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A COMPARATIVE STUDY OF TWO REHABILITATION PROGRAMS
FOR ADULT FILIPINO SCHIZOPHRENICS

A Thesis

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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Psychology

by

CYNTHIA C. SOLANOY

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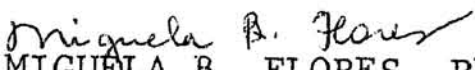
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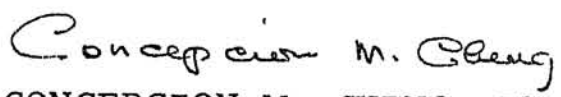
This thesis entitled, "A Comparative Study of Two Rehabilitation Programs for Adult Filipino Schizophrenics" prepared and submitted by Cynthia C. Solanoy, has been approved and accepted as partial fulfillment of the requirements for the degree of Master of Arts in Psychology.

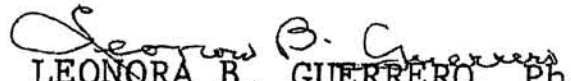

DOLORES V. DE LEON, Ph. D.
Adviser

PANEL OF EXAMINERS

Approved by the Committee on Oral Examinations with a grade of Benemeritus, on February 11, 1982.


MIGUELA B. FLORES, Ph.D.
Chairman


CONCEPCION M. CHENG, Ph.D.
Member


LEONORA B. GUERRERO, Ph.D.
Member-MEC Representative


CARMEN G. KANAPI, Ph.D.
Dean

SEP 24 1982

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THESIS ABSTRACT

Title: A Comparative Study of Two Rehabilitation
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Statement of the Problem

In as much as schizophrenics belong to a society of which they are an integral part, they should be given due attention through rehabilitation. In attempting this study, the researcher hopes to find the answers to the following questions:

1. What were the common complaints of the patients when admitted to the two hospitals?

2. What are the main problems encountered by the psychiatric staff in the rehabilitation of adult Filipino schizophrenics? What were their suggested solutions to those problems?

3. What are the common problems encountered by these patients while in the National Mental Hospital and the Armed Forces of the Philippines Medical Center?

4. In relation to the preceding question, what program of rehabilitation is adapted by these two institutions?

5. How effective are these programs in rehabilitating the patients?

6. What demographic variables are related to rehabilitation?

Procedure

Inasmuch as this study involved a search into the medical records and interviews with schizophrenics, permission to undertake the research was first sought from the chief of clinics, Dr. Leonida D. Mariano of the National Mental Hospital. The researcher's thesis proposal was read and then approved by Dr. L. Mariano and Miss Grace Cabanos, a psychologist.

The mental patients to be interviewed were chosen by the staff of the hospital. The interview was done individually by the researcher.

The AFP Medical Center had a stricter procedure. The researcher was asked to secure a police clearance and a letter of good moral character from a Barangay chairman. It was only after the researcher had secured all the requirements that she was granted the permission to conduct her interview.

The mental patients were also chosen by the staff of the Center and then the interview was conducted individually by the researcher.

The questionnaire for the psychiatric staff of the two hospitals was distributed and then collected by the researcher after a week.

Treatment of Data

Chi-square was used to test the relationship of the subject's rehabilitation status with the following variables: age, sex, civil status, religion, ordinal position, educational attainment, socio-economic status, medications taken by the patient, parents' marital status, number of siblings in the family, the community in which the patient lives and the number of siblings the patient has.

Percentage was used to indicate the proportion of patients under different categories of complaints related to their illnesses.

Findings

1. Male patients from the National Mental Hospital and the AFP Medical Center complained of headache, irritability, loss of appetite and sleeplessness (taken under one category), and hallucination ranking second.

2. Female patients at the National Mental Hospital had hallucination as their chief complaint, followed

by family problems involving conflicts with stepmothers and stepfathers and also the strictness of their parents.

3. Majority of the staff in the National Mental Hospital consider the indifference of the public to the rehabilitated patients as the number one (1) problem. As they attest to the fact that many of the patients in the National Mental Hospital are not visited by their families and relatives. At times, a social worker would take the rehabilitated patient home, either the family wouldn't accept him or the patient's family moved to another place.

4. The second problem encountered by the psychiatric staff are the inadequate professional staff and trained personnel and the lack of facilities. The same problem exist in the AFP Medical Center except for the indifferences of the public to the mental patients.

5. Suggested solution to problem encountered by the psychiatric staff was the adequate training and practice of personnel. The solution to the need is in the stepping-up of training for qualified personnel together with an increase in the number of special departments opened in the hospitals.

6. All of the patients in the AFP Medical Center and majority of the male and female patients of the National Mental Hospital are satisfied while in the hospital.

7. The rehabilitation techniques used by the two hospitals are the same with regard to garden walks, outdoor games, medications (thorazine, melleril, vitamins) and entertainment.

8. There is no relationship between success of rehabilitation and the following demographic variables; age, sex, civil status, religion, ordinal position in the family, socio-economic status, present medications, parent's marital status, number of siblings in the family, the community in which the patient lives and the number of siblings the patient has. Only the educational attainment of the patients had a significant relationship to rehabilitation. Those with high school education recover more fully from their schizophrenia. Those with college and elementary education become partially or poorly rehabilitated.

Conclusions

The following conclusions were drawn from the findings of this study:

1. The problems encountered mostly by the psychiatric staff in the rehabilitation of adult Filipino schizophrenics are the inadequate professional staff and other trained personnel. This could be due to the inadequate budget and indifference also from the government officials to the problems of mental illness.

2. The major complaint of the patients when admitted to the hospitals was headache, irritability and sleeplessness.

3. Only the educational attainment of the patients was found significant to rehabilitation. There were more patients with high school education who recovered fully from schizophrenia than those with college and elementary education. The mental patients with college education could have found harder to accept their illness due to age and so they had difficulty in recovering. Those in the elementary may have encountered a harder time adjusting also because of age - an inability to grasp the real impact.

4. The rehabilitation program of the National Mental Hospital and the AFP Medical Center do not differ much.

As shown in Table 4, the rehabilitative techniques used by the two hospitals include the following: gardening, games, occupational therapy (work-oriented therapy), counselling and medications (thorazine, melleril and vitamins).

Aside from the techniques mentioned above, the mental patients' activities in the AFP Medical Center are mostly in drawing and group dynamics. The patients are asked to draw anything that they like and then tell the group what he thinks about his drawing. The role in the

drama that every patient portrays is another activity. Usually, they act out situations that happened to them and this somehow relieves them of their frustrations and disappointments.

The National Mental Hospital does not offer group dynamics to the patients. The hospital compensates this by giving the mental patients outdoor games and socialization where the patients can sing or dance. Group Dynamics in the National Mental Hospital is only given to the psychiatric personnel for human resource development and training.

The National Mental Hospital and the AFP Medical Center have the same intention for their mental patients, the objectives of which is to help patients and families in their social, emotional and/or environmental difficulties.

5. There are more patients who recover fully in the AFP Medical Center. This could be due to the fact that there are only few patients in the center where the psychiatric staff can give their proper care and attention. Also, this could be attributed to the fact that the cause of the mental illness of most patients is not a deep-rooted one. The patients' illness are mostly due to homesickness while in combat.

Implications of the Study

For Educators - One of the findings of this study has something to do with the educational attainment of the patients. Those with high school education showed more success in rehabilitation than the other two areas, like those in college and those in the elementary level.

This may have to do with the flexibility at this particular age level which may not be present in patients who are older and have finished education at a higher level. While those in the elementary level although young enough to be flexible in their ways, have not attained a certain amount of maturity to know what's best for him. It is important for the psychiatric staff responsible for the program of rehabilitation in hospitals to know what will be most effective. If one knows that this educational level is more receptive for rehabilitation, a more enriched program can be devised while more time and patience could be given the other educational levels.

Greater optimism can be generated as this concept is used and put to practice. The knowledge that younger patients even with just high school education can be most effective in their present rehabilitation programs would mean that the other levels could also be reached with more assistance or additional activities.

There is always the added impetus of hope in a person which "springs eternal". For a high school level patient, the future is still ahead, there's so much of life he would like to tackle, in comparison to the college level patient who may already think that he doesn't have much to go from where he is. And the grade school level who wouldn't know or care much at this level of his development.

For Parents - One of the recommendations of the study is the involvement of parents in the rehabilitation of the patients. A more active participation of parents is expected to bring the patient closer to normalcy than any single remedy at this point. It is easy to see why there is a need for support, moral or otherwise from the parents, since the patient most of the time, while in the hospital especially when he was still under medication, could not decide for himself, one way or the other. For long periods of time they had just followed what doctors and nurses told them. Not knowing what is happening and what will happen to them, they have to cling to somebody for guidance and much needed support. If this is not forthcoming from the parents, many of these patients take a long time being rehabilitated, they seem to keep fumbling into relapses. Periods of remission seem shorter since this support cannot really be expected

from the nurses and aides, who more often than not are understaffed.

Parents and relatives who know the patient most, are the ideal persons to whom the patient should lean on and rely heavily. And considering also that they would really be the persons who should be most concerned for the patient's welfare, they should be trained even roughly to be able to relate with the patient in ways most beneficial and effective. This should enrich any rehabilitation program, once its impact on the patients is well understood.

For Administrators of the National Mental Hospital and the AFP-Medical Center - Very much can be done by a well-staffed institution as shown in the findings where more schizophrenics recovered in the AFP-Medical Center rather than in the National Mental Hospital. A more systematically designed program of rehabilitation which include a lot more activities and exercises has been found to have more positive effects on patients than a program which had not varied at all for a long time, where the same routinary exercises and games were played. A more enlightened staff, capable of giving care and compassion is preferred to a non-sympathetic casual worker with no background whatsoever in person to person interactions.

For Mental Hygienists and Government - The government's role in rehabilitation cannot be overlooked. It is one of the most important aspects in rehabilitation and treatment of the mentally-ill. Unless the government take a strong stand in supporting these unfortunate members of the population, the programs no matter how ideal and sophisticated will fail.

Plato in "The Republic" pointed this out as early as 429-347 B.C. When he said that provisions for mental cases should be done by the community (Coleman, 1950). This great ally of the mentally-ill comes in the form of the institution itself with its facilities, expertise and medications. When a government is keen on helping and alleviating the plight of these people, there would be less and less people to need such a help. A government on the other hand who remains deaf to such pleas indirectly contributes to the deterioration of conditions and thus worsening the situation as it is.

Recommendations

1. Educators - try to encourage the children with school activities. The teachers as well as guidance counselors must have coordination with the parents of the students regarding disciplinary measures.
2. Parents - the parents must prepare the members of the family for the return of the rehabilitated patient. They must give more patience, understanding,

attention and accept him as one of them.

3. Mental Hygienists - should prepare some guidelines to parents on how to treat their growing children. Mental hygienists must have also a program for the hospital staff on the proper way to treat and care for their patients.

4. Administrators of the National Mental Hospital and the AFP-Medical Center - an effective rehabilitation program should be structured to include modern intervention and facilities to help promote a more conducive and livable atmosphere in rehabilitation centers. More studies should be conducted to integrate the other social agencies of the government in an effort to tie-up resources and expertise in this area.

There should be more emphasis and training given to the psychiatric staff and personnel in the form of seminars and colloquiums, in-service upgrading and self-improvement.

5. Government - the Ministry of Health should set aside specific budget every year for the maintenance of mental institutions. Government agencies as well as private firms should also show concern and support whatever problems the mentally-ill manifest in this country. Mental illness need as much support and consideration as all other conditions presently existing in the country.

The only way these agencies can help is by being genuinely concerned with the plight of the unfortunate mental patients in government hospitals.

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