Knowledge and Attitude of Caregivers of Patients with Affective Disorders

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Abstract
Mental disorders are widely recognized as a major contributor to the global burden of disease worldwide. In this affective disorders or mood disorders are more prominent, affecting about one in ten thousand during their life time. Caregivers are one of the three basic components of treatment along with the patient and healthcare professionals. Attitude and beliefs regarding mental illness are moulded by personal knowledge, knowing and interacting with those living with mental illness, cultural stereotypes and other factors. Objectives of the study: (1) To assess the knowledge and attitude of the caregivers of patients with affective disorders. (2) To determine relationship between knowledge and attitude of caregivers of patients with affective disorder. (3) To determine the association of knowledge and attitude with selected baseline variables of caregivers of patients with affective disorders. Materials and methods: Descriptive correlative design was used for the study. The data were collected from 94 caregivers of patients with affective disorders admitted to psychiatric wards of Father Muller Mental Health Center, Mangalore. The data were collected by knowledge questionnaire on affective disorders and attitude scale. Results: The findings the study showed that 55.3% of the subjects had very good knowledge and majority (77.7%), of the subjects had favourable attitude towards patients with affective disorders. There was a moderate positive correlation between knowledge and attitude of caregivers of patients with affective disorders, r = 0.5 (p < 0.001*). Association was found between knowledge and number of hospitalizations of patients with affective disorders (p = 0.004*) and between attitude and educational status of the subjects (p = 0.034*). Conclusion: Knowledge influences attitude. Appropriate educational and regulatory interventions in the clinical setting will improve the knowledge and attitude.

Keywords: affective disorders, attitude, caregivers, knowledge

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INTRODUCTION
Mental disorders are considered as major contributors (14%) to the global burden of disease across the world. In this context, affective disorders (mood disorders) are more prominent. Affective/mood disorders are quiet common among psychiatric disorders affecting nearly 1 in 10,000 people during their lifetime. The World Bank has ranked "depression" to 5th position among women and 7th among women, in the list of illness burden in the developing countries. In India, 1 in 11 people suffer from mental illness.[1] According to latest bipolar statistics quoted by Depression and Bipolar Support Alliance (DBSA), nearly 2–5% Indian population suffer from mental disorders requiring urgent care at some point of time. In India, approximately 12,780,847 people are known to suffer from bipolar affective disorder. Census 2011 shows that

two out of every five Indians suffer from depression. The alarming increase in the number of mentally ill patients warrants urgent attention not only on curative aspect but also on preventive aspect.[2]

Caregivers are usually close family members that take the responsibility of looking after the sick patient in the family. In India, families represent the key resource persons in the care of patients with chronic mental illness. Mental health services have moved away from providing institutional care to community based care. Due to this, family members have gradually found themselves becoming the primary source of care and social support to people suffering from affective disorders. Family member's poor/lack of knowledge and negative approach towards affective disorders lowers the effectiveness of patient care and rehabilitation.[3]

Such an inappropriate and/or negative attitude towards patients with affective disorders can impede the decision to seek help and provide proper holistic care. Improved knowledge usually results in improved attitude towards people with mental illness. Furthermore, the belief that mental illness can be treated, encourages early treatment and thereby promotes better outcomes. Exploring trends in people's knowledge and attitudes towards mental illness would have implications for nursing practices globally.[4]

MATERIALS AND METHODS
A descriptive correlative design was used to assess the knowledge and attitude of caregivers of patients with affective disorders. Ethical approval was obtained from Father Muller Institutional Ethics Committee. A formal written permission was obtained from hospital authorities to conduct the research study in Father Muller Mental Health Centre, Mangalore. An informed consent was obtained from the subjects.

A knowledge questionnaire and attitude scale was used to elicit the knowledge and attitude of caregivers on affective disorders. The knowledge questionnaire comprised of 24 multiple choice questions to identify the knowledge level and total score was 24. Each right answer carried one mark. The questions covered three domains, *i.e.*, meaning and aetiology, signs and symptoms, and treatment and prevention of affective disorders. The level of knowledge of caregivers on affective disorders was scored into excellent (86–100%), very good (71–85%), good (56–70%), average (40–55%) and below average (<40%).

Attitude scale comprised 16 items, 10 positively and 6 negatively stated items. The domains of the attitude scale were stereotyping, optimism and coping. The caregivers responses included strongly agree, agree, undecided, disagree, strongly disagree and the maximum total score was 80. The level of attitude of caregivers on affective disorders was scored into highly favourable (81–100%), favourable (61–80%), unfavourable (41–60%) and highly unfavourable (<40%).

Content validity of tools was established by 13 experts from psychiatry, psychiatric nursing, clinical psychology and psychiatric social work. Reliability of knowledge questionnaire and attitude scale was tested by using split-half method. The reliability coefficients, r was found to be 0.87 and 0.82 for knowledge questionnaire and attitude scale, respectively.

Pilot study was conducted in psychiatric wards of Father Muller Mental Health Center, Mangalore and study was found feasible. For final study the data were collected from 94 caregivers of patients with affective disorders from the psychiatric wards of Father Muller Mental Health Center Mangalore. The collected data were analysed using descriptive and inferential statistics.

RESULTS
Baseline Characteristics of Caregivers of Patients With Affective Disorders

More than half of the subjects 57.4% were found in the age group of >40 years. Most of the subjects 52.1% were males and 47.9% subjects were females. Majority of the subjects, 61.7 % were married, 27.7% were single 9.6 % were widow and 1% were separated. Regarding education, most of the subjects, 41.5%, got only primary level of education. Most of the subjects 32% were skilled workers. Majority, 77.7% of the patients were diagnosed to have BPAD – current episode mania without psychotic symptoms, 18.1% had BPAD – mania with psychotic symptoms. About 73.4% patients had less than or equal to 10 years of history of illness. Majority, 76.6% were hospitalized less than or equal to 5 times.

The study revealed that more than half of the subjects (55.3%) had very good knowledge, 34% had good knowledge, 9.6% had excellent knowledge and 1.1% had average knowledge. The mean knowledge score was 17.5 ± 2.4.

***Table 1.** Domain Wise Mean and SD of Knowledge Score, N=94.*

Domains	Items	Max. score	Mean	SD
Concept and aetiology	6	6	3.9	1.4
Signs and symptoms	6	6	4.3	1.1
Management	12	12	9.3	1.7

Maximum Score = 24.

The data presented in Table 1 shows that the mean knowledge scores was higher in the domain of management compared to that of signs and symptoms and concept and aetiology.

The finding of the study revealed that majority of the subjects (77.7%) had favourable attitude, 21.3% had highly favourable attitude and 1.1% had unfavourable attitude. The mean attitude score of caregivers was 56.4 ± 5.7.

***Table 2.** Domain Wise Mean and Standard Deviation of Attitude Score, N=94.*

Domains	Items	Max. score	Mean	SD
Stereotyping	6	30	22.5	2.8
Optimism	5	25	16.8	2.9
Coping	5	25	16.9	2.8

Maximum Score = 80.

The data in Table 2 show that the mean attitude scores were higher in the domain of stereotyping and coping compared to that of optimism.

***Table 3.** Relationship Between Knowledge and Attitude of Caregivers of Patients With Affective Disorder, N=94.*

Variables	R	P
Knowledge Attitude	0.5	<0.001*

* Significant.

The data presented in Table 3 shows that there is a moderate positive correlation (r = 0.5, p < 0.001*) between knowledge and attitude of caregivers on affective disorders which is statistically significant. As the knowledge increased, the attitude of the caregivers was found to be more positive.

The results of present study also showed that there was significant association between knowledge and number of hospitalization (χ^2=8.426, p=0.004*) of patients with affective disorders and between attitude and educational status (x^2=10.41, p=0.034*) of the subjects.

DISCUSSION
The above findings of the study were consistent with the community based cross-sectional study conducted in an urban community in South Delhi on perception and attitude of the community towards mental illness. The result of the study showed that mean age of the

participants was 35.8 ± 12.6 years with almost half (47%) belonging to the 30–49 years age group. Majority of the participants were female (57%), literate (84%) and currently married (81%).[5]

A study was conducted to determine attitudes of families towards mental disorders who have family member with mental disorders. The study sample consisted of 138 patients' relatives who accepted to participate in the study and psychiatric inpatient/outpatient at Istanbul University Cerrahpaşa Medical Faculty. The patients' relatives were in the age group of 40–50 (29.7%), married (71.7%), female (63.8%), house wife (38.4%) and graduated from secondary school (36.2%). Diagnosis revealed mood disorders among 47.8% of patients, illness time between 1 and 5 years (34.8%), number of admission to hospital was 2 and above (83.3%). This study also supports our present study.[6]

The present study revealed that more than half of the subjects (55.3%) had very good knowledge, 34% had good knowledge, 9.6% had excellent knowledge and 1.1% had average knowledge. The mean knowledge score was 17.5 ± 2.4 with a mean percentage of 73%. The mean percentage of respondents knowledge was highest in the area of management (77.5%) compared to concepts and aetiology (65%) and signs and symptoms (71.5%). The high level of knowledge of caregivers regarding affective disorders can be done to the educational interventions provided by the mental health team members in the selected setting. The setting is a teaching hospital where the patients and caregivers receive education on patient and related topic from students of nursing, psychology and psychiatric social work.

The findings of the present study were inconsistent with a cross-sectional study conducted in Aceh Tamiang district, Indonesia to identify the performance of caregivers in taking care of mental ill

patient in the family. The knowledge of caregiver in this study was categorized into three groups of the knowledge as good, fair and poor. It was noted that the majority of respondent had fair knowledge, 73.40% and only 13.83% had good knowledge 23%.[6]

The result of the present study also showed that there is a moderate positive correlation (r = 0.5, p < 0.001) between knowledge and attitude of caregivers on affective disorders.

These findings of this study were consistent with a study conducted to assess the knowledge and attitude regarding mental illness among general public in selected rural area of Hukkeri taluka. The result showed that there was a positive correlation between knowledge and attitude of subjects regarding mental illness (r = 0.790).[7]

The findings of the present study supported by a descriptive study conducted to assess the level of knowledge regarding mental illness among caregivers of mentally ill patients in Mangalore. The objective of the study was to assess the level of knowledge regarding mental illness among caregivers of mentally ill patients. Using purposive sampling technique, 100 samples were selected and a structured knowledge questionnaire was used to assess their knowledge on mental illness.

The result showed that 65% of caregivers had moderately adequate knowledge, 29% had inadequate knowledge and only 6% had adequate level of knowledge on mental illness. There was a significant corelation between knowledge score and baseline variables based on gender, religion educational status, occupation, monthly income, residential area and prior knowledge of caregivers on mental illness.[7]

CONCLUSION

The findings of the present study concluded that 55.3% of the subjects had very good knowledge and majority, 77.7% of the subjects had favourable attitude towards affective disorder patients. The analysis also showed that there is a moderate positive correlation between knowledge and attitude of caregivers of patients with affective disorders which was statistically significant. This means that better knowledge brings more favourable attitude. Appropriate educational and regulatory interventions implemented in the various clinical settings will improve the knowledge and attitude of caregivers for better patient outcomes.

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