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The Shattered Dreams: The Experience of Family Members Caring for a Relative Diagnosed with Schizophrenia: The Case of Amanuel Hospital

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Abstract- This study examined the experiences of family members caring for a relative diagnosed with schizophrenia in Ethiopia. Previous studies indicated that family members providing care for their loved one with schizophrenia experienced many challenges in the course of care-giving. Though family members experience both enrichments and challenges in caring for their loved one with mental illness little attention is paid to the comprehensive experiences of family members. This study addressed the aforementioned issue and contributed to limited studies on psychiatric conditions in Ethiopia where there are limited services, community service organizations, or legal frame-works on mental illness. The study used a qualitative case study approach. In-depth interviews were conducted with eight purposely selected participants. Content analysis was used to analyze the data and identify themes. The study indicated a variety of impacts of caregiving such as psycho-social and economic as well as enrichments such as progress on the illness, teaching their experiences, deriving hope from the situation, and satisfaction from sharing experiences with others. Understanding caregivers' experiences may be useful in prompting governments and service providers to invest in education and support programs aimed at helping caregivers to cope with this stress and deal with the problem behaviours associated with the illness.

Keywords: schizophrenia –ethiopia –caregiving– coping.

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I. INTRODUCTION

a) Background and Justification of the study

"An estimated 50 to 80% of persons with schizophrenia and related psychotic disorders live with or have regular contact with a family caregiver" (Gibbons, Horn, Powell, & Gibbons, 1984; Lehman & Steinwaches, 1998a cited by Mcdonell et al., 2003). In Ethiopia more than a million people are estimated to suffer from the two most common types of mental illness schizophrenia followed by affective disorders (Fekadu, et al., 2007). A joint report of World Health Organization and Ministry of Health (WHO and MoH), (2006) indicated that, in Ethiopia 35% of outpatient, 55% of inpatients and a total of 60% in the mental health hospital are patients with schizophrenia. In Ethiopia, as in most developing countries, services which could help people who suffer from mental disorders are insufficient; thus, families are the sole caregivers to their severely mentally ill relatives.

Community surveys in Ethiopia have consistently shown that severe mental illness, for example resulting from schizophrenia or bipolar disorder is recognized as an illness that needs intervention. However, in Ethiopia severe mental illness is more often attributed to supernatural causes, for example spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes. As a consequence, affected individuals and/or their families often seek help from religious and traditional healers rather than health facilities (Federal Democratic Republic of Ethiopia Ministry Of Health n.d).

The Federal Democratic Republic of Ethiopia Ministry Of Health n.d)-in national mental health strategy depicted that mental illness in Ethiopia, is the leading non-communicable disorder in terms of burden on the family and community at large. The strategy also shown as in a predominantly rural area of Ethiopia, mental illness comprised 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS.

Families are now the lifeline for many people who experience mental illness. Studies show that as many as 75% of individuals discharged from psychiatric hospitals after an episode of illness return home to live with their families (Lefley, 2000 cited in cited in Shankar & Sonai 2007, p.1).In Ethiopia, the lack of mental health services or any kinds of financial support for families with a mentally ill member are the biggest factors contributing to caregiver burden. Due to this help-seeking is most often limited to the family or local community (FDREMoH n.d).

Limited studies are helpful to show the experiences of patients with mental illness, but it is believed that they do not provide understanding of the experience of family members caring for their mentally ill loved one. Two studies by Shibrei et al., (2001& 2003) have examined the social challenges and influence of traditional culture and spirituality for family members coping with caring for persons with schizophrenia individuals in Butajira district. Another study by

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(Eyerusalem Azmeraw, 2010) was entirely delimited to the experience and challenges of being parent of child with schizophrenia. However, being family of patients with mental illness and the experience of care giving for such individuals are different issues.

Due to the increasing stress experienced by caregivers, the experiences of family members of patients with mental illness warrant study. This gap in our understanding of the care-giving experiences of family members of persons with schizophrenia in Ethiopia is the primary rationale for conducting this qualitative study. Consequently, this study emphasized how family members manage their care giving experiences, the contexts and influences or impacts on their life, and the meaning of care-giving for their loved one with schizophrenia.

b) Objectives of the Study

i. *The study has the following specific Objectives*

To understand the meaning of their experiences in care giving for people with mental illness

To describe how care-givers manage their care giving responsibilities

c) Scope and Limitation of the Study

This study is limited to the experiences of family members caring for a relative diagnosed with schizophrenia: the case of Amanuel Specialized Psychiatric Hospital. The study limited to eight family caregivers of persons with schizophrenia. This number of participants and sampling method used makes difficult to develop inferences or generalize findings from the study. Additionally, preconceived information on the area and prior knowledge gained through reading different literature might influence the procedures from data collection to analysis stage. To minimize biases related to the aforementioned factor and others I tried to give special priority for learning from my participants experiences.

II. RESEARCH METHODOLOGY

a) Research Design

Methodologically, the research design of the study was informed by a qualitative case study approach. This is due to the relevancy of basic assumptions and approaches behind case study of the study subject. According to Yin (2003), case study is "an empirical inquiry that investigates a particular phenomenon within its real life context and produce contextually rich and meaningful interpretation".

This design was selected for its merit to answer the 'how' research questions listed in the study and its predominant advantage of describing the existing situation from different cases perspective to provide an in-depth understanding of the issue (Yin, 2003, p. 3-4).

Since not much has been written about the family care-giving experiences of people with schizophrenia, and as previous researchers have not yet discovered holistic experiences of family caregivers of people with mental health problem in Ethiopia, a case study research design provides a ways to gain an in-depth understanding of the situation. In the study a case refers to family caregivers of schizophrenic patients.

b) Data Collection Methods and Procedures

Both primary and secondary data was employed in this study to obtain basic and relevant information that are required to carry out this study. The primary data collected through in-depth interviews with family members who have primary responsibility for providing care to a person with schizophrenia.

An in-depth interview was administered to family members providing care for their mentally ill loved one using an open-ended interview schedule. In-depth interviews employed to gather insight into what family caregivers experience, the context and situation of giving care for relatives with serious mental illness, and the meaning it has in their life sphere.

Semi-structured questionnaires employed for the interview to gather information about the demographic and socio-economic characteristics of the participants.

In terms of secondary data collection, relevant studies, various publications, books, magazines, different published and un-published materials and journals assessed comprehensively.

i. *Sampling Methods*

Purposive sampling was employed to identify participants from the study population. Respondents best fits objective of the study and fulfilled the inclusion criteria of the study participants and inclusion criteria selected consciously.

ii. *Sample Size*

According to Yin (2003, p. 211), the evidence from more than one case is often considered to be stronger than evidences from a single case. Among the different types of case studies, in this study, more than single cases studied in order to have holistic and better understanding of the participants' life experiences in providing care for loved one with schizophrenia.

To have a more compelling and robust outcome in the study, a sample of eight participants selected using purposive judgemental sampling for the detailed open-ended interview in line with the purpose of the research.

Mostly qualitative studies focus on an in-depth and highly contextualized understanding of specific phenomena, and such emphasis is compatible to small sample sizes. Due to this, qualitative researchers are well justified in using criteria of data saturation or redundancy during data collection, than employing statistical criteria, to decide on sample size.

This study conducted at Amanuel Specialized Psychiatric Hospital, the only mental health hospital in

Ethiopia. Participants of this study were family members of persons with schizophrenia who were receiving services at the hospital.

Based on purpose of the study, the persons with schizophrenia who have been gaining support from their family were selected from the patients of Amanuel hospital. The identification of patients with schizophrenia was made based on the medical history of patients detained in the hospital setting. This particular activity was accomplished with the support of psychiatric nurses and psychosocial workers in the hospital. Following identification of persons with schizophrenia, the families of patients were contacted and the researcher discussed the purpose and procedures of the study in order to select research participants who are willing to be part of the study fulfilling inclusion criteria.

c) Data Recording and Analysis

There are various approaches to analyze data in qualitative research. Content analysis in which both the content and context of data are analyzed is one approach. In this approach themes are identified, with the researcher focusing on the way the theme is presented (Spencer, Ritchie & O'Connor, 2003). Accordingly, in order to manage and analyze the data properly and to form a coherent flow of ideas, interview with respondents was tape-recorded based on the consent of the participants. Each interview was transcribed at the end of the recording and the transcribed data was sorted by these categories, identifying similar phrases, patterns, relationships, and commonalties or disparities. During transcription, in order to maintain confidentiality different name was given for the respondents that have been written on each page of transcription. After the transcription of interviews, it became translated in to English language for further analysis.

The sorted information from the interview was coded according to the categories and a common theme was selected, each interview assessed and classified with the selected theme. For the analysis at the end 22 different categories were clustered under 4 main themes of the study. In this case the numbers of categories under the selected themes vary based on the nature of the theme and the first hand information gained in the area. Detailed cases were interpreted to get answers to the stated research questions. Critical cases were selected for more detailed analysis. Data brought together by a triangulation process and organized in themes according to the given coding categories. Direct quotes, common and typical responses from the interviews were presented.

d) Ethical Consideration

This is one important component of research where the relationship between the researcher and respondents needed to be explained. Taking ethical considerations into account is imperative and a basic part of any research study with human participants.

Before the study was conducted, all the participants of the research were well informed who the researcher is in terms of role, status and full name, as well as the purpose and design of the study. Beyond this, the researcher followed the following ethical considerations while conducting the study:

Risk versus benefit, the researcher conducted the study only when the potential benefit outweighs any known risks. Second, no harmful procedure was used. Here the researcher not used procedures that could harm the participants physically or psychologically. The third ethical issue is informed consent. The researcher explained the purpose, procedures and all known risks and benefits of the study to the participants. The fourth ethical issue is unforeseen consequences. If a research procedure results in any negative consequence to the participant, the researcher must do whatever is necessary to correct the situation. The fifth issue is privacy. The researcher kept all information obtained from participants confidential by using pseudonyms.

III. FINDINGS

This part of the article presents the finding of the study obtained from the qualitative data collection methods. The researchers presented the qualitative data and also interpreted meaningfully, what the data really meant. Generally, it is in this part, the basic research objectives are answered and discussed in relation to the existing empirical works a)the meaning of their experiences in care giving for people with mental illness.

The participants named the illness using the general term "severe mental illness" and they reported that they do not know the name of specific problem their relatives' diagnosed with. Burtukan has good communication with the doctors and she has been striving to understand the details of the disease, the side effects of the medication, and causes of the illness.

Except for a single participant, who has concept about schizophrenia the rest participants reported that the cause of severe mental illness is linked with evil spirits. Lamesa reported that "this severe mental illness is a kind of temptation from God since I have been told at church to serve as a leader of that particular church and refused to accept duty given to me from church". The participants attributed the illness to evil acts people did to their relatives.

With regard to how they developed knowledge of the illness, the majority of the participants reported "we developed the knowledge from unusual behaviours and personalities seen from their relatives especially new and emerging never seen conditions among the patients". Participants also attributed the knowledge to behaviours such as missing sleep, poor hygiene, attempts to burn things, suicide attempts, laughing without any pre-condition, hallucinating and delusion.

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In this study, the respondents attributed their knowledge and awareness about mental illness, and its causes and treatment mainly based to what they personally experienced. They also reported they had information from the community, the church, hospitals, other people with mental health problems, and from reading which enhanced their understanding of mental illness.

a) Meaning of Caregiving for Persons with Schizophrenia

The participants explained the meaning of care giving for people with serious mental illness as doing something good generously in order to address the problem, preventing the worst from happening, contesting situation between enriching and challenging, sacrificing for the person as well as for the rest of family, developing a sense of sympathy, and developing knowledge that helps to work in challenging situations. They asserted that "caregiving is kind of service or combination of activities that bring new conditions in your life due to intense intimacy between you and the person". The intense intimacy of study participants with their family members contributed to their ability to deal with care provision.

The other participants Tilanesh, Burtukan, Nuritu and Tolesa viewed the meaning of caregiving as accommodating social responsibility since the problem successively and consistently influenced the life of the entire family members. It is all about deducing the the level of shattered dreams among the entire family members. Tolesa provided care for his only brother with schizophrenia starting from the year 2012. He explained the meaning of caregiving as:

> *I think caregiving is flexible situation for me and I can't simply determine or set it exactly in one direction. Basically it is the experience of developing conscious to improve the challenging conditions. The nature of confronting such challenging situations determined by unpredictable phenomena in our life which linked to developing sympathy so that one can become determinant enough to connect with such optimistic ideology.*

The description of respondents in this study suggested that, their concerns about becoming a caregiver for their relative with mental health problems ranged from being the only one who can provide care for the persons with schizophrenia to having sensation like responsibility adopter as primary caregivers from family members. All of the respondents commenced care provision, since those persons with the mental health problem were initially healthy part of the family and it is by their choice, without any enforcements or external pressure. As Lamesa explained,

> *First and foremost, no one can handle the situation as I could do it. I was the only option to provide care for my son. Additionally, he accepts what I command him in the actual course of caregiving but not the rest of the family. And when he encountered something offensive, his problem is worsened more than ever and I better care for him. When he was offended by some others' in the midst of attempts to provide care, I worried about his problem will never get resolved. I prefer myself and I know this is also his preference.*

The study conducted indicated and strengthened as potential justification or logic behind different factors has its own influence on the engagement of ones in some sort of complex situation hence meaningful by itself indeed. Similarly the participants attested that their meaning for becoming potential caregivers for their relative with schizophrenia is corresponded with their meaning of care-giving and what it meant by in the actual discourse of care provision.

b) Enrichments from Caregiving for Persons with Schizophrenia

In relation to the enrichments the respondents gained from caring for their relative with schizophrenia, almost all of the participants described; progressive improvements in the life of their relatives which enhanced the self esteem of family caregivers from their care and provided evidence of the fruits of their efforts. The most commonly raised improvements were related to the in health status of the relative with schizophrenia such as eating normally, using the bathroom independently, taking showers, and facilitating some minor cases.

One participant reported his rewarding experience from caregiving differently. He said that: "it has been long since I started to deal with the situation of my son but the improvement in his health condition is not very significant. I guess the situation is temptation linked with my spiritual life and I'm grateful since I am healthy enough and alive torenderpertinent support for my son".

The other enriching experience reported in other cases of the study was, absence or declining negative impacts. This is due to the fact that their relative's confined under the care provided and if they create further problems the problem might be worsened by two or three folds and the existing improvements might not be recognized. To feel understood was to feel supported and to "feel the difference," across caregiving which kept them going and helped them continue to care. Respondents shared that interpersonal/dyadic communication, often taken for granted before, could be a source of meaningful support that made all the difference to people who provide care for their relatives with schizophrenia. Support from the community in different ways was particularly meaningful, reducing the caregivers' feelings of isolation and increasing their feelings of confidence which contributed to enrichments from caregiving. Feeling the difference came through recognition that there were others, including some health professionals, who could understand and be sympathetic. For example, Lamesa indicated that prayers from religious personnel and discussions of their challenges enriched him in his care provision periods.

Caregivers perceived their own concern and commitment as different from the care provided by health professionals or others. The care they provided involved unconditional love that continued even when it went unrewarded by others in all the good and bad times. Thus, it was not surprising to find that even when the caregivers experienced physical and emotional health problems, almost all of them continue their commitment to provide care.

Depending on how their psychiatric patient relative experiencevaried situations, family caregivers developed a sense of making the situation more accepting and tolerant. Looking at the situation as seen by the person with mental illness, they wanted to make home a less threatening place.

c) How Caregivers Manage their Caregiving Responsibility?

Care provision for loved one with mental health problem demands handling different responsibilities in caregiving including treatment seeking as a gate-keeper and following up on process in addition to the various roles played in the caregiving situation. In this study, caregiving management describedby factors that make the caregiving situation easier including social support and access to treatment. The ways caregivers manage their caregiving responsibilities vary based on the situation in the discourse of caregiving.

Discussion with the family: to effectively manage the caregiving situation for their relatives with schizophrenia, participants engaged in detailed discussion with family members on activities performed and the general setting. This discussion comprehensively incorporates techniques utilized to immediately respond to the needs of their relatives.

Here is the way Tilanesh described management of caregiving in line with the interests of the care receiver:

> *You know everybody has a basic human need and right to be treated with respect and dignity. This need doesn't change when a person becomes ill or disabled - it often gets stronger and stronger. Since I know well the person I'm caring for I have identified the whole personality characteristics of my care recipient, including his likes and dislikes, strengths and weaknesses, and his wants and needs. Due to this, I can easily manage the interests of my care receiver which has its own contribution for the healthy relationships between me and my father for whom I have been providing care.*

Treatment monitoring and adherence: from the cases studied it was well understood that, treatment monitoring and adherence is one way of managing caregiving responsibility. *Burtukan*, described her caregiving in monitoring different therapies and adherence as follows:

> *My caregiving looks like good in monitoring and keeping him adherent and currently he is even good by himself in facilitating some portion of caregiving activity. I influence him to keep his safety and strongly influence him when he fails to do so. Such monitoring makes easy the condition to address it when it is not this much complex.*

Encouraging Independence: Except for one, respondents reported that though, their relatives' health condition is not suffice for independence in all dimensions keeping them active and creating sense of independence is one way of managing one's caregiving responsibility. In most cases, it has been reported that, they have seen changes when they watch themselves and guard against overprotecting the person or taking over for their care receivers. Participants shared as concept of empowerment has its own contribution to positive improvements of mental health patients. Allowing care receivers the freedom to make decisions about their own lives and choosing what and how they want things done effectively enhances the caregiving situation.

Discussion with the care recipient: thecaregivers asserted that, in their experience during care provision, most of the problems deep rooted in poor communication. The more caregivers-care recipients communication slightly increases, the more worthy independence a among the care seekers. The participants similarly described that even- though, communicating with each other provided insight for the caregivers, in most cases their relative was not responsive to the expected level.

Treating with dignity: Caregivers reported, at times the way they manage their responsibility is through making appointment with the doctor. But this is not common for all caregivers, rather for those who are not much apart from Addis Ababa. For those who are distanced from Addis Ababa or country side remaining calm and balanced preferred due to the fact one can't always control the other person's behavior, one can control his/her response to it. This resulted from the fact those who can communicate doctors brought their relatives to the hospital while those apart from Addis Ababa prefer to stay patience due to its economic costs and others. The majority of the participants prefer remaining calm and balanced as an important goal when dealing with any type of difficult behavior since they know their family member is not doing it deliberately.

Retaining spiritual practice: based on their religious affiliation as per their sects and religious doctrine,

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participants asserted that prayer support organized by their church or mosques and support from religious personnel including holy water (for those who are orthodox Christians) are the other way of managing the caregiving situation. The respondents described prayer and holy water as their main component of spiritual practice used most commonly to simplify their problems or to totally detach from the problem through religious point of view.

Stress management: the study participants indicated that stress is part of the caregiving situation. Although the caregivers experience stressed due to some challenging conditions from the care receiver or from the activity of providing care itself, the stress is one responsibility expected to be managed by the caregiver. Mujib described his experience of managing stress in caregiving as follows:

> *Stress is routine in everyday life for the one confined in caregiving affairs. Although small amounts of stress can keep you alert, too much stress for long periods of time is difficult and can distort your long time effort with some progress. Since this puts me at risk due to its some adverse effects, I immediately try to position myself and manage it through seeking support from family and friends. Most of the time I try to make sure that I have realistic goals and expectations from myself before commencement of the activity as a caregiver and this balances my emotions immediately since I already convinced myself at the inception. I just attempt to forget the dreams in place for long and don't want to diagnosis those shattered dreams.*

Ignorance: This is also one aspect of managing caregiving responsibility by caregivers especially when the situation is beyond the capacity of caregivers. The study indicated ignorance as not complete detachment but keeping silent from responding or giving reaction on the issue immediately as a way of balancing emotions.

IV. DISCUSSION

In this part of the research, an attempt was made to relate and compare the finding of the study with existing knowledge and the tenets of the model used as a conceptual frame work. But, due to the existence of scanty empirical works on comprehensive experiences of care provision for schizophrenic patients in Ethiopian context, the findings of the study was, utmost, discussed in line with works which were done abroad.

Given the different backgrounds of study participants in terms of culture, health care and economics, the family caregivers offered different explanations for the cause of mental illness. Except one the rest of participants did not know the type of the mental illness their care receiver had. Though some of the respondents consider mental illness as any other illness, others associate the cause of schizophrenia with some kind of evil work like being possessed by an evil spirit, evil eyes, or the superstitious evil acts of people against their relative. As indicated by Federal Ministry of Health this overall picture corresponds well with findings of different community surveys in Ethiopia which indicated severe mental illness is more often attributed to supernatural causes, for example spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes. Such interpretation is due to the fact it is deeply rooted in traditional belief, cultural and religious views (FDREMoH, 2012/13).

Participants' description of the meaning of caregiving for their relatives' with mental illness was highly associated with preventing the severity of the illness and worsening of the symptoms, developing sympathy, dealing with contesting situation that can generate both negative and positive attitudes from caregiving, and developing knowledge that helps with challenging situations. This finding is consistent with the report on caregiving meaning which stated that the family caregiver is the most important person who cares for the person with schizophrenia (Clement et al., 1995 as cited in Rafiyah & Sutharangsee, 2011). Caregivers usually help the person with schizophrenia in performing their daily activities such as bathing, eating, cooking, dressing, taking medications, and going for checkups. Many family caregivers may deal with responsibilities both at work and at home when a loved one gets ill. Caregivers' personal need for rest and attention to their own health may be neglected. This leads to dealing with multiple responsibilities, some of which may conflict with one another (Rafiyah & Sutharangsee, 2011). The findings also point out that caregiving is the experience of developing conscious to improve challenging situations in which the health and needs of the caregiver may not well be addressed.

Some participants described caregiving meaning as accepting whatever the condition could be for your loved one having no more chance to be served without you. For example, Lamesa stated "whatever the challenges from caregiving may be in order to save the soul of my only son I have already accepted the entire discourse". Chesla (1991 as cited in Jeon & Madjar, 1998) identified styles of interaction caregiving particularly engaged care, as continued care with understanding and acceptance of the sometimes difficult and inappropriate behaviours of the person with schizophrenia.

Caregivers who experience managed care, which is characterized by being enthusiastically active and objective in managing and learning to cope, still found caregiving to be very draining, and they expressed a strong need for breaks from the work of caring (Chesla, 1991 cited by Jeon & Madjar, 1998). The finding from the study also corresponds with developing

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ways for effectively managing caregiving responsibility while maintaining hope for good health in the future without giving up. Caregivers tried to cope positively rather than being in a state of despair.

Participants used their own individual strategies to effectively manage and overcome challenging situations related with their caregiving responsibilities despite their shattered dreams. Participants said they held discussions with family members, fulfilled the needs and interest of their care recipients, intensely and monitored and strengthened treatment adherence, encouraged independence and provided care with caring with dignity and communication with care recipients. Commenting on different styles of coping, Shibre et al. (2003) noted that there are some people who are action oriented and cope by doing something, whereas others are motivated towards self-understanding and use introspection to manage stress. In the presented study, coping mechanisms of most the relatives were inclined towards prayer for guidance or strength to cope with the difficulties, talking with someone about their problems and taking pride in small successes.

V. Conclusion and Social Work Implications

a) Conclusion

The meaning of caregiving is defined subjectively by a strong sense of responsibility, and therefore this responsibility constructs the caregivers' life in particular ways, including both challenging and enriching dimensions.

Caring for a family member with mental illness is a lived experience that is embodied both personally and in the structure of family relationships. Nevertheless, family caregivers need skills to manage strong emotions and difficult and often challenging situations. This and other studies suggest that family caregivers do not often receive help to develop such skills. The study indicated that individuals with chronic mental illness are best cared for within a ' family home, where they may be expected to experience a better quality of life. However, the substantial personal, social, and financial costs that family caregivers often have to endure can be taken for granted and may be neither recognized nor eased by others.

In light of current trends toward greater emphasis on community based care, it is essential that professionals including social workers, nurses and others recognize and understand the human experiences that are the outcomes of family caregiving. This study has documented the very real and ongoing challenges of family caregivers of relatives with schizophrenia. Society and the health care system depend on families taking on the responsibility for the long-term care of their ill and weak members.

Findings from the current study revealed that there are relationships between caregiving meaning experiences and the situation by the study participants. This implies that the meaning of caring for their relatives with mental illness has an impact on the experience of caregiving. Therefore basic information and understanding about the nature of the illness, including the course and outcome of the illness are needed for the patient, family and the general society.

This study has also recognized different ways of managing caregiving responsibility such as discussion with the family, communication based service delivery with the care recipients, caring with dignity and respect, developing sense of empowerment in the minds of care recipients, strengthening treatment monitoring and adherence as one way of addressing problems before they become worsened than expected level.

b) Implications of the study

People with mental illness are considered to be vulnerable individuals. Their vulnerability and different unusual personalities may adversely influence the lives of their family caregivers and the family unit at large. In the natural development process of human being one vision and dreams to achieve certain goal to win life. However, due to being only caregivers for psychiatric patients, which demands strong effort, lengthy duration, and immediate supervision or inspection of adherences and others, caregivers experience shattered dreams. Social work is a profession that works towards bettering the life of vulnerable groups of people. As indicated in this study, the negative impact of caring for such vulnerable groups of people with schizophrenia is an area that needs holistic intervention.

Providing direct social services to patients and their family caregivers is one of the major roles of social workers. These include psychosocial interventions which comprise individual, family and group interventions that are used to achieve specific therapeutic outcomes. Social workers should also strengthen the communications and relationship, encouraging independence, improving safety, keeping their relatives' active among persons with schizophrenia and their relatives during caregiving discourse.

As one part of implication for education Social Workers should provide trainings for persons with schizophrenia and for their caregivers on the nature of the illness, update them from time to time the relapse condition, improvement indicators, and largely the name of the disease which this study recognized as a remarkable gap though they have full right to know and should have to be well informed.

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