THE ROLE OF THE ENVIRONMENT IN THE RECUPERATION OF MENTALLY ILL PATIENTS IN MANGUZI HEALTH WARD

BY

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DECLATATION

I hereby declare that this research study **"The Role of the Environment in the Recuperation of the Mentally Ill Patients in Manguzi health Ward"** represents my own work .All sources that have been used or quoted have been indicated and acknowledged by means of complete references.

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MS L. B. MTHEMBU

DEDICATION

This work is dedicated to my loving husband Amos Thembinkosi Mthembu, for his support and encouragement throughout the execution of this study.

It is further dedicated to my late father Philemon Mlungwana, my late mother in-law Emmelina for the foundation they laid in me as well as interest in education and my mother Silia who has been encouraging me during this study. This dedication extends to my daughter Nokulunga (Lulu) who has always been the source of inspiration.

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ABSTRACT

This is a descriptive–exploratory study which aims at distinguishing the environmental factors that contributes to recovery of a mentally ill person. The study is undertaken in view of acknowledging that currently, mentally ill patients are only institutionalised during the acute onset of mental illness. When the symptoms have been controlled through usage of medicinal substances, individuals continue with their lives back into the community. The adjustment of the individual may be influenced by the attitude of the community members, as there is still a degree of resistance in staying with an individual with a history of mental disorder. The study has been undertaken to highlight factors that contribute to the recuperation of mentally affected persons.

The study attempts to focus on establishing the following:

(a) To determine factors within the individual contributing to recovery;

(b) To determine factors within the family and friends leading to recovery.

(c) To distinguish factors in the community, including the home environment that assist the mentally ill person to be stable.

The study was executed at Northern Kwa-Zulu, which is predominantly a rural area in Manguzi health ward. The local hospital (Manguzi) was utilised and home visits to the homes of the respondents were undertaken. The convenient sampling method was used and arrived at 104 respondents recovering from mental illness. The structured interview guide was utilised to gather information from the respondents.

The results of the study show that the recovery of individual is a combination of various environmental factors that surround the individual as well as the

adaptation and the adjustment between the individual and the external environment. Besides the use of prescribed medication that stabilised the symptoms of mental illness, the individual has to have positive attitude, insight and motivation towards recovery. The disability grants received by the mentally ill assisted them to cope with socio-economic challenges, as the majority was unemployed. The awareness of family members, friends and community about the condition and care of mentally ill person contributed to the recovery of the individuals. The harmony between the internal and external environment shown by acceptance and tolerance was perceived as a contributory factor to recovery. The indicators of acceptance included love and respect, maintainance of privacy, provision of food, clothing and good interpersonal relationships among the family, friends and community members. Contrary to this, lack of recreational facilities and unemployment due to discrimination were identified as negative and led other respondents to abuse substances (dagga and alcohol) which was also promoted by nearby bottle stores and shebeens.

The findings recommend that the family form the basic environment in which the person with mental illness recovers. The family should participate actively in the caring of the mentally ill person, show unconditional love, respect and acceptance. Based on the findings of the study, it is recommended that mentally ill persons should get opportunities of employment so that they will be productive in the community and financial stresses will be reduced. The education of all people about the importance of promoting mental health should be done. Health professionals through health education programmes should reinforce that, the environment that the person interacts with, is the influential factor in the mental stability of the person and the response to any triggers may vary according to the individual, thus it must be conducive to recuperation.

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The balance between individual's internal and external demands needs to be maintained by every individual, because it produces harmonious relationship with the reality of the environment in which the person lives.

However, failure to maintain equilibrium between the individual and environmental surroundings can lead to psychological effects such as neurosis, stress, and depression. Contrary to the above, the individual's adaptation can be maintained positively if the internal demands and surrounding environment are perceived as within normal expectations by the society (Perko & Kreigh 1988:25).

Once the individual is unable to maintain relationship with self, others and environment he/she presents with symptoms like insecurity, guilt, anxiety, fear, and emptiness, then the family or community members may distance themselves. The reason could be that he/she is regarded as being dangerous to them leading to segregation, casting out and abandonment (Wahl 2000:20). For such people the need for hospitalisation became necessary so as to promote safety of individual and well–being of others in the community. Hospitalisation also helped in diagnosing, treating and burden sharing with the family from stresses produced by the mentally disturbed person who could not cope with the usual routine aspects of life and living. The hospitalised patient then, stayed for a prolonged period because the community was uncertain about the recovery of the mentally ill person and felt insecure in the presence of the mentally ill person (Perko & Kreigh 1998:30).

Currently, prolonged hospitalisation of mentally ill persons is no longer necessary because of improved use of medication, which help patients to function more effectively within the community. Prolonged hospitalisation has negative effects such as economic burden for the institution as well as the dependency of the mentally ill persons to the institution. Further more, the individual finds it difficult to adjust after discharge to the community in which he has been separated from, for a long period. Hospitalisation is now encouraged for patients with acute and severe symptoms but should also stay for short period of about ten days for stabilisation of symptoms and be discharged (Bedell, Hunter & Corrigan 1997:222).

Management of mentally ill persons is now encouraged to be in the community because of health education given by health care workers, which enlightens the community to regard mentally ill persons as any individual with personal and legal rights (Van Rensburg, Gagiano & Verschoor 1992:417). In spite of enlightenment, the community still has a gap of not completely accepting mentally ill persons thus relapses still occur; whereas the supportive community can promote environment conducive for recuperation and reduce relapses. Management of mentally ill persons in the community will enhance development of mental health promotion services such as recreation facilities. It is noted that if services are not accessible and available to the community some measures should be done to ensure accessibility thus reducing stress to the mentally ill person and the family (Department of Health 1998: 11).

1.2 MOTIVATION FOR THE STUDY

The impulse that led the researcher to conduct this study was derived from the observations of seeing an increasing number of mentally ill people from Manguzi area diagnosed with mental illness. The differences in their recovery were also noticed. Some patients were never re-admitted after discharge,

whereas some were re-admitted though they were all from Manguzi health ward and were still on psychotrophic drugs. What then could be the reason of this problem?

It is maintained that when external environmental factors such as the family and community take care, accept, show love and support to the mentally ill person, these can contribute to recovery from mental illness. The environment which is free from noise, not overcrowded, and well ventilated, promote the peace of mind. It is further maintained that for the family and community to give support to the mentally ill person, must be made clearly aware of mental illness that the family member suffers from, by the health professionals (Hartfield & Lefley 1993: 100).

The presence of certain physical factors such as increased noise in the environment can have detrimental impact shown by aggressive behaviour of the individual trying to adapt in the vicinity (Beaulieu & Flanders 2000: 14). Socio-economic aspects such as poverty, poor housing with overcrowding and dilapidated structures and lack of security, such as lack of privacy may be stressful to the mentally ill person thus leading to maladjustment and relapse (Edwards & Besseling 2001: 72; Singer 2001:21).

Curtis &Taket (1996:19); Kuehnel, Liberman, Storzback & Rose (1990: 72) state that the role of the environment in healing is influenced by physical attributes such as room temperature, colour of walls, and furniture arrangement. The interpretation of the physical attributes as being negative or positive may result in behavioural change such as disharmony or harmony in a person's thoughts, feelings and actions. It is maintained that personality characteristics such as emotional responses inherited from parents may promote recovery or cause deterioration in the mental state of the individual (Betemps & Ragiel 1994: 25; Uys & Middleton 1997: 240).

The concern is that one can become mentally ill due to certain environmental factors such as low socio-economic status. The person with low socio-economic status finds it difficult to meet the daily basic needs like nutrition or shelter thus he/she becomes poor and may suffer frustrations and depression. Furthermore the role of the family is viewed as a contributory factor to the recovery of a mentally ill person, at the same time the family can be the source of relapse especially if the family is not enlightened in handling and interacting with the mentally ill person. Education of family members in handling and interacting with psychiatric patients is recommended in reducing the relapse of psychiatric patients (Gitlin, Swendsen, Heller & Hammen 1995: 1639; Mzimela 1995:87; Parker 1993:19).

The researcher's concern is also at the community level where negative attitudes are still noticed leading to segregation, discrimination, and lack of support of the mentally ill persons, so these attitudes may result in repeated relapse whereas if they are absent, recovery can be promoted. Thus the concern is about the degree of negative attitudes as the absence of those may contribute to recovery of the mentally ill person. The concern is further on determining whether is it the uniqueness of individual, family and community in which the individual stays that determines the recovery of the person. According to Singer (2001:22); Umansky, Telios, Tzidon & Kotler (1999:70) it is stated that the community can be the good resource for treating mentally ill persons if community is prepared and taught prior to the clients' arrival to the community.

1.3 THE STATEMENT OF THE PROBLEM

The environment has certain external factors such as wars, violence, family disruption, poverty, juvenile delinquency, alcohol and drug abuse, and other factors that contribute to mental illness. These external environmental factors

interact with the internal environment of a person and then lead to mental imbalance, such as anxiety, mood, personality, substance related, psychosomatic disorders and post- traumatic disorders (Fortinash & Holoday-Worret 1996: 225).

The study is concerned with identifying those environmental factors in which the mentally ill person recovers, be tolerated and supported irrespective of his mental instability.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to investigate the factors in the environment that contribute to recuperation of mentally ill persons at Manguzi Health Ward.

1.5 OBJECTIVES OF THE STUDY

The objective of the study was to identify the contributory factors in relation with the patient, family, friends, the community and influence of the neighbourhood structures, which lead to recuperation of mentally ill persons.

1.6 SIGNIFICANCE OF THE STUDY

The study will help authorities to be aware of the factors in the environment contributing to the recovery of mentally ill persons. Patients, families and communities will recognise the importance of mental health and will promote factors leading to mental wellbeing. Information obtained will help policy makers to plan, reinforce and manage programs which are aimed at preventing and treating mental illness as well as the promotion of mental health in the community.

1.7 DELIMITATION OF THE STUDY AREA

The study was delimited to Manguzi Health Ward in the Northern Province of KwaZulu-Natal in order to accomplish the analysis easily compared to the whole province. The areas selected were Thandizwe, Thengane, Mshudu, Masakeni, Mazambane, Ekuhluphekeni, and Mahlungulu because there were many mentally ill patients, but they were recovering.

1.8 DEFINITION OF TERMS

The following definitions apply to this study:

1.8.1 Role: According to South African Oxford School dictionary (1998:380), role is the part played by a person in a particular social setting, influenced by his expectation of what is appropriate. In this study, role shall relate to expectations, tasks and responsibilities of individuals sick or well, and shall be used to relate to the positive contribution of the environment, in the recovery of mentally ill persons as opposed to negative consequences.

1.8.2 Environment: According to South African Oxford School dictionary (1998:152) environment refers to the totality of external surroundings in plant or animal lives, which influence its growth, development, survival and behaviour. It also includes the complex of social and cultural conditions affecting the nature of an individual or community. In this study environment shall be used synonymously and as a platform in which the person interacts with family, friends and community as this has an influence on individual's recovery from mental illness.

1.8.3 Recuperation: According to Birchwood, Fowler & Jackson (2000: 334) recuperation means to recover from illness or exhaustion where the mind

of an individual can love, respect and appreciate themselves, other people and the world they live in. In this study recuperation shall mean positive adaptation and adjustment of the mentally ill person, within himself/herself, the family and the community after the discharge from hospital.

1.8.4 Mental Illness: It is a state of the presence of symptoms, behaviour, distress or discomfort in a person which lead to medical consultation at which a psychiatric diagnosis is made by medically qualified participant observer (Cooper & Eastwood 1992:34). In this study the term shall mean the illness which is characterised by maladjustment in a person's thoughts, feelings and actions. Psychiatric illness will be used interchangeably in this study with mental illness.

For the purpose of this study mental illness shall include the presence of schizophrenic symptoms, affective disorders presenting in individuals. Mental retardation or handicap disorders will be excluded from this study because it is a substantial discipline on its own.

1.9 CONCLUSION

In this chapter motivation for the study, statement of the problem, purpose of the study, objectives, significance of the study and definition of terms relevant to the study were highlighted. It is believed that this study will help in the identification and maintenance of those facilities that promote mental health of the individuals.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The interaction of the individual occurs continuously between social, cultural, psychological and physical aspects of the environment. These variations in both the individual and the environment can affect the way in which a person reacts, such as presenting with mental illness. In people with mental illness, people exposed to the same situations may react differently because the interaction with the environment may produce behaviours that uniquely define the individual. The reaction of the individual depends on the individual's intra-personal characteristics, interpersonal relationships, and environmental events as well as circumstances (Fortinash & Holoday-Worret 1996:13).

Two people witnessing the same event may have different perceptions and responses that can be considered as healthy or unhealthy even to the extent of suffering from mental disorder. However, no single model or theory or approach can explain why some people remain healthy when others confronted with similar life's daily stressors become mentally ill (Perko & Kreigh 1988: 162).

In South Africa there is approximately five (5) million people suffering from mental disorders and require some form of treatment. It is further stated that it is not everybody who can be treated in the institution, a process of treating mentally ill people in the community after being screened is seen to be effective to some individuals and not effective to some (Freeman & De Beer 1992: 340).

Literature presented in this study discusses management of patients with mental illness at home, community, discusses the effects of mental illness to the individuals, family and the community. It further describes factors promoting recovery and prevention of factors perpetuating mental illness as viewed by various authors. Literature identifies the influence of internal, external and created environmental factors that influence the behaviour of the individual with mental illness. The theoretical framework that is associated with the study is also presented.

2.2 The environment and mental health

Health is a state of physical, mental and social well - being. It involves more than just the absence of disease. A truly healthy person not only feels good physically but also has a realistic outlook on life and gets along well with other people (EB 1997, sv "environment").

Physical health and mental health are therefore closely related. Mental health plays an important role in both the way people behave and the way they feel. Emotionally healthy people, accept themselves as they are, with all their weaknesses and their strengths. They remain in contact with reality and are able to deal with stresses and frustrations. They also act independently of outside influences. However, mentally ill individuals do not remain in contact with reality and are unable to deal with stresses and frustrations. They act dependently on outside influences (EB 1997, sv "environment").

Various authors consider that, the environment is one of the important factors influencing the mental state of the individual consider the environment. The environment refers to all the internal and external factors or influences surrounding the human being. The influence of the environment on the individual may have positive or negative results (George 1995:286).

The negative influences, therefore, may result to mental illness, as variations in both the individual and the environment can affect the direction of the individual's reaction. Three types of the environmental forces could influence the individual's behaviour; these are the internal, the external and the created environmental forces because man is an open system, which is in dynamic state with these forces (George 1995:290).

2.3 The internal environmental factors influencing individual's behaviour

The interaction that takes place within the individual internally is dynamic and is influenced by the interaction between internal and external environmental factors. Many human similarities and unique behaviours are influenced by the individual's in- born or genetic inheritance and thus it forms the internal environment that interacts with the external environment (Bergh & Theron 2003:73).

It is maintained that the genetic determination has a more dominant influence on the physical domains of behaviour such as manifestations of physical diseases and developmental psychological disorders. The disturbance in the genetic inheritance of the individual will manifest with the symptoms that will be externally recognised, and can be interpreted as negative. For an example an individual with schizophrenic disorder is characterised by psychotic disorder where thinking, emotions, attention and communication are affected, resulting in an individual's inability to function in an accepted manner (Kaplan, Sadock, & Grebb 1994:150). It is further maintained by Kaplan et al.(1994:150) that the majority of mental illness results from the interaction between genetic and external environmental influences rather than being hereditary. This means that there are other external influences that may have an impact on the internal

environment of the individual and he /she may eventually present with mental illness.

Apart from genetic factors influencing the internal environment of an individual, there are personality and psychological factors that when disturbed may lead to the individual presenting with symptoms that may be seen and interpreted by social beings as abnormal. The individual with a personality disorder is more likely to deny his/her problems and put blame on the external environment for the problems (Uys & Middleton 1997:611). For an example an individual may point fingers for the mental illness saying that he has been bewitched by jealous neighbours because he is rich and because of that idea may not comply to medication and may not recover.

The personality of an individual is a learned behaviour that develops from positive rewards or punishment, and shapes the individual's behaviour thus acting as an internal environment. Individuals will react in certain ways to certain stimuli or in certain situations because they have learned to do so (Bergh & Theron 2003: 322). For the person with mental illness, if positive rewards are given and re- enforced such as praising him/her for good performance, if he has performed well, there will be harmony within himself and others with whom he stays, thus recovery becomes possible. In the case where the stimuli has negative influence the individual's personality will not be stimulated, instead the individual will view himself as being unworthy and recovery will not be possible. Furthermore, it is maintained that every person interprets the world in terms of his or her constructs, which can be changed or replaced at his/her own will (Bergh & Theron 2003:377; Kaplan et al. 1994:150).

The internal environment also includes the psychological aspect as having an influence on the behaviour of an individual, which can be interpreted as either

"normal" or "abnormal". For an example, if the individual is stable psychologically he / she will have good interpersonal relationships, in the society he/she will be an asset, bringing harmony amongst people with whom he/she stays, his reaction to stress, will not result in a very obvious manner like extreme depression. The individual with mental disorder, psychologically his behaviour will be characterised by opposites such as disharmony or the presence of symptoms of maladjustment within the individual and the environment, such as relapse for the mentally ill person (Rawlins, Williams & Beck 1993: 123).

There is little change that can be done if mental illness results from genetic influence because genes determine heredity from one person to another, so other genes may have dominant effects to the individual. However, with regards to the personality and psychological influences on individual's behaviour, manipulation of these situations can have an impact on the recovery of the mentally ill person. The personality of individuals results from the response, so, for the promotion of recovery an individual can be assisted to unlearn all negative influences that may be in his/her mind thus hindering recovery as the individual continues to interact with the external environment. The personality being influenced by psychological health will have positive influence in the recovery of a mentally ill person. The psychologically matured person is able to maintain positive relationships with others, has empathy and can tolerate other individuals with whom he/she interacts with the external environment (Bergh, & Theron 2003:321)

The interaction of the internal environment with the external environment can have positive rewards for the mentally ill person recovering from mental illness. The external factors in the environment can promote or hinder recovery to the individual with mental illness depending on his uniqueness (Kaplan et al, 1994:316).

2.4 The external environmental factors influencing individual's behaviour

Besides the internal environment influencing the behaviour of an individual positively or negatively, there are external environmental factors that have an impact on the individual who is recovering from mental illness. The presence of certain events in an individual's daily life may need him/her to adjust or cope with to the situation as it presents, or failure to cope may lead to maladjustment which may be visible to the people that one interacts with. The common stimuli are stressors and they emanate from the external environment. The invasion of an individual by stressful events will have a negative impact on his/her behaviour as observed by other individuals interacting with him/her (Rawlins et al.1993: 124).

Bergh & Theron (2003:398); George (1995:287); Kaplan et al (1994; 316) maintain that the stressors result from the combination of external factors such as biological, heredity, nutrition, infections, intoxication with alcohol, and brain injuries. The extent of the defect may determine the degree of affectation. Other external stressors include socio-cultural factors such as poor morality, poverty, ethnic grouping, and discrimination and may lead to mental illness. It is further maintained that, stipulating exactly what constitute a stressor is difficult because a stressor can be positive (such as getting married) and some stressors may be negative (such as death of a close family member). Both the positive and the negative situations require individual to adjust and adapt to the situation and to do that causes a stressful situation.

Furthermore people differ in the manner in which they respond to life's challenges, some may recover in areas where they seem to be difficult to survive in. To some individuals, the absence of recreational facilities may cause boredom and the individual may resort to detrimental practices like

alcohol abuse, thus may not recover whereas others may recover in the absence of recreational facilities, so, the reaction to the stimuli is unique to the individual (Davidson & Naele 2001:173).

Irrespective of whether the stress is positive or negative, it influences the internal and external adjustment, meaning that the individual may be able to handle daily problems in order to satisfy physical and psychological needs so as to alleviate anxiety and stress. Examples include listening to music that has a calming effect, playing games, meditating, and performing exercises thus promoting recovery. However, coping to stressful situations can be problematic to some individuals and they may resort to substance abuse such as alcohol and dagga and recovery may be hindered (Bergh &Theron 2003:401; Csernansky & Schuchart 2002: 475; Davidson &Neale 2001:340).

There are several community- based studies that have been carried out in South Africa regarding substance abuse especially among youth. The findings show that most youth, male and female use dagga and alcohol either alone or in combination with alcohol the reason being that, an individual is minimising worries that he/she may be experiencing. The results are that the substance users present frequently to psychiatric institution for treatment of drug related conditions (Tyson & Stones 2002:4).

The international studies carried out on substance abuse revealed that cannabis (marijuana or dagga) is considered to be the most widely abused drug in early twenties because it is readily available in the environment, some even grow dagga at their homes. It is further stated that cannabis users are developing substance abuse problems, at the earlier age and they manifest with mood, cognitive and behavioural changes (Davidson &Neale 2001:320; Fighting 2001:11).

Kaplan et al. (1994:318) maintains that the problem of drinking alcohol is associated with drinking in biological parents as well as exposure to alcohol abuse in adoptive homes. This means that the genetic (internal environment) and external environment have an influence in substance abuse thus the individual with mental illness exposed in the environment in which the substance is readily available and has parents misusing alcohol is prone to relapsing. The employed individual who abuses alcohol will experience problems such as having bouts of absenteeism, and may eventually lose employment.

It is further supported that the individual abusing alcohol is liable to physically abusing the family members, leading to domestic violence. Gender (2001:11); Violence (2000:20) maintain that in South Africa domestic violence is worse especially where women depend on their husbands for survival, and may also develop psychiatric problems like severe depression and may eventually resort to substance abuse. This suggests that, individuals exposed to domestic violence may find it difficult to recover if on psychiatric treatment especially if the cause is related to domestic violence and is not minimised, whereas in the absence of domestic violence an individual on psychiatric treatment may recover.

There are other external factors that may influence the behaviour of the individual suffering from mental illness. Women (2000:16) maintains that African culture has an influence in mental illness because other cultures accept polygamy which lead to stressful life to the individual and if exposed to such family recovery may not be possible. Human (2000:21) also supports the idea that in the polygamous families the older wife finds herself extremely stressed, because she cannot bear the circumstances of sharing her husband with someone else. The individual exposed to polygamous family may fail to adjust to the situation, may live a depressed life full of misery and may resort to

suicidal ideation. Contrary to individuals becoming stressed some may survive in polygamous marriages and some may not, so the support obtained from friends, community support groups may help mentally ill individuals to deal with the situation confronted with, thus recovery will be promoted (Women 2000: 16).

2.5 The created environmental factors influencing individual's behaviour

Apart from the internal and external factors influencing the behaviour of the individual positively or negatively, the individual further develops his /her own environment at the unconscious level and this created environment enables him/her to react uniquely when the internal and external environment cannot be in harmony. George (1995:286) maintains that the individual creates an environment that promotes comfort within himself/herself, in the situation exposed to, such as the individual may ignore or adjust to the situation if it brings about harmony between the internal and external environment.

The created environment used by the individual could be acceptance of the condition. In this instance the individual may admit that he/she has mental illness and may be aware that through the use of regular medication supplied to him/her, the signs and symptoms of mental illness will be minimised. However, a mentally ill individual who lacks insight can deny the illness and may react angrily or aggressively to any suggestion that may be shared with him/her in trying to alleviate mental illness and such a person may not recover from mental illness (Davidson & Neale 2001:342).

2.6 The influence of the family towards the mentally ill individual

The family is regarded by society as the basic social and external environment where an individual is a member of that particular group. The individual is in constant dynamic interaction with the family. Through interaction, close relationships develops and the family is regarded by the society as being responsible amongst other roles for the provision of basic needs The family is responsible for the provision of food and shelter, the protection and socialisation of children, and the provision of emotional support for the individuals in times of stress and illnesses. The family is also recognised as a basic economic unit, which provides clothing and education for children (Bergh & Theron 2003:296; Frude 1993:7). Bergh & Theron (2003:296) further maintain that the family provides rewards such as rewarding the individual with good behaviour, it boosts his/her self- esteem. It is further maintained that the rewards that are given to the individual for a good behaviour will reinforce healthy personality whereas in the absence of rewards an individual may lack stimulation of the developing personality.

Louw (1996:75); Parker (1993:19) maintain that if the family member suffers from mental illness, the family should gain knowledge about the condition, learn about available resources and management of the mentally ill person from professionals. Furthermore the family will come to terms with the condition and gradually will show signs of acceptance to the ill family member and recovery will be promoted. Acceptance could be in the form of provision of adequate housing where there is no overcrowding, and privacy being maintained so as to promote relaxation of the mind and reduce stress that is created when an individual's space such as privacy is invaded. Louw (1996:351) further highlights that the individual's families do not function in isolation. The family's relationship with friends and relatives may influence positive attitude between family members. For an example, the family with

good family friends with whom they share any problems experienced, will tend to be better family members in increasing support to the mentally ill, thus enhancing recovery.

Schultz & Videbeck (1994:415) state that besides, showing acceptance to the ill person, the family needs to show love and respect to the mentally ill person so that there will be harmony between the internal and external environment of the individual. The mentally ill person may perceive emotional abuse as neglect and this may delay recovery.

Fortinash & Holoday –Worret (1996:696); Leff (1997:56) maintain that staying in an overcrowded environment results in maladjustment and stress of the individual and misery leading to anxiety thus recovery becomes impossible. Lack of privacy lead the individual to experience problems about the safety of his person and possessions. It is further envisaged that lack of privacy make the individual to feel belittled, not respected enough and may feel unsafe regarding his/her person and possessions.

The family is part of the community so the community as well may have an influence in the recovery of a mentally ill person. Mentally ill persons are discharged from institutions to form part of larger communities so the community must be conducive to their recovery.

2.7 Influence of the community towards the mentally ill individual

According to Emsley, Roos, Chabalala, Van Rensburg, Mbanga, Wilson& Sartorius (1999:28); Perko&Kreigh (1988:23) it is maintained that patients suffering from mental illness have been stigmatised and discriminated against. The community ostracised them and regarded them as very dangerous and

needed to be institutionalised and this reason has led to the community not being comfortable for accommodating the mentally ill person.

Frude (1993:119) states that mentally ill persons often report a feeling of being "invisible" because they sense that the environment in which they are discharged into, does not consider their views thus hindering recovery. Kaplan et al. (1994:205); Singer (2001:23) maintain that successful recovery is influenced by the positive attitude that the community displays towards the mentally ill individual, by understanding that the behaviour displayed is not on purpose. Singer (2001:23) further maintains that, the community by displaying acceptance attitude irrespective of the individual's illness can encourage the mentally ill person to be positive towards himself such as not to feel isolated because of the condition thus ensuring recovery. Attitude of acceptance can be shown by involvement of the individual in decision making in the community meetings and offering of employment opportunities will enhance recovery. However, mentally ill patients find it difficult in certain instances to cope with the demands of living sometimes due to lack of employment, housing and discrimination. Birchwood et al. (2000:341); Kaplan et al. (1994:204); Mzimela (2001:6) maintain that quite often the deinstitutionalised individuals experience lack of support from the community. There is lack of financial assistance and lack of recreational activities which, if any, would keep them occupied and recovery promoted. Lack of support in the form of being accepted, loved and respected from the community, usually causes maladjustment and eventually relapse to the mentally ill person. Birchwood et al. (2000:341) maintain that the individuals, who are getting financial support such as disability grant, experience less, difficulties compared to those with little or no source of income and recovery is ensured.

Poggenpoel (1993:36) states that the community should provide positive opportunities for education of sports as recreation. Engagement in sports

reduces stress and crime activities as the energy is channelled to sports, and for the mentally ill, recovery can be ensured.

According to Uys & Middleton (1997:50) it is stated that the community can be a factor that contributes to recovery of mentally ill persons, by ensuring that the community is educated such as on early detection of signs of mental illness and prompt referral to the hospital can enhance recovery of the mentally ill person. When acute symptoms have been stabilised an individual can be discharged to the community to continue taking treatment without being discriminated.

Frude (1990:36); Kuntz (1995:5); Reay –Young (2001:16) suggest that counselling, group therapy sessions, and sheltered employment facilities should be available in the community as they could assist the discharged individuals to be engaged into those facilities so that stress and anxiety is reduced. The individual will feel part of the community and the behaviour displayed will be positive. The Department of Health (1999:8) also supports that there should be community programmes based on psychosocial rehabilitation services especially for the youth. The presence of services can reduce the rate of suicide and temptation of being hooked to substance abuse such as drugs and alcohol which may be easily available in the community.

Beaulieu & Flanders (2000:14) state that, community programmes such as life skills, training on as communication skills and medication monitoring, form the external environment that is essential for the individual recovering from mental illness.

Bedell et al (1997:219); Gonzalez, Gonzalez & Aguire (2001:82) are of the opinion that community structures such as churches, schools, and shops form the external environment aiding in the recuperation of mentally ill persons in the community. These structures form the community support systems by

providing the individual the opportunity for being with others sharing burdens and giving emotional, physical and spiritual support thus protecting the individual from conditions like depression.

The recovery of the individual is based on the influence of many factors from the environment like individual, family and community with its neighbourhood environment as well as the interaction amongst the internal, the external and the created environment. Such factors must be considered.

2.8 THEORETICAL FRAMEWORK: BETTY NEUMAN HEALTH CARE SYSTEMS MODEL

The study was guided by Neuman's Health Care Systems model. Neuman views a human being as "an open system" in which repeated cycles of input, processes, output and feedback constitute a dynamic organisational pattern. Neuman maintains that the human being may be an individual, a group, a family, a community or any aggregate. In systems model, Neuman identifies two major components, stress and the reaction to stress. Neuman discusses stress and reaction to stress in relation to the individual and his/her environment (George 1995:284).

The environment

The environment is defined by Neuman as "all the internal and external factors or influences that surround the client or client system". She maintains that the client and the environment influences each other, either positively or negatively thus affecting the direction of the individuals' reaction. Neuman further states that the individual as a system may adjust to the environment or adjust the environment to him or her (George, 1995:284).

Neuman maintains that environmental forces, which she labels as stressors, affect the client as an open system. Neuman further highlights that the stressors exist within three types of the environment, which are: the internal environment, external environment and the created environment (George, 1995:286).

Neuman refers to the internal environment as the one that exists within the client system and is made up of all forces (stressors) and interactive influences that are within the individual. Neuman defines the external environment as the one that exists outside the individual and is made up of all forces and interactive influences that are outside the individual. Neuman further identifies the created environment, which she refers to as the environment that is developed unconsciously by the individual and symbolises the client system wholeness. Neuman states that the function of the created system is protection, and enables the client to cope with the internal and external environmental stressors. She maintains that the created environment serves as an insulator and may change the individual's reaction to stressors. Neuman further explains that although the created environment is protective, it may have a negative effect on the individual; it uses energy needed to react to environmental stressors (George 1995:287).

Stressors

According to Neuman, the environmental stressors affect the client as an open system. She defines stressors as stimuli that produce tensions and have the power for causing system instability. The client may have to deal with one or more stressors at any given time. Neuman classifies stressors as intrapersonal stressors which occur within the individual and correlate with the internal environment, the interpersonal stressors which occur outside the individual and

have an impact on the system, extra-personal stressors which also occur outside the system such as social policies (George, 1995:287).

Neuman sees man as a total being who is multidimensional a composite of physiological, socio-cultural, developmental and spiritual aspects. Neuman further identifies other variables that she includes to man, which are basic for survival, such as temperature range, genetic response patterns, ego structure and various strengths and weaknesses of the physical body. Neuman states that in an ideal situation, the physiological, psychological, socio-cultural, developmental and spiritual variables function in harmony with stability in relation to internal and external environmental stressors (George 1995:285). This suggests that if these variables fail to function harmoniously to stressors the client system is affected and illness may occur.

Health

Neuman further explains the concept "health" in relation to client system stability. She defines health as the condition or degree of system stability that is viewed as a continuum from wellness to illness. She further explains that stability occurs when all system's parts and subparts are in balance or harmony. She highlights that when systems' needs are met, optimal wellness exists and when needs are not satisfied illnesses exist and when energy needed to support life is not available, death occurs. Neuman views nursing interventions as aimed at helping the system adapt or adjust and to retain stability (George, 1995:291).

Nursing

Neuman defines nursing as a unique profession that concerns itself with all aspects affecting human response to stressors with an aim of retaining, and

attaining the clients' stability. Neuman further states that nursing is assisting individuals, families and groups to attain and maintain a maximum level of total wellness by purposeful interventions aimed at reducing stressors which may result in adverse conditions that affect optimal functioning of a patient (George 1995:289).

Maintenance of system balance

According to Neuman, primary, secondary and tertiary prevention levels are used as interventions retaining and maintaining system balances (George 1995:288). Neuman maintains that primary prevention includes health promotion and maintainance of wellness and occurs before the individual reacts to environmental stressors (George 1995:288).

Primary prevention according to Uys & Middleton (1997: 44) aims at making people maintain health styles before problems can actually occur, such as taking healthy diet, exercises, marriage counselling and others. Secondary prevention according to Neuman, occurs after the individual reacts to a stressor and treating of presenting symptoms is done. She maintains that secondary prevention focuses on strengthening the internal lines of resistance and thus protects the basic structure through appropriate treatment. Neuman states that if secondary prevention is unsuccessful, death will occur (George 1995:288). Neuman states that tertiary prevention occurs after the human being has been treated through secondary prevention strategies. Its purpose is to maintain wellness.

Relevance of the Neuman System the Model to study

Neuman's health care system model, which is a whole person model, is applicable to the study as it focuses on the whole person being affected by the

environment. The study focuses on the role of the environment towards recovery of mentally ill persons and the interaction that takes place between individual and environment.

According to Neuman the environment has an effect on the personality of the human being. Historically, it is also believed that the whole person including his/her environment could be used to bring about changes in the personality. The external environmental such as the size of the house, interpersonal relationship with people and types of therapy for the mentally ill person would be effective in bringing about harmony in one's mind thus promoting recovery.

Neuman maintains that every individual is unique, and therefore their responses or reactions to environmental stressors differ. This is applicable to this study as in certain situations when individuals feel as if they are emotionally not well, they seek counselling for the problems they might be experiencing. Counselling can be helpful for them whereas other individuals exposed to the same situations may not be fruitful and may warrant admission.

The study applies Neuman's system model in that, although the individual is a unique being, he cannot leave in isolation, he needs to interact with living and non-living objects found in the environment such as the family, friends and certain types of animal kingdom. This interaction maintains relationship between the parts and the interaction of parts or the whole with the environment provides a mechanism of exchange between the individual and the environment in which he stays. The interaction with each other may affect the exchange between the individual in a positive or negative manner. The positive interaction may indicate recovery and negative exchange may indicate relapse. The interaction that takes place between individuals and the environment is non static, it changes from time to time and may result in disequilibrium and maladjustment in the behaviour of the individual. The individual may react in different ways, he may adjust himself or adjust the environment thus he will cope or may not cope. The interaction occurs internally within the individual

and externally with other aspects in the environment and may not always be pleasant. The interaction may be stressful to the individual.

The presence of a stressor from external environment results in stress and cause disequilibrium between the internal environment and external environment of the individual. The condition of stress thus becomes an activator of behaviours to resolve disequilibrium.

The individual will manifest with psychological symptoms at varying degrees such as being depressed, paranoid or to the extent of being schizophrenic. Neuman maintains that coping mechanisms are essential in creating harmony and prevent being harmed by life strains in the environment. It is noted that the reaction of individuals to stress is unique whether the stressors are pleasant or unpleasant. For an example, for some people, a new baby in the family may be more stressful than losing a job.

Neuman identifies the line of resistance that protects the individual from being exhausted by environmental stressors. If the line of resistance is not maintained illness sets in and requires some measures to alleviate the presenting symptoms so that a person may lead a normal life.

In assisting the individual to maintain harmony, Neuman's system model identifies certain steps in the nursing process that may be used in helping the individual reacting to stressful stimuli. This involves the assessment phase of nursing process where the nurse should focus in obtaining comprehensive data so as determine factors contributing to recovery or the triggers of stress so as to reach the nursing diagnosis. The psychiatric nurse will plan the means by which the client can be helped in utilising the available resources to minimise stressors and lead a normal life.

Neuman maintains that the individual should be helped holistically by those he/she lives with (physically, mentally and emotionally) in order to bring about balance in the internal environment. Certain individuals create their own environment in which they find comfort, that needs assessment because it may include isolation from interacting with other individuals in the environment and that is not promoting recovery for the mental ill individual.

Neuman's model, stresses primary, secondary and tertiary prevention measures as the promoters of health in the individuals. Primary prevention is viewed as the important aspect in balancing the internal and external environment of the individuals. The presence of health promotion facilities in the community like family planning, group projects, marriage guidance, all help individuals to be kept occupied, informed so as to maintain healthy life styles thus mental health is promoted. For instance, for young people to use health and community services, they must not only be accessible but should be youth friendly. This may eliminate stigma and preferable services essential should be collaborated with youth activities. In certain circumstances illness sets in and some measures are to be taken to treat the individual.

The incorporation of secondary prevention as a major treatment of mentally ill individuals should be recognised. This is supported by the availability of effective treatments that currently exist for the treatment of patients in the acute phases of major mental disorders and by using pharmacological therapy such as anti-psychotics, and anti-manic drugs. The psychiatric nurse should ensure proper data collection thus arriving at a correct diagnosis and relevant treatment given.

The treatment in the form of pharmacotherapy alone cannot only assist the person to recover but there are other external factors in the environment that play an important part in facilitation of recovery.

Co-ordination of health services, as tertiary prevention will promote adjustment and adaptation of the individual, such as by doing home visits, re- educating the individual, family, friends and community on positive attitudes towards mentally ill people. Peer support and family support are considered to be important factors in the promotion of mental wellbeing thus bringing about balance in individuals' internal and external world.

Neuman's model maintains that people in the environment create an external environment that has an influence on the internal environment. It is for this reason that the types of external stimuli influence the intra-personal behaviour and if stimuli are positive especially when family members, friends and community show support to the mentally ill person, that individual may recover. However, the problems of a mentally ill person can be aggravated if his extrapersonal relationship is amongst the people who do not respect nor accept him and may end up isolated and withdrawn from other social occurrences.

2.9 CONCLUSION

Neuman's system model guided this study, as the environment is viewed as having an influence in the behaviour of an individual more especially because he/she is an open system with intrapersonal and interpersonal environment.
The individual responds uniquely to stressors in the environment hence the mentally ill individual can recover and another individual may relapse even though they are exposed in the same environment.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the steps that were followed in obtaining data for the study, which includes research method used for data collection, target population, sampling technique, sample size, data collection instrument, pilot study and ethical consideration observed, the data collection process and the rational for these steps.

3.2 Research Design

This section outlines the method that was used to collect data, the target population that was selected, sampling technique employed, sample size, the data collection instrument, the report on the pilot study and the manner in which ethical aspects of the respondents was considered and the steps that were followed in the data collection process.

3.2.1 Method of data collection

In order to meet the objectives of the study, a qualitative and quantitative study methods were selected in order to collect data systematically from the recovering mentally ill patients. The descriptive exploratory approach was selected so that the in- depth knowledge about the experiences as perceived by

the individual, family and the community for the mentally ill patients who are recovering was obtained and reported. Through the descriptive exploratory approach, the environment in which the respondents stay was explored, described and the neighbourhood environment was observed in order to determine the contributory factors towards recovery or causes of relapse. The approach that was used allowed for the full participation of the respondents. The approach allowed for the first hand information from the respondents according to their points of view such as, the role of the family, friends and medication in their recovery rather than researcher's interpretation. The above mentioned advantages of the approach that was used are in line with Brink (1999:119); Polit & Hungler (1995:16); Streubert & Capenter (1995:100); Talbot (1995:71) who are of the opinion that the purpose of a descriptive method would probably be to document the need to improve the quality of care.

3.2.2 Target population

Manguzi health ward has an overall population of 100 000 people. The population of the study consisted of 520 patients with long- term mental illness who were on psychiatric treatment, which they collected at Manguzi Hospital (Northern Kwa-Zulu). The reason for selection of this target population was that the majority of the clients had not relapsed since they were diagnosed and the researcher wanted to focus on what could be the contributory factors since the clients were from the rural areas where services are inadequate.

Initially it was proposed that the target population would be comprised of mentally ill patients who were surviving from mental illness and were diagnosed from the year 2000-2001. There were very few patients that were identified from the records who met the criteria so the onset of illness was not confined to a two- year period. The patients with mental retardation and those with epilepsy were excluded.

3.2.3 Sampling technique

The respondents were selected according to the following criteria:

- Patients who had been diagnosed with mental illness disorders, and were on treatment and were recovering
- Patients who were not admitted at the onset of illness but were seen at Out Patient Department and were put on psychiatric treatment and were recovering.

The sample of 20% was selected from 520 population of mentally ill patients, which eventually yielded 104 respondents. The patients with mental retardation and those with epilepsy were excluded hence they did not meet the criteria.

In this study the non-probability sampling technique was selected using the quota sampling type. The quota sampling technique was convenient because reading through the patient's records and judging from those records for those who met the criteria to be interviewed enabled the selection of the respondents. Basically the history on the onset of illness, the type of medication and consistency in visiting the health service formed reason for the selection.

Brink (1999:135); Polit & Hungler (1995:231) support non-probability method using quota by stating that it is more convenient and economical, and in this study it was relevant because the patients were identified at the clinic, which they visit monthly until the desired number of the respondents was reached.

3.2.4 Sample size

A sample size of 100 was needed but after sampling using the convenient method there were 68 males and 36 females forming the 20% of the desired sample (104 respondents) and who met the selection criteria. The reason of selecting 104 respondents is because the respondents were available at the clinic. All respondents selected in a sample consisted of males and females that were receiving treatment for mental disorder at Manguzi community psychiatric clinic. The males formed the majority of the sample because they were more than females. The target population consisted of 104 respondents, which is 20% of 520 mentally ill patients seen at Manguzi psychiatric clinic and are on psychiatric treatment.

The sample size that was selected was adequate because Brink (1999:142) states that the larger the sample the better but up to a certain point because if the sample is large it may be unethical as there is unnecessary involvement of extra respondents. Brink further highlights that the larger sample may increase costs and at the same time a study that is too small will be unable to detect important effects such as those contributing to recovery or non-recovery.

3.2.5 Data collection Instrument

The information that was needed was concerned with the knowledge of the individual with mental illness, reaction of the individuals, families, and community towards mentally ill persons. The contribution of these factors towards the recovery and non-recovery were also determined.

The structured interview schedule was used so that the information from respondents would be obtained through their self–report and observations made during the interview. The interview guide was convenient because the

respondents were able to participate even if they could not read or write. The interview session promoted face to face encounter making it easy to observe non-verbal communication and mannerisms, which is very common with the mentally ill patients. The questions that were unclear were easy to clarify and in the language that the respondent was familiar with (IsiZulu). The preparation of an instrument was formulated in collaboration with experts and experienced psychiatric nurses, clinical psychologist, nurse managers with experience in psychiatric nursing and the help of the study supervisor

The instrument consisted of closed ended questions so that the specific information would be obtained and the open- ended questions were also included in order to obtain all pertinent and in depth data describing factors in the environment indicative for recovery. The open –ended questions further allowed the respondent to respond to the questions in a way that he or she sees fit in a subjective manner and from experience of interacting with the community about the factors contributing to the recovery or non – recovery for the mental ill person.

The interview schedule inquired about the following:

Section A: Demographic data
Section B: History of the onset of mental illness
Section C: How the family, friends and community reacted towards the mentally ill person as perceived by the client
Section D: The information on supportive health education
Section E: The observations of respondents' home by the researcher

The section on the respondents' home had another day set aside whereas the rest of the interview was undertaken during the visit to the hospital for routine follow up.

3.2.6 Pilot study

The pilot study was conducted at Manguzi Psychiatric clinic on five (5) mentally ill patients, who were stable. The purpose of the pilot study was to pre-test the validity and reliability of the instrument so that the unforeseen problems that may arise in the course of the project can be rectified before conducting the main study.

Polit & Hungler (1995:263) support undertaking of a pilot study because it helps to determine the length of time it takes to administer the entire instrument package and to determine whether the respondents feel that the time burden is too great or adequate.

The respondents for a pilot study had the same characteristics as subjects who composed the main study. The respondents that were selected for the pilot study were not included in the main study.

All questions were clear to the respondents and only few corrections in Section C and Section D (home directions) were done. The whole instrument was refined before being administered in the main study. There were 104 tools that were reprinted so that each respondent could have his /her own interview guide used during the session.

3.2.7 Ethical Consideration

A letter requesting permission to conduct the study was written to the authorities in charge of the institution. Permission to conduct the study was obtained from the hospital authorities (See annexure C)

Informed consent was obtained from respondents whose confidentiality and anonymity was ensured by not writing their names on the interview schedule. However the surname of the client was written on the interview guide so that the home of the respondent could be traced during a home visit from the neighbours, as there are no streets and house numbers. The relatives that accompanied the respondents fitting the criteria and those at home were given explanation about the reason for the researcher at their homes. The aims of the study were explained and the permission to record the interview session was obtained. The respondents were allocated cards with ascending numbers as those that were written on a interview guide so that when the researcher did home visits the respondent would be requested to show his /her card and then the corresponding tool would be taken out amongst others.

3.2.8 Data collection process

The first meeting was held with Manguzi assistant director (Patient care Matron) and the community psychiatric team to explain about the researcher's presence. The second session included the review of patients' records that were due to come on the following day (clinic day) so as to identify the clients who met the criteria. The reason was to identify all the clients who were on treatment and had not relapsed or relapsed once since the initial diagnosis.

The exercise of checking the clients' records prior to the actual date of the visit was undertaken once a week for a period of six weeks (6 days). The interviews were then done on the following day for 6 days as well. There were about 18 respondents interviewed per day until the sample size of 104 respondents was reached. Some clients came to the clinic by themselves and some were accompanied by their relatives. The relatives were given a separate place to wait for the patient so that they could not interfere during the interview session. Data was collected by the researcher only, so there was no need to train data

collectors. The researcher was allocated a separate office where interviews took place face-to-face, using the language, understood by the respondents (IsiZulu). Data was collected from the respondents who had come to collect the treatment and fit the criteria. Each interview session lasted about 20 minutes and the data obtained was recorded directly onto the interview schedule. In order to minimise suspicion and anxiety from the respondents, the researcher wore white uniform and the distinguishing devices as studies have indicated that gender, manner of speaking and clothing are some of the factors that influence answers provided by the respondents.

The second aspect of the interview guide included the visit to the homes of the respondents in order to observe the immediate home surrounding and the neighbourhood environment that could promote or hinder recovery. The respondent's family members were given explanation about the researcher's visit, so as to gain an informed consent. The patients' relatives stated the visit was a revival in caring for the mentally ill person. The observations during home visits made the researcher to be aware of the way in which the family members communicated with the mentally ill person at home. The process of visiting the respondents at their homes lasted for about 14 days (2 days per week) and the home visits were undertaken during those days that the researcher would not go to the psychiatric clinic. Polit & Hungler (1995:256) support the idea that observational methods are fruitful because a variety of information can be obtained such as environmental conditions at patient's residence and remedial intervention can be undertaken if the environment is posing a threat to the respondents' health.

3.3 CONCLUSION

In this Chapter the researcher has reported on the research methodology. The structured interview schedule used and observation during home visits regarding the surroundings. The home visits gave the researcher more insight about the environmental appearance from where the respondents came. There were problems encountered such as to those areas that were widely distributed they were quite tiresome but were eventually located.

CHAPTER FOUR

PRESENTATION, DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents an analysis, description, interpretation and discussion of data that was gathered on, **"The role of the environment in the recuperation of mentally ill patients at Manguzi Health ward"**. The report presented includes the information on factors within the environment that contributed to recovery of mentally ill persons at Manguzi Health ward. Information on factors within the environment was obtained from: personal particulars of the respondents (demographic data), history of the onset of illness, the relationship of the respondents with family, friends and community as perceived by the respondents. The chapter further presents the analysis and interpretation of the observations that were undertaken at the respondents' homes and the neighbourhood environment, as they are the factors within the environment that can influence recovery of a mentally ill person. The data analysed is both quantitative and qualitative in the form of graphs, tables and descriptions.

4.2 DEMOGRAPHIC DATA

The inclusion of demographic data would help in identification of certain aspects, which could be the contributory factors to recovery or non- recovery of mentally ill person.

4.2.1 Residential area of the respondents

The residential area of the respondents was included in order to identify the districts where the respondents came from .The importance of including this item was to establish the type of the community environment in which the respondents were residing, as it might or might not promote recovery.

Figure 4: 1 Residential area of the respondents N=104

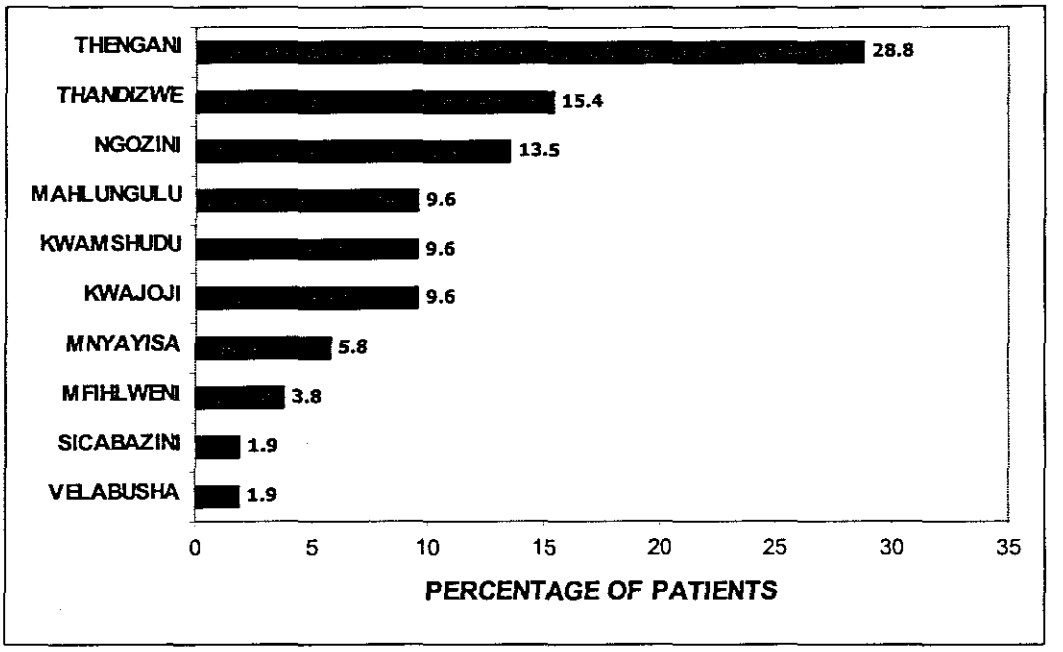


Figure 4.1. shows that the respondents were from ten (10) areas of Manguzi health ward. Out of 104 respondents, the majority 30 (28,8) were from Thengani area and, 16(15,4%) from Thandizwe area which are peri-urban areas because they are around the only small town of Manguzi Health ward. The total number of respondents was 46 from the peri-urban area. Other respondents were from Ngozini 14 (13,5%), Mahlungulu, KwaMshudu and KwaJoji had 10 (9,6%) each, Mnyayisa 6 (5,8%), Mfihlweni 4 (3.8%), Sicabazini and Velabusha 2 (1,9%) each, and they are the rural area of Manguzi Health ward.

The total number of respondents was 58 from rural areas. The respondents from rural environment may recover because the environment is quiet, the temperature is cool thus the mind relaxes and is without environmental stressors, such as industrial noise or air pollution from industries noise from cars passing through the busy roads. Contrary to this, respondents from the peri-urban area may recover because the environment might have recreation facilities which is scarce in rural areas where individuals may spend some time relaxing mentally. However, Collet & Furnham (1995:177) maintains that the physical environment that is noisy, congested and with high temperatures may create stress mentally and recovery may be hindered. All in all this study had 58 (55,5%) respondents who were from the rural environment and 46 (44,2%) were from the peri-urban community environment and the results may imply that the residential areas had an influence in the recovery of the mentally ill persons.

4.2.2 Gender distribution

The gender was investigated in order to ascertain whether the sample represented both males and females equally and whether gender has an influence on the recovery of the individual with mental illness.

Table 4:1 Gender distribution N=104

SEX	NUMBER	PERCENTAGE
Males	68	65
Females	36	35
Total	**104**	**100**

Table 4.1 indicates that out of 104 respondents, 68 (65%) were males and 36 (35%) were females. This shows that the majority of males suffered mental

illness and the results of the study will mainly be from males and may not be generalised for females.

The results reveal that there is high percentage of males who suffer from mental illness and their recovery may be influenced by their gender. However, Birchwood et al. (2000: 43); Fortinash & Holoday- Worret (1996: 346) agree that the onset of mental illness is higher in males than in females because males are prone to other environmental stressors such as peer pressure, that may cause them to abuse drugs and alcohol.

4.2.3 Age distribution

The study aimed at establishing different age groups of respondents in a sample in order to find out whether age had an influence in the recovery or non-recovery from mental illness.

Table 4:2 Age distribution N=104

AGE DISTRIBUTION (YEARS)	NUMBER	PERCENTAGE
12- 21	4	4
22-31	18	17
32-41	54	52
42-51	16	15
52-61	12	12
Total	**104**	**100**

Table 4.2 shows that out of 104 respondents the majority 54(52%) were between 32- 41years 18(17%) were between 22-31years.

Although the larger percentage 52% of respondents between 32-41years of age suffered from mental illness, the results showed that they were recovering, as the sample was selected from recovering clients who had been discharged from hospital.

4.2.4 Marital status

In this study marital status was included in order to determine whether the clients were married or single. Marital status is a social factor that may have positive or negative influence on the mental dimension of an individual and may affect recovery in mental illness.

Figure 4:2 Marital status of respondents N = 104

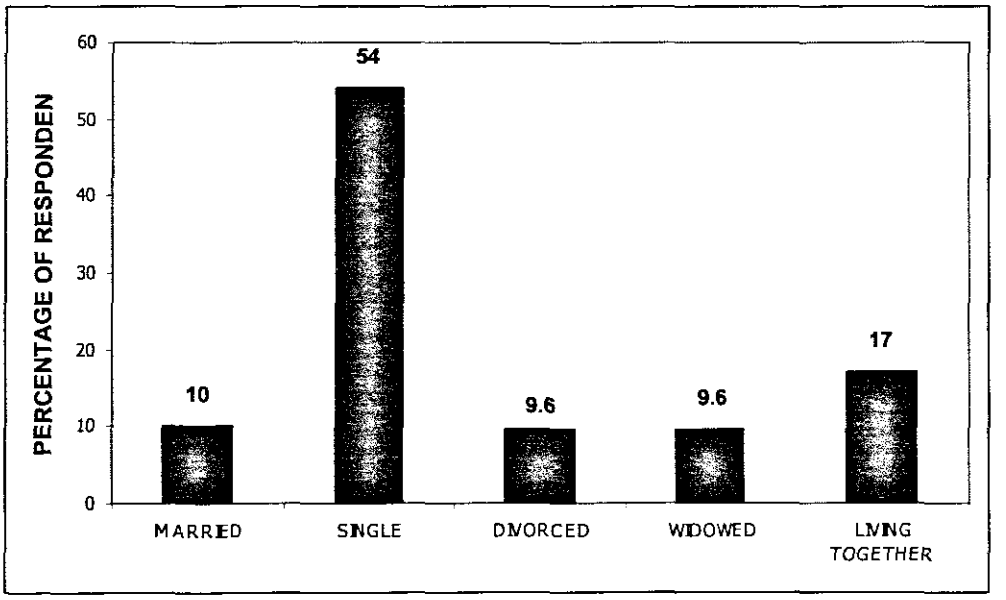


Figure 4.2 revealed that out of 104 respondents, 56 (54%) were single, 18 (17%) were living together with partners but were not married and 10(9,6%) of respondents was married, divorced and widowed. This means that recovery or non-recovery may be influenced by marital status because people in the

community may treat the individual according to status, such as high respect may be shown to married compared to single. Contrary to this, the individual, who stays in the community where marital status is not a determining factor in caring for the ill person, may have an influence in the recovery or non-recovery of the mental ill person.

Single respondents formed the larger number of the sample (54%), recovering from mental illness. The study may suggest that marital status have no influence on recovery of an individual suffering from mental illness because married people, divorced and widowed were few suffering from mental illness but they were recovering as well. This, is contrary to Kaplan et al. (1994:517) who maintain that people who are single, divorced and separated experience problems in recovery due to lack of close interpersonal relationships.

4.2.5 Family size

The family size of the respondents was determined, as it is one of the variables that might influence the recovery of mentally ill person. The significance of including this item was to establish the number of family members who stayed with the respondents as the family size may positively or negatively have an impact on the recovery of mentally ill person.

Table 4.3 Family size of Respondents N =104

FAMILY MEMBERS	NUMBER	PERCENTAGE
1-5	44	42
6-10	48	46
Above 10	12	12
Total	**104**	**100**

Table 4.3 shows that out of 104 respondents, 48 (46%) were from family size ranging from 6-10 members and 44 (42%) were from the families that had 1- 5 members.

The results show that the respondents recovering from mental illness were from families with members between five (5) to ten (10) in number. Few family members have close relationships that contribute to recovery.

The findings are in line with Frude (1993:8) who maintains that members from small family size enhance close relationships and promote individual's happiness and support in times of crisis. The implication is that, if mentally ill individuals are from few family members they may have close relationships to interact with, and that may enhance recovery. However, Louw (1996:27) has a contradictory idea in that, the environment with few family members have close relationships which often provokes anger, anxiety and sadness and in such circumstances people with mental illness may find it hard to cope.

4.2.6 Educational level of respondents

The inclusion of this item on the educational level in the study was to establish respondents' level of education as this can influence the recovery or non-recovery of mentally ill person.

Figure 4: 3 Educational level of respondents N=104

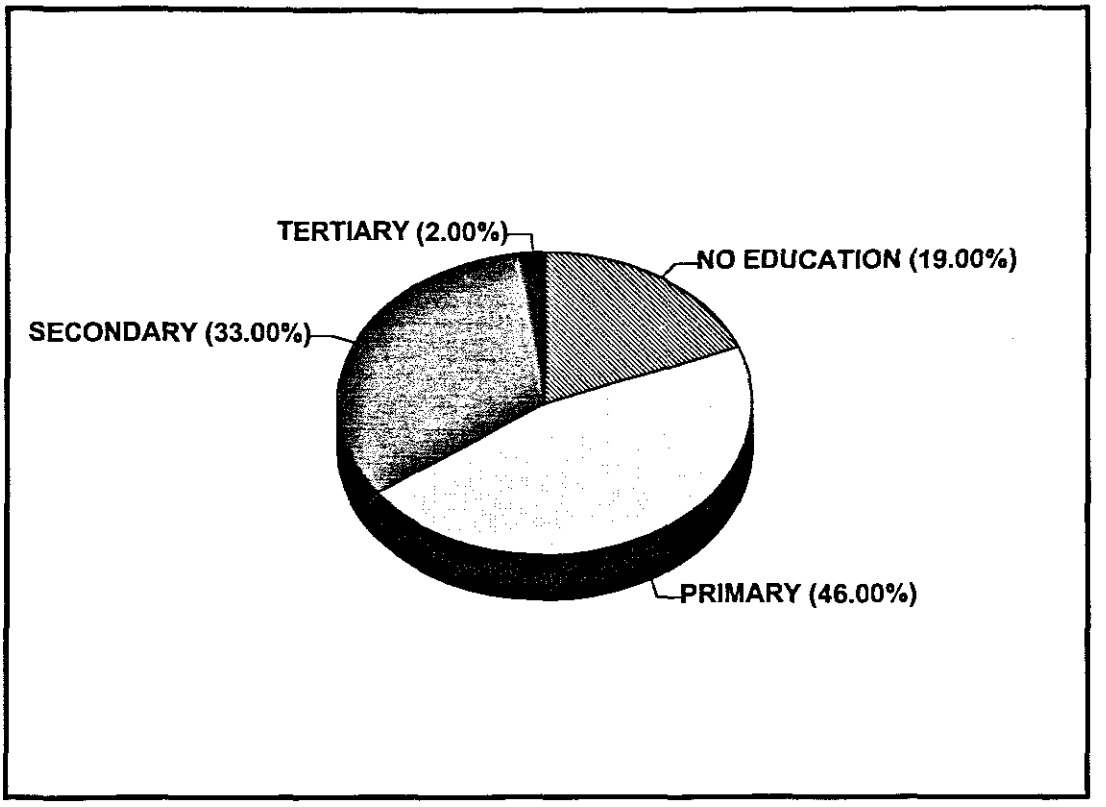


Figure 4.3 shows that a significant high percentage of respondents, 48 (46%) had primary education, 34 (33%) had secondary education, 20 (19%) of the respondents had no education and only 2 (2%) had tertiary education. The results show that educational level has no significance in the recovery of individuals, as the respondents with primary education formed a larger percentage of the sample (46%) were recovering and those with secondary education who had suffered mental illness but were also recovering.

The environment in which the mentally ill person resides may attach recognition to an individual according to educational status thus this may have an impact on the recovery of the mentally ill. The level of education may determine the standard of living in certain environments that may influence

recovery. However, Newton (1989: 300) states that the level of education has no influence in the recovery of the individual with mental illness.

4.2.7 Religious affiliation

The religious affiliation of the respondents was determined so as to find out whether they were belonging in any religion, as religion is one of the factors that might influence recovery.

Figure 4.4 Religious affiliation of the respondents N=104

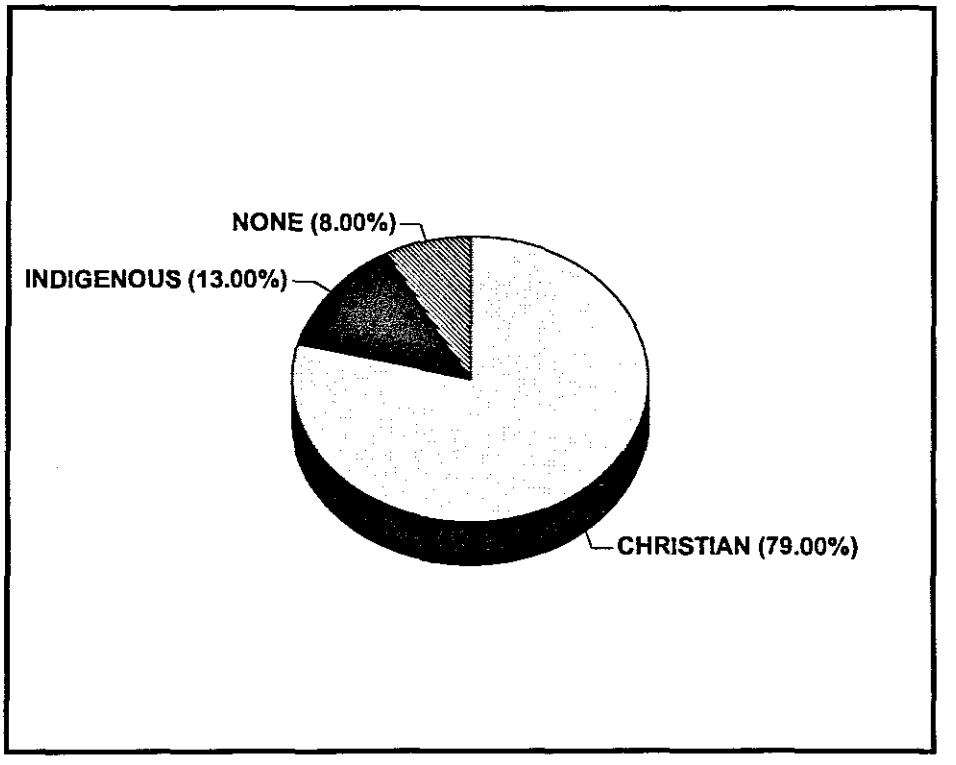


Figure 4.4 reveals that out of 104 respondents, 82(79%) were Christians, and 14(13%) were affiliated to the indigenous religion. The results show that the majority of the respondents had religious affiliation both Christian and indigenous. This suggests that the respondents who are affiliated to religion

may recover because religions have strong support to individuals who are sick including the mentally ill. According to Ghodse (2002:229) it is maintained that all religions have an influence in the recovery of the individual, because religion offers a basic role of spiritual support to those with different illnesses.

4.2.8 Occupation of respondents

The respondents were asked to state whether they had any skills in performing specific jobs as this might influence recovery.

Figure 4:5 Occupation of the respondents N=104

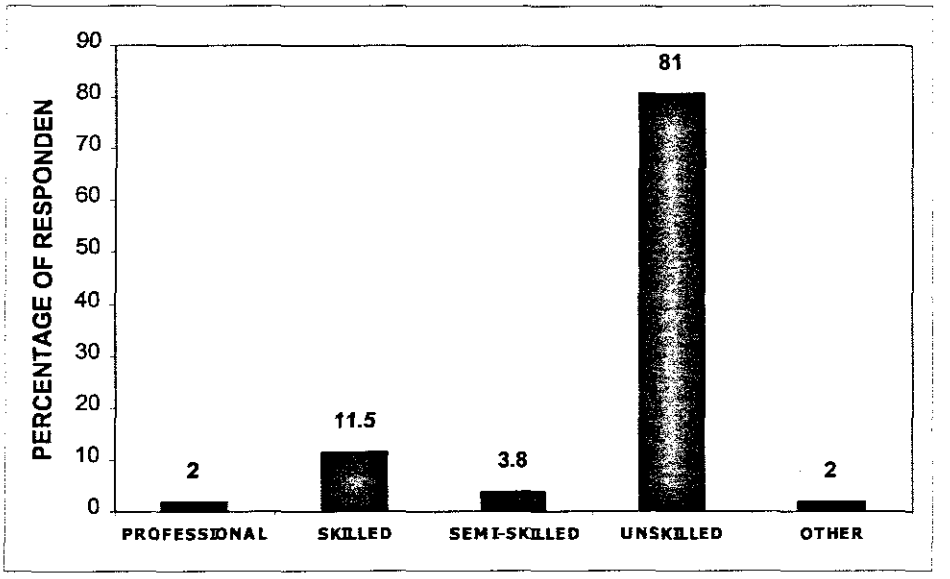


Figure 4:5 reflects that out of 104 respondent, 84(81%) were unskilled. This implies that, being skilled or non-skilled may influence recovery of individuals with mental illness.

The unskilled are mostly affected by mental illness because they are exposed to unemployment or part time jobs where they can easily be retrenched. They (unskilled) are also affected by the fact that they cannot meet the standard of

living and at the same time unemployment may cause recovery or relapse. The unskilled individual may be discharged from the hospital and be in the environment where he is miserable, without skills which may stand him a chance of being employed thus affecting recovery. However, most respondents (81%) were recovering which may suggest that there can be other variables in the environment, which contribute to recovery.

4.2.9 Employment of respondents

This aspect was included so as to determine whether individuals who have mental illness are ostracised and do not get a chance of being employed even if they are known to be suffering from mental illness. Unemployment of respondents may have an influence in the recovery and non-recovery of individuals.

Out of 104 respondents, 100 (96%) were unemployed. The highest percentage of unemployed respondents may be caused by low level of education and being unskilled, as is supported by item of occupation, where 81% of respondents were unskilled, probably that is why they suffered mental illness due to socio – economic problems. It was identified that the individuals, who are stabilised, get temporary employment and this positively influence their recovery because they are able to cater for their basic needs. However, 96% were recovering from mental illness, which suggests that there are other variables in the environment that may have contributed to their recovery even though they are unemployed.

4.2.10 Respondents' Source of income

The inclusion of the item of source of income was to establish the means by which the respondents survived because the source of income is an external

factor in the environment that may have an influence in the recovery and non-recovery of an individual.

Table 4: 4 Respondents' source of income of N=104

SOURCE OF INCOME	NUMBER	PERCENTAGE
Maintenance	2	2
Supported by husband	4	4
Supported by family members	4	4
Casual job	8	7.7
Self supportive	10	9.6
Supported by parents	14	13
Disability Grant	62	60
TOTAL	**104**	**100**

Table 4.4 shows that the 62(60%) of the respondents were receiving a grant and 14 (13%) were supported by parents. The results reveal that the highest percentage (60%) was on disability grant due to mental illness which is a socio-economic factor that is contributed by the community through tax and may contribute to recovery. The support from parents might be a contributory factor to their recovery.

The findings are in line with Kaplan et al (1994:199) who maintain that when an individual has a strong socio-economic support system, should a mental disorder develop, the chance for recovery is high because the individual is able to meet the basic human needs such as nutritional needs.

Respondents were further requested to mention other factors in relation to the internal and external environment that might have contributed to their recovery. The following variables were included and will be analysed, interpreted and discussed.

4.3 HISTORY OF ILLNESS AS AN INFLUENCE OF RECOVERY

4.3.1 Cause of illness

The respondents were requested to state whether they knew the cause of the illness because they need to be identified and eliminated from the environment to which the patient is recovering. If the mentally ill person is discharged to the same environment with stressors, which contributed to mental illness, recovery will be hindered.

Table 4.5 Causes of mental illness N=104

CAUSES OF MENTAL ILLNESS	NUMBER	PERCENTAGE
Partner's extra love affair	4	4
Witchcraft	4	4
Head Injury	4	4
Family conflict	8	8
Smoking dagga/alcohol abuse	12	11
Cause Unknown	72	69
TOTAL	**104**	**100**

Table 4.5, reveals that out of 104 respondents, 72 (69%) stated that the cause of mental illness was unknown, and 12(11%) the causes were associated with smoking dagga and alcohol abuse. The results suggest that the recovery of

mentally ill patients at Manguzi can be associated with identifiable external environmental factors. The findings further suggest that discharging an individual to the same environment may be risky not knowing whether he/she will recover or relapse. These findings are supported by Bergh &Theron (2003:394) who maintain that the majority of people suffer from mental illness but the causes are not known, and also not always clearly distinguishable. Bergh &Theron (2003:397) further maintain that the same environmental factors that facilitate healthy adjustment and personality development can be responsible for maladjustment, if experienced negatively. However, the 11% of the respondents had mental illness that was related to the abuse of dagga and alcohol. The findings suggest that dagga and alcohol need to be eradicated so that the individual is not exposed to the same environment that can trigger him/her to use substances because recovery will be hindered. Ghodse (2002:27) maintains that mental illness is associated with abuse of substances like dagga and alcohol and absence of these can promote acceptable behaviour in the mentally ill person thus leading to recovery.

4.3.2 The service visited at onset of illness

The respondents were requested to state the health care service that was visited during the onset of illness, as the motivation that an individual has about the health service in the environment may contribute to recovery. It is assumed that the health service that the individual visit at the onset of illness contributes to the stabilisation of acute symptoms, and may determine the early discharge of an individual back to the environment for adjustment while treatment is being taken at home.

The findings reveal that out of 104 respondents, 54(52%) went to the hospital at the onset of illness, 40(39%) visited the traditional healers first, then proceeded to hospital. The health service first visited is a motivational factor to

the family that realises that the individual has been stabilised and can be discharged early to join the community. The respondents were further requested to indicate whether they were still using both services (hospital and traditional healers). All respondents stated that they were basically using hospital services.

Fortinash & Holoday- Worret (1996:66) maintain that motivation on the internal environment within the individual predicts the recovery, as motivation increases the extent of the individual's insight into the presenting problem thus influencing recovery for the mentally ill individual.

4.3.3 Hospitalisation at the onset of illness

The inclusion of this question was to ascertain whether the respondents were admitted, since their admission can determine the extent of adaptation in the external environment after discharge. The individual who has stayed for a short period in the psychiatric institution can have a minimal community resistance and stigmatisation thus he may recover compared to the individual who has stayed for years in the institution.

Figure 4:6 Period of hospitalisation of the respondents N=104

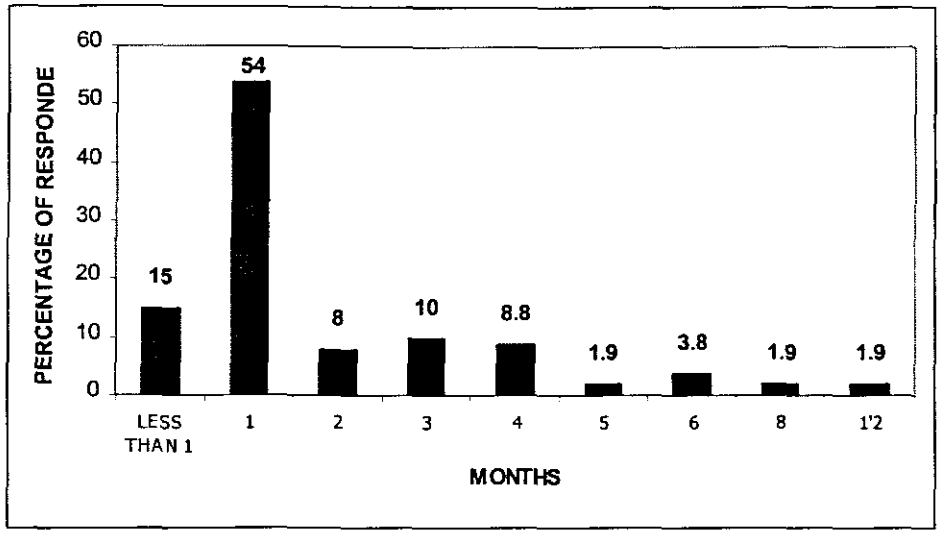


Figure 4.6 indicates that out of 104 respondents, 54 (52%) stated that they were admitted for less than six weeks and 15(13%) stated that they were admitted for less than four weeks. The short period of hospitalisation suggests that the individuals are then prevented from developing hospital neurosis, which may result from staying a long period in the institution which may interfere with the recovery of the individual. The respondents verbalised that, short period of stay in hospital contributed to their recovery, probably because many people were not aware that he/she suffered from mental illness. This suggests that the stigma that is usually attached to mentally ill persons depend on the period of stay in the institution.

The respondents were further requested to indicate why they were hospitalised for a short time. They stated that they were internally motivated by the type of health service that stabilised the acute symptoms, and also motivated by the health workers who contributed to their recovery as shown by 52% of respondents who were admitted for a short period. The short period of stay in hospital is supported by Mental Health Act (2002:16) which, stipulates that the

institution providing inpatient treatment may not admit a mental health care user (patient) for more than two months, unless authorised by Senior mental health care practitioner.

The findings imply that the duration of hospitalisation has an influence in determining whether the individual may or may not recover from mental illness because the longer the person stays in the institution, the more chances of relapse because of the stigma from the community which may indicate non-acceptance.

This is supported by Uys and Middleton (2002:220) who maintain that patients who are kept in for a long period in the institution are prone to develop institutional neurosis due to loss of contact with the outside world and loss of friends. Birchwood, et al. (2000:341) maintain that the development of deinstitutionalisation concept was established in 1950s, in order to help mentally ill patients to be admitted only when still mentally ill further support the findings. After the control of acute symptoms of mental illness patients are discharged to the larger community. Deinstitutionalisation concept enhances the recovery process because the individual is nursed in the environment that he/she is familiar with, hence the factors contributing to recovery need to be identified. All respondents further mentioned that the medication given to them to continue taking even after discharge contributed to their recovery. The respondents were further requested to state the type of medication they were taking.

4.3.4 Type of medication

The respondents were requested to indicate the type of medication they were supplied with. Medication is used to stabilise the internal environment thus resulting in an acceptable behaviour of the individual as perceived by the people he /she is constantly interacting with and thus promoting recovery.

Figure 4:7 The type of medication received by the respondents N=104

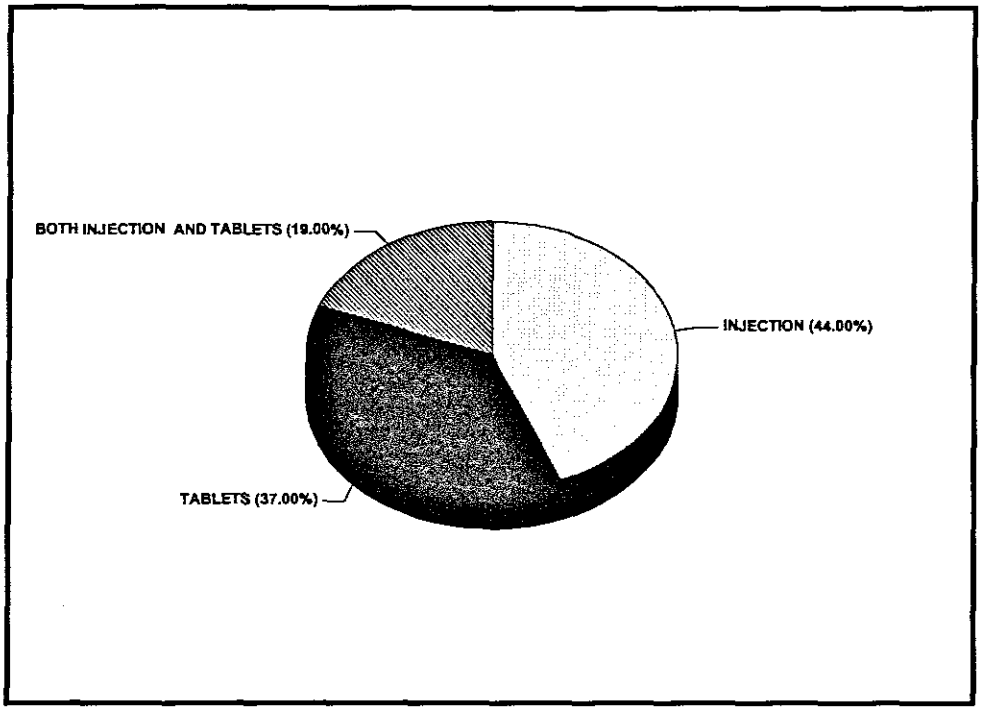


Figure 4.7 shows that out of 104 respondents 46 (44%) were on injection (Modecate), 38 (37%) were on tablets such as Chlorpromazine and 20(19%) received both injection and tablets. This suggests that each client had his/her own type of medication that stabilised signs and symptoms of mental illness.

The medication given can act out differently depending on type of mental illness. The findings reveal that all respondents (100%) were stabilised by

different medications, which contributed to early discharge from hospital. However, Uys & Middleton (2002:316) state that the recovery of the mentally ill person is a multi-factorial outcome because patients can still relapse even with the new drugs of treating mental illness and some recover with smaller dosage of medication. However, antipsychotics alone cannot contribute to recovery after the individual has been discharged from hospital. Other environmental factors, such as external factors are necessary for the recovery of patients and therefore need to be identified.

4.4 FACTORS WITHIN THE FAMILY CONTRIBUTING TO RECOVERY

The information within the family was requested because the family has various factors that contribute to recovery of a mentally ill person. Families form a basic unit in the external social environment where the individual interacts with family members during his/her life and can get support in times of illnesses and crises situations. The extent of support from the family may be a determining factor in the recovery of a mentally ill patient.

4.4.1 Awareness of family members about the mentally ill person

The respondents were requested to state whether their families were aware that they were suffering from mental illness. The significance of including this item was to determine the extent of the families' interaction and support of the individual as that might contribute to recovery or non-recovery.

The results revealed that, out of 104 respondents, the highest percentage 80(77%) stated that their families were aware that they suffered from mental illness. The findings suggest that the awareness of the family facilitate provision of support that enhances recovery.

When the respondents were further requested to indicate how the families were made aware. The respondents (77%) stated that the health workers informed them about their condition while in hospital. The results suggest that the awareness assisted the family by giving love, respect, compassion, empathy and adjusting to staying with mentally ill person. Awareness is therefore a contributory factor to the recovery of a mentally ill person. The findings suggest that, respondents from families where the family members were aware about the mental illness of the individual were recovering as indicated by 77%. However, 23%of the respondents stated that their families were aware that they suffered from mental illness though they were not informed by the health practitioners, but by patients themselves. The 23% respondents were recovering as well. The findings suggest that awareness of the family members is not the only variable that can contribute positively towards the recovery of the mentally ill person but there are other variables in the environment that can contribute to recovery and need to be identified.

The findings are in line with Jordaan &Jordaan (1989:718); Parker (1993: 21) who, maintain that if the family has a sick member, the whole family becomes affected as well, then their awareness promotes sharing of the burden and role adaptation. Further more, the sick person is able to cope with stress if the family shows love and compassion during times of illness. The respondents further verbalised, that the awareness of their family members helped them by ensuring that they take medication as prescribed and even reminding them about the due times for medication or hospital visits thus showing concern about them.

4.4.2 Love and respect within the family members.

The respondents were further requested to state whether their families still showed love and respect after they were diagnosed with mental illness. Love

and respect are factors that are within the family environment which are easily affected and family members may display the behaviours that indicate decline for love and respect since the onset of mental illness. If the individual is discharged from the institution to join the family with love and respect, recovery can be facilitated especially if family members are aware about what is wrong with the individual.

Out of 104 respondents, 74(73%) stated that their families still showed positive relationships to them by showing love and respect despite mental illness. However, there were 21(20%) of the respondents who stated that their families no longer loved them and no respect was also shown since they were suffering from mental illness but they were recovering. The findings show that the respondents whose families still maintained love and respect were recovering from mental illness. This indicates that maintaining love and showing respect to the individual even when mentally ill is a contributory factor towards recovery, as shown by 73% of respondents who were recovering. Frude (1993:13) is in line with the idea that, some mentally ill patients where the family respect their ill family members, experience fewer relapses as their behaviour is monitored by people who care about their health and welfare.

Contrary to families, who did not display love and respect, some of the married couples further stated that their marriage was in problems. One of the respondents (male) from (20%) respondents who expressed lack of love and respect verbalised that his wife was seeing other man in his presence and that made him very upset. He was further requested to state how he managed to recover in spite of the behaviour of his wife. He stated that he has adapted to the situation and has ignored the behaviour, and was getting support from family members and from the disability grant for subsistence. This means that the created environment that he has developed and the use of the coping mechanisms do contribute to recovery of the mental ill person.

The 20% respondents did not appreciate the families' behaviour because they stated that their families showed no love and respect towards them. The results show that it is not love and respect alone that can promote recovery, there are many factors involved that can be the contributory factors to recovery. The recovery of the 20% respondents is contradictory to Parker (1993:21) who, maintains that if the family rejects the individual, and display less love, the close relationship in a family may decline and recovery will be or impossible.

The respondents were further requested to state how their families showed love and respect. They stated that the love and respect was shown by the maintainance of privacy (physical or psychological) towards the mentally ill.

Out of 104 respondents, 86(83%) stated that privacy was still maintained. The results reveal that respondents whose privacy was maintained were recovering from mental illness as shown by 83% of the recovering respondents. They were further requested to state how family members maintained privacy. They stated that families did not interfere with their possessions, confidentiality of the condition was maintained and were not overcrowded in their rooms that they used. Privacy is a factor contributing to their recovery.

The findings suggest that maintainance of privacy indicates respect of human dignity and is a contributory factor in the recovery of a mentally ill person. The findings further suggest that discharging an individual to the same environment where his/her physical and psychological privacy are not maintained may cause the person to relapse, therefore factors regarding to maintainance of privacy need to be ensured in order to facilitate recovery.

The results show that 86 (83%) of the recovering respondents are in line with Jordaan &Jordaan (1989:718) who, maintain that privacy is an individual's basic right because it offers a person an opportunity for reflection on his

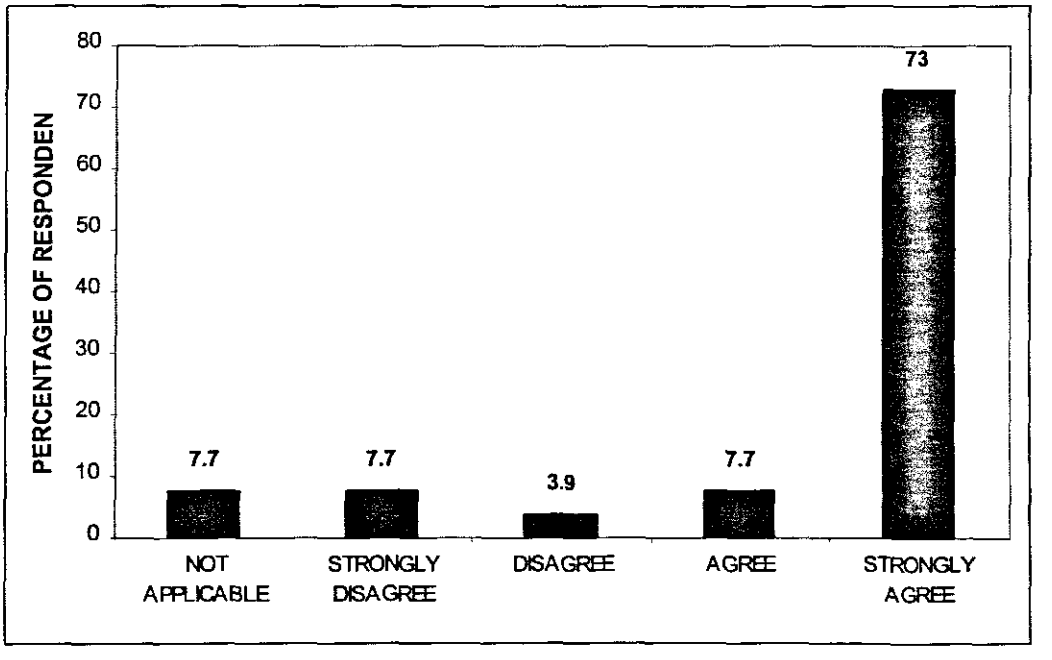
personal belongings. Jordaan &Jordaan further state that privacy offers an individual to identify himself/herself as a normal person, which boosts his/her self -esteem thus promoting recovery.

The respondents were further requested to state how their families showed love and respect. Respondents stated that family members through acceptance towards them displayed the love and respect.

4.4.3 **Acceptance by family**

The respondents were requested to state how they rated the acceptance by their family members after they were diagnosed with mental illness.

Figure 4:8 Rating of acceptance of respondents by family members N=104



Out of 104 respondents, 84 (81%) stated that, their families accepted them without conditions as indicated by agree and strongly agree above and 12%

could not agree that they were unconditionally accepted by their family members as shown in figure 4.8 by disagree and strongly disagree percentage. The results show that the respondents from families where they were unconditionally accepted were recovering.

The respondents were further requested to state what made them to identify that their families accepted them. Eighty one percent (81%) respondents further stated that their family members provided them with adequate clothing, which boosted their self- esteem and adequate food to sustain them. They further mentioned that their disability grant was used mainly for their needs like clothing, and some of their money was saved in the bank and some used to build their shelter. Shelter is an essential factor in promoting recovery as it ensures privacy.

However, the lower percentage 12% stated that their families had no support of the mentally ill persons. They stated that the families gave them inadequate food, inadequate clothing and further more their grant was not utilised for their needs and that made them to be upset. The 12% respondents further stated the verbal expressions heard from their families about they never bothered to take care of them and even stated that they were interpreted as faking the condition. The results show that both groups (81%and12%) were recovering. When the 12%respondents were further asked how they were coping with such family problems, they stated that they have adjusted to them and were focusing on other variables contributing to their recovery. The findings on accepted and unaccepted respondents recovering, were disputing the study conducted by Mzimela (2001:93) in her research study on "Deinstitutionalisation of psychiatric patients in South Africa", which revealed that some families of mentally ill patients did not accept the discharged patients and that led to patients relapsing. The reason for unacceptance was that families believed that

if he/she relapses they would not be able to handle the aggression so he/she should be kept in the institution for the rest of his life.

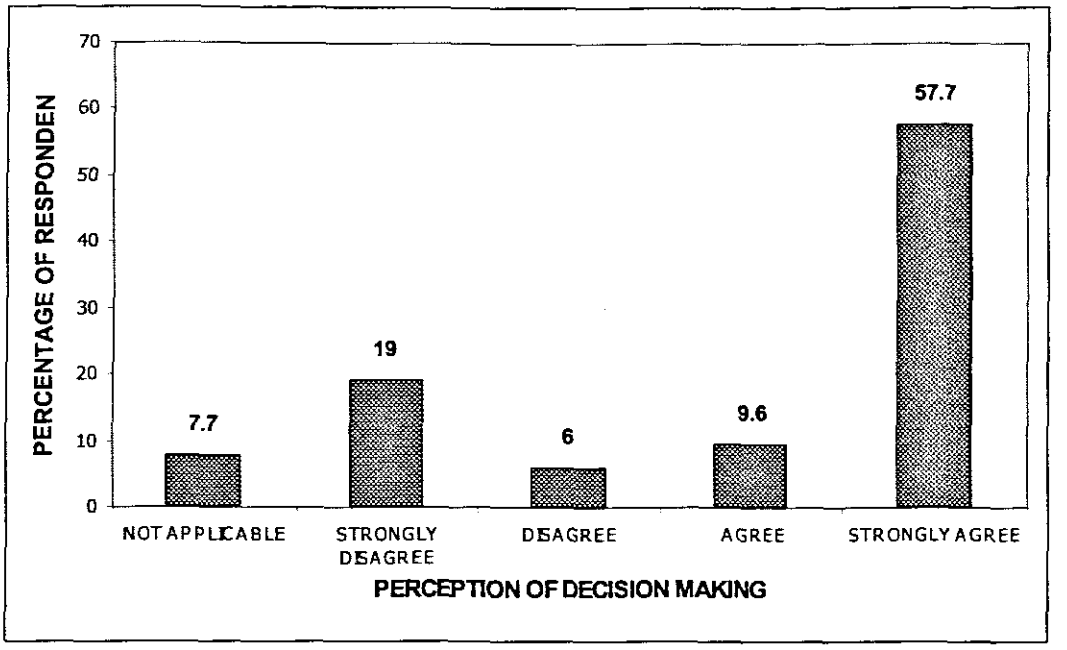
This suggest that lack of acceptance alone cannot hinder recovery unless if there are other environmental variables which can contribute to non-recovery. In the families where such attitudes prevail it would be difficult to enhance recovery, therefore some means need to be undertaken hence the health workers assist the mentally ill patients to be accepted by doing home visits.

The respondents were further requested to indicate how they perceived the families' involvement in decision making.

4.4.4 *Involvement in decision making and problem solving*

The respondents were requested to rate their perception on whether they were still, part of decision making and problem solving within their families. The family being a social environment can contribute to recovery by the way in which the mentally ill person is involved in family matters.

Figure 4: 9 Rating of Involvement of respondents in decision making and problem solving in the family



The results revealed that out of 104 respondents, 70(68%) as shown by agree and strongly agree percentage in figure 4: 9 revealed that they were still part of the family even when there are family matters to be discussed thus they feel valuable amongst the family. Twenty six (25%) of the respondents disagreed that their families involved them if there are decision to be taken and stated that this made them to feel useless. Failure to involve a mentally ill person in the family decisions may hinder recovery.

The results show that respondents who have recovered were involved in decision making. This is shown by 68% of respondents who were recovering, however, 25% respondents were not involved in decision making but were also recovering. The findings suggest that lack of involvement in decision making is not the only factor that can hinder recovery as the respondents not involved in decision making were also recovering. The findings are contrary to Emsley et

al. (1999: 28) who, states that lack of involvement of mentally ill person is discriminating against the victim and causes stigmatisation that further delay recovery. The results suggest that recovery from mental illness is facilitated by various factors within the patient 's environment.

Respondents were further asked what other behaviours displayed by their families think could contribute to recovery or non-recovery. The abuse of alcohol and smoking was mentioned as factors that have negative influence in their recovery

.

4.4.5 Alcohol intake and smoking by family member

The respondents were requested to state whether there was anyone at home who had a drinking problem or smoking. The significance was to ascertain their influence on the mentally ill person. Sharing the physical environment and interacting with individuals who abuse alcohol and smoking can have a negative influence on the individual that retards recovery.

Out of 104 respondents, 66(64%) were staying with non-drinkers and 38 (37%) of respondents stayed with family members who take alcohol. When the 38 (37%) respondents were asked how they felt about staying with the drinkers even though they were recovering, 18 (17%) stated that they had no problem, as they had learned to adapt to the situation, 12(12%) expressed that they did not like it because alcohol drinkers were always fighting, quarrelling and there was a lot of noise at home and this disturbed them. The other 2 (2%) stated that when a family member is drunk he lacks respect and that drinking wastes money which could be used for other house hold items.

Sixty- six respondents (64%) whose family members did not use alcohol stated that they felt very good. This may suggests that if a mentally ill person is

discharged from the institution to join the community where there are family members who are not using alcohol recovery is possible, whereas if the mentally ill person is staying with family members who are using alcohol, they will end up using alcohol as well and may disturb recovery. Staying with the person who uses alcohol and smokes may suggest that the individual is staying in an environment that may trigger relapse. Measures to treat the individual who is in the midst of substance abuse might meet resistance and the individual may not recover.

The respondents were further requested to state whether their family members were smoking. Out of 104 respondents, (39%) stated that their families were smoking. Forty- one respondents, 41(39%) stated that they hated the smoking by the family members. Ten percent (10%) expressed that their partners always had wheezy respiration and asthma. Thirty percent (30%) stated that smoking was wasting money and to the unemployed partners it was a problem because they wanted money from the grant received by the mentally ill person, so that gave rise to stress which may hinder recovery.

Sixty- three respondents (61%) whose family members were not smoking expressed they were happy, as the money was not wasted on buying cigarettes. The findings may suggest that the exposure of the individual to the environment with abundance of substances like alcohol and cigarette lead the mentally ill to use those substances. When substances are used, recovery process will be disturbed and this concurs with the item of causes of mental illness where alcohol and dagga smoking can contribute to mental illness. This suggests that discharging a mentally ill person to the environment of alcohol and smoking environment may make the mentally ill person to be prone in utilising the substances, thus recovery will be hindered. However the findings show that respondents who stayed with individuals using alcohol and smoking were recovering which suggests that it is not only substance abuse that may

hinder recovery, but there are other environmental factors that may be involved in non-recovery of mentally ill persons.

The findings contradicts Uys &Middleton (1997: 403) who maintain that individuals who are in the company of substance abusers may resort to substance abuse in order to avoid problem situations and acceptance of responsibility leading to social maladjustment and non-recovery.

4.5 FRIENDS AS AN EXTERNAL FACTOR IN THE RECOVERY OF AN INDIVIDUAL

4.5.1 Presence of friends

The respondents were requested to state whether if they had friends at present, because depending on the type of friends, an individual may benefit and others may not benefit from friendship. The assumption is that an individual may recover through friendly interaction.

Out of 104 respondents it was found that, 74 (71%) had friends and 30(29%) had no friends. The results show that, individuals with or without friends recovered. However, individuals with friends had someone to talk to, ventilate and share likes and dislikes compared to those who had none. The results also show that presence of friends may or may not have significance in the recovery of individuals with mental illness since respondents with friends and without friends were recovering.

The respondents were further asked to state the reasons of not having friends. They stated that friends are assumed to be misleading thus they preferred to stay without friends. Ghodse (2002:16) supports the idea that the type of friends may lead to an individual to be involved in unpleasant practices such as

substance abuse. Substance abuse has been revealed in the item of causes of mental illness as contributing to mental illness. The discharging of a person to the environment where there is the company of substance abusers may predispose an individual to those un-recommended actions and hinder recovery. Contrary to this, the individual who is discharged to join the community and has sober friends will recover because social acceptable behaviours will be practised (Ghodse 2002:17)

4.5.2 Acceptance by friends

Respondents were further requested to state whether their friends accepted them. Out of 104 respondents 74 (72%) had friends and out of respondents who had friends, 66 (64%) stated that their friends accepted them unconditionally. 66 (64%) stated that they were unconditionally accepted by their friends. The findings suggest that acceptance by the people you live with, promote recovery because an individual also realises that he is still a human being and can still maintain relationships. Respondents were further asked how their friends showed acceptance. Sixty- six respondents (64%) verbalised that their friends referred to them by their names not by the conditions and continued to keep company as before the illness and that made them (respondents) to conclude that they were accepted and were not rediculed.

The respondents were further asked whether the relationship they had with their friends contributed to recovery. It was found that 74 (72%) of the respondents strongly agreed that their friends really contributed to recovery because they knew that in spite of the illness someone was there for them to offer unconditional support by being empathetic towards them.

Out of 74 respondents, 38 (37%) further revealed that their friends had a drinking problem and were very worried about that. This is of great concern

because it might hinder recovery process, to patients with mental illness. This suggests that the individual with mental illness could be very stressed and anxious about the behaviour of the other person and that can have a negative impact on the other person's life. The 20% of the respondents also confessed that they eventually took alcohol because they were in the company of people who were drinking, 17% had adapted to the situation and was leading a normal life in spite of being with friends that are abusing alcohol.

Out of 74 respondents, 48 (46%) revealed that their, friends were smoking. The results show that respondents with friends that were smoking were recovering but they expressed concern because 8 (8%) of the respondents stated that their friends were smoking dagga. This suggests that they may be tempted to use dagga depending on the extent of their defence mechanism they may relapse.

The findings of the study concurs with the findings of the Research studies conducted in Eastern Cape by Wilson, Flisher, Allin&Laubscher (1999:1307) on substance misuse in youth. The findings reveal that high percentage of individuals with friends who use alcohol and smoke cigarette/dagga may end up abusing drugs, hence in this study, 20% respondents verbalised that they eventually used alcohol from company of drinking friends. This suggests that an individual who is having mental illness and exposed to substance abuse environment will have problems in recovery or will relapse more often than the non -drug abusers as some the respondents verbally stated that they feel tempted to use substances as well due to their friends. It implies that the environment in which there are drugs cannot be conducive for recovery of mentally ill patient for fear of abusing them.

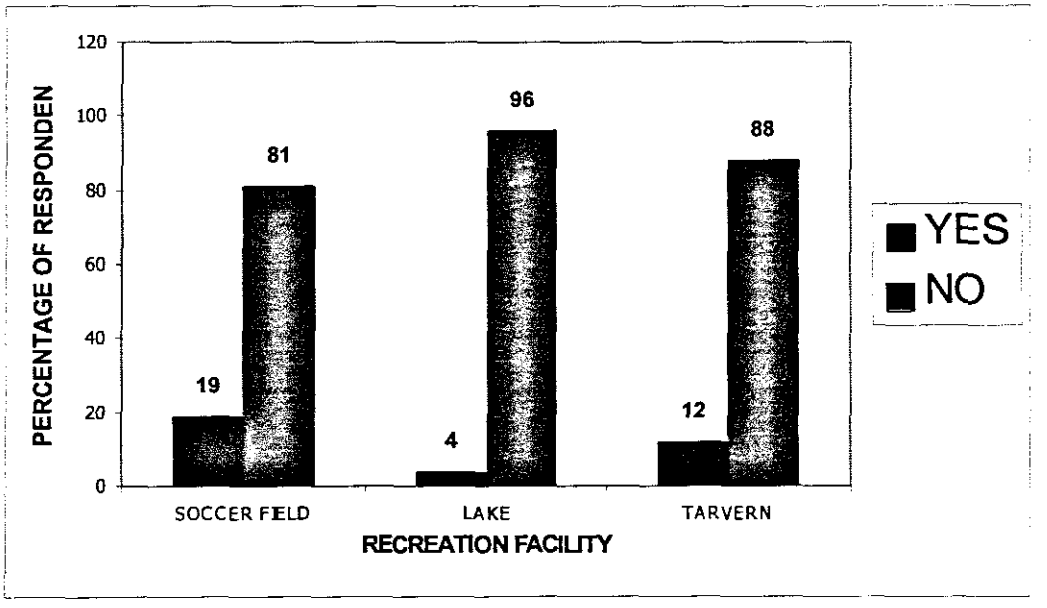
Respondents were further requested to respond on what they regarded as the contributory factors within the community that influenced their recovery.

4.6 FACTORS WITHIN THE COMMUNITY INFLUENCING RECOVERY

4.6.1 Recreational facilities in the area of residence

The respondents were requested to state whether there were recreational facilities in the area of residence because the environment with recreational facilities would have an influence in the recovery of mentally ill persons.

Figure 4:10 Availability of recreational facilities N=104



Out of 104 respondents, 20 (19%) stated that there was soccer field, 4(4%) stated that there was a lake within their area, and 12 (12%) mentioned the presence of a tarven as the recreational facility within their reach. The total of respondents with different recreational facilities was 36 (34%) (soccer field, tarven and lake). The soccer field and tarven were available to peri-uban respondents and the lake was accessible for the respondents along the coastal region of Manguzi that is, Mahlungulu residential area. The recreational

facilities available were mostly suitable for males. Sixty- eight respondents (66%) had no recreational facilities. These findings reveal that the recreational facilities were almost not available. This suggests that the recreational facilities had no significance in the recovery of the mentally ill persons as the majority of respondents had no recreational facilities but were recovering. All in all the results show that recreational facilities were minimal. The minimal recreational facilities are disputed by Louw (1996:543) who, states that recreational facilities should be increased as exercises can significantly increase oxygen supply to the brain thus resulting in reduced tension and reduced susceptibility to depression thus recovery may be enhanced for the mentally ill persons.

The respondents were further requested to state the types of recreational activities in which they were engaged on as it might influence their recovery either than the presence of tarven and lake. Out of 104 respondents, 16(15%) stated soccer playing, 18(17%) listening to music/radio/jubox, 13(12%) watching television, 6(6%) drinking with friends, 4(4%) playing cards and 2(2%) were engaged in fishing.

The results show that there were 59(56%) respondents engaged on the recreational activities were recovering and 45(44%) respondents not engaged in any recreational activities were also recovering. However, the concern was of the 6(6%) respondents who stated that they recreated by joining friends to drink alcohol because the individual may be at risk of relapsing instead of recovering. However, being engaged in recreational activities only, cannot contribute to recovery after the individual is discharged and has joined the community. There are other variables that are the contributory factors within the community that need to be identified in order to promote recovery.

Even though the respondents were engaged in certain activities, they were just passive activities such as listening to music and basically, males were engaged

in them. Fortinash &Holoday-Worret (1996:569) is in support of the findings that recreation is an important environmental aspect because it assists clients in bridging the gap between the hospital and the community and also assists in the respondents to develop interest suitable for their lifestyles thus facilitating recovery.

4.6.2 Acceptance by the community

In this aspect respondents were to state how they perceive the community in accepting them with this unique and unusual diagnoses.

Out of 104 respondents, 70 (67%) stated that they had no problem with the community. They stated that, they were well accepted, and assumed that the acceptance emanated from the fact that they were not violent. Twenty-seven percent (27%) expressed that they were not accepted by the community in which they stayed. The lowest percentage of 6 (6%) were not sure whether the community accepted them because in certain circumstances children could not feel comfortable in their presence and some were still passing nasty remarks related to their illness.

Although the respondents stated that the community did not accept them, they were recovering. This means that acceptance by the community alone cannot contribute to recovery of an individual, but implies that there are other factors in the environment that can contribute to recovery. Twenty-eight (27%) respondents, who stated that the community was not accepting them, were further requested to state what other factors in the environment influenced their recovery. They stated that their families supported them. This is supported by item on family in which 81% of respondents stated that; their families accepted them in spite of their illness.

The findings suggest that the acceptance of respondents by community reveal that health education on awareness of mental illness given to the community is effective as shown by larger 68(67%) of respondents who were accepted. However, the small percentage 28 (27%) stated that the community had not shown acceptance, but they were recovering. Parker (1993:20) contradicts the nursing of the mentally ill patients in the community, by stating that the community is still resisting in caring for mentally ill patients because they are still found dumped with the unwilling and untrained community. Furthermore patients are discharged to the community whose support services are in inadequate and may have negative impact on the patients discharged to join the community.

The 68 (67%) respondents were further requested to state what made them to feel accepted in the community. The respondents stated that they were not isolated, as people possessed with demons, they were not called by "names", they were, understood that the behaviour that they displayed during acute stages was beyond the respondents' control. The findings in the study concur with Frese (1993:44) who, maintains that accepting a person makes him/her to feel free even to attend the community activities. It is further maintained that the individual who is accepted is able to voice out his/her opinions without fear of being ridiculed and this boosts his /her self-esteem thus recovery is promoted.

The respondents were further requested to state other community factors in relation to the supportive services in the environment as they might influence recovery.

4. 6.3 Home visits prior discharge

The respondents were requested to indicate whether there was any preparation that was done by the health workers before their discharge, as would influence recovery.

It was found that out of 104 respondents, 96 (92%) stated that there were no home visits before discharge, to check on the home environment and community services available. Ninety- six respondents (92%) further stated that health workers mostly complain of lack of transport and shortage of staff to cover all the community services. The results show that the respondents were recovering even though there were no home visits done. However, the recovery of 92% respondents indicate that home visits alone cannot be the factor in influencing recovery of the mentally ill, there are other factors in the environment that can contribute to the recovery.

Fortinash & Holoday-Worret (1996:718); Stein, Allwood & Emsley (1999: 942) reinforce the importance of home visits in order: To monitor client mental status, educating the family members and community members about what to observe from the client because if the individual is discharged to the home and he/she relapses, that will affect the whole family, friends and the whole community.

4.6.4 Community Health workers in the area (Onompilo)

The respondents were requested to state whether there were health workers in their residential areas because health workers form community service and might influence recovery.

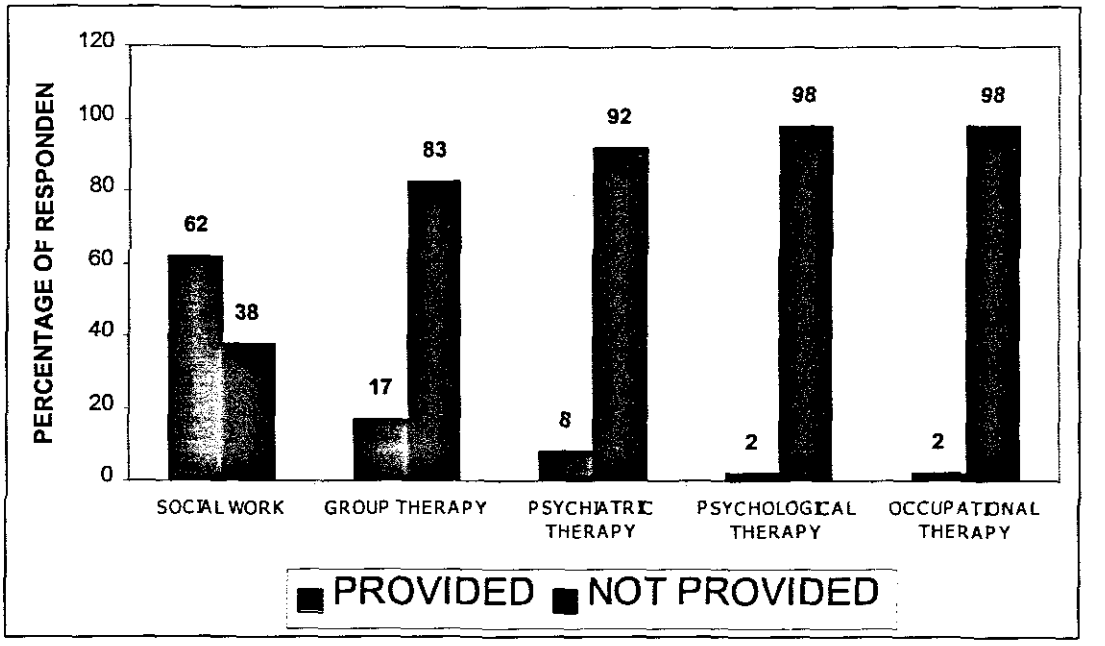
Out of 104 respondents, 96 (92%) of the respondents stated that they had health care workers within their area of residence. The respondents were further requested to state whether the community health workers ever visited them at home with the aim of monitoring the progress and report on the untoward reactions. Out of 96 (92%) respondents that were visited by community health workers, 25 (24%) were visited by community health workers bimonthly and 71(68%) stated that they were visited only once a year and the reason for less frequency was not stated and 8(8%) were never visited by community health workers.

The results show that frequency was irregular, but the respondents forming the sample were recovering. This suggest that the respondents were irregularly visited by community health workers and this means that other factors in the environment can contribute to recovery of mentally ill persons other than the visit by the community health workers.

4.6.5 Services from Psychiatric team

The respondents were requested to indicate whether, they were any community services from other members of the psychiatric team either than the psychiatric nurse as it might influence recovery. Services rendered by the psychiatric team are part of the environmental factor that can facilitate recovery of a mental ill person.

Figure 4: 11 Provision of psychiatric services from the psychiatric team N=104



Out of 104 respondents, 64(62%) had been referred to the social worker only for the assessment of socio-economic status and probably application for the disability grant as the majority 100 (96%) were unemployed and unskilled. This suggests that the clients who were seen by the social worker were recovering because application of grants and approval of grants considered their socio-economic status. The respondents on grants stated that their financial aspect was covered and they verbalised that the money helped them even to send children to school, build houses of their choice, bought clothing for themselves and their families and there was relaxation mentally thus recovery was promoted. This appeared to be a factor that contributed to recovery of mentally ill patients in Manguzi.

The results show that the respondents had minimal or never been exposed to other psychiatric team services this suggests that their absence had no significance in the recovery of mentally ill patients at Manguzi Health ward.

Out of 104 respondents 19(17%), further highlighted that there are other means that have proved to be helpful in their recovery and that included engagement in group therapy sessions as well as health education sessions. The sessions mentioned are run by the community health nurses and the doctors running the clinic. Fortinash &Holoday-Worret (1996:522) concurs that group therapy is of importance because group therapy sessions function as social communities and the individuals are helped to develop more functional strategies and those who are not coping well, gain hope from those who have benefited from group experience. However, group therapy appeared to have been attended by small percentage of respondents (17%).

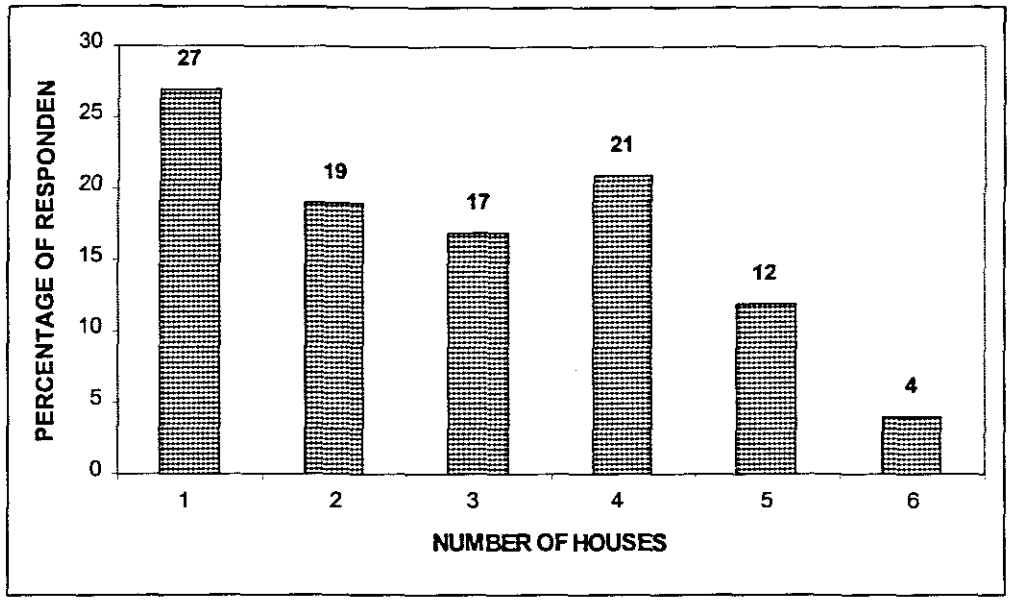
The findings reveal that not all the members of psychiatric team were available for psychiatric services at Manguzi Health ward. It is contrary with Smith, Schwebel, Dunn & Melver (1993:968) who state that, psychologists must be present in order to prevent, treat and manage chronic mental illness in the community.

4.7 OBSERVATION AT RESPONDENTS' HOMES

4.7.1 Number of houses

The number of houses was determined during home visit as the number and structure of the house can influence recovery. Shelter is important for the mental stability of every individual and its maintainance promotes security and privacy of an individual, thus it can be a factor contributing to recovery.

Figure 4:12 Number of houses at the respondents' homes N=104



The results reveal that out of 104 respondents, 60 (58%) had one house but had more than one room, well built traditional (reed and thatched with grass) and modern (blocks and corrugated iron) and well ventilated. This suggests that the respondents had adequate accommodation for themselves and they were recovering as indicated by the item of family size where the majority who was recovering has 1-5 family members. The respondents stated that they had no problem of overcrowding as each room was occupied by not more than four people. The respondents further stated that the grant that they were getting assisted them to achieve better houses as advised by community nurses and social workers on building a shelter that is acceptable and conducive for recovery.

However, the findings concurs with Jordaan & Jordaan (1989:722) who, maintain that the person's mind relaxes if the environment in which an individual stays is well ventilated and with adequate space and may promote recovery. Contrary to adequate housing an individual may suffer from

withdrawal and a decrease in helping behaviour if the environment is not well ventilated thus recovery may not be enhanced. This suggest that if there are few houses there is likely-hood of overcrowding which is stressful, compared to many houses which provides a chance of not sharing the room and recovery might be possible. The results reveal that housing is one of the factors that contribute to recovery.

4.7.2 Number of occupants

The respondents were requested to state the total number of people with whom they shared the room as it might influence recovery.

Out of 104 respondents, 34(33%) stated that they were not sharing the room with anyone and 65(63%) shared the room with only one person, such as spouse, child or with the brother or sister thus contributing to recovery hence no overcrowding. Respondents verbalised that they were not overcrowded, hence the item on family size revealed that 44 (42%) respondents were from the families with members ranging between 1-5 and recovery was promoted.

However, 4 (4%) of respondents expressed accommodation problems. The houses of 4 (4%) respondents were not well built and not well ventilated, overcrowding was also witnessed during a visit and one could actually see outside through the spaces between the loose reed. The 4% respondents also stated that they were still waiting for their grant and hoped the situation would be better. They further stated that other factors in the environment like getting casual jobs promoted their recovery.

4.7.3 State of surroundings

The surroundings of the respondents' homes were seen during a visit as well looked after, surroundings produce calmness in the mind and are therapeutic thus they might influence recovery.

Out of 104 respondents, 76 (73%) had satisfactory surroundings though they had insufficient flowers but they were recovering. It is believed that flowers are generally soothing in a person's mind thus enhancing recovery.

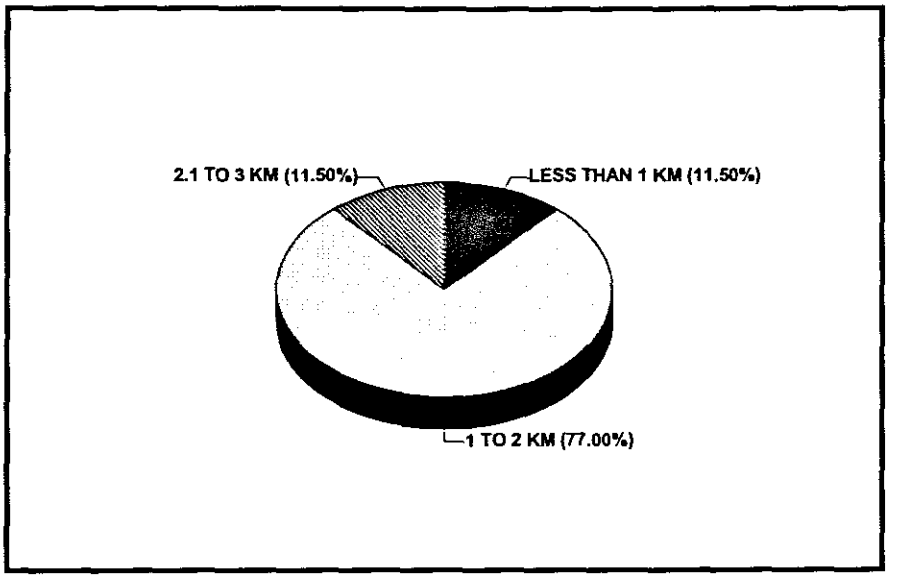
4.7.4 Distance to neighbourhood facilities (such as schools, shops, community halls, bottle stores)

The distance that the respondents travelled was determined, as the distance that is travelled can have an impact in their recovery. This suggests that if the majority of the respondents are nearby an area like bottle store, that would mean that they may find themselves visiting and spending most of their time in the bottle store. Probably they will end up drinking alcohol as well which is detrimental for their recovery as maintained by (Ghodse 2002:27)

4.7.4.1 Distance to the nearest school

The respondents were requested to estimate the distance between their homes and the nearest school as it might influence recovery because the stress and frustration encountered due to their dependants travelling long distances may hinder recovery to an adult patient.

Figure 4:13 Distance to the nearest school N=104



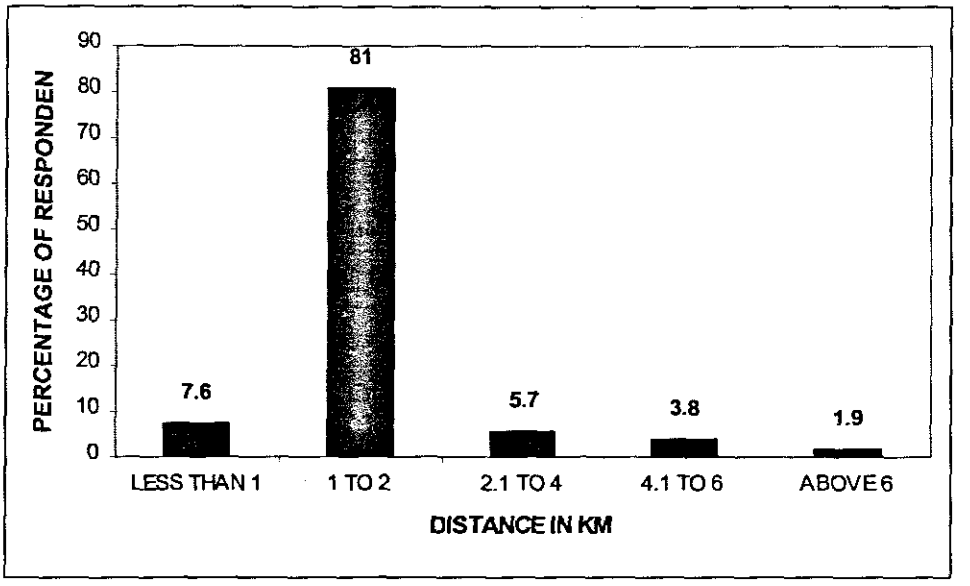
The results revealed that out of 104 respondents, 79(77%) were close to school and they travelled between 1-2km, which was therapeutic to parents.

The results show that the majority of respondents nearer the schools were recovering. Furthermore findings suggest that if an individual is closer to the social institution that is known to be delivering good service, there will be less stress within the individual. The reason for less stress will be due to the fact that the individual will pay less or no transport fees if there are dependants schooling there. The individual becomes relaxed then psychologically and that brings about harmony within the internal and external environment and then recovery is possible.

4.7.4.2 Distance to church

The distance to church from respondents home was established so as to determine whether it was used or not as religion is one of the factors that might influence recovery.

Figure 4:14 Distance to church N=104



The results revealed that out of 104 respondents, 82(80%) stated that they travelled between 1-2 km to church. The respondents revealed that staying next to the church kept them going because they were free to go to church when they wish to, and felt that, the action contributed to their recovery. This suggests that the nearer the person is, to his church denomination he feels compelled to go to church to pray, confess and afterwards feels as if he is cleansed.

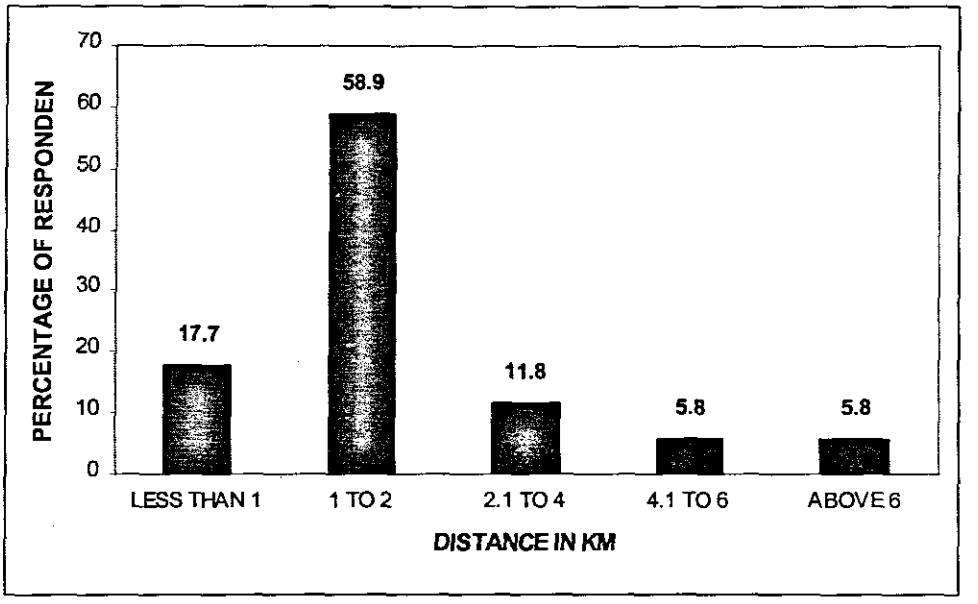
The item on religious affiliation revealed that out of 104 respondents 96(92%) belonged to their religions. The results are in line with Ghodse (2002:229) who, maintains that religion offers a basic role for the spiritual support and

frequenting the area of religion has some healing effect on the sick individual including the mentally ill persons.

4.7.4.3 Distance to the nearest shop

The distance to the nearest shop of the respondents was estimated in order to associate it as a contributory factor to recovery.

Figure 4:15 Distance to the nearest shop of the respondents N=104



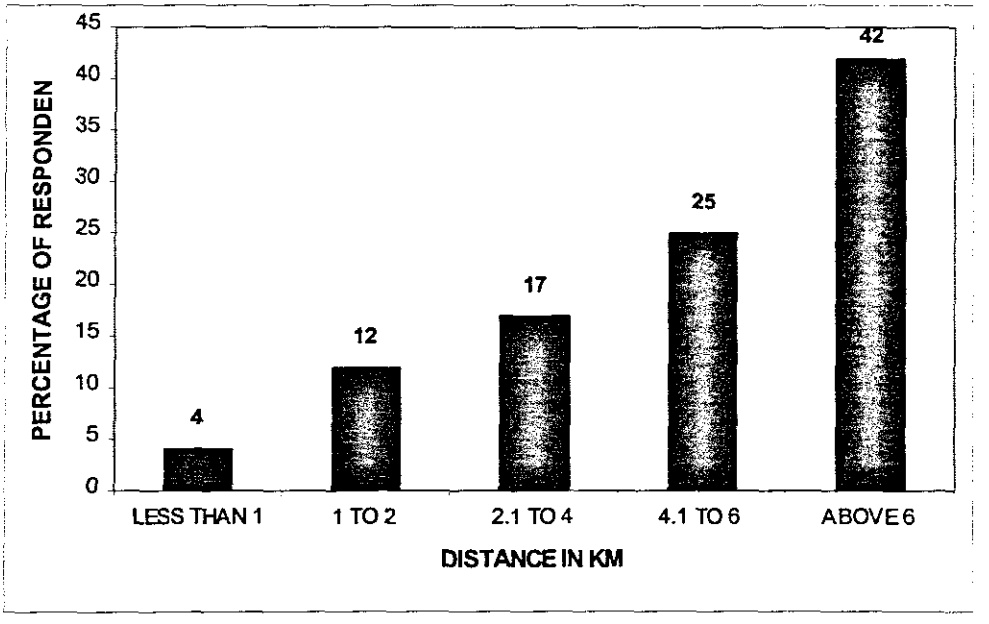
Out of104 respondents there were 61(58%) who travelled about 1-2km to the nearest shop and were recovering. This suggests that the shorter the distance, the more easier it is, to get the household facilities within a short span of time thus recovery is possible because there is less time spent walking to the shops. However, emanating from respondents they verbally stated that the nearer the shops may produce persistent stress because every cent that an individual have will be spent at the shop sometimes unnecessarily and that produces a stressful

situation internally and may delay recovery but the distance travelled because it is not very long may produce recovery.

4.7.4.4 Distance to the community hall

The distance to the community hall was ascertained in order to detect its influence on the recovery of the individual because at Manguzi area the community hall is used for the activities like weddings, music competitions, community developmental projects and may be creating diversion therapy for the mentally ill person.

Figure 4:16 Distance to the community hall N=104



Out of 104 respondents, 59 (58%) travelled between less than 1-6km and 45 (42%) travelled above 6km to the community hall especially those living in rural area of Manguzi which is a bit far. However, the respondents stated that

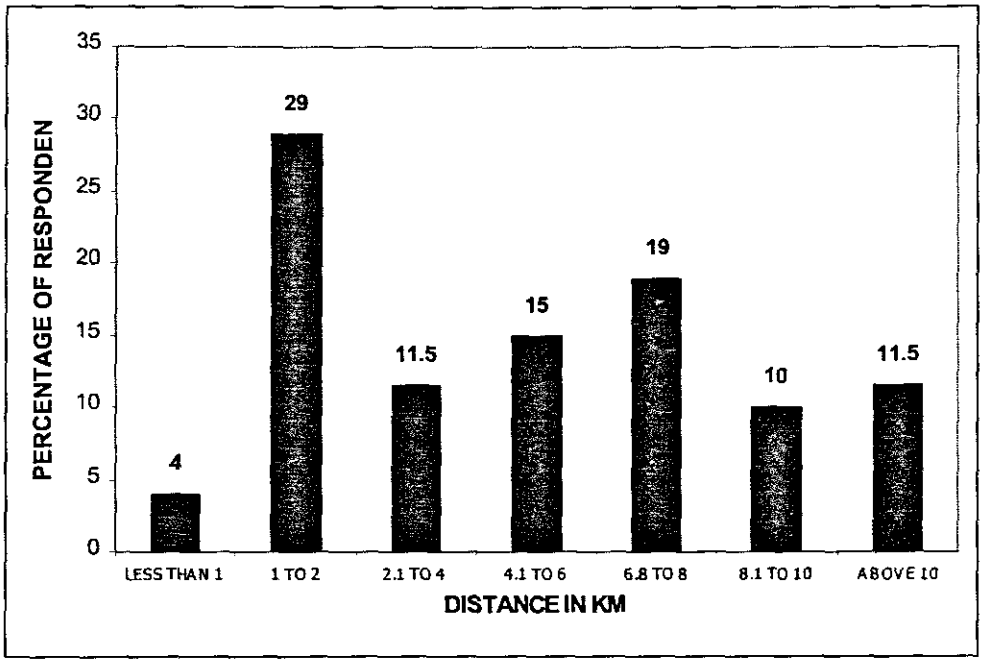
they made use of visiting the community hall and they stated that, it occupied them mentally and contributed to their recovery.

The individual nearer the community hall stands a chance of visiting the community hall to watch any form of activities taking place. This suggests that such visits are therapeutic to the mentally ill person as the mind relaxes. The high percentage of respondents revealed that they stayed far from the recreational hall so they were not exposed to some form of recreation thus they spent time being anxious because of not being in contact with social occurrences, however, they also were recovering.

4.7.4.5Distance to the bottle store

The distance to the bottle store was determined as the distance may have an influence in the recovery of mentally ill persons.

Figure 4:17 Distance to the bottle store N=104



The results show that out of 104 respondents, 48(45%) were close to the bottle store travelling from less than 1km-4km. However, the respondents were recovering despite being nearer the bottle store, which could expose them in abusing alcohol.

It is assumed that the individuals nearer the service frequent it a lot compared to those staying far away from it. Respondents from the peri-urban area of Manguzi were the most vulnerable as they were close to the bottle stores. This suggests that the nearer the distance, the individual will be at risk of not recovering because the money will be spent on buying alcohol, whereas if the bottle store was far, it could take him some time to frequent the bottle store thus recovery will be promoted. This is supported by the findings on recreational types in which the respondents are engaged on, they mentioned

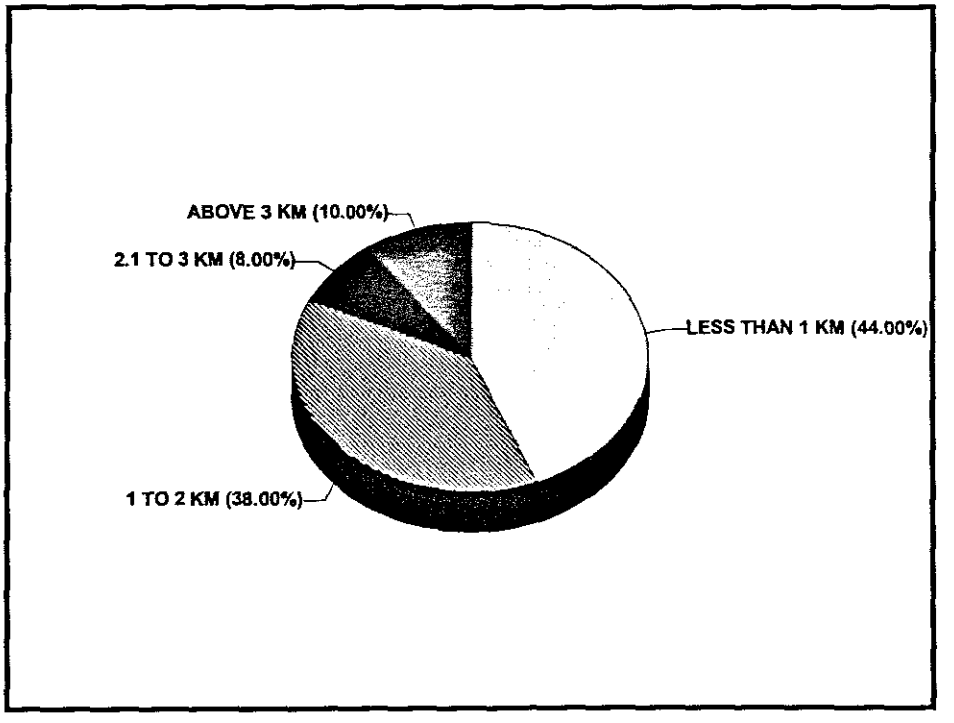
that they 8(6%) spend some of their time drinking with friends and this may be a threat in the recovery of the respondents.

The findings that 8 (6%) respondents were close to the bottle store were drinking with fiends concurs with Ghodse (2002:27) who, maintains that the proximity of the individual to the area such as bottle store may lead the individual to eventually abuse alcohol thus recovery will be retarded.

4.7.4.6Distance to shebeen

The respondents were asked to estimate the distance from their homes to shebeen as the respondents especially the unemployed may spend most of their time in the shebeen and that may have a negative impact in the recovery of the mentally ill person.

Figure 4:18 Distance to the shebeen N=104



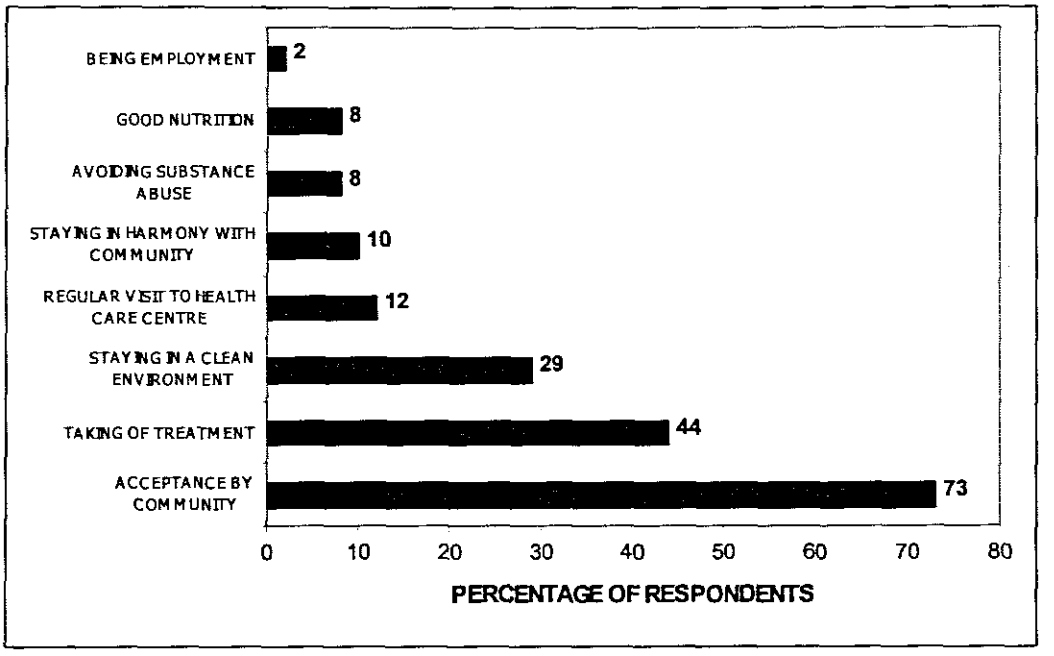
The majority of the respondents were very close to the shebeen about 47(44%) travelled less than 1km. This suggests that the respondents are prone to visiting shebeen because that is where they join others for their daily socialisation and also form part of recreation. Since shebeens are not socially accepted due to their consequences, individuals end up drinking a lot of alcohol. The respondents also stated that there is also home-made beer which is easily available and at a reasonable price, this home- made beer in most instances is of low quality due to the type of mixing agents that they add during brewering process. This suggests that if an individual is nearer to the shebeen he may experience problems of relapsing due to frequent usage of alcohol.

This is supported by Newton (1988:102) who maintains that the individuals who stay in an environment that is over stimulated by alcohol are also likely to be stimulated as well. For the mentally ill individual staying in such environment may retard recovery compared to the individual who stays far away from the shebeen environment. Respondents were requested to identify factors from their own perspective, which they think contribute to recovery.

4.8 Factors contributing to recovery as perceived by respondents

The respondents were requested to state generally any factors that they thought were necessary in the promotion of recovery as factors within and outside the environment might influence recovery.

Figure 4:19 Contributory factors to recovery as stated by the respondents N=104



It was found that the majority of respondents 74 (73%) stated that knowing acceptance by the community contributed to their recovery, community was helpful. Out of 104 respondents 46(44) stated the importance of taking medication as prescribed and not being ostracised and not called by "names" could promote recovery.

Thirty- one (29%) respondents stated that staying in the clean environment was a contributory factor to their recovery and coping with the different situations was helpful. The findings are in line with Birchwood et al. (2000:334) who, maintain that people need to be able to put more emphasis on self-help, and taking responsibility and ownership of experience thus recovery could be gained even without extensive medication.

CHAPTER FIVE

SUMMARY, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the summary, limitations, conclusions, and recommendations of the study.

5.2 SUMMARY OF THE STUDY

In order to show the conclusions of this study in their proper perspective it is necessary to summarise its key points and then arrive at the recommendations emanating from the findings of the study. The purpose of the study, statement of the problem, objective of the study, reviewed literature and research methodology are briefly discussed.

5.2.1 Purpose of the study

The purpose of the study was to investigate the factors in the environment that lead to the recuperation of mentally ill persons at Manguzi Health ward.

5.2.2 Statement of the problem

The problem to be investigated was:

- " What are the environmental factors influencing the recovery of mentally ill persons? "

- " How can the individual, family and community influence the recovery of a mentally ill person? "

5.2.3 Objective of the study

This study aimed at accomplishing the following objective:

To identify the contributory factors in the environment, leading to the recuperation of mentally ill persons in relation to the individual, family, and community perspective.

5.2.4 Review of related literature

Literature maintains that three types of environmental forces could influence the individual's behaviour, these are the internal, external and created environmental forces because an individual is an open system, which is in dynamic state with forces (George 1995:1290).

Literature reviewed, revealed that people are conditioned to respond in certain ways to various types of environmental stimuli. Stimuli from the environment may be simple or more complex, some may be well known to people about its consequences and some may not be known (Bergh &Theron 2003:322). It is for this reason that individuals exposed to the same stimuli may respond differently, such as some may present with mental illness. For an example an individual who is in the company of an overcrowded environment may be very stressed and end up withdrawn. Further more he cannot stand many people in the room, whereas some individuals may find comfort in the presence of many people for they are able to socialise with various people thus to them that is therapeutic.

The interaction, which takes place between the genetic and external environmental influences, may lead to a disorganised, imbalance in the relationship towards self, others and the environment.

Once the individual has disharmony in the behaviour, people staying with him may express problems in dealing with such an individual (Rawlins et al.1993: 123). Contrary to the problems experienced, the relatives of people with mental ill individual, may play a vital role in the mental health, and needs some help as well (Reay- Young 2001:1). The family of mentally ill person may need to provide a therapeutic and stress free environment such as unconditional acceptance, love, provide clothing, maintainance of privacy and respect of the individual.

Persons with mental illness recovering at home become part of the larger community. Historically attitudes towards the people with the label "mental illness" have been mostly negative. The community can have a positive influence towards the particular individual by understanding the individual's condition. Further more literature reveals that successful recovery depends upon co-operation between professionals in psychiatric institution, community services, families, self- help programs, and the recipient of care (Singer 2001: 1 and Beaulieu &Flanders 2000:2).

5.2.5 Research Methodology

5.2.5.1 Research design

An exploratory survey was carried out using both qualitative and quantitative research methods in order to identify the factors that contributed to the recovery of mentally ill persons. The method was convenient because it facilitated obtaining of the in depth knowledge about experiences, meaning and

understanding of the respondents regarding their interaction with the internal and external environment and contributing to recovery or non- recovery of the person with mental illness.

5.2.6 Target Population

Target population was mainly from the patients who were collecting treatment at the psychiatric clinic of Manguzi hospital and were recovering as shown by their records.

The sample consisted of 104 respondents who were collecting their treatment on appointment dates as given by the team working at psychiatric clinic at Manguzi hospital.

5.2.7 Research instrument

The desired information was obtained from interviewing the respondents who met the criteria. The structured interview schedule was prepared and was used during interviews to the respondents as a guide in order to obtain information as requested. The interviewer collected information in relation to the factors within the individual, family and friends, and community that might influence recovery of the respondent.

Besides interviews, homes of the respondents were visited in order to observe the structure, surroundings and the impact of the neighbourhood environment on the recovery of the respondents.

5.2.8 Pilot study

The pilot study was conducted by interviewing five clients who had come to collect their treatment, those clients did not participate in the main study.

5.2.9 Ethical consideration

The permission to conduct the study was requested in writing from the authorities of Manguzi Hospital. Permission was then granted. The respondents also agreed to be interviewed as requested verbally.

5.2.10 Data analysis

The data collected from the interviews of the respondents and observations made during home visits was analysed using the computer programme and presented in tables, graphs and descriptions.

5.2.11 Findings of the study

(1) To determine the contributory factors of recovery within the individual:

The objective of the study was achieved because the findings revealed the following factors within the individual:

(a) Demographic history -The findings of the study revealed that characteristics of the sample had no influence in the recovery of a person as all individuals in the sample were recovering.

(b) **Abstinence from substance abuse** - The results revealed that abstinence from alcohol and dagga as shown by (11%) of the individuals who associated mental illness to alcohol and dagga stated that they were no longer using substances (alcohol and dagga). The respondents stated that they were recovering.

(c) **Individual's motivation and insight** - The findings showed that the motivation and insight of the individual into his/her mental problem contributed to recovery because the use of coping mechanism brings about the balance between internal and external environment and recovery was promoted.

(d) **Medication compliance** – The findings revealed that compliance of medication obtained from the nearest health service especially the hospital stabilised the acute symptoms of mental illness to the respondents. This was the factor stated by all 104(100%) respondents, which contributed to recovery.

(e) **Disability Grants** – It was also shown that grants received by the individuals (60%) was a factor that enabled the unemployed to cope with socio-economic challenges and that had positive influence in the individual's recovery.

(2) To identify the factors contributing to recovery within the family within the environment

The objective was achieved because the external environmental factors contributing to recovery within the family were identified and summarised hereunder:

(a) **Close Family relationships** – findings of the study revealed that the close relationship within family members is a contributory factor to the recovery of a mentally ill person as 42% had family members of 1-5 and 46% had 6-10 family members were recovering. The recovery is facilitated by the close interpersonal relationships and giving of support for the ill individual, compared to the large family size.

(b) **Awareness about the condition** – The study has shown that the awareness of the family members is an external environmental factor contributing to the recovery of mentally ill individuals as 77% respondents' family were aware that their family member was mentally ill and rendered unconditional support. The health workers' assisted in informing the respondents' families for those who had the families visiting them, during the hospitalisation of the individual about the condition and that enhanced recovery.

(c) **Acceptance** – acceptance of the individual by the family was identified as the most contributory factor to recovery as 81% of the sample were accepted and were recovering.

(d) **Provision of food and clothing** – Provision of food and clothing for the mentally ill person was identified as a factor contributing to recovery as 81% respondents had families which provided them with adequate food and clothing. The behaviour shown by the family boosted the respondents' self esteem resulting in harmony between the internal and the external environment of the individual and recovery enhanced.

(e) **Love and respect** – It was also shown that love and respect displayed by the family was one of the factors that contributed to the recovery of the individuals with mental illness as revealed by 73% of the recovering persons.

(f) **Privacy** – The findings of the study revealed that privacy (physical and psychological) was a contributory factor in the recovery of mentally ill person as shown by 83% of the recovering respondents had their privacy maintained. This is supported by 42% of respondents who had 1-5 family members and were not overcrowded in the rooms in which they slept thus confidentiality of the condition was ensured.

(g) **Involvement in decision making and problem solving** – The findings reveal that this aspect was a strong factor contributing to recovery as revealed by the study that 68% respondents recovering were involved in decision and problem solving within their families.

(3) To determine the factors influencing recovery within the community

The findings of the study reveal that the objective was met as the following factors within the community were identified as contributing to recovery:

(a) **Community acceptance** – The results revealed that the acceptance by the community, not being isolated, stigmatised contributed to recovery as 67% verbalised that they had no problems with the community. The community was enlightened about mental illness and care of such persons thus recover of mentally ill persons in the community was enhanced.

(b) **Residential neighbourhood** – The findings revealed that lack of industrial areas at Manguzi was a factor in the contribution of recovery. The 58% respondents were from the rural part of the area where industrial and commercial facilities are not present and the external environment is conducive for recovery, because there is no noise, or air pollution that may affect mental functioning. The results show that 42% were from the peri-urban and were recovering probably because the area is not densely populated. Furthermore the

contributory factor of recovering was being nearer the socially accepted environment such as schools, church, shops the environment was stress free, and more conducive to recovery compared to areas near the bottle store as they felt attempted to use alcohol yet it does not contribute to their recovery.

(c) **Service of social worker** – The study revealed that the services from social workers were an external factor that contributed to their recovery as shown by 60% of the respondents who were getting grant.

(d) **Group therapy** – group therapy was identified as an external environmental factor contributing to recovery, as respondents who were exposed to group therapy sessions recovered without the psychiatric team's help.

(e) **Health education** - The study revealed that 100% respondents stated that health education given during collection of treatment by the psychiatric nurses and doctors contributed to their recovery so, it was a strong environmental factor contributing to recovery of the respondents.

5.2.12 Limitations of the study

The study had the following limitations:

It was conducted at Manguzi Hospital, with the respondents from the part/certain residential areas of Manguzi Health ward, and therefore results cannot be generalised.

The study was also confined to the respondents' perception on the factors that they viewed as contributing to their recovery therefore the results cannot be generalised as the only factors contributing to recovery.

The study was looking at clients who had recovered not those who did not recuperate, and the factors that contributed to their non-recovery as those who recovered did so, under various circumstances.

The time frame for the study was short, the respondents' relatives should have been interviewed as well, so as to get their views on the contributory factors in recovery of the mentally ill individuals.

5.3 *RECOMMENDATIONS*

Originating from the findings of the study, the following recommendations are made:

Although the study showed that people are recovering in the environment, there are some environmental factors that need to be highlighted and attended to.

(a) The mentally ill patients should have a wider coverage receiving grants as the grants alleviate financial burden to the individuals and their families.

(b) It is recommended that the family members should receive extensive health education in the caring of mentally ill person. This will facilitate understanding about the condition and provision of basic needs to the individuals such as food, clothing, love, respect and privacy as their provision promotes harmony between the internal environment and the external environment of the individual. Families need to be encouraged to form support groups as they are the external environment that hastens recovery of the mentally ill so as to:

- Share their strengths and weaknesses in the care of the ill person
- Form friendships;

- Decrease isolation; and
- Establish hope in caring for the mentally ill person.

(c) The recreational facilities need to be improved and be suitable for both males and females and this will minimise clients visiting bottle stores as a recreational facility because they end up abusing alcohol, which then triggers relapse.

(d) Health professionals must equip the community by conducting workshops so as to increase the awareness of community members in caring for the mentally ill person.

(e) There should be more community health workers in the area and should also take cognisance of doing home visits to the mentally ill patients at least once a month or bimonthly to monitor progress and environment in which the mentally ill person survives. This includes the services offered by the psychiatric team members either than the doctor and the psychiatric nurses to schedule their visits even to extend to the rural areas.

(f)There should be active usage of community support services such as the occupational therapist at Manguzi Hospital should be encouraged and can be rehabilitated through learning certain skills and their accomplishment can boost their self- esteem.

(g) For further research: A comparative study needs to be done to determine the recovery rate between the mentally ill persons from rural and those that are from the urban area and a comparative study to the environmental factors contributing to recovery and non-recovery.

(h) The research to be further done in other institutions and in the whole Province of KwaZulu –Natal as mental illness is a problem and not every body can be institutionalised hence deinstitutionalisation is recommended these days, thus ensuring that the patients are discharged in an environment that would promote recovery.

5.4 CONCLUSION

This chapter has attempted to outline the summary, limitations, conclusions and recommendation of the study. Through the findings of the study it does reveal that there are individuals who recover in the Manguzi health ward but under various conditions. With the information obtained from the respondents one can deduce that all the objectives of this study have been met.

Finally, it is generally concluded that the recovery of the individual emanates from the motivation within the individual and the adaptation that the person gets into when exposed to the external environment.

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ANNEXURE: A

THE ROLE OF THE ENVIRONMENT IN THE RECUPERATION OF MENTALLY ILL PATIENTS IN MANGUZI HEALTH WARD

BY

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RESEARCH PROPOSAL

1.1 INTRODUCTION

The balance between individual's internal demands and external demands need to be maintained by every individual, because it produces harmonious relationship with the reality of the environment in which he lives.

However, failure to maintain equilibrium between the individual and environmental surroundings can lead to psychological effects such as neurosis, stress, and depression. Contrary to the above, the individual's adaptation can be maintained positively if the internal demands and surrounding environment are perceived as within normal expectations by the society (Perko & Kreigh, 1988:25).

Once the individual is unable to maintain relationship with self, others and environment he presents with symptoms like insecurity, guilt, anxiety, fear, and emptiness, then the family or community members may distance themselves. The reason could be that he is dangerous to them leading to segregation, casting out and abandonment (Wahl, 2000:20).

For such people the need for hospitalisation became necessary so as to promote safety of individuals and well–being of others in the community. Hospitalisation also helped in diagnosing, treating and burden sharing with the family from stresses produced by the mentally disturbed person who could not cope with the usual routine aspects of life and living. The hospitalised patient then stayed for a prolonged period because the community was uncertain about the recovery of the mentally ill person and felt insecure in the presence of the mentally ill person.

Nowadays prolonged stay of mentally ill persons is no longer necessary because of improved use of medication, which help patients to function more effectively within the community. Prolonged stay in hospital has negative effects such as economic burden for the institution as well as the dependency of the mentally ill persons to the institution. Further more, the individual finds it difficult to adjust after discharge to the community in which he has been separated from, for a long period. Hospitalisation is now encouraged for patients with acute and severe symptoms who should also stay for short period of about ten days and be discharged after being stabilised (Bedell, Hunter & Corrigan, 1997:3).

Treating of mentally ill is now encouraged to be in the community because of health education given by health care workers which enlightens the community to regard mentally ill persons as any individual with personal and legal rights (Van Rensburg, Gagiano & Verschoor, 1992:417). In spite of enlightenment, the community still has a gap of not completely accepting mentally ill persons thus relapses still occur, whereas the supportive community can promote mental recuperation and reduce relapses. Treating of mentally ill persons within the community will enhance development of mental health promotion services such as recreation facilities. If services are not accessible to the community some means will be done to make them accessible thus reducing stress to the mentally ill person and the family (Department of Health, 1998: 11).

1.2 MOTIVATION FOR THE STUDY

The impulse that led the researcher to conduct this study was derived from the observations of seeing an increasing number of mentally ill people from Manguzi area diagnosed with mental illness. The differences in their recovery

were also noticed. Some patients were never re-admitted after discharge, whereas some were re-admitted though they were all from Manguzi health ward and were still on psychotrophic drugs. What then could be the reason of this problem?

It is maintained that when external environmental factors such as the family and community take care, accept, show love and support to the mentally ill person, these can contribute to recovery from mental illness. It is further maintained that for the family and community to give support to the mentally ill person, must be made clearly aware of mental illness that the family member suffers from (Hartfield and Lefley, 1993: 100).

The presence of certain physical factors such as increased noise in the environment can have detrimental impact such as aggressive behaviour of the individual trying to adapt in the vicinity.

Socio-economic aspects such as poverty, poor housing with overcrowding and dilapidated structures and lack of security such as lack of privacy may be stressful to the mentally ill person thus leading to maladjustment and relapse (Singer, 2001: 20).

Curtis &Taket (1996:19) state that the role of the environment in healing is influenced by physical attributes such as room temperature, colour of walls, and furniture arrangement. The interpretation of the physical attributes as being negative or positive may result in behavioural change such as disharmony or harmony in a person's thoughts, feelings and actions. It is assumed that personality characteristics such as emotional responses inherited from parents may promote recovery or cause deterioration in the mental state of the individual (Uys & Middleton 1997:152).

The concern for this study is that one can become mentally ill due to certain environmental factors such as low socio-economic status leading to poverty. Furthermore the role of the family is viewed as a contributory factor to the recovery of a mentally ill person, at the same time the family can be the source of relapse especially if the family is not enlightened in handling and interacting with the mentally ill person. Education of family members in handling and interacting with psychiatric patients is recommended in reducing the relapse of psychiatric patients (Mzimela, 1995:87).

The researcher's concern is also at the community level where negative attitudes are still noticed leading to segregation, discrimination, and lack of support of the mentally ill persons, so these attitudes may result in repeated relapse. According to Singer (2001:23) community can be the good resource for treating mentally ill persons if community is prepared and taught prior to the clients' arrival to the community.

1.3 THE STATEMENT OF THE PROBLEM

The environment has certain external factors such as wars, violence, family disruption, poverty, juvenile delinquency, alcohol and drug abuse, and other factors that contribute to mental illness. These external environmental factors interact with the internal environment of a person and then lead to the mental imbalance, such as increased anxiety, depression, psychosomatic disorders and post- traumatic disorders.

The study is concerned with identifying those environmental factors in which the mentally ill person recovers, be tolerated and supported irrespective of his mental instability.

1.4 PURPOSE OF THE STUDY

The purpose of the study is to investigate the factors in the environment that lead to recuperation of mentally ill persons at Manguzi Health Ward.

1.1 OBJECTIVE OF THE STUDY

The objective of the study is to identify the contributory factors in relation with the patient, family, friends, and in the community which lead to recuperation of mentally ill persons.

1.6 SIGNIFICANCE OF THE STUDY

The study will help authorities to be aware of the factors in the environment contributing to the recovery of mentally ill persons. Patients, families and communities will recognise the importance of mental health and will promote factors leading to mental wellbeing. Information obtained will help policy makers to plan, reinforce and manage programs which are aimed at preventing and treating mental illness as well as the promotion of mental health in the community.

1.7 DEFINITION OF TERMS

The following definitions apply to this study:

1.7.1 Role: According to south African Oxford School dictionary (1998:380), role is the part played by a person in a particular social setting, influenced by his expectation of what is appropriate. In this study, role shall relate to expectations, tasks and responsibilities of individuals sick or well, and shall be

used to relate to the positive contribution of the environment, in the recovery of mentally ill persons as opposed to negative consequences.

1.7.2 Environment: According to South African Oxford School dictionary (1998:152), environment refers to the external surroundings in plant or animal lives, which influence its development and behaviour. In this study environment shall be used synonymously and as a platform in which the person interacts with family, friends and community as this has an influence on individual's recovery from mental illness.

1.7.3 Recuperation: According to Birchood, Fowler & Jackson (2000: 334) recuperation means to recover from illness or exhaustion. In this study recuperation shall mean positive adaptation of the mentally ill person in the community after he has been discharged from hospital.

1.7.4 Mental Illness: It is a state of the presence of symptoms, behaviour, distress or discomfort in a person which lead to medical consultation at which a psychiatric diagnosis is made by medically qualified participant observer (Cooper & Eastwood, 1992:34). In this study the term shall mean the illness which is characterised by maladjustment in a person's thoughts, feelings and actions. Psychiatric illness will be used interchangeably in this study with mental illness.

For the purpose of this study mental illness shall include the presence of schizophrenic symptoms, affective disorders presenting in individuals. Mental retardation or handicap disorders will be excluded from this study because it is a substantial discipline on its own.

1.8 CONCLUSION

In this chapter motivation for the study, statement of the problem, purpose of the study, objectives, significance of the study and definition of terms relevant to the study were highlighted.

2. LITERATURE REVIEW

Literature on mental illness and role of an environment in the recuperation of mentally ill persons is available and will be consulted.

3. RESEARCH METHODOLOGY

3.1 Research method

The research method will basically be a descriptive-exploratory study. According to Polit & Hungler (1995:11) descriptive research is concerned with what the researcher observes, describes and classifies. This study will attempt to describe the role of environment in the recuperation of mentally ill patients, and explore environmental factors related to patients' recovery.

3.2 Target population.

The target population will be all mentally ill persons who are surviving from mental illness and were diagnosed from the year 2000-2001 (2 years). The clients will be those that take their treatment in the clinics or mobile clinics of Manguzi health ward and have not relapsed or have been re-admitted only once since the initial attack.

3.3 Sampling technique and sample size

Probability sampling method, using the simple random sampling technique will be used. This method is recommended because a sampling frame will be done first for all mentally ill persons who are surviving in the community. The participants will have an equal and independent chance of being selected to form a desired sample size as supported by Polit & Hungler (1995:236). In each clinic or mobile clinic participants will be selected from the main sampling frame and will be numbered, a table of random numbers will then be used to draw the sample size of one hundred participants.

3.4 Data collection instrument

The structured interview will be used so that the participants yield information that the researcher wants to get about their feelings, behaviours and personal traits as they adapt themselves in the community. Further more, observations will be done in the participants' home and the neighbourhood environment so as to identify factors contributing to their recuperation.

3.5 Pilot study

The pilot study will be undertaken before the actual study is carried out. Five recovering participants will be selected. The pilot study will be done so as to test the validity and reliability of the instrument. The participants in the pilot study will not form part of the main study.

3.6 *Ethical consideration*

The researcher will write an official letter to the hospital authorities of Manguzi Hospital requesting the permission to visit clinics under their jurisdiction and to access information to relevant sources. The title and purpose of the study will be written in the letter.

Informed consent will be obtained from all participants so as to get information through their agreement because they are not compelled to participate. The purpose and objectives of the study will be explained to ensure awareness. The participants' right to privacy, anonymity and confidentiality will be maintained throughout and respected by not putting names in the interview schedule.

3.7 Delimitation of the area of study

The study will be limited at Manguzi Health Ward clinics and mobile clinics because of mentally ill persons that are recovering.

4. DATA ANALYSIS AND INTERPRETATION OF FINDINGS

The analysis of data will be achieved through the use of appropriate computer programme. The presentation of data will be through tables and graphs. Findings about the study will also be discussed.

5. SUMMARY OF FINDINGS, LIMITATION OF THE STUDY, CONCLUSION AND RECOMMENDATIONS

Findings will be summarised, concluded and recommendations will be made.

6. OUTLINE OF THE RESEARCH REPORT

The research report will include the following:

1. Chapter 1-Orientation to the study

1.1. Introduction

1.2. Motivation for the study

1.3. Statement of the problem

1.4. Purpose of the study

1.5. Objectives of the study

1.6. Significance of the study

1.7. Definition of terms

2. Chapter 2-Literature review

3. Chapter 3- Research Methodology

3.1 Research method

3.2. Target population

3.3. Sampling technique and sample size

3.4. Data collection instrument

3.5. Pilot study

3.6. Ethical consideration

3.7. Delimitation of the area of study

4. Chapter 4

4.1. **Presentation, Data analysis, interpretation and Discussion of findings**

5. Chapter 5

5.1. Summary of findings

5.2. Limitations of the study

5.3. Conclusion

5.4. Recommendations

6 WORK PLAN

The intended work plan is as follows:

Nature of work	**Time period 2002**
Choosing the research problem(topic) and area of study	February
Survey the related literature and set objectives	March
Prepare a research proposal	April-May
Designing of a questionnaire	June
Carrying out a pilot study(field work)	July
Collection of data	July-August
Preparation of preliminary draft copy of first chapters	August
Coding and analysis of data	September
Interpretation of the results and drawing of conclusions	September
Preparation of final draft copy	September-October
Preparation of final copy and proof reading of final copy	October
Presentation of report	October
Submission of the final copies	October

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ANNEXURE: B

University of Zululand
Universiteit van Zoeloeland

Private Bag X1001
Privaatsak
KWADLANGEZWA 3886
South Africa
(0351) 93911
Telgrams: "Unizul"
SA 631311
Fax (0351) 93735
Fax (0351) 93845 (Buying)
Fax (0351) 93130 (Rectorial)
Fax (0351) 93571 (Library)

Ref./Verw.

18.09.2002

The Medical Superintendent
Manguzi Hospital
Private Bag 301
KWANGWANASE
3973

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH - SUDENT NUMBER: 024233

I am a registered student in the above- mentioned institution. I am also doing a research project as part of the requirement for the Master's degree in the Department of Nursing, Faculty of Arts. The title of the research project is " Role of the environment in the recuperation of mentally ill patients in Manguzi Health Ward".

I request to have access to the sources of information in the Manguzi Health ward and mainly, it will be the respondents themselves and their records of illness, as they come to collect medication at the community psychiatric clinic. All principles of confidentiality will be observed.

Yours Sincerely

Ms Lindiwe B Mthembu

UNIVERSITY OF ZULULAND
FACULTY OF ARTS
Private Bag X1001
3886 KWA DLANGEZWA.

Tel: (035) 902 6663
Fax: (035) 902 6082
Email: tapgumbi@pan.uzulu.ac.za

18 th September, 2002

To whom it may concern,

MCur RESEARCH PROPOSAL: MS L. B. MTHEMBU STUDENT NUMBER 024233

This is to confirm that a research proposal for a masters degree in Nursing Science was considered and approved on the 10th September, 2002, by the Faculty Board of Arts. The approved proposal will be referred to the Senate Research Committee for registration.

Her research title is as follows:

"THE ROLE OF THE ENVIRONMENT IN THE RECUPERATION OF MENTALLY ILL PATIENTS IN MANGUZI HEALTH WARD"

She can now proceed with her research study.

PROF TAP GUMBI
CHAIRMAN: FACULTY OF ARTS RESEARCH COMMITTEE

cc Prof LZM Khumalo Dean: Facuty of Arts

APPROVED/YEMUKELWE
PROF TAP GUMBI
CHAIRMAN
FACULTY OF ARTS RESEARCH COMMITTEE

ANNEXURE: C

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
MANGUZI-HOSPITAL

POSTAL ADDRESS : **Manguzi Hospital**
Private Bag X301
Kwa-Ngwanase
3973

Tel. 035 5920145
Fax. 035 5020153

DATE : **30.09.2002**
REFERENCE :

Enquiries: MRS G. NTULI

Mrs L.B. Mthembu
UniZulu
Department of Nursing
Private Bag X1001
KWANDALANGEZWA
3886

Dear Madam

PERMISSION TO CONDUCT RESEARCH

Thank you for your minute dated 18 September 2002 regards the request.

Please be informed that permission is granted to conduct your research on the Role of the Environment in the Recuperation of Mentally Ill Patients in Manguzi Health Ward.

Please note : Confidentiality
Copy of completed research findings for the hospital

Thank you

for HOSPITAL MANAGER

UMNYANGO WEZEMPILO : KWAZULU - NATAL
DEPARTMENT OF HEALTH KWAZULU - NATAL
2002 -09- 30
MANGUZI HOSPITAL
PRIVATE BAG X301
KWA - NGWANASE
3973

ANNEXURE: D

INTERVIEW GUIDE

Respondent.....(Surname).....(Card number given by researcher.....)

This study determines the role of the environment on the recuperation of the mentally ill patients in the Manguzi Health Ward. This interview is aiming at collecting information that will shed some light on the above-mentioned issue. The information given will be treated as confidential as possible and will be used for research purpose only.

Local area .....
Nearest Residential Clinic .....
Nearest Mobile Point .....

SECTION A: DEMOGRAPHIC DATA OF THE RESPONDENTS

1.1 Gender [1] Male [ ]
[2] Female [ ]

1.2 Age [1] Less than 18 yrs [ ]
[2] 18-30 [ ]
[3] 31-45 [ ]
[4] 46-60 [ ]
[5] 61 and above [ ]

1.3 Marital status [1] Married [ ]
[2] Single [ ]
[3] Divorced [ ]
[4] Widowed [ ]
[5] Living together but not married [ ]

1.4 Family size.....

1.5 Residential Area [1] Urban [ ]
[2] Rural [ ]
[3] Peri-Urban [ ]

1.6 Length of stay in the area [1] 0-5 yrs [ ]
[2] 6-10 [ ]
[3] Over 11 yrs [ ]

1.7 Level of education [1] No education [ ]
[2] Primary [ ]
[3] Secondary [ ]
[4] Tertiary [ ]

1.8 Religious affiliation [1] Christian [ ]
[2] Indigenous [ ]
[3] None [ ]
[4] Other [specify].....

1.9 Occupation [1] Professional [ ]

[2] Skilled [ ]
[3] Semi-skilled [ ]
[4] Unskilled [ ]
[5] Other [specify].....

1.10 Are you employed? [1] Yes[ ]
[2] No [ ]

1.11If not employed, what is the source of income .....

SECTION B: HISTORY OF ILLNESS

2.1 When was the first attack .....
2.2 Was there any specific cause for the illness [1] Yes [ ]
[2] No [ ]
2.3 If the above answer is yes , what was it.....
2.4 Where did you go for health care service during the onset of illness
[1] Nearest clinic [ ]
[2] General practitioner[ ]
[3] Hospital [ ]
[4] Traditional healer [ ]
[5] Faith healer [ ]

2.5 Did you get any help [1] Yes [ ]
[2] No [ ]

2.6 If the above answer is no, where did you proceed for health service.....

2.7 Are you still attending any health care service [1] Yes [ ]
[2] No [ ]

2.8 If the above answer is yes, indicate the type of service that you are attending.....
2.9 From the health service that you are attending what medication are getting.....
2.10How often do you collect your medication?.....

2.11. Have you had any recent attack whilst on this medication ? [1] Yes [ ]
[2] No [ ]
2.12If yes, when was the attack? .....

2.13 Were you hospitalised during the first attack? [1] Yes [ ]

[2] [No [ ]

2.14If the answer is yes, for how long? .....

2.15During hospitalisation did you get any health advice concerning the illness? [1] Yes [ ]
[2] No [ ]

2.16 Did your family members get advice about the illness? [1] Yes [ ]
[2] No [ ]

2.17If the above answer is no, what was the reason?.....

2.18 Were you helped by the health advice given? [1] Yes [ ]
[2] No [ ]

2.19 If employed, is your employer aware of the illness? [1] Yes [ ]
[2] No [ ]

2.20 If no, what is the reason for the employer not knowing? .....
2.21 If the answer is yes, what support do you get from your employer?.....

2.22 Have you had any attack at work? [1] Yes [ ]
[2] No [ ]

2.23 If the above answer is yes, what was the reaction of your employer?.....

2.24 In your opinion do you feel you have recovered from the illness? [1] Yes [ ]
[2] No [ ]
2.25 If the above answer is yes, what contributed to the recovery?.....
2.26 If the answer is no, what contributed to the non-recovery?.....

SECTION C: FAMILY, FRIENDS AND COMMUNITY RELATIONS WITH THE PATIENT.

3. Respond to the following statements, which describe the role of your family using the following rating scale.

[1] Strongly disagree
[2] Disagree
[3] Not sure
[4] Agree
[5] Strongly agree

3.1	My family members are fully aware of this illness.	[1] [2] [3] [4] [5]
3.2	My family accepts me unconditionally	[1] [2] [3] [4] [5]
3.3	My family provides me with enough food	[1] [2] [3] [4] [5]
3.4	My family provides me with clothing	[1] [2] [3] [4] [5]
3.5	My family ensures that I take medication as prescribed	[1] [2] [3] [4] [5]
3.6	The love that I get from my family members has not changed	[1] [2] [3] [4] [5]
3.7	My family members still respect me	[1] [2] [3] [4] [5]
3.8	My family still ensures that my privacy is maintained	[1] [2] [3] [4] [5]
3.9	I am still involved in decision making in family issues	[1] [2] [3] [4] [5]
3.10	I am still involved in the family problem solving issues	[1] [2] [3] [4] [5]
3.11	My family contributes a lot towards my recovery	[1] [2] [3] [4] [5]

3.12 Is there any member in the family who takes alcohol? [1] Yes [ ]
[2] No [ ]

3.13 If the above answer is yes, how does it affect you?.....
3.14 If the answer is no, how does it help you?.....

3.15 Is there any member in the family who smokes? [1] Yes [ ]
[2] No [ ]

3.16 If the above answer is yes, how does it affect you?.....
3.17 If the answer is no, how does it help you?.....

INFORMATION ABOUT FRIENDS

4.1 Do you have friends? [1] Yes [ ]
[2] No [ ]

4.2 Respond to the following statements which describe friends' relations with the patient using the following rating scale

[1] Strongly disagree
[2] Disagree
[3] Not sure
[4] Agree
[5] Strongly agree

4.2.1 My friends accept me unconditionally. [1] [2] [3] [4] [5]
4.2.2 My friends contribute a lot towards my recovery. [1] [2] [3] [4] [5]

4.3 Do your friends drink alcohol? [1] Yes [ ]
[2] No [ ]

4.3.1 If the answer is yes, how does it affect you?.....
4.3.2 If the answer is no, how does it help you?.....
4.4. Do your friends smoke? [1] Yes [ ]
[2] No [ ]
4.4.1 If the answer is yes, how does it affect you?.....
4.4.2 If the answer is no, how does it help you?.....

4.5. Do your friends also smoke something else either than cigarettes? [1] Yes [ ]
[2] No [ ]
[3] Do not know [ ]

4.5.1 If yes, what is it? .....

INFORMATION ABOUT THE COMMUNITY.

5.1 What recreation facilities are in your area?.....
.....
.....

5.2 Are you engaged in any recreational activities? [1] Yes [ ]
[2] No [ ]
5.2.1 If the answer is yes, which ones?.....
5.2.2 Indicate how recreational facilities help you.....
.....
5.3 Respond to the following statement in relation to other members of the community using the following rating scale

[1] Strongly disagree
[2] Disagree
[3] Not sure
[4] Agree
[5] Strongly agree

5.3.1 I feel accepted in the community in spite of this illness. [1] [2] [3] [4] [5]
5.3.2 The support from the community contributes to my recovery. [1] [2] [3] [4] [5]

SECTION D: INFORMATION ABOUT SUPPORTIVE HEALTH EDUCATION

6.1 Was there any visit done at your home before discharge by health workers in preparation for your discharge? [1] Yes [ ]
[2] No [ ]

6.1.1 If the answer is no, what was the reason?.....

6.2 Are there any health care workers in your area of residence? [1] Yes [ ]
[2] No [ ]

6.2.1 If the answer is yes, how often do they visit you?.....

6.3 Are you involved in the planning of your after care program? [1] Yes [ ]
[2] No [ ]

6.3.1 If the answer is no, what is the reason ?.....

6.4. Do you get any health education advice from health care workers? [1] Yes [ ]
[2] No [ ]

6.4.1 If the answer is yes, how often were you given health education advice?.....
6.4.2 If the answer is no, what was the reason?.....
6.5 Do you get services provided by the following:

6.5.1	Psychologist	[1] Yes	[2] No
6.5.2	Psychiatrist	[1] Yes	[2] No
6.5.3	Social worker	[1] Yes	[2] No
6.5.4	Occupational therapist	[1] Yes	[2] No
6.5.5	Group therapy	[1] Yes	[2] No

6.6 Are you free to visit your nearest health care service in case you have problems regarding your illness? [1] Yes [ ]
[2] No [ ]

6.6.1 If the answer is no, what is the reason?.....

6.7 Do you think health education advice is vital to the mentally ill person? [1] Yes [ ]
[2] No [ ]

6.8 Provide the brief description of the direction to your place of residence using the well known structures such as name of the nearest shop, school.....
.....
.....

SECTION E: OBSERVATION AT THE PATIENTS HOME .

7.1 Number of houses .....
7.2 Type of houses .....
7.3 Total number of rooms .....

7.4. Do you share the room with someone [1] Yes [ ]
[2] No [ ]

7.4.1 If the answer is yes, how many occupy the room?.....
7.5 State of the house .....
7.6 State of the surroundings .....
7.7 Neighbourhood facilities [estimate distance]

7.7.1 Schools .....km.
7.7.2 Church.....km
7.7.3 Shops .....km.
7.7.4 Community hall.....km

7.7.5 Bottle store .....km
7.7.6 Sheeben .....km
7.7.7 Other [specify].....

8. According to your opinion what do you think can contribute to the recovery of a mentally ill person in the environment in which an individual resides.....
.....
.....
.....
.....
.....

THANK YOU FOR YOUR PARTICIPATION