EFFECTIVENESS OF FAMILY PSYCHO EDUCATION ON KNOWLEDGEREGARDING MANAGEMENT OF SCHIZOPHRENIA AMONG PRIMARYCAREGIVERS IN SELECTED PSYCHIATRIC HOSPITAL, CHENNAI.

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ABSTRACT

Schizophrenia has different principle symptoms which can be partitioned into various stages which are; Positive, Negative and Cognitive symptoms. Positive symptoms are those which can be handily distinguished and not seen in solid individuals. Such symptoms incorporate Hallucination, dream and strange engine conduct having fluctuating level of severities. Negative symptoms are can only with significant effort recognize and connected with high dismalness rate. The most well-known Negative symptoms included Avoilition, Alogia, Anhedonia and lessened passionate articulation. Mental Symptoms, being the most up to date characterization. These eventually impeding the singular's conveying abilities by upsetting his discourse and consideration.

Setting and Design

This is a pre-experimental study evaluating the effectiveness of family psycho educational intervention conducted in selected psychiatric hospitals at Chennai, Tamil Nadu on 200 primary care givers of schizophrenic patients. Ethical clearance was obtained from ethical committee of Shadithya Hospital, Chennai.

Results:

In Pre- test and post-test levels of knowledge among the experimental and control group, It shows that In Pre Test Total 112 (56%) scored Inadequate in Knowledge Level and In Post test 81 (41.5%) had adequate knowledge. As per Comparison of Knowledge score before and after psycho education, The t test score was 13.11 which is statistically significant at p<0.05.

Keywords: *Avoilition, Alogia, Anhedonia, lessened, passionate, articulation, Hallucination.*

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INTRODUCTION

The term Schizophrenia is Greek in beginning, and in the Greek implied split mind. This is certifiably not a precise clinical term. In 1887 a specialist, Emil Kraepelin portrayed schizophrenia as a particular psychological sickness for the initial time. Glynn et.al, 2006) Schizophrenia influences around 1% of individuals around the world. It happens similarly in people, however in ladies it starts later and is milder. Half of individuals in emergency clinic mental consideration have schizophrenia.

Beginning tops in youthful adulthood is a Lifetime hazard for male and females generally equivalent. (Black and Andreasen, 2003) National predominance pace of schizophrenia is 2.3 per 1000 populace. (Murali Madhavan, 2001). In Tamil nadu 3.2 lakh individuals experience the ill effects of schizophrenia (Dr.PN. Suresh Kumar, Director Institute of Mental Health and Neurosciences (IMHANS), trichy). In spite of the fact that psychoeducation is a key component, FPE incorporates numerous other helpful components and expects to upgrade family abilities and information, ordinarily inside a consultative and cooperative way to deal with the work (Dixon 2006).

Family psychoeducation contrasts from customary or prevalently fundamental family treatment draws near, like primary family treatment. These expect that useless family correspondence and connections make schizophrenia and that tending to these leads treatment or fix (Fadden 1998; McFarlane 2002).

REVIEW OF LITERATURE

A study led to evaluate the assistance looking for practices of patients with schizophrenia in Shang ghai. 200 and two patients with schizophrenia were chosen. The outcomes showed that among them, 122 patients had looked for help from non-psychiatric office and 80 patients looked for help from psychiatric emergency clinic.

A study led to evaluate the medical services looking for conduct of schizophrenic patients in Cambodia. 104 schizophrenia patients were chosen. The outcomes showed that 56.7% started the medical care looking for conduct with treatment estimates other than psychiatric medication since they didn't realize it was a mental issue or mental wellbeing administrations are existed. The researcher inferred that the absence of information on schizophrenia and mental wellbeing offices seems the fundamental motivation to clarify the schizophrenic patients' medical care looking for conduct (**Coton.X, Poly.S, 2017).**

A comparative study led to survey the viability of antipsychotic medication and psychosocial intervention on results of ongoing schizophrenia in Gwalior. An all- out example of 1200 was chosen. The outcomes showed that rates of treatment discontinuation were 35% in the psychosocial treatment bunch and 52.8% in the medication bunch. The psychosocial treatment bunch displayed great result. The researcher presumed that among ongoing schizophrenia patients, psychosocial intervention have a lower rate of treatment discontinuation, great forecast and worked on friendly working than antipsychotic medication (Kailash Pande, 2018).

A study led to evaluate the adequacy of psycho education program on schizophrenia for parental figures of individuals with schizophrenia in Rajasthan. A complete example of 70 was chosen. The outcomes indicated that after the psycho education program, there was a greater enhancement for family and patient working and more limited lengths of patient hospitalizations. The researcher reasoned that, psycho education program can actually assist families with really focusing on a schizophrenic relative **(Bharat Kumar Singh, 2013).**

TITLE OF THE STUDY:

Effectiveness of family Psycho education on Knowledge regarding management of Schizophrenia among Primary caregivers in Selected Psychiatric hospital, Chennai.

OBJECTIVES

1. To assess and compare the pretest and post test knowledge regarding management of schizophrenia among the primary caregivers of schizophrenic patients.

METHODOLOGY

A pre experimental study evaluated the effectiveness of family psycho educational intervention which was delivered via lecture method on primary caregivers of schizophrenic patients after assessing their baseline, knowledge, attitude and practice towards management of schizophrenia. Post test was carried out after seven days of intervention. The study was conducted in selected psychiatric hospitals at Chennai, Tamil Nadu. The study participants were 200 primary care givers of schizophrenic patients. Purposive sampling technique was used to select the sample.

RESULTS

Table 1. Socio- Demographic characteristics of primary care givers **N=200**

Characteristic	Frequency	Percentage
Age (year)		
20-25 years	56	28
26-30 years	100	50
31-35 years	24	12
Above 35 years	20	10
Gender		
Male	116	58
Female	84	42
Education		
Primary level	48	24
College level	78	39
Secondary level	74	37
Occupation		
Unemployed	30	15
Agriculture	60	30
Business	50	25
Self-Employment	32	16
Others	28	14
Monthly Income		
2000 ± 4000	50	25
4001 ± 6000	70	35
6001 ± 8000	40	20
8001 and above	40	20
Marital Status		
Unmarried	120	60
Married	50	25
Separate	30	15
Type of Family		
Nuclear	150	75
Joint	50	25
Length of stay with patient		
6 months-1 year	40	20
1-2 years	50	25
Above 2 years	110	55
Information Obtained about Schizophrenia		
Family Members	36	19
Neighbors	70	35
Mass Media	54	27
Health Education	40	20
Locality		
Rural	50	25
Urban	60	30
Semi-Urban	34	17
Town	56	29
Duration Of Patients		
<24	38	19
24-48	60	30
48-72	42	21
More Than 72	60	30

Table No 1 Shows that Majority i.e. 100 (50%) belongs to age group between 26-30 years, followed by 56 (28%) from 20-25 years, followed by 24 (12%) belongs to age group 31-35, rest belongs to 20 (10%) belongs to age group of above 35 years. 116 (58%) were males and 84 (42%) were females.

Majority 78(39%) has completed college level, followed by 74 (37%) completed Secondary level and rest 48 (24%) has completed Primary level of education. As per Occupation, Majority 60 (30%) belongs to Agriculture, followed by 50 (25%) into business, followed by 32(16%) self-employed, 30 (15%) Unemployed and 28(14%) belongs to other occupation.

As Per Monthly income, Majority 70 (35%) were earning between 4001-6000, 50 (25%) between 2000-4000, rest 40 (20%) between 6000-8000 and above.

As per Marital Status majority 120 (60%) were unmarried, followed by 50 (25%) married and rest 30 (15%) were separated.

As per length of stay with patient, Majority 110 (55%) has spent more than 2 years, followed by 50 (25%) has spent 1-2 years rest 40 (20%) has spent between 6months to 1 year.

As per Information obtained about Schizophrenia, majority 70 (35%) got it from Neighbor's, followed by 54 (27%) from Mass media, 40 (20%) from Health Education and rest 36 (18%) from family members.

As per Locality, majority 60 (30%) belongs to urban area, followed by 56 (29%) belongs to town, followed by 50 (25%) belongs to Rural locality and rest 34 (17%) belongs to Semi urban locality.

As per duration of patients, 60 (30%) falls between either 24-48 or more than 72, followed by 42 (21%) 48-72 and rest 38 (19%) <24.

Table 2: Pre- test and post-test levels of knowledge among the primary care givers N=200

Samples	Knowledge Level	Pre test		Post test	
		Number	Percent	Number	Percent
Primary Care givers	Inadequate	112	56	69	34.5
	Moderate	61	30.5	50	25
	Adequate	27	13.5	81	40.5

Table 2 reveals that among 200 samples in the experimental group, 112 (56%) samples had inadequate knowledge in pre-test and it was decreased to 69 (34.5%) in post-test; Sixty-one (30.5%) sample were in moderate knowledge and it was decreased to 50 (25%) in post-rest, whereas, in adequate knowledge pre-test score was 27 (13.5%) had been increased to 81 (40.5%) in post-test.

Table 3: Comparison of Knowledge score before and after psycho education

Variable	Mean	Mean Difference	SD	t value
Pre Test	43.48	6.37	8.49	13.11 *
Post Test	37.12		7.15	

*Significant at p<0.05

Table No 3 elicit that mean knowledge score obtained nearly 43.48 in Pre Test and 37.12 in Post Test, The difference between Pre Test and Post Test Mean knowledge score was 6.37. The calculated Pre Test SD was 8.49 and Post Test SD was 7.15. The t test score was 13.11 which is statistically significant at p<0.05.

RESULTS:

In Pre- test and post-test levels of knowledge among the experimental and control group, It shows that In Pre Test Total 112 (56%) scored Inadequate in Knowledge Level and In Post test 81 (41.5%) had adequate knowledge. As per Comparison of Knowledge score before and after psycho education, The t test score was 13.11 which is statistically significant at p<0.05.

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