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## Being a caregiver in the management of chronic mental illness: A phenomenological qualitative research

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### Abstract


**Research aim/problem:** This research was performed to evaluate the caring experiences of caregivers' of individuals diagnosed mental illness.


**Method:** This qualitative study was performed with 13 caregivers who care for individuals who had chronic mental illness at inpatient units and community mental health center of a hospital serving in the Aegean Region of Turkey. The data collection process was performed by introductory form, semi-structured interview forms were used during interviews as face-to-face in-depth interviews.


**Results:** The sample population was comprised of 13 caregivers. The participants' average age was 45.6 (min: 29–max: 62), of which 5 were single, 8 were women, 2 had a graduate degree, 8 had children. Participants had an average of 10 years of caring period (min: 3- max:22) and %61.5 had a support during a patient care. According to the results, five themes were determined related to experiences of caregivers. Themes were “difficulties related to caring, experiences related to social life, experiences related to emotional issues, positive aspects and experiences related to family matters”. Subthemes of this study were controlling behaviors, treatment follow up, controlling disease symptoms, planning future, stigmatization, restrictions on social life, emotional expression, ambivalent emotion, crisis management, sharing similar experiences, effectiveness of education, family support, daily routines, family roles.

**Conclusion:** In this research, difficulties of the caregiving process are management of emotional and behavioral problems, maintaining treatment, stigma, social limitations, changes in family dynamics ve concerns about the future. Educational activities and sharing similar experiences with other caregivers were determined as positive experiences. Supporting caregivers in chronic mental illnesses can improve care quality by reducing the burden of care. It is important to plan effective interventions for caregivers, to implement psychoeducational programs and to provide home psychiatric care services.

**Keywords:** Mental illness; caregiver; caregiving experience; families; qualitative.

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## Introduction

Psychiatric diseases are characterized by deterioration in various areas such as self-care, communication, social relations, and professional roles (Öztürk & Uluşahin, 2016, p.189). In addition, due to the disability, that can be seen in mental illnesses, can negatively affect the functionality of patients, social and family relations, work life and daily activities, causing the individual to lead a dependent life and high care costs (Tel et al., 2014, Addo et. al, 2018). It is stated that schizophrenia, bipolar disorder, depressive disorders, alcohol use disorders are among the diseases that cause disability the most (Binbay et al., 2014, p.276; Vos et al., 2012, p.2183; Kılıç 2017). In this context, family support is of importance for patients with psychiatric illness in the scope of rehabilitation and recovery (Stuart, 2008).

In the 20th century, with the development of awareness about the biopsychosocial aspect of mental illnesses, some deficiencies in the services in the mental health field began to be detected. With the increasing importance of mental health services that community-based, the first steps of which were taken worldwide in the 1960s, it was aimed that people who had mental illness receive care in the community (Abdul-Adil et al., 2010; Ministry of Health, 2011). These developments enabled families activities for patients and diverted the care burden from hospital to families and some other institutions (Liberman, 2008, p.278-310; Alataş et al., 2011; Macleod et al., 2011). Therefore, families may experience some difficulties in the caring process and family functions may be adversely affected (Arslantaş, 2018; Ertem, 2020). A team approach is needed to ensure family participation and to establish cooperation with the family for treatment and rehabilitation of patients who have chronic psychiatric illness. Within this team, the nurse has the opportunity to work with patient families for longer periods in psychiatry clinics, psychiatry outpatient clinics and community mental health services. In this area, it is important to identify the factors that determine the care experience of families in the planning of nursing practices.

It is stated that the biggest support sources and caregivers of patients who have psychiatric illness are their families, and the important part of patients live with their families (Tel et al., 2010; Kızılrırmak & Küçük, 2016, p.49). With the diagnosis process, the responsibility of care for the patients is transferred to the family, who is unprepared for this new situation, and family members generally fulfill their caregiving role without any support (Pickett-Schenk et al., 2008). Therefore, changes in the patient's functionality impose different responsibilities on families. New responsibilities added to their current responsibilities in family, work and social lives cause caregivers to experience difficulties (Gülseren et al., 2010; Atagün et al., 2011; Bademli & Duman Çetinkaya, 2013; Addo et al., 2018). In the literature, caregivers are defined as hidden patients and it is stated that their mental health status is impaired as a result of the inability of caregiver families to cope effectively with the stress they experience (Gutierrez-Maldonado et al. 2005; Gülseren et al., 2010). It is stated that families experience anxiety, guilt, fear, helplessness, depression, shame, anger, anxiety, and hopelessness (Gülseren et al., 2010; Atagün et al., 2011, p. 516; Bademli & Duman Çetinkaya, 2013). Patients' relatives struggle against difficulties from the multidimensional needs and problems of their chronic patients. This may result in burnout in family members responsible for care. In the text of the National Mental Health Policy, it is stated that programs for the families of individuals with severe mental illness should be implemented and the family should be a part of the treatment and rehabilitation program (Ministry of Health, 2011). Therefore, it is important to determine the current situation regarding this issue in order to determine the services to be provided to families. In this study, it was purposed to reveal the caregivers' experiences about the caregiving process.

## Methods

### Aim and Design

The research was planned as a qualitative design by using phenomenological method to evaluate the caregivers' experiences about caring process for patients with chronic mental illness. The main objective of phenomenology is to find out experience. The qualitative method facilitates people

to explain their feelings, perceptions about a certain phenomenon. In this research design, data diversity can be provided and common or separate meanings of experiences for individuals can be discovered (Rose et al., 1995).

### **Place and Time**

The research was carried out in the psychiatry service and community mental health center of a research hospital serving in Aegean Region between June 2022 - August 2022.

### **Population and Sampling**

Purposive sampling method was used while determining the sample in this research. First degree relatives of individuals diagnosed with Schizophrenia Spectrum and Other Psychotic Disorders and Bipolar Disorder according to DSM-V constituted the universe of the study. Participants aged 18 and over who volunteered to participate in this research, were literate, were not diagnosed with any mental illness according to the DSM-V diagnostic criteria, were caring for at least a year were included in this research.

In qualitative studies, the termination of the sample is specified as a criterion in terms of sample adequacy when no new data is received and the data starts to repeat (saturation point). (Morgan & Morgan, 2009; Shenton, 2004; Collins & Onwuegbuzie, 2007). When the data was repeated, the researcher discussed the sample saturation with the other researchers. The sample size was fixed when the data repetition was first appeared. The sample of this research comprised of 13 caregivers.

### **Instruments**

Data were collected with the “Sociodemographic Information Form” and the “Semi-Structured Interview Form”. The data forms were prepared by using the experiences of the researchers.

***Sociodemographic Information Form:*** It consists of questions that include socio-demographic and descriptive features (gender, age, income level, length of care, information about psychiatric diseases, etc.).

***Semi-Structured Interview Form:*** Consisted of open-ended questions about how caregivers evaluate their care experience. The questions in the interview form are as follows;

- 1- How did you feel when the disease appeared?
- 2- What methods did you use to cope with the disease?
- 3- When did you start struggling with the disease? What did you do?
- 4- How do you usually spend a day?
- 5- What is the patient's daily activity level/what is his role in daily activities?
- 6- How do you meet your own needs?
- 7- How would you describe the role of other family members (brother/s or father)?
- 8- Have you been busy with anything other than illness?
- 9- How would you describe your social support in the management process of chronic mental illness (family, friends, relatives, neighbors, institutions, associations, etc.)
- 10- How did you feel as a caregiver?
- 11- How did you plan the economic balance in this process?

### **Data Collection Process**

The researcher gave information about the purpose of the research and how it would be carried out, and informed written consent was ensured from the relatives of the patients that agreed for participating in this research before the interviews. The names of the caregivers were kept confidential throughout this research.

Data were collected via face to face interview method. In order for the interviews to be conducted properly, a quiet and suitable room was chosen as the interview environment. All interviews were conducted by a single researcher. During the interviews, the contents of the interviews were recorded in writing. Each in-depth individual interview took approximately 25-45 minutes. The analysis and transcription of the interview records were made by all researchers.

### Limitations of the Research

This research's results are limited to the institution and sample within the scope of the research.

### The Generalizability of the Research

The data obtained may contribute to identifying caregivers' experiencing difficulties, to the formation of support groups according to these characteristics, to the improvement of mental health services provided in institutions for patients and their caregivers in psychiatric disorders.

### Ethical Considerations

In order to conduct the study, IRB approval was obtained from the Non-Interventional Clinical Research Ethics Committee (Decision No: 01.04.2021/0186). Institutional permissions were obtained from the hospital where the study was conducted. The caregivers were informed about the purpose and methodology of this research. Informed verbal and written consent was obtained from all participants to ensure volunteering for participation. The study was performed in accordance with the principles of Declaration of Helsinki.

### Data Analysis

Numbers and percentages were used to determine the participants' sociodemographic data. COREQ (Consolidated criteria for reporting qualitative research) was used in this research (Tong, 2007). Individual interviews were written word-by-word. The content analysis technique was used by the researchers. The responses that fell into a meaningful category were labeled by a name and code. For the participants, a separate list of codes was created. Codes obtained from all interviews were cross-examined to determine similarities and differences. Then, similar codes were grouped to compose a specific theme. Proximate themes were reworked into a few as they best fit for the described findings (Elo & Kyngäs, 2008).

### Results

The results were presented through two parts. First section included the socio-demographic results of caregivers' and in the second part, the themes defined from the results were presented. The sample population was comprised of 13 caregivers. The caregivers' average age was found as 45.6 (min: 29–max: 62), of which 5 were single, 8 were women, 2 had a graduate degree. Participants had an average of 10 years of caring period (min: 3- max: 22) and %61.5 had a support during a patient care (Table 1).

**Table 1. Socio-demographic Characteristic of Caregivers**

aregivers	Age	Gender	Marital status	Having Children	Educational Status	Caring Period (year)	Support for caring
C1	38	Female	Single	No	High School	9	Yes
C2	47	Male	Married	Yes	High School	12	Yes
C3	52	Male	Married	Yes	Secondary school	19	No
C4	55	Female	Married	Yes	Literate	6	Yes
C5	37	Male	Married	Yes	High School	4	Yes
C6	44	Male	Single	No	Secondary school	7	No
C7	29	Male	Single	No	High School	3	Yes
C8	43	Female	Single	No	Graduate	8	Yes
C9	47	Female	Married	Yes	Secondary school	10	No
C10	59	Female	Married	Yes	Secondary school	22	No
C11	62	Female	Married	Yes	Literate	18	No
C12	34	Female	Single	No	Graduate	4	Yes
C13	46	Female	Married	Yes	Secondary school	9	Yes

In this research, five themes were determined related to caregivers' experiences. Themes were "difficulties of caring, experiences related to social life, experiences related to emotional issues, positive aspects, experiences related to family matters". Sub-themes were found under the difficulties of caregiving related to follow-up of treatment, control of symptoms and planning for the future; under experiences related to social life, stigmatization and restriction of social life; under experiences related to emotional problems, negative emotional expression and exposure to ambivalent emotions; under positive experiences of caregiving, sharing of similar experiences and effectiveness of education; and under experiences related to family issues, family support, daily routines and changes in the roles of family members. (Table 2).

**Table 2. Results of Content Analysis Described in Interviews with Caregivers**

Themes	Sub-themes	Quotations
<b>Difficulties of Caring</b>	Treatment Follow Up	<i>... I have trouble managing when she has aggressive behavior</i>  <i>Sometimes he has unrealistic thoughts, I feel like he is doing it to spite me, and in this case, we do not know what to do in the family.</i>
	Controlling Disease	
	Symptoms	
	Planning Future	
<b>Experiences Related to Social Life</b>	Stigmatization	<i>... This man has a mental illness, it is not clear what he will do, he cannot do the job well so he is not hire.</i> <i>.. I haven't been able to meet with friends and relatives for a long time, and I can't invite them to my home.</i> <i>.. there are times when I'm afraid to take the subway or even the bus with him.</i>
	Restrictions in social life	
<b>Experiences Related to Emotional Issues</b>	Emotional Expression Ambivalent Emotion	<i>... I get very angry with her when she refuses to take the job and then regret it, it's always like this.</i>
<b>Positive Aspects</b>	Sharing Similar Experiences Effectiveness of Education	<i>.. thanks to the training given by the health workers, we learned what this disease is and what to do when symptoms appear. It is very difficult to care without considering them.</i> <i>.. I met the relatives of other patients who have the same or similar disease, we share with each other about patient care, I have seen a lot of benefit from this.</i>
<b>Experiences Related to Family Matters</b>	Family Support Daily Routines Family Roles	<i>..children's school, housework, patient care follow-up are all under my responsibility</i>



## Discussion

Caregiving process includes activities such as supporting the patient's physical, psychological, social and economic needs, self-care and household chores, managing budget (Ak et al., 2012, p.335). Individuals with chronic mental illnesses face some difficulties while fulfilling their familial and social roles, as there may be cognitive destruction, disability and some losses in the socioeconomic field. For these reasons, it is of great importance to be supported by their caregivers (Gültekin, 2010; Buldukoğlu et al., 2011; Ertem, 2020). A caregiver is a member of family who cares the patient more than one year also closely interested in daily living activities and health care (Walke et al., 2018).

This research was performed to evaluate the experiences of caregivers who care people with chronic mental illness. In this research, five themes were determined related to the caregivers' experiences. Themes were "difficulties of caring, experiences related to social life, experiences related to emotional issues, positive aspects, experiences related to family matters".

It was determined that the positive aspects of the caregiving process according to the participants are educational activities and sharing similar experiences with other families. Educational activities in chronic mental illnesses should be the first step for patients and families. Relatives of patients suffering from the same problem should be brought together and encouraged to take active responsibility for their own problems. Ensuring this will contribute positively to the feeling of solidarity, the development of coping skills in caregivers, and the increase of mental well-being, and thus to patient outcomes, as stated in the literature (Chien, 2008; Duman Çetinkaya & Bademli 2022).

Within the scope of this research, caregivers have difficulties in; controlling the disease symptoms of patients-especially controlling their behaviors, continuing the treatment, making a future plan for the care of the patient, limitation and stigmatization in social life, negative emotion expression of the patients, changes in family roles, insufficient family support, and inability to maintain the daily routines in the family in a healthy way. It is stated that caring for a chronic psychiatric patient is an extremely stressful situation as it puts a burden on families (Şengün İnan & Duman Çetinkaya, 2013). Caregivers are faced with many stressors such as the diagnosis of mental illness, the negative effects of psychiatric drugs, the continuity of the disease and treatment process, the inability of the sick individual to fulfill their roles, and the loss of economic and social status (Pompeo et al., 2016, p.5). Due to the chronic illness of their relatives, caregivers may feel grief, uncertainty, shame, guilt, anger, loneliness and social isolation (Chadda, 2014; Gupta et al., 2015). This process and negative emotions can negatively affect the well-being of caregiver, their ability for caring patient, and course of the disease (Arguvanlı & Taşçı 2013; Şengün İnan & Duman Çetinkaya, 2013, p.206;). Similarly, according to literature, there are studies stating that caregivers have difficulty to fulfill their roles, that family interaction is impaired and the whole family is affected. (Özyeşil et al., 2014; Ae-Ngibise et al., 2015; Wang et al., 2017; Fekadu et al., 2019; Gania et al, 2019; Ertem 2020). Meeting the needs identified by patient relatives has the capacity to address the effects of illness and caregiving, thereby reducing negative emotions associated with the caregiver role (Cleary et al., 2020).

## Conclusion

Despite the positive effects of caregiving experience, caregiving is a complex concept that is often interpreted negatively. Becoming a caregiver is unselectable or unplanned. Relatives of patients have to face the multidimensional needs and problems of their chronic patients for long periods of time. According to the findings of this research, in order to support the caregivers of patients with psychiatric diagnoses, the implementation of psychoeducational programs on disease and treatment management and interim evaluations, home psychiatric follow-ups, family communication skills, counseling and training plans regarding changing roles, and psychosocial counseling for caregivers is recommended to be given. Also, implementing specific programmes like family to family support program, mutual support programme is of importance.

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## Conflict of interest

Researchers have no conflict of interest regarding this research.

## References

- Abdul-Adil, J., Drozd, O., Irie, I, Riley, R., Silas, A., Jr, A.D.F. & Tolan, P.H. (2010). University-community mental health center collaboration: encouraging the dissemination of empirically-based treatment and practice. *Community Ment Health J*, 46(5), 417-422. <https://doi.org/10.1007/s10597-009-9250-3>
- Addo, R., Agyemang, S. A., Tozan, Y., & Nonvignon, J. (2018). Economic burden of caregiving for persons with severe mental illness in sub-Saharan Africa: A systematic review. *PLoS one*, 13(8), 1-12. <https://doi.org/10.1371/journal.pone.0199830>
- Ae-Ngibise, A.K., Doku, V.C.K, Asante, K.P. & Owusu-Agyei, S. (2015). The experience of caregivers of people living with serious mental disorders: A study from rural Ghana. *Global Health Action*, 8, 26957. <http://dx.doi.org/10.3402/gha.v8.26957>
- Ak, M., Yavuz, K.F., Lapsekili, N. & Türkçapar, M.H. (2012). Kronik psikiyatrik bozukluğu bulunan hastaların ve bakım verenlerinin bakım yükü açısından değerlendirilmesi. *Düşünen Adam Psikiyatri ve Nörolojik Bilimler Dergisi*, 25, 330-337. <http://dx.doi.org/10.5350/DAJPN2012250405>
- Alataş, G., Kahiloğulları, A.K. & Yanık, M. (2011). *TC. Sağlık Bakanlığı Ulusal Ruh Sağlığı Eylem Planı (2011-2023)*, Editör: Erkoç, Y., Çom, S., Torunoğlu, M.A., Alataş, G., Kahiloğulları, A.K., Ankara.
- Arguvanlı, S. & Taşçı, S. (2013). Bipolar Bozuklukta Bakım Verenlerin Sorunları. *Erciyes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 1(1), 21-30.
- Arslantaş, H. (2018). Psikiyatri hastalarının bakım vericilerinde yük ve baş etme stratejileri. *Türkiye Klinikleri J Psikiyatr Nurs-Special Topics*, 4(1), 39-47.
- Atagün, M.İ., Balaban, Ö.D., Atagün, Z., Elagöz, M. & Özpolat, A.Y. (2011). Kronik hastalıklarda bakım veren yükü. *Psikiyatride Güncel Yaklaşımlar*, 3(3), 513-552.
- Bademli, K. & Duman Çetinkaya, Z. (2013). Şizofreni hastalarının bakımverenleri. *Psikiyatride Güncel Yaklaşımlar*, 5, 461-478.
- Binbay, T., Direk, N., Aker, T., Akvardar, Y., Alptekin, K., Cimilli, C., ...& Ulaş, H. (2014). Türkiye’de psikiyatrik epidemiyoloji: yakın zamanlı araştırmalarda temel bulgular ve gelecek için öneriler. *Türk Psikiyatri Dergisi*, 25(4), 264-281. doi: 10f.5080/u7463
- Buldukoğlu K., Bademli, K., Karakaya, D., Göral, G. & Keser, İ. (2011). Ruhsal hastalığı olan ebeveynle yaşamak. *Psikiyatride Güncel Yaklaşımlar*, 3 (4), 683–703. <https://doi.org/10.5455/cap.20110331>
- Chadda, R.K. (2014). Caring for the family caregivers of persons with mental illness. *Indian J Psychiatry*, 56(3), 221-227. <https://doi.org/10.4103/0019-5545.140616>
- Chien, W.T. (2008). Effectiveness of psychoeducation and mutual support group program for family caregivers of chinese people with schizophrenia. *Open Nurs J.*, 2(4), 28-39. <https://doi.org/10.2174/1874434600802010028>
- Cleary, M., West, S., Hunt, G.E., McLean, L. & Kornhaber, R. (2020). A Qualitative Systematic Review of Caregivers' Experiences of Caring for Family Diagnosed with Schizophrenia. *Issues Ment Health Nurs*. 41(8), 667-683. <https://doi.org/10.1080/01612840.2019.1710012>
- Collins, K.M.T. & Onwuegbuzie, A.J. (2007). A typology of mixed methods sampling designs in social science research. *Qualitative Report*, 12(2), 281–316. <http://dx.doi.org/10.46743/2160-3715/2007.1638>

- Kızılırmak, B., Ertem, M., & Kılıçaslan, E. E. (2023). Being a caregiver in the management of chronic mental illness: A phenomenological qualitative research. *Journal of Human Sciences*, 20(1), 17-25. doi:[10.14687/jhs.v20i1.6317](https://doi.org/10.14687/jhs.v20i1.6317)
- Duman Çetinkaya, Z. & Bademli, K. *Şizofreni Tedavisinde Aileden Aileye Destek Programı*. (Ed: Duman Çetinkaya Z., Soygür H.) İstanbul: İstanbul Tıp Kitabevleri, (2022) s.1-28.
- Elo, S. & Kyngäs H. (2008). The qualitative content analysis process. *J Adv Nurs*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>.
- Ertem, M.Y. (2020). Toplum ruh sağlığı merkezinden hizmet alan hastaların aile işlevlerinin değerlendirilmesi. *Cumhuriyet Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 5(3), 161-171.
- Fekadu, W., Mihiretu, A., Craig, T.K.J. & Fekadu, A. (2019). Multidimensional impact of severe mental illness on family members: systematic review. *BMJ Open*, 9(12), 1-12. <http://dx.doi.org/10.1136/bmjopen-2019-032391>
- Gania, A.M., Kaur, H., Grover, S., Khan, A.W., Suhaff, A., Baidya, K. & Damathia, P. (2019). Caregiver burden in the families of the patients suffering from bipolar affective disorder. *British Journal of Medical Practitioners*, 12(1), a006. doi:10.1192/bjp.175.1.56
- Gupta, A., Solanki, R.K., Koolwal, G.D. & Gehlot, S. (2015) Psychological well-being and burden in caregivers of patients with schizophrenia. *International Journal of Medical Science and Public Health*, 4(1), 70-76. <http://dx.doi.org/10.5455/ijmsph.2015.0817201416>
- Gutiérrez-Maldonado, J., Caqueo-Urizar, A. & Kavanagh, D.J. (2005). Burden of care and general health in families of patients with schizophrenia. *Social Psychiatry Psychiatric Epidemiology*, 40(11), 899-904.
- Gülseren, L., Çam, B., Karakoç, B., Yiğit, T., Danacı, A.E. & Çubukçuoğlu, Z. (2010). Şizofrenide ailenin yükünü etkileyen etmenler. *Türk Psikiyatri Dergisi*, 21, 203-212.
- Gültekin, B.K. (2010). Ruhsal bozuklukların önlenmesi: kavramsal çerçeve ve sınıflandırma. *Psikiyatride Güncel Yaklaşımlar*, 2(4), 583-594.
- Kılıç, C. (2017). Ruhsal Hastalıklara Bağlı Hastalık Yükü. Ulusal Hastalık Yükü Çalışması. HÜTF Ruh Sağlığı ve Hastalıkları Anabilim Dalı.s.3. [http://www.tip.hacettepe.edu.tr/ekler/pdf/ulusal\\_program.pdf](http://www.tip.hacettepe.edu.tr/ekler/pdf/ulusal_program.pdf).
- Kızılırmak, B. & Küçük, L. (2016) Care burden level and mental health condition of the families of individuals with mental disorders. *Archives of Psychiatric Nursing*, 30(1), 47-54. <https://doi.org/10.1016/j.apnu.2015.10.004>
- Macleod, S.H., Elliott, L. & Brown, R. (2011). What support can community mental health nurses deliver to carers of people diagnosed with schizophrenia? Findings from a review of the literature. *Int J Nurs Stud.*, 48(1), 100–120. <https://doi.org/10.1016/j.ijnurstu.2010.09.005>
- Morgan, D. & Morgan, R. (2009). *Single-Case Research Methods for the Behavioral and Health Sciences*. Thousand Oaks, California.
- Liberman, R.P. (2011). *Yetiyetiminden İyileşmeye. Psikiyatrik İyileştirim El Kitabı*. American Psychiatric Publishing, Inc. Washington DC, 2008. (Çev. ed. Yıldız, M.). Türkiye Sosyal Psikiyatri Derneği, Ankara, 278-310.
- Öztürk, M. & Uluşahin, A. (2016). *Ruh Sağlığı ve Bozuklukları*. 14. Baskı. Nobel Tıp Kitapevleri Ltd.Şti, Ankara, s.189-190.
- Özyeşil, Z., Oluk, A. & Çakmak, D. (2014). Yaşlı hastalara bakım verme yükünün durumluk-sürekli kaygıyı yordama düzeyi. *Anadolu Psikiyatri Dergisi*, 15, 39-44. doi: 10.5455/apd.39820
- Pickett-Schenk, S.A, Lippincott, R.C., Bennett, C., & Steigman, P.J. (2008). Improving knowledge about mental illness through family-led education: the journey of hope. *Psychiatry Services*, 59(1), 49-56. doi: 10.1176/ps.2008.59.1.49
- Pompeo, D.A., Carvalho, A., Olive, A.M., Souza, M.G.G. & Galera S.A.F. (2016). Strategies for coping with family members of patients with mental disorders. *Rev Lat Am Enfermagem*, 24, e2799. <https://doi.org/10.1590/1518-8345.1311.2799>
- Rose, P., Beeby, J., & Parker, D. (1995). Academic rigour in the lived experience of researchers using phenomenological methods in nursing in nursing. *Journal of Advanced Nursing*, 21(6), 1123-1129. <https://doi.org/10.1046/j.1365-2648.1995.21061123.x>



- Sağlık Bakanlığı (2011). *Ulusal Ruh Sağlığı Eylem Planı (2011-2023)*. Ankara, Erişim: 18.08.2022, <https://www.psikolog.org.tr/doc/ulusal-ruhsagligi-eylem-planı.pdf>.
- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22 (2), 63–75. <http://dx.doi.org/10.3233/EFI-2004-22201>
- Stuart, G.W. (2008). *Principles and practice of psychiatric nursing*, 9th edn. Missouri: Mosby.
- Şengün İnan F. & Çetinkaya Duman Z. (2013). Şizofreni hastasına bakım verenlerin ruh sağlığını etkileyen faktörler: sosyodemografik değişkenler ve stresle başa çıkma tarzları. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 16(4): 205-211.
- Tel, H., Saraç B., Günaydın Y., Medik, K. & Doğan, S. (2010). Psikiyatrik hastalık tanılı hastaların primer bakım vericilerinin sosyal destek durumunun belirlenmesi. *Psikiyatri Hemşireliği Dergisi*, 1(3), 103-107.
- Tel, H., Tay, B.N., Canbay, M., Akaya, İ. & Yalçınkaya S. (2014). Kronik fiziksel hastalıklı yaşlılarda yeti yitimi ve depresyon. *F.N. Hem. Dergisi*, 22(2), 69-75. doi: 10.17672/fnhd.11351 <http://dx.doi.org/10.17672/fnhd.11351>
- Tong, A., Sainsbury, P. & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Heal Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Vos, T., Flaxman, A.D., Naghavi M., Lozano, R., Michaud, C., Ezzati, M., ...& Murray, C.J.L. (2012). Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: A systematic analysis for the global burden of disease study 2010. *The Lancet*, 380(9859), 2163-2196. [https://doi.org/10.1016/S0140-6736\(12\)61729-2](https://doi.org/10.1016/S0140-6736(12)61729-2)
- Walke, S.C., Chandrasekaran, V. & Mayya, S.S. (2018). Caregiver burden among caregivers of mentally ill individuals and their coping mechanisms. *J Neurosci Rural Pract*, 9(2), 180-185. [https://doi.org/10.4103/jnpr.jnpr\\_312\\_17](https://doi.org/10.4103/jnpr.jnpr_312_17)
- Wang, Y., Hsieh S. & Hsieh, R. (2017). Family carers' experiences in striving for medical care and finding their solutions for family members with mental illnesses. *International Journal of Medical and Health Sciences*, 11(5), 294-299. <https://publications.waset.org/abstracts/59916/pdf>