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(IJEPC)**www.ijepec.com**REVIEW ON COPING STRATEGIES AMONG CAREGIVERS OF
PEOPLE WITH SCHIZOPHRENIA**Tengku Mohd Saifuddin Tengku Kamarulbahri^{1*}, Muna Hamiza Asiff², Muhammad Adib Baharom³¹ Faculty of Medicine, Universiti Sultan Zainal Abidin, Malaysia

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DOI: 10.35631/IJEPC.954051**This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)****Abstract:**

Individuals diagnosed with Schizophrenia often experience compromised social functioning, contributing not only to the distress of the affected individuals but also imposing a considerable burden on their caregivers. Consequently, it becomes imperative to employ effective coping strategies to alleviate the stress experienced by those caring for individuals with Schizophrenia stemming from diverse stressors. However, there is a scarcity of research examining the factors associated with these coping strategies. This review aims to investigate the coping mechanisms employed by caregivers of individuals diagnosed with Schizophrenia, elucidating their associated factors, and examining the psychological distress experienced by caregivers. Findings from the review reveal a discernible relationship between psychological distress and coping styles. This review showed a correlation between coping styles and demographic factors like education level influencing coping mechanisms. The findings highlight the importance of tailored interventions to support caregivers, enhance coping strategies, and mitigate psychological distress, ultimately fostering improved overall mental health outcomes for both caregivers and individuals with Schizophrenia. Consequently, there is a pressing need for further research to comprehensively comprehend how coping strategies can effectively support caregivers of individuals with Schizophrenia, contributing to a more holistic approach to patient treatment.

Keywords:

Coping Strategies, Caretaker, Schizophrenia, Stress

Introduction

Schizophrenia, characterized by severe mental illness, encompasses a myriad of psychosocial challenges that impose substantial costs on patients, caregivers, and society at large. The burdens include personal distress for the patient, a shift in care responsibilities from hospitals to families for caregivers, and significant direct and indirect societal costs such as frequent hospitalizations, the necessity for long-term psychosocial and economic support, and lost productivity over a lifetime (Awad & Voruganti, 2008). In Malaysia, the reported incidence of Schizophrenia ranges from 7.7 to 43.0 per 100,000 people, and a notable majority of individuals with schizophrenia experience social impairment, causing distress not only to themselves but also to their caregivers (Shin, Fei, Yi, Ruslan, & Sharkawi, 2020; ZamZam et al., 2011).

Caregivers play a crucial role in providing emotional, social, financial, and direct care support for individuals with Schizophrenia. However, the demands of caregiving often lead caregivers to neglect their own well-being, adversely affecting their mental and physical health. Additionally, emotional well-being, ability to lead fulfilling personal lives, and disruption of family life are commonly impacted by the challenges posed by schizophrenia (Citrome et al., 2022; Dillinger & Kersun, 2020; Kamil & Velligan, 2019). Extended periods of caregiving contribute to stress and exhaustion among family caregivers, with a substantial portion experiencing psychological distress (James & Tungol, 2021; Ong, Ibrahim, & Wahab, 2016). Increased caregiving responsibilities correlate with poor emotional, physical, and social health and heightened financial burdens for caregivers (Aubeeluck & Luximon-Ramma, 2020).

Given the profound impact of Schizophrenia on various aspects of life, ongoing family care and support are essential. Social support, encompassing emotional, caring, and instrumental assistance, emerges as a critical factor for well-being, demonstrating a significant direct effect on distress (Avcioğlu, Karanci, & Soygur, 2019; Bademli & Lök, 2020; Lerner et al., 2018; Triana, 2021). Enhancing psychological resilience through social support may offer a promising avenue for improving caregivers' coping abilities in the face of challenges associated with Schizophrenia (Lök & Bademli, 2021).

It is crucial to identify effective coping strategies among the caregivers of people with Schizophrenia. As outlined by Lazarus and Folkman, the concept of coping involves cognitive and behavioral efforts aimed at mastering, reducing, or tolerating external or internal demands, thereby alleviating their impacts (Folkman, Lazarus, Gruen, & DeLongis, 1986). Caregivers employ both effective and ineffective coping methods, with variations observed among them (Bademli & Lök, 2020; Sharif et al., 2020). The use of several coping mechanisms, both adaptive and maladaptive, in varying combinations has been identified as the norm through studies utilizing the COPE Inventory (Doval, Sharma, Agarwal, Tripathi, & Nischal, 2018). Adaptive coping is associated with improved patient outcomes and reduced psychological distress in caregivers, while maladaptive coping is linked to suffering and unhappiness (Puri & Treasaden, 2009; Rao, Grover, & Chakrabarti, 2020). Notably, positive caregiving experiences align with adaptive coping, while negative experiences correspond to maladaptive coping (Doval et al., 2018).

The diverse coping styles utilized by individuals in response to the challenges posed by Schizophrenia have been reclassified into two primary groups: problem-focused and emotion-focused (Gojer, Gopalakrishnan, & Kuruvilla, 2018). Problem-focused coping, characterized

by efforts to eliminate the stress source or alter its effects, is traditionally associated with enhanced physical and mental health, reduced caregiver burdens, and improved patient coping (Hegde, Chakrabarti, & Grover, 2019). Some scholars further categorize problem-focused coping into three components: taking control, information seeking, and evaluating pros and cons (Avcıoğlu et al., 2019). In contrast, emotion-focused coping involves reinterpretation of the situation without altering the person-environment relationship and includes responses such as avoidance, coercion, and resignation. This style is considered less adaptive and is associated with greater suffering and an increased risk of patient relapse (Hegde et al., 2019).

Lazarus and Folkman contend that the effectiveness of coping strategies depends on the situation, suggesting that a combination of both problem-focused and emotion-focused coping may offer the most effective solution in certain scenarios (Puri & Treasaden, 2009). Emotion-focused coping is deemed suitable for stressors beyond the individual's control, such as a terminal diagnosis or the loss of a loved one, whereas manageable situations favor more problem-focused coping strategies, where the individual can actively change the stressors (Grover & Pradyumna, 2015). It is important to note that while briefly reducing stress through emotional expression may occur; this approach often carries the risk of future issues such as depression and neglect of the patient being cared for (Magalhães, Lopes, Nobrega-Therrien, & Vasconcelos, 2018). The duration of the stressor must be considered in determining coping effectiveness, with long-term stressors requiring more focused attention, while short-term stressors may be addressed through avoidant strategies (Puri & Treasaden, 2009). Additionally, coping strategies are sometimes categorized into dysfunctional coping, which includes venting, denial, self-blame, self-distraction, substance use, and behavioral disengagement, alongside problem-focused and emotion-focused coping. Dysfunctional coping strategies have been linked to functional impairment in patients (Carver, Scheier, & Weintraub, 1989; Mora-Castañeda et al., 2018).

Caregivers of individuals with Schizophrenia face formidable challenges that may impede the treatment and care of those with the condition. An exploration of their coping strategies is imperative to gain insights into how they navigate the complexities associated with Schizophrenia. Furthermore, the development of interventions tailored to coping strategies is essential for mitigating the stress experienced by caregivers arising from various related stressors. Understanding the coping strategies employed by caregivers is paramount for enhancing the health-related outcomes of individuals with Schizophrenia. Consequently, this review aims to investigate the coping mechanisms employed by caregivers of individuals diagnosed with Schizophrenia, elucidating their associated factors, and examining the psychological distress experienced by caregivers. The findings of this review are expected to provide valuable insights for stakeholders involved in designing and expanding current intervention strategies in clinical practice, ultimately contributing to the enhancement of support services for caregivers of individuals with Schizophrenia.

Methodology

The present study undertook a thorough literature review focusing on coping strategies within the caregiver demographic supporting individuals afflicted with schizophrenia. Employing a systematic approach, prominent online databases, namely Scopus, PubMed, ScienceDirect, and Google Scholar, were meticulously queried utilizing key search terms including "coping strategies," "caregiver," and "schizophrenia." Information utilized in this review encompassed a wide array of scholarly outputs, including journal articles, reports, and reviews pertinent to

the subject matter. The inclusion criteria for article selection were confined to publications scribed in English and disseminated between January 1st, 2012, and December 31st, 2023.

Result

Caregivers of individuals with Schizophrenia employ a diverse range of coping mechanisms, encompassing both effective and ineffective strategies to navigate the challenges inherent in their caregiving role (Bademli & Lök, 2020). Notably, the concept of coping varies among caregivers, and they utilize a variety of strategies, encompassing both emotional and problem-oriented approaches (Gojer et al., 2018; Sharif et al., 2020). However, comparing outcomes across studies becomes challenging due to variations in the assessment scales employed in each investigation (Grover & Pradyumna, 2015).

In the present study, caregivers predominantly utilized emotion-focused coping strategies, aligning with findings from other research (Mohmed, Darweesh, Mohamed, & Ahmed, 2019; Noori & Ebrahim, 2020). Interestingly, a study conducted in a tertiary hospital in South India involving caregivers of individuals with major mental disorders, including Schizophrenia, revealed that problem-focused coping was the most frequently employed strategy (Thakur, Nagarajan, & Rajkumar, 2022).

Religious coping emerged as a prominent strategy, with religious activities serving as a source of strength (Walke, Chandrasekaran, & Mayya, 2018). The utilization of religion as a coping mechanism was consistent with findings from another study employing the brief COPE, where participants turned to religion, particularly after acceptance, as a coping strategy (Konwar & Borah, 2019). The effectiveness of religion and spirituality as coping strategies for caregivers is evident irrespective of religious beliefs or forms of manifestation, providing a source of faith both at home and within religious establishments (Magalhães et al., 2018). Religious coping acts as a buffer for the stress associated with caregiving, minimizing the impact of self-loss to depression (Triana, 2021; Triana & Sudjatmiko, 2021). Positive religious coping, such as seeking help from God during difficult times, involving God in daily activities, and surrendering to God for strength, was identified as a key aspect of this coping strategy (Triana, 2021).

In contrast, avoidance coping strategies were also prevalent among caregivers, as indicated by the results of two studies employing the family coping questionnaire (Rahmani et al., 2019; Silas Treveli & Upendra, 2018). Caregivers dealing with Schizophrenia tended to adopt avoidance strategies more frequently than those caring for individuals with affective disorders, and such strategies were positively correlated with patients' impairment in social and occupational functioning (Mehra, Kumar, Grover, Chakrabarti, & Avasthi, 2020). Qualitative studies further revealed that some caregivers deliberately tried to take their minds off the situation by avoiding excessive thinking or worrying, serving as a preventive measure against potential relapses for the patient (Commey, Ninnoni, & Ampofo, 2022).

Less frequently used coping styles included substance use, behavioral disengagement, self-blame, and denial (Konwar & Borah, 2019; Walke et al., 2018). Dysfunctional coping strategies like substance use and denial were similarly infrequent (Doval et al., 2018). In a South Indian study, the least utilized coping technique involved sharing and talking about the issue with someone who had experienced a similar situation, primarily due to the lack of

support groups and mental illness-related stigma discouraging such communication (Gojer et al., 2018).

Qualitative research identified additional coping strategies such as working out, traveling, seeking assistance and support at work, talking to loved ones, sobbing, praying, watching television, acquiring knowledge about the patient, reading books, cheering for oneself, taking drugs, engaging in social activities, and going to work (AL-Sawafi, Lovell, Renwick, & Husain, 2021; Bademli & Lök, 2020). These diverse coping strategies highlight the complexity of the caregiver role and emphasize the need for tailored interventions and support. Figure 1 illustrates the factors influencing the coping strategies employed by caregivers of individuals with schizophrenia.

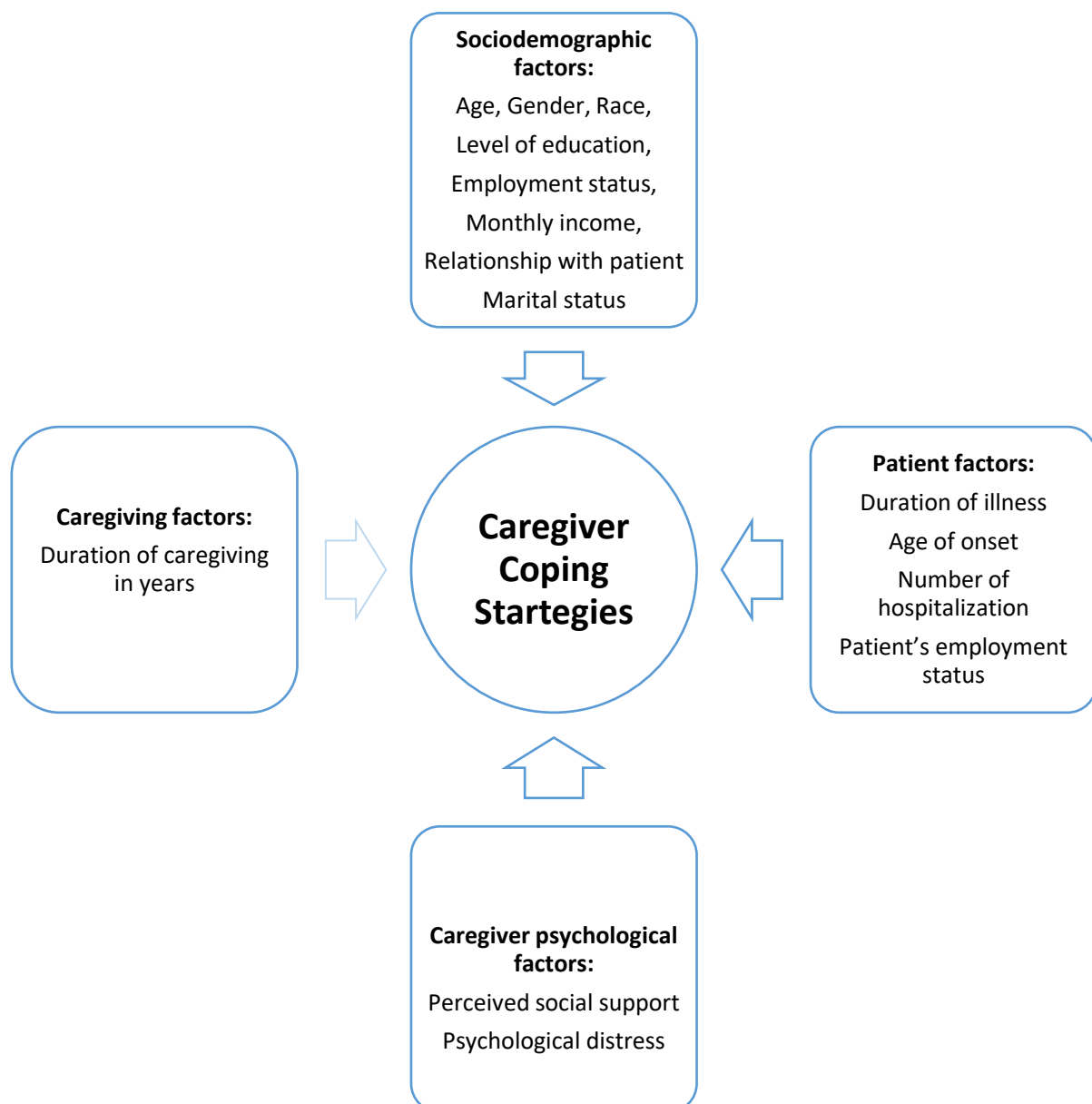


Figure 1: Factors Associated With Coping Strategies Among Caregivers Of People With Schizophrenia

Discussion

The Coping Strategies Employed by Caregivers of Individuals Diagnosed with Schizophrenia and Their Associated Factors.

Additionally, this review sought to investigate the associated factors influencing coping strategies among caregivers of individuals diagnosed with Schizophrenia. The sociodemographic information gathered from many research included age, gender, race, relationship with the patient, employment status, monthly income, education level, duration of caregiving, and patient clinical data. Clinical data encompassed the patient's duration of illness, age of onset, number of hospitalizations, patient employment status, and number of admissions. Several studies indicated no significant association between sociodemographic factors such as occupation, marital status, residence, income of caregivers, and family type with coping status (Mohmed et al., 2019; Tasmin et al., 2020).

In contrast, a regression model in a study demonstrated a significant association between adaptive coping strategies and education level (Rahmani et al., 2019). Specifically, caregivers with a university education were found to utilize more problem-focused engagement strategies than those with lower educational attainment (Mohmed et al., 2019). This observation aligns with another study, indicating that positive coping strategies are more likely to be employed by caregivers with higher knowledge and abilities (Zhou et al., 2021).

Age-related associations with coping strategies were explored in this review. Patients under the age of 40 were found to be more likely to use accepting responsibility and deliberate problem-solving as coping skills, while caregivers between the ages of 15 and 30 were more prone to employing emotion-focused engagement coping techniques (Mohmed et al., 2019; Shoib, Das, Gupta, Saleem, & Saleem, 2021).

A substantial majority of caregivers were female (Thakur et al., 2022). Research on gender and coping found that male caregivers were more likely to use problem-focused engagement, while female caregivers sought social support more frequently (Mohmed et al., 2019; Pekesen & Tel, 2017). Women were found to seek social support more often, connecting their coping strategy to religiosity, including seeking support, expressing emotions, using psychotropic drugs, disclosing feelings, and participating in group support activities (Magalhães et al., 2018). However, in a study from India, there was no significant difference in coping mechanisms between male and female caregivers (Thakur et al., 2022).

This review noted that caregivers often come from low socioeconomic backgrounds, exposing them to financial issues. Financial burdens were reported alongside emotional burdens, impacting treatment expenses, financial assistance, and lost productivity and revenue (Tristiana, Triantoro, Nihayati, Yusuf, & Abdullah, 2019). In this context, caregivers without employment, residing in metropolitan areas, lacking a fixed income, and having insufficient money reported higher scores on emotion-focused involvement (Mohmed et al., 2019).

Marital status also played a role, with 66% of caregivers being married. Problem-focused coping was statistically correlated with married status, and married individuals tended to benefit due to greater psychological resilience (Lök & Bademli, 2021; Mohmed et al., 2019; Thakur et al., 2022).

Clinical variables of patients, such as the duration of illness, age of onset, number of hospitalizations, patient employment status, and number of admissions, showed no significant association with coping strategies in a study (Kamarulbahri, Ariaratnam, Nikmat, Abdullah, & Khing, 2022). However, an earlier study indicated that families residing with the patient for a longer duration tended to employ emotion-focused methods more frequently, and caregiver optimism about the future was reduced when both caregiver and patient were older and the illness had persisted for an extended period (Magliano, Fadden, Economou, et al., 1998; Stanley & Balakrishnan, 2021). Functional impairment of the patient was linked to dysfunctional coping mechanisms, while other research indicated a positive association between caregivers' use of problem-solving coping and patients' greater level of functioning (Creado, Parkar, & Kamath, 2006; Mora-Castañeda et al., 2018).

The majority of caregivers were family members, aligning with WHO estimates that up to 90% of schizophrenic patients live with their families (Gloria et al., 2018). Different coping strategies were observed among family caregivers, with fathers more likely to employ problem-focused engagement coping, while parent caregivers, in general, provided meaning and perspective to their experiences. Siblings utilized both adaptive and maladaptive strategies, with problem-focused coping and indirect coping positively associated with the well-being of siblings doing well. Spouses demonstrated a positive association between problem-solving and emotion-focused coping and their well-being, while denial coping mechanisms were negatively correlated with spouse well-being in schizophrenia patients (Amaresha, Venkatasubramanian, & Muralidhar, 2019; Mohamed et al., 2019; Rathor, Mohanty, & Kumar, 2019; Young, 2018). Most importantly, they were able to interpret their experiences in ways that helped them cope and continue their role as caregivers (Young, Murata, McPherson, Jacob, & Vandyk, 2019). Problem-focused coping and indirect coping were shown to be associated with the subjective well-being of siblings who were doing well (Avcıoğlu et al., 2019).

Caregivers of individuals with Schizophrenia rely on social support, primarily from family members (significant others) and similar others, such as support groups (Triana, 2021). Given that the majority of caregivers are family members, the family serves as a crucial social support network offering emotional assistance (Ribé et al., 2018). In developing countries where strong family ties contribute substantial social support, individuals with Schizophrenia are predominantly supported by close relatives (Gloria et al., 2018). The notably high percentage of perceived moderate and high social support levels may reflect the positive culture and nature of Asian society. Previous research has also indicated higher levels of family, friends, and significant other support for individuals affected by Schizophrenia (Pekesen & Tel, 2017). Over an extended caregiving period, parent and female caregivers demonstrated greater proficiency in fostering positive emotions, such as contentment and strengthened relationships, compared to male and spouse caregivers (Narayanan, 2021). The social support provided to caregivers aims to enhance their psychological resilience, aiding them in coping effectively with challenges (Lök & Bademli, 2021).

The association between coping strategies and perceived social support aligns with prior research, indicating a significant link between emotional and problem-focused coping and perceived social support, although this connection was not observed for dysfunctional coping (Sapharina & Neelakshi, 2020). Some studies have shown a low negative correlation between levels of social support and coping strategies (Pekesen & Tel, 2017). In instances of poor social support, individuals tend to adopt emotion-focused coping techniques, while higher levels of

practical and emotional social support, as well as professional assistance, are associated with problem-focused coping strategies (Magliano, Fadden, Madianos, et al., 1998). Coping techniques such as resignation and the use of spiritual assistance have been linked to reduced social support (Magliano, Fadden, Economou, et al., 1998). Additionally, a study reported a positive correlation between poor social support and the use of collusion as a coping strategy (Chakrabarti & Gill, 2002).

Psychological Distress among The Caregivers of People with Schizophrenia.

Among the associated factors in coping strategies, psychological distress holds particular significance for interventions and clinical implications for individuals with Schizophrenia. The prevalence of psychological distress among caregivers of individuals with Schizophrenia in Malaysia varies across studies. One study reported that 14% of caregivers experienced psychological distress, while another, conducted in 2016 with 200 caregivers in a psychiatric clinic at a university hospital, found a higher percentage of 31.5% experiencing psychological distress (Alipah, Tutiiryani, Ainsah, & Osman, 2010; Ong et al., 2016). Participants in outpatient settings generally exhibited lower distress levels, potentially attributed to fewer relapses and a high percentage of perceived social support.

Caring for a family member with Schizophrenia commonly results in heightened emotions such as shame, guilt, and difficulty, leading to genuine emotional well-being effects (Devgan, Sharma, & Ola, 2019). Caregivers often grapple with feelings of sadness, despair, helplessness, anger, discomfort, uncertainty, anxiety, and fear, with some adopting highly critical or low self-esteem attitudes and utilizing avoidant coping mechanisms (Bademli & Lök, 2020; Dillinger & Kersun, 2020).

Psychological distress among caregivers is associated with various characteristics, including caregiver-related stressors like neuroticism, perceived support, time spent caregiving, subjective burden, and negative evaluation, which have a more significant impact than illness-related stressors (Hegde et al., 2019; Lerner et al., 2018). Frequent caregiving assistance, medication management, limited social support, negative appraisals of caregiving, and caregiver health were identified as sources of significant distress (Lerner et al., 2018). Other notable stressors include excessive household duties, concerns about the future, preconceived notions about Schizophrenia, and disruptions to daily routines (Magalhães et al., 2018). For illness-related stressors, the patient's frequency of relapse emerged as a significant family stressor (Rizki, Nursalam, Rahmat, & Chan, 2018). Caregivers of individuals with persistent symptoms often feel devastated, pressured, exhausted, furious, or burdened (Kamil & Velligan, 2019).

Caring for individuals with Schizophrenia can be burdensome, leading to caregiver burden, which is a robust predictor of family stress (Rizki et al., 2018). Increased burden correlates with a higher likelihood of unhealthy coping mechanisms, and the adoption of negative coping mechanisms rises with the caregiver burden (Rahmani et al., 2019; Yu, Chen, Hu, & Hu, 2019). The inverse correlation between caregiver burden and quality of life is evident, with a greater burden linked to lower quality of life (Tristiana et al., 2019). The severity and persistence of symptoms, longer duration of disease and care, and increased severity of positive and negative symptoms in individuals with Schizophrenia exacerbate the caregiver burden (Kamil & Velligan, 2019; Köroğlu & Hocaoglu, 2019; Peng et al., 2019).

Coping strategies demonstrate a significant association with psychological distress. Studies consistently report a positive correlation between stress levels and coping status (Sapharina & Neelakshi, 2020; Tasmin et al., 2020). However, findings from a rehabilitation center study with a smaller sample size (50 participants) suggested a negative association, indicating that higher stress levels corresponded to lower coping strategies (Silas Treveli & Upendra, 2018)

All three coping strategy groups (dysfunctional, emotion-focused, and problem-focused coping) showed significant associations with psychological distress. Effective coping was identified as a factor in reducing caregiver psychological distress and morbidity while improving patient outcomes (Rao et al., 2020). Self-blame and avoidance coping mechanisms were linked to increased caregiver distress (Fortune, Smith, & Garvey, 2005; Scazufca & Kuipers, 1999). Seeking emotional support, utilizing religion or spirituality, acceptance, active coping, and positive reframing were associated with lower distress levels among caregivers (Fortune et al., 2005). Both active coping and positive reframing negatively correlated with dependence maladaptive schemas, suggesting that individuals with a higher sense of inattention, who rarely take active action and struggle to find positive aspects of events, experience higher stress levels (Siewierska & Chodkiewicz, 2018).

Conclusion

This review represents the inaugural investigation in exploring the coping strategies among caregivers of individuals with Schizophrenia. The findings of the review illuminate a noteworthy connection among coping styles, psychological distress, and demographic factors like education level. Consequently, healthcare professionals should prioritize supporting caregivers in maintaining healthy coping styles while discouraging maladaptive coping methods. The presence of negative coping strategies and the absence of adaptive coping methods contribute to the adverse impact of mental illness.

Psychological distress emerges as a vulnerability factor for the onset of mental illness, emphasizing the importance of monitoring and intervention. The prevalence of psychological distress should serve as a red flag for clinicians and policymakers, prompting a call for targeted interventions to address symptoms of psychological distress.

Despite these insights, several questions surrounding dysfunctional coping strategies remain unanswered. Notably, dysfunctional coping strategies were found to be more detrimental than other coping methods. Additionally, dysfunctional coping strategies, such as avoidance and coercion in the caregivers, were associated with functional impairment in patients (Mora-Castañeda et al., 2018). These findings underscore the need for further exploration and intervention strategies to address dysfunctional coping mechanisms and mitigate their negative consequences.

In conclusion, coping strategies play a crucial role in helping caregivers of people with schizophrenia manage the stressors associated with caregiving and maintain their well-being. By understanding the various coping mechanisms utilised by caregivers, healthcare providers can develop targeted interventions to support caregivers effectively. Empowering caregivers with adaptive coping skills can enhance their resilience, reduce caregiver burden, and improve the quality of care provided to individuals with schizophrenia.

This comprehensive review explores the intricate dynamics of coping strategies among caregivers of individuals with Schizophrenia, shedding light on their psychological distress and perceived social support. The limitations of the cross-sectional design underscore the necessity for future longitudinal cohort studies to elucidate causality and mitigate confounding factors.

The findings emphasize the imperative role of clinicians in supporting caregivers, promoting healthy coping mechanisms, and addressing unhealthy ones. Integration of positive coping strategies is crucial for enhancing caregiver well-being and indirectly impacting patient care within the intricate caregiver-patient relationship. The identification of caregivers' coping styles offers valuable insights for more holistic patient management.

Future studies should consider the multifactorial nature of coping, incorporating factors such as current schizophrenia episodes, symptom severity, and social function. Additionally, efforts to improve generalizability should include true randomized sampling methods and explore alternative settings, like community mental health centers, to alleviate potential stress during data collection.

Importantly, this review underscores the need for interventions aimed at enhancing coping skills among caregivers, with psychoeducational approaches proving effective. Clinicians play a pivotal role in imparting essential information on positive coping strategies, aligning it with caregivers' experiences to navigate psychological distress throughout the caregiving journey. Incorporating screening for psychological distress and coping strategies into schizophrenia management protocols emerges as a key recommendation for health practitioners. Overall, this review contributes valuable insights to the academic discourse, guiding future research and informing practical strategies for supporting caregivers in the challenging landscape of schizophrenia care.

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References

- AL-Sawafi, A., Lovell, K., Renwick, L., & Husain, N. (2021). Exploring the experience of relatives living with individuals diagnosed with schizophrenia in Oman: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*, 28(6), 1029-1040.
- Alipah, B., Tutiiryani, D., Ainsah, O., & Osman, C. B. (2010). Depressive disorders and family functioning among the caregivers of patients with schizophrenia. *East Asian Archives of Psychiatry*, 20(3), 101-108.
- Amaresha, A. C., Venkatasubramanian, G., & Muralidhar, D. (2019). Perspectives about illness, attitudes, and caregiving experiences among siblings of persons with schizophrenia: a qualitative analysis. *Indian journal of psychological medicine*, 41(5), 413-419.
- Aubeeluck, N. D., & Luximon-Ramma, A. (2020). The burdens of family caregivers of schizophrenia in Mauritius. *SciMedicine Journal*, 2(3), 118-131.
- Avcıoğlu, M. M., Karancı, A. N., & Soygur, H. (2019). What is related to the well-being of the siblings of patients with schizophrenia: An evaluation within the Lazarus and

- Folkman's Transactional Stress and Coping Model. *International Journal of Social Psychiatry*, 65(3), 252-261.
- Awad, A. G., & Voruganti, L. N. (2008). The burden of schizophrenia on caregivers. *Pharmacoeconomics*, 26(2), 149-162.
- Bademli, K., & Lök, N. (2020). Feelings, thoughts and experiences of caregivers of patients with schizophrenia. *International Journal of Social Psychiatry*, 66(5), 452-459.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of personality and social psychology*, 56(2), 267.
- Chakrabarti, S., & Gill, S. (2002). Coping and its correlates among caregivers of patients with bipolar disorder: a preliminary study. *Bipolar disorders*, 4(1), 50-60.
- Citrome, L., Belcher, E., Stacy, S., Suett, M., Mychaskiw, M., & Salinas, G. D. (2022). Perceived Burdens and Educational Needs of Caregivers of People with Schizophrenia: Results of a National Survey Study. *Patient preference and adherence*, 16, 159.
- Commey, I. T., Ninnoni, J. P. K., & Ampofo, E. A. (2022). Coping with personal care and stigma: experiences of persons living with schizophrenia. *BMC nursing*, 21(1), 1-9.
- Creado, D. A., Parkar, S. R., & Kamath, R. M. (2006). A comparison of the level of functioning in chronic schizophrenia with coping and burden in caregivers. *Indian Journal of Psychiatry*, 48(1), 27.
- Devgan, S., Sharma, V., & Ola, M. (2019). Impact of spirituality, quality of life and optimism of caregivers of individuals suffering from schizophrenia and mood disorders. *IAHRW International Journal of Social Sciences Review*, 7(5-I), 1275-1277.
- Dillinger, R. L., & Kersun, J. M. (2020). Caring for caregivers: Understanding and meeting their needs in coping with first episode psychosis. *Early Intervention in Psychiatry*, 14(5), 528-534.
- Doval, N., Sharma, E., Agarwal, M., Tripathi, A., & Nischal, A. (2018). Experience of caregiving and coping in caregivers of schizophrenia. *Clinical schizophrenia & related psychoses*, 12(3), 113-120B.
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of personality and social psychology*, 50(3), 571.
- Fortune, D. G., Smith, J. V., & Garvey, K. (2005). Perceptions of psychosis, coping, appraisals, and psychological distress in the relatives of patients with schizophrenia: An exploration using self-regulation theory. *British Journal of Clinical Psychology*, 44(3), 319-331.
- Gloria, O., Osafo, J., Goldmann, E., Parikh, N. S., Nonvignon, J., & Kretchy, I. M. (2018). The experiences of providing caregiving for patients with schizophrenia in the Ghanaian context. *Archives of Psychiatric Nursing*, 32(6), 815-822.
- Gojer, A., Gopalakrishnan, R., & Kuruvilla, A. (2018). Coping and spirituality among caregivers of patients with schizophrenia: A descriptive study from South India. *International Journal of Culture and Mental Health*, 11(4), 362-372.
- Grover, S., & Pradyumna, S. C. (2015). Coping among the caregivers of patients with schizophrenia. *Industrial psychiatry journal*, 24(1), 5.
- Hegde, A., Chakrabarti, S., & Grover, S. (2019). Caregiver distress in schizophrenia and mood disorders: the role of illness-related stressors and caregiver-related factors. *Nordic journal of psychiatry*, 73(1), 64-72.
- James, R., & Tungol, J. (2021). Expressed Emotion of Family Caregivers of Patients with Schizophrenia: Its Contributing Factors and Impacts. *IAHRW International Journal of Social Sciences Review*, 9(3), 205-207.

- Kamarulbahri, T. M. S. T., Ariaratnam, S., Nikmat, A. W., Abdullah, N. N., & Khing, T. L. (2022). Coping strategies and their associated factors among caregivers of patients with schizophrenia in Kuantan, Malaysia. *Frontiers in Psychiatry*, 13, 1004034.
- Kamil, S. H., & Velligan, D. I. (2019). Caregivers of individuals with schizophrenia: who are they and what are their challenges? *Current opinion in psychiatry*, 32(3), 157-163.
- Konwar, G., & Borah, M. (2019). A study to assess burden of care and coping mechanism of family members of schizophrenia patients. *International Journal of Medical Science and Public Health*, 9(1), 63-68.
- Köroğlu, A., & Hocaoglu, Ç. (2019). Evaluation of the relationship between family burden, family functioning and coping strategies in schizophrenia. *Ortadoğu Tıp Dergisi*, 11(3), 294-302.
- Lerner, D., Chang, H., Rogers, W. H., Benson, C., Lyson, M. C., & Dixon, L. B. (2018). Psychological distress among caregivers of individuals with a diagnosis of schizophrenia or schizoaffective disorder. *Psychiatric Services*, 69(2), 169-178.
- Lök, N., & Bademli, K. (2021). The relationship between the perceived social support and psychological resilience in caregivers of patients with schizophrenia. *Community mental health journal*, 57(2), 387-391.
- Magalhães, J. F., Lopes, R. E., Nobrega-Therrien, S. M., & Vasconcelos, S. B. (2018). Caregiver Women's Coping Strategies Toward Schizophrenia Bearing People/Estratégias de Enfrentamento de Mulheres Cuidadoras de Pessoas com Esquizofrenia. *Revista de Pesquisa Cuidado é Fundamental Online*, 10(3), 793-800.
- Magliano, L., Fadden, G., Economou, M., Xavier, M., Held, T., Guarneri, M., . . . Maj, M. (1998). Social and clinical factors influencing the choice of coping strategies in relatives of patients with schizophrenia: results of the BIOMED I study. *Social psychiatry and psychiatric epidemiology*, 33(9), 413-419.
- Magliano, L., Fadden, G., Madianos, M., Caldas de Almeida, J., Held, T., Guarneri, M., . . . Maj, M. (1998). Burden on the families of patients with schizophrenia: results of the BIOMED I study. *Social psychiatry and psychiatric epidemiology*, 33(9), 405-412.
- Mehra, A., Kumar, A., Grover, S., Chakrabarti, S., & Avasthi, A. (2020). Relationship of stigma with burden and coping among caregivers of patients with severe mental disorders. *Indian Journal of Social Psychiatry*, 36(1), 11.
- Mohmed, A. A. E., Darweesh, A. E. D. M., Mohamed, I. I., & Ahmed, Z. A. (2019). Assessment of coping strategies among family caregivers of psychotic patients. *Assiut Scientific Nursing Journal*, 7(16), 131-138.
- Mora-Castañeda, B., Márquez-González, M., Fernández-Liria, A., Espriella, R. d. I., Torres, N., & Borrero, Á. A. (2018). Clinical and demographic variables associated coping and the burden of caregivers of schizophrenia patients. *Revista Colombiana de Psiquiatría*, 47(1), 13-20.
- Narayanan, T. K. (2021). *The Experience of Caregiver Coping and Perceived Needs in Schizophrenia: An Exploratory Study of Indian Caregivers*. Alliant International University,
- Noori, L. K., & Ebrahim, S. A. (2020). Family Caregivers Burden and Coping strategies for Patient With Schizophrenia in Mosul City. *Mosul Journal of Nursing*, 8(2), 215-224.
- Ong, H. C., Ibrahim, N., & Wahab, S. (2016). Psychological distress, perceived stigma, and coping among caregivers of patients with schizophrenia. *Psychology research and behavior management*, 9, 211.
- Pekesen, M., & Tel, H. (2017). Determine to level coping with stress and social support of the relatives of the patients who have schizophrenia at psychiatry unit. *JMHHM*, 5, 67-78.

- Peng, M.-M., Chen, H.-L., Zhang, T., Yao, Y.-Y., Li, Z.-H., Long, L., . . . Chen, J. (2019). Disease-related stressors of caregiving burden among different types of family caregivers of persons with schizophrenia in rural China. *International Journal of Social Psychiatry*, 65(7-8), 603-614.
- Puri, B., & Treasaden, I. (2009). *Psychiatry: An evidence-based text*: CRC press.
- 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.
- Rao, P., Grover, S., & Chakrabarti, S. (2020). Coping with caregiving stress among caregivers of patients with schizophrenia. *Asian Journal of Psychiatry*, 54, 102219.
- Rathor, D., Mohanty, S., & Kumar, S. (2019). Factors associated with wellbeing in spouses of chronic schizophrenic patients. *The Int J Indian Psyc*, 7(1), 418-426.
- Ribé, J. M., Salamero, M., Pérez-Testor, C., Mercadal, J., Aguilera, C., & Cleris, M. (2018). Quality of life in family caregivers of schizophrenia patients in Spain: caregiver characteristics, caregiving burden, family functioning, and social and professional support. *International journal of psychiatry in clinical practice*, 22(1), 25-33.
- Rizki, F., Nursalam, N., Rahmat, H., & Chan, C.-M. (2018). Predictors of family stress in taking care of patients with schizophrenia. *Jounar Ners*, 13(1), 72-79.
- Sapharina, G. S., & Neelakshi, G. (2020). Relationship between perceived stress and coping among caregivers of patient with Schizophrenia. *Indian Journal of Public Health*, 11(7), 331.
- Scazufca, M., & Kuipers, E. (1999). Coping strategies in relatives of people with schizophrenia before and after psychiatric admission. *The British journal of psychiatry*, 174(2), 154-158.
- Sharif, L., Basri, S., Alsahafi, F., Altaylouni, M., Albugumi, S., Banakhar, M., . . . Wright, R. J. (2020). An exploration of family caregiver experiences of burden and coping while caring for people with mental disorders in Saudi Arabia—A qualitative study. *International journal of environmental research and public health*, 17(17), 6405.
- Shin, T. K., Fei, S. H., Yi, C. S., Ruslan, N., & Sharkawi, N. (2020). Depression, Anxiety, Stress and Perceived Social Support in Primary Caregivers of Patients with Schizophrenia at Hospital Sentosa, Kuching, Sarawak, Malaysia. *Malaysian Journal of Psychiatry*, 29(1).
- Shoib, S., Das, S., Gupta, A. K., Saleem, T., & Saleem, S. M. (2021). Perceived stress, quality of life, and coping skills among patients with schizophrenia in symptomatic remission. *Middle East Current Psychiatry*, 28(1), 1-8.
- Siewierska, J., & Chodkiewicz, J. (2018). Maladaptive schemas, coping with stress and burden of care in caregivers of individuals with schizophrenia. Preliminary study. *Psychiatria i Psychologia Kliniczna*, 18(2).
- Silas Treveli, M., & Upendra, S. (2018). Stress & Coping Strategies among Family Members of Patients with Schizophrenia. *Triannual Journal*, 7(2), 46-50.
- Stanley, S., & Balakrishnan, S. (2021). Informal caregiving in schizophrenia: correlates and predictors of perceived rewards. *Social Work in Mental Health*, 19(3), 230-247.
- Tasmin, S., Sultana, H., Haque, A., Islam, M. M., Alam, M. R., Halim, K. S., & Abbas, M. G. (2020). Stress and Coping Status among Caregivers of Major Psychiatric Patients. *Bangladesh Medical Journal*, 49(1), 38-44.
- Thakur, V., Nagarajan, P., & Rajkumar, R. P. (2022). Coping and burden among caregivers of patients with major mental illness. *Indian Journal of Social Psychiatry*, 38(1), 63.

- Triana, L. (2021). The Role of Personal, Social and Religious Resources in Caregiving Stress. *Journal of Health and Medical Sciences*, 4(2).
- Triana, L., & Sudjatmiko, I. G. (2021). The Role of Religious Coping in Caregiving Stress. *Religions*, 12(6), 440.
- Tristiana, R. D., Triantoro, B., Nihayati, H. E., Yusuf, A., & Abdullah, K. L. (2019). Relationship between caregivers' burden of schizophrenia patient with their quality of life in Indonesia. *Journal of Psychosocial Rehabilitation and Mental Health*, 6(2), 141-148.
- Walke, S. C., Chandrasekaran, V., & Mayya, S. S. (2018). Caregiver burden among caregivers of mentally ill individuals and their coping mechanisms. *Journal of neurosciences in rural practice*, 9(02), 180-185.
- Young, L. (2018). *Exploring the experiences of parent caregivers in schizophrenia*. Université d'Ottawa/University of Ottawa,
- Young, L., Murata, L., McPherson, C., Jacob, J. D., & Vandyk, A. D. (2019). Exploring the experiences of parent caregivers of adult children with schizophrenia: A systematic review. *Archives of Psychiatric Nursing*, 33(1), 93-103.
- Yu, W., Chen, J., Hu, J., & Hu, J. (2019). Relationship between mental health and burden among primary caregivers of outpatients with schizophrenia. *Family process*, 58(2), 370-383.
- ZamZam, R., Midin, M., Hooi, L. S., Eng, J. Y., Ahmad, S. N., Azman, S. F., . . . Radzi, R. S. (2011). Schizophrenia in Malaysian families: A study on factors associated with quality of life of primary family caregivers. *International journal of mental health systems*, 5(1), 1-10.
- Zhou, Z., Wang, Y., Feng, P., Li, T., Tebes, J. K., Luan, R., & Yu, Y. (2021). Associations of caregiving knowledge and skills with caregiver burden, psychological well-being and coping styles among primary family caregivers of people living with schizophrenia in China. *Frontiers in psychiatry*, 12, 686.