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Article

Mental Illness amongst Family Members: Perceptions of Family Caregivers at a Selected Hospital in Mpumalanga, South Africa

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Abstract: Family caregivers of individuals with mental illnesses frequently experience substantial burdens, encompassing physical, emotional, and financial responsibilities. This study explores family caregivers' common challenges in a selected location, with particular attention to their coping mechanisms. These challenges and strategies are theoretically examined, integrating relevant literature and participants' perspectives. A qualitative research approach explored caregivers lived experiences, perceptions, and adaptive behaviours. The study purposively sampled twelve family caregivers from one of the provinces in South Africa, all providing care to relatives receiving treatment at a designated Mental Health Care Unit. Data were collected through semi-structured interviews and analysed thematically to identify recurring and central themes. The findings reveal that caregivers encounter multifaceted challenges, including financial strain, deteriorating health, exposure to violence, property damage, social stigma, and inadequate structural support. To mitigate these difficulties, comprehensive support systems must empower caregivers to manage their responsibilities effectively. Increased awareness, education, and skills development initiatives are essential to equip caregivers with the necessary tools to navigate their roles. Furthermore, expanding mental health facilities and employing additional social workers could significantly enhance the support available to families providing care.

Keywords: Mental health; mental illness; caregivers; challenges; mental health care user; caregiver burden; stigmatisation.

Introduction

Mental illness causes significant suffering not only to individuals experiencing it but also to their families and surrounding communities. The World Health Organisation (2025) defines mental illness as “clinically significant conditions characterised by alterations in thinking, mood, or behaviour associated with personal distress or impaired day-to-day functioning.” Mental illnesses such as dementia, depression, autism, obsessive-compulsive disorder, psychosis, bipolar disorder, and anxiety disorders affect people globally. According to Nkuna (2019) and Weir (2012), every individual is at risk of developing mental illness if exposed to enough triggers.

Individuals living with mental illness often behave in ways that are uncomfortable or embarrassing, and caregivers commonly live in emotional distress. Even though medication can be beneficial, caregivers frequently struggle to persuade mentally ill relatives to adhere to treatment (Mothwa et al., 2020). Hospitalisation of mentally ill individuals can bring relief to caregivers; however, due to limited resources, this option is often inaccessible. Caring for someone with mental illness imposes significant financial, physical, and social strain on families. It also exposes caregivers to emotional stress, clinical sadness, and depressive symptoms, affecting their quality of life and, consequently, the quality of care provided.

In Africa, national mental health expenditures amounted to just 2.1% per capita in 2020 (Sasu, 2024). South Africa has seen a notable rise in the burden of mental illness over the past two decades. Due to the scarcity of mental health facilities and resources, families are often placed at the centre of caregiving responsibilities. Ghiasi et al. (2023) note a growing bias portraying some mental health care users as violent, antisocial, and demotivated. Such behaviours, such as destroying household items and damaging relationships, further complicate caregiving roles. When mentally ill individuals are not institutionalised or are homeless, the entire caregiving burden falls on families, often without adequate support.

While research on caregivers for individuals with mental illnesses is expanding, Mbedzi et al. (2024) argue that significant gaps remain in understanding caregivers' specific needs, challenges, and coping mechanisms, particularly across diverse backgrounds. Therefore, this study aimed to explore the lived experiences, challenges, caregiver burden, and coping techniques of those caring for individuals living with mental illness. Caregiver burden, as defined by Secinti et al. (2022), refers to the strain borne by individuals providing care to chronically ill or disabled persons, including those with mental illness.

Qualitative data were collected from twelve purposively and conveniently selected participants to achieve this aim. Data collection involved semi-structured interviews guided by open-ended questions, allowing participants to share their experiences in depth. Thematic analysis was employed to organise and interpret the data descriptively, facilitating the identification, evaluation, and presentation of patterns within the data set. The following literature review expands on the daily experiences of the selected caregivers, while the methodology section provides further information about the sampling strategies, data collection tools, and steps taken. The paper concludes by discussing the research findings and highlighting the study's limitations.

Literature Review

1. Availability and Accessibility of Mental Health Services

In South Africa, mental health services such as day-care centres, supervised residences, group homes, rehabilitation, and mobile crisis teams are severely limited, particularly in rural and underdeveloped areas (Sorsdahl et al., 2023). This shortage of formal support systems forces families to become the primary caregivers, placing enormous emotional and physical demands on them. Unlike in developed countries, where institutional support reduces the caregiving burden, South African families often have no choice but to manage complex mental health issues at home. The scarcity of accessible and affordable services also means that early interventions are often missed, exacerbating the severity of mental health conditions and increasing the pressure on caregivers.

2. Impact of Mental Illness on Family Caregivers

Caring for a relative with mental illness fundamentally alters family dynamics. Mental illness introduces long-term instability, with caregivers frequently adjusting their roles, routines, and aspirations to meet the ongoing needs of their loved ones (Phillips et al., 2023). The responsibility of caregiving often extends over many years, leading to disruptions in daily activities, employment, and social relationships (Secinti et al., 2022). Emotional responses are shaped by internal factors, such as a caregiver's resilience, beliefs, past experiences, and external influences like the presence or absence of social support networks. The unpredictable nature of mental illness symptoms, ranging from aggression to withdrawal, requires constant emotional vigilance, which significantly contributes to caregiver burnout, depression, and anxiety (Lian et al., 2019; WHO, 2025).

3. Social Stigma and Its Effects on Caregivers

The stigma surrounding mental illness remains deeply entrenched, not only affecting individuals diagnosed with mental disorders but also extending to their families. Caregivers often encounter prejudice, blame, and social exclusion from their communities (Cruz et al., 2024). Experiences of being shunned or gossiped about can intensify emotional distress and lead to self-isolation. In some cases, families are subjected to direct aggression or even violence from their mentally ill relatives, further compounding their trauma. Research conducted in Tanzania revealed that stigma was a significant reason families preferred institutional care despite its limitations (Ambikile & Iseselo, 2023). Even when families opt for home-based care to promote better adjustment outcomes, they frequently experience heightened feelings of shame, fear, and helplessness (WHO, 2025).

4. Economic and Financial Burden of Caregiving

The financial cost of caregiving adds another layer of difficulty. Families dealing with mental illness often face increased expenses related to transportation to distant healthcare facilities, medical costs, and sometimes repairing property damaged during episodes of illness (Ndlovu & Mokwena, 2023). Poverty and unemployment, which are widespread in South Africa, limit families' ability to afford necessary treatment or support services. Financial strain is further intensified when caregivers have to reduce their working hours or leave employment altogether to provide full-time care. Additionally, caregivers frequently lack basic mental health education, leaving them ill-prepared to manage challenging behaviours effectively (Cruz et al., 2024).

5. Cultural and Traditional Perspectives on Mental Illness

Cultural beliefs heavily influence perceptions of mental illness, and the choices families make regarding care. In many South African communities, traditional healers and religious leaders are the first point of contact for mental health issues (Zingela et al., 2019; Sorsdahl et al., 2023). Traditional explanations of mental illness, such as witchcraft, ancestral displeasure, or spiritual attacks, often coexist with or even conflict with biomedical understandings. As a result, many families initially pursue traditional healing methods before considering psychiatric services (Sandhleni & Singwane, 2023). This dual approach can delay formal treatment, sometimes worsening the prognosis. Furthermore, cultural expectations often dictate that families should care for mentally ill relatives at home, viewing institutionalisation as shameful or a failure to fulfil family obligations (Singwane & Ramoshaba, 2024). These traditional values can provide strong support networks and contribute to the burden when families must manage without external help.

6. Coping Strategies Adopted by Caregivers

Caregivers employ various coping strategies to manage the intense emotional, physical, and financial demands they face. Adaptive strategies include seeking social support from friends, relatives, or formal support groups; engaging in problem-solving; learning about the illness; and practising acceptance and positive reframing (Algorani & Gupta, 2023; Ntsayagae et al., 2019). These approaches promote resilience and psychological well-being, helping caregivers sustain their roles. However, when support is lacking, caregivers may resort to maladaptive strategies such as denial, avoidance, or substance use, which can worsen mental health outcomes. Spirituality and religious faith are essential sources of strength, offering hope and meaning in difficult circumstances (Manamela et al, 2024). Without adequate coping strategies, caregivers are at higher risk for emotional exhaustion, physical illnesses like hypertension, and psychological symptoms such as depression and chronic anxiety.

7. The Role of Social Workers in Supporting Caregivers

Social workers play a crucial role in supporting families who care for relatives with mental illnesses. They are trained to provide psychoeducation about mental illnesses, helping families to better understand symptoms, treatment options, and care strategies (Gambrill, 1999). Social workers also assist caregivers in developing effective coping mechanisms, accessing financial and material resources, and navigating the often-complex mental health care system. By offering emotional support, practical advice, and linkages to community resources, social workers significantly help alleviate the caregiving burden, empowering families to provide better care while maintaining their well-being.

Methodology

1. Research Approach

This study employed a qualitative research approach, which, according to Grove et al. (2013), is a systematic, interactive, and subjective method used to describe people's life experiences and give them meaning. This approach allowed the researchers to incorporate personal values into the study, enabling them to examine and gather in-depth information, as well as compose exemplifications based on the individual experiences of caregivers of persons living with mental illness.

2. Research Design

The study employed a phenomenological research design, which enabled the researchers to identify phenomena, focus on subjective experiences, and understand the structure of those lived experiences through in-depth interviews.

3. Population and Sampling

Twelve family caregivers were explicitly selected to participate in this study. After the 12 caregivers, data saturation was reached, which was sufficient for this qualitative study. These caregivers were families of 12 mental health care users who had family members involved in their lives and hospitalisation, and who would visit at most times.

4. Data Collection and Analysis

Data was collected through semi-structured face-to-face interviews, enabling the researchers to understand the participants' lived experiences better. After the data was collected, it was then analysed thematically. The researchers acknowledge the limitations of collecting qualitative data. However, the researchers addressed this limitation by guaranteeing the quality of the outcomes over reliability, transferability, confirmability, and credibility. Credibility was realised through prolonged in-depth interviews or engagements involving reading nonverbal cues, note-taking, and probing. Notes were taken to ensure the consistency of results. The data was correctly encoded for reliability. One limitation noted for this study was that there were more female than male participants. As a result, the study predominantly denoted the experiences of female family members living with persons who have mental illnesses. Furthermore, the study was limited to generalisation as it used a qualitative design.

The Findings and Discussion

Table 1 presents the demographic characteristics of the twelve participants who took part in the study. The table provides a breakdown of participants by age range, gender, relationship to the person with mental illness, and employment status. This information offers important context for understanding the lived experiences and caregiving roles of the participants, as their demographic backgrounds may influence their perspectives and the nature of their caregiving responsibilities.

Table 1. Participants demographics

Category	Subcategory	Number of Participants (n=12)	Percentage (%)
Age range (years)	10-19	1	8.33
	20-29	2	16.67
	30-39	3	25.00
	40-49	3	25.00
	50-59	2	16.67
	60+	1	8.33
Gender	Male	4	33.33
	Female	8	66.67
	Daughter	1	8.33

Relationship with Patient	Son	2	16.67
	Spouse	3	25.00
	Mother	3	25.00
	Sibling	1	8.33
	Uncle	1	8.33
Employment Status	Employed	5	41.67
	Unemployed	7	58.33

Source: Matsebula and Singwane (2024)

As demonstrated in the table, the study consisted of twelve participants, five of whom were employed and seven of whom were unemployed. One was still in high school in Grade 10 (male), and one had dropped out of college due to mental challenges (also male). Thus, this indicates that most of the caregivers of individuals affected by mental illness were unemployed females aged 32 years and above.

1. An Augmented Degree of Burden on The Family Caregivers

Theme 1 speaks of the amount of burden that comes with caring for a person who lives with mental illness, and four sub-themes developed from this theme are explored below:

Increased Levels of Monetary Strain

Some of the individuals who have mental illness were reported to have been breadwinners at their homes before the onset of their mental illness and lost their jobs and source of income, therefore causing increased levels of financial strain or burden for the caregivers.

A specific group of participants expressed difficulties transporting money to the hospital for medicine collection and general check-ups. A mother to a mentally ill healthcare user of the Hospital shared her experience with her son, who used to provide for the family before he was diagnosed with a mental illness of increasing levels of financial burden, and narrated that:

> *"Things drastically changed in the family because the sickness was never anticipated. My son was the sole breadwinner in the family, and his income was sufficient to support us, but now, all that has changed because my pension is insufficient to feed all of us and care for my grandchildren, whose mother is also not employed. I have to buy food, electricity, and water, which is a problem where we stay, so I also have to fill the Jojo tank with the little money I get. It is just too much."*
>
> (Participant 11, 59-year-old female)

A wife of a man living with mental illness alluded that:

> *"When my husband started getting sick, I was still breastfeeding my last-born child, and as you would know, infants are extremely expensive and raising them demands much money, but with my husband sick and unable to work, things became difficult for me and my children. The little money I got from SASSA could only patch a few things in the house. Caring for the children and him is an exceedingly difficult thing to do now, and I can feel that I will end up in serious debt if God does not come through for me."*
>
> (Participant 7, 38-year-old female).

The findings above indicate that a large number of households of these mental health care users already suffer financially. Moreover, it becomes more burdensome and challenging when one member of the family who was employed and providing financially develops a mental illness, which ultimately makes them lose their job. It then poses severe financial strains for those within the family as they are then left with no income and a vulnerable person to care for, with no visible means of generating income except a rehabilitation grant.

This is consistent with findings by Shamsaei et al. (2015, p. 1–7) found in a study they conducted in Iran that family members caring for or living with persons living with mental illness at home also reported financial difficulties, with the majority of them depending on charity and others being forced to quit their jobs to care for their mentally ill relatives.

Negative Impact on Family Members' Social Lives

Individuals who have mental illness and their caregivers are constantly stigmatised and treated differently. Caring for that person at home tends to have a rather negative impact on the social life of the caregivers as they may resort to social self-restrictions; some even relocate or hide the mentally ill family member as a way of avoiding being stigmatised. Some caregivers are forced to change from the things they like doing to accommodate the sick family member. The physical, psychological, and socioeconomic well-being of caregivers, as well as their ability to manage and adapt to those conditions, are all impacted by living with a mentally ill family member. Without support and constant stigmatisation, they compromise their social well-being and health (Secinti et al., 2022)

> *"This is the hardest part; your life changes completely. Moreover, there is nothing more draining than having a mentally sick mother who sometimes disappears with no one knowing where she is. The name-calling makes it even worse. People no longer see us for who we are, but as the children of the crazy woman. My mother's condition has caused a huge change in my social life; I can no longer go out and enjoy myself with my friends because I always find myself worrying if I will even find her at home when I go back."*
>
> (Participant 3, 17-year-old male)

A participant whose mother is living with mental illness stated that her social life has changed in the following way:

> *"I have lost my self-esteem because of my mother's condition. My mother used to come to my high school and disrupt classes. Moreover, because of that, people started seeing me differently. Some felt sorry for me, but most made fun of me. I started isolating myself a lot and missed many school days because my mother was stressing me out, and at school, I was a joke."*
>
> (Participant 5, 20-year-old male)

Changing everyday routines is only one aspect of caring for a family member who has a mental illness. Secinti et al. (2022) state that the demanding caregiving role interferes with one's day-to-day work and limits their social prospects. Family functioning, in some way, becomes disturbed by the mental illness within the family.

The findings of this study show that some caregivers of persons who live with mental illness are frequently subjected to social isolation and discrimination. Because of the stigma and fear of non-disclosure among community members, caregivers frequently find themselves in situations that are socially isolating.

Health Effects Perpetuated by High Levels of Stress

Some of the immediate health problems of caregivers are related to the stresses of caring for their mentally ill family members. This stress can manifest as conditions such as chest pains, migraine, high blood pressure, gastritis, and colitis. Older people who are caregivers of mentally ill persons may be especially at risk since the rigours of caregiving may affect their physical and mental health, impair their immune systems, and exacerbate already existing chronic health disorders. Other literature suggests that caregivers may become prone to sleep deprivation, weight changes, and regular diarrhoea (Lynch & Lobo, 2012, p. 2125-2134).

A mother of a male mental health care user at the hospital expressed the following:

> *"I have asked God several times what I have done to him to deserve this. I am always stressed out, and my blood pressure is always high, and my diabetes drops all the time due to the level of stress my child causes me. I collapsed at the shopping Centre once because I was stressed out."*
>
> (Participant 2, 52-year-old female)

A son of one of the mental health care users stated the following:

> *"You know my mother's sickness affected me. In late 2020, I was diagnosed with depression, which was caused by the stress I had to endure. I am scared I might end up like her or even worse. I even had to drop out of college because the stress was too much for me, and I could not take it anymore."*
>
> (Participant 5, 21-year-old male).

These findings support the study and findings of Lynch and Lobo (2012, p. 2125-2134) in that caring for a person who lives with mental illness can also be challenging to the caregiver's mental and physical health and can lead to serious health complications. Some family members have found themselves mentally ill as well due to the burden and stress that comes with caring for a mentally ill family member.

Increased Levels of Property Damage

People who live with mental illness may act in ways that are contrary to social norms or even intolerable due to their impaired judgment. Some mentally ill family members occasionally destroy the household and other people's property, leaving the family with the financial burden of fixing the damage. An uncle to one of the mental health care users expressed that:

> *"My nephew can be overly aggressive; he sometimes destroys household utensils and furniture. He always wants things done his way, and if not, he damages property in the house."*
>
> (Participant 10, 36-year-old male)

Another relative to a mental health care user experiencing property damage stated:

> *"I have even given up trying to fix things around the house. My mother loses her temper frequently, and when frustrated, she destroys things in the house. Once, she tried opening the front door, saying she was tired of staying in the house and wanted to go where she would get fresh air, far away from everyone. When she failed to open the door, she threw glasses on the wall and broke the windows in my room to get out of the house."*
>
> (Participant 1, 29-year-old daughter)

A wife to a mentally ill man also stated:

> *"Sisi, if you were to come to my house, you would be surprised to see the condition of my couches. When my husband has an episode, he stabs and cuts through the couches, claiming that the person that only he sees tried to kill him, so he is protecting himself by stabbing him back."*
>
> (Participant 12, 35-year-old female spouse)

The findings of this study indicate that caring for a family member who lives with mental illness can be devastating and costly, as some members with mental illness can damage property, which costs money to replace. Moreover, this can be not easy because the caregiver must always be ready and prepared to protect themselves, other family members, and property and sometimes pay for other people's property.

2. To Provide Care to A Person Living with Mental Illness, Caregivers Devise Both Negative and Positive Family Coping Mechanisms

Coping is managing internal or external pressures that surpass one's resources. Ineffective coping was reported in the majority of the studies reviewed. Having little formal support makes it challenging to manage the duties of caregiving. The family members reported caring for their mentally ill relative as difficult, stressful, and traumatic.

Degrading and Restrictive Means of Coping With The Role of Caregiving

When presented with illnesses such as mental health illnesses, people often become confused as to how to help or cope with a mentally ill family member. They then resort to discerning and restrictive means to cope with the situation. One participant, who is the daughter-in-law providing care to her mother-in-law, stated:

> *"My husband is not a patient person, and if his mother does not want to take her medication, he will just leave her like that. So, I always have to make sure before going to work that she has taken her medication and that I have prepared something for her evening dose. I sometimes crush the pills and add them to her soft porridge because she sometimes does not want to take it at all."*
>
> (Participant 4, 44-year-old female spouse)

A sister to a mentally ill brother expressed that:

> *"Getting my brother to bathe, change clothes, eat, or even take his medication is always a hassle. I have even given up on trying to get him to bathe or clean his room, but I always have to produce plans just for him to take his medication. If you do not force him to take the medication, then he will not take it at all. I either must give him something in return for him to take the medication, or I must ask our neighbour to help me hold him and force him to drink."*
>
> (Participant 9, 41-year-old female sibling)

Another participant expressed that:

> *"I was angry at him and blamed him for being mentally ill. I remember calling my other brother over, and we held him and beat him, telling him to stop smoking the thing he was smoking, and we just wasted our time and energy because he did not until he was admitted here."*
>
> (Participant 10, 36-year-old uncle)

In a study conducted by Janardhana, Raghunandan, Naidu, Saraswathi and Seshan (2015, p.184-194) in India, it was discovered that family members who provide care to their relatives living with mental illness also had to come up with tricky means like mixing food with the medication, as a way to ensure that their relatives take their medication.

The findings above show that caregivers need to be creative and produce strategies to help their family members with mental illness take their medication. This is, however, sometimes difficult because some people can taste the medication even when mixed with food and instantly stop eating the food, meaning that the caregivers need to find other alternatives to make their mentally ill family member take the medication.

Creating a Healthy and Effective Way of Supervising Medication Collection and Administration

Through the caregiving role and process, one may sometimes feel like they should make things better and take it upon themselves to try to ensure that the relative takes all the necessary measures so that they may be healed. Certain participants expressed that they had to see to it that the mentally ill family member took their medication as prescribed by monitoring their medication intake. A husband of a mental health care user at the hospital expressed that:

> *"I always make sure to monitor that she takes her medication because when she does, I see much difference. I even sometimes forget that she lives with a mental illness."*
>
> (Participant 6, 30 years old husband).

Another participant expressed that:

> *"My other daughter and I take turns in monitoring her medication intake. She can go the whole month without having an episode, and when she is fine, we can do things normal people do together. Seeing her laugh and even be in a normal state makes me happy."*
>
> (Participant 8, 44-year-old mother)

As per Avasthi (2010,p. 113-126), families and caregivers can also help the person living with mental illness adhere to their treatment plans. This is accomplished by giving the mentally ill person medication, overseeing and tracking their drug intake, taking them to doctor's appointments regularly, checking their serum levels of psychotropic medications, and many other methods.

The findings above demonstrate that caregivers of individuals living with mental illness play multiple roles in caring for their mentally ill relatives. These include supervising and monitoring medication intake to ensure compliance. This implies that for the person living with mental illness to comply, caregivers must also establish a new routine and become actively involved, overseeing the mentally ill individual's timely and daily medication consumption. Furthermore, caregivers who regularly monitor medication compliance experience a sense of purpose, happiness, and fulfilment because they can observe the effects.

Acceptance

Accepting that a member of your family lives with a condition like mental illness is challenging. This changes your whole idea of life and what it means. The hopes, plans, and knowledge one had changed with acceptance. Some participants stated that they had accepted, while some reported that they were still in the process of accepting.

A mother to a daughter living with mental illness expressed the following:

> *"As hard as it was, I had to realise that I was not only hurting myself but also my other child and eventually accept my daughter's condition and educate myself about it. Things have been easier because I know what I am dealing with and have made peace with it."*
>
> (Participant 8, 44-year-old mother).

Another participant expressed that:

> *"I love my husband so much, and I had to bring myself to understand and accept that this is my husband, and this is what he is living with. Whether mentally unstable or not, he is still my husband, and I have to be strong and support him in his journey. We did go to sangomas like anyone else would when faced with this kind of situation, where you think you are being bewitched, and we tried other means of helping him, but when all failed, I had to counsel myself and come to terms with his condition."*
>
> (Participant 10, 36 male)

The findings of this study show that acceptance makes it easier to conduct your caregiver role. You would no longer need to search for unavailable answers. It also shows that it is easier to conduct the role without feeling like you are being burdened. Acceptance allows caregivers to live their lives and conduct their caregiver roles with less worry and lessen their stress levels.

3. Caregivers Falling Victim to Violent Behaviour Displayed by Members Living with Mental Illness

This theme relates to the violent acts that caregivers endure or experience.

Experiences of Violence, Abnormal Conduct, and Aggression

Several caregivers of persons living with mental illness expressed that they have been victims of violent attacks by their mentally ill relatives. An uncle to a nephew who has a mental illness expressed that:

> *"He hates being told what to do, and if you pester him, he loses it and threatens to silence me. The children in our neighbourhood are scared of him because he is known to be violent."*
>
> (Participant 10, 36 male)

A daughter of a mentally ill mental health care user at the hospital stated that:

> *"My mother-in-law becomes very violent when she has an episode. She will throw stones at us. She will keep quiet and not talk to anyone, and if you continue trying to talk to her or make her do things, she will silently go outside to pick stones and throw them at you."*
>
> (Participant 4, 44-year-old daughter-in-law)

It is shown in the findings of this study above that being violently attacked by a person who has a mental illness not only instigates bodily discomfort but also leaves a lasting mark on the heart. It was also noted that sharing their experiences made the participants emotional, signifying that what they were experiencing was daunting. This can make one feel helpless and powerless, as some people would feel that there is no point in fighting a person with a mental illness, as their comprehension is impaired.

Discussion

The study's findings illuminate the complex and multifaceted challenges faced by family caregivers of individuals with mental illnesses in Mpumalanga, South Africa. These challenges encompass caregiving's emotional and physical burdens and the broader socio-economic and cultural contexts that shape caregivers' experiences. The study highlights that caregivers experience a profound sense of burden, which aligns with the definition provided by Secinti et al. (2022) regarding the strain borne by those caring for individuals with chronic illnesses. The emotional toll is particularly significant, as caregivers often grapple with feelings of helplessness and frustration due to the unpredictable nature of mental illness. This resonates with Phillips et al. (2023), who describe caregiving for a mentally ill family member as a long-term crisis that necessitates constant adaptation within family dynamics.

Moreover, the findings reveal that caregivers often endure deteriorating health themselves, which echoes Lian et al. (2019), who found higher rates of stress and mental health issues among caregivers of individuals with mental illnesses compared to those caring for individuals with physical ailments.

The stigma associated with mental illness emerges as a critical theme in this study. Caregivers face not only the distressing behaviours exhibited by their relatives but also societal discrimination stemming from misconceptions about mental health (WHO, 2025). This dual challenge leads to social isolation, as families may withdraw from community interactions to avoid judgment or misunderstanding. Cruz et al. (2024) corroborate this perspective, noting that caregivers often experience heightened emotional disturbances due to both caregiving roles and societal perceptions of mental illness.

The fear of violence from mentally ill relatives further complicates this dynamic, creating an environment where caregivers feel unsafe within their own homes (Cruz et al., 2024). This fear can lead to heightened anxiety and a pervasive sense of powerlessness as caregivers navigate the unpredictable nature of their loved ones' conditions while simultaneously managing societal expectations and stigma. Economic strain is another significant aspect highlighted in the findings. Caregivers frequently bear substantial financial burdens related to treatment costs, transportation, and property damage caused by their mentally ill relatives (Ndlovu & Mokwena, 2023). The intersection of poverty and unemployment exacerbates these financial challenges, limiting caregivers' ability to access necessary resources or support services. This finding aligns with existing literature that underscores how economic factors significantly impact caregiver experiences (Ndlovu & Mokwena, 2023).

Furthermore, the lack of informative support compounds these economic difficulties, as many caregivers report feeling ill-equipped to manage their relatives' conditions effectively (Cruz et al., 2024). Cultural beliefs play a pivotal role in shaping caregivers' experiences and perceptions of mental illness. The preference for traditional healing methods over formal mental health services reflects deep-rooted cultural attitudes towards health and illness (Zingela et al., 2019; Sorsdahl et al., 2023). While some families may find solace in traditional practices, this reliance can also hinder access to appropriate medical care, resulting in prolonged suffering for both the caregiver and the individual living with mental illness. The findings suggest a need to integrate cultural perspectives into mental health care frameworks. By acknowledging and respecting traditional beliefs while providing access to evidence-based treatments, healthcare providers can foster more effective partnerships with families and enhance overall care quality.

Oftentimes, families or caregivers of mentally challenged people struggle with ways in which they can help the mentally ill individual. This is often due to not having enough information and knowledge of available resources, as well as a lack of basic understanding of the numerous existing mental health conditions. Moreover, caregivers face the most significant challenge as they are mainly at the receiving end of whatever comes their way regarding their loved ones' mental conditions. This is supported by authors such as Kamal (2014), Nkuna (2019), and Mbedzi, van der Wath, and Moagi (2024).

Conclusion

It can thus be deduced that caregivers are essential in providing care for people living with mental illness, which recurrently involves duties and experiences that can be terrible at times due to the nature of the illness. Caregivers sometimes ignore their health when providing care to their mentally ill relatives because they must put the needs of that family member before their own. For the health and well-being of the caregivers, they must receive the recommended support and psychological care, in addition to other factors. It is also demonstrated that most of the challenges faced by these caregivers emanate from a lack of information, stigmatisation, failure to accept, as well as ineffective coping mechanisms. A limitation noted is that the study comprised more female participants, which results in a focus on the experiences of female caregivers, limiting data diversification. The study is also limited in its generalizability due to its qualitative design.

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