

Attitudes, Knowledge and Treatment Management about Mental Illness among the Care-Givers: Experience in Bangladesh

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Abstract : Health cannot be completed without mental health. Prevalence of mental illness is relatively high and becoming a major problem in Bangladesh. According to the National Mental Health Survey Bangladesh 2018-19, nearly 17% of adults in Bangladesh are suffering from mental health issues, where 14% of children aged between 7 to 17 years suffer from mental health issues (NIMH & WHO, 2019). The objectives of this study were: i) To identify the extent of knowledge and attitudes among the respondents regarding mental health and mental illness, its causes symptoms and awfulness; ii) To determine the knowledge about the treatment and management system of mental patients among their caregivers; iii) To know the ideas of the respondents about existing mental health services, sources of getting services and their effectiveness; and finally iv) To find-out the limitations of the services and give some recommendations about how to develop the services for mentally ill patients. To achieve the above mentioned objectives, the study was quantitative in nature and conducted based on sample survey. Considering the non-probability sampling, purposive sampling technique was adopted and data were collected from 200 respondents from the mental health providing institutions in Dhaka city and by interview schedule. Study revealed that out of 150 respondents majority of respondents (70%) have heard the name of mental illness but conception about awfulness of mental health and illness are totally unscientific. Out of the total, 25% respondents who know about the causes and its symptoms and 33% have mentioned the unscientific causes of mental illness. Most of the respondents (53%) do not know the examination process of this disease/illness. According to the study, only 20% respondents have taken treatment regularly and 43% reported they are not satisfied in treatment. Because, doctors/nurses did not give attention properly, some other issues were misbehave, very expensive services, lengthy process, insufficient facilities, distance from home, and inadequate and unskilled manpower etc. Mental health remains neglected in this country with the shortage of service facilities, manpower and logistic support and inadequate funds. To overcome these constraints, changing models of mental health care, adoption of a holistic approach, and accessible care

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for all, and find out the gap between burden of illness and lack of services should be addressed in mental health sector urgently

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Introduction

A mental illness is a disease that causes mild to severe disturbance in thought, emotions and behavior, resulting in an inability to cope with in his/her daily life of functional, occupational and academic or personal performance. According to the National Mental Health Survey Bangladesh 2018-19, nearly 17% of adults in Bangladesh are suffering from mental health issues, where 16.8% are men and 17% are women; among them 92.3% do not seek medical attention. This report also shows that 14% of children aged between 7 to 17 years suffer from mental health issues where 94.5% of them do not seek medical attention (NIMH & WHO, 2019). This vast number of people is in immediate need of mental health treatment but the facilities for mental health services are very limited both at the government and private levels, and remains in adverse situations of mental health. A very small portion of patients are reporting to government facilities and they receive some psychotropic medicines. No mental disorder is covered by insurance schemes; no human rights body exists in this field and no specific mental health authority, there is only one 500 hundred-bed mental health hospital and research institute in the country. There are 31 community-based psychiatric in-patient units for a total of 0.58 bed per 100, 0007-(10 million) population and on average patients 29 days in the facility. Most of the government hospitals are being offered outdoor services, in some hospitals in-patient facilities are available but quality of services is very frustrating. But recently the government of Bangladesh is trying to address mental health sector, reform policies mental health act, community services and involving users, families and others stakeholders in mental health promotion, prevention, care and rehabilitation. Bangladesh's mental health policy, strategy and plan was approved in 2006 as a part of policy, strategy and action plan for surveillance and prevention of non-communicable disease (NCD) and community based activities in mental health is the main approach of the policy.

Simultaneously social stigma towards mental illness is responsible to create negative environment for patients and also caregivers. Most of the people have no idea due to ignorance, misconception and misunderstanding about mental illness in Bangladesh. They are aware about physical illness but not mental illness and they believe that mental disorders/illness is happened due to parent's sins or God's Curse. Most families are not prepared to cope with the situation that their loved one has a mental illness. They did not having a proper knowledge, causes and treatment management of those illness. Result of the patients is facing more difficulties in their daily life and in the same way caregivers or family members feel stress, anxious, irritable and burden. The burden can future affect the health related quality of life (Cabral, Duarte, Ferreira and Santos, 2014). This burden can lead to impaired coping mechanisms in care givers like denial by parents or by relatives and negative distraction (Avasthi, 2010). Apart from psychotic disorders, care givers of other mental and physical illness also perceive burden. For instances caregiver of Alzheimer's reported anxiety, depression and burden.

Whereas caregivers of post-traumatic stress disorder reported burden of psychiatric illness were significantly higher than that of chronic medical illness. There are very few studies which have actually compared the family burden among different groups of psychiatric patients (WHO, 2005). With increasing change in mental health policies to integrate the persons with mental illness in the community, family caregivers have now become a major stakeholder in overall management (Chandrasekaran, Sivaprakash, and Jayestri, 2002). There is now seems to be a paradigm shift and family now is being perceived as a "reactor" to mental illness of a member (Rammohan, Rao and Subbakrishna, 2002). The family caregivers not only have to manage the behavioral disturbance of ill person but financial burden is also manifold as a lower income country. They not only have to meet financial needs and cost of treatment of the patients but may have to leave their own jobs to look after them social and leisure activities may also to be curtailed (Mahoney, Regan, Katona and Livingston, 2005). These multiple sources of stress may take a toll on the physical and mental health care of the givers. Considering the important role the caregiver plays in the life of a person with mental illness, any

negative experience may affect their ability and therefore should be given adequate attention. A better understanding of the attitudes knowledge, burdens and treatment management on caregivers of patients will enable us to extend help and support tailored to their needs, demands guidance how handle the patient and what types of services are taken by the community mental health care services. A few of study are conducted regarding this issue in our country majority studies are conducted mental illness related issues. So the present study is an attempt to the study of attitudes knowledge, treatment management and burdens towards mental illness and patients among the caregivers.

Rationale of the Study

In case of treating psychiatric patients the caregivers play very important role in every aspect of management plan. Most of the psychotic patients have to take treatment for many years even life span. So it is much needed to consider the caregiver's attitudes, views of treatment, and burdens with the patient's illness. This study is attempted to explore the scenario of attitudes knowledge and treatment management about mental illness among the caregivers. The study will help the government to take necessary measures to ensure universal mental health care, health education awareness for all and perform fundamental responsibilities to constitution. In mental health sector especially management of the patients caregivers or family member or relatives is now become a major stakeholder in all encompasses of management procedure in our country's circumstances. We can increase the family caregivers' sense of mastery and which in turn reduce the burdens both clients and caregivers. In addition recent research suggests that the treatment process of mental illness is growing towards more resilient to copewith the challenges.

The mental illness is mostly required long-term treatment along with family and social support. The caregivers of the patients play a pivotal role in supporting for the patients medication and others to improve the functioning level. So it is needed to know knowledge, attitudes, treatment management about mental illness or disorders

and also to identify what types of problems and burdens are suffering of caregivers to handle the patient.

Objectives of the Study

The general objective of the study is to explore the knowledge and attitude regarding mental illness, its causes, psycho-social consequences, treatment procedure and management of patients with mental illness. Under this general objective, the study has been conducted on the basis of the following specific objectives:

1. To identify the extent of knowledge and attitudes of the respondents regarding mental health and mental illness, its causes, symptoms and awfulness;
2. To determine the knowledge about the treatment and management system of mental patients among their caregivers;
3. To know the ideas of the respondents about existing mental health services, sources of getting services and their effectiveness;
4. To find-out the limitations of the services and give some recommendations about how to develop the services for mental illness patients.

Design and Methodology of the Study

The study was an exploratory study and quantitative data were collected based on sample survey. Considering the non-probability sampling, (purposive sampling) technique was adopted and data were collected from 150 respondents (96, psychotic patients, +54 neuroses patients of care givers). From five renowned medical hospitals and private clinics namely Bangladesh Sheikh Mujib Medical University (BSMMU), Dhaka Medical College, National Institute of Mental Health (NIMH), Lab Aid Hospital and Central Hospital were the areas of the study. 150 caregivers (respondents) both male and female (70 male + 80 female) were selected from both outdoor and indoor by using non-probability based purposive sampling technique. A semi structured interview schedule written in Bengali Language was used to collect required information. Effective and supportive techniques were ensured on a regular basis to control the quality of the study. After completion of data collection, information was edited and classified

into various characteristics and analyzed through SPSS. Finally the researchers had maintained required values, norms and ethical considerations relating to the research in all stages.

Limitations of the Study

1. This research has been conducted by using non-probability based purposive sampling technique and only five (5) prominent hospitals of Dhaka were selected as areas of the study. Therefore the sample may not represent all patients, their attendants and rural areas of Bangladesh.
2. As most of the respondents have to come to the hospital with complications they were not mentally prepared to provide information.
3. Respondents were very much cautious during answering due to fear and social stigma.
4. The respondents did not prefer to give information in hospital settings because they felt tensed about the presence of doctors, nurse and health other service providers.
5. Severity of illness was not compared.

Result and Discussions of the Study

In this study researcher discussed about attitude, knowledge and treatment management about mental illness among the care givers on the basis of the respondents view within the two sections. As like in Section A (Socio Demographic Status and Level of Awareness towards Mental Health, Section B (Mental Health Treatment and Management Relating Information).

Section A

The socio demographical status, awareness of mental health, opinion the causes of mental health and their symptoms relating information have been discussed in the following section.

Table 1: Distribution of Personal Information of the Respondents:

Indicators	Fre- quency (F)	Percent- age (%)	Indicators	N(150)	
				Fre- quency	Percent- age
(i) Resident: City Sub-Town Village	60 40 50	40 26.66 33.34	(vi) Educational status: Up to class v Up to class x SSC & HSC Pass Degree/Honors Level and above	14 20 30 41 45	9.33 13.33 20.00 27.33 30.00
(ii) Sex: Male Female	70 80	46.67 53.33	(vii) Occupation: Businessman Service holder Day Laborer Housewife Student	30 50 20 36 14	20.00 33.66 13.33 24.00 09.33
(iii) Age: 20-25 26-30 31-35 35-40 45-above Average age	20 24 21 54 31	13.33 16.00 14.00 36.00 20.64 40.5 years	(viii) Monthly Family Income: No Income Below 10,000 10,000-20,000 20,000-30,000 30,000-40,000 40,000-50,000 50,000-Above	10 8 22 52 30 18 10	6.66 5.33 14.66 34.66 20.00 12.00 6.66
(iv) Marital Status: Married Unmarried Widower Separation	75 30 20 25	50 20 13.34 16.66	Average Income:	28250/-	
(v) Religions Status: Islam Hinduism	136 14	90.66 9.34			

The data revealed that city people were most common (40%) where sub-town and rural people are 26.66% and 33.34% respectively.

Perhaps city people are **getting more facilities than rural people because most of the hospitals and private clinic exist in city based in Bangladesh.** There are 53.33% female and 46.67% making respondents and 55% were married, 20% were unmarried and 16.66% were in separation. Among them, respondent between 35-45 a years were the most common (56.64) and average age were 40.53 years. 90.66% of the respondents were Muslim and 30.0% and 27.33% had been completed Degree/Hon's level and H.S.C level. Majority of the respondents are involved various service (33.66%), 20.00% respondent occupation were business and their average monthly family income was Tk. 28, 250. 6.66% were respondents have no income and 6.66% respondents having a highest income (Tk. 50,000 and above).

Table 2: Distribution of Information about Respondents' Knowledge on Mental Health

Having Knowledge about Mental Health	Frequency	Percentage
Yes	55	36.67
No	95	63.33
Total	150	

If yes, then the meaning being

	N(55)	Percentage
Healthy mind	20	36.36
Positive outlook towards everything	25	45.45
Capacity of adjustment	17	30.90
Healthy body and mind	10	18.18
Mental and behavioral balance	9	16.36
Tension and stress free life	7	12.72
Others	6	10.9

*Multiple Responses

The table demonstrates that the maximum numbers of the respondents (63.33) are from those who do not have knowledge about mental

health only 36.67% of the respondents can have mentioned about mental health. But those are mostly unscientific and partial scientific. Amongst them 36.36% think mental health means having **“healthy and sound mind”**. 45.45% think as it means **“positive outlook toward every think”** (Savabikthaka), 30.90% as capacity of adjustment with all situations **“Savarsathemaniyachola”** 18.18% think it as both **“healthy body and healthy mind”**.

Beside some respondents who think that it is mental and behavioral balance 16.36% and 12.72% think it as tension and stress free life or **“(Chintamuktojibon)”**: Above mentioned these comments mean none of respondents have a clear concept and scientific knowledge about mental health. Most of the people in Bangladesh are aware about their physical illness and having a good physical condition means absence of any disease or infirmity. **These data revealed that mental health is neglected area in our country.**

Table-3: Regarding to the Opinion about Mental Illness its Nature and Causes of the Respondents:

Totally non-scientific and no idea about mental illness	72	48.0	No=72 (48%)
Partially scientific idea	36	24.0	Yes= 78 (52%)
Scientific idea	42	28.0	

If yes then, the meaning being mental illness (N=78), Can mentioned the disease

Diseases	N=42	Percentage	Diseases	
Madness	40	51.28	Schizophrenia	
Abnormal Behavior	31	20.66	Bipolar	
Thinking and Emotional Imbalance	32	21.33	Depression	

Anxious, Stress, Tension	16	20.51	Personality Disorder	
Harmful Behavior	20	25.64	Tension, Stress	
Mal-adaptive Behavior	23	29.48	OCD	

*Multiple Responses

Opinion about the Causes of Mental Illness/Disease:

Causes	Opinion about the Causes	Frequency (78)	Percentage
Biological Cause	Complicacy during birth	17	21.79
	Heredity	29	37.18
	Brain (Matai Gonodogal)	19	24.36
	Others	10	12.82
Psychological Cause	Tension	21	26.92
	Losing the nearest one	17	21.79
	Frustration	30	38.46
	Uncontrolled Emotion	11	14.11
	Less Attention, lack of desire and motivation	12	15.38
	Being alone/mute	16	20.51
	Hallucination Stated and	20	25.64
	Depressed mood	11	14.10
Others (Stress, pain)	13	16.66	
Social Cause	Ill belief, prejudiced rituals	19	24.36
	Result of parents' sin	35	44.87
	Result of hereditary sin	21	26.92
	Something ominous	30	38.46
	Others	40	51.28

The table revealed that the maximum number of the respondent (52%) are from those who have some knowledge about mental illness and among them 28.0% of respondents have a “scientific idea” and 24.0% of respondents have a partially correct idea about mental illness. Reality the scenario is different in our country. Because of 80% person rural areas people do not have any idea about mental illness. Most of the people are think, mental illness means, it is sin from God, and not curable, controllable and say some local language alike as “*Paglami, Mathanasto, Moonerbadhic, Jean Dhorcha, KarapBatashLegeshey*”. May be the majority respondents has given some idea due to take treatment their patients that’s why they are aware someway thus that others like general people. Those who are given some idea about mental illness amongst them 51.28% mental illness means “Madness or Paglami” 29.48% have mentioned maladaptive behavior 21.33% have mentioned thinking and emotional imbalance. Someone have considered excessive tension, fear, less sleep, too much sleep, harmful behavior, illusion, Hallucination (Gaaibiawazshuna), elated mood or depressed mood, less attention, lack of pleasure and desire etc. Only 28% have scientific outlook towards mental illness, amongst them 50% know it is schizophrenia, depression bipolar. 25% know about O.C.U. stress, phobia and finally 5% have others or knowledge such as autism, intellectual disability, drug addiction, Deviant behavior, sexual disorder etc.

The above table demonstrates information about the knowledge of respondent on the causes of mental disease/illness. Firstly the respondent, were not able to tell about causes of mental health, but after giving—some clues they answered. The table shows that there are three types. Amongst biological causes, 21.79% think it is because of the complicacy during birth, 37.18% think it is comes from heredity (from forefathers) 24.36% think it happens for complicacy in brain and 12.82% think there are often biological causes. Here it is found that the a significant numbers of the respondents relative (18.75%) are suffering from bipolar illness, 16.25% have schizophrenia 8.75% suffer from obsessive-compulsive disorder, 16.33% are suffering from depression, 5% have autism, 7.5% have got anxiety disorder, 3.75 have conversion disorder, 2.50% have hysteria and 3.75% have addiction

disorder. Amongst psychological cause, 38.46% think mental illness is caused by frustration and 26.92% have mentioned tension, 21.79% think it happens when someone dearest and nearest one 14.11% find out that it is caused by uncontrolled emotion or outburst of emotions.

It is seem that mental illness, of social causes, 44.82% think mental illness happen due to parent’s sin and 38.46% strongly believe that it has been occurred result of hereditical sin. 24.36% think mental illness happens of ill belief, prejudice or rituals belief such, “*Kharapbatashlaga*”, do not maintain the foods during pregnancy time. ‘*BhoteDhora*’. ‘*JinnerAsorlaga*’ local terms are used.

Table 4: Distribution of Information about Respondents’ Knowledge on Specific Problems /Symptoms about Mental Illness:

List of Problems			
	Name	Frequency	Percentage (%)
Physical	Sleeping Disturbance	30	20
	Increased Heart Bit	11	7.33
	Headache	13	8.67
	Bodily Pain	6	4
	Drowsiness	5	3.33
	Loss of Appetite	7	4.67
	Salivation	3	2
	Others (Sweating, Weight Loss etc.)	5	3.33
	Total	80	53.33

Behavioral	Name	Frequency	Percentage (%)
	Abnormal Behavior	16	10.67
	Misbehavior	12	8
	Mumbling	4	2.66
	Anger	17	11.33
	Tearfulness	4	2.67
	Loneliness	8	5.33
	Withdrawal	11	7.33
	Others (Suicidal Tendency, Stress etc.)	5	3.33
Total	77	51.33	
Cognitive	Name	Frequency	Percentage (%)
	Problems in Communication	13	8.67
	Problems in Understanding	16	10.67
	Suspiciousness	11	7.33
	Avoidance	7	4.67
	Uncontrolled Emotion	11	7.33
	Thinking People as Enemy	5	3.33
	Problem in Socialization	10	6.67
	Others	0	0
	Total	73	48.66
Motivational	Name	Frequency	Percentage (%)
	Withdrawal from Regular Activities	25	16.67
	Withdrawal from Work	26	17.33
	Others	0	0
Total	51	34	

*Multiple Responses

The table demonstrates respondents' knowledge on specific problems causing mental illness. Those are categorized into physical, behavioral, cognitive, motivational problems, 20% think sleeping disturbance is the cause for mental illness, and 7.33% find that when heart-beat increases, it causes mental illness. 8.67% agree headache

is the reason. 4% think bodily pain causes that while 3.33% consider drowsiness is the cause, 4.67% think it happens because of loss of appetite. 2% thinks salivation is the reason and 3.33% found others as well, e.g. sweating, weight loss, etc. These are the physical causes. Amongst behavioral causes, 10.67% think abnormal behavior is the cause for mental illness, 8% find that when they misbehave or encounter misbehave, it causes mental illness, 2.66% agree mumbling, 11.33% think anger causes that, while 2.67% consider fearfulness is the cause, 5.33% think it happens because of loneliness, 7.33% think withdrawal is the reason and 3.33% found others as well, e.g. suicidal tendency, stress etc. Amongst cognitive causes, 8.67% think mental illness happens when someone has problem communicating others, 10.67% of them think the reason is problem in understanding while 7.33% think suspiciousness cause it, 4.67% think avoiding others, 7.33% consider uncontrolled emotion, 3.33% figure thinking people as enemy, and 6.67% think problem in socialization are the causes of mental illness. Of motivational causes, 16.67% think withdrawal from regular activities and 17.33% find withdrawal from work are the causes of mental illness some clues they answered.

Section B

Opinion of the respondents to the treatment management, effectiveness of treatment and problems getting services regarding information is analyzed in section B.

Table 5: Opinion of the Respondents Regarding Treatment, Curability and Management:

Being Curable	N=150	Percentage (%)
No	96	64.00
Yes	54	36.00
Total	150	100

If answer yes, then how is it possible:

Opinion	N=54	Percentage (%)
Proper and Regular Treatment	20	37.03
Sufficient Care	10	18.51
Treatment and Social Support	30	55.56
Controllable, not Curable	14	25.93

Respondents are taking various treatment methods, such as:

Methods/Sources of Treatment

Present			Past		
National Level Hospital Services	150	100	Community/local level MBBS/Para-medical doctor	90	60
Traditional Methods	40	26.67	Homeopath, Quack doctor, medical assistant	40	26.66
Psychologist/ Counseling	25	16.66	Traditional methods at local level	70	46.66
Others (General doctors, homeopath, Ayurveda, and meditation)	20	13.33	Psychiatrist	30	20.00
			Psychologist	5	3.33
			Counselor	5	3.33
			Others	10	6.66

*Multiple Responses

Attitudes and knowledge towards treatment procedure, management and effectiveness of the treatment methods, the table shows that the maximum numbers of the respondents (64.00%) have given the opinion as mental disease are not curable, 36.33% respondent mentioned that it is curable and it depends on proper and regular treatment (37.5%) sufficient care (18.51%) proper treatment and giving social support them (55.56%). But 25.93% respondents are thought it is not curable but controllable.

The table(5) shows that respondents were received for prevailing first time treatment from local or community level, by general MBBS or paramedical doctors/pharmacist/medical assistants. The data revealed that 46.66% have been taken traditional methods (kabiraj, religious persons) 26.66% are taken by Homeopathic doctors for their treatment.

A significant number of the respondents (82.5%) stated that the illness of their relatives had been increased after getting primary treatment. A few numbers of respondents have mentioned that the intensity of illness is same condition taking treatment. Now all at present of the patients had been taken treatment by psychiatrist referred by others doctor's nurse, relatives and friends and the study only is covered in Dhaka city.

The table (6) reveals information about the patients treatment management at present 40% of the respondents reported that their family members were getting treatment from Bangabandhu Sheikh Mujib Medical University (BSMMU) Hospital which is only one university medical hospital in our country.26.66% of the respondents (second highest) informed they were receiving treatment facilities from National Institute of Mental Health (NIMH), only one research institution for the mental disease in Bangladesh. Some respondents 13.33% are received treatment from Dhaka Medical College and Hospital (the oldest institution) and 20.0% respondents are received treatment from private clinics.

The second row provides data about sources of information regarding the treatment of mental illness, 40% of the respondents stated that they found information from their general physicians in local levels, where 26.66% got knowledge from their relatives, 20% known their neighbors, and colleagues, only 13.33% have got message from media. So, **Media has not play a significant role to build up awareness among the general people in Bangladesh.**

The third row illustrates the nature of the services received by the respondents' family members. **A relatively large amount, 74.66%**

of the respondents told that they are taken medication while 26.66% described that their family members were provided with medication and psychotherapy. Only 20% said were prevailed of counseling Psychotherapy. The fourth and final row demonstrates the effectiveness of these services among the patients. 23.33% and 13.33% of the respondents stated that the intensity and conditions are “moderately well than before” and effective better than before respectively. 20% of respondent are mentioned that is improving before that but slowly while only 23.33% and 20% respondents are stated the treatment is “not “effective and some condition have not noticeable any change of the client.

Table 6: Treatment Management Procedure and Effectiveness of Treatment:

Treatment Management Procedure		Fre- quency	Percentage (%)
Source of Ser- vice	BSMMU	60	40
	BMCH	20	13.33
	NIMH	40	26.66
	Private Clinic	30	20.00
Total		N=150	100
Source of Get- ting Informa- tion	Referred by other physician	60	40.00
	Relatives/Friends/Other Patients	40	26.66
	Neighbor, Familiar Person, Col- league	30	20.00
	Media	20	13.33
Total		N=150	100

Nature of Services	Medication	112	74.66
	Medication+Psychotherapy	40	26.66
	Without Medication (Psychotherapy+Counseling)	30	20.00
	Out-door	90	60.00
	Inpatient	60	40.00
	Inpatient+Out-door	50	
Effectiveness of Services	Effective (Better than before)	20	13.33
	Moderately well than before	35	23.33
	Less well (a little bit)	30	20.00
	Not effective	35	23.33
	Same condition (No change than before)	30	20.00

Getting from this information that it is proved again that most of the physician has treated by medication; they have no time additional time to counsel among the patients. In reality, in Bangladesh, only one psychiatrist should have for 100000 lac patients, counseling and psychotherapy could not offer for majority patient due to inadequate of professional counselor or psychotherapist. It is not grow up the concept about psychotherapy and counseling for the treatment of mental illness/disorder should be necessary on needed. Now a day a very small professional group is trying to aware the concept of counseling, fortreatment with medication in which is concentrated in city/urban based.

Table 7: Problems Regarding Getting Services or Treatment:

Opinion Areas	Problems Regarding Services	N=150	
Problems relating to Treatment	Services not available	76	50.66
	Lack of expert doctors and psychiatrist	60	40
	Insufficient staffs, nurse and other manpower	67	44.66

Lack of Hospital, and beds, insufficient of attention and care by the doctors, Inadequate counseling and psychotherapy	Misbehavior of service providers	55	36.66
	Low quality services	72	48.00
	No progress and improper treatment	63	42.00
	Lack of after care services	33	22
	More expensive treatment	89	59.33
	Lengthy treatment process	95	63.33
	Communication and accommodation problems (Distance from home)	60	40.00
Problems relating to care givers and social	Care givers feel boring	113	75.33
	Thinking patients as burdens	97	55.66
	Illness will not curable	79	52.67
	Expensive conveyance and distance from home	88	58.66
	Environment is not good	35	23.33
	Tell to take medicine without any reason	39	26
	Making social stigma about patients	68	45.33

Table 7 determines the problems are faced by the respondents during receiving services. The first row shows the problems encountered relating to treatment of the patients. A huge number of the respondents reported that there is inadequate of specialized hospitals, numbers of seat for in patient, nurses, manpower, not good environment in hospital, misbehave, do not give time, not attentively and friendly received the patient, lack of aftercare service and follow up, not providing counseling and psychotherapy, corruption and Nepotism. 50.66% 48.0% and 44.66% of the respondent alleged not available the Services, “Low quality of services” and no progress, treatment is not proper respectively.

The second and middle row illustrates the economic problems the respondent are faced difficulties for treatment. Sometimes the patient have relapse from treatment due to economic inability, 63.33% and 59.33% respondents alleged that treatment is lengthy process and

lifespan and treatment is more expensive. Most of the services are city based, so that conveyance and accommodation are another problems for the sub-town and village people and more expensive.

Table 8 : Respondents’ Recommendations towards Delivering Services for Mental Illness:

Opinion	Fre- quency	Percent- age (%)
To be increased mental hospital in national and community level	85	56.67
To be increased the specialized and experienced, doctors, nurses and other manpower	60	40.00
Ensuring good environment	45	30.00
Patience and sympathetic attitude towards patients	55	36.66
Provide services in less expensive or free of cost	63	42.00
Increase capacity in govt. hospitals	61	40.66
After care and follow-up services should be introduced	35	23.33
Residential care system should be introduced for the major psychosis patients	57	38.00
Providing counseling or psychotherapy services	36	24.00
Awareness build up towards mental patients	90	60.00

*Multiple responses

The third and final row discovers the social problems the respondent is faced regarding mental illness of their family members. 75.33% of the respondent has mentioned that they feel tired, streets, anxiety for long time caring of the patient. So that 65.66% of the respondent alleged it is burden for them. They could not attend outside program, fell tension when they are in job, do not perform proper responsibility in others sector 45.55% of the respondent reported that they fell shy talking to other about patient and negative attitude toward patient. Someone describes it is not curable so that they feel economic pressure. Table & shows that the respondents suggested for improving facilities and services for the mental illness patient. 56.67% of the respondents suggested that they should be

established mental health hospital in national level and upazilla level. To be increased the experience professional group (doctors nurse, psychiatrist, counselor, psychiatric social worker) for proper treatment in each level 30.31% and 36.66% respondents reported and suggested should have to ensuring good environment with friendly and nicely behave with patients and care givers. There are some training facilities about patient's management should be addressed. Most of the respondent suggested that reducing treatment cost, "(42%) "Introducing often care and follow up services (23.33%) "Increased capacity in patient in hospital" (40.66%) "introducing residential care system for the psychosis patient to be address (38.0%) majority of the respondents 60% is stated that for raising awareness towards mental illness and patient and providing not only medication, medication with counseling+psychotherapy etc. should be considered for the betterment of services and also patient.

Recommendations and Conclusion

This study assessed the attitudes, knowledge, treatment and management towards mental illness of caregivers and also to compare the stress, anxiety and depression and burden in caregivers of patients suffering from major psychotic patients. Earlier studies have not focused in this area, majority of the study have done by psychiatrist in mental illness or disease related. So that this study is helpful for the treatment directions, making new policy and also give direction for further study. It is very surprising and frustrating situations in existing mental health in Bangladesh. Majority of the respondent whose relatives are suffering from various mental disease they have no idea, knowledge and treatment management. Conversely the study is shown that stress, anxiety and depression among the caregivers are increasing. So those according to this study some recommendation are made to overcome these situations, such as:

- 1. Awareness build up program should be taken for the consciousness of mental disease, its causes and symptoms among the general people in grass - root level (Rural areas)**
- 2. Counseling Programs Providing for the family members and caregivers.**

- To proper take care of the patient;
- To give scientific knowledge about illness for parents care givers and family members;
- To give medicine regularly and bringing the client for follow-up;
- To keep the client tension free;
- To avoid the social fear and shame;
- To show polite and affectionate behavior.

3. Role of Professionals:

- Giving more time;
- Providing combined services: medication+psychotherapy+counseling;
- Friendly and nice behavior with patients;
- Regular follow up and giving advice about disease management with the caregivers;
- Increasing efficiency.
- Providing special and experienced manpower for hospital, community clinic, schools and others institutions.

4. Role of Government:

- Increase awareness towards mental illness, disease, its treatment;
- Create positive attitudes to the patients among general people;
- Increase hospital and beds, psychiatrist doctors, professional groups, nurse and manpower; Should be introduced community based services and free treatment;
- Reduce cost of treatment and medicine, keeping in the hospital for a long time if needed;
Decrease the complexity of treatment procedure;
- Rehabilitate and day care services for the major psychotic disease patients;
- Introduce the after care services and follow-up program;
- Providing strong supervision, monitoring and co-ordination;
- Allocation the budget should be increased.

In conclusion the findings and recommendation should serve to improve the role of the family, society, psychiatrists, counselor, clinical social worker and other professionals in mental health sector in caring for the clients and in all respects.

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