

# A CASE PRESENTATION TO SHOW SOCIO-ECONOMIC FACTORS ASSOCIATED WITH RELAPSE OF PSYCHIATRIC DISORDERS AMONGST PATIENTS AT FEDERAL NEURO-PSYCHIATRIC HOSPITAL, KADUNA

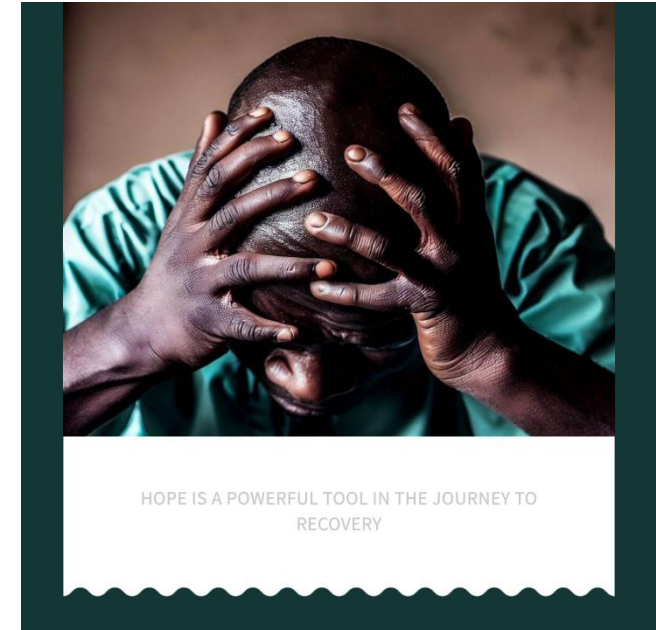


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Date: 12th July, 2023

Time: 9am

Venue: FNPH Admin Conference Hall



# OUTLINE OF PRESENTATION

- Introduction
- Objectives of the case presentation
- Definition of Terms
- Brief History
- Case presentation
- Socioeconomic factors associated with relapse of psychiatric disorders amongst patients
- Conclusion
- Suggestions

# INTRODUCTION

- Care of psychiatric patients in early Nigeria
- Recurrent nature of psychiatric disorders
- Rating of psychiatric disorders by the World Health Organisation (WHO)

# OBJECTIVES OF THIS PRESENTATION

- To expose socioeconomic factors experienced by people suffering from psychiatric disorders
- To suggest to members of the multidisciplinary team managing psychiatric patients the need for a MORE holistic approach to care of psychiatric patients

## DEFINITION OF TERMS

- Socioeconomic factors: Factors within an environment that could affect relapse of psychiatric disorders in patients. They are experiences and realities that help mold ones personality, attitudes and lifestyle
- Psychiatric disorders: A syndrome characterized by clinically significant disturbance in an individuals cognition, emotion regulation , or behavior that reflects a dysfunction in a psychological, biological, or developmental processes underlying mental function (dsm-5)

## DEFINITION OF TERMS

- Relapse: is the resurfacing of psychotic symptoms after a period of wellness or recovery ( gbiri, badru, ladapo & gbiri, 2011)
- Social Casework: the application of methods and skills developed from the knowledge of individual, social and physical environment in mobilizing or transforming appropriate resources within the individual, social group and/or the community so as to resolve social problems /conflicts/inadequacies and enhance the quality of life of the individual(Idyorough, 2004)

# BRIEF HISTORY OF SOCIAL CASEWORK

- The history of social casework dates back to late 19<sup>th</sup> century
- It started with organized work of “friendly visitors” of the Charity Organisation Society (COS)
- Mary Richmond is considered the founder of social casework

# CASE PRESENTATION

The background of the slide features a close-up, slightly blurred photograph of a spiral-bound notebook and a fountain pen resting on a wooden surface. A semi-transparent teal rectangle is centered over the image, and the title 'CASE PRESENTATION' is written in white, serif, all-caps font within this rectangle. The entire composition is framed by a thick yellow border.



# INTERPERSONAL SKILLS UTILISED

- Personal ability
- Genuineness
- Immediacy
- Empathy
- Positive regard and respect

## CLIENT'S BIODATA

- Name: Mrs. M.n.d
- Place of origin: xxxxx
- Current Home Address: xxxxxxxxxxxxxxxx
- Sex: Female
- Age:45Years
- Religion: Christianity
- Next of kin: spouse
- Marital status: Married

## CLIENT'S BIODATA

- Occupation: Housewife
- Referral Source: Managing Team
- Date and place of assessment: caseworker's office
- Assessed by: Joyce a. Iorver

## CLIENT'S BIODATA contd.

- Next of kin: Spouse
- Telephone number: xxxxxxxxxxxx
- Religion: Christianity
- Diagnosis: SUD (Alcohol)
- Reason FOR REFERRAL: Identification of social issues and social intervention

## CLIENT'S FAMILY HISTORY

- She is from a polygamous family.
- Her mother was the first wife of her father and had three children. Client is the first child of the union and has two direct siblings (brothers).
- The second wife had six children, four males and two females.
- Third wife had two children a male and a female.
- Her father also had a son out of wedlock.
- There is no positive family history of SUD.



# PERSONAL HISTORY

- She reported having experienced childhood deprivation.
- She abuses alcohol



# FORENSIC HISTORY

- She has not been involved in any issue requiring arrest and has not had any other brushes with the law



## CLIENT'S SOCIAL HISTORY

- Prior to onset of illness, client was an easy going person that had few friends.
- Her hobbies were dancing, cooking, singing and playing games like volley ball.



## CLIENT'S EDUCATIONAL HISTORY

- She is an SSCE holder
- She attended two institutions of higher learning but could not graduate from any due to carryover and relocation respectively.

## CLIENT'S CAREER HISTORY

- She worked with a telecommunication company until the company folded up

## CASE SUMMARY

- Client is a 45 years old Christian housewife, She hails from xx community and resides in town with her immediate family.
- She comes from a polygamous family setting of twelve children including her. She is the first child. She first presented in the hospital a year ago for disruptive behavior, neglect of personal hygiene, negligent of her family obligations, drinking to stupor. A diagnosis of mental and behavioral disorder secondary to alcohol use was made. Following her treatment, a referral was made to social worker for identification of social issues and social intervention

# ASSESSMENT



## PROBLEM SOLVING ASSESSMENT USED IS THE 4P'S

- **Person or Personality:** this refers to characteristics that are important to understanding the problem
- An interaction with client reveals that she is reserved (introvert) and therefore finds it difficult to share her pains with people thereby relying on alcohol to forget her pains
- **Problem:** Her perception about her problem is slightly different from that of significant people around her

## PROBLEM SOLVING ASSESSMENT USED IS THE 4P'S Contd.

- Specifics of the problem from client's perspective include:
- Boredom
- Hostility from her spouse which makes it difficult for her to open up because personal information shared with him was used to get back at her during disagreements
- Loneliness

## PROBLEM SOLVING ASSESSMENT USED IS THE 4P'S contd.

- Significant decline in intimate relationship between the couple
- Trust is lost between them
- Her husband does not release funds to her for house/family upkeep for fear that she may use it for alcohol
- Accuses husband of equally drinking to stupor, keeping late nights and even sleeping outside the home
- Alleges husband keeps malice, is irritable, hot tempered
- Shares family details with friends

## PROBLEM SOLVING ASSESSMENT USED IS THE 4P'S contd.

- **Client's husband's perception of the problem:**
- Their marriage was consummated 2004/2005.
- She started drinking as a social drinker but the situation has degenerated
- Client does not take care of family obligations (cooking and care)
- She steals money from him (at one occasion, it led to the dismissal of his driver who was accused wrongly of the theft).
- Complains that she calls people including her former boyfriend for money
- Visitors meet her drunk



## PROBLEM SOLVING ASSESSMENT USED IS THE 4P'S contd.

- She injures herself
- Plans to relocate because he can no longer bear the shame
- For fear of stigma, he used to take her to a private hospital but can no longer do that due to increased responsibility
- He accuses her of not been truthful
- Place:** By virtue of client's problem, the hospital seem to be the most helpful setting for an individual with her kind of social problems

## PROBLEM SOLVING ASSESSMENT USED IS THE 4P'S contd.

- Process: The type of helping process best for this particular client is chemical intervention and psychosocial intervention.
- The consequences of not accepting help from the hospital may further degenerate the family relationship and her inability to care for her immediate family
- The multiplier effect may be on the immediate family, relatives and the entire society



## THE ABSENT THIRD PERSON OR REFERENCE GROUP

- This refers to social and environmental pressures such as family, relations, religious and cultural affiliations
- The absent third party in the case was identified
- Client's husband's friend was identified as the absent third party
- He is a force to reckon with

## REASON FOR THE HOME VISIT

- Assess home environment to see it has contributed to her problem
- Know client's socioeconomic status
- Mobilize family resources to solve client's problem

## OUTCOME OF THE HOME VISIT

- Interaction with domestic staff who has served the family for 14 years.
- Interaction with client's children reveals that:
  - She neglects care of her family
  - Shouts unnecessarily at home without provocation
  - Talk carelessly
  - Treats the boy living with them unfairly

## SOCIAL DIAGNOSIS

- Degenerated family relationship leading to almost dysfunctional state due to severe alcohol abuse

## SOCIAL INTERVENTION

- Series of counselling sessions were held with the couple with the aim of resolving the social issues highlighted above
- Liaised with the absent third person
- Most issues were resolved to the satisfaction of client and her family
- Self efficacy was encouraged, she was encouraged to make herself more attractive to her spouse
- Set up a follow up plan

## CONDITIONS FOR TERMINATING A CASEWORK RELATIONSHIP

- through clients suggestion
- When problem has been solved
- When client is relocating
- When problem remain unsolved
- This case was terminated due to relocation



# SOCIOECONOMIC FACTORS ASSOCIATED WITH RELAPSE OF PSYCHIATRIC PATIENTS

- Poverty
- Stigma
- Drug abuse
- Unemployment
- Culture
- Religion
- Marital stress
- Family disorganisation

## CONCLUSION

- The best treatment for psychiatric disorders are not effective if the socioeconomic components of any mental illness are not attended to.

## SUGGESTIONS

Social workers should be more committed to attending to social issues associated with patients relapse.

Stakeholders should be more tolerant and provide the required social support to enable individuals suffering from psychiatric disorders remain in recovery.

THANK YOU FOR  
LISTENING

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# QUESTIONS

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