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Full Length Article

Strengths of families to limit relapse in mentally ill family members



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ARTICLE INFO

Article history:

Received 7 March 2016

Accepted 12 September 2016

Keywords:

Families mental health care users

Mentally ill family members

Resilience

Relapse

Strengths

ABSTRACT

Background: Relapse prevention in mental health care is important. Utilising the strengths of families can be a valuable approach in relapse prevention. Studies on family strengths have been conducted but little has been done on the strengths of family members to help limit relapse in mental health care users. The purpose of this research was to explore and describe the strengths of family members in assisting mental health care users to limit relapses.

Methods: 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.

Results: 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.

Conclusions: 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. It is important that family members caring for mentally ill family members are involved in their treatment from the onset, and that they are guided through a process of acceptance.

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1. Introduction

According to Berglund, Vahlne and Edman (2003), caring for mental health care users can be a burden to these families,

while a lack of support by families can lead to mental health care users experiencing relapses. Relapse prevention is found to be important because it reduces the negative impact of mental illnesses on individuals, families and communities, and relapse prevention improves the quality of life of people

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Peer review under responsibility of Johannesburg University.

<http://dx.doi.org/10.1016/j.hsag.2016.09.003>

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with mental illnesses, enabling them to participate more fully in their work, leisure activities and relationships. Building the strengths of families can be a valuable approach to relapse prevention (Sittner, Hudson, & Defrain, 2007).

In such an approach, nurses help families define their visions and hopes for the future instead of looking at what factors contribute to family problems (Sittner et al., 2007). A study conducted by Sousa, Ribeiro and Rodrigues (2006) indicate that the incorporation of a strengths-centred approach into the practitioner's intervention can improve the lives of families with multiple problems such as caring for mental health care users. Asay and DeFrain (2012) confirm that all families have strengths, and mention that exploring how families use their strengths to their advantage can be a powerful strategy.

This article reports on research on the strengths of families to limit relapse in mentally ill family members.

1.1. Problem statement

Studies on family strengths have been conducted (Mokgothu, Du Plessis, & Koen, 2015) but little has been done on strengths of families to help limit relapse in mental health care users. Relapses in mental health care users have been noted as a major problem both nationally and internationally (Kazadi, Moosa, & Jeenah, 2008). This problem poses a very serious burden on families who provide care for such mental health care users. Families caring for mental health care users need support from health care practitioners to assist them to cope. One approach is to explore family strengths in order to improve the life of families as well as that of the mental health care users. Family strengths should thus be looked into to explore how families can be assisted to care for mental health care users and to limit relapses.

This research formed part of the RISE¹ project (Koen & Du Plessis, 2011), which focuses on strengthening the resilience of health caregivers and risk groups, such as mental health care users and their families, by means of a multi-faceted approach. The following research question was relevant in this research: What are the strengths of families in assisting mental health care users to limit relapses?

1.2. Purpose of the research

The purpose of this research was to explore and describe the strengths of families in assisting mental health care users to limit relapses. This information contributed to the formulation of recommendations for psychiatric nurses to empower family members in limiting the relapse of mental health care users.

1.3. Definition of key concepts

1.3.1. Family strengths

According to Mace cited in Defrain and Stinnet (2003), family strengths are those relationship qualities that contribute to the emotional health and well-being of the family. Family

strength qualities are; therefore, regarded as aspects such as commitment, appreciation and affection, positive communication, time together, a sense of spiritual well-being and the ability to cope with stress and crisis (Sittner et al., 2007). In this review family strengths refer to qualities of families with a mentally ill family member that helps them to limit relapse.

1.3.2. Relapses

Relapses are defined as the recurrence of symptoms of mental illnesses similar to those that have previously been experienced (The Free Dictionary, 2016). This research focussed on strengths of families that contribute to limiting relapse in mentally ill family members.

1.3.3. Mentally ill family members/mental health care users

According to the Mental Health Care Act (17/2002) (South Africa, 2002), mental health care users are persons receiving care, treatment and rehabilitation services or using health services at health establishments aimed at enhancing the mental status of users. In this research the focus was on mental health care users living with and supported by their families.

2. Research design and methods

2.1. Research design

A phenomenological design (Laverty, 2003) was used in this research. This design was applicable, as this research focused on the strengths of families as they experienced these strengths in their unique context, namely being families of mentally ill persons, and the meaning these families attach to their strengths.

2.2. Research method

2.2.1. Population and sampling

The population for this study was all families of mental health care users who received treatment at a particular mental health institution. Purposive sampling was used, using inclusion criteria, namely family members caring for mental health care users who gave consent to participate in the study. The focus was on mental health care users who have been following up at the outpatient department and who have not relapsed in the past two years. The sample for this research was identified via the register used in the mental health institution. Twenty five family members of such users were contacted telephonically to participate in the study. They were all given a chance to choose whether they want to be interviewed at home or at the mental health institution and they all chose to come to the mental health institution. From the 25 participants contacted telephonically, 15 came for interviews and gave voluntary consent. Table 1 contains the demographic information of the participants.

2.2.2. Data collection

The researcher obtained ethical clearance from the Ethics Committee of the North-West University. Thereafter

¹ RISE: Strengthening the resilience of health caregivers and risk groups.

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