

Knowledge of Home Care Management Among Caregivers of Mentally ill Patients in A Selected Psychiatric Hospital of Srinagar

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Abstract

The study was conducted with the aim of assessing the knowledge of home care management among caregivers of mentally ill patients.

Objectives of the Study: 1. To assess the knowledge of home care management among caregivers of mentally ill patients. 2. To determine the association between knowledge of home care management among caregivers of mentally ill patients with their selected socio-demographic variables (age in years, gender, educational status, occupation, family monthly income, type of family, type of residence, relationship with the patient, and duration of the caregiver's role).

Materials and Methods: A quantitative research approach with a descriptive research design was used. The study was conducted in the inpatient and outpatient departments of IMHANS, Srinagar, Kashmir. 80 subjects were selected using the non-probability purposive sampling technique. The data collection tool used was a "self-structured interview schedule" for assessing knowledge. The data was analyzed using descriptive and inferential statistics.

Results: Major findings of the study revealed that majority of the study subjects (91.2%) had good knowledge, whereas a small percentage (5.0%) had average knowledge and only (3.8%) had poor knowledge. There was a statistically significant association between knowledge and socio-demographic variables like education status ($p = 0.002$) and family monthly income ($p = 0.014$) at 0.05 level of significance.

Conclusions: The findings of the study concluded that majority of the caregivers had good knowledge about the aspects of home care management of mentally ill patients that included sleep pattern, personal hygiene, communication, physical activities, entertainment, nutrition, fluid intake, safety, drug regimens, and follow-up. Still the study reinforces the need to organize health camps, teaching programs, and the preparation of informational aids in the form of booklets or pamphlets that sensitize caregivers to incredibly enhance their knowledge regarding home care management of mentally ill patients.

Key Words: Knowledge, caregivers, mentally ill patients, and home care management.

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Introduction

The term Mental illness comprises “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and or impaired functioning.”¹ Mental illness and disorders represent a significant global public health challenge, causing considerable morbidity and mortality worldwide. There are more than 200 classified forms of mental illness as of DSM -5. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia, anxiety disorders, etc.²

Around 1 in every 8 people, or 970 million people, currently suffer from such conditions, placing mental disorders among the leading causes of ill health and disability worldwide. Mental disorders can have a profound impact on individuals, families, and communities, contributing to a reduced quality of life (WHO report 2022).³

A global analysis of the burden of disease attributed to mental disorders estimated that mental disorders accounted for 32.4% of years lived with disability (YLDs) and 13% of disability- adjusted life years (DALYs), instead of the earlier estimates suggesting 21.2% of YLDs and 7.1% of DALYs.⁴ A study of the burden of mental and substance use disorders around the globe found that mental disorders accounted for the largest proportion of DALYs (56.7%), followed by neurological disorders (28.6%) and substance use disorders (14.7%).⁵

During the last decades, many epidemiological studies conducted in India have highlighted the prevalence rate of mental disorders between 5.82% and 7.3%, which shows that the prevalence of major mental disorders is almost the same all over the world. The prevalence reported from these studies is 65 per 1000 in India; one in eleven people suffers from mental illness.⁶

The caregiver plays a key role in caring for the mentally ill patient. Caregivers handle the day-to-day needs of the patients, monitoring their mental state, identifying the early signs of illness, relapse, and deterioration, and helping patients access health

care services. When meeting the needs of the patient, caregivers may face the behavioral disturbances of the ill patient and can also be targets of the patient’s abusive or violent behavior.⁷

The management of the patient at home has assumed greater importance as a result of the shift of patients from the hospital to the community. The process of caring at home often takes a long time and places heavy challenges on the family. Caregivers need good knowledge about disease, coping skills, care at home, and social support. Knowledge of family members regarding home care management of mentally ill patients at home can reduce symptoms, improve medication compliance, prevent relapses in patients, and reduce stress and challenges for family members who are involved in patient care.⁸

Need for The Study

As the mental health care system began to move from institutionalization of psychiatric patients to outpatient community care for them, the demands for families to act as caregivers to their mentally ill relatives increased.⁸ These families have been providing support in many ways for their relatives, including emotional, physical, and financial support. Families also take on many case management roles, such as assessment of patient functioning and identification of patients’ needs. They often serve as a link to the treatment team in terms of encouraging, supporting, and monitoring patient compliance with medication and recommended activities. Caregivers also provide assistance to patients in their daily lives, can provide crisis intervention, and let the team know of early warning signs of relapse. Many relatives also serve as advocates for patients’ needs and rights.⁹

Despite the fact that knowledge can play a pivotal role in improving outcomes, there is a dearth of studies in the literature, especially in mental health and psychiatric nursing in Jammu and Kashmir. Hence, the investigator felt the need to conduct the study on knowledge of home care management among caregivers of mentally ill patients.

Materials and Methods

A quantitative research approach was used for the present study with a descriptive research

design. Permission was obtained from the concerned authorities to conduct the final study. Ethical clearance was obtained from Institutional Ethical Committee (IEC) on 14-09-2022 with reference no.SIMS 131/IEC-SKIMS/2022-314 to conduct the study using the non-probability purposive sampling technique to select 80 caregivers in the outpatient and inpatient departments of IMHANS (Institute of Mental Health and Neuro Sciences), Srinagar, Kashmir. Data was collected by the researcher themselves using self-structured interview schedule.

Inclusion Criteria: Caregivers of mentally ill patients

- (a) who were taking care of their patients at home for not less than 6 months.
- (b) Who could read and understand Urdu and English

Exclusion Criteria: Caregivers of mentally ill patients

- (a) Who were not willing to participate.
- (b) Who were not available at the time of the study.

Sample Size Estimation

To observe the mean knowledge score of 66.70 ± 15.11 with a relative precision of 10% and a 95% confidence level, the sample size required was approximately 80.¹²

The reliability of the self-structured interview schedule regarding home care management among caregivers of mentally ill patients was determined by Cronbach's alpha reliability test. It was found to be 0.778.

A "self-structured interview schedule" was administered to assess the knowledge and perceived challenges of home care management among caregivers of mentally ill patients.

The pilot study was conducted on 10% of the sample size i.e; 8 study subjects in the inpatient and outpatient departments of IMHANS, Kashmir, from July 4, 2023 to July 6, 2023 to estimate feasibility of the tool used. The findings of the pilot study revealed that 100.00% of the study subjects were having good knowledge and 0.00% were having average and poor knowledge. The mean knowledge score was 31.62 with SD of ± 2.13 .

Assessment of knowledge scores was categorized into various levels based on the scale developed by Sawant in his study on knowledge assessment among caregivers towards mental illness.¹³ Knowledge score of less than 33% indicates poor knowledge, 33-66% indicates average knowledge and > 66% indicates good knowledge.

All data collected were coded and organized before entry. Data were entered in statistical package for social sciences (SPSS) version 27.0 and analyzed by using descriptive statistics (frequency, percentage, mean and standard deviation) to describe the extent of knowledge. Inferential statistics (Chi-square (χ^2) test) was used to find out the association between knowledge with their selected socio-demographic variables.

Results and Discussion

Findings Related to the socio-demographic Variables

About half (55.0%) of study subjects belonged to the age group of 20-35 years. Almost two-thirds (66.2%) were males. Regarding educational qualifications, one-third (32.5%) had secondary educational qualification. About one-third (37.5%) of study subjects were unemployed. Almost one-third (31.3%) had family income of Rs 10,000 to 20,000/month. The maximum number of study subjects (65.0%) belonged to the nuclear family. The maximum number of study subjects (72.5%) belonged to rural areas. About one-quarter (26.3%) had relationship with the patient as child. Over one-quarter (28.8%) of study subjects had 6 months -2-years as duration of the caregiver's role. A similar study was conducted by Jack-Ide and Amegheme (2016)¹⁴ (n=50). Findings showed that almost two-thirds (62%) were female. Those in the age range of 34-49 (60%) accounted for the majority of the participants. Regarding educational qualification, two-thirds of study subjects (66%) had primary education, one-fifth (22%) had completed secondary education, only twelve percent (12%) had a tertiary education, almost half (44%) were public servants, one-third (34%) were self-employed, a small percent (12%) were farmers, 10% were students, and over half (28%) were parents.

Another similar study was conducted by **Walke, Chandrasekaran, Mayya (2018)**¹⁵ (N=320). Findings showed that the majority of the caregivers were in the productive age group of 31-50 years (55.6%), 63.6% were female, 33.4% had completed their education up to university level, 40.3% had a family income in the range of INR 5001-10,000, 41.9% provided care for mentally ill dependents for a period of 1-2 years, and 30% were the spouses of those who were mentally ill individuals. About half of them worked. Also, another similar study was conducted by **Koshy (2018)**¹⁶ (n=80). Findings showed that the majority (87.5%) of caregivers belonged to nuclear families, 75% were providing care from 6 months to 5 years, 61.3% of caregivers were residing in rural areas, and 48.75 % of caregivers were parents.

Findings Related to Knowledge Scores

The majority of study subjects (91.2%) had good knowledge, whereas a small percent (5.0%) had average knowledge and only (3.8%) had poor knowledge. The mean knowledge score was 31.35 with a SD of ± 4.99 . Similar results were conveyed from a study conducted by **Deepa, Kapoor, Biswas (2023)**¹² (N=100). Findings of the study revealed that the majority (63%) of caregivers of mentally ill patients had good level of knowledge, followed by average knowledge level 24%, and poor knowledge level 13%, respectively. Mean \pm SD of knowledge score of study subjects was 19.87 ± 4.54 .

Findings related to the association between knowledge scores of home care management among caregivers of mentally ill patients with their selected socio-demographic variables (age in years, gender, educational status, occupation, family monthly income, type of family, type of residence, relationship with the patient and, duration of the caregiver's role).

The findings revealed that there was a statistically significant association between the knowledge scores of study subjects and their socio-demographic variables like educational status ($p=0.002$) and family monthly income ($p=0.014$). There was no significant association found between the knowledge scores of study subjects and other socio-demographic variables like age in years ($p=0.204$), gender ($p=0.085$), occupation ($p=0.678$), type of family ($p=0.664$), type of residence ($p=0.443$), relationship with the patient ($p=0.266$) and duration of the caregiver's role ($p=0.361$). A similar research study was conducted by **Sunitha, Kurushev, Chitra (2021)**¹⁷ (N=110). Findings showed that demographic variables such as caregivers' educational status and place of residence had a statistically significant association with the level of knowledge regarding schizophrenia among caregivers at $p<0.01$ and $p<0.05$ levels, respectively. The other demographic variable, like age, gender, type of family, occupation, economic status, relationship with the patient, and length of stay with the patient, had not shown a statistically significant association with the level of knowledge regarding schizophrenia among caregivers.

Table 1. Frequency and percentage distribution of study subjects according to their selected socio-demographic variables

n = 80

Variables	Categories	Frequency(f)	Percentage (%)
Age of the caregiver	Below 20 Years	3	3.8%
	20-35 Years	44	55.0%
	36-50 Years	28	35.0%
	51-65 Years	4	5.0%
	Above 65 Years	1	1.2%

Continue....

Gender	Male	53	66.2%
	Female	27	33.8%
Educational status	Primary School	17	21.3%
	Secondary	26	32.5%
	Higher Secondary	14	17.4%
	Graduate and above	23	28.8%
Occupation	Government or private Employee	16	20.0%
	Self-employed	24	30.0%
	Unemployed	30	37.5%
	Student	10	12.5%
Family monthly income (in rupees)	Less than 10,000/- month	15	18.7%
	10,000-20,000/- month	25	31.3%
	21,000-30,000/- month	20	25.0%
	More than 30,000/- month	20	25.0%
Type of family	Nuclear family	52	65.0%
	Joint family	20	25.0%
	Extended family	8	10.0%
Type of residence	Rural	58	72.5%
	Urban	22	27.5%
Relationship with the patient	Parent	18	22.5%
	Spouse	13	16.3%
	Sibling	19	23.7%
	Child	21	26.3%
	any other	9	11.2%
Duration of the caregiver's role	6 months-2 Years	23	28.8%
	2-4 Years	22	27.4%
	4-6 Years	18	22.4%
	> 6 Years	17	21.4%

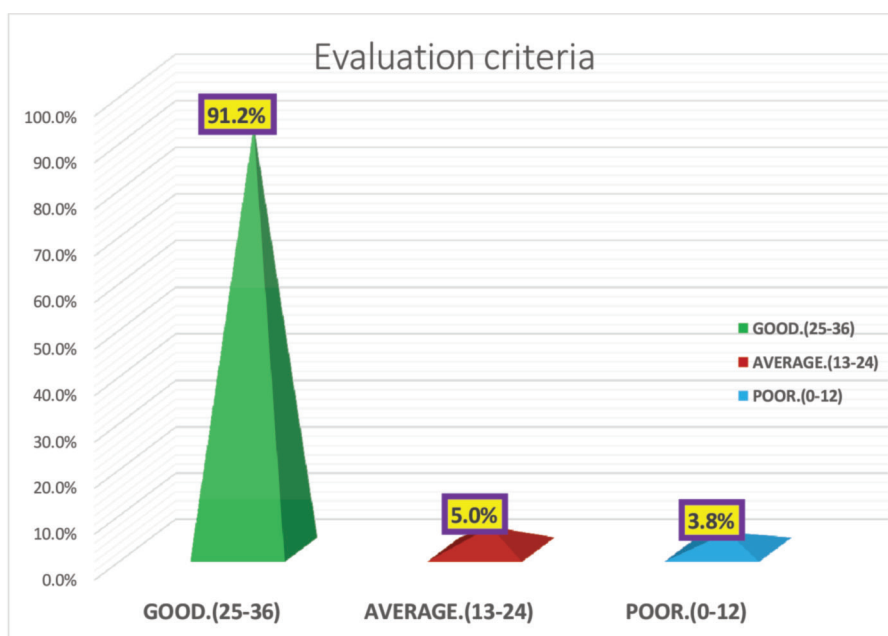


Figure 1: A pyramidal diagram showing the percentage distribution of study subjects according to their knowledge score

Table 2. Mean, standard deviation, and mean percentage of study subjects according to their knowledge scores

n=80

Descriptive statistics	Mean ± SD	Mean%
Knowledge score	31.35 ± 4.99	87.08

Maximum=36 Minimum =0

Table 3. Association of knowledge scores of study subjects with their selected socio- demographic variables

n=80

Variables	Categories	GOOD	AVERAGE	POOR	Chi Test (χ ²)	df	P Value	Result
		(f)	(f)	(f)				
Age of the caregiver	Below 20 Years	3	0	0	10.965	8	0.204	NS
	20-35 Years	43	1	0				
	36-50 Years	23	3	2				
	51-65 Years	3	0	1				
	Above 65 Years	1	0	0				
Gender	Male	51	1	1	4.924	2	0.085	NS
	Female	22	3	2				
Educational status	Primary School	11	3	3	20.862	6	0.002**	S
	Secondary	26	0	0				

Continue....

	Higher Secondary	13	1	0				
	Graduate and above	23	0	0				
Occupation	Government or private Employee	16	0	0	3.991	6	0.678	NS
	Self-employed	21	2	1				
	Unemployed	26	2	2				
	Student	10	0	0				
Family monthly income (in rupees)	Less than 10,000/-month	11	1	3	15.894	6	0.014**	S
	10,000-20,000/-Month	24	1	0				
	21,000-30,000/-Month	20	0	0				
	More than 30,000/-month	18	2	0				
Type of family	Nuclear family	47	3	2	2.394	4	0.664	NS
	Joint family	19	0	1				
	Extended family	7	1	0				
Type of residence	Rural	52	4	2	1.627	2	0.443	NS
	Urban	21	0	1				
Relationship with the patient	Parent	15	1	2	9.988	8	0.266	NS
	Spouse	10	2	1				
	Sibling	18	1	0				
	Child	21	0	0				
	any other	9	0	0				
Duration of the caregiver's role	6 months-2 Years	19	2	2	6.585	6	0.361	NS
	2-4 Years	20	2	0				
	4-6 Years	17	0	1				
	> 6 Years	17	0	0				

*Significance at 0.05 level, S= Significant, NS= non-significant

Limitation

The following points were beyond the control of the investigator:

1. The investigator had difficulty in getting responses, since caregivers were waiting for their turn to see the doctor in OPD; they felt inconvenienced to answer the tool.

Conclusion

Based on the findings of the study, the following conclusions were drawn: Findings showed that the majority of the study subjects possessed good knowledge regarding home care management of mentally ill patients. There was a statistically significant association between knowledge and

socio-demographic variables like education status ($p = 0.002$) and family monthly income ($p = 0.014$). Still the study reinforces the need to organize health camps, teaching programs, and the preparation of informational aids in the form of booklets or pamphlets that sensitize caregivers to incredibly enhance their knowledge regarding home care management of mentally ill patients.

Declaration by Authors *Ethical Approval*: Approved from Sher-i-Kashmir Institute of Medical Sciences, Srinagar Ref no: SIMS 131 / IEC-SKIMS/2022-3/4 Dated:14/09/2022

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Conflict of Interest: The authors declare no conflict of interest.

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