

Psycho-social Challenges of Families of Person with Mental Illness: The Case of Amanuel Mental Specialized Hospital

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Abstract: *This study was geared towards the exploration of the psychosocial challenges of families of person with mental illness are facing. The study undertook in Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia. Addis Ababa, a seat of head quarter of AU(Africa Union), is the capital city of Ethiopia. An exploratory and descriptive institutional based cross sectional study was conducted from April 2018 to October 2018. A Mixed Concurrent Triangulation Method with the aim of producing a richer and more complete report was employed. By using availability sampling technique, a total number of 78 families of person with mental illness were used as the sample of the study. Among 78, 70 and 8 were for survey questionnaire and FGD, respectively. The quantitative data was analyzed by using descriptive statistics frequency, percentage/proportion, percentile rank(PR), mean and standard deviation because the data are ordinal and nominal (categorical). On the other hand, qualitative data was analyzed through descriptive analysis and thematic analysis. The findings from both qualitative and quantitative data witnessed that the families of person with mental illness are loaded down and threatened by various psychosocial challenges like blame, feeling of shame, frustrations, fear, being upset-anger, feeling of bad, self-insult, insult, losing respect, , embarrassment, worry, loneliness, despairing(hopelessness), being insulted secretly “Beashemure Mesedebe”, isolation, and stigma and discrimination in social organizations like housing, ‘Ekub’, ‘Idir’. In the light of these findings, further research with large sample and multiple research methods are recommended.*

Key Terms: *Families, Person with Mental Illness, Psychosocial Challenges*

I.INTRODUCTION

Background of the Study

No doubt that health is a prerequisite for an individual and societal well-being, productive life and development. Health has many components viz., physical health, mental health and social health (WHO, 1948). Among the elements of health, mental health is one and the most important which has a motto “No health without mental health” (Britain, 2011; Prince et al., 2007; WHO, 2011a).

Globally, mental illness is becoming a growing public concern. It is prevalent by increasingly and largely posing potential threats around the world (Perera et al., 2016). Regarding this, WHO and UNAIDS (2001) has reported that mental illness is a global health problem affecting over 450 million people each year.

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Empirical evidence from both developed and developing countries also indicate that mental illness is becoming increasingly common, with one in four adults and one in five children expected to experience one or more mental disorders during their lifetime (Mental Health Foundation, 2015; WHO and UNAIDS, 2001; Nullis, 2001 as cited in Kool and Agrawal, 2006). Hailemariam (2015) indicated that mental illness covers 14% of the global burden of disease worldwide. The burdens of taking care of persons with mental illness rest on the family members who provide all necessary support (Iseselo, Kajula and Yahya-Malima, 2016).

Families are the primary caregivers of persons with mental illness who provide physical, emotional, social, and financial support (WHO, 2003). Family members play multiple roles in heed of persons with mental illness. Among the roles, the most commons are taking diurnal care, taking charge of medications, taking the person with mental illness to the hospital and looking after the financial needs (Chadda, 2014). On the other hand, the families of persons with mental illness need to work their usual job for the livelihood of the families. Consequently, these multiple roles of the families create role conflicts.

Correspondingly, in Ethiopia, the Stanley Medical research report (1997-2006) disclosed that a million of the family members of persons with mental illnesses are suffering from various psychosocial challenges, which are both from intra-family and inter-family (community). The inter-family challenges of families of persons with mental illnesses embrace blame, stigma, discrimination, and social exclusion. Likewise, Iseselo et al. (2016) revealed that the families of persons with mental illness face various psychosocial challenges like stigma, discrimination, increased social distance, and decreased the quality of life. In line with this, Girma et al.(2014) found that the families of persons with mental illness is facing psychological challenges mainly self-stigma that can be exacerbated by intrinsic and/or extrinsic factors.

The other problems of the families of persons with mental illness could be seen from the economic point of view. They incur for financial constraints like transportation costs, costs for medicines (drugs) and psychotherapy, and costs for accommodations and house rent. In line with this, Addo, Agyemang, Tozan and Nonvignon(2018) revealed that the families of persons with mental illness face financial constraint,



productivity loss and lost employment.

Alike, WHO (2003) disclosed that mental illness have enormous emotional and financial burden on individuals, their families and society as a whole. On the account of these and other unmentioned problems, the families of persons with mental illness may be frustrated and develop a feeling of shame, and other psychosocial problems.

In light of these importances, this study was undertaken to identify the various psychosocial challenges the families of persons with mental illness are experiencing.

II.STATEMENT OF THE PROBLEM

Mental illness is not only a problem which affects the person with mental illness but also his /her family members and relatives in particular, and the community in general. As result, the families of persons with mental illness undergo through various challenges which comprise psychological, social and economic aspects even if the emphasis of this study was only to the former two aspects. Girma et al.(2014) found that besides economic and material burdens, the families of person with mental illness are exposed to psychosocial challenges. Concerning this, WHO (2003) found that the most common psychosocial challenges the families of persons with mental illness are facing include blame, guilt, anger, frustration, hopelessness, stigma, and discrimination. Regarding this, WHO (2001) report showed that the stigma and discrimination associated with the person with mental illness also extend to their families and if goes to the extreme to their relatives and cross-generation and surrounding community. These and other unmentioned challenges may play a role in the families of persons with mental illness to develop mental illness and admitted like their person with mental illness.

Despite abundance research on mental illnesses, which are totally patient focused and biomedical oriented, there are dearth of studies conducted on persons with mental illness families' psychosocial challenges. It is also acceptable to consider the psychosocial challenges of the families of person with mental illness in the domain of the helping professions such as psychiatry, social work, psychology, and nurse, in order to understand the impact of the mental illness(psychosocial challenges) on the lives of the families and provide the necessary support. To this effect, it was imperative to undertake a study to investigate the psychosocial challenges of the families of person with mental illness are facing. It was in light of this understanding, this study undertook.

Research Questions

To achieve the objectives of the study, the following basic question is stated:

What are the major psychosocial challenges that the families of children with mental illness encounter?

Objectives of the study

The objective of the study was to identify the major psychosocial challenges of the families of person with mental illness were encountering.

Significances of the study

This study is geared towards the exploration of the psychosocial challenges of families of person with mental illness are facing. Based on literature reviewed on the previous pages of this paper, families of person with mental illness are facing many challenges such as stigma, discrimination, isolation, blame, guilt, frustration and so forth. To this end, the importance of identifying the family's challenges is to clearly understood, recognize, plan, develop and carry out appropriate strategies that bring about a difference in the lives of the family and the person with mental illness.

The study findings benefit also goes to mental health professionals such like Psychiatrists, psychiatry nurses, Social workers, Psychologists and other health professionals who are working in the hospital and other health institutions by offering information about the psychosocial challenges of the families of the person with mental illness. As a result, it enables them to understand community related psychosocial challenges of families of person with mental illness and to intervene such challenges accordingly. Finally, the study result will serve as bedrock for other researchers who are interested in the area.

Delimitation of the study

This study was delimited to identify the major psychosocial challenges that the families of person with mental illness are facing. The reason to focus on this aspect was most of the mental health studies conducted in Ethiopia are patient focused and biological oriented i.e. they give little attention to the psychosocial challenges of the persons with mental illness families are facing.

The study also delimited conceptually to explore such issues stigma, discrimination, isolation, blame, frustration, guilt, feelings of loneliness, hopelessness and other related psychosocial challenges; this is because the concept of psychosocial challenges is too broad and consequently, difficult to conduct on all.

Moreover, the study was delimited to the area of Addis Ababa, Amanuel Mental Specialized Hospital. The main reason to conduct this study on this area was the area conduciveness to get the estimated number of respondents necessary to obtain relevant data. However, the research findings cannot be generalized to include other service providing centers in the country as well as the experience and reactions of families throughout the country.

Operational Definitions of Terms

Families refer to the primary care giver who is taking care of person with mental illness.

Person with mental illness refer to the person who is suffering from mental illness and receiving psychiatric and psychotherapy treatment in Amanuel Mental Specialized Hospital.

III.RESEARCH METHODOLOGY

Study Area

The study undertook in Amanuel Mental Specialized Hospital,



Addis Ababa, Ethiopia. Addis Ababa, a seat of head quarter of AU (Africa Union), is the capital city of Ethiopia. The Hospital was constructed during Emperor Haile Selassie by Fascist Italy during its five-year occupation of the country from 1936-1941. It established for general purposes. It was after the defeat of the Italians, the hospital has been functioning as a mental hospital. The hospital was under the Ministry of Interior Affairs and Red Cross society until 1948. First, it was first incorporated with Menelik II Hospital Under the Ministry of Health (established in 1948), but after sometimes, it started to function as an independent mental hospital given the name of the adjacent Orthodox Christian Church – Amanuel Hospital. For many years it served as an asylum for confining the severely mentally ill. Currently, Amanuel Mental Specialized Hospital is the Federal hospital under Ministry of Health (MoH), which is offering both outpatient and inpatient services for those individuals who are suffering from mental illness (Negash, 2009).

Study Design

An exploratory and descriptive institutional based cross sectional study was conducted from April 2018 to October 2018. The researcher opted to use this kind of research considering the desire to acquire first hand data from the respondents to formulate rational and recommendations for the study. According to Creswell (2002) stated the descriptive method of research is vital to gather information about the present existing condition. In addition, since this study was focused on exploring the psychosocial challenges of families of person with mental illness, the two methods are the most appropriate to use.

A Mixed Concurrent Triangulation Method with the aim of producing a richer and more complete report was employed. Regarding this, Johnson, Onwuegbuzie and Turner (2007,p.7) stated when mixed methods designs is useful in the case that a research is need to collect and analyze data by using both quantitative method (designed to collect numbers) and qualitative method (designed to collect words).

Study Population, Sample size determination and Sampling

The target populations of the study were the families of the person with mental illness. The sampling procedure, which this research followed, was purposive specifically availability sampling. Babbie (as cited in Berg, 2001) stated the condition under which convenience or availability samples is productive so that it is preferable on those subjects who are nearby or easily accessible.

All the families of the person with mental illnesses (inpatient) who found in the hospital during data collection period and whose their person with mental illness with at least two-relapse rate was a sample of the study. Families of person with mental illness with at least two-relapse rate were selected for the reason that psychosocial challenges are immense among them than the recently admitted. The exceptions to the above criteria were those people in forensic ward and who have not primary care giver. Regarding people in forensic ward, since these people were under investigation, no family had been around them.

Accordingly, by using this technique, a total number of 78 families of person with mental illness were used as the sample of the study. Among 78, 70 and 8 were for survey questionnaire and FGD, respectively.

Instruments and Procedure of Data Collection

A survey questionnaire and FGD guide was used to collect all the necessary data about the different psychosocial challenges that the families of person with mental illness are facing. The first tool was the Attitudes to Mental Illness Questionnaire (ATMIQ) that was originally developed by Michael King and his colleagues'. It consists of 28 items made in Likert Scale type on a 5 points Likert scale (1=strongly disagree; 5= strongly agree) although the researcher used only 12 items among it. The k coefficient and Cronbach α of the items is 0.71 and 0.87 respectively. The researcher adopted such items because they were applicable to explore the presence and the prevalence of the problem among the studied population.

The other tool that was used to gather data was Focus Group Discussion (FGD) guide. The FGD questions were developed by the researcher.

All the instruments were translated into Amharic, local language, with the consultation of language experts regarding the agreement on both forward and backward translations. The questionnaires were translated into Amharic and back to English version to see the agreement of the translation. Some disagreements between the translated and the original version were corrected. The translation was made mainly to avoid language barriers and facilitate the process while the respondents were responding to the questionnaire.

First, permission (ethical approval) from the Hospital administrators was asked and obtained. As soon after he got the permission, the researcher briefed for each participants about the purpose of the research before the administration of the test. After they were provided with the necessary information's including ethical considerations (gaining consent, expressing their freedom to stop in the middle of the session if they were not comfortable with some issues, the right of the interviewer to paraphrase and ask questions while he/she need for clarity, confidentiality and data Protection), the Amharic version instruments were administered.

Data Analysis and Interpretation Procedure

Since the study was a mixed type, the analysis of data was made by both quantitative and qualitative data analysis tools/tests. The quantitative data was analyzed by using descriptive statistics like frequency, percentage/proportion, percentile rank(PR), mean and standard deviation because the data are ordinal and nominal (categorical). Percentages were used to analyze demographic characteristics of respondents. Percentile rank(PR) and mean were computed so as to see whether the problem exist or not, and with its prevalence. The quantitative data was demonstrated by tables and pie chart. On the other hand, qualitative data was analyzed through descriptive analysis and thematic



IV.RESULT AND DISCUSSIONS

analysis. It was appropriate to formally present the explored psychosocial challenges that the families of person with mental illness were facing.

This section presents the findings of the study with existing literature on the issue undertaken. It has three main subsections. First, the background information’s of participants was presented. And then, data obtained from quantitative with its final analyses were made. Finally, findings obtained from the qualitative data were presented.

Background Information of Respondents

Table. 1 Respondents’ Background Information (N=78)

Variables	Categories	N	%	
Sex	Male	44	56.4	
	Female	34	43.6	
	Total	78	100	
Age	18-30	36	46.2	
	31-43	23	29.5	
	>43	19	24.3	
	Total	78	100	
Educational Level	Not attended at all	7	8.97	
	Basic Education (read and write)	8	10.2	
	Primary level (1-8)	18	23.1	
	Secondary level(9-12)	24	30.8	
	Tertiary (College or University)	21	26.92	
	Total	78	100	
Marital Status	Single	28	35.9	
	Married	37	47.4	
	Widowed/r	8	10.3	
	Divorced	5	6.4	
	Total	78	100	
Employment	Employed	49	68.8	
	Unemployed	29	31.2	
	Other	0	0	
	Total	78	100	
Residential location	Urban	55	71	
	Rural	23	29	
	Total	78	100	
Relation with the person with Mental Illness	Parents	Father	14	17.9
		Mother	17	21.8
	Siblings	Brother	25	32.1
		Sister	15	19.2
	Son/Daughter		5	6.4
	Spouses	Husband	2	2.6
		Wife	0	0
	Total		78	100

Table 1 indicates that seventy eight (78) families of person with mental illness were participated in this study. Among these, 44 (56.4%) were males while the rest 36 (43.6%) were females. As Regarding the age of respondents, of the total seventy eight respondents, 36(46.2%) participants’ age ranges from 18-30 years, 23(29.5%) of respondents’ age range from 31-43 and the rest 19 (24.3%) was above the age of 43. If we see residential location of participants, 55(71%) were from urban and the rest 23(29%) were from rural. With regard to

their educational level, 63(81%) were above grade 8th and the rest 15 (19%) were between basic adult education and illiterate level. Concerning the marital status of participants, 37(47.4%), 28(35.9), 8(10.3%) and 5(6.4%) were married, single, widowed/er and divorced, respectively. Finally, regarding the families (care givers) relation with the person with mental illness, 30(51.3%) and 31(39.7%) were siblings and parents respectively. Sons/daughters and Spouses were accounted few 5(6.4%) and 2(2.6%), respectively.



Psychosocial Challenges of Families of Person with Mental Illness

Table. 2 Measure of Psychosocial Challenges of Families of Person with Mental Illness (Quantitative Data)

S n o	Items	SA(5)	A(4)	SA & A	% SA & A	Neu (3)	% Neu	D(2)	S D (1)	D & SD	% of D & SD	Mea n	SD
1	The community where by I am living has good understanding about people with mental health problems.	6	9	15	21.43	4	5.71	21	30	51	72.86	2.14	1.32
2	The way people have treated him/her upset me.	38	27	65	92.86	1	1.43	2	2	4	5.71	4.39	0.89
3	People's mistreatments of him/her have made me feel ashamed of myself.	34	27	61	87.14	3	4.29	5	1	6	8.57	4.26	0.94
4	I have been discriminated in many social organizations (e.g. housing, 'Ekub', 'Idir' and employment) because of his/her mental illness.	21	20	41	58.57	6	8.57	17	6	23	32.86	3.47	1.37
5	S/he has been discriminated in education because of his/her mental health problems. This people's mistreatment of him/her in turn makes me angry.	26	20	46	65.71	12	17.14	11	1	12	17.14	3.84	1.13
6	Sometimes I feel that I am isolated from other people/groups because of his/her mental health problems	19	29	48	68.57	7	10	8	7	15	21.43	3.64	1.31
7	People have never embarrassed me because of his/her mental health problems so that we have good relationship.	10	9	19	27.14	6	8.57	30	15	45	64.29	2.56	1.34
8	I have been insulted and threatened in the community where I am living because of his/her mental health problems.	8	23	31	44.29	5	7.14	24	10	34	48.57	2.93	1.3
9	Due to his/her mental health problem, I hide myself and my child to avoid people's reactions.	20	28	48	68.57	4	5.71	13	5	18	25.71	3.64	1.27
10	People have been insulting me considering that I am causal of his/her mental health problems.	8	26	34	48.57	9	12.86	19	8	27	38.57	3.1	1.24
11	When I see or read something about mental illness, I feel bad.	23	26	49	70	9	12.86	9	3	12	17.14	3.81	1.15
12	I have been mistreated or discriminated in service delivery institutions (e.g. police station, kebele, church, and mosque) because of his/her mental illness.	8	13	21	30	10	14.29	26	13	39	55.71	2.67	1.28
13	I feel ashamed because of his/her mental health problem.	43	20	63	90	2	2.86	3	2	5	7.14	4.41	0.95
14	Whenever I think of his/her health situation, I feel embarrassed. As a result of this, I can't speak in front of other people.	16	32	48	68.57	7	10	11	4	15	21.43	3.64	1.16
15	I worry about telling people as s/he receives psychiatric treatment (taking medicine/tablets, and psychological treatment).	24	21	45	64.29	1	1.43	13	11	24	34.29	3.49	1.50
16	Very often I feel lonely because of my child's mental health problems.	30	24	54	77.14	2	2.86	9	5	14	20	3.93	1.27
17	I would have had better chances in my life if s/he hadn't got mental health problems.	53	10	63	90	5	7.14	2	0	2	2.86	4.63	0.76
18	I do not care my neighborhood's knowing about his/her mental health problems.	12	13	25	35.71	6	8.57	29	10	39	55.71	2.83	1.35
19	I feel life is more difficult for those individuals who live with mentally ill persons.	52	12	64	91.43	3	4.29	3	0	3	4.29	4.61	0.76
20	I avoid telling people about his/her mental health problems.	18	28	46	65.71	3	4.29	17	4	21	30	3.56	1.26
Grand												3.58	1.18

The items in table 2 above were administered to reveal the psychosocial challenges that the families' of person with mental illness are facing, the items was set with five(5) point Likert scale which has computed \bar{x} of 3 { Σ 1+2+3+4+5/5}. The mean of each item and their grand mean (\bar{x} =3.58) were computed, among 20 items, 15 items (75%) mean score is greater than the mean of the scale, which is 3. In addition, among the remaining 5 items, three items (Item 1, 7 and 18)(15%) were stated in negative statements and as result their mean score is less than the mean of the Likert Scale. This means almost all the respondents (90%) were strongly agreed/ agreed to the posited items, this is because the value of the computed mean of each item and their grand mean is near or equal to the value of strongly agree/agree, 5 & 4, respectively. This

in turn implies that, there are the stated problems (psychosocial challenges) among the studied population (the families' of person with mental illness). These challenges are less understanding of the community about mental illness, feeling of shame, stigma and discrimination in social organizations like housing, 'Ekub', 'Idir' and employment, isolation, insult, anger, feeling of bad, embarrassment, worry, loneliness, and despairing(hopelessness). Regarding this, Barrowcloughs' (as cited in Sartorius, 2005) revealed that the family of person with mental illness was blamed for the patients' disease and they experience varios psychosocial challenges like stress. Likewise, Stanley Medical Research Report (1997-2006) found out that person with mental illness and their families are



facing challenges, such as, blame, stigma and discrimination, frustration, feel inferiority, shame the sufferers and their family members. Alike, WHO (2003) unveiled that the families of person with mental illness face fear, embarrassment, and anger, and rejection by friends, relatives, neighbors and the community as a whole which can increase the family's sense of isolation, resulting in restricted social activities, and the denial of equal participation in normal social networks. WHO (2010) also indicated that mental disorders are a significant burden on the family quality of life.

On the other hand, in Table 2 we noticed that two(2) items(item 8 and 12, \bar{x} =2.93 & 2.67, respectively) mean score is less than the mean(\bar{x} =3) of Likert scale. This entails that there is less mistreatment and discrimination in service delivery institutions like police station, kebele, church, and mosque among the studied population.

Psychosocial Challenges of Families of Person with Mental Illness (Qualitative Data: FGD)

As stated in methodology part, one FGD was conducted with eight participants. Thus, here in this part, the researcher describe the ideas the participants revealed on the issue under investigation. Accordingly, the psychosocial challenges that are outlined from the participants of this study were feeling of upset, self-insult, loneliness, losing respect, despairing(feeling of no hope), blame ,fear, shame, being insulted secretly "Be'ashemure Mesadebe", frustrations, stigma and discrimination, isolation and so forth.

All the participants of this study disclosed as they faced stigma and discrimination from the community whereby they were living in. However, three of the participants revealed that they were not faced equal to their children. Moreover, they unwrapped as there were some who are good but too few. Let present some of the beliefs and the actions by which such community have and do on the families of the sufferer. Seven of the participants described as their community don't consider them as "normal". "They intend to add you with him (the mentally ill child)" as stated by one of the participant. Among the eight participants, the five told us as their neighborhood stopped coming to their home after they know their child is sicked. Related to this, one of the participants told us one proverb which has been forwarded from his neighborhood to show his reluctance to interact with them (family). It says "Yegeme Gorebete tenebe newe".

Let me directly present(quote) the different negative feelings the families of person with mental illness have developed due to the communities have negative attitudes to and interaction (actions) with their person under care and mental illness. These were:

- Being upset "Betame yabesachale", "Azenalehu","Kere yelehale", and hopelessness "Tesfa'tekoretal", were the common feelings stated by all the participants.
- Avoiding "I thought they are doing and have such attitude because they don't have knowledge on the issue" said by one of the participant.
- "I thought as why they are doing such things 'Lemene yalagetalu beye asebahelu'?" stated by one of the participant.

- "Sometimes I feel making suicide is better than looking such things" said by one of the participants.
- "I insulted them, while the threat was high I fought them" said by two of the participants.

Financial challenges (costs for medicine, food, transportation and so forth), beside the psychosocial challenges, was the other main challenge which is threatening the life of mentally ill persons' families. Regarding financial burdens, as a chance, of eight participants five of care givers (families) who participated in this FGD were jobless, student and rural resident; thus, they described as they are staggering from it.

Therefore, from the above findings we conceived that the communities where by families of person with mental illness live in, is not only exerting its psychosocial challenges on the sufferers but also on their care givers and close relatives.

V.CONCLUSION

Based on the findings of the present study, the following conclusions were made:

The study explored that the psychosocial challenges that person with mental illness faced didn't stop only on them but also to their family members and close relatives. Blame, isolation, frustrations, being upset, self-insult, loneliness, losing respect, despairing(feeling of no hope), fear, shame, and being insulted secretly "Beashemure Mesedebe" are the psychosocial challenges that the families of person with mental illness are facing. Thus, the findings from both qualitative and quantitative data witnessed that, the families of person with mental illness are loaded down and threatened by the above mentioned psychosocial challenges.

Implication for Future Research

In the light of these findings, further research with large sample and multiple research methods are recommended. Thus, the concerned body should initiate follow up through conducting research in order for observing changes.

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