SYNOPSIS
In the context of present day climate of emphasis on community oriented treatment of mental illness, it seems ideal to adopt a modality of delivery of care which would suit the conditions and requirements of a particular society from the viewpoint of its cultural applicability and economic feasibility. It is essential, however, that before any decisions regarding implementation of any such system are taken, a study on a smaller scale of different modalities from the various angles such as their applicability, feasibility and advisability may be undertaken and findings of such studies may be considered. A review of existing literature reveals that although home care for the mentally ill people has been advocated by many workers in the field of community mental health (Smith 1964, Langley et al., 1969), adequate efforts at the assessment of this modality of treatment have been few. Pasamanick (1967) and Goodacre et al., (1975).

The present study is an attempt in this direction. The study compares a group of freshly diagnosed and so far untreated by medical means, schizophrenic patients who have undergone the experimental treatment modality
of 'home care' through a visiting nurse, with a similar group of patients undergoing treatment by initial hospital admission and subsequent out-patient follow-up (Control group). At a first glance, this treatment modality offers various advantages. (1) It prevents hospitalization and subsequent deterioration in a person's social functioning. (2) It reduces need for hospital beds and direct contact with a psychiatrist thereby reducing the economic requirement. (3) It involves patients' family members in the treatment of the patient which is essential for any type of long term treatment (which incidentally is needed by a large proportion of the mentally ill). (4) It also indirectly helps in reducing the fear surrounding the mental illness. However, these advantages may be achieved at a cost. In other words, although the system may sound ideal from the point of view of the patient it may not be so for the family. The family may face extra burden and risk. The study has tested the relative merits and demerits of such issues.

Design of the study - Sixty consecutive patients who satisfied the sample criteria i.e., were residents of Bangalore city, lived with their families, were suffering first episode of mental illness diagnosed as schizophrenics and had not received any prior medical treatment, were alternately assigned to the two groups
undergoing different treatment modalities 'home group' and 'hospital group'. A follow-up was carried out for further six months. During this follow-up period seven periodical assessments were done in addition to the assessments done at the time of intake.

Assessment parameters - The improvement of the patients from both the groups has been assessed on the parameters of, (1) clinical severity (2) social functioning (3) burden placed on the family (4) attitude of family member toward mental illness and (5) cost of treatment.

For the first two parameters existing standardized tools have been used. However, for the assessment of other three parameters need was felt to construct standard measurement tools, suitable to the design of the present study. The construction of a semi-structured interview schedule for the assessment of burden placed on the family and a self administered attitude questionnaire to assess the attitude of a family member toward mental illness has constituted the first part of this study. Apart from this, the nurses participating in the study had to be trained to carry out adequate and reliable follow-up of the patients treated at home. This training has also formed a preliminary part in the present work.

Analysis of data - The data obtained by these assessments
on both the sample groups has been analysed in various
ways. The first three parameters i.e., clinical severity,
social functioning and burden placed on the family have
been subjected to the following analysis:

1. Each occasion (time assessment) for the two
groups has been plotted graphically.

2. Each occasion compared by students 't' test
to assess the significance level of the
difference in the two groups.

3. Two groups (hospital and home) x eight time
assessments have been analyzed by factorial
arrangement of 2x8 and one way analysis of
variance has been carried out in order to
assess the level of significance of differ-
ences between the means of the two groups,
means of the eight occasions and means of
group x occasion interaction.

4. Scores obtained by both the groups have been
subjected to linear regression analysis. This
provides one with an equation, which accurately
obtains the score of one group when score of
the other group is given.

The data obtained on the parameter of Attitude of
Family members has also been analysed and the differences
between the two groups have been tested by 't' test and
'F' test.

The cost has been estimated as average cost per
patient for the six month follow up period. This parameter includes monetary cost alone i.e., service cost and expenditure to the family.

**Findings** - The analysis of the results indicates,

1) Significant differences between the two groups to the advantage of the 'home group' on the parameters of clinical severity, social functioning and burden on family.

2) Differences exist in the attitude scores of the family members of the two groups to the advantage of the home group but do not reach the level of significance beyond 0.05.

3) There is a net saving of over Rs. 290/- per patient in case of the 'home group'.

Apart from these findings which prove the superiority of home treatment over the hospital admission treatment, some more results have been accomplished:

1) The three primary parameters, namely, clinical severity, social functioning and burden on family reveal positive correlation with each other.

2) The modality of 'home treatment' seems to offer distinct advantages to a sub-group of patients who are above 25, married, living in a nuclear family and with lower income status. Though no statistical analysis has been carried out to say this conclusively, however, on the whole all the groups fare better with home treatment.
3) Higher level of education is related to better outcome in both the treatment groups.

Limitations - Although the experiment successfully concludes the superiority of the home treatment over the hospital treatment one should not overlook a small number of patients, viz., three, who could not complete the home treatment successfully. An analysis of these patients' background and characteristics reveals that patients with dangerous symptoms such as suicidal or homicidal impulses, destructive and wandering tendencies and lack of proper supervision at home or no close family support do not show any benefit of this treatment modality. Hospital admission offers the only alternative for these cases.

To sum up, the study has shown the overwhelming superiority of home treatment over hospital admission from various angles. The fact that the sample of the study included patients with a diagnosis of schizophrenia (which tend to require long-term treatment and have a tendency toward chronicity if not treated effectively) makes the findings more relevant, as they suggest that mere patients could be treated effectively and at a lower cost with utilization of nurses in the follow-up, thereby reducing the need for psychiatrists who are in woefully inadequate supply.