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# Assessment of Psychosocial Factors Affecting Treatment of Schizophrenic Patients in Tertiary Healthcare Facilities in Kaduna State, Nigeria

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**Abstract**
The treatment and rehabilitation of schizophrenic patients has been an issue of concern for both the government and healthcare workers. Several approaches to address the issue has not yield desire results because the psychosocial factors related to the disease have not been considered. The study was conducted among schizophrenic patients to determine the factors associated with access to treatment and rehabilitation, factors influencing the adherence to treatment and rehabilitation and availability of social support among schizophrenic patients in Tertiary Health Care facilities in Kaduna State. Cross-sectional descriptive design was used. A total of 312 schizophrenic patients were recruited for the study using clustered sampling technique. Data was collected with the aid of a self-structured and researcher administer questionnaire and were organized and analyse with SPSS (version 23). The results were presented using frequency distribution tables and percentages. The study revealed that most of the factors associated with access to treatment and rehabilitation of the schizophrenic patients were social stigma (58.8%), treatments waiting hours (58.2%), cost of medication (56.3%), unavailable medication at the centres (47.3%) and location of the centres (44.1%). Although, unemployment (64.9%), lack of fund for medications (53.4%) and higher cost of medication (50.8%) were some of the factors associated with adherence to treatment. Most social support services were unavailable, which include self-help group (53.7%), emotional support (48.9%), provision of a place to live for rejected patients (48.8%) and job and employment support (41.4%). Skill acquisition program and Free or subsidized health services should be provided to schizophrenic patients.

**Keywords:** *Psychosocial factors, Rehabilitation, Schizophrenia, Social Support*

## Introduction

Throughout history, Schizophrenia is considered to be major mental disorder because it is a chronic, severe and disabling brain disease (Ambrose, 2015) with a lifetime morbid risk of about 1%, and a leading contributor to the global burden of diseases (Sartorius, 2008). Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking, (Videbeck, 2011). The delay in the commencement of appropriate treatment is

associated with more severe symptom profile, worsen psychosocial functioning, poorer quality of life, and poorer treatment outcomes in patients with schizophrenia (Saraceno, Van, and Batniji, 2007). Thus, twenty-five (25%) per cent of subjects with Schizophrenia recover fully while 75% live relatively dependent lives and are exposed to societal disintegration and neglect, (Okpataku, Kwanashie, Ejiofor, & Olisah, 2015).

Mental health services are disproportionately distributed in Nigeria. There are 0.028 mental health outpatient facilities per 100,000 populations and less than 200 psychiatrists (Okpataku, Kwanashie, Ejiofor, & Olisah, 2015). Growing concerns about the recurring nature of the disorder as well as the severity of functional psychosocial deficits have contributed to an increased emphasis on the importance of empirically validated psychosocial therapies that foster recovery, beyond symptom remission, (Makanjuola, Adeponle, & Obembe, 2005).

It is noteworthy that psychosocial factors affect not only the schizophrenic patients but relatives, carers, the society and noted the higher family burden (Okpataku *et al.,* 2015). People with severe mental illness like schizophrenia are more likely to face psychosocial problems like homelessness, unemployment or living in poverty (Burns, 2006). The disorder result in impairments in interpersonal, practical life skills, and vocational functioning.

Economic reasons may become a barrier to treatment and rehabilitation of schizophrenic patients. The disorder appears to be more prevalent in groups that are considered lower socio-economic class within urban areas (Brune, *et al.,* 2011). Poorer educational achievement is associated with individuals with schizophrenia (Brune, *et al.,* 2011). Geographical isolation has resulted in a lack of transportation, lack of employment, lack of skilled labour, and absence of capital. Therefore, the psychosocial problems of schizophrenic patients often go undetected and untreated because of the low rates of contact with, and access to health care providers (Christodoulou, Jorge, & Mezzid, 2009). Women with schizophrenia generally function better socially than men, but this can be attributed to the later onset and development of family dynamics (Christodoulou, Jorge, & Mezzid, 2009). People with schizophrenia often have problems relating to or socialising with others. Some of the social consequences that may arise from these deficits include social rejection, stigma, and problematic family relationships (Hackman & Dixon, 2008).

According to Glenn (2013), recovery-oriented psychosocial treatment programs ideally are designed to provide services designed to help participants learn how to more effectively live with vulnerabilities, reduce interpersonal and social deficits, and promote improved social adaptation and general life functioning. Progress in achieving recovery is fostered by access to comprehensive mental health treatment programs that offer an array of services including access to pharmacological and psychosocial treatments designed to reduce symptoms and enhance general life functioning.

Lehman (2015), stated that rehabilitation includes a wide array of non-medical interventions for those with schizophrenia. Rehabilitation programs emphasise social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counselling, job training, problem-solving and money management skills, use of public transportation, and social skills training. These approaches are important for the success of the community-centred treatment of schizophrenia because they provide discharged patients with the skills necessary to lead productive lives outside the sheltered continues of a mental hospital. Glenn (2013) added that family education and ongoing support is beneficial in order to maximise the support the family network can provide the individual. According to the World Health

Organization (2015) mental health rehabilitation involves strengthening the client's ability to bounce back from adversity and to manage the inevitable obstacles encountered in life. Strategies include fostering self- efficacy and empowering the client to have control over his or her life; improving the client's resiliency, or ability to bounce back emotionally from stressful events and improving the client's ability to cope with the problems, stress, and strains of everyday living. It is aimed to attain recovery by helping individuals obtain employment, gain independence, improve quality of life, and facilitate interpersonal relationships. Abioda, Morakinyo, and Ibrahim (2013), in their study, reported good social support among schizophrenic patients in north-western Nigeria. The extended family support system found in most developing societies might have accounted for the findings of the study.

The researcher observed that their significant others are neglecting schizophrenic patients during the course of treatment due to the long duration of the therapy which makes them become a nuisance in the society. Misconception about the cause of the illness, treatment modalities and social stigma attached to the disorder also contributes to the neglect of schizophrenic patients by the family and the society. Therefore, it is in light of this, the researchers sought to determine the factors associated with access to treatment and rehabilitation, factors influencing the adherence to treatment and rehabilitation and availability of social support among schizophrenic patients in Tertiary Health Care facilities in Kaduna State.

**Materials and Methods**

The study was carried out in the two tertiary healthcare facilities in Kaduna state; Federal Neuro-Psychiatric Hospital Barnawa-Kaduna and Ahmadu Bello University Teaching Hospital Shika-Zaria. The cross-sectional descriptive research design was employed to determine the factors associated with access to treatment and rehabilitation, factors influencing the adherence to treatment and rehabilitation and availability of social support among schizophrenic patients in Tertiary Health Care facilities in Kaduna State. The study population comprised of all were patients with schizophrenia attending psychiatric out-patient units of Federal Neuro-Psychiatric Hospital Barnawa-Kaduna and of Ahmadu Bello University Teaching Hospital Shika-Zaria. The respondents were proportionately selected based on the yearly ratio of patients' population, in which (264 and 48 respondents) for of Federal Neuro-Psychiatric Hospital Barnawa-Kaduna and Ahmadu Bello University Teaching Hospital Shika-Zaria respectively. A purposive sampling technique was adopted at the hospitals for the selection of respondents who have insights so that they can answer the questions. A total of 312 schizophrenic patients were recruited for the study using Nwana, (2005) sample size selection formula.

The Data was collected using a structured questionnaire and interview guided questionnaire developed by the researcher. A pilot study was conducted using split-half reliability method and a correlation coefficient of 0.68 was obtained. Face and content validity were ensured by five jurors from the field of speciality. Completed questionnaires were checked for errors, consistency and completeness and cleaned. A total of two (2) tertiary healthcare facilities that render psychiatric care to schizophrenic patients in Kaduna state were assessed and 312 caregivers have participated in the study. The response rate was 99.7%, in which the analysis was based on. Data were entered into a computer and analysed using Statistical Package for Social Sciences (SPSS) software version 23. The data were summarised using frequency distribution tables and percentages and mean value.

Ethical clearance from Ahmadu Bello University Teaching Hospital Shika with Ref No: ABUTH/HREC/CL/05, ABUTH Ethics Committee assigned number: ABUTHZ/HREC/W10/2016 and National Health Research Ethics Comm. No:

NHREC/10/12/2015 was obtained to conduct the study. Written informed consent was obtained from respondents after being informed about their voluntary participation, their rights to withdraw their consent at any stage of the research and on the confidentiality, purpose, risk and benefits of the study.

**Results**

The results of the findings were presented in tables and figures below:

**Table 1:** Socio-Demographic Characteristics of Respondents (n=311)

| Variables | Frequency | Percentage |
|---|---|---|
| **Age** | | |
| 18-22years | 69 | 22.2 |
| 23-27years | 66 | 21.9 |
| 28-32years | 74 | 23.8 |
| 33-37years | 62 | 19.9 |
| 38years and above | 38 | 12.2 |
| **Mean age=29.7** | | |
| | | |
| **Gender** | | |
| Male | 190 | 61.9 |
| Female | 121 | 39.5 |
| | | |
| **Marital status** | | |
| Married | 78 | 25.1 |
| Single | 189 | 60.7 |
| Divorced | 29 | 9.3 |
| Widowed | 15 | 4.8 |
| | | |
| **Level of education** | | |
| No-formal education | 38 | 12.5 |
| Primary education | 41 | 13.5 |
| Secondary education | 66 | 21.5 |
| Tertiary education | 166 | 34.7 |
| | | |
| **Employment status** | | |
| Employed | 118 | 37.9 |
| Unemployed | 193 | 62.1 |

The findings from the study show that the majority of the patients (23.8%) were within the age range of 28-32 years. Male constituted 61.9% of the patients; while females made up the rest (38.1%). Also, most (34.7%) patients had tertiary education, 62.1% reported being unemployed and 37.9% employed. Majority of them had were single (60.7%) while 9.3% had been divorced (Table 1).

**Table 2:** Factors Associated with Patients Access to Treatment and Rehabilitation (n=311)

| Variables | Yes | No | No response |
|---|---|---|---|
| Social Stigma | 183 (58.8%) | 74 (23.8%) | 54 (17.4%) |
| Waiting for long hours to procure medication | 181 (58.2%) | 62 (19.9%) | 68 (21.9%) |
| Poorly developed services | 170 (54.9%) | 127 (40.8%) | 13 (4.3%) |
| Having confident in medical team | 116 (37.7%) | 156 (50.1%) | 38 (12.2%) |
| Presence of medication at the centre | 111 (35.7%) | 147 (47.3%) | 53 (17.0%) |
| Seeking help being a sign of weakness | 93 (29.9%) | 158 (50.8%) | 60 (19.3%) |
| Always have money to buy medication | 87 (28.9%) | 159 (50.2%) | 65 (20.9%) |
| Warm reception at the centre | 76 (23.6%) | 163 (52.6%) | 74 (23.8%) |
| High cost of medication | 70 (22.5%) | 174 (56.3%) | 66 (21.2%) |
| Closeness of treatment centre to patients home | 61 (9.6%) | 137 (44.1%) | 113 (36.3**%)** |
| **Mean Per centage** | **31%** | **43.6%** | **25.4%** |

The study in Table 2 revealed that most of the factors associated with access to treatment and rehabilitation of the schizophrenic patients were social stigma (58.8%), waits for long hours in the course of treatments (58.2%), cost of medication (56.3%), unavailable medication at the centres (47.3%) and location of the centres (44.1%). The mean value revealed that only (31%) of schizophrenic patients have access to treatment and rehabilitation services.

**Table 3:** Factors Influencing Patients' Adherence to Treatment and Rehabilitation (n=311)

| Variables | Yes | No | No Response |
|---|---|---|---|
| Lack of employment | 192 (64.9%) | 61 (19.6%) | 48 (15.4%) |
| Lack of skill labour | 163 (52.4%) | 98 (31.5%) | 50 (16.1%) |
| High cost of medication | 158 (50.8%) | 133 (42.8%) | 20 (6.4%) |
| Receiving treatment with other patients | 157 (50.5%) | 129 (41.6%) | 25 (8.0%) |
| Satisfaction with the services rendered | 141 (45.3%) | 155 (49.8%) | 15 (4.9%) |
| Understanding of the disease condition | 125 (40.2%) | 139 (44.7%) | 47 (15.1%) |
| Long distance of treatment centrers | 121 (38.9%) | 115 (37.0%) | 75 (24.1%) |
| Good communication relationship | 97 (31.2%) | 132 (41.5%) | 82 (26.4%) |
| Provision of services in any hospital | 92 (29.6%) | 151 (48.6%) | 68 (21.7%) |
| Having enough funds to buy medication | 85 (27.3%) | 166 (53.4%) | 60 (19.3%) |

Results in Table 3 shows that unemployment (64.9%), lack of fund for medications (53.4%), lack skill labour (52.4%), higher cost of medication (50.8%), poor communication with the health workers (41.5%), financial status, inadequate understanding of the disease condition and lack of rendering services in primary and secondary healthcare facilities are some of the factors associated with treatment adherence of schizophrenic patients.

**Table 4:** Availability of Social Support Services (n=311)

| Variables | Yes | No | No response |
|---|---|---|---|
| Participation in community treatment programs | 134 (43.1%) | 109 (35.0%) | 68 (21.8%) |
| Education of patients and family on disease process | 128 (41.2%) | 166 (53.4%) | 17 (5.5%) |
| Provision of a place to live for rejected patients | 113 (36.3%) | 152 (48.8%) | 46 (14.8%) |
| Availability of health workers support as needed | 112 (36.0%) | 147 (47.3%) | 52 (16.7%) |
| Involvement in recreational and spiritual activity | 112 (36.0%) | 129 (41.5%) | 70 (22.5%) |
| Emotional support as needed | 110 (35.4%) | 152 (48.9%) | 49 (15.8%) |
| Job and employment support | 109 (35.0%) | 129 (41.4%) | 73 (23.5%) |
| Teaching and training of hand skills to patients | 108 (34.7%) | 117 (37.6%) | 86 (27.7%) |
| Presence of crisis intervention | 107 (34.4%) | 141 (45.3%) | 63 (22.2%) |
| Presence of self -help group | 104 (33.6%) | 104 (53.7%) | 40 (12.9%) |
| **Mean** | **36%** | **43%** | **21%** |

The findings from the study that schizophrenic patients attested that most social support services were unavailable include self-help group (53.7%), emotional support (48.9%), Provision of a place to live for rejected patients (48.8%) and Job and employment support (41.4%) (see Table 4).

**Discussion**

The researchers assessed the factors associated with access to treatment and rehabilitation, factors influencing the adherence to treatment and rehabilitation and availability of social support among schizophrenic patients in Tertiary Health Care facilities in Kaduna State, Nigeria.

The result of this study revealed that the majority of the patients (23.8%) were within the age range of 28-32 years with a mean age of 29 years. These show that most schizophrenic patients seen in the tertiary healthcare facilities in Kaduna State are in the adulthood state where the country needs their services more, but instead of contributing positively towards the development of the nation, they are seen roaming around the streets due to their ill-health. This is in line with the study of Makanjuola, Adeponle, and Obembe (2005) which stated that early-adult onset of schizophrenia, may be considered from 18 to 30 years of age. There is a high discrepancy between the proportion of male and female subjects. Males accounted for 61.9% of the patients; while females made up the rest (38.1%). This could be factual as the male are more likely to visit healthcare facilities than female due to societal discrimination against the female gender. Most (34.7%) of the patients had tertiary education, 62.1% reported being unemployed and 37.9% employed. This indicates that the respondents should be able to understand their condition and treatment modalities if they are fully and well informed. Despite their educational level, majority of the respondents remain unemployed, which could be associated with stigma and discrimination attached to mentally ill patients. This further explained why most of the patients have financial problems. The study findings further showed that majority of the patients were single (60.7%) while 9.3% had been divorced. This is factual because patients will find it difficult to get partner for marriage due to ailment which is related to the social stigma attached to the illness in the society as Gunatilake, Parameswaran, Brown, and Silva (2015) affirmed that the delay in treatment and rehabilitation of mental illness may be driven by stigma and poor public knowledge.

The study finding also reported that most of the factors associated with access to treatment and rehabilitation of the schizophrenic patients were social stigma (58.8%), waits for long hours in the course of treatments (58.2%), cost of medication (56.3%) and location of the centres (44.1%). This is factual, the social

stigma will hinder patients' endurance and patience as they could not stay for more extended period seeking for treatment which could be confounded by poverty as they think of where to get daily food, not to talk of buying drugs and other hospital expenses. Thus, poor access to mental health- services influences the use of unorthodox models of care, as mental health services are often located in big cities. Most respondents were of the opinion that there is unavailable medication at the centres (47.3%). This may affect their treatment and lead to non-compliance to medication. However, most (52.6%) of the respondents stated that healthcare workers did not receive them warmly in the hospital. This finding is in line with findings Gureje and Lasebikan (2006) who stated that if schizophrenic patients feel that they are being neglected during treatment and rehabilitation service, they will refuse to come for follow-up appointment which may adversely affect their mental health and relapse may occur.

Numerous factors influenced schizophrenic patients' adherence to treatment and rehabilitation. The findings from the study revealed that most (50.8%) of the respondents indicated that the high cost of medication as one of the factors hindering adherence. This is not surprising taking a look at the employment status of the respondent where most of the subjects are unemployed. Clients used out-of-pocket payments to solved mental health services issues. As a result, only a few are able to sustain treatment and maintain follow up care for rehabilitative services. Lehman (2005) reported that evidence has shown that out-of-pocket payments for services contribute to poverty and jeopardise clients and their families' well-being. In the course of the study, it has been established that a majority (53.4%) of the respondents did not have enough fund to procure medication and rehabilitation. This is a factor that affects adherence negatively. It is argued that the low priority and attention given by the government to mental health is responsible for poor funding for the services. Also, the non-integration of mental health services into primary healthcare facilities have increased the suffering and burden of the illness on the patients and their families which attested to our finding that most (47.6%) mental health services are not being provided in any hospital. Glenn, (2013) stated that inadequate mental health services and facilities are prevalent, giving rise to the use of spiritual models of care. Most (44.7%) patients have a poor understanding of the disease conditions. This will make patients pay less attention to the adherence to the treatment modalities and rehabilitation services as the treatment requires a long period of follow up care. This is in line with Brown and Courtney (2005) views, who reveals that the perception of mental illness is a consequence of an individual wicked act may explain the neglect, discrimination and low priority given to schizophrenic patients.

On the social support on the care of schizophrenic patients. Most of the patients confirmed inadequate teaching and training of hand skills to patients (37.6%), emotional support (48.9%), education of patients and family on disease process (53.4%) and availability of health workers support as needed (47.3%) as social support for schizophrenic patients. This may be attributed to the fact that human resources are grossly inadequate in the mental health facilities all over the nation. Thus, it increases the vulnerability of clients abandoned by families. This is supported by Burns (2006) who stated that Clients with schizophrenia report a wide range of discriminatory experience in both occupational and social settings, including being turned down for jobs for which they are competent and qualified, loss of employment, verbal and physical abuse and sometimes became destitute. The findings from this study also attested that self-help group (53.7%), provision of a place to live for rejected patients (48.8%) and Job and employment support (41.4%) were also unavailable for the patients.

**Conclusion**

Vast factors hinder access to treatment and rehabilitation of the schizophrenic patients were social stigma, waits for long hours in the course of treatments, cost of medication, unavailable medication at the centres and location of the centres. Poor adherence to treatment arising from patient found were issues of unemployment, lack of fund for medications, higher cost of medication, poor communication with the health workers. Inadequate social support services further confound the problem in the facilities. This is an enormous burden affecting the patients, family, community members and mental health personnels that needs urgent attention.

**Recommendations**

It is therefore recommended that:

1. Adequate attention should be given to the financial status of schizophrenic patients by engaging them in some vocational skills or supported employment through which they can earn some funds and help in their general condition.
2. The media in collaboration with other interest groups should as a matter of urgency embark on a series of campaigns to help create awareness to family and community members about the condition so as to prevent stigmatisation.
3. Emotional and social support like halfway home, assertive community therapy, self-help groups should be provided to patients with schizophrenia, as these can play a vital role in their response towards the ailment.

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