CHAPTER III

Aims of the Study
From the foregoing discussion of the literature, it is clear that even in the west, the relative advantages and disadvantages of hospital based and community based treatment are still to be fully worked out. Any such work in India will have to be carried out with the understanding that we have very little choice in the kind of treatment which can be provided. Basic mental health could be provided to the vast rural population only through community based treatment and utilization of paraprofessionals in the management and follow-up of mental patients, specially those mental patients who require long-term medication and for whom follow-up is essential.

The present study aims to evaluate one model in the treatment and management of schizophrenic patients.

The study makes use of a trained nurse to visit these patients in their homes and carry out the treatment delivery, assessment of the cases and supportive and educative therapy to the patients' family. Patients are kept in their families.

In order to assess the efficacy of this programme, it is compared with a group of similar
patients undergoing hospitalization during their initial phase of treatment.

The following criteria has been used to assess both the groups. The rationale for using these areas for assessment has been provided by earlier workers (Zolik et al., 1971).

1. Clinical improvement,
2. Social functioning of the patient,
3. Burden placed on the family,
4. Cost of treatment to the family and to the hospital, and
5. Attitude of family members toward mental illness.

Hypothesis put forth in this study is that family based treatment is better suited for long term management of schizophrenic patients.

The details of the programme, such as the design of the study, its' operational framework, assessment criteria and measurement tools used are discussed in the next chapter. Various existing scales have been considered for the use in the present study to assess the various parameters. In the area of clinical severity, most of the scales were time consuming and
concerned mainly with presence or absence of particular symptoms (Wing et al., 1967; Kapur et al., 1974). Eventually, The Brief Psychiatric Rating Scale (Overall & Gorham, 1962) has been selected to assess the improvement in clinical severity of the patients.

A number of scales was available, which assess a person's ability to function socially, his adjustment to his environment, level of his readjustment etc. (Holmes and Rahe, 1967, Clark, 1968, Ruesch and Brodsky, 1968, Lynn et al., 1969, Gurland et al., 1972, Weissman, 1974, Sylph et al., 1977, etc.). Here again the need for brevity along with accuracy has been considered. As a result the 16 item inventory developed by Katz & Iyverly (1963) and standardized for the Indian population by Kapur et al., (1980a) has been used.

After careful consideration of the available tools to measure (a) burden placed on family, (b) attitude of the family members towards mental illness and (c) cost of treatment to the family and to the hospital, it was concluded, that these aims of the present investigation could not be suitably carried out by using any of the existing tools. Therefore, another important part of this aim turned out to be the construction of suitable tools, to measure the areas of burden on family, attitude of family members toward mental illness and cost of treatment.