

SUPPORT SYSTEMS OF CHRONICALLY MENTALLY ILL PATIENTS AT CAVITE CENTER FOR MENTAL HEALTH: BASIS FOR AN INTERVENTION PROGRAM

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ABSTRACT

This study assessed the support systems for chronically mentally ill patients at the Cavite Center for Mental Health to serve as a basis for an intervention program. Chronically mentally ill individuals face complex management needs and often strain their familial support structures due to the long-term nature of the illness and associated social stigma. Utilizing a descriptive research design with structured questionnaires, the study evaluated the social, emotional, and educational supports provided by patients' relatives and health personnel. The demographic profile revealed that respondents were predominantly married females who had undergone formal education. Findings demonstrated that educational and emotional support were primary strengths, as they were provided "Most of the Time" by caregivers. Conversely, social support was identified as a weakness, as it was provided only to a moderate degree, or "Sometimes". The research concluded that caregivers prioritize educational and emotional assistance while giving the least importance to social support. Consequently, an intervention program was formulated by the researcher to enhance these support systems. The study recommends the adoption of this intervention program, greater cohesive collaboration among family members, stronger partnerships between relatives and health teams, and intensified mental health promotion by the Department of Health.

Keywords: *Chronically mentally ill, Support systems, Intervention program, Cavite Center for Mental Health, Mental health nursing*

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INTRODUCTION

Chronically mentally ill patients are among the poorest, most marginalized, stigmatized and oppressed groups in our society. The care and management of chronically mentally ill patients present complex management of the disease or disorder, the attention to support systems of living, movement within the community and relationships to the caregivers.

However, the management of chronic mental patients is infinitely more complex. The treatment approaches, both psychotherapeutic as well as pharmacological, require a system of monitoring the symptoms, patient compliance and the daily adjustments to living within the community. Clients with serious disorders were known to have relatively fewer environmental supports than persons with less serious and chronic disorders. Clients who have been symptomatic over a long period of time strain their support system. Families

sometimes withdraw and place more reliance on the mental health practitioner.

Discovering that someone one cares about has mental illness can be traumatic. Making things worse is the need for long -term treatment to calm symptoms. A person with mental illness often became confused and agitated, which some may mistake as behaviour directed towards them.

The Filipino family is family-oriented and values loyalty. The interest of the family is the primary concern of individuals at times, even to the detriment of the community or the nation. The family remains the basic social structure and a particular source of strength during times of adversity. It remains a reliable source of support, financial or otherwise, when any member falls ill. Care of the mentally ill is, therefore, a task that can be relegated to the family. Possible limitations are interpersonal and intrapsychic conflict within the family, which could perpetuate the illness rather than provide healing; and the social stigma, isolation and discrimination associated with mental illness which may discourage families from seeking help and is a major cause of delay in the treatment of the mentally ill.

Mental illness was generally an unfamiliar illness for the family. It may create feelings of fear, that the person with mental illness may become harmful and anxiety that the family members may unwillingly exacerbate the condition. The illness tends to occupy a central place in the life of the family. As such it may provoke tensions within the family and may lead to feelings of social isolation and withdrawal from social activities. It is extremely upsetting and exhausting when a member in the family or a close friend goes through an episode of mental illness.

RESEARCH PROBLEMS

The study sought to answer several key questions regarding the care of mentally ill patients. First, it examined the profile of the respondents in terms of their age, gender, civil status, number of siblings, and educational attainment. Second, the research explored how these respondents assessed the existing support systems provided to the patient, specifically focusing on social, emotional, and educational support.

Furthermore, the study aimed to identify the overarching strengths and weaknesses of this current support system. Finally, based on the results, the study sought to determine what intervention program could be proposed to effectively improve the overall support system.

OBJECTIVES

The study aimed to assess the support system of chronically mentally ill patients, results of which will serve as the basis for the intervention program.

METHODOLOGY

The descriptive method was used in this study with a structured questionnaire to determine the support system of chronically mentally ill patients at Cavite Center for Mental Health. A descriptive research design using a structured questionnaire was employed to systematically describe and evaluate the existing support systems for chronically mentally ill patients at the Cavite Center for Mental Health. This approach was appropriate for investigating prevailing conditions and assessing the extent of social, emotional, and

educational assistance provided by caregivers and health personnel, serving as the basis for the proposed intervention program.

SIGNIFICANT FINDINGS

The following were the findings of the study presented in accordance with the specific problems that the study sought to answer.

Among the patients' relatives, the single largest age bracket was 41–50 years old, though a notable concentration of younger participants brought the overall mean age to 38.70 years. Among the health personnel, respondents fell within the 21–50 age range, with an overall mean age of 35.50 years. For both the relatives and the personnel, there were more females than males. The majority of the relatives and the health personnel were married.

For RQ# 2, the respondents provided social support to a moderate degree as they did Sometimes the indicators. Both the educational support and the emotional support provided Most of the Time by the respondents to the chronically mentally ill patients.

The findings revealed that educational and emotional support constituted key strengths within the existing care framework, given their frequent provision ('Most of the Time'). Conversely, social support emerged as an area of weakness, being provided only to a moderate degree ('Sometimes').

In the light of the findings, it could be said that relatives of the patients and the health personnel attending to them provide support systems at varying degrees, giving more importance to the education and emotional support and least important to the social support. This support system could be enhanced using the proposed intervention program as formulated and prepared by the researcher.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the recommendations were offered.

The intervention program prepared by the researcher could be utilized by both the patients' relatives and health personnel to improve the support systems that they provide to the mentally ill patients, especially the social support.

The family members of the patients should cohesively and collaboratively work for the improvement of the family member who is mentally ill by accepting the necessary support system. The patients' relatives should cooperate and work together with the health team-in charge of the mentally ill patients. They should be patient, more caring and understanding of the situations, encouraging and supportive to the patient.

Promotion of mental health should be intensified by the Department of Health. The Cavite Center for Mental Health could consider ways of increasing the capability to improve facilities needed for the implementation of a better psychological assessment and screening of mental disorders.

Lastly, the study would like to recommend further study on emotional and social effects to family members of a mentally ill patient member; the role of mental personnel and relatives in the early recovery of mentally ill patients and similar study could be conducted for a more conclusive result.

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