IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

SOCIETY REINTEGRATION INTERVENTION AMONG TREATED AND DISCHARGED PSYCHIATRIC PATIENTS, AGBOR AND WARRI CENTRAL HOSPITALS, DELTA STATE, NIGERIA: VIRTUES OF HEALTH EDUCATION.

ONOHARIGHO, Festus Dafe, JOSEPH O. OgbePh.D and NWACHUKWU, A. Emeka
Department of Health and Safety Education
Faculty of Education, Delta State University, Abraka.

ABSTRACT

The study investigated the effect of health education on society reintegration intervention among treated and discharged psychiatric patients, Agbor and Warri Central Hospitals in Delta State. The intent of the study was targeted at using health education as a strategy to eradicate stigma, misconception and rejection against mentally ill persons and promote their acceptance recovery and successful societal reintegration. The health education intervention measure on societal reintegration involved functional recovery instruction. Three (3) research questions were raised and three (3) hypothesis were formulated and tested at 0.05 alpha level. The study adopted the quasi-experimental research design of the pre-test, post-test and control group. The population of the study consisted of 21 adults (12 males and 9 females) of the Agbor and Warri Central Hospitals. The instrument for data collection was a self-structured instrument (test). Reliability of the instrument was established using the Cronbach Alpha which yielded a reliability index of 0.87 for health education in functional recovery.The control group, Agbor Central Hospital Psychiatric Unit, while the experimental group Warri Central Hospital Psychiatric Unit were taught/instructed on the health education intervention instruction. At the end of the teaching duration of six (6) weeks, the instrument test was re-administered to both the control and experimental groups, after which the answers were marked, scored and subjected to analysis to measure the impact of the intervention on societal reintegration of participants. Mean and standard deviation were used to answer the stated three (3) research questions, while the t-test were used to test the stated three (3) hypothesis at alpha level of 0.05 significance, among the three(3) stated hypothesis, 2 were rejected only 1 was retained. The analyzed result findings revealed that, there was significant improvement on their mental health recovery, acceptance and adequate societal reintegration after the intervention. Based on the findings it was recommended that for a better outcome in societal reintegration of discharged psychiatric patients, professional health educators, health education instruction and society reintegration training should be combined with the conventional hospital discharged programme/procedure.

Keyword: Health education, society reintegration, treat and discharged psychiatric patients, mental health recovery, intervention

Introduction

The low level of acceptance, discrimination shabby treatment, and negative attitude of society towards individuals branded as "mentally sick" is often experienced and rampant in most communities. These negative attitudes consequently, lead to social isolation, lack of self-worth, self-confidence, rejection, homelessness, and poor meaningful life for individuals with psychiatric illnesses.

Mental illness may alter and interfere with an individual's life pattern by disrupting the potentials to effectively engage in performing fundamental tasks and maintain routines of life activities such as personal hygiene, feeding, operating a home, caring for self and others (Williams, 2020). Williams (2020) highlighted that, symptoms of psychiatric illness may be expressed as a single experience, persistent, relapsing and/or remitting in such a way that the individual may have to live and deal with it all through a life time.

Psychiatric disorders or mental health disorders are estimated to be responsible for one – third (1/3) of "years lost due to disability" (YLD) among persons of 14years and older.Mental and substance use disorders have been discovered to be very common and as one of the main causes of disability globally (Vigo *et al*, 2016).

The global burden of psychiatric disorder and substance abuse has been projected to hit 15%, and may be the main singular cause of disease load by the year 2030 (Williams, 2020). In Nigeria with a population of over 200 million, 20% - 30% of the population is believed to suffer from mental disorder (Onyeji, 2018). Regrettably, even with this high staggering percentage, adequate attention is not accorded to mental health illness. The level of awareness on mental health issues is also identified to be very poor in Nigeria and the mysterious misconceptions concerning psychiatric disorders continue to thrive and flourish (Sulieman, 2016).

In advanced nations, there have been great paradign shifts of prolonged psychiatric patients care from hospitals and institutions to the family and community, and from just only recovery to rehabilitation and reintegration. Family and community play a great role in the successful rehabilitation and reintegration of treated and discharged psychiatric patients (TADPPS) from the hospitals back to the society. Rehabilitation and social reintegration are both essential and integral part of the same process (Chakrabort*iet al*, 2015). Reintegration in psychiatry is a restorative process of returning the mind to a unified whole state again following an experience of derangement by psychosis through therapy and education (Dictionary.com, 2021).

Chakrabort*iet al* (2015) postulated that the goals of reintegration are categorized into three (3) perspectives to achieve an acceptable, purposeful, meaningful, and responsible engagement in dailyactivities. The authors stressed that the above objectives could be realized through:

i. The provision of gainful employment,which provides means of economic power and support to daily life.
ii. Provision of theindividual with accommodation of his or her own (place of abode) and carry out task and life activities independently.
iii. Enabling the individual to function and interrelate proficiently with family, and friends within the community and the society at large.

Homelessness experienced by the treated and discharged psychiatric patients (TADPPs) could be described as not having a home (accommodation), no acceptance, not meaningfully engaged, vagrancy, wandering, roaming mentally ill person. In Nigeria, they are eye sores seen on the streets of our villages and towns in dejected poor conditions under bridges, uncompleted houses, around motor parks, vulnerably exposed to the harsh weather conditions and lots of health hazards without any form of lawful, social, family or community support provided for them (Nwaopara*et al*, 2016).

Recovery perspectives are intimately related and often influence each other in complex processes. Thus, treatment and support for people with severe mental illnesses should normally pay attention to all perspectives of recovery, and should be structured to a person's individual needs. Rehabilitation intervention thus, should focus on patient's personal goals and wishes regarding daily life and societal recovery (Bitter*et al*, 2020).

Psychiatric patient's rehabilitation starts in the hospital, but continues after the individual has been discharged, and returns to the family and community. Family and community play vital roles in the successful reintegration of TADPPs from the hospitals back to the society. Family acceptance and support can help deal with issues related to self-worth and self-confidence post discharge of treated psychiatric patients from the hospitals back to the family and community, positive attitude and reinforcement from family, friends and community members often help achieve recovery. Family and community participation, involvement, flexibility and open communication break many barriers and discrimination associated with treated and discharged psychiatric patients. Families and communities who inspire hope enhance adequate adjustment, confidence and self-esteem on the mentally ill persons (https://www.hopkinsmedicine.org/health, 2022).

Williams (2020) buttressed that stigmatic attitude could lead to a number of health problems such as depression, low self-dignity, social isolation, rejection and suicidal thoughts. The authority stated further that many recovery mental healthcare and others who would have sought for access deprive themselves of utilizing these services for fear of stigma related to psychiatric illnesses. Consequently, this compromise their fundamental human rights, opportunity and equal access to care resulting to social isolation, maladjustment and poor quality of life, Loch (2014) observed that this stigmatic attitude towards TADPPs is not only seen among the general population but also among government, care givers, healthcare providers, friends, family members and institutions.

Justification of Study

The rational for this study anchors on the experiences of rejection, neglect and negative attitude against mentally ill persons from family members, friends, colleagues, and the society. They are hardly shown love and care during treatment and after discharge from the hospitals, they are hardly accepted and reintegrated back to the society. Consequently, they go depressed; withdrawn and some serious cases commit suicide. All of these negative attitude because of the society's judgmental behavior,beliefs and misconceptions about psychiatric illnesses that the condition is not curable, caused by the evil deeds of the person, as punishment from the gods and can be contracted through physical contact, hand shake or sharing of cutleries. This has made even some family members of psychiatric ill persons to refuse to eat or stay under the same roof with them. Nevertheless, Health education intervention measures through family and community information, teaching and exposition on the true fundamental position of mentally illnesses will foster the acceptance, recovery and successful reintegration of psychiatric ill persons back to their family and the society.

Furtak*et al*, (2011) conceptualized health education as the major inherit and complementary feature of health promotion which focuses at raising awareness, increasing knowledge, acquire skills and shape a health oriented attitude in persons who are also perceived as features of a society. Therefore, health education can be seen as a health intervention strategy which can assist us to eradicate stigma, rejection and misconceptions about psychiatric illness and enhance acceptance and social reintegration of TADPPs back to the society. Thus, treated and discharged psychiatric patients can lead a normal life free from discrimination, shame, depression and exclusion.

The focus of the study is on the variables of this study which are society reintegration recovery: comprising regaining function of daily activities such as work, social relationship, housing and leisure, communication and relational skills and personal recovery: involving individuals own experience and is about hope, empowerment, good quality of life, self-determination and regaining the identity of a person who lives a meaningful life despite the presence of symptoms. The instrument of change is the Health Education Instruction Content (knowledge, attitude and practice) on mental health and society integration of TADPPs.

Statement of the Problem

Psychiatric persons have needs, concerns, and rights like other "normal" persons in the society. Psychiatric- illness stigma, misconceptions, discrimination and rejection in Nigeria is widespread, permeating and damaging. A large proportion of the society show that persons with psychiatric illnesses are subjected to rejection, jobdenial, school expulsion, austacism, neglects, loss of dignity, feelings of shame, suicidal thoughts, lack of access to care, affection, care and support, loss of family, property, financial strangulation and so on. These negative attitude towards the mentally ill persons occur at different forms such as family level, community level and institutional level such as healthcare facility or hospital, school, media, place of work and even in the government sector. This negative attitude of the society affects the recovery health of the discharged psychiatric patients to the extent that some do relapse and fall back into the early mental state.

Several programmessuch as the Mental Awareness Initiative and National Alliance on Mental Illness against psychiatric illness on stigma, rejection and society's negative attitude towards them have been done in Nigeria. Nevertheless, despite theseprogrammes, the rejection and negative attitude of society towards them still persist and on the increase. The problem thus, is: would Health Education Intervention measure influence, or succeed in bringing down stigmatization, rejection and negative societal attitude towards discharged psychiatric patients? Would Health Education intervention increase the acceptance and encourage their reintegration after being treated and discharged from the hospital back to the society?

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Nevertheless, several studies have been done in this area of society reintegration intervention among treated and discharged psychiatric patients, just a few literature exist in this vital but underutilized aspect of Health Education intervention instruction focused beyond just treatment only but on the different aspects of mental recovery and rehabilitation. Moreover, most of the literature reviewed were international, others national and limited to treatment intervention only, even at that there is no record to the best knowledge of the researcher that such has been done in Delta State, especially in Agbor and Warri Psychiatric Units Central hospitals. This study thus, intends to close this gap.

Research Questions

i. What will be the behavioral outcome in the Pre-Test Experimental group and Pre-Test of the Control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and WarriCentral hospitals in Delta State?

ii. What will be the behavioral outcome in the Pre-Test experimental and Post-Test of the control groups in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and WarriCentral hospitals in Delta State?

iii. What will be the behavioral outcome in the Post-Test of the Experimental group and the Post-Test of the Control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and WarriCentral hospitals in Delta State?

Hypotheses

i. There will be no significant difference in the behavioral outcome in the Pre-Test Experimental group and the Pre-Test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients Agbor and Warri Central hospitals in Delta State.

ii. There will be no significant difference in the behavioral outcome in the Pre-Test and Post-Test of the Experimental group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

iii. There will be no significant difference in the behavioral outcome in the Post-Test of the Experimental group and the Post-Test of the Control group in their levelsofsocietal reintegration following health education intervention in functional Recovery instruction among treated and discharged psychiatric patients in Agbo and WarriCentral hospitals in Delta State.

Purpose of the Study

i. to determine the behavioral outcome of the Pre-Test Experimental group and Pre-Test of the Control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri central hospitals in Delta State.

ii. to ascertain the behavioral outcome of the Pre-Test and Post-Test of the Experimental group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri central hospitals in Delta State.

iii. to find out the behavioral outcome of the Post-Test of the Experimental group and the Post-Test of the Control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri central hospitals in Delta State.

Theoretical Framework

This study washinged on Bronfenbrenner's (1979) Ecological System Theory. The ecological systems theory was developed by Bronfenbrenner (1979) originally to explain the relationship between the individual and the environment, the way they interact and affect one another as humans develop. It describes the influence of social environments on human development. The theory posited that the environment persons grow up in affects every perspective of their life. Furthermore, that social factor determines individual's way of thinking, emotions, feelings, their likes and dislikes as well.

According to Bronfenbrenner (1979) if a person changes environment and migrates to another with a different culture, or changes social role within the systems of relationships, the way of life and identity will change suite. He implied for instance that a psychiatric patient who was taken to the hospital and admitted, after long stay of treatment within the hospital environment and is discharged back home to the family and community, the way of life and identity will change, consequently affecting reintegration back to the society after discharge from the hospital.

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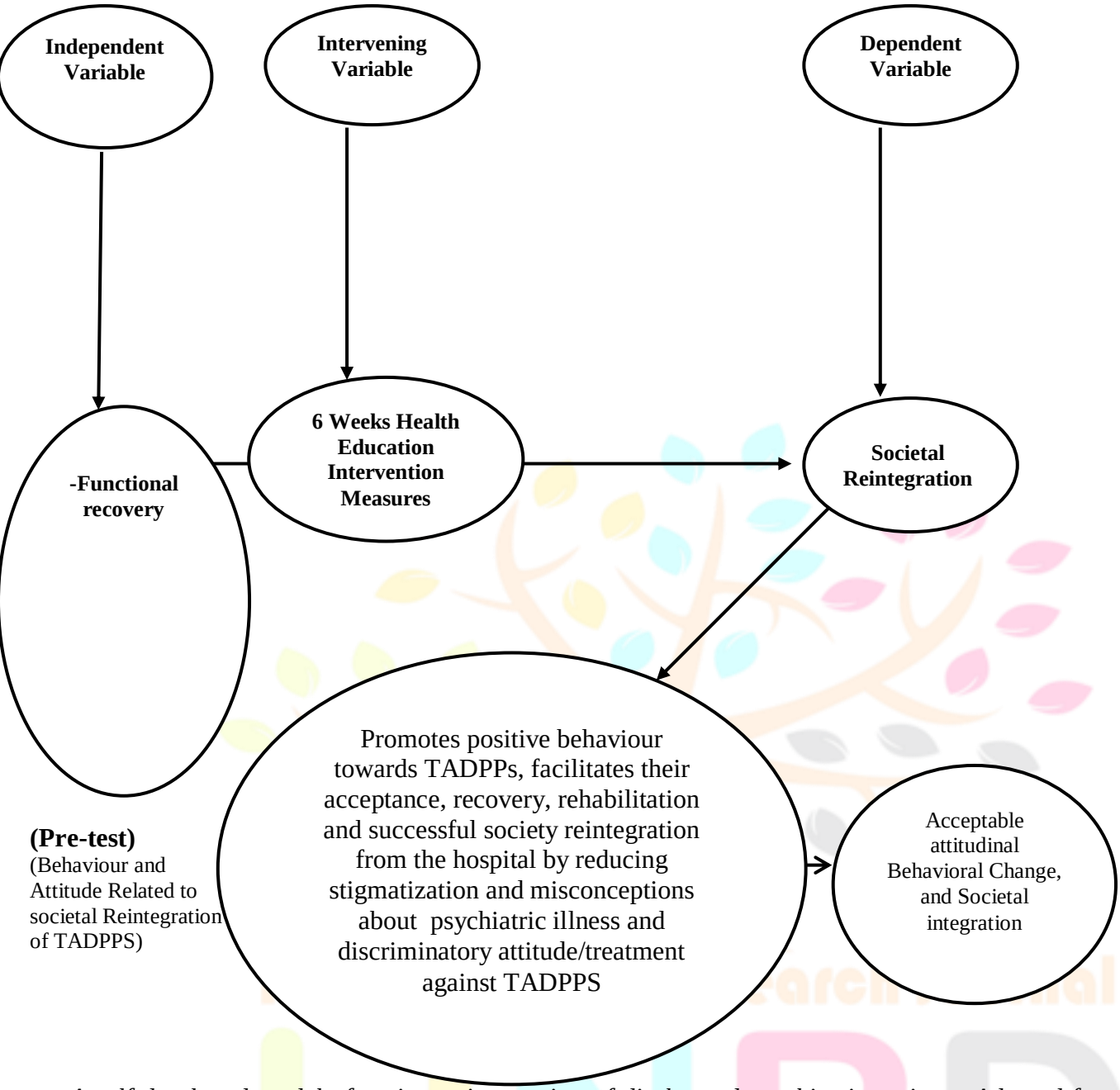
Figure1: Conceptual Model of the study



A self-developed model of society reintegration of discharged psychiatric patients. Adapted from Forchuket al, (2020)

From the conceptual model diagram, the independent variable is functional recovery, behaviour and attitude (related to society reintegration of TADPPs); the intervening variableis the 6 weeks Health Education intervention programme while the dependent variable is societal reintegration. The aim of this model is to reveal the pre-test attitude/ behaviour outcome of TADPPs, Central hospitals in Delta State, their healthcare givers, their family members and community member to the 6 weeks Health Education intervention programe with regard to the successful society reintegration of TADPPs, their post-test behaviour/attitude after the programme which should promote positive behaviour towards TADPPs, facilitates their acceptance and successful society reintegration from the hospitals by reducing stigmatization and misconceptions about psychiatric illness and discriminatory attitude and treatment against TADPPs.

Concept of Psychiatric illness

Psychiatric illnesses are conditions which affect the mental health of individuals, how they think, feel and behave. According to WHO (2022) Psychiatric illness is the experience of symptoms of mental disorders, such as depression and schizophrenia. It asserted that psychiatric illnesses may disarray an individual's lifestyle by compromising the ability to effectively carry out fundamental tasks and maintain activities of daily living, like observing self hygiene, feeding, operating a home, caring for self and others. It stated further

that symptoms of mental disorder may be experienced as a single episode, continuous and/or persistent, relapsing and/or remitting in such a way that the individual may have to deal with it all through a lifetime.

Psychiatric illness remarkably complicates physical illness, apart from the person directly affected by a mental illness, significant others such as family, friends and communities can be negatively affected (Fekadu*et al*, 2019). Silva *et al*(2020) observed that the complex nature of psychiatric disorders, and stigma related to the illness prevents most psychiatric persons from seeking and accessing mental health care, and this eventually compromise their human rights. Williams (2020) perceived that the basic survival needs of psychiatric patients such as employment, access to adequate accommodation, availability of health and social care services are either poorly met or absolutely neglected. Furthermore, it noticed that the aforementioned issues, compounded with forced transition upon discharge from psychiatric care may place TADPPs at high inclination not to be able to successfully socially reintegrate.

Symptoms, Causes and Risk Factors of Psychiatric Illness

WHO (2022) opined that signs and symptoms of psychiatric illness may vary depending on the disorder, circumstances around the illness and other factors. It added that psychiatric illness symptoms can affect emotions, thought process and behaviours in the following ways:

i. Feeling down and sad
ii. Reduced ability to concentrate or in appropriate thinking
iii. Extreme mood swings ranging from high to low mood change
iv. Extreme expression of worries, fear or feelings of guilt.

Materials And Methods

This study adopted the Quasi-experimental research design of the pre-test, post-test and control group. The Quasi-experimental design was used for the study because it is an interventional study which goals are to evaluate interventions.Thomas (2022) affirmed that Quasi-experiments are empirical non randomizedstudies that aim to assess interventions which can use both pre-intervention and post-intervention measurements.

The study population consisted of treated and discharged psychiatric patients (TAPPs) from the psychiatric Units of Agbor and Warri Central Hospitals in Delta State, discharged but still attending the Central Hospitals Psychiatric Out Patients Department (OPD) for follow up treatment/management appointments. Participants/respondents for both Agbor and Warri Central Hospital included21 adults of both gender (male 12 and female9). The Control group Agbor Central Hospital Psychiatric Unit, 8 adults (5 males and 3 females), while the Experimental group Warri Central Hospital Psychiatric Unit, 13 adults (7 males and 6 females).

Instrument for Data Collection

The research instrument used for this study was a self-structured research instrument (Test) tagged "Discharged Psychiatric Patients'Society Reintegration Recovery Achievement Test" (DPPSRRAT). The instrument was made up of three (3) sections: section A, B & C. Section A elicited demographic information including Gender (male and female), Location (Urban and Rural) and Admission ward prior to discharge. Section B specific and applicable only to TADPP. It consisted of multiple choice objective questions and open ended interview questions on their mental health history and perception of psychiatric illness based on their own experiences, knowledge, attitude and practice with regards to their recovery, rehabilitation and society reintegration. The questions comprised of four (4) answers options; one correct answer and three distracters from options A to D which the TADPPs choose from, made up of twenty five (25) question items all together. Section C was made up of the Health Education Intervention Instrument on Psychiatric Illness and Society Reintegration of Discharged Psychiatric Patients. This is the knowledge and Attitude Instrument with which TADPPs were instructed on as intervention (The Health Education Content: Lesson Note/Health Talk, Lesson Plan/Health Talk Plan and Marking Guide).

Reliability of the Instrument

The reliability of the Discharged Psychiatric Patients Society Reintegration Recovery Achievement Test (DPPSRRAT) instrument was established by usingCrombact alpha for estimating the internal consistency of the instrument. This yielded a reliability index of 0.88 for Health Education societal recovery instruction and 0.66 for Health Education personal recovery instruction. This indicates that the instrument had good psychometric properties of reliability.

The researcher briefed two (2) research assistants before the administration of the research test instrument. With the help of the research assistants, the researcher administered the instrument (test) across the two (2) central hospitals psychiatric units, Agbor and Warri to the TADPPS and their care giver at the same time. Each of the procedures was given to both at the same time. Before the researcher and the assistants administered the test questions to the TADPPS and their care givers in each of the central Hospital, they first obtained the consent of the TADPPS, care givers and that of the psychiatric units doctor-in-charge through the head of Hospital administration board, who helped organized the TADPPS during the periods to ensure they were available for their Out Patient Department (OPD) clinic days for the teaching and co-operation during the experimental process.

The researcher spent time with the Respondents in the Agbor and Warri Central Hospitals which included 21 adults (12 males and 9 females). Agbor Central Hospital Psychiatric Unit was the Control group, 8 adults (5 males and 3 females), while Warri was the Experimental group, 13 adults (7 males and 6 females). The researcher clarified the purpose of the research exercise and encouraged the Respondents to be sincere in the provision of their responses that all responses will be kept confidential and will only be used for academic purposes in other to achieve the research objectives. Thereafter, the pre-test was administered to both the experimental and control groups, the participants were requested to respond to the test items indicating with a dash "(-)" against or directly below the options of their choice from Option A to D. completed copies of the instrument (test) were collected on the spot from the respondents by the researcher and assistants to avoid loss of some copies and then answers were marked and scores were obtained from both groups. The experimental groups were taught and instructed on Psychiatric illness and related stigma, misconceptions, recovery in mental health, rehabilitation and society reintegration through the hospitals OPD Psychiatric Units on the Health Education Intervention Manual.

Lesson plan was prepared to teach the study participants in the experimental group, Warri Central Hospital on Psychiatric illness, its causes, misconceptions, stigma, and management, recovery in mental health, rehabilitation and society reintegration. At the end of the teaching duration of six (6) weeks, the Section B of the instrument (test) "DPPSRRAT" was then re-administered to the experimental group in Warri and the Central group in Agbor Central Hospitals. The completed copies of the test questions were collected from both the experimental and the control groups from the Agbor and Warri Central Hospitals, after which the answer were marked and scored.

After marking and scoring of the completed copies of the test questions, the collected marked and scored copies of the test questions were grouped into societal recovery, personal recovery and rehabilitation. The scores were then subjected to analysis to measure the general impact, success or failure of the programme (Health Education Intervention) on society reintegration of participants).

Presentation Of Results And Discussion

Research Question 1

What is the behavioral outcome in the pre-test experimental group and pre-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State?

Table 1: Mean and Standard deviation in the behavioral outcome in the pre-test experimental group and pre-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients.

Groups	N	Mean	SD	Mean Difference
Pre-test Experimental Group	13	2.38	0.87	0.00
Pre-test Control Group	8	2.38	0.74	

Table 1, shows the mean of pre-test experimental group which was 2.38, with standard deviation of 0.87, while the mean of pre-test control group was 2.38 with standard deviation of 0.74 and a mean difference of 0.00. This shows a zero behavioral outcome in the pre-test experimental group and pre-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State

Research Question 2

What is the behavioral outcome in the pre-test and post-test experimental group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Table 2: Mean and Standard deviation in the behavioral outcome in the pre-test and post-test experimental group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients

Groups	N	Mean	SD	Mean Difference
Pre-test Experimental Group	13	2.15	0.80	-1.23
Post-test Experimental Group	13	3.38	0.87	

Table 2, shows the mean of pre-test experimental group which was 2.15 with a standard deviation of 0.80, while the mean of post-tests experiment group was 3.38 with a standard deviation of 0.87 and a mean difference of -1.23. This indicates a negative behavioral outcome in the pre-test experimental group and post-test experimental group in their levels of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State

Research Question 2

What is the behavior outcome in the post-test experimental group and post-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State?

Table 3: Mean and Standard deviation in behavioral outcome in the post-test experimental group and post-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients.

Groups	N	Mean	SD	Mean Difference
Post-test Experimental Group	13	3.38	0.87	1.51
Post-test Control Group	8	1.88	0.35	

In table 3, the mean of post-test experimental group was 3.38 with standard deviation of 0.87, while the mean of post-test control group was 1.88 with standard deviation of 0.35 and the mean difference was 1.51. This indicates a positive behavioral outcome in the post-test experimental group and post-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Hypothesis 1

There is no significant difference in the behavioral outcome in the pre-test experimental group and pre-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Table 4: Independent sample t – test analysis in the behavioral outcome in the pre-test experimental group and pre-test control group in their levels of societal reintegration following health education interaction in functional recovery instruction among treated and discharged psychiatric patients.

Group	N	Mean	SD	df	t	Sig (2 tailed)
Pre-test Experimental Group	13	2.38	0.87	19	0.026	0.980
Pre-test Control Group	8	2.38	0.74			

Table 4, indicates the t value of 0.026 and a p-value of 0.980. Testing the null hypothesis at an alpha level of 0.05. However, the null hypothesis was rejected. This revealed that there was significant difference in the behavioral outcome in the pre-test experimental group and the pre-test control group in their levels of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Hypothesis 2

There is no significant difference in the behavioral outcome in the pre-test and post-test experimental groups in their levels of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Table 5: Independent sample t – test analysis in the behavioral outcome in the pre-test and post-test experimental groups in their levels of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients.

Group	N	Mean	SD	df	t	Sig (2 tailed)
Pre-test Experimental Group	13	2.15	0.80	24	3.754	0.001
Post-test Experimental Group	13	3.38	0.87			

Table 5, shows the t – value of 3.754 and a p-value of 0.001. Testing the null hypothesis at an alpha level of 0.05, the p-value of 0.002 was less than the alpha level of 0.005. Therefore, the null hypothesis was rejected. This revealed that there was significant difference in the behavioral outcome in the pre-test and post-test experimental groups in their levels of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Hypothesis 3

There is no significant difference in the behavioral outcome in the post-test experimental group and post-test control group in their levels of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

Table 6: Independent sample t-test analysis in the behavioral outcome in the post-test experimental group and post-test control group in their levels of societal reintegration following health education intervention among treated and discharged psychiatric patients.

Group	N	Mean	SD	df	t	Sig (2 tailed)
Post-test Experimental Group	13	3.38	0.87	19	4.642	0.000
Post-test Control Group	8	1.88	0.35			

Table 6, shows the t-test value of 4.642 and a p-value of 0.000. Testing the null hypothesis at an alpha level of 0.05. Hence, the null hypothesis was rejected. This indicates significant difference in the behavioral outcome in the post-test experimental group and post-test control group in their level of societal reintegration following health education intervention in functional recovery among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

The Behavioral Outcome in the Pre-Test Experimental Group and Pre-Test Control Group in their Levels of Societal Reintegration following Health Education Intervention in Functional Recovery Instruction among Treated and Discharged Psychiatric Patients.

The result in research question 4, indicated zero mean difference of 0.00 as the behavioral outcome in the pre-testexperimental group and pre-testcontrol group in their levels of societal reintegration in functional recovery instruction among treated and discharged psychiatric patients.

The finding in hypothesis 4, shows that there was no notable difference in the behavioral outcome in the pre-test experimental group and pre-test control group in their levels of societal reintegration before health education intervention in functional recovery instruction among treated and discharged psychiatric patents. The finding in this study identified no noticeable difference in functional behavioral outcome in both the pre-test experimental group and the pre-test control group. This study finds it so because both the pre-test experimental group and the pre-test control group had the same entry behavior understanding in their levels of societal reintegration before health education intervention in functional recovery instruction among treated and discharged psychiatric patients. This finding supports Thomas (2022) submission that behavioral outcome will not occur in the absence of a planned structured intervention measure. This study thus affirmed that no intervention no behavioral change.

The Behavioral Outcome in Pre-test and Post-test Experimental Group in their Levels of Societal Reintegration following Health Education Intervention in Functional Recovery among Treated and Discharged Psychiatric Patients.

The finding in research question 5, table 5, indicated a negative mean difference of 1.23 as the behavioral outcome in pre-test and post-test experimental group in their levels of societal reintegration in functional recovery among treated and discharged psychiatric patients.

The finding in hypothesis 4, table 19 shows that there was significant difference in the behavioral outcome in pre-test and post-test experimental group in their levels of societal reintegration in functional recovery among treated and discharged psychiatric patients. The finding is in agreement with Killaspy et al (2020) in their study on from the asylum to community care: learn from experience. It revealed that application of functional recovery instruction which includes information and training in planning and problem solving skills, cognitive and vocational functions, employment, fulfillment of daily activities at home and professional life, interpersonal relationship yielded moderate to full societal reintegration. Thus, functional recovery instruction intervention when imbibed into mental health rehabilitation programme of treated and discharged psychiatric patients' leads to better societal reintegration outcomes.

The Behavioral Outcome in the Post-test Experimental Group and Post-test Control Group in their Levels of Societal Reintegration following Health Education Intervention in Functional Recovery Instruction among Treated and Discharged Psychiatric Patients

The result in research question 6, table 6 shows a mean difference of 1.51 in the behavioral outcome in the post-test experiment group and post-test control group in their levels of societal reintegration following health education intervention in functional recovery instruction among treated and discharged psychiatric patients.

The finding in hypothesis 6 table 20, revealed that there was significant difference in the behavioral outcome in post-test experimental group and post-test control group in their levels of societal reintegration following health education intervention among treated and discharged psychiatric patients. The finding is in congruence with Ernala et al (2022) in their study tagged: The Reintegration Journey following a psychiatric hospitalization. The study revealed that there was significant improvement in their functional independence, planning and problem solving skills, engagement in activities at home and workplace, meaningful interpersonal relationships and adequate societal reintegration following functional recovery instruction in mental health. It also tallies with the work of Pinar et al (2019) which identified functional recovery instruction intervention as important measure in meeting the hopes of discharged psychiatric patients to live a full and purposeful life and successful social integration. Thus, the experimental treatment measure was more effective than the control treatment intervention in improving the functional independence and social reintegration of patients.

Summary

The present study focused on Health Education and Society reintegration intervention among treated and discharged psychiatric patients, Agbor and Warri Central Hospitals, Delta State. The study's primary objective was targeted at using health education as a strategy to bring down or eradicate stigma, misconception and rejection against psychiatric ill persons. It also sought to know if health education intervention will increase their level of acceptance and foster their recovery and successful society reintegration of treated and discharged psychiatric patients. The health education measures on society reintegration intervention involved, functional recovery instruction, rehabilitation instruction. Three (3) research questions were raised and three (13) hypotheses were formulated and tested at 0.05 alpha level. In this perspective, the researcher reviewed several literatures after thorough search, hinged the study theoretically on Bronfenbrenner's (1979) Ecological System Theory. Other areas of related literature reviewed were mental health and mental illness, symptoms, causes and risk factors of psychiatric illness, diagnosis, classification and epidemiology of psychiatric illness, treatment and prevention of psychiatric illness, mental health system in Nigeria, society reintegration and social integration of psychiatric patients, myth and misconceptions about psychiatric illness, stigma and society reintegration of discharged psychiatric patients, levels/types of psychiatric illness related stigma, gender (male and female) and societal reintegration of discharge psychiatric patients, location (urban and rural) and society reintegration of discharged psychiatric patients recovery in mental health and society reintegration of discharged, psychiatric patients, aspects/forms of discharged psychiatric patients, concept of health, health promotion and health education, effect/need for health education programme in hospitals and communities, empirically related studies to show the impact of health education programme in other previous studies.

Findings

i. There was no significant behavioral outcome in the pre-test experimental group and the pre-test control, group in their levels of societal reintegration following health education intervention in personal recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

ii. There is significant behavioral outcome in the pre-test and Post-Test of the experimental group in their levels of societal reintegration following health education intervention in personal recovery instruction among treated and discharged psychiatric in Agbor and Warri Central Hospitals in Delta State

iii. There is significant behavioural outcome in the Post-Test experimental group and the Post-test of the control group in their levels of societal reintegration following health education intervention in personal recovery instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospital in Delta State.

iv. There is no significant behavioral outcome in the Pre-Test Experimental group and pre-test of the control group in their level of societal reintegration following health education intervention in rehabilitation instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

v. There is significant behavioral outcome in the pre-test and post-test of the experimental group in their levels of societal reintegration following health education intervention in rehabilitation instruction among treated and discharged psychiatric patients in Agbor and Warri Central Hospitals in Delta State.

vi. There is significant behavioral outcome Post-test of the Experimental groups and the post-test of the control group in their levels of societal reintegration following health education intervention in rehabilitation instruction among treated and discharged psychiatric patients in Agbor and Warri.

Conclusion

This study concludes that society's behavior towards the mentally ill persons is that of rejection, stigmatization, lack of care, affection and support which affects the recovery health of discharged psychiatric patients and sometimes relapses and fall back into the early mental state. However, health education intervention contributed significantly to changing these negative behavioral trends, by promoting their mental health recovery, acceptance and successful reintegration back to the society.

Recommendation

i. Government should engage more health education programmes at schools, hospitals and community levels concurrently and consecutively in order to yield more effective and sustainable change in the knowledge, attitude and actions of society towards individuals with psychiatric illness and other related disease.

ii. Government should make health education a compulsory subject at all levels of education and health education teachers should be employed to handle the subject. Likewise, professional health educators should be employed into the health care delivery system and should handle health education talk in the hospitals.

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