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Knowledge of Mental Illness among Caregivers of Alcoholic's

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Abstract: ***In India, the estimated numbers of alcohol users were 62.5 million, with 17.4% of them (10.6 million) being dependant users and 20–30% of hospital admissions are due to alcohol-related problems. Aim- To assess the knowledge of mental illness among caregivers of alcoholics and to determine the association of care givers with knowledge of mental illness. Methodology - quantitative pre experimental descriptive study was conducted with 120 caregivers of alcoholic patient. Convenient sampling technique was used. Findings -Demographic variable revealed that majority 33.3% of them were between the age group of 18-27 years. 50% were male and 50% were female, 40.8% of them have secondary education. Majority 81.7% were Hindu, 69.2% were married. 80% were belonged to joint family. Most of the care givers 49.2% were house hold. The level of knowledge among care givers of alcoholics 13.3% of the subject had good knowledge, 68.3% had average knowledge. There was significant association between the marital status and knowledge of mental illness .Conclusion: knowledge of mental illness among caregivers of alcoholic patients was average and there is need to improve the knowledge of caregivers. Also need to formulate and implement the programme on awareness of mental illness.***

Keywords: mental illness, caregivers, alcoholics, knowledge

1. Introduction

"Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity [1]."

As a state of complete physical, mental and social well-being, health is influenced by many interconnecting factors. Mental health is an essential component of health and is a resource to help us to deal with the stresses and challenges of everyday life. Good mental health contributes to the quality of our lives as individuals, as communities, and as a society in general. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society.

There are various criteria of Mental health those criteria are adequate contact with reality, control of thoughts and imagination, efficiency in work and play, social acceptance, positive self-concept, a healthy emotional life. If the individuals cannot able to fulfill these criteria will lead to mental illness [2]. Mental illness affects one in four peoples in the world by world health report. There is still no cure because of stigma. Thus mental health problem constitutes one of the mental health problems in community. These were a general belief that clients with mental health problem were potentially dangerous [4].

Alcohol is a natural substance formed by the reaction of fermenting sugar with yeast spores. Although there are many kinds of alcohols, the kind in alcoholic beverages is known scientifically as ethyl alcohol and chemically as C2H5OH. Its abbreviation, ETOH, is sometimes seen in medical records and in various other documents and publications. By strict definition, alcohol is classified as a food because it contains calories; however, it has no nutritional value. Different alcoholic beverages are produced by using different sources of sugar for the fermentation process. For example, beer is made from malted barley, wine from grapes or berries, whiskey from malted grains, and rum from molasses. Distilled beverages (e.g., whiskey, scotch, gin, vodka, and other "hard" liquors) derive their names from further concentration of the alcohol through a process called distillation. The alcohol content varies by type of beverage. For example, most American beers contain 3 to 6 percent alcohol, wines average 10 to 20 percent, and distilled beverages range from 40 to 50 percent alcohol. The average-sized drink, regardless of beverage, contains a similar amount of alcohol. That is, 12 ounces of beer, 3 to 5 ounces of wine, and a cocktail with 1 ounce of whiskey all contain approximately 0.5 ounce of alcohol. If consumed at the same rate, they all would have an equal effect on the body.

Studies in northern India found the 1-year prevalence of alcohol use to be between 25% and 40%.In southern India, the prevalence of current alcohol use varies between 33% and 50%, with a higher prevalence among the lesser educated and the poor. In Sikkim, nearly 35% of the population >21 years of age are chronic alcoholics. This figure is very high compared to the national average. Relapse rates after de-addiction for alcohol abuse are also very high [17].

Caregiver may be prefixed with "family", "spousal", "child", "parent", "young" or "adult" to distinguish between different care situations, and also to distinguish them definitively from the paid version of a caregiver, a Personal Care Assistant or Personal Care Attendant (PCA). Around half of all caregivers are effectively excluded from other paid employment through the heavy demands and responsibilities

of caring for a vulnerable relative or friend. The term "caregiver" may also be used to refer to a paid, employed, contracted PCA.

More recently, Carers UK has defined caregivers as people who "provide unpaid care by looking after an ill, frail or disabled family member, friend or partner". Adults who act as carers for both their children and their parents are frequently called the Sandwich Generation. The sandwich generation is the generation of people who care for their aging parents while supporting their own children.

A caregiver is someone who is responsible for the care of someone who has poor mental health, physically disabled or whose health is impaired by sickness or old age. To help caregivers understand the role they have taken on, "Next Step in Care". Some tasks of a caregiver are to take care of someone who has a chronic illness or disease, manage medications or talk to doctors and nurses on someone's behalf, help bathe or dress someone who is frail or disabled, take care of household chores, meals, or bills for someone who cannot do these things alone. The role of caregiver has been increasingly recognized as an important one, both functionally and economically.

2. Need for the Study

Families are a primary care giving resource for person with mental illness, yet they often lack the knowledge and skills needed to assist their relatives. Studies show that families routinely request information on basic facts about mental illness and its treatment, behavior management skills, and the mental health system in order to better cope with their relatives' illness. It is well recognized that the maximum impact of a psychiatric disorder is borne by the family and often leads to a complete disruption in its functioning [7].

Patients had always stressed about the role reversal with spouse and had also always the stress about the role reversal with children. Sometimes stress of changes in family responsibility [3]. The Nurse patient ratio is poor in Indian setup hence most of the time, are dependent on the caregivers to meet the basic needs of the patients. It is very often caregivers in hospital setup who are involved in care of patients. To provide proper care it is necessary for them to have adequate knowledge of how to perform nursing interventions as they lack nursing skills, knowledge in their own rights, knowledge of available help and its sources, coping skills and support systems. The nurse must assist the caregivers, prepare them to adjust adequately and help the patients to achieve the optimal level of function [6].

In India, the estimated numbers of alcohol users in 2005 were 62.5 million, with 17.4% of them (10.6 million) being dependent users and 20–30% of hospital admissions are due to alcohol-related problems. WHO estimates for the South East Asian countries indicate that one-fourth to one-third of male population drink alcohol with increasing trends among women Migration by indigenous people to urban areas in search of livelihood doesn't bring improved social well being. Economic growth, more complexity of social life, financial problem, caste difference and educational difficulties in the present situation increase mental disorders in day to day life. Misconceptions still exist in the community. They are totally ignorant about mental disorders.

There is a misconception that people with mental illness are violent, which contributes to the significant of mental illness. The majority of people with mental illness are not violent, and the majority of violent acts are conducted by person who is not mentally illness [8].

Most respondents (80%) knew of somebody who had a mental illness but a substantial proportion of respondents had little knowledge about mental illness. Social Control showed an association with knowledge of mental illness. Groups who showed more socially controlling attitudes (especially those over 50 years old, those of lower social class, and those of non-Caucasian ethnic origin) had less knowledge about mental illness. Regression analysis revealed that when knowledge was taken into account, age had no effect on Social Control, and the effect of social class and ethnic origin was diminished. Respondents with children, who showed more Fear and Exclusion, were not less knowledgeable about mental illness [11].

Regarding knowledge about mental illness, reviewed studies showed that in the Japanese general population, few people think that people can recover from mental disorders. Psychosocial factors, including weakness of personality, are often considered the cause of mental disorders rather than biological factors. In addition, the majority of the general public in Japan keep a greater social distance from individuals with mental illness, especially in close personal relationships. Schizophrenia is more stigmatized than depression, and its severity increases the stigmatizing attitude toward mental illness. The literature also showed an association between more direct social contact between health professionals and individuals with mental illness and less stigmatization by these professionals. Less stigmatization by mental health professionals may be associated with accumulation of clinical experience and daily contact with people who have mental illness [12]. To provide information, nurses should know what kind of information relatives require to take appropriate decision, how effective is that information. What is their view towards mental illness and how their view can be changed? This knowledge will enrich the nurses to act effectively during the care of mentally ill person.

3. Literature Review

3.1 Studies Related To Care Givers

Messner, Suzanne Elayne Investigated levels of aggression and alcohol use in populations with dementia. The hypothesis was that there would be a positive relationship between levels of harm and alcohol use as reported by the caregiver. Significance was noted for all 6 levels regarding type of drinker and verbal or physical harm. For gender differences, significance was noted in the "physical harm, anyone" variable. This outcome was of particular interest, in view of the lack of literature on female alcohol abuse associated with verbal or physical harm [13]

Denial in alcoholics is often a barrier to effective diagnosis, referral, and treatment. Successful intervention is enhanced if the caregivers understand the nature of denial and have strategies for working through it. Stages of denial include resistance to acknowledgement of the problem, resistance to treatment, and resistance to recovery. Manifestations of denial at each stage are described. Counseling techniques for addressing denial and methods for carrying out these techniques are suggested [14].

A study was conducted on Caregiver strain in a community sample of Korean elders with cohabiting caregivers, and factors associated with this were comparing between groups classified by cognitive and functional impairment. Caregiver strain was significantly associated with cognitive impairment. In the group without cognitive impairment, caregiver strain was significantly associated with participant characteristics (Daily activity impairment, and symptoms of depression and alcoholism). In those with cognitive impairment, caregiver strain was associated with both participant status (depressive symptoms and Daily activity impairment) and caregiver characteristics (a child caregiver, lower social support, and urban environment)[15].

3.2 Studies Related To Knowledge of Mental Illness

Learning is the addition of new knowledge and experience interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading [5]. A study was conducted regarding experience of living next door to people suffering from long-term mental illness. The grounded theory procedures as well as the constant comparative method were employed to analyze the findings. From the data, one main category was identified, the need for information regarding mental health propaganda and misconception towards mental illness [16].

Previous study was conducted to assess the knowledge, attitude and practices of family members of clients with mental illness; they found that the family members had an adequate level of knowledge regarding mental illness. All subjects were able to state at least one symptom or sign of mental illness and 78% were able to identify a cause or factor precipitating the onset of illness. Almost all (97%) stated that mental illness is curable with medication. Almost one-third accepted that they used physical restraint to keep the ill client under control and said that modalities other than medication including ECT (8%) were necessary to affect a cure. More than 80% allowed the mentally ill client to attend social gatherings or visit public places. While two thirds did not advocate marriage as a cure for mental illness, 25% objected to marrying family members of a mentally ill person for fear of social stigma. Much less than half the family members (40%) have expressed the misconceptions regarding mental illness [18].

A study was conducted to assess knowledge and attitudes about mental disorders among Principals of adult education schools. They recognized psychosis but not depression as a mental disorder. Their attitudes revealed an ambivalent approach to the person with a mental disorder, including those that are students. Higher level of academic education was associated with positive attitudes, while personal familiarity with a mentally disturbed person was slightly associated with more positive school-related attitudes [19].

A study was conducted on police officers' knowledge and attitudes towards, mental illness in southwest Scotland. They found there was a good knowledge of relevant legislation, but most officers felt they did not have sufficient training in mental illness, and were keen for more. Improved liaison between sector psychiatrists and local police may be of value in the earlier identification and treatment of the mentally ill [20].

Martin JL, Romans SE conducted study to assess the general community's knowledge of mental illness and personal experience of people with mental illness It was also stated that the community needs and welcomes information on the subject of mental illness and has a positive outlook for the future planning of the rehabilitation of people with mental illness [21].

3.2.1 Problem Statement

"A Study to Assess the Knowledge of Mental Illness among Caregivers of Alcoholic's In Selected Hospitals of Karad Taluka."

3.2.2 Objectives

1. To assess the Knowledge of mental illness among caregivers of alcoholics.
2. To determine the association with Knowledge of mental illness among care giver of alcoholics and selected demographic variables.

3.2.3 Assumption

1. Caregivers of alcoholics have some knowledge of mental illness.

3.2.4 Ethical Aspect

1. The study proposal has been sanctioned by the ethical committee of the university.
2. Permission obtained from the concerned authority of Krishna Institute of Medical Sciences Deemed University's Krishna Hospital and Medical Research Center Karad.
3. Information given to the participant about study.
4. Informed consent has been obtained from the participants.

4. Research Methodology

Research methodology involves the systematic procedure by the researcher which starts from the initial identification of programme to its final conclusion [10].

4.1 Research Approach

Pre experimental research approach as appropriate to describe knowledge of caregivers' about mental illness.

4.2 Research Design

The research design, the plan, structure and strategy of investigation of answering the research questions, is the overall plan or blue print the researcher selects to carry out the study [10]. Keeping in view the objective of the study, the research design selected for present study was descriptive survey design.

4.3 Setting of the Study

The study was conducted at Krishna Institute of Medical Sciences Deemed University's Krishna Hospital and Medical Research Center Karad.

4.3.1 Sample

Samples refer to a selected proportion of the defined population [10].Sample for the present study was caregivers who were staying with admitted alcoholic patients.

4.3.2 Sample Size

The sample size for the study was 120 caregivers of alcoholic patients at Krishna Institute of Medical Sciences Deemed University's Krishna Hospital and Medical Research Center Karad.

4.3.3 Sampling Technique

Sampling refers to the process of selecting a portion of the population to represent the entire population. In the present study convenient sampling technique was adopted for selection of samples.

5. Criteria for Selection of the Sample

Inclusion Criteria

1. Caregivers of alcoholics who can understand Marathi, Hindi, English language.
2. Caregivers of alcoholics who were above 18 years age (adult).
3. Caregivers of more than two times admitted patient due to alcoholic problem.
4. Caregivers belong to patient family.

Exclusion Criteria

1. Health team members were excluded.
2. Caregivers of patients who were not willing to participate in the study

Section I: The distribution of the caregivers according to their age; (40) 33.3 % of subjects were belong to the age group 18 – 27. (36) 30 % of them falling into 28 - 37 years of age group and about (17) 17.2 % of subjects were belong to the age group 38 - 47 years , (27) 22.5 % of subjects were having age group above 48 years. It also shows that the distribution of the caregivers according to their gender, (60) 50 % of subjects were female and rest of all i.e. (60) 50 % of subjects were male. The distribution of the caregivers according to their gender; (12) 10% of subjects were having no formal education, (4) 3.3 % of subjects had primary level education, (49) 40.8% of subjects were having secondary level education, followed by (45) 37.5% of subjects had higher secondary level education and rest of all i.e. (10) 8.3% of subjects had graduate level education.

It also shows that the distribution of the caregivers according to their religion; Majority (98) 81.7% of subjects were Hindus, (19) 15.8% of subjects were Christian and (7) 5.8% were Muslims. The distribution of the caregivers according to their marital status; majority (83) 69.2% of subjects were married, (30) 25% were unmarried fallowed by (5) 6.7% widower.

It also shows that the distribution of the caregivers according to their type of family ;(19) 15.8% of subjects live in nuclear families, (96) 80% of subject were live in joint families; followed by (5) 4.2% of subjects were living in extended families. The majority of subjects were live in nuclear families. The distribution of the caregivers according to their occupation ;(11) 9.2% of subjects was doing service, (44)36.7% of subjects were farmer, (6) 5% of subjects were self employed, and (59) 49.2% of subjects was working as a house hold. It also indicates that majority of subject's were farmer i.e. 36.7%.

It also shows that the distribution of the caregivers according to their monthly income, total (79) 65.5% of subjects had below 5,000/-monthly income, (31) 25.8% of subjects were having 5,000 - 10,000/- monthly income, (10) 8.3% of subjects had more than 10,000 /- monthly income above figure's indicates that majority of subjects has below 5,000/- monthly income. Distribution of caregivers according to level of knowledge about mental illness. The distributions of caregivers according to their level of knowledge by using mean 25.0833 and standard deviation 3.16648. Total (22) 18.3% of subjects were having poor knowledge, (82) 68.3% of subjects were having average knowledge and (16) 13.3% of subjects were having good knowledge.

5.1 Association of Care Giver's Knowledge about Mental Illness with Socio-Demographic Variables

There was significant difference found in various marital status groups of caregivers of alcoholics and there was no significant association of caregiver's knowledge and demographic variables.

6. Discussion

The level of knowledge score of caregivers of alcoholic's in relation to total knowledge score about mental illness, 13.3% of the subject had good knowledge, 68.3% had average knowledge & 18.3% had poor knowledge. This means knowledge score obtained for overall knowledge was 25.0833 with standard deviation of 3.16648. Similar findings were found in previous study conducted by Arbaiyah that the knowledge of caregiver were categorized into three groups of the knowledge as good, fair and poor. Good knowledge was those who had score from 15-16 while a fair knowledge group were those with score of 8-14, and a poor knowledge group was those with score of 4-7. It was noted that the majority of respondents had fair represented 73.40% and

only 13.83% had good knowledge [22]. Previous studies mentioned that participant was having average knowledge about particular disorder but overall knowledge score was low [23]. ISSA B A, Parakoyi D B, et al, has conducted study on Caregivers' Knowledge of Etiology of Mental Illness in a Tertiary Health Institution in Nigeria. This study supported to the present study. It has concluded that there is a better knowledge of mental illness among caregivers than the predominant supernatural causes earlier attributed to mental illness by Nigerian communities. In order to sustain this, there is need for psycho-education [24].

6.1 Association with Knowledge of mental illness among care giver of alcoholics and selected demographic variables

The analysis was done for association between level of knowledge and selected demographic variables using chi-square test. As the computed chi- square value was greater than the table value at $p > 0.05$, level of significance. Hence it states that there was no association between age, gender, education, religion, type of family, occupation and monthly income of caregivers of alcoholic patients, only Marital status was associated with level of knowledge. Previous studies also showed a significant association between type of mental illness and impact on marital relationship (Student's t - test, $p<0.05$). There was no significant association between variables like age, gender, type of family, educational status, occupational status, socio economic status of the caregiver [25].

6.2 Level of knowledge according to demographic profile

6.2.1 Age

Total 33.3% of subjects were in the age group of 18 – 27 years, in which 7.5% had good knowledge, 62.5% of subjects had average and 30% of subjects had poor knowledge about mental illness. It also shows that, total 30 % of subjects were in the age group of 28 - 37 years, in which 11.11% of subjects had good knowledge, 77.7% of subjects were having average knowledge followed by 11.11% had poor knowledge about mental illness. The result of present study coincides with previous study conducted by Mani V M that approximately same frequency of age group had mentioned [26]. Total 14.2 % of subjects were in the age group of 38 - 47 years, in which 11.8% of subjects had good knowledge, 64.7 of subjects were having average and 23.5% had poor knowledge about mental illness. It also indicates that, total 22.5 % of subjects were in the age group of more than 48 years, in which 26% of subjects were having good knowledge, 66.6% of subjects had average knowledge and 7.4% had poor knowledge about mental illness.

6.2.2 Gender

Total 50 % of subjects were male, in which 13.3% of subjects were having good knowledge, 61.7% of subjects had average followed by 25% of subjects had poor knowledge about mental illness. 50% of gender has strongly supported to this study as compared to other study [26]. It also shows that, total 50 % of subjects were female, in which 13.3% of subjects had good knowledge, 75% of subjects were having average knowledge followed by 11.7% had poor knowledge about mental illness. Previous study has supported to my study with the findings of this demographic variable [27].

6.2.3 Education

Total 10% of subjects were illiterate, in which 16.7% had good knowledge, 83.3% subjects were having average knowledge about mental illness. Aruna and Jairakini were conducted study with same demographic variable but result has not supported to this study [28]. It also shows that, total 3.3% of subjects had primary education, in which 25% subjects were having good knowledge and 75% of subjects had average knowledge about mental illness. Aruna and Jairakini were conducted study with same demographic variable but result has not supported to this study.

6.2.4 Religion

The study shows that, total 81.7% of subjects were Hindus, in which 12.4% had good knowledge, 69.3% of subjects were having average and 18.3% of subjects had poor knowledge about mental illness. Previous study stated that Majority of caregivers of the mentally ill patient were Hindu. It also showed approximately same frequency of this religion [27]. Total 2.5% of subjects were Muslims, in which 33.3% subject were having good knowledge, 33.4% of subject had average knowledge and 33.3 were having poor knowledge about mental illness. This result contradicts with findings of Aruna, Jairakini [28].

6.2.5 Marital Status

Total 69.2% of subjects were married, in which 15.6% had good knowledge, 71.1% of subjects were having average and 13.3% of subjects had poor knowledge about mental illness. In previous study it was found that most of the care givers were married [28]. It also shows that, total 25% of subjects were unmarried in which 6.7% of subjects had good knowledge, 56.6% of subjects were having average knowledge and 36.7% had poor knowledge about mental illness. ISSA B A, Parakoyi D B also found 30% of unmarried samples in their study. Total 5.8% of subjects were widower/widow, in which 14.3% subject were having good knowledge, 85.7% of subjects were having average knowledge about mental illness. This result contradicts with findings of Issa B A, Parakoyi D B study [24].

6.2.6 Type of Family

Total 15.8% of subjects were living in nuclear family in which 21% were having good knowledge, 68.5% of subjects had average knowledge and 10.5% were having poor knowledge about mental illness. It also shows that, total 80% of subjects were from joint families, in which 12.5% of subjects were having good knowledge, 67.7% of subjects had average knowledge and 19.8% had poor knowledge. Total 4.2% of subjects were living in extended families, in which 80% of subjects were having average knowledge and 20% had poor knowledge about mental illness.

6.2.7 Occupation

The result shows that, total 36.7% of subjects were farmers which 13.7% were having good knowledge, 56.8% of subjects had average knowledge and 29.5% subjects had poor knowledge about mental illness. It also shows that, total 5% of subjects were self employed which all

had average knowledge about mental illness. Total 49.2% of subjects were house worker, in which 15.3% of subjects were having good knowledge, 72.8% of subjects had average knowledge and11.9% of subjects had poor knowledge about mental illness. Past study had supported that 50% of subjects were house worker[28]. Total 9.2% of subjects were having service as a occupation, in which 9% of subjects had good knowledge, 72.8% of subjects had average knowledge and 18.2% of subjects had poor knowledge about mental illness.

6.2.8 Monthly Income

The study shows that, total 65.8% of subjects had below Rs. 5,000/- monthly income, in which 14% were having good knowledge, 67% of subjects had average and 19% of subjects were having poor knowledge. These study findings contradict with N. Potdar and M. Shinde study [9]. It also shows that, total 25.8% of subjects had Rs 5,000 - 10.000/- monthly income, in which 12.9% of subjects were having good knowledge, 64.5% of subjects had average knowledge and 22.6% had poor knowledge about mental illness. In previous study, it showed that the same frequency of monthly income were match with this demographic variable. Total 8.3% of subjects were having more than Rs. 10,000/- monthly incomes, in which 10% of subjects have good, 90% of subjects have average knowledge about mental illness.

7. Conclusion

The purpose of the present study was to assess the knowledge of mental illness among caregivers of alcoholics and find out the association with demographic variable. Hence it concluded that most of the caregivers of alcoholic's patients had less knowledge about mental illness so there is need to improve the knowledge about mental illness among caregivers of alcoholics. These findings help the need for a continuous psycho-educational input from mental health professionals in order to sustain and improve this level of awareness in the caregivers and in the general public.

8. Scope of Study

8.1 Nursing Practice

As a psychiatric nurse she should have knowledge regarding mental illness among alcoholic patients & thus need to impart knowledge to caregivers of alcoholic patients so they can identify the alcoholics with mental illness at primary level. For imparting knowledge self instructional materials, pamphlets, booklets can be distributed to the caregivers regarding mental illness. Nurse can support people with mental illness, usually in a multidisciplinary team and also concerned with their clients health in the widest context. She can help clients of all ages to live their lives as fully and independently as possible, while respecting their rights and dignity. She can work with clients and their families to assess their needs and draw up care plans. She can monitor the implementation of recommendations. She can works with other nurses and health and social welfare professionals to help clients and their family members with basic living skills and social activities to ensure that they can lead a life as normal as possible.

8.2 Nursing Education

The nursing curriculum can be modified with more emphasis on mental illness among alcoholic patients. Nursing personnel should give an opportunity to update their knowledge periodically. The nurse educator when equipped with proper knowledge then she can develop students & staffs competent in care of mental ill patients and she can give proper health education to caregivers of mentally ill patient. Conferences, workshops, seminars can be held for nurses on mental illness.

8.3 Nursing Administration

The nursing administrator should give more emphasis on training of psychiatric & community nursing. The administrator should give the opportunity to the nurses to work in community setting. They can arrange workshop, seminar special lecture etc. for caregivers of alcoholics on mental illness so, they can be familiar with the mental illness & this knowledge they can be apply in their day to day care of patient. Nurse administrator should encourage to staff and students to carry out similar study in different population and setting to find out the knowledge and provide necessary help.

8.4 Nursing Research

A profession seeking to improve the quality of its practices and to enable its professional status would strive for continuous development of its body of knowledge. There are only few studies are conducted on Knowledge of mental illness among caregivers of alcoholics, there is necessity of more studies in this field. The findings of the study have added to the existing body of the knowledge in the nursing profession. Other researcher may utilize the suggestions & recommendations for conducting further study. The tool & technique used has added to the body of knowledge & can be used for further references.

9. Limitations

The study is limited to the caregivers of alcoholic patients at Krishna Institute of Medical Sciences Deemed University's Krishna Hospital and Medical Research Center Karad.

10. Recommendations

1. The study can be replicated with a large number of caregivers of alcoholics for generalizations.
2. Different teaching strategies can be used to educate the caregivers of alcoholics regarding mental illness.
3. A comparative study can be done among caregivers of mentally ill patients from urban and rural area.
4. A similar study can be done on knowledge of staff nurses working in PHC regarding mental illness.
5. The Study can be used for prevention of alcohol-related problems and awareness of mental illness in the community.

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