Journal for Educators, Teachers and Trainers
The PROFESIOLab electronic, peer-reviewed, open-access Magazine

ISSN 1989 – 9572

DOI: 10.47750/jett.2023.14.02.024

Strategies for coping with family pressures, psychological and social problems, and families of people with mental disorders attending the Irada Mental Health. (a prospective study)

Al-Dowsari, Haifa, Sh[1]

Khatabeh, Yahya, M[2]

Journal for Educators,Teachers and Trainers, Vol. 14 (2)

https://jett.labosfor.com/

Date of reception: 25 Jan 2023

Date of revision: 20 Feb 2023

Date of acceptance: 07 Mar 2023

Al-Dowsari, Haifa Sh, Khatabeh, Yahya M(2023). Strategies for coping with family pressures, psychological and social problems, and families of people with mental disorders attending the Irada Mental Health . (a prospective study). ***Journal for Educators, Teachers and Trainers*****,Vol. 14(2). 245-256.**

[1]Assistant Professor of Counseling, College of Social Sciences, Department of Psychology, Imam Mohammad Ibn Saud Islamic University (IMSIU)
[2]Professor of Counseling, College of Social Sciences, Department of Psychology, Imam Mohammad Ibn Saud Islamic University (IMSIU)
s

Journal for Educators, Teachers and Trainers
The LabOSfor electronic, peer-reviewed, open-access Magazine

Journal for Educators, Teachers and Trainers, Vol. 14 (2)
ISSN 1989 – 9572
https://jett.labosfor.com/

Strategies for coping with family pressures, psychological and social problems, and families of people with mental disorders attending the Irada Mental Health . (a prospective study)

Al-Dowsari, Haifa, Sh[1], Khatabeh, Yahya, M[2]
[1]Assistant Professor of Counseling, College of Social Sciences, Department of Psychology, Imam Mohammad Ibn Saud Islamic University (IMSIU)
[2]Professor of Counseling, College of Social Sciences, Department of Psychology, Imam Mohammad Ibn Saud Islamic University (IMSIU)
Email: hsaldosre@imamu.edu.sa, ymkatatbh@iamamu.esu.sa

ABSTRACT
The study sought to identify the strategies used by families of people with mental disorders to cope with psychological pressures and the most common psychological and social issues they face, as well as the differences in these strategies based on variables like age, family income, and care education. (311) Irada Complex for Mental Health families with mental illness were studied.
The study found that families of people with mental disorders had average strategies for dealing with psychological stress, as the arithmetic mean was (1.09) for the total score of the scale of strategies for dealing with family stress. Avoiding escape came in first place with an average score, and psychological and social problems were low. The study found that families of people with mental disorders have different strategies for dealing with psychological and social issues based on age (older people had better strategies than younger people), economic level (higher people had better strategies than low and medium people), and The high category, the educational level, and the number of years of mental disorder, which favored the category of more than ten years, followed by the category of less than five years, and the family's economic level, which did not differ. According to the results, psychological and social problems had a statistically significant impact on the strategies used by families of people with mental disorders to deal with psychological pressures, explaining 54.1% of the variation in those strategies. Psychological pressures in mental illness families

Keywords: Strategies for coping with family pressures, psychological and social problems, and families of people with mental disorders attending the Irada Mental Health.

INTRODUCTION

Mental illness is a major topic because(700) million people worldwide suffer from some form of mental disorder, and it is rare to find a family without at least one member with a mental disorder (Rose,1997), economic stress, social isolation, fatigue, and real stigma when living with a family member with a mental illness (National Institutes of Health, 2001) Mental illness refers to conditions that involve changes in feelings, thinking, or behavior associated with distress and/ or problems operating in social activities, work, or family. Mental illness can cause a variety of psychological and social problems, such as reduced quality of life for family members of the affected individual, In addition to increasing the social distance between the individual and the family members who care for them (American Psychiatric Association,2020), the literature on coping strategies of family members and cares of people with chronic diseases indicates, and some studies describe these strategies among cares of schizophrenia and psychotic patients, overburden and poor quality of life for cares of mental disorders (Figueiredo, Gabriel, Jácome & Marques, 2014)
According to the World Health Organization (2007), more than 188 million people worldwide suffer from mental and mental illnesses in all their forms, and these patients represent a significant burden. It has an impact on the entire family and may be a direct cause of many psychological and social problems that affect the lives of some family members due to the danger represented by the material aspects. Socially, it is reflected in the patient's family's social isolation, as well as the alienation of relatives, neighbor's, and borders. To maintain the patient's feelings and keep him away from direct contact with others, mutual family visits and not participating in some social events are recommended (Al-Jabreen, 2010). Coping strategies, reinterpretation, positive growth, social support, use of religion or spirituality, effective coping, acceptance, and positive reframing are all used by families to deal with the pressures and problems that come with providing services to the mentally ill. Coping mechanisms such as self-blame, avoidance, and mental disengagement are positively associated with severe

distress, while some families use negative coping mechanisms such as crying, denial, anger, withdrawal from social life, aggressive behaviors, positive thinking, access to information, and support from family and neighbours (Rodolico, etal2022).

Mental illness accounted for 12.3% of the global disease burden in 2001, and it is expected that by 2020, unipolar depressive disorders will be the second leading cause of disability, as evidenced by patients' families who provide all necessary support (Mathers & Loncar, 2006). Some countries have a high prevalence rate of mentally ill people living with their families, and mental illness causes a variety of psychological and social problems, including a decrease in the patient's family members' quality of life and an increase in the social distance between the patient and the caring family. Family members who care for mentally ill relatives reported being stigmatised as a result of their association with mental patients (Perlick, etal; 2008).

The family members should be in an ideal social and psychological condition as the low function of one family member contributes to the burden of the other members leading to the family members taking an attitude towards the patient; causing him to relapse or the family to feel upset about his disruptive behaviour (Ben, Dalgard, & Bjertness, 2012) and between (McCann, Bamberg, & McCann, 2015) the roles of family members with mental illnesses that require emotional and psychological support

In many countries, people with mental disorders face marginalization, discrimination, stigma, difficulty gaining access to mental health services, and a dearth of resources in mental health services. Family support can prevent relapse in those with mental illness (World Health Organization, 2004). Different coping strategies are utilized by psychiatric carers to deal with patients' behavioral issues and to alleviate the burden of caregiving. There are two types of coping strategies: emotion-focused and emotion-focused. Problem, emotion-focused coping strategies aim to reduce the negative emotional impact of stressors and include avoidance, denial, and religious consideration, whereas problem-focused coping refers to actions an individual takes to change a situation, such as problem-solving or seeking social support to resolve caregiving stressors (Onwumere et al. 2010). The majority of studies indicate that carers frequently employ emotionally maladaptive coping strategies, such as avoidance of escape and religious conditioning (Eaton et al.2011; Ong et al.2016). Caregivers also exhibit more anxiety and depression symptoms, lower self-esteem, and more maladaptive coping strategies than their non-caregiver peers (Greene et al. 2017). Family cares of patients experience a high level of burden and stress; this may put them at risk of employing maladaptive coping strategies; mental health professionals should design programmed to support family careers and patients (Rice, 2011).

One of the problems that patients' families face is the lack of indicative information from the medical, psychological, and social aspects, as well as the social stigma that the family of the mentally and psychologically ill finds to be more severe than the disease itself, as dealing with social stigma is much more difficult than dealing with patients, and they also suffer from the lack of information. Among the problems of medical insurance, the lack of well-qualified medical centers, and the length of the treatment period: the period that some patients need psychologically and mentally is long, and the family requires genuine support (Al-Jabreen, 2010; Iseselo, et al., 2016). They face a variety of psychological and social difficulties, including stigma, increased social distance, and diminished quality of life. Mental illness is not a problem for the affected individual, but rather for his family members and other relatives, as well as for society as a whole. In addition to psychological, social, and economic obstacles, families of people with mental illness face a variety of other obstacles. (Girma et al., 2014) discovered that in addition to economic and material burdens, families of people with mental illness experience psychological and social difficulties (WHO, 2003). Families of people with mental illness face blame, guilt, anger, frustration, despair, and stigma, according to the World Health Organization (2001) report.

The seriousness of mental illness appears to be imbalances in psychological and mental processes, which leads to unusual behavior by the infected patient, which may be dangerous as it leads to harm to the injured himself or those around him, and on the other hand, this disease imposes heavy burdens on the patient's family in terms of caring for them and meeting their needs. This makes the family caring for the injured suffer from psychological and social problems that affect its entity and stability, and given the increase in patients attending psychological treatment centers in the Kingdom of Saudi Arabia, there is still a need for a deeper understanding of the psychological and social problems that the families of people with mental illness suffer from; therefore, this study came to understand strategies for dealing with family

PREVIOUS STUDIES

Okonta (2021) conducted a study to determine the issues schizophrenia patients' families face. Ten families who were caring for individuals with schizophrenia were interviewed through semi-structured interviews to confirm the study's objectives. To better comprehend the needs of the respondents, the culture that had an impact on them, and how this related to the care given to family members with schizophrenia, sociocultural theory was used as a framework. Some patients have an increased workload, social problems, aggressive behavior, legal issues, and suicidal thoughts.

Yunita, Yusuf, Nihayati, and Hilfida (2020) also conducted a study based on the case study approach to learn about the coping strategies used by families in Indonesia when caring for patients with mental disorders, and (6) families were chosen to verify the study's objectives. The information was gathered through an interview (case study) and objectively analyzed. The findings revealed that families in Indonesia use discussion, confrontation, and coping strategies to care for patients with mental disorders. The study's findings advocate for educating and educating carers on the best coping strategies used by families when treating patients suffering from mental illnesses To provide the best possible care for patients with mental illnesses both during and after treatment. Some patients have problems and suicidal thoughts.

The study (Rahmani, Ranjbar, Hosseinzadeh, Razavi, Dickens, & Vahidi, 2019) also aimed to determine the coping strategies used by family caregivers for patients with schizophrenia and their determinants. The study sample consisted of (225) family caregivers for patients with schizophrenia. The results of the study indicated that the percentage of their use of the avoidance strategy was (23.11%), and there was a statistically significant relationship between the burden of the caregiver and coping strategies (P 0.001). The regression model showed that coping strategies were significantly associated with some demographic characteristics including age, education level, gender, employment status, job loss due to caregiving responsibilities, perceived income adequacy, illness duration, caregiving duration, and caregiver burden (P 0.05).

The study (Azman, Jamir Singh, & Sulaiman, 2019) sought to investigate the impact of family cares who care for relatives with mental illnesses. The study sample consisted of (15) Malaysian families with family cares. According to the findings, family cares face four types of negative influences: financial, health, social, psychological, and physical burdens. According to the findings of this study, family cares should join support groups to get emotional support and needed information from other carers who have had similar experiences caring for people with mental illnesses.

The study sample consisted of (78) families of people with mental illnesses in a study conducted by Woldearegai, & Das, 2018)) aimed at exploring the psychological and social problems faced by families of people with mental illness in Addis Ababa, Ethiopia. According to the findings of qualitative and quantitative data, families of people with mental illnesses face a variety of psychosocial issues, including blame, shame, frustration, fear, annoyance, anger, shame, humiliation, low self-esteem, disrespect, isolation, stigma, and discrimination in social organisations and society. In light of these findings, it is suggested that additional research be conducted using large samples and multiple research methods.

Madathumkovilakath, Kizhakkeppattu, Thekekunnath, & Kazhungil (2018) conducted a study to determine the coping strategies used by cares of patients with severe mental illness and the relationship between aggressive behavior and coping strategies. The study sample included (270) cares of patients with mental illnesses. According to the study's findings, the following coping strategies are employed: (40%) of cares used problem-solving and social support, while (4.4%) of cares resorted to escaping as a coping strategy.

This study by Pompeo, Carvalho, Souza, and Galera (2016) sought to identify coping strategies for family members of patients with mental disorders and to link these strategies to some social and demographic variables. Patients' loved ones over the age of eighteen (18) made up the study's sample size of forty. Social support and problem-solving were found to be the most frequently employed coping strategies among family members, with no differences noted across any of the other demographic categories.

Cooper (2007) conducted research to determine the nature and extent of coping strategies utilized by British families caring for loved ones diagnosed with Alzheimer's disease. They were re-interviewed (73.8% after a year) to ensure that people taking part in the study were representative of people living with Alzheimer's disease in the UK in terms of dementia severity, gender, and care setting. The anxiety and depression scale was used to measure the caregivers' anxiety and depression, and the coping strategies scale, to confirm the hypothesis that the relationship between the caregiver's burden and anxiety and depression is mediated by the coping style. Based on the study's findings, cares of dementia patients are more likely to use strategies that reduce their anxiety and depression and lead to adaptation, and less likely to use strategies that have the opposite effect.

It became apparent from the review of prior studies that they dealt with some of the skills and strategies used by families who have patients with mental disorders; it was also noted in the studies that they dealt with some different variables of the strategies used when dealing with patients with mental disorders. The current study found that it is similar to others in terms of methodology, the culture that studies those with mental disorders, the goals, the target population, and the instruments used. It's a burden for families who must deal with, provide services to, and care for people with mental illness. Therefore, it was useful to present prior research in reviewing the theoretical framework, selecting the title, deciding on the most appropriate tools, developing the study's methodology, selecting the sample, and developing the approach to application. Also, it helps in the process of coming up with research hypotheses.

PROBLEM OF THE STUDY

High levels of conflict are experienced by families of people with mental disorders because the patient becomes both an objective and subjective burden, resulting in family members blaming and fighting with one another.

Having a loved one with a severe mental disorder places a heavy financial and social burden on families, as well as a constant psychological strain that can be difficult to manage. The stress level in a family can be exacerbated by a variety of factors, including those of a physical, financial, or psychological nature (Wanti, Widianti, & Fitria, 2016). Theoretical frameworks in the field of family therapy demonstrate that crises can originate in a variety of places, and that family members lack the ability to cope with difficult situations in the absence of adaptive strategies for overcoming potential sources of stress. There are a number of psychological and social difficulties that can arise as a result of a loved one's mental illness, and stigma only serves to amplify these difficulties (Yusuf, Putra, & Probowati, 2012). These difficulties range from a decline in the quality of life for the patient's loved ones to an expansion of the gap between the patient and their caretakers. Associated with a mental health issue that impacts more than just the individual affected. Families' coping strategies for dealing with members who suffer from mental illness vary for a number of different reasons (Iseselo, Kajula, & Yahya-Malima, 2016).

The researchers in the current study noticed a problem in their line of work as psychologists and family counselors providing psychological and therapeutic services and counseling to families with mental disorders. They saw first-hand the hardships faced by those who care for loved ones with mental illness and the stress they were under in their professional roles. Determining the strategies used by families with a member who is mentally ill is a central focus of this research. This is because, in addition to the pressures in the context of life in general, tracking the different strategies in dealing with the psychological and social problems that result from these pressures is reflected in the nature of the relationship with the mentally disturbed and contributes to achieving improvement in their treatment plans and providing services for them. The fundamental inquiry is prompted by the following inquiries:

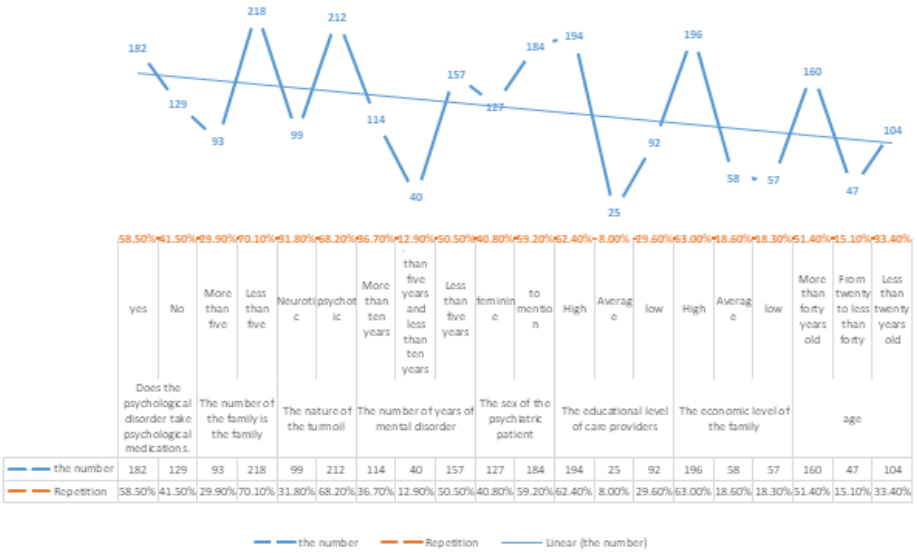
1. What are the strategies used by the families of people with mental disorders in dealing with psychological stress?
2. What are the most prevalent psychological and social problems among families of people with mental disorders?
3. What are the differences in the strategies followed by the families of people with mental disorders in dealing with psychological and social problems due to the variables (age, the economic level of the family, the educational level of caregivers, the number of years of mental disorder, the nature of the disorder, the number of family members with whom people with a mental disorder live Does the psychopath take psychotropic medications?
4. What is the degree of influence of psychological and social problems according to the strategies followed by the families of people with mental disorders in dealing with psychological pressures?

METHODS

Population and Sample

Three hundred and eleven (311) respondents to the study tools were selected at random (in a simple random way) from families who depend on a mental patient and who visit psychiatric clinics on a regular basis, making up the study population and the study sample, respectively. They were subjected to the following requirements for inclusion in the current study: One requirement for a response is that the respondent be related to the person receiving care for mental illness. 2. Permission from the respondent to use their responses in the research. Three, the psychiatric patient has returned home with his relatives. Table 1 displays the demographic distribution of the study population (1)

Table (1) shows the distribution of study individuals according to demographic variables (age, economic level of the family, educational level of caregivers, number of years of mental disorder, nature of disorder, number of family members, does the psychopath take psychiatric medications (n = 311)



Study tools

The following methods were employed in order to accomplish the study's aims: First, a basic information form with demographic questions. The ways in which loved ones of people with mental illness handle emotional turmoil. Third, a way to quantify the emotional and social strain that mental illness places on families. Here's how to use each of these instruments:

1. **1. Mental illness family stress management scale:** The Savóia, Santana & Mejias (1996) scale had 66 items in eight dimensions: and includes paragraphs (47 + 17 + 40 + 34 + 7 + 28), the second (leaving - withdrawal) represented by paragraphs (41 + 13 + 44 + 21 + 6 + 16 + 10), the third (self-restraint) represented by paragraphs (15 + 15 + 43 + 54 + 35), the fourth (social support) represented by paragraphs (42 + 45 + 8 + 31 + 18 + 22), the fifth (acceptance of responsibility) represented by paragraphs (51 + 9 + 52 + 29 + 48 + 25 + 62), and the sixth (avoidance of escape) represented by para In Portugal, the tool's authors tested its psychometric properties, finding correlation coefficients of (0.703-1.38) between paragraphs and (0.401-0.552) between dimensions. Repetition stability verified tool stability: 1. Translation validity, where the scale was translated from the foreign language into Arabic by a group of professors specialized in Arabic and foreign language, measurement, and psychological evaluation, and some professors specialized in languages and translation to verify the tool's current validity after translation. Linguistically revising paragraphs Local conditions shaped the language. 2. Pearson correlation coefficients were calculated for the current tool to relate the item to the dimension by applying it to a survey sample of 50 family members with mental illnesses. The correlation coefficients for the scale's dimensions ranged from 0.393** to 0.636**. For dimensions with the total score of the tool, and the values of the correlation coefficients of the scale items ranged with the domain to which they belong, for the confrontation dimension (0.455** - 0.668**), after abandonment - withdrawal (0.489** - 0.654**), and after self-control (0.591** - 0.637**), and after social support (0.526** - 0.601**), after acceptance of responsibility (0.487** - 0.668**), after escape naturalization (0.742** - 0.765**), and after After positive re-evaluation (0.461** - 0.624**), all of which are statistically significant at the significance level (**p <.01), internal consistency stability (Cronbach's alpha) was calculated (0.888; 0.911; 0.868; 0.902; 0.901; 0.878; 0.912; 0.901) for the dimensions, and the tool's stability coefficient value was (0.932). For scale correction, a quadruple Likert scale was used, where zero means the option was not used, one means it was used a little, two means it was used a lot, and three means it was used very much**.**

2. **Psychological and social problems for families with mental illness**: Woldearegai & Das, 2019, 20-item scale. The tool's authors verified the scale's psychometric properties, with correlation coefficients ranging from Cronbach's alpha stability for paragraphs between (0.71-0.87). 1. Translation validity: a group of professors translated the scale from foreign language to Arabic. After translating and rephrasing the paragraphs, specialists in Arabic and foreign languages, psychological measurement and evaluation, and language and translation professors verified the tool's validity. Local conditions shaped the language. 2. Pearson correlation coefficients were calculated for the current tool to relate the paragraph to the dimension by applying it to a survey sample of 50 family members with mental illnesses, and the scale item correlation coefficients ranged with the tool's total score (0.456** - 0.544* *). All of them are statistically significant (** p <.01), and Cronbach's alpha was calculated for the tool (0.863). Scale correction used the five-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Statistical

Pearson's correlation coefficient, Cronbach's alpha coefficient, and the stability of the half-partition were utilised to validate the efficacy of the psychometric instruments and to examine the study's hypotheses. A number of demographic variables, the "Schaffe" test for dimensional comparisons, and the multiple regression coefficient (Enter) were used in combination with analysis of variance (ANOVA) to determine the effect and the proportion of variance in the study's variables.

Results

1. Strategies used by families of people with mental disorders in dealing with psychological stress.

Table 6. displays, in descending order, the means and standard deviations of family members of people with mental disorders who have developed strategies for coping with psychological stress.

Rank	Domain number	the field	average	standard deviation	level
1	6	Escape's naturalization	1.18	1.017	medium
2	8	Positive evaluation	1.13	719	medium
3	2	Leave-withdrawal	1.11	765	medium
4	4	social support	1.11	735	medium
5	1	confrontation	01.08	746	medium
6	5	Acceptance of responsibility	01.08	745	medium
7	7	find the mistakes and resolve it	01.07	845	medium
8	3	self-control	. 95	749	low
Strategies for dealing with family pressure			1.18	.594	01.09

According to Table 8, the overall score on the scale of strategies for dealing with family stress was (1.09), with avoiding escape coming in first with an arithmetic mean of (1.18), and self-control coming in last with an arithmetic mean of (0.95) and a low level.

2.The most prevalent psychological and social problems among families of people with mental disorders.

Table 7. displays, in descending order, the means and standard deviations of numerical data for each category of national identity.

Rank	Paragraph number	Paragraph	**Average**	standard deviation	the level
1	1	People with mental health issues are prevalent in my community.	2.91	1.89	medium
2	3	When I see how people with mental illnesses are treated poorly, I feel ashamed of myself.	2.66	1.81	medium
3	11	Whenever I encounter or am exposed to people who suffer from mental illness, I experience discomfort.	2.58	1.79	low
4	13	Because of the stigma associated with mental illness, people who suffer from it often feel isolated and ashamed.	2.56	1.75	low
5	16	Because of their psychological issues, people with mental disorders often feel the advice and social isolation.	2.49	1.69	low
6	2	The way some people treat those who suffer from mental illness disturbs me.	2.48	1.75	low
7	6	In my opinion, people with mental illness are shut off from society.	2.47	1.70	low
8	4	People with mental illness are exposed to high standards of living, work, and interpersonal relationships.	2.46	1.70	low
9	7	When first interacting with others, I understand the shame that people with mental illness feel.	2.46	1.74	low
10	14	Those who suffer from mental illness are spared the embarrassment of appearing socially inept in the company of modern technology.	2.46	1.69	low
11	12	Those who suffer from mental illness are often mistreated in social situations.	2.45	1.70	low
12	8	Disabled people are treated with hostility, fear, and disdain because of their mental health issues.	2.38	1.74	low

13	9	Mentally ill people isolate themselves and their children.	2.38	1.66	low
14	5	Mentally ill people are given top-notch academic programmed (ill -treatment that results in anger).	2.37	1.71	low
15	15	Psychotherapy and medication can cause mental health patients anxiety.	2.37	1.71	low
16	18	Mentally ill people don't care about their community (do its members suffer from psychological problems).	2.36	1.70	low
17	19	Living with a mentally ill loved one is harder.	2.31	1.71	low
18	10	Mentally ill people are insulted and reduced.	2.29	1.67	low
19	17	Psychiatric patients would live better without these disorders.	2.26	1.65	low
20	20	Mentally ill people hide their issues.	2.26	1.53	low
The scale of psychological and social problems					

The first paragraph, "The society in which I live is aware of the nature of people who suffer from psychological problems," in Table 8 indicates a relatively low incidence of psychological and social issues. and the last paragraph (20) states, "People with mental disorders avoid telling people about their psychological problems," with an arithmetic mean of (2.91). With a mean score of (2.26) and a low overall quality.

3.The differences in the strategies followed by the families of people with mental disorders in dealing with psychological and social problems are due to the variables (age, economic level, educational level, the number of years of psychological disorder, the nature of the disorder, the number of family members with whom people with a mental disorder reside, does the psychologically disturbed take medication Psychological.

Table (9): Multiple variance analysis of the arithmetic means of the study sample's estimates on how families of people with mental disorders handle psychological and social issues, according to demographic variables.

Source of variance	the field	Sum Squares	degrees of freedom	Average Squares	F	sig
Age	confrontation	9.585	2	4.792	10.648	.000
	withdrawal	12.585	2	6.293	15.840	.000
	self-control	12.425	2	6.212	14.831	.000
	social support	5.360	2	2.680	6.773	.001
	Accept responsibility	16.958	2	8.479	22.063	.000
	escape naturalization	33.564	2	16.782	20.060	.000
	find the mistakes and resolve it	11.714	2	5.857	10.441	.000
	Positive re-evaluation	16.737	2	8.368	22.902	.000
	Strategies for coping with family stress	13.449	2	6.724	32.121	.000
The economic level of the family	confrontation	.574	2	.287	.637	.529
	withdrawal	1.876	2	.938	2.362	.096
	self-control	.817	2	.408	.975	.378
	social support	.231	2	.115	.291	.748
	Accept responsibility	2.087	2	1.043	2.715	.068
	escape naturalization	1.905	2	.953	1.139	.322
	find the mistakes and resolve it	.315	2	.158	.281	.755
	Positive re-evaluation	.486	2	.243	.665	.515
	Strategies for coping with family stress	.182	2	.091	.434	.648
Educational level of caregivers with mental disorders (parents).	confrontation	2.802	2	1.401	3.113	.046
	withdrawal	7.130	2	3.565	8.973	.000
	self-control	.012	2	.006	.014	.986
	social support	3.760	2	1.880	4.751	.009
	Accept responsibility	.206	2	.103	.269	.765
	escape naturalization	3.069	2	1.534	1.834	.162
	find the mistakes and resolve it	2.688	2	1.344	2.396	.093
	Positive re-evaluation	3.106	2	1.553	4.250	.015
	Strategies for coping with family stress	1.143	2	.571	2.729	.067
	confrontation	3.236	1	3.236	7.191	.008

sex	withdrawal	4.477	1	4.477	11.270	.001
	self-control	1.457	1	1.457	3.479	.063
	social support	2.848	1	2.848	7.198	.008
	Accept responsibility	2.218	1	2.218	5.772	.017
	escape naturalization	.065	1	.065	.078	.780
	find the mistakes and resolve it	1.118	1	1.118	1.994	.159
	Positive re-evaluation	2.195	1	2.195	6.007	.015
	Strategies for coping with family stress	1.923	1	1.923	9.185	.003
The number of years of mental illness	confrontation	.145	2	.072	.161	.852
	withdrawal	4.158	2	2.079	5.233	.006
	self-control	3.572	2	1.786	4.263	.015
	social support	2.646	2	1.323	3.344	.037
	Accept responsibility	1.854	2	.927	2.412	.091
	escape naturalization	2.717	2	1.359	1.624	.199
	find the mistakes and resolve it	9.691	2	4.845	8.638	.000
	Positive re-evaluation	4.766	2	2.383	6.521	.002
	Strategies for coping with family stress	2.292	2	1.146	5.473	.005
The type of disorder	confrontation	.035	1	.035	.079	.779
	withdrawal	2.869	1	2.869	7.222	.008
	self-control	.117	1	.117	.280	.597
	social support	.494	1	.494	1.249	.265
	Accept responsibility	1.198	1	1.198	3.117	.079
	escape naturalization	1.230	1	1.230	1.471	.226
	find the mistakes and resolve it	2.315	1	2.315	4.127	.043
	Positive re-evaluation	.195	1	.195	.535	.465
	Strategies for coping with family stress	.372	1	.372	1.775	.184
The number of family members with whom a person with a mental disorder resides	confrontation	3.302	1	3.302	7.336	.007
	withdrawal	.501	1	.501	1.260	.263
	self-control	2.204	1	2.204	5.262	.022
	social support	.383	1	.383	.968	.326
	Accept responsibility	1.067	1	1.067	2.778	.097
	escape naturalization	4.292	1	4.292	5.130	.024
	find the mistakes and resolve it	.854	1	.854	1.522	.218
	Positive re-evaluation	.015	1	.015	.042	.838
	Strategies for coping with family stress	1.138	1	1.138	5.435	.020
Does a psychopath take psychiatric medications?	confrontation	.355	1	.355	.789	.375
	withdrawal	.880	1	.880	2.216	.138
	self-control	4.288	1	4.288	10.238	.002
	social support	5.122	1	5.122	12.945	.000
	Accept responsibility	3.935	1	3.935	10.238	.002
	escape naturalization	15.852	1	15.852	18.949	.000
	find the mistakes and resolve it	.015	1	.015	.026	.872
	Positive re-evaluation	.836	1	.836	2.288	.131
	Strategies for coping with family stress	2.587	1	2.587	12.359	.001
error	confrontation	134.127	298	.450		
	withdrawal	118.388	298	.397		
	self-control	124.825	298	.419		
	social support	117.912	298	.396		
	Accept responsibility	114.525	298	.384		
	escape naturalization	249.303	298	.837		
	find the mistakes and resolve it	167.159	298	.561		
	Positive re-evaluation	108.889	298	.365		
	Strategies for coping with family stress	62.385	298	.209		
total	confrontation	533.750	311			
	withdrawal	562.837	311			
	self-control	454.750	311			
	social support	548.194	311			

	Accept responsibility	533.556	311			
	escape naturalization	754.000	311			
	find the mistakes and resolve it	576.438	311			
	Positive re-evaluation	556.222	311			
	Strategies for coping with family stress	476.775	311			

Table (8) shows multiple analysis of variance that there are differences in the strategies followed by the families of people with mental disorders in dealing with psychological and social problems due to the variables (age) and the differences were in favor of those over forty years of age compared to the rest of the ages, the economic level and the differences came between the category of high And each of the low and medium category and in favor of the high category, the educational level and the differences between the high category and each of the low and medium category and in favor of the low and medium category, the number of years of mental disorder, the differences were in favor of the category of more than ten years, followed by the category of less than five years, and there are no differences according to For the variables of the economic level of the family, as well as the absence of differences according to the variables of the economic level of the family.

4.The effect of psychological and social problems depending on the strategies followed by the families of people with mental disorders in dealing with psychological stress.

Table (14).shows the results of the regression analysis of the impact of psychological and social problems according to the strategies followed by the families of people with mental disorders in dealing with psychological stress

non-standard transactions		Beta	t	sig	)R(	R2	modified correlation coefficient
regression coefficient	standard error						
.499	.026	.736(a)	19.087	.000	.736(a)	.541	.540

***Statistically significant at the level of significance (a = .05)**

Table (8) shows that there is a statistically significant contribution at the significance level (= .05) of the impact of psychological and social problems according to the strategies followed by the families of people with mental disorders in dealing with psychological pressures, and it is noted that the psychological and social problems have explained (54.1%) From the variation in the strategies used in dealing with psychological stress, the effect value of the domains was as shown in the following figure:

DISCUSSION

According to the study's findings, families of people with mental disorders use a fairly standard set of coping mechanisms when faced with psychological stress: avoiding escape is the most common tactic, followed by error detection and correction, self-control, and finally abandonment. Withdrawal, then confrontation, then responsibility-taking. These findings align closely with those of several other studies (Yunita, Yusuf, Nihayati & Hilfida, 2020; Rahmani, etal; 2019; Madathumkovilakath; 2018; Pompeo, Carvalho, Souza & Galera 2016;), all of which pointed to the strategies used by families in dealing with psychological and social problems in dealing with individuals who suffer from mental disorders. The researchers explain these findings by pointing to the diversity of the families studied and the factors (such as socioeconomic status, family size, the number of children, the family's composition, and parental socialisation and parenting styles) that influenced the prevalence of certain coping mechanisms. The mother's work as a family carer and the type of services her family provides are also factors.

According to the stress response theory of Lazarus and Volkman, "coping" is the process by which an individual responds and behaves in response to stress, and as the level of stress exposure increases, coping strategies can be classified as emotion-focused or problem-focused, and individuals can react to stressful situations by employing coping strategies. To be adaptive or maladaptive. Caregiver coping with difficulties stemming from mental illness has been shown to employ both adaptive and maladaptive strategies, according to a number of studies (Mariani, etal; 2020)

Additionally, the study's top-ranked statement, "The society in which I live is aware of the nature of people who suffer from psychological problems," demonstrates that the prevalence of psychological and social issues is low. Paragraph Twenty states, "People with mental disorders should avoid telling people about their psychological problems." These findings corroborate the findings of several other studies (Okonta, 2021; Woldearegai, & Das, 2018; Cooper, 2007) that found different types of difficulties for families providing psychological and social care for people with mental illness. The psychological and social aspects of these families are a direct result of the cooperative, social, and synergistic nature of the family members who work together to care for those who suffer from mental disorders. Time, the patient's age, and the quality of care he receives all play a role in this outcome, as does the patient's use of psychiatric medications, which may improve the family's ability to deal with and care for the patient. Faster.

The findings revealed that family members of people with mental disorders use a variety of approaches to coping with psychological and social issues; these approaches vary depending on a number of factors (age). Differences between the high and low categories, as well as between the low and medium categories, favoured the high category in terms of knowledge and daily procedural applications in dealing with the patient and providing services to him in accordance with his cognitive abilities, life experiences, economic level, and other factors. Education level and the differences came between the category of high and each of the category of low and medium and in favour of the category of low and medium, and this result can be interpreted as showing that those with higher levels of education are more likely to prioritise social welfare and the provision of medical services and the use of specialists for this, which in turn has a positive effect on the health of the family and the health of the patient and the nature, quality, and quality of the services provided to him. With respect to the number of years of mental disorder, the differences were in favour of a category of more than ten years, and this is explained by the applied experience that the family possessed in providing services, psychological and social care, habituation, and the skills that are necessary to care for the patient effectively.

Finally, it was determined that psychological and social problems made a statistically significant contribution at the significance level (=.05) to the effect of the strategies used by the families of people with mental disorders to cope with psychological pressures, and it was found that psychological and social problems accounted for 54.1% of the variation in strategies. The figure below depicts the effect value of the domains: Provider of care and methods of coping (P 0.001). The regression model found (P 0.05) that age, education, gender, employment status, job loss due to caregiving responsibilities, perceived income adequacy, illness duration, caregiving duration, and carer burden were all significantly associated with coping strategies. The findings are consistent with those of a recent study (Azman, Jamir Singh, & Sulaiman, 2019) that highlighted the importance of investigating the effects caregiving for mentally ill loved ones has on family members. Because family problems force the family to look for different skills and strategies to deal with them, the result can be explained by the nature, type, and size of the problems as well as the skills of the family members in dealing with them and the strategies that are used to deal with them in facing them, and this reflects in the role of the family and their ability and skills, and some of the factors that have been mentioned such as age, gender, and other variables.

LIMITATIONS

The focus of this investigation was on how families with mental disorders who visit the Irada mental health complex deal with the stresses brought on by psychological and social issues (a prospective study). Families with mental illness who visit the Irada complex shape the spatial dimension. Beginning of the 2022-23 year.

CONCLUSION

Based on the current study's findings, the following recommendations can be made:

1. Educating families of people with mental illnesses about coping skills and strategies for dealing with psychological stress.
2. Organizing counselling, training, and awareness programmers to rehabilitate and train families of people with mental illnesses to deal with the psychological pressures that this group faces.
3. Draw decision-makers' and stakeholders' attention to the need to assist families of people with mental disorders in dealing with the psychological and social problems they face.

The authors extend their appreciation to the Deanship of Scientific Research, Imam Mohammad Ibn Saud Islamic University (IMSIU), Saudi Arabia, for funding this research work through Grant No. (221406003)

REFERENCES

1. American Psychiatric Association. (2020). What Is Mental Illness? [interaktyvus].[žiūrėta 2019 m. kovo 22 d.]. Prieiga per internetą:< https://www. psychiatry. org/patients-families/what-is-mental-illness.
2. Azman, A., Jamir Singh, P. S., & Sulaiman, J. (2019). The mentally ill and their impact on family caregivers: A qualitative case study. International social work, 62(1), 461-471.
3. Bøen, H., Dalgard, O. S., & Bjertness, E. (2012). The importance of social support in the associations between psychological distress and somatic health problems and socio-economic factors among older adults living at home: a cross sectional study. BMC geriatrics, 12(1), 1-12.
4. Eaton, P. M., Davis, B. L., Hammond, P. V., Condon, E. H., & McGee, Z. T. (2011). Coping strategies of family members of hospitalized psychiatric patients. Nursing Research and Practice, 2011.

5. Figueiredo, D., Gabriel, R., Jácome, C., & Marques, A. (2014). Caring for people with early and advanced chronic obstructive pulmonary disease: how do family carers cope?. Journal of Clinical Nursing, 23(1-2), 211-220.
6. Iseselo, M. K., Kajula, L., & Yahya-Malima, K. I. (2016). The psychosocial problems of families caring for relatives with mental illnesses and their coping strategies: a qualitative urban based study in Dar es Salaam, Tanzania. BMC psychiatry, 16(1), 1-12.
7. Madathumkovilakath, N. B., Kizhakkeppattu, S., Thekekunnath, S., & Kazhungil, F. (2018). Coping strategies of caregivers towards aggressive behaviors of persons with severe mental illness. Asian journal of psychiatry, 35, 29-33.
8. Mathers, C. D., & Loncar, D. (2006). Projections of global mortality and burden of disease from 2002 to 2030. PLoS medicine, 3(11), e442.
9. Mariani, R., Renzi, A., Di Trani, M., Trabucchi, G., Danskin, K., & Tambelli, R. (2020). The impact of coping strategies and perceived family support on depressive and anxious symptomatology during the coronavirus pandemic (COVID-19) lockdown. Frontiers in Psychiatry, 11, 587724.
10. McCann, T. V., Bamberg, J., & McCann, F. (2015). Family carers' experience of caring for an older parent with severe and persistent mental illness. International journal of mental health nursing, 24(3), 203-212
11. National Institutes of Health. (2001). The impact of mental illness on society. Bethesda, MD.
12. Perlick, D. A., Rosenheck, R. A., Miklowitz, D. J., Kaczynski, R., Link, B., Ketter, T., ... & STEP-BD Family Experience Collaborative Study Group. (2008). Caregiver burden and health in bipolar disorder: a cluster analytic approach. The Journal of nervous and mental disease, 196(6), 484.
13. Pompeo, D. Carvalho, A. Olive, A.Souza, M. & Galera, S (2016). Strategies for coping with family members of patients with mental disorders. Revista latino-americana de enfermagem, 24.
14. Rahmani, F., Ranjbar, F., Hosseinzadeh, M., Razavi, S. S., Dickens, G. L., & Vahidi, M. (2019). Coping strategies of family caregivers of patients with schizophrenia in Iran: A cross-sectional survey. International journal of nursing sciences, 6(2), 148-153.
15. Rice, V. H. (Ed.). (2011). Handbook of stress, coping, and health: Implications for nursing research, theory, and practice. Sage Publications.
16. Rodolico, A., Bighelli, I., Avanzato, C., Concerto, C., Cutrufelli, P., Mineo, L., ... & Leucht, S. (2022). Family interventions for relapse prevention in schizophrenia: a systematic review and network meta-analysis. The Lancet Psychiatry.
17. Rose, L. E. (1997). Caring for caregivers: Perceptions of social support. Journal of Psychosocial Nursing and Mental Health Services, 35(2), 17-24.
18. Wanti, Y., Widianti, E., & Fitria, N. (2016). Gambaran Strategi Koping Keluarga dalam Merawat Anggota Keluarga yang Menderita Gangguan Jiwa Bera. Jurnal Keperawatan Padjadjaran, 4(1).
19. World Health Organization. (2004). Prevention of mental disorders: Effective interventions and policy options: Summary report.
20. Yusuf, A., Putra, S. T., & Probowati, Y. (2012). Peningkatan coping keluarga dalam merawat pasien gangguan jiwa melalui terapi spiritual Direction, Obedience, dan Acceptance (DOA). Jurnal Ners, 7(2), 196-202.