

**A STUDY OF THE PERCEIVED ROLE OF ACCOMPANYING RELATIVES TO THE PSYCHIATRIC DEPARTMENT AT THE KOMFO ANOKYE TEACHING HOSPITAL (KATH) - KUMASI**

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**ABSTRACT**

The perceived role of (23) twenty-three relatives comprising parents, siblings, uncles and aunts who accompanied their wards to the Psychiatric Department, KATH, Kumasi had been described. The patients were found to be suffering from a whole spectrum of psychiatric disorders namely: Anxiety-Depressive States, Schizophrenia, Hypomania, Schizo-Affective Disorders and Acute Psychotic Disorders. The perceived role in accompanying their relatives obtained through verbal interviews had been described.

Further research using qualitative assessment for such roles to remove social desirability bias had been discussed.

**KEY WORDS:**

Role of relatives, second party consent, psychiatric patients.

**INTRODUCTION**

From its inception the Department of Psychiatry at the Komfo Anokye Teaching Hospital had always insisted that relations accompany patients to the clinic, either as out patients or when admitted as in-patients, to stay with them throughout the day and night. This was an innovation, which was thought of by the Head of Department and staff of the Department.

The aim of this obligation on relatives, was to assist the staff in the care and management of the wards in various ways, but also to help the relations gain some insight into the illness of their mentally ill patients as well as how to manage them at home. The staff of the Department were also attentive to the issue of treating patients who might be considered incompetent for the purposes of consent due to their mental states. Accompanying relatives, therefore, could serve as second parties when the patient himself could not be depended on to give consent to treatment freely.

The Psychiatric Department at the Komfo Anokye Teaching Hospital has a 12-bed ward, 6 for males and 6 for females, with a compliment staff of one psychiatrist, two senior members of Faculty as Social Scientists (lecturers in psychology and Medical Ethics). Apart from the Department's admission facilities there is normally a rather large out-patient attendance weekly (averaging 70 patients) on Thursdays.

The author undertook this study in order to determine the different roles as perceived by these accompanying relatives to the Department.

**METHODS AND STUDY POPULATION**

This study was undertaken in April, 1997. All relatives who accompanied their wards to the Out-Patient Department of the Psychiatric Unit at the Komfo Anokye Teaching Hospital were interviewed verbally to assess what they perceived as their role in being present. Patients consisted of Out-Patients as well as discharged In-Patients attending review.

These interviews preceded the review Clinics and only relatives who arrived on time before the commencement of the clinic were included. All relatives who arrived later in the course of the clinic were excluded from the study since the interviews ended by then.

**RESULTS**

During the month under review, there were 23 relatives who accompanied their wards to the clinic.

**Table 1: Relationship to Patients**

Parents	Siblings	Others (Uncles & Aunts)	Totals
12 = 52.2%	5 = 21.7%	6 = 26.1%	23 = 100%

The majority were clearly the parents of the patients.

**Table 2: Patients and their Diagnoses**

Anxiety Depressive state : 4 - 17.4%	Schizo-Affective Disorder : 4 - 17.4%
Schizophrenia : 7 - 30.4%	Acute Psychotic illness : 2 - 8.7%
Hypomania : 6 - 26.1%	Total : 23 - 100%

Diagnosis was by specialist psychiatrist using ICD - 10 criteria [1].

**Table 3: Roles as perceived by the Accompanying Relatives:**

a)	Supervision of medication	- 10
b)	Persuading patients to attend Hospital	- 3
c)	Feeding patients	- 2
d)	Counselling and support of patients	- 5
e)	Calming patients when irritated	- 2
f)	Liaising with Hospital Staff concerning management	- 1
g)	Financial Support	- 1
h)	Represent patients when they lack insight	- 12

These results clearly demonstrated that the relatives saw themselves as playing an active role in the maintenance of care and management of their wards as the reason for their presence.



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## DISCUSSION

During the last decade or so, there has been an increasing trend all over the world towards treating psychiatric patients in the family setting [2]. So far few systematic attempts have been made to assess the type and degree of help perceived by the families of patients being treated on out patient basis.

Earlier works concentrated on studying the special burden of the discharged chronic patients into the community, and attempts to assess special burden by readmission of the patients on relapse [3]. Wing *et al* 1964 [4] pointed out that stress caused to families was an important factor in determining the patients' acceptance by their families.

Whilst these earlier works concentrated on schizophrenics and the burden felt by the patients' families, the data presented here, sought to emphasise the roles relatives felt they could offer their patients in their care during a period of mental disorder. And hence the difference between this study and previous works.

In this study, the psychiatric problems were not only schizophrenia but a much wider range of psychiatric disorders and further the amount of assistance they could offer on the here and now basis.

It is the opinion of this author that the burden on the family of the psychiatric patient tends to be similar whatever the disorder is. And that the burden on the family appears to be financial, feeding, supervision of medication, counselling and support as reported by Shaipa Pai and Kapur [2]. In this particular study, the minor psychiatric illnesses such as Anxiety Depressive States, the burden tended to be counselling and support of patients.

It is worthy of note that a significant number of relatives saw themselves as representing the interests of their wards who lacked insight. Beauchamp and Childress [5] reported that a person was competent to consent to treatment if and only if that person could make decisions based on rational reasons. The accompanying relatives in these cases saw themselves as designated to act in the best interests of their wards in therapy fulfilling an ethical requirement of second party for patients who might be incompetent.

Obviously, the drawback in this study is lack of objective assessment, for it could be argued that some of the responses would fall in the social desirability sphere.

Further research, using objective criteria for the assessment of relatives' perceived role needs to be undertaken.

## CONCLUSION

This study focused on the perceived role of relatives accompanying their wards to a psychiatric out-patient clinic. Relatives saw themselves playing a significant role in the maintenance of care of their wards. The role of relatives in the maintenance of care and management of the psychiatrically ill cannot be overemphasised as reported by Osei [6] in an earlier study.

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