



Exploring the perceptions of psychiatric patients regarding marijuana use

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There is limited understanding on marijuana use by psychiatric patients, specifically with regard as to why they continue to smoke marijuana despite the negative consequences, such as readmittance to psychiatric hospitals following marijuana-induced psychosis. It is, therefore, important to understand why psychiatric patients continue to use marijuana, despite experiencing its negative effects.

The purpose of this study was to explore and describe the perceptions of psychiatric patients with regard to marijuana use in Potchefstroom, North West Province, as well as to formulate recommendations for nursing education, nursing research and nursing practice, with the aim of reducing the readmission of psychiatric patients following marijuana-induced psychosis.

A qualitative, exploratory, descriptive and contextual research design was followed in order to give 'voice' to the perceptions of psychiatric patients about marijuana use. Purposive sampling was utilised to identify participants who complied with selection criteria. The sample size was determined by data saturation, which was reached after 10 individual interviews with psychiatric patients. Unstructured individual interviews were utilised to gather data after written approval from the Ethics committee of the North-West University (Potchefstroom Campus), North West Provincial Department of Health, the clinical manager of the psychiatric hospital where data were collected, as well as from the psychiatric patients. The co-coder and the researcher analysed the data independently.

The findings of this study include perceptions of psychiatric patients on the use of marijuana, the negative effects of marijuana use, marijuana use and mental illness, and quitting marijuana. Recommendations were formulated for nursing education, nursing research as well as for nursing practice.

Insig in die gebruik van marijuana deur psigiatriese pasiënte is beperk, spesifiek met betrekking tot hulle redes vir voortgesette marijuana verbruik ten spyte van die negatiewe gevolge daarvan, byvoorbeeld hertoelating tot psigiatriese hospitale na marijuana-geïnduseerde psigotiese episodes. Dit is dus belangrik om te verstaan waarom psigiatriese pasiënte voortgaan om marijuana te gebruik ten spyte van die negatiewe uitwerking daarvan.

Hierdie navorsing was ten doel om die persepsies van psigiatriese pasiënte in verband met die gebruik van marijuana in Potchefstroom in die Noordwesprovinsie te verken en te beskryf. So kan aanbevelings gemaak word vir verpleegonderrig, verpleegnavorsing en verpleegpraktyk om meer toepaslike versorging en behandeling te verseker en uiteindelik die heropname van psigiatriese pasiënte as gevolg van marijuana-geïnduseerde psigose te verminder.

'n Kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingsontwerp is gevolg om 'n 'stem' te gee aan die persepsies van psigiatriese pasiënte aangaande die gebruik van marijuana. Doelgerigte steekproefneming is gebruik om deelnemers te identifiseer wat sou voldoen aan seleksiekriteria. Die steekproefgrootte is bepaal deur dataversadiging, wat bereik is na 10 individuele onderhoude met psigiatriese pasiënte. Ongestruktureerde individuele onderhoude is gebruik om data te versamel ná geskrewe toestemming van die Etiekomitee van die Noordwes-Universiteit (Potchefstroom Kampus), van die Noordwes Provinsiale Departement van Gesondheid, die Kliniese bestuurder van die psigiatriese hospitaal waar die data versamel is, sowel as van die psigiatriese pasiënte. Die medekodeerder en die navorser het die data onafhanklik van mekaar geanaliseer.

Die bevindings van hierdie studie het die persepsies wat psigiatriese pasiënte het oor die gebruik van marijuana, die negatiewe effekte van die gebruik van marijuana, die gebruik van marijuana en psigiatriese toestande, en die staking van die gebruik van marijuana, uitgelig. Aanbevelings is geformuleer vir verpleegonderrig en verpleegnavorsing, sowel as vir die praktyk van verpleegkunde.



Introduction

Background and problem statement

It seems that the perceptions of psychiatric patients with regard to marijuana use have not been explored in depth by previous studies (Koen, Jonathan & Niehaus 2009; Mattick & McLaren 2006; Peltzer & Ramlagan 2007; Perkel 2005; Satyanarayana 2009), hence the need for further research. The present study therefore attempted to explore and describe in depth the perceptions of psychiatric patients regarding marijuana use in Potchefstroom, North West Province.

Literature on this topic reveals that there is little consensus on whether marijuana causes psychosis or not, and even on the topic of whether marijuana is addictive or not (Zammit 2007:319; Buddy 2009:1). Whether some cases of psychiatric patients' admission as a consequence of marijuana-induced psychosis could have been prevented if marijuana use had been eliminated, is still to be proven (Perkel 2005:28). There is consensus, however, that marijuana use is high amongst, and problematic for, psychiatric patients (Chaudhury *et al.* 2005:120; Graham & Maslin 2001:262). As an example, marijuana precipitates psychosis when used by patients with schizophrenia, whilst marijuana does not appear to lead to psychosis in non-schizophrenic patients (Stuart & Loraia 2001:498; Brink *et al.* 2003:7). Other authors, namely Gelder, Mayou and Geddes (2005), add that some psychiatric patients develop an acute psychosis when they consume large amounts of marijuana, but recover quickly when the drug is stopped. In these cases, however, it is uncertain whether marijuana caused the psychosis, or whether the increased use of marijuana was a response to early symptoms of psychosis from a different cause. This causal relationship between marijuana use and psychosis is evident when current patterns in the admission of psychiatric patients are observed. As an example, at a psychiatric hospital in Potchefstroom, North West Province, most psychiatric patients admitted with a psychotic clinical picture have a history of marijuana use. These patients are consequently diagnosed with a 'marijuana-induced psychosis'. When the mental health of these psychiatric patients has improved, they are discharged or are granted leave of absence (Lobelo 2004:3). The experience of the first author, when working in the mentioned psychiatric hospital, was that most of these psychiatric patients were readmitted as a consequence of marijuana-induced psychosis. According to the relatives who bring them back, these psychiatric patients smoke marijuana even on their first day of discharge, until the situation at home becomes problematic and they are finally readmitted to the psychiatric ward because of marijuana-induced psychosis. This phenomenon is confirmed in research conducted by Bonn-Miller, Zvolensky and Moos (2011).

Interestingly, the information on the use of marijuana provided by these psychiatric patients is generally found to be unreliable, to a point that it must be verified by urine analysis for marijuana (Roos *et al.* 2006:103). The researcher's clinical experience is that urine for marijuana testing is collected

from all psychiatric patients who are admitted, because it was found that they deny their use of marijuana. A most interesting fact is that even if the results for marijuana testing are positive, psychiatric patients still deny that they smoke marijuana. According to Karnel (2007:118), these psychiatric patients deny that they smoke marijuana specifically because of its illegal status.

Research on psychiatric patients who do identify themselves as frequent marijuana users, however, suggests that impairment of memory, concentration, motivation, self-esteem, relationships with others and employment are common negative outcomes of long-term marijuana use, whilst chronic users who stop taking marijuana will report a period of irritability, restlessness, appetite loss, nausea and difficulty in sleeping (Barlow & Durand 2004). Strong intoxication resulting from marijuana use can cause disorientation, time may be perceived as passing slowly, and a sense of 'harmony with the universe' may be experienced (Nevid, Rathus & Greene 2003:320). Some smokers are frightened by this disorientation and fear that they will not recover, whilst high levels of intoxication occasionally induce nausea and vomiting. Despite the negative consequences of marijuana use, Marijuana-addiction.net (2001) as well as Marcus, Hampl and Fisher (2004:6) believe that psychiatric patients find it very difficult to quit marijuana use or abuse because most of them are already addicted to it, hence the need for further research in order to help them.

Research purpose

The purpose of this study was to explore and describe the perceptions of psychiatric patients regarding marijuana use in Potchefstroom, North West Province, as well as to formulate recommendations with the aim of reducing readmissions of psychiatric patients following marijuana-induced psychosis.

Definition of key concepts

Marijuana

In line with Robbins, Powers and Burgess (2005:481), Karnel (2007:187), as well as Oxford Advanced Learner's Dictionary (2005:901), marijuana in this study refers to an illegal drug which affects the psychiatric patient's mind and behaviour. In South Africa, the most common street names for marijuana are dagga, ganja, intsango, stuff, matekwane, kaya or Durban poison.

Marijuana-induced psychosis

Sadock and Sadock (2007:417–420) discuss psychotic disorders related to marijuana, namely that the intake of marijuana causes maladaptive behavioural, psychological and perceptual changes, such as impaired motor coordination, euphoria, anxiety, sensation of slowed time, impaired judgement, social withdrawal and hallucinations, in conjunction with typical signs and symptoms of marijuana intake, namely conjunctival infection, increased appetite, dry mouth and tachycardia. In this study the term 'marijuana-induced psychosis' is used to describe this disorder, as it was



the diagnosis given to psychiatric patients admitted, because of marijuana use, at the psychiatric hospital where the study took place.

Perceptions

In line with Wood (2007:73), perceptions in this study refer to the meaning that psychiatric patients attach to marijuana use.

Psychiatric patients

In line with the Mental Health Care Act 17 of 2002 (South Africa 2002), psychiatric patients in this study refers to mental health-care users, admitted to a psychiatric hospital, with a history of marijuana use and who have the capacity to communicate their perceptions regarding marijuana use.

Psychosis

In line with Uys and Middleton (2004:756), psychosis in this study refers to a psychiatric patient's inability to recognise reality or to deal with the demands of life.

Significance of the study

The exploration and description of the perceptions of psychiatric patients with regard to marijuana use in Potchefstroom, North West Province, lead to the formulation of recommendations that health-care professionals can use to optimise mental health care of psychiatric patients admitted because of marijuana-induced psychosis.

Literature control

A literature control was performed only after collection and analysis of the data (Burns & Grove 2005:95). Literature was obtained through literature searches on the articles, books and theses available from the Ferdinand Postma Library of North-West University, Potchefstroom Campus, and newspapers as well as the Internet.

Research design and method

Research design

A qualitative, exploratory, descriptive and contextual research design was followed. Nurse researchers who conduct qualitative studies are contributing important information to the nursing body of knowledge that cannot be obtained by any other research design (Burns & Grove 2005:52). Explorative research examines a phenomenon of interest, rather than simply observing and recording incidents of the phenomenon (Lobelo 2004:20). In this study, the phenomenon of interest is the perceptions of psychiatric patients with regard to marijuana use. The purpose of descriptive research in this study was to describe the perceptions of psychiatric patients regarding marijuana use, in order to gain insight and to inform psychiatric nursing care. Lastly, the qualitative researcher has a preference for understanding events, actions and processes within a specific context (Babbie & Mouton 2001:272). The context of this study was a psychiatric hospital in Potchefstroom, North West Province.

Research method

Population and sampling

The population included stabilised psychiatric patients who were admitted as a consequence of marijuana-induced psychosis. Psychiatric patients were selected purposively (Burns & Grove 2005:352). Selection criteria included that participants should have been admitted to the psychiatric ward with a history of marijuana use and diagnosed with marijuana-induced psychosis, that they tested positive for marijuana use by means of a urine analysis, and that they were found to be apsychotic and stabilised, based on the reports of the multi-professional team. Recruited psychiatric patients were willing to participate in the study and gave written informed consent, after they were informed of the purpose of the study and that an audio-tape recorder would be used. The sample size was determined by data saturation (Burns & Grove 2005:358), which was reached after 10 unstructured individual interviews with psychiatric patients. Young (15–35 years) male psychiatric patients participated. This is in line with Perkel's (2005:26) statement that young male psychiatric patients constitute the majority of the patients admitted as a consequence of marijuana-induced psychosis.

Data collection methods

Unstructured individual interviews were used to gather data. This approach refers to an open, but focused, discussion with the purpose to explore and describe the perceptions of psychiatric patients with regard to marijuana use. A central question was asked, namely, 'What are your perceptions regarding marijuana use?' This question was reformulated if not understood correctly, and was followed-up also with probing questions. Some of the advantages of using unstructured interviews were that participants did not need to be able to read and write; non-verbal behaviour and mannerisms were observed, and questions could be clarified if misunderstood (Brink 2006:147).

Data analysis

Data were analysed by following Tesch's eight steps of data analysis (Creswell 2009:186). After the researcher and the co-coder had analysed the data independently, a meeting was scheduled to reach consensus on the categories and subcategories that emerged from the data.

Context of the study

All the interviews were conducted in Potchefstroom at a psychiatric ward, where the psychiatric patients were diagnosed with marijuana-induced psychosis. The interview room was conducive for a research interview to take place.

Ethical considerations

Approval

Prior to data collection, written approval were obtained from the Ethics committee of the North-West University,



Potchefstroom Campus (Reference number NWU-00035-09-A1), the North West Provincial Department of Health, and the clinical manager of the psychiatric hospital where data were collected.

Potential benefits and hazards

The researcher respected the rights of psychiatric patients to protection from discomfort or harm, be it physical, emotional, spiritual, economic, social or legal (Brink 2006:32). Psychiatric patients were protected legally by explaining this research to them as well as by the protocol of informed consent before data collection.

Recruitment procedures

The recruitment was carried out with the assistance of the Operational Manager of the psychiatric ward. The Operational Manager identified potential participants, and referred them to the first author, who was also working in the ward as professional nurse. In order to avoid coercion during recruitment, participants were told that they have the right to decide whether or not to participate in a study, without the risk of penalty or prejudicial treatment; they also had the right to withdraw from the study at any time if they so wished, to refuse to supply information, or to ask for clarification about the purpose of the study (Brink 2006:32).

Informed consent

The researcher made every effort to explain the research to the participants, especially the purpose of the study, before data collection. Then the participants gave verbal and written informed consent to be involved in this research on a totally voluntary basis.

Data protection

Participants were informed that information gathered from them would be made available only to other researchers or scientists in the School of Nursing Science of the North-West University, Potchefstroom Campus, without divulging personal detail such as their names. At the completion of the research project, it will be examined by internal and external examiners and published in the form of a mini-dissertation.

Trustworthiness

The four criteria for trustworthiness suggested by Lincoln and Guba's framework (*in* Polit & Beck 2008:539) were followed. These four criteria for trustworthiness are credibility, dependability, confirmability, and transferability.

Credibility was achieved through prolonged engagement with the psychiatric patients. These patients were allowed enough time during the interview to verbalise their perceptions with regard to marijuana use. Furthermore, the study was examined by internal and external examiners and was published in the form of a mini-dissertation.

Dependability was achieved through a detailed description of research methodology, peer review, triangulation of sources, namely empirical data and a literature control, as well as through the use of a code-recode process during data-analysis.

Confirmability was achieved through a detailed description of the research process, as well as during data collection through unstructured individual interviews where audiotape recorders were used and detailed field notes were written.

Transferability was achieved through the purposeful selection of the sample, as well as through a dense description of the research methodology and results of the study, so that researchers who are interested in conducting similar research could be thoroughly informed.

Discussion

Outline of the results

Four themes identified in this study are, perceptions of the use of marijuana, perceptions of the negative effects of marijuana use, perceptions of marijuana use and mental illness, as well as perceptions of stopping the use of marijuana.

Theme 1: Perceptions of the use of marijuana

Most psychiatric patients admit that marijuana use is a negative habit, although some say that it is difficult to live without marijuana. They mention that, although they realise that using marijuana can be a dangerous and even life-threatening habit, they find it very difficult to function without marijuana. Psychiatric patients said: 'marijuana is bad for everyone' and 'I can't function without a zol'. Tobin and Sello (*in* Hughes 2008:37) confirm that marijuana use is a negative habit, and emphasise the importance of engaging marijuana users in discussions about health issues associated with marijuana use.

In addition, most psychiatric patients repeatedly mentioned that it is mostly the youth who use marijuana. The fact that all the psychiatric patients interviewed in this study were also youths, confirms this result. This perception is confirmed further by the following direct quotations of participants: 'most of the youth nowadays, they don't prefer alcohol, they prefer marijuana', and 'You start using marijuana at a young age'. Hall (2006a:0159) confirms that the proportion of young people who has used marijuana has steeply increased and the age of first use has declined. In line with Hall (2006b:110), these findings raise awareness of the major challenge to provide credible health education to young people about the risk of marijuana use.

One psychiatric patient mentioned that even celebrities use marijuana. This psychiatric patient named many celebrities who even have died because of smoking marijuana. This seemingly marginal finding is mentioned to illustrate the impact that role models, such as celebrities, may have in promoting the use of marijuana, especially amongst



impressionable youths. This psychiatric patient indicated that: 'Some artists smoke marijuana before they go to perform'. Likewise, Leadbeater, Foran and Grove-White (2008) found that youths' risk to use alcohol or cannabis is higher when role models, in their case, parents, use substances such as alcohol or cannabis.

Most of the psychiatric patients perceive marijuana as a drug that leads to the use of other drugs. These psychiatric patients also started with marijuana before they went on to use other drugs. These findings are confirmed by the following direct quotations from the interviews: 'it will take me to another drug, it has a need of assistance of another drug, it doesn't go on its own'. Perkel (2005:27) found that marijuana use creates a vulnerability to the use and abuse of 'heavier or dangerous' drugs. The reason why marijuana leads to other drug use remains unclear (Hall 2006a:0160).

Most of the psychiatric patients mentioned that it is very easy to obtain marijuana. Some said that they smoked marijuana because marijuana is very cheap, sold everywhere, or they receive it for free and it is available all over their communities. This is what the psychiatric patients said: 'marijuana is sold everywhere, next door or next street', and 'whenever you are looking for marijuana it's either marijuana is near you or you get it for free'. In South Africa, marijuana is cheap, easily available and easy to grow, and the law prohibiting possession is infrequently enforced (Peltzer & Ramlagan 2007:130; Perkel 2005:25; Ramphomane 2005:14).

Some psychiatric patients said that the use of marijuana is promoted by the perception that there are people who smoke marijuana for cultural purposes. It seems that these psychiatric patients believe that people who use marijuana for cultural purposes do not become mentally ill from smoking marijuana, but that smoking marijuana enables them to enter into spiritual activities and grants them spiritual power. Most of these patients, however, discourage the use of marijuana. The following is a psychiatric patient's verbal statement: 'At initiation schools, men are smoking marijuana because it's their culture'. Ramphomane (2005:14) also found in her study that there are people who use marijuana for cultural purposes.

Theme 2: Perceptions of the negative effects of marijuana use

Most of the psychiatric patients stated that the use of marijuana results in educational problems. This perception is confirmed by the fact that these psychiatric patients themselves did not complete school. They also said that they started using marijuana at school. This finding may serve as a warning to young people who wish to perform well at school. The following quote supports this finding: 'marijuana is the reason why I didn't perform well at school, I was smoking marijuana before I go to school'. A major parental concern is that adolescent marijuana use impairs educational performance and increases the risk of discontinuing education by interfering with learning (Hall 2006b:108). Psychiatric patients mentioned that the use of marijuana results in poor performance at work. These perceptions are

confirmed by the following direct quotation: 'when you use marijuana, you can't work, that's the main problem'. This result is confirmed by Weich (2007:316) who states that persons who have smoked marijuana for a long time could demonstrate lack of drive and may have no desire to work.

Whilst most of the psychiatric patients mentioned that marijuana is cheap or that you can obtain it for free, other patients differed from them by saying that 'smoking marijuana is just a waste of money which could have been used on something else'. These patients further admitted that 'they sometimes have to rob people just to get money in order to get marijuana'. Mattick and McLaren (2006:554) confirm that marijuana smokers tend to spend large amounts of money on marijuana, which has a negative financial effect.

According to psychiatric patients, there seems to be a relationship between marijuana use and social problems. The following quotation confirms these findings: 'marijuana made me to hate other people, for instance, I hated my family'. In an attempt to address social problems caused by marijuana, Ramlagan, Peltzer and Matseke (2010:40) mentioned that family care and support, improved socio-economic conditions and increased law enforcement would help to discourage marijuana use.

Almost all psychiatric patients said that smoking marijuana causes many physical problems for the user as well as for other people. As an example, one psychiatric patient stated that 'marijuana is dangerous to a pregnant woman as well as her child'. This psychiatric patient was warning women that marijuana damages two people at the same time. Other perceptions are confirmed by the following direct quotation: 'After smoking marijuana I was sweating, I was itching, I couldn't sleep, I was aggressive'. These physical effects as well as the dangers of substance abuse during pregnancy, including marijuana, have been confirmed in the literature (Weich 2007; Wong, Ordean and Kahan 2011).

In addition, most psychiatric patients mentioned that the use of marijuana results in a decrease in self-care. The following direct quotation confirms this result: 'I don't worry about life, I'm down, I don't wash, I don't comb my hair, I don't worry about money'. Weich (2007:316) sheds some light, mentioning that prolonged marijuana use can lead to decreased willpower and a careless attitude. Consequent problems could include indifference to what happens in their lives, tiredness, indifference to their appearance, as well as neglecting personal care and hygiene.

It emerged from the findings of this study that you tend to be more at risk of HIV and AIDS when under the influence of marijuana. This finding is a clear indication that psychiatric patients have insight into risk behaviour in terms of HIV and AIDS. The following direct quotation confirms this result: 'Once you smoke marijuana, sometimes you end up in a sexual intercourse without using condoms'. Peltzer and Ramlagan (2007:129) found that HIV-positive persons are more likely to be marijuana users than HIV-negative



persons, which confirms this result. Again, marijuana use is found to be related to having more than one partner, which constitutes HIV risk behaviour.

Psychiatric patients further mentioned that there is a relationship between marijuana use and crime. Some of the psychiatric patients themselves or their friends committed crimes whilst under the influence of marijuana. These findings are confirmed by the following direct quotation: 'I almost ended up in prison because of marijuana'. To confirm this result, Perkel (2005:26) mentions that between one-quarter to one half of 1050 arrestees tested positive for marijuana in various police stations across South Africa in 2000.

Moreover, some psychiatric patients perceive marijuana as the cause of death, homicide and suicide ideation. One psychiatric patient said that 'when you smoke marijuana alone, you become suicidal and when you are around other people you want to kill them'. This finding implies that marijuana is a very dangerous drug because its smokers are dangerous to themselves as well as to other people. Another psychiatric patient said that: 'I know people who died because of marijuana, they committed suicide'. Peter (2006:138) confirms that it is widely accepted that there is a link between marijuana use and disinhibited aggression. According to Calabria *et al.* (2010), however, literature is still unclear on the causal link between marijuana and suicide.

Theme 3: Perceptions of marijuana use and mental illness

Most psychiatric patients said that they were admitted to a psychiatric hospital because of the use of marijuana. One patient further stated that the researcher, a professional nurse, 'knows that they were admitted because of using marijuana'. Kipping (2009:499) confirms that marijuana use can precipitate psychotic episodes and increase existing psychiatric symptoms, leading to hospitalisation in a psychiatric hospital.

Some psychiatric patients also said that after smoking marijuana, they experienced the following specific signs and symptoms of mental illness: confusion, hallucinations, delusions and aggression. The following direct quotation expresses the psychiatric patient's perceptions: 'I started believing things which were not there, I started hearing voices, and I started fighting other people'. Witton and Reed (2010:46) confirm that marijuana can produce acute psychosis marked by confusion, delusions and hallucinations.

Theme 4: Perceptions of stopping the use of marijuana

Almost all the psychiatric patients said that they intended to quit smoking marijuana, although some of them realised that it might be difficult. It seems that the reasons for quitting marijuana are the negative effects marijuana have in their lives. These perceptions are confirmed by the psychiatric patients' own words as follows: 'I will never use marijuana again', and 'it's hard to get out of marijuana when you are actually in it'. Hall (2006b:106) confirmed that psychiatric patients want to quit smoking marijuana, and that the number of these psychiatric patients requesting help to quit has increased.

Psychiatric patients perceive themselves as a group that can assist others to stop smoking marijuana. One of them said, 'The Lord put me through, now I want to help others'. This finding links with a self-help approach in an attempt to promote abstinence from marijuana, where patients form a support group and encourage one another (Bonn-Miller, Zvolensky & Moos 2011).

Psychiatric patients mentioned that there is an increase in self-care when they stop using marijuana. The following statement confirms this finding: 'I am able to know without being told by anybody that I need to take care of myself'. This seems to be a new finding because nothing was found from the literature that relates to it.

Psychiatric patients expect external groups to terminate the use of marijuana, namely foreigners, police and Rastafarians. The following direct quotations from interviews confirm this finding:

'Nigerians must be evicted out of the country because they are destroying our country with marijuana'; 'this thing is going to take us long before we can win because of the corrupt police';

and 'If Rastafarians can be stopped, I'm telling you my brother, everything will go according to our plans'.

The literature indicates that the South African police are indeed attempting to terminate marijuana use. For example, Chauke (2010:5) mentions a famous artist who was arrested by Sandringham police for possession of marijuana. The expectation that foreigners and the Rastafarians contribute to the termination of the use of marijuana seems to be a unique finding.

Practical implications

The main contribution of this research is an exploration and description of the perceptions of psychiatric patients on marijuana use. This, combined with relevant literature as described in the literature control, enabled the formulation of recommendations for nursing education, research and practice. These practical implications are discussed under the section 'Recommendations'.

Limitations of the study

Access to stable psychiatric patients was limited, because once they are discharged, they want to return home on the same day. On the other hand, some of these psychiatric patients were not relaxed during the interview, probably because they were interviewed by the 'staff'. They spoke softly and the recording tape was not always audible during transcriptions. These limitations were addressed by means of prolonged engagement, as discussed in the section on trustworthiness.

Recommendations

Based on the findings as well as the literature control, recommendations for nursing education, nursing research, and for nursing practice, were formulated as follows:



Recommendations for nursing education

Nursing education in relation to marijuana use should aim at increasing nursing students' and psychiatric nurses' insight about psychiatric patients' perceptions on the use of marijuana, in order to render appropriate and quality psychiatric nursing care and to reduce readmittance of psychiatric patients resulting from marijuana-induced psychosis. This includes, for example, the understanding that psychiatric patients find it difficult to follow through on their decision to quit marijuana use, and that they need guidance and support. Psychiatric patients (in curative efforts) as well as the youth (in preventative efforts) should be educated about the dangers of marijuana use and should be helped to examine the disadvantages of continued use. Some of the psychiatric patients have already verbalised that this study was educative to them.

Recommendations for nursing research

Nursing research is recommended in the following areas:

- on effective health education to effectively discourage marijuana use by psychiatric patients
- on the best method to provide valuable information to psychiatric patients about the dangers of marijuana use
- on guidelines to assist psychiatric patients who want to quit smoking marijuana
- on the relationship between marijuana use and crime, as well as on the complex nature of the relationship between marijuana use and mental illness.

Recommendations for nursing practice

Recommendations for nursing practice were given in order to prevent marijuana use as well as to treat and rehabilitate psychiatric patients who were already admitted as a consequence of marijuana-induced psychosis.

Prevention of marijuana use

- Prevention programmes should include issues on self-esteem, coping and problem-solving skills.
- Mental health care workers should collaborate with psychiatric patients, youths, cultural groups such as Rastafarians, celebrities, the South African Police Services and non-governmental organisations in preventative efforts.
- Psychiatric nurses should strongly discourage psychiatric patients from using marijuana.

Treatment and rehabilitation of psychiatric patients diagnosed with marijuana-induced psychosis

- It is essential to build a relationship of trust with psychiatric patients when they have been admitted following marijuana-induced psychosis.
- Psychiatric patients, who are already admitted as a result of marijuana-induced psychosis, should be referred to rehabilitation centres for specialised care, treatment and rehabilitation.
- Psychiatric nurses should educate patients, families, groups and communities about the dangers of marijuana

use in order to promote and maintain the mental health of these same groups to have a mentally healthy country.

- Management of psychiatric patients with marijuana-induced psychosis should integrate principles of dual diagnosis management.

Conclusion

Participants in this study were very clear and open as to their perceptions regarding marijuana use, for example that marijuana is easily obtainable and that the use of marijuana has negative effects. Furthermore, it is clear that although psychiatric patients seem to realise that marijuana use is a negative habit, they find it extremely difficult to live without it. They seem to use marijuana as a coping mechanism and as a way to boost their self-esteem. Psychiatric nurses and other mental health-care providers should thus have insight in marijuana related conditions and the underlying dynamics related to marijuana use when admitting and caring for these patients, in order to render quality care and to reduce high rates of readmissions because of marijuana-induced psychosis.

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Competing interests

The authors declare that they have no financial or personal relationship which may have influenced them inappropriately in writing this paper.

Authors' contributions

This article is based on research conducted by L.A.S. (North-West University) under supervision of E.D.P. (North-West University) and B.S. (North-West University). The draft was formulated by L.A.S. and E.D.P., and L.A.S. and B.S. contributed to the finalisation of the article.

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