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Assessing the Effectiveness of Mental Health Coping Strategies Among Households in Kalingalinga, Lusaka, Zambia

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Abstract

In low-resource communities where access to mental healthcare is restricted, mental health disorders continue to be a significant public health concern. This study evaluated how well households in Kalingalinga Township, Lusaka, Zambia, used coping mechanisms for mental health. It specifically looked at family coping mechanisms, the impact of social support networks in the community, and household coping strategies in handling mental health issues. 50 respondents were surveyed and key informant interviews were conducted as part of a mixed-methods research strategy. Thematic analysis was used in conjunction with descriptive and inferential statistics to analyse the data. The results showed that the most popular coping mechanisms were religious involvement, community social networks, and family support. While stigma, financial limitations, and a lack of mental health care continued to be major obstacles, access to professional mental health treatments greatly improved mental health outcomes.

Keywords: Mental Health, Coping Strategies, Households, Community Support, Kalingalinga, Zambia

1. Introduction and Background

A key element of general health and wellbeing is mental health. According to the World Health Organization (WHO, 2022) [23], mental health is a condition of wellbeing in which people recognize their potential, manage everyday stressors, work effectively, and give back to their communities. Approximately one in eight persons worldwide suffer from mental health illnesses, such as schizophrenia, bipolar disorder, anxiety, and depression. Disability, decreased productivity, low quality of life, and higher healthcare expenditures are all greatly impacted by these illnesses.

Poverty, unemployment, restricted access to mental healthcare services, stigma, and a lack of knowledge about mental health diseases all contribute to the burden of mental health disorders in low- and middle-income nations like Zambia. Access to high-quality mental health services is still restricted, especially in peri-urban and low-income areas, even though Zambia passed the Mental Health Act No. 6 of 2019 to improve mental healthcare and safeguard the rights of those with mental illness. One of Lusaka's heavily populated peri-urban areas, Kalingalinga Township, suffers from high unemployment, poverty, overpopulation, and a lack of social services. These socioeconomic difficulties put households at risk for mental health illnesses due to ongoing stress, unstable finances, family disputes, and substance addiction. Despite these difficulties, households nevertheless employ a variety of coping mechanisms to deal with psychological distress, including family support, religious involvement, social networks in the community, counselling, and conventional support systems.

The primary caretakers for people with mental health issues are frequently family members. Households can manage stressful situations through open communication, shared responsibilities, emotional support, and group problem-solving. Like this, social support from local leaders, churches, neighbourhoods' associations, and community health workers improves psychological well-being by fostering resilience and lowering feelings of loneliness.

However, there is still a lack of evidence about the efficacy of these coping mechanisms in peri-urban areas like Kalingalinga. There is no empirical data on how these coping strategies function in Zambia's socioeconomic and cultural setting, even though research conducted internationally have shown the value of family and community support in enhancing mental health outcomes. To improve mental healthcare policy and educate community-based mental health interventions, it is crucial to comprehend the efficacy of family coping mechanisms.

1.1 Statement of the Problem

Despite increased awareness of mental health as a public health priority, mental health issues are nevertheless on the rise in Zambia. Numerous socioeconomic issues, such as unemployment, poverty, financial instability, and restricted access to healthcare services, make households in Kalingalinga more susceptible to psychological discomfort. Even though families and communities use a variety of coping mechanisms, including social networks, religious involvement, emotional support, and traditional support systems, it is still unclear how well these methods work to improve mental health outcomes.

Instead of assessing the efficacy of household coping mechanisms, most current research in Zambia concentrates on the prevalence of mental illness, psychiatric treatment, and healthcare utilization. As a result, there is little information available to politicians, medical professionals, and community organizations to direct the creation of initiatives that improve family resilience and local mental health support networks. Thus, the purpose of this study is to evaluate how well households in Kalingalinga Township, Lusaka, use mental health coping mechanisms.

1.2 Objectives of the Study

1. To assess the effectiveness of mental health coping strategies among households in Kalingalinga Township.
2. To examine the influence of community social support networks on mental health outcomes among households in Kalingalinga Township.
3. To assess the effectiveness of family coping strategies in managing mental health challenges among households in Kalingalinga Township.

1.3 Research Questions

1. How effective are the mental health coping strategies employed by households in Kalingalinga Township?
2. What influence do community social support networks have on mental health outcomes among households in Kalingalinga Township?
3. How effective are family coping strategies in managing mental health challenges among households in Kalingalinga Township?

2. Literature Review

2.1 To assess the effectiveness of mental health coping strategies among households in Kalingalinga, Lusaka, Zambia

The importance of mental health to general health and wellbeing is becoming more widely acknowledged. The World Health Organization (WHO, 2022) [23] defines mental health as a condition of well-being in which people recognize their potential, manage everyday stressors, work well, and give back to their communities. However, mental health diseases are still on the rise worldwide, especially in low- and middle-income nations where access to high-quality mental health services is still restricted. In addition to affecting people, these illnesses have significant effects on families, communities, and the advancement of the country.

The behavioural, emotional, cognitive, and social techniques people and households employ to deal with stressful circumstances and psychological pain are known as coping strategies. Coping strategies, according to Lazarus and Folkman (1984) [14], are continuously evolving cognitive and behavioural techniques used to handle pressures from both the outside and the inside that are more than one's capacity. While inadequate coping techniques may worsen mental health outcomes, successful coping methods lessen psychological distress, foster resilience, and enhance quality of life.

Families continue to be the major caretakers for people with mental illness throughout the world. Households are the primary source of emotional, financial, and psychological support in many developing nations due to the lack of formal mental health facilities. According to research done in the UK by Johnson *et al*. (2021) [11], homes with high family cohesion, open communication, and emotional support showed far lower levels of anxiety and depression than socially isolated households. Similarly, a study conducted in Australia by Smith and Brown (2020) [22] found that those with persistent psychological distress were more resilient when they had strong familial ties.

Family-cantered approaches are becoming increasingly important in mental health therapies in the United States. Family involvement increases treatment adherence, lowers relapse rates, and promotes recovery for people with mental illness, according to the National Institute of Mental Health (2023) [17]. Positive mental health results are greatly influenced by families that actively engage in counselling sessions, medication management, and emotional support.

Cultural ideas, religious practices, and socioeconomic conditions have a significant impact on household coping mechanisms in Africa. Extended family support is still one of the most crucial coping strategies for people with mental illness, according to research done in Ghana by Osei *et al*. (2021) [18]. Families offer caregiving, financial support, emotional comfort, and help obtaining medical care. However, these support systems' efficacy is sometimes diminished by a lack of funding.

Similar findings were made by Mwangi *et al*. (2022), who performed research in Kenya and discovered that households' primary means of addressing mental health issues were prayer, community support groups, and religious counselling. Although these coping strategies enhanced emotional well-being, they were frequently insufficient for people with serious mental illnesses that needed medical attention.

Studies conducted in South Africa also show that marital violence, substance misuse, unemployment, and poverty all seriously impair a household's ability to cope. According to Petersen *et al*. (2020) [19], families in informal settlements often endure long-term psychological stress because of unstable finances, cramped accommodation, and restricted access to healthcare. As a result, coping mechanisms become more reactive than preventive, which diminishes their long-term efficacy.

Even after the Mental Health Act No. 6 of 2019 was passed, mental health is still a developing public health concern in Zambia. Access to professional mental healthcare is still insufficient, despite legislative changes strengthening legal protection for those with mental illness. Psychiatrists, psychologists, psychiatric nurses, and community mental health programs are still in low supply in the nation, especially in peri-urban areas.

Numerous studies have demonstrated that when it comes to addressing mental health issues, Zambian families rely significantly on family members, churches, traditional healers, and community support networks. Due to its

accessibility and cultural acceptability, religious participation has emerged as one of the most popular coping mechanisms. Churches often help families with psychological difficulty by offering counselling, prayer sessions, and emotional support. However, relying too much on spiritual solutions might occasionally prevent people from receiving evidence-based mental health care.

The efficiency of household coping is further influenced by socioeconomic circumstances. Stress, anxiety, and depression are typically higher in households with unemployment, poor income, food insecurity, and substandard housing. Due to transportation, consultation, and pharmaceutical costs, households experiencing financial difficulty are less able to access professional mental health care. As a result, many families turn to unofficial coping strategies that could offer short-term respite without treating underlying mental health issues.

Participation in the community also improves household resilience. Social networks, neighbourhood associations, peer support groups, and community-based organizations all provide chances for information exchange, emotional support, and group problem-solving. These social exchanges enhance psychological health and lessen feelings of loneliness. However, many peri-urban communities in Zambia still lack access to organized community mental health programs.

Relatively few studies have explicitly assessed household coping techniques' efficacy in peri-urban communities like Kalingalinga, despite mounting data from around the world. Much of the work currently in publication concentrates on healthcare utilization and prevalence estimates, with little information on whether household coping strategies effectively lower psychological distress or enhance long-term wellbeing. Therefore, this study provides empirical data on the efficacy of coping mechanisms used by Kalingalinga households.

2.2 To examine the influence of community social support networks on mental health outcomes among households in Kalingalinga, Lusaka, Zambia

Social support networks in the community are essential for fostering mental health and strengthening household and individual resilience. The term "social support" describes the psychological, practical, emotional, and informational help given by friends, family, neighbors, religious institutions, community organizations, and medical professionals. In comparison to those who are socially isolated, people who receive sufficient social support report lower levels of stress, anxiety, depression, and psychological distress, according to numerous research. Social support networks are often the first line of intervention for people with mental health issues in communities with limited access to professional mental healthcare.

According to Cohen and Wills' (1985) [6] Social Support Theory, people are shielded from stressful life events by supportive connections. While practical support like financial aid, daycare, transportation, and caregiving lessens the burden associated with mental illness, emotional support through empathy, compassion, and encouragement helps people deal with challenging situations. Making educated judgments about available mental health services and treatment alternatives is another benefit of informational support. Strong social support networks therefore play a major role in enhancing psychological health and healing.

Community assistance is becoming a crucial part of providing mental health care on a global scale. To offer complete psychosocial support, the World Health Organization (2022) [23] promotes community-based mental health services that incorporate medical professionals, families, employers, schools, and civil society organizations. These strategies promote community involvement in mental health promotion, lessen institutionalization, and increase treatment accessible.

According to research done in Canada by Caron *et al*. (2020) [5], those with strong neighbourhood ties reported much fewer depressive symptoms than people with limited ties to the community. Participation in the community through leisure pursuits, volunteer initiatives, and peer support groups increased resilience while lowering feelings of social exclusion and loneliness. Similar results were found in Sweden, where Johansson *et al*. (2021) found that persons with chronic stress had better psychological health when they actively participated in community organizations.

Peer support programs have proven to be successful therapies for those suffering from mental illness, according to research done in the United States. Davidson *et al*. (2020) [8] claim that by enabling people with similar experiences to help one another, peer-led support groups offer emotional comfort, lessen stigma, enhance treatment adherence, and aid in recovery. Peer assistance has been shown to improve treatment outcomes and patient satisfaction in community mental health centres.

Due to the inadequate infrastructure for mental healthcare, community support networks continue to be essential in underdeveloped nations. Most of the mental health care is still provided by traditional family structures in many African countries. While neighbours and community leaders provide both practical and emotional support during times of psychological distress, extended family members frequently take on caregiving duties.

Community health workers greatly improved mental health outcomes by diagnosing people with psychological illnesses, offering basic counselling, and facilitating referrals to healthcare facilities, according to research done in Uganda by Kigozi *et al*. (2021) [12]. The study found that community involvement improved treatment adherence and reinforced early diagnosis of mental illness.

Similarly, research conducted in Ethiopia by Fekadu *et al*. (2020) [10] revealed that religious organizations were crucial in helping families dealing with mental illness by offering them emotional and spiritual support. Counselling sessions, prayer gatherings, and financial aid programs were arranged by churches and mosques to help needy households better cope. The researchers did warn, though, that depending solely on spiritual healing could occasionally cause delays in receiving professional psychiatric services.

According to Petersen *et al*. (2020) [19], community-based mental health treatments in South Africa helped residents of informal settlements experience fewer symptoms of anxiety and sadness. To increase home resilience, community support groups gave people the chance to exchange stories, get psychosocial help, and take part in economic empowerment initiatives. However, these programs' longevity was hampered by insufficient finance and a lack of qualified mental health experts.

Community social support is still mostly informal in Zambia. People dealing with mental health issues might receive emotional support from families, churches,

neighbourhood groups, traditional leaders, and community-based organizations. Due to their accessibility and cultural acceptability, religious groups continue to be among the most reputable establishments for counselling and psychosocial support. Prayer sessions, marriage counselling, youth mentorship programs, and home visitation programs are all regularly organized by churches and have a positive impact on mental health.

Assistants for Community Health and Community-Based By organizing health education campaigns, identifying homes at risk, and directing people in need of specialized care to medical institutions, volunteers also make a substantial contribution to the promotion of mental health. These programs have decreased misconceptions about mental illness and increased community knowledge of mental health.

Despite these encouraging advancements, Zambia's social support networks are nevertheless being undermined by several issues. One of the biggest obstacles keeping people from honestly talking about mental health issues or getting help is still stigma. Many communities still link mental illness to heavenly punishment, witchcraft, or personal weakness, which leads to prejudice and social marginalization. Affected people are deterred from using both official and informal support networks by such views.

The ability of community members to offer ongoing support is further limited by poverty. Financially struggling households frequently put basic needs like food, housing, and education first, leaving little money for helping family members who suffer from long-term mental illnesses. Collective activity and community solidarity are also diminished by high unemployment rates and rising urban poverty.

2.3 To assess the effectiveness of family coping strategies in managing mental health challenges among households in Kalingalinga, Lusaka, Zambia

One of the most crucial ways that households deal with mental health issues is through family coping strategies. Families are the main source of emotional, psychological, financial, and social support for people with mental health illnesses in many low- and middle-income nations, especially in Sub-Saharan Africa. The recovery of impacted people as well as the general well-being and resilience of households are determined by how well these coping mechanisms work. Families that use effective coping strategies can lower stress, enhance communication, fortify interpersonal bonds, and make it easier for them to get the right medical care.

Lazarus and Folkman (1984) [14] classified coping techniques into two general categories: emotion-focused coping and problem-focused coping. Problem-focused coping entails making conscious attempts to deal with the cause of stress by receiving social support, seeking professional medical attention, enhancing financial stability, or settling family disputes. Contrarily, emotion-focused coping uses social connection, prayer, acceptance, emotional expression, and relaxation strategies to control emotional reactions to stressful events. Both methods are frequently used in homes and, depending on the family's finances and the severity of the mental health issue, they frequently work in tandem.

According to Bowen's (1978) [3] Family Systems Theory, families operate as interconnected systems where the wellness of one member directly affects the wellbeing of others. Therefore, when one person has a mental illness, the entire home is affected emotionally, financially, and psychologically. Compared to families that exhibit conflict, poor communication, or social isolation, families that exhibit good communication, emotional coherence, adaptability, and collaborative decision-making are typically better prepared to handle mental health issues.

Positive family coping practices have been shown to improve mental health outcomes on a global scale. Family-cantered mental healthcare promotes treatment adherence, lowers hospitalization rates, minimizes recurrence, and improves quality of life for people with mental illness, according to the World Health Organization (2022) [23]. In addition to lessening the load on caregivers, families that actively engage in counselling, medication management, and psychosocial support establish stable environments that promote recovery.

According to research done in Australia by Reupert *et al*. (2021) [20], families that received counselling and psychoeducation services reported better communication, less psychological discomfort, and more confidence in helping family members who had mental illness. In a similar vein, Saunders and Byrne's (2020) [21] study conducted in the UK discovered that family interventions greatly decreased anxiety and depressive symptoms while enhancing caregivers' resilience.

Family therapy is now a significant part of mental health treatment in the United States. The National Alliance on Mental Illness (NAMI, 2023) [16] claims that organized family education programs enhance knowledge of mental illness, lessen stigma in homes, and encourage cooperative treatment decision-making. Compared to households without formal psychological support, families taking part in these programs showed better coping skills.

African cultural norms that emphasize group responsibility and support from extended families have a significant impact on family coping mechanisms. According to research done in Nigeria by Adewuya *et al*. (2020), family members often offer relatives with mental illness emotional support, financial assistance, medication supervision, and help with everyday tasks. Despite the scarcity of expert mental health services, these approaches greatly enhanced patient recovery.

According to a study done in Tanzania by Mbatia *et al*. (2021) [15], when it came to dealing with mental health issues, households heavily relied on family conversations, religious participation, and community elders. Common coping strategies included prayer gatherings, spiritual counselling, and mediation by reputable community leaders. The study did point out that, especially in cases of serious psychiatric problems, an over-reliance on traditional beliefs occasionally postponed prompt medical assistance.

Ghanaian studies have also shown how crucial family unity is for fostering psychological well-being. According to Osei *et al*. (2021) [18], families with strong interpersonal links reported higher levels of caregiver stress than those with mutual trust, emotional support, and shared duties. Open communication about mental health issues was associated with a lower risk of social isolation and a higher likelihood of professional treatment.

Further research from South Africa shows that household coping capacity is greatly impacted by economic adversity. Petersen *et al*. (2020) [19] claim that unemployment, poverty,

substance misuse, and overcrowding reduce families' capacity to consistently give financial and emotional assistance while also increasing household stress. Long-term caregiving obligations combined with insufficient outside support frequently result in psychological tiredness for caregivers. These results demonstrate the relationship between family coping efficacy and socioeconomic circumstances.

Within Zambia, family support remains central to the management of mental health disorders. Cultural traditions emphasize collective caregiving, with immediate and extended family members assuming responsibility for relatives experiencing illness. Families commonly provide accommodation, food, financial assistance, medication supervision, and emotional encouragement. Churches also complement family support by offering counselling services, prayer sessions, and spiritual guidance that strengthen household resilience.

Despite these beneficial practices, family coping mechanisms in Zambia are less effective due to several obstacles. Inadequate mental health literacy is one significant issue. A delayed diagnosis and improper coping mechanisms result from many families' ignorance of the origins, symptoms, and treatments of mental diseases. Health-seeking behaviour in many societies is still influenced by misconceptions that link mental illness to witchcraft, curses, or supernatural powers.

Additionally, stigma around mental health prevents families from having candid conversations. Fear of prejudice, rejection, or social exclusion sometimes causes people with depression, anxiety, or other psychiatric problems to hide their symptoms. As a result, families might not identify mental health issues in their early stages, which would delay prompt intervention and lessen the efficacy of coping strategies.

Another significant restriction is financial limitations. Low-income households sometimes find it difficult to pay for prescription drugs, counselling services, psychiatric consultations, and transportation to medical institutions. These difficulties are made worse by Zambia's lack of qualified mental health specialists, especially for people living in peri urban areas where access to psychiatric services is still insufficient.

Another element that has been identified as weakening the ability of families to cope is substance abuse. Domestic strife, unstable finances, aggression, and deteriorating mental health issues are often caused by alcohol and drug abuse. Substance-abusing households frequently have a greater caregiver burden and are less able to create the supporting circumstances required for psychological rehabilitation.

However, new research highlights that family support organizations, community awareness campaigns, counselling services, and psychoeducation can all help families become more resilient. Family members can better communicate, comprehend mental illness, identify early warning signs, and create useful coping mechanisms with the help of psychoeducation. In a similar vein, family counselling improves interpersonal connections and gives caregivers useful tools for stress management and healing.

Additionally, community-based family treatments have shown encouraging results. Programs that incorporate family members, community volunteers, religious leaders, and healthcare professionals enhance mental health literacy, lessen stigma, and promote early help-seeking behaviour. These cooperative methods acknowledge that mental health is a shared family and societal responsibility that calls for coordinated interventions rather than just an individual issue.

The effectiveness of family coping mechanisms is supported by a large body of worldwide literature, but there is still little empirical data unique to peri-urban Zambia. Previous research focuses on the prevalence of mental disease or the use of healthcare services, but it offers little insight into how households effectively manage psychological distress in day-to-day situations. Additionally, not much research has investigated how family coping mechanisms, social support systems, socioeconomic circumstances, and access to professional mental healthcare interact in Kalingalinga.

Therefore, by evaluating the efficacy of family coping mechanisms used by households in Kalingalinga, Lusaka, this study aims to close this information gap. The results are anticipated to provide evidence that will assist the integration of mental health services into primary healthcare in Zambia, boost family-centred interventions, improve policy formulation, and inform community-based mental health programs.

3. Methodology

This chapter outlines the research design and methodology used in the study. The study aims to assess the effectiveness of mental health coping strategies among households in Kalingalinga, Lusaka, Zambia.

3.1 Research Design

To gather and analysed data, the study used a mixed-methods research design that combined quantitative and qualitative techniques. Creswell (2014) [7] states that by combining numerical data with participant experiences and perspectives, the mixed-methods technique allows the researcher to gain a thorough grasp of the research subject. While the qualitative technique offered greater insights into household experiences and community support systems, the quantitative approach measured respondents' attitudes of mental health coping mechanisms.

3.2 Sampling Technique

To choose home respondents from Kalingalinga Township for this study, the researcher used simple random sampling. By ensuring that each home had an equal chance of being chosen, the sampling technique reduced selection bias and increased the sample's representativeness. Based on their familiarity with mental health concerns in the community, key informants, such as community leaders and medical professionals, were specifically chosen.

3.3 Target Population

The total group from whom a researcher chooses study participants is referred to as the population (Babbie, 1992) [1]. The study's target demographic consisted of houses in Lusaka's Kalingalinga Township. Healthcare professionals and community leaders were also included due to their involvement and experience in community support programs and the provision of mental health services.

3.4 Data Collection Method

A structured questionnaire with both closed-ended and open-ended questions served as the primary data gathering

tool. The chosen respondents were given the surveys directly. Respondents' opinions about the efficacy of mental health coping mechanisms were gauged using a five-point Likert scale, with 1 denoting Strongly Agree and 5 denoting Strongly Disagree.

Household respondents were given a total of fifty questionnaires. To get more qualitative data, the researcher also spoke with a few community leaders and healthcare professionals through key informant interviews. To guarantee that respondents comprehended the questions and gave accurate answers, appropriate advice was given during the data gathering process.

3.5 Triangulation

By gathering data from several sources or employing several techniques, triangulation is a research methodology intended to increase the validity and dependability of research findings (Denzin, 1978) [9]. Key informant interviews and questionnaires were used in this study to accomplish triangulation. To detect recurring trends and offer a more thorough picture of mental health coping mechanisms among Kalingalinga households, quantitative results were compared with qualitative replies (Bryman, 2016) [4].

3.6 Data analysis

The gathered data was analysed using both descriptive and inferential statistics (Kumar, 2019) [13]. The study variables and demographic features of the respondents were summarized using descriptive statistics, such as frequencies, percentages, tables, and charts. The associations between household coping techniques, community social support, and mental health outcomes were examined using inferential statistics, such as regression analysis and correlation. The Statistical Package for Social Sciences (SPSS) version 26 was used to analyse the data.

3.7 Ethical considerations

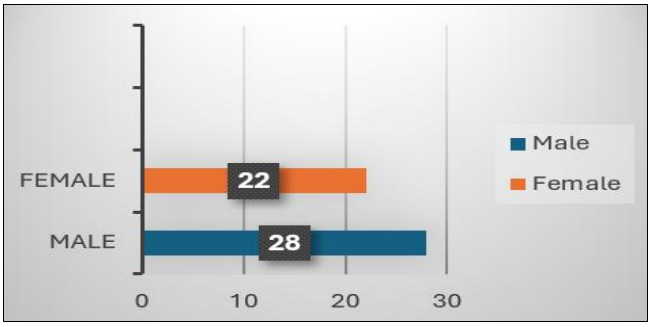
Throughout the entire research process, the study followed ethical research guidelines. Prior to the start of data collection, ethical clearance was acquired. The study's goal and their voluntary involvement were explained to the participants. Throughout the study, informed consent, confidentiality, and anonymity were upheld. Respondents received guarantees that their identities would not be revealed and that the data gathered would only be utilized for academic reasons (Bryman, 2016) [4].

3.8 Limitations

According to Beins (2003) [2], limitations are factors which a researcher foresees as restrictions, problems and such other elements which might affect the attainment of objectivity and validity of the research findings. The following are some of our limitations of the study:

Financial constraints: funding to conduct the research was a challenge in that this research was self-funded, and there were a lot of costs to be incurred, such as transport, printing of questionnaires, binding and others.

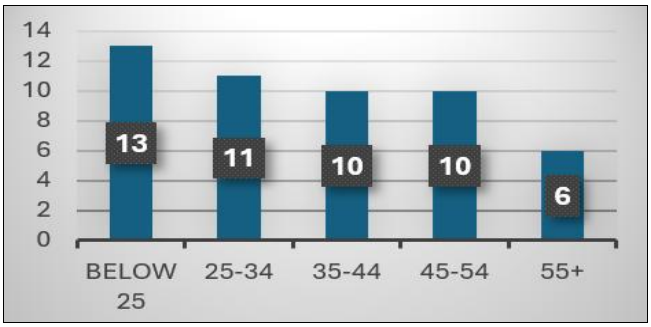
4. Results



Source: Field data by Mary Tembo

Fig 1.1: Distribution of Respondents by Gender

According to the study's findings, 28 (56%) of the respondents were female and 22 (44%) were male. This shows that while female respondents made up a somewhat higher percentage of the sample, both males and females participated in the study.



Source: Field data by Mary Tembo

Fig 1.2: The Distribution of Respondents by Age

According to the survey, 20 respondents, or 40% of the total, were between the ages of 26 and 35. Respondents between the ages of 36 and 45 made up 30% (15 respondents), those between the ages of 18 and 25 made up 18% (9 respondents), and those above the age of 46 made up 12% (6 respondents). According to these results, most participants belonged to the age group that was economically engaged.

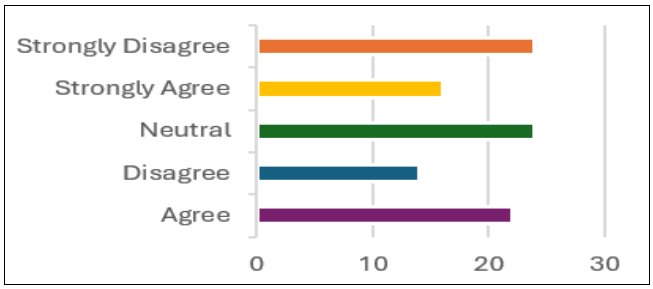
Table 1.1: The distribution of Respondents by Levels of Education

Level of Education	Number of Respondents (f)	Number of Respondents (%)
Tertiary	17	34
Secondary School	11	22
Primary School	14	28
No formal education	8	16
Total	50	100

Source: Field data by Mary Tembo

The results showed that 28% of respondents had completed primary school, 22% had finished secondary school, and 34% had completed postsecondary education. This implies

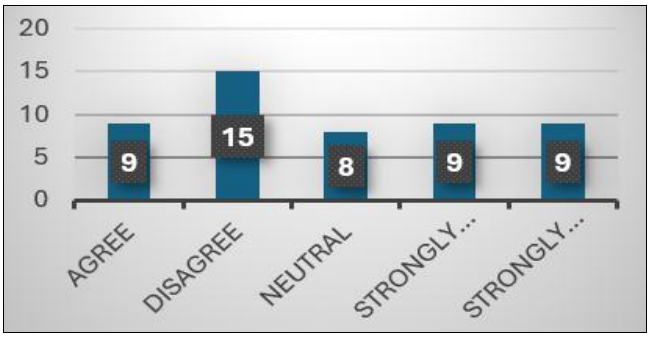
that most respondents had enough education to comprehend and address problems pertaining to coping mechanisms for mental health.



Source: Field data by Mary Tembo

Fig 1.3: Mental health prevalence

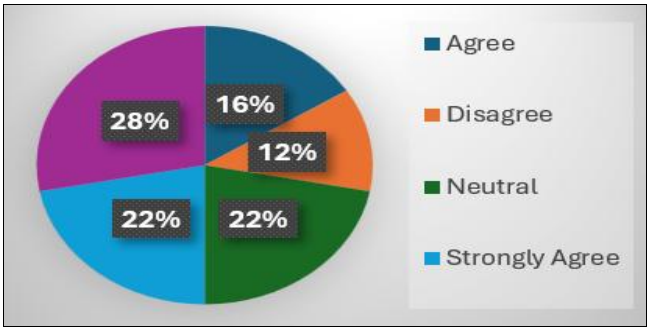
Regarding the prevalence of mental health illnesses, 12 (24%) of the 50 respondents strongly disagreed and 12 (24%) were neutral. The answers were divided overall: just 7 (14%) disagreed, while 11 (22%) agreed and 8 (16%) agreed. The results point to a mixed view, with most participants either neutral or leaning toward disagreement, underscoring the need for further community education, sensitization, and awareness of mental health issues.



Source: Field data by Mary Tembo

Fig 1.4: Effect on work and school

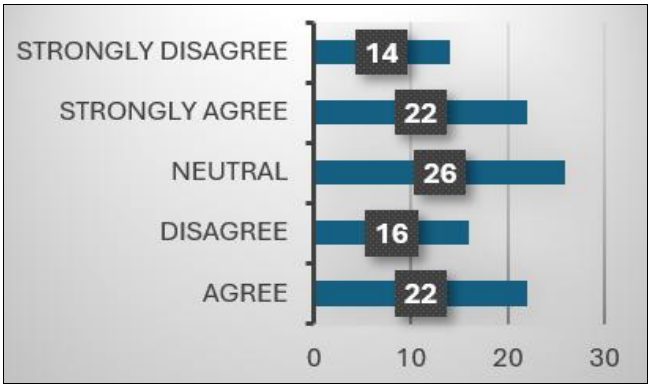
Perceptions of how mental health affects academic or professional performance varied among the 50 respondents. Those who disagreed (15 or 30%) and those who were neutral (8 or 16%) had the biggest shares. Nine (18%) people agreed, nine (18%) strongly agreed, and nine (18%) strongly disagreed. Overall, a sizable percentage tended toward disagreement, showing that many participants might not be aware of or accept how mental health can affect academic or professional performance. This suggests that there may be a need for increased knowledge of these functional impacts.



Source: Field data by Mary Tembo

Fig 1.5: Effect on daily responsibilities

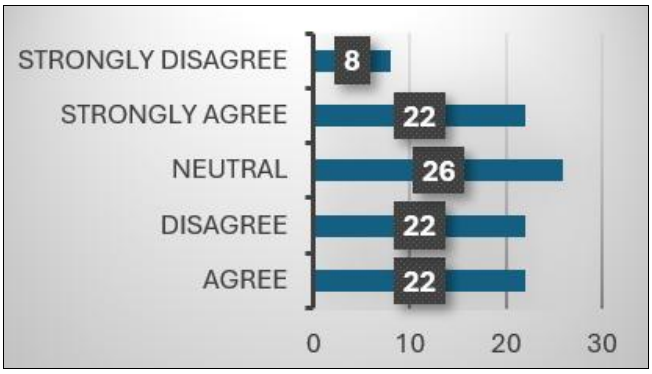
The answers reveal differing opinions regarding whether daily obligations are impacted by mental health. Of the fifty responders, eleven (22%) were impartial and fourteen (28%) strongly disagreed. 11 (22%) strongly agreed, compared to 8 (16%) who agreed and 6 (12%) who disagreed. Overall, the high numbers at both extremities point to a range of experiences or awareness levels, suggesting the need for focused mental health education and suitable interventions to enhance comprehension of how mental health affects day-to-day functioning.



Source: Field data by Mary Tembo

Fig 1.6: Effect on relationships

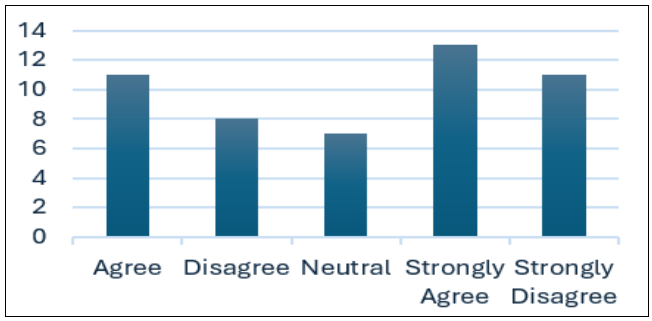
The results reveal differing opinions about how relationships are impacted by mental health. Thirteen (26%) of the fifty respondents were neutral, eleven (22%) agreed, and eleven (22%) strongly agreed that relationships are impacted by mental health. Only 8 (16%) of the individuals disagreed, and 7 (14%) strongly disagreed. Overall, many respondents acknowledge that relationships are impacted to some extent, but a sizable portion are apathetic or unconvinced, which reflects disparities in knowledge and firsthand experiences of the social implications of mental health.



Source: Field data by Mary Tembo

Fig 1.7: Community Emotional Support

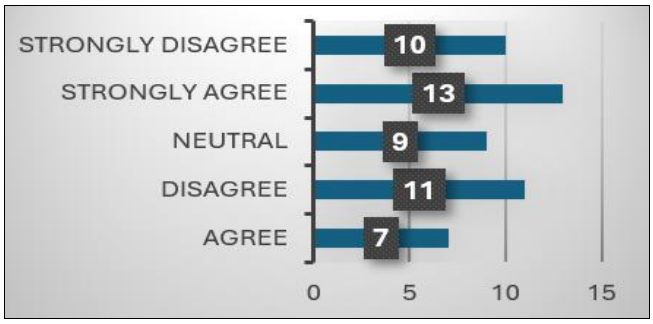
There were differing opinions among the 50 respondents regarding the emotional assistance provided by the community to individuals with mental health concerns. Eleven (22%) agreed, thirteen (26%) were neutral, and eleven (22%) strongly agreed that the community offers emotional support. However, 4 (8%) strongly disagreed and 11 (22%) disagreed, suggesting a smaller minority with little apparent support. Overall, the varying opinions imply that support networks may be inconsistent or perceived differently across homes, even if more than half admit some support.



Source: Field data by Mary Tembo

Fig 1.8: Community Acceptance

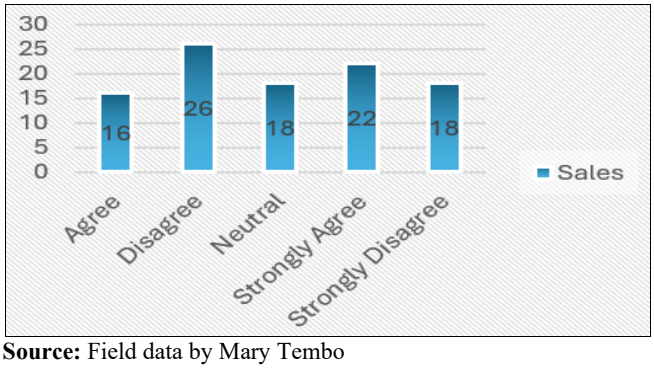
The findings reveal varying opinions on how the community accepts individuals with mental health problems. Of the 50 respondents, 13 (26%) strongly agreed and 11 (22%) agreed that their communities are accepting, indicating a generally favourable opinion. However, 8 (16%) disagreed and 11 (22%) strongly disagreed, indicating that a significant portion of the population believes that acceptance is low. 14% of respondents, or seven, had no opinion. In general, the existence of both stigmatizing and accepting attitudes suggests that greater community awareness is required to increase acceptance of those with mental health issues.



Source: Field data by Mary Tembo

Fig 1.9: Reduction of Stigma

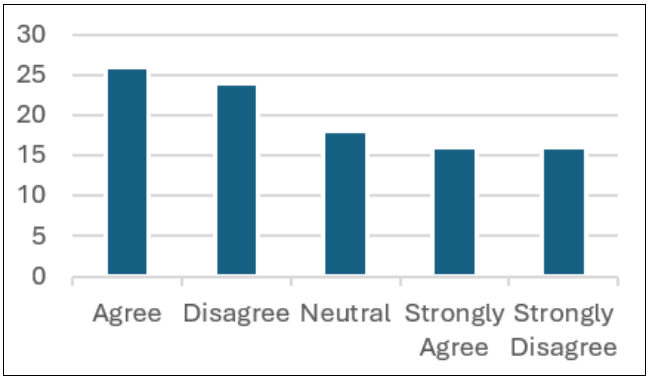
The graph illustrates differing opinions regarding whether stigma toward those who suffer from mental diseases is lessening in society. Of the 50 respondents, 7 (14%) agreed and 13 (26%) strongly agreed that stigma is decreasing, suggesting some perceived progress. Nonetheless, 10 (20%) strongly disagreed and 11 (22%) disagreed, indicating that many people are still worried. Nine individuals (18%) expressed no opinion, indicating ambiguity or conflicting experiences. Overall, the results show that to lessen stigma more successfully, community-based education and anti-stigma initiatives must be strengthened.



Source: Field data by Mary Tembo

Fig 2: Assess the Support Network

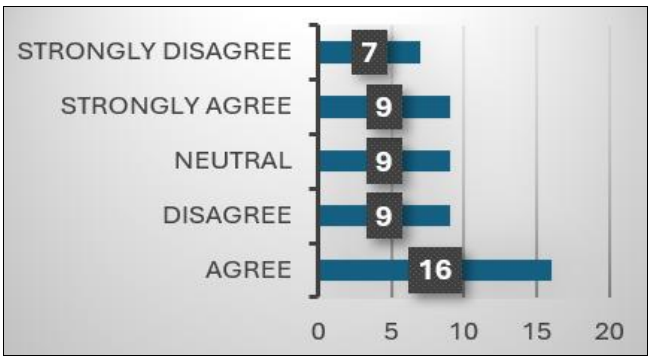
Perceptions of the availability of community support networks for individuals with mental illnesses varied among the 50 respondents. 13 (26%) disagreed that there is appropriate access, with 9 (18%) strongly disagreeing, indicating that many people believe there is little help. However, 8 (16%) and 11 (22%) strongly agreed that there exist support systems. 18% of respondents, or nine, had no opinion. Overall, the findings point to deficiencies in participants' knowledge of community-based mental health services or in the availability of support networks.



Source: Field data by Mary Tembo

Fig 2.1: Family Coping Strategies

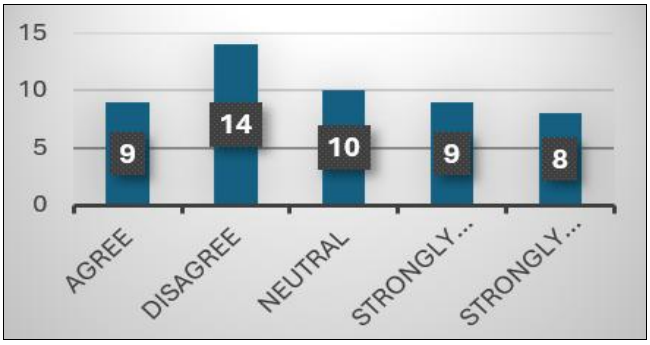
The results reveal differing opinions on how well family coping strategies handle mental health problems. Thirteen (26%) and eight (16%) of the fifty participants agreed and strongly agreed, respectively, that families employ suitable coping techniques, indicating a modest level of perceived support. But 12 (24%) disagreed and 8 (16%) strongly disagreed, indicating that many people think family coping mechanisms are insufficient. Nine individuals (18%) expressed no opinion, indicating ambiguity or conflicting experiences.



Source: Field data by Mary Tembo

Fig 2.2: Stress Reduction from Coping

According to the responses, coping strategies are typically thought to be beneficial for lowering stress. Of the 50 participants, 16 (32%) agreed and 9 (18%) strongly agreed that coping skills assist lower stress, suggesting a favourable opinion overall. However, 9 (18%) disagreed, with 7 (14%) strongly disagreeing, indicating that some participants get little to no respite from stress. Nine individuals (18%) expressed no opinion, indicating conflicting or ambiguous experiences. Overall, the data show that while coping techniques are beneficial to many households, their efficacy varies, underscoring the necessity of promoting adaptive coping mechanisms throughout families and communities.



Source: Field data by Mary Tembo

Fig 2.3: Improved Daily Functioning

The image depicts how participants perceive increased daily functioning because of mental health coping or support systems. Among the 50 respondents, 14 (28%) disagreed, and 8 (16%) strongly disagreed that everyday functioning had improved, showing that a sizable proportion perceived only minimal progress. In contrast, 9 participants (18%) agreed or strongly agreed that their daily functioning had improved. Additionally, 10 respondents (20%) were neutral, indicating confusion or mixed experiences. Overall, the findings indicate that, while some people see gains in their daily functioning, many others report little or no change, emphasising the need for more effective and accessible mental health support programs.

5. Discussion

The purpose of the study was to evaluate how well households in Kalingalinga Township, Lusaka, used coping mechanisms for mental health. The results show that households utilize a variety of coping mechanisms to deal with mental health issues, with differing degrees of success. The debate is organized in accordance with the study's goals.

The study found that coping mechanisms used at home are crucial for handling mental health issues. The results showed that 38% of respondents thought household coping mechanisms were extremely effective, 32% thought they were effective, 20% thought they were somewhat effective, and 10% thought they were ineffective. According to these results, many households rely on open communication, family support, religious activities, and emotional support to deal with mental health issues. The results are in line with Lazarus and Folkman's (1984) [14] contention that good coping mechanisms help people better handle stressful circumstances and increase their psychological well-being.

The study also showed that social support networks within the community have a major favourable impact on mental health outcomes. According to the findings, 36% of respondents thought community support was extremely effective, 30% thought it was effective, 22% thought it was somewhat effective, and 12% thought it was ineffective. These results show that support from social groups, churches, neighbours, and community leaders increases household resilience and helps people who are in psychological distress. The results corroborate Cohen and Wills' (1985) [6] Social Support Theory, which highlights how social connections shield people from the negative consequences of stress and enhance mental health outcomes.

The results also imply that households still face several difficulties in managing mental health issues. The main obstacles to good coping, according to the respondents, are the stigma attached to mental illness, a lack of knowledge about mental health, financial limitations, and restricted access to professional counselling services. These results are in line with earlier research carried out in Zambia and other Sub-Saharan African nations, which found that major barriers to the provision of mental healthcare include unemployment, poverty, and a lack of mental health experts.

The study also found that one of the most popular coping strategies among households is still religious participation. Affected people and their families receive spiritual advice, counselling, and emotional support from churches and other faith-based groups. Although these interventions have a good impact on psychological wellbeing, they should be used in conjunction with professional mental health services rather than in substitute of them, especially for severe mental health conditions.

6. Conclusion

The study evaluated how well households in Kalingalinga Township, Lusaka, used mental health coping mechanisms. The study specifically looked at the contribution of family coping mechanisms to mental health outcomes, the impact of community social support networks, and the efficacy of household coping techniques.

The results showed that many households use constructive coping mechanisms to deal with mental health issues, such as open communication, family support, religious involvement, and social support from the community. It has been discovered that community support networks offer crucial practical and emotional support that enhances psychological wellbeing.

Additionally, the study found that household mental health outcomes are much improved by having access to professional mental health treatments.

Despite these encouraging results, a few issues still have an impact on how well household coping mechanisms work. These include the stigma attached to mental illness, a lack of knowledge about mental health, financial limitations, and the scarcity of mental health services in the community. These obstacles restrict the efficacy of current coping strategies and decrease prompt access to proper mental healthcare.

Therefore, the study comes to the conclusion that improving mental health outcomes among households in Kalingalinga and similar communities requires bolstering community-based mental health programs, expanding access to professional mental health services, raising mental health awareness, and encouraging family-centred interventions.

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