

perceived **CAUSES** of
RELAPSE among a sample of recovering
PSYCHIATRIC PATIENTS
at a Mafikeng hospital

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ABSTRAK

Die doelwit van hierdie studie was om ondersoek in te stel na oorsaaklike faktore verantwoordelik vir terugval onder 'n steekproef van psigiatriese buitepasiënte wat aan die herstel was te Mafikeng hospitaal. Die steekproef is saamgestel uit 15 mans en 15 vroue, ouderdom 18 tot 60 jaar (gemiddelde ouderdom 38,7 jaar). Die resultate het getoon dat 43 persent van die proefpersone hulle terugval toegeskryf het aan 'n gebrek aan volgehoue gebruik van medikasie na ontslag uit die hospitaal. Die res van die deelnemers het hul terugval toegeskryf aan 'n gebrek aan sosiale ondersteuning (20 persent), verlies van 'n familielid (2 persent) en werkloosheid (17 persent). Daar word aanbeveel dat 'n geïntegreerde benadering oorweeg word ten einde terugval te verhoed. Die doel van die benadering sou wees om beter sosiale ondersteuning aan psigiatriese pasiënte, wat aan die herstel is, te voorsien.

Abstract

The aim of the present study was to identify factors that are perceived by recovering psychiatric patients as contributing to their relapse. The participants were a convenient sample of out-patients at a psychiatric hospital in Mafikeng, north west South Africa. The sample consisted of 15 males and 15 females, aged 18 to 60 years (mean age = 38.7 years). The research data was collected using a questionnaire and non-structured interview. The results showed that 43 percent of the patients attributed their relapse to inability to adhere to prescribed medical intervention. Patients also attributed relapse to lack of social support (20 percent), grief following the loss of a close family member (20 percent), and lack of employment (17 percent).

It is recommended that a more integrated approach aimed at providing effective social support be considered in relapse prevention.

INTRODUCTION

The phenomenon of relapse has attracted tremendous research in the health profession. Relapse occurs when a person backslides or falls back into a former worse condition (Marlatt & Gordon, 1985).

Nurses, psychologists, psychiatrists, doctors, and other health professionals all seek to understand why a patient or client shows a recurrence of symptoms of a disease or a mental problem after a period of improvement.

The present study was concerned with understanding the incidence

of relapse in a sample of recovering black South African psychiatric patients. A review of the literature reveals that every model of psychopathology suggests its own approach to prevention or treatment. However, the general approach among the different models is that relapse prevention entails identifying the possible risk factors that contribute to relapse.

Once these factors have been identified, the person can be helped to develop responses that are more adaptive, functional and productive (Myers & Brown, 1990). Given the complexity of etiology in psychopathology, it is not surprising that multiple variables have been proposed as important in understanding the incidence of relapse.

A number of studies have focused on socio-demographic influences on relapse. One study by Avison and Speechly (1987) found that there was no significant influence of gender and age on the incidence of relapse in a sample of discharged psychiatric patients. Klein's (1976) study found that married individuals were less likely to relapse than single ones.

By contrast, a study by Discipion and Sommer (1973) found no significant relationship between marital status and the incidence of relapse.

Studies on the influence of employment status on relapse have also produced inconsistent results. While some studies show that unemployed individuals were more likely to relapse than those employed (Klein, 1976), other studies found that there was no significant difference in the incidence of relapse between individuals in employment and those unemployed (Fontana & Dowals, 1975).

Other studies have investigated the influence of social support on a person's psychological well-being (Caplan & Killilea, 1976; Cassel, 1976; Vaillant, 1977).

The results of these studies showed a consistent finding of a relationship between lack of social support and serious psychological disorder. Individuals lacking social support were more vulnerable to psychopathology than those having

social support. According to the "buffer model" (Cassel, 1974), social support has its most beneficial effect when an individual is experiencing stress. Social support is viewed as a buffer against what would otherwise be harmful effects of a stressful experience.

One important implication of the research findings on relapse is that to understand the phenomenon, it is important to study a person's social setting, specifically the social conditions that make certain difficulties more likely to recur. In addition, one needs to understand a person's interpretation of social events and the impact of this interpretation on the person's feelings of mastery and self-esteem.

PURPOSE OF THE STUDY

The purpose of the present study was to identify factors that are perceived as causing relapse among a sample of black South African psychiatric patients.

The relevance of the present study must be viewed in the context of the new South African government's desire to provide appropriate mental health for all.

Such a policy makes it imperative for researchers to conduct studies that may contribute to understanding factors that impede mental health recovery in communities that were historically marginalised.

METHODOLOGY

A convenient sample of 15 male and 15 female patients diagnosed as schizophrenic served as participants. The sample was drawn from a Mafikeng hospital in the North West province of South Africa.

The ages of the participants ranged from 18 to 60 years, with a mean of 38.7 years. Eighteen of the participants reported that they were single, eight were married and the remaining four were widowed. The participants were selected on the basis of a history of relapse after being discharged from the hospital. Only those who were willing to participate and able to give informed consent were selected for the study.

The data was collected using a non-structured interview, a questionnaire, and hospital records. The latter was used for socio-demographic information and verification of participants' responses.

The research instruments were designed to obtain information regarding participants' perception of causes of their relapse.

The variables measured were based on the clinical literature and included participants' employment status, adherence to medical and social interventions advocated by mental professionals, social

support, and family life.

The participants were interviewed individually by research assistants in Setswana, the participants' language of preference.

RESULTS

The data obtained in the study was analysed using descriptive statistics. The results showed that 45 percent (n=13) of the participants perceived defaulted treatment to be the cause of relapse. There was an almost equal number of males (n=7) and females (n=6) who attributed relapse to such default.

Participants explained that they defaulted on medication because of adverse side effects of the medication which they could not handle. Patients also reported that lack of proper supervision at home and a belief that they had already recovered as contributing to their relapse.

The second perceived cause of relapse was lack of social support. Twenty percent (n=6) of the participants (4 males, 2 females) reported that they found it difficult to cope with stress in their families and communities.

According to the participants, the stress resulted from the stigma attached to mental illness which made them feel rejected by their own families and the community at large. Many participants lamented that they had no one who cared for them and felt lonely and isolated.

Death of a close family member, such as a spouse or offspring, was the third self-reported cause of relapse. Twenty percent (n=6) of the participants (3 females, 3 males) attributed their relapse to grief and stress brought about by death in the family. Lastly, 17 percent (n=5) of the participants (1 male, 4 females) attributed their relapse to unemployment.

The participants explained that prospective employers discriminated against them because they were perceived as unstable and dangerous even though they could function well in a job situation. As a result they became hopeless and perceived themselves as worthless.

CONCLUSION AND RECOMMENDATIONS

The findings of the present study have limited generalisability because of the relatively small sample studied. However, the findings do indicate that there may be specific reasons for relapse among recovering psychiatric patients.

According to the data, the most common cause of relapse was inability to adhere to medical interventions, specifically pa-

tients' irregular intake of medication when discharged.

This finding needs to be investigated further to establish ways of ameliorating the situation, such as increasing awareness of medication, side effects, and management of such effects among patients.

The results also showed that relapse should not be regarded simply as an "individual" problem.

Lack of social support and stressful life events, such as unemployment and death of a family member, have been shown to have an influence on the likelihood of relapse.

While relapse is unlikely to be prevented in all patients, the reduction of stigma associated with mental illness humanises mental patients and improves their recovery rate.

The transformation of mental health services in South Africa should, therefore, include mental health education of the general public so as to provide basic information about the causes, treatment and prevention of psychological disorders.



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