

Mental Health of Family Members Caring for Individuals Living with Bipolar Disorder

Ramatsobane G. Lekoadi

<https://orcid.org/0000-0001-5767-9331>
University of Johannesburg, South
Africa

Marie Poggenpoel

<https://orcid.org/0000-0001-7515-8695>
University of Johannesburg, South
Africa

Mmasethunya A. Temane

<https://orcid.org/0000-0001-6990-7848>
University of Johannesburg, South
Africa
anniet@uj.ac.za

Chris P. H. Myburgh

<https://orcid.org/0000-0003-4182-4244>
University of Johannesburg, South
Africa

Abstract

Globally, around a third of the adult population suffers from a mental disorder such as depression, anxiety, schizophrenia and bipolar disorder. Bipolar disorder (BD) is a chronic mental illness which adversely impacts on the lives of the affected individuals and their family members. BD has a strong influence on the family functioning. The burden of care and responsibility makes it challenging for family members to focus on their lives and future. The aim of the study was to develop and describe a conceptual framework to facilitate the empowerment of family members who care for individuals living with BD. A qualitative research design, which is exploratory, descriptive and contextual in nature, was used in this study to explore and describe family members' mental health when caring for individuals living with BD. The researcher developed and described a conceptual framework based on the research findings of phenomenological interviews with a purposefully selected sample of family members who care for individuals living with BD. The results show that family members were disempowered when caring for individuals living with BD. The central concept of the conceptual framework was identified based on the results as the facilitation of empowerment of family members who care for individuals living with BD. The researcher recommends that the conceptual framework to facilitate the empowerment of family members who care for individuals living with BD be implemented at the mental health clinics. It is also recommended that the conceptual framework be incorporated into the curriculum of psychiatric nursing.

Keywords: bipolar disorder; conceptual framework; facilitate; family members; individuals; mental health

Introduction and Rationale

Mental health issues are found across the world and in every population. According to the World Health Organization (2016), the burden of mental disorders continues to grow worldwide, with a significant impact on health and major social, human rights and economic consequences. Globally, around a third of the adult population suffers from a mental disorder such as depression, anxiety or schizophrenia (Grande et al. 2016, 1561; World Health Organization 2016). Mental illness is generally more debilitating than most chronic physical conditions (Grande et al. 2016, 1561).

Depression is a common mental disorder and one of the main causes of disability; globally, an estimated 350 million individuals are affected by depression (Barekataan, Khodadadi, and Maracy 2011, 1; World Health Organization 2016). Boland and Alloy (2013, 33) support this view by stating that bipolar disorder (BD) is considered the sixth leading cause of disability worldwide.

In 2016 the World Health Organization (2016) reported that BD affects about 60 million people worldwide, and one in four families has at least one member living with BD. According to the National Alliance on Mental Illness (2013), and Schmitt et al. (2014), every year 2.6 per cent of Americans are diagnosed with BD, with nearly 83 per cent of cases being classified as severe. The National Alliance on Mental Health (2013) reported that BD affects approximately 5.7 million American adults, or about 2.6 per cent of the United States of America's population aged 18 and older in a given year. According to statistics released by the South African Depression and Anxiety Group (2015), one in six South Africans suffer from anxiety and depression. The extent of the burden of BD on family members is difficult to assess and quantify, and is consequently often ignored though it has a significant impact on the family's quality of life (World Health Organization 2016).

BD has a strong impact on family functioning (Reinares et al. 2016, 47). The study conducted by Shah, Wadoo, and Latoo (2010, 327) found that the impact of caring for individuals living with BD brings the risks of mental ill health to the family members in the form of emotional stress, depressive symptoms, or clinical depression. Most individuals with BD live in their own homes and are cared for by family members (Shah, Wadoo, and Latoo 2010, 327). Furthermore, the authors stated that the caring process can be very taxing and exhausting, especially if the care recipient has severe BD; providing such long-term care can be a source of significant stress. The behavioural problems associated with BD further increase the stress levels of the family members and therefore significantly impact their mental health (Shah, Wadoo, and Latoo 2010, 327).

Family members are the primary caregivers of individuals living with BD; they provide emotional and physical support, and often have to bear the financial expenses associated with mental health treatment and care (World Health Organization 2016). Family members experience various emotions as they learn to come to terms with

having relatives living with BD (Mood Disorders Association of British Columbia 2008).

The behavioural and emotional experiences of individuals living with BD affect everyone, including the individual's parents, spouse, siblings and children (Maskill et al. 2010, 535; Miklowtz 2008, 5; Miller, Dell'Osso, and Ketter 2014, 8). BD is a mental disorder that can have periods of wellness between episodes, and family members often breathe a sigh of relief when symptoms are stabilised (Mood Disorders Association of British Columbia 2008).

Problem Statement

The researcher has observed that family members face challenges when caring for individuals living with BD. In a primary healthcare setting, family members reported that the burden to care for individuals living with BD makes it challenging for them to focus on their own lives.

From conversations the researcher had with family members, they experienced considerable stress when caring for individuals living with BD. It seemed that family members who care for individuals living with BD struggled to make sense of and maintain balance as their lives were overwhelmed by the individual living with BD.

BD is a chronic mental illness which adversely impacts the lives of the affected individuals and their family members (Hajda et al. 2016, 1561). There is a need to better understand family members' views and personal perceptions of the stresses and demands that arise from caring for individuals living with BD in order to develop practical, appropriate interventions, and to improve the training of these family members (Pompili et al. 2014, 6). Thus, the research question that arose was:

- How could the mental health of family members who care for individuals living with BD be facilitated?

Research Purpose

The main purpose of this research was to develop and describe a conceptual framework to facilitate the empowerment of family members who care for individuals living with BD.

Research Design and Method

Research Design

This study was based on a philosophy of constructivism. Constructivists believe that individuals seek an understanding of the world in which they live and work (Creswell and Poth 2018, 36). A qualitative research design, which is exploratory, descriptive and contextual in nature, was used in this study to develop a conceptual framework for

advanced psychiatric nurses to facilitate the empowerment of family members who care for individuals living with BD.

Research Method

An interpretative phenomenological approach (IPA) was utilised in this study. The IPA is a method of inquiry in which the researcher describes the detailed lived experiences of individuals about a phenomenon as described by the participants (Creswell and Poth 2018, 41). In this study, the IPA was employed to gain an understanding of family members' mental health when caring for individuals living with BD. A purposive sample was utilised to select family members who care for individuals living with BD to participate in the study. In-depth phenomenological interviews were conducted to collect data, and observations and field notes were documented. The data analysis was done using a thematic analysis. The researcher described and developed a conceptual framework based on the survey list. The six elements of practice theory were described as agent, recipient, procedure, dynamics, context, and outcome.

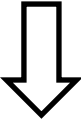
Trustworthiness

The degree of confidence qualitative researchers has in their data is assessed using the criteria of credibility, transferability, dependability, and confirmability (Polit and Beck 2017, 584). The criteria of credibility, transferability, dependability and confirmability served as the basis for the development and description of the conceptual framework.

Findings

The central concept for the conceptual framework was derived from the findings of a phenomenological study conducted by Lekoadi (2018, 66–115). See Table 1 for the identification of the central concept. The conceptual framework (Lekoadi 2018, 116–145) was developed according to the survey list of Dickoff, James, and Wiedenbach (1968, 415), focusing on the following six elements of practice theory: agent, recipient, procedure, dynamics, context, and outcome. A thinking map was utilised to develop the conceptual framework for this research (see Table 2).

Table 1: Identification of central concept

Themes	Dynamics
<p>Theme 1: Family members experienced taking care of individuals living with BD as exhausting, strenuous and a continuous unasked responsibility</p> <p>Theme 2. Family members experienced their own routines being disrupted by the individuals living with BD's unpredictable behaviour and having to accompany them to appointments</p> <p>Theme 3: Family members experienced the family relationships as being strained and challenged</p> <p>Theme 4: Family members experienced a need for assistance to cope with the individuals living with BD</p>	<p>Disempowered family members who care for individuals living with BD</p> <div style="text-align: center;">  </div> <p>Central concept Facilitation of empowerment of family members who care for individuals living with BD</p>

Lekoadi 2018, 117–120

Table 2: Thinking map according to Dickoff, James, and Wiedenbach (1968, 423)

Agent	Advanced psychiatric nurse
Recipient	Family members who care for individuals living with BD
Procedure	Facilitation of empowerment of family members who care for individuals living with BD
Dynamics	Disempowerment of family members who care for individuals living with BD
Context	Mental health clinic
Outcome	Empowered family members who care for individuals living with BD

Lekoadi 2018, 118

Overview of Conceptual Framework

The focus of the conceptual framework is the advanced psychiatric nurse interacting with family members who care for individuals living with BD to facilitate their empowerment (refer to Figure 1). This interaction takes place in three phases: a relationship phase, a working phase, and a termination phase. In the relationship phase

the advanced psychiatric nurse facilitates building trust and rapport with family members.

The relationship phase also involves the exploration of challenges experienced by family members who care for individuals living with BD. In the working phase the advanced psychiatric nurse facilitates self-empowerment; empowerment in relationships and empowerment in mobilising resources of family members who care for individuals living with BD. An evaluation of the empowerment of family members and saying goodbye take place in the termination phase. The outcome of this process is empowered family members who care for individuals living with BD.

Structure and Process of the Conceptual Framework

The context, agent, recipient, dynamics, procedure, and the outcome of the conceptual framework are described next.

Context: Mental Health Clinic

Context refers to the place where the activity is performed (Dickoff, James, and Wiedenbach 1968, 415). In this research study, the context will be the mental health clinic where there is an interaction between advanced psychiatric nurses and family members who care for individuals living with BD (refer to Figure 1). The facilitation of empowerment for family members in the context of the mental health clinic will assist the family members to cope with the challenges when caring for individuals living with BD.

The colour white is chosen for the context of the conceptual framework. White is the most common colour to be seen on hospital walls owing to the peaceful and calm mood it provides. Another reason for choosing white is the fact that it denotes cleanness and implies sterility, which have the effect of making individuals feel reassured (Harrison 2010). White can also represent a successful beginning (Color Wheel Pro 2015). The colour white is associated with innocence, purity and perfection. This purity can physically help by purifying the body, or mentally by providing the mind with some much-needed clarity (Mutz n.d.). Family members will view the mental health clinic as the environment where they will receive clarity and assistance in dealing with the challenges when caring for individuals living with BD. Family members will develop feelings of trust toward the mental health services they will receive. The developed trust by family members will allow them to openly discuss their challenges when caring for individuals living with BD.

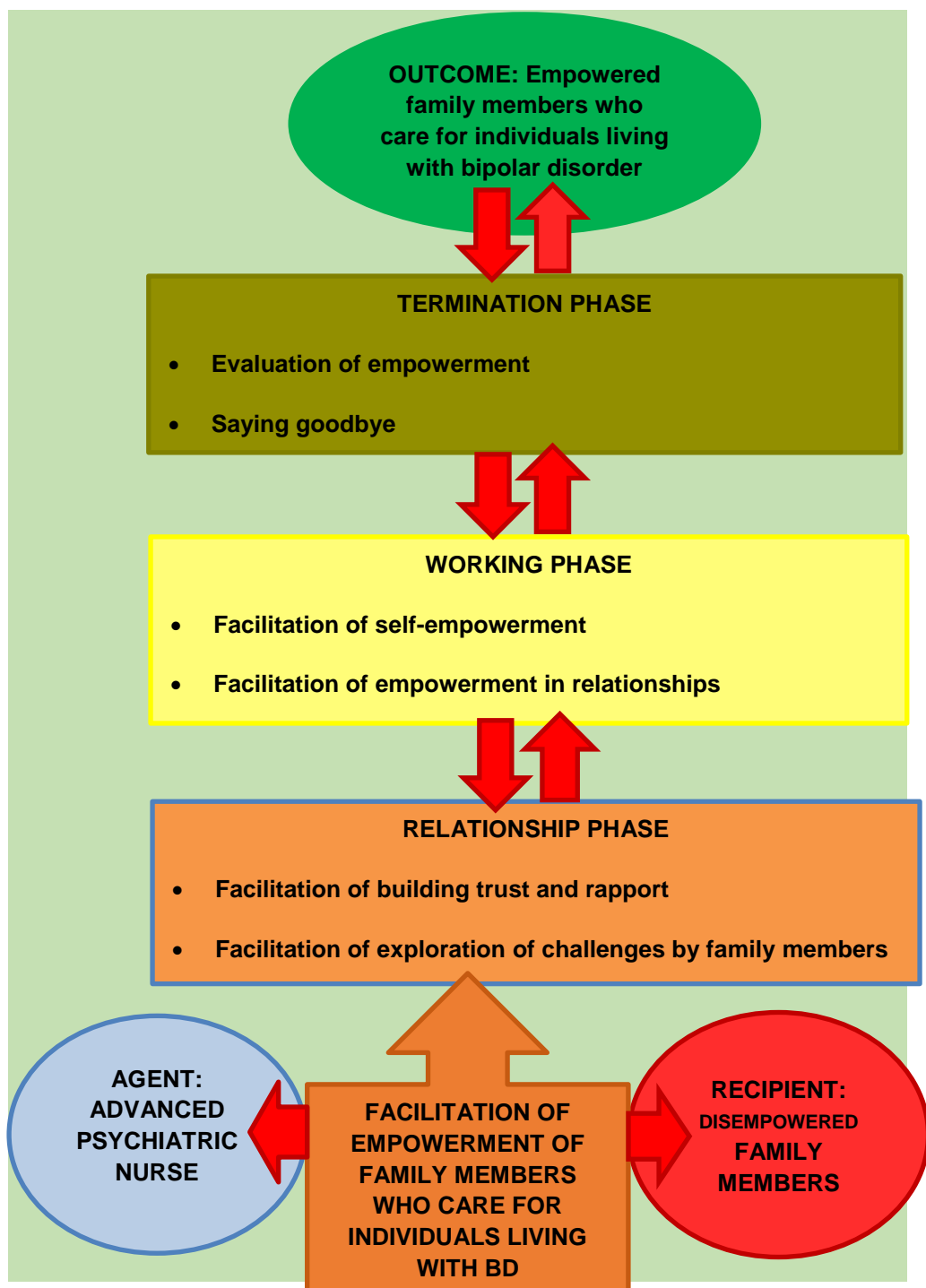


Figure 1: Conceptual framework to facilitate the empowerment of family members who care for individuals living with BD (Lekoadi 2018, 120)

The Agent: Advanced Psychiatric Nurse

An agent is someone who performs the activity (Dickoff, James, and Wiedenbach 1968, 415). The agent in this research study is the advanced psychiatric nurse (refer to Figure 1). The advanced psychiatric nurse has qualifications in psychiatric-mental health nursing, and skills and knowledge to facilitate the mental health of family members who care for individuals living with BD.

The agent is represented in light blue. Light blue denotes health, healing, tranquillity, understanding and softness. Light blue is a cool and calming colour that shows creativity and intelligence (Color Wheel Pro 2015). It has positive effects on the mind and the body; it invokes rest and can cause the body to produce chemicals that are calming and exude feelings of tranquillity (Bourn 2011a). In this research study, the advanced psychiatric nurse will be calm and creative when handling the challenges experienced by family members who care for individuals living with BD. The light blue indicates the building of strong and trusting relationships; it is a colour that symbolises loyalty, strength, wisdom and trust (Color Wheel Pro 2015). The advanced psychiatric nurse will promote a trusting relationship with family members in order to facilitate their mental health.

The Recipients: The Family Members Who Care for Individuals Living with BD

The family members who care for individuals living with BD are the recipients (refer to Figure 1). Family members are seen as a whole person with a body, mind and spirit (University of Johannesburg 2012, 6). Family members who care for individuals living with BD are viewed as wholistic beings and they are in interaction with the environment which includes an internal and external environment (University of Johannesburg 2012, 6). The Theory for Health Promotion in Nursing (University of Johannesburg 2012, 6) emphasises that the person functions in an integrated, interactive manner with the environment. This environment consists of an internal and an external environment and contains physical, social and spiritual dimensions.

The internal environment of the wholistic person is family members who care for individuals living with BD, and comprises the body, mind and spirit (University of Johannesburg 2012, 9). The internal environment of family members is directly affected if they are experiencing challenges while caring for individuals living with BD, resulting in negative effects to their mental health. Mental health involves the emotions, psychological and social health of individuals; how the individual thinks and acts is affected by the state of mental health. Mental health is important for every individual and assists in how people handle stress. Mental health is more than the absence of mental health disorders; it is an integral part of health – there is no health without mental health (World Health Organization 2016, 1).

The recipient is represented by a dark red colour; too much red symbolises the loss of temper, agitation, anger, and overbearing, demanding and oppressive behaviours

(Bourn 2011b). The negative aspects of dark red refer to aggression, dominance that instils fear, danger and stress (Color Wheel Pro 2015). Family members who care for individuals living with BD experienced vast challenges, which resulted in the loss of temper, agitation, anger, and overbearing behaviour.

Dynamics: Disempowered Family Members who Care for Individuals Living with BD

Dynamics is the energy source for the activity (Dickoff, James, and Wiedenbach 1968, 415). In this research study, the dynamics are disempowered family members who care for individuals living with BD. Through in-depth phenomenological interviews with family members who care for individuals living with BD, the study findings revealed that family members' experiences of taking care of individuals living with BD was exhausting, strenuous, and a continuous unasked responsibility.

They experienced that their own routines were disrupted by the individual living with BD's unpredictable behaviour, and having to accompany them to appointments. The family relationships were strained and challenged and they need assistance to cope with the individuals living with BD. All these experiences left family members who care for individuals living with BD feeling disempowered.

The Procedure: Facilitation of Empowerment for Family Members

The procedure is the guiding technique or protocol of the activity (Dickoff, James, and Wiedenbach 1968, 415). In this research study, the procedure refers to the facilitation of the empowerment of family members to cope with the challenges of caring for individuals living with BD (refer to Figure 1). Heathfield (2016) defines facilitation as a process that trainers, team builders, meeting leaders, managers and communicators use to add content, process and structure to meet the needs of individuals, a group or a team. To facilitate refers to making an action or a process possible or easier (*Oxford Advanced Learner's Dictionary*, s.v. "facilitate").

Facilitation is the process that will be used by advanced psychiatric nurses to facilitate the empowerment of family members to cope with the challenges of caring for individuals living with BD. To facilitate effectively, an advanced psychiatric nurse should be objective. It simply means that, for the purposes of a group process, the advanced psychiatric nurse will take a neutral stance (Mind Tools n.d.).

Light red was chosen by the researcher for the facilitation of empowerment as light red promotes energy, strength, motivation, confidence, willpower, courage, initiative, and focusing on attention to detail (Color Wheel Pro 2015). Light red stimulates and adds passion to all that the individuals do (Vivyan 2015). Family members who care for individuals living with BD need energy, motivation, strength and courage to overcome the challenges they have experienced. The light red colour stimulates body and mind, and promotes self-esteem (Color Wheel Pro 2015). Light red also promotes

optimism, inner strength, creativity, self-expression, happiness, it opens the mind to new ideas and perspectives, and is revitalising (Vivyan 2015).

The minds of family members who care for individuals living with BD will be stimulated during the facilitation procedure; family members' self-esteem will be increased and they will have inner strength to cope with the challenges of caring for individuals living with BD. The colour red opens minds to new ideas and perspectives (Color Wheel Pro 2015); thus, family members who care for individuals living with BD will have an open mind to new ideas discussed during the facilitation procedure.

Empowering family members will help them to regain a sense of control over the challenges of caring for individuals living with BD. The facilitation of empowerment by the advanced psychiatric nurse will be discussed based on the phases of the therapeutic relationship which include the relationship phase, the working phase, and the termination phase.

Relationship Phase

The first step of the therapeutic relationship is called the relationship phase. During this phase the advanced psychiatric nurse sets the stage for a one-to-one relationship by becoming acquainted with the family members (Shives 2012, 139). In this phase introductions will be made where family members and the advanced psychiatric nurse will introduce themselves. During the relationship phase, the nurse establishes roles, the purpose of meeting, and the parameters of subsequent meetings, identifies an individual's problems, and clarifies expectations (Videbeck 2011, 88).

The advanced psychiatric nurse will develop a caring relationship with family members in order to assist them to overcome the challenges they face when caring for individuals living with BD. Before moving to the working phase, the advanced psychiatric nurse and family members should evaluate or assess the relationship stage and ensure that trust has been established and that family members feel safe. Family members should have verbalised their thoughts and feelings, the areas of inadequate stress adaptation should have been identified, strengths and weakness should have been recognised, and the goals of the relationship should have been defined.

Building trust and rapport by the advanced psychiatric nurse with family members is important to motivate change in them. In this research study, the relationship phase will be discussed under the following components, namely facilitation of building trust and rapport, and facilitation of exploration of challenges experienced by family members (refer to Figure 1).

Orange was selected to represent the relationship phase. According to Mutz (n.d.), orange is a great way to boost an individual's confidence, increase energy levels and help individuals to feel encouraged in all of their life decisions. Family members who care for individuals living with BD will be boosted with confidence by their ability to

achieve the constructive outcome, which is empowerment to cope with the challenges of caring for their relative.

The advanced psychiatric nurse will encourage family members toward making effective decisions in order for them to cope with the challenges of caring for individuals living with BD. The orange colour offers emotional strength in difficult times, it helps individuals to bounce back from disappointments and despair, and it assists in recovery (Vivyan 2015). Mutz (n.d.) further claims that orange will help a person to recover from disappointments and a wounded heart.

Facilitation of Building Trust and Rapport

The advanced psychiatric nurse begins to build trust with the family members. It is the advanced psychiatric nurse's responsibility to establish a therapeutic environment that fosters trust and understanding (Videbeck 2011, 88). Treating family members with respect is critical. The advanced psychiatric nurse will consider the following aspects: starting sessions on time, and dressing professionally. Family members will be able to trust the advanced psychiatric nurse when competencies are displayed. Further proper training and experience of tackling the mental health issues will be dealt with.

Facilitation of Exploration of Challenges by Family Members

During the relationship phase, the advanced psychiatric nurse will attempt to discover why the family members are seeking help and what their goals are. Displaying a genuine interest in the family members can help during this information gathering phase. Facilitation of exploration of challenges by family members will be achieved through active listening and empathy.

Working Phase

The working phase is the implementation of a facilitation procedure by the advanced psychiatric nurse. It is the facilitation of empowerment of family members who care for individuals living with BD (refer to Figure 1). Vivyan (2015) says that the colour yellow promotes upliftment. In the working phase family members will need upliftment and encouragement to overcome the challenges of caring for individuals living with BD. Mutz (n.d.) mentions that being surrounded by yellow can be great for giving an individual a sense of inner power, increasing positivity, and raising happiness levels. During the working phase family members will need a sense of inner power, increased positivity and raised happiness levels since they were challenged when caring for individuals living with BD.

During the working phase, the advanced psychiatric nurse will empower family members with the necessary knowledge and skills. During this phase, the family members will be assisted to relax and to be able to discuss mutually agreed-on goals with the advanced psychiatric nurse (Shives 2012, 139). The trust established between the advanced psychiatric nurse and family members during the relationship phase will

allow family members to examine the problems and to work on them. The family members should believe that the advanced psychiatric nurse will not turn away or be upset when they reveal experiences, issues, behaviours and problems.

The working phase is represented by the colour yellow. Yellow promotes uplifting, cleansing, self-respect, self-confidence, self-control, the ability to rationalise and reason, contentment, and is mentally stimulating (Vivyan 2015). Both the advanced psychiatric nurse and family members will develop a plan of action, implement the plan, and evaluate the results of the plan to assist family members to overcome their challenges when caring for individuals living with BD. The facilitation of empowerment of family members will include the following aspects adopted from the lived experiences of family members who care for individuals living with BD: facilitation of self-empowerment; facilitation of empowerment in relationships; and facilitation of empowerment in mobilising resources.

Facilitation of Family Members' Self-empowerment

Self-empowerment is about the methods, skills and strategies used to effectively manage individuals' activities toward achieving certain objectives (Mental Health Foundation 2017). Self-empowerment in the context of mental health involves coping and managing the stressors of daily life (Wolf 2011, 2). The Mental Health Foundation (2017) indicates that self-empowerment can have a positive impact on mental health. Self-empowerment is about putting family members in direct control of managing challenges resulting from caring for individuals living with BD. The advanced psychiatric nurse will use the following approaches for self-empowerment and the focus is to enable family members to cope with the challenges of caring for individuals living with BD: facilitation of empowerment regarding stress management, and the facilitation of empowerment regarding financial management.

Facilitation of Family Members' Empowerment in Relationships

Family members experienced challenges in their family relationships. They experienced marital problems and disconnectedness. Family members experienced poor parent-child relationships, poor communication, and increased arguments. The facilitation of empowerment regarding strategies to maintain family relationships is necessary for the mental health of family members. The facilitation of family members' empowerment in relationships will include:

- facilitation of family members' empowerment about marital problems and disconnectedness between partners;
- facilitation of family members' empowerment in poor parent-child relationships;
- facilitation of family members' empowerment in poor communication and arguments;

- facilitation of family members' empowerment about managing stigma; and
- facilitation of family members' empowerment regarding conflict management.

Facilitation of Family Members' Empowerment in Mobilising Resources

Family members who care for individuals living with BD needed assistance to cope with BD. From the interviews it seemed that relatives living with BD did not have access to support systems. This research study confirmed that these family members had to deal with a lack of available information regarding BD. The facilitation of empowerment in mobilising resources will involve the following activities: facilitation of family member support groups, and facilitation of empowerment regarding education on BD.

Termination Phase

The termination or resolution phase is the final stage between the advanced psychiatric nurse and family members (refer to Figure 1). It begins when the problems are resolved, and it ends when the relationship is terminated (Videbeck 2011, 91). The termination phase will include evaluating the progress toward goal achievement (Felton 2015). In this research study the advanced psychiatric nurse will terminate the contact with family members who care for individuals living with BD when the desired outcome has been achieved.

The researcher used a mix of light yellow and light green for the termination phase. According to Color Wheel Pro (2015), yellow is related to learning. Bourn (2011c) also wrote that yellow relates to acquired knowledge. The termination phase will occur when family members have learned ways to cope with the challenges of caring for individuals living with BD. The yellow colour helps individuals to find a new way of doing things and it is a practical thinker (Color Wheel Pro 2015). Yellow stimulates mentality and perception (Color Wheel Pro 2015). Family members' minds have been stimulated with new ideas and their thoughts are inspired from a mental point of view. The green colour is discussed under the outcomes.

Evaluation of Empowerment by Family Members

The advanced psychiatric nurse should evaluate if the following outcomes have been achieved by family members: ability to manage stress; manage conflicts; manage finances; have communication skills; have an understanding of BD, medication side effects, and medication compliance, and knowledge of strategies on maintaining good family relationships.

Saying Goodbye to Family Members

The advanced psychiatric nurse should acknowledge the family members' feelings about the termination phase. Family members will be reassured by the advanced psychiatric nurse that it is normal to have sad feelings during the termination phase.

The advanced psychiatric nurse will explore his/her own feelings and thoughts about the separation from family members as this will allow a smooth ending. The advanced psychiatric nurse would formally end the relationship and say goodbye to the family members.

Outcome

The terminus or outcome refers to the end point of the activity (Dickoff, James, and Wiedenbach 1968, 415). In this research study the outcome will be empowered family members who care for individuals living with BD (refer to Figure 1). A green colour represents the outcome; green has great healing power (Color Wheel Pro 2015). In this research study, the green colour represents the healing that should take place among family members who were distressed and having poor mental health. Green promotes balance, harmony, personal development, self-acceptance, compassion for self and others, and also renewal (Vivyan 2015). The green colour means family members who care for individuals living with BD are able to maintain their mental health through personal development, self-acceptance and compassion for self and others.

Recommendations

The conceptual framework should be utilised to develop strategies to facilitate the empowerment of family members who care for individuals living with BD. The researcher recommends that the conceptual framework to facilitate the empowerment of family members who care for individuals living with BD be implemented at the mental health clinics. It is also recommended that the developed conceptual framework be incorporated into the curriculum of psychiatric nursing. This will enable student nurses to have knowledge and skills regarding the facilitation of empowerment of family members who care for individuals living with BD.

Conclusion

Mental health issues are found across the world and in every population. According to the report of the World Health Organization (2016), the burden of mental disorders continues to grow with significant impact on health and major social, human rights and economic consequences worldwide. A conceptual framework was described and developed to assist the advanced psychiatric nurses to facilitate the empowerment of the family members who care for individuals living with BD. The conceptual framework is a unique contribution that will contribute to the body of knowledge in psychiatric and mental health nursing science. The outcome of the facilitation process will be empowered family members who care for individuals living with BD.

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