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Awareness and Utilization of Health Services By Caregivers of Patients With Maladaptive Behavior

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Abstract - A professional help is needed before a person can be declared as mentally ill. It is quite alarming that there are unreported cases of mental illness that needed help but people are afraid to seek consultation for fear of social stigma. This study aimed to assess the level of awareness and utilization of mental health services by caregivers of patients with maladaptive behaviour in Batangas Province. Descriptive type of research was used in this study. Data were collected through the use of a structured questionnaire and interview. The data were analysed using weighted mean. Results indicate that most of the patients with maladaptive behaviour were aged 35-44 years. Majority of them were male coming from the lower socioeconomic level. It was also found out that caregivers were aware of the different health services offered by the Department of Health; however, not all of them were available in the medical institution where they seek consultation. The only government hospital with mental health services in Batangas Province is the Regional Hospital situated in Batangas City. The study concluded that health services which should be available to patients were not fully implemented.

Keywords - mental health, maladaptive behaviour, awareness, caregiver, health services

INTRODUCTION

The states of health and illness are defined according to societal values. Generally, when a person's behaviour is adaptive and appropriate to the environment and when he/she can carry out roles in society, the person is viewed as healthy. Conversely, those who fail to fulfill their roles and carry out responsibilities or whose behaviour is inappropriate and maladaptive are referred to as ill. Culture greatly influences these determinations about health and illness. Behaviour that is acceptable in one cultural group may or may not be tolerated in another group.

Mental health and mental illness are difficult to define precisely. The World Health Organization (WHO, 2004) defines mental health as a state of well being that enables a person to realize his or her own abilities to cope with the normal stresses of life. It emphasizes that mental health is more than just the absence of psychiatric disorder or illness but also includes a positive state of mental well being. Mental illness is not a fatal disease. Even those who have been mentally ill for most of their lives rarely die of mental illness. However, there is a growing concern for the increasing trend of mortality rate from suicide and self-inflicted injuries which has reached a level of 1.8 deaths per 100,000 populations in 2000 (Philippine Health Statistics).

Psychological well being is difficult to determine. A professional help is needed before a person can be declared as mentally ill. There are unreported cases of mental illness that needed help but afraid to go out for fear of social stigma. A stigma is still borne by individuals who need or use psychiatric-mental health services. According to U.S. National Institutes of Mental Health (2007), more than 12% of adults have a diagnosable mental illness at any given time and 22% of adults will experience a mental disorder needing treatment at some point in life, yet many of these people receive no care. A mental disorder or mental illness is a psychological or behavioural pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture. The recognition

and understanding of mental disorders have changed over time and across cultures.

Definitions, assessments, and classifications of mental disorders can vary, but guideline criteria listed in the International Classification Of Diseases (ICD), Diagnostic and Statistical Manual (DSM) and other manuals are widely accepted by mental health professionals. Categories of diagnoses in these schemes may include dissociative disorders, mood disorders, anxiety disorders, psychotic disorders, eating disorders, developmental disorders, personality disorders, and many other categories. In many cases there is no single accepted or consistent cause of mental disorders, although they are often explained in terms of a diathesis-stress model and biopsychosocial model.

Mental disorders have been found to be common, with over a third of people in most countries reporting sufficient criteria at some point in their life. Services for mental disorders may be based in hospitals or in the community. Mental health professionals diagnose individuals using different methodologies, often relying on case history and interview.

Psychotherapy and psychiatric medication are two major treatment options, as well as supportive interventions and self-help. Treatment may be involuntary where legislation allows. Several movements campaign for changes to services and attitudes, including the Consumer/Survivor Movement. There are widespread problems with stigma and discrimination.

The public health impact of mental illness lies in the fact that it can cause disability for prolonged periods. It was found that mental illness is the third most common form of disability after visual and hearing impairments. In a survey, the prevalence rate of mental illness in the Philippines was 88 cases per 100,000 populations in 2000. The region with the highest prevalence rate of mental illness was Southern Tagalog at 132.9 cases per 100,000 populations, followed by the National Capital Region (NCR) at 130.8 per 100,000 population and Central Luzon at 88.2 per 100,000 populations.

The vision of National Mental Health Program (NMHP) is full integration of Mental Health in the national system. The mission is to make available, accessible, affordable and equitable quality mental health care/services to the Filipinos especially the poor, the underserved

and high risk populations. It is mandated that the Department of Health will provide necessary services related to planning, programming and project development in mental health. The following are the functions of NMHP: (1.) Advisory body to the Secretary of Health regarding mental health concerns; (2.) Acts as a policy making body regarding mental health concerns; (3.) Involves itself in training, research, supervision and, monitoring of mental health resources/programs services; and (4.) Mobilizes mental health resources for advocacy, planning, implementation and service delivery. The guiding principles of NMHP are (1.) Mental health is not only limited to traditional mental illnesses but also includes the psychosocial concomitants of daily living; (2.) Mental health programs must recognize the importance of community efforts with multisectoral and multidisciplinary involvement; (3.) Mental health programs must address the promotive, preventive, curative and rehabilitative aspects of care; (4.) Psychiatric patient care extends beyond the mental hospitals, and must be made available in general hospitals, health centers and homes; (5.) Mental health activities and interventions must be done closest to where the need or the patient is.

OBJECTIVES OF THE STUDY

The purpose of this research was to assess the level of awareness and utilization of mental health services by caregiver of patient with maladaptive behaviour in Batangas Province. The researchers believed that there was a need for public education to modify or alter misconception about mental illness and persons with mental disorders especially in the rural areas, whereas, mental health services offered by the Department of Health (DOH) needs to be translated into action programs not only by the caregiver but also by the various partner agencies with the DOH taking the lead in mobilizing partners and ensuring implementation. This study also aimed to raise the professional and public awareness that mental health is an integral component of total health care.

MATERIALS AND METHODS

The study utilized descriptive method when two different measures of the same people, events, or things vary together. Data were collected through questionnaire and interview.

The target population of the study was randomly chosen from 200 psychiatric patients in Batangas during the month of March to April 2009. These patients had been diagnosed as mentally ill or patients with maladaptive behaviour. Among 200 patients, 50 percent of the caregivers were chosen as the actual respondents of the study. Data from 97 patients were analysed.

The main instrument used in this study was the survey questionnaire which consisted of four parts. The first part consisted of items related to the patient's demographic profile. The second part assessed the level of awareness on the available health services for patient with maladaptive behaviour. The third part is about the extent of utilization of the health services. The last part pertains to concerns and suggestions by caregiver to improve health services for patient with maladaptive behaviour. The five-point Likert scale was utilized in answering the questionnaire.

Data Gathering Procedure

The questionnaire was distributed to the respondents and the purpose of the study was explained to them in detail. After two weeks, the questionnaires were collected for the tabulation of data. Gathering of data was done during the months of March and April 2009 at the Out patient Department of Batangas Regional Hospital.

Data Analysis

In describing the demographic profile of the respondents, frequency distribution and percentage were utilized. In identifying the respondents' level of awareness and extent of utilization on the available health services for patient with maladaptive behaviour, weighted mean was applied.

RESULTS AND DISCUSSION

Demographics of Respondents

Table 1. Percentage distribution of the demographic profile of the patients N = 97

Demographic Profile	Frequency	Percentage (%)
Age		
15 – 24 years old	23	23.71
25 – 34 years old	21	21.65
35 – 44 years old	24	24.74
45 – 54 years old	16	16.50
55 – 64 years old	12	12.37
65 – 74 years old	1	1.03
Gender		
Male	59	60.82
Female	38	39.18
Educational Attainment		
Elementary Level	18	18.56
High School Level	60	61.86
College Level	19	19.59
Economic Status		
Low	56	57.73
Average	34	35.05
High	7	7.22

Table 1 shows the demographic profile of the patients which included age, gender, educational attainment, and economic status. It shows that out of 97 respondents, 24 or 24.74 percent is within the range of 35-44 years old, 23 or 23.71 percent was within the range of 15-24 years old, 21 or 21.65 percent is within the range of 25 to 34 years old, 16 or 16.50 percent is within the range of 45-54 years old, 12 or 12.37 is within the range of 55-64 years old and 1 or 1.03 is within the range of 65-74 years old. Fifty nine or 60.82% were male and 38 or 39.18%

percent were female. The table also showed that 60 or 61.86 percent were high school level, 19 or 19.59 percent were college level and 18 or 18.56 percent were elementary level. Among the 97 respondents, 56 or 57.73 percent had low economic status; 34 or 35.05% had average economic status and only 7 or 7.22 percent had high economic status.

Those with low socio economic status had a greater proportion (57.73%) of those diagnosed with mental illness. There were two theories so suggested that factors associated with having low socio-economic status increase the likelihood of developing mental illness. These factors could include higher stress levels, increased exposure to environmental and occupational hazards, poorer quality of maternal and obstetric care and personal traits associated with lower class socialization.

The social drift theory stated that the development of a severe mental illness led to a downwards drift in socio economic status. This social drift theory has received support from research and seems to apply not only to those with diagnosed severe mental illness but also to those with minor symptoms.

Table 2. Level of awareness of the caregiver on the available health services for patient with maladaptive behaviour

Items	**Weighted Mean**	**Verbal Interpretation**	**Rank**
1. Free consultation by qualified health personnel	1.92	Aware	1
2. Free medication and therapy	1.60	Aware	8
3. Acute crisis intervention	1.74	Aware	3
4. Health education on how to care for mentally ill	1.68	Aware	5
5. Provision of therapy (group, music, art, socialization)	1.51	Aware	12
6. Referral to specialized hospital	1.71	Aware	4
7. Housing for abandoned patients	1.41	Not Aware	13

Continuation of Table 2

8. Provision of vocational training for rehabilitation to become self-reliant	1.55	Aware	11
9. Mental health clinic inside the hospital / private clinic	1.63	Aware	7
10. Home visits and follow up for home based patient	1.56	Aware	10
11. Available support system (government and NGO's)	1.64	Aware	6
12. Availability of responsible agency for case finding and referral	1.58	Aware	9
13. Accessibility and availability of mental institution in the province	1.77	Aware	2
Composite Mean	**1.64**	**Aware**	

Table 2 presents the level of awareness of the caregivers on the available health services for patient with maladaptive behaviour. As a whole, the caregiver respondents were aware of the services available for the patient with composite mean of 1.64. Among the items which topped the rank were free consultation by qualified health personnel, accessibility and availability of mental institution in the province, acute crisis intervention, referral to specialized hospital and health education on how to care for mentally ill. These showed that the caregivers were knowledgeable on the programs implemented by the Department of Health and attest that the programs really exist.

The Philippine health care policy is implemented at the national level through the Department of Health and locally through the local government units at the provincial and municipal levels. The latter covers all the primary care units. Health care delivery relies heavily on the private sector, despite the fact that the government has a mandate to provide health care services to the people. The private sector service is generally considered to be of better quality than that provided by the government. Even though the public health care services are extensive,

access to medical care for the majority of the population is still limited because of this reliance on costly private medical services (which is generally situated in urbanized areas).

Some programs that the respondents were aware but last on the rank were the availability of responsible agency for case findings and referral. This can be validated by the number of suspected mentally ill person roaming around the province. The next one was the provision of therapy, followed by provision of vocational training for patient's rehabilitation and conducts of home visit and follow up. Although it is stated that services for mental health must be available within the public health as well as the hospital system of the country, these services are not yet fully implemented in the Batangas province.

On the other hand, caregivers are not aware on the provision of housing for abandoned patient. The Philippines is one of the world's most heavily populated countries. Even though democracy was restored in 1986 after years of occupation and dictatorship, a high level of poverty still exists and malnutrition and communicable diseases continue to be the main cause of morbidity. For almost 50 years people with mental disorders have been treated in a mental hospital setting. The National Mental Health Program aims to establish psychiatric wards in university and private hospitals and encourage community-based mental health care.

Using data from the Canadian Community Health Survey, researchers found out that for each additional level of education, individuals were 15% more likely to see a psychiatrist, 12% more likely to see a family doctor, 16% more likely to see a psychologist and 16% more likely to see a social worker. Additionally, they found the marked inequality in mental health services used by education level that was consistent across service types.

Table 3. Extent of utilization of the health services

Items	**Weighted Mean**	**Verbal Interpretation**
1. Free consultation by qualified health personnel	3.24	Moderate Extent

Continuation of Table 3

2. Free medication and therapy	2.77	Moderate Extent
3. Acute crisis intervention	2.75	Moderate Extent
4. Health education on how to care for mentally ill	2.76	Moderate Extent
5. Provision of therapy (group, music, art, socialization)	2.59	Moderate Extent
6. Referral to specialized hospital	2.74	Moderate Extent
7. Housing for abandoned patients	1.40	Not Utilized
8. Provision of vocational training for rehabilitation	1.48	Not Utilized
9. Mental health clinic inside the hospital	2.46	Slight Utilization
10. Home visits and follow up for home based patient	1.20	Not Utilized
11. Available support system (government and NGO's)	2.56	Moderate Extent
12. Availability of responsible agency for care of mental patient	2.64	Moderate Extent
13. Availability of mental institution in the province	2.87	Moderate Extent
Composite Mean	**2.39**	**Slight utilization**

As shown in Table 3, the respondents utilized the health services to a moderate extent. Topping the list is the item "Free consultation by qualified health personnel", (3.24) and "Availability of mental institution in the province" ranked second (2.87).

Items such as housing for abandoned patients, provision of vocational training for rehabilitation and home visits and follow up for home based patients were not utilized by the caregivers as these were not available to them. These programs were not included in the mental health services of the province.

By the way of suggestions, the caregiver and significant others said: there should be a continuous consultation and medications for the patient; the doctor should always be present and on time so that patients do not have to wait for long. In addition, quoting verbatim "I hope medications for my patient will be available for free or even discounted"; "the clinic is so hot and small, I wish there will be more conducive place where we can stay while waiting"; "A clear program for the rehabilitated patient"; " help the poor in treatment and medication; awareness on the illness so we can take care of the patient well"; "the hospital is far from our house, there must be clinics for mental patients even in small provinces."

From the recommendations of the caregivers, it clearly showed that they need a comprehensive program for their patient to alleviate the burden of caring for them. They verbalized that it was not easy to care for a patient with maladaptive behaviour. It entailed patience and commitment to be able to help the client. The main concern of the respondents was the availability of medication and the status of the clinic during consultation. The services for mental health must be available within the public health system as well as the hospital system of the country. Such services must have promotive, preventive, curative and rehabilitative component.

CONCLUSIONS

Based on the aforementioned findings, the following conclusions were drawn:

1. There were many cases of mental illness affecting middle aged individual who were in need of continuous treatment.
2. The caregivers were aware of the services rendered by the health agency but not all services were provided by the institution.
3. Caregivers utilized only the health services available for them but they still need a more comprehensive care and services.

RECOMMENDATIONS

To strictly implement the existing program of the Department of Health. There is a need to put mental health perspective into health

programs that were already in existence. It is therefore recommended:

a.) to increase the overall awareness of the health burden; educate the public by creating awareness on mental health promotion and prevention of mental disorders;

b.) to increase awareness of the availability of effective interventions — medical as well as psychosocial;

c.) inclusion of mental health in the national health policy and budget;

d.) to integrate mental health into the general health care delivery system, with an emphasis on shifting from hospital-based care to mental health care in the community. Strengthen the community outreach service of mental hospitals trough effective networking with non government organizations and local government unit. Decongest outpatient services in the mental hospitals by referring patients for follow up consultations to the acute psychiatric units in the general hospitals and medical centers nearest to their home.

e.) to develop focused activities directed at destigmatisation; conduct activities that will facilitate the re-entry of the patients into the community by holding socialization, livelihood projects and other group services;

f.) to develop focused activities directed at families and caregivers, develop the family support initiatives, strengthen family education regarding caring for mental illness, as well as impending relapse of the improve patients;

Mental illness as a public health concern remains a challenge since there are only 400 licensed psychiatrists practicing in the country. There is a need to decentralize, to train general practitioners and health-care providers since these people are in primary care.

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