DOI: 10.7860/JCDR/2018/34627.11945

Original Article

Psychiatry/Mental Health Section

Psychiatric Counsellors Experience of Caring for Schizophrenic Patients at Psychiatric Nursing Home

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ABSTRACT

Introduction: Schizophrenia is a grave mental illness, that hampers a person's ability to think clearly, manage emotions, make decisions and relate to others. Counsellors are the primary care giver of the patients in the setting where the study was conducted. Therefore, a need was felt to study their experiences while caring for the patients.

Aim: To explore psychiatric counsellor's experiences of caring for inpatients diagnosed with schizophrenia.

Materials and Methods: The setting was a Psychiatric Nursing home in Pune, Maharashtra, India. Psychiatric counsellors were recruited. Semi structured interviews were conducted. The data included demographic profile of the counsellors and structured interview questionnaire. To participate in this study, individuals had to be the psychiatric counsellor. Interpretative phenomenological design was used for the present study to understand the experiences of psychiatric counsellors caring for the schizophrenic patients for more than one year.

Results: Two main categories developed: challenging and collaborative relationship between counsellor and patient, promoting well-being through counselling and support. The primary meaning of the main categories was interpreted and formulated as a hidden theme; promoting person-centered counselling support to patients suffering from schizophrenia.

Conclusion: The study highlighted that psychiatric counsellors use different methods and strategies when promoting the well-being of schizophrenic patients.

Keywords: Behaviour, Expressions, Rehablitation

INTRODUCTION

Schizophrenia is a chronic and severe mental disorder. It affects persons' thinking, feeling, and behaviour. People with schizophrenia can be seen having lost the touch with reality. Schizophrenia is not as common as other mental disorders; the symptoms can be very incapacitating [1].

Schizophrenia can occur at any age. The average age of onset can be in the late teens to the early 20s in men, and the late 20s to early 30s in women. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40 [2]. Living well with schizophrenia is possible. It is a complex, long-term medical illness, affecting about 0.4% of Indians [3]. It is uncommon for children to be diagnosed with schizophrenia and rare for those older than 45 [4].

People with the condition have a 50 times higher risk of attempting suicide than the general population. Suicide is the number one cause of premature death among people with schizophrenia, with an estimated 10 percent to 13 percent killing themselves and approximately 40% attempting suicide at least once (as much as 60% of males attempting suicide) [4].

Rates of schizophrenia are similar from country to country-about 0.5% to 1 percent of the population [2].

Saha S et al., conducted a systematic survey of total 1,721 prevalence estimates from 188 studies were identified. These estimates were strained from 46 countries, and were based on an estimated 154,140 possibly overlapping prevalent cases. They identified 132 core studies, 15 migrant studies, and 41 studies which were based on other special groups. The median values per 1,000 persons (10%–90% quantiles) for the distributions for point, period, lifetime, and lifetime morbid risk were 4.6 (1.9–10.0), 3.3 (1.3–8.2), 4.0 (1.6–12.1), and 7.2 (3.1–27.1), respectively. Based on this combined prevalence estimates, no significant difference: (a) between males and females; or (b) between urban, rural, and mixed sites were found. As per the results, the prevalence of schizophrenia in migrants was higher compared to native-born individuals: the migrant-to-native born ratio median (10%–90% quantile) was 1.8 (0.9–6.4). When grouped by economic status, prevalence estimates from "least developed" countries were pointedly lower than those from both "emerging" and "developed" sites (p=0.04). Studies that scored higher on a quality score had significantly higher prevalence estimates (p=0.02) [5].

Counsellors, as part of a multidisciplinary treatment team of helping professionals, can play a critical role in the lives of people diagnosed with schizophrenia.

Counselling methods that enable reasoning correction and providing social support have confirmed to be the most effective in helping schizophrenic patient. A meta-analysis study was conducted examining 106 research studies from 1966 to 1994 and it has found that social skills training, cognitive remediation, psych educational coping-oriented interventions with families and relatives, as well as cognitive behavioural of persistent positive symptoms are effective adjuncts to pharmacotherapy. The same study found that on average a patient receiving combined psychosocial and pharmacological treatment does better than 65% of patients with pharmacological treatment alone [6].

MATERIALS AND METHODS

The study had a qualitative approach. Study was conducted at Chaitanya Rehabilitation centre from January 2016 to March 2016. Purposive sampling was used to select the participant. Inclusion criteria includes: participants employed 100% at an acute inpatient psychiatric unit for more than one year as psychiatric counsellor. Nurses, Doctors and Therapist were excluded from the study.

Permission was obtained from the Authority of the Rehabilitation centre. All the counsellors working there were informed about the study and the ethical considerations. Total 15 participants, two male and 13 female, gave their written informed consent to participate

in the study. The participants had worked in acute psychiatric care between one year and five years.

Data was collected through semi-structured interviews. The semi structured interviews lasted from 40 to 80 minutes. The interview started with an open question regarding the participant's experiences of caring for Schizophrenic patients. The interviews were conducted, and the order of topics was personalized to each individual participant [1]. Counsellor's experiences of caring for schizophrenic patients [2], challenges faced during caring for schizophrenics [3], feelings that schizophrenic patients are overly dependent of caregivers to help with daily activities [4], factors promoting recovery of schizophrenic patients [5], factors worsening the schizophrenia symptoms [6], experience about the most common factors causing relapse in the schizophrenic patients, and [7] over all experience in caring for a schizophrenic patient were the topics discussed.

STATISTICAL ANALYSIS

Analysis consist of eight steps, which are: transcribing the data; reading all the participant's descriptions; extracting the significant statements; creating formulated meanings; aggregating formulated meanings into clusters of themes, writing an exhaustive description, identifying the fundamental structure of the concept, and returning to the participants for validation.

RESULTS

Introduction to the Five Participants

The 15 Counselors who participated in this study met the criteria for inclusion. All were above 21-year-old, caring for schizophrenic patients for more than one year [Table/Fig-1]. Data formation involved face-to-face interviews with each participant. To protect the individualities of each participant, false name replaced the names of participants.

The results can be described with two main categories: (1) challenging and collaborative relationship between counsellor and patient; and (2) promoting well-being through counselling and support.

(1) Challenging and Collaborative Relationship between Counsellor and Patient

The first main category contained three subcategories: caring attitude towards the patient, bearing optimism for recovery and having insightful dialogue to promote patient's verbal expressions.

1.1 **Caring attitude towards the patient:** Counsellors wanted to see and understand the patient. They wanted to see the person behind the suffering individual. In order to be able to help the patient, it is necessary to understand and know the patient as a person.

Counsellors expressed a caring attitude towards the schizophrenic patients. They reflected on how the patient is behaving in certain situations when it is not favourable for them. They described the symptoms the patient's shows and the intensity of the symptoms. They described that the symptoms can be mild as well as severe and may lead to injuries sometime. The counsellors experienced that they always struggle to understand each patient as the patient's behaviour is changed every time.

1.2 **Bearing optimism for recovery:** The counsellors expressed the importance of being attentive towards the patient's problem, their experiences and look him as an individual and believe in his capabilities. The counsellors were friendly and they respect the patients and also have a positive belief regarding the improvement of the patients.

The participants sought to carry the projections they feel in the relationship, to persevere and with stand the relationship and bear hope regarding the patient's recovery when the patient him/ herself is unable to envision it. According to few participants recovery of the patients takes time. But better care and support throughout the process of recovery, increases the hope and evidence of good prognosis.

1.3 **Having insightful dialogue to promote patient's verbal expressions:** Counsellors spent time with each patient and talks with the patient about their disease and the symptoms that occur. The counsellor focuses on having an insightful dialogue will promote verbalization by the patients. Participants experienced that the patient can learn to manage his/ her needs through discussing and insightfulness. Counsellors also expressed that it is important to accept the patient with all his/ her short comings and show sensitivity and concern towards patient's communication.

(2) Promoting Well-being through Counselling and Support

The second main category includes 3 subcategories: evaluating and follow up of cause, taking responsibility for patient's injuries due to symptoms and evaluating the need of psychopharmacotherapy.

2.1 **Evaluating and follow up of cause:** The cause for symptoms events, situations, thoughts and feeling of the patient was assessed. The counsellor sought to find out the cause of the symptoms and experienced that they can also cause the symptoms in the patient by not being there for them when they need and because of lack of understanding about the patient's situation.

2.2 **Taking responsibility for patients injuries due to symptoms:** Care and treatment was provided according to the severity of the symptoms. Counsellors managed the mild injuries through dressing and bandages. The main focus was prevention of infection and prevention of further detoriation of the patient. The counsellors experienced that caring for the patients at this level can be a good opportunity to counsel them and communicate with them.

2.3 **Evaluating the need of psychopharmacotherapy:** Along with the physician, the participants assessed whether medication could help patients reduce their symptoms. The participants described that psychosis could be easier to treat than emotionally unstable personality disorders, since neuroleptic medication reduces psychotic symptoms.

The participants indicated that medicating patients can be a way to alleviate patients' expressions of pain and can help in reducing the symptoms.

(3) The Hidden Theme

In the end phase of the analysis process, the hidden theme of the categories and subcategories was interpreted. The counsellors experienced that they can counsel the patient and guide them for the well-being and can reduce the symptoms.

The underlying meaning of the participants' experiences of helping and caring for schizophrenic patients was interpreted and then formulated as a hidden theme: promoting person-centred counselling support to patients suffering from schizophrenia.

Counselor	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Age (years)	25	25	28	24	26	25	27	27	29	24	24	28	29	25	29
Experience (years)	3	2	5	3	5	2	3	5	6	2	2	6	7	2	6

[Table/Fig-1]: Introduction to participants.

DISCUSSION

In the study the participants sought to understand and confirm the person behind "the suffering human being" who has been mentally disturbed. The present study shows that the counsellors provide person centred counselling support to promote well-being.

The data were constructed with 15 psychiatric counselors who met the criteria delineated in the research proposal. Each counsellor was interviewed one time using the interview timeframe and process. Construction of data and analysis have shown a realistic structure, in the form of themes and subthemes, of the experience of the participants who participated in the study.

The finding of the study are supported by Blarikom JV who explained and proved that person centred approach can do invaluable work helping the person with severe mental illness to retrieve a valued self [7].

A non-judgmental approach by counsellors arose as being central to the creation of a dialogue with patients where patients, feel accepted. It is also important for counsellors to have a professional role and balance closeness and distance in their relationships, which should be expectable and supportive over time. This way of relating to patients promotes participation and empowerment. A partnership, as part of a therapeutic relationship, where mutual trust, humanistic caring, and a non-judgmental attitude exist, promotes person-centred approach [8].

The 15 participants who participated in this research also gave explanations that are different from results in the current literature with regard to their concerns about their prognosis. Certainly all participants were concerned about what will happen to their patients when they will go back in the society. However, all 15 were clear that these concerns were not dominant, that they did not feel overcome by worrying about this patient. The focus of all participants in this study was on day-to-day life and routines.

The result of this research study was an expansion of essences of the lived experiences of the 15 counselors who participated in this research study with regard to caring for a schizophrenic Patient. The focus of the research was to describe what caring elements consists of and means to these participants-to understand their personal experiences. This section locates the results of the research presented here.

CONCLUSION

Counsellors' seek to understand the schizophrenia patient, who often balances between normalcy and abnormal behaviour. Each patient's distinctive well-being can be fostered by building a collective relationship and person-centred counselling support. It was found that symptoms of schizophrenia can change in character and intensity and that caring for patients who are suffering from schizophrenia requires counselling support.

ACKNOWLEDGEMENTS

The authors are grateful to all the psychiatric counsellors who participated in the study, without whom the work would not have been possible.

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FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: **Oct 31, 2017**
Date of Peer Review: **Feb 12, 2018**
Date of Acceptance: **May 23, 2018**
Date of Publishing: **Aug 01, 2018**