CENTRAL UNIVERSITY

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF NURSING

KNOWLEDGE AND ATTITUDE OF CAREGIVERS TOWARDS RELAPSE PREVENTION AMONG PSYCHIATRIC PATIENTS AT PANTANG HOSPITAL

BY

EUNICE DZIFA KAMASSAH

(201501048)

AND

CAROLE EWURAKUA CORNELIUS

(201500774)

A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF NURSING OF CENTRAL UNIVERSITY, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR OF SCIENCE BSC. (HONOURS) DEGREE IN NURSING.

AUGUST, 2019

DECLARATION

We hereby declare that this submission is our own work towards the BSc. and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the university, except where due acknowledgement has been made in the text.

Eunice Dzifa Kamassah

....

. Signature Date

Carole Ewurakua Cornelius

....

. Signature Date

Certified by:

Mr. Amin Jibril (Supervisor) …................. ....

Signature Date

DEDICATION

To our Parents, Siblings and Friends

ACKNOWLEDGEMENTS

We are most grateful to the Lord Almighty God for His divine grace and protection that saw us through this study. Our sincere thanks go to our supervisor Mr. Amin Jibril for his constructive advice, comments and corrections. Without him, we could not have completed this research.

We are also grateful to all the lecturers of Department of Nursing for their suggestions and support in diverse ways. We would like to heartily thank the Administrator and staff as well as patients of Pantang Hospital for their assistance, guidance and support for this study. Sincere thanks go to all participants of the study.

Special thanks to our parents, siblings and friends for their inspirations and supports throughout our period of study. God bless you all.

TABLE OF CONTENTS

DECLARATION……….……………………...………………………………………**i**

DEDICATION………..…………………………………………………………..……**ii**

ACKNOWLEDGEMENT……….……………………..……………………………**iii**

TABLE OF CONTENTS ………..……………………………………………………**v**

LIST OF FIGURES ……….………………………………..…………………………**vii**

LIST OF TABLES……….……………………………………..…………………………**viii**

ABSTRACT ……….……………………………………...…………………………**ix**

CHAPTER ONE……….…………………………………………...……………………**1**

BACKGROUND AND LITERATURE REVIEW…………….…………………………**1**

1.1 Background to the Study…………………..……………………………………………..1

1.2 Problem Statement……………………………………………………………………….2

1.3 Purpose of the study…………………………………………..……………………..3

1.4 Research objectives………………………………………………….………………...3

1.5 Research questions…………………………………………………………………......3

1.6 Significance of the Study…………………………………………………………….....4

1.7 Operational Definition of terms……………………………………………………...5

1.8 LITERATURE REVIEW …………………………………………………………………..6

1.8.1 General Knowledge of Caregivers on Relapse Prevention ……………………………..6

1.8.2 Attitude of Caregivers on Relapse Prevention……………………………………………7

1.8.3 Practices of Caregivers on Relapse Prevention……………………………………...8

CHAPTER TWO ……………………………………………………………………………12

RESEARCH METHOD ………………………………………………………………12

2.0 Introduction to the Chapter……………………………………………………12

2.1 Research Design…………………………………………………………………12

2.2 Research Setting…………………………………………………………………12

2.3 Target Population………………………………………………………………13

2.4 Sampling method and Sample size………………………………………………13

2.5 Data Collection Tool……………………………………………………………14

2.6 Data Collection Procedure………………………………………………………14

2.7 Validity and Reliability of the study……………………………………………14

2.8 Ethical Considerations…………………………………………………………15

2.9 Limitation of the study…………………………………………………………15

CHAPTER THREE ……………………………………………………………………16

ANALYSIS, DISCUSSION AND CONCLUSION OF FINDINGS……………………………16

3.1 Introduction……………………………………………………………………16

3.2 Approach to Data Analysis………………………………………………………16

3.3 Findings…………………………………………………………………………17

3.4 Discussion………………………………………………………………………29

3.5 summary of the study ……………………………………………………………31

3.6 Conclusion………………………………………………………………………31

3.7 Recommendations………………………………………………………………32

REFERENCES…………………………………………………………………………33

APPENDIX……………………………………………………………………………35

LIST OF FIGURES

Figure 1: Marital Status of Caregiver……………………………..…………………………….....17

Figure 2: Religion of Respondent…………………………….....…………………………….....18

Figure 3: Patients who are rehabilitated will always relapse…………………………………….21

Figure 4: Relapse of psychiatric patients cannot be prevented…………………………………..22

Figure 5: Understanding relapse of psychiatric patients is essential in its prevention…………….23

Figure 6: All mentally unstable patients are dangerous to take care of and as such I don't want to be near them…………………………………………………………………….…………….24

Figure 7: I try as much as possible to assist patients to recover………………………………....25

LIST OF TABLES

Table 1: Age of Respondent………………………………..........................…………………17

Table 2: Age of Respondent…………………………………………………………………...19

Table 3: Practices of Caregivers at Pantang Hospital on Relapse prevention…………………...27

ABSTRACT

The cost of relapse prevention to an individual and society are frighteningly high. Clinical studies have reported physical, psychological, social, and economic effects. Lost productivity, the cost of treatment, the burden on family and community resources, crime, and psychological distresses are common consequences of relapse among clients (Hosseini, Moghimbeigi, Roshanaei, & Momeniarbat, 2014). The purpose of the study is to assess the knowledge and attitude of caregivers towards relapse prevention among psychiatric patients at Pantang Hospital. Descriptive research design was adopted for the study. Simple random technique was used to select 100 respondents. Semi-structured questionnaire was the main data gathering tool for collecting information from the respondents. The study found that, the caregivers have good knowledge of relapse prevention. Burden on family and community resources, crime, and psychological distresses are common consequences of relapse among relatives. Commitment to therapy can help prevent relapse. The caregivers have positive attitude towards relapse prevention. Understanding relapse of psychiatric patients is essential in its prevention. Taking patients through relapse prevention coping skills is important to help them overcome their problems. The practices of caregivers towards relapse prevention was good but inadequate.

CHAPTER ONE: BACKGROUND AND LITERATURE REVIEW

1.0 Introduction to the Chapter

This chapter captures the background of the study, problem statement, purpose of the study, research objectives, research questions, significance of the study, operational definition of terms and literature review.

1.1 Background of the Study

Relapse prevention interventions are used worldwide as an essential part of the treatments of patients with addiction. Preventing relapses and maintaining abstinence is very important in rehabilitation of patients in psychiatric hospitals. For instance, Smyth, Barry, Keenan, and Ducray (2012) find 59% of study participants relapsed 1 week after discharge from a rehabilitation center following treatment for opiate use.

The cost of relapse prevention to an individual and society are frighteningly high. Clinical studies have reported physical, psychological, social, and economic effects. Lost productivity, the cost of treatment, the burden on family and community resources, crime, and psychological distresses are common consequences of relapse among clients (Hosseini, Moghimbeigi, Roshanaei, & Momeniarbat, 2014).

Richard Appiah, Samuel A Danquah, Kingsley Nyarko, Angela L. Ofori-Atta, and Lydia Aziato (2017) sought to gain full understanding of the factors that precipitate relapse among substance abusers in Ghana. Findings showed that seven factors, including positive/negative emotional reinforcements, sense of loss, interpersonal conflicts, peer influence, familial, religio-cultural, and treatment-based issues complot to instigate and maintain the relapse cycle.

Hernandez (2016) assessed relapse factors of alcoholics after their first twelve-step program in the United States of America. Themes that developed from interviews conducted with alcoholics that had relapsed after their twelve-step programs were: commitment to therapy, unemployment, availability of healthy support, shame and guilt in seeking support, loneliness, and lack of support from family/peers and community.

The researchers have retrieved no study regarding knowledge and attitude of caregivers towards relapse prevention among psychiatric patients in Ghana. Successful long-term abstinence requires efforts at preventing or minimizing relapse through adequate knowledge and positive attitude by caregivers towards relapse prevention. It is against this background that the researchers seek to assess the knowledge and attitude of caregivers towards relapse prevention among psychiatric patients at Pantang Hospital. Findings from this study should be helpful in developing more effective relapse prevention policies and intervention strategies in Ghana.

1.2 Problem Statement

Relapse to substance abuse remains one of the greatest challenges in the treatment of addictive behaviours. Research reports have shown different rates of relapse, ranging between 35% to 95%, 3 months after treatment, and 15% to 45%, 24 months after treatment (White, Campbell, Spencer, Hoffman, Crissman, & DuPont, 2014).

Appiah, Danquah, Nyarko, Ofori-Atta and Aziato (2016) noted that relapse to substance abuse is a global problem and is conceptualized as an integral component of the recovery process. Global statistics on rates of relapse after substance abuse treatment are disturbingly high, averaging about 75% within a 3-to 6-month duration after treatment.

In Ghana, relapse prevention is a cause for concern. Caregivers are integral part of the relapse prevention process. Their knowledge and attitude is very crucial in the relapse prevention process. However, such knowledge and attitude are not known in relapse prevention among psychiatric patients. Limited research has also been done by scholars on the subject in Ghana. This is a major problem in relapse prevention among psychiatric patients. This has motivated the researchers to undertake a study into the knowledge and attitude of caregivers towards relapse prevention among psychiatric patients at Pantang Hospital.

1.3 Purpose of the study

The purpose of the study is to assess the knowledge and attitude of caregivers towards relapse prevention among psychiatric patients at Pantang Hospital.

1.4 Research Objectives

The specific objectives of the study are:

1. To determine the general knowledge of caregivers at Pantang Hospital on Relapse prevention.
2. To investigate the attitude of caregivers at Pantang Hospital on Relapse prevention.
3. To find out the practices of caregivers at Pantang Hospital on Relapse prevention.

1.5 Research Questions

1. What is the general knowledge of caregivers at Pantang Hospital on Relapse prevention?
2. What is the attitude of caregivers at Pantang Hospital on Relapse prevention?
3. What are the practices of caregivers at Pantang Hospital on Relapse prevention?

1.6 Significance of the Study

It is hoped that, this study will be useful in the following ways:

- It will be relevant to parents, social workers, educators, counsellors, psychiatrists, policy makers, and NGO's who have interest in relapse prevention among psychiatric patients.
- The study will contribute to knowledge among various stakeholders, such as Public and Private Hospitals who are involved in the relapse prevention among psychiatric patients.
- It will also make available information to the government concerning relapse prevention among psychiatric patients and the knowledge and attitude of caregivers towards it.
- The study will also provide information to the ministry of health about the impact of caregivers' knowledge and attitude towards relapse prevention among psychiatric patients. This will help to adopt the right attitude in the treatment of patients.
- The study will add to the body of knowledge on relapse prevention. It will become reference document to students and researchers of Central University.
- The study will also recommend other areas in relapse prevention among psychiatric patients that will need further studies.

1.7 Operational Definition of Terms

Below terms have been defined for the purpose of this study:

- Relapse: It is a total reversion to heavy drug use and a sense of failure.
- Relapse management: It is the term used for working with a young person to prevent or reduce the impact of a 'lapse' before heavy drug use becomes re-established.
- Knowledge: Awareness or familiarity gained by caregivers towards relapse prevention.
- Attitude: Behaviour of caregivers towards relapse prevention.
- Psychiatric patient: Someone receiving treatment at a psychiatric hospital.

1.8 Literature Review

1.8.0 Introduction

The aim of a literature review is to critically analyze and carry out an in-depth evaluation of previous research. This part of the study will empirically examine available, relevant literature that addresses knowledge and attitude of caregivers towards relapse prevention.

1.8.1 General Knowledge of Caregivers on Relapse Prevention

Appiah, Danquah, Nyarko, Ofori-Atta and Aziat (2017) sought to gain full understanding of the factors that precipitate relapse among substance abusers in Ghana. Findings showed that seven factors, including positive/negative emotional reinforcements, sense of loss, interpersonal conflicts, peer influence, familial, religio-cultural, and treatment-based issues complot to instigate and maintain the relapse cycle. The findings provide valuable insights into the relapse phenomenon in Ghana. Clinicians should actively engage family members in the relapse prevention process, and provide insight into religio-cultural relapse precipitants

Manchen vander Westhuizen, Marianna de Jager, (2013) researched on the topic "Relapsing after treatment: exploring the experiences of chemically addicted adolescents". It was against the background of an increase in the demands for treatment of adolescent chemical addiction, as well as the persistently high relapse rate, the significant impact of chemical addiction on the development and well-being of chemically addicted adolescents needs to be considered by the social work profession, in order to plan effective intervention strategies. The purpose of the research study was to explore and describe the experiences of chemically addicted adolescents who had relapsed after in-patient treatment. Subsequently, the researcher aimed to make recommendations for social workers, in order to prevent relapse.

Tlhalefi T. Tlhowea, Emmerentia Du Plessisa and Magdalene P. Koen(2017) explored and described the strengths of family members in assisting mental health care users to limit relapses. A phenomenological design was followed. Purposive sampling was used and 15 family members of mental health care users who have not relapsed in the previous two years participated. Individual unstructured interviews were conducted. Data were analysed using thematic analysis. Four main themes were identified, namely accepting the condition of the mental health care users, having faith, involving the mentally ill family members in daily activities and being aware of what aggravates the mentally ill family members. Family members go through a process of acceptance and receive educational information and assistance from health professionals. In this process families discover and apply their strengths to limit relapses of mentally ill family members.

1.8.2 Attitude of Caregivers on Relapse Prevention

Hendershot, Witkiewitz, George and Marlatt (2011) studied relapse prevention for addictive behaviors. Major treatment outcome studies and meta-analyses are summarized, as are selected empirical findings relevant to the tenets of the RP model. Notable advances in RP in the last decade include the introduction of a reformulated cognitive-behavioral model of relapse, the application of advanced statistical methods to model relapse in large randomized trials, and the development of mindfulness-based relapse prevention. The study also review the emergent literature on genetic correlates of relapse following pharmacological and behavioral treatments. The continued influence of RP is evidenced by its integration in most cognitive-behavioral substance use interventions. However, the tendency to subsume RP within other treatment modalities has posed a barrier to systematic evaluation of the RP model. Overall, RP remains an influential cognitive-behavioral framework that can inform both theoretical and clinical approaches to understanding and facilitating behavior change.

Appiah (2017) researched on the topic "Tougher than ever: An exploration of relapse prevention strategies among patients recovering from poly-substance use disorders in Ghana. The study adopted a descriptive phenomenology design and was conducted at the Psychiatric Rehabilitation Unit of the Regional Hospital, Sunyani, Ghana. A purposive sample of 15 patients recovering from poly-substance use disorders were recruited. Data were collected through in-depth interviews with a semistructured guide and analysed using the content analysis procedures. Five key themes emerged from the analysis of the data that described participants' relapse prevention strategies. These include clinical strategies, self-initiated tactics, spirituality and religious engagements, communalism and social support network.

Hall, Wasserman and Havassy (2011) researched on the topic "Relapse prevention". Although knowledge about relapse prevention is still at an early stage, the extant data highlight the importance of several constructs. 1. Motivation for abstinence remains central. The construct itself is often clouded because of its association with mystical notions such as willpower and self-control. We know that manipulation of environmental events can increase motivation. These interventions are effective, however, only as long as the contingencies are in effect. The skills usually taught may be too basic. Skills training oriented to complex targets, such as building nondrug-using networks, may be useful and should be further explored. Social support is clearly important, yet we do not know how best to use it to promote abstinence. The little research available suggests that both familial and nonfamilial systems should be mobilized.

1.8.3 Practices of Caregivers on Relapse Prevention.

Hernandez (2016) assessed relapse factors of alcoholics after their first twelve-step program in the United States of America. The research study used a qualitative approach. The data was collected through interviews from participants at the Cedar House agency in Bloomington,

CA. The data was collected and then analyzed for possible themes of relapse factors. Themes that developed from interviews conducted with alcoholics that had relapsed after their twelve-step programs were: commitment to therapy, unemployment, availability of healthy support, shame and guilt in seeking support, loneliness, and lack of support from family/peers and community.

Waqas (2014) studied the impact of a brief relapse prevention intervention with involvement of a family member based on Mental Health Gap Intervention Guide, in patients with alcohol dependence, admitted at Chainama Hills Hospital, Lusaka. A randomized control trial was carried out in which 114 participants were recruited from consecutive admissions at Chainama Hills Hospital. One hundred and ten (96.5%) of the participants were males while four (3.5%) participants were females. All participants were between 18-65years of age. Participants were randomly divided into non-intervention and intervention groups. There were 56 participants in the non-intervention group and 58 participants in the intervention group. The outcome measures were time to first relapse following discharge and difference in the AUDIT score of questions 1-3, administered at time of recruitment and at the time of follow up. The intervention group had an average time to first relapse of 51.29 days (91%)(standard deviation=14.085) while the non-intervention group had an average time to first relapse of 10.00 days (18%)(standard deviation=16.542). There was a significant difference between the two groups with the intervention group having a longer time to first relapse (t=14.368; df=112; p=0.001). This shows that brief relapse prevention intervention from mhGAP-IG is very effective in reducing the frequency of alcohol consumption and preventing relapses among alcohol-dependent patients in a Zambian setting.

Another study by Matowo (2013) on “Cause, effect and remedial measures of drug abuse among the children in Tanzania: A case study of Hananasifu ward in Kinondoni District in Dar Es

Salaam Region", used observation as data collection method. Hundred percent(100%) of the social workers and medical experts earmarked in the sample underscored that ,peer pressure is the bottom line of drug abuse, twenty percent (20%) of the respondents identified family separation as cause of drug abuse, ten percent (10%) of the respondents associated drug abuse to poor drug use restrictions, unguided supply of the medically based drugs. The findings revealed that every family is vulnerable to drug abuse by children because of lack of adequate time for socialization amongst family members.

Adu-Gyamfi and Brenya (2015) studied "The marijuana factor in a university in Ghana: A Survey". A focused interview was done to solicit information from users of the drug. It was analysed from the data that, the major factor that influences the abuse of marijuana among students in the university is peer influence. From the 50 sampled students who use marijuana, majority responded that their contact with marijuana came through friends or peer groups and others stated factors such as adventure, curiosity and personal choice as the reasons why student abusers smoke marijuana.

Farabee, McCann, Brecht, Cousins, Antonini, Lee, Hemberg, Karno and Rawson (2013) assessed the role of 14 specific relapse-prevention activities and their underlying factors in maintaining abstinence among subjects ($N = 302$) completing outpatient treatment for stimulant dependence. Although four factors were identified consistently for the three time points, only *avoidance strategies* had sufficient internal consistency to be retained for further analysis. Controlling for age, gender, and ethnicity, the avoidance subscale was a significant predictor of UA results at all time periods: a one-point increase in the *avoidance strategies* scale was associated with an 86% increase in odds of a negative UA at baseline (OR = 1.86, 95% CI = 1.37–2.53, $p <$

.001), a 77% increase at 3-month follow-up (OR = 1.77, CI = 1.37–2.29, $p < .001$), and a 37% increase at 12-month follow-up (OR = 1.37, CI = 1.04–1.81, $p = .026$).

Sun (2017) undertook a project in which 32 women who experienced substance use-related problems were interviewed. The purpose of the study was to explore factors related to the women's relapse so that practitioners can better understand the nature of women's relapse and more effectively help them. Qualitative in-depth interviews were conducted, audiotaped (with the exception of three women), and transcribed. The interview was guided by open-ended questions-exploring factors that led to the women's initial substance use, abstinence, and relapse; factors that prompted them to come for treatment; and their experience with the treatment. These open-ended questions were supplemented with follow-up questions probing further critical elements shared by participants initially. The mean age of the sample was 34 years old, with over half being white, followed by Latina/Hispanic, African American, and Native American. Most women reported being poly-drug users, followed by methamphetamine/amphetamines, heroine, cocaine and alcohol. The average number of years of education was 11 years. Four major themes representing factors contributing to the women's relapse were identified: (1) low self-worth and its connection to intimate relationships with men; (2) interpersonal conflicts and/or negative emotion; (3) less ability to sever the tie with the using network and to establish a tie with the non-using network; and (4) a lack of AOD-related knowledge and relapse prevention coping skills.

CHAPTER TWO: RESEARCH METHOD

2.0 Introduction to the Chapter

The research method explains the manner in which the study will be done. It covers the study design, research setting, target population, sampling method and sample size, data collection tool, data collection procedure, validity and reliability of the study, pretest, ethical considerations and limitation of the study.

2.1 Research Design

Descriptive research design will be adopted for the study. Under the descriptive design, quantitative data will be collected through the administration of questionnaires. The quantitative approach will be used to help assess the knowledge and attitude of caregivers towards relapse prevention among psychiatric patients at Pantang Hospital.

2.2 Research Setting

The second born child of Accra Psychiatric Hospital was Pantang hospital. It was opened by General I. K. Acheampong in 1975 and was headed by Dr.Sika-Nartey, a Psychiatrist. The hospital has nine (9) wards. The hospital is situated near a village called Pantang, about 1.6 kilometres off the Accra- Aburi road and 25 kilometres from Accra Central. The hospital was originally planned to be a Pan-African Mental Health Village. The hospital undertakes Consultations, Out-Patient & In-Patient Management, Lab Services, Teaching and Research, Occupational Therapy Services, Alcoholic Anonymous (AA) Meetings and Narcotics Anonymous (NA) Meetings (Source: Field Data, 2019).

2.3 Target Population

The target population of this study include all caregivers at Pantang Hospital.

Inclusion Criteria

- Only caregivers who were available at the time of data collection.
- Caregivers who consented to participate in the study.

Exclusion Criteria

- Caregivers who were psychologically not well.
- Caregivers who are underage (18 years).

2.4 Sampling method and Sample size

A sample of the population rather than studying the entire target population will be used because:

- The study area is a busy area and it would be impossible to study the entire population.
- The large population would take long time and a lot of money to study.

A minimum sample size would be obtained using the sample size calculation formula:

$n = Z^2 (p*q)/ e^2$

n = sample size.

Z=percentile for 95% significance level of normal distribution (1.96)

P=estimated knowledge of relapse prevention among caregivers (50% = 0.50)

Q = 1-p

Giving:

$n = 1.96^2 (0.50 * 1-0.50)/ 0.10^2 = 96$ caregivers

The sample size would be adjusted to 100 caregivers in order to make provision for non-response.

2.5 Data Collection Tool

Semi-structured questionnaire was the main data gathering tool for collecting information from the respondents. All the questionnaires were written in English without jargons. Most of the designed questions were closed ended to provide responses for respondents to choose from and this limited unnecessary answers that had no bearing on the study objectives. Steps were taken to avoid ambiguity and the use of jargons in the construction of the questionnaires.

2.6 Data Collection Procedure

Permission was sought from the Administrator of the Pantang Hospital. After permission was granted for data to be collected, a date was scheduled. On the day of data collection, the purpose of the study was explained to the respondents and their oral consent was taken for participation. The caregivers who consented were given the questionnaires distributed for filling.

2.7 Validity and Reliability of the study

According to Creswel and Clark (2011), a research instrument is reliable when it can measure a variable accurately and constantly and obtain the same results under the same conditions of a period of time Validity of the study ensures that data collected is of value (Creswel & Clark, 2011). All questionnaires to be used in the research were developed using standard procedures to ensure validity and reliability.

Pre-testing

A pretest was conducted by the researcher at a similar Psychiatric Hospital that was affordable by the researcher, opportunity to assess the ability of the questionnaire to elicit the information required from the respondents. Appropriateness of the sequence in which the questions

were arranged in the questionnaires and the time that was taken to complete one questionnaire will be noted.

2.8 Ethical Consideration

Ethical clearance shall be obtained from the Administration of Central University. Due process shall also be followed in conducting the research at the Hospital. Oral consent will be taken from all the respondents before administering the questionnaires. The purpose and the objectives of the study, and any potential risk or benefits inherent in the study would be explained to the respondents. The respondents would be given an opportunity to ask questions about the study. Privacy and confidentiality would be ensured by dealing with the respondents individually.

2.9 Limitations of the study

The study anticipated the following limitations

- Shorter time frame for the study.
- Financial challenges due to high expenses expected incurred.
- Busy schedules of the respondents to make time to fill the questionnaires.

CHAPTER THREE: STUDY FINDINGS AND DISCUSSIONS

3.1 Introduction

This chapter presents the results of the data collected through questionnaire administration. The data have been presented according to the research objectives. Further discussions of the results have been done and compare to previous literatures. Conclusions and recommendations constitute the last section of this chapter.

3.2 Approach to Data Analysis

The data were collected by using questionnaires. The questionnaires were collected and coded for easy identification. The data was analyzed with both Microsoft Excel and SPSS (Statistical Package for Social Sciences version 21) applications. Data were presented in frequency counts, percentages, pie charts and bar charts for discussion.

3.3 Findings

3.3.1 Socio-demographic Information

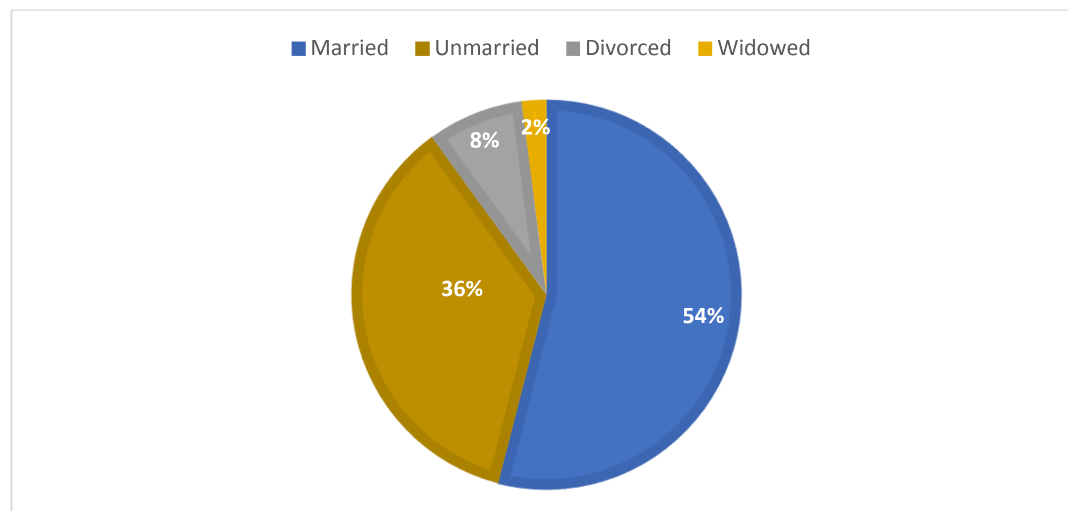
Table 1: Age of Respondent

Response	Frequency	Percent
19 - 30 years	22	22.0
31 – 49 years	62	62.0
Above 49 years	16	16.0
Total	100	100.0

Source: Field Data (2019)

Table 1 shows that, most of the caregivers (62%) were between the ages of 31 to 39 years. This was followed by 22% of caregivers who were between the ages of 19 to 30 years. Sixteen percent of the caregivers were above 49 years of age.

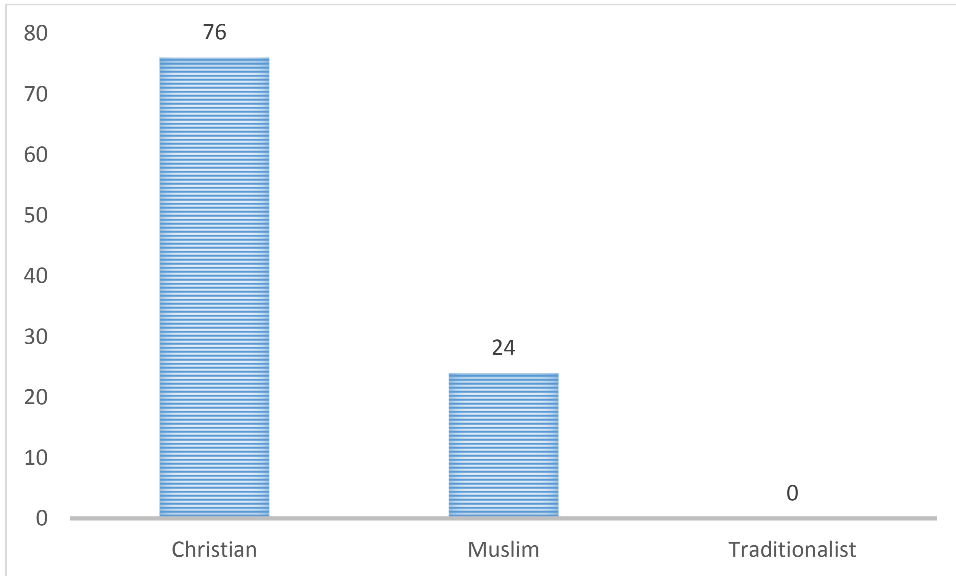
Figure 1: Marital Status of Caregiver



Source: Field Data (2019)

Figure 1 depicts that, majority (54%) of the caregivers were married. Thirty-six percent of them were unmarried whiles 8% had divorced. Two percent of them were widowed.

Figure 2: Religion of Respondent



Source: Field Data (2019)

Figure 2 shows that, a great majority (76%) of the caregivers were Christians. This is followed by Muslims who were represented by 24% of the total respondents. None of the caregivers was Traditionalist.

3.3.1 General Knowledge of Caregivers at Pantang Hospital on Relapse Prevention

Table 2: Age of Respondent

Statement	**Yes**	**No**	**Not Sure**
Going back to an addictive behavior after rehabilitation constitute relapse.	81(81%)	11(11%)	8(8%)
Burden on family and community resources, crime, and psychological distresses are common consequences of relapse among relatives.	79(79%)	7(7%)	14(14%)
Factors that precipitate relapse among substance abusers include sense of loss and peer influence.	66(66%)	14(14%)	20(20%)
Availability and accessibility of drugs and lack of recreational activities are some identified risk factors of relapse prevention.	71(71%)	11(11%)	18(18%)
Commitment to therapy can help prevent relapse.	83(83%)	5(5%)	12(12%)
Once a person is rehabilitated, he/she cannot relapse.	34(34%)	58(58%)	9(9%)

Source: Field Data (2019)

Analysis from table 2 indicates that, most of the caregivers (81%) responded in affirmative that, going back to an addictive behavior constitute relapse. Eleven percent of them responded otherwise whiles 8% were not sure of the response to the question.

Further, a great majority (79%) of the caregivers affirmed that, burden on family and community resources, crime, and psychological distresses are common consequences of relapse among relatives. Fourteen percent of the caregivers were not sure about the response whiles 7% responded ‘No’ to the question.

According to 66% of the respondents, factors that precipitate relapse among substance abusers include sense of loss and peer influence. Twenty percent of them were not sure about the response to the statement whiles 14% did not know.

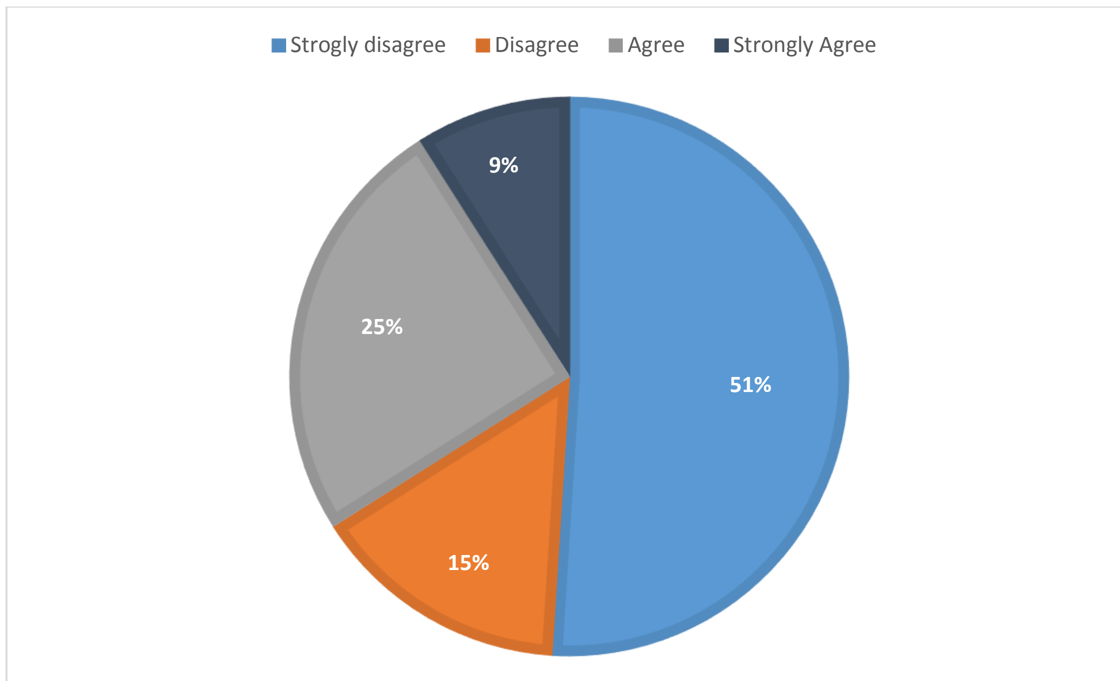
When asked if availability and accessibility of drugs and lack of recreational activities are some identified risk factors of relapse prevention, 71% of the caregivers responded ‘Yes’ whiles 11% responded ‘No’. Eighteen percent of them were not sure about the response to the question.

A great majority (83%) of the caregivers identified that commitment to therapy can help prevent relapse. Twelve percent did not know the response whiles 55 responded ‘No’.

Majority (58%) of the caregivers identified that, once a person is rehabilitated, he/she cannot relapse. Fifty-eight percent thought otherwise whiles 9% did not know the response to the statement.

3.3.2 Attitude of Caregivers at Pantang Hospital on Relapse Prevention

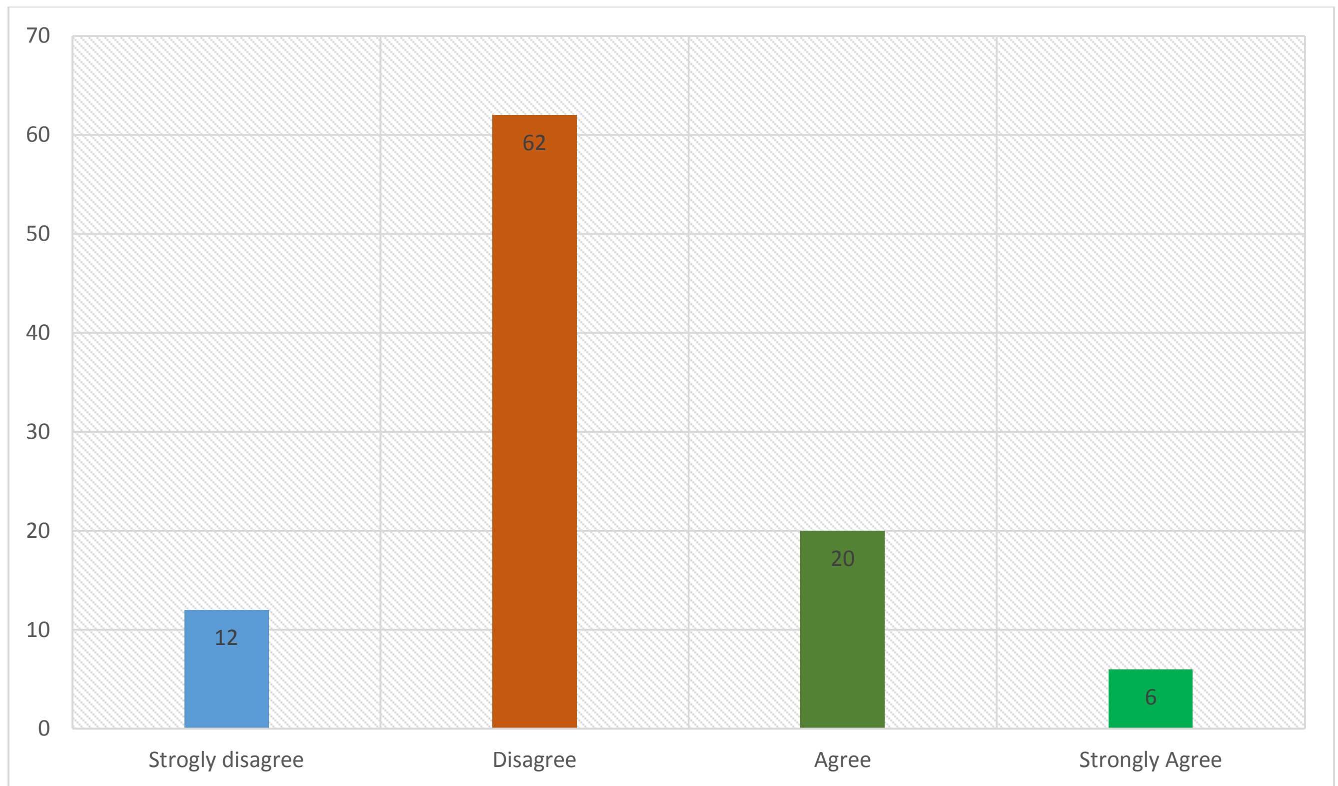
Figure 3: Patients who are rehabilitated will always relapse.



Source: Field Data (2019)

Figure 3 shows that, more than half (51%) of the caregivers strongly disagreed that, patients who are rehabilitated will always relapse. However, 25% of them agreed. Fifteen percent of the respondents disagreed whiles 9% strongly agreed to the assertion.

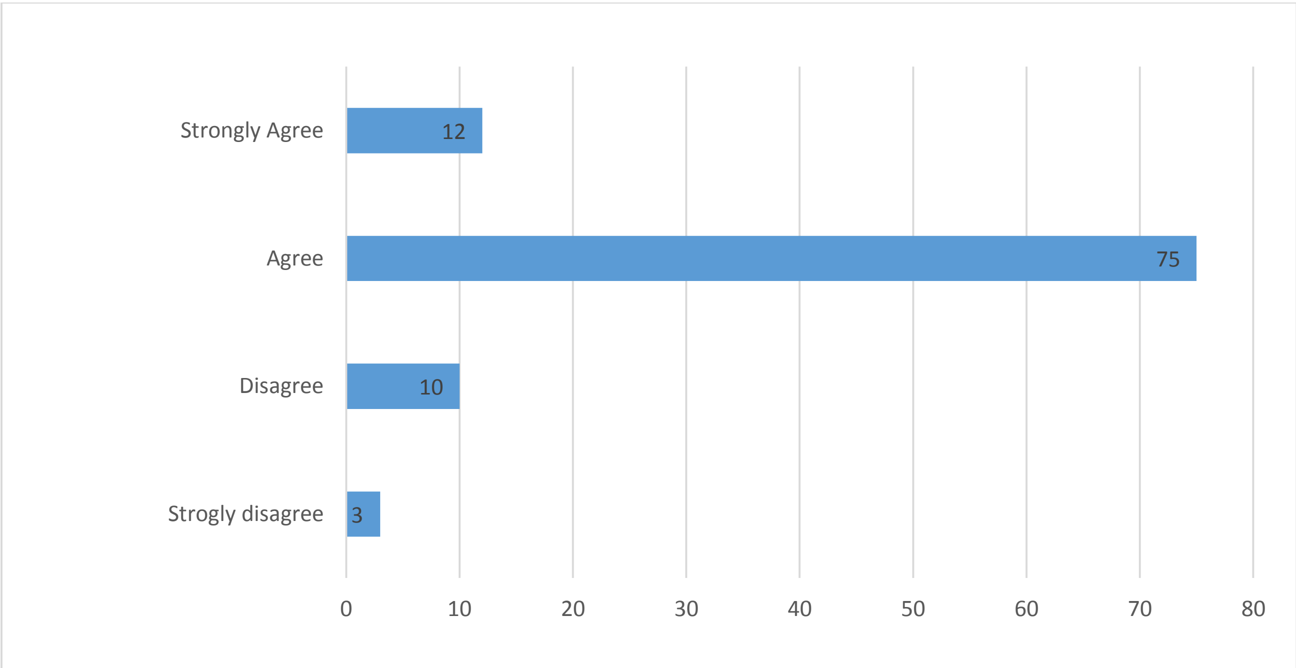
Figure 4: Relapse of psychiatric patients cannot be prevented



Source: Field Data (2019)

Figure 4 shows that, majority (62%) of the caregivers disagreed that, relapse of psychiatric patients cannot be prevented. Twenty percent agreed whiles 12% strongly disagreed. Only 6% strongly agreed to the statement.

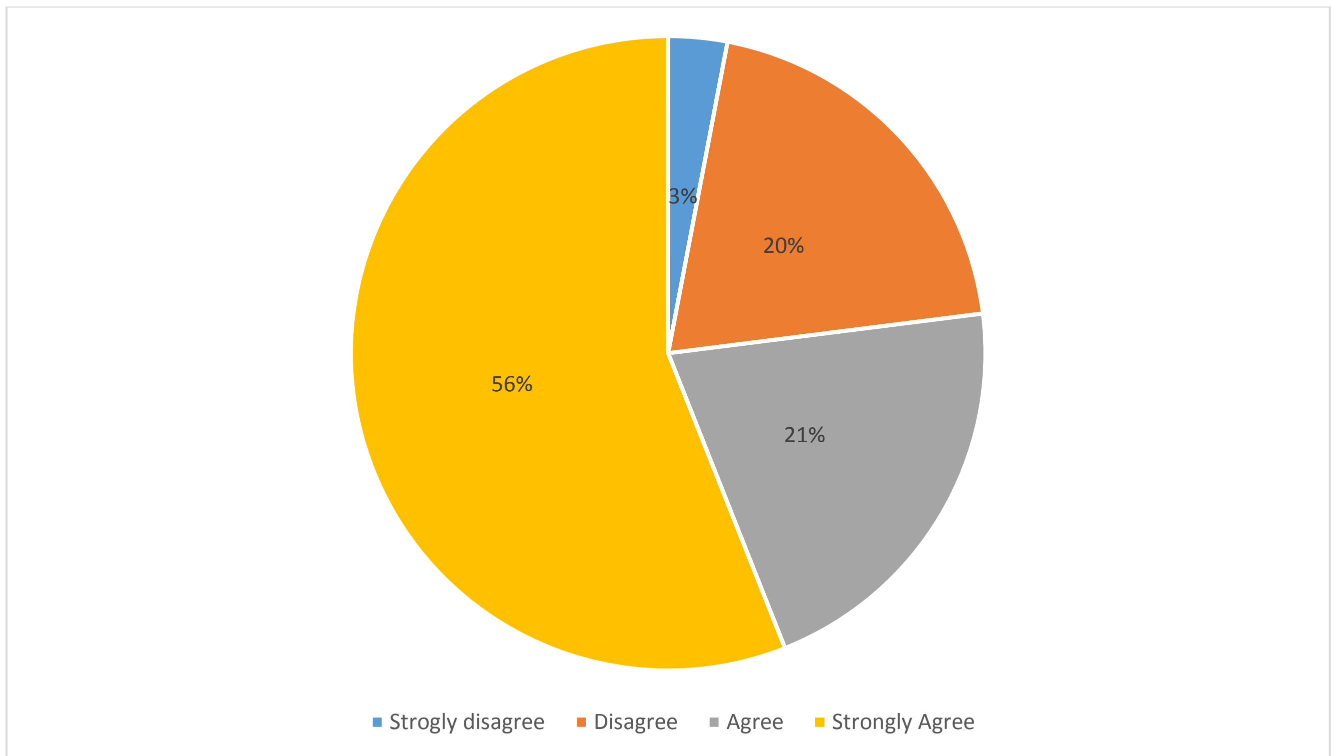
Figure 5: Understanding relapse of psychiatric patients is essential in its prevention.



Source: Field Data (2019)

A great majority of the caregivers (75%) agreed that, understanding relapse of psychiatric patients is essential in its prevention. Twelve percent agreed whiles 10% disagreed to the assertion. Only 3% strongly disagreed to the assertion.

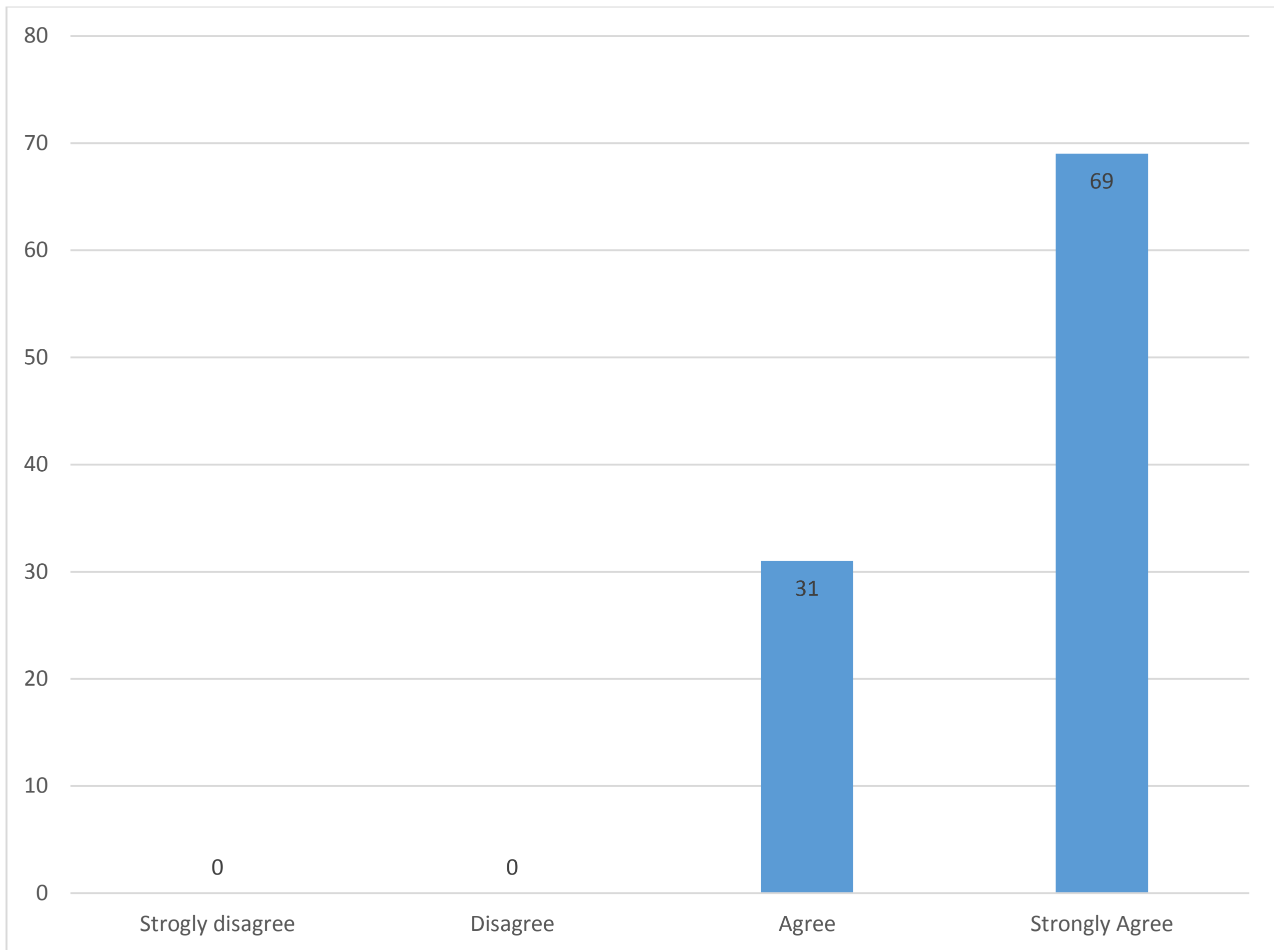
Figure 6: All mentally unstable patients are dangerous to take care of and as such I don't want to be near them.



Source: Field Data (2019)

From the responses obtained from 56% of the caregivers, all mentally unstable patients are dangerous to take care of and as such they don't want to be near them. Twenty-one percent agreed whiles 20% disagreed. Only 3% strongly did agreed to the assertion.

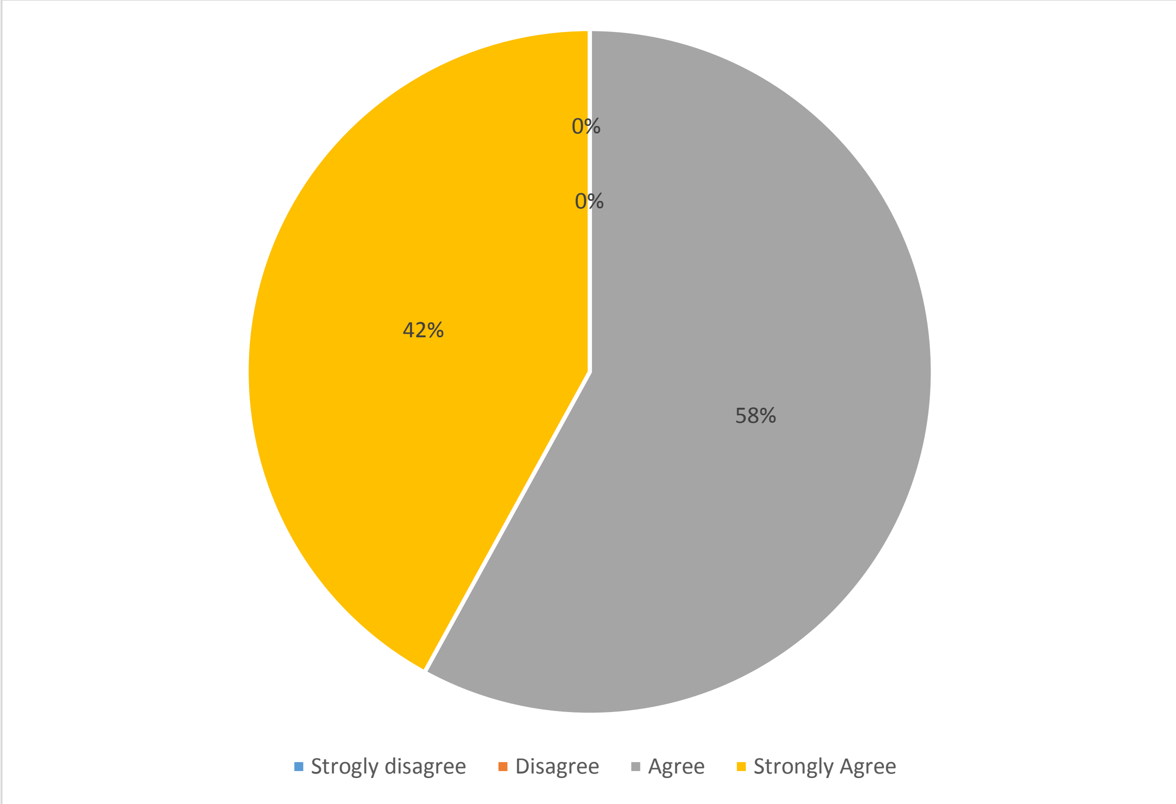
Figure 7: I try as much as possible to assist patients to recover.



Source: Field Data (2019)

Responses from 69% of the caregivers show that, they strongly agree that, they try as much as possible to assist patients to recover. Thirty-one percent of the caregivers agreed to the assertion.

Figure 8: Taking patients through relapse prevention coping skills is important to help them overcome their problems.



Source: Field Data (2019)

Figure 8 depicts that, 58% of the caregivers agreed that, taking patients through relapse prevention coping skills is important to help them overcome their problems. Forty-two percent of them strongly agreed to the assertion.

3.3.3 Practices of Caregivers at Pantang Hospital on Relapse prevention

Table 3: Practices of Caregivers at Pantang Hospital on Relapse prevention

Statement	Always	Sometimes	Rarely	Never
I take patients through relapse prevention coping skills in order to help them overcome their situation.	40 (40%)	55 (55%)	5 (5%)	0 (0%)
I engage patients in recreational activities in order to prevent relapse.	40 (40%)	50 (50%)	10 (10%	0 (0%)
I administer drugs regularly to patients in order to prevent relapse.	66 (66%)	34 (34%)	0	0
I counsel patients in order to prevent relapse.	12 (12%)	33 (33%)	55 (55%)	0 (0%)
I provide financial support to patients who find financial difficulty in order to prevent relapse.	64 (64%)	18 (18%)	12 (12%)	6 (6%)

Table 3 shows that, 55% of the caregivers sometimes take patients through relapse prevention coping skills in order to help them overcome their situation. Forty percent of the caretakers always take patients through relapse prevention coping skills in order to help them overcome. Five percent of the caregivers rarely do.

Half of the caregivers sometimes engage patients in recreational activities in order to prevent relapse. Forty percent of them always do whiles 10% rarely do.

Sixty-six percent of the caregivers administer drugs regularly to patients in order to prevent relapse. Thirty-four percent sometimes administer drugs to patients.

Responses from 55% of the caregivers also indicate that, they counsel patients in order to prevent relapse. Thirty-three percent of them sometimes counsel whiles 125 always counsel.

Majority of the respondents (64%) always provide financial support to patients who find financial difficulty in order to prevent relapse. Eighteen percent sometimes provide financial support whiles 125 rarely provide financial support. Six percent of the caregivers never provide financial support.

3.4 Discussions

3.4.1 Socio-demographic Information

Findings from the study shows that, majority of the caregivers (62%) were between the ages of 31 to 39 years. This means that, most of the caregivers were in their middle ages. Majority of these caregivers (54%) were married. Christians dominated the respondents (76%). This is in agreement with the domination of Christians in the Ghanaian society.

3.4.2 General Knowledge of Caregivers at Pantang Hospital on Relapse Prevention

Findings further indicates that, most of the caregivers (81%) responded in affirmative that, going back to an addictive behavior constitute relapse. A great majority (79%) of the caregivers affirmed that, burden on family and community resources, crime, and psychological distresses are common consequences of relapse among relatives. Sixty-six percent of the respondents noted that, factors that precipitate relapse among substance abusers include sense of loss and peer influence. They also noted that availability and accessibility of drugs and lack of recreational activities are some identified risk factors of relapse prevention. A great majority (83%) of the caregivers identified that commitment to therapy can help prevent relapse. The responses obtained above indicate good knowledge of the caregivers on relapse prevention. Appiah, Danquah, Nyarko, Ofori-Atta and Aziat (2017) also found seven seven factors, including positive/negative emotional reinforcements, sense of loss, interpersonal conflicts, peer influence, familial, religio-cultural, and treatment-based issues complot to instigate and maintain the relapse cycle to be factors associated with relapse prevention. Tlhalefi T. Tlhowea, Emmerentia Du Plessisa and Magdalene P. Koen (2017) also identified four main themes in relapse prevention which were accepting the condition of the mental health care users, having faith, involving the mentally ill family members in daily activities and being aware of what aggravates the mentally ill family members.

3.4.3 Attitude of Caregivers at Pantang Hospital on Relapse Prevention

Findings from the study indicates that, more than half (51%) of the caregivers strongly disagreed that, patients who are rehabilitated will always relapse. Majority (62%) of the caregivers disagreed that, relapse of psychiatric patients cannot be prevented. A great majority of the caregivers (75%) agreed that, understanding relapse of psychiatric patients is essential in its prevention. From the responses obtained from 56% of the caregivers, all mentally unstable patients are dangerous to take care of and as such they don't want to be near them. This shows positive attitude of the caregivers. The findings of this study agrees with the observation of Appiah (2017) who found positive attitude towards relapse prevention as clinical strategies, self-initiated tactics, spirituality and religious engagements, communalism and social support network. Hendershot, Witkiewitz, George and Marlatt (2011) and Hall, Wasserman and Havassy (2011) identified similar positive attitude results which included skills training oriented to complex targets, such as building nondrug-using networks, social support.

3.4.4 Practices of Caregivers at Pantang Hospital on Relapse Prevention

Findings from the study shows that 55% of the caregivers sometimes take patients through relapse prevention coping skills in order to help them overcome their situation. Half of the caregivers sometimes engage patients in recreational activities in order to prevent relapse. Sixty-six percent of the caregivers administer drugs regularly to patients in order to prevent relapse. Responses from 55% of the caregivers also indicate that, they counsel patients in order to prevent relapse. Majority of the respondents (64%) always provide financial support to patients who find financial difficulty in order to prevent relapse. This means that, the caregivers provide varied support to the patients in ensuring that they do not relapse. Hernandez (2016) developed themes relating to practices from interviews in his study which were commitment to therapy,

unemployment, availability of healthy support, shame and guilt in seeking support, loneliness, and lack of support from family/peers and community. Matowo (2013) also found that every family is vulnerable to drug abuse by children because of lack of adequate time for socialization amongst family members.The findings of Waqas (2014); Adu-Gyamfi and Brenya (2015); Sun (2017) as reviewed in the literatures are consistent with the observations of this study.

3.5 Summary of the Study

This study sought to assess the knowledge and attitude of caregivers towards relapse prevention among psychiatric patients at Pantang Hospital. The specific objectives of the study were to determine the general knowledge of caregivers at Pantang Hospital on Relapse prevention; investigate the attitude of caregivers at Pantang Hospital on Relapse prevention and to find out the practices of caregivers at Pantang Hospital on Relapse prevention. The study found that, the caregivers had good knowledge on relapse prevention, positive attitude towards the relapse prevention and good practices. These findings implies that, in practice, psychiatric patients will have adequate care which will ultimately ensure relapse prevention. Therefore, the burden on families and societies of relapse among psychiatric patients will be greatly reduced. Moreover, caregivers will be encouraged to accept the responsibility of helping psychiatric patients recover and avoid relapse. In research, the findings of this study will be a foundation upon which future researchers can explore into different aspects of relapse prevention.

3.6 Conclusion

The researchers draw the following conclusions from the findings of the study. The caregivers have good knowledge of relapse prevention. Burden on family and community

resources, crime, and psychological distresses are common consequences of relapse among relatives. Commitment to therapy can help prevent relapse. The caregivers have positive attitude towards relapse prevention. Understanding relapse of psychiatric patients is essential in its prevention. Taking patients through relapse prevention coping skills is important to help them overcome their problems. The practices of caregivers towards relapse prevention is good but inadequate. Considering the fact that, the patients may go back to their situation, there should be adequate measures to prevent relapse.

3.7 Recommendations

The researchers make the following recommendations following the findings of the study:

1. Caregivers should be given adequate training by health facilities to improve their knowledge on relapse prevention.
2. Psychiatric Hospitals should be equipped to with relapse prevention equipment in order to improve their services.
3. Health Insurance services should cover all psychiatric costs in order to reduce the burden on care-givers.
4. The media should intensify educational programmes and activities against drug abuse to reduce patients in Psychiatric Hospitals.
5. The Government should institute strict policies to punish drug abusers in the country.
6. Caregivers should be counselled to help them build positive attitude towards relapse prevention.

REFERENCES

Adu-Gyamfi, S. & Brenya, E. (2015). The Marijuana Factor in a University in Ghana: A Survey Journal of Siberian Federal University. Humanities & Social Sciences, 11, 2162-2182.

Appiah, R. Danquah, S. A., Nyarko, K., Ofori-Atta, A. L. & Aziat, L. (2016). Precipitants of Substance Abuse Relapse in Ghana: A Qualitative Exploration. Journal of Drug Issues, 47(1), 105-115.

Appiah, R. (2017). “Tougher than ever”: An exploration of relapse prevention strategies among patients recovering from poly-substance use disorders in Ghana.

Farabee, D, McCann, M., Brecht, M., Cousins, S., Antonini, V., Lee, A. Hemberg, J., Karno, M. & Rawson, R. (2013). An Analysis of Relapse Prevention Factors and Their Ability to Predict Sustained Abstinence Following Treatment Completion. American Journal of Addiction. 22(3), 206-211.

Hall S.M, Wasserman D. A & Havassy B. E (2011). Relapse prevention. NIDA Research Monograph. 106: 279-292.

Hendershot, C. S., Witkiewitz, K., George, W. H. & Marlatt, G. A. (2011). Relapse prevention for addictive behaviours. Substance Abuse Treatment and Prevention Policy. 6: 17.

Hernandez, M. V. (2016). Identification of relapse factors of alcoholics after their first twelve step program. Electronic Theses, Projects and Dissertations. Paper 325.

Hosseini, S., Moghimbeigi, A., Roshanaei, G., & Momeniarbat, F. (2014). Evaluation of drug abuse relapse event rate over time in frailty model. Osong Public Health and Research Perspectives, 5(2), 92-95.

Matowo, A. S. (2013). Factors associated with drug abuse among the children in Kinondoni District. Dar Es Salaam Region, Tanzania.

Swanepoe, I., Geyer, S. & Crafford, G. (2016). Risk factors for relapse among young African adults following in-patient treatment for drug abuse in the Gauteng Province. Social work. 52, 3.

Waqas, A. S. (2014). Impact of brief relapse prevention intervention in patients with alcohol dependence. The University of Zambia.

White, W. L., Campbell, M. D., Spencer, R. D., Hoffman, H. A., Crissman, B., & DuPont, R. L. (2014). Patterns of abstinence or continued drug use among methadone maintenance patients and their relation to treatment retention. Journal of Psychoactive Drugs, 46, 114-122.

Sun, A. (2017). Relapse among Substance-Abusing Women: Components and Processes. Journal of Substance Use & Misuse. 42(1): 1-21.

Westhuizen, M. Westhuizen, V. Jager, M. (2013). Relapsing after treatment: exploring the experiences of chemically addicted adolescents.

APPENDIX

CENTRAL UNIVERSITY

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF NURSING

ASSESSING THE KNOWLEDGE AND ATTITUDE OF CAREGIVERS TOWARDS RELAPSE PREVENTION AMONG PSYCHIATRIC PATIENTS AT PANTANG HOSPITAL

Your response is essential in gathering data for a thesis to be presented to the above mentioned department in partial fulfillment of the requirements for the degree of Nursing. This questionnaire is purely for academic purposes and therefore utmost confidentiality of your information is assured.

Questionnaire: Please tick the most appropriate and as many as appropriate where applicable and write where applicable.

Section A: Socio-demographic Information

1. Age: (a) 19-30yrs [ ] (b) 31-49yrs [ ] (c) above 49yrs [ ]

2. Marital Status (a) Married [ ] (b) Unmarried [ ] (c) Divorced [ ]

(d) Widowed [ ] (e) other [ ] Please specify……………………………………………

3. Religion? (a) Christian [ ] (b) Muslim [ ] (c) Traditionalist [ ]

(d) other[ ] please specify……..…………………………………………………………….

Section B: General Knowledge of Caregivers on Relapse Prevention.

Statement	Yes	No	Not Sure
4. Going back to an addictive behavior after rehabilitation constitute relapse.			
5. Burden on family and community resources, crime, and psychological distresses are common consequences of relapse among relatives.			
6. Factors that precipitate relapse among substance abusers include sense of loss and peer influence.			
7. Availability and accessibility of drugs and lack of recreational activities are some identified risk factors of relapse prevention.			
8. Commitment to therapy can help prevent relapse.			
9. Once a person is rehabilitated, he/she cannot relapse.			

Section C: Attitude of Caregivers on Relapse Prevention.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
10. Patients who are rehabilitated will always relapse.				
11. Relapse of psychiatric patients cannot be prevented.				
12. Understanding relapse of psychiatric patients is essential in its prevention.				
13. All mentally unstable patients are dangerous to take care of and as such I don't want to be near them.				
14. I try as much as possible to assist patients to recover.				
15. Taking patients through relapse prevention coping skills is important to help them overcome their problems.				

Section D: Practices of Caregivers on Relapse Prevention

Statement	Always	Sometimes	Rarely	Never
16. I take patients through relapse prevention coping skills in order to help them overcome their situation.				
17. I engage patients in recreational activities in order to prevent relapse.				
18. I administer drugs regularly to patients in order to prevent relapse.				
19. I counsel patients in order to prevent relapse.				
20. I provide financial support to patients who find financial difficulty in order to prevent relapse.				

Thank you

RESEARCH TIMELINE

Activity/ Month	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	March 2019	April 2019
Begin Research proposal. chapter 1	X						
Feedback on chapter 1. Review of chap 1. Begin chapter 2		X					
Review of chap 2. Preparation of questionnaires.			X				
Data collection and analysis				X			
Chapter 3					X		
Get approval for printing and binding.						X	
Preparation of presentation slides for defence							X

RESEARCH BUDGET

No.	Cost item	Estimated Cost (GH¢)
1.	Printing, photocopy, scanning, binding	350.00
2.	Transport cost	100.00
3.	Communication cost	50.00
4.	Refreshment for participants	150.00
5.	Miscellaneous cost	50.00
	Total	**700.00**