

Physico-Social Support Needs for Inclusion in an Instructional Package for Family Management of Mild Mentally Challenged Persons in Akwa Ibom State, Nigeria

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Abstract

The main purpose of this study was to determine the physico-social support needs for inclusion in instructional package for family management of mild mentally challenged persons in Akwa Ibom State, Nigeria. Two specific purposes guided the study. The study adopted a descriptive survey design. The target population of the study was 81 experts (24 psychiatric doctors, 35 psychiatric nurses, 6 psychologists, 2 family sociologists and 14 mild mentally challenged instructors), from which the sample size of 63 experts was determined using a research advisor table and selected using a multistage sampling procedure. A structured questionnaire titled Physico-social Support Needs for Family Management of Mild Mentally Challenged Persons Questionnaire (PSNFMMMCPQ) was used for data collection. The instrument was face-validated by five experts and had a reliability coefficient of 0.91 using Cronbach Alpha statistics. Mean and standard deviation were used to answer the research questions. Findings revealed that experts approved the inclusion of all the specific physical support (3.03 ± 0.68) and social support (3.12 ± 0.70) tasks in the physico-social support instructional package for family management of mild mentally challenged persons. The study concluded that a functional instructional package must have specific support tasks in physical (such as brushing teeth daily) and social (such as regular interaction with peers) domains tailored to meet the needs of MMCPs. Based on the findings, it was recommended that instructional package developers should ensure that specific tasks of physical and social support needs are included in the instructional package for family management of mild mentally challenged people.

Keywords: physico-social support, Family management, Instructional package, Mild mental challenge

Introduction

Mental health is an integral and essential component of health. According to the World Health Organization, mental

health is a state of well-being in which an individual realizes their abilities, copes with the normal stress of life, works productively, and can contribute to the

community (WHO, 2022). Mental health refers to emotional and behavioral well-being that enables individuals to manage life's challenges and function effectively in society (American Psychological Association, 2024). However, when mental health deteriorates, it often leads to mental illness. Mental illness is a way of thinking, feeling, or behaving that is typically associated with distress or impairment and is not considered appropriate within prevailing societal norms (Fox et al., 2018). Mental illness can be categorized based on severity; mild (IQ: 50-69), moderate (IQ: 35-49), severe (IQ: 20-34), and profound (IQ: Below 20) (Emerson et al., 2019). The study focused on mild mental challenges, which could be managed at home.

The onset of mental illness in any family is often a time of turmoil. Most families are ill-prepared to deal with the initial onset of mental illness among the family members. This lack of preparedness can result in confusion and frustration among family members who may struggle to understand the appropriate support. Support, as applied in this study, involves provision of assistance by family members to mild mentally challenged persons within the home environment. Family is the fundamental institution of any organization in society. Families provide the medium where individuals are born, nurtured, and learn to socialize. It is a place where an individual's behaviour, attitudes and outlook on life begin to develop and take shape. Sociocultural traditions and economic influences, including those that affect health are extended through families to individuals

and impact health behaviour (WHO, 2022). Given the central role families play in shaping individuals, family support becomes crucial in addressing various life challenges.

Family support is a fundamental issue in the treatment of mental health (Eshun et al., 2019). Family support refers to the various forms of assistance and resources provided by family members to help their loved ones with mild mental challenges navigate the challenges they face and enhance their overall well-being (Eshun et al., 2019). Family support can take the form of physical or social support, which refers to physico-social support, in this study. Physico-social support involves the provision of care that addresses the physical and social needs of an individual or group of people (Rai et al., 2022). Physico-social variables refer to factors that involve both physical and social aspects influencing individuals or groups within a particular context. Physico-social support involves the dual provision of assistance to an individual, aimed at promoting well-being and inclusion in society (Chukwu et al., 2021). These variables often intertwine the physical environment with social dynamics, impacting human behaviour, interactions, and mental health (Rai et al., 2022).

Physical support is generally one of the components of support for mild mentally challenged persons. One of the major signs of mental disorder is deterioration in appearance, hygiene, or personal care (Wahlbeck & McDaid, 2018). This often reflects in individuals' struggles to maintain basic daily routines and physical wellbeing. Provision of physical support tends to assist individuals

maintain healthy physical outlook. Physical support can be defined as provision of care for normal functioning of the body at all levels; a normal course of biological processes that ensure individual survival and reproduction; a dynamic balance between the body's functions and the environment; participation in social activities and socially useful work (Wahlbeck & McDaid, 2018). Factors linked to physical support that can promote mental wellbeing consist of daily bath, brushing of teeth, barbing of hair, trimming of fingernails and washing of dirty clothes amongst others. These factors could help to improve the personal hygiene and cleanliness of mild mentally challenged persons, thereby making the individuals feel good about themselves. Therefore, regular physical support in these areas helps to improve self-esteem and promote better mental outcome. People with mental illnesses often engage in behaviours that are frightening, troublesome, disruptive, and more likely to be depressed, which typically require supervision and physical support (Wahlbeck & McDaid, 2018).

Tom (2019) conducted a study on dental care status in mentally challenged children in comparison with normal children in Malaysia. Two groups of randomly selected children aged 3–12 years were examined. The first group comprised 100 children with disabilities (cerebral palsy, mental retardation, Down syndrome, autism, and hearing-speaking disorders) and the second (control) group included 100 healthy children. The examined children were selected from a normal school and from schools that take

care of the disabled children. The results revealed a significantly poor level of oral hygiene and quite a high level of caries prevalence in disabled compared to the healthy children, accentuating the need to organize preventive care measurements and improve dental care among the disabled.

Yeboah et al. (2022) conducted a study in Southern Ghana to explore how individuals with schizophrenia manage daily living activities such as personal hygiene and maintaining their personal spaces. The participants described significant difficulties in performing these tasks independently, often due to symptoms such as cognitive disorganization and lack of motivation. Crucially, the study revealed that many relied on physical assistance from family members to bathe, groom, and maintain basic environmental hygiene. This demonstrates that family-provided physical support is not only essential for physical well-being but also plays a key role in preserving the dignity and self-worth of individuals with mental illness. Beyond physical support, social support within the home setting is equally essential in enhancing the overall well-being of individuals with mild mental challenges.

In the context of family support, social support refers to the emotional, relational, and interactive form of assistance provided by family members to their mentally challenged members (Chronister et al., 2021). This form of support includes showing empathy and offering companionship within the home environment. According to Ogundipe & Edewor (2017), social support involves the

provision of personal care, protection and social support to people with need arising from illness, disability or vulnerability. It is primarily aimed at supporting individuals in a way that allows them to live independently. Social support is a long-drawn process, which starts with acceptance of the person by his/her family and then by the outside world. Boni et al., (2021) emphasized that families benefit from social interactions both within and outside the household, particularly when managing mentally challenged members. However, this support helps in reducing isolation and provides a sense of belonging. Providing this form of social support in the home enables the mentally challenged person to maintain routine, build trust, and participate in simple household responsibilities and recreational activities. It also protects them in vulnerable situations, helping them to manage complex relationships in some circumstances (Ogundipe & Edewor, 2017). This underscores the need for management interventions to provide adequate support to persons with mild mental challenges.

Management of people with mild mental challenges in the home is carried out by caregivers. In simple terms, a caregiver is a person who attends to the needs or concerns of a person with short- or long-term challenges due to illness, injury, or disability. A caregiver assists in meeting the daily needs of another person and is likely to be member of the family. Caregivers provide the following: assist in medical needs, prepare a care plan, assist with basic needs, provide companionship, help with housekeeping, monitor medications, assess care plan regularly

and prepare meals (Sharma et al., 2016). Effective management could be aided by the availability of an instructional package.

Instructional package is a solution for learning needs and problems. It is used to simplify learning to the user. It refers to a structured set of learning materials and activities designed to achieve specific learning outcomes (Okonkwo, 2014). Thus, it is pertinent to clearly identify the specific tasks for inclusion in an instructional package for instructing mild mentally challenged persons particularly tasks related to physico-social support. This study focused on physico-social support needs for inclusion in an instructional package to serve as a guide for families in their day-to-day management of Mild Mentally Challenged Persons (MMCP).

Living with a mildly mentally challenged individual usually creates crises in which the family members are not prepared. Supporting an individual who has a mild mental challenge in the family poses a hefty burden for family members. Having a mild mentally challenged family member can be very traumatic; for instance, supporting a mild mentally challenged father, mother, or child can pose many problems to the survival of other family members and could have a devastating effect on the caregivers (Emerson et al., 2019). However, these conditions should not lead to the neglect or rejection of mildly mentally challenged persons, as may be the practice of some families.

Observations revealed that some families in the study area have members who experience mild mental challenges,

and these individuals have to be supported by other members of the family. Interactions with family members of mildly mentally challenged persons revealed that they do not have any formal guide on how to support the victims. The researcher's experience revealed that some caregivers in the study area do not have the basic knowledge and skills regarding the support of mildly mentally challenged persons in the family.

The researcher's personal interactions with some families having mildly mentally challenged persons also revealed that although some forms of physico-social support is provided, they are carried out haphazardly, with no formal approach and instructional guidance. This then renders the mildly mentally challenged person vulnerable to relapse, especially with a family overwhelmed by its limitations to provide the required support through adequate instructions. However, it seems there is no empirical evidence to indicate the physico-social support needs for inclusion in an instructional package for family management of mildly mentally challenged persons in Akwa Ibom State. This necessitated this study.

Objectives of the Study

The main objective of this study was to determine the physico-social support needs for inclusion in the instructional package for family management of mild mentally challenged persons in Akwa Ibom State, Nigeria. The study sought to provide answers to the following research questions

1. What are the specific tasks for physical support needed for inclusion in the

instructional package for family management of mildly mentally challenged persons in Akwa Ibom State?

2. What are the specific tasks for social support needed for inclusion in the instructional package for family management of mildly mentally challenged persons in Akwa Ibom State?

Methodology

Study Design: The study adopted survey design. Survey design, according to Creswell & Creswell (2018) is the systematic method for gathering information from a sample of entities to construct a quantitative description of the attributes of the larger population of which the entities are members.

Area of Study: The study was carried out in Akwa Ibom State. Akwa Ibom is one of the 36 States of the Federal Republic of Nigeria. It is in the South-South geopolitical zone. The researcher considered the study area appropriate based on her personal observation that many families in the area have members with mild mental challenges who are being supported by relatives and require proper guidance.

Population for the Study: The target population of the study was 81 experts comprising 24 psychiatric doctors, 35 psychiatric nurses, 6 psychologists, 2 family sociologists, and 14 mild mentally challenged instructors. (Source: NGOs and Health Management Service centers in Akwa Ibom State, 2022)

Sample and Sampling Technique: The sample size of 63 experts, comprising 19 psychiatric doctors, 27 psychiatric nurses, 5 psychologists, a family sociologist, and 11 mildly mentally challenged instructors, were drawn from the population. The sample size was determined using the research advisor online sample table (2006) and selected using a multistage sampling procedure. At first, eleven institutions that attend to mental health issues were purposively selected across the three senatorial districts of Akwa Ibom State. Secondly, experts associated with the management of mental health challenges (such as psychiatric doctors, psychiatric nurses, psychologists, family sociologists, and mild mentally challenged instructors) were purposively selected from each of the institutions. Purposive sampling technique was adopted for the first two stages on the basis that the experts in the selected institutions were accessible to the researchers and were vested with the knowledge of the support needs of mildly mentally challenged persons. Finally, a proportionate random sampling technique was used to select the experts from each of the categories as follows: 19 psychiatric doctors; 27 psychiatric nurses; five psychologists; one family sociologist, and 11 mildly mentally challenged instructors. The use of a proportionate sampling technique allowed for selection of samples from different categories of experts depending on their proportion to avoid bias.

Data Collection Instrument: An instrument tagged “Physico-social Support Needs for Family Management of

Mild Mentally Challenged Persons Questionnaire (PSNFMMMCPQ) was used for data collection. The 30 items on the instruments were structured under four-point rating scale of: Strongly Agree (SA) scored 4, Agree (A) scored 3, Disagree (D) scored 2, and Strongly Disagree (SD) scored 1.

Validity and Reliability: The instrument was validated by five experts, one from the University of Uyo Teaching Hospital, one from Psychiatric Hospital Eket, one from the Department of Psychology, University of Uyo, one from the Department of Psychological Foundations, University of Uyo, and one from the Learning Disability Society Centre, Uyo. Inter-item reliability technique was adopted to establish the internal consistency of the instrument. The reliability was established using the Cronbach Alpha statistical tool; it yielded an alpha coefficient of 0.91, indicating that the items consistently measure the construct, thereby making it a very good instrument for data collection.

Data Collection Method: Data for the study were collected by the researcher with the help of three research assistants who were properly briefed on the procedure for data collection. A Letter of introduction was presented to the head of each health facility. A total of 63 copies were administered and retrieved on the spot, indicating 100% retrieval rate. Hence, data analysis was based on 63 respondents.

Data and Statistical Analysis: Data were analyzed using mean and standard deviation and presented in the form of

tables. Mean was used with a cut-off mark of 2.5. Any mean value above 2.5 was regarded as being relevant and should be included in the package, while a mean value below 2.5 was considered not relevant and should not be included in the package.

Results

Research Question 1: What are the specific tasks for physical support for inclusion in the instructional package for family management of mildly mentally challenged persons in Akwa Ibom State?

Table 1 shows the mean and standard deviation scores of experts on specific tasks for physical support for inclusion in the instructional package for family management of mildly mentally challenged persons in Akwa Ibom State. Taking bath daily (3.03±0.78), brushing teeth daily (3.08±0.77), cleaning the body

with towel after bathing (3.21±0.70), combing of hair (3.05±0.73), trimming of fingernails (3.21±0.70), regular barbing of hair (3.06±0.74), washing of dirty clothes (3.17±0.42) washing of hands after the use of toilet (2.64±0.69), shaving of pelvic hair (3.16±0.70), regular bath with soap only (3.00±0.72), changing of dirty under-wears (3.00±0.60), shaving of armpit hair (2.95±0.66), creaming of the body after bathing (3.21±0.51), use of clean bed linen (2.46±0.82) and use of footwear (3.22±0.73) were highlighted as tasks to include in the instructional package for family management of mild mentally challenged persons. The grand mean score of 3.03 was greater than 2.50, and it was adjudged that the listed physical support items are relevant for inclusion in the instructional package for family management of MMCPs.

Table 1: Mean Score Showing Specific Tasks for Physical Support for Inclusion in the Instructional Package

S/N	Physical support	\bar{X}	SD	Decision	Rank
1.	Taking bath daily	3.03	0.78	Relevant	8
2.	Brushing teeth daily	3.08	0.77	Relevant	5
3.	Cleaning the body with towel after bathing	3.21	0.70	Relevant	2
4.	Combing of hair	3.05	0.73	Relevant	7
5.	Trimming of fingernails	3.21	0.70	Relevant	2
6.	Regular barbing of hair	3.06	0.74	Relevant	6
7.	Washing of dirty clothes	3.17	0.42	Relevant	3
8.	Washing hands after the use of toilet.	2.64	0.69	Relevant	11
9.	Shaving of pelvic hair	3.16	0.70	Relevant	4
10.	Regular bath with soap only	3.00	0.72	Relevant	9
11.	Changing of dirty under-wears	3.00	0.60	Relevant	9
12.	Shaving of armpit hair	2.95	0.66	Relevant	10
13.	Creaming of the body after bathing	3.21	0.51	Relevant	2
14.	Use of clean bed linen	2.46	0.82	Irrelevant	12
15.	Use of good footwear	3.22	0.73	Relevant	1
Grand Mean		3.03	0.68	Relevant	

\bar{X} = Mean, SD = Standard Deviation

Research Question 2: What are the specific tasks for social support for inclusion in the instructional package for family management of mild mentally challenged persons in Akwa Ibom State?

Table 2 shows the mean and standard deviation scores of experts on specific tasks for social support for inclusion in the instructional package for family management of mild mentally challenged persons. The mean score for all the items was greater than 2.50 and was marked positive. This implies that experts approved the inclusion of the social support tasks of participation in cooking (2.71±0.79), playing with family members (3.38±0.49), encouragement to be happy at all times (3.37±0.68), visit to stadium to watch football (3.22±0.79), monitoring to

prevent sexual abuse (3.10±0.67), encouragement to dance (3.16±0.60), helping to manage relationships (3.06±0.72), equal treatment with other family members (3.05±0.85), encouragement to watch movies (3.08±0.83), participating in molding with peers (3.40±0.65), allowed to play with friends (3.03±0.67), participating in storytelling (3.08±0.60), participating in drawing pictures (3.02±0.66), participation in painting (3.17±0.64) and identifying area of interest (3.02±0.83) in the instructional package for family management of mild mentally challenged persons. The grand mean score of 3.12 was greater than 2.50, and it was adjudged that the listed social support items are relevant for inclusion in the instructional package.

Table 2: Mean Score Showing Specific Tasks for Social Support for Inclusion in the Instructional Package

		n = 63			
S/N	Social support	\bar{X}	SD	Decision	Rank
1.	Participation in cooking	2.71	0.79	Relevant	12
2.	Playing with family members	3.38	0.49	Relevant	2
3.	Encouraged to be happy at all times	3.37	0.68	Relevant	3
4.	Visit to stadium to watch football	3.22	0.79	Relevant	4
5.	Monitoring to prevent sexual abuse	3.10	0.67	Relevant	7
6.	Encouraged to dance	3.16	0.60	Relevant	6
7.	Helping to manage relationships	3.06	0.72	Relevant	8
8.	Equal treatment with other family members	3.05	0.85	Relevant	9
9.	Encourage to watch movies	3.08	0.83	Relevant	7
10.	Participating in molding with peers	3.40	0.65	Relevant	1
11.	Allowed to play with friends	3.03	0.67	Relevant	10
12.	Participating in storytelling	3.08	0.60	Relevant	7
13.	Participating in drawing pictures	3.02	0.66	Relevant	11
14.	Participation in painting	3.17	0.64	Relevant	5
15.	Identifying areas of interest	3.02	0.83	Relevant	11
Grand Mean		3.12	0.70	Relevant	

\bar{X} = Mean, SD = Standard Deviation

Discussion of Findings

Findings revealed that the experts approved the inclusion of physical support tasks in the instructional package for family management of mildly mentally challenged persons. This implies that specific physical support tasks are considered very important in the family management of mildly mentally challenged persons. The experts' approval of the relevance of these physical support needs may be because physical support is vital in improving the wellness of mild mentally challenged persons. Hence, application of these physical support practices by families would help improve the mental health of the mildly mentally challenged persons at home. Therefore, the inclusion of these physical support tasks into the instructional package will offer families practical guidance for the effective physical support needs of mildly mentally challenged persons. The finding of this study supports the findings of Tom (2019), who, in a study on dental care status in mentally challenged children in comparison with normal children in Malaysia, found a significantly poor level of oral hygiene and quite a high level of caries prevalence in disabled children compared to the healthy children. The findings also align with the findings of Yeboah et al. (2022), who in a study reported that many individuals with schizophrenia relied on physical assistance from family members to bathe, groom, and maintain basic environmental hygiene.

Results indicated that experts approved the inclusion of the social support tasks in the instructional package for family management of mildly mentally

challenged persons. This implies that specific social support tasks within the family are essential for improving the well-being of mildly mentally challenged persons. The experts' approval of the relevance of these social support tasks may be due to the recognition that social support is vital in enhancing the wellness of mildly mentally challenged persons. Hence, providing family members with an instructional package that outlines these specific support tasks would help guide the provision of effective social support.

The findings of this study supports the study by Akosile et al. (2021), who reported higher levels of non-familial social support were associated with significantly lower scores on measures of psychological distress ($p < .001$) and concluded that friendships and supportive relationships outside the family network play a crucial role in buffering against stress, depression, and anxiety in emerging adults. These findings highlight the need for mental health interventions that foster peer-based and community support systems. This allows for socialization of mildly mentally challenged persons with other members of the family and peers. The finding also supports the findings of Vicary et al. (2024), who reported that high social support significantly mitigated against suicide, depression, anxiety, and psychological distress. This necessitates the need for management interventions to provide adequate social support to persons with mild mental challenges.

Conclusion

Mildly mentally challenged persons are human beings who live in households

alongside other family members. Due to their unique needs and circumstances, they require personalized support. This study examined the physico-social support needs for inclusion in an instructional package for family management of MMCPs in Akwa Ibom State. Based on the findings, it was concluded that a functional instructional package should have specific physical support tasks (such as brushing teeth daily) and social support tasks (such as regular interaction with peers) tailored to meet the needs of MMCPs. These tasks are essential in guiding families toward the effective management of a mildly mentally challenged person within the home.

Recommendations

Based on the findings of this study, the researcher recommends that:

1. The instructional package developer should ensure that specific tasks of physical and social support needs are included in the package for family management of mild mentally challenged persons.
2. Caregivers should endeavor to provide physical and social support to mild mentally challenged persons, taking cognizance of the specific task needs, as this would foster their mental health.

References

- Akosile, A. O., Banjo, O. O., & Aloba, O. O. (2021). Perceived social support and psychological well-being among Nigerian university students. *African Journal for the Psychological Study of Social Issues*, 24(2), 51–60.
- American Psychological Association. (2024). *Mental health and well-being*. APA.

<https://www.apa.org/topics/mental-health>

- Boni, M. S., Martos, A. R., Fernández, M. I., & García, F. J. (2021). Family support needs for children with intellectual disabilities in Spain. *Journal of Intellectual & Developmental Disability*, 46(1), 82–91. <https://doi.org/10.3109/13668250.2020.1722630>
- Chronister, J., Chou, C.-C., Kwan, K.-L., Lawton, M., & Silver, K. (2021). The meaning of +social support for persons with serious mental illness: A family member perspective. *Rehabilitative Psychology*, 66(3), 232–245. <https://doi.org/10.1037/rep0000038>
- Chukwuorji, J. C., Uzuegbu, C. N., Chukwu, C. V., Ifeagwazi, C. M., & Ugwu, C. (2021). Social support serves an emotion regulation function in death anxiety among people living with HIV/AIDS. *South African Journal of Psychology*, 51(3), 395–410. <https://doi.org/10.1177/0081246319894700>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Emerson, E., Hatton, C., Baines, S., & Robertson, J. (2019). Intellectual disability and health: A review of the evidence. *Disabilities Journal of Applied Research in Intellectual*, 32(5), 1234–1246. <https://doi.org/10.1111/jar.12635>
- Eshun, S., Dunyo, E. K., Boison, D., & Nortey, P. (2019). Experiences and support needs of families of children with intellectual disabilities in Ghana. *African Journal of Disability*, 8, 1–9. <https://doi.org/10.4102/ajod.v8i0.533>
- Fox, M. L., Barnett, S., & Wyman, P. (2018). *Understanding social networks and natural coping resources with deaf and hard-of-hearing college students to inform a suicide prevention intervention* [Paper

- presentation]. New York State Suicide Prevention Conference 2018, State College, PA.
- Ogundipe, A., & Edewor, P. A. (2017). Sociology and social work in Nigeria: Characteristics, collaborations and differences. *African Sociological Review*, 16(2), 40–55.
- Okonkwo, C. A. (2014). Development and validation of instructional package for teaching basic science in junior secondary schools. *Journal of Education and Practice*, 5(24), 78–84. Retrieved from <https://www.iiste.org/Journals/index.php/JEP/article/view/15520>
- Rai, R., Nahar, M., Jat, D., Gupta, N., & Mishra, S. K. (2022). A systematic assessment of stress insomnia as the high-risk factor for cervical cancer and interplay of cervicovaginal microbiome. *Frontiers in Cellular and Infection Microbiology*, 12, 1042663. <https://doi.org/10.3389/fcimb.2022.1042663>
- Sharma, N., Chakrabarti, S., & Grover, S. (2016). Gender differences in caregiving among family caregivers of people with mental illnesses. *World Journal of Psychiatry*, 6(1), 7–17. <https://doi.org/10.5498/wjp.v6.i1.7>
- Tom, K. (2019). Dental caries status in mentally challenged children in comparison with normal children. *Journal of Oral Health and Community Dentistry*, 13(2), 31–33.
- Vicary, E., Dharmi Kapadia, D., Penny Bee, P., Bennion, M. & Brooks, H. (2024). The impact of social support on university students living with mental illness: a systematic review and narrative synthesis. <https://www.tandfonline.com/doi/full/10.1080/09638237.2024.2408237>
- Wahlbeck, K., & McDaid, D. (2018). Actions to alleviate the mental health impact of the economic crisis. *World Psychiatry*, 11(3), 139–145. <https://doi.org/10.1002/j.2051-5545.2012.tb00124.x>
- World Health Organization. (2022). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Yeboah, M. A., Agyeman-Yeboah, J., & Gyimah, A. A. (2022). “Coping with Personal Care and Stigma among Persons with Schizophrenia in Southern Ghana.” *International Journal of Mental Health Nursing*, 31(5), 1220–1229.