FACTORS CONTRIBUTING TO RELAPSE AMONG PSYCHIATRIC PATIENTS IN JOS UNIVERSITY TEACHING HOSPITAL

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Abstract

The aim of this study was to examine the factors contributing to relapse among psychiatric patients in Jos University Teaching Hospital (JUTH). This study employed across sectional survey design and total number of nurses working in psychiatric units were used. Questionnaires were used to obtain information; data were analysed using descriptive statistics of frequency count and percentages while hypotheses were tested using inferential statistics of chi-square (on SPSS). P-value of less than 0.05 was considered statistically significant. The demographic characteristics of respondents indicated that majority are females, married and registered psychiatric nurses. The findings of this study observed that poor antipsychotic drug adherence, non- compliance with medication regime, stressful life, emotional over involvement/ depressed mood, substance abuse and peer pressure are factors contributing to relapse among psychiatric patients. Further findings showed that Schizophrenia, mood disorder, dementia, anxiety disorder, depression and eating disorder are types psychiatric illness that relapse commonly among psychiatric patients, lastly, this study observed that Life style change approach, Cognitive behavioural approach (CBT), Effective coping with unavoidable high risk situation managing relapse, Avoidance of known high risk situation and Support from family and friends were a strategies adopted by nurses in the prevention of relapse among psychiatric patients. Based on these findings, it was recommended that mental health nurses should strengthen their therapeutic relationship with patients' family members. Two hypotheses were tested and the findings revealed that: There is a significant relationship between strategies adopted by nurses and prevention of relapse in psychiatric patients and there is a significant relationship between the types of psychiatric illnesses and factors associated with relapse in psychiatric patients in Jos University Teaching Hospital Psychiatric nurse experts should embark on regular individual psycho-education sessions and community-based intervention which will help reduce relapse and improve mental health care service. In conclusion, Patients with psychiatric disorders stand to benefit greatly from the strategies adopted by nurses in relapse prevention when the relationship is prioritized.

Keywords: Nurse, Psychiatric Patients, Relapse-Prevention and Strategies

Introduction

In societies today, the mere mention of mental illness or psychiatry scares people, Jos University Teaching Hospital (JUTH) was not an exemption as people believe that both patients and workers in the psychiatric ward are mentally deranged. These feelings may interfere with good relationship between the general society and people with mental problems. The poor relation may lead to relapse because no confidence is posed on the patient and no responsibility is assigned to them. The general believe in the society is that once anybody is mentally deranged, he or she cannot come off it. In the cause of 'psychiatric illness relapse is a return of symptoms after a period of time when no symptoms are present. In the global burden of disease (2011), psychiatric disorders accounted for 3.4 % of the total Disease Adjusted Life Years (DALYS) and in the African region, mental illness accounted for 0.5% of total (DALYS) (WHO 2011). The factors most likely to increase the risk of a relapse among patients with psychiatric disorders at the Jos University Teaching Hospital (JUTH) Nigeria are depression or post-

traumatic stress, co-morbid depressed mood, poor medication, non-adherence to hospital appointment, lack of patient insight and side effects. Relapse has been defined as a worsening of psychopathological symptoms or re-hospitalization in the year after hospital discharge (Schennachj, Obermeier, Meyer, Jager Schmauss & Laux et al 2012). A major contributing factor in the relapse of psychiatric patients is non-compliance with treatment. Manamela (2010) found that the stigma attached to mental illness is a problem that psychiatric patients experience daily. This stress can be as a result from stigma, thereby causing psychiatric patient to be neglected by the community including their families. In addition, poor referral systems are a problem causing relapse. It is therefore recommended that there should be an improvement of the referral system especially, between psychiatric institutions and the clinics where discharged patients will attend for follow up care. Relapse can occur at any time during treatment and recovery and is very detrimental to the successful management of mental illness. With

each relapse, there is a longer period of time to recover (Shives, 2017).

Videbec (2010) posited that one of the major reasons for relapse is noncompliance with medication regimen. Relapse can lead one to become a victim of violence and crime, (especially when responding to hallucinations), substance abuse, poverty and homelessness hence reducing quality of life for such individuals. Many other factors trigger relapse; the degree of impairment in cognition and coping leaves the patient vulnerable to stressors, the accessibility of community resources, such as public transportation, housing, entry level and low –stress employment, and social services; income supports that buffer the day today stressors of living; the degree of stigmatization that the community holds for the mental illness that attacks the self-concept of patients; and the responsiveness of family members, friends and supportive others when patients need help (Baldessarini,2012). Most drugs available in the psychiatric unit are typical antipsychotics which have a lot of extra pyramidal side effects. Availability of a typical antipsychotics (most commonly risperidone and Olanzepine) with lesser extrapyramidal side effects varies, hence patients have to buy the drugs or themselves sometimes they cannot afford to buy them due to poor social economic status which may worsen the mental illness, hence, they go without medications which results into relapse. Mental disorder affects approximately 13% of the world population with a relatively high prevalence rate of 1.4-4.6 per thousand populations at risk (Knapp *et al.* 2014). Relapse can occur at any time during treatment and recovery, and relapse can be expected in 70% of patients after the first schizophrenic episode (Muller 2014). Relapse in mentally ill patients predicts poor prognosis, brings about deterioration in social, occupational and financial status and increases the burden of care on the family (Chabungbam et al, 2017). The risk for a relapse after a mental episode remains increased throughout the patient's lifetime thus causing cognitive decline and lowers the quality of life of the patient (Muller, 2014). It is common knowledge that mental illness has become a worldwide issue and is on the increase; by 2020, mental and substance use disorder will surpass all physical disease as a major cause of disability worldwide (WHO 2009). Relapse brings about constant expenditure on drugs and hospital bill; it also serves as a stressor to care providers' i.e., family members, which cut down on their income as they are always in the hospital when a relapse occurs. Patients that relapse have a high rate of criminal behaviours, thereby endangering their lives, and lives of family members and the lives of members of the society; they are unable to establish any sort of relationship. Relapse rates are similar in both

developed and developing world despite the former having well-established mental health services (Kazadi, 2017). It was observed that there has been an increase in number of patient's re-admitted with mental disorders than in new admissions and approximately a half of those re-admitted are alleged to have schizophrenia. This was indicated in the outpatient department report of 2015. Relapse prevention is a primary focus in the treatment of mental illness in both developed and developing countries like Nigeria. Hence this study on the factors contributing to relapse among psychiatric patients in psychiatric unit of University Teaching Hospital (JUTH) from 2015-2019.

Objectives of the Study
1. To identify the factors contributing to relapse among psychiatric patients
2. To determine the types of psychiatric illnesses that commonly relapse.
3. To assess the preventive strategies adopted by nurses in the prevention of relapse among psychiatric patients.

Hypotheses
1. There is no significant relationship between preventive strategies adopted by nurses and relapse among psychiatric patients.
2. There is no significant relationship between the types of psychiatric illnesses and factors associated with relapse.

Methodology
This study employed a cross sectional survey design. The research was conducted in the psychiatry unit of the Jos University Teaching Hospital (JUTH) which is located at the old site along Murtala Mohammed way, Jos North Local Government Area of Plateau state. JUTH was chosen for this study because it is the only Teaching hospital in Plateau with a psychiatric ward/ unit as at the time of this study. The psychiatric unit is located adjacent to the school of nursing and close to school of midwifery. It consists of two wards with a bed space of 26 beds each and a some of which were specially trained in psychiatric nursing. The target population consisted of all psychiatric nurses working in the psychiatry unit of the Jos University Teaching Hospital (JUTH). The total number of 25 nurses working in the psychiatry unit of the Jos University Teaching Hospital were used for the study. The instrument for data collection: is a self-developed well-structured questionnaire, which consists of four sections (A to D); section A, contained Socio demographic data of the nurses, Section B: Factors influencing relapse among psychiatric patients, section C consist of psychiatric illnesses that relapse commonly and section D

contained strategies adopted by nurses in the prevention of relapse among psychiatric patients. The questionnaire was tested for face, content and constructs validity by the experts after which corrections and adjustments were made to ensure that the instrument was valid. A test-retest method was used. 5 nurses from Fudawa clinic and maternity Jos, were used for the pilot study. Questionnaire were retrieved and analysed for reliability test. Using Cronbach- Alpha. A value score of 0.72 was obtained. Data analysis was done using frequencies, percentages and chi-square test. **Ethical clearance** was gotten from the Ethical Board of Jos University Teaching Hospital. Permi**ssion was** granted before the questionnaires were served. Participants were reques**ted to co**mplete the written informed consent form to ensure confidentiality, code numbers **were**

used for each participant instead of names and freedom to withdraw at any time during the study was issued. A total of 25 questionnaires were distributed and all were retrieved and analysed using simple percentage.

Results
Table 1 showed the demographic data of respondents, for gender 17(68%) were female while 8(32%) were male, however, 3(12%) of the respondents were single, while 22 (88%) were married, on their qualification, 15 (60%) were registered psychiatric nurses, 4 (16%) were registered nurse/ midwife while 6 (24%) were BNSc holders. The demographic characteristics of respondents indicated that majority are females, married and registered psychiatric nurses.

Table 1: Demographic Data

Variables	Categories	Frequency	Percentages (%)
Gender	Female	17	68
	Male	8	32
	Total	25	100
Materials status	Single	3	12
	Married	22	88
	Total	25	100
Level of education	Registered psychiatric	15	60
	Registered nurse/ midwife	4	16
	BNSc	6	24
	Total	**25**	**100**

Research Question One
What are the factors contributing to relapse among psychiatric patients?

Table 2 showed that 25(100%) of respondent strongly agreed that poor antipsychotic drug adherence was a factor contributing to relapse among psychiatric patients. This study also majority of respondents (88%) strongly agreed that Non-compliance with medication regime is a factor contributing to relapse among psychiatric while 12% strongly disagreed. 64% of respondents strongly agreed that stressful life events is a factor contributing to relapse among psychiatric patients, while 12% agreed and strongly disagreed. 72% of respondents strongly agreed that emotional over involvement/ depressed mood is a factor contributing to relapse among psychiatric patients, while 32% agreed and

16% strongly disagreed. 72% of respondents strongly agreed that mental illness stigmatization is a factor contributing to relapse among psychiatric patients while 32% agreed and 16% strongly disagreed. The result of this study observed that 40% of respondents agreed that previous admission of psychiatric patient is a factor contributing to relapse among psychiatric patients, while 60% disagreed. All respondents strongly agreed that substance abuse is a factor contributing to relapse among psychiatric patients. Lastly, 80% of respondents strongly agreed that peer pressure is a factor contributing to relapse among psychiatric patients while 20% agreed. This study concludes that poor antipsychotic drug adherence, Non- compliance with medication regime, stressful life, emotional over involvement/ depressed mood, substance abuse and peer pressure are factors contributing to relapse among psychiatric patients.

Table 2: Factors that Contributes to Relapse among Psychiatric Patients

Variables	SA	A	D	SD	Total
	N (%)	N (%)	N (%)	N (%)	N (%)
Poor antipsychotic drug Adherence	25(100)	0(0)	0(0)	0(0)	25(100)
Non-compliance with the medication regime	22(88)	0(0)	0(0)	3(12)	25(100)

Stressful life events	16(64)	0(0)	0(0)	8(32)	25(100)
Emotional over involvement/ depressed mood	18(72)	3(12)	0(0)	4(16)	25(100)
Mental illness Stigmatization	18(72)	3(12)	0(0)	4(16)	25(100)
Previous admission of psychiatric patients	0(0)	10(40)	15(60)	0(0)	25(100)
Substance abuse	25(100)	0(0)	0(0)	0(0)	25(100)
Peer pressure	20(80)	5(20)	0(0)	0(0)	25(100)

Key: SA strongly agreed; A agreed; SD strongly disagreed; D disagreed.

Research Question Two
What are the types of psychiatric illnesses that commonly relapse?

Table 3 revealed that majority of the respondents 80% strongly agreed that Schizophrenia is a type psychiatric illness that relapse commonly among psychiatric patients, while 20% strongly disagreed. 88% of respondents strongly agreed that mood disorder is a type psychiatric illness that relapse commonly among psychiatric patients, while 12% strongly disagreed. 64% of respondents strongly agreed that dementia is a type psychiatric illness that relapse commonly among psychiatric patients, while 36% strongly disagreed? 72% of respondents strongly agreed that anxiety disorder is a type psychiatric illness that relapse commonly among psychiatric patients, while 12% agreed and 15% disagreed. This study report that all respondents strongly agreed that depression is a type psychiatric illness that relapse commonly among psychiatric patients and lastly, 60% of respondents strongly agreed that eating disorder is a type psychiatric illness that relapse commonly among psychiatric patients, while 8% agreed and 32% disagreed. This study observed that Schizophrenia, mood disorder, dementia, anxiety disorder, depression and eating disorder are types psychiatric illness that relapse commonly among psychiatric patients,

Table 3:   Types of Psychiatric Illnesses that Relapse Commonly Occur

Variables	SA	A	D	SD	Total
	N (%)	N (%)	N (%)	N (%)	N (%)
Schizophrenia	20 (80)	0(0)	0 (00)	5(20)	25 (100)
Mood disorder	22 (88)	0(0)	0(0)	3(12)	25 (100)
Dementia	16 (64)	0(0)	0 (0)	9(36)	25 (100)
Anxiety disorder	18 (72)	3(12)	4 (15)	0(0)	25 (100)
Depression	25 (100)	0(0)	0 (0)	0(0)	25 (100)
Eating disorder	15 (60)	2(8)	0	8(32)	25 (100)

Research Question Three
What are the preventive strategies adopted by nurses in the prevention of relapse?

Table 4 reported that 18(72%) of respondents strongly agreed that social support approach was a strategy adopted by nurses in the prevention of relapse among psychiatric patients while 3(12%) agreed and4 (16%) strongly disagreed. 19(76%) of respondents strongly agreed that Lifestyle change approaches was a strategy adopted by nurses in the prevention of relapse among psychiatric patients while 6(24%) agreed. 25(100%) strongly agreed that CBT is a strategy adopted by nurses in the prevention of relapse among psychiatric patients, 25(100%) of respondents strongly agreed that Effective coping with unavoidable high risk situation managing relapse is a strategy adopted by nurses in the prevention of relapse among psychiatric patients. Findings showed that 25(100%) also strongly agreed to avoidance of known high risk situation, also 22(88%) strongly agreed to Health recreational activities such as football, ludo game card games etc. while 20(80%) strongly agreed to Relaxation technique including repetitive mediation yoga exercise etc and 20(80%) strongly agreed to support from family and friends as strategies adopted by nurses to prevent relapse. 10(40%) strongly agreed that Joining social groups such as the alcohol anonymous (AA) group is effective, 10(40%) disagreed and 5(20%) strongly disagreed. This study observed that Life style change approach, Cognitive behavioural approach (CBT), Effective coping with unavoidable high risk situation managing relapse, Avoidance of known high risk situation and Support from family and friends were strategies adopted by nurses in the prevention of relapse among psychiatric patients.

Table 4: Strategies Adopted By Nurses in the Prevention of Relapses

Variables	SA	A	D	SD	Total
	N (%)	N (%)	N (%)	N (%)	N (%)
Social support approach	18 (72)	3 (12)	0(0)	4 (16)	25 (100)
Lifestyle change approaches	9 (76)	6 (24)	0 (0)	0 (0)	25 (100) *
Cognitive behavioural approach (CBT)	25 (100)	0 (0)	0 (0)	0 (0)	25 (100) *
Effective coping with unavoidable high risk situation managing relapse	225 (100)	0 (0)	0 (0)	0 (0)	25(100) *
Managing relapse through abstinence violation effect prevents relapse	18 (72)	1(4)	4 (16)	2 (8)	25 (100)
Avoidance of known high risk situation	25 (100)	0 (0)	0 (0)	0 (0)	25 (100) *
Relaxation technique including repetitive mediation yoga exercise etc.	1 (64)	0 (0)	9	0 (0)	25 (100)
Health recreational activities such as football, ludo game card games etc	22(88)	2(8)	0 (0)	1(4)	25 (100)
Support from family and friends	20 (80)	5 (20)	0 (0)	0 (0)	25 (100) *
Joining social groups such as the alcohol anonymous (AA) group is effective	10(40)	0 (0)	10 (40)	5 (20)	25 (100)

Significant*

Hypothesis One

There is no significant relationship between preventive strategies adopted by nurses and relapse among psychiatric patients.

Result of Table 5 observed that the chi-square value of 28.259 with the degree of freedom 2 at significant level 0.05, the p-value was less than 0.05 at 95% confidence interval. The Null hypothesis which states that there is no significant relationship between strategies adopted by nurses and prevention of relapse in psychiatric patients is rejected and the alternate hypothesis is accepted. Therefore, it meant that preventive strategies adopted by nurses have an influence on the relapse in psychiatric patients in Jos University teaching.

Table 5: Cross Tabulation between Preventive Strategies Adopted By Nurses and Relapse

Preventive Strategies	Relapse	No Relapse		X^2	Df	p-value
Social support approach	2	23	25	28.259	2	<0.001
Lifestyle change approaches (Relaxation)	1	24	25			
Cognitive behavioural approach (CBT)	4	21	25			

Calculated x^2 28.259, df is 2, significance value is 0.05 at 95% confidence interval, critical value of 21.9550

Hypothesis Two

There is no significant relationship between the types of psychiatric illnesses and factors associated with relapse.

In Table 6, the calculated chi-square =18.421 at the degree of freedom 9 at significant level 0.05, the p-value was less than 0.05 at 95% confidence interval. The Null hypothesis which states that there is no significant relationship between the types of psychiatric illnesses and factors associated with relapse in psychiatric patients in Jos University Teaching Hospital is rejected and the alternate hypothesis is accepted. Therefore, it meant that there was a significant relationship between the types of psychiatric illnesses and factors associated with relapse among psychiatric patients in Jos University Teaching Hospital.

Table 6: Cross Tabulation between Types of Psychiatric Illnesses and Factors of Relapse

Factors	Factors				Total	X²	Df	p-value
	Schizophrenia	Depression	Anxiety	Mood Disorder				
Non-adherence	6	6	3	3		20.08	9	0.00
Substance abuse	0	1	0	0				
Non-compliance	1	1	1	1				
Emotional over	0	2	0	0				
Total	7	10	1	4	25			

Calculated x^2=20.08; DF=9 at 0.05 significance level critical value=18.5476

Discussion of Findings

This study assesses the factors contributing to relapse among psychiatric patients. The demographic characteristics of respondents indicated that majority are females, married and registered psychiatric nurses. This study reveals that poor antipsychotic drug adherence, Non- compliance with medication regime, stressful life, emotional over involvement/ depressed mood, substance abuse and peer pressure are factors contributing to relapse among psychiatric patients Findings from this study corresponded with a study carried out by Mwaba and Molamu (2012), where a major contributing factor in the relapse of psychiatric patients was non-compliance with treatment. Poor antipsychotic drug adherence 100%, and substance abuse 100%. This study also agreed with a study carried out by Li & Arthur (2015), where their result demonstrated that patients who didn't adhere to medication regimen were more likely to relapse, this was found after the compared relapse and adherence after discharge in a group of 89 patients. This study also is consistent with a study done by Turkington (2010) in Northern Ireland which found that there was higher relapse rate among psychiatric participants who were persistently misusing some substance (56.3%) than those who stopped misusing substance (32.9%).

This research observed that Schizophrenia, mood disorder, dementia, anxiety disorder, depression and eating disorder are types psychiatric illness that relapse commonly among psychiatric patients, this study corresponded with a study carried out by Craig and Boardman (2017) who found that most common mental disorders among patients in primary health care (PHC) was depression (10%), schizophrenia (80%) mood disorder(88%) and anxiety disorder(72%) were types of psychiatric illness(es) that relapse commonly occurred. This study is in agreement with a study carried out by Water (2010) who stated that majority of patients with schizophrenia experience multiple relapses during the course of illness and anxiety disorder was one of the mental illnesses with a high rate of relapse which occur frequently within a year whereas this study found out that depression occurs more frequently. This study also supports a study carried out by Weissman and Kast (2013) that two third of women with depression seen over a year, have a reoccurrence of depression. More so, this study disagreed with a study carried out by White Water (2010), when he says that life style change approach, Cognitive behavioural approach (CBT), Effective coping with unavoidable high risk situation managing relapse, Avoidance of known high risk situation and Support from family and friends were strategies adopted by nurses in the prevention of relapse among psychiatric patients. However, the effective coping with unavoidable high risk situation event brought about relapse, and avoidance of known high risk situations as the strategies in cognitive behavioural therapy (CBT) was rated highest 25 (100) % each, this meant that CBT was the most strategy adopted by nurses in the prevention of relapse. The result of the study is in agreement with a study carried out by Carroll (2011), who said that cognitive behavioural model forms the basis for relapse prevention, on intervention signed to prevent and managed relapse in individual who have received or receiving treatment for depressed problems, similarly Annis, 2016, Carrol 2019, Deky 2019, Zakon 2013 said that provided with information and skill, they could be use systematically to identify and then avoid or with feelings and events which could create cravings that may lead relapse as an effective strategy for relapse prevention. This study is in agreement with Curry (2010) who opined that if psychiatric patients were supported by family and friends, then relapse occurrence could be prevented and patients could recover speedily.

Conclusion and Recommendations

Relapse is a worldwide issue travailing prompt management, when left without any form of care, it can lead to long term deformity both physically and socially. Patients with psychiatric disorders will benefit greatly from the strategies adopted by nurses in relapse prevention. This will help to maintain

mental greatness, increased insight on activities within and outside their environment, establish and maintain relationship and also functional productivity in the society.

From the findings of the study, it was recommended that, psychiatric patients should be supported by relatives and friends, hence encouraging better communication patterns and more effective interactions, this will help prevent relapse. The government should employ more psychiatric nurses for effective implementation of the strategies in psychiatric patients for positive outcomes.

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