Student's Journal of Health Research Africa
Vol. 4 No. 6 (2023): June 2023 Issue
https://doi.org/10.51168/sjhrafrica.v4i6.376
Original article

PSYCHOLOGICAL WELL-BEING OF RELATIVES OF PATIENTS DIAGNOSED WITH PSYCHOTIC DISORDERS IN NEURO-PSYCHIATRIC HOSPITALS IN SOUTH-WEST NIGERIA.

Maitanmi Bukola Titilope[a,*], Joseph Olaniyi Aina[a], Julius Olatade Maitanmi[b], Rafiat Ajoke Anokwuru[c], Olubukola Esther Abiodun–Ojo[d], Joshua Olufemi Ogungbesan[b], Margret Ojewale Tosin[e]

[a] *Department of Mental Health/Psychiatry Nursing, School of Nursing, Babcock University, Ilishan-Remo, Ogun State.*
[b] *Department of Community/Public Health Nursing, School of Nursing, Babcock University, Ilishan-Remo, Ogun State.*
[c] *Department of Maternal and Child Health, School of Nursing, Babcock University, Ilishan-Remo, Ogun State.*
[d] *Department of Maternal and Child Health, Faculty of Nursing, Afe Babalola Univetsity, Ado Ekiti. Ekiti State.*
[e] *Department of Nursing, Nigerian Army College of Nursing, Yaba, Lagos State.*

Abstract

Background:

The psychological well-being of relatives of patients diagnosed with psychotic disorder poses a great challenge and distress to them because of the sacrifices that need to be made physically, financially, spiritually, socially, mentally, and psychologically. It takes a toll on them as they would want to balance caring for their relatives and also see to their health but unfortunately, the experience depletes their own quality of life. Hence, the study assessed the stressors militating against the psychological well-being of relatives of patients diagnosed with psychotic disorder admitted to Neuro-Psychiatric Hospital Yaba, Lagos State.

Methodology:

A descriptive survey design was used and 74 relatives were recruited using complete enumeration. Adapted standardized instruments of Ryff's Psychological Well-being and F- COPES scale were used in collecting data from the respondents. The instrument's internal consistency was tested using Cron-bach's alpha which yielded 0.78. The Statistical Package for the Social Sciences (SPSS) version 25 was used. Descriptive statistics such as percentages, tables, and figures were used to present the result and inferential statistics was at a 0.05 level of significance. Chi-Square was used to analyze the hypothesis

Results:

Findings revealed that 29(39.2) had low, 32(43.2) had Normal and 13(17.6) had high levels of psy-chological well-being same was measured on a 40-point reference scale. The result of the hypothesis showed that the socio-demographic variables of the respondents did not significantly affect their psy-chological well-being. However, there were other militating stressors that contributed to their low, normal, or high psychological well-being.

Conclusion:

The study has recognized that, if measures are put in place by nurses and another multi-disciplinary team to tackle the stressors of these relatives' psychological well-being, their quality of life will be improved physically and mentally.

Recommendations:

Awareness in the form of intervention be done for relatives of patients diagnosed with psychotic disorder.

Keywords: Psychological wellbeing, Relatives, Psychotic Disorder, Submitted: 2023-04-14 Accepted: 2023-04-22

1. Background to the Study

Individuals facing psychological issues are not always left to face it alone but rather often supported by their relatives. As the individual struggle with this psychological issue, the relatives always have their share of the psychological disturbance. These relatives of the patients diagnosed with psychotic disorders experience physical, financial, spiritual, social, mental, and psychological distress Koriana (2013). More threat is posed to their psychological well-being especially when their loved ones are hospitalized because of the instability and shock experienced when the patient is on admission and the various tasks that are to be completed to ensure that their quality of life is maintained.

The threat posed is even greater when the patient displays violent behavior which may result in injuries being sustained by the patient's relative. Also, they may face stigmatization from the community in addition to financial drainage on their meager income (which is now being threatened as a result of time constraints) in meeting the required care for their loved ones admitted to the hospital. There is no other way out but that the patient's relatives continue their activities of daily living in order to sustain them. All these and many more may contribute negatively to the psychological well-being of the relatives which might require interventions from experts like the nurses to alleviate but often times the attention is only focused on the admitted patient without care and/or concern for the relatives who may be going through psychological trauma. Thus, the ability of the Nurses to provide adequate psychological support for these relatives might go a long way in promoting their psychological well-being. This may also improve the coping skills and capability in applying the interventions needed even after their loved ones might have been discharged from the hospital.

A study conducted by Khoirunnisa et.al. (2018) showed that patient's relatives experience greater difficulty in coping with the care for their loved ones diagnosed with psychotic disorders. Also, patients experience social neglect and poor communication from relatives after discharge and this has been attributed to a lack of adequate nursing intervention in the form of health education and psycho-education to relatives who care for the patients.

Relatives with a mentally ill member go through a dynamic process in patterns of communication, interactional styles, family responsibilities, and family roles as the family adapts to the physical and psychological demands of managing the psychotic disorder family member. In a study conducted by Shakeel et.al (2015).

it was evident that there was a significant relationship between loneliness, limited social network and decline in quality of life of family caregivers; who face increased stress and strain because of their involvement in caring for a family member with a psychotic disorder and were more likely to have higher morbidity and mortality than caregivers who report little or no difficulty providing care to the patients. Similar results have been found in the study of Schulz et.al. (2020). Researchers have also shown that caregivers can suffer from physical ailments as well as anxiety and depression, strain in marital relationships, restrictions of roles and activities, and diminished physical health (Holtfreter et.al. 2017).

Disorders in mental health, especially those psychotic in nature remain a great challenge in our community and pose a serious threat to relatives on ways to manage those having the disorder because of their disabilities and the negative effect it has on the patient's quality of life and those of their relatives caring for them (Simo et.al. 2019). Yearly, it is estimated that around 100,000 young adult and teenagers have their first experience of psychosis while between 0.25 and 0.64 % of these individuals suffer from psychotic disorder. A study conducted by Mwesiga et.al. (2020).

Having a relative afflicted with psychotic disorder can be very demanding especially when there are no guidelines and support on how to cope with them, this may result in an increase in the relative's global morbidity because of the psycholog-

*Corresponding author.
Email address: maitanmib@babcock.edu.ng
(Maitanmi Bukola Titilope)

ical torture they go through which can be either physical, financial, social, spiritual, mental, and psychological. Also, because they do not have enough information on an available intervention that might help them cope with having a relative admitted in the form of psycho-education, psychotherapy, counseling, and identification of signs and symptoms in their relatives might put the patients at risk. If the relatives come down with any mental disorder, they may be unable to bear or cope with the trauma resulting in such a situation. Whereas, if adequate intervention is put in place for relatives of individuals suffering from a psychotic disorder, they will be well-equipped and might be able to contribute to the psychological well-being of their relatives which is paramount in promoting their well-being (Matsea, 2018).

Although, several factors might militate against how these relatives achieve optimum psychological well-being even though their cultural background, belief systems, rejection, and stigmatization from close friends, co-workers, members of the same organization, and the community play a role in the judgment and the actions they take in this situation of having to care for a relative with a psychotic disorder. Sociodemographic, contextual, psychological, physical, and patient factors are predictors of improved mental well-being among caregivers. Hence, mental health professionals may support family members of a patient diagnosed with a serious mental illness by enhancing their education, which would spur and promote protective factors for their well-being (Lima-Rodríguez et.al.2022)

This is in line with a study by Schulz (2020) submitting that stress exposure is a major factor and that the application of therapeutic intervention methods will be advantageous to maintaining relatives' psychological well-being. It is clear that caregiving can have negative health effects and it exacts psychological, physical, and emotional tolls on the life of caregivers. Receiving support from others is very important during times of illness. Seeking support from another person can be a healthy and effective way of dealing with a restful event. The psychological well-being of relatives becomes compromised due to the fact that they are unable to cope with or accept the situation of having a sick relative but when nursing intervention is put in place, it fosters their psychological well-being (Maitanmi et.al. 2020).

Based on the foregoing, the researcher conducted this study to assess the psychological well-being of relatives and also identify the militating stressors against their psychological well-being admitted to Neuro-Psychiatric Hospitals in the South-West of Nigeria and hypothesized that there is no significant relationship between the socio-demographic variables of the relatives and their psychological well-being.

2. Methods

2.1. Study Design

This study employed a descriptive survey research design aimed at assessing the psychological well-being of relatives of patients diagnosed with psychotic disorders in Neuro-Psychiatric Hospital, Yaba, Lagos State.

2.2. Study Area

The Neuro-psychiatric Hospital Yaba is a Federal psychiatric health institution located in Yaba, Lagos state popularly known as Yaba Psychiatric Hospital or Yaba Left came into inception in 1907 but was then called Yaba Asylum. Medical officers rendered mental health services prior arrival of professionals like psychiatrists and psychologists. The hospital has experienced four developmental stages over the years. The first was from (1907-1950) when it was still in a pure asylum state. At that time, mentally ill individuals were kept away from the society. The second stage was from (1951- 1971) and at this stage, qualified nurses, pharmacists, and psychiatrists came on board. The outpatient department was coined out and the occupational therapy section in the hospital. In the third stage, the name changed from mental hospital to psychiatric hospital, more qualified psychiatrists were available and treatment improved even though there was no standard infrastructure at the last stage, a female Medical Director who is a psychiatrist came to the hospital. The data was collected over a period of one month.

2.3. Study Population

This included male and female relatives of patients diagnosed with psychotic disorder and are on admission to Neuro-psychiatric Hospital, Yaba, Lagos State as at the time of the study. Inclusion criteria were; all relatives of patients diagnosed with psychotic disorder who consent to participate in the study and relatives who came to the hospital ward round or visitation who were willing to participate in the study. While relatives of patients diagnosed with psychotic disorder who themselves have suffered or suffering from psychotic disorder were excluded.

2.4. Sample and Sampling Technique

A complete enumeration method was used for this study. This was due to the peculiarity of the illness and availability of relatives who kept to ward round appointments and showed up for visitation of their patients diagnosed with a psychotic disorder.

2.5. The Instruments for Data Collection

Data were collected using an adapted standardized instrument of Ryff's scale of Psychological well-being and F- COPES psychological well-being. The same was pre-tested and the calculated Cronbach's alpha yielded 0.78.

2.6. Instrument Reliability

The instrument was pretested among 10 participants in a similar population (Neuropsychiatric Hospital Uselu, Edo State) to determine the reliability of the instrument. Data were statistically analyzed using Cronbach's Alpha standard score to test for internal consistency. The same revealed 0.78.

2.7. Data Management and Analysis

Data were analyzed by IBM Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as percentages, tables, and figures were used to present the result while the null hypothesis was analyzed using Chi-Square.

Shows that on the average, almost half of the respondents' age fell between 20 and 29 years 35(47.3%), slightly above half 44(59.4 %) were Yoruba, more than three-quarter 60 (81.1%) were Christians while respondent' with primary level of education were 26(35.1%).

Table 2 reveals that just above one-fourth (33.8%) of the respondents disagreed that they do not receive attention anytime they desire help because of the admission of a relative, slightly above one-fifth (27%) agreed that their family does not have enough strength to solve our problem because of the admission of our relative, about 33.8% of the respondents agree also that they do not always get adequate health information about the current situation of my relative on admission.

Furthermore, almost half (44.6%) of the respondents strongly agree that when they attend the religious gathering and that they feel better, 27.0% of the respondents agreed that they do not receive adequate support to cope with having relative admitted, about (35.1%) of the respondents agree that their friends do not like to associate with them because of their admitted family member, 39.2% of the respondents agreed that the stress they encounter because of their relative' admission is from the environment/surrounding, 45.9% agree that they feel more relieved when they are visited even though their relative is admitted, about 44.6% agree that the admission of their relative is draining them financially and about 21.6% of the respondents agree that hanging out with friends reduces the tension that their relative is on admission respectively.

Table 3 shows the frequency and the percentages of the respondents' responses on their psychological wellbeing. The level of respondents' psychological wellbeing was measured on 40-point reference scale. The result shows that 29(39.2) had low, 32(43.2) had Normal while 13(17.6) had high level of psychological wellbeing. This suggests that less than one-fifth had high psychological well-being, just above two-fifth had normal psychological well-being and below one-fifth had high psychological well-being.

Table 4 shows that there is no association betweenage of relatives and psychological wellbeing ($p=0.330$, $\chi 2=6.907$) Also, the result shows that there is an association between ethnicity and psychological wellbeing of respondents ($p=0.047$,

Table 1: **Socio Demographic N=74**

Variables		Frequency	Percentage (%)
Age of Relative	20 – 29	35	47.3
	30 – 39	20	27
	40 – 49	10	14
	50 and above	9	12
Ethnicity	Yoruba	44	59.4
	Igbo	18	24.3
	Hausa	8	11
	Others (Specify)	4	5.4
Religion	Christianity	60	81.1
	Islam	12	16.2
	Others (Specify)	2	2.7
Patients' relative highest level of education	No formal Education	3	4.1
	Primary	26	35.1
	Secondary	15	20.3
	Tertiary	11	14.9
	Vocational	19	25.7

Table 2: **Identifying stressors militating against psychological well-being of relatives**

Variable	Strongly agree	Agree	Un-de-cided	Strongly disagree	Dis-agree
	F(%)	F(%)	F(%)	F(%)	F(%)
I do not receive attention anytime I desire help because of the admission of my relative	10 (13.5%)	23 (31.1%)	5 (6.8%)	11 (14.9%)	25 (33.8%)
My family do not have enough strength to solve our problem because of the admission of our relative	12 (16.2%)	20 (27.0%)	4 (5.4%)	19 (25.7%)	19 (25.7%)
I do not always get adequate health information about the current situation of my relative on admission	15 (20.3%)	25 (33.8%)	6 (8.1%)	12 (16.2%)	16 (21.6%)
When I attend religious gathering, I feel more better	33 (44.6%)	26 (35.1%)	6 (8.1%)	2 (2.7%)	7 (9.5%)
I do not receive adequate support to cope with having my relative admitted	14 (18.9%)	20 (27.0%)	10 (13.5%)	15 (20.3%)	15 (20.3%)
My friends do not like to associate with me because my family member is admitted	7 (9.5%)	26 (35.1%)	6 (8.1%)	16 (21.6%)	19 (25.7%)
The stress I encounter because my relative is admitted is from the environment/surrounding	14 (18.9%)	29 (39.2%)	8 (10.8%)	14 (18.9%)	9 (12.2%)
I feel more relieved when am I visited even though my relative admitted	20 (27.0%)	34 (45.9%)	8 (10.8%)	4 (5.4%)	8 (10.8%)
The admission of my relative is taking much from draining me financially	26 (35.1%)	33 (44.6%)	4 (5.4%)	6 (8.1%)	5 (6.8%)
Hanging out with friends reduces the tension that my relative is on admission	18 (24.3%)	16 (21.6%)	6 (8.1%)	9 (12.2%)	25 (33.8%)

Table 3: **Respondent's level of psychological wellbeing**

Score	Frequency (%)	Remark
(0-8) (≤25.0% score)	29(39.2)	Low
(13-25) (>25% but <75 score)	32(43.2)	Normal
(26-40) (≥75.0% score)	13(17.6)	High

Table 4: **Association between socio demographic variable and psychological well-being**

Variables	Psychological Wellbeing					
	Low	**Nor-mal**	**High**	**d.f**	**X^2 -value**	**p-value**
Age of relatives 20-29 30-39 40-49 50 and above	4 2 3 4	14 8 6 4	17 7 2 3	6	6.907[a]	0.330
Ethnicity						
Yoruba	6	22	24			
Igbo	2	6	5	6	12.779[a]	0.047
Hausa	1	1	0			
others specify	4	3	0			
Religion						
Christianity	10	25	25	2	.826[a]	0.662
Islam	3	7	4			
Relatives highest level of education						
Primary	12	5	3			
Secondary	9	11	6	6	6.553[a]	.364
Tertiary	5	8	9			
Vocational	3	3	0			

$\chi 2$=12.779). In addition, Religion had no association with psychological wellbeing of respondents (p=0.662, $\chi 2$=0.826). Furthermore, the result shows that relatives' highest level of education had no significant association with psychological wellbeing of respondents (p=.364, $\chi 2$=6.553).

3. Discussion

Evidence from the study showed that almost two-fifths (39.2%) had low psychological well-being, close to half (43.2%) had normal psychological well-being, and less than one-fifth had high psychological well-being. These findings align with the study carried out by Udoh, Omorere & Sunday et al (2021) who found out that relatives of patients diagnosed with substance use disorder (22.2%), schizophrenia (20.2%), and bipolar affective disorder (11.1%). Just around 15% experienced no-to-mild burden, 51.3% mild-to-moderate burden, and 34% high-or-severe burden. Almost half (49%) of participants experienced psychological distress while severe psychological distress was observed among subjects caring for patients with schizophrenia (60.7%).

The result from the study revealed that relatives' highest level of education had no significant association with their psychological well-being. This is contrary to the report by Udoh, Omorere & Sunday et al (2021) who opined that higher educational qualification and being self-employed was a predictor of psychological distress compared to the result from the study. This is also supported by a study done by Ayalew, Wor-

kicho &Tesfaye et.al. (2019) on burden among caregivers of people with mental illness who affirmed that caregivers with no formal education had lower burden scores compared to those who had college and above educational level. Their report further stated that; age, sex, income, and educational status of caregivers were significant factors associated with the burden of care and psychological well-being. This is contrary to the result of the researcher which revealed that age, sex, income, and educational status of the carers do not have any relationship with psychological well-being. Furthermore, lower education levels were associated with a higher burden of caregivers while educated patients may have better insight into their illness and seek help and treatment early, resulting in a lesser caregivers burden.

In another study carried out by Hazell, Heyward, and Loban et al. (2020), on the demographic predictors of carers' well-being of patients with psychosis, female gender and age under 50 were major factors in carers' low psychological well-being. This support the assertion of Udoh, Omorere & Sunday et al (2021) who stated that the gender of the caregiver and the diagnosis of schizophrenia among relatives of caregivers predisposed to the burden of care. Furthermore, the study by Ayalew, Workicho & Tesfaye et.al. (2019) corroborated that, the level of burden is higher among female caregivers, and the same was attributed to the fact that female caregivers have more emotional, social, physical, financial, and relationship burden and because of ongoing gender role differences, females were mostly considered to take the duty of providing direct care and are exposed to multiple responsibilities. Lima-Rodríguez et.al. (2022) also buttressed that, sociodemographic, contextual, psychological, physical, and patient factors are predictors of improved mental well-being among caregivers.

On the contrary, Souza, Guimarães, & Araújo et.al. (2017) opined that the age of carers over 60 years negatively influenced their psychological well-being because no help was received with caregiving and low educational level. In addition, most women are more often less advantaged in socioeconomic status with less education and lower earnings to deal with the challenges of an exhaustive caregiving role which increased their burden. This, however, does not commemorate with the researchers' findings from Table 1 that, the psychological well-being of relatives is not dependent on their age.

The result from the findings about the level of respondents' psychological well-being as to whether low (39.2%), normal (43.2%) or high (17.6%) is corroborated by the study of Ayalew, Workicho and Tesfaye et.al (2019) in Ethiopia on the burden among caregivers of people with mental illness that showed that nearly two-thirds (63.3%) schizophrenic and bipolar-I disorder patients' caregivers experience moderate to severe level of burden. Almost all (99%) caregivers who provide care for mentally ill patients stated that they experienced moderate to severe levels of subjective burden.

The result also revealed that it can be linked to friends not wanting to associate with the relatives of patients admitted, stress from the environment regarding the admission, and financial involvement. However, attending religious gatherings has helped. Maitanmi et.al (2022) also opined that when psychological support is provided in the form of intervention to carers, it will improve their psychological well-being. Prior intervention results were (40.4%) and post-intervention accounted for (82.7%).

4. Conclusion

The study has shown that a little above average had stable psychological well-being. The study has provided insight for nurses and other multi-disciplinary teams on ensuring that the psychological well-being of relatives of psychotic patients is looked into and focused on. The findings could help nurses design intervention packages that will be aimed at improving the psychological well-being of relatives.

5. Limitation

The limitation encountered during the study was having to cope with a long waiting until the

questionnaires were filled and gaining an audience at the initial phase with them when they came for visitation or ward rounds.

6. Recommendation

The study suggests that awareness in the form of intervention be devised for relatives of patients diagnosed with psychotic disorder and prioritized to ensure that these relatives have more stable psychological well-being and quality of life. Allowing them access to their relatives and progress on their relative's condition, will also enhance their well-being.

7. List of Abbreviation

F-COPES: Family Crisis-Oriented Personal Evaluation Scales.

8. Ethical Considerations

Ethical approval was obtained from the Health Research and Ethical Committee of Neuropsychiatric Hospital, Yaba, Lagos State (FN-PHY/HREC/2022/001/08/040) before the commencement of the research. Confidentiality and anonymity were ensured. Informed consent from the study participants before data collection and the voluntary nature of the study was emphasized.

9. Competing interests

No competing interest

10. Funding:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

11. Acknowledgments

We would like to thank the authors and participants that contributed to the research.

12. Plain English Summary

The psychological well-being of carers of psychotic patients is of great importance because of the stress encountered and other responsibilities and demands of life that need to be met while trying to look after their sick relatives. This reduces their quality of life and tampers with their physical, mental, social, and spiritual life. Placing priority on the mental well-being of this relative will help them cope better and this can only be achieved when the stressors to their psychological well-being are identified and tackled.

13. Pubisher Details:

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.

14. References:

1. Ayalew, M., Workicho, A., Tesfaye, E., Hailesilasie, H., & Abera, M. (2019). Burden among caregivers of people with mental illness at Jimma University Medical Center, Southwest Ethiopia: a cross-sectional study. Annals of General Psychiatry, 18(1), 1-11.
2. Hazell, C. M., Hayward, M., Lobban, F., Pandey, A., Pinfold, V., Smith, H. E., & Jones, C. J. (2020). Demographic predictors of wellbeing in Carers of people with

psychosis: secondary analysis of trial data. BMC psychiatry, 20(1), 1-9.
3. Holtfreter, K., Reisig, M. D., & Turanovic, J. J. (2017). Depression and infrequent participation in social activities among older adults: the moderating role of high-quality familial ties. Aging & Mental Health, 21(4), 379-388.
4. Koriana, E. A. S. (2013). Experience of patients and carers with traditional healing and Psychiatric services, and the outcome of psychosis for patients who attend traditional services in Sudan (Doctoral dissertation, University of Malaya).
5. Khoirunnisa, M. L., Hamid, A. Y. S., & Daulima, N. H. C. (2018). Family experiences in communicating with family members experiencing social isolation after hospitalization. Enfermeria Clinica, 28, 116-121
6. Lima-Rodríguez, J. S., de Medina-Moragas, A. J., Fernández-Fernández, M. J., & Lima-Serrano, M. (2022). Factors associated with quality of life in relatives of adults with serious mental illness: A systematic review. Community mental health journal, 58(7), 1361-1380.
7. Maitanmi, B.T, Maitanmi, J.O., Ajao, E.O.,Olubiyi, S. K. & Leslie, T. A. (2020). Effects of Supportive Nursing Intervention on the Psychological Well-Being of Mothers of Neonates Admitted to Tertiary Hospitals in Ogun State. International Journal of Caring Sciences, 13(2), 959-969.
8. Matsea, T. C. (2018). A community-based programme to improve the well-being of people with
9. mental illness and their families in a rural setting
10. Mwesiga, E. K., Nakasujja, N., Nakku, J., Nanyonga, A., Gumikiriza, J. L., Bangirana, P., & Musisi, S. (2020). One year prevalence of psychotic disorders among first treatment contact patients at the National Psychiatric Referral and Teaching Hospital in Uganda. PloS one, 15(1), e0218843.
11. Udoh, E. E., Omorere, D. E., Sunday, O., Osasu, O. S., & Amoo, B. A. (2021). Psychological distress and burden of care among family caregivers of patients with mental illness in a neuropsychiatric outpatient clinic in Nigeria. Plos one, 16(5), e0250309.
12. Shakeel, S., Rana, S. A., & Malik, N. I. (2015). Burden of care, mental health and subjective well being of family caregivers of elderly patients. Pakistan Journal of Professional Psychologists, 6 (1).
13. Schulz, R., Beach, S. R., Czaja, S. J., Martire, L. M., & Monin, J. K. (2020). Family caregiving for older adults. Annual review of psychology, 71, 635-659.
14. Schulz, R. (2020). The intersection of family caregiving and work: labor force participation, productivity, and caregiver well-being. Current and emerging trends in aging and work, 399-413.
15. Souza, A. L. R., Guimarães, R. A., de Araújo Vilela, D., De Assis, R. M., de Almeida Cavalcante Oliveira, L. M., Souza, M. R., & Barbosa, M. A. (2017). Factors associated with the burden of family caregivers of patients with mental disorders: a cross-sectional study. BMC psychiatry, 17(1), 1-10.
16. Simo, B., Caron, J., Bamvita, J. M., Grenier, G., & Fleury, M. J. (2019). Predictors of number of healthcare professionals consulted by individuals with mental disorders or high psychological distress. International Journal of Environmental Research and Public Health, 16(17), 3010.

Author biography

Maitanmi Bukola Titilope Department of Mental Health/ Psychiatry Nursing, Babcock University, Ilishan-Remo, Ogun State. A nursing professional, Lecturer, and Ph.D. candidate in the Department of Mental Health/ Psychiatry Nursing at Babcock University. A seasoned Nurse who has a passion for the profession. An educator and Nurse researcher whose area of specialization is Mental Health/ Psychiatry Nursing. She has published over 17 articles and supervised more than 45 research papers. She is a Registered Nurse, Registered Midwife, Registered Mental Health/

Psychiatry Nurse, Public Health Nurse, and Public Health Nurse Educator. She mentors students, engages in capacity building, and promotes effective learning.