A PERISCOPE INTO THE PSYCHO-SOCIAL AND ECONOMIC CHALLENGES EXPERIENCED BY FAMILIES OF PERSONS WITH MENTAL DISORDERS IN KADUNA STATE

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ABSTRACT
Mental health is important at every stage of life, ranging from childhood and adolescence through adulthood. It is as important as physical health to daily living -- a relative state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living. This study adopted mixed methods, where other related studies adopted one method, utilizing both in-depth interviews and questionnaires, which comprised of a total of four hundred (400) caregivers who have consistently accompanied their mentally ill patients to the hospital in the last six months. The data revealed families of people with mental disorders face a variety of challenges, including: psychological, emotional, financial, and social challenges. Family members often experience disturbing thoughts, emotional disturbance, communication problems, and worry about the future. They may also experience depression, anxiety, sadness, guilt, and sometimes shame. Equally, in the social front, the caregivers experience discrimination, stigma and lack of social support from relatives, the community and the government, thereby leading to increased social distance. Economic challenges are also a problem as the families experience financial constraints emanating from costs for patient care and transportation, and shortages of medicine. Most of them struggle with poverty and interference with income generating activities. In order to address the psycho-social challenges of families caring for their relatives suffering from mental illness in Kaduna state, this research recommends, that families of patients with mental disorders should have better access to financial assistance and psychological support. The federal government in collaboration with non-governmental organizations (NGOs) could provide funding to ease the financial burden and mental health services for caregivers. There is also the need for improved mental health education. This study tend to cover the gap where much has not been done in the northern region concerning care for mental health patients and specifically no single published research on the challenges of caring for mental health patients in the study area.

Introduction

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities; it includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, it also helps determine how we handle stress, relate to others and make healthy choices, in order to work productively, fruitfully and contribute to the community. Mental Health is a state of complete physical, mental, spiritual and social wellbeing (WHO, 2022). No health without mental health. Mental health is important at every stage of life, from childhood and adolescence through adulthood. It is as important as physical health to daily living, a relative state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living. Everyone has mental health, which determines our ability to interact with people, to behave normal, and to take decisions however, any bizarre behaviour contrary to the normal way of behaving is seen as abnormal (Carbonell, et al., 2020).

Any changes in thinking, mood or behaviour, with significant distress and impaired functioning inclusive, over an extended period, can be seen as mental disorder (Sharrock and Happel, 2007; 2021). Therefore, mental illness or disorder is a wide range of conditions that affects mood, thinking and behaviour; it also refers collectively to all diagnosable mental disorders, health conditions involving significant changes in thinking, emotions, behaviour, distress and problems of functioning in social work or family activities. Mental illness is determined by the manifestation of mental defilements, is impermanent, is conditioned, and an ultimate reality. According to Modern psychology and medical science, mental disorder is seen as psychological and behavioural patterns which deviate from the norm, disruptions in an individual' s thinking, feelings, moods and inability to relate to others (Wainberg, et'al., 2017).

Apparently, there are many types of mental illness, where some may require short-term support, others required long-term support, but the common ones are depression, bipolar disorder, dementia, schizophrenia, eating disorder, obsessive-compulsive disorder, post-traumatic stress disorder and anxiety disorder. The major sign and symptoms of mental illness are; mood disorder, personality development disorder, social withdrawal, high and low extremes of emotions, excessive anger, worries or fears and disorganized or confused thoughts (Mokwena & Ngoveni, 2020). Similarly, the devastating consequences or negative impacts of mental health is that, poor mental health leads to problems such as social isolation, which disrupts a person's communication and interactions with others. It also affects how one thinks, feel and behave, their physical health, they may feel overwhelmed, experienced feelings of grief and loss and be fearful of the future regarding the unexpected situations they find themselves in, also societies can have stereotyped views about mental ill health, some people believe that people with such problems are dangerous when in fact, they are at higher risk of being attacked or harming themselves than hurting other people. The consensus was that their condition was incurable and so they were sentenced to a life of roaming the streets until the day they died or disappeared. Sadly, this is the face of mental illness most Nigerians see, and this forms the people's perception of what mental illness is. But ultimately, it affects not only patients but also their families or their caregivers in the same vein it also affects the society as a whole. (Kovacevic, 2023).

Childhood abuse, trauma, or neglect, social isolation or loneliness, experiencing discrimination and stigma, including racism, social disadvantages, poverty or debt, bereavement (losing someone close to you), severe or long-term stress, and having long-term physical health condition are all factors that cause mental health disorder. In another view, stress, conflict or moral weakness also constitute part of the factors (Ministry of Health and Social Welfare, 2016). The prevalence of mental disorder has been studied around the world providing estimates on how common it is; different criteria or thresholds of severity have sometimes been used, and as such, its prevalence is usually higher in low-income countries than in high-income countries. Over a 3rd of people in most countries are reported to have sufficient criteria to be diagnosed at some point in their life. WHO reported in (2001) that about 450 million people worldwide have some form of mental disorder or brain condition. Globally mental illness affects more females (11.9%) than males (9.3%).Subsequently, it also constitutes a major burden of disease for adolescents, in 2019, it was estimated that 1 in 7 adolescents experience mental disorders, which mounts up to 166 million adolescents (89 million boys and 77 million girls) globally. The causes of

the prevalence is based on both incidence and duration of illness, high prevalence of disease within a population might reflect incidence or prolonged survival without cure or both.

In Nigeria, fewer than 10 percent of those battling with mental illness have access to mental healthcare. Perhaps access is mainly limited to cities, leaving the rural areas without resources for psychiatric care. Those people do not have access to mental healthcare, resulting to self-medication, self-diagnosis and misunderstanding or denial of their symptoms. They are mainly children and adolescents (Moffet, 2019). It is essential to realize that it is not just the person with mental illness who needs help but also their loved ones and the society at large, as mental health can be challenging to deal with, nevertheless it is not impossible to overcome. Healthcare in Nigeria, especially for those with mental health issues, is poorly managed, underfunded and out dated. Nevertheless, the Nigerian laws are out dated and contradict decades of mental health researches.

Review of related literature

Existing studies on the challenges experienced by Nurses, caregivers and also health doctors provide helpful starting points, but there exists significant gaps. Most of the empirical literature studied several aspects concerning care for mentally ill patients though through different methods and areas. Nevertheless, not much has been done in the Northern region of Nigeria concerning the care for mental health patients and specifically no single published research on challenges of caring for mental health patients in this study area (Examples of these literature include Gureje et al. 1995; Hayward & Bright, 1997; Corrigan & Watson, 2002; Sharrock and Happel, 2006; Bambling, et.al.2007; Welthagen et'al., 2004; Imam et'al., 2021; Baker and Naidu, 2017).

In 1984 Lazarus and Folkman created the transactional model of stress and coping, which aims to help people cope with stressful situations. It contented that a person's capacity to cope and adjust to challenges and problems is a consequences of transactions (or interactions) that occur between persons and their environment. Its components consist of the following key constructs: primary Appraisal, and Secondary appraisal. Caring for mental health patients presents numerous challenges that can be examined through the lens of the transactions; model of stress and coping (TMSC) Proposed by Richard Lazarus and Susan Folkman (1984). This model provides insights into how individuals perceive and respond to stressful situations, such as the provision of care for mental health patients. According to the TMSC individuals engage in a transactional process with their environment, where the primary appraisal involves evaluating the significance of a particular situation and the potential stress it may induce.

The secondary appraisal focuses on evaluating one's available coping resources and determining the appropriate coping strategies. The model also emphasizes the importance of coping efforts and the impact of the appraisal process on the individual's well-being and adaptation. Afterwards, in conclusion, the transactional model of stress and coping provides a framework to understand the challenges faced by mental health caregivers. Emotional demands, role overload, stigma and social isolation, and ethical dilemmas are some of the key challenges that can affect the well-being of caregivers. Addressing these challenges requires interventions that focus on enhancing emotional support, providing respite and self-care opportunities, reducing stigma, and promoting ethical decision-making process in mental healthcare settings.

Caring for mental health patients poses several challenges due to the complex nature of mental illnesses and the unique needs of individuals experiencing these conditions. One relevant theory that can help explain these challenges is the Recovery Model, which emphasizes the importance of person-cantered care and empowering individuals in their journey towards recovery. According to a study by Corrigan (2004), stigma can prevent individuals from seeking help and engaging in treatment, thereby hindering their recovery process. One of the significant challenges faced by mental health patients is the pervasive stigma and discrimination associated with mental illnesses. Negative attitudes and stereotypes surrounding mental health can lead to social isolation, reduced opportunities for employment, and limited access to adequate care.

According to the World Health Organization (2019), around 50% of individuals with mental disorders do not receive the necessary treatment due to various barriers, thereby impeding their recovery and overall well-being.

Mental health patients often face challenges in accessing appropriate and timely care. Factors such as geographical location, financial barriers, and shortage of mental health professionals contribute to inadequate service provision. The mental health care system is often characterized by fragmentation, with multiple providers and services involved in the care of individuals with mental illnesses. This fragmentation can lead to poor coordination, communication gaps, and a lack of continuity in care.

According to a study by Drake et al. (2001), fragmented care systems pose challenges in the delivery of comprehensive and integrated services, hindering the recovery process. The Recovery Model emphasizes the importance of empowering individuals and involving them in shared decision-making regarding their treatment and care. Nevertheless, power imbalances and paternalistic attitudes within mental health systems can limit patients' autonomy and agency. Research by Slade et al. (2014) highlights the need for a shift towards collaborative approaches that prioritize individuals' preferences, goals, and values in the recovery process.

Vygotsky, the prominent founder of the socio-cultural theory, believed that human development depends on social interaction and can significantly differ between cultures.it emphasizes the impact of social interaction on individuals' mental development. It argues that mental illness is not an inherent trait but rather something, that develops overtime. The theory examines how individual is influenced by their environment, culture, and family in order to develop their mental illness. He outlined 3 main concepts related to cognitive development such as: culture is significant, in learning, language is the root of culture, and individuals learn and develop within their role in the community. In conclusion, caring for mental health patients presents several challenges that must be addressed within a sociocultural framework. Stigma and discrimination, limited resources and access to care, cultural competence, and inter-sectionalism are crucial factors influencing the provision of mental health care. By acknowledging and understanding these challenges, healthcare professionals can work towards creating an inclusive and supportive environment, improving access to care, and providing culturally sensitive mental health services for all individuals.

Study area and Methodology

This study was originally designed to be carried out in the Federal Neuro-psychiatric hospital, Barnawa, Kaduna South Local Government area -- one of the four LGAs that constitute the Kaduna metropolitan area. But the research extends to include caregivers who visit and sometimes stay in the premises of the hospital where their relatives receive treatment. The hospital is situated along Aliyu Makama road, in Barnawa which is a suburb of Kaduna town, which is the location of the Federal Neuro-Psychiatric Hospital, also the state capital of the defunct northern region of Nigeria. The concentration of many strategic military, industrial, political, educational and religious institutions in the state capital has attracted a lot of people from other parts of the country to the Kaduna town. Founded in 1975 by the defunct North Central Government, at inception, the hospital was known as psychiatric hospital, Kakuri, it was however in 1996 when the hospital was taken over by the Federal Government of Nigeria that it was renamed as Federal Neuro-Psychiatric Hospital, Kaduna. It is one of the eight psychiatric hospitals in the country. Presently, the hospital is a 220-bed space facility with 289 clinical staff and 116 non-clinical staff. The hospital has five (5) units namely psychology and psychotherapy unit, the female unit, the male unit, the toxicology unit and drug addiction treatment education and research (DATER) unit.

In terms of population of the study, it consists of parents, guardians or any family member who has a son or daughter or a relative as the case may be, that is receiving treatment either as in-or-out patient at the Hospital during the study. These family members of the mentally sick patients include persons from different ethno-religious background irrespective of their socio-economic status, age and gender. To select the sample for the study the researcher paid attention on family members whose children or relatives are either inpatient or outpatient at the Hospital in Kaduna. From the available records obtained from the hospital there are a total of one hundred and eleven (111) in-patients receiving medical treatment in the five different wards of the hospital as the time of the study. The records showed that majority of the patients are in the male ward (31), Dater ward (31) and toxicology ward (21). While only seventeen (17) and eleven (11) patients are in female and psychology and psychotherapy wards respectively. With the record of the inpatients

obtained, the researcher contacted the head of the health workers in each of the wards and requested for the visitation time of each parent, guardian or family member as the case may be. With the recorded visitation time the researcher made a schedule of when each of the visiting family members would be contacted and interviewed. Given the small size of the study population the entire parents, guardians or family member of the one hundred and even (111) inpatients at the hospital were used for the study.

After explaining to such family member, the reason for the study he/she is then asked if willing to take part in the study. At the end, one thousand, eight hundred and sixty-six (1,866) parents or family members indicated that they would be taking part in the study. Out of the one thousand, eight hundred and sixty-six (1,866) that consented to participate in the study, those who have been coming with their patient to the hospital in the last six months were identified from the hospital records at out-patient department. This category of caregivers was selected for the study because it is expected that they are likely to be knowledgeable about certain aspects of mental illness and are also familiar with the certain processes and operational procedures of the hospital. At the end of the identification process a total number of one thousand, seventy-eight (1,078) caregivers who have consistently accompany their mentally ill patients to the hospital in the last six months or more were shortlisted.

The names of the one thousand, seventy-eight (1,078) obtained was then segregated on the basis of gender and it was noted that while there was a total of eight hundred and eight (808) male caregivers who usually accompany the patient to the hospital on clinical days the remaining two hundred and seventy (270) are females. The list of both the male and female caregivers was serially compiled and arranged starting with those with the lowest age to the oldest. This arrangement of ages of the study population in ascending order is to ensure that both the young and older caregivers are included in our sample. Given that the sample size required from the segregated group of male and female is two hundred and eighty-nine (289), this suggests that the number of males in the sample will be greater than that of females since the study population shows that there are more males than females. On the basis of this consideration one hundred and ninety-two (192) males and ninety-seven (97) females were selected for the study. Prior to the sample selection, the sampling fraction for both the male and female groups was calculated. The calculation showed that the sampling fraction for the male group is four (4) while that of the female is (3). This implies that the sampling interval is every 4^{th} and 3^{rd} element for the male and female respectively.

Using fourth (4th) and third (3^{rd}) elements as the random start, every fourth and third unit of analysis from the list compiled on the basis of age was selected. This procedure was repeated until the required one hundred and ninety-two (192) male and ninety-seven (97) females are selected for the study from both groups. As such a total of one hundred and eleven (111) in patients was added to the (289) out patients which implies that a total number of four hundred (400) caregivers were recruited for this study. Those selected were contacted and informed and are required to give the researcher a date that would be convenient for them to come to the hospital for the questionnaire administration. Prior to the questionnaire administration and the conduct of the in-depth interview the researcher trained the two research assistants on the basic skills and techniques of conducting IDIs as well as providing them with detail information on the meaning and requirement of each question contained in the questionnaire and how the respondents are expected to fill the questionnaire. The qualitative data collection instrument used for this study was an in-depth interview guide. On the whole, twenty-nine (29) in-depth interviews (IDIs) were carried out in this study. These comprised ten (10) IDI's with doctors, ten (10) with nurse and nine (9) with social welfare officers. Essentially, the IDIs provided useful insight and in-depth knowledge on the characteristics of the informants, common types of mental illness, type of challenges experienced by the health workers while delivering mental health services to their respective patients and the coping strategies they adopt against such challenges.

The general socio-demographic characteristics of the informants was determined from the information obtained on their respective ages, gender, level of educational attainment, religious affiliation, occupation and number of children. Given the educational background of the informants the interviews were conducted in English. All the interviews conducted took place in the offices of the respective informant. The IDIs were

conducted by the researcher who moderated all the interview sessions. Detail notes of all relevant issues discussed were taken by the researcher and one of the research assistants who also severed as a note taker. The issues discussed were similarly captured on tape so as to ensure that important information is not left out. The qualitative data derived from the in-depth interviews were first of all transcribed and translated and sorted out according to the research objectives. The transcriptions were then reviewed and relevant quotations that captured the themes and ideas being expressed in each question were noted and compiled. Since the discussion covers the same topics in more or less the same order, the research report provided a balance between the direct quotations of the participants and the summarization of their discussions.

The quantitative data generated from the questionnaire survey were first checked for consistency and finally edited. After cleaning, the data were coded and analysed using the Statistical Package for Social Science [SPSS] version 25.0. Two types of analytical techniques were employed in the analysis of the quantitative data to achieve the stated objectives of the study, namely, the univariate and bivariate analyses. The univariate analysis involved the use of descriptive statistics to examine the socio-demographic characteristics of the respondents, among other relationships between some selected variables.

Data Analysis and Discussions of Findings

The findings of this study as obtained from the analysis of the research questions indicated that, based on the available information, the research conducted on the psycho-social challenges experienced by families of persons with mental disorders in Kaduna state provides valuable insights into the complex dynamics underlying these challenges. The patients in this study ranged from 18 to over 60 years of age, with the largest proportion being between 18-29 years (31.5%) and 30-39 years (15.2%). This age distribution is consistent with global patterns where the onset of severe mental illnesses, such as schizophrenia and mood disorders, typically occurs in late adolescence to early adulthood (Kessler et al., 2007). Studies suggest that early onset mental illness significantly disrupts key developmental milestones, including education and employment (Patel et al., 2007). This is evidenced in this study, where nearly half of the patients (48.8%) were unemployed, consistent with findings that mental illness often impairs an individual's ability to maintain steady employment (Hakulinen et al., 2019). Employment rates among individuals with mental disorders are consistently lower than the general population across both high-income and low-income countries (Thornicroft et al., 2009).

The Families of individuals with mental disorders face a broad range of challenges which includes psychological, economical, and social challenges. Financial challenges were reported by 25.2% of the respondents, with 15.6% of them describing these issues as very severe. While a notable 19.8% considered financial difficulties marginally or moderately severe, 19.8% reported that these challenges were negligible. This underscores the economic strain placed on families, though the severity of financial hardship varies significantly among households. These results are consistent with studies by Bauer et al. (2012) and Chisholm et al. (2003), which found that mental illness imposes a significant financial burden on households, often leading to long-term economic strain.

Psychological challenges emerged as the most significant burden for families, with 44.3% of respondents identifying them as severe, and 11.1% of these respondents classified them as very severe. A majority, 58.6%, rated their psychological struggles as marginally or moderately severe, while 30.4% perceived them as negligible. This data suggests that psychological difficulties are a major concern for most families, with emotional stress playing a central role in their caregiving experience. These findings are similar with previous studies showing that caregivers of persons with mental illness often experience high levels of psychological strain, leading to mental health disorders such as anxiety and depression (Schene, 1990; Perlick et al., 2007).

In terms of social challenges, 19.4% of the respondents experienced difficulties, with 16.2% of these families describing the challenges as very severe. A slightly larger portion, 54.1%, considered social challenges as marginally or moderately severe, while 29.7% regarded them as negligible. These figures reveal that social isolation and the strain on personal relationships are less common than psychological and economic challenges but still affect a significant number of families. The stigma attached to mental illness further compounds these challenges, as nearly 70% of caregivers reported

facing discrimination, a figure that mirrors studies conducted by Corrigan et al. (2004), which highlighted the isolating effects of societal stigma on families of mentally ill individuals. Stigma not only affects social interactions but also deepens the emotional distress of caregivers, reinforcing feelings of helplessness and marginalization (Corrigan and Watson, 2002).

Caregivers/Relatives of patients with mental disorders face a range of social challenges that further complicate their ability to provide care. Community support was reported by 31.2% of respondents, showing that a portion of the community plays a positive role in assisting these families. Nevertheless, this still leaves 68.8% of caregivers without adequate community support, indicating that the majority feel socially isolated or unsupported. Additionally, family support emerged as a critical factor, with 71.9% of families receiving assistance from relatives, underscoring the V importance of familial networks in caregiving. This highlights that, while community backing is often lacking, family members step in to fill the void.

Educational attainment among patients was relatively high, with 45.7% having post-secondary education. Nevertheless, despite high educational levels, the unemployment rate remains significant, indicating the severe impact of mental illness on functional outcomes. These findings align with research indicating that educational attainment may not translate to employment opportunities for individuals with chronic mental health conditions (Schmidt and DiNitto, 2013).

The socio-demographic profile of patient relatives showed a wide age distribution (18-77 years), with a significant portion (55.4%) having post-secondary education. Despite relatively high educational levels, 67.5% of the relatives were self-employed, which may reflect the flexible nature of self-employment that allows caregivers to balance work and caregiving responsibilities (Sinha et al., 2013). This finding is consistent with the global trend of caregivers, particularly women, often shifting to less formal employment structures to accommodate caregiving duties (Pinquart and Sorensen, 2007).

A majority of the caregivers (63.8%) were married, which provides potential social support, but also places additional emotional and financial strain on households already dealing with the complexities of mental illness. Studies have shown that caregivers who are married often report higher stress levels due to the added responsibility of managing both family and caregiving roles (Cousins et al., 2003). Religion plays a significant role in this community, with 63.5% of both patients and relatives identifying as Muslims, reflecting the cultural and religious composition of northern Nigeria, especially in the federal Neuro-psychiatric hospital, Kaduna.

Families of individuals with mental disorders experience significant psychosocial and economic burdens. This finding is consistent with numerous studies that have demonstrated the emotional and financial toll mental illness places on caregivers. In this study, 84.8% of caregivers reported experiencing stress, 75.9% reported emotional distress, and 76.4% reported depression. These findings are similar with previous studies showing that caregivers of persons with mental illness often experience high levels of psychological strain, leading to mental health disorders such as anxiety and depression (Schene, 1990; Perlick et al., 2007). The stigma attached to mental illness further compounds these challenges, as nearly 70% of caregivers reported facing discrimination, a figure that mirrors studies conducted by Corrigan et al. (2004), which highlighted the isolating effects of societal stigma on families of mentally ill individuals. Stigma not only affects social interactions but also deepens the emotional distress of caregivers, reinforcing feelings of helplessness and marginalization (Corrigan and Watson, 2002).

Financially, the study found that 80.1% of families face the high cost of medication, and 64.3% reported a decline in household income due to caregiving responsibilities. These results are consistent with studies by Bauer et al. (2012) and Chisholm et al. (2003), which found that mental illness imposes a significant financial burden on households, often leading to long-term economic strain. The reliance on borrowing and the subsequent indebtedness reported by 61.4% of caregivers is a common theme in literature on the economic impact of chronic illness, as families struggle to meet the cost of care (WHO, 2003). The financial challenges reported in this study also echo findings from Nigeria and other low-income countries, where the costs of transportation to healthcare facilities (reported by 50.9% of participants) and limited access to financial assistance exacerbate the burden on caregivers (Ssebunnya et al., 2010). The study suggests that the government

and health services should develop policies to alleviate these financial pressures through subsidies or social safety nets, similar to recommendations made by Patel et al. (2010) regarding mental health care in low-resource settings.

Conclusion

This study examined the psycho-social as well as the economic challenges faced by families of patients suffering from mental disorder receiving treatment in the Federal Neuro-psychiatric hospital, Barnawa, Kaduna State. Mental health is important at every stage of life, ranging from childhood and adolescence through adulthood. It is as important as physical health to daily living -- a relative state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living. Often studies focus on the mental patients or the health workers themselves, or even the macro structure – the hospitals and the services offered but ignoring the caregivers, notably families of the patients, whose immense contributions cannot be overlooked in the overall treatment process. This study adopted a mixed method approach, combining both qualitative (in-depth interviews) and quantitative (questionnaires), which involved men and women, totaling four hundred (400) families or caregivers of mentally ill patients, who have consistently accompanied their mentally ill patients to the hospital in the last six months. The findings of the research indicated that families of people with mental disorders face a variety of challenges, including: psychological, emotional, financial, and social. They often experience disturbing thoughts, emotional disturbance, communication problems, and worry about the future. They may also experience depression, anxiety, sadness, guilt, and sometimes shame. Equally, in the social front, the caregivers experience discrimination, stigma and lack of social support from relatives, the community and the government, thereby leading to increased social distance. Economic challenges are also a problem as the families experience financial constraints emanating from costs for patient care and transportation, and shortages of medicine. Most of them struggle with poverty and interference with income generating activities. In order to address the psycho-social challenges of families caring for their relatives suffering from mental illness in Kaduna state, this research recommends, that families of patients with mental disorders should have better access to financial assistance and psychological support.

The findings are significant and multifaceted. Caregiving for persons with mental illness has its advantages, yet it has multiple social and psychological challenges for both family caregivers and mental health professionals. Coping strategies and skills are important to the well-being of the caregiver and the patient. Tackling these problems needs a collaborative approach between health care providers and the government so that the needs of the caregiver and the family in general can be addressed. In line with the above therefore, replication of the study with a broader sample from different hospitals including communities will be useful for further enriching the knowledge base of the phenomenon and in providing a foundation for future research in clinical practice.

Policy Recommendations

Based on the findings of this research, the following recommendations have been offered in order to enhance the wellbeing of family members of people affected by mental disorder in Kaduna state:

1. *Enhance Support for Caregivers*: Families of patients with mental disorders should have better access to financial assistance and psychological support. The federal government in collaboration with non-governmental organizations could provide funding to ease the financial burden and mental health services for caregivers.

2. *Improve Mental Health Education*: Increasing public awareness about mental health and reducing stigma should be a priority. Community education programs can help demystify mental illness and the work of mental health professionals, fostering a more supportive environment for patients and caregivers.

3. *Comparative Studies across Regions*: Future research could compare psychosocial and economic challenges faced by families and health workers in different regions of Nigeria. This would provide a broader understanding of mental health challenges across varying socio-economic and cultural contexts.

4. *Exploration of Technological Solutions*: Future studies could explore the use of digital tools, such as mobile applications and tele-health services, to support both caregivers and health workers in managing mental health care. This could potentially reduce some of the economic and emotional burdens associated with in-person visits to psychiatric facilities.

5. *Inclusion of Broader Populations*: Future studies should include a more diverse range of mental health workers, including psychologists and counsellors, as well as patients from varying socio-economic backgrounds. This would provide a more comprehensive view of the challenges and coping strategies within mental health care in Nigeria.

6. *Evaluating the Impact of Public Education Programs*: Further research could assess the effectiveness of mental health education programs in reducing stigma and improving public attitudes towards mental illness and mental health professionals.

7. *Longitudinal Studies on Mental Health Interventions*: There is a need for longitudinal studies that follow families and patients over time to assess the long-term impact of interventions aimed at reducing the psychosocial and economic burdens of mental illness. This would help in identifying sustainable strategies for improving mental health outcomes.

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