

# MODEL OF COMMUNITY CARE FOR PATIENTS WITH CHRONIC MENTAL ILLNESS

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## ABSTRACT

The main objective to develop a Model of Community Care for Persons Mental Illness. It is action research. Population are 205 persons and special ten families participated in study. A model of community care had divided into four steps ,first is a situational analysis ; data was collected through document ,multidisciplinary 30 persons of focus group .The evidence showed that have limitation of knowledge ,skills , and communication ,most of patients have behavioral problems, lack of daily activity required, second : plan development by 16 persons who workshop; all instruments were validated be three experts validity validation, third: intervention by multidisciplinary used participation and intervention: about psycho education, case management, project ,home health care . The last step is an evaluation which knowledge management, knowledge, skills, home visit, project, Satisfaction. The patients from ten families participated in study After ten months of the project, results show that nine patients increase their the Global Assessment of Functioning of patients and mental health. but one patient chose to stayed in psychiatric hospital because he drunk a lots in the community. The overall level of satisfaction about psycho education was “satisfied”. The most satisfied was psycho education about schizophrenia.

Keywords-Community participation, chronic mental, community care, home health care

## INTRODUCTION

The fast pace of globalization has a big impact to all factors of the society in terms of financial struggle. It puts more stress on people. Many people turned out drinking to relieve stress, stimulated by the spreading alcohol commercial and advertisement. This has made Thailand the 5<sup>th</sup> most alcohol consumer of the world. [1] Addicting to cigarettes and alcohol is the way to use other drugs, and drugs can cause mental illness. Mental illness is the dysfunction of thought, emotion, perception, action and reaction. People with mental illness can't participate well in the workplace and with the society. The report of Thai people who have mental illness per 100,000 people during the fiscal year of 1997-2001 stated that the number of mentally ill patients tended to increase every year. When sorting out services in public health care in 1997, the portion of mentally ill people was 298 people per 100,000. The number dropped down to 228.2 per 100,000 people in 2001. However, the number of people with mental illness increased greatly in the next decade. Top 3 common mental illnesses are alcohol-related mental illness (28.52%), following by major depressive disorder (3.2%) and other illness, e.g. chronic depression (1.18%), panic disorder (0.89%) and anxiety disorder (0.7%) [2] This fact is related to the statistic record from department of mental health which said that numbers of new patients in public psychiatric hospitals from 2010-2011 was raised up 25% (70,717 patients to 88,432). It proves that the volume of mentally-ill patients was increasing[2] [3].

More and more people have mental illness these days. Statistic from national statistic office in 2009 showed that 12% of population above 15 years old (5 million people) had mental concern. This group of people was not yet patients, because the symptom was not serious and it could be cured at early stage. In

2008, there were 1,668,041 people who had mental problem. 445,840 patients were diagnosed to be in schizophrenia. 375,035 patients had anxiety disorder, 199,667 patients had major depression. [2] The rest of patients were categorized into drug users, epilepsy and mental retardation. Averagely, patients spent 41 days during treatment in the hospitals. It is 5-6 times more than patients with physical illness. [3] This has an effect to national development in a way because health department needs to spend more budgets to find better solution to support patients who needs mental treatment. People with chronic mental illness need lifetime treatment. Chronic mental illness that needs to be treated regularly is personality disorder, major depression, Alzheimer, and drug-addicted patients. Patients in these categories need the right treatment when they come back home. [4] At home, family members seem to understand how to look after the patients and they learn how to participate (by AIC method) [4] [5] and get involved with patients' treatment. Family members have better attitude toward mental patients and agree to adapt AIC to use in the family. [6] However, no matter how well family members know the right way to look after mental patients, they are not ready to devote their time to take care of the patients. This agrees with the research [7] said that even though family members know how to take care of mental patients, they still need professional care or medical staff to help training them.

More people have mental illness are Nonthaburi Thailand 2552 case [8] From the house visit and survey in koh kret pak kret Nonthaburi Thailand, we found out that patients did not know how to look after themselves. The stress level was at moderate rate (58.34%) and high rate (33.33%). The problems occurring were: 1. not knowing the real symptom (25%) and 2. inconsistency of medicine taking (18.75%). [8] [9] Also, patients, family and public health volunteer of each community do not have knowledge of mental illness. Inconsistency of taking medicine also affected the patients. We also found out patients with mental illness were not accepted in the community. It is very important to support family and community and educate them how to look after patients so patients can be part of community. [10] In order to decrease stress due to looking after mental patients, some support from the government should be provided. Government can help setting up group support in each community by forming up the community care center and sending professional to the center. There are some centers that set up the mental health care group, such as Nontaburi Hospital Health Care Center and Srithanyai Hospital. Volunteers in each community will be the great support for patients and family. This research's purpose is to find the right pattern of how to look after mental patients at home by getting support from community and local health service. Action research was the method of this study and main purpose of action research is the participation between researchers and members in study group. Both parties can share experience and find out the right solution together. [6]

## **OBJECTIVE**

We expected to find out the right pattern of how to look after chronic mental patients with the participation of family, community and local health service

## **LITERATURE & THEORY**

### **Related Works or Discussion**

- 3.1 Ideas and theories of chronic mental illness in community
- 3.2 Treatment for chronic mental patients in community
- 3.3 Format of patient's treatment in community
- 3.4 Ideas of community participation and sample research

[4] Studied the format and patterns of community participation in terms of chronic mental patients. The purpose was to develop treatment for patients in 3 sub districts.[4] adapted the System theory and AIC participation pattern to her research. In her research, the result showed process of community treatment process. Firstly, patients in target areas will be screened by professional nurses by using mental competency test. Patients in stage 1 will be observed and taken care off by psychiatric nurses. For patients in stage 2 and 3 (patients with less complicated condition), they will be looked after by staff in local public health center. [4] observed 12 patients with complicated condition for a while; she found out that 3 patients had recovered greatly. 8 patients recovered gradually, and 1 patient got worse and needed to go back to the hospital in Roi-Ed. Krongchit also found out about patients' family members new attitude toward mental patients. Family

members tend to have more positive attitude and satisfied with the pattern of house care. Not only family members, public health staff also felt good about the pattern.

[11] A Model of Chronic Psychiatric Patient Care in Community in Chyaphom Province. It is action research. Population are 200 persons but ten families participated in study. A model of community care had two dimensions: the first dimension including having freelance Instructor nurses, study nurse, nurse provide home health care, The second dimension of the community was to decrease the environment risk factor related to drinking in the community. There are some reasons why this project was not successful in getting people involving in caring for the mentally ill people and in changing attitude and behavior related to alcohol drinking in the community. First, the problem was not acknowledged by the community. Secondly, mental illness is not a contagious illness, for this reason, people did not see how it related to their lives. therefore, they did not view it as a community problem. Thirdly, changing attitude and behaviors related to alcohol consumption needs a multidisciplinary team with involvement at various levels and times, and with sensitive communication. The research team was not skillful to run this kind of project.

[7] Studied the pattern of how to take care of chronic mental patients. The team performed an operational research of home health care by professional nurses. [12] Studied the evaluation of integrated community health care for mental patients in Warichphum district, Sakonnakorn. The team discovered that 66 patients from the rehabilitation did not have to come back to get more treatment. Comparing to the same period of time in the previous year, 4 patients had to come back to get the treatment. This good result came from the cooperation between health care staff and family members who devoted their time to take a course of how to look after mental patients at home.

[13] Case management for the mentally ill: Looking at the evidence with case management, each mentally ill person was assigned a 'case manager.' The case manager was expected to assess that person's needs, develop a care plan, arrange for suitable care to be provided, monitor the quality of the care provided, and maintain contact with the person. The case manager may be a registered psychiatric nurse, a social worker, or an occupational therapist.

From example operational research studies above, it was proven that community public health care and family support was an essential treatment for constant mental health care in the community.

## METHODOLOGY

### 4.1 Methodology

4.1.1. Reviewing and studying the related literatures

4.1.2 Creating the research tool and having experts to test them.

There were 4 sets of tools. After checking and evaluating, the Cronbach's Alpha [14] was 0.89 in the topic of GAF (The Global Assessment of Functioning). For questionnaires about patients' attitude, Cronbach's Alpha was 0.87. The evaluation of community's perception toward the project had got Cronbach's Alpha of 0.88, while evaluation of satisfaction questionnaires received Cronbach's Alpha of 0.89.

4.1.3. Research tools were used in the sample group (205 participants).

4.1.4 The data was collected by 16 health care staff. The data was collected from April 20, 2013 to February 20, 2014

4.1.5. The data was analyzed by SPSS for Windows 19. Percentage, Mean and Standard Variation were used in this step. The in-depth interview was used for the qualitative content analysis.

### 4.2 Research Framework

#### 4.2.1 Population

The population of this research was 205 people who were patients, care taker, inhabitant in Koh Kred, Nontaburi Province, and 16 health care staff.

Sample group of this research was 50 family members who look after mental patients, 16 health care staff and 10 patients from random sampling. We intended to select patients who do not take medicine regularly.

#### 4.2.2 Idea Framework

Focal system and sub system theory were adapted to be the key framework of this research. When one family member is sick, it affects the rest of the family. On the other hand, family members can be the encouragement of patients and help them recover quicker. More importantly, a multidisciplinary team the surroundings around patients can play important role on recovery, which we call it the supra system. [6]

#### 4.2.3. Duration

The research was conducted from April 20, 2013 to February 20, 2014 .

**Patients' right protection:** The research team informed patients before conducting the research, clarifying the purpose and detail in this research. Patients are ensured that they can accept or refuse to participate in the research, and they can leave at any time. Personal information from the patients are kept safely, and it wont' be shared in public. Only information in overall will be used in this research.

### RESULTS

A model of community care had divided into four steps, first is a situational analysis; data was collected through document, multidisciplinary 30 persons of focus group. the evidence showed that have limitation of knowledge, skills, and communication, most of patients have behavioral problems, lack of daily activity required. They live in Moo 1, 5, 6 and 7. Patients who have Schizophrenia were 84.62%. 7.69% were patients who have depression, and 7.69% were patients who have anxiety disorder as [7] [11]. The information also showed that 58.34% of patients had low skills of personal care. They were in the mid-level stress. 33.33% of patients were in the high-level stress. In terms of obstacles in patients' personal care, 25% of patients did not take medication regularly. 18.75% of patients did not have personal care either from local public health center or family member. They did not have knowledge of how to look after mental patients and side effects of inconsistency in taking medicine. suggestion; changing attitude and behaviors related to alcohol consumption needs a multidisciplinary team with involvement at various levels and times, and with sensitive communication as idea framework of focal system and sub system theory were adapted to be the key framework of this research. When one family member is sick, it affects the rest of the family. On the other hand, family members can be the encouragement of patients and help them recover quicker. After ten months of the project, results show that nine patients increase their general functioning and mental health. but one patient chose to stay in Srithanya (Psychiatric) Hospital) because he drunk a lots in the community. GAF are in table 1.

**Table 1**  
GAF(The Global Assessment of Functioning of patients)

Member patient	GAF		Score function	Patients' behavior during the research and after
	before	After		
1	30	80	increase	Patient could perform daily-life routine. They could interact with people. He was a little nervous, but able to control the emotion.
2	50	90	increase	she got supported by family.
3	90	100	increase	He works in a farm.
4	70	80	increase	Patient could perform daily-life routine
5	70	80	increase	He got supported by family. Patient takes medicine regularly and has no hallucination.
6	50	60	increase	Patient could perform daily-life routine. He stated at home.
7	40	60	increase	Patient applied for a job, but still unemployed. she stated at home, helping with some housework.

8	30	70	increase	Patient could perform daily-life routine. she stated at home
9	50	80	increase	Patient could perform daily-life routine. she stated at home.
10	40	30	decrease	When patient firstly, he wanted to quit drinking. He showed eagerness while staying in the program. Patient was sent home to visit family 3 times during the program. Every time he went home, he could not stop drinking. Patient agreed to continue his treatment the Srithanya (Psychiatric) hospital.

The evidence showed second: plan development by 16 multidisciplinary used participation and intervention: about psycho education, case management, project, home health care as [11] [13] this finding showed that the psycho education ,case management can be the encouragement of patients and help them recover quicker[15] [16] .

. The last step was an evaluation which knowledge management, knowledge, skills, home visit, project, Satisfaction. The patients from ten families participated in study. After ten months of the project, results show that. From the general information, there were 205 mental patients in this research.

The overall level of satisfaction about project are in table 2

**Table**  
**Level of Satisfaction in Project (N= 205)**

Project	$\bar{X}$	S.D.	Level of Satisfaction	Level
knowledge of schizophrenia	4.7	.75	Very Satisfied	5
Drug addict	4.52	.68	Satisfied	4
Depression	4.22	.68	Satisfied	4
Participation and interaction of community member toward mental patients	4.19	.76	Satisfied	4
-	-	-	Dissatisfied	2
-	-	-	Very Dissatisfied	1

The overall level of satisfaction about psycho education was “satisfied”. The most satisfied was psycho education about schizophrenia. As Schizophrenia was simply a set of learnt behaviors [16] [18] The study could explain 57% of variance of expressed emotion. In addition, severity of illness, mental health status, care giving burden, and family functioning had a direct effect on expressed emotion. Meanwhile, stigma had an indirect effect on expressed emotion, mediated through caregiving burden and mental health status of the family caregiver and suggested on models of community care, including evaluating implementation fidelity, exploring patient predictors of improvement, and evaluating the role of the helping alliance in mediating outcome. This good result came from the cooperation between health care staff and family members who devoted their time to take a course of how to look after mental patients at home [4] [6] [7] [17] patients with complicated condition for a while will had recovered greatly [15] [17] also found out about patients’ family members new attitude toward mental patients. Family members tend to have more positive attitude and satisfied with the pattern of house care. Not only family members, public health staff also felt good about the pattern. It is proven that community public health care and family support is an

essential treatment for constant mental health care in the community. Participation and interaction of community member toward mental patients Satisfied as [5] [6]

### CONCLUSION AND FUTURE WORK

A model of community care had divided into four steps could decrease their general functioning and mental health needs a multidisciplinary team used participation and intervention: about psycho education, case management, home health care and project. Changing attitude and behaviors related to alcohol consumption needs a multidisciplinary team with involvement at various levels, times and with sensitive communication. Family members can be the encouragement of patients and help them recover quicker. More importantly, a multidisciplinary team the surroundings around patients can play important role on recovery by psycho education, case management, home health care and project.

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