

Abstract

Globally 450 million people suffer from a mental or behavioral disorder with only a minority being adequately treated. The Global Burden of Disease study (2000) found neuropsychiatric disorders accounting for 12.3% of Disability Adjusted Life Years (DALY) due to all diseases and injuries. Estimates are that 3% of the Sri Lankan population suffers from some kind of mental disease. In schizophrenia which is a severe psychiatric disorder beginning in late adolescence or early adulthood, caregivers take a prominent role due to the debilitating nature of the illness. Once the patient is discharged from hospital, care is continued in the community by caregivers. Studies conducted throughout the world have found improved caregiver knowledge about schizophrenia has increased psychosocial functioning, medication adherence and reduced relapse rates.

Therefore to improve the care of schizophrenia patients in the community, caregivers should be recognized and targeted interventions made to empower them. In planning for such interventions, it is important to identify the profile of caregivers of schizophrenia patients and to assess their current knowledge, attitudes and practices regarding the patients and the illness.

This hospital based cross sectional descriptive study was done to describe the profile and selected aspects of knowledge, attitudes and practices of caregivers of schizophrenia patients attending Room 22 psychiatry clinics at National Hospital of Sri Lanka (NHSL).

A structured interviewer administered questionnaire was used among primary caregivers of patients with schizophrenia, being followed up at room 22 psychiatry clinics of NHSL during August and September 2010. A consecutive sample of 338 caregivers over 18 years involved in care giving activities more than 5 hours per day for over 6 months were selected.

Knowledge was assessed by a scoring system; overall score calculated out of 100% and 70% was considered the cut off for satisfactory knowledge. Seven questions to assess attitude using a Likert scale, was scored and overall attitude graded. Practices of caregivers regarding patient's treatment compliance were described.

Among the caregivers majority (71.2%) were females and 72% were aged 46 years and above. Majority was family members or relatives (97.6%) and more than 70% of the study participants had been providing care for more than 5 years.

More than three fourth of the caregivers cited their main reason for becoming a caregiver to be a sense of family responsibility. Nearly half the study participants (48.8%) had received education up to O/Ls. 95.8% of the caregivers were non paid care givers. 16.6% were involved in an income generating activity other than care giving and only 14.2% received financial or material aids.

Out of 338 caregivers only 21.6% were aware of the name of illness and 45% identified it as a severe mental illness. Seventy percent 70% was aware of 2 or more symptoms. While 23% were able to recall 50% or more of drugs, only 39.1% were aware of 2 or more side effects that can be caused by the drugs taken by their patient. Forty percent of caregivers thought it could be caused by past sins or bad spirits. Regarding home rehabilitation, over 80% had knowledge in areas of self care, house hold activities, recreation, travelling and social interaction but not on financial management training. The caregivers were aware about the commonly known causes of relapse but, less aware about minimizing criticism. 35.8% of the caregivers had 'satisfactory' knowledge. Overall attitude of all caregiver was favourable. Thirty six percent of the patients were handling their own drugs and 70% of patients didn't take drugs in presence of the caregiver. Fifty eight percent of caregivers did not have an alternative caregiver to ensure drug intake when going away.

A need for alternative care giving arrangements was identified as substantial proportion of female caregivers belongs to older age group. Majority of the care givers being neither involved in income generation nor receiving aides, implies a need for financial support that could be in forms of monetary aides, community based income generation projects or self employment.

Overall knowledge was satisfactory in only one third of caregivers which depicts a need to focus more on educating the caregivers at the time of diagnosis as well as during follow up to improve their knowledge. Overall favorable attitude of caregivers need to be maintained. Caregivers should be educated to observe the drug ingestion and to store the drugs safely. There is a need for availability of day care centers that the patient can stay when alternative care is needed. The best psycho-educational strategy to educate the caregivers should be assessed in a future study.

Key words- Schizophrenia, Caregivers, Knowledge, Attitudes, Practices