A STUDY ON HOW FAMILIES INTERVENE IN TRYING TO HELP A RELATIVE WITH MENTAL ILLNESS: A CASE OF BINDURA URBAN

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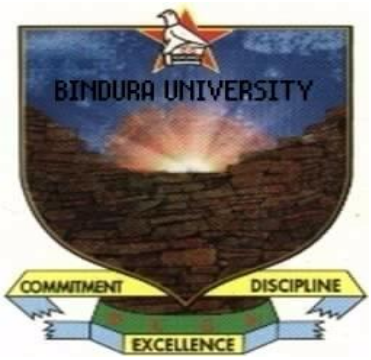

DEPARTMENT OF SOCIAL WORK

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I certify that I have supervised……. for this research titled "how families intervene in trying to help a relative with mental illness: a case of Bindura urban" in partial fulfillment of the requirements for the Bachelor of Science Honours Degree in Social Work and recommend that it proceeds for examination.

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DEDICATION

I dedicate this work to my late father Mr H. Masawi, my mother, sisters and my brothers.

ACKNOWLEDGEMENTS

I would like to express my thanks to the almighty God who gave me power and good health throughout the project. My thanks also go to my supervisor Dr Chereni for taking part in giving necessary advices and guidance. I choose this moment to acknowledge his contribution gratefully. It is also this moment I would like to use as the platform to express my gratitude to my colleagues. I am also using this opportunity to express my deepest gratitude and special thanks to my late father Hieronymo Masawi, my mother Whismer Masawi, my brother MacDonald and my sisters Perseverance and Prudence Masawi who gave me financial and moral support.

ABSTRACT

Mental illness worldwide presents psychological and financial challenges. In developing countries financial problems are exacerbated by poverty. Different families across the globe resort to different mechanisms in coping with the illness of their loved one. The used mechanisms are popular; traditional way, medical way. The aim of the study was investigate how families intervene in helping a relative with mental illness in Chipadze and Aerodrome, Bindura. A snowball sample of 7 (seven) family members from three families partook in semi-structured interviews conducted in their homes. Sample of two key informants was purposefully selected from Annexe Parirenyatwa Hospital. Content analysis was used for analyzing data after presenting the data on Microsoft excel, making use of codes, categories and themes. Families respond to mental illness either through medical way or traditional, but some use both simultaneously and usually it will be out of desperation stemming from when their loved one with mental illness will become better or normal. In this regard a comprehensive definition of mental illness should encompass psychological state and interpretations drawn from cultural beliefs. For example 43% of the respondents view mental illness as stemming from practices of witchcraft and avenging spirits. One can therefore say mental illness varies from family to family as indicated above that one respondent from the mentioned 43% expressed that we cannot categorize my father as a psychiatric person because his episodes occur after long periods of time. Stress is usually associated with the absence of the ill without the knowledge of the family and when our loved will get back to their normal state of functioning. It is burdensome for families to care for relatives with mental illness as special care is required in terms of supervision on the behavior exhibited and administering drugs or consulting traditional healers. It is associated with psychological and financial problems. It is important that government and relevant authorities assist caregivers so that they cope better with the illness. However, further research is needed especially considering the sample size. Large samples are needed so that the findings can be safely generalized to the whole Zimbabwean population.

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CHAPTER 1

1.1 INTRODUCTION

This chapter focuses on the background of the study, statement of the problem, aim of the study, objectives, questions, assumptions, justification of the study as well as summary of the mentioned aspects.

1.2 BACKGROUND TO THE STUDY

Mental illness across the globe

Caring for people with mental illness is a cause for concern. Little attention has been given to mental health especially in developing countries where lack of resources is a big challenge. Mental illness exists very commonly and poses emotions on family members and even the community. Kohn, Saldivia,Vicente, Rioseco, and Torres (2004) say community based studies across the globe have estimated rates of lifetime existence of mental disorders among adults ranging from 12.2% to 48.6% and 12-month prevalence rates ranging from 8.4% to 29.1%. World Health Organisation (2000) estimated that close to 450 million individuals across the globe suffer from neuropsychiatric disorders in their lifetime. However, families are often the main support network for a person who is struggling with symptoms of psychosis, schizophrenia and substance use problems, which are mainly hallucinations and delusions (Beers, Mark and Berkow, 2004). Mental illness affects many families and presents a big challenge in low income countries (Asumi, 1994: International Journal of Social Psychiatry). Hallucinations and delusions are some of the symptoms of psychosis; mental illness. As such they (family members) face a number of challenges in caring for their loved ones diagnosed with mental illness, in this case substance-induced psychosis, bipolar affective disorder or schizophrenia Relatives caring for their loved ones diagnosed with mental illness often suffer shock and fear, grief and anger, sadness, and financial crisis (Harzen, Goldstein, and Goldstein, 2010).

Challenges, coping strategies associated with mental illness are the same across the globe, but what matters the most is which model a country uses in attending to mental illness. The ways which are used by different countries are fairly the same; there is an element of universality. Semmelhack,

Ende, Freeman, and Hazell (2015) indicates that countries such as Hong Kong, Italy, South Korea , Romania and Turkey use basic Western model, which is strengthened by their culture. And in such countries stigmatization and depersonalization of the people with mental illness is present to a greater or lesser extent (Semmelhack et al 2015). In contrast, countries such as Australia and Poland have a strong biological view of mental illness. In this case, stigmatization and depersonalization of the population is greater than in those countries emphasizing more psychosocial approaches. As such countries which embrace the biological view put emphasis on medication and much lesser consideration of psychotherapy or other interactive therapeutic strategies like group therapy (Semmelhack et al, 2015). Such countries also appreciate the role of family in attending to mental illness as families are the caregivers of persons with mental illness.

In sub-Saharan Africa where most of the world's poorest countries with scarce resources are found, the burden of mental health and substance use disorders is especially significant. Current information from more than forty seven countries that make up sub-Saharan Africa indicate that at a minimum many of these problems are much more common in this region than in any parts of the world (Forsgren, 2008: Mental, Neurological, and Substance Use Disorders in Sub-Saharan Africa, 2010).

Individuals do not live separate from family members; there is some form of interdependence. As family members face stress, stigma, or other problems associated with the illness of one family member, they can always get support from extended family members, friends or even from the community. In a qualitative investigation on how family caregivers cope, families expressed that help from extended family and close friends was one way they received support, although some of the participants knew other families who had a member with a mental illness (Johnson, 2000).

There are different perceptions on mental illness across the globe. The social treatment of people with mental disorders in Zimbabwe is described in a report from the Immigration and Refugee Board of Canada (IRBC, 2000). They suggest that persons affected with mental illness in Southern Africa have culturally been accepted in their societies, as the traditional view of mental illness being triggered by external phenomena(spirits), resulting in little stigma associated with being affected with mental illness. However, there is still some stigma associated with mental illness in Zimbabwe, but it is dependent upon the nature of the mental illness.

Causes of mental illness

Mental illness can be triggered by taking alcohol and substances. Alcohol is the commonly abused substance among persons with psychotic disorders and schizophrenia, marijuana follows behind (Karoll, 2002). This concurs with what Schneider Institute for Health Policy, (2001) says; alcohol is the commonly used drug among America's youth and is the most preferred drug by both adolescents and adults. Throughout history, adolescence has posed challenges (such as hard time inculcating social values as they are the custodians of hunhu) to parents. Some of these challenges are as a result of social evolution. However, Karoll (2002) argues that some parents are unfamiliar with mental health care and as they try to get help for their child may feel that they have plunged themselves in a situation that is difficult for them to understand. This implies that by virtue of them not understanding mental health system, they are already facing a challenge. Alcohol use disorders occur when a person's alcohol consumption interferes with occupational or social functioning, emotional state, or physical health (Maxmen and Ward, 1995).

Psychosis is a condition which interferes with one's ability to process information. It disturbs sensory perception, ability to organize information and the capacity to express information. Many factors are accountable for psychosis. Lack of sleep for consecutive may trigger psychosis. It also has a strong genetic component. Persons from family members who once suffered psychosis are at greater risk for developing it themselves.

Psychiatric disorders have an element of inheritance. Children born in families where parents have had mental illness are at risk of developing psychiatric symptomps (Biederman et al, 2001). In this regard, one can see that focus should be on reducing the impact of a mental illness already manifesting itself rather than preventing it as some factors (hereditary) are unchanged; it is passed on from generation to generation.

Attending to mental illness

Mental illness can be attended to through a number of interventions. Green and Brown (2006) say early therapeutic measures have been shown to be effective in reducing both problem substance

use and psychotic symptoms. For people experiencing their episode of psychosis, early intervention services may help to detect and reduce substance use, thus preventing it from becoming full blown mental illness. Anti-psychotic drugs are administered into the patient. Also occupational therapists, social workers and psychologists play a pivotal role in helping the patients to recover through psychotherapy and other therapeutic intervention techniques. In this regard, Dunn (2000) mentions motivational interviewing as an important tool for helping those abusing substances. Her work serves as excellent educational resources for understanding the stages of change and motivational interviewing.

Mzimkulu , Simbayi (2006) in regard to treatment of psychosis, say cleaning the patient and other family members of evil spirits through washing, steaming, and induced vomiting were of major importance. Traditional healers are also involved in casting out evil spirits at the patient's home through singing and dancing.

1.3 STATEMENT OF THE PROBLEM

Sayre (2000, in the Australian and New Zealand Journal of Psychiatry) says rather than recognizing that they suffer from a severe mental illness and are in need of psychiatric care, psychiatric patients may insist that they do not deserve to be in a hospital and that, in fact, there is nothing wrong with them. This prompted to the researcher to then unravel how then do families respond in attempting to help their loved ones. Kuipers and Raune (2000) are of the view that there has been relatively little research on families of people experiencing their first episode psychosis. Researchers mentioned negative symptoms (seen when one is in their episode) and caregiving (MacCarthy, Lesage and Brewin (1989) in the British Journal of Psychiatry (2000). However, no clear explanation is there to indicate how negative symptoms can transform to be a challenge to caregivers. The researcher is also motivated to study this area as he wants to clear the air on how then family members react. MacCarthy et al (1989) say at first episode, negative symptoms and behavioural problems of patients cause more caregiver distress. But they were not clear on what will possibly transpire on caregivers as time progresses.

1.4 AIM OF THE STUDY

To investigate how families intervene in helping a relative with mental illness in Chipadze and Aerodrome, Bindura.

1.5 OBJECTIVES OF THE STUDY

- To understand how relatives cope with the disease from the first episode of mental illness
- To identify ways in which families respond to mental illness exhibited by their loved ones
- To investigate families' perceptions on the impact of mental illness
- To recommend to relevant authorities how families can be supported to effectively handle the problem of mental illness

1.6 STUDY QUESTIONS

The questions will specify the gap in existing knowledge that this research seeks to answer:

- How do you cope with mental illness from the first episode?
- How do you respond to mental illness exhibited by your loved one?
- How do you perceive the impact of mental illness?
- In what way do you think the government can help you to effectively handle the problem of mental illness?

1.7 ASSUMPTIONS OF THE STUDY

Families when perturbed with the mental state of their loved ones they resort to getting medical assistance, faith healing or traditional healing. However, attitude of family members towards the mentally ill determines the way they will respond; assisting the ill family member. Family members may not be sure of the measure to take as they are faced with different options. Lack of resources influences how family members respond to mental illness.

1.8 JUSTIFICATION OF THE STUDY

The research will help the government and the nation at large as they become aware of the gravity of drugs and substances and other variables such as stress, in affecting the community. As such,

probably, the government will put extra effort to establish more and better rehabilitation centres which will in turn lessen the burden on families. It will also possibly drive the government to tighten its laws on the use of drugs and substances (substance induced psychosis as an example) by young people and on those making them readily available on the streets. The research can also be of great use to the families in Bindura whose siblings have been diagnosed with mental illness as they get to know how the problems can be solved. Members of the community can also benefit as they get to know challenges faced by such families. This might push them to join hands and come up with a policy to curtail substance and alcohol use. By understanding the impact of mental illness, government and other relevant authorities can come up with a plan to reduce the impact of the problem and to change perceptions which might be wrong. As a result the information can be relevant to the region and even to the international world.

1.9 DEFINITION OF KEY TERMS

National Alliance on Mental Illness (NAMI), (2015) defines mental illness as a condition that impacts a person's thinking, feeling or mood may affect and his or her ability to relate to others and function on a daily basis.

Psychosis- is a symptom or feature of mental illness typically characterized by radical changes in personality, impaired functioning, and a distorted or nonexistent sense of objective reality.

Early Psychosis Prevention and Intervention Centre (2006) say psychosis as conditions which affect the mind, where there has been some loss of contact with reality. They go on to say when someone becomes ill in this way it is called a psychotic episode.

1.10 CHAPTER SUMMARY

The section focused on the primary factors to the area under study. It addressed such areas as background to the study, what prompted the researcher to carry out such a study, rational for the study, assumptions of the study as well as what the study seeks to achieve. The next chapter reviews literature on previous studies.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This section intends to review the literature pertinent to the study, considering international, regional as well as local literature linking it with the stated objectives of the study. The section

also intends to acknowledge theories relevant to this study. The research will be carried out in an urban setting (high and medium density to have a diverse sample).

2.2 CONCEPTUAL FRAMEWORK

One of the theories which are relevant to the study is the systems theory. It is premised on the idea that an effective system is based on individual needs, rewards, expectations and attributes of people living in the system. Skyttener (2005) indicates that the whole is more than sum of its parts. The parts (people in society) are intertwined or interdependent; this is a gestalt (Skyttner, 2005). In this regard, one can see that no individual can live in isolation, instead individuals relate to each other, creating a complete system. Families, couples and organization members are directly involved in resolving a problem even if it is an individual problem. In this study, family will put heads together in a bid to help their loved one cope with mental illness despite the illness being an "individual problem".

The theory also looks at a person as coming from a society where there are many different systems and considering the environment as playing part to the problem of the client as a result that same environment should be considered in solving one's problem. In the context of the study, mental illness may be considered to be triggered by the environment itself (maybe the family on its own). In such a scenario the family is expected to act likewise and modify faulty areas which might be exacerbating the mental illness. Once the environment has tome to the realization that their actions are not ideal for one then the problem becomes solvable.

Swartz (1998: International Journal of Psychiatry) postulates that there are two models to understanding mental illness; biomedical and traditional. The former focuses on responding to mental illness using prescribed medication soon after diagnosis. It also says rejection of psychiatric hospitalization is caused by a lack of insight, produced by cognitive deficits common to mental disorders, and resulting in compliance with treatment. And the latter model attributes mental illness to spiritual forces and spiritual means are used as a response. In this regard, how one views mental illness has an impact on how they believe can 'cure' it.

Nemade and Dombeck (2005) say a large number of toxic or psychoactive substances can cause psychotic reactions. Such substance-induced psychosis can occur in multiple ways. First, people may unintentionally take in toxic substances by accident, either because they don't know any

better, or by mistake such as when someone eats a poisonous food that they thought was safe. Alternatively, people may take too much of a prescribed medicine (overdose), medicines may interact in unforeseen ways, or doctors may miscalculate the effects of medicines they prescribe. Finally, they say people may overdose on drugs they commonly use such as marijuana, cocaine and become dependent on drugs or alcohol and experience psychotic symptoms.

2.3 COPING WITH MENTAL ILLNESS

There are known coping mechanisms or strategies which can be adopted by families with a relative with a mental illness across the globe. Scholars mentioned problem focused coping, which overtly aims at a problem by affecting an aspect of a situation (Folkman and Moskowitz, 2004). It includes behaviours such as looking at the problem, seeking information, and using the communication. These strategies are usually considered by adults (Lazarus and Folkman, 1984). This coping strategy also put into cognissance utilization of social supports such as family, friends, and religious organizations (which is in line with the systems theory) (Perlick et al, 2004).

Mental illness is a common illness. Individuals and families use different ways in trying to restore functionality in persons with mental illness. Cultural beliefs influence how families respond towards the illness of other family member. Waite and Killian (2008, in the Journal of Transcultural Nursing) say there are cultural issues contributing in responding to mental illness. They say, for example, American Indians resort to animals, plants as healers and taking those affected to sacred places. They also say there are supernatural and spiritual forces they believe in to cast out what they agree is causing the illness. In the same vein, the way mental illness is perceived and defined influence family's response (Swartz, 1998: International Journal of Psychiatry). Also, families use as intervention strategy involves family psycho-education, seeking assistance from other people to get their loved ones helped through the recovery process.

Review commissioned by the Mental Health Foundation looked closely at a range of facts concerning early interventions with a purpose to improve the mental health of individuals and their families (Barnes and Frende-Lagarardi, 2003: Karban, 2011). Report concludes that interventions aiming individuals and their relatives were found to be more effective, and non-stigmatizing programmes that focused on populations with standards that are below expectations (Karban, 2011). However, the findings focused on disorders such as eating disorders, it didn't explore on

types of mental illness such as schizophrenia, substance-induced psychosis and bipolar affective disorder, which the research is going to look at.

Buist and Bilstza (2007) say a high rate of relapse has been known in bipolar disorder in the period of just after giving birth (post partum) as well as this is the first episode for some women of a postpartum psychosis. However, they did not account for others who do not report to psychiatric hospitals to seek medical attention. Therefore, there is need to pay attention to find out what other options are there for those who do not take their loved ones for medical attention.

Palliat (2010); study groups discussed the characteristics of good caregiver–patient relations and support from other caregivers, hospice providers were careful on the potential negative influence of close relations with patients on caregivers' decision making about medications and discussed poor communication/relations among informal and privately hired caregivers that often resulted from family conflicts and/or a lack of long-standing leadership.

Mzimkulu , Simbayi (2006) say in treatment of psychosis, cleaning the patient and their family of evil spirits through washing, steaming, and induced vomiting were important, followed by a group of traditional healers casting out evil spirits at the patient's home through singing and dancing.

Some people prioritize seeking traditional help first. Abbo et al, (2008) say an estimated 60 to 80% of individuals with mental illness in third world countries first seek care through traditional healers. This may be due to shortage of financial resources. There is a "task shifting", which transfers a number of medical tasks from services costing a lot of money and specialized medical practitioners to people with low training and as a result people will afford health system (Mental, Neurological, and Substance Use Disorders in sub-Saharan Africa, 2010). However, without political will of governments and support of international donor communities nothing of note will be recorded.

The role of the extended family cannot be ignored as they play a role in helping a loved one with a mental illness. Family members role make them act like case managers, offering emotional support. They also help in administering prescribed medication, fulfilling appointments made between the medical team and the ill and in doing activities of the day such as gardening (so that the ill is kept occupied). Families due to the inherent scarcity of resources, experience problems like paying medical bills and obtaining related services. Therefore these family members outside the immediate family provide financial assistance and sometimes providing accommodation for

the ill. Children of individuals with mental illness or substance use disorders often suffer depression and anxiety, and may have behavioural and school difficulties. In this regard, other family members are involved in providing warmth (empathizing with the children who might lack cognitive strength to cope with the illness exhibited by their sibling.

National Alliance on Mental Illness (NAMI, 2005) indicates that some families with a loved one with mental illness look to religious and spiritual strategies for coping with caring for those loved ones. This may include beliefs or through attending church sessions and performing rituals. Zimbabwe is known as a Christian state and some see seeking spiritual assistance as a viable decision. In contrast, some in Zimbabwe resort to traditional way of helping one with a mental illness. I will therefore find out how do these Zimbabwean families in Bindura urban respond in trying to help a loved one with a mental illness.

2.4 PERCEPTIONS ON THE IMPACT OF MENTAL ILLNESS ON FAMILY MEMBERS

There is a dichotomy on how families perceive mental illness across the globe. Family members have described the experience of personal loss as a result of their loved one's mental illness as being as severe as losing them due to death (Macgregor, 1994). Some view it as causing stress. Interpersonal and psychological distress has been reported to be associated with higher levels of loss due to mental illness (Stein et al, 2005). Family members concentrate on the ill relative, hence they become incapacitated to deal with their own needs.

Families have also perceived mental illness as causing financial problems and depression. Studies in Western countries have shown that family care causes stress, financial difficulties and depression (Wancata et al, 2006). This can be supported by findings of a review by Awad and Voruganti (2008), which indicates that relatives of the person affected with a mental illness experience physical illness, depression and anxiety. In United States of America (USA) study in regard to bipolar affective disorder, family members caring for a mentally ill relative felt in isolation, struggled to get reality of their experiences and found it problematic to maintain a sense of normality as their life was gradually covered by the effects of the condition (Jonsson et al, 2011). Families with a relative with mental illness often suffer stress owing to the unusual behavior exhibited when they are in their episode (Arditi, 2014).

Culture affects people's perceptions on mental illness. Kleinman (1980) indicates that there are varying cultural models which view mental illness as related to life events, fate, supernatural causes and physical diseases reduce the demand for mental health care. However, much of the debate on community health care for individuals with mental illness has focused on issues relevant to industrialized nations (Jacob, 2001). Therefore there is need to find out state of the art in third world countries.

Behavior exhibited by the mentally handicapped is a cause for concern for family members and it is at this stage where families react positively (in helping the mentally handicapped) or negatively. Researchers mentioned negative symptoms (seen when one is in their episode) and care giving (MacCarthy, Lesage, and Brewin (1989) in the British Journal of Psychiatry (2000). Some say family members might lack the required skills to discuss with those diagnosed with, for example, substance induced psychosis about the problems and potential negative effects of using non-prescribed substances and alcohol to reduce the effects or side effects of prescribed medication. They might not have skills, which clinical social workers, clinical psychologists and doctors apply when talking to patients with the same problem. In this case, I will find out what then do they prefer in as way of managing the problem.

National Institute for Clinical Excellence guideline on assessment and management in adults and young people (NICE, 2011) indicate that stigma and discrimination is a challenge faced by caregivers for people with mental illness (for example those diagnosed with substance induced psychosis). The way society views and treats people with a mental illness may lead to family members isolating a family member with mental illness. Goffman (1963) defines social stigma as a set of deeply disrespecting characteristics, linked to negative attitude and beliefs towards a group of people and these attitudes are likely to affect a person's identity and as a result leading low self esteem. Stigma represents a major challenge with regard to the integration of persons with mental illness (Leete, 1982). As such family members caring for such people in the society can face the same stigma by virtue of them staying with people being isolated in the community. Stigma affects families as they become confused where to get help, thinking that people are not interested anymore in helping them (Chafetz and Barnes: Western Journal of Research, 2002). Hamid-Balma (2007) says caregivers at home face increased risk of getting abused at home. Since when becomes disconnected with reality when intoxicated, there is high risk that they can abuse members caring

for them, verbally, physically. In some cases they become violent to those caring for them as a result creating a difficult environment for them. A study in the USA revealed that greater perceptions of stigma towards caregivers were associated with relatively higher levels depressive symptoms and that stigma negatively affect morale of the family members who in one way or the other care for their loved ones with a mental illness (Perlick et al, 2004).

Mental illness occurs in all classes. For example, substance abuse occurs in all social classes, at all professional levels, in most cultural and ethnic groups, and can be co-morbid with a variety of mental disorders such as schizophrenia. Austrian (2005) says social problems that occur as a result of substance use include family break up, domestic violence, school and vocational difficulties. The Surgeon General's Report (1999) in Eric, Goldstein and Goldstein (2010) states that $12, 6 billion was spent on treatment for drug and alcohol abuse, the cost has increased.

Igbinomwanhia, James and Omoaregba (2013) say the clergy in sub-Saharan Africa play a major role in the care of loved ones and in providing good mental health services of the mentally ill. However, stigmatising attitudes were evident among members of the clergy surveyed. Most (71.1%) believed the mentally ill were different from other persons, while 68.2% were of the opinion that the mentally ill should be controlled like children. 80% wanted hospitals situated out of residential areas. One can view that this would negatively impact on the relatives caring for the patients. In many societies across the globe stigma is associated with mental illness (Thornicroft, 2006). This strains relationships with members of the community as the family may be isolated due to the behavior presented by the ill when in their episode (Struening et al, 2001). As a result it makes it difficult for members of the community to understand the illness.

Families have difficult times in looking after a mentally ill person with a violent temper. That person is easily upset that it breaks communication with their other family members (Barry, 2002). The bad part of the matter is that changes in behavior disrupt communication and as a result there is increased anxiety among other family members. Family patterns contributing to the development of individual's negative symptoms must be closely looked at and if necessary modified (Barry, 2002). Therefore, one can see that it is line with the systems theory, which emphasizes involvement of the system in solving the problem if the system is somehow contributing to the problem at hand. As such, if the system is to blame for the mental illness then it has to partake in helping that person

to recover to their normal functioning. Therefore there is need for me to find out how they help the person.

Australian government published a large scale literature review looking into the portrayals of mental health in the media. The review determined that media representations of mental illness promote negative attitudes and stereotypes (Francis, Pirkis, Dunt, and Blood, 2001). If peoples' perception of mental illness bases on negative and false portrayals exercabated by the media, there is high risk that government responses to systems and people in the mental health arena will also be based on these false realities, instead of true needs and issues of people suffering from mental illness (Cutcliffe and Hannigan, 2001).

Family's routines can be severely affected with mental illness of a loved one (Biegel and Schutz, 1999) and this can disturb family's productivity for the family unit (WHO, 1996). There is need for family members to cater for the medical bills for their loved with mental illness. In a survey conducted in Tanzania by Whyte (1991), financial loss was reported as families spent lot of money to pay traditional healers. In mid west Nigeria findings indicated that financial score was higher than burden of family routine disruption, social stigma, interaction and distress (Osayi et al, 2010).

Living with someone with a mental illness can be a challenging and very difficult experience. Due to the inherent scarcity of resources, mental health services in Zimbabwe are inadequate and families have to bear the burden of looking after the mentally ill loved one and ensuring that proper medication is being administered. Lack of these services may present dangers to the caregivers (Marimbe-Dube, 2013). In some families, the mentally ill are described by their relatives as being verbally and physically aggressive to their caregivers (Marimbe-Dube, 2013).

2.5 EFFECTIVENESS OF MEASURES CONSIDERED IN HELPING PERSONS WITH MENTAL ILLNESS

There are measures which had been or being considered in helping attending to mental health; at international level, regional and local level. International authorities are agreeing on the need to shift from the model of care on traditional large psychiatric institutions to modern comprehensive community based models of care, including patients units at general hospitals. This is preferable as it facilitates accessibility to mental health care of people with mental illness (schizophrenia, bipolar affective disorder) (Thornicroft and Tansella, 2003). In trying to assist in mental health

there are rights which the mentally ill are entitled to and families are there to support them realizing these rights. The right to the highest attainable standard of physical and mental health is particularly important, including dimensions such as access to appropriate services, the right to individualized treatment, and the right to rehabilitation and treatment. The right to community based services is recognized in Article 19 of the United Nations on the rights of people with disabilities (CRPD) (Thornicroft and Tansella, 2003). In the same vein, through its Mental Health Policy and Service, World Health Organization (WHO, 2003), provides practical information to assist countries to improve the mental health of their populations. This marked the increase in number of Community Mental Health Centres (CMHC) in the developed world. For example, Estonian Healthcare Association, 2005) and the Czech Republic (Dlouhy, 2004: WHO, 2004).

The 65th World Health Assembly take a resolution WHA65.4 on the global burden of mental illness and the need for a complete, coordinated response from health and social sectors at the country level. It takes a multi-sectoral approach through which various players from health and social sectors coordinate services. Emphasis being to promote, prevent, treat, rehabilitation, care and recover from mental illness. Mental Health Action Plan (2013-2020) has close strategic links based on facts and ideas to other global action plans and strategies made public by the Health Assembly, including the global strategy to reduce the dangerous use of alcohol, the global plan action for workers' health.

Some Sub-Saharan Africa countries such as Ghana paid attention to mental health as witnessed by the drafting of a mental health bill. This saw training for psychiatric and psychiatric nurses, for primary health care increasing (Read and Doku, 2012). In spite of this, Read and Doku (2012) say studies were only done at psychiatric hospitals as they are easily accessible and the research was in small scale. Therefore there is need for research outside centralized institutions. In addition, implementation of community health care in low sub-African countries such as Uganda is a step ahead (Kopinak, 2015). However, mental health care in developing countries has not been that effective owing to the inherent lack of resources to monitor the implementation process. In line with this, an assessment of the mental health policy, legislation, service resources and utilization inferred that policies and legislative instruments in Uganda were obsolete and not relevant to the moving times and there were major shortcomings in service delivery.

In Zimbabwe the government has made considerable steps in attending to mental illness as it adopted the Mental Health Act (1996). This brought relief to families as it stipulates that mental illness treatment is for free. However, the act has not been fully implemented, resulting in the poor treatment and exclusion of the mentally ill (Zimbabwe National Association for Mental Health: Refugee Review Tribunal Zimbabwe, 2009). Most low income countries use as little as less than one percent of their health expenditure to mental health, meaning that policies, legislation, community care and treatment are short of resources (WHO: Refugee Review Tribunal Zimbabwe, 2009). Therefore, this research will therefore recommend what can be done.

One important aspect which is the missing link is efforts by government and relevant authorities to engage in practices that help keeping the youth occupied. As such, prevalence of mental illness such as substance induced psychosis can be reduced. Gono (2014: Media Centre2014) say the ministry of Youth Sports and Culture tried in supporting youth sports and recreation facilities while working through such institutions such as churches, schools and tertiary institutions. However, it's not enough, something needs to be done so that abusers of drug and alcohol are reintegrated into the society thereby reducing stigma and discrimination among the ill in the community. Recommendations in this regard will be given at the end of the whole document.

IRBC (2000) report cited earlier outlines the effectiveness of Zimbabwe's mental health services and facilities, similarly indicating that the mental health care system is not enough and suffers from staff shortages, limited available medication and lack of coordination, particularly following the collapse of the Zimbabwe's National Mental Health Plan and the brain drain of many trained psychiatrists to places that offer higher salaries. The report also highlights the abuse of patients at psychiatric hospitals and negative attitudes associated with mental illness. As such I will point out what is being done in psychiatric institutions in respect of the gathered data.

Zimbabwe believes the newly established association will go a long way in giving much attention to health in general, with mental illness included, and helping those families with members with mental illness. Zimbabwe Public Health Association (ZiPHA, 2015) aims to achieve the highest possible standards of health for all Zimbabweans (WHO, 2015). The body is determined to improving the health and living status of the people of Zimbabwe through the dedicated and active involvement of its members in all aspects of public health in Zimbabwe and through collaboration with various players across the country. It may be too early to judge what has been achieved as the

association is still young; considering the time it is in existence. It was a milestone in addressing mental health when the government of Zimbabwe adopted the Mental Health Act Chapter 15.12 of 1996, but the problem lies on how policies and legislation have been implemented.

Administering prescribed drugs, if the family appreciates the role of medicine, is another intervention strategy which is being utilized by families to help a person with mental illness. However, some prescribed drugs are expensive for families, yet psychiatric institutions such as Annexe at Parirenyatwa Group of Hospitals may not afford the drugs or may be out of stock when they are in demand. World Health Organization (WHO, 2001) says treatment using drugs is effective. Such drugs as neuroleptics fro schizophrenia, mood stabilizers for bipolar affective disorder, and inversion therapy for alcohol dependency are used to those with mental illness, in a way helping families as they feel relieved if their loved ones start showing signs of recovery. Later, I will recommend what can be done in this regard.

The Zimbabwean government's efforts can also be seen through the establishment of the National Health Strategy for Zimbabwe (2009-2013). The government desires to have highest and expected level of health for all citizens achieved as a result of the combined efforts of individuals, communities, organizations and the government, which will allow them to partake fully in socioeconomic development of the country. This would be achieved as a result of guaranteeing every Zimbabwean access to comprehensive and effective health services (WHO, 2015). The strategy revolves around studies from Study on Access to Health Services, Vital Medicines and Health Services Survey and Community Working Group on Health Surveys. The strategy has put into cognissance regional and international policies such as Ougadougou Declaration on Primary Health Care and Health Systems in Africa, as well as other international, continental and regional health protocols including the African Union (AU) Health Plan, Central and Southern Africa (ECSA) Health Community Agreements and the Southern Africa Development Community (SADC) Health Sector Protocol, indicates WHO (2015).

Chibanda et al (2011) indicates that problem solving therapy plays a crucial role in helping those with mental illness. In Zimbabwe (Mbare) after the devastating effects of Operation Murambatsvina of 2005, various players realized the need for a community health intervention. Since schizophrenia can be triggered by going through stressful environments, community intervention in Mbare aimed at attending to such mental disorders. There was a team which

comprised of psychologists, a primary care nurse and a psychiatrist which adapted existing training materials on problem solving therapy in light of experience working with general nurses in primary care giving (Chibanda et al, 2011).

2.6 SUMMARY

This chapter looked at previous relevant literature and studies that were conducted in the area of mental illness. It also highlighted the conceptual framework which is applicable to the area of mental illness. The next chapter will cover methods used to conduct the data as well as procedures for data collection and presentation.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

This section describes and explains how data was be collected, procedures used for collecting data as well as how data was be presented and analyzed. The research was a qualitative research, hence non- probability sampling was be utilized. It includes the research design, instruments used in collecting data, population, sample size, ethical considerations as well as sampling technique (Burns and Grove, 1998).

3.2 RESEARCH DESIGN

Qualitative research was employed. Qualitative research design has an advantage of bringing closer the researcher to the participants and what is being studied (Denzin and Lincoln, 1994: Chereni, 2014). Madineen, Mack, Guest and Namey (2005) say great contribution of qualitative research is the culturally specific and contextually rich data it produces. They say qualitative methods are typically more flexible, that is, they allow adaptation of the interaction between the researcher and the study participants.

The study was phenomenological, which is concerned with understanding social and psychological aspects that can be seen from the perspectives of the people involved (Welman and Kruger, 1999). Emphasis is on lived experience of the people (Kvale, 1996). The research considered phenomenology as the research design because it deals with social phenomena from the people involved, who in this case are the family members with affected siblings. Phenomenology allowed me to view things from the side of the participant. One of the advantages of phenomenology over other (designs is that it requires small samples (probably no more than 10 participants) are most suitable for this type of research. Phenomenology also provides a rich and detailed description of peoples' experience (Groenewald, 2004).

Instruments used to collect data

Semi structured interviews were used in collecting data. Semi-structured interviews are designed to get a narrative of a participant's experiences as well as their social relations (Kvale, 2007; Nohl et al, 2006). Semi-structured interviews allow informants the freedom to express their views in their own terms. Semi-structure interviews can provide reliable, comparable qualitative data. Questions used in semi-structured can reflect that individuals understand the world in different ways (Gubrium and Hostein, 2003: Berg, 2009). This was accomplished by adjusting language of given scheduled questions and through unscheduled probes.

3.3 TARGET POPULATION

This is the total number of units (respondents) who meet the criteria the researcher intends to explore on (Williman, 2006). In this case target population is family members living with their loved ones with mental illness in Bindura urban.

3.4 SAMPLING TECHNIQUE

The study made use of snowball sampling. This strategy is useful when dealing with populations which are hard-to-reach because they exhibit some kind of social stigma. This is ideal for this study as the researcher will begin by identifying someone who meets the criteria for inclusion in the study and asks for assistance to be shown where other families who cater for their loved ones are.

The study also utilised purposive sampling technique to purposely select individuals who are more knowledgeable about the topic under study. Palys (2007) states that purposive sampling involves the researcher's judgment in selecting respondents that will best answer the research questions and meet the research objectives. I used purposive sampling to select professionals such as psychiatric nurses, psychiatrists and clinical social workers who have knowledge about mental illness.

3.5 SAMPLE SIZE

This is simply the number of respondents selected from the target population (Morgan, 2008). Snowball sampling would hardly lead to a representative sample. Initial respondents (family members) were identified (other respondents) that made the sample size. I continued looking for other people meeting the criterion until getting at a desired sample size. I interviewed three families; two in Chipadze and the other one in Aerodrome making a total of 7 family members.

3.6 PROCEDURES FOR COLLECTING DATA

I first sought permission from ward councilor using a letter collected from the department of social work at Bindura University. I then interviewed family members on how they respond to mental illness in their homes. I recorded everything said by the respondents in my notebook.

3.7 DATA PRESENTATION AND ANALYSIS PROCEDURE

Data presentation is whereby the research findings are presented through various instruments like tables, graphs or pie charts. Data was analysed manually and I used tables, to present respondents information . This summarised and simplified complex facts and data into numerical form. This helped to assess aspects like representation during the study.

3.8 DATA PRESENTATION AND ANALYSIS

After data were collected it was analyzed using the thematic analysis. Microsoft excel was used to present data transcribed from my interview guide. Thematic analysis is a method used for

identifying, analyzing and reporting patterns or themes within data. It minimally organizes and describes your data set in rich detail. However frequently it goes further than this, and interprets various aspects of the research topic (Braun & Clarke, 2006). Themes are patterns drawn from data sets that are useful to the description of a phenomenon and are associated to a specific research question. The themes become the categories for analysis

3.9 ETHICAL CONSIDERATIONS

There are ethical considerations that are supposed to be observed during the research. These are guidelines which need to be put into cognizance when conducting a research. I observed informed consent, confidentiality, and voluntary participation throughout the study.

Informed consent

Informed consent as indicated by Berg (2007) is a system for safeguarding that people understand what it means to partake in a particular research study so they can decide consciously and deliberates without the use of coercion. Principal Investigators Association (year not defined) says consent means that people and organizations involved in a research understand that they are voluntary participants, privacy will be maintained, how one plans to carry out their research, why the research is being carried out and how the information gathered will be used. As such, I was open to them and told them the purpose of my study and I seek consent through a written statement.

Confidentiality

Considering privacy of research participants is the main way that social scientists and other researchers do no harm. No one should be identified as the respondent anywhere. I told them that no one should be identified as their names will be kept confidential. I did this through naming them as “family one” and giving them pseudo names.

3.10 DELIMITATIONS OF THE STUDY

The study was carried out in Chipadze and Aerodrome, Bindura. The study targeted family members living with loved ones with mental illness, it was limited to caregivers of persons with mental illness in families residing in Chipadze and Aerodrome. Two key informants who are

psychiatric nurses at Annexe Psychiatric Unit at Parirenyatwa Group of Hospitals were also included in the study.

3.11 FEASIBILITY OF THE STUDY

For the research to be possible I sought permission from the councilor of Chipadze and Aerodrome. I also got permission from the participants through consent forms.

3.12 CHAPTER SUMMARY

The chapter focused on methodological approach used to gather data in Chipadze and Aerodrome suburbs of Bindura. It looked at the actions used to collect data following step-by-step procedure. The next chapter focuses on data analysis and presentation of findings.

CHAPTER 4: DATA ANALYSIS AND PRESENTATION

4.1 INTRODUCTION

This chapter focuses on analysis and presentation of research findings. This was done through themes under the following objectives; coping with mental illness, perceptions on the impact of mental illness, and supporting families. The data was collected from three families and in total the respondents were seven. Data was also collected from key informants drawn from Annexe Psychiatric Unit, Parirenyatwa Hospital.

4.2 DEMOGRAPHIC INFORMATION

	Age	**No_ of respondents**	**% of respondents**	**Sex**	**Total number of respondents**
Family 1	**30-40**	**2**	**29**	**Both males**	**7**
family 2	**41-50**	**3**	**43**	**Two males and one male**	
Family 3	**51-60**	**2**	**28**	**Both females**	

	Age	Sex
Key informant 1 (psychiatric nurse)	30	Male
Key informant 2 (psychiatric nurse)	46	Female

4.3 RESULTS ON INTERVIEW

4.31 HOW RELATIVES COPE WITH MENTAL ILLNESS

Coping mechanisms

The following answers the research question "how do you cope with mental illness from the first episode?" From my findings, on the onset of mental illness in responding to it families first seek medical attention as they perceive it as something that that needs specialized knowledge. For example family one in Chipadze (Tichaona a 59 year old father of a son with mental illness and his son Takudzwa a 32 year old older brother to the ill one) concurred that they value seeking medical attention first then afterwards other ways can be applied. They said they once dualized coping mechanisms as they resorted to faith healers from Pentecostal churches and apostolic sects.

As a family they consulted Prophetic Healing and Deliverance prophet Walter Magaya seeking divine intervention. In line with this, NAMI (2005) indicates some families resort to religious strategies for coping with mental illness which affects their loved one. This includes attending church sessions. Some families consult traditional healers only for their relative to get back to normal state.

The above case is different from what other families do. For example Tendai (a 35 year old daughter of a man characterized by periodic episodes) from another family in Chipadze said "we consulted traditional healers for cleansing where we would be asked to bring red and black cloths and white cock. The spirit was taken out of the ill and transferred to the cock, which would be let wandering mostly near rivers….kurasirira". Tendai said "I will be lying to you if I say there was a single day we visited a hospital; my father is only taken to traditional healers if the episode of mental illness occurs". The findings concur with what American Indians resort to when attending to mental illness; resorting to animals as healers and taking those to sacred places (Swartz, 1999).

There is common ground on how families cope with mental illness as one family in Aerodrome say whenever the relative's episode occurs they take him to Annexe Psychiatric Unit in Harare. The only difference is some do not consider traditional or faith healing, they only believe mental illness is curable the medical way. For instance Florence (a 45 year old mother of teenager with drug induced psychosis) from a family in Aerodrome said "we only believe in the medical way of responding to mental illness and for my son (mother narrating) who has a problem of substance induced psychosis drugs administered at hospitals help in normalizing the illness". She also said as a family they see mental illness as a disease that can be attended to by psychiatrists because they are trained for that. This is in contrast with what Abbo et al (2008) say; an estimated 60 to 80% of individuals with mental illness in developing countries first seek care through traditional healers. One can see that how families respond to mental illness might differ on the account of family background as coping ways for a family in Chipadze (a high density suburb) are different from a family in Aerodrome, which is a medium density.

Coping mechanisms which families use from on the onset of families do not change because they have come to terms with the illness. If a family initially applied medical way or traditional way of treating a mentally ill then they will still use the same mechanisms because it all lies within how they interpret it. From the findings, the degree of mental illness also presents as a determining

factor on which way to resort to. This can be seen in the symptoms exhibited by the mentally ill. Some symptoms such as violent behavior cause the family members to panick and for those who believe in medical way that's when they visit a psychiatric institution and request for the admission of their loved. It will be a way of seeking relief as the behavior is disruptive to the family members whom the mentally ill lives with. For such persons, Robert and Brian (psychiatric nurses) from Annexe, Parirenyatwa Group of Hospitals indicated that they are referred to other institutions for further rehabilitation.

Usually relatives bring their loved ones with mental illness to the hospital. Robert a psychiatric nurse at Parirenyatwa hospital indicated that, basing on his two years experience at the institution, many relatives confirm that it's their first experience of mental illness and they have agreed as a family to take their loved one to the hospital for specialized care.

Effectiveness of the mechanisms

Ways (consulting prophets and traditional healers) which families usually use in trying to better the condition of their loved one are very effective as families believe in the mechanism they resort to. Tendai from Chipadze said "each time my father was taken to traditional leaders after sleepless night he would feel better and notable changes occur in terms of behavior exhibited". She also said traditional method is effective as we saw him going back to his normal state each time the episode occurs after consulting traditional healers; the cleansing processs is done. In contrary, Tichaona indicated that they do believe in faith healing. He said "each time we took my son to a prophet his illness would get back to its normal state". At these prophets for example at Prophetic Healing and Deliverance they are instructed to use anointing water for washing the body; they attach huge importance to this as Tichaona indicated that no symptoms of mental illness would be identified immediately after visiting the church. Traditional healing is important to those who prefer it as enshrined in how mental illness is interpreted in different families. Those who prefer traditional way of responding found it working and they have faith in their beliefs. In as much as they believe in a coping mechanism, it tends to work for them as they apply or resort to the agency or any place confidently that their loved one will be relieved of the illness. For consulting prophets they are also given anointing oil to spread around the body and believe it keeps away the evil spirit and muteuro, which serves the same purpose from mapositori.

For other families it is different with the above as they view prescribed drugs as important and very effective in bringing back the ill at their normal state. For example Florence and Faina in Aerodrome highlighted the importance of drugs such as carbamazapine, trifluoperazine in helping their son to get back at his normal state. These findings are in line with what World Health Organization (2001) say; use of drugs is effective and families should consider it. However, other families do not consider it as they resort to faith healing and traditional ways.

Extended family involvement

From the research findings extended family members are involved in attending to mental illness of a loved one, though to a less extent. The family set up of others is open to involvement of members outside the immediate family. For instance, respondents from family one (Tichaona and Takudzwa) in Chipadze said; "family members only suggested how his son can be helped. And they suggested taking him to Prophetic Healing and Deliverance and we did that for divine intervention". One who was available from the extended family would administer drugs for my son as sometimes we would be away doing other business, said Tichaona.

The above also is the same scenario for family 2 in Chipadze where Tendai indicated that her dad was always in company of his brothers and other relatives when seeking traditional healing. My findings concur with those of Marimbe-Dube (2013) who indicated that relatives of a mentally ill person should ensure proper medication is administered onto the ill. This may guarantee the restoration of normalcy on the state of the ill as soon as the medication starts working. This is in line with the family systems theory (theoretical framework) which states that families, couples and organization members are directly involved in resolving a problem even if it is an individual problem. Skyttener (2005) indicates that the whole is greater than sum of its parts. One can see that in this context, members of the extended family play supportive role in helping a relative with a mental illness getting back to normal state.

However, respondents from family three indicated that members of the extended family are not available in terms of assisting us. This is a unique finding as other families narrated the role played by the extended family. Florence from this family said "we manage things such as buying drugs for my son with substance induced psychosis, which are sometimes out of stock at hospital, looking after him when he wanders away from home, and taking him to the hospital for review ourselves

as nuclear family". No help is given by the extended family. So extended family involvement in responding to mental illness differs from family to family.

4.32 PERCEPTIONS ON THE IMPACT OF MENTAL ILLNESS

Social

This part seeks to answer the research question "how do you perceive the impact of mental illness?"Families are almost affected with mental illness in similar ways despite that people suffer from different types of mental illness. They highlighted that mental illness affect them as one exhibits abnormal behavior such as violent behavior, talking too much which confirms one is mentally ill. For example Tichaona in Chipadze from family one indicated that if not attended to it can worsen the emotional state of family members. He said "you may end up not sure which way will help in managing the illness, leading to hopelessness and take any action out of desperation". Takudzwa (the son) said; "It was terrible as we, as family, could not understand what was taking place until we agreed to take him to Annexe hospital in Harare for psychiatric assessment. We were all in fear, panicking over the behaviour exhibited".

The above is the same for another family in Chipadze. Tendai from the family in indicated that mental illness is very disturbing and she went on to say with little assistance from others it is a tough time for one caring for a person with mental illness. Tendai also said; "it affected her socialization with other people in the community as I would spend time thinking of the illness of my dad, I couldn't handle the gravity of the problems paused with the illness of my dad as it started when I was young (19 years)". The cognitive aspect has a role as she said by then. In the same vein, caregivers from Aerodrome said, "mental illness is perpetuated with continual use of drugs and if not checked it affects communication within the whole family". They said to us the illness is traumatizing. Florence from Aerodrome said; *"*at times I become harsh at my son as he doesn't want to bath, become stressed when he spends some days without eating enough. It is even worrying his younger brother whom he beats up".

This is in line with what other scholars say; the ill person is easily upset that it disrupts communication with their other family members (Barry, 2002). The sad fact is that changes in behavior adversely affect communication and as a result there is increased anxiety among other family members.

In addition, Robert a psychiatric nurse at Parirenyatwa Group of Hospitals provided that some relatives suffer caregiver burnout and it may lead to the ill not complying with the prescribed medication. In severe situations, from the data collected, such persons are taken to Chikurubi psychiatric unit or any rehabilitation centre as they will be disruptive at home. Brian another psychiatric nurse said; "mental illness strain marriages….a couple may even divorce if either partner is ill, wastes time as one needs some time to supervise; checking on how drugs are being taken". Like with my findings, studies in Western countries have shown that family care causes stress, and depression (Wancata et al, 2006). In United States of America (USA) study in regard to bipolar affective disorder, family members caring for a mentally ill relative felt alone, struggled to get reality of their experiences and found it problematic to maintain a sense of normality as their life was gradually covered by the effects of the condition (Jonsson et al, 2011).

Mental illness presents serious adverse effects on families caring for their loved one. It descends on families in different dimensions. The bad side of it is that families may not even understand what is happening up until they visit hospital for a specialized assessment to detect what is bedeviling the family as well the one who is ill. These findings are in sync with what was found in the West; in the United States of America (USA) study in regard to bipolar affective disorder, family members caring for a mentally ill relative felt alone, struggled to get reality of their experiences and found it problematic to maintain a sense of normality as their life was gradually affected by the effects of the condition (Jonsson et al, 2011). Respondents from family one said:

To some families (in regard to what Tendai from family two in Chipadze said) cognitive functioning affects how mental illness troubles relatives of the ill. Some, as they fail to cope with the illness exhibited, end up wandering away from home. This may be attributed to fear, hopelessness and anxiety. This can be supported with findings of a review by Awad and Voruganti (2008), which indicates that relatives of the person with mental illness experience physical illness, depression and anxiety. One can therefore say many families with relatives with mental illness experience almost similar social problems regardless of the family background.

Economic

From the findings, families at times face financial constraints especially those who interpret mental illness as caused by social factors such as witchcraft and avenging spirits. They then consult traditional healers which they said demand more for the ill to be delivered from the illness. For example Tendai from Chipadze said; “traditional healers demand a lot of money which family at times they struggle to raise, resources are also wasted as they repair damaged property such as windows, televisions and radios. The properties are damaged when the ill is in their episode that no one from the nuclear family can contain them. It emerged that those who show violent behavior are affected with bipolar affective disorder which is characterized by mood swings, “this hour is very happy and next hour is angry and aggressive”. Like these findings, in a survey conducted in Tanzania by White (1991), financial loss was reported as families spent lot of money to pay traditional healers. Also in mid west Nigeria findings indicated that financial score was higher than burden of family routine disruption, social stigma, interaction and distress (Osayi et al, 2010).

However, for some families financial constraints are not pronounced. Florence from a family in Aerodrome said, “Drugs which are prescribed for my son are readily available at Annexe and when they are not available I can buy them in any pharmacy at a reasonable price”. Therefore, financial problems are closely related to the social status of a family as those in medium density can afford expenses which might not be afforded by families in high density suburbs.

4.33 INTERPRETATIONS OF MENTAL ILLNESS

How families interpret mental illness, become a determining factor on how do they then attend to it in trying to help a relative with a mental illness. From my findings, families interpret mental illness differently depending on beliefs and perhaps the level of education attained. Tendai from family two in Chipadze highlighted that their interpretation of mental illness stems from their cultural belief, as such they often apply traditional way of treating mental illness. Tendai said; “I see mental illness as associated with witchcraft and avenging spirits. If the illness intensifies it means the witch is tightening their evil activities or the spirits are backfiring, my brother (referring to myself) mental illness is caused by mental illness or by killing someone”. This concurs with what Kleinman (1980) indicates; there are different cultural models which relate mental illness to life events, fate, supernatural causes and physical diseases reduce the demand for mental health care.

However, basing with my findings the just mentioned is a unique finding as two families have same views which are different from those of family one in Chipadze. Tichaona from family one in Chipadze and Florence from a family in Aerodrome highlighted that their interpretation stems from the understanding of health as the complete state of physical, mental and emotional wellbeing. As such they view mental illness as any other illness. Florence said; "mental illness can be triggered with the use of drugs and alcohol which is the case with my son. As such, as long as the illness is not checked the impact will heavily descend on the rest of family members."

Therefore they resort to medical way of attending to mental illness. Despite this understanding, some families still use medical way simultaneously with the traditional way. Some families (as the case with family three) see mental illness as triggered by the abuse of drugs and alcohol. As such they seek help from psychiatrists and other professionals such as psychologists, occupational therapists and clinical social workers who work in collaboration with these psychiatrists.

4.34 EFFECTIVENESS OF MEASURES CONSIDERED IN HELPING PERSONS WITH MENTAL ILLNESS

Government intervention

This part seeks to answer the research question "in what way do you think the government can effectively help in handle the problem of mental illness?"The government has not been supportive to the families with mental illness so the families have key areas which they think if the government revolves around those it will better their position of caring for a relative with a mental illness. For instance Tichaona from family one pointed out some areas which are lacking and they consider them critical; "we expect the government to supply drugs which are in most cases not readily available at psychiatric hospitals. Police should always assist in identifying mentally ill persons when they have wandered away from home and let the relatives know".

In developing countries such as Zimbabwe there are a number of complications perpetuated by the economic recession. This may incapacitate big referral hospitals such as Parirenyatwa as they are not affording important drugs such as haloperidone. In this regard, families look up to the

government as they are in abject poverty. This leads to the affected emotional state as they become worried about when our relative will get back to normal state. If the government does not act likewise it means families are left in the pool of social, economic, and psychological (all indicated above) problems brought about by a mental illness.

In contrast to the above, another family from the same area indicated that they don't need any assistance from the government, citing their father's ability to take care of his illness when the episode occurs. Tendai is content with the status of her father that they don't imagine being assisted. Tendai from family two said, "my father is a teacher and he can fend for himself and the family too so I don't think we need government assistance. The episodes occur after a long period so it may be improper to classify him as mentally ill person who has special psychiatric needs". This is connected to the belief that an individual should work for themselves and should not rely on assistance from authorities. For Florence and her sister Faina said; "the government should tighten laws on drug dealers. I also think that it will help if the government frequently does awareness campaigns in communities denouncing drug and excessive alcohol use. The government should also engage with some non- governmental organisations so that supply of drugs is in abundance; avoiding a situation where most used medical drugs will be out of stock".

4.35 SUPPORTING FAMILIES

The findings indicate that there are efforts at psychiatric institutions to help families with their loved one with mental illness. Those who cannot afford bus fare because they come from places far away from Harare or they don't have anything because they were brought to Annexe by well-wishers who picked them in the streets. Two psychiatric nurses Robert and Brian from Annexe concurred that the institution is trying its level best in giving a supportive role as different departments are involved in helping their clients. Robert said; "social welfare department helps in mobilizing resources for the disadvantaged families at Annexe and the organization also facilitates transfer of disruptive patients to other rehabilitation centres".

Psychosocial support and education are also services provided for free at psychiatric institutions both to the family members or directly to the one with mental illness during the time he will be in admission. Brian said; "psycho-social education, psychosocial support for free to address caregiver

burnout and relatives come with questions that can be answered by professionals, usually psychiatrists, during ward rounds".

Appointments with professionals such as psychologists, occupational therapists and clinical social workers can also be arranged even if they are discharged. This concurs with other findings in Zimbabwe; There was a team in Mbare (responding to mental disorders which affected a few people after the devastating operation Murambatsvina) which comprised of psychologists, a primary care nurse and a psychiatrist adapted existing training materials on problem solving therapy in light of experience working with general nurses in primary care giving (Chibanda et al, 2011). Psychiatric institutions play a crucial role in trying to help families come to terms with mental illness of their loved ones.

4.36 SUMMARY

This chapter analysed and presented data gathered from my findings. The data was analyzed using content analysis; codes drawn from data transcription and themes were developed from what the participants said responding to questions predetermined from a prepared interview guide. Tables were used to present demographic information. The next chapter focuses on summary of the whole research, conclusions drawn from my study as well as recommendations that can be given revolving around the state of the art as represented by the findings. The next chapter focuses on summary of findings, recommendations and conclusion.

CHAPTER 5: SUMMARY OF FINDIGS, STRENGHTHS AND LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter focuses on the summary of findings, strengths and limitations of the study, recommendations and conclusion of the study.

5.2 SUMMARY OF FINDINGS

This qualitative study highlighted the coping mechanisms, perceptions on the impact of mental illness as well as what families expect what can be done. The results from the study indicated that families often apply medical intervention, traditional intervention (or use both at the same time)

and some families use either medical or traditional and they stick to that. They visit psychiatric institutions for clarification on what is taking place with their loved one (as some may not be sure of what exactly the problem is). For those who visit traditional healers (43%) of the respondents they pay large sums of money and they may be required to come with a cock that they say is instrumental in casting out the evil spirits, which they believe are responsible for the illness of their loved one.

The time they consult medical practitioners and other secondary professionals such as psychologists, occupational therapists, as well as clinical social workers, 57% of the respondents (family one and two) indicated that they are taught how to cope with the problem the mentally ill and also the ill is taught some skills to cope with the problem of mental illness. Findings indicated that services such as psychosocial education, psychosocial support and administering of drugs are offered for free. In this regard psychologists and clinical social workers are responsible for offering these services in psychiatric institutions.

Perceptions of the impact of mental illness included social stigma, fear, stress, financial constraints, loss of property, straining relationships and time spent on looking for the ill when they have wandered away from home. It is important to note that all respondents expressed that they experience all the listed problems in relation to living with a loved one with mental illness. Respondents expressed that they have been victims of stigma as they are isolated due to the behaviors such as violent behavior exhibited by their loved one when in their episode. Fear was reported to occur whenever the mentally ill relative starts exhibiting violent behavior. Stress is usually associated with the absence of the ill without the knowledge of the family and when our loved will get back to their normal state of functioning. They talked of financial loss as they repair broken properties due to violence and forking out large sums of money to pay traditional healers.

Families (57% of the respondents, family one and three) expect that the government should meet their needs through ensuring that drugs prescribed for their loved one with mental illness are readily available at psychiatric institutions. They expressed that it is important that they consider consistent supply of psychiatric drugs as they are critical in restoring normalcy to individuals with mental illness. Another area of concern is on descending heavily on drug dealers as they have their role in the prevalence of substance induced psychosis in the country. This need to be considered

as 28% (family three) of the respondents expressed that substance induced psychosis is co-morbid schizophrenia (as per diagnosis).

5.3 STRENGTHS AND LIMITATIONS OF THIS STUDY

Strengths

This study provide knowledge on that poor families in high density suburbs may interpret mental illness differently despite being brought together in that locality by a common denominator; poverty, which creates a social class. A qualitative study allows description and explanation of experiences people have in any subject under study. The study touched on bipolar affective disorder, substance induced psychosis and schizophrenia, therefore it can be generalized to other populations with their loved ones suffering such disorders. In this case I indicated what families with a loved one with mental illness experience throughout their lives. Possibly this study may lay foundation for any researcher who may want to find more in this area.

Limitations

The findings of the study were drawn from three families in Chipadze and Aerodrome in Bindura and generalizing can only be meaningful to the location where the study took place. It cannot be generalized to the whole country as the sample size was very small.

5.4 RECOMMENDATIONS

Recommendations from this study target the following groups of people; professionals (medical team and other secondary professional such as psychologists, occupation and clinical social workers), family members or caregivers, government and other relevant authorities and researchers.

Professionals

Psychiatrists, psychiatric nurses, clinical social workers, psychologists and occupational therapists should provide services such as psychosocial support, family therapy and psychosocial education consistently. It is important that they provide these services considering dignity and worthy of the person. They should not show negative attitude towards any mentally ill person as

well as their families. It is important that these professionals create a free environment for their clients (families and the ill) enabling them to be free without feeling threatened or out of place so that the nature of the problem is detected and appropriate therapeutic intervention is devised, be it social services or prescription of medication. In their day-to-day practice they have to consider that people have different beliefs imbedded in the culture one grew in. That any service provided should not be in conflict with their client's cultures need to be given attention.

Families

Families need to be supported so that they cope with the problem of mental illness bedeviling their family. Facilitators are needed to help in the creation of support groups. They can organize themselves and come up with a support group that whenever they convene an agenda for the day is set. They should also consider reducing stigma. Effective interventions for reducing stigma is personal contact with people with mental illness and allow them to share their experiences (Thornicroft et al, 2008). This need to be adopted across the country so that the position of families in coping with mental illness is improved.

Government and other relevant authorities

Government should review existing laws which highlight on the prohibition of drug dealers and possibly adopt new policies which tighten the screws on drug dealers as they have their role in exacerbating substance induced psychosis. The government should also ensure effective implementation of crafted legislative instruments and should be in harmony with the needs of families with a relative with mental illness.

The government of Zimbabwe should also strive to supply psychiatric drugs in all psychiatric institutions across the country so that they are readily available. Families are struggling to cater for their lives so the government should try to supply drugs that are found expensive in private pharmacies.

Researchers

Further research is required so that generalization is effective. This study was drawn from a small sample size which makes it difficult for the results to be generalized to larger population or the

whole country. Therefore, researchers should consider this area and come up with a large and diverse sample that can be generalized to a large population.

5.5 CONCLUSION

Families respond to mental illness either through medical way or traditional, but some use both simultaneously and usually it will be out of desperation stemming from when their loved one with mental illness will become better or normal. In this regard a comprehensive definition of mental illness should encompass psychological state and interpretations drawn from cultural beliefs. For example 43% of the respondents view mental illness as stemming from practices of witchcraft and avenging spirits. One can therefore say mental illness varies from family to family as indicated above that one respondent from the mentioned 43% expressed that we cannot categorize my father as a psychiatric person because his episodes occur after long periods of time.

Families of a person with a mental illness often suffer stigma, fear, financial constraints, stress, shock, and strained relationships as the ill exhibit symptoms of a full blown mental illness. It is important to note that all respondents expressed that they experience all the listed problems in relation to living with a loved one with mental illness. Respondents expressed that they have been victims of stigma as they are isolated due to the behaviors such as violent behavior exhibited by their loved one when in their episode. Fear was reported to occur whenever the mentally ill relative starts exhibiting violent behavior. Stress is usually associated with the absence of the ill without the knowledge of the family and when our loved will get back to their normal state of functioning. They talked of financial loss as they repair broken properties due to violence and forking out large sums of money to pay traditional healers.

Extended family (in some families) come into play in assisting the immediate family in administering medication as well as suggesting ways that a family can use in trying to help a loved with mental illness. Some even contribute with emotional support and financial assistance especially when consulting traditional healers, who usually demand large sums of money. Families can be supported through psychosocial education, psychosocial support and at government psychiatric institutions they get these services for free. These institutions also provide financial assistance to families who cannot afford bus fare when their loved one has been discharged.

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APPENDICES

APPENDIX 1

INTERVIEW GUIDE

Creswell (2003; 2007) says in qualitative interviews the researcher should prepare for the interview, construct effective research questions and implement the actual interviews. It is important that the researcher explain the purpose of the interview, address terms of confidentiality, asks neutral questions, and provide transition between major topics (McNamara, 2009).

Introduction

My name is Ivan Masawi doing my Honours Degree in Social Work at Bindura University of Science Education. I'm doing my research on mental illness. I would like to interview you about how do you respond to mental illness when your loved one is in their episode. The interview will

last not more than an hour. Whatever you shall say to me is kept confidential, that is it will not be disclosed to anyone and you will not be identified anywhere by anyone as the respondent. I will be taking notes on everything you say. Recording will also be considered as I may fail to capture everything you say. If you want to get in touch with me call on 0778922472 or visit 17030 Zengeza 4, Chitungwiza. You are free to answer questions before the session kick start. The interview is not compulsory; you may withdraw before the end of the session. Are you willing to continue?

Signature

Date ……...

Interviewee ……

Witness ……..

Section 1: Biographic information

1.1 Can you start by telling me about yourself and your family?

Prompts:

How old are you?

How many are you in your nuclear family?

How many children do you have?

For how long have you been staying in this area?

Section 2: Experience of helping one with mental illness

2:1 Let's talk about your first experience of helping your loved one with mental illness

Prompts:

- When did the first episode occur?

In 2002

- How old were you?
- How did you cope with the illness?
- Can you describe how you perceive the impact of the illness on you?

- Did you get some form of assistance from members of the extended family? If yes, in what way?
- How did you feel when the affected one exhibit negative symptoms?
- I have my auntie who had problems with her husband during first episode psychosis of the husband. Can you describe your experiences in care giving since first episode of the illness?

Section 3: Ways used in trying to help one with mental illness

3:1 You experienced living with a mentally handicapped person; can we talk about ways you use (d) in trying to help them?

Prompts:

- Can you describe the ways you resort to in helping your loved one?
- If there is assistance you get from others can you describe it?
- Are there any suggestions, on ways to resort to, given by others? If yes, can you describe them?
- Can you describe the effectiveness of the ways you prefer?

Section 4: Family perceptions of the impact of mental illness

4:1 Can we now talk about your perceptions of negative symptoms exhibited by your loved one when they are in their episode?

Prompts:

- Can you describe how you perceive mental illness?
- Do you feel like the extended family should always be with you in helping your loved one?

- Can you describe your relationship with the ill when in their episode?
- Can you list some of the effects of negative symptoms?
- Does the exhibition of the symptoms affect your normal functioning?

- Are members of your extended family also affected?

Section 5: How families can be supported

5.1 Expectations from the government and relevant authorities

Prompts:

- If you think government intervention is necessary can you describe how it can assist?
- Can you describe the assistance you would like to get from other authorities?
- If you want to add something please let me know

Thank you very much for your time.

APPENDIX 2

INTERVIEW GUIDE FOR KEY INFORMANTS

Key informants have specialist knowledge on the area under study, they have more knowledge than ordinary people (Payne and Payne, 2004). In this case key informants are psychiatric nurses. There shall be an interview guide for key informants.

Introduction

My name is Ivan Masawi, doing my research on mental illness. I would like to interview you about how you respond to mental illness when your loved one is in their episode. The interview will last not more than an hour. Whatever you shall say to me is kept confidential, that is it will not be disclosed to anyone and you will not be identified anywhere by anyone as the respondent. I will be taking notes on everything you say. If you want to get in touch with me call on 0778922472 or visit 17030 Zengeza 4, Chitungwiza. You are free to answer questions before the

session kick start. The interview is not compulsory; you may withdraw before the end of the session. Are you willing to continue?

Signature

Date ……...

Scheduled questions

- So tell me, for how long have you been in this field?
- I have my auntie who requested for the discharge of her niece so that they seek traditional healing. Have you experienced that since you became a psychiatric nurse?
- From your experience, how do you perceive the impact of negative symptoms exhibited by the mentally ill to the family members?
- Are there any ways families resort to in trying to assist their loved ones with mental illness?
- What measures would you recommend for the family members to get the best suitable assistance?
- What do you think can be done to reduce the prevalence of mental illness?
- Are there efforts at your hospital being applied to assist families? Can you describe their effectiveness?

Thank you for your precious time.