INTRODUCTION:
Schizophrenia is one of the common mental disorders and affects about one out of 100 people in the general population and it is often associated with working incapacity and social adaptation problems. (Bernado et al. 2007).

The purpose of assessment in rehabilitation is essentially an attempt to measure individual in some form. There is growing evidence that the person is an important part of course and outcome of schizophrenia. Liberman Rp et al. (1982) and Gandotra et al. (2001). Assessment of needs of the patients with schizophrenia and the primary care givers helps the rehabilitation practitioners to prioritize and implement psycho social interventions. Psychosocial rehabilitation is the process that facilitates opportunity for the individuals who are impaired, disabled, handicapped by a mental disorder to reach optimal level of independent functioning in the society.

DEFINITION OF NEEDS:
- According to Muray et al (1996) A needs as a problem, which require action for which there is a suitable intervention which has not been tried recently.
- Needs are categorized into met needs and unmet needs in general or as felt needs, expressed needs or assessed needs. Assessing the needs would make us understand about the situation of the individual and family that in turn can influence the prognosis of treatment or help us get acquainted about the consumer's expectations. Psychosocial rehabilitation can be defined as a process of enabling a person to renew old skills and acquire new skills that will qualify him/her to live in the general society to the greatest extent possible.

IMPORTANCE OF NEEDS ASSESSMENT IN SCHIZOPHRENIA:
No psychiatric between facility can lay any claim to completeness, No psychiatric between facility can lay any claim to completeness, (Nagaswami et al. 1985). Study revealed that psychosocial attitude modification need for rehabilitation in descending order were skill training, vocational training, employment and help for family were the major needs perceived by the patients and caregivers in both male and female groups.

KEYWORDS : Schizophrenia, Perception, Rehabilitation

ABSTRACT
This paper will focus on the wide range of subjective rehabilitation needs among male and female schizophrenic patients. Aim: To assess the rehabilitation needs of schizophrenic patients and comparison between male and female. A descriptive design has been adopted for purpose of the study. The study was undertaken in the psychiatric outpatient departments of Institute of Mental Health and Hospital, Agra; U.P. Purposive sampling method was used to collect the data. Result: More than 90% of patients and caregivers in both male and female groups have perceived needs for rehabilitation. They were not differing significantly in their perception of overall rehabilitation needs. Study revealed that psychosocial attitude modification need for rehabilitation in descending order were skill training, vocational training, employment and help for family were the major needs perceived by the patients and caregivers in both male and female groups.

RESULT AND DISCUSSION:
The sample (N=200) consisted of 100 male and 100 female. Their ages ranged from 22 to 55, the mean age of male and female groups were 32.91±7.886 (S.D.) and 29.06±5.393 (S.D.). 20.1% were illiterate, 18.3% had passed primary school and majorities (82.2%) were among Hindu religion. Nearly 43% were married and 34.7% unmarried due to the onset of illness. Mean duration of illness for male and female were 6.99±4.293 (S.D.) and 7.886 (S.D.) respectively. There is no significant difference in sexes. Majority (77.2%) were belonging to lower S.E.S. and from rural areas.

OBJECTIVES:
1. To assess and examined subjective rehabilitation needs of the person with Schizophrenia.
2. To find out the difference in rehabilitation need between male and female schizophrenic patients.

Table: Showing type of help required by male and female patients:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Need Domains</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N=100</td>
<td>N=100</td>
<td>N=200</td>
</tr>
<tr>
<td>1</td>
<td>Help Need Overall</td>
<td>100</td>
<td>92</td>
<td>192</td>
</tr>
<tr>
<td>2</td>
<td>Leisure</td>
<td>48</td>
<td>45</td>
<td>93</td>
</tr>
<tr>
<td>3</td>
<td>Skill training by caregivers</td>
<td>70</td>
<td>72</td>
<td>142</td>
</tr>
<tr>
<td>4</td>
<td>Help for family by caregivers</td>
<td>60</td>
<td>51</td>
<td>111</td>
</tr>
<tr>
<td>5</td>
<td>Psycho Social attitude modification</td>
<td>71</td>
<td>73</td>
<td>144</td>
</tr>
<tr>
<td>6</td>
<td>Vocational Training</td>
<td>56</td>
<td>79</td>
<td>135</td>
</tr>
<tr>
<td>7</td>
<td>Employment</td>
<td>66</td>
<td>64</td>
<td>130</td>
</tr>
<tr>
<td>8</td>
<td>Accommodation</td>
<td>10</td>
<td>15</td>
<td>25</td>
</tr>
</tbody>
</table>

χ²=6.176, P=N.S (Need comprise of multiple responses)

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Regarding the type of help required by male and female patients, the present study revealed that 100% of male and 92% of female patients expressed needs at least in one of the eight areas as seen in Table 1. This is in line with the finding of the other studies. Nagaswami et al. (1985) in their study on the rehabilitation needs of schizophrenia patients found that 80% of the patients had need for rehabilitation. Gandotra et al. (2001) in their study on the rehabilitation needs in patients and outpatients with schizophrenia found that 73.3% of the patients had some kind of rehabilitation needs. Psychosocial attitude modification is most wanted need expressed 72% by the above table. Though tremendous progress has occurred in understanding and treating schizophrenia, stigmatizing attitude still prevails. In a survey conducted by Crisp et al. (2000), schizophrenia elicited the most negative opinion and over 70% of those questioned thought that schizophrenia patients were dangerous and unpredictable. Such myths surrounding the illness is more in a developing country like ours, such stigmatizing attitude can intern cause people suffering from the illness to develop low self esteem, disrupt personal relationship and decrease employment opportunities. This is perhaps a reason why majority of patients and caregivers have indicated a need for psychosocial attitude modification.

- Skills training of their patients in both male and female groups (71.5%) is the 2nd most wanted need of caregivers from above table. In a study conducted by MacCarthy et al. (1989) it was found that two – third of the caregivers reported that more than half of the personal and domestic tasks such as dressing or housekeeping would not be completed by the patient without some help. Mental illness like schizophrenia causes lose of the patients. Such patients would require which leads to lack of proper functioning of the patients. Such patients require constant supervision in carrying out day to day activities and this may be burdensome for the caregivers. As such these caregivers want their wards to be trained in various skills.

- Concerning the vocational table shows that women have indicated more needs (79%) when compared with their counterparts men were (56%). This is supported by another study (Nagaswami et al. 1985) in which it was found that difference between the sexes regarding needs were not statistically significant although men were (56%). This is supported by another study (Nagaswami et al. 1985) in which only 6.8% of the patients indicated need for accommodation. This may be attributed to the fact that adult members, whether normal or otherwise, usually do not prefer to separate themselves from their family of origin. Moreover, rehabilitating in a residential facility like a half-way home or a group home is not very popular concept in our country and the availability of such facility in the community is also very low. Leisure is also not perceived as very major needs in both sexes.

- The difference between male and female patients regarding needs is not statistically significant (χ²=6.176, P=N.S.) as observed by above table.

CONCLUSION:

Depending on needs of persons with mental illness, a particular type of rehabilitation facility needs to be selected. Pattern of usage of these facilities depend on availability, accessibility and acceptability. Currently most of these facilities are limited to a few cities. It is necessary to make these types of facilities available to all people who need them. Patient and caregivers in both male and female groups were not found significantly differ in their perception of overall rehabilitation needs. This, in spite of rigid cultural norms Vis a Vis the role of women in Indian society, could probably be considered a precursor to the findings that women respond better than men to high expectation rehabilitation programmes (Kaskiner and Zakman 1974, Goldmeier 1975). This area merits further exploration. The rehabilitation needs would help us in understanding what kind of interventions needs to prioritize.

REFERENCES