KNOWLEDGE AND ATTITUDE OF PSYCHIATRIC/MENTAL HEALTH CARE TEAM: A PSYCHO-EDUCATIONAL INTERVENTION

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ABSTRACT

Background: Psycho-education is an integrated component of nursing; the impact of nursing psycho-educational model has been emphasized by several studies.

Aim of this study was to apply psycho-education intervention for psychiatric/mental healthcare team.

Design: A quasi-experimental research design was carried out in this study to fulfill the research aim.

Sample: The sample consisted of 30 psychiatric/mental health care teams.

Tools: The following two tools were developed by the researchers in order to obtain the necessary data: An interview questionnaire & Participants' knowledge about various topics such as mental health & mental disorders, and stigma of mental health.

Results: The current study results revealed that there was significant statistical difference in knowledge about the disease between pre and post intervention related to mental health care in the team, compliance to treatment, and recurrent signs and symptoms, using medications, causes of relapse and readmissions.

Conclusion: The current study revealed that there was significant statistical difference between pre and post intervention related to mental health team's knowledge about the disease, treatment compliance, and recurrent signs and symptoms, using medications, causes of relapse and readmissions.

Recommendations: Psycho-educational interventions should have far-reaching application for acute and chronic mental illness and other life challenges across levels of public health, social and civic services, and/or educational systems.

Keywords: Psycho-education Intervention, Psychiatric/Mental Health Care Team, Mentally Ill Patients

INTRODUCTION

Mental illness is a serious medical condition that affects an individual's thoughts, feelings, mood and behavior (Duckworth, 2013). There are wide range of conditions associated with mental illness, such as depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, personality disorder, eating disorders and addictive behaviors (Doran, 2005; Duckworth, 2013). These kinds of illnesses can affect people of all ages and with different ethnicities, cultures, religions and incomes. It is noteworthy that not every mental health concern is labeled a mental illness; some people experience transient mental health conditions from time to time. However, these conditions come to be considered as mental illnesses if the signs and symptoms persist and disrupt one's ability to function and to relate to others.

The World Health Organization (WHO) recently estimated that one in four people–about 25% of the world population– suffer from mental illness both in the developed and developing world (World Health Organization, 2013). In major industrialized areas like the US, Canada, and Western Europe, mental illness accounts for almost 25% of all disabilities. It is also

considered by WHO to be the leading cause of disability across the world. Consequently, high financial costs are associated with mental illness due to the loss of productivity as a result, as well as the mortality cost.

An overview of the literature in relation to mental illness in Saudi Arabia indicates the lack of an accurate estimate of the prevalence of this problem among the Saudi population. However, few studies have been conducted in relation to specific mental disorders or particular populations and age groups (Becker, Al Zaid & Al Faris, 2002; Becker, 2004). For example, a study conducted by Al-Sughayr & Ferwana, (2012) measured the prevalence of mental illness among high school students selected from four sites and indicated that the rate of mental illness among the studied population was 48%. It was found to be more prevalent among females (51%) than males (41%). This study was limited, however, by a relatively smaller sample size and the measures used. Regardless of individual initiatives to document mental illness in Saudi Arabia, the field of study is still under development. Generally speaking, mental illness is becoming a global concern, and the number is reaching crisis level. For this reason, this problem requires proper intervention and management.

For the researchers, psychologists, health educators, and psychiatrists in Saudi Arabia, it is needed to work collectively to manage the increasing risk of mental illness in the country and beyond. Public educational programs need to be designed to enhance public awareness of mental illnesses, their various potential causes (biological, genetic and environmental), the preventable consequences, the different treatment regimens available and the importance of seeking help. Such measures will lead consequently to early detection and proper treatment. Continuous educational development for psychiatric nurses, social workers, psychologists and other psychiatric staff is important in order to improve the skills and knowledge of health care professionals, using the latest evidence and research.

The importance and impact of the nursing psycho-educational model has been emphasized by several studies. A 9-month follow up research conducted in the North Indian tertiary care hospital, comparing routine outpatient care with structured psycho-education program concluded that this kind of structured programs resulted in increased patient satisfaction, reduced disability, and increased family support (Kulhara *et al.*, 2009). Psycho-education helps patient adjust their social life and assists in improving social functioning. This was shown in a study conducted on 30 schizophrenic patients who were provided with psycho-education and were followed after 3 months; the results showed a remarkable improvement in drug compliance and social functioning of these patients after discharge from hospital (Degmecic, Pozgain & Filakovic, 2007).

The Psychiatric nurse is responsible for providing a full range of primary mental health care services to individuals, families and groups in communities. Based on studies conducted for improving the quality and cost effectiveness of care for patients with mental disorders, nurses in mental health settings should receive training programs from time to time in different topics such as antipsychotic medications, drug therapy for anxiety, depression and aggression / hostility, electroconvulsive therapy, psychological interventions, family interventions and vocational rehabilitation (Miranda *et al.*, 2003).

Significance of the study:

In Saudi Arabia, the prevalence rate of mental illness is high, and the documented statistics is unavailable. Available data is derived mainly from treatment sources which means that there is an increasing number of admission rates to mental health facilities. However, readmission and relapse are very frequent especially in Al-Amal Mental Health Complex, Riyadh, Saudi Arabia.

Therefore, it is necessary to implement this research in order to stress psychiatric mental health care team psycho-education which includes basic knowledge of this serious problem of mental illness, including symptoms; instruction on treatment and the importance of medication compliance to prevent relapse. The psychiatric mental health care team will learn appropriate ways to handle day to day interactions with their mentally ill patients, as well as how to respond to a critical situation. On the long run, when psychiatric mental health care team, individuals with serious mental illness and their families learn more about the illness and ways to reduce its effects, there can be many positive changes, such as: fewer relapse, less time in the hospitals, decreased sense of stigma, a feeling of better control over life, fewer symptoms, fewer conflicts

about medications, less isolation, more involvement in family life and social activities, better job options, and less depression and anxiety.

Objectives:

- Assess the concepts of mental health & mental illness as perceived by the psychiatric mental health team members.

- Evaluate the attitude of psychiatric mental health team members towards the psychiatric patients.

- Design a psycho-education program for psychiatric /mental health care team.

RESEARCH METHODOLOGY

Research design

A quasi-experimental research design was followed in this study.

Setting

The study was conducted at Al-Amal Mental Health Complex, Riyadh City, Kingdom of Saudi Arabia. It is considered to be one of the key modern healthcare establishments for mental health in Saudi Arabia, providing both treatment and rehabilitation for all types of mental health cases as well as addiction.

Participants

The team consisted of 30 male and female Psychiatric/Mental Health care teams (physicians, nurses, social workers and psychologists), working in four sections (acute and chronic wards, emergency section, outpatient clinic and occupational center).

Tools for data collection

-A structured questionnaire of socio-demographics and knowledge and attitude of participants towards mental illness, the questionnaires consisted of two parts:

a) Socio-demographics: personal characteristics such as age, sex, level of education, years of experience with psychiatric patient and place of work.

b) Participants' knowledge about topics such as mental health & mental disorders, stigma of mental health & how to limit stigma, stressors & coping mechanism, types of mental disorders & nursing interventions, relapsing of mental disorders & caring, general home health education for promoting health of clients with

mental illness. Content validity of the tools was ascertained by a panel of 3 experts in Psychiatric/ Mental Health Nursing. The reliability testing was assessed using Cronbach Alpha which was 0.98 which means high degree of internal consistency.

Pilot

A pilot study was carried out on 3 of the participants who were not included in the study. From this pilot study, it was found that few words have been modified.

Procedure

An official permission was obtained from the previously mentioned setting to carry out this study. Data was collected for three months starting from March 2015.

- A training sessions for Psychiatric/Mental Health care team were performed to educate them on how to use evidence-based practice related to mental disorders to minimize relapse rates, enhance the recovery of persons with mental illness and to decrease the frequency of institutionalization to mental hospitals.

- The total number of participants who attended the training sessions was 30. The training sessions consisted of 6 topics. Each session was five hours daily for a period of 10 days. It covered the following topics: mental health & dealing with mental health problems, psycho-education, stigmatization of persons with mental illness, prevention of relapse, psychiatric emergencies, and family adaptation & coping with the psychological stressor.

- The training sessions were given in 5 groups; each group consisted of 6 participants. The participants attended the program in the conference room at Al-Amal Mental Health Complex. Teaching strategies used were brain storming, questions & answering, discussion, storytelling, role play, case study and exchange of information at the end of each session. Media used was: data show, posters, educational movies and handout.

- The researchers, at the end of the sessions, developed a booklet as guidelines for psychiatric mental health care team.

Ethical consideration

An informed consent was obtained from each of the

participants regarding the current study. Confidentiality of each participant was protected by allocation of the code instead of using subject's name. All participants were informed about the purpose of this study in order to obtain their acceptance to share in this study. All events that occurred during data collection were considered confidential. Ethical rules of the research guaranteed each participant to withdraw from the study at any stage. Participants were assured that the data is confidential and used only for research purposes.

Statistical analysis

Data entry and statistical analysis were done using SPSS 21 statistical software package. Quality control was done at the stages of coding and data entry. Data was presented using descriptive statistics in the form of frequencies and percentages and means and standard deviations.

RESULTS

A total of 30 psychiatric mental health team members participated in this study. The demographic characteristics revealed that their age ranged between 21-40 years old. This figure showed that the mean age was (X=30.97±4.46). 12 (40%) of the participants were between 26-30 years old while only 3 (10 %) were between 21-25 years old (Figure 1)
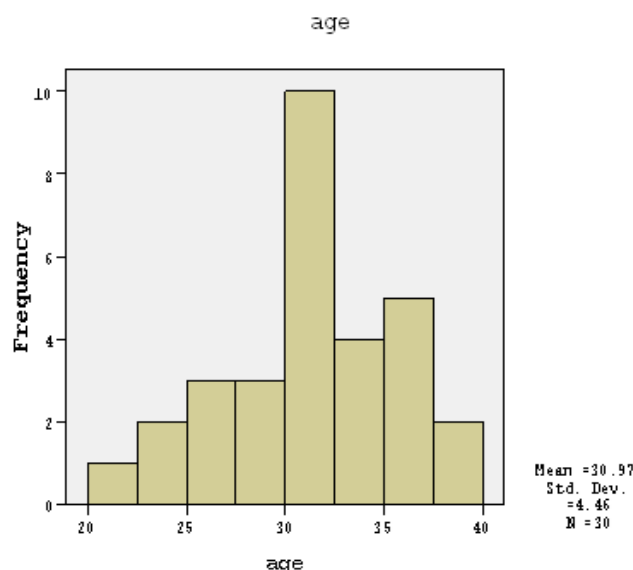
In relation to position of the psychiatric mental health team members, this figure revealed that 8 (26.7%) of them were diploma nurses, while 3(10%) were bachelor nurses and the others were psychologists, social workers and psychiatrists (Figure 2).
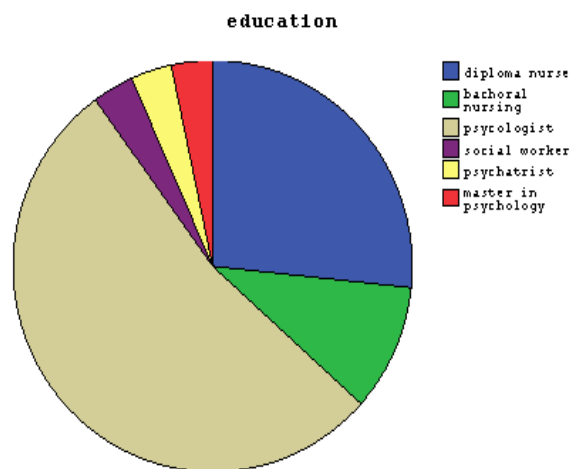

Figure 2: Percentage distribution of participants according to their position (n=30)

Regarding participants' years of experience this figure illustrated that more than half of the participants had from 2-4 years of experience while only 2 (6.7%) of the psychiatric mental health team members had above 10 years of experience (Figure 3).
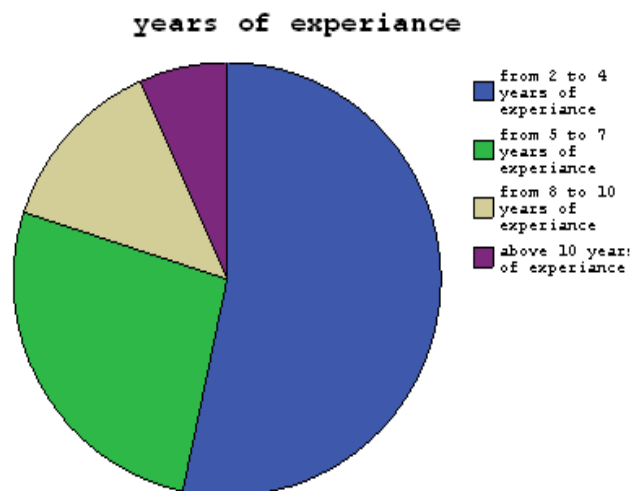

Figure1: Percentage distribution of participants according to their age (n=30)

Figure 3: Percentage distribution of participants according to their years of experience (n=30)

Table 1: The meaning of mental health as perceived by the psychiatric mental health care team members (n=30)

Mental health means	Pre-Intervention		Post Intervention		*t*-value	*P*-value
	$\overline{X}$	±SD	$\overline{X}$	±SD		
Free from disease	2.17	0.99	1.93	1.01	0.925	0.3
A balance in behavior	2.83	0.53	2.93	0.37	1.36	0.18
Is the ability to make social relation	2.70	0.70	2.87	0.51	1.22	0.23
Is a balance in physical & spiritual needs	2.57	0.77	2.73	0.64	1.000	0.33
Is the ability to make decision	2.60	0.81	2.90	0.40	2.068	0.04*

significance at p<0.05

Regarding psychiatric mental health care team members' definition of mental health, the study results revealed that there was a significant statistical difference between pre and post intervention when they defined mental health as "the ability to make decision" (t=2.068; P=0.04) (Table 1).

Table 2: The concept of relapse as perceived by the psychiatric mental health care team members (n=30)

Statement s	Pre-Intervention		Post Intervention		*t*-value	*P*-value
	$\overline{X}$	±SD	$\overline{X}$	±SD		
Relapse started and lasted few day	2.57	0.77	2.87	0.51	1.96	0.05
The patient neglects his disease	2.77	0.63	2.87	0.51	0.82	0.41
Sudden change in patient behavior	2.50	0.82	2.87	0.51	2.25	0.03*
Excessive self confidence	2.23	0.94	2.53	0.86	1.22	0.23
Insomnia	2.67	0.71	2.80	0.61	1.07	0.29
Contradiction of ideas	1.23	0.57	2.90	0.40	12.8	0.000*

significance at p<0.05

Results of the current study showed that- in relation to the psychiatric mental healthcare team members'

perception of the concept of relapse, there was a significant statistical difference between pre and post intervention when they perceived relapse as "sudden change in patient behavior" (t=2.25; p=0.03). Also, there was a highly significant statistical difference between pre and post intervention in healthcare team members' perception regarding the concept of relapse as "contradiction of ideas" (t=12.8; P=0.000) (table 2).

Table 3: Early (Warning) signs of relapse as perceived by psychiatric mental health care team members (n=30)

Statements	Pre-Intervention		Post Intervention		*t*-value	*P*-value
	$\overline{X}$	±SD	$\overline{X}$	±SD		
Exaggeration of feeling	2.93	0.25	2.90	0.40	0.37	0.71
No feeling of tiredness	0.97	0.96	2.67	0.66	3.17	0.004*
Insomnia	2.47	0.63	3.00	0.00	4.64	0.000*
Desire to be sociable	2.13	0.94	2.23	0.97	0.37	0.71
Nervousness	2.93	0.37	2.93	0.37	0.000	1.000
Exaggeration of spiritual behavior	2.30	0.92	2.67	0.76	1.94	0.06
Spend a lot of money	2.60	0.81	2.73	0.64	0.72	0.47
Excessive tiredness	2.50	0.86	1.37	0.72	5.46	0.000*
Difficulty to deal with life events	2.97	0.18	2.97	0.18	0.000	1.00
Loss of appetite	3.00	0.00	2.93	0.25	1.4	0.16

significance at p<0.05

Study results revealed that there was a significant statistical difference between pre and post intervention in relation to the psychiatric mental health care team members' perception of the early signs of relapse because they perceive it as "no feeling of tiredness" where (t=3.17; p=0.004), there also was a highly significant statistical difference when comparing their perception of signs of relapse as "insomnia" as (t=4.64; P=0.000). Finally, there was a highly significant

statistical difference between pre and post intervention in relation to the psychiatric mental health team members' perception of the early signs of relapse as they perceive it as "excessive tiredness" when (t=5.46; P=0.000) (Table 3).

Table 4: The attitude of psychiatric mental health care team members towards the psychiatric mental residence (patient) (n=30)

Statements	Pre-Intervention		Post Intervention		t-value	P-value
	$\overline{\text{X}}$	±SD	$\overline{\text{X}}$	±SD		
Can you work with mental patient	3.17	1.12	3.27	1.23	0.27	0.78
Can you live with psychiatric patient	2.53	0.87	2.97	1.16	1.32	0.19
Do you want to make friendship with psychiatric patient	2.93	1.08	3.07	1.20	0.39	0.69
Can you rent home to psychiatric patient	2.73	1.11	3.07	1.28	1.08	0.28
Can you marry psychiatric patient	4.33	0.21	2.10	1.18	10.24	0.000*
Can you trust psychiatric patient	2.80	1.19	3.03	1.33	0.72	0.47

significance at p<0.05

Table 4 showed highly significant statistical difference between pre and post intervention in relation to the psychiatric mental health care team members' attitude towards marrying psychiatric mental patient (t=10.24; P=0.000). While there were some differences in the mean scores of health team members' other responses regarding the attitude towards the psychiatric mental residence (patient), but they were not significant.

Table 5: The concept of stress management technique as perceived by psychiatric mental health care team members (n=30)

Statements Stress management technique means:	Pre-Intervention		Post Intervention		t-value	P-value
	$\overline{\text{X}}$	±SD	$\overline{\text{X}}$	±SD		
To use touch	2.93	0.37	3.00	0.00	1.00	0.32
Deep breathing	2.80	0.61	3.00	0.00	1.79	0.08
Cooperation with friends to do benefit work	2.90	0.40	2.80	0.61	0.83	0.41
To start doing things	2.60	0.77	2.93	0.37	2.27	0.03*
To ask for help when needed	2.93	0.37	3.00	0.00	1.00	0.32
To set on comfortable chair	2.90	0.40	2.97	0.18	0.81	0.42
To apply stress management technique	2.93	0.37	2.93	0.37	0.000	1.00
To Recognize the causes of psychological stressors	2.93	0.37	3.00	0.00	1.00	0.32
To seek for new hobbies	2.93	0.37	2.93	0.37	0.000	1.00

significance at p<0.05

Table 5 showed a significant statistical difference between pre and post intervention in regard to psychiatric mental health care team members' definition of the concept of stress management technique. In relation to the item "to start doing things" at (t=2.27; P=0.03).

DISCUSSION

Psycho-education is an integrated component of nursing and its main goal is to reduce hospitalization and improve social functioning of patients. Varying strategies can be employed to practice psycho-education at individual, group or institutional levels.

Psycho-educational evidence-based intervention assists health care providers develop the skills needed to assess and understand the health needs of mentally ill patients and to be competent in communication, counseling and education. So, the aim of this study was to apply psycho-education intervention for psychiatric/mental health care team. The current study included 30 subjects with age ranged between 21- 40 years old. In this context, Evers, Tomic & Brouwers, (2001) stated that the older the staff is, the more experience they have. It appears that growing older promotes staff's efficacy.

The current study results revealed that there was significant statistical difference between pre and post intervention related to definition of mental health because the psychiatric mental health team members defined mental health as "the ability to make decision" as they have gained a new method of cognitive appraisal of the client's behavior in the psycho-education session. Psycho-education intervention has valuable impact on the improvement of mental health team knowledge. These findings are consistent with those of a previous study carried out by Cheng & Chan (2005). These findings contradicted with Chan et al. (2009) who concluded in their study that there were no significant statistical differences among the family caregivers in the overall outcome measures. However, they found significant differences between the two groups in the post follow up measures.

The results of the present study showed that there was a significant statistical difference between pre and post intervention in relation to the health care team members' knowledge about relapse. This improvement in healthcare team members' knowledge goes in the same line with Jungbaur et al. (2003). This may be due to the fact that psycho-education intervention increases health care team members' self-confidence, helping them to give more care for patients and their families based on scientific knowledge.

Trippitelli et al. (1998) said that mentally ill people will often experience changes in their feelings, thoughts and behaviors that indicate an increase in illness and decline in mental health. These changes are referred to as early warning signs, and while similarities do exist, they are specific and unique to the individual. For this reason, they are sometimes also referred to as 'relapse signatures'. Fitzgerald (2001) indicated that about 50% to 70% of mentally ill people experience early warning signs over a period of one to four weeks prior to relapse.

Psycho-education helps in acquiring knowledge and increasing understanding of mental illness, so they are able to identify early warning signs as quickly as possible, to take positive action and seek help early to minimize or possibly prevent the impact of relapse. This will enhance quality of life and life roles. Early intervention has been shown to reduce the severity of symptoms, shorten the duration of relapse and reduce the likelihood of further episodes. One of the challenges to proposing changes in the health care system is the need for evidence-based practice and shifting the treatment model from an individual model to a system model of treatment within hospitals which had an effect on combating family trauma and reducing relapse and stigma related to mental illness (Government of Canada, 2006).

The study results indicated significant statistical difference between pre and post intervention in relation to attitude towards marriage of psychiatric patient. In a study done by Trippitelli et al. (1998) found that most respondents (92.1%) and their spouses would have definitely or probably gotten married even if a blood test had detected a gene of bipolar disorder. There were not enough researches done in this area especially in the Arab world and the culture is different, so the attitude may differ from country to country also from the type of mental illness and its severity.

Considering the concept of stress management technique as perceived by psychiatric mental health care team members, the findings were established. It indicated a significant statistical difference between pre and post intervention regarding psychiatric mental health care team members' perception of the concept of stress management technique in relation to the sub-item "to start doing things". In this regard, training of staff members is probably responsible for the differences in the philosophy of care such as the community psychiatry paradigm. So, the emphasis should be on bringing care

close to the patients and enhancing home visits to give family psycho-education and to provide them with guidelines, to help in day to day interactions as how to communicate with loved ones, the importance of medication compliance, crisis intervention, fighting stigma of mental illness and stress management strategies (Mueser *et al.*, 2002).

CONCLUSION

The current study revealed that there was a significant statistical difference between pre and post intervention related to mental health team's knowledge about the disease, treatment compliance, and recurrent signs and symptoms, using medications, causes of relapse and re-admissions. Latest evidence and research in this field also suggest that there was an improvement of skills and knowledge of the caregivers in the present scenario.

RECOMMENDATIONS

-Continuous support is needed during the planning of management of psychiatric patients in psychiatric mental health hospitals.

-Psycho-educational interventions should have far-reaching application for acute and chronic mental illness and other life challenges across levels of public health, social and civic services, and/or educational systems.

-To establish better efficacy with effectiveness and research designed to evaluate the impact of the Psycho-educational interventions on outcomes over time and in a range of critical settings.

-Replication of this study on larger sample is very important for generalization of the results.

-At the individual and family level, measures of outcome should include knowledge, attitudes, social and vocational function, self-efficacy and self-esteem, and other indicators of quality of life and health.

-At the service and community level, indicators should include knowledge and attitudes among providers, and documentation of health behaviors, service access and use and cost-effectiveness.

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