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Research Article

The Role of Social Workers in Supporting Families of Individuals with Mental Health Disorders: Evidence from Babcock University Teaching Hospital, Nigeria

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Abstract

Mental health disorders represent a significant public health concern with far-reaching effects on patients and their families, particularly in low- and middle-income countries where caregiving is largely family-based. This study explores the role of social workers in supporting families of individuals with mental health disorders at Babcock University Teaching Hospital, Nigeria. A qualitative research design was employed, using semi-structured interviews with family caregivers and practising social workers. Data were analysed thematically to identify key patterns and experiences. Findings reveal that caregivers experience substantial emotional, financial, and social burdens, including stress, disrupted routines, stigma, and economic strain. Despite these challenges, many caregivers reported little or no interaction with social workers and limited awareness of their roles, relying primarily on medical professionals for support. Social workers identified their roles as encompassing counselling, advocacy, care planning, and resource linkage, contributing to improved family coping and understanding of mental illness. However, their effectiveness is constrained by systemic and institutional challenges such as inadequate funding, heavy workload, administrative delays, and lack of recognition. The study also highlights cultural perceptions that position caregiving as a family responsibility, which may limit the acceptance of professional psychosocial support. Overall, the findings underscore the need for improved integration of social work services into mental health care, increased awareness among caregivers, and stronger institutional support. Enhancing the role of social workers is essential for promoting holistic care, improving mental health outcomes, and strengthening family well-being.

Keywords: Mental Health, Caregiving, Social Workers, Qualitative Research, Nigeria, Family Support.

1. Introduction

Mental health disorders constitute a significant and growing public health concern worldwide, contributing substantially to the global burden of disease and disability. According to the World Health Organisation (WHO, 2022), mental health conditions account for a large proportion of years lived with disability globally, affecting individuals across all age groups and socio-economic backgrounds. These disorders not only impair psychological and functional well-being but also disrupt social relationships, occupational functioning, and overall quality of life (Andualem et al., 2024; Vigo et al., 2016). Beyond the individual, the impact of mental illness extends to families and communities, where caregiving responsibilities often create additional layers of strain and vulnerability.

A growing body of literature highlights the critical role of informal caregivers in the management of mental health disorders. Informal caregiving, particularly within family systems, is often characterised by prolonged emotional involvement, physical demands, and financial commitments. Studies have consistently shown that caregivers of individuals with mental illness are at increased risk of psychological distress, including anxiety, depression, and burnout (Aledeh et al., 2025; Schulze & Rössler, 2005). The emotional burden is often intensified by the unpredictable nature of mental illness, frequent relapses, and the need for continuous supervision and support. Furthermore, caregivers may experience social isolation, stigma, and reduced participation in economic and social activities (Chadda, 2014).

In low- and middle-income countries (LMICs), such as Nigeria, the responsibility for mental health care rests predominantly on families due to limited formal mental health infrastructure. It is estimated that between 60% and 85% of individuals with mental illness in LMICs are cared for by relatives, making family-centred care the dominant model (Clement et al., 2022). This reliance places considerable emotional, financial, and social burdens on caregivers. Research in African contexts has shown that caregivers often face significant financial strain due to out-of-pocket healthcare expenses, transportation costs, and loss of income resulting from caregiving responsibilities (Andualem et al., 2024; Ikeorji & Ubani, 2025). Additionally, the lack of structured support systems exacerbates psychological distress and limits caregivers' ability to cope effectively.

The situation in Nigeria reflects these broader structural challenges. The Nigerian mental health system is characterised by inadequate funding, insufficient infrastructure, and a severe shortage of trained mental health professionals. With fewer than 300 psychiatrists serving a population exceeding 200 million people, access to specialised mental health care remains highly constrained (Ogaya & Lucero-Prisno, 2024; WHO, 2022). This shortage has resulted in an over-reliance on family caregivers, who often lack the necessary knowledge, skills, and support to manage complex mental health conditions. Moreover, mental health services in Nigeria are largely concentrated in urban tertiary institutions, leaving rural populations underserved (Gureje et al., 2015).

Another critical issue within the Nigerian context is the persistent stigma associated with mental illness. Stigmatising attitudes toward individuals with mental health conditions often extend to their families, leading to social exclusion, discrimination, and reluctance to seek professional help (Sanni et al., 2022; Thornicroft et al., 2016). Caregivers may internalise this stigma, further exacerbating their emotional burden and reducing their willingness to access available support services. Cultural beliefs also play a significant role in shaping perceptions of mental illness and caregiving, with many communities viewing mental health conditions through spiritual or moral lenses rather than biomedical frameworks (Adeosun, 2013).

Within this complex landscape, social workers are uniquely positioned to address the psychosocial dimensions of mental health care. Social work practice in mental health settings involves a range of roles, including counselling, advocacy, care coordination, family support, and linkage to community resources (Bland et al., 2021). Social workers adopt a holistic approach that considers the social, economic, and environmental factors influencing mental health outcomes. Their involvement has been shown to improve caregiver coping, enhance treatment adherence, and reduce family conflict (Kabir et al., 2004). Additionally, social workers play a crucial role in addressing stigma, promoting mental health awareness, and facilitating access to social support systems.

Despite their potential contributions, the role of social workers in Nigeria's mental health system remains underutilised and insufficiently documented. Existing studies indicate that social workers face numerous challenges, including inadequate funding, limited staffing, lack of professional recognition, and restrictive institutional policies (Adebayo, 2025). These barriers not only limit their effectiveness but also reduce their visibility within healthcare settings. Consequently, many caregivers remain unaware of the services provided by social workers, leading to underutilization of psychosocial support.

Furthermore, the integration of social work services into multidisciplinary mental health care remains weak in many Nigerian healthcare institutions. Mental health care is often predominantly biomedical, with limited emphasis on psychosocial interventions (Gureje et al., 2015). This fragmented approach fails to address the holistic needs of patients and their families, thereby reducing the overall effectiveness of care. Scholars have emphasised the need for integrated care models that combine medical and psychosocial interventions to achieve better outcomes in mental health treatment (Patel et al., 2018).

Given these gaps, there is a critical need for context-specific empirical research that examines both caregiver experiences and the role of social workers within Nigerian healthcare settings. While previous studies have explored caregiver burden and mental health service delivery, there remains limited qualitative evidence that captures the lived experiences of caregivers alongside the perspectives of social workers within the same institutional context. Understanding these dynamics is essential for developing interventions that are responsive to the needs of both patients and their families.

This study, therefore, examines the lived experiences of family caregivers and the role of social workers in supporting families of individuals with mental health disorders at Babcock University Teaching Hospital. By providing in-depth, context-specific insights, the study contributes to the growing body of knowledge on mental health care in Nigeria. It also offers practical implications for policy, professional practice, and service delivery, particularly in strengthening the integration of social work into mental health systems and improving support for family caregivers.

2. Methodology

Research Design

A qualitative research design was adopted to gain an in-depth understanding of participants' experiences and perceptions regarding the role of social workers in supporting families of individuals with mental health disorders. This design was considered appropriate because the study sought to explore personal meanings, lived experiences, caregiving challenges, and professional practices within the hospital context. Through this approach, the study was able to capture the complex emotional, social, and institutional realities surrounding mental health caregiving and social work support.

Participants

The participants in the study comprised family caregivers of individuals with mental health disorders and practising social workers within the hospital setting. The caregivers were directly involved in providing care and support to relatives receiving mental health treatment, while the social workers provided professional insights into the nature of psychosocial support offered to patients and their families. Participants varied in terms of caregiving duration, relationship to the patient, age, gender, educational background, and professional experience. This variation allowed the study to capture diverse perspectives on caregiving experiences, family support needs, and the role of social workers in mental health care.

Data Collection

Data were collected using semi-structured interview guides designed separately for family caregivers and social workers. The interview guide for caregivers explored their caregiving experiences, emotional and social challenges, interactions with social workers, perceived impact of social work support, and suggestions for improving family support. The interview guide for social workers focused on their professional roles, the types of support they provide to families, the effectiveness of their interventions, and the systemic challenges that affect their work. The semi-structured format allowed participants to freely express their experiences while also ensuring that the study's key objectives were addressed.

Data Analysis

The data were analysed using thematic analysis. Responses from participants were carefully reviewed to identify recurring ideas, patterns, and meanings across the interviews. Significant statements were coded, and related codes were grouped into broader themes that reflected the central issues emerging from the data. This process enabled the study to organise participants' narratives into meaningful themes, including caregiving burden, social work support, gaps in service delivery, and institutional challenges. Thematic analysis was suitable for this study because it provided a flexible and systematic way of interpreting qualitative data and presenting participants' experiences in relation to the research objectives.

3. Findings

Theme 1: Burden of Caregiving

The findings revealed that caregivers experienced considerable emotional, physical, financial, and social strain while caring for relatives with mental health disorders. Caregiving was described as a demanding responsibility that required constant attention, patience, and emotional strength. One participant captured the emotional weight of caregiving by stating that "feeling the patient's pain pulls you down again and again," suggesting that caregivers often internalise the suffering of their relatives and become emotionally exhausted in the process.

Caregiving responsibilities also disrupted participants' daily routines, work obligations, and personal activities. Some caregivers reported that care demands could arise unexpectedly, requiring them to suspend work or social plans to attend to the patient. Frequent hospital visits and follow-up appointments further intensified this burden, particularly when caregivers had to miss work or adjust family schedules. Financial strain was another major concern, as participants reported repeated hospital expenses, medication costs, transportation costs, and limited access to material or financial support. In some cases, caregivers felt that the costs of follow-up appointments were burdensome, especially when such payments did not include medication or additional assistance.

The burden of caregiving was further compounded by personal losses and emotional crises occurring alongside the caregiving role. For instance, one caregiver reported that "Mum died last month in the middle of the process," showing how caregiving responsibilities could overlap with grief and other family difficulties. Safety concerns also emerged as part of the caregiving burden, particularly in situations where patients became aggressive, resisted treatment, or refused to cooperate with family members. These experiences indicate that caregiving was not only emotionally demanding but also physically and financially risky for some families.

Theme 2: Emotional and Social Impact

Caregiving had a significant emotional and social impact on family members. Some caregivers reported feelings of depression, worry, anxiety, and emotional fatigue, especially at the early stage of the illness. The uncertainty surrounding the patient's condition, fear of relapse, and continuous need for monitoring contributed to emotional distress. However, some caregivers also described a gradual movement from distress to hope as the patient's condition improved through treatment and family support.

Socially, caregiving reduced participants' ability to participate in normal social activities. Some caregivers reported going out less often and limiting their interactions because of the demands of caring for the patient. Stigma from extended family members also emerged as a recurring concern. One caregiver explained that "everybody… so we are adjusting and we are coping," reflecting the pressure families face when relatives or community members respond negatively to mental illness. Despite these challenges, caregivers relied strongly on faith, prayer, family encouragement, and emotional reassurance as coping mechanisms. Statements such as "no condition is permanent" were used to comfort both the patient and the caregiver, suggesting that hope, spirituality, and family solidarity played important roles in sustaining caregivers through difficult periods.

Theme 3: Limited Awareness and Interaction with Social Workers

A major finding of the study was the limited awareness and interaction between caregivers and social workers. Although social workers are expected to provide psychosocial support, advocacy, counselling, and resource linkage, several caregivers reported that they had never interacted with a social worker in the course of caring for their relative. Some participants indicated that their contact within the hospital was limited mainly to doctors and other medical personnel. One caregiver noted that they had not heard about social workers or their role, while another stated that they had only been seeing doctors and had not received any assistance from social workers.

This lack of awareness suggests a significant gap in service delivery. Families who could benefit from social work intervention may not access such services because they are unaware of their availability or because social workers are not routinely introduced as part of the mental health care team. The findings therefore show that the role of social workers may be underutilised within the hospital setting, despite the complex emotional, social, and financial challenges experienced by caregivers.

Theme 4: Roles of Social Workers

Social workers described their roles as central to supporting both patients and families in the management of mental health disorders. Their responsibilities included counselling, grief support, advocacy, care planning, follow-up with families, and linking families to available resources. Social workers also viewed themselves as support systems, resource navigators, and advocates who help families understand the patient's needs and cope more effectively with the demands of care.

These roles were seen as important for building trust between families and professionals, clarifying expectations, reducing misunderstandings, and improving care outcomes. Through counselling and guidance, social workers help families' process emotional distress, manage conflicts, and develop a better understanding of mental illness. Advocacy and resource navigation were also important, especially for families experiencing financial hardship or difficulty accessing support. However, the limited interaction reported by caregivers suggests that although social workers recognize their roles as valuable, these services may not be consistently visible or accessible to families who need them.

Theme 5: Effectiveness of Social Work Interventions

The social workers perceived their interventions as generally effective, particularly in strengthening communication between families and professionals, building trust, and improving family cooperation in the care process. One social worker described the effectiveness of their intervention as "mostly effective," especially when families were willing to engage with the support provided. Social work involvement helped to "build trust with clients and families," "clarify expectations and needs," and "reduce misunderstandings and conflicts" between families, patients, and professionals.

The findings suggest that social work interventions are most effective when they create a supportive relationship between the hospital and the family. Through counselling, advocacy, and care planning, social workers help families understand the patient's condition, identify care needs, and navigate available support systems. However, this effectiveness was not absolute, as participants noted that the impact of social work was often limited by institutional and systemic constraints.

Theme 6: Systemic and Institutional Challenges

Social workers reported several systemic and institutional barriers that affected their ability to provide effective support. Insufficient funding was a major challenge, particularly because many patients and families required financial, material, or welfare assistance. One social worker identified "insufficient funding" as a key barrier, while another noted the "lack of resources to enable home visitation" and the absence of a "conducive atmosphere for one-on-one assessment and intervention". These limitations reduced the ability of social workers to follow up with families outside the hospital and provide individualised support.

Emotional burnout also emerged as a concern. Social workers described their work as emotionally demanding because it involved exposure to family distress, financial hardship, and traumatic patient experiences. One participant identified "emotional burnout," "difficulty [in] family relationship," and "traumatic exposure" as common challenges faced in practice. Poor remuneration and lack of recognition further weakened morale. One participant captured this frustration by describing the experience as "working like an elephant and eating like a rat".

Administrative bottlenecks also affected service delivery. Social workers reported delays related to "approval of superior or supervisor before implementation of treatment techniques" and the need for "hospital management approval for philanthropist access to patients". These bureaucratic processes delayed timely intervention and limited the responsiveness of social work services.

Theme 7: Divergent Perceptions of Social Work

The findings revealed that caregivers held different views about the relevance of social work services. While social workers viewed their role as essential to psychosocial care, some caregivers did not consider social work support necessary unless the patient was abandoned or lacked family care. One caregiver explained that there was "nothing so troubling that is out of our hands," suggesting confidence in the family's ability to manage the patient's condition without external intervention.

Another caregiver associated social work mainly with neglected patients, implying that a patient who had active family support did not require such services. This perception reflects a limited understanding of professional psychosocial support and reinforces the belief that mental health caregiving should remain primarily within the family. Such views may prevent families from seeking or accepting social work assistance, even when they are experiencing emotional, financial, or social strain.

Theme 8: Gaps in Mental Health Support Systems

Several gaps were identified in the mental health support system. The most prominent was the lack of awareness and visibility of social work services among caregivers. Some caregivers reported that they had never interacted with a social worker during the treatment process. One caregiver stated that they had "only interacted with doctors" and had "no contact with social workers" since the illness began. Another participant remarked, "If not seeing any social worker, they will not come to you for anything," and added that the researchers were "the first set of social workers here".

Financial burden was another major gap. One caregiver complained that follow-up costs had increased from "₦5,000 per visit" to "₦10,000 every time" without additional benefits such as free drugs or material assistance. The caregiver explained, "If I pay ten thousand, I've been supposed to give us some drugs or something," showing dissatisfaction with the cost of care and lack of accompanying support.

The findings also suggest that mental health care remained largely medicalised, with caregivers mainly interacting with doctors while psychosocial services were either absent, unknown, or poorly integrated into routine care. This gap limits the possibility of holistic support for families who need counselling, education, follow-up care, advocacy, and resource linkage.

4. Discussion

The findings of this study underscore the multidimensional burden experienced by family caregivers of individuals with mental health disorders, encompassing emotional, social, and financial challenges. These results are consistent with existing literature, which highlights that caregiving in mental health contexts is often associated with high levels of psychological distress, burnout, and reduced quality of life (Andualem et al., 2024; Aledeh et al., 2025). Caregivers in this study reported emotional exhaustion, disrupted routines, and financial strain, reinforcing previous evidence that informal caregiving places significant demands on family members, particularly in low- and middle-income countries where formal support systems are limited (Ikeorji & Ubani, 2025). Additionally, stigma and social isolation reported by participants align with findings that caregivers of individuals with mental illness often face discrimination and reduced social participation, further exacerbating their burden (Sanni et al., 2022).

A particularly critical finding of this study is the limited interaction between caregivers and social workers. Many caregivers reported no awareness or contact with social workers, relying solely on medical professionals for care. This suggests a significant gap in the integration of psychosocial services within healthcare delivery. Similar studies have noted that in many healthcare systems, especially in developing countries, mental health care remains predominantly biomedical, with insufficient incorporation of social work and psychosocial interventions (Ogaya & Lucero-Prisno, 2024). The lack of visibility and accessibility of social workers limits the potential for holistic care, which is essential for addressing both the clinical and social dimensions of mental health.

Despite these limitations, the study affirms the important role of social workers in supporting families through counselling, advocacy, care coordination, and resource linkage. These roles are consistent with established literature, which identifies social workers as key actors in improving caregiver coping, enhancing family functioning, and facilitating access to services (Adebayo, 2025). However, the effectiveness of these interventions in the present study was significantly constrained by systemic and institutional barriers. Challenges such as inadequate funding, heavy workload, administrative bottlenecks, and lack of professional recognition were identified as major obstacles. These findings corroborate previous research indicating that structural limitations within healthcare systems often hinder the delivery of effective social work services (Aledeh et al., 2025).

Furthermore, the study revealed divergent cultural perceptions regarding the role of social workers. Some caregivers perceived social work services as unnecessary unless the patient lacked family support, reflecting a strong cultural emphasis on family responsibility in caregiving. This perception aligns with findings from prior studies, which suggest that in many African contexts, mental health care is viewed primarily as a familial obligation, thereby limiting the utilisation of formal support services (Ikeorji & Ubani, 2025). Such beliefs can reduce engagement with social workers and hinder the adoption of comprehensive care approaches.

The findings highlight the need for increased awareness, improved integration of psychosocial services, and strengthened institutional support for social workers. Addressing these issues is essential for enhancing the effectiveness of mental health care systems and improving outcomes for both patients and their families.

5. Conclusion

This study underscores the critical role of social workers in supporting families of individuals with mental health disorders. The findings show that family caregivers experience substantial emotional, financial, social, and physical burdens while caring for relatives with mental health conditions. Although social workers are positioned to provide counselling, advocacy, resource linkage, care planning, and family support, their contribution is limited by systemic, institutional, and cultural barriers. These include inadequate funding, administrative delays, poor visibility of social work services, limited institutional support, and caregivers' low awareness of the professional role of social workers.

The study further reveals that bridging the gap between caregivers and social workers is essential for improving mental health outcomes and promoting family well-being. When social workers are effectively integrated into mental health care, they can help families cope better, reduce stigma, improve understanding of mental illness, and strengthen continuity of care. Therefore, a more family-centred and multidisciplinary approach is needed to ensure that mental health services address not only the medical needs of patients but also the psychosocial needs of their families.

6. Recommendations

There is a need to increase awareness among caregivers and patients regarding the role and availability of social workers within the hospital setting. Caregivers should be informed at the point of entry into mental health services that social workers are part of the care team and are available to provide counselling, advocacy, resource linkage, and family support. This will help reduce the current gap between families and social work services.

Institutional support for social work practice should also be strengthened. Hospitals should provide adequate funding, office space, staffing, and logistical resources to enable social workers to perform their roles effectively. In particular, resources should be made available for follow-up care, family assessment, home visits, and emergency welfare support for vulnerable patients and caregivers.

Policy reforms are necessary to reduce bureaucratic barriers that delay social work interventions. Approval processes for accessing support, linking patients to philanthropists, or implementing intervention plans should be simplified to allow a timely response to family needs. Clear institutional guidelines should also be developed to define the role of social workers in mental health care and ensure their active participation in treatment planning.

Social workers should be fully integrated into routine mental health care processes. Rather than being treated as optional or secondary professionals, they should be included in multidisciplinary case reviews, discharge planning, follow-up appointments, and caregiver education sessions. This would ensure that psychosocial needs are identified early and addressed alongside medical treatment.

Financial support systems should be developed to reduce the economic burden on families. Hospitals, government agencies, and charitable organisations should consider subsidies for treatment, medication support, transport assistance, and welfare packages for families experiencing financial hardship. Such support would help reduce caregiver stress and improve continuity of treatment.

Capacity-building programmes should also be provided for social workers to help them manage burnout, trauma exposure, and complex family dynamics. Regular training, supervision, peer support, and mental health support for social workers are essential to sustain their effectiveness and protect their well-being.

Contribution to Knowledge

This study contributes to the limited qualitative literature on mental health caregiving and social work practice in Nigeria. It provides context-specific evidence from Babcock University Teaching Hospital on the lived experiences of family caregivers and the professional realities of social workers supporting families of individuals with mental health disorders. The study highlights important service gaps, particularly caregivers' limited awareness of social work services and the weak integration of psychosocial support into routine mental health care.

The study also extends knowledge by showing how cultural perceptions of family responsibility may influence the acceptance or rejection of social work intervention. By documenting both caregiver experiences and social workers' perspectives, the study provides evidence that can inform hospital practice, social work education, mental health policy, and future research on family-centred mental health care in Nigeria.

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