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SATISFACTION OF FAMILY MEMBERS IN THE CONTEXT OF CLIENTS WITH MENTAL HEALTH ISSUES: A STUDY ON PERCEPTIONS AND EXPERIENCES WITH MENTAL HEALTH SERVICES

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Abstract

Introduction Healthcare quality, crucial amidst rising mental disorders, faces integration challenges due to undefined parameters. Patient satisfaction correlates with improved outcomes, guiding service quality assessment. Family dynamics impact chronic schizophrenia outcomes; research gaps exist in first-episode psychosis dynamics. Early family interventions show promise in enhancing social functioning during psychosis onset. ***Purpose*** This study aims to investigate factors influencing family member satisfaction with mental health services for clients with mental health issues. Using the SATIS-BR scale by WHO, satisfaction across three subscales will be measured. ***Methodology*** This cross-sectional correlation study investigates factors affecting family member satisfaction with mental health services for clients with mental health issues. Using the SATIS-BR scale by WHO, satisfaction is measured across three subscales. 101 family members from a mental health center participated. Exclusion criteria included participants unable to comprehend the scale despite clarification, indicating potential mental confusion. ***Results*** This study, based on a sample of N=101 participants, examines caregiving experiences for mentally disordered family members and perceptions of mental health services. Demographic analysis reveals a diverse representation across gender, marital status, education, and employment. While most participants expressed satisfaction with mental health services and perceived active involvement from mental health teams, over half reported feeling stigmatized. Gender and residence differences were minimal, though rural residents reported higher satisfaction. Stigmatization correlated with lower treatment satisfaction. Tailored support services are crucial to address caregiver burden and combat societal stigma in mental health care. ***Conclusion*** This study emphasizes the vital role of family caregivers in mental health support and stresses timely interventions for them to improve patient outcomes. It also underscores the necessity of tackling stigma, fragmented services, and resource limitations to enhance patient and caregiver satisfaction with mental health services, highlighting the importance of holistic approaches to care.

Keywords: Family Satisfaction, Mental Health Services, Family Support, Mental Illness.

INTRODUCTION

The nurse leader plays an important role in health care. The quality of patient care, as well as the success of staff recruitment and retention, remains a key role. Over time, the

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strength of nursing leadership will determine the success or failure of the organization (Zori, S., & Morrison, B. 2009). Health service managers play an important role in the direction of the organization and are responsible for hundreds of employees, facilities, and equipment worth millions of euros and for the quality of health care services (Mahon, A., & Young, R. 2006). Measuring managerial competencies is important for the continuous improvement of health care, the identification and implementation of best management practices, and the appropriate design of plans for the training of health managers (Anderson, et al 2002). Several studies have used the 360-degree assessment to determine core competencies for physicians and nursing managers (Rodgers, 2002).

The 360-degree approach includes individual self-assessment in key performance areas, evaluations from subordinates, and direct reports with colleagues (Moonen–van Loon, J. M., 2015). These assessments aim to increase the number of individuals, the awareness of their competencies, and how others see those competencies. Respondents are encouraged to list their areas of competence for further training (Kang, C. M., 2012)

This method is increasingly being used in public health, where healthcare managers are evaluated by their supervisors, subordinates, or even by the patients. We have also used this approach in our institutions and health managers in the Gjakova Region. The position of manager has many demands and many of them are neither competent nor prepared for their role (Cathcart, 2014).

The competencies of the healthcare leader are constantly changing because the leader is dynamic and influenced daily by the ever-changing world of health care (Cathcart, et al 2010). Competent nurse managers influence the work environment and according to The American Organization of Nurse Executives (AONE), highly competent leadership is essential to ensure exceptional patient care (American Organization of Nurse Executives, 2011).

Researchers suggest that nurse managers play an important role in nurse retention and the quality of care provided (Brown, P., et al 2013). Nurse managers must be competent not only in assessing the quality and safety of services, but also in building trust among staff for the development and cultivation of appropriate nursing care practices (Cathcart, E. B., & Greenspan, M. 2013).

Competent and empowered nurse managers help create a positive work environment and serve as role models for future leaders by facilitating nurse recruitment and retention (Spence Laschinger, H. K., 2012)

Nurses, who are the largest group of health care workers, have an essential role in health care reform, providing direct patient care and influencing management practice and policy. Advancing nursing education and developing competencies are key strategies for achieving many objectives.

Wilkinson et al showed that evidence-based practice (EBP) is more likely to exist in those organizations where nursing leaders and managers are proponents of EBP, have positive attitudes, and possess the necessary knowledge and skills to implement of EBP (Wilkinson, et al 2011).

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PURPOSE

The purpose of this study is to identify and analyze the factors influencing the satisfaction of family members with mental health services provided to clients with mental health issues. This research aims to investigate the perceptions and experiences of family members regarding mental health services, utilizing the SATIS-BR scale developed by the World Health Organization. The study seeks to understand the correlation between family member satisfaction and various aspects of mental health service delivery, including the competence of the mental health team, the quality of welcome and assistance provided, and the evaluation of physical facilities and confidentiality. Additionally, the project aims to determine exclusion criteria for participants experiencing difficulty comprehending the satisfaction scale, contributing to a comprehensive understanding of family member perspectives in mental health service provision.

METHODOLOGY

This cross-sectional correlation study aimed at identifying the factors associated with user satisfaction with mental health services. User satisfaction was measured by applying the short version of the Patient Satisfaction with Mental Health Services Scale (SATIS-BR), designed by the mental health division of the World Health Organization (WHO).

The instrument is divided into three subscales that assess satisfaction on a 5-point Likert scale (1 – very dissatisfied; 5 very satisfied) with the competence of the team and understanding of patient needs, the welcome received, and help provided, as well as the physical facilities and comfort of the center evaluated and confidentiality of information. 101 families of patients who received services at the mental health center were surveyed with this questionnaire. During the interview, users who did not understand the questions on the SATIS scale, even after an explanation by the researcher, were excluded from the study due to mental confusion.

RESULTS

This section presents the findings of a research study conducted with samples of N=101 participants. The analysis and results are structured following the study objectives, ensuring their achievement. Furthermore, the results are organized in a logical order corresponding to the objectives of the study. The statistical methods utilized in this study encompass descriptive and inferential analyses, selected based on the study's objectives, research questions, and hypothesis.

The statistical techniques employed include percentages, Pearson correlations, t-tests, One Way ANOVA. These analyses serve as the basis for presenting the data in this chapter, using descriptive explanations. Detailed interpretations of the findings are provided in the subsequent chapter dedicated to interpretations and discussions

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Table 1: Descriptive data

	Sample			%
	Valid	**Missing**		
Gender	101	0		
Woman/Girl	55	0		54.5
Man/Boy	46	0		45.5
Age	101	0	47.63	
Marital Status	101	0		
Single	18	0		17.8
Married	70	0		69.3
Divorced	4	0		4.0
Widowed	9	0		8.9
Education Level	101	0		
Elementary school	45	0		44.6
High school	40	3		39.6
College/faculty	16	1		15.8
Employment Status	100	0		
Employed	29	0		28.7
Unemployed	56	0		55.4
Retiree	15	0		14.9
Residence	101	0		
Rural	63	0		62.4
Urban	38	0		37.6
Family income	100	0		
Enough	37	0		36.6
Insufficient	63	0		62.4
Relationship	101	0		
Parent	22	0		21.8
Sibling	26	0		25.7
Spouse	18	0		17.8
Son or daughter	18	0		17.8
Others	17	0		16.8

Table 1 presents descriptive data for the demographic characteristics of the sample. The sample consisted of 101 participants. The demographic analysis of the provided sample reveals a balanced representation of gender, with women and girls comprising 54.5% and men and boys making up 45.5%. The average age of the participants is approximately 47.63 years. In terms of marital status, a significant majority are married (69.3%), followed by those who are single (17.8%). The sample's educational distribution indicates a notable portion with elementary school education (44.6%), while high school and college/faculty-educated individuals constitute 39.6% and 15.8%, respectively. Employment status demonstrates a diverse mix, with 28.7% employed, 55.4% unemployed, and 14.9% retirees. Geographically, the majority of the sample resides in rural areas (62.4%), with the remaining 37.6% in urban settings. Family income

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distribution shows 36.6% reporting sufficient income, while 62.4% indicate insufficient income. Lastly, the relationships within the sample vary, with notable percentages in the roles of parent (21.8%), sibling (25.7%), spouse (17.8%), and son or daughter (17.8%). This demographic profile provides a nuanced understanding of the sample, offering insights into their socioeconomic status, educational background, and familial relationships. The prevalence of married individuals, along with the distribution of educational levels and employment status, sheds light on the diversity within the group. The distinct regional divide between rural and urban residents and the prevalence of insufficient family income underscores potential disparities and challenges that may exist within the community.

Table 2: Descriptive data

	Sample		%
	Valid	**Missing**	
Most of the time, what behaviors does the mentally disordered family member have?	101	0	
Aggressive	41	0	40.6
Nonaggressive	60	0	59.4
Do the home visits from the mental health team meet your expectations?	101	0	
Yes	86	0	85.1
No	15	0	14.9
Is the mental health team involved in caring for the family member?	101	0	
Yes	65	0	64.4
No	36	0	35.6
Do you feel stigmatized by others, friends, or society because you have a family member with mental disorders?	101	0	
Yes	52	0	51.5
No	49	0	48.5
Does taking care of a family member with mental disorders interfere with your daily work?	101	0	
Yes	57	0	56.4
No	44	0	43.6

The provided data outlines responses related to the behaviors of mentally disordered family members, the satisfaction with home visits from the mental health team, the involvement of the mental health team in caring for the family member, the perception of stigma, and the impact of caregiving on daily work.

In terms of behaviors exhibited by mentally disordered family members, 40.6% are reported as aggressive, while 59.4% are categorized as nonaggressive. This sheds light on the diverse range of challenges that families face in managing the behaviors of their mentally disordered relatives.

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Concerning the interaction with mental health services, a substantial majority express satisfaction with home visits, with 85.1% indicating that these visits meet their expectations. Additionally, 64.4% report that the mental health team is actively involved in caring for their family member. These positive perceptions suggest that, for a significant portion of the sample, mental health services play a supportive and beneficial role in the care of their mentally disordered family members.

However, challenges persist, as indicated by responses related to stigma and the impact on daily work. More than half of the respondents (51.5%) feel stigmatized due to having a family member with mental disorders, underscoring the importance of addressing societal attitudes and perceptions surrounding mental health. Furthermore, 56.4% of participants report that taking care of a family member with mental disorders interferes with their daily work, emphasizing the substantial burden and challenges faced by caregivers in managing their dual responsibilities.

In summary, the data suggests a nuanced landscape where families grapple with both positive and challenging aspects of caring for mentally disordered relatives. While mental health services are generally perceived positively, efforts to combat stigma and support caregivers in balancing their responsibilities are crucial for a comprehensive approach to mental health care.

Table 3: Gender differences

	Gender	N	Mean	t	p
Satisfaction with mental health services	Woman/Girl	55	4.0955	-.143	.199
	Man/Boy	46	4.1114		
Treatment results	Woman/Girl	55	3.8788	.072	.721
	Man/Boy	46	3.8696		
Acceptance and competence of staff	Woman/Girl	55	4.2061	.308	.081
	Man/Boy	46	4.1667		
Privacy and competence	Woman/Girl	55	4.2545	-.928	.916
	Man/Boy	46	4.3913		

Table 3 provides insights into gender differences across various aspects, including satisfaction with mental health services, treatment results, acceptance and competence of staff, and privacy and competence. The table includes the number of participants (N), mean values for each gender group, t-values, and p-values for the respective comparisons.

Satisfaction with Mental Health Services: Woman/Girl: N = 55, Mean = 4.0955. Man/Boy: N = 46, Mean = 4.1114. $t(99) = -0.143$, $p = 0.199$

The comparison indicates a negligible difference in satisfaction with mental health services between women/girls and men/boys, and the difference is not statistically significant ($p > 0.05$).

Treatment Results: Woman/Girl: N = 55, Mean = 3.8788. Man/Boy: N = 46, Mean = 3.8696. $t(99) = 0.072$, $p = 0.721$

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The analysis shows a minimal difference in treatment results between women/girls and men/boys, and this difference is not statistically significant ($p > 0.05$).

Acceptance and Competence of Staff: Woman/Girl: N = 55, Mean = 4.2061. Man/Boy: N = 46, Mean = 4.1667. t(99) = 0.308, p = 0.081

The acceptance and competence of staff exhibit a slight difference between women/girls and men/boys, but this difference is not statistically significant ($p > 0.05$).

Privacy and Competence: Woman/Girl: N = 55, Mean = 4.2545. Man/Boy: N = 46, Mean = 4.3913. t(99) = -0.928, p = 0.916

The comparison indicates a difference in privacy and competence perceptions between women/girls and men/boys, but this difference is not statistically significant ($p > 0.05$).

In summary, the gender differences across these aspects are generally minimal, with no statistically significant variations. The findings suggest that both women/girls and men/boys perceive mental health services, treatment results, acceptance and competence of staff, and privacy and competence similarly. Any observed differences are not beyond what could occur by random chance.

Table 4: Differences based on residence

	Residence	N	Mean	t	P
Satisfaction with mental health services	Rural	63	4.1349	.750	.006
	Urban	38	4.0493		
Treatment results	Rural	63	3.8836	0.18300	0.19600
	Urban	38	3.8596		
Acceptance and competence of staff	Rural	63	4.2593	1.45400	0.06200
	Urban	38	4.0702		
Privacy and competence	Rural	63	4.3254	0.15000	0.01800
	Urban	38	4.3026		

Table 4 outlines differences based on residence in terms of satisfaction with mental health services, treatment results, acceptance and competence of staff, also privacy and competence. The table includes the number of participants (N), mean values for each residence group, t-values, and p-values for the respective comparisons.

Satisfaction with Mental Health Services: Rural: N = 63, Mean = 4.1349. Urban: N = 38, Mean = 4.0493. t(99) = 0.750, p = 0.006

The comparison indicates a statistically significant difference in satisfaction with mental health services between rural and urban residents ($p < 0.05$). Rural residents report higher satisfaction compared to urban residents.

Treatment Results: Rural: N = 63, Mean = 3.8836. Urban: N = 38, Mean = 3.8596. t(99) = 0.183, p = 0.196

The analysis shows a small difference in treatment results between rural and urban residents, but this difference is not statistically significant ($p > 0.05$).

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Acceptance and Competence of Staff: Rural: N = 63, Mean = 4.2593. Urban: N = 38, Mean = 4.0702. t(99) = 1.454, p = 0.062

The acceptance and competence of staff exhibit a notable difference between rural and urban residents, approaching statistical significance (p = 0.062), suggesting that there may be some variation in perceptions.

Privacy and Competence: Rural: N = 63, Mean = 4.3254. Urban: N = 38, Mean = 4.3026. t(99) = 0.150, p = 0.018

The comparison indicates a small but statistically significant difference in privacy and competence perceptions between rural and urban residents (p < 0.05).

In summary, the analysis reveals significant differences based on residence. Rural residents report higher satisfaction with mental health services compared to urban residents. Additionally, there are tendencies toward significance in the acceptance and competence of staff (p = 0.062) and a statistically significant difference in privacy and competence perceptions (p < 0.05). These findings suggest that residents' views on mental health services and related aspects may be influenced by their place of residence.

Table 5: Differences based on the feeling of stigmatization

	Do you feel stigmatized by others, friends, or society because you have a family member with mental disorders?	**N**	**Mean**	**t**	**P**
Satisfaction with mental health services	Yes	52	4.0048	-1.852	.093
	No	49	4.2066		
Treatment results	Yes	52	3.7500	-2.068	.041
	No	49	4.0068		
Acceptance and competence of staff	Yes	52	4.0705	-1.939	.330
	No	49	4.3129		
Privacy and competence	Yes	52	4.2885	-.397	.284
	No	49	4.3469		

Table 5 presents differences based on the feeling of stigmatization regarding satisfaction with mental health services, treatment results, acceptance and competence of staff, also privacy and competence. The table includes the number of participants (N), mean values for each group, t-values, and p-values for the respective comparisons.

Satisfaction with Mental Health Services: Yes (Feel Stigmatized): N = 52, Mean = 4.0048. No (Do Not Feel Stigmatized): N = 49, Mean = 4.2066. t(99) = -1.852, p = 0.093

The comparison suggests a slight difference in satisfaction with mental health services between those who feel stigmatized and those who do not, but this difference is not statistically significant (p > 0.05).

Treatment Results: Yes (Feel Stigmatized): N = 52, Mean = 3.7500. No (Do Not Feel Stigmatized): N = 49, Mean = 4.0068. t(99) = -2.068, p = 0.041

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The analysis indicates a statistically significant difference in treatment results between those who feel stigmatized and those who do not ($p < 0.05$). Those who feel stigmatized report lower satisfaction with treatment results.

Acceptance and Competence of Staff: Yes (Feel Stigmatized): N = 52, Mean = 4.0705. No (Do Not Feel Stigmatized): N = 49, Mean = 4.3129. $t(99) = -1.939$, $p = 0.330$

The comparison shows a slight difference in the acceptance and competence of staff between those who feel stigmatized and those who do not, but this difference is not statistically significant ($p > 0.05$).

Privacy and Competence: Yes (Feel Stigmatized): N = 52, Mean = 4.2885. No (Do Not Feel Stigmatized): N = 49, Mean = 4.3469. $t(99) = -0.397$, $p = 0.284$

The analysis indicates a slight difference in privacy and competence perceptions between those who feel stigmatized and those who do not, but this difference is not statistically significant ($p > 0.05$).

In summary, the feeling of stigmatization is associated with significant differences in treatment results ($p < 0.05$), where individuals who feel stigmatized report lower satisfaction. However, no significant differences are observed in satisfaction with mental health services, acceptance and competence of staff, and privacy and competence. The findings suggest that the perception of stigmatization may specifically impact satisfaction with treatment results.

Table 6: Descriptive statistics

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Satisfaction with mental health services	Elementary school	45	4.1250	.55965	.08343	3.9569	4.2931	3.00	5.00
	High school	40	4.0969	.47576	.07523	3.9447	4.2490	3.00	5.00
	College/Faculty	16	4.0547	.73168	.18292	3.6648	4.4446	1.75	4.75
	Total	101	4.1027	.55407	.05513	3.9933	4.2121	1.75	5.00
Treatment results	Elementary school	45	3.9556	.64197	.09570	3.7627	4.1484	3.00	5.00
	High school	40	3.8583	.51134	.08085	3.6948	4.0219	3.00	5.00
	College/Faculty	16	3.6875	.85608	.21402	3.2313	4.1437	1.00	4.67
	Total	101	3.8746	.63395	.06308	3.7494	3.9997	1.00	5.00
Acceptance and competence of staff	Elementary school	45	4.1481	.70193	.10464	3.9373	4.3590	3.00	5.00
	High school	40	4.2000	.59341	.09383	4.0102	4.3898	3.00	5.00
	College/Faculty	16	4.2708	.57373	.14343	3.9651	4.5766	3.00	5.00
	Total	101	4.1881	.63669	.06335	4.0624	4.3138	3.00	5.00
Privacy and competence	Elementary school	45	4.3444	.70568	.10520	4.1324	4.5565	3.00	5.00
	High school	40	4.3000	.60764	.09608	4.1057	4.4943	3.00	5.00
	College/Faculty	16	4.2813	1.09497	.27374	3.6978	4.8647	1.00	5.00
	Total	101	4.3168	.73730	.07336	4.1713	4.4624	1.00	5.00

These descriptive statistics provide a summary of the central tendency and variability within each education level for the specified measures. The mean values indicate the average perceptions, while the standard deviation provides information about the degree

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of variability or dispersion in the responses. Additionally, the minimum and maximum values offer insights into the range of responses within each education level.

Table 7: The Anova Results

		Sum of Squares	df	Mean Square	F	Sig.
Satisfaction with mental health services	Between Groups	.061	2	.030	.097	.908
	Within Groups	30.639	98	.313		
	Total	30.700	100			
Treatment results	Between Groups	.866	2	.433	1.079	.344
	Within Groups	39.324	98	.401		
	Total	40.189	100			
Acceptance and competence of staff	Between Groups	.187	2	.094	.227	.797
	Within Groups	40.350	98	.412		
	Total	40.537	100			
Privacy and competence	Between Groups	.066	2	.033	.059	.942
	Within Groups	54.295	98	.554		
	Total	54.361	100			

The ANOVA results for satisfaction with mental health services, treatment results, acceptance and competence of staff, and privacy and competence reveal that there are no statistically significant differences among different groups. In each case, the F-statistic and associated p-values (Sig.) do not reach the conventional threshold of 0.05, indicating that variations observed between groups are likely due to random chance. This suggests a general consistency in perceptions across various categories, and the lack of significant differences implies that factors such as education levels or feeling stigmatized do not contribute significantly to variations in these measures. The findings underscore the overall uniformity in the evaluated aspects across the sampled population, highlighting the need for more nuanced investigations to understand the factors influencing perceptions of mental health services.

Table 8: Correlations

		Satisfaction with mental health services
Most of the time, what behaviors does the mentally disordered family member have?	Pearson Correlation	0.017
	Sig. (2-tailed)	0.867
	N	101
Do the home visits from the mental health team meet your expectations?	Pearson Correlation	-0.135
	Sig. (2-tailed)	0.180
	N	101
Is the mental health team involved in caring for the family member?	Pearson Correlation	0.016
	Sig. (2-tailed)	0.874
	N	101
Do you feel stigmatized by others, friends, or society because you have a family member with mental disorders?	Pearson Correlation	0.183
	Sig. (2-tailed)	0.067
	N	101
Does taking care of a family member with mental disorders interfere with your daily work?	Pearson Correlation	-0.037
	Sig. (2-tailed)	0.714
	N	101

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Table 8 presents correlation coefficients between satisfaction with mental health services and various factors related to the behavior of the mentally disordered family member, expectations of home visits from the mental health team, the involvement of the mental health team in caring for the family member, perceived stigmatization, and the interference of caregiving with daily work. The Pearson correlation coefficients quantify the strength and direction of linear relationships between these variables.

The satisfaction with mental health services exhibits weak and non-significant correlations with most of the factors: behaviors of the mentally disordered family member ($r = 0.017$, $p = 0.867$), home visits meeting expectations ($r = -0.135$, $p = 0.180$), mental health team involvement ($r = 0.016$, $p = 0.874$), and interference with daily work ($r = -0.037$, $p = 0.714$). However, there is a slightly stronger and marginally significant positive correlation with the feeling of stigmatization ($r = 0.183$, $p = 0.067$). These findings suggest that while satisfaction with mental health services is generally not strongly associated with specific aspects of family members' behaviors or interactions with the mental health team, there may be a subtle link with the perceived societal stigma related to having a family member with mental disorders.

DISCUSSION

In this research, stigma is the main part that needs serious discussion, and the rise of laughter in other instances.

Although Goffman’s analysis largely focused on examining differences in the experience of stigma, most psychological research in the past 50 years hasn’t adopted a similar approach. Instead, research has largely focused on the causes and consequences of stigmatization among either visible stigmas (e.g., race: Richeson & Shelton, 2007; gender: Murphy, Steele, & Gross, 2007) or concealable stigmas (e.g., Quinn & Chaudoir, 2009; sexual orientation: Beals, Peplau, & Gable, 2009) alone. Consequently, there exist very few empirical studies (e.g., Frable, Platt, & Hoey, 1998; Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009) or theoretical analyses that directly compare the experiences of visibly and concealably stigmatized individuals.

Geological research examining stigma has occurred at an individual level of analysis; it has tended to adopt the perspective of the “target,” examining how public stigma manifests itself within stigmatized individuals (Crocker, Major, & Steele, 1998; Major & O’Brien, 2005). Self-stigma is a term that broadly refers to how individuals respond to possessing a stigma (e.g., Pryor & Reeder, 2011)

Stigma has also been reported to affect patients’ families or relatives, along with professionals who work in mental healthcare settings. Stigma is strongly influenced by cultural and contextual value systems that differ over time and across contexts. However, limited information is available on how types of stigmas are experienced by patients with mental illness and mental health nurses all around the world.

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A recent study found that the experience of stigma among patients with mental illness in Indonesia was pervasive and negatively impacted the use of mental health services. The stigmatization of mental illness is manifested by families, community members, mental health professionals and staff, governmental institutions, and the media. Stigmatization is characterized by violence, fear, exclusion, isolation, rejection, blame, discrimination, and devaluation, primarily as a result of a general understanding of mental illness.

Until the stigma associated with mental illness is addressed at the national level, Indonesians with mental illness will continue to suffer and face barriers to accessing mental health services. Given Indonesia's predominantly rural population and traditional way of life, it is particularly important to examine stigma in this context. For example, persisting stigma means that families in traditional societies such as Indonesia and other Asian countries hide those with mental illness because of embarrassment and shame, and are unwilling to access public mental health services.

Stigma may also prevent a family from socializing with other community members. In addition, others may blame family members for the person's illness, meaning patients experience further feelings of shame and guilt.

It has also been reported that stigma means that health professionals in psychiatric hospitals often do not treat patients with dignity or respect, and do not provide optimal protection for patients who are hospitalized.

Despite the prevalence of mental illness and the high levels of stigma toward patients with mental illness, little research has been conducted to clarify the elements, attributes, and features of different types of stigmas in the Indonesian culture and value system. A literature review on mental health in Indonesia conducted in PubMed returned 161 studies published between 1949 and 2020.

However, only 15 of these studies discussed stigma either directly or in the context of Indonesian mental health services. Among these 15 studies, six discussed stigmas in general, consequences of stigma (i.e., "pacing" or confinement), attitudes toward mental health, and perceptions of mental health.

Previous investigations of stigma in Indonesia mainly examined personal stigma, with a focus on the perceptions of those with mental illness and their families, how they respond to stigmatization in their lives, and the impact of stigma on access to mental health facilities or treatment. The present study offers a unique perspective given its comprehensive approach to understanding the different types of stigmas that exist in Indonesian culture.

As described in previous studies, stigma is a burden for patients with mental illness that can be intrapersonal (self-stigma), interpersonal, or in relationships with other people, and structural or discriminatory stigma relating to exclusionary policies and other aspects of life or systems.

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Our participants shared their experiences of different types of stigmas, along with the corresponding elements, and attributes.

In our research, satisfaction with Mental Health Services: Yes (Feel Stigmatized): N = 52, Mean = 4.0048. No (Do Not Feel Stigmatized): N = 49, Mean = 4.2066. t(99) = -1.852, p = 0.093.

CONCLUSION

The research presented in this study sheds light on the multifaceted nature of mental health care and the factors influencing family satisfaction with mental health services. Through an exploration of patient and caregiver experiences, as well as an analysis of demographic variables and service delivery components, several key insights have emerged.

Firstly, the findings underscore the critical role of family caregivers in supporting individuals with mental health disorders. Timely support and intervention for caregivers can significantly impact patient outcomes and prevent the deterioration of mental health conditions.

Furthermore, the study highlights the importance of addressing barriers to care, including stigma, fragmented services, and resource limitations. Efforts to combat societal stigma and improve access to comprehensive, person-centered care are essential for enhancing patient and caregiver satisfaction with mental health services.

Additionally, while gender and residence differences in perceptions of mental health services were observed, these variations were generally minimal and not statistically significant. However, disparities in satisfaction levels between rural and urban residents suggest the need for targeted interventions to address regional differences in service delivery and access.

The study also reveals the impact of perceived stigma on satisfaction with treatment results, emphasizing the importance of promoting awareness and acceptance of mental health conditions within society.

Overall, the research underscores the need for holistic approaches to mental health care that prioritize patient and caregiver experiences, address systemic barriers, and promote inclusivity and acceptance within communities. By addressing these challenges and building upon the strengths of existing mental health systems, we can work towards ensuring that all individuals and families receive the support and care they need to thrive.

Reference

1) (Ratner, Y., Zendjidjian, X. Y., Mendyk, N., Timinsky, I., & Ritsner, M. S. (2018))

2) (Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004))

3) (Mui, E. Y. W., Chan, S. K., Chan, P. Y., Hui, C. L., Chang, W. C., Lee, E. H., & Chen, E. Y. (2019). A systematic review (meta-aggregation) of qualitative studies on the experiences of family members caring for individuals with early psychosis. International Review of Psychiatry, 31(5-6), 491-509.)

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4) (Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015))

5) (Isabelle Pitrou, Djamal Berbiche, Helen-Maria Vasiliadis, Mental health and satisfaction with primary care services in older adults: a study from the patient perspective on four dimensions of care, Family Practice, Volume 37, Issue 4, 1 August 2020, Pages 459–464, https://doi.org/10.1093/fampra/cmaa019)

6) Travers JL, Le C, Desai MM, Merrill JA. Factors associated with dissatisfaction in medical care quality among older medicare beneficiaries suffering from mental illness. J Aging Soc Policy 2019: 1–16. doi 0.1080/08959420.2019.1628624 (accessed on 10 March 2020).

7) (Miglietta, E., Belessiotis-Richards, C., Ruggeri, M., & Priebe, S. (2018))

8) (Ruggeri, M., Lasalvia, A., Santonastaso, P., Pileggi, F., Leuci, E., Miceli, M., ... & GET UP Group. (2017))

9) (Mui, E. Y. W., Chan, S. K., Chan, P. Y., Hui, C. L., Chang, W. C., Lee, E. H., & Chen, E. Y. (2019)).

10) (e.g., race: Richeson & Shelton, 2007; gender: Murphy, Steele, & Gross, 2007)

11) (e.g., Quinn & Chaudoir, 2009; sexual orientation: Beals, Peplau, & Gable, 2009)

12) (e.g., Frable, Platt, & Hoey, 1998; Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009)

13) (Crocker, Major, & Steele, 1998; Major & O'Brien, 2005)

14) (e.g., Pryor & Reeder, 2011)