

American Journal of Psychology (AJP)



**BURDEN OF CARE, PERCEIVED SOCIAL SUPPORT AND
EMOTIONAL INTELLIGENCE AS CORRELATES OF
PSYCHOLOGICAL HEALTH AMONG CAREGIVERS OF MENTALLY
ILL PATIENTS.**

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BURDEN OF CARE, PERCEIVED SOCIAL SUPPORT AND EMOTIONAL INTELLIGENCE AS CORRELATES OF PSYCHOLOGICAL HEALTH AMONG CAREGIVERS OF MENTALLY ILL PATIENTS.

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ABSTRACT

Purpose: Psychological health has been reported as an important factor influencing individual's various behaviors, activities, happiness and performance. This study examined burden of care, social support and emotional intelligence among caregivers of mentally ill patients as correlates of psychological health

Materials and Methods: The research sample included two hundred (200) caregivers that were selected from the Federal Neuro-psychiatric hospital Yaba, Nigeia, using simple random sampling. They were individually administered the Zarit Burden Interview (ZBI), multidimensional scale of perceived social support (MSPSS), emotional intelligence scale (EI) and General Health Questionnaire. The study adopted a correlational design. A multiple regression analysis was used to analyze the data. Four hypotheses were tested using statistical package for social sciences version 23.

Findings: The results indicate that there was significant inverse relationship between burden of care and psychological health ($r = -.643$, $df = 200$, $p < .01$). Also, there was positive significant relationship between emotional intelligence and psychological health ($r = .172$, $df = 200$, $p < .05$). There was significant positive relationship between social support and psychological health ($r = .322$, $df = 200$, $p < .01$). Finally, caregivers' burden of care, emotional intelligence and perceived social support jointly predicted psychological health ($R^2 = 0.44$, $F(3,196) = 51.63$, $p < .01$). Burden of care ($\beta = -.595$, $t = -10.64$, $p < .05$) and perceived social support ($\beta = .210$, $t = 2.39$, $p < .05$) were significant independent predictors of psychological health. While emotional intelligence ($\beta = .052$, $t = 0.61$, $p > .05$) found to have no independent significant prediction on the psychological health. The findings of the study were discussed and it suggested the need for caregiver education and support programs.

Recommendation: The study recommends that family support groups should be created for assisting caregivers and advocating for the promotion of their well-being in society.

Keyword: *Burden of Care; Perceived Social Support; Emotional Intelligence; Psychological Health*

INTRODUCTION

Life often presents the individual with unexpected challenges, setbacks and hardships. During the researcher's clinical internship program at Federal Neuro-psychiatric hospital Yaba, Lagos, it was observed that caregivers of mentally ill- patients experience tremendous challenges in their attempt to cater for the everyday needs of their relatives. Taking care of a mentally ill patient was thus seen as very demanding and exhausting especially if the patient has mood disorders or exhibit problematic behaviours. There is a long standing adage among the *Igbos* of the Eastern Nigeria that translates '*he who takes care of the sick, himself is sick*'. In same spirit, Gallant & Connel in 1997 (cited in Babalola, Adebowale, Onifade, & Adelufosi, 2014) stated that, caring for individuals with some morbidity could result in some physical and psychological maladaptive behavior by the caregiver. It was also observed that sometimes patients were abandoned for days and perhaps weeks by their family members and/or relatives who were the supposed caregivers, thus complicating the patients' situations. Perhaps, abandoning their duty posts was one way to deal with the pressure of caregiving which must have overwhelmed the caregivers: it must be a coping (wrong coping) strategy. However, many caregivers continue at their duty posts and consult doctors and nurses for chemotherapeutic assistance, over an array of complaints including psych ache. Consequently on the foregoing, it becomes imperative to interrogate factors that affect caregivers' effectiveness, which has implication for family health, and entire recovery of the patient.

Good psychological health is the foundation that allows an individual to function at his or her best, it sustains coherent thinking and creativity; and it reinforces the confidence to take risks and to innovate (Feridun, 2011).

Psychological health isn't similar as the nonappearance of mental or emotional disorders. For example, one can't say that a happy person is someone who is not depressed. There are many people who do not meet the clinical criteria for depression, yet they are not happy with their work, relationships or their overall lives.

Psychological health involves a normal emotional, behavioral, and social maturity of a person (Kinderman, 2017). This simply means that such an individual can function optimally in the society. They have good emotional health, the kind affecting how an individual feels. They also have good behavioral health, involving how an individual acts. Additionally, they have great social health, the kind that involves an individual's interactions with others.

Mental illness sometimes alters a person's life dramatically. Individuals with severe mental illness experience distressing symptoms, this can make it hard to hold a job, go to school, interact with people, or cope with ordinary life demands. Some individuals require hospitalization because they become unable to care for themselves, because they are at risk of committing suicide, or because they are threats to others.

These symptoms could be very distressing. Individuals with schizophrenia may be hearing nasty voices and as well be commanding them to act in strange or unpredictable ways. They may be paralyzed by paranoia the deep conviction that everyone, including their closest family members, wants to injure or kill them. Individuals with major depression may feel may feel worthless inside them, may see life as useless and future hopeless. In order words, nothing brings pleasure to them and that life is so dreary and unhappy that it is better to be dead. People with panic disorder may experience heart palpitations, rapid breathing, and anxiety so extreme that they may not be able to

go out of the homes. People who experience episodes of mania may engage in reckless sexual behavior or may spend money indiscriminately; actions that may later cause them to feel sense of guilt, shame and desperate. These illnesses can affect every aspect of a person's life and when a person's daily life is seriously impaired by illness, age, or disability especially psychiatric/mental illness that is characterized by loss of control, wandering, aggression both verbal and physical, he or she requires the caring or assistance of someone—whether in a hospital, a nursing home, or at a living home. This narrative further indicates the need to prioritize the mental health of caregivers, to avoid breakdown.

Caregiving, according to Frank, (2007) whether by professionals or by families or friends, can be an immensely enriching experience, one that immeasurably deepens human connections, but it can also create crushing burdens, devolving into mutual punishment. There is no way to eliminate the core of responsibility and obligation embedded within the care giving relationship. If the caregiver is not morally and emotionally prepared, then care giving can become a frustrating experience for the recipient, an intrusion and a threat rather than a help. Even professional caregivers can become so stressed by seeming demands that they are unable to give the care they would otherwise be able to offer., and this could lead to frustration and can as well revolve to undifferentiated anger affecting their performance and inevitably leading to the denial of comfort to both the patients and their families. Caring can be a particularly stressful experience for some people. It can often cause an unrelenting responsibility that can lead to social isolation, burnout, and even increased rates of illness amongst caregivers and this has been recognized in the concept of the burden of care, (Bevans & Sternberg, 2012).

Many definitions of burden have been proposed among caregivers, emphasizing the effect the burden has upon the family, or the impact living with the patient burden has on the family's daily routines and possibly health. The definition by Platt (1985), which stated that: it is the presence of problems, difficulties, or adverse events which affect the life (lives) of the psychiatric patient's significant other(s), seem to be holistic. In order words, caregiver's burden is a multi-dimensional concept reflecting physical, psycho-emotional, social and financial consequences arising from caring for an impaired family member.

Burden of care refers to a people's emotional response to changes and demands that occur as they give help and support to their sick relative. it is very important to consider the psychological, physical, financial and social life of the person who is giving care and whether these changes are causing strain for the individual, and if so, how much.

The vast majority of caregivers are informal caregivers. Informal caregivers may include spouses, family members and friends. Authors have ascribed the poor psychological health that is associated with informal caregivers to the fact that these caregivers are not getting compensated for taking care of the sick. These informal caregivers give up their funds, time, social acceptability and status (Ajibade, Ajao, Fabiyi, Olabisi, &Akinpelu, 2016).

The enormous role played by caregivers affects the caring relative's social and leisure activities and financial problems arise frequently. It is extremely stressful. The results of stress can affect caregivers in many ways. Some caregivers find their physical and mental wellbeing under attack. Anxiety, depression, a diminished social life, loss of self-esteem, and a decline in job performance are some of the problems caregivers find themselves struggling with.

Emotional and economic strain that family members experience after the discharge of their ill relative from a mental hospital are usually a complex problem that seriously affects the treatment of chronic mental patients. The length of hospital stays has declined steadily ever since World War II and deinstitutionalization has promoted community care of the mentally ill. The physical and emotional status of family care-givers has the potential to influence the health, welfare and successful rehabilitation of persons with chronic illness (Kelly & Hewson, 2000).

One of the main challenges of family members is to manage their loved ones chronic health problems effectively and juggle this role with the requirements of everyday living. Consequently, the task of caring for them with complex disabilities at home might be somewhat daunting for caregivers. The provision of such care may prove detrimental to both the physical health and psychological well-being of family members.

Social support is real or perceived resources provided by others that enable a person to feel cared for, valued, and part of a network of communication and mutual obligation (Cutrona, Hicklin & Russell 1990). It is a human interaction in which social, emotional, instrumental, and recreational resources are exchanged and this social phenomenon is associated with stress, depression, and mental health challenges. According to Thompson, et al; (2007), they opined that social support is the attachments among individuals that provide a sense of being assisted and supported by others and is regarded as one of the moderating factors which can potentially reduce caregiver burden and mental illness. The role of social support has been explored in the context of its effects on caregivers. Social support could be one way of minimizing the negative outcomes of caregiving. The role is often complex and multidimensional. It is also a major factor in preventing negative symptoms such as depression and anxiety from developing, (Corey, 2016). Social support is the caregiver's perception of available resources. These resources may be people who are confidants (someone the caregiver can trust) or someone to do something tangible for the caregiver (such as helping with chores). It could be considered as the social integration, density and range of relationships available at that given time. Social support serves as a "protective" factor to people's vulnerability on the effects of stress on health. Studies have demonstrated an association between increased levels of social support and reduced risk for physical disease, mental illness, and mortality, (Aquino, Russell, Cutrona, & Altmaier, 2011).

Social experience is very essential in predicting the well-being for everyone, ranging from childhood through older adults (Cohen & Willis, 1985). According to Vaux (2013), social support from friends and family members promotes good mental health. Friends respond with concern, empathy, and advice to a person facing difficulties or loss. They boost confidence and self-esteem by offering reassurance and compliments.

Thompson, Spilsbury, Hall, Birks, Barnes, and Adamson, (2007) opined that family support is the key point of decrease in all kinds of negative outcomes. Most people acquire major portion of social support from their families, especially in the aspects of material and care of activities of daily living and it is essential for maintaining mental health, particularly in the face chronic stressors. Some studies (George & Gwyther, 2013) found that social support from family, friends, and institutions reduce the negative outcomes of caring.

Emotional intelligence is psychological concept that, attracting a flood of opinions. It is a concept that has recently received increased attention within psychological literature and discourse over the

last several decades (Petrides & Furnham, 2001). Emotional intelligence can be broadly defined as the ability to perceive, control, and evaluate emotions (Johnson, Batey and Holdsworth, 2015). This set of characteristics, which deal with the perception, expression, and regulation of moods and emotions, suggests that there must be a direct link between emotional intelligence (EI) and physical as well as psychological health (Tsaousis and Nikolaou, 2012). The field of emotional intelligence is growing so rapidly that researchers are constantly amending their own definitions; however few definitions seem to capture the essence. Emotional intelligence is the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions. (Salovey and Mayer, 1990) This posits that it is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional meanings, and to thoughtfully control emotions in ways that promote emotional and intellectual growth." Consequently, Hein (2009) viewed it as "The mental ability with which gives our emotional sensitivity and potential for emotional management skills that help us maximize our long term health, happiness and survival." This simply may be seen as knowing how to separate healthy from unhealthy feelings and how to turn negative feelings into positive ones.

A caregiver can use the information about what he/she feels to make an effective decision about what to say or do (or not to say or do) next in taking care of a sick relative.

However, as reported by Laborde, Lautenbach, Allen, Herbert and Achtzehn (2014), Emotional Intelligence (EQ) is positively linked with mental health and it can have a crucial role in mental disorder therapy by suitable coping mechanisms. Emotional intelligence is one's ability to recognize and understand emotions in self and others, and the ability to use this awareness to manage behaviours and relationships.

Generally, when talking about emotional intelligence, the concept refers to one's abilities to identify, regulate, and process emotions (Vesely, Saklofske&Nordstokke, 2014). Consequently, it is the human potentials that allow individuals to identify emotions, integrate emotions in reasoning processes, perceive emotionally complex situations and experiences and as a result– effectively regulate emotional responses especially in a caregiving role. Preliminary evidence suggests EI positively associates with various indicators of health, functional status and general wellbeing, (Denham, Blair, DeMulder, Levitas, Sawyer and Auerbach-Major, 2012). The evidence however remains sporadic and lacking in an organizing framework, especially when it comes to chronic health conditions.

Goleman (1995), had stated that emotional intelligence (EI), refers to the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships. In other words, it is the ability to recognize, understand and manage our own emotions and the ability to recognize, understand and influence the emotions of others'. In practical terms, this means being aware that emotions can drive our behavior and impact people either positively or negatively and how to manage those emotions in one's life especially when an individual is under pressure or stressful situations.

However, Emotional Intelligence is based on a number of contributing factors that include:

- I. Self- awareness of one's own emotional makeup, biases, and sensitivities
- II. Social awareness of another individual's values, perceptions, and reactions

III. The ability to consciously self- manage one's emotional reactions

IV. The ability to successfully manage the interaction and ongoing relationship.

If the caregiver is not morally and emotionally prepared, then care giving can become a frustrating experience; for the recipient, an intrusion and a threat rather than a helping linkage.

It is clear that caregiving can have negative health effects and it exacts psychological, physical and emotional tolls on the life of caregivers. Receiving support from others is very important during times of illness. The seeking of support from another person is a healthy and effective way of dealing with a stressful event. During times of stress, the capability to understand and control our emotions and feelings helps to create an effective and good mental health. In this study low burden of caring, good social support and being emotionally intelligent are seen as factors that may enhance good psychological health among caregivers.

MATERIAL STUDIED

The researcher in the course of the study examined the burden of care, perceived social support and emotional intelligence as correlates of psychological health among caregivers of mentally ill patients.

AREA DESCRIPTIONS

The study was carried out in a Federal Neuro -Psychiatric Hospital, Yaba, Lagos, Nigeria.

METHOD

Design

The study adopted a Correlational design.

PARTICIPANT

Two hundred (200) caregivers of patients diagnosed with mental illness who was attending an outpatient clinic with their sick relatives at the Federal Neuro- Psychiatric Hospital Yaba participated in the study. The participants were selected using simple random sampling technique. They were either male or female family members or relatives of the mentally ill patients. Also, 40(20%) of the participants were males while majority 160(80%) were female. The ages of the caregivers' ranges from 18 years and above while the mean age is 25.60; SD= 6.75

RESULTS:

Specifically, the study provided answers to the research hypotheses. The statistical tests used include Pearson product moment correlation and multiple regression analysis for testing composite relationship of the independent variables.

HYPOTHESIS I

Hypothesis one states that there will be significant inverse relationship between burden of care and psychological health. The hypothesis was tested using Pearson r correlational analysis.

Table 1: Pearson Product Moment correlation showing the relationship between burden of care and psychological health

Variables	Mean	S.D	Df	R	P
Burden of care	48.80	8.13	200		
				-.643**	<.01
psychological health	16.60	1.02	200		

** . Correlation is significant at the 0.01 level (2-tailed).

The table shows that there was significant inverse relationship between burden of care and psychological health ($r = -.643$, $df = 200$, $p < .01$). The result implies that caregivers who are high on burden of care significantly report low psychological health. The hypothesis is thus accepted.

HYPOTHESIS II

Hypothesis two states that there will be significant positive relationship between emotional intelligence and psychological health. The hypothesis was tested using Pearson r correlational analysis. The result is presented in Table 2

Table 2: Pearson Product Moment correlation showing the relationship between emotional intelligence and psychological health

Variables	Mean	S.D	Df	R	P
Emotional intelligence	111.40	33.38	200		
				.172*	<.05
Psychological health	16.60	1.02	200		

*. Correlation is significant at the 0.05 level (2-tailed).

The results obtained from the test are shown in table 4.2. The table shows that there was positive significant relationship between emotional intelligence and psychological health ($r = .172$, $df = 200$, $p < .05$). The result indicates that caregivers with high level emotional intelligence significantly relate to increase in psychological health. The hypothesis is thus accepted.

HYPOTHESIS III

Hypothesis three states that there will be significant positive relationship between social support and psychological health. The hypothesis was tested using Pearson r correlational analysis. The result is presented in Table 3.

Table 3: Pearson Product Moment correlation showing the relationship between social support and psychological health

Variables	Mean	S.D	Df	r	P
Burden of care	48.8000	8.12960	200		
				.322**	<.01
psychological health	16.6000	1.02236	200		

** . Correlation is significant at the 0.01 level (2-tailed).

The results obtained from the test are shown in table 4.3. The table shows that there was significant positive relationship between social support and psychological health ($r = .322$, $df = 200$, $p < .01$). The result implies that caregivers who are high on social support significantly report high psychological health. The hypothesis is thus accepted.

DISCUSSIONS

The first hypothesis stated that there will be significant inverse relationship between burden of care and psychological health. The results showed that there was significant inverse relationship between burden of care and psychological health. The result implies that caregivers who are high on burden of care significantly report low psychological health. The finding showed a highly negative correlation between burden of care and psychological health. This simply means that caregivers are at risk of developing psychiatric illness/ poor psychological health. This findings support the work done by Dean and Gadd (1990), on the family caregiver alliance and many other previous research which indicate that extra demands of caregiving takes a toll on a person's physical and mental wellbeing and some of the health risks that face long-term caregivers includes -anxiety ,stress, depression, illness and more threatening compared to non-caregivers. This is not surprising because the link between stress and personal health is very strong (Kiecolt-Glaser & Glaser, 1992).When exposed to stressors, we generally experience many physiological reactions and when confronted with a continuing set of demands, it reduces the ability to function and is capable of generating health problems. Caregivers experience burden/stress when the demands placed on them exceed the resources; they have available to meet those demands. Furthermore, caregiver's interpretation of potentially stressful events will also contribute either to improve or negatively affect health. For instance, a caregiver who perceives his or her ability to cope as weak will experience more burden and vice-versa. This is similar to the findings of the burden experienced by family caregivers of patients with epilepsy (Nuhu, et al; 2010).

In a study conducted by Ekwall, Sivberg and Hallberg (2005), it was evident that there was a significant relationship between loneliness, limited social network and decline in quality of life of family caregivers; who face increased stress and strain because of their participation in care giving activities and were more likely to have higher morbidity and mortality than caregivers who report little or no difficulty providing care to the patients. Similar results have been found by study of Schulz and Beach (1999). Researchers have also shown that caregivers can suffer from physical ailments as well as anxiety and depression, strain in marital relationships, restrictions of roles and activities, and diminished physical health (Given et al, 2004)

Though the aspects of care giving that caused burden may be generally similar, the experiences reported by relatives are often varied, depending on the nature of the illness, and effects of different psychological factors. Some earlier researchers had also found that the general experience of burden was moderate among most caregivers of psychiatric patients, with the feeling of being in danger being mildest and worry being most severe (Howritz and Reinhand, 1995). Another study also reported that more than half of the caregivers felt that their work load had increased due to illness in patient (de Silva & de Silva, 2001).

The second hypothesis stated that there will be significant positive relationship between emotional intelligence and psychological health. The results revealed that there was positive significant relationship between emotional intelligence and psychological health. The result indicates that caregivers with high level emotional intelligence significantly relate to increase in psychological health. The hypothesis is thus accepted. This finding is in consistent with the studies done by Extremera, Salguero and Fernández Berrocal (2011), which revealed that higher EI is significantly correlated with psychological comfort and pleasure. An individual with high EI are likely to be more able to manage work stressors effectively.

Also, Taylor (2001) also argued that emotionally intelligent people can cope better with life's challenges and control their emotions more effectively, two abilities which contribute to good psychological and physical health. Individuals who can regulate their emotions are healthier because they 'they perceive and appraise their emotional states accurately, know how and when to express their feelings, and can effectively regulate their mood states'. Therefore, a high level of emotional intelligence is necessary for caregivers who are under severe stress.

Emotional intelligence (EI) has basic components including, self-awareness which helps the person to name and understand his emotions, and push him towards change (Mayer, Roberts, & Barsade, 2008). Thus, self-awareness can help individual to find out the impact of his actions and the more important impact of his emotions on others. In caregiving practice, EI proved to create positive work dedication, to improve work outcomes and to enhance interpersonal conflict management abilities with the resulting decreased stress (Go'rgens-Ekermans & Brand, 2012). This finding can be explained by the fact that individuals with stressful jobs, such as caregiving, if have confidence in their abilities, have knowledge of their strengths and weaknesses, can understand their emotions when they face them, and realize that their behavior directly affects others, will perform better in stressful situations, better help sick relatives and keep them safe. This present finding could also be explained that caregivers who have good control over their emotions and consider a variety of possibilities before making a decision can be better suited to stress conditions.

The third hypothesis stated that there will be significant positive relationship between social support and psychological health. The results revealed that there was significant positive relationship between social support and psychological health. The result implies that caregivers who are high on social support significantly report high psychological health. The hypothesis is thus accepted. The finding is similar with other findings of Lahuerta, et al.; 2004 found that caregivers' levels of social support have a likely impact on their psychological well-being. The finding is similar with other findings). There is evidence that social support is very essential in predicting the well-being for everyone, ranging from childhood through older adults (Cohen & Wills, 1985). Caregivers with high social support tend to have the ability to use effective coping strategies to handle caregiving role. Vaux (2013) pointed out that social support from friends and family members promotes good mental health. Friends as well do respond with concerns and it boosts confidence and self-esteem by offering reassurance and

compliments. They show empathy and advice a person facing difficulties or loss. Social support offsets the negative effect of severe stressors like caregiving role and it protects one against the damaging effects. For instance, caregivers who have a good social support can cope and interpret an event as less stressful. They also act to improve self-appraisal and self-esteem. They are happier and healthier and live longer. On the other hand, caregivers who have poor social support and interprets their relationships with others as not satisfactory, that is, they felt they are not cared or loved, may not have the ability to adjust appropriately or cope with the imposed demands of caregiving role. In most cases, it increases the level of depression, anxiety and poorer mental health of the caregivers.

The fourth hypothesis stated that burden of care, emotional intelligence and perceived social support will jointly and independently predict psychological health. The result revealed that caregivers' burden of care, emotional intelligence and perceived social support jointly predicted psychological health. When combined the respondents' burden of care, emotional intelligence and perceived social support accounted for 44% of the change observed in the psychological health among caregivers of mentally ill patient. This revealed that the collective presence of burden of care, emotional intelligence and perceived social support has significant influence on the psychological health. The result also revealed that burden of care and perceived social support were significant independent predictors of psychological health. While emotional intelligence found to have no independent significant prediction on the psychological health. The result demonstrates that caregivers with high burden of care significantly reported low psychological health and caregivers with high level of perceived social support significantly reported high level of psychological health. The hypothesis was supported. The result contrast the study by Studies by Martins, Ramalho and Morin (2010), suggested that higher emotional intelligence (EI) is linked to improved psychological and physical health, and a meta-analysis further emphasizes that the link between trait EI and mental health is very crucial. This set of characteristics, dealing with the perception, expression, and regulation of moods and emotions, suggests that there must be a direct link between emotional Intelligence and physical as well as psychological health (Salovey et al., 1999). An emotionally intelligent person can cope better with life's challenges and control their emotions more effectively, both of which contribute to good psychological and physical health.

CONCLUSION

Mental illness as already said, almost always alters a person's life dramatically. People with severe mental illnesses experience distressing symptoms that can make it difficult to hold a job, go to school, interact freely with people and cope with ordinary life demands. Some individuals require hospitalization because they become unable to care for themselves or because they are at risk of committing suicide. Behavioural disturbance, physical and verbal abuse, threatening and other dangerous irresponsible behaviour are commonly found in psychiatric patients. There are several psychiatric symptoms, especially in people suffering from schizophrenia, that their care-givers find it difficult to deal with and which cause them to feel distressed and helpless.

The psychological health of the family caregiver is negatively affected by providing care. Higher levels of stress, anxiety, depression and other mental health effects are common among family members who care for a relative or friend. Studies have showed reliable evidences that the care-givers of individuals with mental illness suffer from a number of significant stresses and moderately high levels of burden (Grad & Sainsbury, 1963). Relatives of mentally ill people make great sacrifices in their role as care-givers. They tend to tolerate disturbed behaviour and rarely complain.

Mental illness imposes an economic as well as a social cost to individuals, and to their families. Several studies have shown increased financial dependence and unemployment in people with psychiatric disorders (Rupp & Keith, 1993). Sometimes, a care giver has to give up work to look after their ill relative.

The role of social support has been explored in the context of its effects on caregivers. Social support is the physical and emotional and financial comfort given to an individual's by their significant others. It understands that we are part of a community of people who love and care for us, value and think well of us and it is one the ways of minimizing the negative outcomes of caregiving.

The demand for caregivers continues to rise worldwide as a result of an increasingly health problems. This research study shows that people are connected in such a fashion that the health of one person is related to the health of another. As a result, caregiver health is quickly becoming a public health issue that requires more focused attention from health professionals and policy makers.

The findings of the study showed that there is significant adverse effect in the psychological health of caregivers which ranges from the high burden of caring, poor social support and employment. It seems clear that a person's illness can have health consequences for others in his or her social network. This study therefore serves as awareness to increasing appropriate mental health services and medical care for family caregivers as an important step toward addressing caregiver health.

Emotional Intelligence (EI) appears to be crucial for caregivers in the management of the mentally ill patients. It is refers to our ability to recognize our own feelings and those of others and encompasses managing emotions effectively in ourselves and in our relationships. Emotional intelligence (EI) is featuring more prominently in health service literature and its importance is now being acknowledged in practice (Akerjordet and Severinsson, 2008). We need EI to manage relationships with family members and ill relatives. EI and failure to understand emotional issues can have significant negative outcomes on the health and wellbeing of caregivers.

The findings of this study also suggest the need for caregiver education and support programs. EI needs to be acknowledged and included innovatively in the health talks at every out-patient clinic. As clinical psychologists, we have a responsibility to potential psycho-educate caregivers and the general public on the emotional challenges which arise in complex life situations which exist in caregiving practice. *Huge number of* clinical psychologists should be employed to work in every hospital in Nigeria most importantly in the mental health hospital where caregivers of mentally ill patients are more likely to be found. This will create an avenue to assess, administer psychotherapeutic intervention *like* group therapy involving cognitive behaviour therapy and relaxation training to manage both social and psychological challenges associated with caregiving.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

1. Professionals working with caregivers of mentally ill patients should bear in mind the caregiver's affective factors and caregivers mental health such as level of social support and emotional intelligence so as to plan holistic psychological intervention that can address these issues.
2. Family support groups should be created for assisting caregivers and advocating for the promotion of their well-being in society.
3. Establishment and thorough supervision of mental health agencies, policy makers and educators to provide service, monitoring, supervision and support for the mentally ill patients and their caregivers so as to reduce the stress of the caregivers to low level for a better well-being.
4. Family caregivers are an important part of the mental health field and more studies are necessary to better understand the phenomenon of caregiver's psychological health.

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