

Focused Group Discussion to Identify Mental Health Literacy among Caregivers of Beggar Relief and Rehabilitation Center

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Abstract: The aim of the study is to assess the mental health literacy among care providers working in beggar relief and rehabilitation center. The study setting is Bangalore beggar relief and rehabilitation center. Focused group discussion was conducted to identify mental health literacy. Two separate focused group discussion were conducted. One for nurses and one for warders. Eight nurses and eight warders working in the center were selected using purposive sampling technique. The method used to analyze the data is interview transcribing. The Responses shows that nurses has some knowledge and warders had poor knowledge about causes, commonly seen mental illness, signs and symptoms, treatment, medications and side effects of mental illness. But intense training will help the nurses and warders to improve and affirm their knowledge. The focused group discussion concludes that the mental health literacy among nurses and warders need to be improved to better care the mentally ill inmates of beggar relief and rehabilitation center. The nurses had better knowledge compared to the warders.

Keywords: focused group discussion, mental health literacy, caregivers, nurses, warders, beggar relief and rehabilitation center.

INTRODUCTION

Mental health literacy refers to knowledge and beliefs about mental disorders which aid their recognition, management and prevention. Public knowledge about mental disorders as medical conditions, and their evidence based treatment strategies, in developing countries may be generally poorly or inaccurately understood.

Improving the mental health literacy among primary health care professionals is imperative. Poor mental health literacy can be an obstacle to providing treatment for those in need, and is of particular concern in low and middle-income countries where mental health services are already scarce[4].

The aim of the study is to assess the mental health literacy among care providers working in beggar relief and rehabilitation center, Bangalore. Beggar relief and rehabilitation centers are places where beggars are rehabilitated for a period of three months to one year. The center provides food, shelter, vocational rehabilitation, medical aids etc. The study sample is caregivers. In this study the caregivers are warders and nurses working in beggar relief and rehabilitation center. Research on mental health literacy in India is limited despite increasing growing evidence of mental illness among general population[1].

A study was conducted by Vijayalakshmi *et al.* to examine mental health literacy among caregivers of persons with mental illness. The data was collected

using interviews. Regarding the causes of mental illness, a majority agreed genetic inheritance, substance abuse, and brain disorder are main factors for developing mental illness. The majority of the participants also agreed that mentally ill are not agreed to maintain friendship, are dangerous, and not capable to work. Nearly half of the caregivers expressed that they would feel ashamed if a family member had a mental illness. Based on the findings of the present study researchers suggest that there is an urgent need to educate and change the attitude of caregivers through mental health literacy programs specifically designed for them[1].

A focused group discussion was conducted to investigate mental health attitudes and beliefs of parents and teachers in south Lebanon. Using purposive sampling, five focused groups were conducted. A total of 27 teachers and 18 parents participated separately in focus groups. Three themes emerged. (a) mental health care is a priority for overall health. (b) Mental illness is a cultural taboo. (c) There is a need for better education and cultural understanding about mental health[3].

A study was conducted by vijayalakshmi *et al.* aimed to investigate gender differences in mental health literacy of family caregivers of persons with mental illness. A cross-sectional descriptive survey was carried out among 161 randomly selected caregivers of persons with mental illness at outpatient department of a tertiary care center. Data was collected through face-to-face interview using a structured questionnaire. The study results show that men were less literate than women regarding knowledge of people with mental illness as well women hold better positive attitudes towards persons with mental illness. Hence, gender differences need to be considered in developing mental health literacy programmes for family caregivers of mentally ill and general population[2].

The study was conducted in rural Kenya and assessed stigma in health workers from primary health facilities. This study compared variations in stigma-related mental health knowledge and attitudes between primary health workers (44HWs) and community health volunteers (60CHVs). Results suggest that stigma-related mental health knowledge and attitudes are strongly associated. Future studies should test feasible ways to reduce stigma in this population[5]. All the above literatures suggest that there is an urgent need to educate and change the attitude of caregivers through mental health literacy programs specifically designed for them.

AIM OF THE STUDY

The present study is to identify the existing knowledge regarding mental health literacy.

MATERIALS AND METHODS

Study design is focused group discussion. Study area is beggar relief and rehabilitation center, Bangalore. Study population is care providers of beggar relief and rehabilitation center, Bangalore. The care providers include nurses and warders.

Inclusion criteria

All the care providers who were present in the selected relief and rehabilitation centers on the pre decided day of focused group discussion.

All the caregivers who were working in relief and rehabilitation centers for a minimum of three months

All the caregivers who gave voluntary informed verbal consent

Sampling technique

Purposive sampling was used to select the care providers. Eight nurses and eight warders were selected to participate in focused group discussion. Two focused group discussions were conducted. One with nurses and another with warders. Focused group discussion were

conducted with a circular sitting arrangement around the table. Moderator facilitated the focused group discussion. Predefined set of questions were used. Responses were recorded from participants for each question. Focused group discussion were conducted in their vernacular language - Kannada and responses are translated to English.

RESULTS

The qualitative analysis of the focused group discussion is discussed after appropriate translation to English language for wider dissemination

Focused group discussion with nurses

The duties and responsibilities of nurses working in beggar relief and rehabilitation center is mainly to supervise the wards and warders. They also take care of the inmate's daily activities, self-care needs and provide medications. Five to ten minutes were given for the group members to discuss the answers. We will go through the questions and responses obtained during focused group discussions.

- Discuss the causes of mental illness
"The patient can get mental illness due to accident, hereditary, stressful life events etc."
- Discuss about commonly used psychiatric medications in beggar relief and rehabilitation center
"There are many medications we use like risperidone for psychoses, haloperidol for aggressive patients, chlorpromazine for epilepsy, propranolol for tremors, eptoin for seizures, clozapine for chronic patients, diazepam for violent patients."
- Discuss about frequently observed side effects among the mentally ill inmates who are under psychiatric medications
"The main side effects seen are excessive salivation, rocky movements, tremors, diabetes, extra pyramidal symptoms, doll type walking, constipation etc."
- Discuss about commonly seen mental illnesses among inmates
"Once admitted to beggar relief and rehabilitation center ever inmates are subjected to physical and mental evaluation. And we do maintain files and case sheets for each patient. The common mental illness includes psychoses, depression, mental retardation, epilepsy."
- Discuss in detail about signs and symptoms of each commonly seen mental illnesses in RRC
"We can't clearly answer this question. Psychoses include delusions and hallucinations. Talking self and smiling self is called hallucination. Delusion we can't remember. In mental retardation the person has less intelligence. They are very slow in learning. Epileptic

patients have fits. Depressive patients will be sad all the time.”

Focused group discussion with warders

The warders are health providers who are in charge of the wards. Warders are given responsibility to take care the inmates in their respective wards. In a ward there are nearly 60 -150 inmates. We will go through the answers and descriptions given by the warders.

- Discuss about causes of mental illness
“The causes of mental illness are family problems, personnel problems, accident, love failure, tension, shock etc.”

- Discuss about the mental illness seen in beggar relief and rehabilitation center
We don’t know in detail about mental illness. By observing them we can only say that they are not normal.

- Discuss about signs and symptoms of mental illness
“The mentally inmates show bizarre behavior. They talk themselves, laugh themselves, don’t take bath, don’t brush teeth, don’t obey, use abusive words, says that they are king, have power of god etc. We should force them to do something, then only they do. They urinate in dress even if we say don’t do that. Also some inmates don’t go for work. If we force them only they go. This are the signs and symptoms we observed”

- Discuss about treatment of mental illness
“We are not aware about the medicines and treatment of mental illness. When nurses give the medicines we make sure that inmates have taken it. But we don’t know the medicine name. Only thing we know is psychiatric medications can cure mental illness.”

- Discuss about side effects of mental illness
“We are not aware about the medicines and treatment of mental illness. That you have to ask nurses and doctors. It is not our responsibility”

The above mentioned were the responses provided by the nurses and warders. Eight warders and eight nurses participated in the discussions.

DISCUSSION

The focused group discussions were conducted among nurses and warders with the aim of assessing their mental health literacy. The focused group discussion revealed that the intensive training programs are required for both nurses and warders as they lack knowledge regarding mental health literacy.

First we will discuss the responses of the nurses when interviewed. The nurses said that the

patient gets mental illness due to accident, hereditary, stressful life events etc. according to the nurses working in beggar relief and rehabilitation center, the commonly seen mental illness include psychoses, depression, mental retardation and epilepsy. When talking about signs and symptoms of commonly seen mental illnesses in beggar relief and rehabilitation center, they said that psychoses include delusions and hallucinations. They added, talking self and smiling self is called hallucination. They couldn’t explain the meaning of delusion. They also added that mentally retarded patients have less intelligence and very slow learning. They said that if a person has fits then he is epileptic. Also they added that depressive patients will be crying and sad all the time. When asked about commonly used medications the nurses replied that risperidone is given for psychotic patients, haloperidol for aggressive patients, chlorpromazine for epilepsy, propranolol for tremors, eptoin for seizures, clozapine for chronic patients and diazepam for violent patients. When asked about commonly seen side effects the nurses replied that excessive salivation, rocky movements, tremors, diabetes, extra pyramidal symptoms, doll type walking, constipation etc.

Neither any nurses neither disagreed with the above statements nor contributed any extra points. The Responses shows that nurses has some knowledge about causes, commonly seen mental illness, signs and symptoms, treatment, medications and side effects of mental illness. But intense training program is required to improve and affirm the knowledge of the nurses regarding mental health literacy.

Now we will discuss about responses of warders during focused group discussion. The warders are persons who has to regularly deal with the patients residing in the wards allotted to them. But the focused group results are unappealing. It throws an insight which ascertain the fact that further training is required. We will discuss in detail about the responses in the following paragraphs.

The warders said family problems, personnel problems, accident, love failure, tension, shock etc. are the causes of mental illness. The warders responded that they don’t know in detail about commonly seen mental illness. They could only say that the inmates are not normal.

The warders stated that the mentally ill inmates show bizarre behavior. They also added that the patients talk themselves, laugh themselves, don’t take bath, don’t brush teeth don’t obey, use abusive words, says that they are king, have power of god. Only when forced some patients complied. They also added that some patients urinate in dress even if warned. The warders added that If only forced, the inmates go for work. The warders were not aware about the commonly used medications and treatment of mental illness. Also

they don't know the name of any psychiatric medications. The warders had less idea about the side effects of commonly used medicines in RRC. But all the warders agree to the fact that psychiatric medications could cure the mental illness.

All the warders agreed to the statement and they had no further information to contribute. All the warders agreed with the responses provided. The responses show that warders had poor knowledge about causes, commonly seen mental illness, signs and symptoms, treatment, medications and side effects of mental illness. Intense training program training will help the warders to improve and affirm their knowledge.

CONCLUSION

From the focused group discussion, we could understand that nurses had some knowledge regarding mental health literacy and warders had poor knowledge regarding mental health literacy. The nurses had some knowledge and warders had poor knowledge in almost all five areas like causes, commonly seen mental illnesses, signs and symptoms of commonly seen mental illnesses, treatment and medications, side effects of commonly used medications. Knowledge regarding mental health care among health providers should be improved. Training programs should be conducted to improve the mental health literacy among health providers. This will help the care providers to give better care to the inmates of beggar relief and rehabilitation centers of Karnataka.

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