

Family and Community-Based Approaches to Reducing the Psychosocial and Economic Burden of Mental Disorders in Nigeria

Adekemi Abolaji Adelani

Department of Nursing Science, Ekiti State University, Ado-Ekiti,

Rebecca Olufunke Olofinbiyi

Department of Nursing Science, Ekiti State University

Blessing Oluwatosin Ojo

Department of Nursing Science, Ekiti State University

doi: <https://doi.org/10.37745/ejedp.2013/vol14n2113>

Published May 25, 2026

Citation: Adelani A.A., Olofinbiyi R.O., Ojo B.O. (2026) Family and Community-Based Approaches to Reducing the Psychosocial and Economic Burden of Mental Disorders in Nigeria, *European Journal of Educational and Development Psychology*, 14(2),1-13

Abstract: *Mental health has increasingly been recognized as a vital component of overall wellbeing, with its burden extending beyond individuals to families and communities. In Nigeria, where mental health services remain underfunded and limited, families often bear the primary responsibility for care, providing emotional stability, ensuring treatment adherence, and managing the social and financial pressures associated with mental disorders. Communities, meanwhile, play a complementary role by fostering inclusion, reducing stigma, and supporting reintegration. However, pervasive cultural misconceptions and structural inadequacies exacerbate the challenges faced by both families and communities, resulting in significant psychosocial and economic strain. This seminar conceptually explored strategies for reducing burden and enhancing wellbeing through the active engagement of families and communities. It highlighted psychoeducation, caregiver support groups, economic empowerment initiatives, community outreach, and integration of mental health into primary care as vital strategies. Additionally, promoting resilience, mental health literacy, and safe spaces for dialogue were identified as essential for enhancing the wellbeing of both patients and caregivers. The study further emphasized the importance of policy support, sustainable funding, and culturally sensitive interventions that acknowledge local realities while aligning with global best practices. Ultimately, family and community roles were identified as indispensable in reducing reliance on poorly resourced formal institutions. Strengthening these roles through systemic support provides a sustainable pathway for improved mental health outcomes, reduced burden, and enhanced resilience, thereby fostering inclusive and healthier societies.*

Keywords: Mental health care, Family support, Community involvement, Caregiver burden, Wellbeing strategies, Stigma reduction

INTRODUCTION

Mental health is becoming more widely accepted as a core part of health, and has important social, economic and cultural implications. According to the definition of health by the World Health Organization, health is a condition of total physical, mental, and social wellbeing, with the mental health component being inseparable of the general health. The increasing cases of mental health disorders in Nigeria and other parts of the world have led to the need to take a holistic approach that integrates culturally relevant and context-specific solutions (Yusuf Hassan Wada et al., 2021). In contrast to most physical diseases, mental health is highly influenced by social and relational factors, which require family and community support to prevent, treat, and rehabilitate.

The main caregivers of people with mental illnesses are families, who can offer emotional stability, guarantee treatment compliance, and minimize the risk of relapses, especially in low-resource environments, where mental health funding is scarce (Fadele et al., 2044). Nevertheless, discrimination, rejection, and delayed seeking of help behaviour still affect those and their caregivers, due to ongoing stigmatization and cultural misunderstandings (Labinjo et al., 2020; Song et al., 2023). Nevertheless, the incorporation of families and communities into mental health care leads to increased sustainability and fewer people depending on strained formal systems.

Mental disorders have a multidimensional burden with impacts on both the individual and family level as well as the society. The long-term care also places considerable emotional strain, social isolation, and financial burdens on caregivers (Sharif et al., 2020; Silaule et al., 2024). In Africa, the consequences of long-term caregiving are poor health outcomes caused by stress and fatigue (Ndlovu & Mokwena, 2023). On a societal scale, mental disorders lead to lower productivity, higher health care expenditures, and economic damages, which may result in poverty cycles (Agberotimi et al., 2020). Depression and psychiatric disorders among vulnerable groups and especially adolescents in Nigeria are very high risk and they can be detrimental to national development (Babasola et al., 2024). These results are further aggravated by limited access to mental health services and continued stigma (David et al., 2023).

Under such difficulties, the measures related to the burden reduction and wellbeing improvement are essential. In Nigeria, clinical interventions are not enough because of the lack of mental health professionals, as well as ineffective policy implementation (Ogunwale, 2023). Psychoeducation, support systems, and incorporation into care systems have been found to empower families and communities and thus enhance outcomes (Stolper et al., 2024; Shimange and Shilubane, 2023). Psychoeducation increases awareness of mental illness, and the use of community-based interventions decreases the stigma and leads to social acceptance (Daliri et al., 2024).

Treating mental health should also encompass a holistic approach that takes into account the socio-economic and cultural factors. The mental health experiences are influenced by gender and socio-cultural pressures, and the Nigerian women have to endure specific stressors, which

need specific interventions (Agbo and Esmaeilzadeh, 2024; Odufuwa et al., 2022). Moreover, the high-risk groups (students, pregnant women, and freelancers) have mental distress associated with the academic, maternal, and economic pressures (Nwachukwu et al., 2021; Wegbom et al., 2023; Willeke et al., 2021). In general, family and community-based models of collaboration provide a sustainable route towards decreasing the psychosocial and economic costs of mental illnesses and enhancing resilience, inclusion, and wellbeing.

Conceptual Clarifications

Mental health is also a rapidly advancing issue as a crucial element of overall health and wellbeing that is already not well understood and barely discussed in most regions of the world and Nigeria in particular. The World Health Organization defines mental health as a condition where one is able to carry out his or her own capacities, is able to handle the ordinary pressures of life, can be productive at his or her workplace, and capable of making a contribution to his or her society (Yusuf Hassan Wada et al., 2021). Conversely, mental illness is one in which there are clinically significant impairments of thought, affective or behavioral control, indicating dysfunctions of the psychological, biological or developmental cognitive processes (Alabdulkareem et al., 2024). Poverty, cultural beliefs and poor access to mental care are some of the factors that have been seen to increase mental illness among the youths and the vulnerable population in Nigeria (Babasola et al., 2024; Agberotimi et al., 2020). Stigma exacerbates the burden of these mental disorders and enhances the suffering of affected individuals and limits their behaviour of seeking assistance (Song et al., 2023; Labinjo et al., 2020).

Knowledge of mental disorders is one of the main concepts that should be considered, but the weight of the family. Family burden refers to the multi-dimensional impact of having patients with mental illness, vaguely categorized into emotional, financial, social and physical burden (Ndlovu & Mokwena, 2023). Caregivers themselves emotionally are prone to stress, anxiety, guilt or despair as they need to confront their beloved ones (Sharif et al., 2020). Economically, such families suffer economically as they spend on drugs and transport to health care facilities and even the inability to work because of the care giving procedures (Silaule et al., 2024). Social functioning may be impacted by stigma and discrimination as well, isolating the caregiver and further damaging family life and relationships in the community (Scholz et al., 2023). Caregiver fatigue can be caused by physical demands of long-term caregiving, and ter assessment findings have been used to create models that help to promote health peoples (Stolper et al. 2024). These responsibilities are mostly on the family in such a setting as Nigeria where the social welfare machineries are weak and care giving experience has a great effect in the well-being of the patient and the care giver (Mabunda 2025).

Communities outside the family play a crucial role in fostering mental health and alleviating the burden brought about by mental diseases. Community participation entails community awareness and stigma alleviation efforts, availability of care, and social reintegration of mental disorder group (Daliri et al., 2024). There is evidence in a large part of the African society of group residency and extended kin networks meaning that community structures strongly influence perceptions on mental illness and help-seeking (Labinjo et al., 2020). Including and supportive attitudes by the community would allow them to play a role in stigma reduction efforts and create avenues to communicate with the family, offering informal support networks

that reduce the burden on the family (Shimange & Shilubane, 2023). Religious and traditional organizations also play a major role in the discussion of mental health and have the potential to be leveraged to influence both acceptance and adherence to treatment (Odufuwa et al., 2022). Quite the opposite, negative attitudes of the community contribute even more to decrease stereotypes, create a deficiency in help-seeking and even more isolate people affected by it (Fadele et al., 2024).

METHODOLOGY

The methodology was purely conceptual and exploratory, relying on a critical review of existing theoretical perspectives, scholarly discussions, and documented experiences on family and community roles in mental health care. Since no primary data was collected, the approach focused on synthesizing ideas from secondary sources, policy frameworks, and best practice models to highlight strategies for reducing burden and enhancing wellbeing. The seminar adopted a descriptive and analytical style, drawing attention to the interconnectedness of family and community support while proposing practical, culturally sensitive pathways for collaborative interventions. This method ensured that the discussion remained grounded in established knowledge while offering forward-looking recommendations suitable for mental health advocacy and awareness.

Family Roles in Mental Health Care

One of the most important elements in the process of mental health care is family because it is the backbone of the support network as far as the individual with a psychiatric condition is concerned. The emotional and day-to-day help is the biggest help provided by the family. This also involves offering empathy, comforting and bonding; elements of care that may be essential in fostering stability and recovery of patients. Family caregivers can be empowered to serve as a lay career and provide a blend of love and support with guardianship in the day-to-day operations of the Nigerian society mainly because the culture of the people is still predominantly shaped by traditional beliefs that shape mental health literacy (Labinjo et al., 2020). Such an emotional involvement reduces isolation and hopelessness that individuals with mental illnesses often experience and increases the effectiveness of treatment. However, a situation where resources and access to formal care are limited can make such a burden heavy to the families.

Besides emotional support, families play a significant role in facilitating treatment adherence, as well as facilitating medical follow-up. Individuals with mental illnesses are likely to forget or miss taking medication, attending therapy sessions or frequent contact with health care professionals. Families act as mediators by maintaining and adhering to treatment plans, such as medications, that are crucial in alleviating the risk of relapse and achieving positive long-term recovery (Daliri et al., 2024). Patients and overstrain health care delivery systems establish a connection through families (Fadele et al., 2024) especially in Nigeria that is a low-resource country with critically low psychiatrists per population. All these are good examples of engaging, however, caregivers might need to sacrifice their time, patience and even money to engage to care.

The third vital element of family engagement is frequently connected with managing stigma and discrimination of both external communities and homes. The delirious remains are largely misinterpreted in Nigeria and typically linked to supernatural allegations, licentiousness and curse (Agbo and Esmaeilzadeh, 2024). Discredit attitudes tend to exclude and face families whose members have a mental illness and increase the psychological burden of those members. Stigma not only does not allow individuals to talk openly about MH, but also afflicted families are less likely to obtain professional assistance when it is timely (Song et al., 2023). In the situation of carers, they tend to internalize stigmatization and feel guilty or embarrassed on top of being emotionally burdened (Scholz et al. Tackling these issues together in advocacy with the aim of raising awareness and altering cultural attitudes towards mental illness as something less compassionate and more irrational).

The role of family members is quite crucial, yet they face severe issues such as stress burnout and financial strain. The day-to-day burden of care may lead to physical and mental exhaustion and even mental breakdown, particularly in the lives of the people who live with the children but are not supported (Silale et al, 2024). The financial aspect is also devastating because the treatment of mental illnesses typically involves a long-term intervention, hospitalizations and out of pocket expenses that can (additionally) enrich poor families (Ndlovu & Mokwena, 2023). In addition, the emotional load of watching a loved one suffer coupled with the stigmatisation in society also make caregivers more vulnerable (Sharif et al., 2020). Nigerian scenario is further complicated by inadequate funding of mental health services and inefficient policy that leads to the situation where family burden of care is disproportionately distributed (Ogunwale, 2023).

With regard to family in mental health care, families are very fundamental partners in mental health care; yet, there is a great diversity of obstacles to those who strategically engage in the work of involving family. The invaluable roles promoting recovery but making children more dependent on carers are emotional support, treatment adherence, and stigma advocacy - these care incompletenesses demonstrate the need to provide holistic interventions. These burdens would likely be offset by psychoeducation, financial support and caregiver support, and the outcomes of care would be improved (Stolper et al., 2024). Further decreases in the barriers that would lead to better family-centred treatment policies are not only needed but could also optimise services and maintain resilience and health of caregivers, who remain the centre of community mental health policy particularly in Nigeria.

Community Roles in Mental Health Care

Community plays an important role in the provision of mental health care particularly where there are insufficient or unavailable professional and institutional resources. Historically, the issue of mental health has been placed on the periphery of the healthcare system in Nigeria, and the role of providing care and support has been mostly on families and communities (Yusuf Hassan Wada et al., 2021). Community duties in the mental health field goes beyond and above the moral unstructured caring to environmental enablement of social acceptability and habitation, induction towards awareness creation the stigma. Such roles play a significant role particularly in cultural settings where stigma and marginalization of people with mental illnesses occurs (Labinjo et al., 2020). The community based approach does not only seal the

gaps of the formal healthcare system but also assists the mentally disordered to be meaningfully re-integrated in the social life, hence, facilitating their wellbeing.

Community as an environment factor also has one of the most significant roles - social rehabilitation and reintegration within the society (when it comes to people with mental disorders). Due to such stigma many of them have to contend with social rejection, loss of jobs and broken families. This negligence increases the effects of mental illness and minimizes the likelihood of recovery. The stigma structural and interpersonal have been found to be an insidious impediment to recovery in mental health in Nigeria and other countries (Scholz et al., 2023). Community acceptance may result in a significant increase in self-esteem, treatment and social functioning of mentally ill. Reintegration programmes such as employment opportunities, neighbourhood and community support have been known to assist in restoring dignity and resiliency. As Agberotimi et al. (2020) have demonstrated that socioeconomic health and favorable social conditions are closely linked to positive mental health outcomes, community acceptance and re-integration strategies are required.

Community-based rehabilitation programs are the other important part of mental health care. The programs provide psychosocial support, vocational training and community participation to the mentally ill. In between health and everyday life, interventions to the patient in the resource-poor area, like Nigeria, provide them with coping mechanisms and practical capabilities (Fadele et al., 2024). It is also possible to release the overburdened and underfunded psychiatric institutions to community-based rehabilitation (David et al., 2023). Ghana has provided evidence of community based interventions (caregiver training and peer-support) as effective interventions to enhance service uptake and to lower relapse rates. Nigeria can also take advantage of the strengthening of such localized components not only to achieve better rehabilitation results but also to increase self-reliance activities of mentally ill individuals.

Also traditional and religious institutions which also play a big role in shaping mental health consciousness and practices exist. In Nigeria, individuals often arrive at traditional healers or faith-based organizations with mental illness first (Labinjo et al., 2020). Certain of these practices have been criticized to perpetuate stigma or to prevent biomedical treatment, but there is no denying the social connotations of them. Consciousness creation in these institutes would mean that mental health problems are identified early enough and the number of harmful behaviors is reduced. It has been found that traditional and religious leaders either positively by encouraging compassion or negatively, fueling myths Community level perceptions of psychiatric conditions are influenced by traditional and Religious institutions towards influencing the treatment of mental conditions (Agbo & Esmaeilzadeh, 2024). Mental health and faith-based organizations can positively cooperate to offer culturally acceptable care access methods that are agreed with by local beliefs, yet also linked to evidence-based treatment. This may be especially valuable in areas where biomedical services are not as readily available.

Another significant role of communities in mental health services is through advocacy at the grassroots level and anti-stigma campaigns. Stigma is another barrier to seeking help and linked to discrimination of mentally ill individuals (Nwachukwu et al., 2021). Home-spun

campaigns have the potential to educate people, increase awareness and fight myths and stereotypes. Some of the most effective ways to counter stereotypes through community-based campaigns is through the voices and lives of the local people. As an example, Song et al. (2023) report that anti-stigma interventions in youths have been proven to decrease stigma. Such models can transform the discourse in the community and create safe spaces to discuss when introduced in Nigerian communities-primarily through schools, youth groups and civil society organizations. Moreover, the integration of families and caregivers in advocacy is also used to make sure that the campaigns are made to satisfy the needs of the patients and also the issues of those who are invited to offer care (Mabunda 2025).

Strategies for Reducing Burden

Plans to decrease the burden of people with mental disorders This requires organized efforts at various levels, i.e. family, community and health systems to off load caregivers. The implementation of psychoeducation to families is an essential approach since with the help of knowledge, they can reduce fears, false beliefs and prejudices that appeared concerning mental illness. Whenever families are educated about the diagnoses, symptoms, expectations and treatment and prognosis of mental disorders, they are relieved that they are ready to handle the daily challenges of care giving. Psychoeducation also allows the patients to identify the relapses symptoms, use prescribed medications, and learn problem solving skills. Sharif et al. (2020) found that family caregivers who obtained mental health information showed a lower level of stress and high coping ability. Shimange and Shilubane (2023) claim that family involvement in mental health care increases both patient and caregiver trust building and treatment continuity, thereby promoting outcomes. In Nigeria, psychoeducation may be especially relevant to eliminate the misinformation and cultural myths related to the etiology of mental illness, which is traditionally viewed as supernatural (Labinjo et al., 2020). Changes in stigma, acceptance and burden of family are bound to be altered courtesy of stigma-correcting educative programs.

Other than psychoeducation, caregiver support group development is a place where one can share experiences and solve problems together. Support groups provide caregivers with a chance to express their emotions and share their coping strategies and listen to those who have been in their shoes. This reduces the isolation and loneliness that can at times engulf the caregivers. As Silaule et al. (2024) indicate, the stress-related health issues among caregivers such as anxiety and depression will be greatly reduced with the provision of caregiver support network, particularly in cases where the person being cared about has a severe mental disorder e.g. Ndlovu and Mokwena (2023) also reported the excess burden of family carers in RGP's in South Africa, but support systems were also involved in enhancing resilience and adding emotional support. Such strategies in Nigeria particularly by community organization would assist the caregivers to draw each other in terms of support, counseling as well as connection to healthcare. This not only saves caregivers the burden of fatigue but fosters the need to advocate more mental health policies and resources overall. Daliri et al. (2024) further note that engagement of the providers in an organized group support may result in better access and utilization of mental health services, which can help to enhance both individual and social wellness.

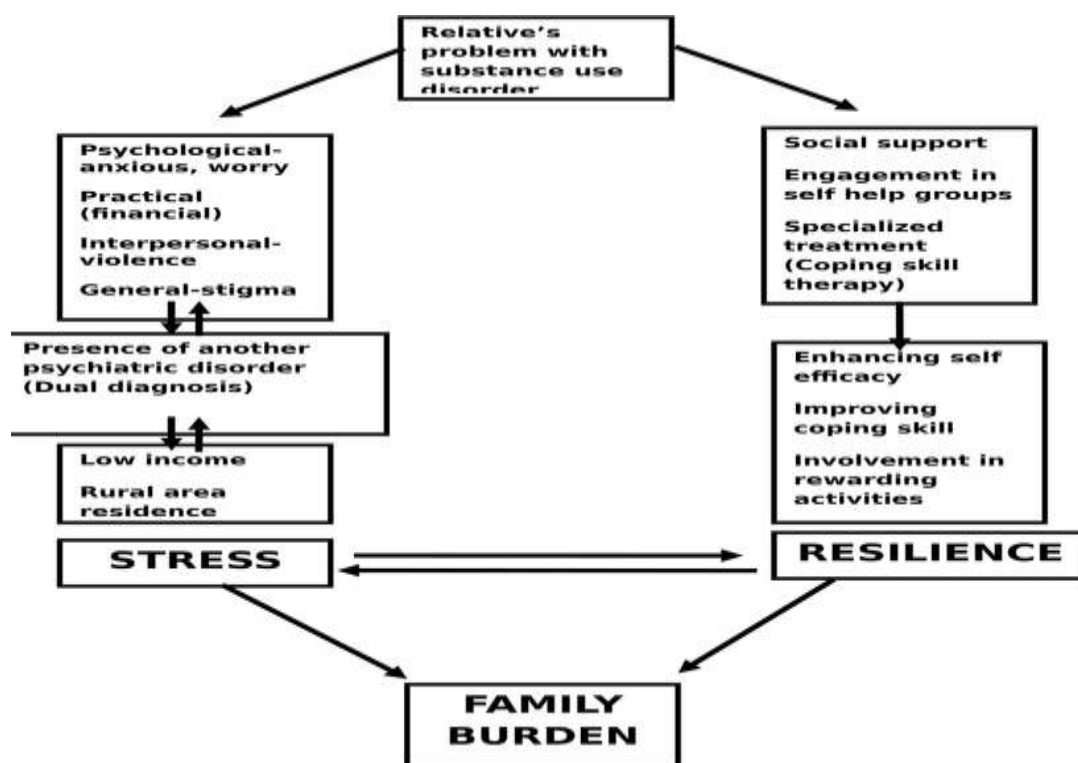
It is also essential, programs of economic empowerment of affected families as the financial weight of caregiving could be overwhelming. Families often spend colossal sums of money on medications, hospitalization and other treatment methods. In the meantime, care givers can miss out on potential revenue generating opportunities because of such time wasted on care (Mabunda, 2025). Such expenses might also be worse in Nigeria, which is a nation with a high poverty and unemployment rates (Agberotimi et al., 2020). Economic interventions, e.g., microcredit interventions, capacity-building programs, conditional cash transfer to families with mental disorders could assist in reducing this and maintaining caregiving functions. As Agbo and Esmailzadeh (2024) illustrate, women in Nigeria have a negative relationship with the economic inequality, which means that economic empowerment is both preventive and curative of mental illness. Financial survival and caregiving needs can be balanced by provision of income earning opportunities within mental health care support networks. Moreover, Fadele et al. (2024) Contend that economic differences are a causal factor that leads to the lack of resources in mental health services and, therefore, economic empowerment strategies can avoid structural imbalances of that kind and facilitate family resilience.

In alleviating burden, community health outreach and mental health integration into primary care services are also important. The lack of mental health facilities and staff in Nigeria is distressing to many families (David et al., 2023). Covers (mental) health as a primary care since this would guarantee community level access, affordability and early introduction. Community-based outreach programs providing community awareness raising, screening and counselling may help to normalize mental health issue discussions to reduce stigma (Song et al., 2023). In addition, such kind of programs save carer givers and patients travelling long distances to care will not be burdened financially and emotionally. The Ghana Daliri et al. (2024) evidence illustrates the use of community based interventions to both boost uptake of mental health services but also lower burden on the centralized institutions. In reference to the Nigerian context, the outreach service penetration into rural communities in the roles of the community health workers could be an excellent treatment gap bridging. Nwachukwu et al. (2021) also note the significance of early intervention in terms of common mental health challenges, thus pointing to the need to have front-line services that are readily available and reduce the need to utilize careers and tertiary environments.

Lastly, policy support and resource mobilization are strategies that are impossible to do without. Nigeria Mental health care has been under-invested and neglected within the policy and practice (Yusuf Hassan Wada et al., 2021). - Although the Nigerian Mental Health Act of 2021 is a good move, translating policy into practice has continued to be a challenge due to the lack of funding and awareness creation (Ogunwale, 2023). Effective policy support will require a long-term government response, an augmented portion of mental health spending in health expenditure, and family-based care templates. Stolper et al. (2024) underline that a family-based approach to mental health policy can help to reduce risk factors and optimize the treatment outcome and family should be actively involved in the care plan. Secondly, through mobilization of resources through NGOs, religious groups and international donors, psychoeducation programs, caregiver support groups and community outreach can be facilitated. Without policy advocacy and resource investment, families will be left to shoulder such heavily unequal burdens with little infrastructure to help them. Fadele et al. (2024) state that the coordination mechanism the challenge of growing mental health care demand and

scarce resources should be a strategic policy in allocating their services equally. Therefore, robust policy making, long-term funding and cross-sectoral collaboration are needed in reducing burden and enhancing health, wellbeing of families and communities who have contributed through mental illness.

Psychoeducation is the provision of knowledge and coping skills to the caregivers that they require and support groups are the provision of emotional support and solidarity. Economic empowerment initiatives can reduce some of the financial strains exacerbating issues surrounding caregiving, and community health programs bring services to the locations close to the homes of our clients. Both policy and mobilization have developed as the structural armatures to support all these. These strategies all demonstrate a comprehensive course of action in mental health care, incorporating the patient and caregiver viewpoint, and avenues to reducing burden and enhancing well-being. Through the alignment of familial, community and policy-based interventions, Nigeria will move towards a more fair and viable mental healthcare system that recognizes the experienced feelings of individuals most impacted.



Strategies to Enhance Wellbeing

To improve wellbeing in mental health care, it is necessary to take conscious measures that will not only cover the needs of people with mental disorder but also the families and communities that feed them. Promotion of resilience and mental health literacy is one of the most effective methods of attaining this. Resilience helps individuals and families with mental illnesses to manage the difficulties that may come with it and mitigates the risks of burnout and social isolation. Mental health literacy, conversely, makes families and communities have

sufficient understanding of symptoms, treatment, and coping strategies, leading to less stigma and an increased desire to obtain assistance (Agberotimi et al., 2020). The Nigerian setting, where myths and misunderstandings about mental illness are commonplace, has a chance to increase literacy to overcome the ingrained cultural stereotypes and foster an inclusive approach (Labinjo et al., 2020). Better-informed families are more prone to adhere to treatment, to provide consistent care and to create conducive environment towards recovery and strong communities can absorb the social and economic impact of mental disorders.

Inclusive community engagement of people with mental disorders is also a core theme in promoting wellbeing. Stigma and social exclusion continue to be widespread obstacles that hinder dignity and rights of individuals with mental health conditions, which tend to be marginal to educational, social, and economic opportunities (Song et al., 2023). In Nigeria and other African countries, where mental illnesses are sometimes assumed to be spiritual conditions, individuals with a mental illness become even more marginalized (Fadele et al., 2024). Inclusion, then, must entail the establishment of spaces that recognize individuals with mental disorders as full members of the community with equal rights. Sense of belonging and purpose that is achieved by community involvement via skills acquisition programs, inclusion in the workplace and decision making is essential to recovery and wellbeing in general. Other contexts indicate that engaging inclusively lowers the dual burden of disease and social exclusion, in addition to breaking stereotypes (Stolper et al., 2024). Communities should be central to changing the discourse about mental health to one of capacity and contribution by placing inclusion as a priority.

Another way of lowering the burden and enhancing wellbeing is to create safe spaces where dialogue and support can take place. A great psychological, emotional, and financial burden is typically placed on families and caregivers, especially within resource-limited environments (Ndlovu and Mokwena, 2023; Sharif et al., 2020). These burdens would build up without an outlet of expression and result in stress, anxiety and breakdown of family support systems in some instances. Caregivers and patients should be given the opportunity to experience, develop solidarity, and receive psychosocial support by engaging in safe spaces of dialogue in community-based support groups, faith-based forums, and structured counselling sessions (Silaule et al., 2024). These platforms are also assistive in breaking stigma by making conversations about mental health average and reducing the perception of silence, shame, and turning it to openness and acceptance. Safe spaces represent a crucial aspect of self-expression and empowerment, and in the case of mentally ill people, they provide a space to express their stories without fear of being mocked or discriminated against (Shimange and Shilubane, 2023). In Nigeria, where mental health has been underfunded and under-prioritized (Ogunwale, 2023; Yusuf Hassan Wada et al., 2021), community-based safe spaces are an inexpensive approach to providing psychosocial support and decreasing isolation.

In the digital era, mental health awareness through the media and technology is now indispensable. Digital platforms and the mass media are potent tools that may influence the perception of the society, provide the right information, and dispel the destructive stereotypes. Research indicates that anti-stigma campaigns, especially those aimed at the youths, can be effective in alleviating the prejudice and fostering positive mental health attitudes (Song et al., 2023). Radio, television, and more recently social media are available in Nigeria with a wide

reach; thus, these channels can be utilized to promote the general awareness of the population, spread information about education, and share recovery stories that give hope (Babasola et al., 2024). Digital technology also offers new methods of care delivery, particularly in rural or underserved communities where there are few specialist services. The service gap can be filled with telepsychiatry, online counselling, and mobile health applications, which will enhance accessibility and decrease the logistical load of long-distance travels to access care (Daliri et al., 2024). In addition, virtual safe spaces of peer support and advocacy can be established online, allowing individuals and caregivers to interact beyond geographic limits. With the incorporation of media and technology into mental health approaches, the societies can increase the coverage of awareness campaigns, improve literacy, and create a sense of shared responsibility towards mental health.

All in all, the improvement of wellbeing in mental health care takes the form of a complex process that can include the aspects of resilience-building, literacy, inclusion, safe space, and technology-enhanced awareness. These measures are applicable to the psychosocial and structural interrelated issues that complicate the burden of mental illness in low resource settings like Nigeria. Families and communities that are resilient and have good mental health literacy offer a positive background to care, and inclusion reinstates dignity and participation among the affected individuals. Safe spaces help patients and caregivers to relax and have mutual understanding and support, and media and technology enhance the dissemination of information and lessen the stigma. The solution is to incorporate these strategies into the health policies and practices in the community to establish an enabling environment that does not only cater to the needs of the individuals with mental disorders but also improves the general wellbeing of the society. In this way, mental health will be redefined not as a personal issue but as a collective social problem, which must be committed to and approached with innovation and compassion.

CONCLUSION

Family and community care are largely entrenched in the nursing of people with mental disorders, and its contribution to nursing care goes beyond clinical care to encompass emotional, social, and economic support, without which recovery and wellbeing cannot be achieved. Psychoeducation, support groups, and community-based interventions that foster inclusion, decrease stigma, and help caregivers to become more resilient are therefore recommended as intentional strategies that can be taken to provide effective mental health care. By enhancing these strategies, not only caregivers can be relieved of their burden and burnout can be avoided but even social integration, dignity, and quality of life of the affected people can be enhanced. Finally, multi-level collaboration between families, communities, health professionals, policymakers and organisations is essential in ensuring that the interventions are culturally competent, well-resourced and responsive to real-life contexts to achieve sustainable mental health outcomes that result in a more inclusive and supportive society among all.

Mental health nurses should adopt family-centered approaches that actively involve relatives in assessment, treatment planning, and rehabilitation processes, while community mental health outreach should be expanded to rural and underserved areas through the active involvement of community health nurses. In addition, government policymakers should

prioritise community sensitisation and anti-stigma campaigns aimed at increasing public awareness and understanding of mental disorders, thereby fostering supportive environments for both patients and caregivers.

REFERENCES

- Agberotimi, S. F., Akinsola, O. S., Oguntayo, R., & Olaseni, A. O. (2020). Interactions between socioeconomic status and mental health outcomes in the Nigerian context amid COVID-19 pandemic: A comparative study. *Frontiers in Psychology, 11*, 2655. <https://doi.org/10.3389/fpsyg.2020.559819>
- Agbo, J. J., & Esmailzadeh, S. (2024). Factors affecting women's mental health in Nigeria in the past and present: A systematic review. *Science, Engineering and Health Studies, 18*, 24050013.
- Alabdulkareem, K. B., Alshammari, G. M., Alyousef, A. A., Mohammed, M. A., Fattiny, S. Z., Alqahtani, I. Z., & Yahya, M. A. (2024). Factors associated with the prevalence of psychiatric disorders among Saudi adults in the Eastern Region and their health implications. *Healthcare, 12*, 2419. <https://doi.org/10.3390/healthcare12232419>
- Babasola, K. M., Okhiria, A., Bale, S. I., Sorunke, T. A., & Alli, U. O. (2024). Prevalence of mental illness among youths in Ogun State, South West Nigeria. *UMYU Scientifica, 3*(1), 63–70. <https://doi.org/10.56919/usci.2431.007>
- Daliri, D. B., Aninanya, G. A., Agani, A., Laari, T. T., & Abagye, N. (2024). Enhancing mental health service use: Insights from caregivers, providers, and managers in Ghana. *Academic Mental Health and Well-Being, 1*. <https://doi.org/10.20935/MHealthWellB7446>
- David, C., Agbonome, P. C., Chinedu, D., Egbum, P., & Barnarby, J. (2023). Inadequacies in mental health centres in Anambra State: The case of negligence of depression as a mental illness and the need for a Depression Treatment Centre in Awka. *African Journal of Educational Management, Teaching and Entrepreneurship Studies, 9*(1), 163–172.
- Fadele, K. P., Igwe, S. C., Toluwalogo, N. O., Udokang, E. I., Ogaya, J. B., & Lucero-Prisno, D. E., 3rd. (2024). Mental health challenges in Nigeria: Bridging the gap between demand and resources. *Global Mental Health, 11*, e29. <https://doi.org/10.1017/gmh.2024.19>
- Labinjo, T., Laura, S., Russell, A., & James, T. (2020). Perceptions, attitudes and cultural understandings of mental health in Nigeria: A scoping review of published literature. *Mental Health, Religion & Culture, 23*, 606–624. <https://doi.org/10.1080/13674676.2020.1726883>
- Mabunda, N. F. (2025). Factors associated with family involvement or lack thereof in caring for mental health care users: A qualitative study. *Psychiatry International, 6*(1), 30. <https://doi.org/10.3390/psychiatryint6010030>
- Ndlovu, J. T., & Mokwena, K. E. (2023). Burden of care of family caregivers for people diagnosed with serious mental disorders in a rural health district in Kwa-Zulu-Natal, South Africa. *Healthcare, 11*, 2686. <https://doi.org/10.3390/healthcare11192686>
- Nwachukwu, C. E., Olufunmilayo, E. O., Otor, V. O., Yakubu, A. O., Akingbade, A. E., Odefemi, O. F., Ikwunne, B. N., Kowe, T. F., Morakinyo, O. E., & Oyebamiji, T. A., et al. (2021). Common mental health problems and associated factors among medical

- students of University of Ibadan, Nigeria. *Journal of Mental Health*, 30, 315–322. <http://doi.org/10.1080/09638237.2021.1875404>
- Odufuwa, O. T., Olaniyan, O., & Okuonzi, S. A. (2022). Determinants of mental healthcare-seeking behavior of postpartum women in Ibadan, Nigeria. *Frontiers in Global Women's Health*, 3, 787263.
- Ogunwale, A. (2023). Implementation of the Nigerian Mental Health Act 2021. *The Lancet Psychiatry*, 10(11), 826–828.
- Scholz, U., Bierbauer, W., & Lüscher, J. (2023). Social stigma, mental health, stress, and health-related quality of life in people with long COVID. *International Journal of Environmental Research and Public Health*, 20, 3927. <https://doi.org/10.3390/ijerph20053927>
- Sharif, L., Basri, S., Alsaifi, F., Altaylouni, M., Albugumi, S., Banakhar, M., Mahsoon, A., Alasmee, N., & Wright, R. J. (2020). An exploration of family caregiver experiences of burden and coping while caring for people with mental disorders in Saudi Arabia—A qualitative study. *International Journal of Environmental Research and Public Health*, 17, 6405. <https://doi.org/10.3390/ijerph17176405>
- Shimange, M. E., & Shilubane, H. N. (2023). Perspectives of hospitalized mental health care users concerning the involvement of family members in their care: A qualitative study. *Nursing Reports*, 13, 1684–1694. <https://doi.org/10.3390/nursrep13040139>
- Silaule, O., Adams, F., & Nkosi, N. G. (2024). Health effects of caregiving and coping with severe mental disorders: A caregivers' experience. *South African Journal of Psychiatry*, 30(0), a2144. <https://doi.org/10.4102/sajpsychiatry.v30i0.2144>
- Stolper, H., van der Vegt, M., van Doesum, K., & Steketee, M. (2024). The integrated family approach in mental health care services: A study of risk factors. *International Journal of Environmental Research and Public Health*, 21, 640. <https://doi.org/10.3390/ijerph21050640>
- Song, N., Hugh-Jones, S., West, R. M., Pickavance, J., & Mir, G. (2023). The effectiveness of anti-stigma interventions for reducing mental health stigma in young people: A systematic review and meta-analysis. *Cambridge Prisms: Global Mental Health*, 10, e39. <https://doi.org/10.1017/gmh.2023.34>
- Wegbom, A. I., Edet, C. K., Ogba, A. A., Osaro, B. O., Harry, A. M., Pepple, B. G., & Fagbamigbe, A. F. (2023). Determinants of depression, anxiety, and stress among pregnant women attending tertiary hospitals in urban centers, Nigeria. *Women*, 3(1), 41–52. <https://doi.org/10.3390/women3010003>
- Willeke, K., Janson, P., Zink, K., Stupp, C., Kittel-Schneider, S., Berghöfer, A., Ewert, T., King, R., Heuschmann, P. U., & Zapf, A. (2021). Occurrence of mental illness and mental health risks among the self-employed: A systematic review. *International Journal of Environmental Research and Public Health*, 18(16), 8617. <https://doi.org/10.3390/ijerph18168617>
- Yusuf Hassan Wada, L., Rajwani, L., Anyam, E., Karikari, E., Njikizana, M., Srour, L., & Khalid, G. M. (2021). Mental health in Nigeria: A neglected issue in public health. *Public Health in Practice*, 2, 100166. <https://doi.org/10.1016/j.puhip.2021.100166>