMONG CAREGIVERS OF PATIENTS WITH SCHIZOPHRENIA**Dr. Venkata Kiran Vaddadi*¹ and Dr. Mounika Bollu²**¹Assistant Professor, Department of Psychiatry, Government General Hospital, Guntur.²Doctor of Pharmacy, Chalapathi Institute of Pharmaceutical Sciences, Guntur.***Corresponding Author: Dr. Venkata Kiran Vaddadi**

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ABSTRACT**Background:** Schizophrenia is a chronic mental illness and caring for the schizophrenic patients is a challenging job for the caregivers which puts an enormous burden emotionally, psychologically, physically and economically as well.**Aim:** This study is aimed at assessing the knowledge, attitude and practices among caregivers of patients with schizophrenia. **Settings and Design:** Cross sectional study design was used and the study was carried out on caregivers of patients attending psychiatric consultation clinic and in the psychiatry department of a tertiary care teaching hospital. **Methods:** A semi structured questionnaire was used to obtain the required data from caregivers accompanying the schizophrenic patients. **Conclusion:** Caregivers considered medical intervention is most important but they also advocated supportive interventions such as counseling and family support. This study suggested the need of educational programmes for the caregivers of patients by developing psycho-educational intervention and sensitization campaigns.**KEYWORDS:** Schizophrenia, Caregivers, Knowledge, Attitude and Practices.**INTRODUCTION**

Schizophrenia is a severe form of mental illness affecting about 7 per thousand of the adult population, mostly in the age group of 15-35 years. Though the incidence is low (3-10,000), the prevalence is high due to chronicity. It is a treatable disorder, treatment being more effective in its initial stages. More than 50% of the schizophrenic patients are not receiving appropriate care. Care of the persons with schizophrenia can be provided at community level, with active family and community involvement. There are effective interventions (pharmacological and psychosocial) available for schizophrenia; the earlier the treatment is initiated, the more effective it will be. However, the majority of the persons with chronic schizophrenia do not receive treatment, which contributes to the chronicity.^[1]

The schizophrenic disorders are characterized by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate and blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficit may involve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusion of control; influence or passivity; hallucinatory voices commenting or discussing the patient in the third person; thought disorders and negative symptoms. The etiology of

schizophrenia is multi-factorial including genetics, structural brain abnormalities and neurotransmitter imbalance. There are subtypes of schizophrenia like paranoid, hebephrenic also called disorganized, catatonic, undifferentiated, simple and residual schizophrenia.^[2]

Families are the primary care giving resource for persons with mental illness, yet they often lack the knowledge and skills needed to assist their relatives. Studies show that families routinely request information on basic facts about mental illness and its treatment, behavior management skills and the mental health system in order to cope better with patient's illness. It is well recognized that the maximum impact of a psychiatric disorder is borne by the family and often leads to complete disruption in its functioning.^[3]

Previous studies regarding the knowledge and attitude about mental illness indicated that majority of the people maintain a greater distance from the individuals with mental illness and there is a misconception that people with mental illness are violent.^[4]

Caregivers are usually close family members that take the responsibility of looking after the sick patient in the family. They report on any changes or abnormalities that are observed with the patients during the follow-up visits to the health facilities.^[5]

Schizophrenic patients when discharged from the health care facilities are managed at home by caregivers and are followed up at consultation clinics for maintenance of treatment and assessment. Early intervention and treatment are critical to prevent long term effects of the illness. The treatment is usually more effective when caregivers are equipped with the proper knowledge, attitude and practices relating to the schizophrenia.^[6] Caregivers face problems of coping with the social withdrawal, awkward interpersonal behaviors and disruptive attitude of patients with schizophrenia. These behaviors may be unhealthy for the caregivers and may create a lot of stress and emotional discomfort in the families.^[7]

Education combined with practical, supportive counseling addressing the resolution of daily issues was more conducive in aiding post stroke family adjusting. Family members usually accept the major responsibility of care giving. Financial worries and reduced social activities will add to the burden.^[8,9]

Keeping in view of the public opinion about the mental illness, study on knowledge, attitude and practice of caregivers towards any mental illness seems meaningful so that various mental health programs could be formulated and organized which also helps in proper rehabilitation of the patient.

Method

This was a cross-sectional descriptive study carried out in the psychiatric consultation clinic and the psychiatry ward in a tertiary care teaching hospital.

Sample Size

The sample size for the study was 100 caregivers of the schizophrenic patients.

Inclusion Criteria

1. Caregivers of patients with schizophrenia who are available during the data collection period.
2. Caregivers of schizophrenics who were above 18 years of age.
3. Caregivers belonging to the patient family.

Exclusion Criteria

1. Health care professionals were excluded.
2. Caregivers having any psychiatric illness were excluded from the study.
3. Caregivers of patients who were not willing to participate in the study.

Tools

Self designed semi structured questionnaire prepared using the data collected from the literature was used in the current study to obtain quantitative and qualitative data by interview technique. Demographic data collected in this study included: age, sex, level of education, relationship of caregiver to patient. Information about the

knowledge, attitude and practices was collected by using the questionnaire.

Data Collection

Aim of the study was explained to all the study participants and written consent was obtained prior to the interview. The statements were readout before each of the participants individually and their views for each of the statements were documented.

RESULTS

Description of Sample Characteristics

Table. 1: Frequency and percentage distribution of family members by demographic characteristics.

Sample Characteristics	Frequency	Percentage
Relationship with the patient		
Daughter/son	28	28%
Parent	24	24%
Spouse	20	20%
Siblings	18	18%
Significant others	10	10%
Age		
13-15	6	5%
16-30	34	27%
31-45	34	38%
46 and above	26	30%
Education		
Illiterate	16	16%
SSC	38	38%
Intermediate	32	32%
Graduation	14	14%
Post graduation	0	0%
Occupation		
Employed	56	56%
Unemployed	44	44%
Community		
Urban	70	70%
Rural	30	30%
Duration of illness		
Below 1 year	44	44%
1-2 years	28	28%
Above 2 years	28	28%

Data presented in the above table on the relationship with the patient indicate that out of 100 family members, 28% were children, 24% were parents, 20% were spouses followed by 18% siblings and significant others were 10%.

Age wise description shows majority of the family members (38%) were between the age group of 31-45 years. Data also indicates that 30% of the family members are having the age of 46 years and above.

As per their education, majority of the family members, 38% had completed SSC followed by intermediate (32%). Data also indicate 16% of them were illiterate and 14% had completed graduation and nobody was in the category of post graduation.

Data presented in table-1 illustrate that 56% of the family members were employed and 44% were unemployed. Out of 100 family members, 70% were from urban community and 30% were from rural community.

In this study, 44% of the patients having schizophrenia for less than one year, 28% were having from 1-2 years.

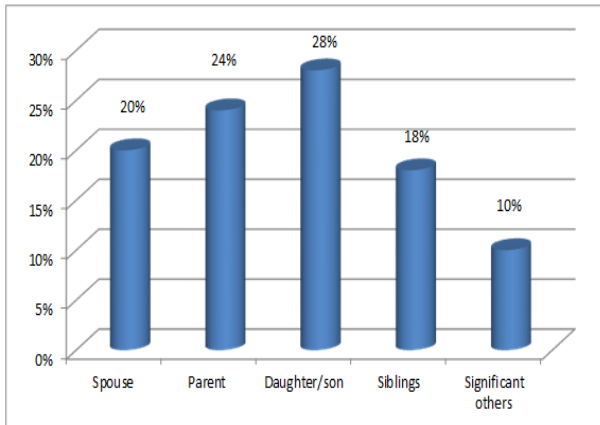


Figure. 1: Distribution of family members by relationship.

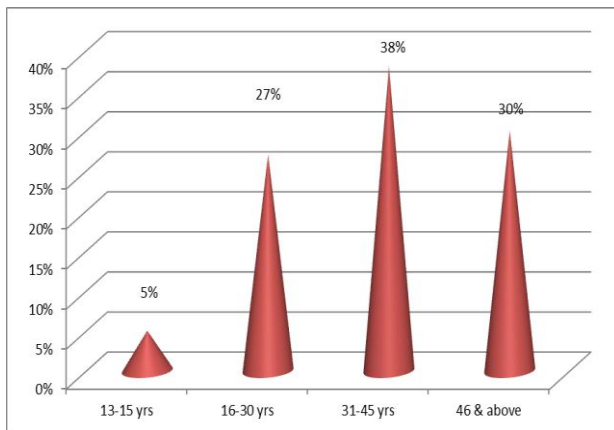


Figure. 2: Distribution of family members by age.

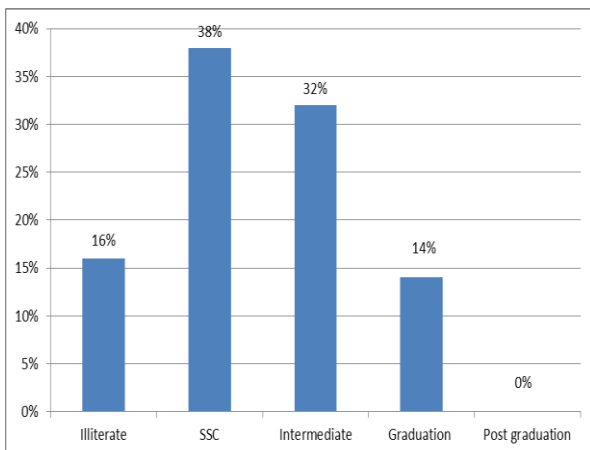


Figure. 3: Distribution of family members by education.

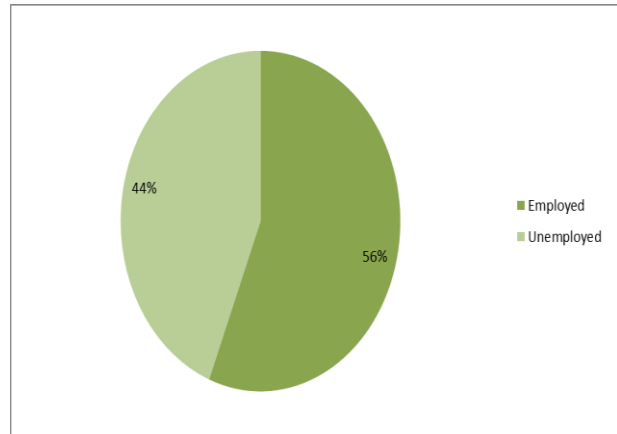


Figure. 4: Distribution of family members by occupation.

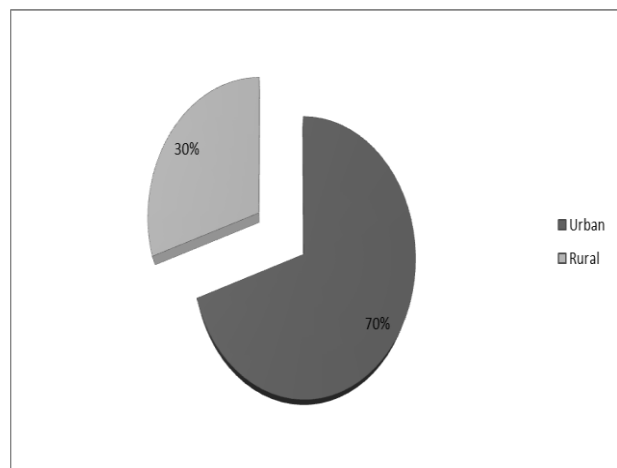


Figure. 5: Distribution of family members by community.

When caregivers were asked about their knowledge on schizophrenia, it was found that 73% had no prior knowledge about schizophrenia and 58 % got the information first hand by patient experience, 17 % got the information from friends and relatives, 20% from health care professionals and 5% from media and campaigns.

Table. 2: Source of information about the schizophrenia for the caregivers.

S. No	Source of information	Percentage (%)
1.	Patients experience	58%
2.	Friends and relatives	17%
3.	Health care professionals	20%
4.	Media and campaigns	5%

In order to assess the knowledge, care givers were asked to describe the different symptoms of the schizophrenic patients.

Table . 3: Describe the symptoms of the illness of the patients.

S. No	Symptoms	Percentage (%)
1.	Roaming/wandering	93
2.	Hearing voices/ talking and laughing to self	88
3.	Abnormal speech	83
4.	Verbal aggressive	77
5.	Anti social behavior	73
6.	Isolation/withdrawn	64
7.	Abnormality of mood	61
8.	Self neglect	57
9.	Physical aggression	56
10.	Abnormal beliefs	52
11.	Sleep a lot	48
12.	Insomnia	42
13.	Scared	39
14.	Smoking	30

The above table showed the different symptoms indicated by the care givers. Roaming/wandering (93%) and hearing voices/ talking and laughing to self (88%) were the most frequent, followed by abnormal speech (83%), verbally aggressive (77%) and anti social behavior (73%).

Table. 4: What supportive interventions is needed for the recovery of the schizophrenic patients?.

S.no	Intervention	Percentage (%)
1.	Family support	98
2.	Finance	96
3.	Counseling	94
4.	Awareness	85
5.	Early detection of breakdown	83
6.	Medicines	82
7.	Smoking cessation	52
8.	Rehabilitation	51
9.	Clean environment	47
10.	Employment	45
11.	Taking to church members/priests	38
12.	Give smoke	29
13.	School	17

All items were having multiple responses so donot add up to 100%.

Table-4 shows the supportive interventions that caregivers recommend for the patients. Family support (98%), financial assistance (96%) and counseling (94%) were highly recommended followed by others such as medicines, rehabilitation, awareness and smoking cessation.

Table. 5. shows the response of the caregivers on questions relating to their attitude towards the patients.

How do you feel about discussing the illness of patient with others ?	
Ashamed	87%
Discuss if asked	63%
Relieve pressure	52%
Discuss for assistance	49%
Comfortable to discuss	43%
Awareness	36%
No discussion	28%
Which people do you feel comfortable talking to about the schizophrenic patients ?	
Church members/ priests	94%
Health care professionals	82%
Family members	75%
Communities	30%
Friends/relatives	27%
How do you react when the patient makes bizarre statements, comments/action ?	
Scared	92
Give medicine	86
Upset	80
Sad	76
Feel responsible and calmly correct them	61
Ashamed	54
How do you feel about caring for the patient ?	
Responsibility	79%
Happy	62%
Burden	57%
Upset	35%
No problem	23%
Repay what he has done	18%
Tiring	14%

Most of the caregivers (87%) were ashamed of discussing the patient illness with others and 63% are comfortable to discuss only if asked. 82% of the participants expressed that they feel comfortable to talk with the health care professionals. 92% of the caregivers were scared and 61% feel responsible and calmly correct them when the patient makes bizarre statements. The caregivers were also asked about how they feel about caring for the patient in order to assess their attitude and responsibility towards caring for the patient. Most of the caregivers (79%) said that they were being responsible towards the patients and 57% felt burdensome for caring the schizophrenic patients.

Table. 6: Willingness and barriers for attending the clinics and home supervision of medications for patients with schizophrenia.

How regularly are you able to attend the clinics ?	
Always	35%
Most times	47%
Sometimes	18%
What are all the problems that stop you from coming to the clinics ?	
Finance	93%
Forget dates	85%
Non compliance	81%
Patient refuses	80%
Distance	74%
Transport	66%
Illness other than schizophrenia	62%
Aggressive	59%
Surplus of antipsychotic medications	37%
No escort	36%
No problem	15%

The responses of the caregivers to questions related to willingness and problems or barriers to attending clinics are presented in Table-6. 35% of caregivers said that they always attend the clinics, compared to 47% who attended most times and 18% responded that they have attended sometimes only.

The major problems that prevented the caregivers from bringing the patients to the clinics included finance (93%), transport (66%) and refusal by the patients (80%). Other problems like having surplus of antipsychotics at home (37%), distance (74%) and aggressive behavior of patients (59%) were also mentioned.

CONCLUSION

Educational interventions are needed aiming specific target groups, with prior identification of their knowledge and attitude. Findings of this study recommended the need for a continuous psycho-educational input from psychiatric health professionals in order to sustain and improve the level of awareness in the care givers and also in the general public. Increased access to the psychiatric services and health education is recommended to further enhance the care of schizophrenic patients.

Recommendations

1. A study could be undertaken to evaluate the effectiveness of a planned teaching programme on knowledge and attitude of family members towards mentally ill.
2. A similar study can be undertaken on other mental illnesses.
3. A comparative study can be conducted between the family members caring for mentally ill patients at home and in the hospital.

Practice

The present study revealed that there is a need for mental health education to teach family members regarding schizophrenia and other mental illness, therefore:

1. Health care professionals (HCP's) should consider the family members of the hospitalized patients as primary care agents for the patients.
2. Health care personnel working in the psychiatric units should be well equipped with the knowledge, skill and practice a positive and helping attitude to deal with patients with mental illness and their families.
3. Family member's knowledge of mental illness is a crucial factor which may influence the prevention of mental illness, enhance the recovery process of a mentally ill person and help him/her to be a socially productive citizen.
4. HCP's should identify the need of the attending family members and offer supportive counselling services so as to help them overcome a stressful situation.
5. HCP's working at the psychiatric OPD during a follow-up visit must spend some time with patients and their family members to sort out their problems in order to reduce the relapse of the illness.
6. Involve family members to be a part of treatment planning and thus enable them to take care of the patient.
7. Mental health needs of the society has been accorded a very low priority in our budgetary allocation for health. Though it is true that we have other health priorities which need immediate care, mental health needs are also to be looked in to and provisions should be made accordingly.
8. Health education at the periphery can be done by traditional health workers since they are readily accepted by the families. Thus, they should be adequately trained and utilized for providing mental health education.
9. The community health personnel should organize community-based health education programmes on the topic of mental health to change the negative attitude of the community towards the mentally ill.
10. The administrators should provide facilities in terms of personnel, time and health education material to carryout health education programmes in the community.

Education: The study implies that family members have to be properly trained to detect the mentally ill at an earlier stage, thereby ensuring timely action. Earlier the identification, better the prognosis of major mental disorders, so the component of mental health and mental illness needs should be incorporated in all educational programmes.

Limitations of the study

1. The study was confined to a small sample of family members of schizophrenic patients which limits generalization of the findings.
2. The study was limited only to a selected hospitals.
3. Another limitation is related to the study design (cross sectional study design). As the burden of the caregivers are changing over time, the data collected on multiple times or longitudinal will be the best in order to explore

the relationships among the variables or experimental design to examine the effectiveness of the interventions provided for reducing the care giver burden.

Implications

The findings of this study provided better understanding of the condition of caregivers who provided their care for patients with schizophrenia.

These findings help health care professionals to conduct the in-depth assessment and to made the interventions for the caregivers as well as the patients to improve their functional abilities.

Current study findings also contribute to future research by serving as an evidence based findings regarding the predicting factors of caregiver burden.

Already, number of studies have been conducted to assess knowledge, attitude, coping ability, burdens felt, rejection etc., but there are very few experimental studies carried out by psychiatrists and social workers. The present study implies that health care personnel should conduct studies on the needs of mentally ill and their families and effectiveness of the care provided in various types of psychiatric illness, as all the areas need to be researched in psychiatric practice.

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