

AN ANALYSIS OF THE MEDICAL AND SOCIAL FUNCTIONS OF PSYCHIATRIC HOSPITALS: A STUDY OF FEDERAL NEURO-PSYCHIATRIC HOSPITAL KWARE, SOKOTO STATE

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DOI: 10.29816/sjss.9.1.13

ABSTRACT

Mental disorders are conceptualized as disorders of brain circuits likely caused by developmental processes shaped by a complex interplay of genetics and experience. These illnesses are psychological or behavioral patterns that are often generally associated with subjective distress or disability which occurs in an individual, and which is not a part of normal development or culture. However, the recognition and understanding of mental health conditions has changed over time and across cultures as well as societies, and there are still variations in the definition, assessment, and classification of mental disorders, although standard guideline criteria are widely accepted. There are various treatments provided by mental health professionals in form of either psychotherapy or psychiatric medication with social interventions, peer support and self-help programmes. Causes may include organic pathology of the brain, genetic vulnerabilities exposed by environment influences and social influences such as abuse and other negative or stressful life experiences. This paper is an outcome of a study conducted on the medical and social functions of psychiatric hospitals at the Federal Neuro-psychiatric Hospital Kware, Sokoto. It examined the medical and social functions being performed by psychiatric hospitals in curing or otherwise treating mental illness and assess the effectiveness of these methods and suggest possible ways of improvement. The study is largely qualitative with data obtained through participant (covert) observation and Focus Group Discussions (FGDs). The data revealed that, various treatments are provided to the patients based on the nature and type of their mental illness, which served both medical and social functions. Against this backdrop therefore, the paper sees psychiatric hospitals as not only hospitals for

curing mental illnesses but also for providing social support through various skills acquisition programmes which does not require medical processes as such recommends that Nigerian Psychiatric Hospitals should emulate the advanced countries in renaming the Hospitals to bear name that must not necessarily connote psychiatry.

Keywords: *Hospital, Mental illness and Psychiatric*

Introduction

Mental illness or disorder has been associated with some factors; this is because people go abnormal due to influence or effect of various forces – which can be biological, psychological or social. However, an investigation and discovery into these factors seems to erode the earlier and/or existing beliefs that forces such as devils or evil spirits (e.g. witchcraft) cause mental disorder. There are beliefs which had been influential (even in western societies) when mentally ill people were regarded as sinners who deserve their affliction, and the clergy's effort of destroying the spirit was justified. But with the discovery of science, the influence of the church began to decline. Thus, people began to rationally view abnormal behaviour as a result of mental illness or disease, which require the service of a physician, instead of relying on the work of devil (Spinosa, 1978 Cited in Wallace and Goldstein, 1997).

To elaborate the above, Szasz (1960) opined that, the notion of mental illness originated from such phenomenon such as syphilis of the brain or deplorable conditions, such as intoxications, in which an individual manifest various peculiarities/characteristic of disorder in both their thinking and behaviour. These are the diseases of the brain and were distinguished from the bodily diseases, as diseases affecting the brain manifesting in a mental symptom, while those of the body affects the organ system (e.g. skin, hair etc) and most often manifest in a system related to that part of the body.

A new system of thought which considers that solving human problems with the help of reason is more important than religious beliefs paved way to the establishment of mental institutions, as hospitals or rehabilitation centers, designed to offer both refuge and humane treatment to the affected persons. Thus, mentally ill people deserve to be treated for their disorder rather than being punished for their sins (Wallace and Goldstein, 1997).

With this development advances were made in the treatment of mental illness. Partly because understanding the causes of some mental health problems help practitioners to tailor their treatments, which as a result many mental disorders can now be treated nearly as successful as physical disorder (Carney, 2007). However, people still refer the problem of mental illness to traditional means of treatment in most developing societies; we know of witchcraft, *boka* or *bori*, *babalawos* and etc who despite this development in the field of psychiatric treatments still claim to have remedy for various kinds of mental disorder. It is obvious that people believe and have confidence in these types of treatments and their practitioners.

It is with this in mind that, this paper examined some of the causes and types of mental disorders, exposes various ways, medical and social, through which psychiatric doctors treat various kinds of mental illnesses. The paper is structured in to four sections where section one discusses the introduction and theoretical framework, section two discusses the methodology of the study; section

three provides the results and discusses the findings of the study through the analysis of the Focus Group Discussions and the In-depth Interviews and section four concludes provides recommendations.

Theoretical Framework

Sick role is a theory in medical sociology developed by Talcott Parsons (1951) in association with psychoanalysis and explains the social aspects of becoming ill and duties and responsibilities or obligations and rights that come with it. The theory proposed that falling sick/ill is a deviation from normal societal expectations of roles and responsibilities of an individual, a behavior which is deserved to be police by medical practitioners. This is because a sick individual is not only physically ill but also adheres to some specifically pattern social role of being sick (Crossman, 2018). However, a sick person has some rights and responsibilities among which include not blaming him for his illness and right to be considered by others in regards to discharging normal obligations. A patient also has responsibilities of making getting well a priority and that of seeking appropriate treatment for his condition. These rights and responsibilities are in effect only within period in which a person is ill and varied depending on the severity of the sickness and the extent to which it affects individuals expected or normal activities (Serva, 2019).

This theory is found appropriate in explaining the issue of the study and conditions of patients in the study setting. This is because going by the theoretical postulations, patients affected with mental illness and specifically those admitted in psychiatric hospitals are often considered deviants by the society, not only because of their condition of sickness but also of its cause. These types of patients are also exempted from performing their normal societal functions and are resorted to taking other roles as patients with mental illness in psychiatric hospitals, seeking for remedy or cure for their illness, being examined

and monitored by medical and other hospital staff.

Methodology

1. Study Setting

Federal Neuro-Psychiatric hospital Kware-Sokoto is located in Kware town, the headquarters of Kware local government, Sokoto state. It is situated along Sokoto-Illela road leading to Niger Republic, an approximately 22 kilometers away from Sokoto metropolis. The hospital came in to being in 1988 as a rehabilitation centre for mentally disabled persons, but later upgraded to the status of a psychiatric hospital. In 1995 the federal ministry of health took over the institution and named it "Federal Neuro-Psychiatric Hospital Kware Sokoto".

The major functions of the hospital include management and rehabilitation of psychiatric problems. The hospital also serves as a research and training institute in mental health. It runs two institutionalized programmes, the psychiatric residency programme for medical doctors and the school of nursing to train nurses in post basic psychiatric nursing.

As at 2005, the hospital had staff strength of 396, with two major departments namely; administrative – with some units attached to it- and medical departments which composed of four admission wards, viz, one female patients' ward, drug related ward, acute and chronic wards dealing with different cases. Schematically, the wards are; Alhaji Alhaji Drug Dependency Unit, Dr. Ihechukwu Madubuike ward, Dr. Aishatu Suka ward and Prof John Ebie ward.

2. Population of the Study/Sample

The study area has a total number of four admission wards and two major departments, namely administrative- with some units attached to it- and medical departments. At the time of this study, the wards had a population of patients ranging from 30-32 (An average population of 120 patients). The sampling frame for this study stood between 30 patients and 2 nurses making

32 respondents as unit of analysis from the male chronic ward. Complementary information was also sought from the Occupational Therapist.

3. Instruments and Methods of Data Collection

Data for this study was purely qualitative, which was obtained through participant (covert) observation, Focus Group Discussions (FGDs) with the patients and key Informant interviews with the staff (nurses) and the occupational therapist, using an unstructured interview schedule designed with themes and sub-themes in accordance with the main objective of the study. A tape recorder was also used in recording the responses of respondents throughout the process.

4. Method of Data Analysis

In this part, the focus was on the analysis of the responses from the FGD and KII conducted. As

said earlier a total of 32 respondents were engaged in the FGD and KII. The analysis was in two folds; FGD session and KII Session. Data obtained through the interviews were transcribed in the language of the interview, which was *Hausa* and later translated in to English language. Similar views and opinions were identified and collapsed, especially in FGD sessions, after which the data were subjected to verbatim quotations in order to represent the respondents' responses as precisely as possible.

Respondents Health Conditions

Issues concerning the respondents' health situation including reasons for their admission in the hospital and changes as a result of treatments received are presented and discussed.

Table 3.1.1: Reasons for being in the Hospital

Responses	Frequency	Percentage
Frustration	05	16.67
Stress	10	33.33
Family Problem	04	13.33
Devil Possession	03	10.00
Drug Abuse	05	16.67
Alienation	03	10.00
TOTAL	30	100.00

Source: Field work (2008).

The above table shows that greater number of patients with 33.33% attributed their reason for being on admission in the hospital to stress. Frustration and drug abuse are the reasons mentioned by 16.67 % of the patients each. About 13.33% of the respondents view their illness to be as a result of family problem. While 10.00% of the respondents linked their illness condition to devil possession and alienation respectively. This implies that majority of the patients are in the hospital due to stress from the social environment.

To support the above data, a patient during one of the FGD session affirmed that;

I was faced with too much stress, because I tried something that is beyond my capacity to an extent that my bodily systems become weak which as a result made me acted in some ways considered abnormal by some people.

On frustration one of the patients said;

I happen to be a leader in a team work, whenever I suggest how the work should be carried out other members rejected my idea. As a result of that, the supervising engineer condemned our work after completion. I was

also faced with the problem of trust as people are not trustworthy.

In the same vein, one of the respondents specifically mentioned that;

I was having problem in my house with my wife because she does not observe her religious obligations. She is also stingy and strong headed; in fact, I had to use physical force to command her.

This is akin to what Owioye (2010) referred to as psychological disturbances, which according to him is mainly caused by stress, emotions and feelings that are severe enough to cause distress

there by disturbing the mental state of individuals. There are also disorders characterized by disturbances in a person's thoughts, emotions, or behavior which can result to a wide variety of disorders, ranging from those that cause mild distress to those that severely impair a person's ability to function.

However, a sizeable number of the respondents 16.67%, either smoke Indian hemp or alcohol or both. This shows that apart from social and environmental factors, drug abuse could also lead to mental retardation, which is even more dangerous than the social and environmental forces behind the disease.

Table 3.1.2: Respondents' Views on the Changes they observed in them as a result of Treatment.

Responses	Frequency	Percentage
Influence of Drugs	09	30.00
Not observed any change	17	56.67
Personal Development	04	13.33
TOTAL	30	100

Source: Field work (2008)

On the respondents' views on the change they observed as a result of treatment, more than 50% of the respondents opined that, they do not observe any change in their person since they were in the hospital; it only 30% of the respondents opined that, the drugs administered had influence on them. This is however not unexpected because majority of these respondents are mentally not upright. The smaller percentage of the respondents (13.33%) said they observe some development in their persons and as such are responding to treatment. Result of this nature may be largely due to the fact that, drugs that help control the mental illness require long-term use before they produce effects on some patients. These drugs according to Cohen and Kleinman (2008) are called 'psychotherapeutic' drugs which major categories include antipsychotic drugs, antianxiety drugs, antidepressant drugs, and antimanic drugs. To buttress the above finding, one of the respondents added that;

I have been taking drugs but I did not notice any change either mentally, socially or otherwise.

Another one said;

My condition has never change; I feel the same way I was feeling when I was brought here.

In a contrary development, a respondent during one of the FDG session acknowledged that he noticed a change in him as result of treatment he received, where he opined that;

There is change in me due to the effect of the drugs we are taking because it makes me feel heat or fall asleep and visit toilet frequently.

While that has been the views of the patients on why they found themselves on admission in the

hospital and the level of their response to treatment or changes witnessed during their stay in the hospital, the FGD session conducted with some of the selected staff (ward servants) of the hospital exposed the ways through which the patients are being taken care of and some of the development achieved in that regards.

However, these ward servants outlined the duties or responsibilities and services rendered to patients to include; taking care of the patients with regards to their food and hygiene, identifying patients that are responding to treatment – through observation and discussion, counseling the patients and empowering them through training. Similarly, they acknowledge that more than before, the hospital now recorded some achievements in the area of personnel, reduced working hour, better working conditions, improvement in drug supply and reduced difficulties in handling patients.

To buttress the above assertion, one of the respondents confessed that;

We used to have only three nurses in the whole of this hospital and a single staff may be handling about 30 patients at a time. In fact, there was a time I was left with 50 patients to take care of.

In the light of that, it was gathered in one of the interviews with a staff from the Occupational Therapy Department that, the hospital not only gives medical treatment to patients or their mental illness but also helps in developing themselves economically and socially through empowering them. The respondent affirmed that;

From January 2007 to January 2008 we successfully handled over 300 patients where some of them acquired knowledge and skills which made them self reliant.

He added that;

This we achieved through activities aimed at empowering the patients, and we don't use drugs or injections but we do activities that are medically prescribed.

As Jones, (2008) further explains that, occupational therapy is a rehabilitative therapy that uses the activities of everyday living to help people with physical or mental disabilities achieve maximum functioning and independence at home and in the workplace. It benefits people of all ages, from infants to the elderly, and can improve functioning whether the disability results from a birth defect, accident, disease, aging, or drug or alcohol abuse. Occupational therapy focuses on personal and work activities, both in helping people with disabilities to find ways to master these activities and in using these activities to continue the goals of physical therapy.

On the types of illness treated in the hospital, the data gathered from the responses shows that, apart from mental illnesses the hospital also handle patients with disease associated with epilepsy, natural problems, *Jinns*, inherited problems, hypertension and schizophrenia. According to one of the nurses, schizophrenia is an affectional disorder (i.e. neurological problem) which usually occur without any injury to the brain. It results from lack of some chemical substances in the brain and can be in laps or fresh cases. Also, these diseases are predisposed by some factors such as age – e.g. border line or child psychiatric, effects of broken homes, marital problems, lack of basic needs satisfaction and genetic problem through inheritance.

Challenges Facing the Hospital

Although same with most organisations, this hospital also is confronted with some challenges ranging from staff welfare and the likes. Some of these challenges were advanced by the respondents in the course of the research.

Table 3.2.1: Problems, Complaints and Challenges in the hospital.

Responses	Frequency	Percentage
Meager Allowances	07	23.30
Violence (physical/verbal) assault from the patients	17	56.07
Lack of protective materials	06	20.00
TOTAL	30	100

Source: Field work (2008).

On the staff welfare and complaints, the above table revealed that, more than half of the respondents mentioned abuses and violence from the patients as one of their problem accounting for 56.07 percent. 23.03 percent of the respondents mentioned inadequate monetary reward inform of allowances as their major challenge in the hospitals. While 20.00 percent complaint of lack of protective materials as the problem that concerns them.

As one of the staff acknowledged this in one of the interviews, where he says;

They (the patients) do beat and sometimes abuse you, but you have to take it as joke and tolerate them. You cannot fight back because you know that they have a problem.

While the staff complaints of the above, the patients on the contrary complaints on the type of food they eat in the hospital which they said is mostly *eba* and their retention in the hospital even when they show signs of recovery.

Conclusion and Recommendations

It is obvious from the analysis that Psychiatric Hospitals not only treat patients medically but also give social interventions in terms of counseling, peer support and self-help programmes given to patients by the Occupational Therapy Department. This is evident as has been shown in the analysis that, the hospital not only gives medical treatment to patients or their mental illness but also helps in developing themselves economically and socially through empowering them. The data gathered revealed that from January 2007 to January 2008 the Occupational Therapy Department

successfully handled over 300 patients where some of them acquired knowledge and skills which made them self reliant and this was achieved through activities aimed at empowering the patients, and drugs or injections are not being used in the process. This is with a view to make recovered patients become useful members of their respective societies.

It is worthy of note that it is not a crime to have psychiatric problem. Psychiatric problem is like any health condition that all are vulnerable to; hence psychiatric patients need not to be socially stigmatized. They deserve sick role like any other patients by the society. Many people have symptoms of psychiatric problems in form of depression, stress, emotional imbalance and other forms of social- psychological distress, which are mostly unnoticed or simply ignored because the condition is associated with madness. This explains why in some advanced countries psychiatric hospitals are not called psychiatric hospitals but rather given an alternative name to connote social dimension of the problem. This would no doubt go a long way in attracting potential psychiatric patients more especially the enlighten ones in the society with social-psychological symptoms to the hospital, which will in turn reduce the incidence of psychiatric problems in the society. This is because the existence of a health facility alone can enhance its utilization; the questions of acceptability, accessibility and affordability are paramount as far as health care utilization is concerned (Dansabo, 2004). Against this backdrop therefore, the paper offered the following recommendations:

1. Nigerian Psychiatric Hospitals should emulate some of the advanced countries in renaming the Hospitals to bear name that must not necessarily connote psychiatry. This is with a view to increase the utilization of these Hospitals by potential psychiatric patients with psycho-social symptoms of the problem who would not want to ordinarily be associated with psychiatric case.
2. Considerable emphasis should be accorded to occupational therapy method of handling patients in psychiatric hospitals involving engaging the affected persons in activities of everyday living in order to improve their functioning in society.
3. There is need for improvements in staff rewards and welfare in order to motivate them put more efforts in their work.
4. There should be provision of safety measures to reduce the incidences of abuses and violence towards staff by the patients
5. Individual philanthropist, governments, non-governmental organizations, religious/traditional leaders, policy makers and other stake holders should focus on ways and programmes aimed at impacting on peoples' livelihood directly and positively in order to reduce the likelihood of people experiencing stress and anxieties in society.

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