Research Article: Published in Ojukwu Journal of Psychological Services
Home page: https://psyservicesjournal.org.ng, Volume 2, Issue 1, pp. 1-27
Publication date: 31/01/2026; eISSN: 1595-6431; Article DOI: https://doi.org/10.60787/ojps/vol2no1/1-27

STIGMATIZATION, DEPRESSION, AND AGE AS CORRELATES OF BURDEN OF CARE AMONG CAREGIVERS OF THE MENTALLY ILL PATIENTS, NAWFIA.

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Abstract:

This study investigated stigmatization, depression, and age as correlates of burden of care experienced by caregivers of individuals with mental health disorders. A total of 197 caregivers of mentally ill patients who are receiving treatment for psychiatric conditions were recruited for the study from Neuropsychiatric hospital, Nawfia, Anambra state, Nigeria. The group consisted of 54.3% males and 45.7% females, with an average age of 25.8 and a standard deviation of 8.2. The instruments used for assessment were the self-rating depression scale, internalized stigma of mental illness, and the burden of care schedule. The researchers used a purposive sampling technique to select and include participants in their study. The research employed a correlation study design and utilized Pearson's product-moment correlation coefficient statistics. The findings showed a strong correlation between stigmatization and the burden of care experienced by caregivers of mentally ill patients, with a correlation coefficient of.613 (df = 8(188/196), f = 58.113, p Also, the second hypothesis was accepted indicating a significant correlation between

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depression and burden of care among caregivers at (r. =.438, df = 8(188/196), f = 58.113, sig =.000 p The third hypothesis was also accepted indicating a significant correlation between age and burden of care among caregivers at (r. =.412, df = 8(188/196), f = 58.113, sig =.000 p respectively. The study suggested that it is crucial to launch anti-stigma campaigns, seminars and educational programs to tackle the stigma surrounding mental illness within the community. Psychological assessment is highly recommended for caregivers.

Keywords: Stigmatization, Mentally Illness, Burden, Caregiver, Depression,

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. A chronic illness known as a mental health disorder is characterized by, among other things, an excessive cognitive disruption, emotional distress, personality dysfunction, and maladaptive coping mechanisms (Wiegelmann, Speller, Verhaert, Schirra-weirich, & Wolf-ostermann, 2021). Depression, bipolar illness, anxiety, schizophrenia, and substance use disorders are a few examples of this chronic ailment that have a negative impact on a person's life.

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, Onyemaechi & Okafor, 2025). Because of this, providing care for those who are

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mentally ill can be extremely stressful and put the care givers 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, Maduekwe, et.al, 2024, Ejidike, et.al. 2023). 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).

Caring for a family member with a mental illness can be a challenging and overwhelming experience. Caregivers, often family members, play a crucial role in supporting and assisting those living with mental health conditions. However, the responsibility of caregiving can also take a significant toll on the caregiver's physical, emotional, and social well-being. This study

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aims to explore the impact of stigmatization, depression, and age on the burden of care experienced by caregivers of mentally ill patients in Nawfia, a community in Anambra State, Nigeria. Mental health conditions, such as schizophrenia, bipolar disorder, and major depressive disorder, can significantly impair an individual's functioning and quality of life. Caregivers, who are typically family members or close friends, often take on the responsibility of providing physical, emotional, and practical support to their loved ones with mental illness. This role can be both rewarding and challenging, as caregivers may face a range of stressors and difficulties in their daily lives. The burden of care experienced by caregivers can be influenced by various factors, including the severity of the patient's symptoms, the availability of support systems, and the caregiver's own mental and physical health. Two factors that have been identified as particularly relevant in the context of mental illness caregiving are stigmatization and depression (Corrigan & Miller, 2004, Thornicroft et al., 2016, Obi-Nwosu,et.al, 2019, Onyemaechi, et.al 2025).

Stigmatization, which refers to the negative attitudes and discriminatory actions towards individuals with mental illness, can have a profound effect on both the patient and the caregiver. Caregivers may encounter feelings of loneliness, restricted access to support systems, and heightened emotional strain as a result of the societal stigma surrounding mental health. This can worsen the caregiving responsibilities and increase the risk of caregiver burnout (Thornicroft et al., 2016).

Depression, a prevalent mental health issue, can also be a major concern for individuals who provide care for those with mental illnesses. The pressures and responsibilities of caregiving can have a negative impact on the caregiver's mental well-being, resulting in emotions such as

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sadness, hopelessness, and exhaustion. As a result, the caregiver's capacity to offer proper care and assistance may be compromised.

Furthermore, the caregiver's age can be a significant factor in comprehending the weight of caregiving responsibilities. Older caregivers may encounter specific difficulties, such as deteriorating physical health, limited financial means, and the challenge of managing caregiving duties while also attending to their own well-being. Taking care of a family member with a mental illness can be a major challenge, resulting in a heavy responsibility for the caregiver. Factors like social stigma, feelings of sadness, and the caregiver's age can all play a role in this burden. Nevertheless, the exact connection between these factors and the amount of care provided by caregivers in neuro-psychiatric hospitals in Nawfia, Nigeria, remains unclear. The objective of this study is to examine how stigmatization, depression, and age influence the burden of care experienced by caregivers of mentally ill patients.

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, Onyemaechi, et.al, 2024). Huge problems that occasionally jeopardised 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

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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

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psychosocial factors (stigmatization, depression, and age) on the burden of care among caregivers.

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?
3. Will age correlate with burden of care among caregivers of patients living with mental health disorders?

Hypotheses:

1. There will be a correlation between stigmatization and the burden of care experienced by caregivers of mentally ill patients.

2. There will be a correlation between depression and the burden of care experienced by caregivers of mentally ill patients in.

3. Age will correlate with burden of care among caregivers of patients living with mental health disorders.

EMPIRICAL REVIEW

Multiple research studies have investigated the connection between stigmatization, depression, age, and the weight of responsibility felt by caregivers of mentally ill individuals.

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Numerous studies have consistently shown that the stigma associated with caring for mentally ill individuals places a heavier burden on their 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

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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.

According to a study conducted by Onyemelukwe (2016) in Nigeria, caregivers who faced higher levels of stigma reported a heavier burden of care, encompassing emotional, physical, and financial stress. In a comprehensive review conducted by Gupta and Bonanno (2011), it was found that stigmatization has a negative effect on the well-being of caregivers and the overall burden of care, regardless of cultural differences.

In India, Mehra, Kumar, Grover, Chakrabarti, and Avasthi (2020) researched the relationship between's shame with weight and adapting among guardians of patients with extreme mental issues. A sum of 116 grown-up guardians were chosen for the review utilizing the accompanying information assortment: shame scale for Caregivers of People with Mental Illness (CPMI), Family Burden Interview (FBI) Schedule, and Family Coping Questionnaire.

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The outcomes uncovered that shame was most elevated for the emotional part followed by social and least for the mental part of CPMI. Likewise, it was seen that the most elevated trouble was accounted for the monetary weight followed by disturbance of routine family exercises, interruption of family relaxation exercises, interruption of family collaboration, the impact on the actual soundness of others, and impact on the emotional well-being of others. Then again, the successive survival method utilized by the parental figures was gathering data followed by certain correspondence and the patient's social association. A more elevated level of disgrace in every one of the spaces was related with a fundamentally higher weight in every one of the spaces of the goal trouble, aside from the impact on physical and psychological wellness on others. Higher utilization of copings, for example, positive correspondence and social interests was related with higher disgrace in every one of the areas aside from absence of critical relationship between sure correspondence and mental space of shame. Higher utilization of renunciation as a survival strategy was related with a higher disgrace in the mental space of CPMI.

In Beijing, China, Li et al. (2021) inspected the predominance of tension, depression, and rest issues among guardians of people living with neurocognitive problems (PLWND) during the COVID-19 pandemic. Information was accumulated from March 1 to 31, 2020. A sum of 160 parental figures of PLWND took part in a web-based cross-sectional review on the commonness of nervousness, depression, and rest issues. The instrument utilized was the 7-thing Generalized Anxiety Disorder Scale (GAD-7) and the 2-thing Patient Health Questionnaire (PHQ-2) to survey burdensome side effects. Subjective information was acquired from inquiries on rest span and rest quality enquired about rest issues. Six things were utilized to investigate the COVID-19-

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related encounters, including local area level disease contact and the degree of openness to media data. Univariate and multivariate strategic relapse examinations were used to break down the information. The outcome uncovered that the predominance pace of nervousness, depression, and rest issues were 46.9%, 36.3%, and 9.4% individually. Roughly 55 members (34.4%) gave at least two emotional well-being issues. Ladies had a higher gamble of creating uneasiness side effects (OR, 5.284; 95% CI, 2.068-13.503; p = 0.001). it likewise tracked down that having a psychological issue (OR, 5.104; 95% CI, 1.522-17.114; p = 0.008) was related with an expanded gamble of burdensome side effects. Guardians who liked to get to positive data (OR, 0.215; 95% CI, 0.058-0.793; p = 0.021) was related with diminished hazard of rest issues.

Along these lines, Udoh et al. (2021) analyzed degrees of psychological trouble and weight of care experienced by family parental figures who care for their deranged family members in Edo State, Nigeria. Psychological trouble was surveyed utilizing the General Health Questionnaire (GHQ-12). Weight of care was estimated utilizing the 22-thing Zarit Burden Interview (ZBI) survey. Various direct relapse was led to decide factors related with weight of care and psychological pain, while factor investigation was utilized to decide the fundamental types of weight of care and psychological trouble among members. The outcome showed that guardians contemplated were family members of patients analyzed for depression (25.1%), substance use jumble (22.2%), schizophrenia (20.2%) and bipolar full of feeling issue (11.1%). Roughly 15% encountered no-to-gentle weight, 51.3% gentle to-direct weight and 34.0% high-or-serious weight. Almost split (49.0%) of members experienced psychological trouble. Extreme pace of psychological trouble was seen among subjects really focusing on patients with schizophrenia (60.7%), epilepsy (60.0%), substance use jumble (52.2%) and depression (49.0%).

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High weight of care was more dominant among parental figures of family members with mental impediment and epilepsy (half each) and schizophrenia (39.3%). Having a higher instructive capability and being independently employed was an indicator of psychological pain. Orientation of guardian and the determination schizophrenia among family members of parental figures inclined toward weight of care. Three variables including social and profound brokenness, psychological misery and mental brokenness were distinguished as parts of psychological wellbeing through factor investigation. On the weight scale, six variable parts were distinguished as: individual strain, job strain, narrow mindedness, patients' reliance, responsibility and impedance in private life.

In a meta-examination concentrate on led in Germany,Wiegelmann et al. (2021) analyzed precise survey of intercession content, adequacy and subgroup separation of psychological well-being mediations for casual parental figures of people with dementia residing at home. The creators looked through four electronic data sets (PubMed, PsychINFO, Scopus and CINAHL) and included just purposefully great randomized controlled preliminaries (RCTs), distributed in English or German language somewhere in the range of 2009 and 2018. The mediation programs zeroed in on psychological wellness of family guardians and a story blend of the included examinations was laid out. The outcome showed that 48 (48) distributions connecting with 46 mediation programs met the consideration rules. Weight, depression and personal satisfaction (QoL) are the dominating boundaries that were examined. 25 of 46 intercessions (54.3%) showed beneficial outcomes on no less than one of the results inspected. Most frequently, beneficial outcomes were accounted for the result abstract weight (46.2%). Just six investigations

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expressly designated on a specific subgroup of casual dementia guardians (13%), though any remaining mediations (87%) focus on the gathering in general without separation.

A study conducted by Chai et.al (2018) demonstrated that the presence of depressive symptoms in caregivers was a significant predictor of increased burden of care. The impact of the caregiver's age on the responsibility of care has been examined in numerous research studies. In a similar study conducted in Hong Kong by Li,et.al (2021), it was found that older caregivers experienced higher levels of emotional and physical strain, as well as a decline in their overall quality of life.

Theoretical Model.

The theoretical framework for this study on the burden of care among caregivers of mentally ill patients, can be based on the stress process model proposed by Pearlin et al. (1990). This model offers a thorough framework for comprehending the intricate factors that contribute to the burden experienced by caregivers.

The Stress Process Model posits that caregiver burden is the result of a dynamic process involving various interrelated factors. The key tenets of this model include stressors, which are the primary challenges and difficulties faced by the caregiver, such as the care recipient's functional impairments, behavioral problems, and the caregiving demands. The model also highlights the role of mediators, which are the personal and social resources that can help the caregiver cope with the stressors, such as social support, coping strategies, and psychological

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well-being. The final outcome of the stress process is the caregiver's burden, which can manifest in physical, emotional, and social domains.

One of the strengths of the Stress Process Model is that it provides a comprehensive framework for understanding the multifaceted nature of caregiver burden, taking into account both the objective and subjective aspects of the caregiving experience. It also highlights the importance of considering both the care recipient's characteristics and the caregiver's personal and social resources in determining the burden of care. Additionally, the model has been widely used and validated in various caregiver populations, including those caring for individuals with mental illness. However, one weakness of the model is that it does not explicitly address the role of cultural factors, such as stigmatization, which may play a significant role in the caregiving experience, particularly in the context of mental illness. The model may also oversimplify the complex and dynamic nature of the caregiving process, as the relationships between the various components may be more reciprocal and interdependent than the linear model suggests.

In the context of the current study on the burden of care among caregivers of mentally ill patients in Nawfia, Nigeria, the Stress Process Model can be applied by considering the care recipient's mental illness and caregiving demands as the stressors, the caregiver's coping strategies, social support, psychological well-being, and age as the mediators, and the burden of care experienced by the caregiver, which may be influenced by the presence of stigmatization, caregiver depression, and the caregiver's age, as the outcomes. This theoretical framework, provides a better understanding on the complex interplay between the various factors and guide the development of targeted interventions and support systems to address the specific needs of caregivers in the Nawfia community.

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Procedure:

The participants in this study were 197 caregivers of mentally ill patients who are currently receiving treatments at the neuropsychiatric hospital in Nawfia, Anambra State. The participants in the study ranged in age from 18 to 65 years old. The participants were chosen using a selective sampling method. Three different sets of instruments were utilized to gather data for the research. The initial instrument used was the self-rating depression scale (sds), a questionnaire that evaluates the intensity of depressive symptoms based on the individual's self-assessment. The second instrument was the internalized stigma of mental illness (ismi) scale created by Ritsher et al. (2003), which gauges the degree to which individuals with mental illness internalize the stigma connected to their condition. The third instrument was the burden of care (boc) scale, created by Zarit, Reever, and Back-peterson (1980), which measures the level of burden felt by caregivers of individuals with mental illness. The process of gathering data required the researchers to seek permission from the participants, guaranteeing their privacy and the protection of their responses. After completing the three instruments, the participants were informed about the objective of the study and given details about the support services available to caregivers. This study utilized a correlational research design, and the pearson product moment correlation coefficient (ppmcc) was employed to analyze the data collected using the statistical package for social sciences (spss) version 25. Through this statistical examination, the researchers were able to investigate the connections between the variables of interest, such as the caregiver's level of depression, the internalized stigma of mental illness, and the burden of care they faced.

RESULTS

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The results are presented in the order in which the hypotheses were tested.

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 SUMMARY

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, sterotype-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).

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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 SUMMARY

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).

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Therefore, this result shows that depression have a significant relationship (r. = .438) with burden of care among caregivers of mentally ill patients.

Table 3: 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 Summary

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
Age	34.3909	12.49753	.412	188		.000	197
				196			

a = predictors (constant) Age

b = Burden of care, Sig = .000

From the result shown above in hypothesis three, which investigated that age will significantly correlate with burden of care among caregivers of mentally ill patients was equally accepted. From the result of the analysis, it revealed that there was a significant relationship between age and burden of care among caregivers of mentally ill patients at (Mean = 63.5, 34.3, Std.d = 25.3, 12.4, r. = .412, df = 8(188/196), F = 58.113, Sig = .000 P<.05). Therefore, this result shows that

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age have a significant relationship (r. = .412) with burden of care among caregivers of mentally ill patients.

Discussion:

The findings of this study align with the existing literature on the factors influencing the burden of care experienced by caregivers of mentally ill patients. The significant positive relationship between stigmatization and burden of care is consistent with previous research, which has consistently shown that the stigma associated with mental illness can lead to increased feelings of shame, social isolation, and diminished self-worth among caregivers, ultimately contributing to a higher burden of care (Mackenzie & Kestenbaum, 2016, Ohaeri& Fido, 2001). The existing research consistently shows a strong connection between depression and the responsibility of caregiving. The stress process model posits that the caregiver's psychological well-being is a critical mediator in the stress process, and the presence of depressive symptoms can exacerbate the burden experienced by the caregiver (pearlin et al., 1990). This discovery emphasizes the significance of addressing the mental well-being of caregivers to alleviate the challenges they encounter. The third finding, which indicated that the age of the caregiver significantly influences the burden of care, with older caregivers reporting a higher burden, is consistent with the caregiving literature. Older caregivers may have additional health concerns, reduced physical and cognitive capabilities, and fewer social and financial resources, all of which can contribute to an increased burden of care (Pinquart & Sörensen, 2007).

Implications of the Study

The results of this study hold great importance for the Nawfia community and the wider mental health care landscape in Nigeria. The findings indicate that tackling the stigma surrounding

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mental illness, offering mental health assistance to caregivers, and creating age-specific caregiver support initiatives could significantly reduce the strain faced by this group.

Recommendations

According to the study's results, the following suggestions are made:

1. Launch anti-stigma campaigns and educational programs to tackle the stigma surrounding mental illness.

2. Create and execute caregiver-centered interventions, such as educational programs, support groups, and respite care services, to address the mental health requirements of caregivers and alleviate the strain of caregiving.

3. Tailor caregiver support programs to meet the specific needs of older caregivers, offering help with daily activities, access to healthcare services, and social support networks.

Psychoeducation is very apt for a positive mental well being.

4. Psychological assessment should be done in every hospital as part of vital signs examination.

Conclusion

This research has emphasized the substantial challenges faced by caregivers of mentally ill individuals in Nawfia, Nigeria, and the need to take into account the relationship between stigmatization, depression, and the caregiver's age when developing interventions to support them. The results of the study have real-world applications for creating effective interventions and support networks that can enhance the overall well-being of both the caregivers and the individuals receiving care within the Nawfia community.

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