

A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICES OF FAMILY MEMBERS OF CLIENTS WITH MENTAL ILLNESS

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INTRODUCTION:

Mental illness is an age-old problem of mankind as recorded in the literature of the oldest civilizations world over. It imposes unique demands on both the patient and the health care provider.

Availability of psychiatric services does not guarantee their utilization. Crucial to their utilization are community attitude towards mental illness, their level of knowledge about mental illness and the culturally sanctioned practices regarding mental illness. Although successive advances in the scientific understanding of abnormal behaviour have dispelled myths, there remain a number of popular misconceptions like mental illness is incurable, hereditary, infectious, God's punishment, etc, leading to the persistence of a negative attitude towards the patient. The western countries are no exception. Mental health professionals can play an important role in reducing the stigma against mental illness.

The study was undertaken in mental health centre, Christian Medical College and Hospital Vellore, India in order to assess the knowledge, attitude and practices of family members of mentally ill clients visiting the

hospital for the first time.

OBJECTIVES:

1. To assess the knowledge, attitudes and practices of family members of clients regarding mental illness.
2. To identify the Pathway to care for the clients with mental illness.
3. To assess the relationship between the knowledge attitude and practice and selected sociodemographic characteristics.

SUBJECTS AND METHODS

To achieve the objectives a descriptive study design was used. The study was done on one adult family member (related by blood/ marriage) living with and accompanying the client with pure psychotic mental illness attending the out-patient department of Mental Health centre, CMC Hospital, Vellore, for the first time. The clients were chosen randomly everyday from the OPD register of new patients. Family members who could not speak English or Tamil, who were themselves mentally ill and who refused to participate were excluded.

The subjects were confidentially interviewed by the investigator in English or Tamil as appropriate using a structured questionnaire with four modules each covering the different objectives of the study. Appropriate statistical analysis was carried out after coding and totaling the scores of respondents.

RESULTS:

While there were almost equal number of men and women among clients, 70% of the family members interviewed were men. The clients and family members were similar with respect to level of education and occupation. Majority of the clients and interviewees were Hindu, Tamil speaking rural residents.

The family members had an adequate level of knowledge regarding mental illness albeit of an experiential rather than a general nature. All subjects were able to state at least one symptom or sign of mental illness and 78% were able to identify a cause or factor precipitating the onset of illness. Almost all (97%) stated that mental illness is curable with medication. Almost a third accepted that they used physical restraint to keep the ill client under control and said that modalities other than medication including ECT (8%) were necessary to effect a cure.

More than 80% allowed the mentally ill client to attend social gatherings or visit public places. While two thirds did not advocate marriage as a cure for mental illness, 25% objected to marrying family members of a mentally ill person for fear of social stigma. Much less than half the family members (40%) have expressed the misconceptions regarding mental illness.

PATHWAY TO CARE:

Interestingly the re- →

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sponses to the type of person who had advised them to take the mentally ill client to MHC revealed that the personnel of private hospital or clinics were not the predominant category of persons who had advised them to do so. This indicates necessity of improving the level of knowledge and skills of private practitioners in the care of mentally ill persons and establishing an appropriate network to facilitate quick and prompt referral to the secondary and tertiary mental health care institution.

Only 4 clients were brought to the MHC first, 55% had been taken to a private doctor, 13% to a government health facility and the rest to others including places of worship, traditional healers etc. Jiloha R.C. and Jugalk (1997) who conducted the study regarding super natural beliefs, mental illness and treatment outcome in Indian patients concluded that the faith healers should be taught the limitations of their treatment and should be trained to refer these patients to a psychiatrist for problems which they cannot handle.

Though about two thirds had sought treatment from private and government doctors; only 27% were referred to the MHC by these care providers with the majority being brought on the advice of friends and colleagues of the client or the family member, less than half had been prescribed specific medication for the treatment of mental illness among whom less than 20% had been compliant with the treatment prescribed.

The attitude scores were found to be associated with the educational level of the family members. The mean at-

titude score was statistically higher among those with secondary level of education and above. (mean score 16.6, SD 4.9) in comparison to those with a primary level of education or illiterate (mean score 13.9, SD 4.5).

The family members from the urban area scored significantly higher (mean score 17.2, SD 4.5) on the attitude scale than those in the rural area (mean score 14.3, SD 4.8).

These findings revealed that education and locality play significant role in the level of attitude. These suggest the need for an innovative educational interventions to the relatives of mentally ill clients.

CONCLUSION:

Educational interventions are necessary to improve the general knowledge of family members regarding mental illness. An improvement in the attitude towards mentally ill persons among the public and the first level health care providers will lead to better practices, early identification of illness, initiation of appropriate treatment, prompt referral to a specialized care setting when necessary, improvement in the cure rate and complete rehabilitation at the community level. Nurse practitioners working in mental health and primary health care settings have a large role to play in this regard.

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