Nigerian Association of Clinical Psychologists (NACP)

Nigerian Journal of Clinical Psychology (NJCP)

ISSN: 0189-2304
E-ISSN: 2971-6306

2024, Vol.14, No. 1, 42 - 56
http://nacpjournal.org.ng
nacpjournals@gmail.com
DOI: 10.5281/zenodo.13141626

RELATIONSHIP BETWEEN STIGMATIZATION AND DEPRESSION ON BURDEN OF CARE AMONG CAREGIVERS OF PATIENTS LIVING WITH MENTAL HEALTH DISORDERS

[1]Chinwe Onyemaechi , [1]Ezechukwu Charles, [2]Resurrecta Agu

[1]Department of Psychology, Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus.
[2]Department of Psychology, University of Agriculture and Environmental Sciences,Umuagwo-Ohaji, Nigeria.
(Correspondence email: ci.onyemaechi@coou.edu.ng)

ABSTRACT

This study examined the relationship between stigmatization and depression on burden of care among caregivers of the mentally ill patients**.** *A total of 197 caregivers of mentally ill patients that were receiving treatment for psychiatric condition were recruited for the study from Anambra State Neuropsychiatric Hospital, Nawfia, Nigeria. The participants comprised of 54.3% males and 45.7% females who are within the age range of 18 to 65 years, mean age of 25.8 and standard deviation of 8.2. They were administered the Self-rating Depression Scale, Internalized Stigma of Mental Illness and the Burden of Care Schedule.* The study made use of correlational research design *and Pearson Product-Moment Correlation Coefficient statistics. Result revealed a significant correlation between stigmatization and burden of care among caregivers of mentally ill patients at (r. = .613, df = 8(188/196), F = 58.11, p<.05). Also, the second hypothesis was accepted indicating a significant correlation between depression and burden of care among caregivers at (r. = .438, df = 8(188/196), F = 58.113, Sig = .000 p<.05). The study recommended psycho education to members of the general public on the negative effects of stigmatization, mental illnesses and burden of care in order to reduce the effects of stigmatization, depression among caregivers of mentally ill patients to the barest minimum.*

Key words: *Stigmatization, Depression, Burden of care, Caregivers, Mentally ill patients*

INTRODUCTION

Living with mental health illnesses may be extremely difficult for affected people, their careers, and society as a whole. It can also drastically increase how often people use and spend money on mental health services. Depression, bipolar illness, anxiety, schizophrenia, and substance use disorders are a few examples of this chronic ailment that have negative impact on a person's life (Wiegelmann, Speller, Verhaert, Schirra-weirich, & Wolf-ostermann, 2021).

As a result, mental health issues are linked to a heavy care load and psychosocial issues, which include demands on one's time and resources, disruptions in one's employment, a constant need for social assistance, and interpersonal difficulties (Ayalew, Workicho, Tesfaye, Hailesilasie&Abera, 2019). Because of this, providing care for those who are mentally ill can be extremely stressful and put the carers at risk for providing poorer mental healthcare.

One of the primary causes of morbidities and disabilities worldwide, mental health disorders have a negative impact on overall health and wellbeing (Udoh, Omorere, Sunday, Osasu&Amoo, 2021).According to statistical data, more than 70% of carers stated that caring for patients with mental problems resulted in severe psychological anguish and strain (Gérain&Zech, 2019). The National Alliance on Mental Health (2019) estimates that 450 million individuals worldwide experience mental illness at any given moment.

In a similar vein, the World Health Organization (2021) said that one in four families had at least one member who had a mental illness or psychiatric disorder that required clinical assistance. In addition, the report noted that estimates of the global prevalence of mental disorders varied depending on the mental health condition, with estimates for depression at 28 percent, anxiety at 26.9 percent, post-traumatic stress disorder symptoms at 24 percent, stress at 36 percent, psychological distress at 50.0 percent, and sleep issues at 27.6 percent, for example. According to the World Federation of Mental Health (2021), in low- and middle-income (LMIC) countries, particularly Nigeria, 75–95% of people with mental illness are unable to obtain mental healthcare services. Consequently, it is estimated that 50 million Nigerians suffer from mental problems (WHO, 2021).

Ritchie and Roser (2018) emphasized that approximately one billion people have encountered at least one mental illness that requires care from their caregivers based on this observation. Despite the significant burden associated with mental disorders, the lack of adequate evidence-based and cost-effective care for those with mental health issues in LMICs has prompted the need for research in this area. In Nigeria, between 20 and 30 percent of the population is said to be affected by mental illnesses (Onyemelukwe, 2016). Considering that Nigeria has an estimated population of over 200 million, this is a pretty big amount. Unfortunately, Nigerians only seldom pay attention to mental health issues; their level of knowledge about these issues is lowand the misconceptions regarding mental health have continued to flourish (Onyemelukwe, 2016).

Consequently, contemporary researchers (Gérain&Zech, 2019; Udoh et al., 2021) have exhaustively explored the mental healthcare of patients with mental illness or disabilities but unfortunately the role of caregivers in the treatment process and success is being ignored in the literature. Given this implication, this study aims to ascertain the pertinent factors that may contribute to the burden of care among caregivers.

The stress of caring for those who are mentally ill frequently has unfavourable effects that could harm the caregiver's mental health. Ayalew et al. (2019) pointed out that because of their position and obligation in caring for their ward, caregivers are frequently unprepared for and unwilling to carry these pressures. Most often, a family member will take on these duties; in other words, the family has taken on the key role in the caretakers' condition. Caregiving for people with particular disorders, such as mental health illnesses, places a heavy load on family caregivers (Gharavi et al, 2018). Therefore, providing long-term care and assistance to family members and friends of those with mental illnesses may lead to mental stress that interferes with daily adjustment .

Depression is another important element in this study that may add to the stress on carers. Giving care to someone who is depressed places a complex health and financial strain on both the giver and the recipient (Jaffe, Balkaran, Umuhire, Rive &Milz, 2021). A prevalent mental illness, depression or major depressive disorder, affects 322 million

people worldwide (WHO, 2017). Due to the disorder's high recurrence rate and lack of effective treatment options, future episodes are at danger. Depression is one of the most common mental disorders, and it places a significant financial, emotional, and social burden on sufferers, carers, and society. Depression is referred to as a mental illness that is characterised by a low mood, a loss of interest in pleasurable activities, a decrease in energy, guilt or feelings of low self-worth, interrupted sleep or eating, and trouble concentrating (WHO, 2017). It hinders day-to-day activities and lowers overall quality of life (National Institute of Mental Health, 2011). According to a thorough research published by the Global Burden of Disease Study [GBDS] in 2017, depression is the third most common factor in years spent living with a handicap.

A debilitating chronic ailment, mental illness can have a severe effect on the sufferer, their family, and the community at large. According to statistics, the proportion of people with mental illnesses receiving care from mental health professionals or other caregivers is increasing exponentially in LMICs (Udoh et al. 2021). Huge problems that occasionally jeopardized treatment and drug adherence, progress, and success are likely to arise when caring for persons with mental health illnesses. This is due to Nigeria's clear lack of adequate standard care homes or psychiatric hospitals to accommodate those with mental illnesses (Onyemelukwe, 2016). Because of this, family members frequently provide care and therapy to patients who are living with mental problems in informal settings or their homes. In a similar line, empirical data has shown that 90% of individuals with mental illness live with and get ongoing assistance from their family caregivers, which adds to the stress of caring (Ayalew et al., 2019). Additionally, it might lead to societal stigma against mental health patients and their carers as well as a severe issue with the patient's reintegration into society following treatment.

Given these difficulties, it is imperative to recognise the crucial part that caregivers play in the long-term support, care, and management of their mentally ill patients. Caretakers and family members are constantly pressured to take on the responsibility of caring for their family members with mental challenges, despite the

delayed course and persistent nature (compared with various forms of diseases) associated with mental disorders. As a result, there is rising worry over the terrible effects carers report experiencing when providing care for their mentally ill family (Udoh et al. 2021).

Observation demonstrates that it has been anticipated for carers to experience emotional discomfort and hardship when providing care for family members who have mental health disorders or disabilities (Ebrahim et al., 2020).Unfortunately, caregivers in traditional African society face stigma and mental stress, and their mental health is frequently undervalued and imperceptible to therapeutic benefits (Ayalew et al., 2019). Furthermore, put the rest of the family under a lot of strain and restrictions. Although family caregivers may be predisposed to mental morbidities and emotional stress in caring for their mentally ill relatives, the quality of life of family carers of a patient has continued to receive little scientific attention among researchers in Nigeria (Udoh et al. 2021). However, there is a large body of subpar research on how stigma, depression, and ageing affect carers' burden in the Nigerian setting. In light of this, it is important to examine how various psychological factors may contribute to the effect of these psychosocial factors (e.g., stigmatization, depression) on the burden of care among caregivers.

Guan et al. (2020) analyzed the various intercession model of assimilated disgrace and providing care trouble in the connection between seriousness of sickness and misery among family parental figures of people living with schizophrenia. The review utilized a cross-sectional planned. Information were gathered from a successive example of 344 Chinese family guardians of people living with schizophrenia between April-August 2018. Instruments utilized in the information assortment incorporated the Clinical Global Impression-Severity of Illness, the Internalized Stigma of Mental Illness Scale, the Caregiver Burden Inventory, and the Distress Thermometer. Information investigation was led utilizing clear insights, the Spearman relationship, and relapse examination to appraise immediate and circuitous impacts utilizing bootstrap examination. The outcome demonstrated the way that assimilated shame and providing care weight can independently and successively intervene the connection

between seriousness of ailment and misery. Besides, the intervention of assimilated shame assumes the biggest part among the various intercessions. For the most part, the seriousness of sickness, incorporated disgrace, and providing care trouble are huge elements of misery among family guardians of people living with schizophrenia.

In Saudi Arabia, Albikawi and Abuadas (2021) inspected the turn of events and approval of a device that actions the personal satisfaction and self-disgrace (SS) of the schizophrenia patient's guardian (QLSSoSPC). Short term of mental administrations facilities in Saudi Arabia were chosen for the review. The review utilized a cross-sectional plan. An example of 205 schizophrenia patients' parental figures was chosen utilizing a helpful examining technique. Traditional Test Theory and Rasch Analysis approaches were utilized. The created device has demonstrated satisfactory degree of dependability and legitimacy. The outcome showed that the examination affirmed seven-factor structure represented 74.4% of the complete change. Additionally, Cronbach's unwavering quality measurements for the created apparatus were agreeable and gone from 0.80 to 0.91.

In a cross-sectional review, Hoseinzadeh, Miri, Foroughameri, Farokhzadian and Shahrbabaki (2022) examined the relationship between's disgrace, weight of care, and family working in family parental figures of individuals with dysfunctional behaviors. Utilizing the share inspecting technique, 200 family parental figures of patients with psychological instabilities that were chosen from two mental clinics took an interest from the review. The outcome showed that scores of the parental figures' disgrace, family working, and weight of care were at moderate levels. Likewise, disgrace had a critical relationship with family working and weight of care, however no huge connection was found between family working and weight of care.

Purpose of the Study

The main purpose of this study is to examine whether stigmatization and depression would contribute to the burden of care among caregivers of patients living with mental health disorders. The specific objectives of this study are;

1. To determine whether stigmatization would correlate with burden of care among caregivers of patients living

with mental health disorders.

2. To assess whether depression correlates with burden of care among caregivers of patients living with mental health disorders.

Research Questions

The following questions shall guide this study:

1. Will stigmatization correlate with burden of care among caregivers of patients living with mental health disorders?
2. Will depression correlate with burden of care among caregivers of patients living with mental health disorders?

Hypotheses

The following hypotheses were tested in this study;

1. Stigmatization will significantly correlate with burden of care among caregivers of mentally ill patients.
2. Depression will positively significantly correlate with burden of care among caregivers of mentally ill patients.

METHOD

Participants

The participants for the study comprised of caregivers of mentally ill patients that are currently receiving treatment for psychiatric condition. They were selected from of caregivers at Anambra State Neuropsychiatric Hospital, Nawfia, Nigeria, through the use of purposive sampling technique. They comprise of males and females who are the primary caregivers. The ages of the participants ranged from 18 to 65 years.

Instrument

Three sets of instruments were used in this study and the demographic profile. They include the Self-rating Depression Scale (SDS) developed by Zung (1965), which consists of 20 items designed to measure depressive symptoms. The response format for the SDS is a 4-point Likert scale ranging from "a little of the time" to "most of the time." Sample items from the SDS include statements such as "I feel down-hearted and blue." Scores on the SDS range from 20 to 80, with higher scores indicating more severe depressive symptoms. The psychometric properties of the SDS include a Cronbach's alpha of .85, indicating good internal

consistency, and established validity through correlations with clinical assessments of depression. The second instrument used is the Depression subscale (Scale D) of the Symptoms Distress Checklist 90 (SCL-90), developed by Derogatis, Lipman, and Covi (1977). The SCL-90 Depression subscale includes 13 items that assess depressive symptoms, with a response format also on a 5-point Likert scale ranging from "not at all" to "extremely." Sample items from the SCL-90 Depression subscale include "feeling no interest in things" and "feeling lonely." Scores are summed to provide a total depression score, with higher scores indicating greater depressive symptomatology. The SCL-90 Depression subscale has demonstrated good psychometric properties, with a Cronbach's alpha of .90 and validity supported by correlations with other measures of depression and clinical diagnoses. The third instrument used in this study is the Burden of Care Schedule, which assesses the burden experienced by caregivers of mentally ill patients. This scale includes 28 items, with a response format on a 4-point Likert scale ranging from "never" to "always." Sample items from the Burden of Care Schedule include "I feel overwhelmed by my caregiving responsibilities" and "I have little time for myself because of caregiving." Scores on the Burden of Care Schedule range from 28 to 112, with higher scores indicating a greater burden of care. The psychometric properties of the Burden of Care Schedule include a Cronbach's alpha of .92, demonstrating excellent internal consistency, and validity established through correlations with caregiver stress and mental health outcomes.

Procedure

The researcher obtained an introductory letter from the Head of Department of Psychology, Anambra State University, to the Neuropsychiatric Hospital, Nwafia, Anambra State, Nigeria seeking permission to allow the researcher to conduct the study in the facility. Once permission was granted, the researcher engaged the caregivers of patients with mental illness who attend a weekly visitation. The inclusion criterion for participation in this study was (1) must have at least secondary school education to understand and speak the English language, (2) must be the primary caregivers of the patients. Rapport and confidentiality

established with them as well as their right to withdrawal from the study. The research instruments were administered by the researcher and two research assistants were recruited and trained by the researcher on how to administer the instruments. Their duties were to assist and guide the participants on how to accurately fill the questionnaires. However, copies of the questionnaire correctly filled were used for data analysis.

Design and Statistics

The studies adopted a correlation research design. This is because the study examined the relationship between stigma and depression on burden of care among caregivers of mentally ill patients on the other hand. Statistically, Pearson Product-Moment Correlation Coefficient was used to establish whether the study variables correlate significantly at 0.05 level of significance. The data analysis was conducted using Statistical Package for Social Sciences (SPSS) version 25.

RESULTS

Table 1: Over all summary of the Mean, Std.d, R, R Square, Adjusted R Square, Std. Error of the estimates, correlation coefficient (r), df, and F test scores of the participants.

Model	R	R Square	Adjusted R Square	Std. Error of Estimates
1	.844	.712	.700	13.90185

Pearson Product-Moment Correlation Coefficient Statistics

Variables	Mean	Std. d	r.	df	F	Sig	N
Burden of care	63.5431	25.37282		8	58.113	.000	197
Stigmatization	74.1472	23.54119	.613	188		.000	197
				196			

a = predictors (constant) stigmatization, stigma, resistance, social withdrawal, stereotype-endorsement, alienation, discrimination-experience, b = Burden of care, Sig = .000

From the result shown above in hypothesis one, which investigated that stigmatization will significantly correlate with burden of care among caregivers of mentally ill patients was accepted. From the result of the analysis, it revealed that there was a significant relationship between stigmatization and burden of care among caregivers of mentally ill patients at (Mean = 63.5, 74.1, Std.d = 25.3, 23.5, r. = .613, df = 8(188/196), F = 58.113, Sig = .000 P<.05). Therefore, this result shows that stigmatization have a strong positive significant relationship (r. = .613) with burden of care among caregivers of mentally ill patients.

Table 2: Over all summary of the Mean, Std.d, R, R Square, Adjusted R Square, Std. Error of the estimates, correlation coefficient (r), df, and F test scores of the participants.

Model	R	R Square	Adjusted R Square	Std. Error of Estimates
1	.844	.712	.700	13.90185

Pearson Product-Moment Correlation Coefficient Statistics

Variables	Mean	Std. d	r.	df	F	Sig	N
Burden of care	63.5431	25.37282		8	58.113	.000	197
Depression	55.8173	21.07487	.438	188		.000	197
				196			

a = predictors (constant) depression,b = Burden of care, Sig = .000

From the result shown above in hypothesis two, which investigated that depression will significantly correlate with burden of care among caregivers of mentally ill patients was also accepted. From the result of the analysis, it revealed that there was a significant relationship between depression and burden of care among caregivers of mentally ill patients at (Mean = 63.5, 55.81, Std.d = 25.3, 21.0, r. = .438, df = 8(188/196), F = 58.113, Sig = .000 P<.05). Therefore, this result shows that depression have a significant relationship (r. = .438) with burden of care among caregivers of mentally ill patients.

Discussion

The study investigated stigmatization and depression as correlates of burden of care among caregivers of patients living with mental health disorders. It was hypothesized that stigmatization of mentally ill people would considerably increase the burden of care on their care givers. Stigmatization significantly correlates with burden of care among caregivers of mentally ill patients, according to the Pearson Product-Moment Correlation Coefficient Statistics results, which examined whether stigmatization will significantly correlate with burden of care among caregivers of mentally ill patients. This finding suggests that stigma is one of the burdens that caregivers of mentally ill patients bear, supporting the idea that caring for patients who are mentally ill frequently has unfavourable outcomes and may harm the caregivers' physical and mental health through avoidance, rejection, and discrimination. This result is consistent with the social cognitive model, which proposed that stigma may be conceptualised and considered in terms of four different socio-cognitive processes, including social signals and labelling, stereotypes, prejudice, and discrimination. Because of how the general public reacts and society's propensity to stigmatise those who care for mentally ill individuals, carers of these patients experience stigma. This is in line with research by Hailemariam (2015), which found that stigmatisation of caregivers to be significantly positively correlated with perceptions of mental illness symptoms, supernatural explanations for mental illness, and psychosocial and biological explanations for mental illness among caregivers. Additionally, it showed that stigmatised caregivers of mentally ill patients were more frequently negatively impacted in their capacity to form personal connections and more frequently had moments when they wished the patient had never been born or that they had never met, especially in dysfunctional families. This may be due to the lack of a sense of belonging provided by dysfunctional families, which is necessary to overcome any sense of being.

Stigmatization not only increases the objective burden of care by increasing social isolation, but it also reduces access to social support, resources, and opportunities. The outcomes of the study might also be attributed to some Nigerian communities'

shame-based, sociocentric cultures that place a strong emphasis on family honour. Additionally, the idea that they are a "bad seed" causes them to worry about their family members, which might result in them carefully protecting their disease as a family secret, decreasing social support.

The second hypothesis, according to which the strain of caring for patients with mental illnesses will be positively and strongly correlated with depression, was accepted. The Pearson Product-Moment Correlation Coefficient Statistics results, which looked at whether depression would substantially positively correlate with the burden of care among carer givers of mentally ill patients, showed that depression considerably associated with that burden.

The findings of the study suggest that a caregiver's constant oversight, assistance, effort, and resources spent on caring for mentally ill patients may expose or facilitate significant emotional distress or the risk of experiencing depressive symptoms like decreased energy, disturbed sleep or appetite, suicidal ideation, hopelessness, poor concentration, and loss of interest or pleasure. The studies of Li et al. (2021), and Anjo (2021), and Udoh et al. (2021) all found a strong link between depression and burden of care among carers of mentally ill patients. These findings are in line Li et al. stated that sadness affected over half of the care givers of mentally ill patients and that caregivers had a disproportionately high burden of care was more preponderant among caregivers of mentally ill patients with mental retardation, epilepsy, and schizophrenia. The learned helplessness hypothesis postulates that care givers of mentally ill patients experience depression because they frequently determine or even attribute pressures in their life as being out of their control, which may have contributed to the pessimism in their thought processes. An actual or apparent lack of control over the result of the control is what makes caregivers of mentally ill patient’s melancholy when they feel powerless to prevent undesirable scenarios, such as caring for a loved one who is mentally ill.

The implications of this study make early identification of caregiver burden and appropriate intervention even more critical. Adequate education of members of the general public concerning mental illnesses is required in a consistent fashion in order to reduce the effects of stigmatization,

depression and age on burden of care among caregivers of mentally ill patients to the barest minimum. Caregivers should be assisted and directed on coping strategies. Family income may also be improved through occupational rehabilitation of stable patients.

According to the study's findings, stigmatization and depression do have an impact on care givers of mentally ill. Therefore, it is a priority for clinical psychologists to mobilise efforts to influence legislation that will guarantee that family caregivers receive quality psychotherapy while providing care for a loved one who has a mental health issue. Additionally, it is important for physicians to understand and be proficient with the stigmatisation, depression, and burden of care scales that were utilised in the data collection process.

It is advised that further research be done on the evaluation of general health status in relation to the influence of the burden of care on the physical and mental well-being of care givers of mentally ill patients. It is also advised that the government establish psychotherapeutic interventions at psychiatric facilities to support and inform those who care for people with mental illnesses about stigma and depression.

In this study, the researcher examined whether stigmatization and depression as correlates of burden of care among caregivers of patients living with mental health disorders. Only a tangible number of caregivers of patients living with mental health disorders were covered due to time and financial constraints, these incapacitated the researcher in adequately generalization of the study. Hence, further study is suggested to cover more caregivers of patients living with mental health disorders and more hospitals so that more generalizable result is obtained

REFERENCES

Albikawi, Z., & Abuadas, M. (2021). Quality of life and self-stigma of schizophrenia patient's caregiver tool: Development and validation using classical test theory and Rasch analysis. *South African Journal of Psychiatry, 27*, 1656.

Ayalew, M., Workicho, A., Tesfaye, E., Hailesilasie, H., & Abera, M. (2019). Burden among caregivers of people with mental illness at Jimma University Medical Center, Southwest Ethiopia: A cross-sectional study. *Annals of General Psychiatry, 18*(10), 1-11. https://doi.org/10.1186/s12991-019-0233-7

Derogatis, L. R., Lipman, R. S., & Covi, L. (1977). *Manual for the Symptoms Distress Checklist 90 (SCL-90)*. Baltimore: John Hopkins University School of Medicine.

Ebrahim, O. S., Al-Attar, G. S. T., Gabra, R. H., & Osman, D. M. M. (2020). Stigma and burden of mental illness and their correlates among family caregivers of mentally ill patients. *Journal of the Egyptian Public Health Association, 95*, 1-9.

Gérain, P., & Zech, E. (2019). Informal caregiver burnout. *Frontiers in Psychology, 10*, 1-13.

Gharavi, Y., Stringer, B., Hoogendoorn, A., Boogaarts, J., Van Raaij, B., & Van Meijel, B. (2018). Evaluation of an interaction-skills training for reducing the burden of family caregivers of patients with severe mental illness: A pre-posttest design. *BMC Psychiatry, 18*, 1-9.

Global Burden of Disease Study. (2018). Global Burden of Disease Study 2017 (GBD 2017) Health-related Sustainable Development Goals (SDG) Indicators 1990-2030. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME).

Guan, Z., Huang, C., Wiley, J. A., Sun, M., Bai, X., & Tang, S. (2020). Severity of illness and distress in caregivers of patients with schizophrenia: Do internalized stigma and caregiving burden mediate the relationship? *Journal of Psychiatric and Mental Health Nursing, 77*(3), 1258-1270.

Hailemariam, K. M. (2015). The psychological distress, subjective burden, and affiliate stigma among caregivers of people with mental illness in Amanuel Specialized Mental Hospital. *American Journal of Applied Psychology*.

Hoseinzadeh, F., Miri, S., Foroughameri, G., Farokhzadian, J., & Shahrbabaki, M. N. (2022). Stigma, burden of care, and family functioning in family caregivers of people with mental illnesses: A cross-sectional questionnaire survey. *Social Work in Mental Health, 20*(4).

Jaffe, D. H., Balkaran, B. L., Yue, L., Mulhern-Haughey, S., & Anjo, J. (2021). The burden of caring for

adults with depression and suicidal ideation in five large European countries: Analysis from the 2020 National Health and Wellness Survey. *BMC Psychiatry, 21*, 1-11.

Lai, D. W. L. (2007). Validation of the Zarit Burden Interview for Chinese Canadian caregivers. *Social Work Research, 31*, 45-53.

National Alliance on Mental Health. (2019). NAMI raises awareness by dispelling harmful myths about mental illness. Retrieved from https://www.nami.org/Press-Media/Press-Releases/2019/NAMI-Raises-Awareness-by-Dispelling-Harmful-Myths-About-Mental-Illness

National Institute of Mental Health. (2011). Turning discovery into health. Retrieved from https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh

Onyemelukwe, C. (2016). Stigma and mental health in Nigeria: Some suggestion for new law reform. *Journal for Law and Policy Global, 55*, 63-68.

Ritchie, H., & Roser, M. (2018). Mental health. Retrieved from Our World in Data: https://ourworldindata.org/mental-health

Udoh, E. E., Omorere, D. E., Sunday, O., Osasu, O. S., & Amoo, B. A. (2021). Psychological distress and burden of care among family caregivers of patients with mental illness in a neuropsychiatric outpatient clinic in Nigeria. *PLoS ONE, 16*(5), 1-16. https://doi.org/10.1371/journal.pone.0250309

Wiegelmann, H., Speller, S., Verhaert, L., Schirra-Weirich, L., & Wolf-Ostermann, K. (2021). Psychosocial interventions to support the mental health of informal caregivers of persons living with dementia – A systematic literature review. *BMC Geriatrics, 21*, 1-17.

World Federation of Mental Health. (2021). Mental health in an unequal world: Together we can make a difference. Retrieved from http://wmhd2021.com/wmhd2021_educationa-material.pdf

World Health Organization. (2017). Helping people with severe mental disorders live longer and healthier lives. *World Health Organization*.

World Health Statistics. (2021). Monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization.

Zung, W. W. (1965). A self-rating depression scale. *Archives of General Psychiatry, 12*(1), 63–70.