RESEARCH ARTICLE

EXPLORING THE AWARENESS GAP: A STUDY ON MENTAL HEALTH SERVICE AWARENESS AMONG PRIMARY CAREGIVERS OF MENTALLY ILL PATIENTS IN BAPUJI HOSPITAL, DAVANGERE

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Abstract
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Background: The awareness and understanding of mental health services among primary caregivers of mentally ill patients are crucial for the well-being of both caregivers and patients. However, an awareness gap exists, hindering caregivers' ability to access and utilize available mental health resources effectively. This gap is influenced by factors such as stigma, lack of education, and the complex nature of mental health services**.** Addressing this gap can lead to better patient outcomes, reduced caregiver burnout, more efficient resource allocation, and contribute to stigma reduction.

Methods:A cross sectional survey method was used to collect the data using a structured awareness questionnaire from 100 caregivers of mentally ill patients based on non- probability purposive sampling.at Bapuji Hospital, Davangere.

Results: Majority of the primary caregivers (72%) have inadequate level of awareness on mental health services and 28 % of primary caregivers had moderate level of awareness on mental health services. The binary logistic regression shows that educational status, previous exposure and source of awareness were significantly associated with the awareness level of mental health services.

Conclusion: The findings underscore the urgent need for targeted education and outreach programs to bridge this gap. Addressing this issue can lead to improved access to essential mental health services and better overall outcomes for both patients and caregivers.

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Introduction:-
Mental health disorders are a prevalent and significant global health challenge, affecting individuals across various demographics and life stages. Beyond the individuals directly impacted by these conditions, their primary caregivers, often family members or close friends, play an indispensable role in providing support, care, and advocacy. They navigate the complex terrain of mental health, striving to ensure the well-being and recovery of their loved ones.[1-4]

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However, a troubling gap in awareness and knowledge regarding mental health services and resources among primary caregivers has come to the forefront. This awareness gap represents a critical issue—a disconnect between the urgent need for mental health services among caregivers and their actual understanding and awareness of the available resources and support systems.[6-7]

Several factors contribute to this awareness gap: the enduring stigma surrounding mental health issues, the lack of formal education and training for caregivers, the intricate nature of mental health services, barriers to access, and the subtle presentation of many mental health conditions. Addressing this awareness gap among primary caregivers is imperative, given its far-reaching implications.[8-10]

Informed caregivers are better positioned to provide effective care, support, and advocacy for individuals grappling with mental health conditions. Moreover, caregiver well-being is intrinsically linked to their level of awareness, as greater understanding equips them to manage their own emotional and physical well-being while caring for others.[11-14]

Additionally, a well-informed caregiver community can contribute to the efficient allocation of mental health resources, reducing inefficiencies and optimizing service delivery. Increasing awareness can also play a pivotal role in dismantling the stigma surrounding mental health, fostering empathy, and promoting open dialogue. Lastly, insights into the awareness gap can inform policy development, facilitating targeted interventions to enhance the mental healthcare system's accessibility and effectiveness.[15-17]

Moreover, this study holds potential for reducing the stigma surrounding mental illnesses. Informed caregivers are more likely to challenge stereotypes and promote understanding within their communities, contributing to broader efforts to destigmatize mental health. Importantly, the data generated from this study can have significant policy implications. It can guide policymakers in developing targeted interventions and resource allocation strategies to bridge the awareness gap, ultimately leading to a more accessible, patient-centered mental healthcare system.

Methods:-

Study Design
A cross sectional survey was conducted to assess the mental health services awareness among primary caregivers of mentally ill patientsin Bapuji Hospital.

Participants
The participants for the present study were primary caregivers of mentally ill patients and who fulfilled the inclusion criteria such as available at the time of data collection period, can understand Kannada or English language, willing to participate in the study.

Sample size and estimation
Power analysis was done based on the objectives of the study. The study conducted by Suma reported incidence of 10 % mental health problems in Davanagere district in the year 2022. Based on the incidence of rate sample size was calculated by proportion method using open epi sample size calculator with following input parameters.
Frequency = 10%
Absolute Precision = 5%
Confidence interval = 95%
Power= 80%
Design effect =1
The formula used for sample size calculation was
$n = [DEFF*Np(1-p)]/ [(d2/Z21-\alpha/2*(N-1)+p*(1-p)]$
The estimated sample size was 90. Considering the drop out rate of 10% the sample size was increased to 100.

Sampling Technique
In this study purposive sampling technique is used which samples are chosen by choice not by chance through the judgement made the researcher based on the knowledge about the population.

Instruments
Section A: Demographic profile of primary caregivers of mentally ill patients
The demographic profile consisted of age,educational status, occupation, relationship with patient, previous exposure in taking care of mentally ill patients, source of awareness, religion, type of family, place of residence, family income/month, mode of admission.

Section B: structured questionnaire based on awareness regarding mental health services
The researcher developed a awareness questionnaire, which comprised of 25 items by following the steps like reviewing literature, creation of blueprint, pre-testing of the items, reliability, validity of the content. The items related to mental health services were classified under six domains such as general information about mental health services and awareness about national mental health programmes (9 items), awareness about psychiatric institutions (5 items), awareness on mental health services in district hospital (2 items), awareness on the benefits of BPL families (3 items), awareness regarding Karnataka state government initiatives (2 items), awareness about mental health services outside psychiatric institutions (4 items). The maximum score for the awareness questionnaire 25. If the item was answered correctly, the respondent was awarded one point; however, if the question was answered incorrectly, the respondent received no points. Scores are arbitrarily classifiedInadequate (0-12), Moderate (13-19), Adequate (20-25).

Validity of the tool
The content validity assessment of aawareness regarding mental health servicestool involved seven expert evaluators from the fields of psychiatrist and nursing. These experts were carefully selected based on their job titles, extensive qualifications, and substantial experience. To ensure a comprehensive evaluation, a content validity evaluation form was meticulously prepared, taking into account the criteria proposed by Yaghmaie[18]. The experts were asked to review and rate the items in the tool, considering their relevancy, clarity, simplicity, and ambiguity on a four-point relevance ordinal scale.

The results of the content validity revealed unanimous agreement among the experts, with all the items in the tool receiving a perfect Item level Content Validity Index (I-CVI) of 1. This means that every item was considered highly relevant and appropriate by all the experts, with no modifications needed. Additionally, the Scale level Content Validity Index (S-CVI) was calculated using the Universal Agreement (UA) method, resulting in an impressive S-CVI/UA value of 1, indicating that the entire content of the tool was unanimously deemed essential by the panel of experts.

Reliability of the tool
Spearman Brown prophecy formulawas used to measure stability of the tool through split half technique. The reliability of the tool was found to be 0.83 which indicates that tool is reliable.

Data Collection
Data was collected from 10/3/2023 – 10/6/2023 in Bapuji Hospital, Davanagere, Karnataka.Prior permission was obtained from medical director Bapuji Hospital to conduct the study and ethical permission was granted by the ethical committee of Bapuji Hospital. Before starting the data collection written informed consent was obtained from the primary caregivers and purpose of the study was explained to them. The respondents were assured anonymity and confidentiality of the information provided by them.The investigators used the purposive sampling technique to select the respondents. Those patients attending psychiatric OPDwere requested to spare 30 minutes after consultation or while they were waiting for consultation. The caregivers of those admitted in IPD"swere approached during their leisure time or when the patients were sleeping. The collected the demographic profile of the caregivers and assessed the awareness of mental health services.

Statistical Analysis
The data was double entered, coded clean, and then processed by using Statistical Package for Social Sciences (SPSS Version 26.0). To summarize and describe the findings of the study. The average (SD) in continuous variables as well as frequencies (percentages) of categorical variables was employed. To determine the association between demographic variables and level of mental health awareness chisquare analysis was used.

Table 1:- Demographic Profile n=100.

Variables		Frequency	Percentage
Agegroup(years)	21-30	23	23
	31-40	35	35
	41-50	24	24
	51 &above	18	18
Educationalstatus	Noformal education	6	6
	Primary	47	47
	Secondary	34	34
	PUC&above	13	13
Occupation	Government	8	8
	Business	24	24
	Agriculture	21	21
	Others	47	47
Relationship withPatient	Parents	23	23
	Lifepartner	34	34
	Daughter/Son	11	11
	Relatives	32	32
Previous exposure intaking care ofMentallyillpatients	Yes	19	19
	No	81	81
SourceofAwareness	Massmedia	26	26
	HealthProfessionals	30	30
	Selfreading	15	15
	Others	29	29
Religion	Hindu	89	89
	Muslim	9	9
	Christian	2	2
Typeoffamily	Nuclear	89	89
	Joint	9	9
	Extended	2	2
Placeof Residence	Rural	70	70
	Urban	30	30
Familyincome/month	<Rs.5,000	42	42
	Rs.5,000-10,000	41	41
	Rs.10,000-20,000	17	17
ModeofAdmission	Directconsultation toPsychiatricOPD		
	ReferredfromPH	48	48
	Referredfromother OPDs	7	7

Table 2:- Distribution of aspect wise awareness score onmentalhealth services among primary caregivers of mentally ill patients. n=100.

AwarenessAspects	Max.Score	AwarenessScores		
		Mean	SD	Mean(%)
NMHP&General Information	9	2.96	1.26	32.9
Psychiatricinstitutions	5	2.17	0.99	43.4
Mentalhealthservicesin Districthospital	2	0.82	0.64	41.0
Benefitsof BPLfamilies	3	1.21	0.83	40.3
Karnatakastategovernment initiatives	2	0.99	0.66	49.5
Mentalhealthservicesoutsidepsychiatric	4	1.10	0.92	27.5

institutions				
Overall	**25**	**9.25**	**3.15**	**37.0**

Table 2 shows the overall mean awareness on mental health servicesamong primary caregivers of mentally ill patients was 9.25 with the standard deviation of 3.15 and the mean percentage was 37%
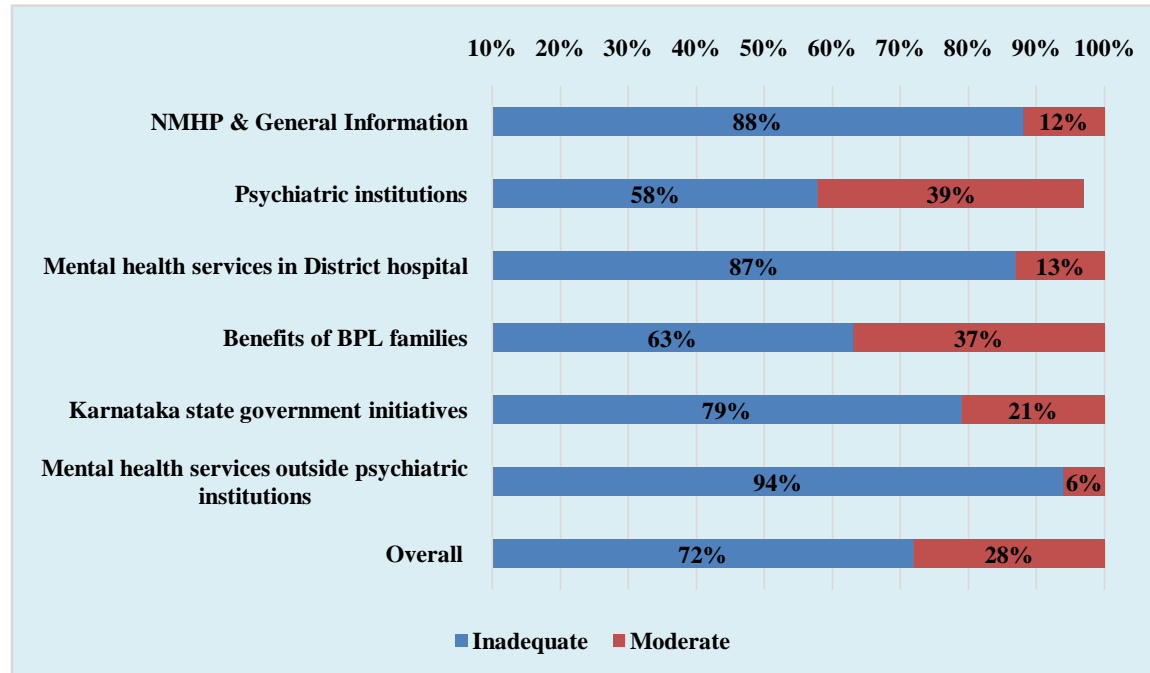

Figure 1:- Level of awareness on mental health services among primary caregivers of mentally ill patients.

Table 3:- Odds ratios and 95% confidence interval from binary logistic regression of awareness about mental health services among primary caregivers. n=100

Variables		OR	95% CI of OR	p -Value
Agegroup(years)	21-30	Ref		
	31-40	0.73	0.53-1.21	
	41-50	0.86	0.45-1.49	0.42
	51 &above	0.91	0.43-1.61	
Educationalstatus	Noformal education	Ref		
	Primary	1.21	0.67-1.91	**0.003****
	Secondary	1.54	0.56-1.87	
	PUC&above	1.71	0.61-2.34	
Occupation	Government	Ref		
	Business	0.87	0.45-1.55	
	Agriculture	0.83	0.39-1.23	0.23
	Others	0.76	0.41-1.23	
Relationship withPatient	Parents	Ref		
	Lifepartner	0.61	0.43-1,34	
	Daughter/Son	0.56	0.31-1.71	0.45
	Relatives	0.65	0.42-1.61	
Previous exposure intaking care ofMentallyillpatients	Yes	Ref		
	No	0.67	0.48-1.65	**0.000*****
SourceofAwareness	Massmedia	Ref		
	HealthProfessionals	1.45	0.87-2.91	**0.04***

	Selfreading	1.10	0.77-1.91	
	Others	1.21	0.61-1.87	
Religion	Hindu	Ref		
	Muslim	0.23	0.1-0.67	0.54
	Christian	0.20	0.11-0.98	
Typeoffamily	Nuclear	Ref		
	Joint	0.45	0.23-0.99	0.34
	Extended	0.65	0.35-1.10	
Placeof Residence	Rural	Ref		
	Urban	0.45	0.21-0.78	0.10
Familyincome/month	<Rs.5,000	Ref		
	Rs.5,000-10,000	0.56	0.31-1.12	0.45
	Rs.10,000-20,000	0.62	0.43-1.29	
ModeofAdmission	Directconsultation toPsychiatricOPD	Ref		0.23
	ReferredfromPH	0.71	0.34-1.45	
	Referredfromother OPDs	0.75	0.38-1.67	

*p< 0.05 Level of significance, ** p<0.01 level of significance, *** p< 0.001 level of significance

Table 3 shows thebinary logistic regression analysis of caregivers' awareness on mental health services. Educational status, Previous exposure and source of awareness were significantly associated with the awareness level of mental health services. The caregivers who had primary education (1.21), Secondary education (1.54), PUC& above (1.71) times had more awareness on mental health services than who had no formal education. The caregivers who had no previous exposure in taking care of Mentally ill patients 0.72 times had less awareness on mental health services. The caregivers who had source of awareness from health care professionals (1.45), self-reading (1.10), others (1.21) times had more awareness on mental health services than mass media.
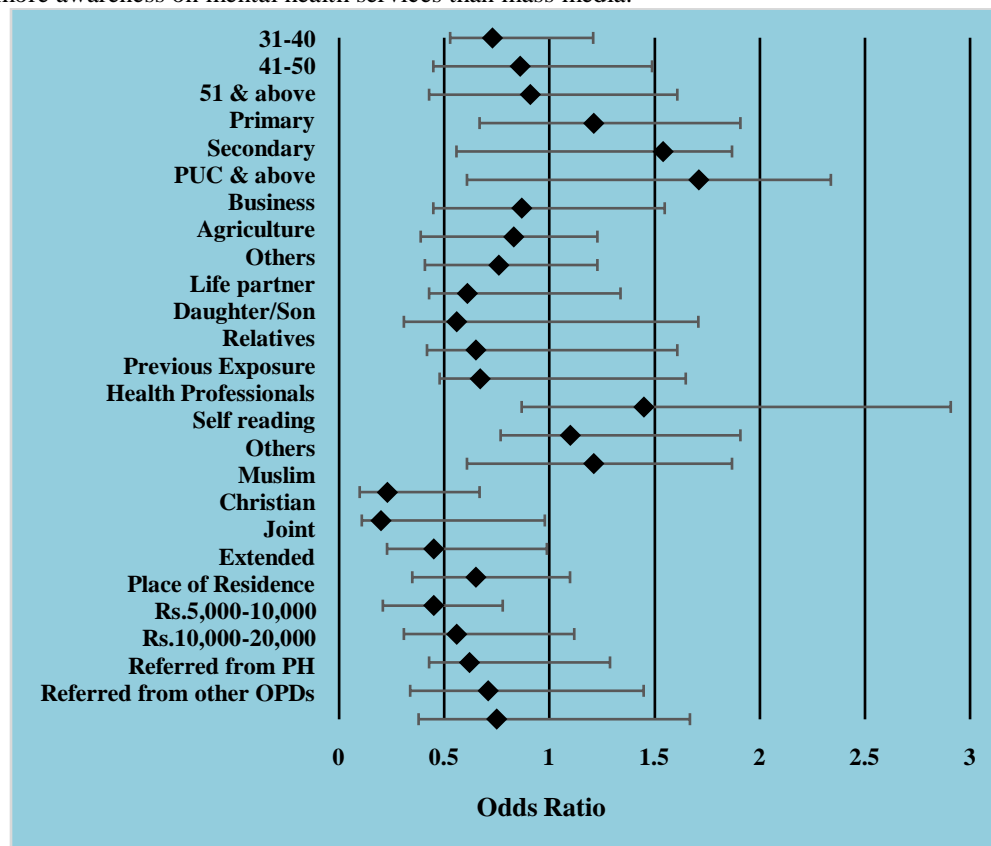

Figure 2:- Forest plot for odds ratio and confidence interval.

Discussion:-

Primary caregivers play a crucial role in managing mentally ill patients within the family dynamic. Their awareness of available mental health services is paramount in ensuring the effective management of mental health issues among their family members. These caregivers often serve as the first line of support and assistance for individuals struggling with mental health challenges, making their knowledge and understanding of available resources vital.

The lack of awareness of mental health services among primary caregivers can significantly hinder the provision of adequate mental health care. Without access to information about treatment options, support groups, and therapeutic interventions, caregivers may find themselves ill-equipped to address the needs of their loved ones. This lack of awareness may lead to delays in seeking appropriate help, exacerbating the mental health issues and impacting the overall well-being of the individual in question.

Our studying shows that majority of primary caregivers, 35 belonged to the age group of 31-40 years.Among them, 28.6% (10) had moderate awareness and 25 (71.4%) had inadequate knowledge.This study findings were supported by Nandakumarreported that there was relationship between age and mental health awareness.[19]

Majority of primary caregivers 89 belonged to Hinduism. Among them, 26 (29.2%) had moderate awareness and 63 (70%) had inadequate knowledge.

Majority of primary caregivers, 70 belonged to nuclear family. Among them51 (72.9%) had inadequate awareness and 19 (27.1%) had moderate knowledge.This study findings were supported by Nandakumar reported that there was relationship between family and mental health awareness.[19]

Majority of primary caregivers, 70 resided in rural areas. Among them 47 (67.1%) had inadequate awareness and 23 (32.9%) had moderate knowledge.

Majority of primary caregivers, 42 had a monthly family income less than Rs.5000. Among them, 36 (85.7%) had inadequate level of awareness, while 6 (14.3%) had a moderate level of awareness on mental health services.

Majority of primary caregivers 48, directly consulted the psychiatric OPD. Among them, 35 (72.9%) had inadequate level of awareness and 13 (27.1%) had moderate level of awareness on mental health services.

Majority of primary caregivers 47, had only primary education. Among them 40 (85.1%) had inadequate level of awareness, while 7 (14.9%) had moderate level of awareness about mental health services. This study findings were supported by Groveret al. who reported there relationship between education and mental health awareness.[20]

Majority of primary caregivers, 47 were in other sectors of employment.Among them, 39 (93%) had inadequate level of awareness and 8 (17%) had moderate level of awareness about MHS.Majority of primary caregivers, 34 were life partners of mentally ill patients.This study findings were supported by Adhikari et al. who reported there relationship between employment and mental health awareness.[21]

Among them 26 (76.5%) had inadequate level of awareness and 8 (23.5%) had moderate level of awareness about mental health services.Majority of the primary caregivers 81, had no previous exposure in taking care of mentally ill patients. Among them, 58 (71.6%) had inadequate level of awareness and 23 (28.4%) had moderate level of awareness about mental health services. This study findings were supported by Sharma etal. who reported primary care givers have inadequate awareness on mental health services.[22]

Limitations

The researcher enrolled only thosecaregivers of the mentally ill patients who wereavailable in the hospital setting at the time ofdata collection and willing to participate in thestudy since it is a hospital-based study. Also,caregivers of patients with substance abuse werenot enrolled in the study.

Nursing Implications
Nursing practice:
Nurses taking care of the mentallyill patients should assess the burden faced bythe primary caregivers and provide psychologicalsupport. Health education and demonstrationscan be conducted by the nurses periodically toenhance knowledge of the caregivers in order topromote their own psychological well-being andcoping strategies.

Nursing education:
Nurse Educator can help studentsunderstand various burdens faced by thecaregivers and their vital role. Students can betaught to provide psycho education to primarycaregivers of mentally ill patients and plan healthtalks that can be beneficial for the primary caregivers.

Nursing administration:
Nursing administratorscan organise programmes to create awarenessregarding the burden experienced by the primarycaregivers and encourage the staff nurses to providepsycho education. Nurse managers can setup policies regarding interventional strategies tosupport the role of caregivers.

Nursing research:
The findings of this study canbe utilised by nursing researchers for future referenceto gain knowledge regarding the vital roleof caregivers and their burden which in turn canhelp them to contribute to the noble nursing profession.Future studies on the burden of primarycaregiver can be attempted based on descriptive,quasi-experimental, experimental studies withwider base of nursing knowledge and evidenceand the interventions can contribute in reducingthe level of caregiver burden.

Conclusion:-
In conclusion, our study sheds light on the critical awareness gap regarding mental health services among primary caregivers of mentally ill patients. The findings underscore the urgent need for targeted education and outreach programs to bridge this gap. Addressing this issue can lead to improved access to essential mental health services and better overall outcomes for both patients and caregivers. Ultimately, closing the awareness gap is a crucial step toward enhancing the quality of care for individuals with mental health disorders.

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