

ASSESSMENT OF FAMILY INVOLVEMENT IN THE PREVENTION AND MANAGEMENT OF RELAPSE IN SCHIZOPHRENIC PATIENTS IN FEDERAL NEUROPSYCHIATRIC HOSPITAL ENUGU

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ABSTRACT

Schizophrenia is a chronic and disabling mental disorder often accompanied by relapses even while on treatment. Relapse rate vary from 50%-92% and are similar in both developed and developing countries. This study determines the assessment family involvement in the prevention and management of relapse in Schizophrenic patients among patients in a tertiary Hospital Enugu. The study utilized descriptive research design. The target population were female and male wards of the institution and a sample size of seventy (70) patients' relatives who were on admission during the period was systematically selected for the study. A self-developed and validated questionnaire containing twenty structured items developed from the study objectives was used for data collection. Data collected was analysed using frequency and percentages. The study revealed that the level of Family involvement in prevention and management of relapse among schizophrenic patients is high, level of respondents' knowledge on the cause and prevention of relapse in schizophrenia is high and methods of family involvement of respondents prevention and management relapse include Show love and affection to the sick, Guiding and encouraging them on taking of medication and keeping appointment, taking of medication and keeping appointment, Teaching and supervising him/her on mental hygiene principles and practices, prompt assistance to visit mental health practitioner when problem arises, Take him to the psychiatric hospital and not using provocative words on the patient e.g. reminding him/her that he/she is mentally ill. There is need for more encouragement.

Keywords: Family involvement, Prevention, Relapse, Schizophrenia.

Introduction

Family theory related to the role of the family in the development of schizophrenia has not been considered by research. An area of family functioning that has been implicated is increase relapse rates in families characterized by high "expressed emotion" (EE). This characteristic is described as emotional over-involvement along with express hostility and critical comments. Relapse usually refers to a deterioration or re-occurrence of positive rather than negative features and relapse tends to impair the course of the illness (Jose & Gutierrez, 2007). Relapse can be defined as the return of the disease after partial recovery. This definition is directly applicable to schizophrenic disorder. Relapse in this condition can be evaluated at the symptomatic phenomenological and behavioural levels. It impinges on inter-personal, social and occupational spheres of the patient's activity (Lader 1995). In turn, relapse has wider implication for the family in general for the provision of medical and social facilities and for health economies. There is no general accepted criterion for relapse but outcomes such as violence and suicide, extreme psychotic behaviour and rehospitalization have been used. Less obvious criteria involve worsening of major symptoms. Relapse is a relative term and must consider the following factors: the patient's condition before the present episode, the severity, duration and interference with

personal functioning, the appearance of any new symptoms or behaviour patterns, the type of treatment given prior to relapse and hence relatively ineffective, the type of treatment given during and its efficacy. Relapse often follow a pattern which may be specific to each individual patient. Social factors may be of predictive power but this need validation in different samples. (Larder, 2015).

Schizophrenia is a mental illness that demands vigilance. Even with a good response to initial treatment, schizophrenia symptoms often return. Only about 10-20 percent people treated for schizophrenia do not experience a relapse (Baethge, 2013). Most people with schizophrenia have multiple relapse over time. Most people will experience a gradual reoccurrence of symptoms. Family involvement should be part of a specific treatment plan rather than informal as need be.

The family should be actively approached and engaged as early as possible. A meaningful involvement of families is a fundamental component of mental health reform (Golder and Ewan 2005). Families can play a crucial role in treatment process and in helping their ill relatives get better and stay better, although, in some countries like ours, the inclusion of relatives in the treatment of schizophrenia patient is still not an integral part

of routine procedures. The families are made to know the warning signs of relapse in schizophrenia which includes the following, insomnia, social withdrawal difficulty in concentrating, irritability, loss of interest, and hallucinations. Knowing the symptoms that are specific to each schizophrenic patient called "relapse signature" is important. The warning symptoms can be very specific says (Compton 2014). For one person, it may be irritability or insomnia or worries about the neighbours for another person, it may be hearing whispers. In fact, warning signs may be as specific as avoiding a certain food or colour. The researcher in view of these deemed it necessary to conduct this study. Families are expected to know the first step to take if a family member is experiencing relapse and how to prevent relapse by early recognition and treatment. Psychosocial treatment helps schizophrenia patients and their families learn how to live with the condition. They include -group or family education as well as counselling and prolonged psychosocial treatment can be an important part of relapse prevention. Family involvement in the treatment of schizophrenia patients can reduce relapse by 20%.

Knowledge of causes of schizophrenia relapse by the family can help the family to be on the lookout for relapse symptoms like not taking medication regularly or as prescribed is by far the most common cause of schizophrenia relapse (Iliades 2015). Stress is problematic, and may contribute to schizophrenia relapse, but symptoms of relapse can also increase stress. Family involvement in treatment decision and planning are similarly recognized as fundamental components in the prevention and management of relapse (Compton 2014). Hence need to really assess the involvement of family in the prevention and management of relapse of schizophrenic patients in South east Nigeria.

Material and Method

The research design for the study is a descriptive survey. This research was carried out in male and female wards of Federal Neuropsychiatric Hospital Enugu. The population of the study was seventy (70) patients' relatives who were taking care of their schizophrenic patients in the male and female acute wards of Federal Neuropsychiatric Hospital, Enugu. The instrument used is self-developed structured questionnaire with 20 items open Pearson's product moment correlation coefficient (PPMCC) was used for reliability with the co-efficient score of 0.99 after analysing the data obtained in the pilot study. The structured questionnaire was distributed by the researchers to a total number

of 70 participants. 45 questionnaires were distributed to patient's relatives in female acute ward while 25 were distributed to patient's relatives in male acute ward. Data generated was organized manually and analysed using frequency table and percentages

Results

As presented in Table 1, many of the respondents were female 50(71.43%). Majority 46(65.71%) are nuclear family. Very few of the respondents 4(5.7%) are fathers of the patients while majority 19(27.1%) are mothers of the patients.

Table 1 Socio-Demographic Data

Respondents	N	%
Age:		
21 - 30 years	22	31.43
31 - 40 years	28	40.00
40 and above	20	28.57
Gender:		
Males	19	27.14
Females	61	87.13
Types of Family:		
Nuclear	46	65.71
Extended	24	34.29
Relationship:		
Father	4	5.17
Mother	19	27.14
Brother	15	21.43
Wife	16	22.86
Husband	6	8.57
Uncle/Aunt	6	8.57
Family friend	4	5.71

Level of Family involvement in Prevention and Management of Relapse among schizophrenic patients

Table 2 shows that 61% of participants strongly agreed that they have patients diagnosed as having schizophrenia while 20% agreed, 8.5% disagreed and 10% strongly disagreed. 53% of participants strongly agreed that they are involved in caring for this patient while 24% agreed, 8.5% disagreed and 8.5% strongly disagreed. 45% of participants strongly agreed that they observe their patients for any signs of abnormal behaviour while 29% agreed, 13% disagreed and 13% strongly disagreed. 46% of participants strongly agreed that they help their patients in the activities of daily living while 21% agreed, 26% disagreed and 7% strongly disagreed. 61% of participants strongly agreed that they participated in the financial upkeep while 13% agreed, 13% disagreed and 13% strongly disagreed. 37% of participants strongly agreed that they always visit the hospital while 33% agreed, 21% disagreed and 9% strongly disagreed. The average score level is 74%. This implies that the level of Family involvement in prevention and management of relapse among schizophrenic patients is high.

Table 2: Level of Family Involvement in Prevention and Management of Relapse Among Schizophrenic Patients n=70

ITEMS	SA	A	D	SD
I have patients diagnosed as having schizophrenia	43(61%)	14(20%)	6(8.5%)	7(10%)
I am involve in caring for this patient	41 (53%)	17(24%)	6(8.5%)	6(8.5%)
I observe my patient for any signs of abnormal behaviour	32(46%)	20(29%)	9(13%)	9(13%)
I help my patient in the activities of daily living	32(46%)	15(21%)	18(26%)	5(7%)
I participate in the financial upkeep	43(61%)	9(13%)	9(13%)	9(13%)
I always visit the patients in the hospital	26(37%)	23(33%)	15(21%)	6(9%)
	51%	23%	15%	11%
	74%		25%	

Table 3 Knowledge of patients’ relatives on the cause and prevention of relapse in schizophrenia

All the respondents had a history of relapse. Most of the respondents 29(41.43%) stated that relapse is the recurrence of mental illness after earlier treatment/control, 12(17.24%) of the respondents were of the view that relapse is when a mentally ill starts behaving abnormally, 9(12.86%) felt it is a sign that a patient is not taking his/her drugs. The signs of relapse identified by the respondents include contributing to issues without being asked (28.57%), manifesting all or some of earlier signs (32.85%), talking excessively (12.86%) and isolating self from others (12.86%).

They also revealed that 38(54.29%) of the respondents believed that what can be done to prevent relapse was supervision of their medications, 20(28.57%) said showing them love and support, 10(14.28%) said keeping. The above table showed that 5(4.29%) out of the 70 respondents said the signs of relapse they noticed was lack of interest in their environment, 18(25.71%) noticed poor sleep, 15(21.43%) of the respondents noticed lack of appetite, 26(37.14%) lack of hygiene, and 6(11.43%) said that keeping to self is the sign of relapse they noticed. This study showed that level of respondents’ knowledge on the cause and prevention of relapse in schizophrenia is high

Table 3: Knowledge of Respondents on The Cause and Prevention of Relapse in Schizophrenia n=70

Sub-Scale	Options	N	(%)
Knowledge of patient’s relatives on the cause and prevention of relapse	Duration of first admission:		
	Less than 6 months.	55	78.6
	6-12 months.	8	11.4
Any history of relapse?	Above 1 year.	7	10
	Options:		
	Yes	70	100
What do you understand by relapse in mental illness?	No	-	-
	- Behaving abnormally.	12	17.14
	- Re-occurrence after earlier treatment.	29	41.43
	- A sign that a patient is not taking drugs.	9	12.86
	- Keeping to self.	8	11.43
	- A sign that illness runs in family.	6	8.57
How will you know that your family member is experiencing relapse?	- Sign that illness is severe	6	8.57
	- When talking excessively.	9	12.86
	- When keeping to self.	9	12.86
	- When contributing to issues without being asked to do so.	20	28.57
	- When he/she does not interact well with family members.	9	12.86
What can be done to prevent relapse?	- When manifesting some/all earlier signs.	23	32.86
	Options:		
	- Supervision of their Medications.	38	54.29
	- Showing love and support to them.	20	28.57
	- Keeping them lonely at home.	10	14.58
Have you observed signs of relapse in your relation before	- Allowing them to do whatever they want.	2	2.86
	Yes	70	100
If yes, what were the signs of relapse that you noticed?	No	-	-
	- Lack of interest in the Environment.	5	4.29
	- Poor sleep.	18	25.71
	- Lack of appetite.	15	21.43
	- Lack of hygiene.	26	37.14
- Keeping to self.	6	11.43	

Table 4 shows the Methods of Family Involvement in Prevention and Management of Relapse.

Majority 48 (68.57%) of the respondents show love and affection to the sick, while only 22 (31.43%) disputes that. Most 50(61%) of the respondents guide and encourage them while 20 (39%) did not. 45 (64.29%) of the respondents prevent and manage relapse by taking of medication and keeping appointments while 25 (36%) did not. 38 (54%) of the respondents prevent and manage relapse by teaching and supervising him/her on mental hygiene principles and practices while 32(46%) did not. 30 (43%) of the respondents prevent and manage relapse of the respondents by observing her behaviour, while 40 (57%) did not. 45 (64%) of the respondents prevent and manage relapse by Prompt assistance to visit mental health practitioner when problem arises while 25 (36%) did not. 21 (30%) of the respondents prevent and manage relapse by training patient with skills he can cope with while 49 (70%) did not. 26 (37%) of the respondents prevent and manage relapse by taking patient to church for prayers while 45 (62%) did not. 25(38%) of the respondents prevent and manage relapse by encouraging patient to further his education while 45 (62%) did not.

39(56%) of the respondents prevent and manage relapse by taking him to the psychiatric hospital while 31 (44%) did not. 42 (60%) of the respondents prevent and manage relapse by engaging him/her in outdoor activities e.g. playing table tennis while 28(40%) did not. 20 (39%) of the respondents prevent and manage relapse by Leave him/her at home for observation and rest while 50 (61%) did not. 24 (34%) of the respondents prevent and manage relapse by Look for traditional medication while 46 (66%) did not. 20 (39%) of the respondents prevent and manage relapse by Letting patients have their way while 50 (61%) did not. 32 (46%) of the respondents prevent and manage relapse by Involving him in family decision making while 38 (54%) did not. 40 (57%) of the respondents prevent and manage relapse by Not using provocative words on the patient e.g. reminding him/her that he/she is mentally ill while 40 (57%) did not. This study showed that respondents prevent and manage relapse include: Show of love and affection to the sick, Guiding and encouraging them in taking of medication and keeping appointment, Teaching and supervising him/her on mental hygiene principles and practices, prompt assistance to visit mental health practitioner when problem arises, Take him to the psychiatric hospital and not using provocative words on the patient e.g. reminding him/her that he/she is mentally ill.

Table 4: Methods of Family Involvement in Prevention and Management of Relapse

ITEM	Yes	No
Show love and affection to the sick	48(68.57%)	22(31.43%)
Guiding and encouraging them on taking of medication and keeping appointment.	50(61%)	20(39%)
taking of medication and keeping appointment.	45(64.29%)	25(36%)
Teaching and supervising him/her on mental hygiene principles and practices.	38(54%)	32(46%)
Observing her Behaviour	30(43%)	40 (57%)
Prompt assistance to visit mental health practitioner when problem arises.	45(64%)	25(36%)
Training patient with skills he can cope with.	21(30%)	49(70%)
Take patient to church for prayers.	26(37%)	44(63%)
Encouraging patient to further his/her education.	25(38%)	45(62%)
Take him to the psychiatric hospital.	39(56%)	31(44%)
Engaging him/her in outdoor activities e.g. playing table tennis	42(60%)	28(40%)
Leave him/her at home for observation and rest.	20(39%)	50(61%)
Look for traditional medication.	24(34%)	46(66%)
Let patients have their way.	20(39%)	50(61%)
Involving him in family decision making.	32(46%)	38(54%)
Not using provocative words on the patient e.g. reminding him/her that he/she is mentally ill	40(57%)	30(43%)

Discussion

This study determines the assessment family involvement in the prevention and management of relapse in Schizophrenic patients among patients in a tertiary Hospital Enugu. Demographically, the respondents of this research work are mostly females 50(71.43%) and are of mature age as majority of them were the ages of 33-39 years (28.57%). In addition, Igbo's were the most ethnic group with (98.57%) and 70(100%) Christians. This finding maybe as a result of the fact that in Igbo land it is believed that it is the role of women to take care of a sick family member. Females are having the ability to care, and that nature has endowed them with the gift of caring. Mothers and wives are the majority in this study who take care of their relatives during admission in hospitals, this goes to show family bonding and strength especially when sickness is involved. This is in line with the study of Pharaoh and Rathbone (2010) where it was discovered that culture has deep root in family relationship and interaction.

This study reported that the level of family involvement in prevention and management of relapse among schizophrenic patients is high. This maybe as because in all Nigerian communities, family members are all involved in the care of their sick.

This study reports that level of respondents' knowledge on the cause and prevention of relapse in schizophrenia is high. This is in line with the findings of Coultts and Hardy (2010) where the researchers concluded that if knowledge about a problem is increased it will positively influence attitude and practice or behaviour.

This study showed that the methods of family involvement of respondents prevention and management relapse include Show love and affection to the sick, Guiding and encouraging them on taking of medication and keeping appointment, taking of medication and keeping appointment, Teaching and supervising him/her on mental hygiene principles and practices, prompt assistance to visit mental health practitioner when problem arises, Take him to the psychiatric hospital and not using provocative words on the patient e.g. reminding him/her that he/she is mentally ill.

This study supports the work of Kazadi, Moosa and Leenah 2008 on effect of family intervention among patients with schizophrenia where (68.2%) of the respondents with family intervention were not re-hospitalized within 5years. This study also agreed with the work of Rathbone (2006) that confirmed that family and Compton (2014) who asserted that psychosocial treatment help people with schizophrenia and their families learn how to live with the condition. This study is in line with the work of Baethge (2013) which states that family involvement should be part of specific treatment rather than informal.

Conclusion

In conclusion, this study examines the assessment of family involvement in the prevention and management of relapse in Schizophrenic patients among patients in a tertiary Hospital Enugu. Family functioning can increase or decrease relapse. Most people with schizophrenia have multiple relapse over time due to emotional over-involvement or hostility expression thus family involvement as part of treatment plan is critical in helping their ill relatives get better and stay better especially in schizophrenia patient .Although level of Family involvement in prevention and management of relapse among schizophrenic patients and knowledge about the cause are high and methods of prevention and management of relapse is alright, there is need for more encouragement.

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