UNMET NEEDS AND CARE RECEIVED AT HOME BY THE MENTALLY ILL PATIENTS ATTENDING OPD IN SELECTED PSYCHIATRIC HOSPITAL, WEST BENGAL

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Abstract

Families are often the care givers of people with mental disorders. To assess the unmet needs and care received at home by the mentally ill patients. To find out the association between unmet needs and care received at home by the mentally ill patients with the selected demographic variables. A quantitative survey approach and descriptive research design was adapted. 200 hundred mentally ill patients were selected from out patient department through non probability purposive sampling technique. Demographic data and need assessment data were collected by using valid, reliable structured interview schedule. Descriptive and inferential statistics were used to analyze the collected data. The finding of the study revealed that unmet needs were present in different domains such as physiological domain (50%), safety security domain (62%), Psychological domain (58%), Social domain (47%), recreational domain (64%), Spiritual & moral domain (29%) of subjects. It was found that there was statistical significant association between unmet needs and family income in physiological domain, education, family income in safety security domain and psychological domain, family income in social domain, sex, education, family income in recreational domain, sex, family income, occupation in spiritual and moral domain. Unmet needs present among the mentally ill patients in different domains. Therefore, this study recommended awareness programme in community on care of mentally ill patients to improve their quality of life.

INTRODUCTION

Mental problems are increasing part of the health problems the world over. In most developing countries, care programmes for the individuals with mental and behavioural problems have a low priority, provision of care is limited to a small number of institutions usually overcrowded and understaffed. Early diagnosis, appropriate treatment and care are necessary for cure of of the mentally ill patient. Every individual have some basic needs that are essential to maintain quality of life. Family members are the integral part of the care of patients with mental illness at home. So assessment of needs of mentally ill patients is essential task of mental health professional that to make plan, develop and evaluate mental health services.

BACKGROUND

In some Asian communities stigma associated with mental illness brings same to family and can affects the marriages potential of other relatives. So families keep the illness

private and often reluctant to seek professional help. In some community religious beliefs are linked to mental illness and some cases influence the treatment.[6] Family members of people with mental illness can contribute to stigmatization. Because of the lack of adequate information and recourses , and the fatigue resulting from daily care, the family can reinforcement of social exclusion behaviours and the relative disbelief in recovery.[11]

AIM OF THE STUDY
To assess the unmet needs and care received at home by the mentally ill patients.

OBJECTIVES
1. To assess the unmet needs and care received at home by the mentally ill patients.
2. To find out the association between unmet needs and care received at home by the mentally ill patients with the selected demographic variables.

ASSUMPTIONS
1. Mentally ill patient may have unmet needs at home.
2. Mentally ill patients give reliable information for the study

HYPOTHESES
.H_1: There is significant association between unmet needs with the selected demographic variables at 0.05 level of significance.

OPERATIONAL DEFINITION
Mentally ill patient: It refers to adult patients who are attended in the OPD of psychiatric hospital and who have intact cognition

Unmet needs: In my study unmet needs mean when some basic needs of mentally ill patients such as physiological, safety and security, psychological , recreational, spiritual & moral needs are not fulfilled by family members & society at home but those needs are require to maintain quality of life.
Care received: It refers to those basic needs of mentally ill patients are met by family members at home to maintain quality of life. When basic needs are fully met that is called always met & when needs are not fully met that is called partially met.

CONCEPTUAL FRAMEWORK
In this study conceptual framework is based on "Virginia Henderson's need theory"[18]. The purpose of this framework to identify unmet needs and care received by mentally ill patients at home. Mentally ill patients has so many basic needs such as physiological, psychological, spiritual, moral and sociological needs to maintain their quality of life.

DELIMITATION
1. The study was delimited to adult mentally ill patients.
2. The study was delimited to only those mentally ill patients who attending OPD of Government Psychiatric Hospital.

METHODOLOGY

Research Approach : Quantitative survey approach

Research Design: Descriptive research design

Variables

Research variables: 1. Unmet needs and care received at home by the mentally ill patients.

Demographic variables: Age, sex education, residence, income, occupation.

Settings: The study was conducted in outdoor of Kolkata Pavlov Mental Hospital.

Population: Mentally ill patients attending OPD of psychiatric hospital

Sample: Mentally ill patients who have intact cognition level and who were available during data collection in OPD of selected Psychiatric hospital and who fulfilled the pre set criteria for sample selection.

Sample Size: Total sample size was two hundred (200)

Sampling Technique: Purposive sampling technique has been employed.

Data Collection & tool technique : Structured interview schedule used to collect demographic data. Structured interview schedule developed to assess unmet needs and care received by the patients.

RESULT

SECTION I: SOCIO -DEMOGRAPHIC VARIABLES

Table 1 showing frequency percentage distribution of subjects in terms of age, sex, residence, educational qualification, family income, occupation.

n = 200

Sample Characteristics	Frequency Percentage(%)
Age	
18 – 35 years	62%
36 – 49 years	29%
50 years and above	9%
Sex	
Male	38.5%
Female	61.5%
Residence	
Urban	6.5%
Rural	93.5%
Educational qualification	
Illiterate	38%
Primary	52.5%
Secondary	4.5%
H.S	4%
Graduate & Above	1%
Family income	
Rs. 1000 - 5000/-	84.5%
Rs. 5001 – 10000	10%
Rs.10001 – 15000/-	4%
Rs.15001 – 20000/-	1.5%
Occupation	
Housewife	57%
Labourer	19.5%
Farmer	11.5%

Business	1.5%
Employed	1%
Unemployed	9.5%

Table 2 showing the association between unmet needs in physiological domain with age and family income and in safety and security domain gender, education, family income.

n = 200

	Variables	Need Assessment Score		χ^2
		At or Above Median	Below Median	
1	**Physiological Domain**			
	Family Income			
	Below Rs.5000/-	82	87	15.1*
	Above Rs. 5000/-	28	3	
2	**Safety and Security Domain**			
	Gender			
	Male	32	45	9.14*
	Female	78	45	
	Education			
	Illiterate	35	41	3.96*
	Literate	76	49	
	Family Income			
	Below Rs.5000/-	82	87	18.5*
	Above Rs. 5000/-	28	3	

P<0.05, χ^2 value at –df (1) = 3.841, df (2) 5.99 * Significant

The data presented in table 2 - shows that there is significant association present between unmet needs and family income in physiological domain, in social domain, unmet needs and gender, family income.

Table 3 showing the association between unmet needs in psychological domain with education, family income and in social domain with family income and in recreational domain with gender, education.

n =200

	Variables	Need Assessment Score		χ^2
		At or Above Median	Below Median	
3	**Psychological Domain**			
	Education			
	Illiterate	40	36	9.22*
	Literate	92	33	
	Family Income			
	Below Rs.5000/-	102	67	12.8*
	Above Rs. 5000/-	29	2	
4	**Social Domain**			
	Family Income			
	Below Rs.5000/-	85	84	6.02*
	Above Rs. 5000/-	23	8	
5.	**Recreational Domain**			

Gender			
Male	51	26	4.50*
Female	98	25	
Education			
Illiterate	49	27	6.49*
Literate	100	24	

$P<0.05$, χ^2 value at –df (1) = 3.841, df (2) 5.991   * Significant

The data presented in table 3 - shows that there is significant association present between unmet needs and family income in physiological domain, in social domain, unmet needs and income, in recreational domain unmet needs with gender and education.

CONCLUSION

The present study revealed that most of the basic needs of mentally ill patients were unmet. In psychological domain and recreational domain unmet needs are more than the other domains. Some basic needs may be met by improving their socioeconomic condition. But most of the needs may be met by increasing awareness about care of mentally ill patients of family numbers.

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