

# Ward Variant of High Expressed Emotions Discovered in a Health Worker Admitted in a Tertiary Hospital in South West Nigeria



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## **Abstract:**

*High Expressed Emotion (HEE) is a collection of distinct attitudinal expressions characterized by critical, hostile and emotionally over-involved attitude towards a family member with a psychotic disorder, though more common with schizophrenia. It is however pertinent to state that, EE has also been documented between health workers and patients in the hospital and community settings. The Camberwell Family Interview (CBI) and its modified versions are objectively used to assess the expressed emotion (EE) in such situations. We report an interesting case of a young female health worker subjected to classical features of high expressed emotions in a hospital ward setting.*

**Keywords:** High Expressed Emotion, Ward variant, Psychotic disorder

## **Introduction**

The family caregivers of patients with mental disorders sometimes display adverse interactive or relational behaviours that can be detrimental to the patients' continued wellbeing in the home environment (Anekal & Ganesan, 2012). Such expressed emotional attitudes have been documented to be a common cause of relapse of illness and recurrence of symptoms among patients with schizophrenia and other psychotic disorders (Butzlaff & Hooley, 1998). The importance of EE is better appreciated in the prevention of relapse as these attitudes may manifest subconsciously among family members as opposed to social stigma that is mostly intentional. In environments where patient experiences EE from family care givers, the risk of relapse was greater if the contact is for more than 35 hours a week (Leff & Vaughn, 1981). According to their earlier studies, Leff and Vaughn (1981) examined the interaction between EE in close relatives in addition to life events. It was observed that, during the 3 months prior to relapse, there was a significant association between onset of illness and either of the high level of EE or an independent life event.

The central factors in EE and patients' relapse are therefore determined by the level of closeness to caregivers and the duration of contact with the care givers after discharge. The place of closeness is better understood with the discovery that, Patients discharged home to meet their parents or wives are interestingly more likely to suffer relapse than those sent to the hostels, siblings or distant relations (Anekal & Ganesan, 2012). More importantly, prolonged contact of patients with family care givers has a lot of deleterious influence on functioning and morbidity (Brown GW, 1985). There is reduced risk of relapse if either or both patient or mother/father has or have to go to work for most times in the week while living together (Brown GW, 1959).

Several Studies have been carried out to extend the concept of EE to patient- staff relationships in schizophrenia. A total of 27 studies were reviewed between 1990 and 2008 in order to assess if the concept of EE is a valid measure of professional care givers and patient relationship, since it is reasonable that the level of emotion will be weaker compared to that of the relatives (Berry *et al*, 2010). This has led to the development of scales to assess the staff-patient EE in order to allow for any shortcomings in using the CBI in the hospital environments (Foster J *et al*, 2003). A further attempt was also made as well to cater for the community mental health care services (Ball *et al*, 1992). There is need to establish a ward variant of EE because experience has shown that hospital care givers may mimic the family care givers especially in situations where the patient is a staff of the hospital, friend of staff or families of influential personalities. This knowledge will help in taking

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precautions against EE raising attitudes within the ward as such helping to reduce prolonged stay of some patients faced with such issues in the course of their therapeutic journey during admissions.

### Case report

The patient is a 38years old recently separated female, who works as a health assistant in the hospital. She has once worked in the same department of mental health prior to her transfer to another department and onset of her mental illness as such there is some form of familiarity with most members of the mental health team. After a detailed assessment by the attending resident and subsequent review by the unit consultants, patient was admitted and managed as a case of severe depression with psychotic symptoms using the ICD 10 Criteria.

She showed some initial improvements with antidepressant (amitriptyline) and antipsychotic (Haloperidol), however, symptoms started getting worsened as a result of some features of EE, later discovered amongst the health care givers. Fellow health assistants, nurses and some other staff were initially observed by the resident doctors to be emotionally over involved in her management as she was excused from some ward activities that other patients were not privileged. She was also given some considerations when electro convulsive therapy (ECT) was suggested in the course of treatment because of her previous unpleasant experience of the procedure. However, the management team still went ahead to institute it after an initial delay. Several reports of critical comments were gathered later, about how some of her contemporaries made sarcastic and derogatory comments at a time she was perceived to be over stepping her boundaries. These led to subsequent hostile attitudes towards her when she started getting disturbingly offensive as a result of the perceived hatred from them.

All these were imperceptibly affecting her management and the expected amelioration of some of the symptoms she presented with. She was noticed to be periodically oscillating between days of improvement of symptoms and worsening for no identified reason. It was not until patient case was reviewed and presented at an academic morning review that it was discovered that some features of high expressed emotions have been displayed towards the patient. The Level of Expressed Emotion (LEE) scale by Cole and Kazarian (1988) was administered to patient with score of 49 over 60. This scale was used due to the simplicity over CFI and reduced need for family or care givers participation. It is a 60 –item scale that measures the patient’s perception of intrusiveness, attitude versus illness, emotional responsiveness and expectancy/tolerance. A structured strategy to call all staff to order in this regard was carried out to stop or reduce significantly such highlighted attitudes towards the patient. Within, few days to weeks after this, patient was

noticed to show dramatic and progressive improvement in her mental state and a LEE score of 35 two weeks after, leading to her discharge from the ward. Family of patient was psychoeducated and counseled about her mental state and the consequences of EE at home.

### Discussion

We feel it is important to report this case of ward variant of high expressed emotions (HEEwv) because of the possibility of missing such occurrences in the clinical practice by some mental health professionals. This can help in addressing avoidable waste of scarce financial resources and reduced productivity in patients and their families as a result of prolonged hospital stay. Understandably, most expressed emotion (EE) studies that have been done in family studies of schizophrenia; however, recent studies indicate that some levels of EE have been displayed by nurses and other health workers towards patients in long-term inpatients care for various mental disorders (Berry, Barrowclough & Haddock 2010; Katsuki, Soto & Gomeya, 2005; Forster et al, 2003). These perceived emotional attitudes of health care giver towards patients have been predicted to have some consequences on the course of their illness (Katsuki, Soto & Gomeya, 2005). This was seen in the case of this patient as she had a pendulous trajectory in her mental state until the perpetuating and precipitating signals were identified and addressed.

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