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PSYCHOSOCIAL CHALLENGES AND COPING MECHANISMS AMONG RELATIVES OF SCHIZOPHRENIC PATIENTS IN FEDERAL NEUROPSYCHIATRIC HOSPITAL, USELU, BENIN CITY

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Abstract

Schizophrenia presents a significant public health concern on a global scale, impacting individuals in all countries. The research carried out at the Federal Neuropsychiatric Hospital, Uselu, Benin City aimed to identify psychosocial problems, coping mechanisms, and adaptation of relatives of family members with schizophrenia. Two objectives were identified and addressed to guide the study, which includes, To identify the types of psychosocial problems faced by relatives of schizophrenic patients, and to explore the coping mechanisms and adaptations employed by relatives of schizophrenic patients in the study area**.** An empirical review was also conducted, collectively illuminating the enduring emotional, social, and supportive aspects of caregiving in the context of schizophrenia. Additionally, a cross-sectional survey research design was employed with a sample size of 400 individuals who were caring for mentally ill family members and seeking professional assistance, as well as those whose family members were institutionalized or hospitalized at the Federal Neuropsychiatric Hospital, Uselu. Questionnaires were used as the data collection instrument, incorporating both primary and secondary sources. The study identified that a substantial portion of respondents grapples with emotions such as anxiety, stigma, isolation, and guilt due to their relatives' schizophrenia, reflecting a considerable emotional burden consistent with prior research. Also, many respondents employ coping mechanisms, struggle to balance their own needs, and often feel overwhelmed while caring for their schizophrenic relatives, aligning with patterns seen in previous studies. As a result, the study recommended the promotion of support groups and therapy, education and awareness programmes, accessible mental health services, training and skill development for caregivers, and financial support and assistance.

Keywords: Burden, Caregivers, Challenges, Coping mechanisms, Psychosocial Schizophrenia

INTRODUCTION

Schizophrenia poses a significant public health concern on a global scale, affecting individuals in all countries. Given its prevalence in contemporary society, it has become a widely discussed topic worldwide. According to data from reputable sources, an estimated 450 million individuals worldwide are afflicted with mental or neurological disorders, with approximately one in four individuals developing such disorders during their lifetime (World Health Organization [WHO], 2001; Morrison, 2014). The high incidence of these disorders can be attributed to various factors, including adverse reactions to medications, impaired functional abilities in carrying out daily activities, potential changes in socioeconomic status, the uncertainty surrounding a cure, and the possibility of chronicity of the illness (Caqueo-Urizar et al., 2014).

Family members play crucial roles in providing support for individuals with schizophrenia due to the direct impact their attention and involvement have on the patient's social functioning and recovery process (Morrison, 2014). Research investigating the effects of caregiving for individuals with schizophrenia reveals that a significant proportion of caregivers, ranging from one-third to one-half, experience substantial psychological distress and higher rates of mental health problems compared to the general population who are not involved in the care of individuals with schizophrenia (Shah et al., 2010). Assuming the role of a family caregiver for individuals with schizophrenia can intensify sensitive personal concerns such as obligations, responsibilities, adequacy, and feelings of guilt (Oyebode, 2005; Utoblo, 2017).

Dealing with psychological stress represents a significant concern in terms of health, and its impact can vary among individuals. Stress primarily involves a process of stimulation that necessitates some form of adjustment (coping) to meet the demands or expectations. The consequences of stress are directly associated with the coping mechanisms employed (Kasturi et al., 2015).

The act of providing care itself presents numerous challenges and occasional intense distress, as the responsibilities of caregiving affect every aspect of the caregiver's life, leading to what is known as a "caregiver burden" (Oshodi et al., 2012). The concept of caregiver burden encompasses various aspects, such as adjustments in daily routines, feelings of anxiety, and social strain (Ivarsson et al., 2004). The consequences arising from the provision of care to individuals with schizophrenia have attracted significant attention from academics and researchers due to its implications for the overall welfare of society. Consequently, it is deemed crucial to investigate this phenomenon in the present study. Hence, this research explores the strategies employed by families in dealing with patients diagnosed with schizophrenia at Federal Neuropsychiatric Hospital, Uselu, Benin City.

Statement of Problem

The global prevalence of issues related to mental health disorders has impacted around 450 million people worldwide. Within this group, 121 million individuals grapple with the effects of depression, 24 million are affected by schizophrenia, and 37 million contend with dementia (Utoblo, 2017; WHO, 2001). In 2001, mental health conditions constituted 12.3% of the total global disease burden, and projections hint at unipolar depressive disorders taking the position of the second major cause of disability by 2020. Care responsibilities for those dealing with schizophrenia often fall on family members, leading to encounters with psychosocial challenges and societal stigmatization (Jannamike, 2018).

On a national level, an estimated 20 million individuals in Nigeria, constituting 206-306 out of every 1000 people, are affected with schizophrenia, emphasising the necessity for investigative endeavours to fathom the repercussions on those providing care and families (Onyemelukwe, 2016). The societal label attached to schizophrenia disrupts familial dynamics, giving rise to complications in day-to-day tasks, interpersonal bonds, and social engagements (Utoblo, 2017). The link between the prejudice surrounding caregiving, indications of despondency, and mechanisms for handling stress accentuates the substantial strain confronted by families and caregivers, impacting their emotional equilibrium and everyday existence (Utoblo, 2017). The economic strain exacerbates the tribulations encountered by families, prompting the necessity for effective measures to tackle emotional well-being (Senmil, 2017). To gain a comprehensive understanding of coping tactics, further exploration is imperative, specifically at the Federal Neuropsychiatric Hospital Uselu, Benin City, Edo State.

Research Questions

A What types of psychosocial problems are relatives of schizophrenic patients facing?

B What are the coping mechanisms and adaptations of relatives of schizophrenic patients in the study area?

Review of Literature

The Concept of Schizophrenia

Kraepelin, in 1919, made a clear distinction between two mental conditions: dementia praecox and manic-depressive disorders. He described dementia praecox as a disruption in cognition and perception that occurs in early adulthood with no chance of recovery (Kraepelin, 1919). This was in contrast to manic-depressive psychoses, which were characterised by episodes of illness and periods of normal functioning (Kraepelin, 1919). Bleuler (1950) later redefined dementia praecox as schizophrenia, emphasising symptoms such as ambivalence, thought disturbances, emotional disruptions, and a preference for imagination over reality (Bleuler, 1950). While Kraepelin saw schizophrenia as a biological ailment with no hope of recovery, Bleuler proposed various pathways to recuperation (Bleuler, 1950).

Prior to the 20th century, the absence of proper definitions and categorisations for mental disorders caused problems in figuring out what was wrong and how to treat schizophrenia (Bhati, 2013). The introduction of the DSM in 1952 and the ICD addressed this gap, offering comprehensive diagnostic manuals (Bhati, 2013). Currently, the DSM-5 and ICD-10 are the go-to sources for figuring out if someone has schizophrenia, focusing on positive and negative symptoms, as well as cognitive symptoms (World Health Organisation, 2011; Bhati, 2013; Morrison, 2014; Yusuf & Nuhu, 2010).

Understanding the onset and development of schizophrenia is vital for early detection and dealing with it well, as hinted by Morrison (2014). Schizophrenia affects more than just the person with it; it also affects their family and doctors and has effects on jobs and money (Knapp et al., 2004; Ezenduka et al., 2012). Studies show a significant economic impact, with the potential for increased government healthcare expenses and indirect costs associated with work inefficiency and absenteeism (Knapp et al., 2004). Also, research in Nigeria suggests a correlation between schizophrenia and criminal activities, emphasising the broader public health implications of the disorder (Ezenduka et al., 2012).

The Concept of Care Giving

The profound impact of psychiatric disorders on family members or primary caregivers triggers a spectrum of emotions, encompassing depression, guilt, fear, anxiety, frustration, and grief due to the emotionally demanding nature of caregiving (Szmukler et al., 1996). Previous research has predominantly concentrated on the negative effects referred to as "caregiver burden," correlating it with an increased prevalence of depression among those tending to mentally ill relatives (Szmukler et al., 1996). The responsibilities of a primary caregiver delineated as an individual addressing the needs of children, elderly individuals, or those with persistent illnesses, can exert physical, emotional, and financial pressures on the family caregiver (Szmukler et al., 1996).

The intricacy of caregiving involves various facets, including both personal and measurable elements. Personal challenges encompass the emotional consequences faced by family members, such as societal judgement, embarrassment, and worry. Meanwhile, quantifiable challenges involve specific demands like financial restrictions, tensions in relationships, and disruptions to routines (Ajibade et al., 2016). Taking on the role of a family caregiver often leads to adverse effects, resulting in elevated levels of burden marked by emotional strain and financial pressure due to medical costs and missed work opportunities (Brodaty & Donkin, 2009; Gupta & Sharma, 2013). Caregivers might find themselves influenced by individuals with mental health issues, resulting in increased strain, reduced quality of life, below-average caregiving, and potentially contributing to the mistreatment of patients (Mokgothu et al., 2015). The World Federation of Mental Health underscores the necessity for empathy and commitment in caregiving, acknowledging its noteworthy repercussions on the daily lives of those providing support (World Federation of Mental Health, 2010).

Psychological Problems Experienced by Caregiver's

According to the study carried out by Nuhu et al (2010), the stress experienced by individuals with family members affected by mental disorders highlights the difficulties in managing such relationships. Globally, mental disorders impact approximately 450 million people concurrently, with depression affecting around 121 million, schizophrenia impacting 24 million, and dementia afflicting 37 million (W.H.O, 2001). The primary responsibility of caregiving is shouldered by family members, with influencing factors including education, employment, and functional ability (Dyjm, 2007). The caregiving scenario is further complicated in Nigeria due to the scarcity of research on mental health and the persistence of social norms (Nuhu et al., 2010; Rudnick, 2004; Boroffka, 2006).

Caregivers handling the needs of individuals with mental health challenges find themselves grappling with increased stress levels and a sense of isolation, impacting their social connections and personal time (Ghazanfar & Shafiq, 2016). The stress emanates from unforeseen family circumstances, financial hardships, and tragic occurrences, affecting caregivers who often find themselves without adequate social support (Santrock, 2007; Mariam et al., 2011). Elevated stress and burden show a correlation with diminished family functioning (Heru et al., 2004; Grandon et al., 2007). In academic contexts, the term "caregiver burden" is frequently utilized to delineate the stress borne by caregivers of family members with persistent health challenges (Stull et al., 1994).

Living with a family member grappling with mental health challenges intensifies the emotional dynamics within the familial setting, resulting in caregivers undergoing a spectrum of emotional experiences (McFarlane, 1983; Tan et al., 2012). The predominant caregiver demographic, primarily comprising women, encounters difficulties in harmonising caregiving duties with personal well-being (American Academy of Child and Adolescent Psychiatry, 2002; Chan, 2011). Undoubtedly, the pivotal role of familial backing in mental illness treatment yields enhanced outcomes and diminished relapses (Sandberg et al., 2009).

Caregivers of those with schizophrenia bear both objective and subjective burdens, exerting an impact on their physical and mental well-being (Provencher & Mueser, 1997; Gutierrez-Maldonado et al., 2005). Sociodemographic attributes, like age and educational background, render family caregivers vulnerable to adverse health repercussions (Murray-Swank et al., 2006). The inadequacy of accessible, affordable, and available mental health services poses a considerable peril for families harbouring a member grappling with mental health issues (Pickett-Schenk et al., 2000).

Coping Mechanisms Adopted by Relatives of Schizophrenic Patients

Family caregivers play a vital role in providing support to their relatives dealing with chronic illnesses, offering assistance in terms of physical, emotional, and financial aspects (Oyebode, 2005). Chronic illnesses act as stressors, challenging the coping mechanisms of caregivers, particularly when stereotypes and social stigma exacerbate the situation (Honey et al., 2006; Robinson, 2016; Karp & Tanarugsachock, 2000). The lack of financial support for individuals with schizophrenia can result in dissatisfaction among caregivers, affecting their coping abilities and overall quality of life (Chadda, 2014; Salles & Barros, 2009; Creado et al., 2006).

The societal stigma associated with schizophrenia presents challenges for carers, impacting their capacity to oversee and support individuals grappling with the condition (Karneli-Miller et al., 2013). The coping mechanisms utilised by carers, whether focused on emotions or problem-solving, profoundly affect the well-being of patients, relapse rates, and overall care outcomes (Eaton et al., 2011; Rosland et al., 2012). The carer's role is acknowledged as inherently challenging, carrying potential adverse effects on their personal well-being (Bebbington, 2005). Coping, seen as both positive and negative, involves conscious efforts to navigate stress, utilising strategies that range from enduring to directly confronting stressors (Matheny et al., 1986; Baqutayan, 2015).

Coping mechanisms, as categorized by researchers like Sacchi (2000), encompass various types, such as adaptive, behavioural, attack, cognitive, avoidance, self-harm, conversion, and defence mechanisms. The process described as coping, as outlined by MacNeill et al. (2016), involves the utilisation of psychological and behavioural patterns. Zuckerman and Gagne's (2003) five-factor model makes distinctions between coping strategies perceived as adaptive and those considered maladaptive. Actions associated with adaptive coping include proactive planning and seeking support, while maladaptive coping may involve evasion and self-punishment (Zuckerman & Gagne, 2003; MacNeill et al., 2016). The responsibility of caregiving often falls on family members, particularly in situations where psychiatric services are limited (Chadda, 2014).

Method:

The study employed a cross-sectional survey research design, using a semi-structured questionnaire for quantitative data gathering. Conducted at the Federal Neuropsychiatric Hospital in Uselu, Benin City, the study focused on family caregivers of individuals with mental illness, including medical professionals at the hospital. The determination of the sample size (400) followed the Taro Yamani formula to ensure practicality. A random sampling method was implemented to determine participants, fostering an impartial representation. The research tool, comprising a questionnaire with four sections, underwent rigorous validation and reliability evaluations, achieving a Cronbach's alpha coefficient of 0.7.

The data collection process encompassed both primary methods, wherein proficient aides distributed questionnaires, and secondary sources, including textbooks and online references, were consulted. The analysis of data involved the utilisation of univariate, bivariate, and multivariate methods, employing Statistical Package for the Social Sciences (SPSS) V27. Measures were taken to address ethical concerns, ensuring participant consent, transparent communication of study objectives, and confidentiality protection. The questionnaire design gave precedence to the dignity and respect of participants.

Presentation and Data Analysis

Analysis of Demographic Data

Table 1: Demographic Characteristics of the Respondents

Variables	Frequency (N =400)	Percentage
Gender		
Male	169	42.3%
Female	231	57.8%
Age groups		
18 - 25	197	49.3%
26 - 35	129	32.3%
36 - 45	74	18.5%
46 years and above	0	0%
Religion		
Christianity	390	97.5%
Islam	8	2.0%
ATR	0	0%
Others	2	0.3%
Marital status		
Married	76	19.0%
Single	321	80.3%
Divorced	1	0.3%
Widowed	1	0.5%
Level of education		
Tertiary	85	21.3%
SSCE	295	73.8%
Primary	17	4.3%
No formal education	3	0.8%

Table 4.1 shows the demographic data of the respondents in the study.

The demographic data of the 400 respondents in the study is presented in Table 4.1. The gender distribution indicates that 42.3% are male, while 57.8% are female. In terms of age groups, 49.3% fall in the 18-25 range, 32.3% in the 26-35 range, and 18.5% in the 36-45 range, with no respondents aged 46 years and above. Regarding religion, 97.5% identify with Christianity, 2.0% with Islam, and 0.3% with other religions, while none follow African Traditional Religion (ATR). Marital status shows that 19.0% are married, 80.3% are single, and 0.3% are either divorced or widowed. Lastly, the level of education distribution reveals that 21.3% have tertiary education, 73.8% possess SSCE qualifications, 4.3% completed primary education, and 0.8% have no formal education.

Objective one: To identify the types of psychosocial problems relatives of schizophrenic patients face.

s/n	**Research Question**	**Responses**				**Total**
		SA	**A**	**D**	**SD**	
1.	I experience anxiety and worry about the future well-being of my schizophrenic relative.	194 (48.5%)	186 (46.5%)	10 (2.5%)	10 (2.5%)	**400**
2.	I find it challenging to cope with the stigma associated with schizophrenia, which affects my own mental well-being.	184 (46.0%)	196 (49.0%)	11 (2.8%)	9 (2.3%)	**400**
3.	I often feel isolated and socially withdrawn because of the difficulties I face in dealing with my relative's schizophrenia.	187 (46.8%)	193 (48.3%)	11 (2.8%)	9 (2.3%)	**400**
4.	I struggle with feelings of guilt or self-blame in relation to my family member's schizophrenia.	192 (48.0%)	191 (47.8%)	9 (2.3%)	8 (2.0%)	**400**
TOTAL		**400**	**400**	**400**	**400**	

The data presents responses to four research questions related to the impact of schizophrenia on individuals. The majority of respondents express anxiety and concern about the future well-being of their schizophrenic relative (48.5% strongly agree, 46.5% agree). Additionally, a significant proportion find it challenging to cope with the stigma associated with schizophrenia (46.0% strongly agree, 49.0% agree). Many respondents report feelings of isolation and social withdrawal due to difficulties in dealing with their relative's schizophrenia (46.8% strongly agree, 48.3% agree). Moreover, a substantial number struggle with feelings of guilt or self-blame related to their family member's schizophrenia (48.0% strongly agree, 47.8% agree).

Objective two: To explore the coping mechanisms adopted by the relatives of schizophrenic patients in coping and adapting to the situations associated with caring for their member(s).

s/n	**Research Question**	**Responses**				**Total**
		SA	**A**	**D**	**SD**	
1.	I find it challenging to balance my own needs and well-being with the demands of caring for my schizophrenic relative.	188 (47.0%)	195 (48.8%)	9 (2.3%)	8 (2.0%)	**400**
2.	I regularly engage in support groups or therapy to share my experiences and emotions related to my relative's schizophrenia.	188 (47.0%)	193 (48.3%)	11 (2.8%)	8 (2.0%)	**400**
3.	I often feel overwhelmed and stressed due to the responsibilities associated with caring for my schizophrenic relative.	190 (47.5%)	192 (48.0%)	7 (1.8%)	11 (2.8%)	**400**
4.	I frequently practice self-care activities (e.g., exercise, meditation, hobbies) to manage the stress and emotional challenges associated with being a relative of a schizophrenic patient	187 (46.8%)	199 (49.8%)	7 (1.8%)	7 (1.8%)	**400**
TOTAL		**400**	**400**	**400**	**400**	

The data presents responses to four research questions regarding the challenges and coping mechanisms of individuals caring for schizophrenic relatives. The majority of respondents find it challenging to balance their needs while caring for their relative (47.0% strongly agree, 48.8% agree), and many feel overwhelmed and stressed due to caregiving responsibilities (47.5% strongly agree, 48.0% agree). However, a significant portion engages in support groups or therapy to share their experiences (47.0% strongly agree, 48.3% agree), and a similar percentage practices self-care activities to manage stress (46.8% strongly agree, 49.8% agree).

Discussion of Findings

The findings of research question one revealed that a significant proportion of respondents experienced anxiety, stigma, isolation, and guilt as a result of their family members' schizophrenia, indicating a substantial emotional burden. This finding aligned with several previous studies (Haines et al., 2015; Cheng, 2017; Van der Lee et al., 2017; Stein et al., 2013; Gerson & Rose, 2012; Shinde et al., 2014; Bland & Foster, 2012), emphasising the enduring emotional challenges faced by family members of individuals with schizophrenia in different research investigations.

The findings on research question two reveals that a significant number of respondents engage in self-care activities, struggle to balance their own needs, attend support groups or therapy, and often feel overwhelmed while caring for their schizophrenic relatives, illustrating the coping strategies and emotional challenges faced by these family members. These findings aligned with and support similar coping patterns and emotional struggles reported in previous studies, including those conducted by Haines et al. (2015), Cheng (2017), Van der Lee et al. (2017), Stein et al. (2013), Gerson & Rose (2012), Shinde et al. (2014), and Bland & Foster (2012). The consistency across these studies underscores the shared experiences and difficulties encountered by family members of individuals with schizophrenia in managing their well-being while providing care and support for their affected relatives.

Conclusion

In conclusion, the study illuminates the extensive impact of schizophrenia on individuals and their relatives, emphasizing the broader global implications for public health. The study underscores the considerable challenges faced by family members taking care of individuals affected with schizophrenia, revealing elevated levels of anxiety, stigma, isolation, and guilt. These findings align with existing writings, indicating a persistent and consistent emotional burden experienced by caregivers. Furthermore, the coping mechanisms embraced by family members mirror an intricate interplay between the demands of caregiving and the tactics utilised to manoeuvre through them.

Although a substantial group of participants involve themselves in self-care practices and access support through therapy or groups, the study underscores the continual struggles in juggling personal needs with caregiving obligations. The prevalence of these challenges accentuates the demand for all-encompassing support systems and interventions to deal with the multi-layered burden faced by family members of individuals with schizophrenia. Considering the economic difficulties, societal prejudices, and inadequate mental health services highlighted in the study, there arises a pressing need for initiatives in public health, subtle policy shifts, and discreetly heightened awareness. The objective is to enhance the overall well-being of individuals with schizophrenia and their caregivers. The research offers insights that can be discreetly utilised in shaping interventions and support structures to subtly mitigate the psychosocial impact on families affected by schizophrenia, ultimately fostering a more compassionate and understanding society.

Recommendations

Based on the findings of this study, the following recommendations were made:

1) ***Promotion of Support Groups and Therapy:*** Promote and facilitate the establishment of support groups and therapy sessions for the family members of individuals with schizophrenia. These forums provide a secure environment where people can openly discuss their experiences, emotions, and coping mechanisms, fostering a sense of community and empathy among those providing care.

2) ***Education and Awareness Programs:*** Develop educational programmes to raise awareness on schizophrenia and the mitigation of its associated stigma. These programmes may include community

workshops, dissemination of information, and strategic campaigns to improve the public's comprehension of mental health issues, thereby alleviating the psychosocial strain on families.

3) Accessible Mental Health Services: Enhance the accessibility of mental well-being services, particularly in areas with a high incidence of schizophrenia. This involves improving the availability and cost-effectiveness of psychological services, counselling, and therapeutic interventions to provide timely assistance to both individuals affected by schizophrenia and their families.

4) Training and Skill Development for Caregivers: Offer training and skill development programmes focusing on enhancing the capabilities of family caregivers. These initiatives are aimed at providing the essential resources for managing the complexities associated with tending to individuals affected by schizophrenia. The training may encompass techniques for managing stress, communication skills, and strategies to maintain a balance between caregiving responsibilities and personal well-being.

5) Financial Support and Assistance: Acknowledge and address the economic challenges experienced by families caring for individuals with schizophrenia. Explore possibilities for financial support, assistance, or programmes to relieve the economic strain on those providing care, enabling them to concentrate on offering improved assistance to their affected family members.

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