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# Psychological Problems and Coping Strategies of Family Caregivers of Psychiatric Patients in Neuropsychiatric Hospital Rumuigbo, Rivers State

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**Abstract-**Caregiving for a psychiatric patient is a demanding and difficult task that has negative impact on family caregivers because family caregivers are involved in a 24 hours' job with no rewards, sick leave or pay checks. This study explored the psychological problems and coping strategies of family caregivers of psychiatric patients in neuropsychiatric Hospital Rumuigbo, Rivers State. A Hermeneutical phenomenological qualitative research design was adopted for this study. An in-depth open-ended face-face interview was conducted on 22 participants who were selected purposively using a semi-structured interview guide. Six steps thematic method of data was assumed which was supported by Nvivo Software version 12. Results were presented in themes, quotes and word cloud. The study consisted of two research questions that were answered with 25 themes in all. Results obtained revealed that most family caregivers are faced with psychological problems like embarrassment, emotional disturbance, loss of personal time, depression, sleep disturbance, sadness, lack of productivity, rejection and fatigue. Coping strategies adopted by the caregivers are: support from family, support from church members, support from friends, relying on God, passive appraisal, acceptance and avoidance. It was concluded that family caregivers have difficulty coping with psychological problems; however, they all use one form of coping strategy. Future intervention toward alleviating family caregiver's psychological problems may be best served by improving caregivers coping strategies. There is a need for family support groups to be created for assisting caregivers and advocating for the promotion of their cause in society.

keyword- Coping Strategies, Family Caregivers, Psychiatric Patients, Psychological Problems

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## 1 INTRODUCTION

Psychiatric disorders are common in human existence [1]. They are of wide variations and affect all persons. According to [2], psychiatric disorders are the third most leading cause of hospitalization with an estimation of 13.4% significant global burden. In addition, [3] reported that in developing and developed countries, more than 25% of individuals develop one or more psychiatric or behavioral disorder during their entire lifetime. Psychiatric disorder is managed not only in hospitals but in the community. [4] noted that modern management of psychiatric patients has shifted from institutionalization to community base care which involves family caregivers to participate in patient's care. According to [5], family caregivers include parents, uncles, aunts, siblings, children, spouses, friends and significant others. Family care giving has been reported to be beneficial to patients and caregivers.

For instance, family caregiver's involvement in treatment of a psychiatric patient is related to vital enhancements on symptoms and the quality of life, fewer in-patient admissions for the patients and reduced risk of relapse [6]. However, [7] posited that family caregivers support also accelerates patient's recovery, lowers the risk of death, lessens dependency on medical services, promotes medication adherence, and improve patient's interpersonal and family ties. On the other hand, [8] reported that caregiving is a rigorous and challenging endeavor for a psychiatric sufferer that has negative impact on family

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caregivers. [9] posited that those psychological problems experienced by caregivers include blame, feeling of shame, frustrations, fear, anger, bad feelings, self-insult, losing respect, embarrassment, worry, loneliness, despairing, isolation, stigma and discrimination. It also includes problems such as stress, anxiety, depression, insomnia, poor social interaction and reduced life expectancy which give rise to denial and possibly early sickness and death [10].

To deal with the psychological issues they experience, family carers use a variety of coping mechanisms [11]. Although, different approach may be involved in coping with psychiatric patients among caregivers. The most prevalent coping mechanisms can be separated into two different categories; emotion focused group, that seeks to reduce the stressor's negative emotional impact through fatalism, denial, event religion, avoidance and the second group is the problem focused group which include coping with direct actions, that individuals undertake to change the problem. Consequently, it is practical to note that understanding the coping mechanisms used by family cares can be quite useful in assisting family caregivers in adapting to the psychological problems caused by caring for relatives living with psychiatric disorders. On the other hand, family caregiver’s psychological problems have increasingly been documented; concept of psychological problems and the coping strategies among family caregivers is still vague.

[12] examined subjective distress, psychological distress and perceived convivial support from caregivers of people with schizophrenia in India. The study results showed negative symptoms of the patients, stress subdomains (accentuate on good-marital stress, relationship stress and stress due to perceived astringency) were presages for the subjective stress. The accentuate on salubrity and the age of the respondents were soothsayers of psychological stress. The conclusions are that inclusive treatment offers would ameliorate the quality of life of caregivers and avail them ascertain long-term care for patients with schizophrenia. In the same vein, [13] conducted a study of the barriers for family carers to cope with patients with rigorous noetic illness in Iran. A qualitative content analytical approach was acclimated to fixate on barriers in dealing with patients. The results comprised four main categories: the patient's isolation from everyday life; incomplete instauration; to be left in the role of caregiver; and stigma. The results highlight the desideratum to fortify nurses through the phrenic health care system.

[4] conducted a study in Hong Kong. The study centered on the stress and strain faced by caregivers of people with schizophrenia and early psychosis. A cross-sectional survey culled 454 nurses who were recruited by two noetic health NGOs and from the outpatient department of a psychiatric hospital. Telephone interview. The results of the study showed that the nurses most of their conflicts with the sick family member or other relatives were due to their own incognizance of the patient's symptoms (56.4%), other family members the nescience of relatives about the patient's symptoms (46.9%) or the patient's refusal to take medication (43.0%). Most of the nurses had corresponding stress values of 5 (scale: 1-5; mean = 3.88, 3.85 and 4.19. For psychosocial quandaries, virtually a third (30.2%) of the nurses surveyed gave an ecumenical stress value of 5 (Mean = 3.56). 8.0%, 49.8% and 45.8% of caregivers experienced apprehensiveness, decremented socialization and insomnia, respectively.

Another study by [14] on the experiences of caregivers of people with astringent noetic disorders: a study from rural Ghana utilizing a qualitative study with 75 consciously culled carers. Stress that included economic, gregarious, emotional omission, despondence, and deficient time for other convivial tasks. The obligations of care were mostly shared among the close relatives, but to an inhibited extent and to varying degrees. Religious prayer and the prospect of a rejuvenating were the main coping strategies of the caregivers in the prospect that incipient treatments would be discovered. The study results highlight the desideratum for interventions to fortify the people who are with me and their carers. This will ameliorate the financial and emotional burden on families, facilitate early diagnosis and treatment, abbreviate peregrinate time to seek treatment, and ameliorate the quality of life for caregivers of people with phrenic disorders. In Nigeria, the encumbrance of caregivers of patients with phrenic disorders in culled hospitals was reported by [15] the researchers used three (3) standardized implements to accumulate information from the respondents. With the General Health Questionnaire (GHQ) and the Zarit Burden Inventory (ZBI), information was accumulated from caregivers, two research questions were answered and only one hypothesis was tested. The result being that 37.0% of the respondents had a light load, while 31.1% had a moderate load. The high stress was associated with the time invested in caring for the family member, finances and other tasks. Stress and consequently caregivers must provide a coping mechanism. To this end, this study explored the psychological problems and coping strategies of family care-givers of psychiatric patients in psychiatric hospital Rumuigbo, Rivers State.

## 2 STATEMENT OF PROBLEM

Family caregivers play a significant role in the lives of psychiatric patients; studies confirm that involvement of family caregivers is also associated with significant improvements in symptoms and quality of life, a lower risk of relapse, and fewer inpatient admissions [6]. However, prolonged period of psychological problems has resulted in chronic stress that affect the caregivers' daily live and health [16]. For instance, [17] revealed that family caregivers were reported to have complained of psychological problems that affect their well-being as members of the society. It is even more distressing in societies like Nigeria where family caregivers are discriminated because of notions that psychiatric problems are spiritual matters and the chances of spread of the illness to other member of the family is high [18]. From scholarly search and researcher's personal investigation, there is no institutional base care for family caregivers of psychiatric patients, hence they continue to carry on a distressing look of uncertainty especially for patients that spent a long period of time in the hospital. In the realm of caregiving for psychiatric patient, this raises the question of how and what coping strategies family caregivers of psychiatric patient use to relieve caregiver psychological problems in the study context. The researcher is therefore interested in finding out the specific psychological problems and their coping strategies if any. This present study was conducted because the researcher observed feelings of despair, impatience or anger among family caregivers in clinical practice. The researcher also observed that despite abundance of studies on family caregiver's experiences in places India, Ethiopia, Malawi & Ghana [12], [9], [19], [14] in Nigeria however, there are few studies in this area of interest (psychological problems and coping strategies among family caregivers of psychiatric patients in Psychiatric Hospital Rumuigbo, Rivers State). In the western part of Nigeria, a study of the stress on caregivers of patients with mental disorders was carried out [15]. This indicates that there is a dearth of literatures on the investigation of the psychological problems and coping strategies of the family caregivers especially in the Southern part of Nigeria where this present study was conducted. To this end, there is need to focus on the psychological problems of family caregivers and identifying the coping strategies using neuropsychiatric Hospital Rumuigbo Port-Harcourt, Rivers State as focal point.

## 3 RESEARCH QUESTIONS

1. What are the psychological problems experienced by family caregivers of psychiatric patients in Neuropsychiatric Hospital Rumuigbo, Rivers State?
2. What are the different coping strategies employed by family caregivers of psychiatric patients in Neuropsychiatric Hospital Rumuigbo, Rivers State?

## 4 RESEARCH DESIGN

A Hermeneutical phenomenological qualitative research design was adopted for this study. This design was adopted because it gives deeper and clearer explanation when little is known about the phenomenon of interest by relying both on interpretation and description of the lived experience [20].

### 4.1 Study Setting

The research was conducted in Neuropsychiatric Hospital Rumuigbo Rivers State. It is located along the East West Road, Port-Harcourt. The hospital is managed by the board of management, hospital management committee and the departments. The hospital building comprised of a male and female ward, emergency unit with bed capacity of forty-two (42); respectively. Also, it consists of consulting rooms, treatment room, (Strong room) and outpatient clinic. The clinic runs days are Tuesdays and Thursdays and offers the following services: general medical checkup, treatment adherence monitoring, home visit and follow up, health education, counseling activities and drug compliance. It comprises of a team of psychiatric doctors, dieticians, psychiatric nurses, general medical practitioners and nurse practitioners, medical social workers, pharmacist, medical laboratory scientist and supporting staff. Neuropsychiatric hospital Rumuigbo was selected for this study because it is the only Psychiatric Hospital in the South-South region of Nigeria which serves as a referral center for other Hospitals in and outside the State.

### 4.2 Population of the Study

The study population consisted of 326 family caregivers of both inpatient and outpatient in Neuropsychiatric Hospital Rumuigbo, Rivers state.

### 4.3 Sample Size

The sample size for this study was twenty-two (22) participants of family caregivers. This was attained at data saturation at a point when no new information was obtained to replace the study and extra coding was not possible [21].

### 4.4 Inclusion Criteria

These are characteristics that prospective participants must have if they are to be included in the study. Below are the inclusion criteria:

- Individuals who are 18 years of age and above and willing to participate in the study.
- Should be able to understand and communicate in English language

### 4.5 Sampling Technique

Purposive sampling was adopted for this study to recruit the twenty-two (22) participants for the research. Purposive sampling technique is a process of selecting a population on the grounds that they can give the required information in tackling the research problem [22]. [21] suggested that in qualitative research, participants are usually selected purposively when researcher has prior knowledge of the participants (being a family caregiver to psychiatric patient).

### 4.6 Instruments for Data Collection

The researcher developed a semi-structured interview guide as the instrument for data accumulation in this study. The instrument was developed by the researcher in English being the official language of the State.

### 4.7 Methods of Data Collection

The objective of the study was explained to each participant by the researcher or a trained research assistant to each participant before the interview commenced and participants gave their consent for participation and audio recording of the interview section which lasted for about 30-45 minutes. All the interviews are open-ended questions aimed at generating responses that describe the psychological experiences of the participants was conducted.

### 4.8 Method of Data Analysis

All interviews were fully transcribed, and thematic analysis process was adopted following the six steps of thematic analysis for qualitative study [21].

### 4.9 Ethical Consideration

**Permission**: A letter of introduction was collected from the faculty of nursing; Niger Delta University to the facility for permission to apply for ethical approval from the hospital ethical committee which granted also. This allowed the researcher gain access to communicate with the participants and information needed for the study.

**Informed Consent:** The participants are fully informed about the goals of the research and the possible advantages and disadvantages. Receive a declaration of consent prepared by the investigator, which he must sign as soon as he is fully informed about the study. They have been encouraged to ask questions when they are unclear and only provide information that they are comfortable with.

**Veracity**: Participants received detailed information about the study without withholding information or providing mendacious information about the consequential study to the participants.

**Beneficence and Non maleficence:** The researcher ascertained that the participants are not harmed in any way, either physically, psychologically, emotionally, convivially or otherwise.

**Confidentiality and anonymity**: Participants were assured that only information cognate to the study will be accumulated and not interfering with subject's privacy. Information entrusted to the researcher was utilized pristinely for the research purport and not revealed to others not directly involved in the study. The researcher ascertained anonymity by omitting names and other personal identifiers. Maintaining scientific veracity was additionally adhered to by reporting the results without any fabrication but with objectivity and integrity.

**Deference for autonomy**: The researcher venerated the participants' right to part take in the research study without external control, coercion exploitation or persuasion. Moreover, the researcher withal ascertained that they have noetic and psychological capacity to make decisions

## 5 RESULTS

**What are the psychological problems experienced by family caregivers of psychiatric patients in Neuropsychiatric Hospital Rumuigbo, Rivers State?**

The results of the data analysis showed emergence of ten themes explaining the psychological problems faced by family caregivers of psychiatric patients in neuropsychiatric hospital: Feeling of being embarrassed; emotional disturbance; loss of personal time; depression; sleep disturbance; sadness; lack of productivity; fatigue; rejection; and burden.

**Theme 1: Feeling of being embarrassed**

More than half of the family caregivers are of the view that they face embarrassment because of having a family member who is a psychiatric patient in the hospital. One of the caregivers submitted that '*she suffers social stigmatization."* Another caregiver posited that '*I feel shame, where I am living, where I stay, people were looking as I was battling with the whole situation".*

**Theme Two: Emotional Disturbance**

Majority of the family care givers maintained that they faced or are currently facing emotional disturbances because of having a family member who is a psychiatric patient in the hospital. One of the family caregivers submitted that *"you won't be comfortable and be moved to find a solution on how you can help to resolve the issue"*. Having the feeling that a family member is suffering from emotional disturbance results into worrying and anxiety. Another caregiver revealed '*I was worried; it was the worries that made us come to the hospital for solution. I was worried but was not scared."*

**Theme 3: Loss of Personal Time**

The feeling of having a psychiatric patient at home or in the hospital results into the loss of time for the family members. A caregiver maintained that *"I won't be able to meet up to where I suppose to be today. So as a person, to my family, if I have in mind a little gathering, I would not be able to do that again because I've taken today to bring them to this new thing. So as a person, it won't be that easy because if she was normal, I won't be here"*. Aside the loss of personal time, the family caregivers are constraints to care for the psychiatric patient. One of the family caregivers expressed her view that *"…have no time to pursue my personal things especially my business."*

**Theme 4: Depression**

Depression was seen to be one of the major psychological problems faced by family caregivers when taking care of their relatives who have psychiatric patient. A family caregiver posited that *"…even when we are going to work, we are not happy, as we are coming back, we are thinking, what would have happened again"*. As regards the behavior of the psychiatric patient and the depression the family member faced, a caregiver asserted that *"Sometimes he would just come and be displaying in front of your friends and you now as a man, sometimes bring women to your house, all those things make me feel depressed"*.

**Theme 5: Sleep Disturbance**

The caregivers are characterized with sleepless night to always take care of the psychiatric patient. One of the caregivers submitted that they had sleep disturbance because of caring for the psychiatric patients. *"…that problem is that sometimes you might not be able to sleep well, having sleepless nights, any time you remember"*. Another submitted that *"I've not been sleeping well like that because there are times, he himself will not sleep and if he is not sleeping nobody will have to sleep. Making noise throughout, sometimes throughout the night, sometimes throughout the night we should not sleep because we will be making noise singing and because of that we won't be able to sleep"*.

**Theme 6: Sadness**

Findings from the interviews were assigned the theme 'sadness'. Five caregivers submitted that they became sad as a result of caring for the psychiatric patients. One of the caregivers reported that: *"I was so sad."* This shows the conditions of the family caregivers. Also, a caregiver submitted that *"I can never be happy seeing her like this."*

**Theme 7: Lack of Productivity**

Six caregivers maintained that they were not productive during the period of taking care of the psychiatric patient. One of the caregivers asserted that *"it reduces productivity of my work." Another* maintained that: *"It makes me not to go for my routine, day to day activities. I stopped doing it for some time. I'm not going to leave her because I'm the only person close to her though my people are not able to stay with her I'm the only one staying with her for some months now"*.

**Theme 8: Fatigue**

Findings from the interview were assigned the theme 'fatigue'. Three family caregivers interviewed submitted that they had fatigue that came as a result of taking care of a family member who is a psychiatric patient in the hospital. One of the caregiver asserted that: *"Serious headache "*. A female caregiver submitted that, she is always tired because of the time she spends taking care of the patient. She further explained that: *"I have not been able to do anything because I am always tired"*.

**Theme 9: Rejection**

Five caregivers admitted that they received rejection from friends and family throughout the period of them caring for the psychiatric patients. When interviewed, one of the caregivers asserted that: *"It's just that the apartment where we stay, our landlord recently said that we should take him out of compound, we should take him to the village so he won't spoil something. So it has affected us"*.

Some of the caregivers maintained as the extended family became aware of the psychiatric patient, they that, they were disserted because it was a taboo for the family. Explaining this, PL21 asserted that: *"Some other members of the family are running away from him thinking that it is a family problem"*.

**Themes 10: Burden**

Five of the caregivers narrated their ordeal on the burden they face taking care of the psychiatrist patient, a caregiver explained that the family could not cope during the period. She narrated that: *"We don't; there's no how we would cope well, even if ordinary sickness or normal headache, we don't, we would be looking for help from the pharmacist, doctor or whoever that would help"*. Another caregiver posited that the situation is a sacrifice the family needs to make for the sake of the patient. *"It doesn't disturb me. I take it as a cross like something you can do for somebody"*.

**Theme 11: Uncertainty**

Two of the caregivers did not know what to do as soon the psychiatric patient starts manifesting mala-adaptive or emotional behaviors. One of them asserted that *"because I always feel since he is sick, I don't know what will happen the next morning"*. Another caregiver expresses uncertainty about the behavior displayed by the psychiatric patient: *"The children that were attending school can no longer go to school again"*.

**Theme 12: Restricting Oneself**

Some of the caregivers believed that the situation requires restricting oneself from other activities in order to cater for the patient. The female caregiver submitted that: *"The only issue I am having is restricting myself from my job."* Another caregiver put forward that *"it made me not to go anywhere"*.

**Theme 13: Feeling of Pity**

Findings from the interview were assigned the theme 'feeling of pity'. A caregiver maintained that they felt pity when one of their family members started showing signs of psychiatric behavior. She maintained that: *"Though I might pity them, I might feel sorry but the effects, I'm sorry there's nothing I can do about that for him"*.

**Theme 14: Feeling of Loss**

One of the caregivers submitted that they felt a deep absence of patient when she started showing some signs of psychiatric behavior. They maintained that *"…her absence would be felt because she's no longer there"*.

**What are the different coping strategies employed by family caregivers of psychiatric patients in Neuropsychiatric Hospital Rumuigbo, Rivers State?**

**Theme 1: Support system from families**

Findings from the interviews revealed the theme 'support from family members'. Majority of the caregiver interviewed pointed out that they receive social support from their families. One of the caregivers submitted that: *"only his siblings and his mum have been helpful"*. Also another caregiver admitted that: *"Yes, families are there, everybody is helping out, all hands are on deck. They try to see who can at any time feel good to watch over her, then we send her to school, she works with therapist, when she's out of school, at home, we try to ensure that someone is always at home to stay with her so that she doesn't leave the house, or she doesn't get bored, because if she gets bored, she might start crying or she gets too excited she might start hitting anyone. She has this younger sister who can take care of her"*.

**Theme 2: Support from church members**

Majority of the caregivers interviewed pointed out that they received one form of social support in form of donation, gift and prayers from church members. PL 8 submitted that: *"Yes our church organization, Jehovah Witness, they altered prayers and sympathized and they helped in their little way"*. In the same vein, another caregiver admitted that: "*Social support was from church. One lady, use to come and carry him and take him to church, try to make him go to church."* Corroborating this, a male caregiver admitted that "*the church group, that supports so the family don't really care because they don't have much. It's only the church that cares. The charity organization. It's the charity organization of the church, the catholic church that takes care of her, that takes care of everything all their bills, the feeding, everything about them. Yea. This is why they are here. It is them that brought them here*".

**Theme 3: Support from friends**

Findings from the interviews revealed the theme 'support from friends'. Five of the caregivers pointed out that they received one form of social support from friends and well-wishers. A caregiver submitted that there was support from friends and colleagues at work. He maintained that "*there was help from outsiders, like the day we carried him here, somebody gave us her car, and fill it with fuel, and another person volunteered to give us N30000"*. Another caregiver admitted that: *"Some of my friends that know about it"*.

**Theme 4: Relying on God**

Aside the support received from friends, family and well-wishers, the family caregivers resorted to putting their confidence on God. One of the family caregiver pointed out that as a way of coping strategy; they backed their faith in God with the traditional medicine. One of the care givers submitted that *"if you think is spiritual too, Africans believes things are spiritual, go to church, back it up with your faith, with the Orthodox medicine."* In addition, another caregiver explained her ordeal that the situation has increased her faith: "*Faith in God; we have attended up to 30 churches, this has increased my mother's faith*". Reiterating the place of relying on God for solution, a caregiver submitted that: "*We use God to encourage ourselves, we pray and read Bible. I am a Jehovah witness. That Jehovah God will solve it and he has solved it for us*".

**Theme 5: Passive Appraisal**

Findings from the interviews revealed the theme 'passive appraisal'. More than half of the caregivers maintained that they use passive appraisal as a coping mechanism. One of the caregiver asserted that: *"I have the belief that the situation is not permanent as the condition is improving by the day."* In the same vein, another caregiver asserted that "*we are managing it, if we go to were people don't know us, we feel free. we tell ourselves that it's not his portion, we encourage ourselves, if you're like this that would end up too in life others who have seen him would have to sit up and learn. So, we try to learn from what have happened to him"*. While a female caregiver submitted that: "*i have learnt the fact that where there is life, there is hope and since from experience, I have seen people who suffered this and still lived their lives normal till their old age. We ignore some things. I wouldn't allow her nasty behavior*".

**Theme 6: Acceptance**

Nine of the caregivers maintained that accepting the psychiatric patient is one of the means they cope with the situation. One of the family caregivers asserted that: "*she's accepted totally, we involve her in everything we do, even when we have session to conduct in the house, she has her own session to conduct no matter how she manages with it, she's just integrated into the system. They go for the child and do the best they can do for the child because basically what they need is love and care, if they know that they're loved, it helps them to cope better too"*. In the same vein, another caregiver submitted that: "*Those who are his friends before he became sick still come close to him, the family members and villagers still come close to him*".

**Theme 7: Avoidance**

The family caregivers used avoidance as a way of coping with the psychiatric patient. Explaining how avoidance is used as a coping strategy, one of the caregivers maintained that: *"isolation, people tried to avoid the people, they tend to generalize it to the whole family, they avoid us, we tend to stay in our home so there won't be issues of victimization."* Similarly, another caregiver admitted that "*my father now has the feeling that these children are already useless because of the mistake one person made*".

**Theme 8: Managing the Situation**

One of the family caregiver explained that they managed the psychiatric situation the way it is. She submitted that "*so, if you try the one you could and the one you could not, don't carry it on your head, because that causes a lot of stress. Try to manage that stress so it won't accumulate in your body.*" She further submitted that "*we can manage the stress by, being contented with what you have, when you're contented with what you have, you see that your stress will be a little mid. So, when contented, play along with what you have, don't look that Mr. A is doing well, don't look at Mr. A standard, look at what you have at the moment; and that would help me*".

**Theme 9: Monitoring the Patient**

One of the family caregiver posited that as a way of coping strategy, they monitor the situation of the psychiatric patient. She admitted that: "*my mother confides herself to one place and be monitoring the boy's movement regularly, as soon as he goes out, she follows him to question his movements.*"

**Theme 10: Going for Therapy**

Findings from the interviews revealed the theme 'going for a therapy session'.

One of the family explained that the family cope by taking the patient to see a therapist. One of the caregivers submitted that "*at least she goes for her therapist session where she's being helped to cope with her day to day life*".

**Theme 11: Engaging in Discussion**

One of the family explained how communication is used as a coping mechanism with the psychiatric patient. A female caregiver submitted that "*my mum has a way of calming him down, when he wants to start talking anyhow, she will always engage him in discussion, I don't have his time, my mum tried to talk to him, make him feel the belonging.*"

## 6 DISCUSSION

This study revealed psychological problems encountered by the family caregivers and coping strategies adopted by the family caregivers of psychiatric patients. The finding from this study shows the psychological problems the family caregivers undergo as a result of caring for the psychiatric patients. Fourteen themes emerged under the psychological problems while eleven themes for the coping strategies. However, concerning the psychological problems of family caregivers, results from the interview revealed that majority of the participants face embarrassment and emotional disturbance.

This was attributed to stigmatization and being of ashamed of present condition. Also, the result revealed that loss of personal time; depression and sleep disturbance were major themes among the family caregivers. The findings from this study are similar to studies conducted in the past in relation to the psychological problems of caregivers. This is also in line with studies conducted in India where family caregivers reported symptoms of moderate-severe depression [8]. In Ghana, [14] also noted emotional distress, loss of personal time and depression as psychological problems of caregivers. This study further revealed other psychological problem documented by caregivers as lack of productivity resulting from reduced work hours, little or no time for personal business, farm work or even job seeking.

This is as result of the fact that most participants resolved to care for their loved one as the only available person to do that. They stopped or even neglected offers finally resulting to psychological problem. Fatigue was also mentioned by few participants. They reported to have experienced fatigue, which came as a result of taking care of a family member who is a psychiatric patient in the hospital. This was portrayed by headache, always tired and feeling stressed all the time. Rejection was noted to be a problem among caregivers. Loved ones don't come around, people run away from you and others stop coming. This finding is also comparable to previous studies, which reported that caregivers Iran experienced rejection in the form of isolation being and abandoned and stigmatized [13].

The results from the interview revealed the ways in which family caregivers cope with psychological problems they experience. Findings from the interviews revealed that family caregivers coped with support from family members. Majority of the caregiver interviewed pointed out that they receive social support from their families. Caregivers noted that parents, siblings and few in-laws have been supportive in coping process. This further showed that coping is possible when the immediate family members stand by the side of the caregiver and render help were necessary. It helps both the patient and the caregiver. Results from a study in Tanzania are consistent with this present study **(Iseselo, *et al.*, 2016).** Nevertheless, this study is in contrast with the findings in study conducted in Iran [13] and Namibia [23]. This difference might be credited to limited formal support; coping with the demands of caregiving becomes difficult.

Also, majority of the caregivers interviewed pointed out that they received one form of social support in form of donation, gift and prayers from church members. Caregivers noted that the church took them to the hospital and is in charge of the bills and social support. Church members support with helping them attend church service. Members of the church come to visit and encourage us and pray with us. The findings are in line with [14] were religious prayers was the main coping strategies adopted by caregivers. Support from friends, relying on God was also strategies of coping mentioned among caregivers. Caregivers pointed out that they received one form of social support from friends and well-wishers. Some friends contributed money, dedicated their time and other resources to assist. This goes to show that some friends are more than brothers. This is also in conformity with the study of [24] and [14].

Passive appraisal was another coping strategy documented by caregivers. Family caregivers cautioned themselves, hope in God, ignore things and avoid nasty behavior from others to stay happy. Some give thanks to God for everything, try not to carry the problem every time in their mind and believe that the condition is visitors that will leave help others to cope. Others encourage themselves and move to area where they are not known to feel free and happy. Taking everything with smile that things would get better and carrying self with high self-esteem has been helpful to some. Accepting the present state proved to be beneficial for some. Caregivers learn to be patient with their relatives, involve the relative in other activities, living with them in same house, show them love and speaking calmly with them is a strategy used by some caregivers to cope. For others, avoidance by isolating themselves from people was effective coping strategy for them. A caregiver mentioned managing the situation; being contented with what they have and not comparing self with others was helpful. Going for therapy and engaging in discussion with others was also mentioned. This is finding aligns with [24], who identified acceptance, avoidance, active coping and behavioral disengagement as coping strategies.

## 6.1 IMPLICATION FOR NURSING PRACTICE

Most persons in the community living with persons with psychiatric illness are family caregivers who spend more time with these patients than the nurse. Therefore, nurses should initiate activities such as case scenarios and role plays

to help prepare family caregivers of the responsibilities of how best to handle them. Based on the findings of this study, many family caregivers recommended that nurses should consider the psychological needs of family caregivers during treatment. In addition, nurses need to involve family caregivers in the therapy sessions for them to gain real-life experience in assisting relatives with psychiatric illness. Policy makers in nursing education should be socio-culturally oriented in treating not just the patient but also caregivers of these patients and also include lived therapy session in the nursing curriculum.

## 7 CONCLUSION

It is important to understand the influence and complexities that caregiving has on family caregivers. This study represents an attempt to better understand the family psychological problems and coping strategies of family caregivers of psychiatric patients in Rivers State. Psychological problems are recognized among caregivers in this present study. This study also noted that some families' caregivers have greater difficulty in coping with these problems; however, they all use one form of coping strategies. Future intervention toward alleviating family caregiver's psychological problems may be best served by improving caregivers coping strategies.

## 8 Recommendations

The presence of psychological problems among family caregivers cannot be denied as majority of persons with psychiatric illness are cared for by these persons. Based on this, the following recommendations are made:

1. There is a need for family support groups to be created for assisting caregivers and advocating for the promotion of their cause in society.
2. Proper education for all nurses involved in the management of not just the patients but also the family caregiver is important.
3. Nurses should actively participate in improving the psychological wellbeing of the family caregivers particularly at a community level.
4. Dedicated effort is needed by psychiatric centers to increase awareness of coping strategies of psychological problems among family caregivers.
5. Multi-centered research is recommended to advance the exploration the experience of caregivers along with the possible benefits from training caregivers in the use of necessary coping skills.
6. Government guidelines, legislature and approval is needed for establishment of social support centers for family caregivers of psychiatric patients.

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## References

[1] Sharifi, V., Amin-Esmaeili, M., Hajebi, A., Motevalian, A., Radgoodarzi, R., Hefazi, M., & Rahimi-Movaghar, A. (2015). Twelve-month prevalence and ncorrelates of psychiatric disorders in Iran: theiranian mental health survey, 2011. Arch Iran Med. 2015; 76 – 84.

[2] Polanczyk, G.V., Salum, G.A., Sugaya, L.S., Caye, A., &

Rohde, L. A. (2015). Annual Research Review: A metaanalysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, 56, 345–65.

{3] Okyere, G. A. (2015). Perceptions about mental disorders and help seeking behaviour of Akwatia residents, Ghana.

[4] Wan., Kwok-Fai., Wong., Michael, M.C. (2019) Stress and burden faced by family caregivers of people with schizophrenia and early psychosis in Hong Kong. *Internal Medicine Journal*, 49: 9–15

[5] Chorwe-Sungani, G., Namelo, M., Chiona, V., & Nyirongo, D. (2015) The Views of family members about nursing care of psychiatric patients admitted at a mental Hospital in Malawi. *Journal of Nursing*, 5, 181-188.

[6] Stuart, R., Syeda, Ferhana Akther, Karen Machin, Karen Persaud, Alan, S., Johnson, S., & Sian, O.B. (2019). Carers' experiences of involuntary admission under mental health legislation: systematic review and qualitative meta-synthesis.

[7] Mohammed, SFM., & Ghaith, R.F.A.H. (2018). Relationship between burden, psychological well-being, and social support among caregivers of mentally ill patients. Egyptian Nursing Journal, 2090-6021, *Egypt Nursing Journal* 15:268–280.

[8] Aarti, R., Kumar R., & Varghese A. (2019). Depression and quality of life in family caregivers of individuals with psychiatric illness. *International Journal for Community Medicine and Public Health*. 6(2):715-720.

[9] Woldearegai, B. T., & Das, B. (2019). Psycho-social challenges of families of person with mental illness: the case of Amanuel Mental Specialized Hospital. *International Journal of Innovative Technology and Exploring Engineering* (IJITEE),2278-3075, Volume-8 Issue-7C.

[10] Remko, L., M., van der, S., John, B., Pryor, S. E., Stutterheim, Gerjo, KokArjan E. R, & Bos. (2016). Stigma by association and family burden among family members of people with mental illness: the mediating role of coping. *Social Psychiatry Psychiatric Epidemiology*, 51, 1233–1245.

[11] Pompeo, D. A., deCarvalho, A., Olive, A. M., Souza, M. G. G., Galera S. A. F. (2016), Strategies for coping with family members of patients with mental disorders. 24: e2799.

[12] Raj, E. A., Shiri, S., & Jangam, K.V. (2016). Subjective burden, psychological distress, and perceived social support among caregivers of persons with schizophrenia. *Indian Journal of Social Psychiatry*, 32, 42-

[13] Ebrahimi, H., Seyedfatemi, N., NamdarAreshtanab, H., Ranjbar, F., Thornicroft, G., Rahmani, F., & Whitehead, B. (2018). Barriers to Family caregivers' coping with patients with severe mental illness in Iran. *Qualitative Health Research*,

[14] Ae-Ngibise, K. A., Doku, V.C.K., Asante, K. P., & Owusu-Agyei, S., (2015). The experience of caregivers of people living with serious mental disorders: A study from rural Ghana, *Global Health Action*, 8:1, 26957,

[15] Ajibade, B, Ajao, O., Fabiyi, B., Olabisi, O., & Akinpelu, A. (2016). Burden experienced by family caregivers of patients with mental disorders at selected Hospitals in Ekiti State, *International Journal of Health Psychology Research*, (2) 14-41.

[16] Vaingankar, J. A., Chong, S. A., Abdin, E., Picco, L., Jeyagurunathan, A., Zhang., YSambasivam, R., Chua, B. Y., Ng, L. L, Prince, M., & Subramaniam, M. (2016). Care participation and burden among informal caregivers of older adults with care needs and associations with dementia. International Psychology and geriatrics. 28(2), 221-31.

[17] Settineri, S., Rizzo, R., Liotta, M., & Mento, C. (2014). Caregiver's burden and quality of life: caring for physical & mental illness. *International Journal of Psychology Research* 7:30–39.

[18] Akbari, M., Alavi, M., Irajpour, A., & Maghsoudi, J. (2018). Challenges of family caregivers of patients with mental disorders in Iran: A narrative review. *Iranian Journal of Nursing Midwifery Research*; 23: 329-37.

[19] Gonani., & Chenjezo, G. (2019). Family care-giving in mental health: Experience of family caregivers of people living with severe mental illness in rural Malawi. Master's thesis, Harvard Medical School.

[20] Hellman., & Ann, N., (2016). A hermeneutic phenomenological study of the lived experience of adult female sexual assault survivors. Electronic Theses and Dissertations. Paper 3054.

[21] Creswell, J.W., (2014). Research design: qualitative, quantitative, and mixed methods approaches— 4th ed.

[22] Burns, N., & Grove, S.K. (2020). The practice of nursing research. Conduct, critique and utilization, London: Elsevier Saunders Company.

[23] Shifiona, N. N. (2014). Facilitating the mental health of individuals living with chronic mental illness in the North West Health Directorate-Northern Namibia: A community involvement approach (Psychiatric

Nursing Science) thesis, University of Johannesburg, Johannesburg.

[24] Ong, A. D., Lee., Rebecca., A., & David, R. W. (2017). Stigma consciousness, racial microaggressions, and sleep disturbance among Asian American. *Journal of Psychology* Vol. 8, No. 1, 72–81 1948-1985/17