



A STUDY TO EVALUATE THE EFFECTIVENESS OF INDIVIDUAL VERSUS GROUP COUNSELING ON KNOWLEDGE REGARDING CARE OF PSYCHOTIC PATIENTS, FAMILY BURDEN AND COPING STRATEGIES AMONG THE FAMILY MEMBERS OF PSYCHOTIC PATIENTS AT SELECTED HOSPITALS IN TRICHY AND MADU

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ABSTRACT

A study to evaluate the effectiveness of individual versus group counseling on knowledge regarding care of psychotic patients, family burden and coping strategies among the family members of psychotic patients at selected hospitals in Trichy and Madurai districts.

KEYWORDS :

INTRODUCTION

"To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear".

-Buddha(563 to 483)

The great freedom fighter, Mahatma Gandhi, has said, *"It is health which is real wealth and not pieces of gold and silver."* It is as true as our life. Good health keeps us always happy and gives us a feeling of complete physical, mental, social and intellectual well-being. Good health keeps us away from diseases and health disorders. Loss of good health causes loss of all happiness. Many do not realize the importance of good health. Healthy individuals can lead a satisfied, successful and productive life.

Morgan (2016) conducted a cross-sectional study to investigate the incidence of psychosis in diverse settings, to identify untreated cases of psychoses in defined catchment areas in India, Nigeria, and Trinidad. The results showed that rates of all untreated psychoses were 45.9 (per 1,00,000 person-years) in Chengalpet (India), 31.2 in Ibadan, and 36.9 in Tunapuna (Piarco). The study findings revealed that there may be differences in rates of psychoses and also in the clinical and demographic profiles of cases across economically and socially distinct settings.

Mental health is vital for individuals, families and communities. It is more than simply the absence of a mental disorder. Mental health is defined by the World Health Organization as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community". The definition states that mental health includes the successful performance of the mental function, resulting in the productive activities, fulfilling the relationships, the ability to adapt to change and cope up with adversity (WHO, 2016).

Mental disorders include a variety of different conditions ranging from common problems such as excessive fear, worry or having an unusually sad mood, to more severe behavioral problems that include violence, agitation and other forms of unusual behavior (Public Health Research, 2014).

The impact of mental disorders according to The Global Mental Health Organization Report (2012), includes a great risk for poor quality of life, educational difficulties, lower productivity, poverty, social problems, vulnerability to abuse and other additional health problems. They are significantly less likely to complete high school, enter college, or receive a degree, compared to their peers free from mental illness. In addition, mental disorders affect negatively the quality of life due to unemployment, missed work, and reduced productivity at work.

Jagannathan, Thirthalli, Hamza, Hariprasad, Nagendra and Gangadhar (2010) did a qualitative-study to assess the needs of caregivers (n=30) of patients with schizophrenia in Bangalore, India. The caregiver's main needs are grouped and ranked according to their order of importance. The needs are managing the behavior of patients, managing social-vocational problems of patients, health issues of caregivers, need for education about schizophrenia and rehabilitation, managing sexual marital problems of patients.

OBJECTIVES

1. To assess the knowledge regarding care of psychotic patients, family burden and coping strategies among the family members in control group and group I, group II at pretest.
2. To evaluate the effectiveness of individual counseling on level of knowledge regarding care of psychotic patients, family burden and coping strategies among the family members in group I.
3. To evaluate the effectiveness of group counseling on level of knowledge regarding the care of psychotic patients, family burden and coping strategies among family members in group II.
4. To compare the effectiveness of individual versus group counseling among the family members of the psychotic patients between group I and group II in terms of knowledge, family burden and coping strategies.
5. To correlate the knowledge regarding care of psychotic patients with family burden and coping strategies of family members of psychotic patients at pretest and posttest level.
6. To associate the pretest level of knowledge regarding care of psychotic patients, family burden and level of coping strategies with selected demographic variables of the family members of psychotic patients.

HYPOTHESES

Hypothesis 1 (H₁) -There is a significant difference in the level of knowledge regarding care of psychotic patients, family burden and coping strategies among the family members in group I before and after the intervention.

Hypothesis 2 (H₂) -There is a significant difference in the level of knowledge regarding care of psychotic patients, family burden and coping strategies between the family members in group I and control group.

Hypothesis 3 (H₃) -There is a significant difference in the level of knowledge regarding care of psychotic patients, family burden and coping strategies among the family members in group II before and after the intervention.

Hypothesis 4 (H₄) -There is a significant difference in the level of knowledge regarding care of psychotic patients, family

burden and coping strategies between the family members in group II and control group.

Hypothesis 5 (H₅)-There is a significant difference in the level of knowledge regarding care of psychotic patients, family burden and coping strategies between the family members in group I and group II.

Hypothesis 6 (H₆)-There is a significant correlation between knowledge regarding care of psychotic patients, family burden and coping strategies between the family members in group I and group II.

The hypotheses are tested at 0.05 level of significance.

Operational Definitions

Evaluate

Evaluate refers to the systematic process of assessment of knowledge regarding care of psychotic patients, family burden and coping strategies of the family members of psychotic patients.

Effectiveness

Effectiveness refers to the desired change among the family members of psychotic patients brought through individual and group counseling and is measured in terms of improvement in knowledge, reduced burden level and improved coping strategies through the use of a structured interview schedule, perceived burden instrument and cope inventory scale.

Research Methodology

Research approach: Research approach used for the study was quantitative approach.

Research design: The design adopted for the study was true experimental pretestposttest design.

Setting of the study: The settings of the study were Athma Institute of Mental health and Social Science, Trichy, Tamilnadu, India and Chellamuthu Trust and Research Foundation, Madurai, Tamilnadu, India.

Population: The family members of psychotic patients constitute the population of this study.

Sample :Samples for the present study consist of family members of psychotic patients who fulfilled the inclusion criteria. The **sample size** was 150. **Simple random sampling technique** was used.

Criteria for Sample Selection

Inclusion criteria

Family members of psychotic patients,

- aged between above 18 and below 60 years.
- who take care of the patients presently and for a minimum period of 6 months.
- both male and female family members.
- who can communicate in English or Tamil.
- both educated and uneducated.
- both married and unmarried.
- who are diagnosed to have schizophrenia according to ICD-10 classification.
- who are admitted as in patients at the selected hospitals.
- who spent minimum of 1 hour/day with the patient.

Exclusion criteria

Family members of psychotic patients,

- who do not give consent for the study.
- who are sick..having acute psychiatric illness.
- Who are getting treatment as outpatients.

Description of the Tool

The instrument used for the study consists of 4 sections.

Section A: It contains three parts,

- **Part I:** The socio-demographic variables of psychotic patients collected by using interview schedule having 7 items: gender, age, educational status, marital status, number of children, occupation and monthly income.
- **Part II:** The clinical variables of psychotic patients consisted of 9 items: duration of illness, history of recurrence, number of admission, duration of hospital stay, treatment pattern, total care taking expenses per month, money spend so far to the treatment, other remedies taken and family history of mental illness
- **Part III:** The socio-demographic variables of family members of psychotic patients which had 13 items: gender, age, religion, marital status, number of children, type of family, educational status, occupation, monthly income, relationship with patient, time spent with the patient per day, residence and previous exposure to formal counseling.
- **Section B:** Questionnaire on knowledge regarding care of psychotic patients. The investigator prepared structured-questionnaire which consisted of 20 multiple response questions which assessed the knowledge on care of psychotic patients on the following aspects as such causes, types, signs and symptoms, treatments, side effects, management of violent behaviour of patients and prevention of relapse. Each correct response carried '1' mark and the incorrect response carried '0' mark and the maximum score was 22.
- **Section C:** The family members burden was assessed by using the **Pai and Kapur (1981) Perceived Burden Interview Schedule**. It is a standardized tool consisting of 24 items. As per the response of the family members, the burden is classified as mild burden, moderate burden and severe burden. It consists of 24 statements related to family burden responded on a 3 point rating scale. No burden was allotted '0' point, moderate burden was given '1' point and severe burden was allotted '2' points. The maximum score was 48. The factor, burden was divided under the subheadings, financial burden, disruption of routine family activities, disruption of family leisure, disruption of family and the effect of physical and mental health of others.
- **Section D:** Coping of the family members was assessed through use of **Cope Inventory (1989) by Carver, Scheier and Weintraub**. It is a standardized tool and it consists of 15 items and 60 statements. Totally, 8 items of these are related to adaptive coping strategies and 7 items to maladaptive coping strategies. Each item had 4 statements related to the item and the coping was assessed. The maximum score was 240. For adaptive coping strategies, '1' mark was allotted for the statement "I usually don't do this at all", '2' marks were allotted for, "I usually do this a little bit", '3' marks for "I usually do this a medium amount", and '4' marks for "I usually do this a lot" response. Reversal scoring was given for the items on maladaptive coping strategies.

Pilot Study

After getting expert validation of the tool, pilot study was conducted at the Athma, Trichy and Chellamuthu Trust Hospital, Madurai with 15 samples, i.e.; 5 each in control and intervention groups to find out the feasibility of the study and the study was found feasible.

Data Collection Procedure

Permission was obtained from the directors of Athma Institute of Mental and Social Science, Trichy and Chellamuthu Trust, Madurai for collecting data from the in patient department in the psychiatric ward. The data collection were done from August 2013 to February 2015 for the period of 16 months (8 months for each setting) for both settings.

The investigator recruited the family members based on the inclusion criteria by using simple random sampling technique and they were grouped into control group, group I and group II. The data collection for the control group was done first. Then the data collection for the group I followed by group II was carried out.

The investigator selected 150 (75 in each settings) family members who met with the inclusion criteria and the samples were taken to the adjacent room and they were seated comfortably and rapport was established by the investigator. After explaining the purpose of the study, the written consent was obtained from them. The pretest was conducted to assess socio-demographic variables and data on knowledge questionnaire, perceived burden instrument and cope inventory using structured interview method were collected. Followed by this, six sessions of counseling were given to the family members at weekly intervals and at the end of 6th session two weeks interval was given and then the posttest data were collected by the investigator.

Plan for Data Analysis

Data were analysed with descriptive statistics like mean, median, mode, standard deviation and inferential statistics like chi square, t test and ANOVA using SPSS version 21 package.

Major Findings of the Study

The level of knowledge regarding care of psychotic patients among the family members at pretest

- In the pretest, the mean knowledge score was almost equal in all the 3 groups and it was 8.12 ± 4.43 , 8.48 ± 4.34 and 8.16 ± 4.82 for control group, group-I and group-II respectively with the ($p > 0.05$).
- The level of knowledge was similar in all the three groups.

The level of family burden among the family members of psychotic patients at pretest

- The pretest mean family burden scores were almost equal for all the family members in the 3 groups. For the control group it was 28.80 ± 7.52 , for group I, it was 29.46 ± 9.24 and for group II, it was 30.22 ± 9.26 ($p > 0.05$).
- The level of burden was similar in all the three groups.

The level of coping strategies among the family members at pretest

- The pretest the mean coping strategies scores were almost equal in all the three groups. For the control group it was 109.70 ± 22.83 , for group I, it was 110.46 ± 24.50 and for group II, it was 110.68 ± 21.08 ($p > 0.05$).
- In the pretest, 27(54%) family members in the control group, 25(50%) in group I and 27(54%) in group II used maladaptive coping. The remaining 23(46%) in the control group, 25(50%) in group I and 23(46%) in group II used adaptive coping.

Effectiveness of individual counseling on knowledge among the family members in group I (posttest)

- In posttest, after the individual counseling, the knowledge increased from 8.48 ± 4.34 to 13.42 ± 3.58 with p value 0.001 which shows that individual counseling was highly effective.
- Only 7(14%) had inadequate knowledge, 23(46%) had moderately adequate knowledge and more samples 20(40%) gained adequate knowledge and the improvement was statistically significant at $p < 0.001$.

Effectiveness of individual counseling on family burden among the family members in group I (Posttest)

- In the pretest, the mean family burden score after the individual counseling reduced from 29.46 ± 9.24 to 23.28 ± 7.82 . and the p value < 0.001 showed that

individual counseling was highly effective.

- In the posttest, 14(28%) had mild burden, 28(56%) had moderate burden and only 8(16%) had severe burden and the reduction was statistically significant at $p < 0.001$.

Effectiveness of individual counseling on coping strategy among the family members in group I

- Coping strategy improved to 146.04 ± 37.09 from 110.46 and the difference in mean was 35.58. The p value 0.001 showed that individual counseling was highly effective in improving coping strategy of family members.
- In the posttest, the number of family members using adaptive coping strategy increased from 23(46%) to 41(82%) and the improvement after individual counseling was statistically highly significant at $p < 0.001$.

Overall mean knowledge, family burden and coping strategies among the family members between control group and group I in posttest

- The mean knowledge score for the control group was 8.74 ± 4.88 but in group I, the mean knowledge score was 13.42 ± 3.58 . The mean family burden score for the control group was 29.90 ± 7.45 but in group I, it was 23.28 ± 7.81 . The mean coping strategy score for the control group was 111.26 ± 19.82 but in group I, it was 146.04 ± 37.09 and the difference was statistically significant at $p < 0.001$.

Effectiveness of group counseling on knowledge regarding care of psychotic patients among the family members in group II

- After the group counseling, the mean knowledge score increased from 8.16 to 16.08 ± 3.39 and the p value < 0.001 shows that group counseling was highly effective.
- In the posttest, only 3(6%) had inadequate knowledge, 11(22%) had moderately adequate knowledge and more samples 36(72%) gained adequate knowledge and the improvement was statistically highly significant at $p < 0.001$.

Effectiveness of group counseling on family burden among the family members in the group II

- The mean family burden after group counseling decreased from 30.22 ± 9.26 to 19.10 ± 10.07 and the p value < 0.001 showed that group counseling was highly effective.
- In the posttest, more samples 22(44%) had mild burden, 23(46%) had moderate burden and only 5(10%) had severe burden and the reduction in family burden was statistically highly significant at $p < 0.001$.

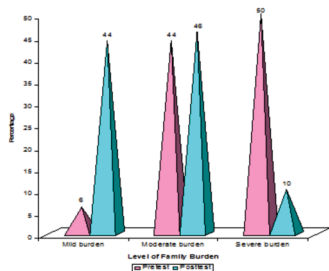
Effectiveness of group counseling on coping strategies among the family members in group II

- In the posttest, after group counseling the mean coping strategy score increased from 110.68 to 166.26 ± 14.52 and the difference in mean was 55.58. The p value < 0.001 showed that group counseling very highly effective.
- In the posttest, the number of family members using adaptive coping strategy increased to 41(82%) and only 9(18%) used maladaptive coping strategy and the improvement in the coping was statistically highly significant at $p < 0.001$.

Effectiveness group counseling on knowledge, family burden and coping strategy among the family members between control group and group II in posttest

- The mean knowledge score for the control was 8.74 ± 4.88 but for the group II, it was higher (16.08 ± 3.386). The mean family burden score for the control group was 29.90 ± 7.45 , but in the intervention group II it was still lesser and it was 19.10 ± 10.06 . The mean coping strategy score for the control group was 111.26 ± 19.82 but for the group II, it was very much higher and it was 166.26 ± 14.52 , and the

difference in was highly statistically significant at $p < 0.001$.



Effectiveness of individual (group I) versus group counseling (group II) among the family members of the psychotic patients in terms of knowledge, family burden and coping strategies in posttest

- The mean knowledge score for family members who received individual counseling was 13.42 ± 3.58 but in the group counseling the mean knowledge score was higher and it was 16.08 ± 3.386 .
- The mean family burden score for the individually counseled family members was 23.28 ± 7.81 but in the group counseling the mean family burden score was lesser and it was 19.10 ± 10.06 .
- The mean coping strategy score for the individually counseled family members was 146.04 ± 37.09 but in the group counseling the mean coping strategy score was higher and it was 166.26 ± 14.52 .
- The difference in mean knowledge, family burden and coping strategy between individual and group counseling was statistically highly significant at $p < 0.001$ which shows both individual counseling and group counseling are effective but group counseling was more effective.

Effectiveness of counseling regarding knowledge, family burden and coping strategies among the family members of the psychotic patients in control group, group I and group II

Comparison of Effectiveness of Individual vs Group Counseling with Control group on Knowledge, Family Burden and Coping Strategy among Family Members of Psychotic Patients (N = 150)

Variables	Gain Score		
	Control group	Group I	Group II
Knowledge	↑3.6%	↑24.7%	↑39.6%
Family Burden	↑2.3%	↑12.9%	↑23.2%
Coping Strategy	↑0.6%	↑14.8%	↑23.1%

Group I – Individual Counseling, Group II- Group Counseling

- Though the family members in group I (individual counseling) gained more knowledge, used better coping strategies and had lesser burden. Family members in group II (group counseling) gained better than the family members who received individual counseling which showed group counseling was highly effective compared to individual counseling.

Correlation between knowledge regarding care of psychotic patients, family burden and coping strategy in control group at posttest level

- There was a negative correlation between knowledge and family burden ($r = -0.16$) and there was a positive correlation between knowledge and coping strategy ($r = 0.19$) and there was a negative correlation between coping strategies and family burden ($r = -0.20$) the in the control group family members.

Correlation between knowledge regarding care of psychotic patients, family burden and coping strategy in

group I at pretest

- In the pretest, there was a poor negative correlation between knowledge and family burden score ($r = -0.10$) and there was a poor positive correlation between knowledge and coping strategy score ($r = 0.20$) and there was a poor positive correlation between family burdens coping strategies ($r = -0.16$).

Correlation between knowledge regarding care of psychotic patients, family burden and coping strategy in group I at posttest

- There was a fair negative correlation between knowledge and family burden score ($r = -0.31$ and the p value 0.01) and there was a moderate positive correlation between knowledge and coping strategy score ($r = 0.44$ and the p value 0.001) and there was a fair negative correlation between family burden and coping strategy score ($r = -0.38$ and the p value 0.001).

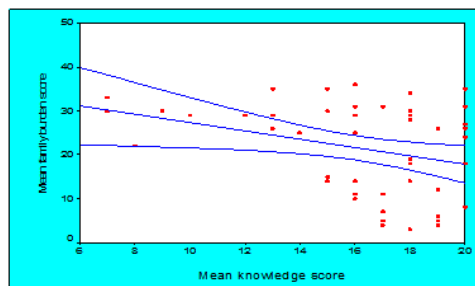
Correlation between knowledge, family burden and coping strategy in group II at pretest (Table 42)

- There was a poor negative correlation between knowledge and family burden score ($r = -0.14$) and there was a poor positive correlation between knowledge and coping strategy and the ($r = 0.17$) and there was a poor negative correlation between coping strategy and family burden score and the ($r = -0.16$). But the correlation was not statistically significant.

Correlation between posttest knowledge, family burden and coping strategy in group II

- There was a fair negative correlation between knowledge and family burden score ($r = -0.38$; p value < 0.01) and there was a moderate positive correlation between knowledge and coping strategy score ($r = 0.52$; p value < 0.001) and there was a moderate negative correlation between family burden and coping score ($r = -0.49$; p value < 0.001) and the correlation was statistically significant.

Scatter Plot with Regression Estimate Showing Fair Negative Correlation between Knowledge and Family Burden Score in Group II at Posttest



Association between pretest level of knowledge regarding care of psychotic patients and demographic variables of the family members

- There was a significant association between pretest knowledge of the family members with marital status and the variable of number of children at 0.05% level.
- The variables age, gender, religion, type of family, education, occupation, family income, and time spent with patients relationship with patient, residence and previous exposure to counseling did not have association with the knowledge of the family members.

Association between pretest level of family burden score and demographic variables of the family members

- There was a significant association between level of burden of the family members with the gender ($p < 0.02$) and the time spent with the patient at p value < 0.001 .

- The variables age, religion, marital status, number of children, type of family, education, occupation, family income, relationship with patient, residence and previous exposure to counseling did not have any significant association with the family burden.

Association between pretest coping strategies and demographic variables of the family members

- There was a significant association between coping strategies used by the family members and gender at p value <0.05%.
- There was a significant association between coping strategies of the family members and previous exposure to formal counseling at p value <0.05%.
- The variables age, religion, marital status, number of children, type of family, education, occupation, family income, relationship with patient, residence time spent with the patient did not have any significant association with coping strategies used by the family members.

CONCLUSION

Family members of psychotic patients lacked knowledge regarding care and management of psychotic patients. They had more family burden and lacked in adaptive coping strategies and they were really in need of help and support from the health care professionals. Both individual and group counseling were effective in increasing the knowledge regarding care of psychotic patients, reducing the family burden and in improving level of adaptive coping used by the family members but group counseling was highly effective when compared with individual counseling. Group counseling is, time saving, cost effective, hence can be used routinely by all nurses taking care of psychotic patients and patients relatives in the clinical and community settings.

Summary of the Findings

In the pretest the family members of psychotic patients lacked knowledge regarding care and management of psychotic patients. They had more family burden and lacked in adaptive coping strategies and they were really in need of help and support from the health care professionals.

Both individual and group counseling were effective in increasing the knowledge regarding care of psychotic patients, reducing the family burden and in improving level of adaptive coping used by the family members. Group counseling was highly effective in improving knowledge of the care givers and adaptive coping strategies and reducing the family burden compared with individual counseling. Group counseling is time saving, cost effective, hence can be used routinely by all nurses taking care of psychotic patients and family members in the clinical and community setting.

Recommendations

- Knowledge improves family members coping and reduce the burden of the family members. Knowledge should be communicated through use of mass media like radio, TV and the clarifying myths surrounding mental illness.
- The study findings revealed that family burden was higher among females they used more of maladaptive coping strategies. Counseling is a cost effective intervention, hence it can be used as a supportive therapy for the care giving family members especially women and education can be given on adaptive counseling.
- Psychiatric nursing intervention should include family interventions which focus on the needs of the caregivers and an emphasis should be given for the care, of not only mentally ill patients, but also for family members.
- The findings of the study revealed that group counseling was more effective their individual counseling which is comparatively more feasible cost effective intervention can be carried out in psychiatric hospitals.

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