

# A needs assessment of persons suffering from Schizophrenia

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## Abstract

This quantitative exploratory descriptive survey attempted to identify the needs of persons suffering from schizophrenia who live in the Mogoto Village, Zebediela District, Limpopo Province. Data obtained from 60 completed questionnaires indicated that these persons continued to be regarded as valued community members by their care-givers. Despite the apparent lack of community mental health services, the vast majority of the respondents reportedly took their medications regularly and would know when to seek help in case their symptoms deteriorated. Their greatest need related to a lack of employment opportunities. They could also benefit from counselling services for themselves and their families.

## Opsomming

Hierdie kwantitatiewe verkennende en beskrywende opname het gepoog om die behoeftes van persone wat aan skisofrenie ly, en woon in die dorpie Mogoto, Zebediela Distrik, in die Limpopo Provinsie, te identifiseer. Data wat van 60 voltooide vraelyste verkry is, het aangedui dat die persone steeds as gewaardeerde gemeenskapslede geag is deur hulle versorgers. Ten spyte van die waargenome gebrek aan gemeenskaps geestesgesondheidsdienste, het die meeste respondente hulle medisyne gereeld gedrink en gewet wanneer om hulp te soek indien hulle simptome sou vererger. Die grootste behoefte het betrekking op die gebrek van werksmoontlikhede gehad. Hulle kon ook baat vind by beradingsdienste vir hulleself asook vir hulle families.

## Introduction and background information

The assessment of clients' needs is an important and integral part of health service planning. Considerable time has been devoted to the assessment of the needs of people requiring mental health services (Carter, Crosby, Geerthuis & Startup 1995:383).

Reports about community based care, for persons suffering from schizophrenia, are not favourable in all countries. While some efforts demonstrated positive results, others resulted in worsened states for the persons and their families due to inability of the government, the community, the health care delivery system and the family to meet these persons' needs.

Where deinstitutionalisation is done too hastily and/or the needs of the person have not been met in the community, the person, his/her family and the community might suffer adverse effects. According to Clark (1999:669) identification and assessment of needs of individuals suffering from schizophrenia in rural areas is a neglected, and often a misunderstood aspect, of human service programme planning.

## Purpose and rationale for conducting the research

The primary purpose of this research was to explore and describe the holistic needs of persons suffering from schizophrenia who live in a rural area. The rationale for this research included that hospitals were overcrowded and short staffed necessitating hospitals to discharge persons suffering from schizophrenia as soon as possible to be cared for by their relatives within their own communities. These care givers in the community might lack knowledge and skills, possibly contributing to the high rates of hospital readmissions of these patients. Prior to planning and implementing community services, an assessment of the needs of persons suffering from schizophrenia in Mogoto Village had to be done.

## Research questions

The following research questions guided this research:

- What are the unique physical, psychological, social, emotional, spiritual, economic and educational needs of persons suffering from schizophrenia in the Mogoto Village in the Zebediela District?
- What resources and support systems are available

in the community of Mogoto Village for persons suffering from schizophrenia?

## Research objectives

The objectives of the research were to identify and describe the physical, psychological, social, emotional, spiritual, economic and education needs of persons suffering from schizophrenia in Mogoto Village. Attempts were also made to identify available support systems in this community.

## Operational definitions

■ **Patient** (in this research referred to as the person suffering from schizophrenia): According to the Mental Health Amendment Act 19 of 1992 (chapter 1:575) a *patient* refers to a person who is mentally ill to such a degree that it is necessary that he/she be detained, supervised, controlled and treated. In this research the term person/patient refers to an individual/person diagnosed with schizophrenia and living in the Mogoto Village.

■ **DSM-IV**: By definition, the DSM diagnosis of schizophrenia was established by determining the presence of firstly fundamental and secondarily associated disturbances of mental life. Disturbances of *reality relationships* and disturbances of *concept formation* were designated as the two fundamental disturbances. Disturbances in *affect* and *intellect* were designated as associated disturbances (Holliday, Ancill & McEwan 1997:70).

DSM-IV refers to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, published in 1994 which describes diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study, and treat the various mental disorders like schizophrenia (APA 1994; Spitzer & Williams 1997:vii).

■ **Schizophrenia**: Schizophrenia is a complex syndrome involving psychotic disturbances of thinking, perceptions, emotions and behaviours, commonly leading to the disintegration of the personality. Schizophrenia is an illness characterised by exacerbations and remissions. During acute psychotic events, persons suffer impairments in their ability to test reality. Persons frequently experience hallucinations such as hearing voices speaking to or about them, believing that they are being persecuted and behaving in bizarre ways (Stein 1993:7). During remissions persons are generally in touch with reality. However, they suffer from other impairments that interfere with their abilities to organise and maintain the resources required to make unassisted, stable adjustments to community life. According to DSM-IV schizophrenia is "a disorder of brain structure and function which is characterised by extreme disruptions of thought, emotion, behaviour and perception, leading to progressive deterioration of the person's ability to relate to others and to social withdrawal" (APA 1994; Spitzer & Williams 1997:vii).

■ **A need**: A need is referred to as specific areas related to the client's health identified for intervention (Spradley & Allender 1996:673). In this research a need was defined as the gap between what is evaluated as a necessary level or condition by those responsible for this

assessment and what actually existed.

■ **Needs identification**: Needs identification is "a description of mental health and social services needed in a geographic or social area" (Ironbar & Hooper 1989:3).

■ **Needs assessment**: Needs assessment is a study in which the researcher collects data from estimating the needs of a group (such as the persons suffering from schizophrenia in the Mogoto Village), community or organisation and provides input into the planning process (Brink 1996:117; Polit & Hungler 1997:175). This exploratory descriptive research attempted to identify the following needs:

□ **Physical needs**. Physical needs involve all the physiological processes of a human being, for example, breathing, elimination, eating, housing, activity, rest, sleep, hygiene and health (Uys & Middleton 1997:32).

□ **Psychological needs**. Psychological needs enable individuals, and in this case persons suffering from schizophrenia, to strike a balance between their own needs and those of society and concern the feelings that persons experience throughout life, for example, fear, anxiety, happiness, loneliness (Meyer, Moore & Viljoen 1997:329).

□ **Social needs**. Social needs involve the needs of the persons suffering from schizophrenia, to belong, to communicate and to interact with other human beings and to contribute to society in meaningful ways (Meyer et al 1997:329).

□ **Spiritual needs**. Spiritual needs represent the meaning an individual, in this study the person suffering from schizophrenia, attaches to life experiences at any stage and represent a holistic integration of physical, social, psychological, cultural, sexual and theological experiences. (Phipps, Cassmeyer, Sands & Lehman 1995:51).

□ **Education needs**. Educational needs refer to the needs considered important for the mentally ill person, in this study the person suffering from schizophrenia, in order for him to get to know himself, to develop his remaining potential, and to identify his goals (Meyer et al 1997:360).

## Research methodology

### Research Design

A quantitative exploratory descriptive design was adopted to assess the needs of persons suffering from schizophrenia, living in Mogoto Village in a rural area of the Limpopo Province. A research design is the overall plan for obtaining answers to the research questions and it spells out the strategies the researcher adopted to attain the stated objectives (Polit & Hungler 1997:129).

Quantitative research involves the systematic collection of numeric information, usually under conditions of considerable control and the analysis of that information using statistical procedures (Burns & Grove 1997:37). The research method considered to be the most appropriate for the study was explorative research enabling the needs of persons suffering from schizophrenia in the Mogoto Village, to be identified and described. A descriptive study raises questions based on ongoing events of the present and is of considerable value to the nursing profession (Polit & Hungler 1997:14).

## Research population and sample

A population is the entire aggregation of cases that meets a designated set of criteria (Polit & Hungler 1997:223). Sampling refers to the process of selecting a portion of the population to represent the entire population. A sample refers to the sum of individuals within a specific territory or a small portion of a population or a smaller representation of a larger whole, intended to reflect and represent the character, style or content of a population from which it is drawn (Brink 1996:133). In this research 60 persons (from Mogoto Village) suffering from schizophrenia were selected at the clinic by the clinic nurse, and visited at their homes by the researcher.

A sampling method refers to the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink 1996:133). Using a convenience sampling technique persons suffering from schizophrenia were selected provided they were aged between 16 and 65 years; diagnosed with schizophrenia and receiving treatment for schizophrenia irrespective of the duration of such diagnosis and/or treatment; oriented to time, place and person and had no secondary diagnosis of substance abuse or cognitive disorders; attending the clinic to receive medications for schizophrenia, irrespective of attendance pattern(s). When 60 questionnaires had been completed, these were analysed by a statistician. As similar responses were recorded, the statistician recommended that these would be sufficient as it appeared to be unlikely that further respondents would supply any new information.

## The data collection process

The researcher was introduced to each respondent at the clinic and visited him/her at his/ her home for completing the questionnaire. The questionnaire was completed by the researcher in cases where respondents could not read and/or write.

## Research instrument

The specific tool, often a questionnaire or interview guide, used to measure the variables in a study is called a research instrument (Spradley & Allender 1996:604). A questionnaire was used as it is a useful self-report instrument where the respondents were required to write their answers in response to questions asked. A total of 115 questions were included in the questionnaire. Both closed and open-ended questions were included. The questionnaire was subdivided into different sections attempting to obtain information about respondents' biographic profiles; physical, psychological, social, emotional and spiritual needs; support systems used to cope with problems; community resources that the respondents utilised to remain in the community and to become familiar with the priorities of the patients' needs - as stated by the respondents themselves.

## Validity and reliability

Guyatt (1993:461) points out that "questionnaire design

can be problematic and that scales need to be adequately tested for their reliability and validity, and these are the two important criteria by which an instrument's quality is evaluated". According to Polit and Hungler (1997:467) "an ideal instrument is one that results in measures that are relevant, accurate, unbiased, sensitive, unidimensional and efficient". After the instrument was developed, it was tested for its validity and reliability before the actual data collection was done.

### Validity

Brink (1996:124) and Nieswiadomy (1993:204) agree that validity refers "to the extent to which the instrument measures what it is supposed to measure". Validity is concerned with the soundness and effectiveness of the measuring instrument. It is the assurance that an instrument measures the variables it is supposed to measure. In this research a written questionnaire was the instrument used. Questions included were evaluated to make certain they were appropriate to the subject (content validity) and whether the variable of interest (needs) was actually being measured (construct validity).

### Content validity

This refers to the extent to which the instrument samples the situation under study. Nieswiadomy (1993:205) defines content validity as the representativeness of the behaviours sampled by a measuring device, the extent to which an instrument samples "... all relevant aspects of the domain of behaviours which are to be assessed" and concerned with the scope or range of items used to measure the variable. It is concerned with how accurately the questions asked tend to elicit the information sought (Leedy 1992:25; Polit & Hungler 1997:375). Content validity involves getting a panel of judges or experts in the field under study to review and analyse all items to see if they adequately represent the content universe. In this study, to test content validity, the instrument was given to different members of the multi-disciplinary team, including a psychiatrist from the Limpopo Province; a psychologist from the University of the North; a social worker from Groothoek Hospital; nurse educators from the University of the North and from Groothoek Nursing School (psychiatric nursing) and staff from the District Health Services from Greater Zebediela. These members were requested to examine the instrument and to add items which they deemed necessary and to delete those deemed irrelevant. The instrument was also sent to the research project supervisors and to the Department of Statistics at the University of South Africa (Unisa). The supervisors and the statistician agreed that the instrument contained questions pertaining to psychiatric patients' needs assessment.

### Face validity

Face validity, indicating whether the instrument appeared to be measuring what it purported to measure, was found to be present because all questions in the instrument appeared to focus on the selected topic of needs assessment of persons suffering from schizophrenia in Mogoto Village.

## External validity

External validity refers to the degree to which the results of a study can be generalised to settings or samples, other than the ones studied (Brink 1996:125). In this study the researcher provided a detailed database and dense description so that someone other than the researcher could determine whether the findings of the study were applicable in other settings or contexts where the method of data collection was precisely and thoroughly reported (Brink 1996:124). Potential threats to external validity were addressed in the following ways:

### Selection of respondents

All the psychiatric patients diagnosed with schizophrenia who were receiving their monthly treatment from Mogoto clinic were used in the study, thus the research sample was selected with the study style and purpose in mind (Talbot 1995:214).

### Setting

The study was done in the natural setting because the purpose of the study was to analyse a phenomenon occurring in the community, namely persons suffering from schizophrenia living in Mogoto Village, in the Zebediela District in the Limpopo Province of the RSA (Talbot 1995:214), where the questionnaires were completed in the persons' homes.

### History

The influence of previous research was not applicable. No research grant was received and consequently no responsibilities nor expectations from external authoritative sources needed to be considered (Talbot 1995:214).

## Reliability

Nieswiadomy (1993:201), Brink (1996:124) and Polit and Hungler (1997:367) agree that reliability refers to the degree with which the instrument measures the attributes it is supposed to be measuring. Reliability entails the stability, consistency, accuracy and dependability of a measuring instrument. Muller's (1996:54) guidelines were adopted in enhancing the reliability of the results by ensuring that the instructions to the participants were clearly written, the responses were recorded honestly and objectively. The responses were analysed by a statistician not involved with the data collection process.

## Data analysis

The data obtained from the complete questionnaires were coded and analysed with the Statistical Package for Social Sciences (SPSS) by a statistician from the University of South Africa.

## Ethical considerations

The rights of the participants were respected throughout the research process. The researcher ensured that no participant was subjected to any physical, emotional, spiritual, economical, social or legal harm. The privacy of the participant was ensured by not sharing any of the collected information with other persons. All data gathered was kept confidential by the researcher. Informed consent was obtained

from each participant in the research project. Permission to conduct the research was obtained from the relevant authorities including the Training and Development Committee of the Southern Region of the Limpopo Province where the research was conducted. Participants and their families also consented to the participation in this research. Each respondent's participation was voluntary and any participant was free to withdraw at any time. No treatment or nursing care was withheld from those who elected not to participate in the research. No remuneration was granted.

## Research results

In order to contextualise these research results against the background as to who the 60 persons were who participated in this research, some biographic data will be presented prior to discussing the research results as such.

## Biographic data

All the respondents (100%; n=60) in this research were South African citizens and all lived in Mogoto Village. All respondents understood and spoke Northern Sotho, the language in which the interviews were conducted, although some indicated their home languages to be Tsonga or Ndebele. Both males (51.7%; n=31) and females (48.3%; n=29) participated in the research. The respondents' ages ranged from 21 to 60, but 43.3% (n=26) fell within the age group from 41 to 60 years of age. These findings appeared to be consistent with those of Stuart and Sundeen (1996:476) who stated that "about ninety percent (90,0%) of the persons being treated for schizophrenia are between 15 and 55 years old". Reportedly more than half of males and one third of females had their first schizophrenic episodes before the age of 25. This was apparently consistent with what Kaplan, Sadock and Grebb (1998:461) found, reporting that "the peak ages of onset of schizophrenia for men are 15 to 25 and for women the peak ages are 35 and above". The majority of the respondents, 78.3% (n=47) were never married, 20% (n=12) were married; and 1,7% (n=1) were divorced. This high percentage (78,3%) of respondents who never married correlated with the view of Engel (1996:372) who stated that "respondents who were never married signifies the fact that the persons suffering from schizophrenia are shy people and find intimate and sexual relationships difficult".

Only three (5,0%) respondents completed their high school training. The majority were barely literate with 21,7% (n=13) having had no schooling and 46,7% (n=28) having completed grades 1 to grade 5. The low educational standards of persons suffering from schizophrenia could be due to the alteration in their thoughts making it difficult for them to progress at school. Common thought alterations experienced by persons suffering from schizophrenia include flight of ideas, thought retardation, thought blocking, autism, poverty of speech, poor concentration and confusion (Keltner, Schwecke & Bostram 1995:364).

Twenty six (43,3%) of the respondents lived with one or both parents or step-parents. Twelve (20,0%) respondents

lived with their spouses; eleven (18,3%) lived alone; seven (11,7%) lived with other relatives; two (3,3%) moved from one relative or friend to another; two lived with non-relatives. The majority, namely 44 (74,6%) respondents indicated that their only source of income was from disability benefits; the others were receiving some form of financial assistance from their family members. Only four (6,7%) of the respondents were employed outside the home, whilst the majority (91,7%; n=55) were unemployed and one person (1,7%) was unsure about his/her work status. Some unemployed respondents stated that they were too disabled to work, while others indicated that, although they were able to work, due to the lack of job opportunities and the high unemployment rate in the area, they remained unemployed.

All the respondents (100,0%; n=60) indicated that they were using public transport to go wherever they wanted to go especially to the hospital or nearest town. None of the respondents made use of private transport and none had their own transport.

## Needs of persons suffering from schizophrenia

In order to maintain their physical and mental health, people have certain essential requirements or needs that must be met. When people have mental health problems, however, their ability to meet these needs independently could be adversely affected. The fundamental role of the mental health nurse, therefore, is to enable people with mental health problems to meet their needs and to restore the individual's well-being as far as possible. This process is only possible if a needs assessment is carried out in order to identify their unmet needs and the problems that individuals experience in their daily living that hamper them from meeting those needs.

### Physiological/physical needs

The 60 respondents indicated their state of physical health to be poor (1,7%; n=1); fair (18,3%; n=11); satisfactory (36,7%; n=22); or good (43,3%; n=26). In this study no major problems with vision nor mobility were reported, which could result from the extra pyramidal side-effects of drugs used in the treatment of persons suffering from schizophrenia (Keltner et al 1995:363). Physical needs reported by more than 50% of the respondents included:

- recreation was extremely problematic for 20,0% and somewhat problematic to 63,3%
- sexual libido was extremely problematic for 58,3% somewhat problematic for 23,3%. The extrapyramidal symptoms caused by antipsychotic drugs could aggravate a poor sexual libido as well as the lack of energy (Keltner et al 1995:364).

Reportedly 88,3% of the respondents took their prescribed medications on a permanent basis and 90,0% (n=54) of the respondents indicated that they watched themselves for signs of relapse and they knew where and when to obtain

help.

### Psychological needs

All people have essential basic human needs, programme planning and implementation are indicated when the individual cannot independently satisfy these needs. Significant needs include a sense of security; the maintenance of identity as an individual; acceptance; a sense of being wanted and belonging; the opportunity of socialising; independence (and at times dependence and interdependence); freedom to make decisions and the opportunity to develop and use one's innate potential. Individuals should have interests and goals and opportunities for developing self-respect, in addition to feeling useful and having a sense of achievement (Royle & Walsh 1992:5).

The majority

- felt safe in their home environments and secure about their physical safety; probably because most lived with relatives
- were secure about their financial position as they received disability grants
- were satisfied (to different extents) with the long-term plans for their care, probably because the majority lived with relatives and could use public transport to obtain their medicines
- were hardly ever satisfied with their vocational/occupational status, because of the lack of job opportunities and of sheltered employment opportunities in this area: the lack of these opportunities appeared to be the major psychological need to be addressed in Mogoto Village.

### Social needs

The majority of the respondents were:

- sometimes (35%) or often (43%) satisfied with their self-reported social effectiveness
- sometimes (30%) or often (48,3%) satisfied with their social participation
- often (63%) satisfied with their roles within their families
- often (65%) comfortable requesting help when necessary
- sometimes (73,3%) satisfied with their participation in family activities and traditions
- hardly ever (60%) or never (20%) satisfied with their level of sexual fulfilment.

Although the majority of the respondents were reportedly satisfied with their social functioning within their families, and even within their community, they desired greater levels of satisfaction with regard to their perceived levels of sexual fulfilment.

### Emotional needs

Emotional satisfaction is derived largely from feeling that one is valued by those around one. Emotional satisfaction

comes from within. It is related to the assessment of one's adequacy, one's performance and capacity in the various arenas of one's life, both personal and professional. Self approval (that is liking oneself no matter what) is essential (Ellis & Nowlis 1981:38).

The respondents indicated that they were

- sometimes (30.3%) and often (55.9%) satisfied with the appearance of their bodies
- sometimes (18.4%) and often (43.3%) satisfied with their intellectual functioning
- hardly ever (33.3%), sometimes (18.4%) or often (40.0%) satisfied with the past accomplishments in their lives
- hardly ever (46.6%) or sometimes (30%) satisfied with their present accomplishments in their lives
- sometimes (88.3%) happy and content
- hardly ever (74.6%) or sometimes (15.4%) satisfied with their level of education/occupation

The major emotional need related to respondents' dissatisfaction with their level of education and/or occupation. The respondents' low levels of education jeopardised their chances of obtaining jobs which were extremely limited in this area.

## Spiritual needs

Concerning their spiritual needs the 60 respondents indicated that they were

- sometimes (73.4%) satisfied with the amount of religion in their lives
- often (75.0%) satisfied with the state of spiritual fulfilment they experienced
- sometimes (36.6%) and often (30.0%) optimistic about reaching their life goals
- hardly ever (30.0%), or sometimes (40.0%) or often (23.3%) satisfied with the level of hope experienced in their lives
- hardly ever (15.0%), sometimes (43.3%) or often (38.3%) satisfied with the amount of meaning and purpose in their lives

- sometimes (58.3%) and often ((21,7%) satisfied with the amount of strength and courage they had.

All the respondents (100%; n=60) indicated that they were affiliated to a church. The largest percentage belonged to the Zionist Christian Church (ZCC). Members of the ZCC Church (36,7%; n=22) indicated that they had trust, hope and faith in the church's treatment of their schizophrenia. The ZCC headquarters were situated nearby and it was easy to visit the headquarters when experiencing mental problems. Their faith was vested in the church leader who was believed to perform miracles and to cure illnesses. Some persons suffering from schizophrenia visited the ZCC headquarters prior to admission to and also after discharge from psychiatric hospitals. Their reasoning was that drugs used for the treatment of schizophrenia stabilised these individuals but did not cure the condition, hence they visited the ZCC headquarters to get cured.

Sixteen (26,7%) of the respondents belonged to the Apostolic Church. These individuals reported believing that their condition was attributable to being bewitched. The treatments they got from faith healers included drinking "holy" water which induced vomiting, or enemas causing diarrhoea. They believed that whatever was driving them "crazy" would be expelled with the water taken orally or rectally. Both the ZCC and the Apostolic Churches treated their clients with "holy" water.

## Support systems

A support system is identified or categorised in various ways in the literature. The Oxford Advanced Learner's Dictionary (1989:426), for example, conceptualises *support systems* as being functional, or structural. *Functional support* provides one or more of the following: material aid, emotional support, affirmative acknowledgement, information guidance and companionship (Baldwin & Woods 1994:324). *Structural support* can be analysed in terms of size, type and others but does not necessarily imply functional support (Masilela & Macleod 1998:11). In this study

**Table 1: Internal and external support systems (n=60)**

INTERNAL AND EXTERNAL SUPPORT SYSTEMS	n	%
<b>Internal support</b>		
Mother	36	60,0
Father	12	20,0
Grand parents	24	40,0
Other siblings	22	36,7
Extended family member	26	43,3
<b>External support:</b>		
Friends	23	38,3
Professionals	58	96,7
Nonprofessionals	1	1,7

**Table 2: Services which the respondents would like to have available in Mogoto Village.**

SERVICES DESIRED BY RESPONDENTS (n=60)	n	%
Vocational training	54	900
Individual or family assistance	50	833
Accommodation	47	783
Legal assistance	24	400
Medical and psychiatric care	5	83

*support* was seen as functional support.

## Internal and external sources of support

Despite the family problems reported by some respondents, their families remained committed to providing assistance to mentally ill persons, as reflected in table 1. Professional systems and friends were indicated as being the most important external sources of support. Persons suffering from schizophrenia need friends to turn to in times of crises (Palmer-Erbs & Anthony 1995:38). (As respondents could provide more than one answer to each item in this section of the questionnaire, the total number of responses to any question may exceed 60).

## Advice or help received from rehabilitative care centres

The main goals in a rehabilitative care approach is to increase the functioning potential in the major role areas with emphasis on the development of skills and the resources necessary for support as well as those needed for successful living, learning, and working in the community (Palmer-Erbs & Anthony 1995:40). All respondents (100%; n=60) indicated that they had received advice about medical and psychiatric matters; 76,7% indicated that they had someone they could consult; 3,3% received advice on finances.. Only 18,6% of the respondents received advice pertaining to social and leisure activities and 10,2% pertaining to counselling and support.

## Sources of advice or help (n=60)

As many as 98,3% (n=59) of the respondents indicated that they received advice from professionals followed by 75.0% (n=45) who received advice from relatives and 31.7% (n=19) from friends. It would appear from these findings that professionals cannot succeed alone in advising persons suffering from schizophrenia about mental health matters. Support from relatives and friends is needed as well. Surprisingly, 98.3% of the respondents received advice from health care professionals and assistance with their medical/psychiatric care, while 100% received legal assistance.

However, the majority expressed needs for vocational training, individual and family counselling and alternative accommodation. Reasons were not provided for the last need, which was unexpected in the light of responses to other questions indicating that the majority of the respondents lived with relatives and were satisfied with their personal safety and social functioning within these families.

## Services desired to be offered in Mogoto Village

Vocational training is considered important by society as it enhances independence and prestige. "Persons suffering from schizophrenia and who became ill during their youth, until they develop the skills to make any contribution, offer little to society except their existence" (O'Brien 1998:40).

## Prioritisation of needs

According to Tsuang and Faraone (1998:103), a full picture of the persons should include their views about what they need and how these should be prioritised. The respondents were requested to rank their needs on a scale from 1 to 9, where 1 was the greatest need and 9 the smallest need. The results summarised in table 3, appear to contradict some of the responses provided to earlier questions. For example, the lack of employment repeatedly emerged as the major problem but the need for vocational training was only ranked the sixth (out of nine) most important need of the respondents. Interestingly, the need for counselling superseded the need for vocational training. It proved impossible to explain these apparent discrepancies from the available data, but some possibilities could include that the respondents

- were focussed on issues of medical treatment and counselling as these questions preceded this last section of the structured interview schedule
- might have regarded medical, financial and support needs as priorities but these were possibly met by the available health care services, disability grants and support from the family members with whom the majority of the respondents lived
- regarded education as being the least important need probably because they lacked the drive and will to persevere at improving their educational qualifica-

**Table 3: Needs in order of priority (n=60)**

NEEDS	MEAN	MEDIAN	MODE	RANK
Medical care	250	20	10	1
Financial support	253	20	20	2
Support to relatives	477	50	50	3
Counselling	500	50	40	4
Leisure time activities	567	60	60	5
Vocational training	587	60	80	6
Appropriate living arrangement	607	70	90	7
Activities of daily living	612	65	70	8
Education	645	80	90	9

tions.

## Conclusions: Needs of persons with Schizophrenia in mogoto village

Despite a number of identified needs, the majority of the 60 respondents managed to meet their daily needs mostly because they lived with relatives who supported them, they had access to disability grants enabling them to meet their most important financial needs, they took their medications regularly and could recognise signs of relapse requiring them to seek help from Groothoek Hospital. The psychiatric nurses apparently succeeded in teaching the respondents and their families about the importance of using the medications regularly and of recognising signs of relapse. The most pressing unmet needs of these respondents revolved around the lack of jobs, their inability of affording their own accommodation, the lack of recreation facilities, the absence of counselling services for themselves and their families, and their desire for enhanced levels of sexual satisfaction.

## Limitations of the research project

The generalisation of the research results are bound by the following limitations of the research project:

- The research focussed only on persons suffering from schizophrenia staying in Mogoto Village and

who received treatment at Mogoto clinic, thus the results might not be generalisable to other persons with schizophrenia living in other communities.

- The questionnaire was too long as the respondents became impatient towards the end of the interviews - something which should have been anticipated with schizophrenic patients who have limited concentration spans.
- The research proved to be very broad in scope. Community resources and support systems could be studied in more depth in future.

## Recommendations

Counselling is of vital importance for persons suffering from schizophrenia as it could provide them with friendship, encouragement and practical advice. Community resources on how to develop a more active social life, vocational counselling, suggestions for minimising friction with family members should be provided so that the person's life-style can be improved. A psychiatric nurse could provide such counselling services, even if only on a weekly or a monthly basis. Establishing support groups for the respondents themselves and for their family members might considerably enhance their coping capabilities and enable them to support each other during times of crises.

Rehabilitation, treatment of acute psychiatric episodes, appropriate medication, monitoring, maintaining of nutrition and general health, provision of shelter, community participation, provision of crisis support, and enhancing a person's capabilities through continuing education efforts need to be considered if these respondents are to achieve and maintain their maximum levels of functioning within



their community. Vocational training, job opportunities and sheltered workshops are also needed to realise this ideal.

Rehabilitative services require great expenditures, but the benefits in terms of reduced hospitalisation can potentially become a cost saving exercise and provide a better quality of life for the rehabilitated persons. Rehabilitation also requires motivating persons to participate in whatever the community offers.

The rehabilitation of persons with schizophrenia in any community, requires that the community should also be developed to sustain these persons within their midst. Rubin and Rubin's (1992:44) definition is most appropriate in this connection, namely: "Community development involves local empowerment through organised groups of people acting collectively to control decisions, projects, programmes and policies that affect them as a community".

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