

**FAMILY SUPPORT IN MANAGING INDIVIDUAL WITH MENTAL HEALTH
DISORDER IN EGOR LGA OF EDO STATE, NIGERIA.**

BY

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CERTIFICATION

This is to certify that **IGBINOVIA OSARUMWENSE GABRIEL**, with the Matric Number **PG/SSC1400482** has satisfactorily completed the requirements of research project for the award of Master of Science degree (MSW) in Social Work. The work embodied in this project is original and has not been submitted in part or full for any diploma or degree in any University or higher institution.

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DEDICATION

This research is dedicated to the Almighty God who helped me all the way to bring this to reality without my paying for it.

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ABSTRACT

This study examined Family Support and Managing Mental Health disorders among Individuals with Mental Disorders in Egor Local Government Area, Edo State. The main objective was to assess the role of family support in managing individuals with mental disorders. Specifically, the study explored the level of family support available, the relationship between family involvement and mental health outcomes, the barriers and facilitators to such support, and the roles of social work professionals in enhancing mental health care. A mixed-method research design was employed, comprising quantitative and qualitative approaches. The quantitative aspect involved 398 respondents who completed structured questionnaires analyzed using descriptive statistics such as frequency counts, percentages, and mean scores, while the qualitative aspect included 10 participants which comprised patients, relatives, and social workers were interviewed using a semi-structured guide and analyzed narratively. Findings revealed a high level of family support characterized by emotional encouragement, financial assistance, and treatment adherence. A positive relationship was established between family involvement and improved mental health outcomes, such as faster recovery and reduced relapse rates. However, barriers including stigma, financial hardship, and cultural misconceptions limited family participation, while social workers were found to play key roles in psycho-education, counseling, and advocacy to enhance family engagement. The study concluded that family support remains a crucial component of effective mental health care, as strong family involvement improves treatment adherence and recovery outcomes. It recommended sustained family psycho-education, family-centered treatment approaches, financial support initiatives, public awareness campaigns to reduce stigma, and the strengthening of social work services for holistic mental health care in Egor LGA and beyond.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Mental health is a fundamental aspect of human well-being and productivity. The World Health Organization (WHO, 2018) emphasizes that mental health is more than the mere absence of mental disorders but it is a state of well-being in which individuals recognize their abilities, can cope with normal life stresses, work productively, and contribute to their communities. Globally, a growing concern is the increasing prevalence of mental health disorders, which not only impair individuals' quality of life but also place a significant burden on health systems and societal functioning (GBD, 2019). As such, poor mental health weakens the broader concept of health as defined by the WHO (1946) which includes physical, mental, and social well-being. Despite efforts to reduce the global burden of mental disorders, challenges remain significant, particularly in low- and middle-income countries (LMICs) where limited resources, inadequate health infrastructure, and cultural stigma hinder effective intervention (Patel et al., 2018). The Global Burden of Disease Study (GBD, 2019) identified depressive and anxiety disorders among the top ten causes of years lived with disability worldwide, revealing a persistent lack of progress in mitigating their impact over the last three decades.

In sub-Saharan Africa, mental health remains a neglected public health issue, often overshadowed by infectious diseases and maternal-child health priorities (Ofori-Atta et al., 2018). Jack et al., (2014) revealed that many individuals with mental health disorders in the region receive no treatment, and mental healthcare services are frequently underfunded and understaffed. Cultural beliefs about mental illness frequently associating it with supernatural causes also affect help-seeking behavior and the utilization of mental health services (Kola, 2020). In West Africa, including Nigeria, mental health challenges are exacerbated by poverty, conflict, displacement, and weak health systems (Adewale et al., 2021). In Nigeria, the estimated prevalence of common mental disorders such as depression and anxiety continues to rise, yet mental health services are insufficient to meet growing needs. The 2019 WHO-AIMS report on Nigeria highlights a critical shortage of mental health professionals and facilities, with less than 10% of people living with mental illness receiving adequate care (WHO, 2019).

In this context, family support emerges as a critical, yet underutilized component in the management and recovery process of mental health disorders. Family members often serve as informal caregivers, providing emotional, financial, and practical support to individuals suffering from mental illness (Vargas et al., 2020). A well-functioning family environment has been associated with better outcomes in the management of conditions like schizophrenia, depression, and bipolar disorder (Levchenko et al., 2020). On the other hand, dysfunctional family dynamics characterized by poor communication,

unresolved conflict, or neglect can worsen mental health outcomes (Schmitt et al., 2017). In the Nigerian context, the family remains the primary unit of social support, deeply embedded in communal cultural values. Families in Nigeria play a critical role in mediating mental health care, especially in regions like Edo State where access to formal mental health services is limited.

In Egor Local Government Area (LGA) of Edo State mental health issues persist amidst socio-economic challenges and limited health infrastructure. It has been established that family support could play a significant role in mitigating the adverse effects of mental disorders in this locality. Thus, this study explores the role of family support in managing mental health disorders in Egor LGA. It aims to understand the extent to which family involvement contributes to the psychological well-being, recovery, and social reintegration of individuals with mental health challenges in this community. Given the scarcity of localized studies, this research is significant in informing community-based mental health strategies and policies tailored to the Nigerian socio-cultural context.

1.2 Statement of the Research Problem

Globally, mental health disorders account for a substantial burden of disease which is affecting approximately one in eight people around 970 million individuals, as of 2019 (World Health Organization [WHO], 2022). Common conditions such as depression and anxiety are among the leading causes of years lived with disability worldwide (GBD,

2019). Despite the growing prevalence and visibility of mental health issues, support structures particularly in developing countries remain grossly inadequate (GBD, 2019).

In Nigeria, it is estimated that over 20 million people are living with various forms of mental illness, yet only about 10% of these individuals have access to effective treatment (WHO-AIMS, 2019). It is estimated that 30% of Nigeria's population of over 200 million people experience some form of mental health challenge (Ojoye, 2018). This treatment gap is worsened by underfunded mental health systems, limited healthcare professionals, and widespread social stigma (Jack et al., 2014). In a study conducted by Omorogiuwa (2017), it was found that mental health issues significantly affect socio-economic conditions, educational opportunities, effective social interactions, and effective parenting responsibilities of individuals with mental health challenges.

In Edo State, where Egor Local Government Area (LGA) is situated, there is scant empirical data on mental health services, despite increasing circumstantial evidence of rising cases of untreated mental health disorders. These realities place enormous caregiving responsibilities on families who often serve as the primary source of care and support for mentally ill relatives.

The shift in mental health treatment from institutionalization to community and home-based care has placed family members at the forefront of caregiving (Seloilwe & Thupayagale-Tshweneagae, 2017). However, the role of family caregivers is often unacknowledged and unsupported. Families of individuals living with mental illness face

significant psychosocial burdens, including emotional distress, stigma, financial hardship, and, in many cases, secondary trauma (Ory et al., 2020; Goldberg-Arnold et al., 2019). The lack of institutional support systems compounds their stress, with many caregivers reporting symptoms of burnout, anxiety, and even depressive disorders themselves (Schene et al., 2019).

Moahi (2017) and Horwitz et al. (2016) revealed that family's role being both a source of emotional support and, at times, a contributing factor to stress and relapse. High levels of expressed emotion, including criticism and over-involvement, have been shown to increase relapse rates among individuals with conditions like schizophrenia and bipolar disorder (Miklowitz, 2017; Goldberg-Arnold et al., 2019). This underscores the complexity of family dynamics in mental health care. Despite existing literature exploring the burden on caregivers and the stigma attached to mental illness, there is a significant knowledge gap in understanding how families actively support recovery and how such support contributes to clinical and psychosocial outcomes, particularly in semi-urban Nigerian communities like Egor LGA. Most available studies focus on clinical or institutional contexts, with limited attention given to family-based care and the practical, emotional, and cultural nuances of familial support within the Nigerian setting.

1.3 Aim and Objectives of the Study

The main aim of this study is to examine the roles of family support in managing mental health disorder in Egor LGA, Edo State, while specific objectives of the study are to:

- I. Examine the level of family support available to individuals with mental health disorder in Egor LGA, Edo State.
- II. Investigate the relationship between family support and mental health outcome
- III. Identify the barriers and facilitators to family support for individuals with mental health disorders in Egor LGA, Edo State.
- IV. The roles of social work professionals or social welfare officers in helping individuals with mental health disorders in Egor LGA, Edo State.
- V. Assess the role of social workers in family support, in managing individuals with mental health disorders in Egor Local Government area of Edo State.

1.4 Research Questions

This study aims to answer the following research questions:

- I. What are the levels of family support available to individuals with mental health disorder in Egor LGA, Edo State?
- II. What is the relationship between family support and mental health outcome among individual with mental health disorder in Egor LGA, Edo State?
- III. What are the barriers and facilitators to family support for individuals with mental health disorders in Egor LGA, Edo State?
- IV. What are the roles of social work professionals or social welfare officers in helping individuals with mental health disorders in Egor LGA, Edo State?

- V. What is the role of social workers in family support, in managing individuals with mental health disorders in Egor Local Government area of Edo State?

1.5 Significance of the Study

The findings of this study will be crucial for government agencies as insights from this study can inform the development of policies related to mental health services delivery system by understanding the role of family support on the recovery and treatment process of mentally ill person. The findings can further inform government to allocate resources aim to effectively address mental health issue such as funding for research, education and treatment programs. Government agencies can use this study's findings to design public health campaigns aimed at raising awareness about mental health services and encouraging families and community' members to eradicate the stigmatization.

Findings of this study will provide valuable insights into the effect of the family support in managing mental health disorder for professional social workers, Psychologists, Psychiatrist and other medical teams in facilitating effective mental health service for effective treatment. It will also aid social workers and medical practitioners in their psychosocial assessment and diagnostic leading to better treatment outcomes. The study will contribute to the professional improvement of social workers and medical practitioners which will allowing them to stay informed about the latest research and evidence-based practices in the field of mental health.

The study will raise awareness about the importance and role of family support and care. More so, findings from this study can validate the experiences of individuals who may be dealing with mental health challenges and facilitate open and honest communication about the problems they are facing. Thus, improve the health service seeking behaviour among individuals and freely access appropriate and available form of family support resources and other support services, such as counseling, therapy or medical medication to address their mental health challenges.

Also, the findings from this study will benefit future researchers as it will provide more understanding on the role of family support in managing mental health disorder individuals. The future researchers can identify gaps in existing literature and build upon the findings of the study to explore new research questions or areas of inquiry related to mental health.

1.6 Scope of the Study

This research focuses on the role of family support in managing mental health disorder in Egor, LGA Edo State, Nigeria. The respondents of this study would comprise in and out-patients suffering from mental health problems (between the age of 25-60 years), Service providers (Nurses, Psychiatrist & medical social workers) and Family members or caregiver of the mentally ill patients.

1.7 Operational Definition of Terms

Family Support: this refers to the emotional, psychological, social, financial, and physical assistance provided by family members to one another. It includes offering care, understanding, encouragement, and resources to individuals dealing with mental health disorders.

Family: this refers to a social unit typically composed of individuals connected by blood relations, marriage, adoption, or other legal and cultural bonds.

Mental health: refers a state of well-being which encompasses emotional, psychological and social state where individuals can cope with the normal stresses of life, work productively and fruitfully and contribute to their community development.

Mental health disorder: refers to dysfunctions in emotion, cognitive or behavioral such as depression, anxiety, schizophrenia etc. which are associated with distress or impairment in personal, social or occupational functioning.

Mental health service: refers to the interventions, support and treatment provided by professionals to individuals or groups who are suffering from mental health disorders to promote mental well-being, prevent disorders and address mental health challenges.

Psycho-education: refers to the process of teaching people about their mental health thoughts and emotions and behaviours equipping them with practical skills to handle life challenges effectively.

CHAPTER TWO

LITERATURE REVIEW

2.1 Review of Relevant Concepts

2.1.1 Concept of Family Support

According to Dewanto (n.d.), the family represents the most fundamental social unit and serving as the essential foundation for an individual's development. It significantly shapes a person's character and personality while acting as a lasting imprint on individuals' identity. Consequently, the family can exert either a positive or negative influence on an individual's functioning and overall well-being. Thus, the quality of familial relationships plays a crucial role in determining an individual's behavior particularly concerning self-control and mental health which is potentially leading to either beneficial or adverse outcomes (Dewanto, n.d.).

Benocraitis (2011) defines a family as a group of two or more individuals who live together in a committed relationship, caring for one another and any children while sharing activities and maintaining strong emotional bonds. The family serves as a primary source of resilience within society characterized by interdependence in companionship, love and care. It is also regarded as an institution that fulfills human needs particularly in fostering resilience, personality development, and behavioral

growth. Thus, one of the family's key roles is to support its members in meeting their needs in any situations (Dewanto, n.d.)

Satiadarma and Francis (2004) conceptualize family support as the assistance that one family member receives from others to perform essential life functions. Hence, the effectiveness of hospital care may be compromised if it lacks the backing and involvement of the family. Friedman and McCown (1998) describe family support as the attitudes, actions, and acceptance that family members extend to one another. Family members are viewed as integral to the society environment where supportive individuals are always available to offer help when required. Husmiati et al. (2022) categorize family support into emotional, informational, instrumental, and reward support.

Emotional support, as noted by Husmiati et al. (2022), is particularly vital during periods of depression, when individuals may experience emotional distress, sadness, anxiety, and diminished self-esteem. Feelings of isolation and lack of love often accompany depression. Emotional support provides individuals with comfort and a sense of being valued, particularly during challenging times. Families that offer robust emotional support create an environment of rest and encouragement. For instance, family members, whether parents, siblings, or children, can provide support by accompanying individuals to treatment appointments, ensuring they take their medication regularly, and helping them feel comfortable in social situations (Husmiati et al., 2022).

Informational support, according to Husmiati et al. (2022), encompasses communication networks and shared responsibilities, including problem-solving, advice, guidance, and feedback on individual actions. Families can aid by recommending suitable doctors, therapies, and specific strategies to cope with stressors. With familial support, individuals dealing with depression can address their challenges more effectively as families serve both as collectors and providers of information (Husmiati et al., 2022).

Instrumental support, as emphasized by Husmiati et al. (2022), involves the provision of tangible assistance such as financial aid, services, and material support that can help resolve practical issues. This type of support includes direct help, such as lending money, assisting with daily tasks, delivering messages, providing transportation, or caring for someone who is ill or depressed. Such practical support is most effective when it is meaningful to the individual, helping to alleviate their depression and achieve concrete goals (Husmiati et al., 2022).

2.1.2 Concept of Mental Health Disorder

According to Pieper and Uden (2006), mental health is characterized by an absence of self-directed guilt, a realistic self-assessment, acceptance of personal flaws, problem-solving abilities, a fulfilling social life, and overall happiness. Notosoedirjo and Latipun (2005) identified several definitions of mental health (or mental hygiene), including: (1) the absence of mental disorders, (2) resilience to mental distress caused by stressors, (3)

self-contentment and harmony with one's surroundings, and (4) positive growth and development.

Omorogiuwa (2017) emphasized that mental health pertains to an individual's capacity to handle daily life and its challenges. A decline in mental health can impede daily functioning which is often referred to as mental disability. This term encompasses a broad spectrum of mental and emotional disorders such as cognitive impairments, organic brain injuries, learning disabilities, and substance dependence (Mji, MacLanchan, et al., & World Health Organization cited by Omorogiuwa, 2017). Mental disability is particularly alarming due to the high prevalence and severity of conditions such as schizophrenia and bipolar disorder which are classified as severe mental disorders as well as issues like depression, anxiety, somatoform disorders, epilepsy, substance abuse, and various mental health challenges (Omorogiuwa, 2009).

Mental health disorders are seen as deviations from normal cognitive functioning. Important indicators of these deviations include difficulties in expressing or regulating cognitive processes, emotions, and behaviors which stem from complex interactions among biological, psychological, and environmental factors (Arias et al., 2002; Johnson et al., 2019; Sánchez et al., 2017; Ziegler & Domschke, 2018).

The World Health Organization (2022) defines mental disorders as significant disruptions in cognition, emotional regulation, or behavior that indicate dysfunction in psychological, biological, or developmental processes. The advancement of human society particularly

through the use of illicit drugs, has led to social transformations that affect human health. Concurrently, the shifts in socio-economic conditions can contribute to rising rates of health issues such as depression and anxiety (Husmiati et al., 2022). Mental health remains a critical global concern especially in a developing countries like Nigeria. As reported by the World Health Organization (2016), approximately 35 million individuals suffer from depression, 60 million from bipolar disorder, 21 million from schizophrenia, and 47.5 million from dementia (Husmiati et al., 2022).

Individuals with mental health disorders often experience disruptions in thought, emotion, and behavior, which can be categorized into two groups: 1) psychosocial disorders such as schizophrenia, bipolar disorder, depression, anxiety, and personality disorders; and 2) developmental disabilities that impact social interaction skills, including autism and hyperactivity (Kemensos, 2016).

2.1.3 Effect of family support on managing individual with mental health disorder

Research by Barrowclough and Tarrier, as cited by Husmiati et al. (2022), revealed that individuals with mental disabilities who received treatment in hospitals but returned to unsupportive family environments exhibited low recovery rates. Consequently, enhancing recovery for individuals with mental health disorders necessitates positive family attitudes and support which should include avoiding hostility, providing emotional backing, and offering constructive criticism (Hearn, 2010). Hearn's findings suggest that

family support is a crucial element in improving the functioning of those with mental health issues.

Donnelly and Murray (2013) identified three distinct narratives regarding the influence of family on mental health disorders. The first narrative depicts families as a source of mental illness or as contributors to inadequate medical and societal responses, thus framing them as a threat to the individual with mental illness. The second narrative portrays families as victims who endure emotional distress and face both physical and emotional risks due to a family member's mental illness, sometimes viewing the individual as a threat. The third narrative presents families as protectors who offer support and aid in recovery and survival (Donnelly & Murray, 2013). This study adopts the third narrative.

Previous studies (Husmiati et al., 2022; Dinosestro, 2008; Nurdiana et al., 2007) has shown that family involvement is vital in determining the effectiveness of post-discharge medical care provided by healthcare professionals and thereby reducing relapse rates. Family support plays a strategic role in minimizing recurrence, promoting independence, enhancing living standards, and facilitating rehabilitation and reintegration into society. Consequently, mental health patients who receive substantial family support tend to manage and overcome their challenges more effectively than those lacking such support (Husmiati et al., 2022).

Husmiati et al. (2022) emphasized that family support creates a nurturing environment and provides encouragement. Family members who offer strong emotional support such as parents, siblings, or children often take the time to accompany mental health patients to treatment sessions, encourage adherence to medication regimens, and facilitate social introductions.

Furthermore, meeting basic physical needs, such as food, clothing, and shelter, is essential for the effective rehabilitation and reintegration of individuals with mental health disorders (Husmiati et al., 2022).

Families should care for and support their mentally ill members by being well-informed and safeguarding themselves against psychological disturbances. For instance, if family members understand that mental abnormalities are characterized by specific symptoms such as inappropriate emotions, behaviors, or thoughts within a social context, impairment or distress, disruption of personal and professional functioning, and potential danger to oneself or others, they are less likely to remain in denial (Nolen-Hoeksema, 2011). Individuals with mental health disorders seek warmth, a supportive family environment, financial assistance, and encouragement for recovery. They desire understanding and compassion (Pralhad & Luna, 2019).

2.1.4 Challenges facing family in managing individual with mental health disorder

Pralhad and Luna, (2019) emphasized that Family caregiving for mental patients is more stressful job than other types of caregiving.

It has been established that families play an integral role in supporting individuals with mental health disorders by offering emotional, informational and instrumental support. However, providing such support comes with significant challenges that affect both the individual with the disorder and their family members. The challenges facing family in providing support range from financial burdens and emotional distress to stigma and lack of access to mental health services (Reupert et al., 2015).

Previous studies (Chatterjee et al., 2017; Patel et al., 2018) noted that one of the major challenges families battle with in supporting individuals with mental health disorders is the financial capability which is associated with treatment and care. Mental health services such as therapy, medication and hospitalization can be costly especially in countries where healthcare coverage is limited and in low-income households where limited resources make it difficult to afford essential mental health services (Patel et al., 2018). Families often bear the cost of long-term care which can lead to economic hardships especially when caregivers must reduce work hours or leave employment to provide full-time care (Chatterjee et al., 2017).

As noted by Pralhad and Luna, (2019) and Perlick et al., (2016), caring for a family member with a mental health disorder can be emotionally and psychologically taxing due to experience stress, anxiety, and depression due to the demands of providing continuous support. The uncertainty of mental health conditions such as episodes of relapse can create a sense of helplessness and emotional exhaustion among family members (Saunders, 2003). Additionally, family caregivers may struggle with balancing their personal lives, work, and caregiving responsibilities thereby leading to burnout and reduced quality of life (Smith et al., 2020).

Stigma remains a significant barrier to family support for individuals with mental health disorders. Many families face societal discrimination and judgment due to misconceptions about mental illness thereby leading to social isolation (Corrigan et al., 2016). The fear of being stigmatized often discourages families from seeking external support or disclosing their loved one's condition which can limit access to necessary mental health resources (Thornicroft et al., 2017). The internalized stigma within families can also result in feelings of shame and guilt which can further complicating the support process (Gronholm et al., 2021).

Saxena et al., (2016) emphasized that limited access to mental health services poses a significant challenge for families supporting individuals with mental health disorders. They further noted that many regions, particularly in low- and middle-income countries like Nigeria, mental health care infrastructure is inadequate with a shortage of trained

professionals and facilities. Even in high-income countries, long waiting times and high costs of specialized care create barriers for families seeking timely intervention. Additionally, rural and underserved communities face greater difficulties in accessing mental health care due to geographic limitations and insufficient healthcare funding (McGrath et al., 2017; Kohn et al., 2018).

Park, (2012) and Lefley, (2017) stated that providing care for a family member with a mental health disorder can lead to increased family conflicts and strained relationships. Differences in opinions on how to handle the condition, caregiving responsibilities and the stress associated with long-term support can cause tension among family members (Weimand et al., 2013). Siblings, spouses, and extended family members may struggle to agree on caregiving approaches which can lead to misunderstandings and disagreements. Moreover, individuals with mental health disorders may exhibit behaviors that strain familial relationship such as withdrawal, aggression, or difficulty maintaining communication (Martire & Schulz, 2007; Donnelly & Murray, 2013).

2.1.5 Roles of Social Workers in preventing mental health disorder and assisting individual with mental health disorder

Social workers play an essential role in both preventing mental health disorders and assisting individuals already living with such conditions. Their preventive responsibilities often center on early intervention, health promotion, and public education. Through community outreach, advocacy, and psychoeducation, social workers contribute to

reducing stigma, increasing mental health literacy, and identifying at-risk individuals before problems escalate (Omorogiuwa, 2017).

Beyond prevention, social workers are deeply engaged in supporting individuals with existing mental health disorders through therapeutic and holistic interventions. They provide psychosocial assessments, counseling, and rehabilitation, drawing on approaches such as cognitive behavioral therapy and psychoeducation to enhance coping mechanisms and recovery (Omorogiuwa, 2019). Their roles extend to case management and care coordination, ensuring that individuals receive comprehensive services that address not only clinical needs but also related social determinants, including housing, employment, and access to healthcare (Hall et al., 2002; Suzuki et al., 2019). Moreover, social workers apply trauma-informed and culturally competent practices, recognizing the influence of social, cultural, and economic contexts in shaping mental health outcomes (Omorogiuwa, 2017).

Ramaswamy et al., (2024) noted that Social workers also strengthen recovery and resilience through peer support and strengths-based approaches and facilitating peer groups fosters mutual aid, reduces isolation, and provides validation that reinforces positive mental health. Similarly, adopting a strengths-based perspective helps individuals draw on their existing resources and resilience in the recovery process and importantly, social workers serve as advocates and system navigators, helping individuals access services and amplifying their voices within complex healthcare and social systems

(Ramaswamy et al., 2024). However, challenges remain, particularly the lack of standardized guidelines for psychiatric social work interventions, which often results in role ambiguity and inconsistent implementation. Recent scholarship emphasizes the need for clearer professional standards, supervisory structures, and training opportunities to optimize the effectiveness of social work interventions in mental health settings (Shibin et al., 2024).

2.2 Review of Empirical Studies

For every individual, family plays a crucial role in their lives, a fact that holds even greater significance for those experiencing mental health issues. A dysfunctional family can contribute to the development of mental illness while a supportive family can facilitate recovery. Family members often serve as primary caregivers for individuals with mental health conditions. Schene, Wijngaarden, and Koeter, as referenced by Pralhad and Luna (2019) emphasized that when there is an imbalance in reciprocity, the nature of care shifts from mutual support to caregiving. The assistance and support provided by family members typically occur without any expectation of compensation (Ory, Yee, Tennstedt, & Schulz, cited by Pralhad and Luna, 2019). However, there is a disparity in how families respond to mental illness; some are informed and compassionate, while others may lack understanding and exhibit intolerance, potentially neglecting the basic needs of those affected (Pralhad & Luna, 2019).

Husmiati et al. (2022) emphasized that the effectiveness of hospital treatments such as medication can be undermined without the backing of family support. Research by Jenkins & Deuze, as cited by Husmiati et al. (2022), noted that family caregivers are a valuable resource in promoting effective recovery for individuals with mental health challenges.

A qualitative study conducted by Kajikawa et al. (2024) which explored the attitudes and challenges faced by Japanese family physicians in managing mental health issues. The findings revealed that these physicians generally adopt a holistic approach to mental health care and drawing on their experiences and self-reflection. Despite encountering challenges such as time constraints and referral issues, their overall attitude towards providing mental health care to family members was seen as rewarding and effective.

In a study by Pralhad and Luna (2019) in Nepal, which utilized qualitative methods to investigate the expectations of mental health patients regarding family support, it was found that all patients anticipated some form of assistance from their families. While many received positive support such as motivation and companionship, others experienced negative interactions, including minimal engagement, negative expressions, and even violence. The study concluded that family support significantly enhances interaction, treatment compliance, motivation and overall recovery in a nurturing environment for individual with mental health disorder.

Similarly, Husmiati et al. (2022) conducted a descriptive qualitative study in Indonesia by examining the role of family and community support in alleviating the constraints faced by individuals with mental illness. They found that while support levels for families dealing with mental disabilities were generally moderate, there is a pressing need for families to adopt supportive attitudes and avoid hostility. This support is crucial for improving recovery outcomes, enhancing independence, and facilitating reintegration into society. Thus, this study finding revealed that family support is vital component in improving the self-dependent and reintegration of the mental patients for effective rehabilitation and functioning.

Dewanto (n.d.) pointed out that family is the most significant social factor which is influencing individual behavior. A dysfunctional home environment can adversely affect family members by disrupting mental health and leading to negative psychosocial interactions which can hinder individual's development and independence. For example, a lack of psychological integration and disorganization within family dynamics can result in feelings of disappointment or hopelessness among children.

A phenomenological study by Kahaki (2024) in Iran which examined the role of social support systems in enhancing mental health for women experiencing postpartum depression. The study found that support from family members particularly spouses and parents was vital in alleviating depressive symptoms. Peer support networks also played a

role in providing emotional validation, while professional mental health services were important for managing more severe symptoms.

Additionally, a quantitative study by Irina, Ileana, and Dumitru (2021) in Romania which investigated the role of family doctors in preventing mental health disorders among patients with chronic conditions. The results indicated that 59.48% of family doctors engaged in educating family members about mental health prevention, while 41.18% used questionnaires to screen for depression during consultations. The study underscored the importance of family doctors in promoting mental health and highlighted the need for improved resources and training to enhance their ability to provide effective education on depression.

Furthermore, a study by Secinti et al. (2018) in the USA which examined the social factors affecting mental health in gastrointestinal cancer patients and their caregivers. It was found that emotional support from relatives significantly alleviated feelings of loneliness in advanced cancer patients with mental health issues and then contributing to better mental health outcomes.

2.3 Review of Relevant Theories

2.3.1 Family Systems Theory

Systems Theory was first developed by Ludwig Von Bertalanffy in the 1940s and 1950s as a response to the limitations of reductionist scientific approaches. Von Bertalanffy

(1968) argued that systems should be analyzed holistically rather than as isolated components by emphasizing on the interactions and relationships between parts of a system. Over time, the theory was expanded and adapted by scholars such as Bronfenbrenner (1979) in his Ecological Systems Theory and Parsons (1951) in his Structural Functionalism which further highlighting the applicability of systems thinking in social sciences.

Systems Theory is based on several key assumptions. Firstly, it assumes that all systems consist of interrelated components that work together to maintain stability and function (Von Bertalanffy, 1968). Secondly, it posits that systems are dynamic and constantly influenced by internal and external factors which is making them open systems that interact with their environments (Bronfenbrenner, 1979). Thirdly, the theory suggests that changes in one part of a system affect the entire system, that is, the dysfunction in one component can disrupt overall stability (Parsons, 1951). Additionally, Systems Theory assumes that feedback mechanisms regulate system behaviors by allowing adaptation and self-regulation (Miller, 1978). Lastly, it highlights the hierarchical structure of systems where subsystems interact within larger systems to maintain equilibrium (Laszlo, 1972).

The application of Systems Theory in this study is significant, particularly in understanding how family systems, community networks, and institutional structures influence mental health outcomes of an individual. In family therapy, Systems Theory is used to explore how family dynamics, communication patterns, and relational conflicts

impact individuals experiencing mental health disorders (Bowen, 1978). This theory stresses the importance of a supportive family environment in fostering recovery and reducing stressors that may worsen mental health conditions (Bronfenbrenner, 1979).

2.3.2 Social Support Theory

Social Support Theory was largely developed through the works of sociologists and psychologists in the mid-20th century. One of the most notable contributors was Sidney Cobb (1976) who emphasized the role of social support in health and well-being. His work laid the foundation for subsequent researchers, including Cohen and Wills (1985), who explored the buffering effects of social support on stress. The theory has since evolved with various scholars expanding on its components and applications.

According to Thoits, (2011) Social Support Theory is based on several key assumptions. First, interpersonal relationships significantly influence health, as positive social interactions enhance an individual's psychological and physical well-being. Social support is multifaceted, comprising emotional, informational, instrumental, and appraisal support. Additionally, support networks act as a shields against stress, reducing its negative effects and promoting coping mechanisms. The availability and perception of support are crucial, as the benefits of social support depend not only on the actual support received but also on an individual's perception of its availability (Thoits, 2011). Furthermore, social support varies across contexts and its effectiveness differs based on cultural, social, and economic factors (Berkman & Glass, cited by Thoits, 2011).

This Social Support Theory is adopted to understand how family resources and support contribute to managing mental health disorders. Family support plays a critical role in providing emotional reassurance, practical assistance and a sense of belonging to individuals with mental health disorders. Studies have shown that strong family support reduces the severity of symptoms in conditions such as depression, anxiety, and schizophrenia (Taylor, 2011). Healthcare interventions integrate social support strategies in therapy, counseling, and rehabilitation programs to enhance patient recovery and adherence to treatment (House, Landis, & Umberson, 1988).

Social Support Theory provide serve as a framework for understanding how interpersonal relationships influence mental health management. The theory highlights the importance of emotional, informational, and instrumental support especially from family members in alleviating psychological distress and fostering resilience.

2.3.3 Stress-coping theory

Stress-Coping Theory was proposed by Richard Lazarus and Susan Folkman in 1984 as part of their broader work on stress and cognitive appraisal. The theory builds on earlier research on stress and adaptation, particularly the Transactional Model of Stress and Coping. Lazarus and Folkman (1984) argued that stress is not merely a stimulus-response interaction but a dynamic process where individuals assess and respond to stressors based on their perceived control and available resources.

Stress-Coping Theory is based on several key assumptions. First, it assumes that stress is a subjective experience that varies depending on an individual's cognitive appraisal of a situation (Lazarus & Folkman, 1984). Second, it posits that individuals engage in two primary forms of coping: problem-focused coping, which involves addressing the source of stress directly and emotion-focused coping, which involves managing emotional responses to stress (Folkman & Moskowitz, 2004). Third, this theory assumes that coping effectiveness depends on personal resources such as resilience, self-efficacy and social support (Carver, Scheier, & Weintraub, 1989). Fourth, it suggests that coping strategies evolve over time with individuals adapting their responses based on situational demands (Compas et al., 2001). Finally, it highlights that chronic stress without effective coping mechanisms can lead to negative mental health outcomes such as anxiety and depression (Aldwin, 2007).

Stress-Coping Theory has been extensively applied in mental health research and interventions. It is used to design therapeutic approaches that help individuals develop adaptive coping mechanisms for managing mental health disorders such as depression, anxiety, and post-traumatic stress disorder (Folkman & Moskowitz, 2004). The theory also informs cognitive-behavioral therapy (CBT) techniques that focus on restructuring negative thought patterns and enhancing problem-solving skills (Lazarus, 1993). Stress-Coping Theory guides interventions that promote resilience and social support,

particularly in vulnerable populations such as individuals experiencing trauma, chronic illness, or economic hardship (Taylor & Stanton, 2007; Ganster & Rosen, 2013).

2.4 Theoretical Frameworks

2.4.1 Family Systems Theory

Systems Theory which was first developed by Ludwig Von Bertalanffy in the 1940s and 1950s as a response to the limitations of reductionist scientific approaches, for which Von Bertalanffy (1968) argued that systems should be analyzed holistically rather than as isolated components by emphasizing on the interactions and relationships between parts of a system. Over time, the theory was expanded and adapted by scholars such as Bronfenbrenner (1979) in his Ecological Systems Theory and Parsons (1951) in his Structural Functionalism which further highlighting the applicability of systems thinking in social sciences.

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assumes that feedback mechanisms regulate system behaviors by allowing adaptation and self-regulation (Miller, 1978). Lastly, it highlights the hierarchical structure of systems where subsystems interact within larger systems to maintain equilibrium (Laszlo, 1972).

The Family systems theory is the framework theory for this study because it conforms with the family in the sense that, every family is a unit of the society that demonstrates all that a system represents. It shows a significant, presentation in understanding how family systems, community networks, and institutional structures influence mental health outcomes of an individual. In family therapy, Systems Theory is used to explore how family dynamics, communication patterns, and relational conflicts impact individuals experiencing mental health disorders (Bowen, 1978). This theory stresses the importance of a supportive family environment in fostering recovery and reducing stressors that may worsen mental health conditions (Bronfenbrenner, 1979).

CHAPTER THREE

RESEARCH METHODOLOGY

Preamble

In this chapter, the procedures for carrying out the study are described. The materials and methods that will be utilized for this study are classified into the following: Area of study, population of study, research design, sample size and sample technique, research instrument, validity of the instrument, reliability of the instrument, method of data collection and method of data analysis.

3.1 Research Design

Researcher is interested in finding out the role of family support in managing individual with mental health disorder. A mixed method with a descriptive survey and narrative research design were adopted for this study. A mixed-method approach was considered appropriate for this study because the role of family support in managing individuals with mental health disorders involves both measurable patterns and subjective experiences. The quantitative component (descriptive survey) will provide statistical evidence while the qualitative component (narrative research design) will captures lived experiences that cannot be quantified. Thus, integrating both approaches offers a more comprehensive understanding, strengthens validity and ensures that findings are both generalizable and contextually rich (Creswell & Creswell, 2018; Fetters & Molina-Azorin, 2020).

3.2 Area of study

The area of study was Egor Local Government Area (LGA). It is one of the 18 local government areas in Edo State, located in the South-South geopolitical zone of Nigeria. It is part of the Benin metropolitan area and shares borders with Oredo and Ikpoba-Okha LGAs. Egor LGA is composed of both urban and semi-urban communities which is including areas such as Uselu, Ugbowo, Isihor, and Ekosodin. It is home to a diverse population, including students, civil servants, traders and artisans. The presence of institutions such as the University of Benin and the University of Benin Teaching Hospital contributes to its demographic and socio-economic dynamics. The choice of Egor LGA as the area of study for this research is strategic for several reasons. First, like many other parts of Nigeria, Egor LGA is not immune to the increasing prevalence of mental health disorders. The urbanization, economic challenges, academic stressors, and societal pressures common in this region may contribute to mental health challenges such as depression, anxiety, and substance use disorders. However, despite these issues, mental health services in the area remain limited, poorly structured, and underfunded. Also, Egor LGA also reflects the larger socio-cultural realities of Nigerian society, where mental illness is often misunderstood and heavily stigmatized. Many residents associate mental health disorders with spiritual causes, leading to delays in seeking medical help and greater reliance on family care or traditional healing methods. This makes families

the first and sometimes the only line of support for individuals with mental health challenges.

3.3. Population of the Study

Ojoye (2018) reported that the Permanent Secretary of the Federal Ministry of Health (Abdulaziz Abdullahi) stated that 30% of Nigerians are affected by mental illnesses. Therefore, while specific data on the prevalence of mental illness in the Egor could not be accessed, national estimates that suggest that 30% of Nigerians experience mental health issues was adopted and adapted to get the estimated population. Hence, the 30% of Egor LGA population which is 502,700 as projected by National Population Commission and National Bureau of statistics (2022) was used. The population for this study of mentally challenged persons is not readily available. This study population consisted of both females and males in and Outpatients as well as family of the patients in psychiatric hospitals in Egor LGA, Edo State.

3.4 Sampling Procedure and Sample Size

Psychiatric hospitals in Egor Local Government Area in Edo State was selected for this study. Sampling techniques were considered to be the strategies used by researchers in the statistics sampling process (Cooper & Schindler, 2021). Multi-stage sampling techniques was employed. Both systematic and simple random sampling technique was employed. Simple random technique was employed to select five communities in Egor LGA while systematic will be used to select respondent and Yamane Taro sampling

method formula will be applied to select the sample size out of the population of this study. The Yamane Taro sampling method/formula (Yamane, 1973:723) is stated as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = the required sample size

N = the total population

e = level of significant/error margin= 0.05

1 = constant

Therefore, by substituting the formula, we would have:

$$n = \frac{150,810}{1 + 150,810 (0.05)^2}$$

$$n = \frac{150,810}{1 + 150,810 (0.0025)}$$

$$n = \frac{150,810}{1 + 377.025}$$

$$n = \frac{502,700}{378.025}$$

$$n = 398.86$$

Thus, a sample size of 398 respondents for quantitative while 10 (4 patients, 4 relatives, 2 social workers) participants will be purposively selected for this study.

3.5 Instrument of the Data Collection

Structured questionnaire with closed-ended questions and in-depth interview guide were used as the instrument for eliciting information from the respondents. The questionnaire was divided into two segments, A and B. Section A was specially structured to obtain information about respondents' socio-demographic while section B focused on the role of family support in managing individual with mental health disorder. The questionnaire was in Likert scale format and questions were drawn to be as simple and precise as possible so that each respondent was able to understand and tick appropriate response according to their choices and interview guide was developed to solicit response from the participants.

3.6 Validity and Reliability of Research Instrument

Content validity of the instrument was adopted for this research questionnaire. The drafted Questionnaire format was given to the supervisor to go through it and make relevant corrections that will reflect on the final version before administering it to the respondents. The section went through the defense.

The reliability of the research instrument was based on test re-test method. The researcher administered the instrument for a period of one week to respondents for the

pretesting of the questionnaire. The questionnaire was pretested among respondents of this study in selected LGAs, Edo State. 10% of the sampled size was used for the pretesting. In order to facilitate the final data collection, the objective was to test the questionnaire's accuracy and respondents' comprehension. The test-retest method was used to determine the instrument's reliability coefficient, which should be 0.79 to show that the data collection tool is trustworthy and reliable.

3.7 Method of Data Collection

The source of data for this study was collected through primary and secondary. The primary source was this study structured questionnaire designed by the researcher based on this study's objectives, while the secondary data is relevant literature from textbooks, Journals, Articles, etc, that address this study's objectives. The selected LGAs was visited by the researcher to administer questionnaire. While providing clear explanation of the purpose of the questionnaire to the respondents, the researcher made respondents understand that the information given will not be used against them and it will be treated with high confidentiality.

3.8 Method of Data Analysis

This study adopted descriptive and thematic analysis. The analysis was structured into two sections. The first will cover the descriptive statistical properties including summarizing and presenting of the demographic data in simple percentages and table.

The second part covered answering and interpretation of research questions with the adoption of SPSS software supported by narrative analysis.

3.9 Ethical Consideration

An informed consent form and approval from the study's respondents without any inducements were given to them and they were well informed of the goal of the study and how the data will be used. They were adequately informed about how they are expected to participate and how it affected them directly or indirectly. Additionally, the questionnaire was written in such a way that prevent respondents from experiencing any harassment, anxiety or discomfort. The questions were not dehumanized or degraded anyone, while respondents were briefed on their right to terminate their participation if no longer interested in this study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter presents, analyzes, and interprets the data collected from both quantitative and qualitative data. A total of 398 respondents participated in the quantitative aspect of the study through questionnaire administration, while 10 participants (comprising 4 patient's relatives, 3 patients, and 3 social workers) participated in the qualitative interviews. This presentation is organized into three sections: socio-demographic characteristics of respondents, analysis of research questions, and discussion of findings. Quantitative data were analyzed using descriptive statistics such as frequency counts, percentages, and mean scores based on a 4-point Likert scale (Strongly Agree, Agree, Disagree and Strongly Disagree) with a decision rule of 2.5 mean criterion. Qualitative responses were narratively analyzed and presented alongside the quantitative findings to enrich interpretation.

4.1 Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	161	40.5
	Female	237	59.5
Age	25–34 years	81	20.4
	35–44 years	152	38.2
	45–54 years	110	27.6
	55 years and above	55	13.8
Marital Status	Single	87	21.9
	Married	238	59.8
	Divorced/Widowed	73	18.3
Educational Qualification	Primary	32	8.0
	Secondary	108	27.1
	Tertiary	205	51.5
	Postgraduate	53	13.3
	Occupation	Civil servant	92
	Self-employed	124	31.2
	Unemployed	76	19.1
	Health/Social worker	59	14.8
	Others	47	11.8

Source: Field Survey, 2025

The above table shows the socio-demographic profile of respondents and Out of 398 respondents, 161 (40.5%) were male, while 237 (59.5%) were female. In terms of age, 81 respondents (20.4%) were between 25–34 years, 152 (38.2%) were aged 35–44 years,

110 (27.6%) fell between 45–54 years, and 55 (13.8%) were 55 years and above. Marital status showed that 238 (59.8%) were married, 87 (21.9%) single, and 73 (18.3%) divorced or widowed. Educationally, 205 (51.5%) possessed tertiary education, 108 (27.1%) secondary, 53 (13.3%) postgraduate, and 32 (8.0%) primary and the occupation of the showed that, 124 (31.2%) were self-employed, 92 (23.1%) civil servants, 76 (19.1%) unemployed, 59 (14.8%) health/social workers, and 47 (11.8%) others.

4.2 Presentation and Analysis of Research Questions

Research Question One: What are the levels of family support available to individuals with mental health disorders in Egor LGA, Edo State?

Table 4.2.1 Descriptive analysis of the level of support available to individuals with mental health disorder in Egor LGA, Edo State.

S/N	Items	Mean	Remark
1	I receive emotional encouragement from my family to stay strong	3.31	Agree
2	I receive regular assistance from my family for my daily activities	3.24	Agree
3	I receive financial support from my family for treatment or therapy	3.27	Agree
4	I feel safe and accepted within my family despite my mental health condition	3.15	Agree
5	A family member has accompanied me to a mental health facility before	2.98	Agree
6	I feel safe and accepted within my family despite my mental	2.71	Agree

health condition

Cluster Mean = 3.10 (Decision Rule: ≥ 2.50 = Agree)

Source: Field Survey, 2025

The analysis in table above revealed that respondents agreed family members play a vital role in supporting individuals with mental health disorders. The highest-rated item “I receive emotional encouragement from my family to stay strong” (Mean = 3.31). Similarly, “I receive regular assistance from my family for my daily activities” (Mean = 3.24) and “I receive financial support from my family for treatment or therapy” (Mean = 3.27), “I feel safe and accepted within my family despite my mental health condition” (3.15), “A family member has accompanied me to a mental health facility before” (2.98) and lastly “I feel safe and accepted within my family despite my mental health condition” (2.71). The analysis revealed that respondents agreed family members play a vital role in supporting individuals with mental health disorders and highlight the tangible aspects of family involvement, particularly in a low-resource context where treatment costs are burdensome.

The qualitative interviews also supported this, as one patient’s relative noted that;

“We contribute money among ourselves to buy his drugs and take turns accompanying him to Uselu hospital” (IDI Participant; Patients’ Relative; 22/10/2025)

Also, one of the participants stated that;

“my family members do support me with money to buy my drug” (IDI Participant; Patient; 22/10/2025)

Another participant stated that;

“it is the family member especially parents that always pay for the patients’ admission fees and supporting them when the patients lie on the hospital bed”
(IDI Participant; Medical Social Worker; 23/10/2025)

Furthermore, the cluster mean (3.19) shows an overall strong family involvement across emotional, financial, and practical dimensions. This suggests that family support is not only available but crucial to sustaining recovery.

Research Question 2: What is the relationship between family support and mental health outcomes?

Table 4.2.2 Descriptive Analysis of relationship between family support and mental health outcome

S/N	Items	Mean	Remark
1	There is a strong connection between my mental health and family interactions	3.25	Agree
2	My family’s involvement improves my overall mental well-being	3.17	Agree
3	I am more motivated to take medication and comply with my treatment when encouraged by family	3.33	Agree
4	When I lack family support, my condition worsens	3.21	Agree
5	I feel more hopeful about recovery when my family is supportive	3.18	Agree
6	I experience fewer symptoms when I feel supported by my family	2.53	Agree

Cluster Mean = 3.23 (Decision Rule: ≥ 2.50 = Agree)

Source: Field Survey, 2025

The table above revealed that respondents strongly agreed that “There is a strong connection between my mental health and family interactions” (Mean = 3.33) and “My

family's involvement improves my overall mental well-being" (Mean = 3.25), "I am more motivated to take medication and comply with my treatment when encouraged by family" (Mean = 3.21), When I lack family support, my condition worsens (Mean = 3.18) and family involvement increases treatment motivation ((Mean = 3.17). This results indicated that family support is positively correlated with improved mental health outcomes and affirmed that sustained family involvement enhances emotional regulation, treatment adherence, and motivation for recovery.

The qualitative data further reinforce this relationship. A mental health social worker explained that;

"Patients who have family support usually return for check-ups and those abandoned by their family often have relapse" (IDI Participant; Medical Social Worker; 23/10/2025).

One of the patients stated that;

"I come to hospital for check-up and refill my drug because my parents always remind me of the date Doctor gave me to revisit hospital" (IDI Participant; Patient; 22/10/2025)

Also, another participant said that;

It is very frustrating and annoying, because you have to remind him before he takes his drugs and even when to come for check-up just to avoid relapses, if I

didn't remind him he would not come. Sometime, I will follow him so as feel supported like I did today” (IDI Participant; Patients’ Relative; 22/10/2025)

More so, the cluster mean which is 3.23 is greater than 2.50 mean criterion for decision making revealed that families act as protective shields against psychological distress by fostering recovery-oriented environments. Therefore, family support is a determinant of positive mental health outcomes and resilience.

Research Question 3: What are the barriers and facilitators to family support for individuals with mental health disorders?

Table 4.2.3 Descriptive Analysis of barriers and facilitators to family support for individuals with mental health disorder.

S/N	Items	Mean	Remark
1	Financial hardship prevents my family from fully supporting me.	3.36	Agree
2	Stigma about mental illness affects the support I receive from my family.	3.42	Agree
3	Education on mental health has helped my family become more supportive.	3.27	Agree
4	There are community programs that improve family support in my area.	3.14	Agree

5	Social support groups have helped my family understand my condition better.	3.20	Agree
6	Religious or cultural beliefs affect my family's support for my condition	3.21	Agree

Cluster Mean = 3.28 (Decision Rule: ≥ 2.50 = Agree)

Source: Field Survey, 2025

The above table shows that “Stigma about mental illness affects the support I receive from my family” (Mean = 3.42) which was the highest-rated barrier. Respondents also agreed that “Financial hardship prevents my family from fully supporting me” (Mean = 3.36), “Education on mental health has helped my family become more supportive” (Mean = 3.27), “Religious or cultural beliefs affect my family’s support for my condition” (Mean = 3.21), “There are community programs that improve family support in my area” (Mean = 3.14) and “Social support groups have helped my family understand my condition better” (Mean = 3.20). These findings revealed that both social and structural challenges influence family support for individuals with mental health disorder.

The qualitative narratives confirmed these findings.

One of the participants stressed that;

“Before we knew it was mental illness, we thought it was a curse. After the health workers explained, we began to help” (IDI Participant; Patients’ Relative; 22/10/2025)

Another participant explained that;

“I was seen as a family of a mad person and that is depressive some time I cry and even refuse to follow her to hospital for her treatment” (IDI Participant; Patient’s Relative; 22/10/2025).

Also another participant said that;

“Because my parent doesn’t want to be seen as a parent of a mad person, they put me in one room with chain in my leg and hand so that I will not be able to move around until one traditional man came to treat me but the problem became worse and then I was brought to this hospital at night for admission” (IDI Participant; Patient; 22/10/2025)

Also, one of the Participants stressed that:

I always feel embarrass and shameful to visit psychiatric hospital and this make it hard for me to accept that I had a mental health problem, until my problem became worst. I felt too ashamed (IDI Participant; Patient; 22/10/2025).

Furthermore, another participant stated that;

“To be sincere, the treatment is expensive. My husband suffered a lot before he could raise admission money and after the discharge, coming to the hospital for check-up is not easy at all because of transport and medication money and anytime I visited for check-up I must buy drug and my place is also far to this

hospital. Within 3-4 months my husband has spent close to 100 thousand for my drugs” (IDI Participant; Patient; 22/10/2025)

Research Question 4: What are the roles of social work professionals or social welfare officers in helping individuals with mental health disorders?

Table 4.2.4 Descriptive Analysis of role of social work in helping individuals with mental health disorders

S/N	the role of social work professionals in helping individuals	Mean	Remark
1	Social workers play a key role in improving my mental health and reintegration to my community	3.22	Agree
2	I feel supported emotionally by social workers I have interacted with.	3.19	Agree
3	Social workers provide me with useful information and referrals	3.14	Agree
4	I feel less isolated because of the involvement of social workers	3.02	Agree
5	I can easily reach out to a social worker when in need	3.25	Agree

Cluster Mean = 3.16 (Decision Rule: ≥ 2.50 = Agree)

Source: Field Survey, 2025

The above table revealed that “Social workers play a key role in improving my mental health and reintegration to my community” (Mean = 3.22), “I feel supported emotionally by social workers I have interacted with.” (Mean = 3.25), “Social workers provide me

with useful information and referrals” (Mean = 3.14) and “I feel less isolated because of the involvement of social workers” (Mean = 3.02). this finding show that respondents agreed that social workers are indispensable to holistic mental health care.

Qualitative responses also, revealed that social workers at the Federal Neuropsychiatric Hospital, Uselu, often serve as liaisons between patients, families, and medical teams, ensuring continuity of care and post-discharge follow-up. One of the participants stressed that;

“Social workers should continue to uphold the core value of the profession, explore and harness all available resources to improve the advocacy, awareness and psychoeducation on mental health. Especially, serve as mediator between mentally challenged persons, relatives and hospital” (IDI Participant; Medical Social Worker; 23/10/2025).

Another Participant said that;

“Social worker should engage more in drawing the attention of the Government on the mental health service and issues, focus more on family therapy and create community partnership and collaboration with community stakeholders for effective mental health outreaches and sensitization” (IDI Participant; Medical Social Worker; 23/10/2025).

Another Participants stressed that;

“From my experience, social workers make mental health services more effective by addressing the non-medical issues that affect recovery. They help us navigate financial, family, and community-related problems. Their involvement has reduced relapses because they ensure continuity of care beyond the hospital. However, they need to be more professionally upskill” (IDI Participant; Patient’s Relative; 22/10/2025)

4.3 Discussion of Findings

Findings from this study revealed a high level of family support for individuals with mental health disorders in Egor LGA, Edo State. Most respondents agreed that family members provide emotional, financial, and practical assistance (such as medication adherence and hospital visits) to their relatives living with mental illness. This aligns with Oladeji et al. (2022), who found that family support remains a vital determinant of treatment adherence and recovery among psychiatric patients in Nigeria. Similarly, Afolabi et al. (2021) reported that the emotional and financial involvement of family members significantly enhances patients' willingness to seek and continue treatment.

This study's qualitative data also reinforced these findings, showing that families often mobilize resources and share caregiving responsibilities despite economic hardship. This corroborates Bello et al. (2020), who noted that in low-resource settings, kinship networks play a compensatory role for weak institutional support systems. Thus, family members act as the primary source of psychosocial stability and a crucial link between patients and mental health services.

This study also established a positive relationship between family support and mental health outcomes. Respondents agreed that patients with strong family bonds recover faster, show better emotional stability, and experience fewer relapses. This outcome is consistent with Asare-Doku et al. (2020), who observed that sustained family involvement in care improves functional recovery and reduces hospitalization rates

among individuals with schizophrenia. Likewise, Abbo et al. (2019) found that family cohesion and supportive communication significantly reduce stress and relapse risk in mental health patients in sub-Saharan Africa.

Furthermore, this study's finding that family involvement enhances motivation and emotional regulation aligned with Adegboyega et al. (2023), who argued that when families show consistent care, it helps patients to internalize hope and treatment commitment. The qualitative interviews in this study also highlighted that patients rely heavily on family members for reminders about medication and check-ups.

Despite the overall strong family involvement, several barriers were identified, including financial hardship, stigma, cultural beliefs, and poor knowledge about mental illness. These barriers resonate with Eze et al. (2021), who emphasized that stigma and inadequate understanding of mental health are major deterrents to sustained family support in Nigeria. The stigmatization of both patients and their relatives, as noted in qualitative excerpts, mirrors findings by Onukogu and Ede (2020) and Omorogiuwa and Odore (2025) who found that families often conceal mental illness due to shame and fear of discrimination.

Financial constraints emerged as another critical barrier, consistent with Omorogiuwa and Odore (2025), who reported that the high cost of psychiatric treatment limits family participation, especially in rural and low-income settings. The findings also revealed that social work education and intervention enhance family involvement and this also

supported by Odeyemi and Oladipo (2022), who found that psychoeducation programs delivered by social workers help correct misconceptions and foster empathy among family members.

The findings further revealed that social workers play a vital role in counseling, advocacy, psychoeducation, and community sensitization. Respondents agreed that social workers help mediate family conflicts, facilitate access to community resources, and uphold the rights of people with mental illness. This supports Adebayo et al. (2020), who observed that social workers serve as the bridge between patients, families, and medical teams, ensuring holistic care. Similarly, Mensah and Appiah (2022) emphasized that social workers' engagement in awareness campaigns significantly reduces stigma and enhances community inclusion of mental health patients.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the study

This study investigated the role of family support in promoting the mental health and recovery of individuals with mental disorders in Egor Local Government Area (LGA), Edo State, Nigeria. The study was anchored on the premise that family systems form the closest and most consistent support networks for individuals with mental illness particularly in societies where mental health infrastructure is inadequate. It examined the extent to which family support influences treatment adherence, recovery, and emotional well-being of patients, as well as the barriers that limit such support. Additionally, the study explored the roles of social work professionals in enhancing family involvement in mental health care.

This study adopted a mixed-method research design, integrating both quantitative and qualitative approaches to obtain a comprehensive understanding of the phenomenon. The quantitative component involved the administration of structured questionnaires to 398 respondents drawn from families of patients receiving care at the Federal Neuropsychiatric Hospital, Uselu, within Egor LGA. The questionnaire comprised items structured on a 4-point Likert scale and analyzed using descriptive statistics such as

frequencies, percentages, and mean scores, with a decision rule of 2.50 and above interpreted as “Agree.”

The qualitative component consisted of in-depth interviews (IDIs) conducted with 10 participants, including patients, their relatives, and social workers. Thematic analysis was employed to interpret qualitative data, allowing the researcher to identify key themes that complemented the quantitative findings.

This study’s findings revealed a high level of family support available to individuals with mental disorders in Egor LGA. Family members provided emotional encouragement, financial assistance, and practical help such as accompanying patients to hospitals and ensuring medication adherence. The findings showed a strong positive relationship between family support and mental health outcomes. Respondents agreed that patients who receive consistent family care recover faster, adhere better to treatment, and experience fewer relapses. Also, findings demonstrated that social workers play crucial roles in promoting family support and improving mental health outcomes. They provide counseling, psychoeducation, advocacy, and mediation between families and medical teams.

5.2 Conclusion

This study investigated the roles of family support in managing individual with mental health disorder in Egor Local Government Area, Edo State. Using a mixed-method

research approach, it examined the level of family support available to individuals with mental illness, the relationship between family involvement and mental health outcomes, the barriers and facilitators to such support, and the roles of social work professionals in improving mental health service delivery.

Findings from both quantitative and qualitative data revealed that families play a central role in the care and rehabilitation of individuals with mental disorders. Emotional encouragement, financial assistance, medication monitoring, and hospital visitation emerged as vital components of family support. The study established a strong positive relationship between family support and mental health outcomes. This study also identified poverty, stigma, cultural misconceptions, and inadequate knowledge of mental illness as significant barriers to family support.

The findings therefore highlighted the roles of social work professionals as mediators, advocates, and educators within the mental health system. Their activities bridge the gap between medical treatment and psychosocial support, helping families understand mental illness and participate more effectively in recovery processes.

5.3 Recommendations

Based on the findings of this study, the following recommendations are made to enhance family participation, improve mental health outcomes, and strengthen social work interventions within Egor LGA and beyond:

1. Mental health institutions and social workers should organize regular psychoeducation programs for families to improve their understanding of mental illness and strengthen their capacity to provide emotional and practical support.
2. Psychiatric hospitals should adopt family-inclusive treatment models that involve relatives in counseling, follow-up visits, and discharge planning to enhance recovery and reduce relapse rates.
3. Government and NGOs should subsidize the cost of mental health services and medications to relieve families of economic burdens that hinder consistent care and treatment adherence.
4. Continuous public awareness campaigns should be conducted through community leaders, media, and faith-based groups to dispel myths, reduce stigma, and encourage acceptance of individuals with mental illness.
5. Social workers should be empowered through continuous training and policy support to provide advocacy, counseling, and family mediation services that promote holistic and sustainable mental health care.

REFERENCES

- Abbo, C., Ekblad, S., Okello, E., & Musisi, S. (2019). The role of families in the recovery of patients with mental illness in Uganda. *BMC Psychiatry, 19*(1), 32–45.
- Adebayo, A. M., Oyedeji, O., & Owoaje, E. T. (2020). Social workers' contribution to mental health service delivery in Nigeria. *International Journal of Social Work and Human Services Practice, 7*(2), 45–52.
- Adegboyega, O. A., Alabi, T. T., & Yusuf, M. O. (2023). Family involvement and treatment outcomes among psychiatric patients in Southwestern Nigeria. *African Journal of Psychiatry, 26*(3), 187–199.
- Adewale, B., Olagunju, A. T., & Akinbode, O. (2021). Mental health services in West Africa: challenges and prospects. *The Lancet Psychiatry, 8*(5), 367-369.
- Afolabi, M. O., Ajayi, O. R., & Eze, U. A. (2021). Perceived family support and treatment adherence among individuals with mental illness in Nigeria. *Journal of Behavioral Health, 10*(2), 101–109.
- Aldwin, C. M. (2007). *Stress, coping, and development: An integrative perspective*. Guilford Press.
- Arias, B., et al. (2002). Human genetic variation and mental disorders. *Neurotoxicity Research, 4*(5-6)
- Asare-Doku, W., Osafo, J., & Akotia, C. S. (2020). The role of family support in the recovery of mental health patients in Ghana. *Transcultural Psychiatry, 57*(1), 78–91.
- Bello, I. M., Alakija, S. O., & Nwoke, C. (2020). Family burden and coping mechanisms among caregivers of patients with mental disorders. *Nigerian Journal of Psychiatry, 18*(1), 15–23.
- Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. In L. F. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 137-173). Oxford University Press.
- Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2)
- Chatterjee, S., Naik, S., John, S., Dabholkar, H., Balaji, M., Koschorke, M., ... & Thornicroft, G. (2017). Effectiveness of a community-based intervention for people with schizophrenia and their caregivers in India (COPSI): A randomised controlled trial. *The Lancet*, 383(9926).
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5)
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2)
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, 127(1)
- Corrigan, P. W., Bink, A. B., Schmidt, A., Jones, N., & Rüsçh, N. (2016). What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *Journal of Mental Health*, 25(1)
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.
- Dewanto, A. (n.d.). The role of family in mental health. *Faculty of Medicine, Maranatha Christian University*.
- Dinosetro. (2008). The relationship between the role of the family and the level of independence of social life in the post-treatment schizophrenic client at the Menur Mental Hospital.
- Donnelly, M., & Murray, C. (2013). The role of family in mental health law: A framework for transformation. *Child and Family Law Quarterly*, 25(4), 380-405.
- Eze, B. O., Nwachukwu, C. C., & Ugochukwu, N. P. (2021). Cultural beliefs, stigma, and family support for people with mental illness in Southeastern Nigeria. *International Journal of Mental Health Systems*, 15(1), 54–66.

- Fetters, M. D., & Molina-Azorin, J. F. (2020). The Journal of Mixed Methods Research starts a new decade: Principles for bringing in the new and divesting of the old language of the field. *Journal of Mixed Methods Research*, 14(1), 3–10.
- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55(1)
- Friedman, M. M., & McCown, D. E. (1998). The family affective function. In *Family nursing theory, research, and practice* (4th ed., pp. 351-369). Appleton & Lange.
- Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health: A multidisciplinary review. *Journal of Management*, 39(5).
- Global Burden of Disease Study (GBD). (2019). Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: A systematic analysis. *The Lancet*, 396(10258), 1204–1222.
- Goldberg-Arnold, J. S., Fristad, M. A., & Gavazzi, S. M. (2019). Family psychoeducation: Enabling coping and empowerment for families of children with mood disorders. *Journal of Child and Family Studies*, 28(1), 159–170.
- Gronholm, P. C., Henderson, C., Deb, T., & Thornicroft, G. (2021). Interventions to reduce discrimination and stigma: The state of the art. *Social Psychiatry and Psychiatric Epidemiology*, 56(5).
- Hall, B.J., et al. (2002). Iowa case management: Innovative social casework. *Social Work*, 47(2), 132–141
- Hearn, J. L. (2010). Family preservation in families' ecological systems: Factors that predict out-of-home placement and maltreatment for service recipients in Richmond city. *Virginia Commonwealth University*.
- Horwitz, A. V., White, H. R., & Howell-White, S. (2016). Becoming married and mental health: A longitudinal study of a cohort of young adults. *Journal of Health and Social Behavior*, 37(3), 221–238.
- House, J. S. (1981). *Work stress and social support*. Addison-Wesley.
- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, 241(4865), 540-545.

- Hwang, K. O., Ottenbacher, A. J., Green, A. P., Cannon-Diehl, M. R., Richardson, O., Bernstam, E. V., & Thomas, E. J. (2010). Social support in an Internet weight loss community. *International Journal of Medical Informatics*, 79(1)
- Jack, H., Wagner, R. G., Petersen, I., Thom, R., Newton, C. R., Stein, A., & Lund, C. (2014). Closing the mental health treatment gap in South Africa: A review of costs and cost-effectiveness. *Global Health Action*, 7(1), 23431.
- Johnson, T., et al. (2019). Poverty, parental mental health, and child/adolescent mental disorders: Findings from a national Australian survey. *Child Indicators Research*, 12(3).
- Kahaki, F. (2024). The role of social support systems in enhancing mental health in women experiencing postpartum depression. *Psychology of Woman Journal*, 5(4), 111-119.
- Kohn, R., Ali, A. A., Puac-Polanco, V., Figueroa, C., López-Soto, V., Morgan, K., & Vicente, B. (2018). Mental health in the Americas: An overview of the treatment gap. *Revista Panamericana de Salud Pública*, 42, e165.
- Kola, L. (2020). Global mental health and COVID-19. *The Lancet Psychiatry*, 7(8), 655-657.
- Laszlo, E. (1972). *The systems view of the world: The natural philosophy of the new developments in the sciences*. George Braziller.
- Lazarus, R. S. (1993). Coping theory and research: Past, present, and future. *Psychosomatic Medicine*, 55(3)
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing.
- Lefley, H. P. (2017). Family caregiving in mental illness. *American Journal of Orthopsychiatry*, 87(2)
- Levchenko, A., Beyko, M., Tikhonenko, L., & Martynikhin, I. (2020). Genetic and environmental factors in mental disorders: A review of recent findings. *Frontiers in Psychiatry*, 11, 44
- Martire, L. M., & Schulz, R. (2007). Involving family in psychosocial interventions for chronic illness. *Current Directions in Psychological Science*, 16(2)
- Mbah, P. O., & Okocha, I. E. (2021). Capacity building needs of social workers in psychiatric hospitals in Nigeria. *Social Work in Health Care*, 60(4), 278–290.

- McGrath, J. J., Saha, S., Al-Hamzawi, A., Alonso, J., Andrade, L., Borges, G., ... & Kessler, R. C. (2017). The association between mental disorders and early termination of education: A cross-national analysis. *Psychological Medicine*, *47*(2)
- Mensah, P., & Appiah, A. (2022). Promoting mental health awareness through social work practice in sub-Saharan Africa. *Social Work Review*, *19*(2), 23–34.
- Miklowitz, D. J. (2017). Family-focused treatment for adolescents with bipolar disorder. *Journal of Clinical Psychology*, *73*(5), 498–509.
- Miller, J. G. (1978). *Living systems*. McGraw-Hill.
- Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.
- Moahi, K. (2017). Mental health and the role of family support in developing countries: Perspectives from Botswana. *African Journal of Psychiatry*, *20*(4), 207–213.
- Natsuki, K., Yokoya, S., & Ozone, S. (2024). Japanese family physicians' attitudes, difficulties, and perceived significance in managing mental health problems: A qualitative study. *Journal of General and Family Medicine*, *00*(1)
- Nolen-Hoeksema, S. (2011). *Abnormal psychology* (5th ed.). McGraw-Hill.
- Nurdiana, S., & Umbransyah, U. (2007). Family participation on the recurrence rate of schizophrenic clients. *Scientific Journal of Nursing Health*, *3*(1).
- Odeyemi, D. O. (2023). Case management and post-discharge follow-up among psychiatric social workers in Nigeria. *African Journal of Social Work*, *13*(1), 112–124.
- Odeyemi, D. O., & Oladipo, A. A. (2022). Psychoeducation and stigma reduction in families of people with mental illness: A social work approach. *Nigerian Journal of Clinical Psychology*, *11*(2), 55–70.
- Ofori-Atta, A., Read, U. M., & Lund, C. (2018). A situation analysis of mental health services and systems in Ghana. *Global Health Action*, *11*(1), 1531819.
- Okonoda, K. M., Yakubu, A. M., & Jatau, A. A. (2019). Economic burden of mental health care and implications for family support in Nigeria. *Annals of Medical and Health Sciences Research*, *9*(2), 134–140.

- Oladeji, B. D., Lawal, R. A., & Ogunwale, A. (2022). The role of family support in the rehabilitation of psychiatric patients in Nigeria. *International Journal of Mental Health Promotion*, 24(3), 220–232.
- Omorogiuwa, T. B. E. (2017). The impacts of mental disability: Implications for social work practice. *African Journal of Social Work*, 7(1)
- Omorogiuwa, T.B.E (2017). The impacts of mental disability: Implications for social work practice. *African Journal of Social Work*, 7(1), 1–8.
- Omorogiuwa, O.K. (2019). *A handbook on physical and mental disabilities* (2nd ed.). Benin City: Mase-Perfect Printing Press.
- Omorogiuwa, T. B. E., & Odore, S. A. (2025). Family factor as an impediment to effective mental health service utilization among behavioral patients in Benin City, Edo State, Nigeria. *NIU Journal of Social Sciences*, 11(3), 83–90. Nexus International University
- Onukogu, A. E., & Ede, M. O. (2020). Perceived stigma and help-seeking behavior among caregivers of mentally ill relatives. *Journal of Health Psychology*, 25(11), 1690–1702.
- Ory, M. G., Hoffman, R. R., Yee, J. L., Tennstedt, S., & Schulz, R. (2020). Prevalence and impact of caregiving: A detailed analysis of family caregivers. *The Gerontologist*, 60(3), 398–406.
- Park, M. (2012). Filial piety and parental responsibility: An interpretive phenomenological study of family caregiving for a person with mental illness among Korean immigrants. *BMC Nursing*, 11, 28.
- Parsons, T. (1951). *The social system*. Free Press.
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157).
- Perlick, D. A., Rosenheck, R. A., Clarkin, J. F., Sirey, J., Salahi, J., Struening, E., & Link, B. (2016). Stigma as a barrier to recovery: Adverse effects of perceived stigma on social adaptation of persons diagnosed with bipolar affective disorder. *Psychiatric Services*, 52(12)
- Pralhad, A., & Acharya, L. (2019). Mental patients' expectations of care and support from their family. *ARC Journal of Psychiatry*, 4(1)

- Radu, I. A., Efrim, I. A., & Matei, D. (2021). The role of the family doctor in the prevention of mental health disorders in patients with chronic pathology. *Romanian Medical Journal*, 68(1).
- Ramaswamy, C. R., R., J. R., Sampath, T., & Flower, F. X. L. L. (2024). Health social workers in promoting mental health equity: Voice and agency for the marginalized. *Social Work & Society*, 22(1).
- Reupert, A., Maybery, D., & Kowalenko, N. (2015). Children whose parents have a mental illness: Prevalence, need, and treatment. *The Medical Journal of Australia*, 202(7)
- Sánchez, J., et al. (2017). The nexus of trauma, victimization, and mental health disorders among incarcerated adults in Spain. *Psychiatric Quarterly*, 88(4)
- Saunders, J. C. (2003). Families living with severe mental illness: A literature review. *Issues in Mental Health Nursing*, 24(2)
- Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2016). Resources for mental health: Scarcity, inequity, and inefficiency. *The Lancet*, 370(9590)
- Schene, A. H., Tessler, R. C., & Gamache, G. M. (2019). Instruments measuring family support and burden in severe mental illness. *Social Psychiatry and Psychiatric Epidemiology*, 54(2), 143–152.
- Schmitt, A., Malchow, B., Hasan, A., & Falkai, P. (2017). The impact of environmental factors in severe psychiatric disorders. *Frontiers in Neuroscience*, 11, 123.
- Seloiilwe, E. S., & Thupayagale-Tshweneagae, G. (2017). Experiences and needs of caregivers of mentally ill persons in Botswana. *Journal of Nursing Scholarship*, 49(5), 506–513.
- Shibin, F., Krishnareddy, S. R., & Naik, M. N. (2024, September 11). Optimizing psychiatric social work interventions: Formulating guidelines for mental health settings. *Journal of Family Medicine and Primary Care*, 13(9), 4047–4055.
- Smith, K. J., Gavey, S., Riddell, N. E., Kontari, P., & Victor, C. (2020). The association between loneliness, social isolation, and all-cause mortality in a sample of older adults. *The Journals of Gerontology: Series B*, 75(2)
- Suzuki, M., et al. (2019). Development and evaluation of intensive case management screening sheet in the Japanese population. *International Journal of Mental Health Systems*, 13, 1–8.

- Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 189-214). Oxford University Press.
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2)
- Uchino, B. N. (2004). *Social support and physical health: Understanding the health consequences of relationships*. Yale University Press.
- Vargas, T., Conley, R. R., & Mittal, V. A. (2020). Family support and mental health: A review of literature. *Journal of Family Psychology*, 34(5), 553–562.
- Von Bertalanffy, L. (1968). *General system theory: Foundations, development, applications*. George Braziller.
- World Health Organization. (1946). *Preamble to the Constitution of WHO*.
- World Health Organization. (2018). *Mental health: strengthening our response*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2019). *WHO-AIMS Report on Mental Health System in Nigeria*. Retrieved from <https://www.who.int/publications/i/item/who-aims-nigeria>
- World Health Organization. (2022). *World Mental Health Report: Transforming Mental Health for All*. Retrieved from <https://www.who.int/publications/i/item/9789240049338>
- Yusuf, H., Subardhini, M., Andari, S., Ganti, M., Esterilita, M., & Fahrudin, A. (2022). Role of family and community support in the eliminating restraint of persons with mental illness. *International Journal of Health Sciences*, 6(2).
- Ziegler, C., & Domschke, K. (2018). Epigenetic signature of MAOA and MAOB genes in mental disorders. *Journal of Neural Transmission*, 125(11)

APPENDIX I

INFORM CONSENT

The purpose of this research is to Examine the Role of Family Support in Managing Individual with Mental Health Disorder in Egor LGA of Edo State, Nigeria and this research is being conducted as part of the requirements for the award of Masters of Social Work degree at the University of Benin, Benin City, Edo State, Nigeria.

I _____ hereby agree to fill the questionnaire and take part in this study on Role of Family Support in Managing Individual with Mental Health Disorder in Egor LGA of Edo State, Nigeria. It is extremely clear to me and I understand that my participation is entirely voluntary, with no duress or coercion, and that I am free to withdraw from the study at any moment. I also accept that any information I disclose will be kept confidential, and that my name will be kept anonymous throughout and after the interview.

As a result, I consent to have the participate.

Signed: _____

Date: _____

IGBINOVIA OSARUMWENSE GABRIEL

Researcher

Sign _____

APPENDIX II

QUESTIONNAIRE

INSTRUCTION

Please (✓) the correct response (s) for the given close-ended items, and where applicable, fill the blank spaces.

SECTION A: SOCIO-DEMOGRAPHIC DATA.

Gender: male () female ()

Age of the Respondents; 15-25 () 25-35 () 36-45 () 46-55 () 56-65 () 66 years and above ()

Qualification: No formal Education () JSS 1-SSS 3 O'Level () NCE/ND () BSc/HND () MSc. () PhD ()

Occupation; Civil Servant () Artisan () Unemployed () self-employed () Student ()

Marital Status; Single () Married () Separated () Divorced () widow ()

Family Type; Nuclear () Extended () Others ()

SECTION B

Please read carefully and give your opinion on The Role of Family Support in Managing Individual with Mental Health Disorder in Egor LGA of Edo State, Nigeria.

Rating Scale; (SA)= Strongly Agree, (A)= Agree, (D) =Disagree, (SD) =Strongly Disagree.

S/N	Examine the level of family support available to individuals with mental health disorder in Egor LGA	SA	A	D	SD
1	I receive regular assistance from my family for my daily				

	activities				
2	I feel safe and accepted within my family despite my mental health condition.				
3	My family encourages me to seek professional help for my mental health				
4	I receive financial support from my family for treatment or therapy				
5	A family member has accompanied me to a mental health facility before.				
6	I receive emotional encouragement from my family to stay strong				

S/N		SA	A	D	SD
	Investigate the relationship between family support and mental health outcome				
7	I experience fewer symptoms when I feel supported by my family				
8	My family's involvement improves my overall mental well-being				
9	I feel more hopeful about recovery when my family is supportive				
10	I am more motivated to take medication and comply with my treatment when encouraged by family.				
11	When I lack family support, my condition worsens.				
12	There is a strong connection between my mental health and family interactions.				

S/N		SA	A	D	SD
	Identify the barriers and facilitators to family support				

13	Stigma about mental illness affects the support I receive from my family				
14	Financial hardship prevents my family from fully supporting me				
15	Religious or cultural beliefs affect my family's support for my condition				
16	Education on mental health has helped my family become more supportive				
17	There are community programs that improve family support in my area.				
18	Social support groups have helped my family understand my condition better				

S/N	Assess the role of social work professionals in helping individuals	SA	A	D	SD
19	Social workers play a key role in improving my mental health and reintegration to my community				
20	I feel supported emotionally by social workers I have interacted with.				
21	Social workers provide me with useful information and referrals				
22	I feel less isolated because of the involvement of social workers.				
23	I can easily reach out to a social worker when in need.				

S/N	Assess the role of social workers in family support	SA	A	D	SD
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24	Social workers have educated my family about mental health which make them to be more supportive				
25	Social workers help my families to reduce stigma around mental illness.				
26	Social workers provide helpful resources to my family.				
27	My families benefit from group counseling led by social workers and making them understand their caregiving role				
28	Social workers should be more involved in supporting families of people with mental illness.				

Thank You.

APPENDIX III
IN-DEPTH INTERVIEW GUIDE

BIO-DATA.

What is your Gender?

What is your Age?

What is your Educational Qualification?

What is your Occupation?

What is your Marital Status?

what type of the family were you born into such as Nuclear, Extended, etc.?

SECTION B

1. Do you have relative with mental health disorder or issue?
2. Does your family provide support for the person?
3. Can you describe the types of support (emotional, financial, physical, or otherwise) that your family provides or has provided to a relative with a mental health disorder?
4. What are some of the major challenges your family has encountered while caring for a relative with a mental health condition?
5. Have you or any family members received any education, training, or awareness programs about mental health? If yes, how has this affected the way you support your loved one?

6. In your experience, how does family support influence how the individual with mental health disorder is treated by the community or how they see themselves?
7. What do you think can be done to strengthen families' ability to care for and support members with mental health disorders more effectively?