

**SOCIAL WORKER REHABILITATION AND COUNSELLING ROLES:
IMPLICATION FOR THE PREVENTION OF RELAPSE AMONG THE
MENTALLY- ILL AT THE FEDERAL NEURO-PSYCHIATRIC
HOSPITAL, CALABAR, CROSS RIVER STATE, NIGERIA.**

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ABSTRACT

This study examined social worker rehabilitation and counselling roles: implication for the prevention of relapse among the mentally- ill at the federal Neuro-psychiatric hospital, Calabar, cross river state, Nigeria. Two research objectives were raised, which gave rise to two hypotheses, relevant literature were empirically and theoretically reviewed. The cross sectional survey design was adopted for the study. The study made use of both primary and secondary sources of data. A 29 item questionnaire titled ‘questionnaire on social workers’ roles in the prevention of relapse among the mentally ill’ were administered by the researcher to 150 respondents, who were selected using two sampling technique. The purposive, proportional and simple random sampling technique. The data generated were statistically tested using Pearson Product Moment Correlation and Multiple Regression statistical tool at 0.05 level of significance. Results revealed that Social Workers rehabilitative role have a significant relationship with the prevention of relapse among the mentally ill, there is a significant relationship between the social workers counselling role and the prevention of relapse among the mentally ill The study thereby recommends among others that social workers should be exposed to more specialized training to handle effectively the demands of complex mental ailments of the modern human society especially Nigerian society that is characterised by hardship and trauma.

Keywords: social worker, rehabilitation role, counseling role and relapse prevention

1. INTRODUCTION

Mental illness is one of the greatest burdens within the medical fraternity in the world (Lane and Kim, 2009). According to the World Health Organization (WHO), around 450 million people suffer from mental disorders, which is among the leading causes of ill health and disability

worldwide, accounting for 37% of all healthy life years lost through disease (WHO, 2001). Mental illness is a disabling, chronic condition that poses numerous challenges in its management and as risk factors for other health problems (Prince, Patel, Saxena, Maj & Maselko, 2007). It extols significant costs to the patient in terms of personal suffering, to the families as a result of the shift of burden of care and life-time lost productivity, on the society at large (Cuijpers & Stam, 2003) In spite of the resulting burdens, less than 20% of persons with mental disorders received treatment in Nigeria, of whom only 10% maintain follow-up treatment over a period of 12 months (Wang, Aguilar-Gaxiola, Alonso, Angermeyer MC, 2007). However, the relapse among mentally ill is high as nearly two-thirds of the people once treated register only a short-term improvement (WHO, 2001) which has been blamed on the stigma, discrimination and neglect (WHO, 2001).

In India, before the 18th century, the role of Social Workers as it regards intervention in the prevention of relapse was being viewed in the perspective of counseling only, which is considered as social services until the early 1970's when the role of Social Workers regarding the mentally ill was considered as a social medical service. While in China, their role was considered in the area of rehabilitation rather than medical, but in the United States of America, the roles of Social Workers was considered more in the correctional, rehabilitative and behavior modification rather than medical services. The medical aspect of their roles is often referred to as social medical services (Etobe, 2005; Ugiagbe and Eweka, 2015)

In Nigeria, Social Workers role in the prevention of relapse among the mentally ill is considered more in the area of molding, counselling, psycho-social education, modelling, correctional and rehabilitation rather than medical services. (Ojua & Omono, 2012). Thus, Social Workers roles and services as it relates to relapse has to do with social welfare services, social rehabilitation, therapy, counselling and social differentiation (Etobe, 2005). In Federal Neuro-psychiatric hospital, Calabar, the role of Social Workers has been limited because people do not see the importance of the role the social worker perform. Close observation have shown that other medical staff are given more important roles to perform in terms of the treatment of the mentally ill and these affects or reduces the roles of social worker concerning the mentally ill. Today, the incidence of relapse tends to be on the increase in Neuro-Psychiatric hospitals due to poor management of the mentally ill which also results from inappropriate allocation of roles to the various professionals responsible for the care and management of mentally ill (Schneider, 2005).

To this end, this research focuses on the roles, which the Social Workers play in preventing relapse among the mentally ill patients in Federal Neuro-Psychiatric Hospital, Calabar.

1.1 Statement of the problem

The most common outcome of mental illness is a declining course with one or multiple relapses in 50-92% cases in the world (Suzuki, Yasumura, Fukao & Otani, 2003). The Federal Neuro Psychiatric hospital admits about 58 patients with different psychiatric disorders per month. 15 (10%) of these are readmissions due to relapse (Hospital Annual Report Card, 2016). Apart from patients attending the clinic for follow up, approximately 15 patients with specific psychiatric problems are attended to per day within the department. The cases of relapse have become a cause for concern. This has become a public health cum social medical issue and it seeks the attention of different stakeholders to look critically into. One key area of great concern to Social Workers is on the roles they play in reducing relapse among the mentally ill, especially in Neuro-Psychiatric Hospitals.

In the Neuro Psychiatric Hospital, the Social Workers roles in handling mental health cases have been relegated to the background, because, they are considered as non-professionals in the medical line, hence, their roles are seen as secondary and inconsequential. Whereas, the roles of the medical personnel are considered as primary and significant. In this case, the line personnel take more roles and responsibilities which in turn affects or reduces the role of a social worker concerning the mentally ill. The treatment of the mentally ill requires the efforts of team work to enhance an effective intervention. To this end, every professional role is regarded as important. Even so, the roles which the Social Workers play is significant. But given the situation where the social workers role such as rehabilitation, counselling and molding role is not given much importance, it can be said to account for the high incidence of relapse cases in the society.

It is in the light of the above that the researcher intends to examine the Social Workers roles in the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar.

1.2 Research Questions

1. What relationship does the social workers rehabilitative role have in the prevention of relapse among the mentally-ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria?
2. Does the social workers counselling role have any place in the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria?

1.3 Objectives of the Study

The general objective of this study is to examine the Social Workers roles in the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric hospital, Calabar, Cross River State, Nigeria. The specific objectives of the study include:

1. to assess the relationship between the Social Workers rehabilitative role and the prevention of relapse among mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria;
2. to examine the relationship between the Social Workers counselling role and the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria.

1.4 Statement of Hypotheses

The following hypotheses are raised for the study;

1. The Social Workers rehabilitative role does not have any significant relationship with the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria.
2. There is no significant relationship between the Social Workers counselling role and the prevention of relapse among the mentally ill at the Federal Neuro-psychiatric hospital, Calabar, Cross River State, Nigeria. Nigeria.

2. LITERATURE REVIEW

2.1 Social workers' Rehabilitative Role and Relapse Prevention

Rehabilitation refers to actions geared towards helping people find the right combination of services, treatments, support and eliminates discrimination by removing barriers to full participation in work, education and community. Life is the key to the promotion and adoption of a recovery-oriented culture with mental health services. The Social Workers role in Rehabilitation of patients is aimed at working collaboratively with patients and their families to assist the patient in maximizing their quality of life. Social Workers in Rehabilitation is committed to and guided by values of social inclusion, justice, anti-discriminatory practice and promoting self-determination. The Social Worker completes a psycho-social assessment of all patients, refers to the services and works closely with the multi-disciplinary team. This assessment identifies areas of social, emotional and environmental factors which are significant in the patient's life. The psycho-social assessment enables the Medical Social Worker, along with the patient, to identify areas in which support may be needed and to plan appropriately for this. The Social Worker endeavors to apply to community services to support a safe discharge. The Medical Social Worker offers advocacy, emotional support and provides information to

patients, families and those impacted by illness and concerned about personal circumstances and issues.

Rehabilitation services for people with mental illness are provided in a variety of settings, from secured to residential and within the people's own home. Mental health rehabilitation services are provided in a recovery oriented way and are informed by the framework for recovery oriented rehabilitation in mental health care (Green, 1996). Rehabilitation services by health workers including Social Workers provide specialist assessment, treatment, interventions and support to help people to recover from their mental, health problems and to regain the skills and confidence to live successfully in the community. Herman (2014) described an approach rooted in rehabilitation outreach known as Critical Time Intervention (CTI). He maintained that social workers provide rehabilitation support to people with enduring mental health problems at times of transition. Over a period of nine months, the social workers provide ongoing support and help people develop their problem solving skills and community networks prior to discharge. The CTI rehabilitation model has been extended to work with mentally ill people experiencing different types of transition and to prevent relapse. Salvage (2002) maintains that the social worker in its rehabilitative roles assesses the patients, looks out for any form of expressed emotions or critical comments made by the patient's relatives to the patient while the patient is at home or on trial leave and also carry out sessions with the patient's family members i.e. family focus therapy, with a view to educate them on the nature of the illness as well as inform them of their expected role in the treatment plan. A study by Brouwers, Evers & Tomic (2001) in the Netherlands maintains that the social workers play a role in helping people with disabilities (mental illness) enter, or re-entering the society.

2.2 Social Workers' Counselling Role and Relapse Prevention

According to the ASWB Model Social Work Practice Act, "Counseling means a method used by social workers to assist individuals, couples, families, and groups in learning how to solve problems and make decisions about personal, health, social, educational, vocational, financial, and other interpersonal concerns. The idea of the social worker as someone who works with or counsels individuals has been a recurrent and powerful notion in social work throughout its history (Younghusband, 1959). It has also been closely associated with some of the key values of social work and in particular recognizing the inherent worth of the individual and respecting the person. Counselling also appeals to those whose view of social work as a whole is one in which helping or supporting individuals is a key component.

Gorski, Talley, Qiu, Puelles, Rubenstein and Jones, (2002) the social worker's Counselling role includes organizing periodical interactive session with the patient with a view on fostering counseling on medication compliance, adherence and also creating time for scheduled home visit

to the patient's residence. (Gorski, Talley, Qiu, Puelles, Rubenstein Jones, 2002). According to Robbins (2011), asserts that the social worker's counselling responsibilities in mental health vary by setting, but most perform client intakes and assessments, develop treatment plans and counsel patients in individual or group sessions. In a work carried out by Eugenio (2007) on "counselling intervention and prevention of relapse among schizophrenic disorders in the Italian community psychiatric network, he asserts that a number of studies have shown that a psycho-educational intervention with schizophrenic patients and their families, could reduce the occurrence of relapse. He further added that as part of the Social Workers counselling role in the prevention of relapse amongst psychiatric patients, while applying the psycho-educational therapeutic approach always seem to have a positive effect on both the patients and their families. Graham (2009) observed that the counselling role of a social worker as it has to do with relapse among the mentally ill carried out his work as a counsellor by rendering therapeutic counselling services in order to prevent the occurrence or incidence of relapse among rehabilitated patients or clients.

2.3 Relapse Prevention Model

The relapse prevention Model was propounded by Marlatt and Gordon in 1985. This model is based on social-cognitive psychology and incorporates both a conceptual model of relapse and a set of cognitive and behavioral strategies to prevent or limit relapse episodes. A central aspect of the model is the detailed classification (i.e., taxonomy) of factors or situations that can precipitate or contribute to relapse episodes. In general, the relapse prevention model posits that those factors fall into two categories: immediate determinants (e.g., high-risk situations, a person's coping skills, outcome expectancies, and the abstinence violation effect and covert antecedents (e.g., lifestyle imbalances and urges and cravings). Treatment approaches based on the relapse prevention model begins with an assessment of the environmental and emotional characteristics of situations that are potentially associated with relapse (i.e., high-risk situations). After identifying those characteristics, the social worker works forward by analyzing the mentally ill person's response to these situations, as well as backward to examine the lifestyle factors that increase the mentally ill exposure to high-risk situations. Based on this careful examination of the relapse process, the social worker then devises strategies to target weaknesses in the client's cognitive and behavioral repertoire and thereby reduce the risk of relapse.

A central concept of the relapse prevention model postulates that high-risk situations frequently serve as the immediate precipitators of initial relapse after treatment. According to the model, a person who has initiated a behaviour change should begin experiencing increased self-efficacy or mastery over his or her behavior, which should grow as he or she continues to maintain the change. Certain situations or events, however, can pose a threat to the person's sense of control and consequently precipitate a relapse crisis.

In terms of criticism, following the initial introduction of the Relapse Prevention model in the 1980s, its widespread application largely outpaced efforts to systematically validate the model and test its underlying assumptions. Others have criticized the model for not emphasizing interpersonal factors as proximal or phasic influences (Hunter-Reel, McCrady & Hildebrandt, 2009; Stanton, 2005). Other critiques include that nonlinear dynamic systems approaches are not readily applicable to clinical interventions (McKay, Franklin, Apis & Lynch, 2006) and that the theory and statistical methods underlying these approaches are esoteric for many researchers and clinicians (Maisto & Connors, 2006).

For this study, the theory is applicable where there are certain high risk situations. For a social worker to be able to handle a mentally ill patient, the social worker has to take into account two things; the individual's environment and emotional state of mind.

3. RESEARCH METHODOLOGY

3.1 Research Design

this study, the researcher adopted the Cross sectional survey design. The cross sectional survey design according to Ali (2006) is a design that tries to use the sample data of an investigation to document, describe and explain what is existent or non-existent on the present status of an investigation. Cross sectional survey design was considered appropriate for the study of Social Workers roles in the prevention of relapse among the mentally ill at the Federal Neuro-psychiatric Hospital, Calabar, Cross River State, Nigeria because, it used sample data from the population under study to analyze the variables, document and explain what is existent in the issue under study.

3.2 Area of Study

The issue under investigation was carried out in Calabar, Cross River State, Nigeria. The organization of study was the Federal Neuro-psychiatric hospital, Calabar. The psychiatric hospital also known as a mental hospital is specialized in the treatment of mental disorders.

3.3 Sample and Sampling Technique

This study adopted three sampling technique. The purposive sampling, the proportional sampling technique and the simple random sampling technique was used in selecting the sampling used for the study. The sample size that was used for this study is one hundred and fifty (150) respondents who were selected from the Clinical department of the Federal Neuro-psychiatric Hospital, Calabar. The samples comprise of doctors, Nurses, Social Workers, consultants, psychiatrists, and ward assistants. A breakdown of the sample shows that 57 nurses was selected, 26 doctors, 4

consultants, 4 psychologist, 12 Social Workers, 3 therapists, and 44 ward assistants. All this was done using the proportional sampling technique. The survey monkey sample size determination technique was used in selecting 150 out of the total of 243 staff of the clinical department of the study organization.

3.4 Instrument of Data Collection

The instrument used in gathering data for the study is the questionnaire and Key Informant Interview. The questionnaire used to collect data for this study was a 29 point instructed questionnaire. The questionnaire was divided into three sections. Section one contained the demographic data of respondents. Section two contained questions on the independent variables raised by the researcher. This section was further divided into three parts according to the variables raised. The last sections, section C contained questions on the dependent variables. The second instrument for data collection was the key informant interview. It was a 12-item guide designed to elicit opinion on the major themes of the study. The people who were interviewed were social workers and supervisors of the various units in the clinical department of the Hospital.

3.5 Method of Data analysis

Data collected from the field were checked to make sure that all the questionnaires are attended to. The responses were coded and analysed using the necessary and appropriate statistical tool like Frequency distribution, simple percentages, Pearson product moment correlation coefficient, as well as multiple regression. The analysis were presented hypothesis by hypothesis; testing done at 0.05 confidence level.

3.6 Data presentation

As presented in Table 1 out of the 118 respondents used in this study, 64 (54.2%) were 26 - 35 years; 26 (22.0%) were 36 – 45 years; 21 (17.8%) were 25 years and below while only 7 (5.9%) were 46 years and above. This trend was expected, since the organization studied consider age at the time of employment. A graphical illustration is presented in figure 1. Also, Table 1 revealed respondents' demographic information. The responses to the questionnaire in respect to sex reveals that 64 (54.2%) of the respondents were female while 54 (45.8%) were male. This result shows that, there are more female respondents in our sample and this is similar to the population, a graphical illustration is presented in figure 2. Distribution of respondents based on marital status reveal that, most of the respondents 67 (56.8%) were married while 51 (43.2%) were single. This result could be so because of the age range of the respondents since there have attained the age of marriage and have source of income to keep a family. A graphical illustration is presented in figure 3.

The distribution of respondents based on educational status shows that, most of the respondents 108 (91.5%) have completed higher education; 5 (4.2%) each had completed primary school education and secondary school education respectively. This result was expected because the organisations studies require a university certificate for employment. A graphical illustration is presented in figure 4. The distribution of respondents based on their unit/specialization shows that, 42 (35.5%) were nurses; 35 (29.9%) were ward assistants; 22 (18.6%) were doctors; 12 (10.17%) were social workers; 3 (2.5%) were psychologist while 2 (1.7%) each were occupational therapist and consultants respectively. This trend is similar to the population of the study. A graphical illustration is presented in figure 5. The distribution of respondents' based on religion shows that, more than half of the respondents' 106 (89.8%) were Christians; 10 (8.4%) claimed were Muslim while 2 (1.7%) claimed were African traditionalist. This result was expected because the study area is predominantly by Christians. A graphical illustration is presented in figure 6.

As presented in Table 4.2, the mean scores for the variables: social worker moulding role; counselling role; rehabilitative roles and prevention relapse were 18.63; 19.40; 19.41; and 18.96 respectively. All the mean values were used for the inferential statistics.

TABLE 1: Demographic data

Variable	Category	N	Percent (%)
Age of respondents	Below 25 years	21	17.8
	26-35 years	64	54.2
	36-45 years	26	22.0
	46 years and above	7	5.9
	Total	118	100.0
Sex	Male	54	45.8
	Female	64	54.2
	Total	118	100.0
Marital status	Single	67	56.8
	Married	51	43.2
	Total	118	100.0
Educational status	Completed primary education	5	4.2
	completed secondary education	5	4.2
	completed tertiary education	108	91.5

	Total	118	100
Unit/specialization	Occupational therapist	2	1.7
	Consultants	2	1.7
	Nurse	42	35.5
	Ward assistants	32	29.9
	Psychologist	3	2.5
	Doctor	22	18.6
	Social worker	12	10.1
	Total	118	100
Religion	Christianity	106	89.3
	Muslim	10	8.4
	ATR	2	1.7
	Total	118	100

Source: Field survey, 2017

4. TEST OF HYPOTHESES

4.1 Hypothesis One

The first hypothesis in its null form states that The Social Workers rehabilitative role does not have any significant relationship with the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. The independent variable in this hypothesis is social workers rehabilitative role while the dependent variable is prevention of relapse among mentally ill. The items used in measuring this hypothesis were derived from questionnaire items 19 to 24 and 25 to 30. Pearson product moment correlation coefficient was used to test this hypothesis at 0.05 level of significance and the result is presented in Table 2

The result in Table 2 revealed that the calculated r – value of 0.548** is greater than the critical r -value of 0.098 at 0.05 level of significance with 116 degrees of freedom. By this result, the null hypothesis which states that the Social Workers rehabilitative role does not have any significant relationship with the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria is rejected while the alternate hypothesis is accepted. The correlation coefficient is a standardized measure of an observed effect, it is a commonly used measure of the size of an effect and that values of ± 1 represent a small effect, ± 3 is a medium effect and ± 5 is a large effect

The squared correlation $(0.548)^2$ which is a measure of effect size indicates the proportion of explained variance on the dependent variable. Therefore, 30.0% of the variance in prevention

relapse is accounted for by the social workers rehabilitative role. The magnitude of effect is large, this means that, social workers rehabilitative role is very essential in the prevention of relapse among mentally ill. Therefore, we can conclude that, there is very strong statistical significant relationship between social worker rehabilitative role and prevention of relapse among the mentally ill in the federal Neuro-psychiatric Hospital Calabar, Cross River State, Nigeria.

4.2 Hypothesis two

The second hypothesis in its null form states that there is no significant relationship between the Social Workers counselling role and the prevention of relapse among the mentally ill at the Federal Neuro-psychiatric hospital, Calabar, Cross River State, Nigeria. The independent variable in this hypothesis is social workers counselling role while the dependent variable is prevention of relapse among mentally ill. The items used in measuring this hypothesis were derived from questionnaire items 13 to 18 and 25 to 30. Pearson product moment correlation coefficient was used to test this hypothesis at 0.05 level of significance and the result is presented in Table 3.

The result in Table 3 revealed that the calculated r – value of 0.584** is greater than the critical r -value of 0.098 at 0.05 level of significance with 116 degrees of freedom. By this result, the null hypothesis which states that, there is no significant relationship between the social workers counselling role and prevention of relapse among the mentally ill in federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria is rejected while the alternate hypothesis is accepted. The correlation coefficient is a standardized measure of an observed effect, it is a commonly used measure of the size of an effect and that values of ± 0.1 represent a small effect, ± 0.3 is a medium effect and ± 0.5 is a large effect

The squared correlation $(0.584)^2$ which is a measure of effect size indicates the proportion of explained variance on the dependent variable. Therefore, 34.1% of the variance in prevention relapse is accounted for by the social worker counselling role. The magnitude of effect is large, this means that, social worker counselling role is sacrosanct and germane for the prevention of relapse among mentally ill. Therefore, we can conclude that, there is very strong statistical significant relationship between social worker counselling role and prevention of relapse among the mentally ill in the federal Neuro-psychiatric Hospital Calabar, Cross River State, Nigeria.

TABLE 2: Pearson Product Moment Correlation of Social Workers Rehabilitation Role and Prevention of relapse

Variable	N	Mean	SD	r-value	Sig.
Social Workers Rehabilitation Role	118	19.41	2.39	0.548**	.000
Prevention of relapse	118	18.96	2.05		

***significant at 0.05 level; df = 116 critical r value = 0.098**

Source: Field survey, 2017

Table 3: Pearson Product Moment Correlation of Social Workers Counselling Role and Prevention of relapse

Variable	N	Mean	SD	r-value	Sig.
Social Workers Counselling Role	118	19.40	2.85	0.584**	.000
Prevention of relapse	118	18.96	2.05		

***significant at 0.05 level; df = 116 critical r value = 0.098**

Source: Field survey, 2017

5. DISCUSSION OF FINDINGS

5.1 Social Workers' Rehabilitative Role and relapse Prevention

Findings from hypothesis one revealed that Social Workers rehabilitative role has a significant relationship with the prevention of relapse among the mentally ill in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. This result is because the calculated r – value of 0.548** is greater than the critical r-value of 0.098 at 0.05 level of significance with 116 degrees of freedom. The squared correlation $(0.548)^2$ which is a measure of effect size indicates the proportion of explained variance on the dependent variable. The finding implies that social workers play an important role in the prevention of relapse among the mentally ill. The findings from the study showed that 30.0% of the variance in prevention relapse is accounted for by the social workers rehabilitative role. The magnitude of effect is large, this means that, social workers rehabilitative role is very essential in the prevention of relapse among the mentally ill. The findings also goes to collaborate the fact that one of the well-known role of the social worker is to rehabilitate patients. Finding from the study organisation shows that social workers are given the function of rehabilitating mentally ill to prevent relapse.

This findings is supported by the works of Green (1996) who maintains that Rehabilitation services by health workers including Social Workers provide specialist assessment, treatment, interventions and support to help people to recover from their mental health problems and to regain the skills and confidence to live successfully in the community. The researcher carried out interview on respondents on the topic under discussion, all interviews took place at the Federal Neuro psychiatric hospital, Calabar. The interview was done face-to-face and lasted approximately thirty minutes, the interview guide included open and closed-ended questions. The researcher allowed the participants to add additional comments to their interview responses if they choose to. Results from the interview showed that Social Workers rehabilitative role significantly relates with prevention of relapse among the mentally ill in the Federal Neuro-psychiatric Hospital Calabar, Cross River State, Nigeria. A social worker (Agba, Ikwen) interviewed maintained that one of the most important role that the social worker performs at the Psychiatric hospital is rehabilitation of patients, and that rehabilitation role helps in preventing relapse among the mentally ill in the hospital.

5.2 Social Workers Counselling Role and Relapse Prevention

Findings from hypothesis two reveal that there is a significant relationship between the social workers counselling role and prevention of relapse among the mentally ill in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. This is because the calculated r – value of 0.584** is greater than the critical r -value of 0.098 at 0.05 level of significance with 116 degrees of freedom. The squared correlation $(0.584)^2$ which is a measure of effect size indicates the proportion of explained variance on the dependent variable. The result shows that the social worker counselling role plays an important role in the prevention of relapse in the Federal Neuro Psychiatric Hospitals. The result also shows that 34.1% of the variance in prevention of relapse is accounted for by the social workers counselling role. The magnitude of effect is large, this means that, social workers counselling role is sacrosanct and germane for the prevention of relapse among mentally ill. The Findings of this study is similar to the works of Ryan (2003) who observed that the counselling role of a social worker as it has to do with relapse among the mentally ill is to act as a counsellor by rendering therapeutic counselling services in order to prevent the occurrence or incidence of relapse among rehabilitated patients or clients. Etobe (2005), also maintained that the social workers counsel the patient and the family on some coping and mental mechanisms like suppression, repression, sublimation reaction formation and rationalise avoidance to the substances considered to be the causal factor for relapse.

The researcher carried out interview on respondents on the topic under discussion, all interviews took place at the Federal Neuro psychiatric hospital, Calabar. The interview was done face-to-face and lasted approximately thirty minutes, the interview guide included open and closed-

ended questions. This researcher allowed the participants to add additional comments to their interview responses if they chose to. Results from the interview showed that Social Workers counselling role significantly relates with prevention of relapse among the mentally ill in the federal Neuro-psychiatric Hospital Calabar, Cross River State, Nigeria. A social worker (Mfawa Egbe) interviewed maintained that among the roles assigned to the social workers at the Federal Neuro psychiatric hospital, the counselling role of the social worker is attached more importance. She also maintained that through counselling the social workers at the hospital have been able to curtail cases of relapse, and also to counsel patient's family on how to take care of family members who are ill..

6. CONCLUSION

From the findings made, the study concludes Social Workers rehabilitative role have a significant relationship with the prevention of relapse among the mentally ill in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. There is significant relationship between the social workers counselling role and prevention of relapse among the mentally ill in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria.

The study thereby concludes that the Social Workers roles have a significant role in the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric hospital Calabar.

7. RECOMMENDATIONS

Based on the findings, the researcher recommends that there is an urgent need to fully incorporate the social workers into the main stream of mental health policy in Nigeria, as before now the role of the social worker was relegated to the background. The present situation in Nigeria where too much emphasis is placed on medical treatment and the social aspect of individual's health is neglected. also Social workers should be given specialized training to handle effectively the demands of complex mental ailments of the modern human society especially Nigerian society that is characterised by hardship and trauma. There is an urgent need for social work to clarify its professional identity in other to establish clear roles for individual social workers as it relates to handling relapsed patients.

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