



Knowledge Gaps in Supporting Mental Illness: A Study of Family Caregivers in Jeddah

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Abstract

Background: Family members often assume the responsibility of caring for psychiatric patients. However, in Middle East countries, there is limited help available for people with psychiatric disorders and their families. Inadequate health education significantly influences the care process and is seen as a risk factor for psychiatric disorders. This study aims to evaluate the psycho-educational requirements of family caregivers of mental patients attending outpatient clinics at a psychiatric hospital in Jeddah, Saudi Arabia.

Aim: To evaluate the psycho-educational requirements of family caregivers of mental patients attending outpatient clinics at a psychiatric hospital in Jeddah, Saudi Arabia.

Method: This study employed a cross-sectional design to investigate the relationship between various topics of concern within a specific population throughout a brief timeframe.

Results: The findings indicate that the Saudi community members possess limited understanding and harbor unfavorable views towards those suffering from mental illness. Many of the participants had a limited understanding of the causes of mental illnesses, and the majority preferred spiritual therapies for psychological illnesses. Community members developed increased awareness and reduced stigmatization towards individuals with mental illness when they had direct contact and proximity to them, or when they formed relationships with such individuals.

Conclusion: The study highlights the need for implementing psycho-educational programs that can impart knowledge, foster crucial comprehension, and promote more acceptance and adherence in managing and incorporating the patient's family throughout intervention. Providing education to family caregivers contributes to a decrease in the recurrence rate and a reduction in remaining symptoms of the psychiatric disease, as well as improves the family caregiver's interaction with society.

Keywords: Mental illness, family caregivers, psycho-educational requirements, Saudi Arabia, stigma

1. Introduction

Family members often assume the responsibility of caring for psychiatric patients. The family caregiver often experiences a significant hardship as a result of inadequate or nonexistent knowledge. Acquiring knowledge about effective and appropriate

caregiving, acceptable therapies, managing stress, alleviating the burden, and coping with the disorder. In Middle East countries, there is only a limited amount of help available for people with psychiatric disorders and their families in the community. Society frequently exhibits ambivalence towards psychiatric

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Receive Date: 02 June 2024, Revise Date: 21 June 2024, Accept Date: 02 July 2024

DOI: 10.21608/EJCHEM.2024.294480.9848

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patients. Instead of providing support to psychiatric patients, neighbors frequently refrain from engaging with those suffering from mental illness and their families [1]. Therefore, it is necessary to implement Psycho-educational programs that can impart knowledge, foster crucial comprehension, and promote more acceptance and adherence in managing and incorporating the patient's family throughout intervention [2].

The cognitive evaluation and psychosocial coping abilities of a family caregiver significantly impact their perception of the hardship they face. Research indicates that the provision of knowledge and support from psychiatrists and other specialists can help reduce the load on caregivers. These caregivers frequently undergo a range of responses when taking care of patients following their discharge from the hospital. Several caregivers have reported a limited number of interruptions, while others have reported multiple affects, such as disturbances to their regular routines and experiences of stigma [2].

Caregivers may face social stigma due to their association with patients' psychiatric hospital visits. This stigma can manifest in caregivers' negative self-assessment, feelings of shame or embarrassment, and the perception of being treated differently by others. These experiences are likely a result of their role as caregivers and their connection to the patient. Caregivers may also exhibit self-deprecating behavior or be preoccupied with how others perceive the underlying factors contributing to the sickness [3].

Research on the impacts of caregiving for individuals with psychiatric disorders was restricted for almost thirty years. Insufficient focus has been given to evaluating the various aspects of caregiving for individuals with different psychiatric disorders, particularly in relation to the burden experienced by family caregivers and the ways they employ to cope. Prior research has indicated that family caregivers frequently experience alterations in their sleep and eating patterns, disturbances in their employment and daily routines, as well as instances of violence and suicide attempts [4-6].

Inadequate health education significantly influences the care process and is seen as a risk factor for psychiatric disorders. Education possesses a potent aspect of empowerment and should be duly considered in the context of psychiatric prevention and the promotion of mental health. It is important to evaluate and offer family caregivers the necessary and appropriate psycho-education. Psycho-education may encompass information on potential responses to hospitalization or planned post-treatment appointments. Furthermore, it is imperative to provide caregivers with instruction in coping mechanisms that have the potential to enhance the patient's clinical outcomes. This assertion was earlier substantiated by a study that evaluated the necessity of providing education to family caregivers of psychiatric patients,

given their active involvement in the treatment of mental disorders [7].

Providing education to family caregivers contributes to a decrease in the recurrence rate and a reduction in remaining symptoms of the psychiatric disease. Furthermore, it improves the family caregiver's interaction with society [8]. Family caregivers have expressed increasing demands for additional psycho-educational resources and ongoing communication with mental health experts. According to reports, psycho-education has been found to reduce feelings of burden, increase effectiveness in assisting loved ones, decrease psychosomatic symptoms, prevent burnout, and lower levels of distress [3, 9-11].

There is compelling data indicating that a small number of families with schizophrenia patients are receiving outpatient services due to the limited availability of evidence-based psycho-educational programs for families in the Veterans Affairs healthcare systems [12]. Based on data from Mental Health American (MHA) and the National Alliance on Mental Illness (NAMI), it has been shown that family caregivers dedicate an average of 32 hours per week to providing assistance to their loved ones. Additionally, nearly one in five caregivers spends more than 40 hours per week on this responsibility. The family caregivers voiced apprehensions over the caliber and extent of availability of mental care for their beloved individuals. A majority of individuals express dissatisfaction over the quantity and quality of community services available for their loved ones. Family caregivers residing in rural locations reported facing greater challenges in terms of access and quality of care. They also acknowledged the burden of giving a higher number of care hours compared to caregivers in urban or suburban settings.

The evolving knowledge of the health-care system indicates that family caregivers should be re-evaluated in terms of their significance and to gain new perspectives on addressing psychiatric disease. There have been few studies that have evaluated the extent of patient and community awareness. This complicates the evaluation of the requirements of family caregivers, the family's understanding, reactions, and handling of mental illness.

The objective of this study is to evaluate the psycho-educational requirements of family caregivers of mental patients attending outpatient clinics at a psychiatric hospital in Jeddah, Saudi Arabia. This study employed a cross-sectional design to investigate the relationship between various topics of concern within a specific population throughout a brief timeframe.

1. Saudi Community

The Saudi community members possess limited understanding and harbor unfavorable views towards those suffering from mental illness [13]. There are many misunderstandings within the community

regarding mental disease, such as the notion that mental illness is caused by envy, malevolent spirits, or divine retribution. In addition, they hold the belief that the optimal approach for treating individuals with mental illness involves consulting a healer rather than seeking assistance from trained professionals [13]. A study conducted by Elbur et al. [14] in Saudi Arabia examined the relatives of individuals with mental illness. The study found that many of the participants had a limited understanding of the causes of mental illnesses. Specifically, half of the patients' relatives thought that the gaze of evil was the primary cause of mental illness. Additionally, the majority of participants preferred spiritual therapies for psychological illnesses.

Community members developed increased awareness and reduced stigmatization towards individuals with mental illness when they had direct contact and proximity to them, or when they formed relationships with such individuals. This change in attitude may be attributed to the development of interactions with patients who have mental disease [15-17]. Conversely, individuals in the community who lack any touch or connection with individuals suffering from mental illness demonstrate a lower level of awareness and hold unfavorable attitudes towards them [16,17].

One's attitudes and practices towards patients with psychological disorders are influenced by their level of understanding or lack of awareness about the subject. This greatly influences the cultural assumptions, myths, legends, and other behaviors that impact how one behaves towards a problem of concern. Expressing attitudes and beliefs in a positive manner is likely to lead to helpful and inclusive behavior. However, if attitudes and beliefs are communicated negatively, they may result in prevention, exclusion, and prejudice towards an individual [18].

According to Holmberg et al. [19], the attitude consists of three primary components: affect, which pertains to emotions; cognition, which pertains to thoughts or beliefs; and behavior, which pertains to actions. Ultimately, attitude is the culmination of shared principles, actions, and convictions. In a more contemporary study, Jain [20] provided a definition of attitude as the "positive or negative readiness towards specific entities such as a person, place, or event" (6). Jain categorized attitude into three dimensions: affect, behavior, and cognitive. When these three dimensions are combined, they form the attitude. Knowledge is a fundamental aspect that contributes to the development of an individual's attitude. The Organization for Economic Co-operation and Development (2016) provided a definition of knowledge as "the collection of information that an individual possesses" (5). Bada et al. [21] asserted that knowledge plays a role in shaping individual attitudes, and that individuals acquire information

through the processes of learning, execution, and encounter.

Undoubtedly, if the members of the community possess inadequate understanding and unfavorable views towards individuals with mental illness, they perceive these patients as hazardous individuals with unpredictable conduct [22]. The majority of individuals in the community who took part in the study carried out by Ando et al. [15] exhibited limited understanding and unfavorable attitudes, and was not inclined to engage with patients. Instead, the participants maintained a physical and emotional distance from individuals with mental illness. Consequently, individuals with mental illness experienced social limitations, stigma, and reluctance to seek treatment and support. However, health service institutions have a limited impact on enhancing the community's understanding of mental illness [15,23].

A significant portion of the community lacks awareness and understanding of mental illness, while also facing a scarcity of trustworthy sources of information on this crucial matter [24]. Another factor to consider is the influence of media, which often portrays individuals with mental illness in an unfavorable light, so perpetuating stigmatization against them. This phenomenon is widespread and manifests in various ways. Individuals suffering from mental illness often portray themselves in the media as potentially harmful, fearful, or socially undesirable. Frequently, the information presented is erroneous [25-27]. A study conducted in Saudi Arabia found that a significant number of medical students and over 50% of nonmedical students acquired their understanding of mental illness from various forms of media [27].

A community can be described as a social unit of any size that shares common values [28]. Studying patients with mental illness from various communities is crucial for comprehending the extent of information and attitudes held by individuals towards these patients, as well as how the community handles such persons. Engaging people with mental illness in the community familiarizes community members with these individuals and reduces the perception of them as dangerous and violent. Moreover, there will be a reduction in the negative perception of the patients, and the community members will become more inclined to embrace and involve the patients as valuable contributors to the community [23]. Simultaneously, the community must ensure that it is equipped with the essential resources required to address the needs of individuals with mental illness and to facilitate the process of transitioning them out of institutional care. In a study conducted by Dawood and Modayfer [29] on public perceptions of mental disorders and mental health services in Riyadh, Saudi Arabia, it was discovered that the majority of participants expressed agreement with the notion that the Saudi government should augment the funding

allocated to mental health clinics. The participants also held the belief that mental health hospitals are antiquated and resemble a correctional facility.

Jeddah city is home to two hospitals: the Psychiatric Hospital and Al-Amal Hospital. The combined bed capacity of the two hospitals is 335, according to the Ministry of Health in 2015. Al-Amal Hospital primarily focuses on providing care for people grappling with substance misuse [30]. The Psychiatric Hospital in Jeddah province exclusively provides medical care for individuals suffering from mental disease. Nevertheless, it expresses dissatisfaction with the extended duration of their patients' residency following the completion of their mental health therapy. This problem significantly impacts the hospital's ability to accommodate and admit new patients. Furthermore, it results in a financial strain on the facility. The Ministry of Health established the Home Medical Program in 2008, in collaboration with the Psychiatric Hospital in Jeddah. The program aims to offer specialized care for those with mental illness in the comfort of their own homes, employing trained professionals. Although the primary objective of the Home Medical Program is to facilitate the inclusion of patients in the community, the program's services are constrained due to staffing shortages and transportation limitations [31].

2. Discussion

This study aimed to evaluate the educational requirements of caretakers for individuals with psychiatric illnesses attending an outpatient clinic at a psychiatric hospital in Jeddah. The study found that caregivers had a strong desire to acquire additional knowledge regarding psychiatric disorders and various methods of managing them. On the other hand, caregivers were least concerned about admitting patients to psychiatric facilities and drug usage in mental diseases. This has implications for adherence and other crucial requirements in educational programs, including nutritional guidance, consistent physical activity, and behavioral adjustments.

Prior research has demonstrated the advantages of psycho-education. This increases knowledge of psychiatric diseases and helps to reduce the load, discomfort, and improve coping abilities among caregivers. Consistent with this, our study revealed that families expressed a keen interest in acquiring further understanding of mental diseases and various approaches to their management. This aligns with prior surveys that evaluate the educational requirements of family caregivers [32].

Our findings indicate that the educational needs revolve around improving social functioning, with family dealing with stress being the next highest priority. According to [33], family caregivers of mental patients who took part in psycho-educational therapies saw significant enhancements in their social functioning. The study found that the coping skills needed by family caregivers of individuals with

psychiatric disorders were in line with the self-efficacy scale for managing patient symptoms [32,34,35].

In this study, we demonstrated that most of the caregivers had a close familial link with the patients. This outcome demonstrates the strong bonds within the Saudi society, where many feel a sense of duty towards the sufferer. Tamizi et al. [36] discovered that a large majority of the responders (85.5%) reported providing attentive care to the patients, supporting this finding. Psychiatric family caregivers who lack psycho-education and direction actively seek assistance from professional psychiatric teams to acquire knowledge, information, and skills. According to the study, the hospital's job is to offer guidance through rigorous educational awareness initiatives, as well as written information. Lastly, there is a desire for the enhancement of leisure activities. This conclusion is entirely consistent with [35], except for the requirement to improve leisure activities.

The educational requirements of family caregivers exhibit significant diversity, typically contingent upon the prevailing family circumstances and the specific ailment. Family caregivers who have been dealing with disease for a longer period of time may have already acquired expertise and taken important measures to acquire knowledge in order to assist their loved ones.

These findings indicate that the psycho-educational needs of family caregivers cannot be effectively met by presenting knowledge only once. Instead, caregivers in psycho-education demand continuous provision and support. Implementing a structured behavioral program, such as family psycho-education, could potentially improve the psychiatric condition and overall status of the ill relative [37].

This study presents an overview of the educational requirements of caregivers of psychiatric patients and proposes a method for meeting these needs in a way that validates the most important demands of family caregivers. The findings are backed by previous research [38]. We suggest creating and executing psycho-educational programs using objective data gathered from certain topic groups. These programs should be customized to meet the particular requirements and tastes of each family, aligning with their interests.

3. Conclusion

Overall, the act of providing care for psychiatric patients elicits both unpleasant and positive experiences, which are interconnected. The well-being of psychiatric patients directly impacts their experiences, which in turn, influences the overall well-being of caregivers. Family caregivers require adequate information and continuous assistance to navigate the grief process, cultivate optimistic thoughts, and come to terms with their circumstances.

The medical education curriculum recommendations seem to lack adequate content regarding family caregivers of psychiatric patients. Mental health professionals may lack sufficient preparation in their curriculum to effectively work with family caregivers of their patients.

To summarize, this study emphasizes the necessity of providing psycho-education to caregivers. Medical education curriculum standards should include information on family prejudice, family/caregiver load, sharing information, familial strain, resilience and modification, family support, crisis intervention, and numerous family group psycho-educations.

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