



Relationship between Services Offered and Substance Rehabilitee's Family Psychological Wellbeing: Mathari Substance Rehabilitation Centre Nairobi, Kenya

Nelliahs W. Wanjiru, Dr. Josephine Muthami & Dr. Wilkister Shanyisha
Catholic University of Eastern Africa
Email: waithiranjuguna@yahoo.com

Abstract: *The issue of Substance use disorder in family has become a great challenge globally. Substance rehabilitation centre provide services that help to change behaviour of individual with substance use disorder. This study focused on the relationship between services offered and rehabilitee's family psychological wellbeing. The study was conducted in Mathari rehabilitation centre Nairobi County, Kenya. The objective of the study was to determine the relationship between services offered and rehabilitee's family psychological wellbeing. The study was guided by Family Systems Theory (FST) (Bowen, 1990). Mixed methods approach concurrent design was adopted. The study population was 170 (N=170); 50 substance in-patients (N=50), 20 members of staff (N=20) and 100 family members (N=100). Purposive and simple random sampling was used to get a sample size of 119 participants. This comprised 95 family members, 12 members of staff and 12 in-patients. 114 participants responded in the study; 90 family members, 12 members of staff and 12 in-patients. The age range for all respondents was 14 to 55 years. Questionnaire and semi-structured interview guide were used. Qualitative data was thematically analysed and backed with narratives. Quantitative data was analysed using inferential statistics Pearson Correlation analysis. The findings showed there is no relationship between services offered and family psychological wellbeing. Recommendations were; increase the number of psychologists in the centre, services offered in the centre to include programmes for family psychological wellbeing, create awareness about effects of substance use on family and services offered in Mathari rehabilitation centre.*

Keywords: Substance, Challenges, Rehabilitation, Behavior, Mathari, Psychological

How to cite this work (APA):

Wanjiru, N. W., Muthami, J. & Shanyisha, W. Relationship between services offered and substance rehabilitee's family psychological wellbeing: Mathari substance rehabilitation centre Nairobi, Kenya. *Journal of Research Innovation and Implications in Education*, 6(3), 1 – 12.

1. Introduction

The effects of substance use disorder of a relative shake the society globally. This is because family member experience psychological wellbeing destabilization. Alsuwaidi (2019) notes that substance rehabilitee's family member suffers psychological disorders including anxiety, trauma and stress while dealing with a relative with substance use disorder. Eventually, the family member becomes socially disturbed, economically unable to develop and physically become unproductive (Alsuwaidi, 2019). This implies that the effects of substance use disorder touches the lives of family members negatively let alone that of the substance abuser. No matter the quality of rehabilitation services

offered towards the wellbeing of the substance in-patient, family member's psychological wellbeing if unattended to, relapse of the rehabilitee is inevitable. This means that rehabilitee with substance use disorder in the midst of a psychologically sick family fails to sustain abstinence and sobriety after treatment. Alcohol and Drug Families ADFAM and Scottish Training on Drugs and Alcohol STRADA (2013) found that family with a relative with substance use disorder suffers indescribable stress, social stigma and depression. Yet, services towards rehabilitee's family psychological wellbeing in rehabilitation centre are lacking. Substance rehabilitation facilities rarely consider rehabilitee's family psychological wellbeing while dealing with substance rehabilitee (ADFAM and STRADA, 2013). Duffy and Baldwin (2013) note that the family provides

psychosocial services to relative with substance use disorder during recovery period. The state of the family member's psychological wellbeing need be considered in boosting rehabilitee's recovery (Duffy and Baldwin, 2013). The need to determine the relationship between the services offered and the psychological wellbeing of rehabilitee's family is paramount.

Matliwala, (2017) states that an individual with substance use disorder undergoes mental malfunctioning. The mental disruption of relative with substance use disorder contributes to psychological destabilization of the family member through stress and anxiety (Matliwala, 2017). This implies that co-dependence challenges raise the need for substance rehabilitation centre to intervene in restoring the family psychological wellbeing. Kabir (2017) notes that services such as counseling, spiritual therapy and treatment have potential positive effects on the rehabilitee and family member's psychological wellbeing. These include reduction of anxiety and stress, raising self-esteem and increasing individual self-awareness. This stabilizes family psychological wellbeing (Kabir, 2017). In other words, rehabilitation services such as counseling resolves psychological and social challenges relating to personal and interpersonal relationships.

Substance rehabilitation centres provide services such as family support groups, treatment and follow up for the success of rehabilitation process (Dreyer et al., 2020). The services also include counseling, life skill training, spiritual nourishment and relapse prevention programmes (Dreyer et al., 2020). This helps the individual recovering from substance use addiction and family member to identify strengths. Further, soft spots also identified and turned into strengths reduce psychological disorientation. The provision of psychological services raises confidence, resilience, emotional stability and personal mastery for family development (Duffy and Baldwin, 2013). This implies that broken down relationship in family are sealed. Eventually, the individual attains personal mastery; emotional disturbances are reduced as well as evasion of anxiety and negative thinking such as suicidal thoughts (Matliwala, 2017). This brings positive cognitive change to both the individual with substance addiction and family as they journey towards recovery. Family soul sores only heal when family reunion and reintegration is achieved and maintained (Rue et al., 2016). Smith and Estefan (2017) note that rarely do rehabilitation services address the aspect of rehabilitee's family member psychological wellbeing. This raises the need to determine the relationship between services offered and the rehabilitee's family psychological wellbeing.

Substance rehabilitation centres mainly focus on services such as treatment, vocational training, individual and group psychotherapy to substance rehabilitee (Molina-Fernandez, 2017). Counselling is the main service offered in substance rehabilitation centres to individuals with substance-use disorder (Kabir, 2017). Counselling an art and a science

helps to resolve developmental and situational challenges in an individual's behaviour bringing change in family (Kabir, 2017). This implies that counselling among other services; help resolve psychological challenges, emanating from substance addiction of a relative. Rarely does counseling services address the aspect of rehabilitee's family psychological wellbeing in rehabilitation centre (Smith and Estefan, 2017). The focus of this study was to determine the relationship between services offered and rehabilitee's family psychological wellbeing.

Ideally, substance rehabilitation institutes are established to care for persons with substance use disorders. Greenman (2015) explains that substance rehabilitation centres offer psychotherapeutic services including treatment, life skills training and counseling for behaviour modification of addicted individual. However, little seems known about a family member who is attached to the individual with substance use disorder. Lander et al., (2013) states that family member of a relative with substance use disorder suffers emotionally, fear, conflict and physical violence which lead to stress and depression. The consequence of substance use on family member disrupts cohesion bringing down family ties and relationships (Lander et al., 2013). This means rehabilitee's family is psychologically affected by the relative with substance use behaviour during active addiction period. Pullen (2014) notes that attention to rehabilitee's family for psychological wellbeing empowerment is rarely considered in the rehabilitation centre. Eventually, reintegration of the rehabilitee with psychologically unstable family becomes weird due to misunderstanding and relapse is evidenced (Pullen, 2014). This indicates that the need to have family member of a relative with substance use disorder attended through substance rehabilitation services is paramount. Melemis (2015) states that in the course of treatment and rehabilitation of individual with substance use disorder, involvement of family plays a great role in prevention of relapse. This confirms why family member(s) of an individual with substance use disorder should be equal recipient of rehabilitation services.

Waller et al., (2018) opines that to cultivate proper integration, smooth and simultaneous growth, focus on both the individual with substance use disorder and family members' psychological wellbeing needs addressed through rehabilitation services. Services like counseling, follow up and relapse prevention and support groups are measures of concern emphasized in substance rehabilitation centres (Waller et al., 2018). Stone et al., (2019) note that inasmuch as substance rehabilitation services are provided in the centre, majority of people in

dire need of the services hardly receives them. Involvement of family members and people who are significant to an addicted individual is inevitable (Stone et al., 2019). Family member(s) of an individual with substance use disorder suffer codependence disorders with their psychological wellbeing continuously deteriorating (Bhandari, et Al., 2019). The need to attend to rehabilitee's family psychological wellbeing through substance use disorder rehabilitation services for empowerment and integration is emphasized. Family psychological stability is paramount for provision of psychosocial support to relative with substance use disorder and the entire societal development (Keane et al., 2014). This study determines relationship between services offered and family psychological wellbeing.

According to Macdonagh and Reddy (2015) substance use disorder rehabilitation services providers should provide enough help to rehabilitee and rehabilitee's family. Orford et al., (2013) note that neglect during substance treatment creates a gap between the recovering patient and the therapist. A client's experience on therapist's attitude, response or acceptance is most beneficial to the recovery process (Schaefer, 2015). This implies that when family members are neglected during the rehabilitation of their relative with substance use disorder, the relationship between the rehabilitee and the family remains ajar. This contributes to relapse when trickled The level of family psychological wellbeing can only be considered sufficiently stable when there is self-acceptance, purposeful life, autonomy, personal growth and positive relationships among family members. (Haryadi, et al., 2020). This relates that services offered in substance rehabilitation centres should aim at harmonizing the rehabilitee and the family member.

The patient with substance use disorder hopes to reunite with family and receive psychosocial support after rehabilitation. This is possible only when the entire family of the substance patient is psychologically upright. The British Columbia Centre on Substance Use BCCSU (2018) explains that therapeutic change is a partnership where both therapist and patient agree on shared goals, work together on tasks designed to bring a positive outcome and establish a relationship built on trust. Significant relationship between services offered in substance rehabilitation centre and the rehabilitee's family psychological wellbeing leads to more families seeking psychological help.

2. Literature Review

The encounter of a patient with substance use disorder and a therapist makes him feel a solution is found. Neglect during treatment creates a negative attitude (Orford et al., 2013). This is a gap during the recovering process of the patient. Schaefer (2015) noted that the way in which a client experience therapist's attitude, response or

acceptance is most beneficial to the recovery process. The British Columbia Centre on Substance Use BCCSU (2018) explains that therapeutic change is a partnership where both therapist and patient agree on shared goals, work together on tasks designed to bring a positive outcome and establish a relationship built on trust, acceptance and empathy. The more the substance abuser deteriorates in substance addiction, the more the family gets psychologically distressed (National Institute on Drugs Abuse NIDA, 2018). This means therapeutic alliance in substance use disorder treatment largely determines success of family psychotherapeutic treatment.

A healthy relationship between therapist and patient leads to successful outcomes in psychotherapy, McCoy (2012). McCoy adds that empathy, client's level of motivation, personality characteristics and symptomology increases therapeutic outcomes. Theresa (2018) advises on a full spectrum of services and treatment to be engaged in substance rehabilitation centres. This covers diversities of rehabilitee's family psychological wellbeing. European Monitoring Centre for Drug anynd Drug Addiction EMCDDA (2016) agrees that effectiveness of any kind of treatment, therapy or medication has more to do with entire family involvement. NIDA (2018) posits that substance addiction treatment must focus on the individual's drug abuse and family and in all associated medical, psychological, social, vocational, and legal problems. The implication is investigation on the roots of the addiction problem. This broadens the focus to the family members of the rehabilitee. Substance patient is the active collaborator in the treatment process; the family is the support system while therapist is the enhancer of therapeutic change (NIDA, 2018).What these studies are revealing is that the trio, the addict, the family and the therapist have strong roles to play in addiction recovery process.

Services offered in substance rehabilitation centres such as counseling require the therapist to portray empathy and do follow-up services in bringing out family restoration (Kabir and Rashid (2017). Centre for Alcohol and Drug Studies CADS (2020) states that the effects of substance addiction on family members are so strong and addiction recovery should focus on the whole family. Family, the support system in addiction recovery process is not complete without its involvement. Family psychological stability is paramount. Doostian, et al., (2019) notes that rehabilitation services on individual with substance dependence disorder should include the support system for psychosocial care provision. Family members who receive counselling and treatment services reduce drug and substance abuse and experience a more productive life (Doostian, et al., 2019). Danquah et al., (2017) elaborate that substance rehabilitation institutes complement psychiatric treatment for the individual with substance use disorder and reintegrate the whole family. Rehabilitation services should incorporate occupational therapy, counselling and treatment to both the addict as well as the family members (Doostian et al., 2019). Kabir (2018) supports that

counselling services should endeavour to dig deep into the problem in order to get the cause of the problem. This is a call on rehabilitee's family member inclusion in the rehabilitation services provision. Family members of substance addict sometimes contribute to relapse of relative with substance use disorder (Duffy and Baldwin 2013). Stable psychological wellbeing of family boosts substance patient's recovery after treatment (Duffy and Baldwin (2013). This means substance rehabilitee's family member requires psychological therapy. This study determined the relationship between services offered and family psychological wellbeing.

Africa is in the midst of a powerful movement to change many lives distorted by substance addiction and eradicate further abuse. McAllister and McCrae (2017) terms it a moment of strenuous change that takes a long time but the only path for rehabilitee and family to sustain personal growth and development. Trends to stop addiction and recover the distorted lives need engagement of rehabilitee and family member (Navabi et al., 2017). Navabi et al., (2017) add that inadequacies encountered by the family member through substance addiction of a relative impacts differently on each of them. Bawo (2019) found that in Nigeria substance addiction is associated with psychological disorders with more than half having co-occurring physical or mental disorders. Young people have been indulged in complex mixtures of substances in Africa (Oppong, et al., 2014). The intoxication of these substances has left serious consequences on family psychological wellbeing (Oppong, et al., 2014). Olawole et al., (2018) explains that there is a high use of psychoactive substances and drugs among young people in the sub-Saharan Africa. Family members have been left with soul sores which can only heal when family reunion and reintegration is achieved and maintained (Rue et al., 2016). This explains the reason to determine relationship between services offered and rehabilitee's family psychological wellbeing.

Kenya has been losing the brains of many young people through substance addiction every year, (National Authority for the Campaign against Drug Abuse NACADA, 2015). Substance addiction affects the brain systems including memory, learning and motivation and inhibits control over behavior (Sophie et al., 2014). The change of behavior of the relative through substance use disorder negatively influences family relationships. Models of treatment used with patients admitted in drug rehabilitation centres in Kenya should focus on rehabilitee's family psychological wellbeing (Musyoka et al., 2016). Kalema et al., (2015) add that the AA 12-step orientation a tool for recovery and relapse prevention should be covered by the individual rehabilitee and family member.

Research shows that substance use disorder affects family psychological wellbeing. Services offered in substance rehabilitation centres are more focused on the rehabilitee. The relationship between services offered and the

rehabilitee family psychological wellbeing seems inadequate in theory and practice. This study established relationship between services rendered and family psychological wellbeing at Mathari substance residential rehabilitation centre in Nairobi, Kenya.

3. Methodology

This study adopted a mixed method approach, concurrent design. This approach involved both qualitative and quantitative research methods. The study population selected from the substance use disorder rehabilitation department was 170 (N=170). This consisted of patients with substance use disorder 50(N=50); members of staff in the department 20 (N=20) and 100 family members of ex-rehabilitated individuals with substance use disorder (N=100). In this study a sample size of 119 respondents was engaged (n=119); 12 in-patients, 95 family members and 12 members of staff. However, those who responded added up to 114. The participants' age ranged between 14-55 years.

Purposive sampling technique was used to select individuals with substance use disorder and staff members working in the department. Simple random sampling technique was used to select family members of ex-rehabilitee in the Clinic for Substance Abuse Therapy CSAT. The researcher issued numbers to family members accompanying ex-rehabilitee in order of their arrival at the Clinic for Substance Abuse Therapy. The numbers counted from one to one hundred and ninety. The researcher then dealt with all even numbers which added up to 95 participants. The researcher used interview guides for data collection with substance addicts and the members of staff. Family members of ex-rehabilitee responded through questionnaires.

After the approval of proposal at Catholic University of Eastern Africa CUEA, the researcher applied for research permit to conduct research from the National Commission for Science, Technology and Innovation NACOSTI. The researcher then applied for a letter of authorization from Superintendent in Mathari National Hospital to collect data in the substance rehabilitation department. Ethical considerations were considered which included creating rapport with the respondents and filling in a consent form before data collection. This was to inform the respondents about the purpose of the study as academic. Assurance of confidentiality, respect and use of proper language of communication was ensured.

Validity and reliability of tools was ensured through a pilot study before the actual study. Cronbach's Alpha coefficient test was then conducted. The level was found to be 0.723. Interview responses were analyzed by use of themes and backed by narratives from respondents. Quantitative data was analysed by use of inferential statistics Pearson Correlation. The results from quantitative and qualitative data were then merged during interpretation.

4. Results and Discussion

The study sought to determine relationship between substance rehabilitation services and rehabilitee's family psychological wellbeing. In this question a 5 point Likert scale was provided. The Likert scale was scored as: Strongly Agree (SA)=1, Agree (A)=2, Undecided (U)=3, Disagree (D)=4 and Strongly Disagree (SD)=5. This means that the minimum score was 1 with strongly agree represented by (SA). The maximum score was 5 with strongly disagree represented by (SD) as indicated in the table. Agree is represented by A=2 scores; undecided by U =3scores. The quantitative data analyses are as tabulated in Table 2.

Table 2: Quantitative Results on Relationship between Services offered and Rehabilitee's family Psychological Wellbeing (n=90)

Statement	SA	A	UD	D	SD	Mean	Std. Dev.
Cases of violence/ aggression between substance addict with other members of family has significantly reduced	2.3	37.6	20.4	65.5	31.5	3.73	0.880
Denial of reality about substance abuse among family members has reduced	3.7	22.0	12.2	41.5	14.0	3.58	0.949
There is personal mastery and growth in family	6.0	38.9	15.5	35.7	22.8	3.97	1.902
Family is satisfied with the increased abstinence from substances by the rehabilitate	3.2	29.2	5.87	63.3	42.1	4.27	1.108
Communication between family members and patient has improved	2.9	10.2	13.9	35.0	32.9	3.74	0.925
Family ties/relationships are restored and strengthened and stable	4.7	23.5	19.3	48.4	37.7	4.02	1.011
Family member has emotionally stabilized	4.3	19.5	18.6	54.2	30.6	4.28	0.991
Change of attitude and acceptance in family towards rehabilitee has improved	3.9	27.0	15.4	59.2	30.6	3.82	0.702
Resilience, trust and forgiveness in family has been developed	5.8	4.89	6.25	56.6	11.1	3.72	1.195

Results from the analysis shows that the mean of the item "Cases of violence/aggression between substance addict with other members of the family has significantly reduced" was found to be 3.73. This implies that, on average, the respondents disagreed with the posed claim. This was interpreted that there still exists violence between the substance addict and other family members despite rehabilitee's treatment. Again, family member remains psychologically disturbed by the eventualities caused by the relative during the active addiction period.

This makes them continue holding negative attitudes, bitterness and emotions about the recovering relative. Any trigger of their psychological state results to aggression and violence in the family. The mean of the item "Denial of reality about substance abuse among family members has reduced" was found to be 3.58 meaning that on average the respondents disagreed with the statement. Again, the mean of the item "There is personal mastery and growth among family members" was found to be 3.97 meaning that the respondents disagreed with the claim.

The mean of the item “Family is satisfied with the increased abstinence from use of substances by the rehabilitatee” was found to be 4.27. This indicates that on average the respondents disagreed with the posed claims. The findings imply that family members were still psychologically disturbed and unstable and therefore could not accept that the rehabilitatee had abstained. Worrn et al. (2018) advise that support services make addict’s family raise self-esteem, build hope and eliminate discrimination. The mean of the item “Communication between family members and substance addict has improved” was found to be 3.74. This means that on average the respondents disagreed with the posed claim. The mean of the item “Family ties/relationships are restored and strengthened and stable” was found to be 4.02 meaning that on average the respondents disagreed with the posed claim. The mean of the item “Family member has emotionally stabilized” was found to be 4.28 meaning that on average the respondents disagreed with the posed

claim. The mean of the item “Change of attitude and acceptance among family members towards substance rehabilitatee has improved” was found to be 3.82 meaning that on average the respondents disagreed with the posed claim. The mean of the item “Resilience, trust and forgiveness among family members with the substance addict has been developed” was found to be 3.72 meaning that on average the respondents disagreed with the posed claim. The findings were interpreted that family members continued holding grudge, unforgiving hearts and had negative attitude towards the rehabilitatee despite having gone through the rehabilitation. This implies that family environment could result to rehabilitatee relapsing and rendering more psychological torture on family. The Family to Family Recovery Guide FFRG (2017) suggested that family members should forgive one another in order to heal from their hearts. In this research question, Pearson Correlation analysis was used. Table 3 indicates the results of Pearson correlation analysis.

Table 3: Correlations Tests Results

		Extent to which substance addiction of a relative affects rehabilitatee’s family psychological wellbeing	Relationship between Services Offered and Rehabilitatee’s family Psychological Wellbeing
Extent to which substance addiction of a relative affects rehabilitatee’s family psychological wellbeing	Pearson Correlation	1	.031**
	Sig. (2-tailed)		.000
	n	90	90
Relationship between Services Offered and Rehabilitatee’s family Psychological Wellbeing	Pearson Correlation	.031**	1
	Sig. (2-tailed)	.000	
	n	90	90

** Correlation is significant at the 0.01 level (2-tailed).

The findings show that Pearson’s correlation was found to be ($p < 0.05$, $r = 0.031$). This is interpreted that there is a negligible correlation between rehabilitatee’s family psychological wellbeing and the services offered in the Mathari substance Rehabilitation centre. Pearson’s Correlations Coefficient is very close to Zero; this implies that there is no significant correlation between the rehabilitatee’s family psychological wellbeing and the services offered in Mathari rehabilitation centre. This is interpreted that services offered in Mathari rehabilitation centre in adequately focus to the rehabilitatee’s family psychological wellbeing. These findings are in line with responses from interview respondents. The interviewees opined that attention to family member would bring change of attitude towards the relative with substance use disorder. This would stabilize family psychological wellbeing. For instance a member of staff stated,

“Rehabilitation services such as counselling brings the entire family system together to start a healing process”, (Verbal communication, Participant code N₃, 11th, May, 2022). Subbaraman and Witbrodt, (2014) support that family with substance addiction need support from psychological professionals to facilitate better interpersonal relationships within the family.

The findings coin up with Foster et al., (2017) who advocate for family psychological wellbeing attention. Connections between family and rehabilitation centre during treatment and rehabilitation period of substance patient provides recovery opportunities for individual addict and family member psychological wellbeing (Foster et al., 2017). Rehabilitation centres should adapt modern treatment models to broaden the parameters of treatment and incorporate rehabilitatee’s family member

during treatment and rehabilitation of substance patient (Danquah and Charaa, 2017). In treatment of mental illness such as substance addiction, attention should be diversified to the entire family wellbeing as the illness traumatizes the entire family (Bonfils et al., 2014). The study therefore concludes that services offered in this and other rehabilitation centres should adequately focus to rehabilitee and family for psychological wellbeing.

Interview responses from substance in-patients and staff were merged into themes. The interviewees responded in the following: create awareness about substances and their effects; eliminates denial and promotes psychological wellbeing.

Create Awareness about Substances and their Effects

Report findings from substance in-patient interviewees showed that while many people knew Mathari as a mental hospital, not many people are aware of the drug and substance use disorder rehabilitation centre. Again, not many people are aware of the services offered in the centre. A substance addict respondent stated,

Most people associate Mathari with mental illnesses (insanity). Little do they know that substance addiction is a mental illness? Again, not many people are aware of the rehabilitation services offered in the centre. Through services offered in the centre, family and general public would become aware of psychological effects caused by substances on the abuser and the family members. Again, with awareness about the services offered in the centre they would seek psychological help (verbal communication, Participant code IP₉, 12th May, 2022).

In an interview, a substance respondent explained, 'I did not want to come to Mathari because I knew it as a hospital for insane people. I feared, but since I came, I have benefited from the services provided to substance patients'. (Verbal communication, Participant code IP₄, 9th May, 2022).

In a conversation, another substance respondent shared;
I was not aware that there is a rehabilitation centre for substance use disorder patients in Mathari. One day I accompanied a friend who was attending the Clinic for Substance Addiction Therapy (CSAT). When we attended, I later decided to join the rehabilitation centre as a resident. (Verbal communication, Participant code IP₈, 12th May, 2022).

He added, 'family should be made aware of the services offered in Mathari towards substance use disorder. Equally, rehabilitee's family member should be attended for psychological wellbeing stability.' (Verbal communication, Participant code IP₈, 12th May, 2022).

Still another respondent said,

Services offered in Mathari rehabilitation centre should also aim at restoring broken down marriages. This would stabilize family psychological wellbeing. For instance, I almost committed suicide when we parted with my spouse and children were it not for my coming to the rehabilitation centre. (Verbal communication, Participant code IP₆, 10th, May, 2022).

Majority of staff respondents (N₂, 3, C 3, 4 & S/W 1) in response to this question had the opinion that rehabilitation services bring harmony and cohesion to psychologically afflicted family member. A staff respondent said,

Most family members of a relative with substance use disorder are not aware how to handle their addicted relative. Again they are not aware of how to solve psychological challenges they encounter with the addicted relative. Unknowingly, some become enablers and therefore the addict continues taking more substances. Others abandon the hopeless relative sending them away from the family and to their death, (Verbal communication, Participant code N₃, 11th, May, 2022).

These report findings are in accordance with Kithure (2016) who noted that most people are not aware of substance rehabilitation centres and the kind of services offered. Kithure emphasizes that awareness about services offered in substance rehabilitation centre should be made public. NCSACW (2020) elaborates that through rehabilitation services, an environment for physical, economic, social and psychological and spiritual empowerment to patient and family wellbeing is created. McGregor (2020) admits that by including family in rehabilitation services, psychological strength and sustainability is gained and a sense of care and acceptance brings family safety and security. Multidimensional models used in substance rehabilitation centre capture every aspect of the individual and family psychological wellbeing (Aleksandrovna, 2017). Ventura and Bagley (2017) affirm that collaborative approaches involved in multiple stakeholders strengthens family psychological wellbeing by improving the lives of rehabilitee and family as a system. Family Systems Theory advocates for inclusion of the entire family during treatment of an individual patient.

While most family members are aware that their relative is substance dependent, they are not aware they too suffer from codependence effects that distort their psychological wellbeing. Most family members seem to have little or no idea of the services offered in Mathari substance rehabilitation centre. Again, most family members associate the facility with insanity. This attitude and or ignorance deny the family member of the psychological

benefits accrued in the services offered in the facility. The researcher then feels that information about Mathari substance use disorder rehabilitation centre should therefore be disseminated for public awareness. Information about services offered in the centre towards substance rehabilitee and family psychological wellbeing should be disseminated.

Reduces Denial about Substance Use

Report findings from substance patient interviewees showed that substance patient and the family member live in denial about substance addiction. A substance interviewee said,

Many a times substance addict justifies themselves that they do not take much substance. Again, the addicts justify themselves that they do not neglect their duties like going to work, making a family or paying bills. This prevents them from seeking help and therefore they continue taking more drugs and substances. (Verbal communication, Participant code IP₂, 9th, May, 2022).

Another interviewee said,

Family members live in a double minded situation about substance addiction of a relative, probably because of family attachment. As much as they want to believe a relative is a substance addict, they deny the reality. They deny that the consumer is sick and need help. ((Verbal communication, Participant code IP₈, May, 12th, 2022).

Still another respondent said, 'Even the family member denies that they are psychologically distressed by the effects of substance addiction of a relation. This is shown through aggression, anger and other emotional problems they portray.' (Verbal communication, Participant code IP₁, May, 9th, 2022).

Majority of respondents admitted that services offered in the rehabilitation centre such as counselling and life skill programmes are important to family psychological wellbeing. The services enable family to acknowledge psychological problems affecting them and prevent relapse. A substance addict related, 'Most people including family members think that an addict is happy drinking or taking substances; but little do they know how one desires to completely abstain and live a free live. Relatives quarrel me because they deny am sick.' (Verbal communication, Participant code IP₇, May, 10th, 2022).

Staff interviewees agreed that family members sometimes become substance enablers unknowingly. For instance a staff respondent said,

Family members do not like talking about the addiction behaviour of their relative. The result

is that, the addict continues using the substances. In addition, family members deny the negative psychological impact caused on the family member by the addict's addiction behaviour. Family dysfunction then becomes the norm. (Verbal communication, Participant code N₄, May, 10th, 2022).

The respondent added, 'substance rehabilitation services including counselling unveils the psychological negative effects accumulated in family. This helps the family to heal from the inside. (Verbal communication, Participant code N₃, 10th, May, 2022).

Another respondent also explained, 'some family members use denial as a coping mechanism, which sometimes divide a family. (Verbal communication, Participant code N₁, May 10th, 2022). The same respondent opined, 'psychotherapeutic sessions would help family members change their minds and convince them to see the reality as it is.' (Verbal communication, Participant code N₁, May, 12th, 2022).

This report finding is supported by Evensen (2016) who stated that substance rehabilitation services should be shifted towards family-psychological wellbeing-based interventions and education. This would eliminate denial about substance addiction among family members. Family with a substance use disorder relative suffers psychologically; social stigma, stress and anxiety, and contribute to denial about substance addiction of a loved one (Buchan et al., 2019). Takalani (2016) concurs that family affected by substance addiction undergoes psychological torture as they deny the reality about their relative. Waller, et al., (2018) elaborate that rehabilitee's family should be provided with significant psychological support services to eliminate denial, remain stable and capable of maintaining a sub-system of psychosocial support.

From these findings, the researcher opines that family with substance addiction has considerable dissonance. At times what is visible and problematic is vehemently denied by the family members. New knowledge about what addiction does to the family then cannot be acknowledged because it poses a threat to denial. Again, family denial can be a contributing factor to suicide and or homicide. It is evident that as much as the family members want to deny the reality, they are at the same time pressed hard and explains the biting challenge. Researcher concludes that rehabilitation services should address substance rehabilitee and family member so as to eliminate the mystery of psychological denial. Family member would then care for selves and offer psychosocial support to the rehabilitee.

Promotes Psychological Wellbeing

A majority of substance addicts admitted that family members of a substance use disorder relative is overwhelmed with psychological challenges during the

rehabilitee's active addiction period. Most respondents agreed that through services such as counselling and life skill training and spiritual therapy, psychological disorders including aggression, stress, stigma, emotions and depression are better managed or avoided. In an interview, a rehabilitee said,

My wife has persevered a lot when I was drinking alcohol. I hardly took any family responsibility including rent or food. I know my wife had stress because she shouldered every responsibility including school fees for our children. Rehabilitation services like counselling can help her to understand addiction challenges, forgive me and get reconciliation in the family. (Verbal communication, Participant code IP₃, May, 9th, 2021).

Still another substance interviewee stated, 'rehabilitee services can help the family member to understand substance addiction and how to help the addicted relative instead of casting them away.' Further, the rehabilitee explained, 'family member would change negative attitude towards the addicted relative and family cohesion be enhanced.' (Verbal communication, Participant code IP₅, May, 9th, 2022).

In another interview a substance respondent said,

If my family and I were counselled early, maybe I would not have copied my father's drinking behaviour. I used to go to the pub with dad in his car when I was young. I loved it because I ate everything I needed. I think that is how I got wrongly modeled into drinking alcohol. (Verbal communication, Participant code IP₂, May 9th, 2022).

Similarly, another substance interviewee explained that rehabilitee services such as family group counseling would help restore marriages that have been broken down during active addiction period. He added, 'somebody becomes aggressive and emotional when drunk causing violence in the family. Counselling can help family members to understand one another and overcome addiction effects calmly.' (Verbal communication, Participant code IP₄, May, 9th, 2022).

In an interview, a staff respondent elaborated that most family members live bitter lives with their addicted relative. The respondent said,

I have witnessed brutality in marriages all because of drugs and substances. Family members, including children suffer psychological trauma and stress. This affects children performance including academic work. Services such as psycho-education which touches on cognitive behaviour would help them to make right decisions in life. Some children turn to drugs and substances not because they want but in an attempt to reduce the duress in the family.

(Verbal communication, Participant code C₁, May 10th, 2022).

A staff respondent stated that services offered by psychological counsellors such as counseling and life skill training reduce stigma and anxiety among family members hence improves their psychological wellbeing. Majority of staff respondents agreed that through substance rehabilitation services family with substance addiction would develop positive thinking towards substance patients.

Kabir (2017) supports the findings by advising that counselling helps to bring change in individual person's life through positive thinking and change in emotions and in behavior. Substance addict has a family attached that shoulders the burden of substance addict's responsibility (Bradshaw et al., 2016). Through substance rehabilitation services, the need to share the burden would be handled and eased among family members (Bradshaw, et al., 2016). Kryes, et al., (2019b) explain that unless family cohesion is rebuilt, family psychological wellbeing would remain crippled. In their findings, Worrn, et al., (2018) state that there is positive effectiveness of professionally facilitated counselling in family-led support groups in families with mental illness. Further, counselling helps rehabilitee to develop interpersonal relationships and reduce problematic behaviors such as violence, anxiety, and depression among family members (Worrn, et al., 2018). Kabir, (2018) reveals that counselling services done in rehabilitation centre bring a safe environment for the recovery of the patient and family psychological wellbeing.

Substance use disorder rehabilitation centre then has a role to play to support family groups, multi-family groups and consumer groups that would be utilized in restoring family psychological wellbeing. In addition, provision of counselling, psycho education and life skill training leads to positive change among rehabilitee's family members.

5. Conclusion and Recommendations

5.1 Conclusion

This study purposed to determine the relationship between substance use disorder rehabilitation services and rehabilitee's family psychological wellbeing, Mathari rehabilitation centre Nairobi County, Kenya. From the findings it is concluded that effects of substance use disorder of a relative affect the entire family. There are superb services offered in Mathari substance rehabilitation centre. The findings showed that Pearson's correlation was found to be ($p < 0.05$, $r = 0.031$). This means that there was a negligible correlation between the rehabilitee's family's psychological wellbeing and the services offered in Mathari Residential Rehabilitation centre. Since Pearson's Correlations Coefficient was very close to Zero,

this implied that there was no significant correlation between the rehabilitee's family psychological wellbeing and the services offered in Mathari rehabilitation centre. Services offered in Mathari rehabilitation centre are in no way focused to the rehabilitee's family psychological wellbeing. The study therefore concludes that there is great need to improve on services offered in the centre to include services for rehabilitee's family psychological wellbeing.

5.2 Recommendations

From the findings obtained in this study, the researcher came up with the following recommendations:

1. There is need to increase the number of psychologists in the centre. This will cater for the patient with substance use disorder and family members' psychological wellbeing. Again it will improve on services offered in the rehabilitation centre to cater for family psychological wellbeing for instance family support groups, counseling and follow up and spiritual nourishment.
2. The government through the ministry of health should increase the financial allocation set for the centre. This will enable employment of more professionals.
3. The staff to create public awareness about the effects of substance use disorder on the individual abuser and family psychological wellbeing.
4. Awareness about Mathari substance use disorder rehabilitation centre and the services offered. This will enable the members of public to seek for psychological wellbeing assistance. This will bring about a well-informed and psychologically healthy society.

References

- Alcohol and Drug Families ADFAM & Scottish Training on Drugs and Alcohol STRADA (2013). *Alcohol and whole family recovery; what we know and what we do not know*. University of Glasgow.
- Aleksandrovna, M. V. (2017). The multidisciplinary case management team as an effective model for providing modern psychiatric care under compulsory treatment conditions. *International Journal of culture and mental health*, 11 (1), 120-124.
- Alsuwaidi, H. M. (2019). *Understanding the Barriers to Integration to Society, Recovering Patient from Addiction Face: A Qualitative Study in the United Arabs emirates (UAE)*. Harvard University Medical School.
- Bawo, O.J. (2019). *Drug treatment presentations at a treatment centre. Findings and implications for policy and practice; Department of clinical services, drug abuse treatment education and research unit, Benin City, Edo State, Nigeria*.
- Bhandari, S., David, M. & Neupane, G. (2019). Factors associated with drug abuse relapse: A study on the clients of rehabilitation centers; *Al Ameen Journal of medical science*, 8(4) 293-298
- Bonfils, K. A., Adams, E. L., Firmin, R. L., White, L. M., & Salyers, M. P. (2014). Parenthood and severe mental illness: relationships with recovery.) *Psychiatric Rehabilitation Journal*, (37), 186–193
- Bradshaw, S., Sterling, T. S, Eugene, W. W., Kitty, S. H., Douglas, B.S & Heather, A.R. (2016). Family Functioning and Readiness in Family Recovery from Addiction. *Journal of Groups in Addiction and Recovery*, 11 (1), 344-360
- British Columbia Centre on Substance Use BCCSU (2018). *Strategies to strengthen recovery; the path to recovery*, British Columbia Review. Author.
- Centre for Alcohol and Drug Studies (CADS) (2020). *Effects of drug addiction on family members*. Behaviour Health of the Palm Beaches, South Florida.
- Danquah, A. A. & Charan, A. A. (2017). Relevance of rehabilitation centres in our communities. *International Journal of Science and Research*, IJSR 6(7), 67-73.
- Doostian, Y. Bahmani, B. Farhoudian, A. Azkhosh, M. & Khanjani, M. S. (2019). Vocational rehabilitation for individuals with substance related disorders. *Iranian Rehabilitation Journal*, 17 (2), 105-112
- Dreyer, J., Pooe, J.M., Dzikiti, L.N., Kruger, C. (2020). Factors associated with the successful completion of a substance rehabilitation programme at a psychiatrist training hospital. *South African Journal of psychiatry* 26(1)10.4102/sajpsychiatry.v26io.1255
- Duffy, P. & Baldwin, H. (2013). Recovery post treatment: Plans, Barriers and Motivators. *Substance abuse treatment prevention and policy*, 8 (6), 1-9.
- European Monitoring Centre for Drug and Drug Addiction EMCDDA (2016). *Perspectives on drugs;*

The Role of Psychosocial Interventions in Drug Treatment, European Monitoring Centre Press.

Journal of Education Prevention and Policy, 22(6), 476–482.

- Evensen, S. (2016). *Vocational rehabilitation for individual with schizophrenia. The society case*. Division of mental health and addiction, Oslo, University Hospital, Norway.
- Family to Family Recovery Resource Guide (FFRRG) (2017). *Family support and guidance for navigating alcohol and drug addiction treatment and recovery services*, Friends to recovery; New York.
- Foster, K. Isobel, S. & Gradcert, B.N. (2017). Towards relational recovery: Nurses practices with consumers and family with dependents children in mental health inpatient units. *International Journal of Mental Health Nursing*, 27 (2), 727-736
- Greenman S. (2015). *The family role in addiction and recovery*. Psych Central Review England. Retrieved on 20th May 2020 from <https://pro.psychcentral.com/thefamilys-role-in-addiction-and-recovery>.
- Haryadi, R., Handayani, E. S., Hayati, S.A.(2020). Psychological wellbeing of ex-drug addicted counselee in post-rehabilitation education; *Journal of Guidance and Counseling* 6(1) 1-7 DOI: <https://doi.org/10.26858/jppk.v6i1.12422>
- Kabir, S. M. S (2017). *Introduction to counselling*. Curtin University Press, Bangladesh.
- Kabir, S. M. S. (2017). *Counselling Approaches*. Curtin University, Bangladesh
- Kabir, S. M.S. (2017). *The effects of cognitive behaviour counselling on anxiety in the mothers of infants in the NICU: A randomized controlled trial*. Curtin University, Bangladesh
- Kabir, S.M.S. (2017). *Essentials of Counseling* (1st ed). Abosar Prokashana Sangstha Banglabazar, Dhaka.
- Kalema, D., Vindevogel, S., Baguma, P.K., Derluyn, I. & Vanderplasschem, W. (2015). Alcohol Misuse, Policy and Treatment Responses in Sub Saharan Africa: The case of Uganda; *Journal of Education Prevention and Policy*, 22(6), 476–482.
- Keane, D., McAleen, M. & Barry, (2014). *Addiction Recovery. A contagious Paradigm*, A case for the reorientation of drug treatment services and rehabilitation services in Ireland: Soilse, Dublin, Ireland.
- Krys, K., Zelenski, J. M., Capaldi, C. A., Park, J., van Tilburg, W., van Osch, Y. & Uchida, Y. (2019b). Putting the “we” into well-being: Using collectivism-themed measures of well-being attenuates wellbeing’s association with individualism. *Asian Journal of Social Psychology*, 22(3), 256-267
- Lander, L., Howsare, J. & Byrne, M. (2013). *The Impact of Substance Use Disorders on Families and Children: From Theory to Practice*; United Nations Library of Medicine National Institute of Health, London
- Matliwala, K. (2017). The effects of psychological counselling on mental health. *Journal of psychology and clinical Psychiatry*, 7 (3), 1-3
- McAllister, S. & McCrae, N. (2017), “The therapeutic role of mental health nurses in psychiatric intensive care: A mixed-methods investigation in an inner-city mental health service”, *Journal of Psychiatric and Mental Health Nursing*, 24 (7), 491–502.
- McCoy, M. L. (2012). *Factors influencing successful psychotherapy outcomes*. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/57
- McDonagh, D. & Reddy, J. (2015). *Drug and alcohol family support needs analysis report western region drugs tusk force unit*. Calvary Technology Park Ireland.
- Melemis, S.M. (2015). Relapse prevention and Five Rules of recovery. *Yale Journal of Biology and Medicine*, 88(3), 325-332
- Musyoka, C. M. Obwenyi, A. M. Mathai, M. & Ndeti, D.M. (2016). Models and Approaches to Alcohol and Drug Addiction Rehabilitation in Kenya. European Centre for Research Training and Development, UK. *International Journal of Health and Psychological Research*, 4 (4), 1-12

- Nabavi, R. T. (2012). Bandura's social learning theory and social cognitive learning theory, *A review of Theories of developmental psychology*, University of science and Culture, Tehran Iran.
- National Centre on Substance Abuse and Child Welfare NCSACW (2020). *Family Treatment Court*, Rockville, USA
- National institute on Drug Abuse NIDA (2018). Principles of Drug Addiction Treatment. A research based guide (3rd edition). US Department of Health and Human Services.
- Olawole, A. I., Ogundipe, O. Amoo, E. O., & Adeloje, D. (2018). Substance use among adolescents in Sub-Saharan Africa. A systematic review and meta-analysis. *Journal of child health*, 12 (2), 1 2018
- Opong, A. K., Meyer, W. A., & Petersen, I. (2014). Substance use and risky sexual behaviours among street connected children and youth in Accra, Ghana. *Subs Abuse Treat Prevention Policy*, 9, 45-2014. <https://doi.org/10.1186/1747-597X-9-45>
- Orford, J., Velleman, R., Nitera, G., Templeton, L & Copello, A . (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Journal of social science & medicine*, 78, 70-77
- Pullen, E. & Oser, C. (2014). *Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counsellor Perspective*, US National Institute of Health
- Rue, L., Estrada's., Floren, M. & MacKinnon, K. (2016). Formation evaluation: Developing measures for online family mental health recovery education. *Journal of Evaluation and Programme planning*, 55, 27-34
- Schaeffer, A. (2015). *The most common behaviour disorders in children*. Health line Newsletter, Auckland Press.
- Smith, J.M. & Estefan, A. (2017). Families parenting adolescents with substance abuse: Recovering mother's voice; A narrative of Literature Review. *Journal of family nursing*, 20, 4415-4441
- Sophie, D., Walsh, Djalovski, A. Meyran, B. N., & Yossi, H. F. (2014). Parental, peer and school experiences as predictors of alcohol drinking among first and second generation immigrant adolescents in Israel. Bar Ilan University, Department of Criminology and the school of education, Israel. *Journal on Drug and Alcohol Dependence*, 138 (1), 39–47
- Stone, J., Marsh, A., Dale, A., Willis, L. O'toole, S., Helfgott, S. Bennetts, A., Cleary, L., Ditchburn, S., Jacobson., Rea, R., Aitken, D., Lowery. , Oh, G., Stark, R., & Stevens, C. (2019). *Counseling Guidelines: Alcohol and other drug issues (4th ed.)*. Mental Health Commission.
- Subbaraman, M. S., Witbrodt, J. (2014). Differences between abstinent and non-abstinent individuals in recovery from alcohol use disorders. *Journal of Addiction Behaviour*, 39, 1730–1735.
- Takalani, G. & Tshitangano (2016). Substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors. *African Journal of Primary Health Care Medicine*, 8(2), 934
- Theresa, L. (2018). *Identifying effective substance use disorder treatment for families*. National Centre on Substance Abuse and Child Welfare (NCSACW), Houston, Texas.
- Ventura, A.S., Bagley S.M. (2017). To Improve Substance Use Disorder Prevention, Treatment and Recovery: engage family. *Journal of addiction medicine*, 11(5), 339-341
- Waller, S. Reupert, A. Ward, B. McCormick, F. & Kidd, S. (2018). Family focused recovery: perspectives from individuals with a mental illness, *International Journal of Mental Health and Nursing*, 28(1), 247-255
- Worran, H., Schweizer, R., Marks, E., Yuan, L. Lloyd, C. & Ramjan, R. (2018). The effectiveness of support groups: A Literature Review. *Mental Health and Social Inclusion Journal*, 22(2), 85-93