Research Paper

Perceived Effects of Therapeutic Milieu on the Recovery of Depressive Patients among Nurses at Neuropsychiatric Hospital Aro, Abeokuta, South-West, Nigeria

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ABSTRACT:
Introduction: *Therapeutic milieu is the structuring of the patients' environment to effect behavioural changes and improve their psychological health and functioning. It is structured to control, stabilise, and improve problematic emotions and behaviour and enables the client to use problem-solving skills to cope with self, others, and environmental stressors. Nurses have been engrossed with the environment in the patient's recovery from illness and return to health. Nurses balance the environment to save the patient's life, help them recover from the disease, and prioritise a stimulating environment to develop the patient's health.* ***Methods:*** *This study employed a quantitative design, cross-sectional survey method to assess the effects of therapeutic milieu on the recovery of depressive patients from nurses working at Neuropsychiatric Hospital (N. P. H) Aro, Abeokuta, Ogun State, Nigeria. A pretested, researcher-developed 39-item questionnaire was used as an instrument for data collection from 120 nurses who met the inclusion criteria. The retrieved data were coded, entered into a computer and analysed using SPSS version 23.0. Descriptive statistics (such as measures of frequency - Count, Percent, Frequency, and measures of central tendency - Mean) were used in analysing the demographic data and the research questions. Inferential statistics such as the Pearson (Chi-square) test, at a p-value of ≤0.05% significance level, was used to determine the perceived factors hindering therapeutic milieu in the recovery of depressive patients.* ***Results:*** *The study revealed that nurses' knowledge of depressive patients and therapeutic milieu was good (89%). Their corresponding perceived effects of therapeutic milieu on depressive patients were above average (55%). The flexibility of roster/ time constraints, funding assistance from the government, lack of free space and supportive work environment, staff safety, and working environment were statistically significant perceived factors hindering therapeutic milieu in the recovery of depressive patients with p-values ≤ 0.05 respectively.* ***Conclusion and Recommendation:*** *Nurses are responsible for providing a therapeutic environment such as providing the patients' chance to express feelings, determining the risks of harming themselves or others, and providing a secure and comfortable physical environment. However, a significant challenge in clinical practice is creating an environment that promotes significant recovery, patient safety, and a good working environment for staff. The present study findings provided evidence for the nurses' knowledge and perceived effectiveness of integrating Therapeutic Milieu in the recovery of depressive patients. It also espoused potential factors that may hinder the therapeutic milieu in clinical practice. Therefore, nurses, hospital administrators, and government need to be aware of these significant factors hindering the integration of the therapeutic milieu in order to implement safe interventions and gradually bring back responsibility and initiative to the patient.*
KEYWORDS: *Therapeutic Milieu, Depressive Patient, Perceived Effects, Nurses, Neuropsychiatry Hospital.*

I.   INTRODUCTION

Mental disorders produce some of the most challenging health problems faced by society, accounting for the vast number of hospitalizations and disabilities resulting in loss of productivity and sharply elevated risks for suicide (1). There is no particular cause as it can happen due to a mix of factors, including genetics, how the brain works (biochemical), environment, social groups and culture and life experience. Sane (2018) states that researchers are still trying to understand what causes mental illness (2). A mental illness is a broad term that encompasses various conditions that affect the way people feel and think. It can also affect people's ability to get through day-to-day life. There are various types of mental health disorders, and almost 300 different conditions are listed in DSM-5. Examples of some of the most common mental illnesses affecting people are; bipolar affective disorder, depressive disorder, generalized anxiety disorder, schizophrenia, eating disorders, generalized anxiety disorder, post-traumatic stress disorder (PTSD) and personality disorders (3).

Depression is a kind of mental health problem characterized by persistently depressed mood or loss of interest in activities of daily living, causing significant impairment in daily activities (4). Depression results in both negative affect (low mood) and absence of positive affect (loss of interest and pleasure in most activities) and is usually accompanied by a variety of emotional, cognitive, physical and behavioural symptoms (5). Depression is a universal and debilitating public health problem, which accounts for more disability worldwide than any other condition during the middle years of adulthood. Depression is a significant cause of psychological illness in the United States, affecting more than 19 million Americans. It is estimated that 25% of women and 10% of men will have one or more episodes of clinically significant depression, i.e., requiring some form of intervention, during their lifetimes (6).

Depression is the most common psychiatric disorder and carries a high burden in treatment costs, effects on families and caregivers, and loss of workplace productivity (4). It is currently ranked as the leading cause of disability globally and may become a chronic disorder with an ongoing disability, mainly if inadequately treated. More than 80% of patients with depression are managed and treated in primary care, with those seen in secondary care being skewed towards much more severe diseases. (5)

Studies have shown that depression is a common illness worldwide, with more than 264 million people affected. There is a marked difference between depression and usual mood fluctuations and short-lived emotional responses to issues in everyday life. Depression has the potential to cause the affected individual to suffer greatly and function poorly at work, school, and family, and can eventually lead to suicide. It is estimated that about 800 000 people commit suicide every year. Suicide is the second leading cause of death in 15-29-year-olds (7).

Because of the recurrent nature of depression, individual, family, and societal costs tend to be sustained. About 15.6 million children under 18 years of age are reported to live with an adult who had major depression in the past year. Moreover, depression in parents can have profound biological, psychological, behavioural, and social consequences, especially for children under their parents' custody, and rely on them for caregiving, material support, and nurturance (8). Goldman, Nielsen, and Champion in Casey (9) report that 50% to 70% of patients diagnosed with depression initially express somatic complaints rather than concerns about depression. They also report that inadequate skills and negative attitudes of the primary care providers (PCPs) regarding depression are causes of treatment barriers encountered by depressed patients.

Kessler and Bromet (10) revealed that the percentage of people affected at one point in their life varies from one region to another. However, lifetime rates are higher in the developed world than in the developing world. It causes the second-most years lived with disability, after lower back pain. Generally, the common time of onset of depression is in a person's 20s and 30s. Furthermore, females' folks are affected about twice as often as males (7; 11). A meta-analysis carried out by Ferrari, Charlson, Norman, patten, Freedman, Murray, et al (12) shows that the prevalence of depression varies from region to region across the world and varies between high income, middle and low-income countries. Across most countries of the world, the average prevalence of depressive disorders in the Nigerian population was found to be 5.21% (3.69% for major depressive disorder and 1.52 for dysthymia).

The cause of depression is believed to be a combination of genetics accounting for 40% of the causative factors and environmental and psychological factors inclusive (13). Family history of the depression, significant life changes, certain medications, cultural and social influence, chronic health problems, and substance abuse are also identified as risk factors (11). Depression is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy, loss of appetite, feeling hopeless, worthless and pain without a delineated cause. Individuals may also occasionally have false beliefs or see or hear things that others cannot. Some people have periods of depression separated by years in which they are healthy, while others nearly always have symptoms present (11).

Studies have shown us that most individuals with mental health issues can and will find successful treatments. That means people can get better. However, some mental health issues are chronic and ongoing, but even these can be managed with proper treatment and intervention. Recovery from mental health issues requires

ongoing attention to the individual's mental and overall health and adherence to any medication and behavioural therapy techniques learned from a therapist (3).

Nurses have been engrossed with the environment in the patient's recovery from illness and return to health. Nurses function to balance the environment to save the patient's life and help them recover from the disease, and prioritizing the delivery of a stimulating environment for the development of the patient's health (14). A study showed that providing a suitable therapeutic milieu was the difference in the recovery of patients, and this perception underlies the Environmentalist theory. Thus, Nightingale became known for her actions that have brought innovative results to the treatment of patients (14).

The therapeutic milieu is the distinctively nurse-created, nurse-led healing culture and atmosphere of a hospital ward, nursing unit or other nursing practice setting. The therapeutic milieu is created primarily by how nurses are in themselves and by how they practice. Nurses' ability to create a therapeutic milieu depends on their practice of at least five minutes of 'stillness' every day, that is, any meditative practice that fosters their awareness of their inner being as human persons (15). The therapeutic milieu goes beyond an environment; it is a healing culture that is rich in therapeutic inter-personal relationships and cooperative attentiveness to patients. Its physical features are soothing and provide optimum safety and comfort for patients, nurses and all who enter the milieu (15). Studies have shown that a therapeutic milieu provides adequate interpersonal relationships, treatment programming, and patients' empowerment. It projects the ward as a place of safety and hope for the future of depressive patients (16).

II.   METHODS

This study employed a quantitative design, cross-sectional survey method to assess the effects of therapeutic milieu on the recovery of depressive patients from nurses working at Neuropsychiatric Hospital (N. P. H) Aro, Abeokuta, Ogun State, Nigeria. The inclusion criteria of this study is the nurses working presently in all acute wards at the Neuropsychiatric Hospital, Aro, with more than five years of working experience. Furthermore, there were about 120 nurses who met these inclusion criteria. The total enumeration sampling technique was used on a sample size of 120 nurses.

A researcher-developed 39-item questionnaire was used as an instrument for data collection. The questionnaire was designed based on available literature on the therapeutic milieu and depressive patients. The questionnaire was divided into four (4) sections:

Section A: contains eight (8) information items about the respondents' socio-demographic characteristics.

Section B: contains twenty (20) items that elicit information on the Nurses' knowledge of depression and therapeutic milieu.

Section C: has six (6) items that elicit information on the perceived effects of the therapeutic milieu.

Section D: comprises five (5) items that provided information about factors that hinder the therapeutic milieu among Nurses.

The questionnaire was pretested on 12 (10% of sample size) randomly selected psychiatric nurses working in Federal Neuro-Psychiatric Hospital, Yaba, Lagos State, Nigeria, to measure its reliability and internal consistency. This reliability was measured using Cronbach's alpha with the following resultant scores: section B – 0.77; section C – 0.78; and section D – 0.79. The questionnaires were distributed to nurses working in acute care wards, and completed questionnaires were collected. Data generated were coded, analyzed using statically package for social science (SPSS), version 23. Descriptive statistics such as frequency count and percentage (%) were used in analyzing the demographic data and the research questions. Inferential statistics such as the Pearson (Chi-square) test, at a p-value of $\leq 0.05\%$ significance level, was used to determine the perceived factors hindering therapeutic milieu in the recovery of depressive patients.

Ethical approval/administrative permits were obtained from the Head of Department of Nursing service in Neuropsychiatric Aro, Abeokuta. Verbal and written informed consent was obtained from the participants before administering the instrument (questionnaire). Participation was voluntary, and the information provided was treated with the utmost regard for confidentiality and anonymity. All subjects were informed of their right to withdraw from the study at any time they wished.

III. RESULTS

3.1 Results of Descriptive Statics of Study Variables

Table 1: Socio-demographic Characteristics   (N = 120)

Variable	Response	Frequency	Percentage (%)
Age (years)	20-29years	55	45.8
	30-39year	37	30.8
	40-49years	20	16.7
	50years and above	8.3	6.9
Sex	Female	89	74.1
	Male	31	25.8
Religion	Christianity	150	79.8
	Islam	37	19.7
	Traditional	1	.5
Ethnicity	Hausa	8	4.3
	Igbo	18	9.6
	Yoruba	156	83.0
	Others, specify	6	3.2
Marital status	Divorced	2	1.1
	Married	103	54.8
	Single	82	43.6
	Widowed	1	0.5
Year(s) of work experience	5-9	114	60.6
	10-14	43	22.9
	15-19	14	7.4
	20 and above	17	9.0

	Bsc	110	58.6
Education	Msc	16	8.5
	PhD	5	2.7
	RPN	57	30.3
Cadre	ACNO	10	5.3
	ADN	23	12.2
	CNO	19	10.1
	NO	71	37.8
	PNO	24	12.8
	SNO	41	21.8

Source: Field Study, 2020

Table 1 reveals that the majority of the respondents, 86 (45.7%), are within ages 20-29 while minority 13 (6.9%) are aged 50 years and above, 140 (74.5%) were females, while 48 (25.5%) were males, 150 (79.8%) were Christians while 1 (0.5%) was a traditional worshiper, 156 (83.0%) were Yoruba and 6 (3.2%) belong to other tribes, 103 (54.8%) were married while 1 (0.5%) was a widow, 114 (60.6%) had 5-9years of work experience while 14 (7.4%) had 15-19 years' experience. 110 (58.6%) had BSc while 5 (2.7%) had PhD. 71 (37.8%) were nursing officers, while 10 (5.3%) were Assistant chief nursing officers.

Table 2: Nurses' knowledge of depressive patients and therapeutic milieu   (N = 120)

Variables	Frequency		Mean
	Yes (%)	No (%)	
Does depression affects individual's mood and how a person thinks, feels, and behaves?	120 (100.0)	0 (0.0)	
Do you think, hormonal changes have any effect on depressions?	112 (93.3)	8 (6.7)	
The clinical manifestation of depressions can include fatigue, worthlessness, and loss of appetite, psychomotor sluggishness & suicidal thoughts?	118 (98.3)	2 (1.7)	
Depressive patients are better diagnosed by healthcare professionals?	114 (95)	6 (5)	
Are females more likely to develop depression than males?	100 (83.3)	20 (16.7)	
Can depression reoccur in someone that had suffered it before?	114 (95)	6 (5)	
Do most people with depression commit suicide?	96 (80)	24 (20)	

Are there any effective treatment options for depressive patients?	108 (89.9)	12 (10.1)	
Do you think use of drugs, psychotherapy, therapeutic milieu and other alternative therapies are forms of treatment for depressive patients?	114 (95)	6 (5)	**17.79**
Can people be depressed even if they have everything they need	111 (92.5)	9 (7.5)	
Can people be depressed even if they have everything they need	111 (92.5)	9 (7.5)	
Have you heard of therapeutic milieu?	102 (85)	18 (15)	
Is therapeutic milieu a purposeful use of all interpersonal and environmental forces to enhance mental health?	105 (87.5)	15 (12.5)	
One of the goals of therapeutic milieu can be to make patient become more independent and accept self-responsibility?	105 (87.5)	15 (12.5)	
Do you think a therapeutic atmosphere is a way of creating a therapeutic milieu?	106 (88.3)	14 (11.6)	
Do Nurses among other healthcare professionals spend more time with the patients?	113 (94.2)	7 (5.8)	
Do you think nurses as a group of psychiatric professionals are mostly involved in developing a therapeutic milieu for recovery of depressive patients?	107 (89.2)	13 (10.8)	
Depressive patients should be free from harm(s) to enhance recovery?	117 (97.5)	3 (2.5)	
Do you think social stimulation such as interpersonal relationship, listening to music, learning trade and artistic work encompass therapeutic milieu and enhance recovery?	114 (95)	6 (5)	
Do nurses have adequate facility to create a therapeutic milieu to enhance recovery of depressive patients?	47 (39.2)	73 (60.8)	

Source: Field Study, 2020

Table 3: Levels of Nurses' knowledge of depressive patients and therapeutic milieu

Levels of Nurses' knowledge of depressive patients and therapeutic milieu measured on 20-point reference scale	Category of Scores	Mean
Good	16 - 20	
Above average	11 - 15	
Average	10	**17.79(89%)**
Below average	6 - 9	
Poor	0 - 5	

`   Table 2 shows that most of the respondents, 106 (89%), have good knowledge of depressive patients and therapeutic milieu with a mean score of 17.79 (table 3).

Table 4: Perceived Effects of Therapeutic Milieu on Depressive Patients   (N = 120)

Variables	Response scale (percentage)					Mean score
	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)	
This hospital setting is suitable for depressive patients' care and recovery	15 (12.5)	20 (16.7)	16 (13.3)	54 (45)	15 (12.5)	
Antidepressants help potentiate effects of therapeutic milieu on depressive patients' recovery.	10 (8.3)	6 (5)	12 (10)	61 (50.8)	31 (25.8)	
Therapeutic milieu changes an individual behavioral control hence makes depressive patient independent	6 (5)	5 (4.2)	15 (12.5)	72 (60)	22 (18.3)	13.19
Therapeutic milieu can easily be achieved in all dimensions of depressive patients nursing care	4 (3.3)	13 (10.8)	18 (15)	68 (56.7)	17 (14.1)	
Nurses are well motivated working in this setting as a better place to enhance quick recovery of depressive patients	15 (12.5)	21 (17.5)	14 (11.7)	52 (43.3)	18 (15)	
Nurses have enough care planned activities that makes a therapeutic milieu more effective	7 (5.8)	27 (22.5)	10 (8.3)	55 (45.8)	21 (17.5)	

Source: Field Study, 2020

Table 5: Levels of Perceived effects of therapeutic milieu on depressive patients

Levels of Perceived effects of therapeutic milieu on depressive patients measured on 24-point reference scale	Category of Scores	Mean
Good	19 - 24	
Above average	13 - 18	
Average	12	**13.19(55%)**
Below average	6 - 11	
Poor	0 - 5	

Table 4 shows that the respondents perceived effects of therapeutic milieu on depressive patients were above average, with a mean score of 13.19 and a resultant percentage of 55% (table 5).

Table 6: Respondent's Perceived Factors Hindering Therapeutic Milieu in Recovery of Depressive Patients

Variables	d.f	X^2-value	P-value	Remark
Flexibility of roster/ Time constraints	2	19.887	0.000	**Significant**
Funding assistance from the government	2	7.570	0.001	**Significant**
Lack of free space and supportive work environment	2	2.574	0.002	**Significant**
Lack of role model in work place	2	2.594	0.273	**Insignificant**
Safety of staff and working environment	2	12.324	0.002	**Significant**

Source: Field Study, 2020

Table 3.6 revealed that the flexibility of roster/ time constraints (0.000), funding assistance from the government (0.001), lack of free space and supportive work environment (0.002), and safety of staff and working environment (0.002) are significant factors hindering therapeutic milieu in the recovery of depressive patients with p-values < 0.05, respectively. Nevertheless, the lack of role models in the workplace was not significant (p-value = 0.273).

IV.   DISCUSSION OF FINDINGS

The respondents' level of knowledge of depressive patients and therapeutic milieu measured on a 20-point reference scale was good, with a mean score of 17.79 (89%). This result is similar to a study by Brown (17), where the majority of the respondents, 81.2%, had good knowledge of the therapeutic milieu. Also, Harding (5) had a similar result with the study under review having 78.3%. The respondents' level of perceived effects of therapeutic milieu on depressive patients measured on a 24-point reference scale was above average, with a mean score of 13.19 and a resultant percentage of 55%. Harding (5) had a similar result where the nurses identified a positive perception of therapeutic milieu on depressive patients.

The flexibility of roster/ time constraints, funding assistance from the government, lack of free space and supportive work environment, staff safety, and working environment were identified as perceived factors hindering therapeutic milieu in the recovery of depressive patients with p-values ≤ 0.05 respectively. A flexible roster covers an array of employer-nurse work arrangements that are structured to accommodate organisational and individual needs, including numbers of working hours, patterns or schedules of hours worked, work location and pay arrangements. Flexible working represents an opportunity for nurses to provide more efficient care and balance work-life demands (18). A flexible roster enables nurses to share activities with patients and tend to connect more often. The activities can be dining, singing, talking, or any other non-medical types of interactions. Not only are they sharing the actual space, but also the place in time. In general, the literature supports the notion that nurses and patients fail to achieve meaningful closeness (19).

Funding assistance from the government is critical in the establishment of a therapeutic milieu. Mental health is severely underfunded. As the WHO stated in 2013, 'the current and projected burdens of mental

disorders are of significant concern for public health and (global) economic development and social welfare' (20). Providing prevention and treatment costs are high for households to bear, and programmes are desperately needed (21). Despite this, not nearly enough funding is allocated to mental health globally. Currently, low-income countries (LICs) allocate only 0.5% of their total health budgets to mental health, while lower-middle-income countries (LMICs) allocate 1.9% (20). In upper-middle-income countries (UMICs) and HICs, the situation is just as dire, with UMICs allocating 2.4% and HICs 5.1% (20). WHO observes that this level of funding is far from proportionate to the burden that mental disorders cause and thus drastically undervalues the wellbeing of whole populations (20). Even with the small amount of funding provided (from domestic and international sources), it remains unclear where this funding goes due to a lack of transparency in mental health reporting. One reason for this is that mental health budgets are often folded into general health budgets.

Lack of free space, safe and supportive work environment are significant factors that hinder the therapeutic milieu. In an environment organised according to the therapeutic purpose, it is crucial to have sufficient free spaces, private and group therapy rooms, socialisation areas, occupational therapy areas, and an adequate number of specially designed rooms to provide necessary privacy (22). The safety of both the nurse and the patient is pivotal to providing a therapeutic milieu (23; 24). Therefore, a hospital environment that does not guarantee staff safety and work will hinder the therapeutic milieu.

V. CONCLUSION

A therapeutic milieu is a structured environment that creates a safe, secure place for patients who are undergoing therapy. It is the therapeutic environment that supports the patients in their process toward recovery and wellness. This milieu involves not just the provision of safe physical surroundings but also of supportive therapists and staff, especially the nurse (23; 24).

The present study result revealed that nurses' level of knowledge of depressive patients and therapeutic milieu was good (89%), and their corresponding level of perceived effects of therapeutic milieu on depressive patients was above average (55%). The flexibility of roster/ time constraints, funding assistance from the government, lack of free space and supportive work environment, the safety of staff and working environment were identified as perceived factors hindering therapeutic milieu in the recovery of depressive patients.

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