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Original Article

Investigation of interventions on identified problems of people with mental disorders and of families in Community Mental Health Center mobile team works

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Abstract

Objectives: This study aims is to identify the problems experienced by individuals with mental illness and their families and to determine the professional interventions made to address these problems during house calls performed by the Community Mental Health Center (CMHC) mobile teams.

Methods: This descriptive study was conducted between October 2015 and May 2016 at the Community Mental Health Center of a Training and Research Hospital in Antalya. The study sample consisted of 135 psychiatric patients and their families who were visited at home by CMHC mobile teams. An evaluation form was used to collect the sociodemographic information of the patients, the problems experienced by the patients and their families and the professional intervention that was applied.

Results: The results showed that more than half of the visited individuals were single and had no income; the majority were unemployed, more than half lived with their parents, and most were from families of low socioeconomic status. In examining the problems identified during the visit to the patient and their family, the majority were associated with the patient's unwillingness to accept the disease and non-compliance with treatment, social isolation, communication problems with family, failure to take responsibility at home and lack of economic well-being. Included among the professional interventions carried out by health personnel to address these identified problem areas were consultations with the physician of the patient to discuss their non-compliance with the treatment and ways to ensure that they adhere to the treatment and provision of psychoeducation for the family and the patient, economic guidance, and information about CMHC services.

Conclusion: From the results, this study concludes that the works performed by the mobile team are important in terms of identifying the problems experienced by patients with mental illness and their families and of providing effective and quick medical, psychological and social services.

Keywords: Community Mental Health Center; home visit; mobile team; professional intervention.

Up to the mid-twentieth century, individuals with mental disorders were largely treated and provided with care at psychiatric hospitals and flophouses.[1,2] Psychiatric hospitals have been subjected to serious criticism over time on account of evidence showing that they involve inhumane practices, damage the social roles of individuals with mental disorders and make them dependent on the institution.[3] As a result of the anti-institutionalization policies stemming from this evidence, psychiatric hospitals started to be closed or their bed capacities were greatly reduced, and accordingly, the type of institutional care that had been provided for many years has undergone a change, one that includes follow-up and treatment of mentally impaired individuals are carried out with their families and within the community.[2] More than half a million individuals with mental disorders were discharged from psychiatric hospitals in the United States and the United King-

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What is known on this subject?

- Mental disorders cause various social and economic problems for individuals and their families. There is a need, therefore, for interventions that include providing all types of information and guidance on the problems experienced by these individuals with mental disorders and families.

What is the contribution of this paper?

- The home visits conducted by the Community Mental Health Center (CMHC) mobile teams revealed that there are patients who do not accept the disease and do not comply with the treatment, and who have socio-economic problems and issues related to communicating with their family. It was further discovered that the families lack information about mental illness, the importance of maintaining treatment, coping with the disease and the problems manifested by the patient under their care, and communicating with the patient. The interventions made by the mobile team to individuals and families include the provision of medical, psychosocial and economic information and guidance.

What is its contribution to the practice?

- In the work performed by CMHC mobile teams, the interventions needed by individuals with mental disorders and their families are made immediately and on-site. In this respect, this study shows that greater awareness needs to be raised about the importance of the work carried out by CMHC mobile teams and that adequate support be provided all across Turkey.

dom after the 1990s.[4] Community-based mental health care approaches and policies have been adopted through changes in the mental health system in many European countries.[5]

The main idea behind community-based mental health services is to identify individuals with chronic mental disorders, to support them where they live and to maintain treatment and follow-up using mobile teams.[6] The primary goal underlining this idea is to increase the level of social interaction of individuals with mental disorders so they can actively participate in community life. Community mental health rehabilitation services aim to ensure that individuals with mental disorders whose social functionality is impaired are able to prosper in society.[7]

In Turkey, the first community-based mental health services began in 2006 and started out as "daytime hospitals" within Psychiatric and Neurological Diseases Hospitals in Elazığ, while the first Community Mental Health Center (CMHC) was opened in 2008 in Bolu and affiliated with the Bolu Mental Health Hospital.[8–10] In CMHCs, individuals with mental disorders are monitored for their compliance to treatment, and services like manual work, occupational, and psychosocial skills training are offered as part of the daily activities provided by the centers.[10] Home visits are organized by CMHC mobile teams for individuals with mental disorders who reside in the area where the center is located.

The Directive numbered 9453 on Public Mental Health Centers published in the Official Gazette in 2014 states that health personnel in the health centers should be assigned to mobile teams, and severely disabled individuals registered to the center should be visited regularly in their homes.[11] Through home visits, individuals with mental disorders are treated and followed-up by health personnel,[9] their social, psychological and economic statuses are evaluated and necessary interventions are applied.[12] In addition, home visits include various services and interventions that are provided by health professionals for individuals with mental disorders and their families. The first function of CMHCs mentioned just above is important, insofar as it enables the monitoring of individuals with mental disorders by health personnel at their residences, an advantage that allows high-risk situations that cannot be expressed by the family or the individual with the mental disorder to be identified and proper intervention to take place.[13] Furthermore, through home visits, those who fail to comply with their treatment and whose condition worsens can be identified and admitted to the psychiatry clinic for as a result of early intervention.

In the community-based care model, the patient's family is included in the psychiatric diagnosis, treatment and monitoring, and psychosocial support services are provided for families.[14] The chronic mental disorders of a member in the family may cause severe stress for the family members and disrupt the balance of the family,[15,16] and furthermore, additional problems may emerge due to lack of information about the illness, treatment, and approach to the patient.[17,18] In this sense, home visits – where a medical, psychological and social evaluation of the individual with a mental disorder is conducted are – important, not only in terms of the services and interventions provided to the patient, but also in terms of the psychosocial interventions made for the families.[12]

Although there are studies on CMHC services in Turkey, there are only a limited number that pertain to the works performed by CMHC mobile teams. In the light of this, the present study was carried out with the aim of identifying the problems experienced by individuals with mental illness and their family and the professional interventions made to address these problems.

Research Questions

The main research questions discussed in the study are:

1. What are the problems identified by the CMHC mobile team in their home visits?
2. What are the interventions made by the health professionals for the identified problems of the mentally disabled individuals and their family?

Materials and Method

Type of Research

This study was conducted using a descriptive and cross-sectional research design.

Place and Time of the Study

The research was conducted between October 2015 and May 2016 at the Community Mental Health Center of a Training and Research Hospital in Antalya.

Population and Sample of the Study

The population of the study consisted of 670 mentally disabled

individuals who were registered to the CMHC. The sample of the study involved 135 mentally disabled individuals and their families who were visited at their homes between the stated dates. Home visits were randomly selected, and those who did not agree to be visited at home were excluded from the study.

Data Collection Tools

An evaluation form that included three sections was developed to collect the data. The first section included 15 questions on the socio-demographic characteristics of the patients. The second part consisted of open-ended questions related to the problems (acceptance or non- acceptance of the disease and non-compliance with treatment, coping with disease symptoms and the side effects of their drugs, presence of social and economic problems in the family, communication in the family). In the third section, seven sub-headings were formed to code the quality of the intervention made by the healthcare professionals, and an examination of the quality was conducted within this framework.

Data Collection Process

Data were collected by applying the face-to-face interview method.

Ethical Considerations

Approval from the Clinical Research Ethics Committee of the Antalya Training and Research Hospital was received (decision number 4/1, dated 02.22.2018). All participants voluntarily agreed to participate in the study. The participants were visited in their homes. The guardians of the participants, if any, as well as the participants themselves, including those who did not have any guardians and volunteered to participate, gave their consent to participate in the study by signing the Informed Consent Form, which included the name and purpose of the study, information about the researcher, and ethical principles. The participants' signed consent forms were obtained prior to conducting the study.

Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) 22 program. Number and percentage distributions were used in the evaluation of the data.

Results

The CMHC mobile team visited the 135 homes where the individuals with mental disorders who were registered in the CMHC resided. Analysis of the demographic characteristics of the participants revealed that 41.5% were female, 58.5% were male, more than half (62.2%) were between the ages of 29-50, 10% were illiterate, 25.9% had completed primary school, 25.9% had completed secondary school, 24.4% were high school graduates and 11% had university degrees. More than half (60%) of the individuals were single and had no income (55.6%), and the majority (78.5%) were employed.

Table 1. Diagnoses of the participants and findings related to the problems of the individual and family

	n	%
Diagnoses		
Schizophrenia	118	87.4
Schizoaffective disorder	4	3.0
Psychotic disorder	13	9.6
Total	135	100.0
Problems the patient experienced		
Not accepting the disease and non-compliance with treatment	21	19.8
Economic problems	50	47.1
Negative attitude of the family towards the patient	14	13.2
Communication problems in the family	4	3.7
Disease and side effects of drugs	6	5.6
Having no friends	4	3.7
Unable to secure a job	7	6.6
Total	106	100.0
Problems the family experienced		
Patient does not accept the treatment	22	19.1
Economic problems	55	47.8
Patient is socially isolated	16	13.9
Inability to establish social relationships due to care burden	3	2.6
Patient has obsessive behaviors and thoughts	9	7.8
Patient does not take on responsibilities in and out of home	8	7.0
Patient smokes too much	2	1.7
Total	115	100.0

More than half of the participants (57%) lived with their parents, 20.7% were married and lived with their spouses, 5.9% of them lived with their children, 5.9% lived with their siblings, 3.7% lived alone, 1.5% lived with their relatives, and 5.2% lived in a care center. In examining family size and average monthly income of the families, it was found that most of the families (80%) had three or more people and that the majority (85%) had monthly incomes of less than three thousand TL.

Among the participants, 87.4% were diagnosed with schizophrenia, 3% with a schizoaffective disorder and 9.6% with a psychotic disorder (Table 1). Within the scope of the study, information about the problems that the patients and their families experienced was collected during the visits. When the problems experienced by the individuals with mental disorders were examined, it was found that 19.8% did not accept the disease and therefore did not want to be treated. Furthermore, 47.1% of the participants had economic problems, 3.7% had communication problems in their families, 13.2% were uncomfortable with the attitudes of their family, 5.6% com-

Table 2. Findings regarding occupational intervention by health professionals for the problems experienced by the individual with mental disorder and her/his family

The quality of the intervention at home	n	%
Individuals about whom the psychiatrist was notified were examined and treated with medication	15	11.1
Individuals and families informed about mental disorders and their treatment	49	36.3
Individuals and families economic guidance provided	40	29.6
Individuals encouraged to participate in CMHC daytime activities	14	10.4
Individuals visited annually	17	13.3
Total	135	100.0

plained about the side effects of the drugs they used, 3.7% had problems related to lack of friends, and 6.6% could not find a job and had problems related to their unemployed status.

Among the patients who had mental illness and were visited, 91% (123 of the participants) lived with other family members, such as parents, spouses, children, siblings and other relatives. From the data obtained on household problems according to the individuals with mental disorders and to those living in the same house, it was found that 47.8% of the relatives of the patients had economic problems, 2.2% of them lacked a social life due to the amount of time that providing care for the patient required, and 52% had problems that were the direct result of the patient under their care, with parents (32.1%), spouses (12.5%), children (5.3%) and siblings (3.5%) constituting the majority of those who experienced this last problem. The problems experienced by the patient included unwillingness to undergo treatment (16.3%), social isolation (11.9%), obsessive behaviors (6.7%), failure to take on any responsibilities inside and outside the home (5.9%) and excessive smoking (1.5%).

Table 2 shows the interventions made to address the identified problems of the patients and their families who were visited at their homes. One of the problems identified by the CMHC mobile team was non-compliance with medication (11.1% of the patients). Interventions were made by the psychiatric nurse in the mobile team. Besides identifying the problem of non-compliance with medication during the home visit, the psychiatric nursing interventions also include passing information on to the attending psychiatrist at the CMHC to which the patient is regularly admitted. After the patient's physician is consulted, the patient is examined on the day of the home visit or the following day at the latest. In this examination, the aim is to resume the patient's drug treatment in inpatient or outpatient care, based on the physician's decision. It was ensured that the patients (11.1%) who failed to comply with their drug treatment, as determined by the health care professionals (i.e. the mobile team), resumed their drug treatment.

This study also found that some of the families and patients had economic problems. The social worker on the mobile team was responsible for providing economic guidance regarding social rights to the families and patients (29.6%). The interventions made related to the socio-economic levels of the families included helping them to secure home care pension and to receive in-kind and in-cash benefits from the Provincial and District Social Assistance and Solidarity Foundations and Municipalities. Guidance related to the economic statuses of the families included providing them with information about their social rights, such as the right to disability pension (Law No. 2022).

Socially isolated individuals (10.4%) with mental disorders who had communication problems in their environment participated and continued in daytime activities offered by the CMHC to help them become acclimated to being part of social groups.

It was found during the home visit that the families had a lack of information about the illness and treatment, the side effects of the drugs and how to communicate with the patient. In addition, families were uncomfortable with some of the behaviors of the patients under their care, such as their social isolation, obsessive behaviors, failure to take on any responsibilities inside and outside the home, and excessive smoking. The families (36.3%) who the psychiatric nurses on the mobile team determined to be in need of training were informed about mental illness, the illness-related behaviors of the individuals, drug treatment, and establishing communication with the patient.

Those (13.3%) who complied with the treatment but could not be convinced to participate in their CMHC were scheduled to be included in annual home visits by the mobile team.

Discussion

This descriptive and cross-sectional study was conducted to identify the professional interventions that the health care professionals in the CMHC mobile team made in their home visits regarding the problems experienced by individuals with mental disorders and their families. The findings from the study showed that certain individuals did not accept their illness, failed to comply with treatment, had socio-economic problems, had communication problems with their family members and were socially isolated. It was further found that many of the problems associated with the mental disorders and symptoms, like unwillingness to accept the illness, non-compliance with treatment, obsessive behaviors, and failure to take on any responsibilities inside and outside the home, caused problems for the family.

As stated above, this study found that there were individuals with mental disorders who failed to comply with their drug treatment. Non-compliance with treatment is a common problem in mental disorders.[19] In a meta-study on treatment non-compliance in psychiatric patients, non-compliance with treatment was found to range from 4% to 72%.[20] A study on readmission of patients with schizophrenia to hospitals in Turkey reported that 17% (292 patients) of the discharged patients were readmitted to the hospital in less than 6 months due to medication non-compliance.[21] In the present study,

the rate of patients with treatment non-compliance was 11.1%, a result consistent with those reported by other studies in the relevant literature.

The patients who were determined to be non-compliant with medication were immediately offered treatment by the psychiatric nurse after consulting with the psychiatrist. Psychiatric nurses play an important role in ensuring the continuation of the drug treatment of individuals with mental illnesses. Studies conducted within the context of psychiatric nursing interventions suggested that information be obtained about whether the patient uses his or her drugs, that information be provided to the patients about the medication and their side effects, that the family be involved in the treatment plan, and that the physicians be informed about the patient's condition.[22]

In this study, the individuals with mental disorders who did not comply with their treatment and had problems adapting to their social environment were evaluated for the purpose of obtaining information on how best to enable them to benefit from the CMHC services. After this evaluation, some of them were encouraged to participate in CMHC daytime activities. In studies conducted related to CMHC, it has been reported that participation in CMHC daytime activities led to an increase in the social functioning of patients, increased compliance to treatment, decreased hospitalizations, enabled patients to use their free time more effectively, allowed them to take part in social group activities and environments, and yielded many other positive results.[9,12,23]

In this study, health care professionals informed the individuals and families who had a lack of information on mental illness about the importance of continuation of treatment, ways of coping with the patient and the disease, and communication with the patient. In a study where the educational needs of individuals who were diagnosed with a psychiatric illness and their families about the illness were determined, it was reported that approximately half of the patients (52.7%) and more than half of the families (58.8%) had very limited information about mental disorders; moreover, they received this limited amount of information only from health care professionals.[24] Other similar studies on the subject found that individuals with mental disorders and their families need education about the disease and treatment, coping with symptoms, communication with individuals with mental illness, and legal and economic rights.[25,26] In the present study, 36.3% of the individuals with mental disorders and their families were identified as those who needed instruction, and they were informed by the psychiatric nurse about the mental disease and related subjects. Patients and their families need all types of information and help to understand the disease and, therefore, in this sense, all professional interventions have positive results on the individuals and their families.[27] The information provided by the health professionals to the family is an important aspect of interventions and has been shown to have a positive effect on the life of the family.[28]

This study further found that a significant number of the problems experienced by the families interviewed involved those based on the mental disorders and symptoms. Included among these problems were the patient's rejection of the disease and treatment, the patient's obsessive thoughts or behaviors, which caused unrest in the family, the patient's failure to take on any responsibilities inside and outside the home, and inability of caregivers to set aside time for themselves due to the excessive amount of time required for providing care for the patient. The presence of a chronic mental disorder in a member of the family causes various problems and difficulties for the family,[18] and family members are exposed to stress due to the patient's abnormal behaviors stemming from the disease.[29] In cases where an individual with a mental disorder is unable to perform his or her self-care, one of the family members takes on the role of caregiver and spends most of their time giving care to the patient and meeting his or her needs.[30]

Another problem experienced by the mentally impaired individual and the family was communication problems between the individual and the family, and the individual's isolation from the social environment. Mental disorders can result in social communication problems in individuals, alienate them from the family and from the society in which they live, and cause them difficulties in finding a job and maintaining it because of their impaired skills.[31,32]

The low economic status of the families was another problem identified in this study. In cases where the individual with a mental illness cannot work due to the illness causes economic problems. In addition, an adult family member who does not work places a heavy financial burden on the household, which may put the family in a difficult situation. Studies examining the families of individuals with mental disorders reported that families suffered psychological problems, such as desperation, hopelessness, and anger. Moreover, when an individual with a mental disorder does not work and his or her caregiver also is unable to hold down a job, this causes economic problems in the family as well as frequent conflicts among the family members, which could lead to the break-up of relations in the family, and the social life of the family can be negatively affected.[33–37] The results reported in these studies are similar to the problem areas expressed by the participants in the present study.

The homes visited by the CMHC mobile team are randomly determined, and when selecting them to visit on the same day, those located close to one another are preferred (in order not to spend too much time on the road and to visit more people). Patients who are reported to be in emergency circumstances are prioritized in home visits, and visits by healthcare professional to the homes of all patients registered to the CMHC are planned take place at least once a year. Save for emergencies, individuals who are planned to be visited are called one day before, and if they agree to it, the mobile team visits them. Those who cannot be contacted via phone are visited unannounced. The mobile team includes a health officer or nurse, and a social worker or psychologist. If necessary, a psychiatrist attends the home visit with the mobile team.

Mental health services are carried out with the understanding of teamwork. The team consists of an interdisciplinary set of professionals, such as psychiatrists, psychiatric nurses, social workers, psychologists, and occupational therapists.[12] The social worker, a member of the mobile team, is the main provider of clinical services to applicants who are in need of mental health and who lack resources.[38] Social worker professionally apply interventions to individuals with mental disorders and their families to resolve any economic and psychosocial problems caused by mental illnesses.[39,40] They encourage and direct individuals with mental disorders to use and bridge different aspects of their social life and emotional structures for their own benefits.[41] A psychiatric nurse, another key member of the team, regularly monitors the individual with mental illness in the psychiatric clinic or CMHC and interacts with the family, whereby they perform important professional interventions by providing the services needed by the patient and the family as well as medical counseling and training.[37]

Conclusion

Mobile teamwork provided within the framework of community mental health services is important and involves visiting individuals with mental disorders, interviewing their family face-to-face, determining the problems of the patient and family and providing the services they need effectively and quickly. The psychiatrists, nurses, social workers and psychologists constituting the mobile team work according to a plan and interactively provide the right intervention.

In this study, 15 of the 135 patients who were visited in their homes by the mobile team were found to be non-compliant with the treatment, and as a result of the nursing intervention, these patients resumed their treatment. Medical, psychosocial and economic information and guidance provided by health personnel to individuals with mental disorders and their families is an important part of professional interventions. In addition, due to the benefits they provide to the individual, family and society, they make important, long-term contributions.

As a result, the works performed by CMHC mobile teams meet an important social need in mental health services. CMHC mobile team services should be made available throughout Turkey, and hospital administrations to which CMHCs are affiliated are recommended to support mobile team work.

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