



A Study To Assess The Non-Adherent Behaviour Among The Caregivers Of Persons With Mental Illness At Psychiatric Department, Svims, Tirupati

Mrs. N. Srivani¹ Dr. S. Hemalatha², Dr. M. Bhagyalakshmi³,

¹M.Sc. Nursing Student, College of Nursing, SVIMS, Tirupati, India.

²Assistant Professor, Department of Psychiatric Nursing, College of Nursing, SVIMS, Tirupati, India.

³Assistant Professor, Department of Psychiatric Nursing, College of Nursing, SVIMS, Tirupati, India.

Abstract:

Mental illness poses a significant public health challenge, with caregiver adherence being vital to treatment continuity. This study aimed to assess non-adherent behaviour among caregivers of persons with mental illness at the Psychiatric Department, SVIMS, Tirupati. A non-experimental descriptive design was adopted, and 100 caregivers were selected through purposive sampling. Data were collected using a semi-structured questionnaire comprising demographic details and a 28-item scale assessing seven domains of non-adherence: stigma, affordability, accessibility, caregiver burden, side effects, communication, and insight. Results revealed that 41% of caregivers exhibited severe non-adherence and 47% moderate levels. Factors such as stigma, poor affordability, and caregiver burden were major contributors. Significant associations were found between non-adherence and education, income, occupation, and family type. The study concludes that caregiver non-adherence is multifactorial, emphasizing the need for psychoeducation and structured support programs.

Index Terms — Non-adherence, Caregivers, Mental illness, Stigma, Psychiatric Nursing, Psychoeducation

I. INTRODUCTION

Mental illnesses are chronic conditions affecting individuals' emotional and functional well-being. Caregiver adherence to psychiatric treatment is essential for continuity and recovery, yet many caregivers fail to provide consistent support. Factors such as stigma, financial burden, lack of awareness, and burnout influence adherence. This study explores the extent and determinants of non-adherent behaviour among caregivers of mentally ill persons.

II. OBJECTIVES

1. To assess the level of non-adherent behaviour among caregivers of persons with mental illness.
2. To determine the association between non-adherent behaviour and selected socio-demographic variables.
3. To identify the correlation between different components of non-adherent behaviour.

III. METHODOLOGY

A non-experimental descriptive design was used. 100 caregivers were selected using purposive sampling. The tool consisted of three sections: socio-demographic profile, patient details, and a 28-item rating scale covering seven domains of non-adherence. Descriptive statistics, Chi-square test, and Kendall’s Tau-B correlation were used for analysis.

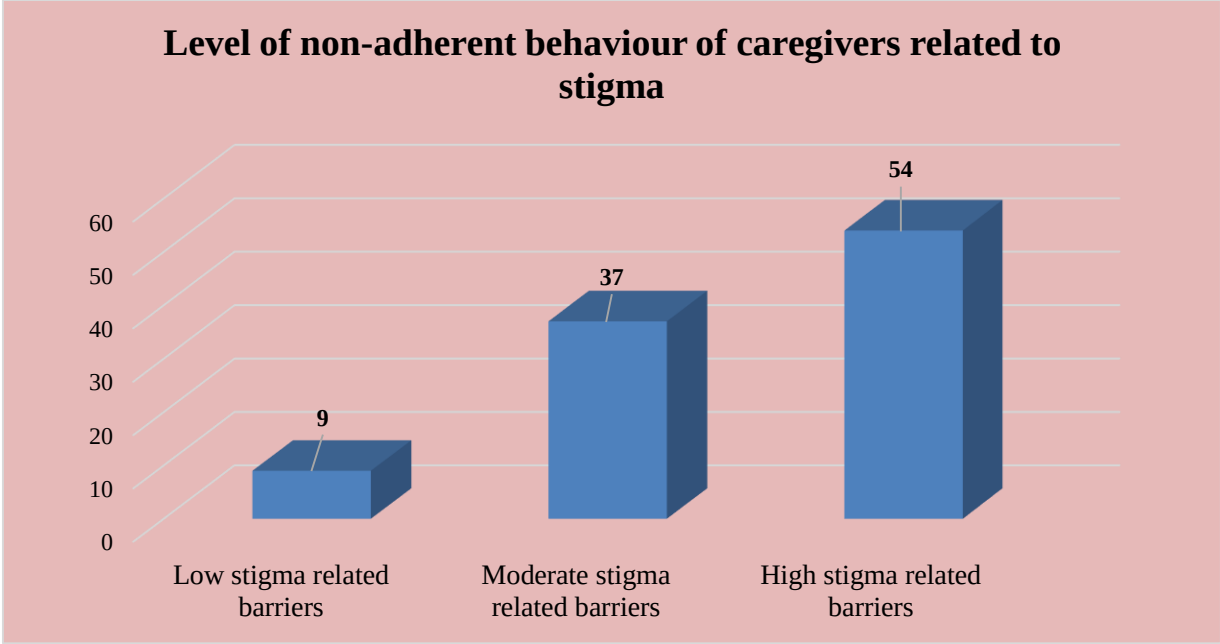
IV. RESULTS AND DISCUSSION

Table 1: Distribution of Caregivers According to Age

Age (Years)	Percentage (%)
20–30	27%
31–45	36%
46–60	37%

Table 2: Non-Adherent Behaviour Related to Stigma

Level	Frequency (n)	Percentage (%)
Low	9	9%
Moderate	37	37%
High	54	54%



The findings showed that most caregivers (54%) faced high stigma-related barriers, 37% had moderate barriers, and only 9% had low barriers. The mean score of 3.16 ± 1.14 indicates that stigma had a moderate to high impact on caregiver adherence, with noticeable variation among participants.

Table 3: Association Between Non-Adherence and Demographic Variables

Demographic Variable	Chi-square (χ^2)	p-value
Education	12.45	0.002*
Monthly Income	16.82	0.000*
Occupation	10.56	0.068

The study found that stigma and affordability issues were the major reasons for non-adherence. Educated caregivers and those with better financial conditions showed improved adherence. The findings align with earlier studies emphasizing the role of psychoeducation and social support in enhancing caregiver adherence.

V. CONCLUSION AND RECOMMENDATIONS

Non-adherence among caregivers remains a significant barrier to effective mental health care. Targeted psychoeducation, counselling, and stigma reduction programs should be implemented to improve adherence and ensure continuity of care.

VI. REFERENCES

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