ISSN: 2349-7750



CODEN [USA]: IAJPBB

# INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

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# KNOWLEDGE, ATTITUDES AND PRACTICES OF CAREGIVERS TOWARDS PSYCHIATRIC PATIENTS VISITING JHL

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Article Received: May 2020 Accepted: June 2020 Published: July 2020

#### Abstract

**Background:** The rate of mental disorders is on the rise around the world and seeing this development, mental health is a priority in health policies in developed countries. Developing countries such as Pakistan however, have failed to realize the importance of providing government support towards this aspect of the health sector. As a result it is seen that there is a general lack of awareness and education towards the management of these conditions among the general public.

*Objective:* The objective of this research is to assess the predominant viewpoint that exists towards mental illness in Pakistan by recording the prevalent knowledge, attitudes and practices among the general public.

Material and Methods: Descriptive Study (Purposive). The study was conducted at Jinnah Hospital located on Allama Shabbir Ahmad Usmani Road, Lahore. All male and female caregivers of psychiatric patients coming to psychiatry ward and OPD Jinnah Hospital, Lahore. Caregivers of patients who were suffering from a condition other than psychiatric illness.

**Results:** A significant percentage of caregivers (45.0%) were previously unaware of the condition that their patients were diagnosed with. More than 40.0% of the caregivers felt that the main problem they faced was psychological stress from their relatives. A large percentage (38%) of the caregivers believed in supernatural beliefs such as evil spirits, sorcery and astrological influences as the cause of psychiatric illnesses. The majority of caregivers (73%) preferred non pharmacological therapy through the help of psychologists rather than medicine (12%) and peers and fakeers (10%).

Conclusions: Results of the study confirm that there is a lack of awareness and knowledge about mental illnesses seen in the general public. The presumption that there is a social stigma attached with mental illness is confirmed. Supernatural beliefs such as evil spirits, sorcery and astrological influences are common in caregivers of patients with psychiatric illnesses. Caregivers prefer non pharmacological therapy through the help of psychologists rather than medicines or peers and faqueers.

Key words: Knowledge, Attitudes, Practices, Caregivers, Psychiatric patients.

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Please cite this article in press Nain Tara et al, **Knowledge**, **Attitudes And Practices Of Caregivers Towards Psychiatric Patients Visiting JHL**., Indo Am. J. P. Sci, 2020; 07(07).

#### **INTRODUCTION:**

The rate of increase of mental disorders is on the rise<sup>1</sup> and seeing this development, mental health is a priority in health policies in developed countries around the world. In contrast, developing countries do not place mental health as an important issue in their agenda. As a result it is seen that there is a general lack of awareness and knowledge about mental illnesses seen in the public. Most people are unaware of the signs and symptoms of these illnesses and are not sure about where they have to take their relatives when such an illness is encountered. The stigma and negative attitude associated with mental ilnesses is common worldwide and is a big cause for concern as it can add to the suffering and disability associated with mental disorders<sup>2</sup>. The general perception among people in developing countries is that these patients are emotionally and mentally weak individuals in the society. In the subcontinent, this stigma is so severe that a person diagnosed with a mental illness is perceived as bringing shame to the family. People believe that patients with psychiatric illnesses are incapable of leading normal healthy lives and cannot progress in their careers or earn well. This usually affects their marriage potential as well as society starts to place a lack of trust towards these individuals<sup>3</sup>.

The view in developed countries is different from developing countries, where people are generally more supportive towards psychiatric patients which appears to be due to provision of better education facilities among the masses. It is true that living with psychiatric patients is very burdensome for family members and this does result in emotional, social and financial problems for the caregivers<sup>6</sup>. The caregivers develop different coping strategies to deal with the situation<sup>11</sup>. A healthy coping style can improve the status of the patient while an unhealthy coping style is likely to worsen the condition<sup>12</sup>. The coping mechanism investigated in this study is religious inclination of the caregiver as an aftereffect of psychiatric illness of the relative.

Regarding knowledge about mental illness, supernatural beliefs such as evil spirits, sorcery and astrological influences are common in patients with psychiatric illnesses<sup>13</sup>. This belief varies around the globe depending upon factors such as education as well as religious and cultural beliefs.

In developing countries such as Pakistan, where education is not yet prevalent among the masses, these beliefs still widely prevail and affect the view the population has towards causes of psychiatric illnesses even in urban centres<sup>14</sup>. However in developed countries such as China, people are starting to negate superstitious and supernatural beliefs such as witchcrafts and curses. This is due to

increased modern secular education and increase in secular humanistic values throughout the world<sup>15</sup>. The knowledge, attitudes and beliefs that caregivers have towards psychiatric illnesses determine the mode of treatment that the caregivers would choose for the patient. In Pakistan, in the past it has been seen that caregivers have shown skepticism towards taking psychiatric medications and prefer either psychotherapy or traditional treatment methods for patients with psychiatric ilnesses. These include dam durood, quacks, taweez and homeopathic treatment<sup>17</sup>.

#### **OBJECTIVES:**

The objective of this research is to assess the predominant viewpoint that exists towards mental illness in Pakistan by recording the knowledge, attitudes and practices of caregivers. These statistics could be used to raise awareness among the masses and tackle the stigma that exists widely. Caregivers can be educated on how to manage psychiatric patients and how to react delicately in the situation when a family member is diagnosed with a mental illness.

#### **OPERATIONAL DEFINITION:**

- **Knowledge:** Facts, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject.
- **Attitude:** An attitude is an expression of favor or disfavor toward a person, place, thing, or event.
- **Practices:** The actual application or use of an idea, belief, or method, as opposed to theories relating to it.
- **Psychiatric illness:** Behavioral or mental pattern that may cause suffering or a poor ability to function in life.
- **Caregivers:** A caregiver is an unpaid or paid person who helps another individual with an impairment with his or her activities of daily living.

# MATERIAL AND METHODS:

#### STUDY DESIGN:

• Descriptive study (purposive)

# STUDY SETTING:

• The study was conducted at Jinnah Hospital, Lahore located on Allama Shabbir Ahmad Usmani Road, Lahore

#### **DURATION OF STUDY:**

• 4 months (April-July 2016)

#### SAMPLE SIZE:

• 100 caregivers of psychiatric patients coming to psychiatry ward and OPD Jinnah Hospital, Lahore

#### **SAMPLING TECHNIQUE:**

• Non probability / purposive sampling

#### **SAMPLE SELECTION:**

#### **Inclusion criteria:**

• All male and female caregivers of psychiatric patients coming to psychiatry ward and OPD Jinnah hospital, Lahore

#### **Exclusion criteria:**

• Caregivers of patients who were suffering from a condition other than psychiatric illness.

#### DATA COLLECTION PROCEDURE:

• All male and female caregivers of psychiatric patients who met our inclusion criteria

were included in our study. Informed consent was taken and assurance was given of confidentiality. Following parameters were noted through questionnaire of all caregivers of psychiatric patients included in the study; personal and social demographic data such as age, gender, education and occupation, knowledge about disease, treatment options, attitude towards their patients, the feelings and distress they face and the different practices they have adopted. All the information was entered in a semi-structured questionnaire.

#### DATA ANALYSIS PROCEDURE:

• The data was entered and analyzed by computer software SPSS version 16.

#### **RESULTS AND MAIN FINDINGS:**

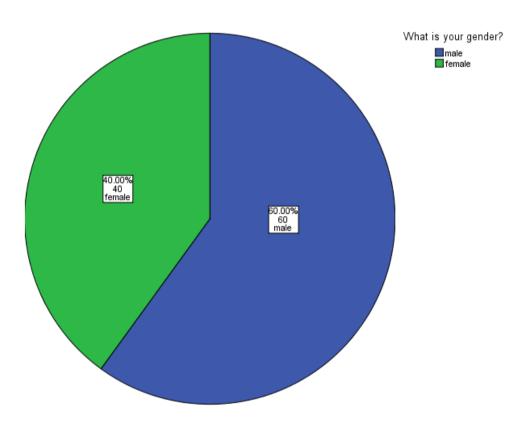


Fig. 1: Percentage of males and females included in the study

# What is your age?

Table 1: Age of the respondents

	=	Frequency	Percent
Valid	20-30	36	36.0
	31-40	30	30.0
	41-50	19	19.0
	51-60	15	15.0
	Total	100	100.0

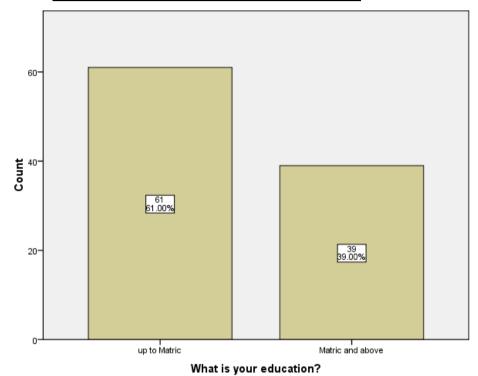


Fig. 2: Educational status of caregivers included in the study

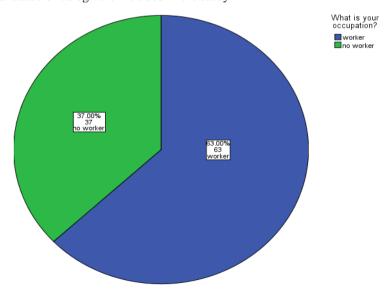


Fig. 3: Occupational status of caregivers included in the study Table 2: Caregiver's awareness of the condition

		Have you ev	ver heard of this re?
	<del>-</del>	Frequency	Frequency
Valid	yes	55	55
	no	45	45
	Total	100	100

# **Caregiver perception Frequencies**

		Responses (N)	Percent of Cases
Caregiver perception	Do you think your patient is capable of earning?	25	25
	Do you think your patient can lead a happy married life?		22
	Do you take them to your relative's place?		26
	Do you think your patient is a burden on you?	14	14

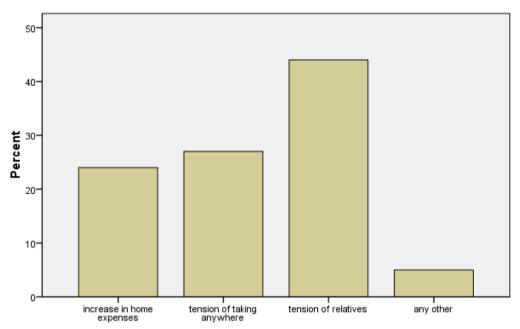
Table 3: Caregiver's perception about the quality of life of the patients

# Caregiver perception according to education Cross tabulation

-	_	What is your education?		
		up to Matric	Matric and above	Total
Do you think your patient can Count		12	10	22
live a happy married life?	% within education	20.0%	26.3%	
Do you take them to your Count		14	12	26
relatives place?	% within education	23.3%	31.6%	
Do you think your patient	Count	14	11	25
capable of earning?	% within education	23.3%	28.9%	

Table 4: Caregiver's perception about the quality of life of the patients classified according to educational status.

# What problems do you face because of your patient's condition?



# What problems do you face because of your patient's condition?

Fig. 4: Problems faced by the caregiver's as a result of their patient's condition.

# **Caregiver perception Frequencies**

	•	Responses (N)	Percent of Cases
Caregiver perception	Do you think this problem is influenced by witchcrafts or any supernatural phenomenon		38

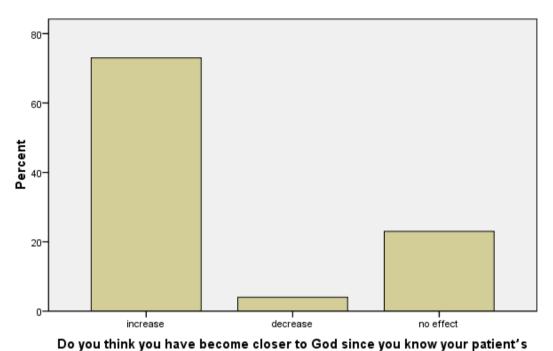
Table 5: Caregiver's belief in supernatural phenomena as a cause of the illness

#### Caregiver perception according to education Cross tabulation

	-	What is your education?		
		up to Matric	Matric and above	Total
Caregiver perception <sup>a</sup>	influenced by witchcrafts or over the same	27 45.0%	11 28.9%	38

Table 6: Caregiver's belief in supernatural phenomena as a cause of the illness classified according to educational status

# Do you think you have become closer to God since you know your patient's condition?



condition?

Fig. 5: Caregiver's religious inclination after patient's illness

# What in your opinion is the best treatment?

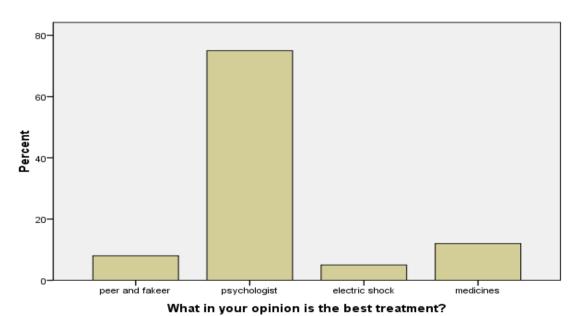


Fig. 6: Caregiver's opinion about the best mode of treatment

 Is this condition treatable?

 Frequency
 Percent

 Valid
 yes
 93
 93.0

 no
 7
 7.0

 Total
 100
 100.0

Table 7: Caregiver's confidence in the treatment of the disease

#### **RESULTS:**

A total of 100 primary caregivers were selected, consented and told to fill out a questionnaire. Most of the caregivers were males (60.0%). Females were 40.0% (Fig. 1). 66% of the respondents were between the ages of 20-40 years (Table 1). More than 60% of the caregivers had no formal education (Fig. 2).

A significant percentage of caregivers (45.0%) were previously unaware of the condition that their patients were diagnosed with (Table 2).

More than 40.0% of the caregivers felt that the main problem they faced was psychological stress from their relatives (Fig. 4).

Other problems such as increase in home expenses and the problem of taking the patient out with them were also significant.

The social pressure was such that only 26.0% of caregivers took their patients to their relatives' place (Table 3). This attitude was seen to be more prevalent among people who had only studied uptil matric (23.0%) (Table 4). There was a lesser proportion of people (31.0%) with education further than matric who were hesitant towards taking their patients to their relatives place (Table 4).

Few families (14.0%) admitted that their patients were a burden on their lives which shows that families are generally supportive towards their patients (Table 3).

22.0% of the caregivers believed that their patients were capable of living happy married lives (Table 3). People with higher education were more adherent to this view (26%) as compared to patients without higher education (20%) (Table 4). 25% of the caregiver's believed that their patients were capable of earning (Table 3). This question also got a varied response from the respondents as people with higher education who agreed with this statement were 28% while patients without higher education came out to be 23% (Table 4).

A large percentage (38%) of the caregivers believed in supernatural beliefs such as evil spirits, sorcery and astrological influences as the cause of psychiatric illnesses (Table 5). This view was largely present in caregivers who were uneducated as 45% of the uneducated people in the study adhered to this view (Table 6).

73% of caregivers were of the view that due to their patient's ill health they became more religious and seeked divine help and patience through prayers (Fig. 5).

Caregivers were inquired about their preferred mode of treatment. 73% of the caregivers preferred non pharmacological therapy through the help of psychologists and 12% chose medicines as the best option (Fig. 6). The number of caregivers preferring the methods employed by peers and fakeers was seen to be significantly low (10%).

Majority of the patients (93%) were of the opinion that the condition that their patient was suffering from was treatable (Table 7).

#### **DISCUSSION:**

This study aimed at assessing the knowledge, attitudes and practices of the caregivers of patients suffering from mental illnesses.

Results of the study confirm that there is a lack of awareness and knowledge about mental illnesses seen in the general public. According to the study, a significant percentage of caregivers (45%) were previously unaware of the condition that their patients were diagnosed with. This is in contrast to developed countries such as Italy<sup>5</sup> where a study showed that 98% of the participants were aware of psychiatric illnesses such as depression.

The presumption that there is a social stigma attached with mental illness was confirmed. Results showed the majority of caregivers believed that their patients were incapable of leading normal, healthy lives or were able to improve their quality of life.

According to caregivers, the biggest problem they faced in their patient's condition was the social pressure they had to experience from their relatives and few (26%) even took their patients to their relatives' place which showed that caregivers did not prefer to expose their mentally ill patients to their relatives because of this negative attitude.

This stigmatizing attitude of caregivers has been previously documented in studies conducted in India <sup>12</sup> and Iran <sup>6</sup>.

This was seen to be more prevalent among people who had only studied uptil matric showing that respondents with higher education dealt with their patient's illness in a more responsible way.

Supernatural beliefs such as evil spirits, sorcery and astrological influences are common in caregivers of patients with psychiatric illnesses. The results of the study showed that a large percentage (38%) of the caregivers believed in these phenomena as a cause of the disease.

The results were similar to a research conducted in India where 58% of the participants believed in magico-religious beliefs as a cause of the illness<sup>13</sup>. A similar study conducted in Lahore; Pakistan confirmed the same results<sup>14</sup>. These beliefs were seen to be largely present in caregivers who were uneducated as 45% of the uneducated people in the study adhered to this view. However, in China, a study showed that people are starting to negate superstitious and supernatural beliefs such as witchcrafts and curses. This is due to increased modern secular education and increase in secular humanistic values throughout the world particularly in developed countries <sup>15</sup>.

Patients deal with the psychological stress of their patients' illness by different coping strategies, most common of which is resorting to prayers. 73% of caregivers were of the view that due to their patient's ill health they became more religious and seeked divine help and patience through prayer. Inclination towards religion in caregivers in order to cope with the psychiatric illness of their relative has been documented in researches carried out in India<sup>12</sup>, Ghana <sup>17</sup> and Nigeria <sup>8</sup>.

It has been seen and documented in the past that there is a large proportion of people in Pakistan who believe that mental illnesses are due to spirits and demons and that the treatment for these conditions is by taking the patient to peers and fakeers. Therapeutic treatment has been seen with skepticism in the past. However, this study pointed otherwise. The number of caregivers preferring the methods employed by peers and fakeers was seen to be significantly low. Instead, 73% of the caregivers

preferred non pharmacological therapy through the help of psychologists. People did not place a lot of confidence over the use of pharmacological intervention for therapy as only 12% chose medicines as the best option. In developed countries such as Italy, Spain, Austria, and Brazil psychologists are generally seen as first-choice help for depression problems<sup>5</sup>. A similar study conducted in Lahore showed similar results indicating that a greater proportion of patients preferred medical therapy rather than treatment through traditional means.<sup>14</sup>

A positive thing seen was that caregivers were optimistic about the health of their patients and the majority of them (93%) were of the opinion that the condition that their patient was suffering from was treatable. It is imperative to note here that the study was held in a hospital atmosphere and the respondents consisted of caregivers who had been bringing their patients to the hospital and consented for the study. Thus, this included a motivated group.

#### **CONCLUSION:**

- Results of the study confirm that there is a lack of awareness and knowledge about mental illnesses seen in the general public.
- The presumption that there is a social stigma attached with mental illness is confirmed.
- Supernatural beliefs such as evil spirits, sorcery and astrological influences are common in caregivers of patients with psychiatric illnesses.
- Caregivers prefer non pharmacological therapy through the help of psychologists.
- Caregivers do not place a lot of confidence over the use of pharmacological intervention for therapy or in peers and faqueers.

#### **REFERENCES:**

- 1. Twenge,J. M. (2015). Time period and birth cohort differences in depressive symptoms in the U.S., 1982---2013. Social Indicators Research, 121, 437---454.
- 2. Sun B, Fan N, Zhang M, Huang X, He H, A Rosenheck R. Attitudes towards people with mental illness among psychiatrists,psychiatricnurses,involved family members and the general population in a large city in Ghangzhou,China. International journal of mental health system. 2014;8(26).
- Das SRamPhookun Н Knowledge, Attitude, Perception and belief of patients' relatives towards mental illness;Association with clinical and sociodemographic characteristics. Delhi psychiatric journal. 2013;16(1):98-109.
- 4. O.Omolayo B, O.mokuolu B, O.Balogon M, C.omole O, B.olawa B. Attitude of caregiver's towards mental illness,Social support and

- coping strategies as predictors of relapse among mental patients. American international journal of social sciences. 2013;2(5):89-98.
- 5. Munizza C, Argentro P, Coppo A, Tibaldi G, Di Giannantonio M, Luigi Picci R. Public beliefs and attitudes towards depression in Italy :a national survey. PLOS 1. 2013;8(5):1-8.
- Rehmani F, Ranjbar F, Ebrahimi H, Hosseinzadeh M. The effects of group psychoeducation program on attitudes towards mental illness in families of patients with schizophrenia,2014. Journal of caring sciences. 2015;4(3):243-251.
- Shankar JSonaiMuthuswamy S. Support needs of family caregivers of people who experience mental illness and role of mental health services. The Journal of contemporary social services. 2007;88(2):302-310
- 8. Yusuf A, Nuhu F, Olisah V. Emotional distress among caregivers of patients with epilepsy in KatsinaState,Northern Nigeria. Afr J Psychiatry. 2013;16:41-44.
- Baysan Arabica L, Bozkurt S, vara S, Ozen S, Darcan S, GoksenSimsek D. Difficulties experienced by caregivers of patients diagnosed with osteogenesisimperfecta. Journal of Pakistan Medical Association. 2015;65(7):764-770.
- 10. De Sousal S, Marques A, Qural R, Quieros C. Stigmatizing attitude in relatives of patients with schizophrenia:a study using attribution questionaire AQ-27. Trends in psychiatry and psychotherapy. 2012;34(4).

- Caqueo-Urizar A, Gutierrez-Maldonado J, Ferrer-Garcia M, Penaloza-Salazar C, Richards-Araya D, cuadra Peralta A. Attitudes and burden in relatives of patients with Schizophrenia in a middle income country.
- 12. K Chadda R. Caring for the family caregivers of persons with mental illness. Indian journal of psychiatry. 2014;56(3):221-227.
- 13. Kate N, Grover S, Kulhara P, Nehra R. Supernatural beliefs, etilogical models and help seeking behaviors in patients with schizophrenia. Indian psychiatry journal. 2012;21(1):49-54.
- 14. R. Aslam, A. Numan. A survey of Attitudes and Beliefs of Caregivers towards patients suffering from schizophrenia. Esculapio. 2011: 14-17
- 15. Sun B, Fan N, Zhang M, Huang X, He H, A Rosenheck R. Attitudes towards people with mental illness among psychiatrists,psychiatricnurses,involved family members and the general population in a large city in Ghangzhou,China. International journal of mental health system. 2014;8(26).
- 16. Poreddi V, Blrudu R, Thimmaiah R, Bada Math S. J Neurosci Rural Pract. Attitudes toward people with mental illness among medical students. 2015;6(3):355-360.
- 17. Ae-Ngibise K, Korley Doku V, Asante K, Owusu-Agyei S. The experience of caregivers of people living with serious mental disorders: a study from rural Ghana. Global Health Action. 2015;8(0).

		QUESTIONNA	AIRE		
Name		Age	Gender	Education	
Occupation					
1 What in many and		41			
	nion is the disease wi	-	romoina r	eastlass	
	mains quiet	talks to himself	remains r	esuess	
-	nion is the cause of the		v.m.ammlarim.amt		
	sion in house deliber problem is influence		unemployment	natural nhanar	nonon
Yes	problem is influence	No	n any omer superi	iatui ai piiciioi	пеноп
	vhen your patient ex		toto?		
tie with a rope	hand abuse		in a room	sleepir	ng pille
	have you sought trea			siccpii	ig pilis
	sychologist electric sl		ing nere:		
	nion is the best treat				
peer and faker	psychologist	electric shock	medicine	\$	
7. Do you get angry		ciccure shock	medicine	3	
Yes	no	seldom	,	often	
	you feel in their pre			310011	
Anger	fighting with otl		restless		
C	to your relative's pl				
Yes	no	seldom		often	
10. What do you do	when your patient b	ecomes restless ou	itside the house?		
take back home imme		em in seclusion	taking to doctor in	nmediately	medicines
	do you face because (			•	
increase in home exp	•	of taking anywhe		f relatives	any other
12. What were your	feelings when you ca	ame to know of yo	ur patient's diseas	e?	•
Shock	no effe	ect	denial		
13. Is this condition	treatable?				
Yes	no				
14. Have you ever he	eard of this condition	n before?			
Yes	no				
15. Do you think you	ur patient is a burde	n on you?			
Yes	no	seldom	often		
16. Have you ever be	eaten your patient?				
Yes no	seldom	1	often		
17. How do you beh					
Friendly	paternally	harsh	any other		
	ur patient can live a l	happy married lif	e?		
Yes no		reatment			
	ur patient capable of				
Yes no		supervision	_		
20. Do you think you	u have become closer	to God since you	know your patient	t's condition?	

Increase

decrease

no effect