

A Study on Primary Caregiver of Mentally Ill Patient And Their Satisfaction With Mental Health Services

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Abstract

Background: Mental illness often refer to a wide range of psychiatric symptoms that persist overtime and are functionally disabling in living skills, social interaction, family relationship, job and or education, encompasses condition such as schizophrenia, Major Depressive disorder and Bipolar Disorder

AIM: To assess the primary family caregivers of mentally ill patients and their Satisfaction with mental health care attending Tertiary Care Hospital, Visakhapatnam.

Materials and Methods: The experiences of family members of mentally ill relatives with mental health professionals. It is undertaken with the expectation that it will provide these professionals with a perspective, which will move them to involve family members more fully in the treatment of their mentally ill relative. Both in-patient and Out-patient department were taken in to study. Structured interview schedule is used to assess satisfaction with the level of Involvement with mental health services. 200 primary care givers of mentally ill patients were taken in to study.

Results: Majority of care givers of mentally ill patients in this study are males, aged between 41 – 50 years and they are literates. that n = 114 care givers are satisfied with the explanation given by Mental health professionals regarding their patient's illness and a majority of care givers are informed about the next followup visit. majority of care givers said that they are explained about administration of the drug, their side effects and they are informed about requirement and duration of medication. Few care givers of n=51 are not informed about administration of drug

Conclusion: This study findings indicate that a significant minority of care givers were dissatisfied with the amount of their involvement with mental health Professionals and mental health services in this Tertiary care center. By Paying attention to the care givers needs is a major step forward, and support groups can be important component in providing social and financial support to care givers.

Keywords: 1.Mental illness 2.Primary caregivers 3.Schizophrenia 4.Patient satisfaction.

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I. Introduction

Mental illness often refers to a wide range of psychiatric symptoms that persist over time and are functionally disabling in living skills, social interaction, family relationship, job, and / or education, encompasses condition such as schizophrenia, major depressive disorder and bipolar disorder. Until the sixteenth century, treatment techniques were cruel, and sometimes torturous, and all the treatments were aimed at attempting to balance the mind and body. The seventh century marked the beginning of semblance of humanitarian treatment, because the mentally were housed in institutions or hospitals. This need became more pressing as increasing numbers of people seeking help began to alarm state authorities due to the high cost of maintaining mentally ill people in the institutions. Gallagher, 1995¹ which eventually led to further deinstitutionalization that heightened the need for community-based health care. Since the objectives of the community mental health program are primary prevention and treatment, mental health programs were initially extended to various entities such as schools, social service agencies, and church programs. Since deinstitutionalization, it has been difficult to accurately measure just how many people are diagnosed with a mental disorder. The most complete and concise recent epidemiological studies document the high levels of disorder in the community and low rates of psychiatric treatment for adults^{2,3}. At this time, families and professionals had little contact with the patient and families were told to expect very little change and to resume their lives with the understanding that the patient might never return home. In view of better medication and care available these days and the family members are involved in the care of the mentally ill patients; the consumer is mentally ill patient and his care givers. Hence their need has to be looked in detail in order to improve further facilities in their care.

II. Materials And Methods

This study reports the experiences of family members of mentally ill relatives with mental health professionals. It is undertaken with the expectation that it will provide these professionals with a perspective, which will move them to involve family members more fully in the treatment of their mentally ill relative.

III. Sample And Setting

The study was conducted in a Tertiary care hospital at Visakhapatnam after approval of institutional ethical committee. Primary family care givers of mentally ill patients attending both in-patient and Out-patient department were taken in to study. Informed consent was taken. Structured interview schedule is used to assess satisfaction with the level of Involvement with mental health services. 200 primary care givers of mentally ill patients were taken in to study.

Inclusion Criteria: Primary family Care givers of mentally ill patients, Care givers above 18 years age, Care givers staying with the patient for the last 2 years, Who is blood related to patient, Family care giver who visited hospital for minimum six visits.

Exclusion Criteria: Care givers who are not willing to participate in study, Care givers of patients with gross physical illness, organic substance abuse

IV. Data Collection Instrument

Care givers were interviewed with a set of questions regarding the services they are receiving from mental health care. They were given the option whether to choose agree or disagree. An open ended set of questions were asked to explain their thoughts and opinions about their experiences with mental health professionals, and to perceive their unmet needs regarding the mental health services.

V. Statistical Data Analysis

The data was analysed using a computerised statistical software program (SPSS trial version 13.0 for windows 7). Descriptive statistics was initially used to describe the socio demographic correlates. Strength of associations was tested using Pearson's chi square test for socio demographic correlates and various questions related to care givers satisfaction with mental health services. Socio- demographic data of the patients and the caregivers

Socio- demographic data of the Patient and the Caregiver	Number	Percent
Sex of the Caregiver		
Male	113	56.5
Female	87	43.5
Age of the Caregiver (Years)		
20-30	26	13.0
31-40	49	24.5
41-50	65	32.5
51-60	60	30.0
Marital Status of the Caregiver		
Married	180	90.0
Unmarried	20	10.0
Relationship of the Caregiver with the Subject		
Mother	44	22.0
Father	33	16.5
Husband	51	25.5
Wife	36	18.0
Others	36	18.0
Education Levels of the Caregiver		
Primary	78	39.0
Secondary	53	26.5
Graduate	38	19.0
Illiterate	31	15.5
Diagnosis of the Subject		
Schizophrenia	110	55.0
Mood disorders	90	45.0
Living conditions of the Caregiver		
Rural	59	29.5
Urban	141	70.5
Duration of taking care		
2 – 4 Years	47	23.5
5 – 8 years	61	30.5
9 – 12 Years	39	19.5
13– 16 years	26	13.0

> 16 Years	27	13.5
Sex of the patient		
Male	94	47.0
Female	106	53.0
Age of the Patient (Years)		
20-30	68	34.0
31-40	62	31.0
41-50	37	18.5
51-60	33	16.5
All the Patients	200	100.0

Table: 1 Majority of care givers of mentally ill patients in this study are males, aged between 41 – 50 years and they are literates.

Caregivers reporting whether doctors explanation of the basic information about illness, whether satisfied with doctor’s explanation regarding diagnosis and whether informed about next follow-up visit by their socio-demographic data.

Socio- demographic data of the Caregiver	Whether explained about basic information on illness		Whether satisfied with doctor’s explanation regarding diagnosis		Whether informed about next follow -up visit	
	Yes	No	Yes	No	Yes	No
Sex						
Male	58.4	41.6	58.4	41.6	85.0	15.0
Female	55.2 (P=0.210)	44.8	55.2 (P=0.647)	44.8	92.0 (P=0.131)	8.0
Age (Years)						
20-30	57.7	42.3	57.7	42.3	80.8	9.2
31-40	61.2	38.8	63.3	36.7	87.8	12.2
41-50	49.2	50.8	52.3	47.7	86.2	13.8
51-60	61.7 (P=2.496)	38.3	56.7 (P=0.711)	43.3	93.3 (P=0.374)	6.7
Marital Status						
Married	57.8	42.2	56.7	43.3	88.3	11.7
Unmarried	50.0 (P=0.444)	50.0	60.0 (P=0.775)	40.0	85.0 (P=0.663)	15.0
Relationship with Subject						
Mother	45.5	54.5	47.7	52.3	88.6	11.4
Father	54.5	45.5	57.6	42.4	87.9	12.1
Husband	60.8	39.2	56.9	43.1	92.2	7.8
Wife	72.2	27.8	72.2	27.8	86.1	13.9
Others	52.8 (P=6.437)	47.2	52.8 (P=0.266)	47.2	83.3 (P=0.788)	16.7
Education Levels						
Primary	60.3	39.7	59.0	41.0	89.7	10.3
Secondary	62.3	37.7	64.2	35.8	83.0	17.0
Graduate	52.6	47.4	55.3	44.7	89.5	10.5
Illiterate	45.2 (P=3.005)	54.8	41.9 (P=0.246)	58.1	90.3 (P=0.636)	9.7
Diagnosis of the Subject						
Schizophrenia	60.0	40.0	58.2	41.8	88.2	11.8
Mood disorders	53.3 (P=0.898)	46.7	55.6 (P=0.709)	44.4	87.8 (P=0.930)	12.2
Living conditions						
Rural	49.2	50.8	49.2	50.8	88.1	11.9
Urban	60.3 (P=2.103)	39.7	60.3 (P=0.147)	39.7	87.9 (P=0.970)	12.1
Duration of taking care						
2 – 4 Years	55.3	44.7	59.6	40.4	89.4	10.6
5 – 8 years	54.1	45.9	55.7	44.3	88.5	11.5
9 – 12 Years	48.7	51.3	48.7	51.3	92.3	7.7
13– 16 years	61.5	38.5	53.8	46.2	84.6	15.4
> 16 Years	74.1 (P=4.785)	25.9	70.4 (P=0.504)	29.6	81.5 (P=0.708)	18.5
All the Caregivers	57.0	43.0	57.0	43.0	88.0	12.0

Table – 2 shows that n = 114 care givers are satisfied with the explanation given by Mental health professionals regarding their patient’s illness and a majority of care givers are informed about the next follow up visit.

Caregivers reporting whether feeling difficulties attending the same mental health professional, whether same mental health professional is required when they come for regular follow-up and whether require same mental health professional to see when the patient comes with relapse of symptoms by their socio-demographic data

Socio- demographic data of the Caregiver	Whether feeling difficulty attending same mental	Whether same mental health professional is required for	Whether require same mental health professional to see
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	health professional		regular follow-up		patients with relapse of symptoms	
	Yes	No	Yes	No	Yes	No
Sex						
Male	53.1	46.9	55.8	44.2	38.9	61.1
Female	63.2 (P=0.151)	36.8	44.8 (P=0.125)	55.2	40.2 (P=0.853)	59.8
Age (Years)						
20-30	69.2	30.8	65.4	34.6	53.8	46.2
31-40	46.9	53.1	40.8	59.2	30.6	69.4
41-50	58.5	51.5	53.8	46.2	44.6	55.4
51-60	60.0 (P=0.275)	40.0	50.0 (P=0.219)	50.0	35.0 (P=0.166)	65.0
Marital Status						
Married	56.7	43.3	50.6	49.4	38.3	61.7
Unmarried	65.0 (P=0.474)	35.0	55.0 (P=0.706)	45.0	50.0 (P=0.311)	50.0
Relationship with Subject						
Mother	72.7	27.3	43.2	56.8	40.9	59.1
Father	54.5	45.5	57.6	42.4	36.4	63.6
Husband	47.1	52.9	54.9	45.1	33.3	66.7
Wife	50.0	50.0	44.4	55.6	36.1	63.9
Others	63.9 (P=0.092)	36.1	55.6 (P=0.579)	44.4	52.8 (P=0.432)	47.2
Education Levels						
Primary	56.4	43.6	50.0	50.0	34.6	65.4
Secondary	52.8	47.2	52.8	47.2	43.4	56.6
Graduate	60.5	39.5	55.3	44.7	50.0	50.0
Illiterate	64.5 (P=0.734)	35.5	45.2 (0.849)	54.8	32.3 (P=0.314)	67.7
Diagnosis of the Subject						
Schizophrenia	59.1	40.9	56.4	43.6	45.5	54.5
Mood disorders	55.6 (P=0.615)	44.4	44.4 (0.093)	55.6	32.2 (P=0.057)	67.8
Living conditions						
Rural	49.2	50.8	49.2	50.8	28.8	71.2
Urban	61.0 (P=0.122)	39.0	51.8 (P=0.735)	48.2	44.0 (P=.046)	56.0
Duration of taking care						
2 – 4 Years	57.4	42.6	57.4	42.6	34.0	66.0
5 – 8 years	57.4	42.6	45.9	54.1	37.7	62.3
9 – 12 Years	56.4	43.6	51.3	48.7	33.3	66.7
13– 16 years	57.7	42.3	57.7	42.3	53.8	46.2
> 16 Years	59.3 (P=1.000)	40.7	44.4 (0.672)	55.6	48.1 (P=0.358)	51.9
All the Caregivers	57.5	42.5	51.0	49.0	39.5	60.5

Table 3 indicates that n= 115 of care givers had difficulty in attending same mental health professional and n=102 care givers said they require same mental health professional when they come for follow up, and only n=79 care givers told that they require same mental health professional when they come with relapse of their patients symptoms.

Caregivers reporting whether feeling free to ask the doubts about the illness from the doctors, whether mental health professional answered all their questions and whether they are satisfied with the time spent with their doctors by their socio-demographic data

Socio- demographic data of the Caregiver	Whether feeling free to ask the doubts about the illness from the doctors		whether mental health professional answered all their questions		whether they are satisfied with the time spent with their doctors	
	Yes	No	Yes	No	Yes	No
Sex						
Male	82.3	17.7	85.8	14.2	72.6	27.4
Female	82.8 (P=0.933)	17.2	80.5 (P=0.309)	19.5	70.1 (P=0.703)	29.9
Age (Years)						
20-30	84.6	15.4	92.3	7.7	73.1	26.9
31-40	83.7	16.3	85.7	14.3	71.4	28.6
41-50	83.1	16.9	75.4	24.6	69.2	30.8
51-60	80.0 (P=0.940)	20.0	86.7 (P=0.159)	13.3	73.3 (P=0.961)	26.7
Marital Status						
Married	81.1	18.9	82.8	17.2	72.8	27.2
Unmarried	95.0 (P=0.121)	5.0	90.0 (P=0.409)	10.0	60.0 (P=0.230)	40.0
Relationship with Subject						
Mother	79.5	20.5	75.0	25.0	70.5	29.5
Father	78.8	21.2	75.8	24.2	69.7	30.3
Husband	80.4	19.6	88.2	11.8	70.6	29.4
Wife	94.4	5.6	80.6	19.4	75.0	25.0
Others	80.6 (P=0.356)	19.4	97.2 (P=0.045)	2.8	72.2 (P=0.988)	27.8
Education Levels						

Primary	79.5	20.5	80.8	19.2	70.5	29.5
Secondary	86.8	13.2	77.4	22.6	67.9	32.1
Graduate	84.2	15.8	86.8	13.2	76.3	23.7
Illiterate	80.6 (P=0.725)	19.4	96.8 (P=0.105)	3.2	74.2 (P=0.822)	25.8
Diagnosis of the Subject						
Schizophrenia	78.2	21.8	86.4	13.6	79.1	20.9
Mood disorders	87.8 (P=0.076)	12.2	80.0 (P=0.228)	20.0	62.2 (P=0.009)	37.8
Living conditions						
Rural	79.7	20.3	88.1	11.9	69.5	30.5
Urban	83.7 (P=0.494)	16.3	81.6 (P=0.253)	18.4	72.3 (P=0.684)	27.7
Duration of taking care						
2 – 4 Years	83.0	17.0	83.0	17.0	70.2	29.8
5 – 8 years	72.1	27.9	82.0	18.0	75.4	24.6
9 – 12 Years	87.2	12.8	84.6	15.4	76.9	23.1
13– 16 years	84.6	15.4	80.8	19.2	73.1	26.9
> 16 Years	96.3 (P=0.067)	3.7	88.9 (P=0.930)	11.1	55.6 (P=0.347)	44.4
All the Caregivers	82.5	17.5	83.5	16.5	71.5	28.5

Table : 4 Majority of care givers are feeling free with mental health professionals to ask doubts about their relative’s illness and they are satisfied with answers given by mental health professionals and the time spent with them

Caregivers reporting whether the doctors are good about explaining the reason for lab investigations, whether mental health professional monitoring the medication when they come for follow-up and whether they are satisfied with the medication given by mental health professional by their socio-demographic data

Socio- demographic data of the Caregiver	whether the doctors are good about explaining the reason for lab investigations		Whether mental health professional monitoring medication during follow-up visits		whether satisfied with the medication given by mental health professional	
	Yes	No	Yes	No	Yes	No
Sex						
Male	71.7	28.3	81.4	18.6	77.9	22.1
Female	59.8 (P=0.077)	40.2	86.2 (P=0.365)	13.8	83.9 (P=0.286)	16.1
Age (Years)						
20-30	50.0	50.0	80.8	19.2	69.2	30.8
30-40	71.4	28.6	87.8	12.2	85.7	14.3
40-50	63.1	36.9	78.5	21.5	81.5	18.5
50-60	73.3 (P=0.150)	26.7	86.7 (P=0.490)	13.3	80.0 (P=0.391)	20.0
Marital Status						
Married	66.7	33.3	84.4	15.6	81.7	18.3
Unmarried	65.0 (P=0.881)	35.0	75.0 (P=0.280)	25.0	70.0 (P=0.212)	30.0
Relationship with Subject						
Mother	59.1	40.9	86.4	13.6	88.6	11.4
Father	69.7	30.3	78.8	21.2	84.8	15.2
Husband	68.6	31.4	84.3	15.7	78.4	21.6
Wife	75.0	25.0	86.1	13.9	77.8	22.2
Others	61.1 (P=0.562)	38.9	80.6 (P=0.874)	19.4	72.2 (P=0.388)	27.8
Education Levels						
Primary	66.7	33.3	88.5	11.5	79.5	20.5
Secondary	64.2	35.8	81.1	18.9	71.7	28.3
Graduate	68.4	31.6	84.2	15.8	89.5	10.5
Illiterate	67.7 (P=0.975)	32.3	74.2 (P=.312)	25.8	87.1 (P=0.140)	12.9
Diagnosis of the Subject						
Schizophrenia	70.9	29.1	84.5	15.5	76.4	23.6
Mood disorders	61.1 (P=0.144)	38.9	82.2 (P=0.660)	17.8	85.6 (P=0.103)	14.4
Living conditions						
Rural	72.9	27.1	86.4	13.6	83.1	16.9
Urban	63.8 (P=.216)	36.2	82.3 (P=0.469)	17.7	79.4 (P=0.556)	20.6
Duration of taking care						
2 – 4 Years	59.6	40.4	87.2	12.8	91.5	8.5
5 – 8 years	63.9	36.1	78.7	21.3	78.7	21.3
9 – 12 Years	76.9	23.1	79.5	20.5	79.5	20.5
13– 16 years	69.2	30.8	96.2	3.8	76.9	23.1
> 16 Years	66.7 (P=0.528)	33.3	81.5 (P=0.281)	18.5	70.4 (P=0.219)	29.6
All the Caregivers	66.5	33.5	83.5	16.5	80.5	19.5

Table – 5 indicates that n=113 care givers said that doctors are good at explaining reasons for lab investigations and majority of care givers are satisfied with the monitoring of medication by mental health professional and satisfied with the medication given by doctors.

Caregivers reporting whether they are explained about the administration of the drug, whether they are explained about the side-effects and whether they are informed about the duration or requirement of medication by their socio-demographic data

Socio- demographic data of the Caregiver	whether they are explained about the administration of the drug		whether they are explained about the side-effects		whether informed about the duration or requirement of medication	
	Yes	No	Yes	No	Yes	No
Sex						
Male	71.7	28.3	59.3	40.7	69.0	31.0
Female	78.2 (P=0.297)	21.8	74.7 (P=0.022)	25.3	72.4 (P=.603)	27.6
Age (Years)						
20-30	76.9	23.1	53.8	46.2	53.8	46.2
31-40	77.6	22.4	63.3	36.7	77.6	22.4
41-50	70.8	29.2	67.7	32.3	73.8	26.2
51-60	75.0 (P=0.848)	25.0	71.7 (P=0.421)	28.3	68.3 (P=0.163)	31.7
Marital Status						
Married	73.9	26.1	67.8	32.2	71.1	28.9
Unmarried	80.0 (P=0.552)	20.0	50.0 (P=0.111)	50.0	65.0 (P=0.570)	35.0
Relationship with Subject						
Mother	70.5	29.5	75.0	25.3	70.5	29.5
Father	72.7	27.3	72.7	27.3	78.8	21.2
Husband	70.6	29.4	64.7	35.3	60.8	39.2
Wife	91.7	8.3	55.6	44.4	75.0	25.0
Others	69.4 (P=0.141)	30.6	61.1 (P=0.351)	38.9	72.2 (P=0.433)	27.8
Education Levels						
Primary	79.5	20.5	76.9	23.1	69.2	30.8
Secondary	67.9	32.1	64.2	35.8	71.7	28.3
Graduate	71.1	28.9	52.6	47.4	65.8	34.2
Illiterate	77.4 (P=0.457)	22.6	58.1 (P=0.044)	41.9	77.4 (P=0.749)	22.6
Diagnosis of the Subject						
Schizophrenia	72.7	27.3	69.1	30.9	74.5	25.5
Mood disorders	76.7 (P=0.525)	23.3	62.2 (P=0.308)	37.8	65.6 (P=0.165)	34.4
Living conditions						
Rural	74.6	25.4	71.2	28.8	72.9	27.1
Urban	74.5 (P=0.987)	25.5	63.8 (P=0.317)	36.2	69.5 (P=0.633)	30.5
Duration of taking care						
2 – 4 Years	78.7	21.3	61.7	38.3	80.9	19.1
5 – 8 years	77.0	23.0	62.3	37.7	67.2	32.8
9 – 12 Years	74.4	25.6	64.1	35.9	56.4	43.6
13– 16 years	57.7	42.3	76.9	23.1	76.9	23.1
> 16 Years	77.8 (P=0.323)	22.2	74.1 (P=0.560)	25.9	74.1 (P=0.129)	25.9
All the Caregivers	74.5	25.5	66.0	34.0	70.5	29.5

Table : 6 Majority of care givers said that they are explained about administration of the drug, their side effects and they are informed about requirement and duration of medication. Few care givers of n=51 are not informed about administration of drug, n=68 are not informed about side effects of the drug and n=59 care givers said that they are not informed about duration or requirement of medication.

Caregivers reporting whether patient’s routine life is improved after medication, whether all the services they received helped them to cope with their patient and whether they believe these services will help them to provide care longer by their socio-demographic data

Socio- demographic data of the Caregiver	whether patient’s routine life is improved after medication		whether all the services they received helped them to cope with their patient		whether they believe these services will help them to provide care longer	
	Yes	No	Yes	No	Yes	No
Sex						
Male	69.9	30.1	68.1	31.9	66.4	33.6
Female	71.3 (P=0.835)	28.7	70.1 (P=0.765)	29.9	71.3 (P=0.460)	28.7
Age (Years)						
20-30	76.9	23.1	80.8	19.2	80.8	19.2
31-40	65.3	34.7	65.3	34.7	67.3	32.7
41-50	72.3	27.7	66.2	33.8	64.6	35.4
51-60	70.0 (P=0.738)	30.0	70.0 (P=0.518)	30.0	68.3 (P=0.513)	31.7
Marital Status						
Married	71.1	28.9	68.3	31.7	67.2	32.8

Unmarried	65.0 (P=0.570)	35.0	75.0 (P=0.541)	25.0	80.0 (P=0.243)	20.0
Relationship with Subject						
Mother	61.4	38.6	61.4	38.6	65.9	34.1
Father	78.8	21.2	69.7	30.3	66.7	33.3
Husband	74.5	25.5	70.6	29.4	68.6	31.4
Wife	61.1	38.9	66.7	33.3	66.7	33.3
Others	77.8 (P=0.223)	22.2	77.8 (P=0.617)	22.2	75.0 (P=0.917)	25.0
Education Levels						
Primary	67.9	32.1	67.9	32.1	69.2	30.8
Secondary	81.1	18.9	71.7	28.3	69.8	30.2
Graduate	60.5	39.5	63.2	36.8	65.8	34.2
Illiterate	71.0 (P=0.176)	29.0	74.2 (P=0.749)	25.8	67.7 (P=0.978)	32.3
Diagnosis of the Subject						
Schizophrenia	68.2	31.8	71.8	28.2	69.1	30.9
Mood disorders	73.3 (P=0.427)	26.7	65.6 (P=0.341)	34.4	67.8 (P=0.842)	32.2
Living conditions						
Rural	71.2	28.8	74.6	25.4	72.9	27.1
Urban	70.2 (P=0.890)	29.8	66.7 (P=0.270)	33.3	66.7 (P=0.388)	33.3
Duration of taking care						
2 – 4 Years	68.1	31.9	61.7	38.3	63.8	36.2
5 – 8 years	75.4	24.6	75.4	24.6	77.0	23.0
9 – 12 Years	71.8	28.2	76.9	23.1	76.9	23.1
13– 16 years	61.5	38.5	57.7	42.3	57.7	42.3
> 16 Years	70.4 (P=0.759)	29.6	66.7 (P=0.276)	33.3	55.6 (P=0.120)	44.4
All the Caregivers	70.5	29.5	69.0	31.0	68.5	31.5

Table: 7 N=63 care givers are not satisfied with the services they receive and they feel they cannot cope with their patient .and n=59 care givers said that their relatives routine life is not improved after using medication.

VI. Discussion

Table 1 indicates that out of 200 interviewed primary care givers 56.5 percent are males and 43.5 percentage are females. The mean SD age of the care givers was 56+0.49 years with a range of 18yrs to 60yrs. The care givers of male patients were on average older than those of female patients. 22 percent of care givers (n=44) were mothers of patients ,16.5 percent (n=33) were fathers, 43 percent were spouses (n=87) and 18 percent(n=36) were others like siblings, or relatives. 90 percent of (n=180) caregivers were married and 39 percent (n=79) were of primary education, 26.5 percent (n=53) were of secondary education, 19 percent (n=38) were of graduates and only 15.5 percent(n=31) were illiterates taken in to study. The group of the patients whose care giver was interviewed consisted of 47 percent (n=94) were males and (n=106) 53 percent were females. The age of patients(n=129) 65 percent between 20 to 40 years and many of patients (n=141) 70 percent were from urban area compared to rural area (29.5 percent). The duration of illness was from 2 years to more than 16 years. Out of 200 primary care givers n=132 sixty six Percent of care givers were satisfied with the mental health services, only n=68 i.e. 34% of care givers are dissatisfied with the services. Table 2 indicates that 57% of care givers are explained about basic information on illness, and 43% of care givers are not explained about the illness and about their satisfaction regarding explanation of diagnosis, and more of care givers from rural areas(49.2%) said they did not received adequate information regarding their patients illness. According to **David E biegel etal**⁴ study in 1995 (56%) received adequate information and (43%) of care givers have not received adequate information about their patients illness. This finding provides further empirical evidence for the documented complaints from care givers over the past two decades about lack of information they receive from mental health professionals and their interest in further involvement with mental health professionals. All most all the care givers (88%) are explained about their next follow up visit.

Table 3 reports whether care givers had difficulties in attending same mental health professional and if they require same doctor to see their patient when they come for regular follow up and relapse of symptoms (57.5%) of care givers had difficulties in attending the same mental health professionals when they come for regular follow up. out of which female care givers (63.2%) and older care givers of aged 50-60 years ,and mothers of patients(72.7%) had problems in attending same mental health professional ,and only 51% of care givers wanted same doctor to see their patient when they come for regular follow up and out of which more care givers of patients with schizophrenia(56.4%) wants to meet same doctor for follow up .53.8% of care givers with duration of their patients illness of more than 13 years and more of graduated care givers said that they require same mental health professional when they come with relapse of their patients symptoms. Present study findings are compared with **Claire Van Devender etal**⁵ study done in 2008, he evaluated mental health services from care givers in North West province, and said that patients and care givers struggled with lack of continuity seeing different mental health professionals each time, and with the length of time spent waiting in hospital. Table 4 shows that majority of care givers (82.5%) are feeling free to ask doubts about their patients illness to mental health professionals and illiterate care givers and care givers from rural area(20.3%) expressed fearfulness in asking doubts to their doctors, and 83.5% of care givers said that doctors answered all their

questions with lot of patience. And only 28.5% are dissatisfied regarding their time spent with mental health professionals, unmarried care givers and fathers of patients and care givers of secondary education said that would like to spend more time with doctors .Findings from **Janaki Shankar and Senthil Sonai Muthuswamy**⁶ study in 2008 highlighted that care givers want more interaction with professionals involvement in treatment and care decisions of their patients, and recognition for their experiential knowledge about the illness. **Francell CG et al**⁷saidthat family care givers often have reported experiencing a variety of problems in their interaction with mental health system, including communication difficulties, a lack of involvement in treatment decisions . Table 5 shows only 33.5% of care givers are dissatisfied regarding the explanation of reasons for lab investigations and 83.5% of care givers said that mental health Professionals are good at monitoring the medication when they came for regular follow-up. Out of which female care givers (83.9%) and mothers of patients (88.6%) and more graduates (89.5%) are satisfied with the medication given by mental health professional. And almost all care givers are satisfied with the overall medication given by mental health professionals. Very few were dissatisfied with the medication given by mental health professional (19.5%), out of which many are patients who are receiving treatment for schizophrenia (23.6%) and patients with chronic duration of illness of more than 16 years (29.6%).

Table 6 explains about whether care givers of mentally ill patients were explained about administration of drug and side effects of the drug or duration or requirement of medication. Only 25.5% of care givers said that they are not explained about administration of drug out of which more are between age group of 40 to 50years (29.2%) and 34% of care givers informed that they are not explained about side effects of the drug, care givers from rural areas and patients receiving treatment for mood disorders (37.8%) were not explained about side effects of drug and 70.5% of care givers are explained about duration and requirement of medicine.**Sayce,**²⁰⁰⁸^{highlighted} that relationship between caregivers and their relatives are mutual and reciprocal and it is important to ensure that involvement of caregivers as providers does not jeopardise the relationships.Table 7 shows that 70.5% of care givers said that their relative's routine life is improved after using medication given by mental health professional. And 29.5% of care givers felt that their patient's routine life is not improved, out of which care givers of patients with chronic duration of illness of more than 13 years (38.5%) and more patients of schizophrenia(31.8%) compared to mood disorders.31% of care givers had difficulties in coping with their patient even after receiving service especially with patients of chronic duration of illness and mothers of patients(38.6%),married care givers had more difficulties to cope with their patients and in taking care of them for longer duration.In India, more than 90%of patients with chronic mental illness live with their families. The family care giver plays multiple roles in care of persons with mental illness including taking day-to day care, supervising medications, taking the patient to hospital and looking for financial needs. The family care giver also has to bear with behavioural disturbances in the patient. The family care giving experiences considerable stress and burden and needs help in coping with it. The care giver develops different kinds of coping strategies deal with the burden..An unhealthy coping style is likely to adversely affect the care giving function. Hence it is important to take care of the needs of the family care givers. The family care giver has remained a neglected lot often ignored by mental health professionals.

Eija Stengared et al²⁰⁰⁰⁹ studied satisfaction of caregivers of patients with schizophrenia in Finland; findings suggest that care givers of patients with schizophrenia commented on lack of rehabilitation services that might improve patient's functional status and adequate medication, especially to control patient's psychotic symptoms.**Janki sankarand senthil sonai muthuswamy**²⁰⁰⁷⁶explained about care givers frustration with lack of rehabilitation services, and supports that could help their relatives regain skills to live independently and of engage constructive activities.Decreases in client symptomatology were associated with education and psycho education interventions, the only studies that measured this outcome. These changes persisted only in interventions of longer length. Family attitude towards, and their relationships with clients improved in the education and psycho education interventions Biegel, Robinson, & Kennedy,²⁰⁰⁰.¹⁰Finally present study findings indicate that minority of primary care givers of mentally ill patients were dissatisfied with the amount of their involvement with mental health professionals compared with study done by**Mobida etal**¹¹ in December 2008 found that a high proportion (77%) of care givers in Moretele sub district perceived the services to be helpful .staff members themselves feel they are giving good care to mental health patients. It was very clear that nurses are the backbone of the service and that doctors are quite peripheral, any intervention that does not take, this in to account will not succeed.

VII. Conclusion

Present study findings indicate that a significant minority of care givers were dissatisfied with the amount of their involvement with mental health Professionals. Few were not consulted about their family member's treatment, nor were they given information and advice about family member's illness or about their own care and needs.Several studies reported care givers complaints that they were not getting what they needed from mental health professionals, specific assistance in managing disruptive behaviours and general assistance

in coping with their care giving responsibilities .Findings from their study emphasize importance of assisting care givers in these areas, taken together the findings from this study of care givers contact with mental health professionals' have important implications for practice and policy in the mental health field. In the past theories of mental illness blamed families as casual agents. These theories have now been discarded and mental health agencies have begun to address care givers needs.

However findings from present study demonstrate that more work remains to be done to improve and strengthen relationships between family care givers and mental health professionals. Paying attention to care givers needs is a major step forward, and support groups can be important component in providing social support to care givers. Therefore services to their needs should be compressive and should consists of following like Psycho educational interventions, long term individual group and supportive counselling, stress management etc. It should be noted that relationships between families and mental health professionals cannot be enhanced simply by offering services and resources for families. Rather, families need to be seen by professionals as true partners in the case of the mentally ill family member. In addition the different needs of families based on family history, family support systems, living area need to be taken in to account. Barriers to improve relationships between family care givers and mental health professionals must be addressed.Future relationships should be characterised by a collaborative respectful partnership between families and professionals that builds on the strengths, resources, and expertise of both parties, by an assumption that families should play an active role in decisions that affect them.Problems in relationships between families and mental health professionals are important for several reasons,first, families who believe they are not receiving sufficient assistance from professionals may feel an increased sense of isolation and caregiver burden. Second, poor communication between caregivers and professional may result in inconsistencies in support networks that negatively affect the mentally ill family member.Mental health staff can help to raise care givers awareness by providing educational support on issues such as mental health policies, consumer and caregiver rights and the role of treatment and rehabilitation programmes for recovery.Finally this study concludes that relationships between family care givers and mental health professional must be developed and nurtured to address caregivers unmet needs.

VIII. Limitations

The findings represent care givers perception of their relationships with mental health professionals and do not reflect mental health perceptions of their relationships with care givers. The study didn't examine caregiver's relationships with different types of mental health professionals like psychologists, social workers etcResearch also needed to identify intervention strategies and models that families believe are successfully addressing their needs. Satisfaction with mental health services scale was self-constructed and further needs more vigorous validation of the scale.

7.1 Future Directions

Mental health professionals should spend more time with the patient and their care givers about the illness, regular medication,and prognosis. Community health services to provide the psychiatric services at their door step. To increase the number of accessible services through active outreach and mobile case management services. To provide continuous and indefinite treatment and rehabilitation in the context of reliable and mutually respectful therapeutic relationships. To engage the patient's and family's self-help and active participation in rehabilitation. To assist the patient and caregivers in achieving the delicate balance between risk-taking and protective measures to reduce stress-related relapses. To galvanize administrative and programme support for comprehensive and co-ordinated services. There is a felt need for health personnel in psychiatric rehabilitation. Furthermore, the consumer's perspective about Rehabilitation Psychiatry can be channelized to a great extent with psycho education meetings and by involving the care givers in the treatment program

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