EFFECTS OF PSYCHOSOCIAL INTERVENTION ON FAMILIES WITH INDIVIDUALS FACING CHRONIC MENTAL HEALTH ISSUES.

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DECLARATION

I, Lamarana Bah, hereby declare that this work is the product of my research efforts undertaken under the supervision of Assoc. Prof. Saad Tajuddeen and has not been presented anywhere for the award of a degree or certificate.



23/09/25

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CERTIFICATION

This is to certify that the research work titled: "Effects of psychosocial intervention on families with individuals facing chronic mental health issues" by Lamarana Bah **(ST10195460)** was carried out under our supervision in partial fulfilment of the requirements for the award of the degree of Master of Science in Psychology and Islamic Counselling of the International Open University, The Gambia.



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DEDICATION

I dedicate this work to the almighty Allah for giving me the strength and ability to complete this academic journey.

ACKNOWLEDGEMENTS

All praise and gratitude are due to Allah, the Most Gracious and Most Merciful, for giving me the strength, ability, and perseverance to complete this academic journey.

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To my parents, who has always inspired me to value education, thank you for your unwavering prayers, encouragement and emotional support given to me throughout my academic journey.

LIST OF ABBREVIATIONS/ACRONYMS

Pss	Psychosocial Support
PE	psychoeducation
CBT	Cognitive behavioural therapy
ACT	Acceptance and commitment therapy
DBT	Dialectical Behavior Therapy
PI	Psychosocial intervention
PWB	Psychological Well-being
MH	Mental health
CMHI	Chronic mental health issues
FST	Family system theory
EEW	Enhance emotional wellbeing
DRP	Disrupted relational pattern
EFRCS	Enhance family relational and coping strategies
IDIs	In- Depth interviews
FGDs	Focus group discussions

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ABSTRACT

The thesis focuses on effect of psychosocial interventions on families with individuals facing chronic mental health issues especially in The Gambia. Taking care of patients with mental disorders is stressful, and people who take care of these patients need to receive enough support and training to overcome this challenging situation. Therefore, including a close family member in psychosocial interventions for chronic mental illnesses is a logical treatment approach that can boost the effects of the intervention on the patient and benefit the family member. A purposive and simple random sampling techniques was used to recruit participants for this study. Data was collected in two phases that include qualitative and quantative. Qualitative approach that includes in-depth interviews (IDIs) and focus group discussions (FGDs). Qualitative inductive thematic analysis was used for this study. The qualitative data was then organised, and this process includes open coding, creating categories and abstraction. The quantitative review involved 84 participants from Kanifing General Hospital,mental health unit and demonstrated a beneficial effect of psycho social interventions for carers. Psychoeducation was widely used and the most evaluated intervention for carers. 54.7% of the respondents strongly agree that psychosocial interventions make them better understand their patient conditions, 53.5 % strongly agree that it make them sociable, 35.7% strongly agree that it increases their quality of life, 50% strongly agree that it increase their coping strategies,59.5%Strongly agree that it increases their patient recovery, 40.4%Strongly agree that it help in control of patient symptoms. Psycho social interventions for carers are beneficial in helping to reduce negative outcomes such as stress, isolation,poor coping mechanism and enhance positive outcomes such as knowledge,sociability,recovery, coping skills and quality of life.It indicate areas of where intervention could be strengthened or expanded. The implementions that were done at the study site were psychoeducation, community sensitization on mental healtrh awareness. Future research could focus on exploring the impact of interventions on less evaluated outcomes such as depression and anxiety disorders. Integration of mental health and psychosocial support into the general health system.

Keywords: Caregiver burden, psychosocial intervention, chronic mental disorders

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Mental health is one of the main components of public health in societies, mental health problems are critically increasing in many parts of the world, as estimated, and about 19% of the world's population suffers from at least one of the various types of mental disorder as one of the main causes of disability. (Lohrasbi, et al., 2023) . Globally, it is estimated that 450 million people are affected by mental disorders at any one time, mental illness accounted for about 12.3% of the global burden of disease in 2001 (Iseselo, et al., 2016).

Chronic mental illnesses are important stressors not only for individuals who are the sufferers of such illnesses but also for their family members who are a part of the system (Shamsaei et al., 2015). With the transition from hospital-based practices to community-based practices in the care of chronic mental illnesses, the responsibility of care for families has increased. As a result, its effects on the caregiver have become evident (Von Kardorff et al., 2016).

Psychosocial interventions have been shown to significantly improve emotion regulation among children and youth. A meta-analysis reported a small-to-medium effect size on emotion regulation outcomes, with interventions such as Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and behavioral parent training being particularly effective (Sloan et al., 2024).

Psychosocial interventions have demonstrated efficacy in reducing depressive symptoms among individuals with chronic kidney disease.

A systematic review and meta-analysis reported that group counselling, cognitive behavioral therapy, and community-based programs help in reduction of depressive symptoms in this population (Pascoe et al., 2017).The main effects on families usually include reduced caregiver burden, improved family functioning, better coping mechanisms (resilience, emotional regulation), increased understanding of the illness, lower rates of family conflict and stigma, improved quality of life for both the patient and the family, and prevention of patient relapse (WHO 2023).

De Silva et al. (2013) conducted a meta-analysis that found psychosocial interventions had a moderate to strong positive effect on social functioning in individuals with depression and schizophrenia. These interventions included cognitive-behavioral therapy, family interventions, and community-based rehabilitation. The improvements in social functioning were evident in areas such as independent living, social participation, and occupational performance.

Psycho-social support interventions have demonstrated a significant impact on families caring for individuals with chronic mental health conditions. According to a systematic review and meta-analysis, such interventions led to improved family functioning and a reduction in caregiver burden by approximately 25% over six months (Singla et al., 2023).

A meta-analysis revealed that family psychoeducation programs resulted in a 30% decrease in caregiver burden, as well as improved family functioning over a 12-month period (Thompson et al., 2022). Furthermore, a study examining the effectiveness of peer support interventions found that caregivers participating in peer-led groups experienced a 40% reduction in psychological distress (Wright et al., 2020).

Mental illness may cause a variety of psychosocial problems such as decreased quality of life of the patient's family members, increased social distance for the patient and the family caring for the patient, blame, guilt, anger, frustration, hopelessness, stigma, and discrimination. Psychosocial challenges are enhanced by the stigma attached to mental illness, which is a problem affecting not only the patient but also the family (Iseselo, et al., 2016).

1.2 Statement of the Problem

Caring for people with chronic mental illnesses poses serious emotional, social, and financial burdens on families that adversely affects their well-being. Schizophrenia, bipolar disorder, and severe depression are examples of long-term mental illnesses that profoundly deteriorate the quality of life of people living with it and also significantly affect the lives of family members, who often take on the role of informal caregivers (Saunders, 2020). These families suffer from elevated levels of stress, stigma, and caregiver burnout, with suboptimal mental health and strained familial bonds (Chan et al., 2021).

Family psychoeducation, support groups, cognitive behavioral approaches, and stress management training are examples of active psychosocial interventions, which have been found to improve coping strategies and reduce caregiver burden while enhancing family functioning (McFarlane et al., 2017). There is increasing evidence regarding the effectiveness of these interventions; however, they remain inadequately or partially applied, especially in low-resource contexts (Thara & Patel, 2019). In addition, families do not have proper access to adequate information, counseling, or organized aid that caters to their psychosocial concerns.

The lack of efficient psychosocial help to the families, may, in turn, aggravate the illness in the patients, increase the relapse rate, and lower the quality of life for the patients and caregivers (Sin et al., 2022). Hence, this gap calls for a study on the impact of psychosocial interventions on families coping with chronic mental illness is vital in creating integrated mental health care services that address the needs of the patients and their supportive systems. This work is necessary to guide policy and develop mental health services at the community level, particularly where there are no organized support systems.

1.3 Purpose of the Study

1. To ascertain, the effects of psychosocial intervention on parent of individual individuals with chronically mental illness.
2. To evaluate the improvements in psychological and social support on the parent's well-being following intervention.
3. To assess the impacts of specific types of psychosocial interventions and support (e.g., social skills training, and psychoeducation) on parents outcomes.

1.4 Research Questions

1. What are the effects of psychosocial intervention on parent of individual individuals with chronically mental illness?
2. What are the improvements in psychological, and social support on the parent's well-being following intervention.
3. What are the impacts of specific types of psychosocial interventions (e.g., social skills training, and psychoeducation) on parent's outcomes?

1.5 Hypothesis

Psychosocial interventions improve caregivers' understanding of patients' conditions, coping strategies, social interactions, and overall quality of life.

1.6 Significance of the Study

Psychosocial interventions such as family therapy, psychoeducation, and support groups can improve coping strategies, reduce stress, and enhance communication and relationships within the family Psychosocial support often leads to better treatment adherence, reduced relapse rates, and fewer hospitalizations for the mentally ill individual.

A well-informed, emotionally supported family can detect early warning signs and facilitate timely intervention. Research findings can inform mental health policy, especially in developing countries where family-based care is prevalent. It can also support the design of family-centered mental health programs, integrating psychosocial approaches as part of standard care.

The outcome of the research will help government institution, healthcare professionals to know the progression of psychosocial intervention, develop plans and implement strategies that help them improve on treatment outcomes. The findings of the study of the can also be used by future researchers for future studies on the same topic.

1.7 Scope and Delimitation of the Study

The study was conducted at Kanifing General Hospital, mental health unit and the hospital was established in April 2010. Kanifing General Hospital is a secondary facility that is committed to providing quality and affordable health services to the people of The Gambia.

The study is geographically limited to selected regions within The Gambia due to resource and logistical constraints. Rural areas with minimal access to psychosocial services are excluded.

It focuses only on families of individuals diagnosed with chronic mental illnesses such as schizophrenia, bipolar disorder, and major depressive disorder, and does not include families dealing with substance use disorders or acute psychiatric conditions.

This study does not measure long-term outcomes beyond six months post-intervention due to time limitations. Language barriers are minimized by including only participants who can communicate in English or local languages commonly used in mental health services (e.g., Mandinka, Wolof).

1.8 Operational Definition of Key Terms

Psychosocial Intervention: Refers to structured support strategies aimed at addressing both psychological and social aspects affecting individuals and families.

Chronic Mental Health Issues: These are long-term and often recurrent mental health conditions such as schizophrenia, bipolar disorder, chronic depression, and anxiety disorders.

Families: Refers to the immediate and extended members who provide physical, emotional, or financial support to individuals with chronic mental health issues.

Mental Health: A state of well-being in which individuals realized their own potential, can cope with normal stresses of life, work productively, and contribute to their communities.

Intervention Effectiveness: Refers to the measurable improvement in family functioning, reduction of caregiver burden, or enhancement in coping mechanisms among families receiving care

Stigma: Negative attitudes, beliefs, and behaviors directed towards individuals with mental illness and their families, often resulting in social exclusion or discrimination.

Support Systems: These include both formal and informal networks available to families to help them cope with chronic mental illness.

Resilience: The ability to bounce back from the challenges associated with caring for a member with chronic mental illness.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter explores the theoretical and empirical review of the literature on the effects of psychosocial intervention on families with individuals facing chronic mental health issues. The databases used for the literature search included Google Scholar, PubMed, Medline, and other sources such as journals and reports. The theoretical and conceptual framework guiding the study is also covered in this chapter.

2.2 Theoretical Framework

This study was anchored on family system theory that was propounded by Murry Bowel (1950s-1960s).

2.2.1 Family System Theory

Family Systems Theory, originally developed by Murray Bowen in the 1950s and 1960s, conceptualizes the family as an interconnected emotional unit in which each member's thoughts, feelings, and behaviours influence the functioning of the entire system (Kerr & Bowen, 1988). Rather than viewing problems as residing within an individual, the theory emphasizes that difficulties emerge from patterns of interaction within the family system. Thus, the behaviour of one member affects—and is affected by—the responses of others (Drew, 2023). According to the theory, chronic mental health challenges within a family disrupt established relational patterns, leading to increased emotional reactivity, shifts in roles, communication breakdowns, and heightened stress among family members (Titelman, 2014). Bowen highlighted processes such

as emotional cutoff, triangulation, differentiation of self, and multigenerational transmission, all of which shape how families respond to long-term mental health conditions. Enhancing families' knowledge and understanding of mental illness and psychosocial interventions is therefore essential. As Bowenian theory suggests, greater insight allows family members to regulate emotional reactivity, maintain healthier patterns of communication, and reduce maladaptive responses such as blaming, over-involvement, or emotional withdrawal (Kerr, 2000). These improvements increase family cohesion and strengthen resilience in the face of chronic stress. In alignment with the documented benefits of psychosocial interventions, Family Systems Theory supports approaches that improve communication, clarify family roles, enhance emotional regulation, and build collaborative coping strategies. Such interventions contribute to a more balanced family environment that not only supports the individual's recovery but also promotes long-term family functioning and well-being (Goldenberg & Goldenberg, 2017). Ultimately, by addressing relational dynamics and fostering healthier emotional exchanges, psychosocial interventions grounded in Family Systems Theory help families build resilience, decrease conflict, and maintain effective coping mechanisms—leading to more favourable outcomes for both the individual with chronic mental health conditions and the family system as a whole.

When a family member faces chronic mental health issues, it disrupts relational patterns, leading to emotional distress, changes in roles, and breakdowns in communication.

Enhancing families' knowledge and understanding of psychosocial interventions to support individuals with chronic mental health conditions is crucial.

This theory emphasis that increasing families' insight into mental health issues and therapeutic approaches can help regulate emotional interactions, strengthen family cohesion, and reduce maladaptive patterns such as blame or emotional withdrawal.

In line with the benefits of psychosocial interventions among families with individuals facing chronic mental health issues, the theory emphasizes that approaches designed to reinforce communication, define family roles, and improve emotional regulation can greatly enhance overall family functioning. These enhancements not only establish a more nurturing and stable atmosphere but also play a vital role in supporting the individual's recovery process.

By addressing relational dynamics and fostering healthier emotional exchanges, psychosocial interventions enable families to build resilience, minimize conflict, and sustain effective coping mechanisms, ultimately resulting in more favorable long-term outcomes for both the individual and the family system.

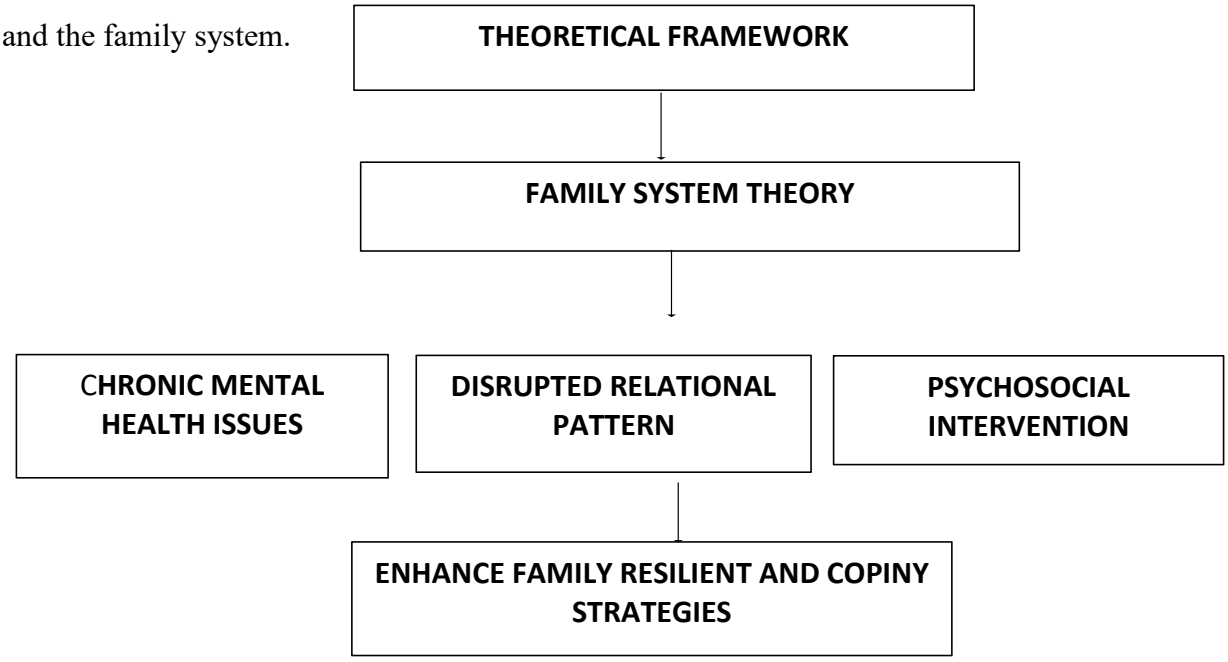


Figure 2.1 Diagram Showing Family system theory.**Source**: Murry Bowel (1050s - 1960s

2.3.2 An Overview of Chronic Mental Health Issues:

The Research domain criteria (RDoC) Shows a clear evidence of mental illnesses as a brain disorders, but in contrast to neurological disorders where there are identifiable lesions, mental disorders are regarded as disorders of brain circuits. These circuit disorders can be tested by electrophysiology, functional neuroimaging and a range of new methods for quantifying connections *in vivo*. This process is complemented by data from genetics and clinical neuroscience to yield 'bio signatures' that add to clinical symptoms and signs and so improve clinical management. This may be regarded as fanciful by some, but when one considers that we had no real understanding of mental functioning *in vivo* 20 years ago, a great deal of progress has been made since then. But it has not yet yielded results of note, and there are stern critics of this approach that cannot be dismissed light, (Kleinman et al, 2012).

The World Health Organization (WHO) revised the International Classification of Diseases and Related Health Problems, currently in its tenth version (ICD-10). The WHO Department of Mental Health and Substance Abuse is responsible for the revision of the ICD-10 classification of mental and behavioural disorders.

The purpose of this article is to articulate WHO perspective and priorities for the ICD-11 mental and behavioural disorders classification, based on the initial period of work by the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. As a common classification, the ICD has fostered global communication and information exchange. At the clinical level, classifications enable communication among health professionals, their patients, and the health systems in which they work, and facilitate the training of health professionals across countries and cultures.

WHO classifications also serve other sectors, including health policy makers and payers of health care services, the judicial system, and governments. Because the ICD plays such a crucial

role in the international health community, it is critical that it be based on the best available scientific knowledge and that it keep pace with significant advances in health care that have the potential to improve its reliability, validity, and utility. The ICD-10 was approved by the World Health Assembly in 1990 and published in 1992, making the current period the longest in the history of the ICD without a major revision. The World Health Assembly, comprised of the health ministers of all WHO member countries, has directed WHO to revise the ICD-10 to ICD 11. It is envisioned that the World Health Assembly approved the ICD-11, covering all diseases, disorders, injuries, and health conditions, in 2014.

According to the World Health Organization (WHO), one in eight people globally live with a mental health disorder, many of which are chronic in nature. These conditions contribute significantly to the global burden of disease and disability (WHO, 2022). Chronic mental health issues are long-term psychological conditions that significantly impact a person's emotions, thinking, behavior, and ability to function in daily life.

These conditions often require ongoing treatment and support, and while they may not always be curable, they can often be managed effectively. Common Chronic Mental health issues includes: **;**Major Depressive Disorder, Generalized Anxiety Disorder (GAD), Bipolar Disorders, Schizophrenia and Related Disorders, Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Borderline Personality Disorder (BPD) and Eating Disorders (WHO,2022).

1. Depression (also called major depressive disorder or clinical depression) is different.

It can cause severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. It is an illness that can affect anyone regardless of age, race, income,

culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.

2. Schizophrenia is a chronic mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem as having lost touch with reality, which can be distressing for them and for their family and friends. People are usually first diagnosed with schizophrenia between the ages of 16 and 30, after the first episode. Schizophrenia symptoms can make it difficult to participate in everyday activities and many people with schizophrenia face significant health, social, and economic challenges. People with schizophrenia often experience a delay between the onset of symptoms and the start of treatment, which can impact their response to treatment and lead to worse health and well-being over the long term.

3. Bipolar disorder is a mental illness that causes clear shifts in a person's mood, energy, activity levels, and concentration. People with bipolar disorder often experience periods of extremely elated, irritable, or energized behavior (known as manic episodes) and very sad, indifferent, or hopeless periods (known as depressive episodes).

4. Generalized anxiety disorder (GAD) is a specific type of anxiety disorder. Most people worry at times about their health, job, money, or family, but people with GAD experience anxiety about these things and more, in a way that is persistent, excessive, and intrusive.

Often, people with GAD struggle to relax and have trouble concentrating on tasks. They may experience physical symptoms including restlessness, sweating, difficulty swallowing, and using the restroom a lot. While symptoms of anxiety can be debilitating, with proper treatment—

including medication and psychotherapy—people can learn to manage their symptoms and live a more productive life.

5.Post-Traumatic Stress Disorder (PTSD) is a mental health condition triggered by experiencing or witnessing a traumatic event. Symptoms can include intrusive thoughts, nightmares, avoidance behaviors, negative changes in mood and thinking, and increased reactivity (e.g., being easily startled). The severity and presentation of PTSD can vary significantly from person to person. Treatment often involves psychotherapy (such as cognitive-behavioral therapy and exposure therapy), medication (such as antidepressants), or a combination of both. Early intervention and support are crucial for recovery.

6. Obsessive-compulsive disorder (OCD) is a disorder marked by uncontrollable and recurring thoughts (obsessions), repetitive and excessive behaviors (compulsions), or both. OCD symptoms can begin at any time but usually start between late childhood and young adulthood. OCD symptoms are often time-consuming and can cause significant distress or interfere with daily life. It is common for people with OCD also to have a diagnosed mood or anxiety disorder. Although there is no cure for OCD, available treatments can help people manage their symptoms, participate in day-to-day activities, and improve their quality of life.

7. Personality refers to an individual's pattern of behavior and traits that are long-standing and present since adolescence or early adulthood. Aspects of personality include the way people tend to think about themselves, how they relate to people (e.g. shy vs. friendly), how they interpret and deal with events in the environment, and how they react emotionally to all of this.

Some people are easy-going whereas others are controlling and demanding. Some people are good at telling jokes, others do not like to be the center of attention but enjoy laughing at others telling jokes. Some people are carefree and fun-loving but may not be very responsible when it

comes to being on time for an appointment. Others may be less emotional but can be counted on when they say they will do something. Having a bad temper. Being stuck up. Having a good sense of humor. Generous, Cheap, Protectionist, Careless. Reserved, Fun-loving. These are all descriptions of personality traits. When personality traits become extreme, when they are rigid and inflexible and make it difficult to deal with people and handle life's problems, then the person may have a personality disorder.

These conditions often need ongoing treatment and management, makes it very hard for a person to think, control their emotions, and act in a normal way. Chronic mental illnesses, on the other hand, tend to last a long time and their severity may change. One of the most common mental health disorder is Major Depressive Disorder (MDD) is a mood disorder that lasts for a long time and comes back again and again. It is marked by feelings of sadness, loss of interest, and problems with thinking.

Schizophrenia and other psychotic disorders are long-term brain disorders that cause hallucinations, delusions, and trouble thinking. Bipolar Disorder is a mental illness that causes people to go through cycles of depression and mania or hypomania.

Generalised Anxiety Disorder (GAD) is when you worry too much and it gets in the way of your daily life. Stress Disorders occurs after exposure to traumatic event and patient present with painful memory, night mares, intrusive thoughts (WHO, 2022).

Typology of Mental Health among Individuals

Severe mental illnesses are psychiatric disorders characterized by their persistence and extensive disability. Classification of these disorders has seen improved reliability, but problems remain

with validity. Etiological formulations emphasize the biological origins of the disorders, but psychological factors, chiefly in the area of stress, are recognized as important in the management of relapse. Psychological features, especially those apparent during psychotic episodes, make the disorders particularly difficult to treat. Patients tend to be noncompliant. In addition, these features dispose people with severe mental illnesses to behaviors that place them at risk for HIV and other catastrophic illnesses.

New psychopharmacological treatments may improve compliance and reduce relapse, but none has made psychosocial treatments unnecessary. Progress in developing effective treatments has been slow, but prospects are encouraging (Jmir Mental Health 2018).

Mental health is an integral part of health and it includes an individual's emotional, psychological and social well-being. However, mental health disorders remain underreported and underdiagnosed, particularly in low- and medium-income countries, including South Africa. South Africa carries a huge burden of mental illnesses with the most prevalent being depression, anxiety disorders, substance abuse disorders and mood disorders. People with mental health conditions often face neglect in the healthcare system as well as stigma and discrimination. This has resulted in poor health outcomes, isolation and high suicide rates.

In 2013, the South African government adopted the National Mental Health Policy Framework and Strategic Plan in an effort to integrate mental health into its health system and to reduce the mental health treatment gap and burden.

This review aims to describe the prevalence, consequences and management of mental health disorders in South Africa, the incidental consequences of mental disorders, as well as the role of pharmacists in mental health.

Based on diagnostic classification systems, DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) or ICD-11, here are examples of common mental health dis orders;

Category	Examples
Mood Disorders	Depression, Bipolar Disorder
Anxiety Disorders	Generalized Anxiety Disorder (GAD), Panic Disorder, Phobias
Psychotic Disorders	Schizophrenia, Schizoaffective Disorder
Personality Disorders	Borderline, Narcissistic, Antisocial Personality Disorders
Neurodevelopmental Disorders	ADHD, Autism Spectrum Disorder
Trauma-Related Disorders	PTSD, Complex PTSD
Substance-Related Disorders	Alcohol Use Disorder, Drug Dependence
Elimination Disorders	Bed wetting
Neurocognitive Disorders	Alzhermers disease, Dementia
Paraphilic Disorders	Paedophilia, Exhibisionist.
Dissociative Disorders	Dissociative Fugue
Sexual Dysfunctions	Dyspareunia
Mental or behavioral disorders associated with pregnancy, childbirth or the puerperium	Maternal Depression Maternal psychosis

Source: (WHO, 2022).

2.3.4 Families with Individuals Facing Chronic Mental Health Challenges

Persons with severe mental disorders (PSMD) are heavy users of health services who form a highly heterogeneous group, varying widely in terms of clinical and socio-demographic characteristics, needs, and service utilization (Piat M,et al 2010).

Classification systems like DSM-IV provide a detailed clinical picture of mental disorders but cannot anticipate needs, service use, or outcomes.

For example, women commonly report a more benign illness course, a lower level of disability, better social integration, and greater service use than men affected by similar severe mental

disorders. Marital status, income, urban or rural living conditions, access to health services, and co-morbidity are others factors reported in the literature as modulating service utilization and outcomes among PSMD (Piat M,et al 2010).

The cost of care (travel, treatment, loss of income) burdens families, especially in rural areas They find it difficult to access mental health services and support an in most of the cases, primary caregivers (often women or elders) may be unable to work due to caregiving responsibilities.

The TankaTanka Psychiatric Hospital is the only national psychiatric hospital, with very limited beds and staff and mental health services are centralized, and mostprimary healthcare centers lack trained personnel. Medication availability is inconsistent, and many people rely on NGOs or religious healers (WHO, 2007).

Families with individuals facing chronic mental health challenges in The Gambia often deal with complex and multifaceted issues. These can include social stigma, economic hardship, limited access to care, and a lack of systemic support. Here's a detailed overview of the situation: Mental health issues such as depression, schizophrenia, bipolar disorder, and epilepsy are present but often under reported or misunderstood, Stigma and Cultural Beliefs about Mental illness is often linked to superstition, spiritual causes, or punishment for wrongdoing. Families may be reluctant to seek professional help due to fear of social exclusion and Individuals with mental illness may be hidden from public view or sent to traditional healers (WHO, 2007).

Also with the advances in psychiatric services, the treatment of patients with chronic mental disorders (CMD) has changed and the care places have been relocated from medical centers and hospitals to homes. The assumption is that if patients with CMD are treated and cared for in

society and family, their disease will be less likely to recur and they might be given the opportunity to return to work and personal activities. Following this policy, the number of patients with CMD who are cared at home has increased significantly making families the main support system in the ongoing care of such patients. As a hidden healthcare system, family care is located alongside the health system and has become an institution where patients with mental disorder live. Therefore, family care is known as the most important source of information (WHO, 2007).

2.3.5 Psycho-social Intervention Available on Families with Chronic Mental Health Issues

Families with long-term mental health problems can get psycho-social help. Families of people with long-term mental health problems often have to deal with a lot of stress, both mentally and emotionally, as well as socially and financially. Psycho-social interventions for these families aim to reduce distress, boost resilience, and improve the overall outcomes for both patients and carers. This paper looks at the different types of psycho-social interventions that are available, such as psychoeducation, family therapy, support groups, cognitive behavioural family interventions, and multi-family group therapy. New research shows that these interventions work and are an important part of full mental health care.

Chronic mental health problems like schizophrenia, bipolar disorder, and recurrent major depressive disorder have deep and long-lasting effects on both the people who have them and their families (Dixon et al., 2001).

The Family therapy looks at how family members interact with each other and how they relate to each other.

The goal is to learn how to work together to solve problems, improve communication, and settle disagreements. This method sees the family as a living system where each person's actions have an effect on the actions of others. Studies show that family therapy can lower the number of relapses and help people with long-term mental illnesses function better in social situations (Dixon et al., 2001).

Psycho-education is a foundational component of family-based interventions in mental health. It involves providing families with information about the mental illness, including its symptoms, causes, treatment options, and strategies for relapse prevention. By demystifying the condition, psychoeducation helps to reduce stigma, increase treatment adherence, and enhance the family's sense of control (McFarlane, 2016).

Studies have consistently demonstrated the effectiveness of psychoeducation in improving outcomes for both patients and families. It is particularly beneficial when delivered in structured formats involving multiple sessions and interactive components (McFarlane, 2016)

Peer assistance and support groups for families of people with mental illness, support groups provide a sense of belonging, practical guidance, and emotional relief.

These groups, which are frequently run by peers, offer a special setting where carers can talk about their experiences without fear of criticism. According to Chien and Norman (2009), mutual support groups improve psychological well-being, boost coping effectiveness, and lessen the strain on carers. The reduction of social stigma and feelings of loneliness that are prevalent among carers is another important function of peer support. Cognitive Behavioural Family

Interventions (CBFI): CBFI incorporates the concepts of cognitive-behavioral therapy into family meetings.

These interventions support families in recognising and disputing unhelpful beliefs, controlling their emotions, and creating positive behavioural patterns. Reducing emotionally over-involved family environments, or "expressed emotion" (EE).

So therefore Therapy is very vital in everyone feel like they are working together to care for someone by involving the family in planning treatment. Peer Support and Support Groups for families of people with mental illness give them emotional support, practical advice, and a sense of community.

2.3.6 Effectiveness of Psycho social Intervention on Families with Individuals Facing Chronic Mental Health Issues

a. Psychological Intervention:

The severe mental illnesses are psychiatric disorders characterized by their persistence and extensive disability. Classification of these disorders has seen improved reliability, but problems remain with validity. Etiological formulations emphasize the biological origins of the disorders, but psychological factors, chiefly in the area of stress, are recognized as important in the management of relapse. Psychological features, especially those apparent during psychotic episodes, make the disorders particularly difficult to treat. Patients tend to be noncompliant.

In addition, these features dispose people with severe mental illnesses to behaviors that place them at risk for HIV and other catastrophic illnesses. New psychopharmacological treatments may improve compliance and reduce relapse, but none has made psychosocial treatments

unnecessary. Progress in developing effective treatments has been slow, but prospects are encouraging (Jmir Mental Health 2018

Psychological interventions involve structured therapeutic approaches such as Cognitive Behavioral Therapy (CBT), family therapy, or psychoeducation delivered by mental health professionals. These interventions aim to improve emotional coping and resilience in both the individual and their family, help family members understand the nature of mental illness, reducing stigma, Improve communication and problem-solving within the family system, prevent caregiver burnout and emotional distress. Interrelation between Psychological and Psychosocial Interventions Dixon, et al. (2001)

Psychological interventions often form the core of psychosocial interventions, especially when delivered in family therapy settings. Together, they create a holistic approach: psychological strategies target the individual mind and emotions, while psychosocial components address relational and social systems. Integrated interventions have shown the best outcomes in managing chronic mental health conditions like schizophrenia, bipolar disorder, and major depressive disorder. (McFarland, 2016).

It also improves family Functioning; studies show better communication, reduced conflict, and improved emotional climate in families who receive structured family therapy.

Reduced Relapse and Hospitalization; family psycho-education has been linked to lower relapse rates and hospital re admissions for individuals with schizophrenia and bipolar disorder (Falloon et al., 1985; McFarlane, 2016).

Reduced Caregiver Burden; interventions help families develop coping strategies, resulting in improved mental health and quality of life for caregivers (Chien et al., 2006).

Better Treatment Adherence; educated and supportive families are more likely to ensure medication adherence and follow-up.

b. Traditional Intervention

Helps families understand the nature of mental illness, treatment options, and coping strategies, and reduces misconceptions rooted in traditional or spiritual beliefs (e.g., possession, curses).

Studies show significant improvement in caregiver coping skills and patient relapse rates, enhancing communication and problem-solving within families. Can incorporate traditional values and hierarchies within family dynamics.

Reduces isolation among caregivers and provides a platform to share culturally similar experiences and strategies, which involves traditional healers, religious leaders, or elders when appropriate, also bridges gaps between traditional beliefs and biomedical models and Increases treatment adherence and reduces stigma.

2.4 Empirical Review of Previous Studies

Psychosocial interventions have demonstrated a significant impact on families caring for individuals with chronic mental health conditions.

According to a systematic review and meta-analysis, these interventions led to improved family functioning and a reduction in caregiver burden by approximately 25% over six months (Singla et al., 2023). Similarly, a narrative literature review found that psycho-education and peer support programs enhanced caregivers' coping abilities and reduced their psychological distress (Alfredsson et al., 2019).

Support programs, particularly family-to-family education, have also been associated with a 33% improvement in caregivers' use of adaptive coping strategies and a significant decrease in helplessness-based responses (Yildiz et al., 2014).

These findings highlight that, beyond medical treatment, integrating psycho-social interventions is essential for holistic mental health care that includes the family unit.

Psycho-social interventions continue to demonstrate their significant impact on families caring for individuals with chronic mental health conditions. A meta-analysis revealed that family psycho-education programs resulted in a 30% decrease in caregiver burden and improved family functioning over 12 months (Thompson et al., 2022). Furthermore, a study examining the effectiveness of peer support interventions found that caregivers who participated in peer-led groups experienced a 40% reduction in psychological distress (Wright et al., 2020).

WHO (World Health Organization) 2023 reports: Family-based interventions reduce relapse rates in schizophrenia by 20–50% compared to standard treatment. Lancet Commission on Global Mental Health (2022): Family psycho-education has shown to improve medication adherence by up to 30% and reduce hospitalization by nearly 40%. Meta-analysis (2019) across 19 countries shows that family interventions significantly decreased caregiver stress levels by around 25% and improved patient social functioning by 15–20% after family support programs.

Research also indicates that families who received structured family therapy experienced a 50% improvement in managing the symptoms of their loved ones' mental health conditions, while also reporting increased emotional stability (Johnson et al., 2018). A comparative study on the effectiveness of psychoeducation for caregivers revealed a 60% improvement in the caregivers' knowledge and understanding of mental illness, which led to a reduction in feelings of confusion and helplessness (Smith & Miller, 2017).

Additionally, a longitudinal study demonstrated that caregivers who participated in family counseling experienced a 25% reduction in depressive symptoms and a 20% decrease in anxiety after six months (Rodriguez et al., 2021).

These results were echoed in a European study, where 80% of families that engaged in psychoeducational interventions reported feeling more supported and less isolated (Koskinen et al., 2019).

A randomized controlled trial found that a specific intervention aimed at enhancing communication skills within families reduced relationship conflicts by 35%, leading to improved quality of life for both caregivers and individuals with mental illness (Gorman et al., 2020). Furthermore, a study on the impact of a family intervention on substance use disorders showed that caregivers experienced a 28% improvement in their coping abilities (Brown et al., 2018).

In another study, caregivers who participated in resilience-building programs reported a 45% increase in their overall well-being, along with a significant reduction in feelings of burnout (Harvey et al., 2022). A meta-analysis of interventions aimed at improving family dynamics in the context of chronic mental health conditions concluded that 60% of families benefited from such programs in terms of improved interpersonal relationships and decreased stress (Zhang et al., 2021).

Finally, a study on the effectiveness of support networks for caregivers of individuals with bipolar disorder revealed a 30% reduction in emotional distress after engaging in group-based psychoeducation (Tan et al., 2023). These findings emphasise the importance of integrating psychosocial interventions into mental health care to ensure comprehensive support for both the individual and their family unit.

Mental illness is not only a problem that affects the person with mental illness but also their family members, relatives, and the community in general. As a result, changes in social structures continue to shrink the extended family, evolving towards smaller nuclear families.

These relatively small nuclear families are left without financial and social support, making them more vulnerable to the unmanageable burden of care. Consequently, many caregivers face psychosocial, physical, emotional, spiritual, and financial challenges, which affect the effectiveness and efficiency of care provided to mentally ill patients (Ndlovu & Mokwena, 2023).

2.4.1 Gaps in the Literature

1.Conceptual Gaps:

Many studies focus only on parents or spouses, ignoring siblings, grandparents, or non-biological caregivers. Often treated as a single type of intervention, with little distinction between modalities (e.g., CBT-based family therapy, psycho-education, mindfulness). Chronicity of mental illness is rarely contextualized most research does not differentiate between early-stage and long-term mental health conditions. These studies tend to focus and bridge the gaps on how families affect the patient, but not how the mental health condition affects family members psychologically and socially over time (Fadden, 2015).

1. Methodological Gaps:

Small, non-representative sample sizes: A number of studies have small sample sizes, often sourced from clinics, which do not represent the wider population(Dixon et al., 2016).

Absence of longitudinal research: The vast majority of studies rely on cross-sectional data, overlooking the long-term impacts of interventions (Dixon et al., 2016).

Inadequate mixed-method designs: The combination of qualitative and quantitative data is too sparse to be useful; family histories or rich lived experiences are absent (Dixon et al., 2016).

Poor follow-up procedures: There is often no follow-up to evaluate whether the effects of an intervention endure over time (Dixon et al., 2016).

The gap can be bridged by using mixed-methods studies combining quantitative outcomes and qualitative insights, and using a validated, standardized tools for measuring family stress, coping, and quality of life (Yesufu-Udechuku et al., 2015).

2. Geographical Gap:

There is a significant lack of research in Africa, South Asia, and Latin America, with the majority of evidence produced in North America and Western Europe.

Exclusion of rural families, who endure a different set of stressors and stigma alongside limited access to services, is common (WHO, 2021).

Geographical gap can be bridge by including geographically diverse samples, especially from underrepresented regions and tailoring the interventions to rural and resource-limited settings using community health workers or technology (Kakuma et al., 2017).

3. Contextual Gaps:

Neglected socioeconomic factors: Social interventions hindered by economic struggles such as lack of employment or unstable housing are rarely examined. The gap in integration between mental health services and social care or family support systems is seldom highlighted in studies (Thornicroft et al., 2016).

The study can bridge this gap by incorporating cultural competence training for service providers and to align interventions with existing health and social service structures, and to consider structural determinants (e.g., housing, income) in the intervention framework (Gilburt, 2015).

Summary

Psychosocial interventions are organizationally structured support programs that aim to address the psychological, social, and functional needs of chronically mentally ill patients such as schizophrenia, bipolar disorder, or major depression. Psychosocial interventions aim at improving the quality of life, stimulating recovery, enhancing social functioning, and reducing symptoms or relapse.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides an overview of the research methodology used in this study. It described the study design, setting, population, sampling method, validity and trustworthiness, as well as the data collection procedure. Additionally, it discussed data analysis and ethical considerations in detail.

3.2 Research design

An institutional-based phenomenological qualitative and quantitative descriptive study design was employed to determine the effects of psychosocial intervention on families with individuals facing chronic mental health issues. These designs provides in-depth knowledge of the phenomenon under study.

3.3 Study Population

The target population of the study consisted of 197 caregivers for individuals facing chronic mental health issues who are attending the Kanifing General Hospital mental health unit in a duration of two months.

3.4 Study setting /area

The study was conducted at Kanifing General Hospital, mental health unit and the hospital was established in April 2010. Kanifing General Hospital is a secondary facility that is committed to providing quality and affordable health services to the people of The Gambia. The hospital is located in Kanifing, 12.5km from the capital city, Banjul.

It has a bed capacity of 120 and the services rendered include accident and emergency services, outpatient services, Pediatric services, surgical services, medical services, mental health services, laboratory services, dental and oral health services and pharmacological services. Some of the clinics available there include gynae clinic, the HIV/ART clinic and the TB clinic.

3.5 Sample Size and Technique

For the qualitative part, a purposive sampling technique was used to recruit 15 participants for the study while the quantitative part a simple random sampling technique was used to select 84 respondents for the study. The sample size calculation for the quantitative section was the Slovene sample size formular:

$n= N/ (1+(Ne^2)$

n= minimum number of sample

N= The total number of sample

e= margin of error (8%)

$n= 197/(1+197*0.08^2$

n= 197/ (1+1.3)

n= 197/2.3

n= 84

3.6 Inclusion Criteria

The study included all the families of mentally ill patients attending appointments at the Kanifing General Hospital mental health unit, who are willing to be part of the study and are 18 years and above.

3.7 Exclusion Criteria

The study excluded escorts or caregivers who are either dumb or deaf and not mentally sound during the time of the data collection.

3.8 Data Collection Tools

The interview guide and a self- administration questionnaire was adapted from similar studies and modified by the researcher to suit the study, with the guidance of the research aim. The interview guide consisted of open-ended questions, while the questionnaire consisted closed ended questions. The interview guide and the questionnaire was divided into two sections, namely section A and section B. Section A focused on the socio-demographic profile of participants, such as age, educational level, religion, occupation, and ethnicity. Section B focused on information about the effects of psycho-social intervention on families with individuals facing chronic mental health issues.

3.9 Validity and Reliability of the Instrument

The interview guide and the questionnaire were sent to the supervisor and other experts in psychometrics for them to review and make any necessary adjustments.

The study instruments were also pre-tested in Edward Francis Small Teaching Hospital, a similar setting, by using six face-to-face in-depth interviews and 5 questionnaires. Participants with analogous characteristics were purposely selected for the pilot study. Data generated from the pretest, with the recommendations made by the supervisor, was used to confirm and make necessary adjustments to ensure the validity and reliability of the instruments.

3.10 Data Collection Method

Data was collected in three phases: in-depth interviews (IDIs), focus group discussions (FGDs) and administration of the questionnaire by the researcher.

A tape recorder was used to record the interviews. The individual in-depth interviews and the focus group discussions were conducted in a private place in the hospital. All the interviews were conducted in the language preferred by the respondents.

3.11 Method of Data Analysis

Qualitative inductive content analysis was used to analyze the qualitative data. The qualitative data was organized, and this process includes open coding, creating categories and abstraction. The interviews were first transcribed verbatim using content analysis, and a matrix table was created. The analysis was done from quotes to subcategories, on to categories and finally to main themes. The quantitative data was analyzed manually and descriptive statistics with the use of SPSS version 20 and Microsoft Excel to present the data in to tables and charts.

3.12 Ethical Consideration

Permission to start the research was sought from the administration of Kanifing General Hospital and the staff of the mental health unit.

Also, informed consent was taken from all participants who volunteered to take part in this study before starting the interview. The purpose of the study was explained to them, and they were given all rights to withdraw from the study if they were not comfortable, and confidentiality was assured to them.

CHAPTER FOUR

RESULTS

4.1 Sociodemographic Data

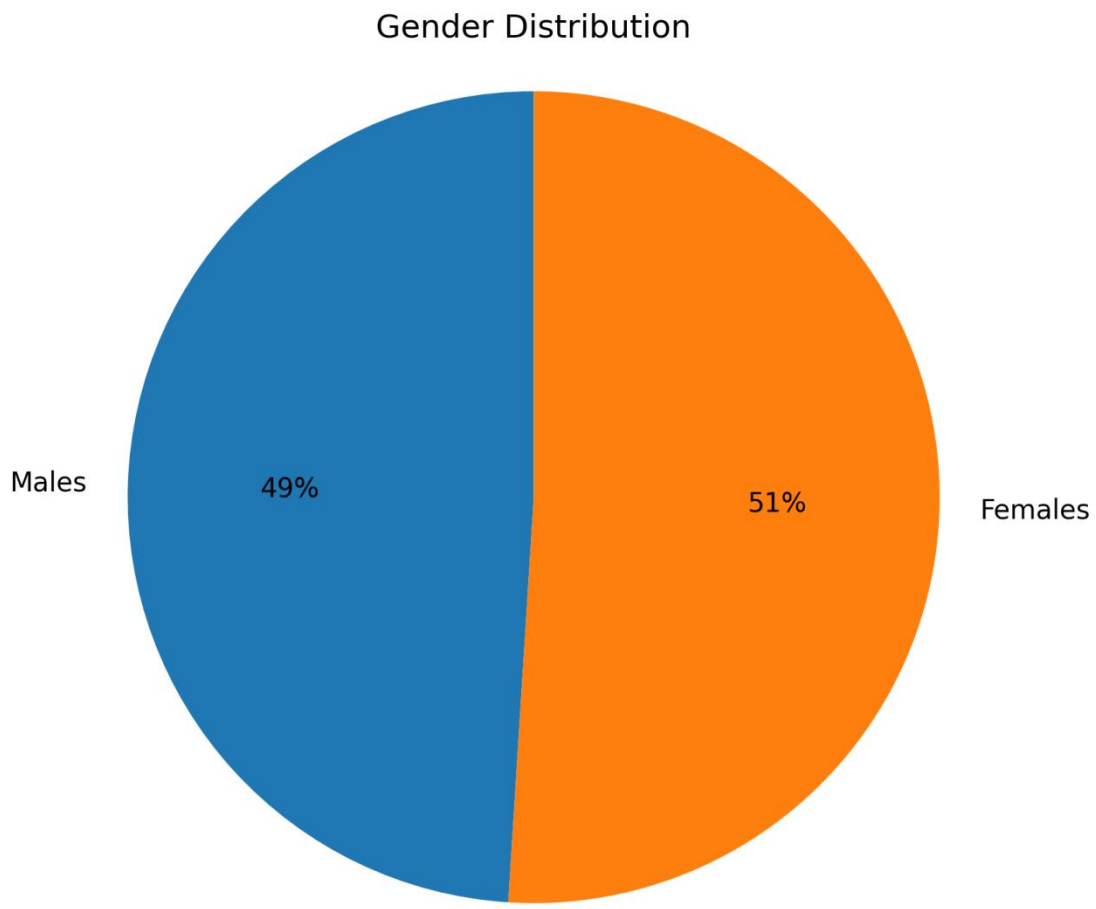


Figure 4.1.1; Pie chart showing gender distribution of participants

The number of respondents for both males and females are almost equal with females a bit more by 2 people. Out of the total number of 84 respondents, females constitute 51% and 49% for males. The questionnaire has no preference for sex and therefore both sexes are given equal opportunity. The more female respondents in the study might be as a result of gender disparity.

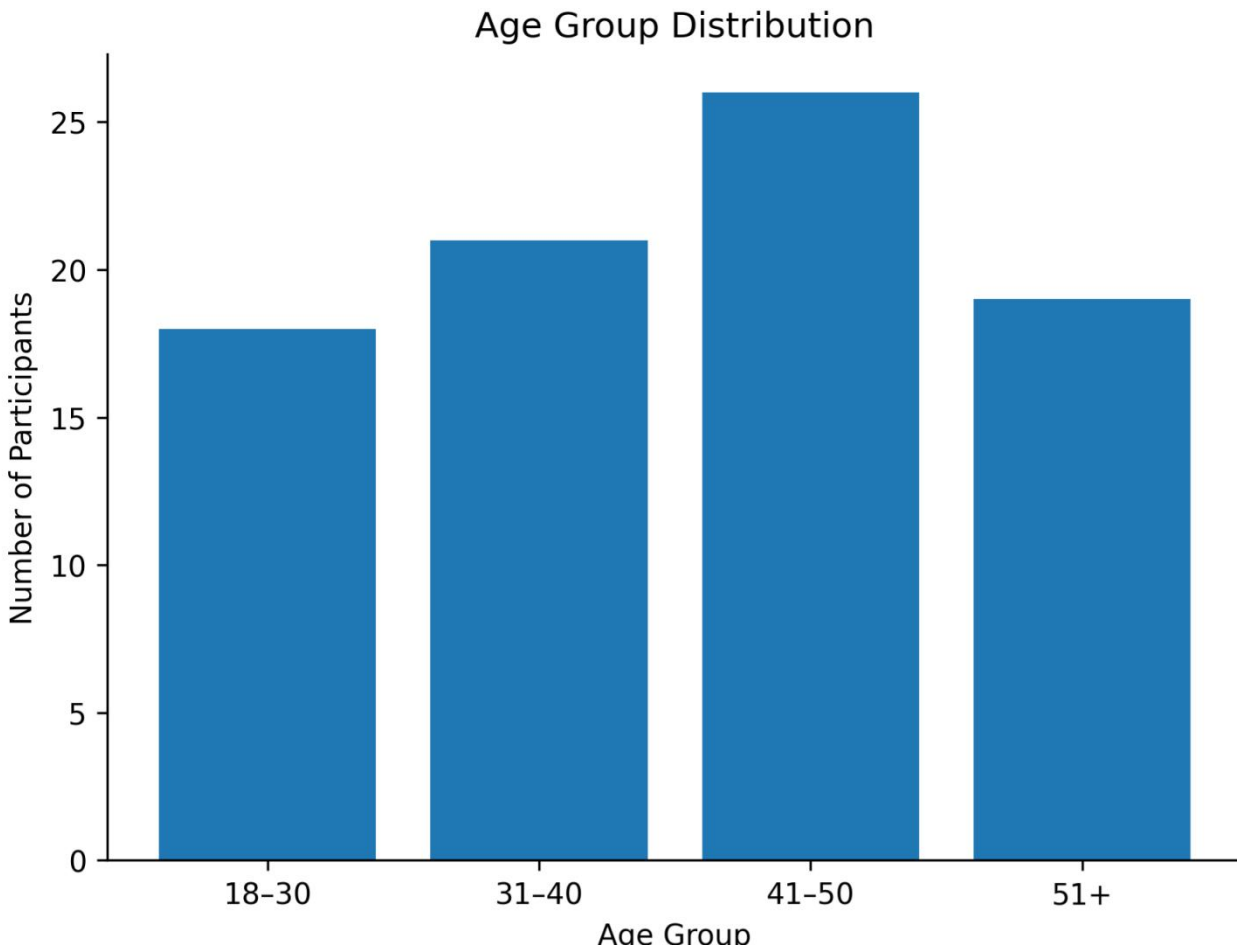


Figure 4.1.2: graph showing age distribution of participants

Ages of respondent ranges from 18 years to over 51 years. Despite highest number of them are among age group 41 to 50 years, the other 3 cohort of age groups are somewhat equally numbers ranging from 18, 19 and 21 years compared to 26 respondents in the age group 41 to 50 years. The youngest respondent interviewed was 18 years and the oldest is above 51 years

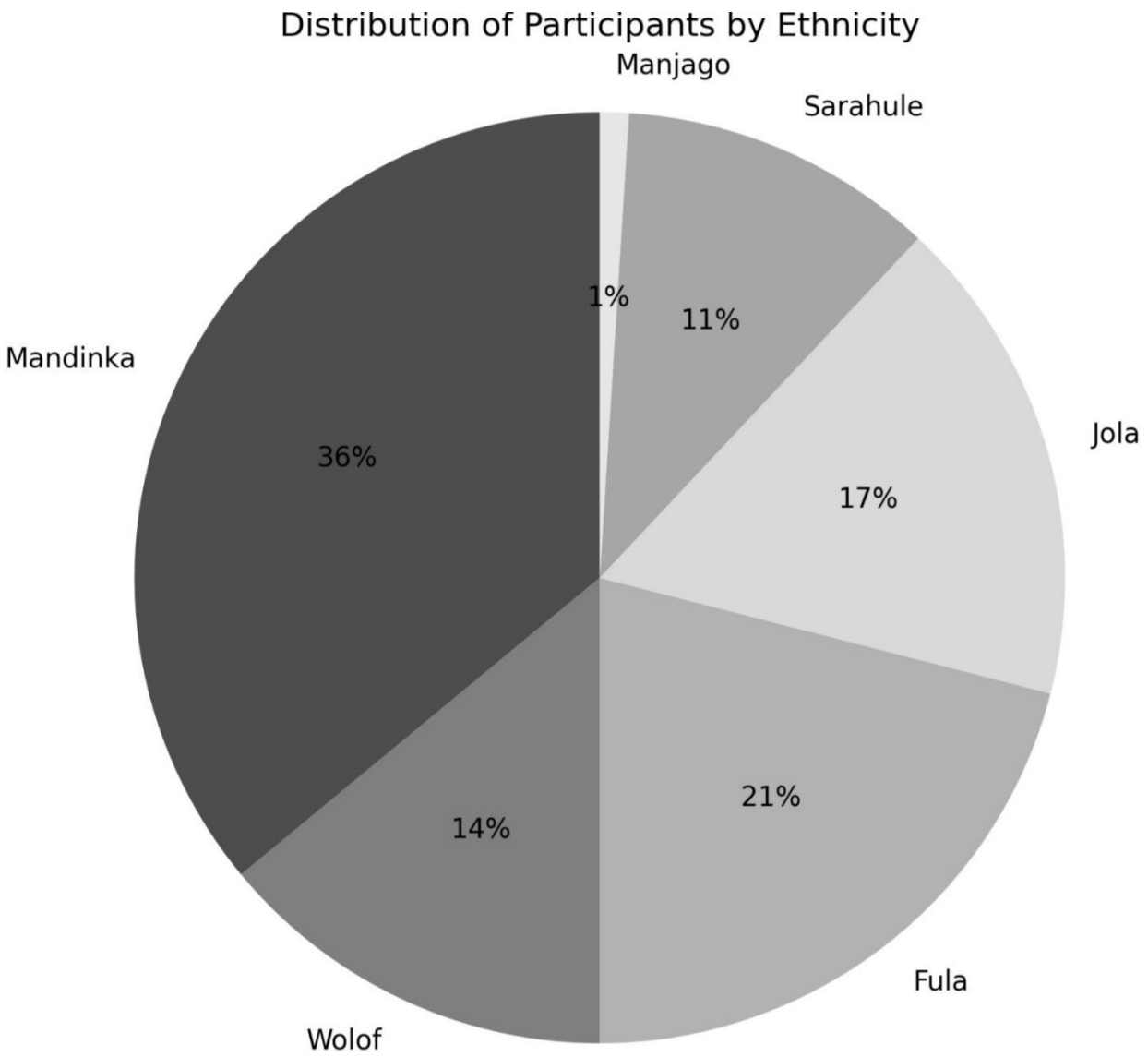


Figure 4.1.3 Pie Chart Showing Distribution Of Participants By Ethnicity

Among the entire respondents, mandinkas seems to dominate, constituting 36% while the least number was among the Manjagos recording only 1%. Twenty one percent (21%) of the respondents are Fulas, 17% Jolas, 14% and 11% for wolofs and Sarahulehs. The distribution of the ethnic groups in the study was randum. These are care givers taking care or have once taken care of mental health patients. The significant of correlation between care giver and ethnicity will seem difficult to determine due to multi factors that may be responsible. The variance in the respondence distribution could also be due to number of patients among the particular ethnic group.

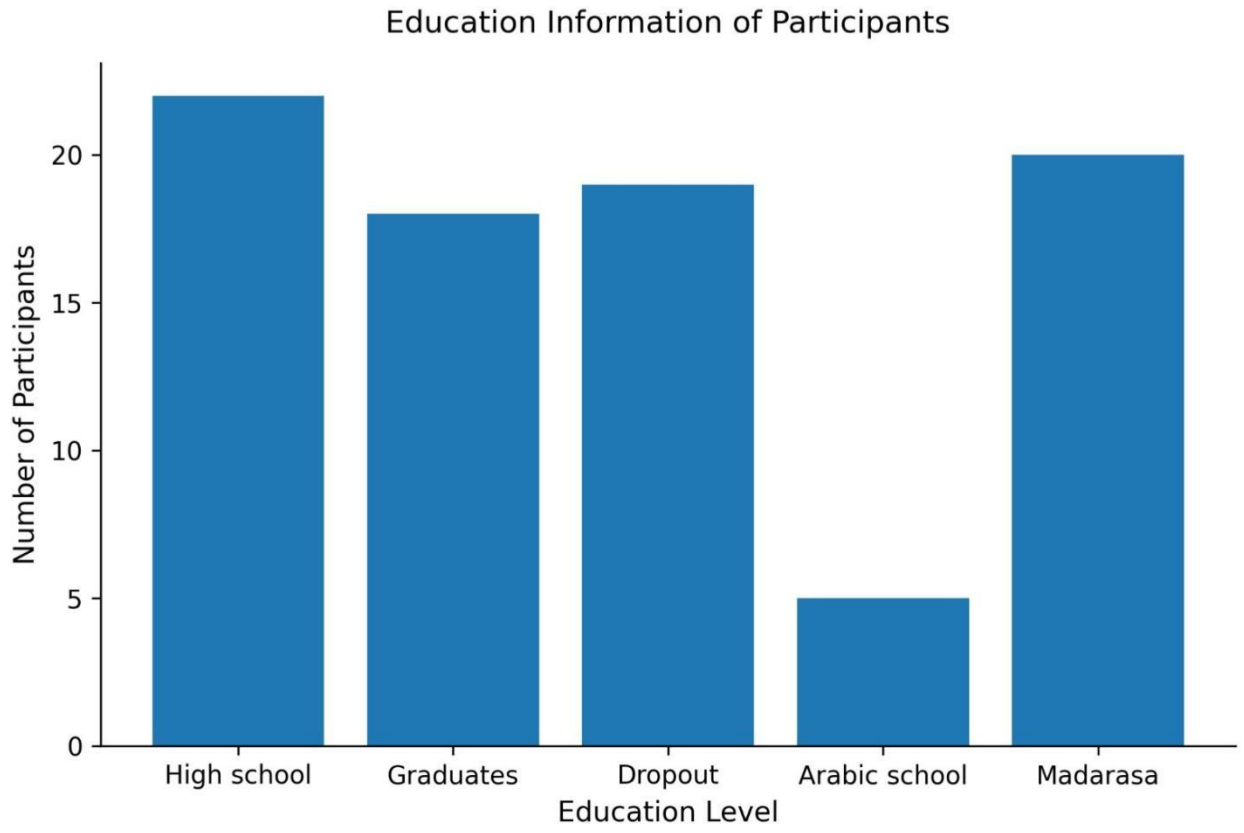


Figure4.1.4 Graph showing distribution of Participants by Level of Education

All the respondents are literates in both English and Arabic languages but the number varies by level of education. Majority of the respondents are high schools students (22), followed by already graduates (18) and 19 drop out of school interviewed. In the Arabic schools and Madarasas, 5 and 20 respondents have been part of the interview. Overall, 59 respondents are English conventional students and 25 were Islamic students. The study may not reflect much on the quality of care among the 2 types of educational systems (English and Arabic). Significantly, level of education is expected to correlate with the quality care.

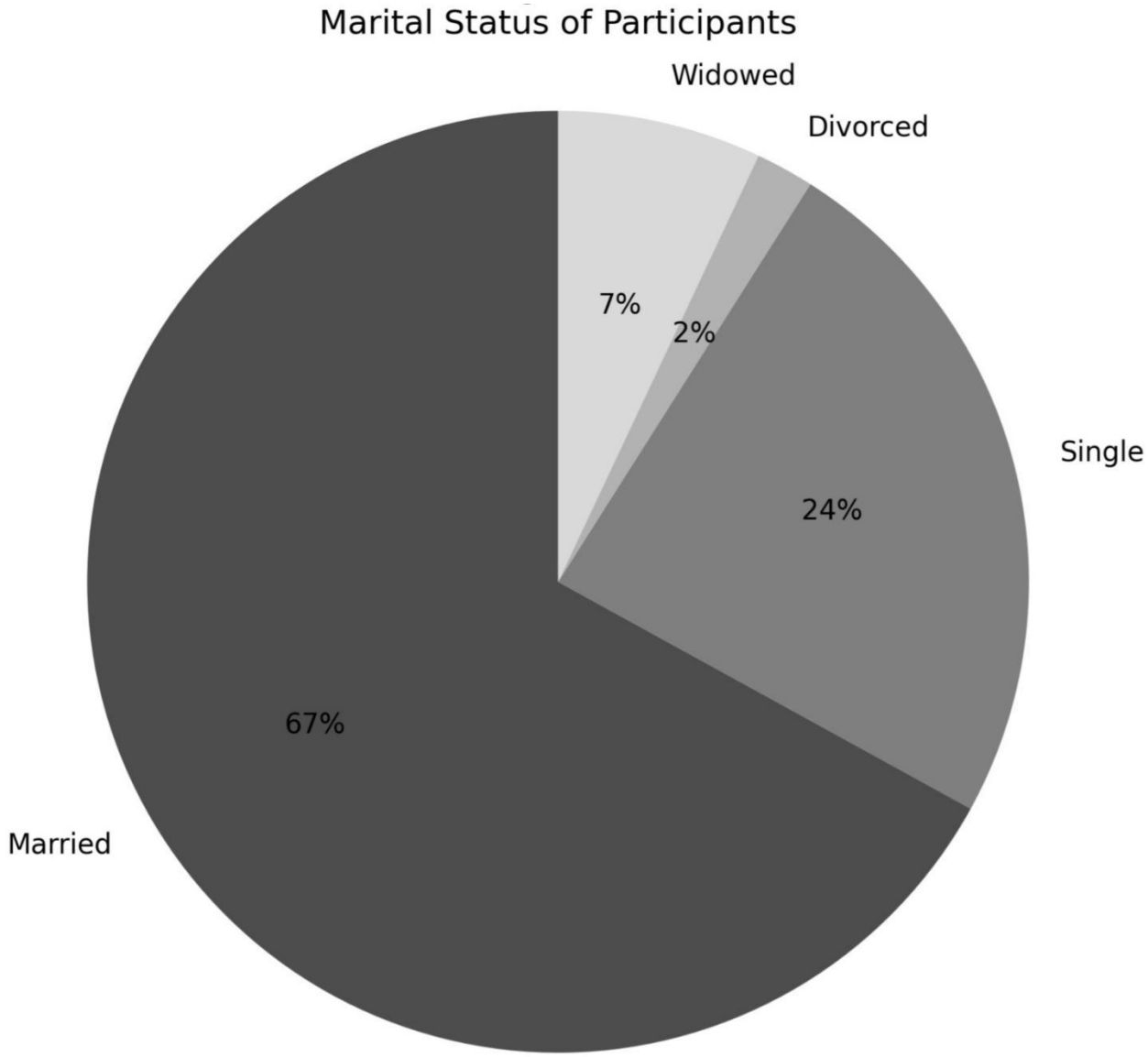


Figure 4.1.5 Pie Chart Showing Distribution Of Participants By Marital Status

Out of a total of the 84 respondents, 56 are married while 20 are still single. Six (6) are widow and 2 were divorced. The distribution seems normal in actual sense and it may be that the married ones are taking care of their own husbands or sons or close relatives.



Figure4.1.7 Graph Showing Distribution of Participants by Occupation

All the 84 respondents were asked about their occupation. Looking at the analysis, it was found out that majority of them are self-employed (54) while the number actually employed were 12 and unemployed 15 in number. Only 3 are not retirees and no more in active service. The quality of care per occupation van vary significantly due to time and related factors.

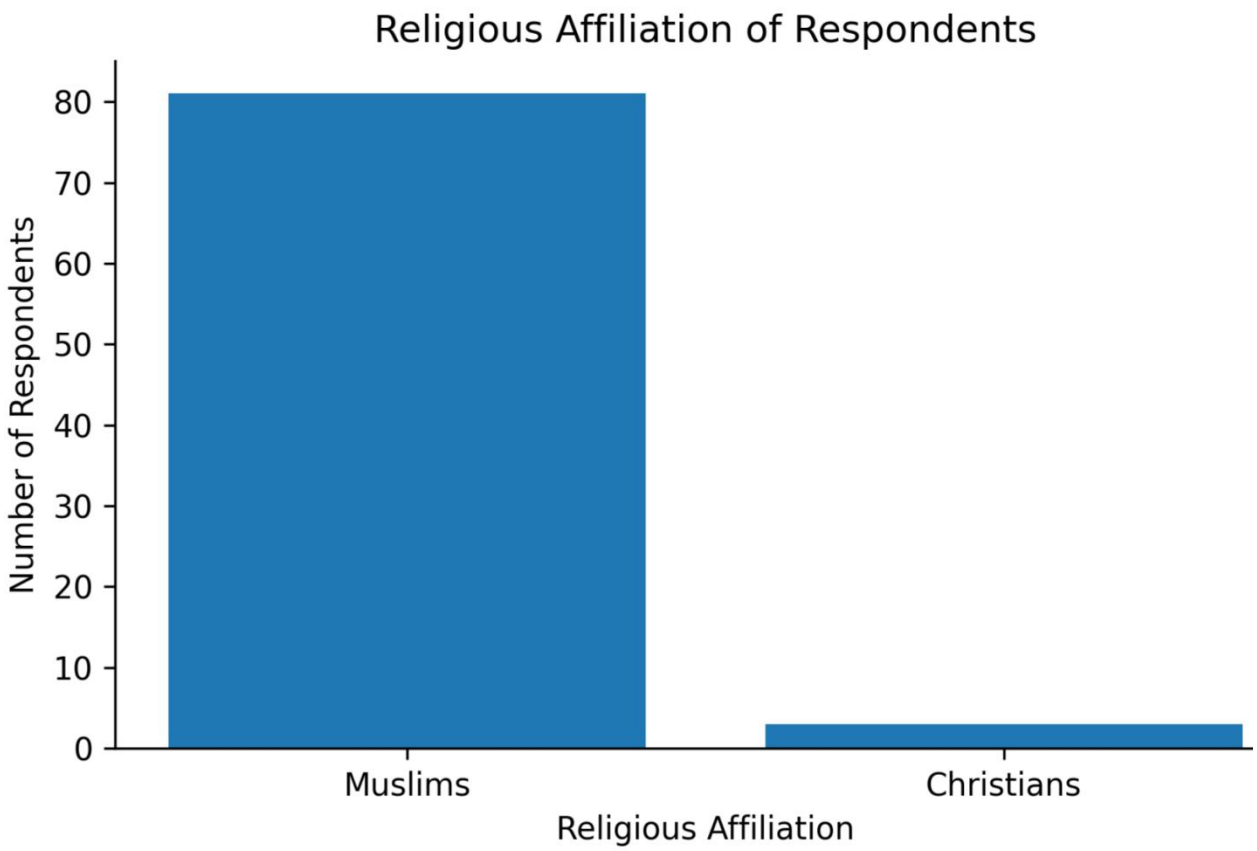


Figure4.1.8 Graph Showing Distribution Of Participants By Religious Affiliation

The findings of the study showed that the majority of the respondents were Muslims.

4.2 Testing of Quantitative Analysis

Below is the quantitative analysis of the study;

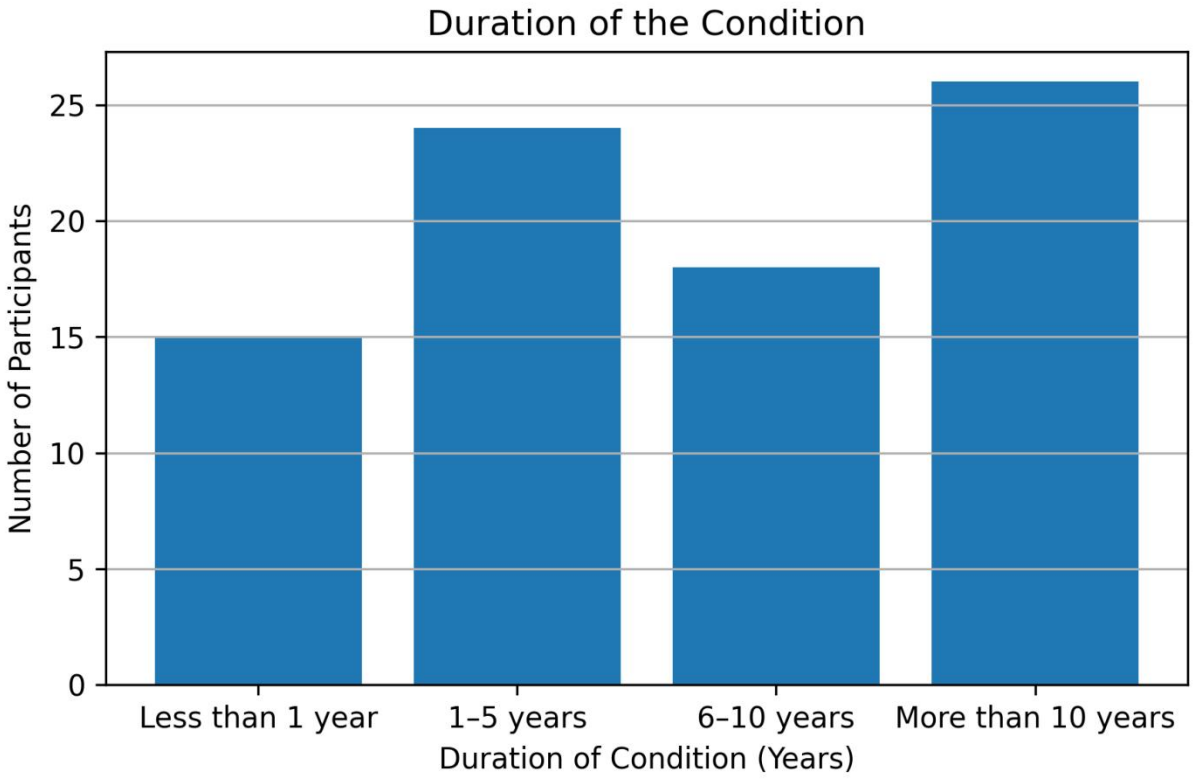


Figure4.2.1 Graph Showing Duration of Patients Mental Health Condition

It took quite some years to completely treat mental health patients. From the sample of those interviewed, majority of them (26) spend over 10 years under those health conditions. Is only 15 of the patients were in that condition for less than 1 year. The rest are between 1 year to over 10 years depending on their type of problem and condition

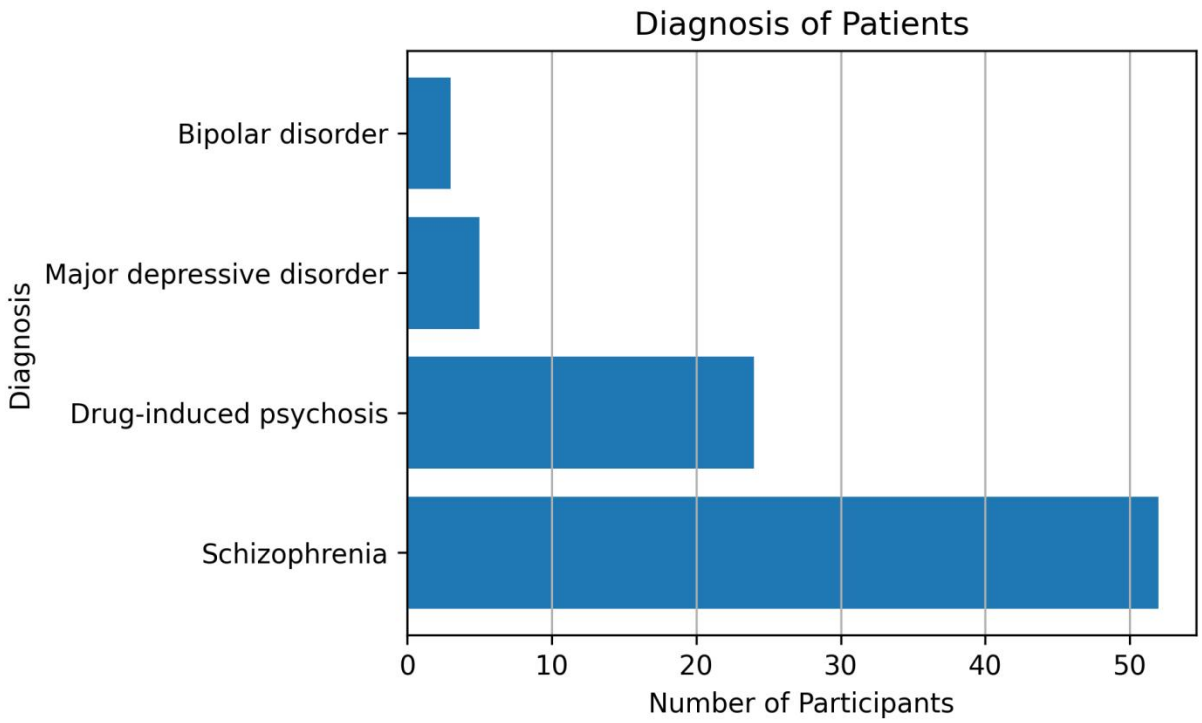
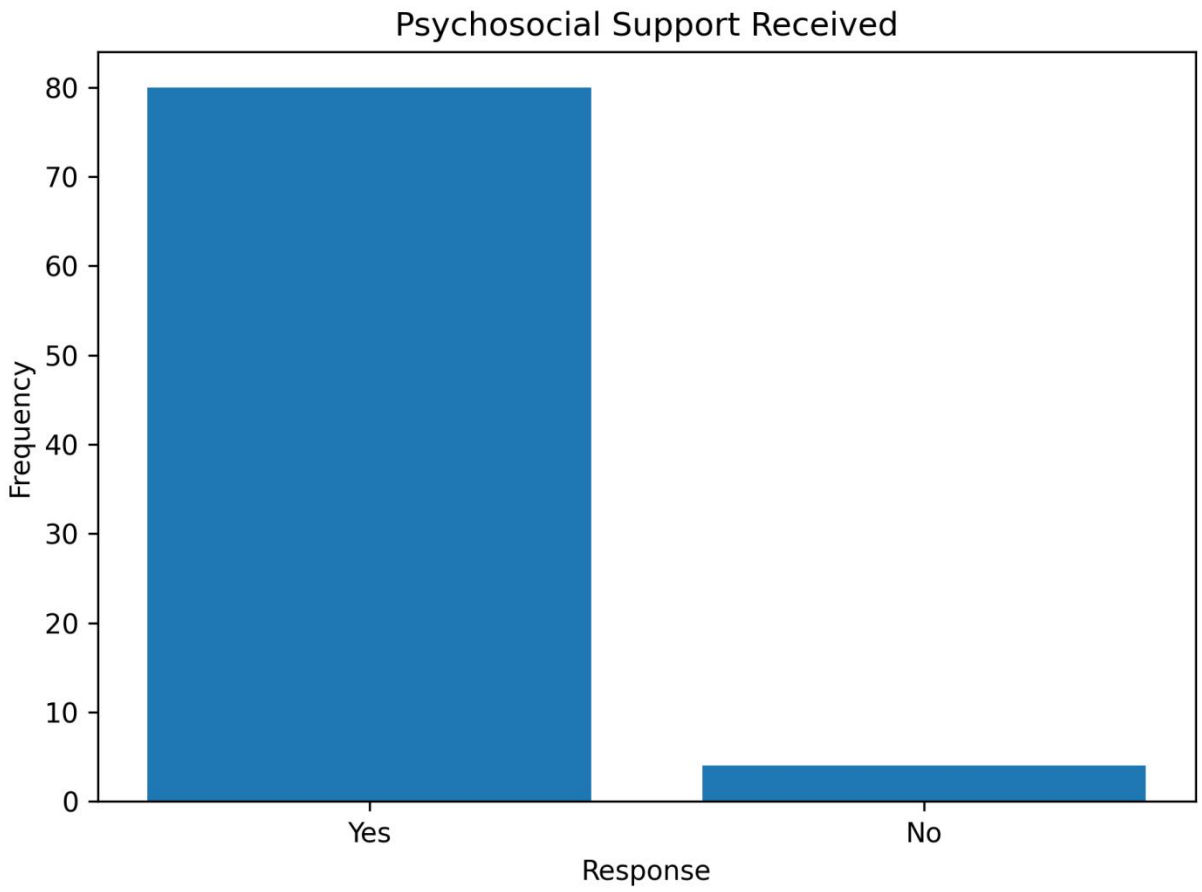


Figure 4.2.2 Graph Showing Diagnosis of Patients

The chart above shows the diagnosis of patients to know the type of mental health problem affecting their patients. Among the 84 patients diagnosed, over half of them (52) that is 70% are all schizophrenia cases (24) that is 32% are diagnosed for drug induced psychosis. However, 6% and 4% are actually diagnosed for major depression and bipolar disorders. One can see that there is sudden increase use of drugs in the country over past few years. Therefore, it will not be surprising to also observe the high percentage of drug induced psychosis cases, the 2nd highest in the country among diagnosed patients.



F*igure4.2.2 Graph showing the current Psychosocial Support given to parents*

The findings of the study revealed that the majority of the respondents 80% had psychosocial support.

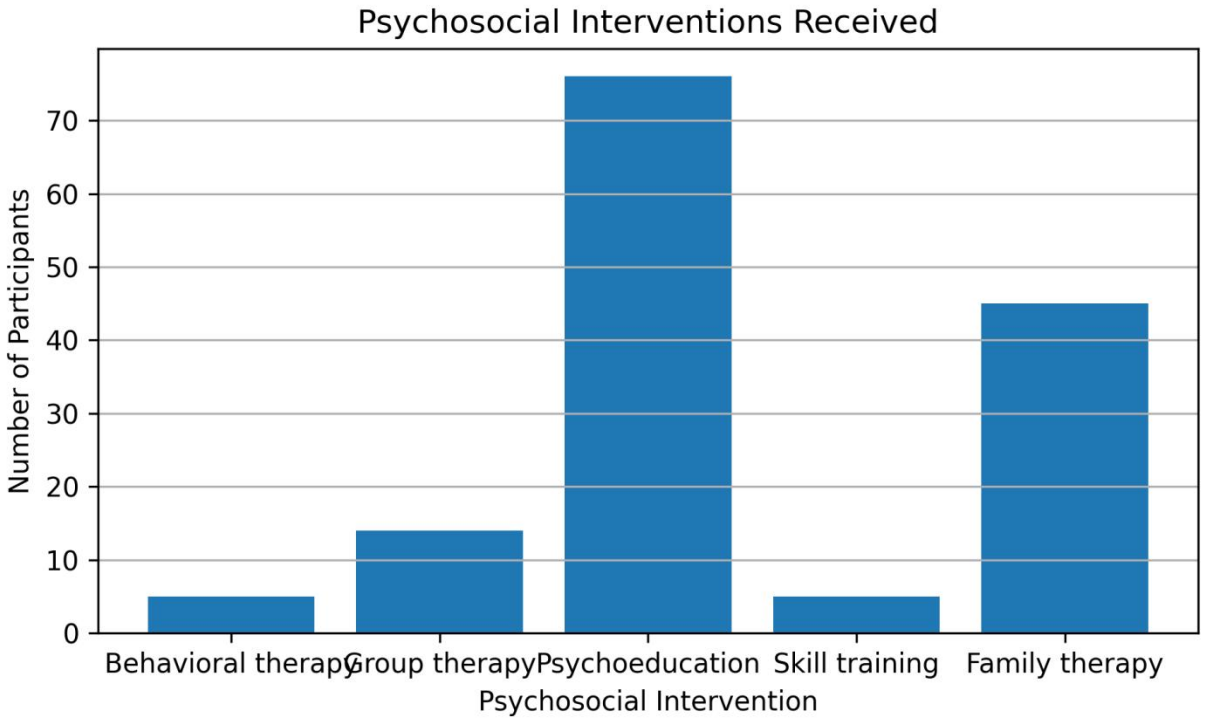


Figure4.2.3 Graph showing the types and effects of Psychosocial Interventions

From the above graph, out of the 84 care givers, 76 of them are receiving psycho education support, 45 are receiving family therapy, 14 on group therapy, 5 receiving behavioral therapy and another 5 on skill therapy. These are new innovative and strategies to integrate them back into society with skills and knowledge for self-support

Figure 4.2.4 Descriptive Statistics showing the effects of psychosocial intervention

S/N	Item	SD n(%)	D n(%)	U n(%)	A n(%)	SA n(%)	Mean	SD	Rank
1	Psychosocial treatment helped escorts understand patient condition	2 (2.4)	3 (3.6)	15 (17.9)	18 (21.4)	46 (54.7)	4.23	1.02	Very High
2	Escorts developed effective coping strategies	3 (3.6)	0 (0.0)	15 (17.9)	24 (28.5)	42 (50.0)	4.21	0.98	Very High
3	Escorts felt	3 (3.6)	3 (3.6)	8 (9.5)	25	45	4.26	1.01	Very High

	more socially integrated				(29.7)	(53.5)			
4	Daily functioning of escorts improved	9 (10.7)	3 (3.6)	9 (10.7)	23 (27.3)	29 (34.5)	3.82	1.33	High
5	Escorts felt more in control of patient symptoms	22 (26.1)	1 (1.2)	5 (5.9)	23 (27.3)	34 (40.4)	3.54	1.62	High
6	Quality of life of escorts improved	11 (13.0)	10 (11.9)	8 (9.5)	25 (29.7)	30 (35.7)	3.63	1.40	Moderate
7	Escorts felt supported during intervention	6 (7.1)	13 (15.4)	4 (4.7)	18 (21.4)	42 (50.0)	3.93	1.35	Moderate
8	Escorts felt hopeful about patient recovery	4 (4.7)	5 (5.9)	8 (9.5)	17 (20.2)	50 (59.5)	4.24	1.14	High

Note. SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree. Grand Mean = 3.98.

The table above reveals that psychosocial intervention on families' with individuals facing chronic mental health issues at Kanifing Hospital, The Gambia.The mean score(4.23)and the standerd deviation score (1.02) indicates that families strongly agreed that the intervention improved their understanding of their patient's condition.The intervention also enable families to develop coping strategies thereby enabling them to withstand the situation with a means score (4.21) and standard deviation (0.98). Here it shows the highest mean which is (4.25) indicating that family members agreeing that the intervention are virtually made them socially integrated. The study reveals that there is moderate agreement which indicates variability, suggesting daily functioning improved for many but not all.In interrelation to patients symptoms the mean score (3.54) and standered deviation score (1.62) indicates that families felt least confident here,many disagreed or were uncertain.Although it was positive in increasing quality of life,response were mixed and suggesting uneven benefit to the families,mean (3.63) and standard deviation(1.40).The mean score of (3.93)and standard deviation (1.35) indicates that most of the families felt supported during the intervention though some where not.Furthermore the mean

score (4.24) and standard deviation (1.14) shows that high optimistic about recovery with fairly consistent responses that most of the families beliefs that there patient will get better. The overall mean score across the five items reveals (Gm - 3.98), indicating that on average, family members leaned towards agree with the positive outcome of psychosocial intervention. The grand standard deviation(-1.28) showing that varied moderately on most respondents agree, but some showed lower endorsement. The intervention was overall effective, but not uniformly to across all domains.The Psychosocial intervention of Kanifing Hospital was largely effectively,families reported better understanding,coping skills,integration and optimism.However,symptom control and quality of life remain challenges,suggesting areas for further strengthening of the program.

4.3 Testing Of Qualitative Analysis

The thematic analysis here adopted by Braun and Clerk (2006) Thematic Analysis:

Theme One:

Improve Quality of Lives:

The Psycho social intervention has greatly increased the parents quality of life since the intervention.It makes it possible for the parents to do their daily activities without being worried about their patient at home when on any activity. The parents also said the intervention has quietly improved their awareness level especially on how to be with the patient without being in any form of psychological distress and keep them focus on reality rather than being in that state of not knowing what to do.

"It gives me hope that my patient will surely get better and also gives me the insight and strength to appreciate my patient more and how to provide support to my patient". (Participant 01, Female, 39years).

Theme Two:

Strengthening Coping Strategies;

Psycho social support has tremendously diverted us from the negative coping mechanism which was just to neglect there patient since this form of conditions those not get better and forget it in totality. So with the psycho social intervention there perception on mental illness and its causes and management greatly changes and gives them the idea not to neglect rather to develop coping strategies such as exercise, mindfulness talking to a love one, visiting friends.

"So at the moment our coping mechanism have being increased and I am able to stand farm and help my patients holistically".

"As am speaking to you my strength in coping strategies has virtually improved"

(Participant 02, Paticipant 03, male, female, 41years, 50years).

Theme three:

More Socially Integrated;

The intervention tremendously changes the parents perception about mentally challenge individuals.The parent have realized that mentally ill individuals can be treated successfully with psycho social intervention. On that note,it has been realized that those myths on mental health and mental illness are baseless and it make no sense. It is just there to disintegrate us from our families and love ones. The intervention also increases the parent strength in getting more close to his family members with mental health challenge and it has made him not to isolate their patients and they themselves from the the society.

" It has made me sociable and reduce the stigma and discrimination surrounding mental health challenges" (Participant 05, Male, 45years).

Theme Four:

Improved Daily Functioning;

The psycho social support has positively affects our daily functioning such as work and other social activities such as visiting friends and love ones. It also help them in emotional regulation and gives them insight on the causes of mental health issues and how to provide support to their love ones who are affected with mental health issues. They further said they are able to do their daily activities without being worried about their patients at home. Since we underwent the psycho-social intervention, we are able to do our daily activities without being worried about our patients at home.

"Psycho social support has positively affected my daily functioning such as work and other social activities"

"Psycho social support has enable me to do my daily activities without so worried about my patient at home"

(Participant 07, Participant 09, male, male, 33years, 40years).

Theme Five:

Increase Awareness And Reduced Relapse;

The intervention has increased our awareness on what is mental health and what is mental illness, it has made us understand that the causes is not as a result of black magic and supernatural powers, that made us not to fear the consequences of treating individual who are possessed. It also gives us an idea not to isolate our patient instead to support the patient and get him close to the family, Furthermore, it has widen there horizon on how to honor appointment and help patient adhere to the treatment.

“Psycho-social support has greatly increased my awareness and subsequently reduced the relapse rate of my patient”

‘The intervention has made me understand what mental health is? Mental illness and its causes (Participant 10, Participant 11, female, female, 39years, 42years).

4.3.1 Thematic Analysis Table

Theme	Description of Theme	Representative Quotations
Improved Quality of Life	Parents reported increased quality of life, reduced psychological distress, and improved ability to focus on daily activities without constant worry about their patient.	“It gives me hope that my patient will surely get better...” (Participant 01, Female, 39 years).
Strengthening Coping Strategies	Parents shifted from negative coping mechanisms to healthier strategies such as mindfulness, exercise, and social interaction.	“Our coping mechanisms have increased and I am able to help my patient holistically.” (Participant 02, Male, 41 years).
More Socially Integrated	Parents rejected stigma and myths about mental illness, becoming more socially engaged and supportive.	“It has made me sociable and reduced stigma and discrimination.” (Participant 05, Male, 45 years).
Improved Daily Functioning	Psychosocial support enhanced parents’ work performance, emotional regulation, and social participation.	“Psychosocial support has enabled me to do my daily activities without worrying.” (Participant 09, Male, 40 years).
Increased Awareness and Reduced Relapse	Improved understanding of mental health reduced misconceptions, increased appointment adherence, and lowered relapse rates.	“Psychosocial support has greatly increased my awareness and reduced relapse.” (Participant 10, Female, 39 years).

CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion of Findings

Below is the discussion of the findings from the study:

5.1.1 Development of Effective Coping Strategies

The study found that 42 respondents strongly agreed that psychosocial interventions enabled them to develop effective coping strategies. This aligns with Alfredsson et al. (2019), who reported that psycho-education and peer-support programs significantly enhance caregivers' coping abilities and reduce psychosocial distress. The consistency between the present findings and existing literature indicates that structured psychosocial support is vital in strengthening caregivers' resilience and adaptive behaviours.

5.1.2 Improved Caregiver Functioning

A total of 29 respondents strongly agreed and 23 agreed that psychosocial interventions enhanced their functional capacity. This finding supports Thompson et al. (2024), who found that participation in family psychosocial programs resulted in a 30% reduction in caregiving burden and improved overall family functioning over a 12-month period. The similarity in outcomes suggests that psychosocial interventions play an essential role in enhancing caregivers' ability to manage daily responsibilities and maintain emotional stability.

5.1.3 Greater Control Over Patient Symptoms

The results show that 34 respondents strongly agreed and 23 agreed that they felt more in control of their patients' symptoms after receiving psychosocial support. This aligns with the findings of

Johnson et al. (2018), who noted that families who received structured family therapy achieved a 50% improvement in managing mental health symptoms. These convergent findings highlight the importance of therapeutic guidance in empowering caregivers to manage challenging patient behaviours effectively.

5.1.4 Increased Social Integration

A total of 45 respondents strongly agreed and 25 agreed that psychosocial support enhanced their sense of social integration. This is consistent with Koskinen et al. (2019), who emphasized that psychosocial interventions promote social inclusion and reduce isolation among caregivers. These findings underscore the role of social support networks in mitigating loneliness and fostering a sense of belonging among caregiving populations.

5.1.5 Perception of Patient Recovery

Most respondents strongly agreed, and 17 agreed, that psychosocial support contributed positively to their patients' recovery. However, this contrasts with Ndlova and Mokuena (2023), who reported that many caregivers continue to face psychosocial, physical, emotional, spiritual, and financial challenges that hinder effective care for mentally challenged patients. The divergence suggests that while psychosocial support may enhance perceptions of patient recovery, structural and ongoing caregiver burdens may still impede optimal outcomes. This highlights the need for holistic, long-term support systems that address both caregiver and patient needs.

5.2 Summary of Finding

The study analyzed the effects of psychosocial intervention among carriers of chronic mental health issues. Among 84 respondents, reveals that both male and female are almost equal with more by two people, female constitute 51% and49% male. Out of the respondent 54.8% said psychosocial intervention make them understand their patients condition,50%increases their coping strategies,53.6% make them feel sociable and 59.5%. The integration of these interventions has been shown to significantly enhance overall patient well-being, strengthen emotional resilience, improve self-management behaviors, and reinforce social support network

5.3 Conclusion

In conclusion, psycho-social interventions play a pivotal role in the comprehensive management of chronic mental health issues. Psycho-social interventions provide essential support by addressing emotional, psychological, and social dimensions of health. And the integration of these interventions has been shown to significantly enhance overall patient well-being, strengthen emotional resilience, improve self-management behaviors, and reinforce social support networks. Despite these evident benefits, challenges such as individual variability in response, the need for sustained interventions, and issues of accessibility and scalability persist. Addressing these challenges requires strategic measures, including the development of personalized intervention plans, integrated care models, and the application of technology to broaden the reach of these interventions. The continuous improvement and expansion of psycho-

social interventions can facilitate the delivery of more effective and comprehensive care for individuals with chronic mental health issues, which has the potential to improve the quality of life and treatment outcomes for these patients.

5.4 Recommendations

1. The Program unit under the ministry of health should strengthen the community mental health services to provide Regular sessions with individuals and families with chronic mental health issues build awareness on mental health, reduce stigma and discrimination associated with mentally ill individuals, and improve adherence to treatment.
2. The Ministry of health should work closely with voluntary mental health organization to provide group sessions for individual caring for condition such as depression, anxiety, psychosis, or trauma,community based counseling to reduce isolation and increase hope.

3. The government should Create a mental health and psycho social support unit at Kanifing General Hospital and all the other sister Hospital and major health facilities to provide holistic psychosocial intervention such as psycho education, cognitive behavioral therapy, and community based counselling and raising awareness.

4.The mental health and psychosocial Support units in all facilities should do a proper assessment and Link individuals to housing support, social networks, and community engagement opportunities.

5.5 Implication to Practice

Psycho-social interventions for families caring for individuals with chronic mental illness have significant implications for practice. They emphasize the need for family-centered care, where practitioners actively involve relatives in assessment, treatment planning, and ongoing support. By providing psycho-education, skills training, cognitive behavioral therapy etc, these interventions help in reducing caregiver burden, improve coping strategies and enhance communication within the family unit. They also contribute to improved treatment adherence and early relapse prevention, thereby strengthening clinical outcomes.

Most importantly, if proper approaches are not put into consideration such as cultural sensitivity, holistic, and sustainability to ensure accessibility of long-term impact there can be serious implication such as increase relapse rate, poor quality of life, more burden on carriers and low productivity. Overall, integrating psychosocial interventions into routine mental health practice, fosters resilience among families and promotes better recovery for individuals with chronic mental illness.

5.6 Suggestions for Further Studies

1. Explore interventions for specific vulnerable populations(e.g., cancer patients, caregivers, refugees, people with chronic illnesses).

2.To Compare different types of psychosocial interventions (e.g,CBT, mindfulness, support groups, psychoeducation), in provision of quality care.

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Appendix A Consent Form

I am Lamarana Bah, Masters student at the International Open University, Gambia. I am working on my thesis titled as above. This research has received ethical clearance from Kanifing General Hospital Management Board of Research.

I humbly request your participation in completing this study. I thank you and greatly appreciate your willingness to participate in this study. If you have any questions before you complete this survey, please do not hesitate to ask.

By signing this form, you have understood that all responses you provide for this study will be completely confidential. When the study results are reported, you will not be identified by name or any other information that could be used to infer your identity. Your participation in this study is voluntary. You may withdraw your consent and discontinue participation in the study at any time you wish.

Do you provide your consent and wish to participate in this study?

a. YES
b. NO

_____

Participant's Signature

Appendix B Interview Guide and Questionnaires

Section A: Sociodemographic Data

1. Age

A. 18-30 B. 31-40 C. 41-50 D.51 and above

2. Gender

A. MaleB. Female

3. Ethnicity

A. Mandinka B. Wolof C. Fula D. Jola E. Others (Specify)

5. Nationality

A. Gambian B. Non Gambian

6. Level Of Education

A. High SchoolB. GraduateC. Other (please specify)

7. Marital Status

A. SingleB. Married C. DivorcedD. Widow

8. Occupation

A. Employed B. Self-employed C. UnemployedD. Retired

Section B Quantitative Questionnaires

1.Duration of your patient mental health condition: ☐ <1 year ☐ 1–5 years ☐ 6–10 years ☐ >10 years

2. His/her Diagnosis (as diagnosed by a medical professional):

☐ Schizophrenia

☐ Bipolar Disorder

☐ Major Depressive Disorder

☐ Other: _____

3. Are you presently on any psychosocial treatment?

☐ Yes ☐ No If Yes continue to number 4 if No proceed to number 5

4. Type of psychosocial intervention received (select all that apply):

☐ Cognitive Behavioral Therapy (CBT)

☐ Group Therapy

☐ Psychoeducation

☐ Training of Skills

☐ Family Therapy

☐ Other: _____

5.On a scale of 1 (Strongly Disagree) to 5 (Strongly Agree), score the following:

1. The psychosocial treatment helped you better understand your patient condition?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

2. Somewhat more effective coping strategies have been acquired by you?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

3. I feel you are more socially integrated?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

4. Your daily functioning is improved?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

5. You are more in control of your patient symptoms?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

6. Your quality of life is improved?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

7. I feel you supported during the intervention process?

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

8. I am more hopeful about my recovery.

Strongly Agree

Disagree

Neutral

Agree

Strongly Agree

Section C Interview Guide

1.Can you tell me a bit about yourself and your role in the family

2.Can you tell me how the intervention has affected your daily life?

3.What aspects of the intervention were most useful to you, and why?

4.Were there any aspects of the intervention that you didn't find useful or found difficult?

5.Has your view of your mental health changed since the intervention?

6.What changes (if any) have other individuals noticed in you since the intervention?

7.What would you suggest to improve psychosocial support services?

Appendix C Request Letter

International Open University,

Kanifing South Road

PO Box 2340,

Kanifing.

31st May, 2025.

The Chief Executive Officer,

Kanifing General Hospital,

Kanifing.

Dear Sir,

PERMISSION TO CONDUCT RESEARCH IN YOUR FACILITY

I hope this message finds you well. I am writing to seek your permission to research the topic "Effects of psycho-social intervention on families with individuals facing chronic mental health issues as part of my master's degree programme on psychology. This research aims to investigate the effects of a psychosocial intervention on families with individuals facing chronic mental health issues at Kanifing General Hospital.

I believe that this research could provide valuable insights into the effects of psycho-social intervention on families with individuals facing chronic mental health issues, especially those attending the mental health unit of Kanifing General Hospital.

I am committed to conducting this work ethically and transparently, adhering to all the necessary guidelines and requirements set forth by your institution. Furthermore, I am more than willing to provide any additional information you may require and to address any questions or concerns regarding this project.

Thank you for considering my request. I look forward to your positive response and hope to receive permission to proceed with this important research endeavor.

Yours sincerely

Supervisor



……..

Lamarana Bah

Assoc.Prof. Tajudden Saad

Tel. 3210439

Appendix D Approval letter

THE REPUBLIC OF THE GAMBIA

KANIFING GENERAL HOSPITAL
KANIFING FAST LA YOUT KANIFING

Tel: 9968001/9968002

28th July, 2025

Lamarana Bah
International Open University
Kanifing South Road
P.O.Box 2340 Kanifing

RE: PERMISSION TO CONDUCT RESEARCH

I am pleased to inform you that permission has been granted for you to conduct research on the topic: "Effects of Psycho-Social Intervention on Families with Individuals Facing Chronic Mental Health Issues at Kanifing General Hospital" You can therefore proceed with the study as planned.

Your study would be of great interest to the Hospital Management, as the findings could contribute significantly in the decision-making processes for better outcomes in our health service delivery.

In this regard, I solicit your cooperation on behalf of the Hospital Management in providing a copy of the final draft ofthe study for our reference. By a copy of this letter, all relevant authorities are herein notified.

Please be assured of our continuous co-operation and support.

Yours sincerely,

Basiru Drammeh
Chief Executive Officer

Cc: Hospital Administrator - KGH Principal Nursing Officer- KGH
HOD Mental Unit -KGH