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Bearing the Weight: Exploring the Lived Experiences of Caregivers of Persons with Chronic Mental Illness

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Caregivers of individuals with chronic mental illness experience a profound burden, impacting their emotional, social, and physical well-being. The long-term stress of caregiving can lead to burnout, social isolation, financial strain, and deteriorating mental health. This study explores the subjective experiences of caregivers, highlighting their challenges, coping mechanisms, and the impact on their quality of life. A qualitative approach employing in-depth interviews with caregivers of individuals diagnosed with chronic mental illness. A purposive sampling technique will be used to select participants who have been primary caregivers for at least a year. Thematic analysis will be conducted to extract key themes from their narratives. Preliminary findings suggest that caregivers experience emotional distress (anxiety, guilt, helplessness), social withdrawal, financial burden, and physical exhaustion. Many reported feelings of self-blame, frustration, and depression. Additionally, their quality of life is shaped by factors such as access to social support, coping strategies, and the availability of mental health resources. Despite hardships, some caregivers demonstrate resilience, discovering personal growth, deeper empathy, and a renewed sense of purpose through their caregiving journey. Addressing the challenges faced by caregivers requires a holistic approach, incorporating mental health interventions, social support networks, and policy reforms to ease their burden and improve their well-being. The study underscores the need for psychological counseling, community engagement, and financial aid to sustain caregivers in their critical roles.

Keywords: Caregiver burden, chronic mental illness, quality of life, emotional distress, resilience.

Caring for a person with chronic mental illness is a profound and often overwhelming experience that affects multiple dimensions of a caregiver's life, including their emotional, social, financial, and physical well-being. The prolonged exposure to stress, uncertainty regarding the patient's condition, and societal stigma associated with mental illness contribute to significant caregiver burden. This burden can manifest as psychological distress, social isolation, financial strain, and deterioration in the caregiver's physical health. Studies suggest that caregivers often struggle with depression, anxiety, exhaustion, and feelings of helplessness, making caregiving a complex and emotionally taxing role.

Despite the increasing recognition of caregiver burden, there remains a gap in understanding their lived experiences, particularly in low- and middle-income countries like India. Cultural expectations, social norms, and limited access to mental health services further exacerbate the challenges faced by caregivers. Many caregivers report feelings of guilt, self-blame, and frustration, similar to the experiences of individuals who have endured trauma. This psychological burden often leads to disruptions in various aspects of their well-being, including behavioral (irritability, aggression), cognitive (poor concentration, decision-making difficulties), emotional (helplessness, anxiety), social (withdrawal, strained relationships), and physical (insomnia, fatigue) functions.

However, caregiving is not solely associated with negative outcomes. Some caregivers report personal growth, increased emotional resilience, and a deeper sense of empathy. Their ability to navigate the challenges of caregiving is largely influenced by factors such as the availability of social support, coping mechanisms, and access to professional guidance. Understanding the experiences of caregivers is essential for designing effective interventions that provide emotional and social support, mitigate stress, and improve their overall quality of life.

This study seeks to explore the burden and quality of life among caregivers of individuals with chronic mental illness through their personal narratives. By adopting a qualitative approach, this research aims to uncover their lived experiences, coping strategies, and emotional transformations. The findings can contribute to developing targeted policies and mental health interventions that address their unique challenges and provide them with the necessary resources to sustain their caregiving roles without compromising their own well-being.

Review of Literature

The burden experienced by caregivers of individuals with chronic mental illness is a multifaceted challenge that affects their emotional, social, financial, and physical well-being. Understanding the various dimensions of this burden is essential for developing effective support systems and interventions. The following review explores the existing literature on caregiver burden, focusing on its impact on caregivers' mental health, coping strategies, and the need for systemic support

Caregiver Burden and Its Impact on Mental and Physical Health

Caregiver burden refers to the physical, emotional, social, and financial strain experienced by those providing care to individuals with chronic illnesses, particularly mental health conditions. Research has consistently documented that caregivers of individuals with chronic mental illness endure significant psychological stress, which can manifest as depression, anxiety, and burnout (Schulz & Sherwood, 2008). Chronic caregiving, particularly for individuals with severe mental disorders such as schizophrenia or bipolar disorder, can lead to detrimental physical health consequences like hypertension, sleep disturbances, and an increased risk of cardiovascular diseases (Chakrabarti & Gill, 2019). The emotional toll on caregivers is compounded by the unpredictability of mental illness and the frequent relapses experienced by patients, leading to prolonged periods of uncertainty, stress, and fatigue. Studies suggest that caregivers often face a downward spiral in which emotional and physical exhaustion feed into one another, increasing vulnerability to chronic health problems (Latha et al., 2021).

Emotional and Psychological Challenges in Caregiving

The emotional challenges of caregiving are profound and multifaceted. Caregivers often experience feelings of helplessness, guilt, frustration, and a loss of personal identity, particularly in cases where the patient shows minimal improvement (Gupta et al., 2020). These emotional responses, especially self-blame and guilt, are akin to those experienced by individuals with a history of trauma (Kashyap et al., 2024). The psychological toll is exacerbated by the lack of adequate social support and societal stigma surrounding mental illness, which prevents caregivers from seeking help and further contributes to feelings of isolation and emotional exhaustion (Ghosh & Basu, 2017). The continuous emotional strain can lead to a phenomenon known as caregiver burnout, characterized by a depletion of emotional resources, withdrawal from social activities, and an overall decline in mental health (Folkman & Lazarus, 1988). Furthermore, caregivers are often at increased risk for developing mental health conditions themselves, including depression and anxiety, due to the compounded stress of managing caregiving duties alongside their personal and professional lives (Schulz & Sherwood, 2008).

Social and Financial Burden of Caregiving

Social isolation is a significant challenge faced by caregivers. As caregiving demands increase, individuals often withdraw from social circles, leading to a reduction in social interactions and support. The withdrawal is often intensified by stigma, with caregivers reporting negative judgments from family members, friends, and even strangers, which can lead to feelings of shame and exclusion (Gérain & Zech, 2019). Caregivers of individuals with mental illness frequently report a diminished sense of belonging, loss of friendships, and strained relationships due to the stigma surrounding mental health (Gupta et al., 2020). This social isolation can exacerbate feelings of depression, loneliness, and hopelessness.

Financial strain is another critical issue, particularly for caregivers who are required to reduce working hours or leave their jobs altogether to manage caregiving responsibilities. The financial burden often extends beyond lost wages, with caregivers spending significant portions of their income on medications, therapy, and other medical expenses (Thara et al., 2019). For many caregivers, this results in long-term economic instability and an inability to meet basic living expenses, which further contributes to caregiver distress (Chatterjee et al., 2017). The lack of financial resources often leads to caregiving being viewed as an economically unsustainable responsibility, which can worsen the overall quality of life for both caregivers and the individuals they care for.

Coping Strategies and Emotional Resilience in Caregiving

Despite the immense strain, many caregivers develop adaptive coping strategies that help them manage the challenges they face. Social support is one of the most significant protective factors, as caregivers who engage with peer groups, family, and mental health professionals tend to report lower levels of stress and greater resilience (Lakshmana et al., 2022). The emotional support and shared experiences provided by peer networks allow caregivers to feel understood, reducing isolation and enhancing their sense of empowerment.

In addition to social support, many caregivers draw strength from religious and spiritual practices. Spirituality has been found to provide emotional resilience, offering caregivers a sense of purpose, hope, and coping in the face of adversity (Joseph et al., 2018). Religious beliefs and practices, such as prayer and meditation, have been shown to mitigate stress and contribute to a caregiver's ability to maintain emotional well-being (Joseph et al., 2018). Caregivers who engage in problem-focused coping, such as seeking practical solutions to caregiving challenges, also tend to experience better mental health outcomes compared to those who rely on avoidance or emotional coping strategies (Folkman & Lazarus, 1988).

The Need for Mental Health Interventions and Support for Caregivers

Given the complex and multidimensional challenges faced by caregivers, there is a pressing need for targeted mental health interventions that address their specific needs. Studies have consistently emphasized the importance of psychoeducational programs, stress management workshops, and respite care services to reduce caregiver burden and improve overall well-being (Magliano et al., 2005). These interventions provide caregivers with practical tools for managing stress and improving their quality of life, as well as offering emotional relief through peer support and counseling.

Moreover, community-based mental health programs, particularly in low-resource settings, have been identified as crucial in reducing the stigma surrounding mental illness and providing much-needed support to caregivers (Murthy, 2017). Policies aimed at integrating mental health services into primary care and providing financial support for caregiving families have been proposed as critical components in alleviating caregiver stress and preventing burnout (Patel et al., 2016). For caregivers in lower-income settings, access to financial aid, caregiver support programs, and workplace policies that provide flexible work hours or caregiver leave are vital in addressing both social and financial stressors.

Enhancing the Conceptual Understanding of Caregiver Burden

This literature review underscores the complex nature of caregiver burden, emphasizing the interconnectedness of emotional, social, financial, and physical challenges faced by caregivers of individuals with chronic mental illness. The review highlights the need for a comprehensive approach to caregiving, one that includes mental health interventions, social support systems, and policy-level changes to alleviate the strain on caregivers. By enhancing the conceptual understanding of these challenges, this study aims to provide insights into effective strategies and support mechanisms that can improve the well-being of caregivers, reduce burnout, and ultimately enhance the quality of care provided to individuals with chronic mental illness.

Method

Study Design

This study adopts an exploratory qualitative research design to gain an in-depth understanding of the burden and quality of life among caregivers of persons with chronic mental illness. A thematic analysis approach is employed to analyze the lived experiences of caregivers, focusing on their emotional, social, financial, and psychological well-being. This method allows for a deeper exploration of personal narratives and subjective experiences, similar to the approach used in Kashyap et al. (2024).

Study Setting

The study is conducted in mental health care centers, psychiatric hospitals, and community-based organizations that provide support for individuals with chronic mental illnesses. Participants are recruited from both urban and rural areas to capture diverse caregiving experiences.

Study Sample

A purposive sampling technique is used to select caregivers who meet the following inclusion criteria:

- Primary caregiver of an individual diagnosed with a chronic mental illness (e.g., schizophrenia, bipolar disorder, major depressive disorder).
- Providing care for at least one year to ensure prolonged exposure to caregiving responsibilities.

- Aged 18 years and above, irrespective of gender.
- Willing to share their experiences and provide informed consent.

A total of 20-40 caregivers are selected for in-depth interviews, ensuring data saturation is reached when no new themes emerge.

Data Collection Method

In-depth semi-structured interviews are conducted to explore the caregivers' challenges, coping mechanisms, and quality of life. The interview guide includes open-ended questions such as:

a) Can you describe your daily caregiving responsibilities?

b) How has caregiving affected your emotional and mental well-being?

c) Have you experienced any social or financial challenges due to caregiving?

d) Have you experienced any physical health issues as a result of your caregiving role (e.g., fatigue, sleep disturbances, chronic pain)?

e) What coping strategies have helped you manage stress?

f) What kind of support do you need to improve your quality of life?

To build rapport and encourage openness, caregivers are given time to express their thoughts freely. Interviews last 45 minutes to 1 hour and are conducted in local languages (Hindi, English, or regional dialects) as per the participant's preference.

Data Analysis

Interviews are audio-recorded, transcribed verbatim, and analyzed using thematic analysis as outlined by Braun & Clarke (2006). The analysis follows these steps:

1. Familiarization with data – Reading transcripts multiple times.
2. Generating initial codes – Identifying key patterns in caregivers' narratives.
3. Searching for themes – Grouping similar codes into broader themes.
4. Reviewing themes – Refining and validating emerging themes.
5. Defining and naming themes – Interpreting how themes relate to caregiver burden and quality of life.
6. Producing the final report – Linking themes to existing literature.

NVivo software is used for data management and coding. If NVivo does not yield meaningful results, themes are manually extracted, ensuring authentic representation of caregiver experiences.

Results

To contextualize the lived experiences of caregivers, the study first gathered demographic information using a brief structured questionnaire administered prior to the in-depth interviews. This data provided insights into participants' age, gender, relationship to the person with mental illness, duration of caregiving, employment status, and socioeconomic background. Understanding these characteristics was essential for interpreting the caregivers' narratives and identifying how personal and social factors influence their experiences. The demographic profile of the 38 participants is presented below, followed by a detailed thematic analysis of the interview data.

Demographic Profile of the Participants

The study included 38 caregivers of persons with chronic mental illness. The participants varied in age, gender, relationship to the patient, duration of caregiving, employment status, and socioeconomic background. The demographic details of the participants are summarized in the table no. 1 below:

Table 1: Demographic Characteristics of Participants (N = 38)

Characteristics	Frequency (N)	Percentage (%)
Age (in years)		
25 – 34	7	18.4
35 – 44	10	26.3
45 – 54	12	31.6
55 and above	9	23.7
Gender		
Female	26	68.4
Male	12	31.6
Relationship to the Patient		
Parent	15	39.5
Spouse	10	26.3
Sibling	7	18.4
Child	6	15.8
Duration of Caregiving		
1 – 3 years	10	26.3
4 – 6 years	12	31.6
7 – 10 years	9	23.7
More than 10 years	7	18.4
Employment Status		
Employed (Full-time)	12	31.6
Employed (Part-time)	8	21.1
Unemployed	10	26.3
Homemaker	8	21.1
Socioeconomic Status		
Lower-income	15	39.5
Middle-income	14	36.8
Upper-middle income	9	23.7

Key Observations:

1. Age Distribution: The highest proportion of caregivers (31.6%) are in the 45–54 age group, highlighting that middle-aged individual bear the greatest caregiving responsibilities.
2. Gender Representation: A majority (68.4%) of caregivers are female, confirming that women disproportionately take on caregiving roles.
3. Relationship to Patient: Parents (39.5%) are the most common caregivers, followed by spouses (26.3%), indicating that family members are the primary support system for individuals with chronic mental illness.
4. Duration of Caregiving: Many caregivers (50%) have been in this role for over 4 years, showing the long-term commitment caregiving requires.
5. Employment and Financial Burden: A significant number of caregivers (26.3% unemployed) face job losses or reduced income, while 39.5% belong to lower-income groups, emphasizing the financial strain of caregiving.

This demographic analysis underscores the significance of personal, social, and economic factors in shaping caregivers' experiences. It highlights the diversity among participants while also revealing shared patterns of responsibility, burden, and vulnerability. These contextual factors are critical in interpreting the subjective narratives that follow.

Building on this foundation, the thematic analysis of the caregivers' narratives identified several key themes related to the burden of care and its impact on quality of life. The findings reveal that caregiving for individuals with chronic mental illness affects multiple dimensions of well-being, including emotional, social, financial, and physical health. Despite these considerable challenges, many caregivers also expressed experiences of resilience, personal growth, and a renewed sense of purpose. The results are presented under the following themes:

1. Emotional and Psychological Burden

The emotional and psychological burden of caregiving for individuals with chronic mental illness was a central theme in the caregivers' narratives. A majority of caregivers reported experiencing emotional exhaustion, chronic stress, and feelings of helplessness due to the unpredictability of the patient's condition. Caregivers frequently described experiencing anxiety, frustration, guilt, and depression, which closely resemble trauma responses seen in survivors of childhood abuse (Kashyap et al., 2024). These emotions were compounded by the lack of control over the caregiving situation, with many caregivers feeling they were unable to improve their loved one's condition despite their best efforts.

For example, one mother of a 25-year-old with schizophrenia expressed:

"I feel like I have lost control over my life. My entire routine revolves around my son's needs. There are days when I feel completely exhausted and emotionally drained."

Another wife, caring for a husband with bipolar disorder, shared:

"I don't remember the last time I had a full night's sleep. I am always anxious, thinking about what might happen next."

These narratives demonstrate the profound emotional strain caregivers experience due to the constant demands of caregiving. Many described feeling mentally exhausted, emotionally drained, and overwhelmed by the unpredictability of their loved ones' symptoms, including frequent relapses, non-compliance with treatment, and social stigma. These factors led to feelings of helplessness, frustration, and despair.

A particularly significant finding was the self-blame and guilt that permeated the caregivers' narratives. Caregivers often internalized the struggles of their loved ones, assuming personal fault for their condition. Some reported feeling as though they had failed in their caregiving role, expressing regret for not recognizing symptoms sooner or for their perceived inadequacies as parents or spouses:

"I often feel like I must have done something wrong in my past life to deserve this. My son was such a bright child, and now he barely recognizes me some days. Did I fail as a mother?" – (Mother, caregiver to a 27-year-old son with schizophrenia)

"There are days when I feel completely helpless. No matter how hard I try, nothing seems to change. I sometimes wonder if I'm even making a difference." – (Husband, caregiver to a wife with bipolar disorder)

This internalization of blame reflects patterns observed in trauma survivors, where individuals often believe themselves to be responsible for circumstances beyond their control (Kashyap et al., 2024). The guilt caregivers felt was not limited to the perceived failures related to the patient's illness, but extended to the emotional resentment many felt towards their loved ones. One caregiver, a wife caring for a husband with PTSD, admitted:

"I love my husband, but sometimes I resent him. I feel terrible even saying that, but I have lost so much of myself in taking care of him."

Despite the naturalness of these emotions, caregivers frequently reported feeling guilty for harboring frustration or resentment, emotions that were inevitable given the immense stress they endured. The chronic caregiving stress contributed to physical symptoms such as headaches, fatigue, and insomnia, compounding their emotional burden. The constant emotional exhaustion also led to burnout, a condition where caregivers lost interest in activities or routines they once enjoyed, further contributing to a sense of emotional numbness.

In addition to the emotional distress, many caregivers reported a profound loss of identity. The caregiving role dominated every aspect of their lives, leaving little room for personal space, hobbies, or professional aspirations. As one caregiver of a wife with schizoaffective disorder reflected:

"I don't have time for anything anymore. No hobbies, no outings, no personal space. My whole life is about taking care of my wife. I don't know who I am apart from being a caregiver."

This sense of losing their personal identity was also echoed by other caregivers who struggled with social isolation and the abandonment of their social lives. The overwhelming focus on the patient's needs left little time or energy for caregivers to maintain friendships or engage in activities that could offer them a sense of purpose outside caregiving.

The findings from this study are consistent with previous research that explores the psychological impact of caregiving. Several studies have highlighted the emotional burden caregivers face, with particular emphasis on anxiety, depression, and guilt (Awad & Voruganti, 2008; Schulze & Rössler, 2005). According to Folkman and Moskowitz (2004), caregiver stress often manifests in the form of emotional and psychological exhaustion due to the constant emotional demands placed on caregivers.

Moreover, self-blame and guilt are common psychological reactions in caregivers, especially in those caring for individuals with mental illness, where the unpredictable nature of the illness exacerbates feelings of personal responsibility (Chakrabarti, 2016). Burnout, another theme identified in this study, has been extensively documented as a common consequence of long-term caregiving, leading to physical symptoms such as fatigue and sleep disturbances (Pinquart & Sörensen, 2007).

This emotional toll emphasizes the urgent need for psychological interventions and support systems that can address the mental health and emotional needs of caregivers, helping them manage stress, avoid burnout, and maintain their well-being while performing their caregiving role.

2. Social Isolation and Stigma

A recurring theme in caregivers' experiences was social withdrawal, largely driven by the stigma associated with mental illness. Many caregivers reported feeling judged by relatives, friends, and society, leading to shame, embarrassment, and a reluctance to engage in social activities. This stigma often resulted in caregivers avoiding family gatherings and other social settings, where they felt judged or misunderstood. One caregiver shared the following:

"People in my community don't understand mental illness. They blame me for my brother's condition. I have stopped attending family functions because of their comments." – (Sister, caregiver to a sibling with major depressive disorder)

Similarly, another caregiver described:

"My friends have distanced themselves from me. I barely have time for socializing, and even when I do, I feel like I don't belong anymore." – (Husband, caregiver to a wife with schizoaffective disorder)

These accounts underscore the social isolation experienced by caregivers, which can be exacerbated by the misunderstanding and misconceptions surrounding mental illness. Caregivers felt marginalized and ostracized from their social circles due to the negative attitudes toward mental health.

Many caregivers also reported being directly blamed for their loved one's condition, reinforcing the guilt and shame they already felt. For instance, one mother of a daughter with major depressive disorder explained:

"People keep telling me that my daughter's depression is because I didn't raise her properly. They don't understand that it's an illness, not a parenting failure." – (Mother, caregiver to a 22-year-old daughter with major depressive disorder)

Another caregiver, whose wife suffers from schizophrenia, recounted:

"Neighbors whisper about my wife's schizophrenia as if it's something shameful. They avoid us, and I feel like we are outcasts." – (Husband, caregiver to a wife with schizophrenia)

This stigma often leads to emotional distress, isolation, and a reluctance to seek help. Caregivers reported feeling that they were carrying an invisible burden, not just from the caregiving role but also from the negative perceptions and social alienation they experienced. This isolation made it difficult for caregivers to access social support and left them feeling like they were navigating their challenges alone.

The stigma faced by caregivers of individuals with mental illness has been well-documented in the literature. Corrigan and Watson (2002) found that individuals with mental illness often experience significant stigma, which is then extended to their families and caregivers. This stigma can manifest in various ways, including discrimination, social exclusion, and negative judgments about the patient's behavior or treatment adherence. The emotional burden of caring for someone with mental illness is thus compounded by the societal rejection caregivers face (Perlick et al., 2007).

Social withdrawal and loss of friendships are common consequences of caregiving, as caregivers often feel that they cannot participate in social gatherings due to the fear of judgment or misunderstanding (Chadda, 2014). The phenomenon of self-blame reported by caregivers in this study aligns with findings from Kashyap et al. (2024), who suggested that caregivers often internalize societal blame, assuming responsibility for the illness and its effects, even when there is no basis for such feelings.

Moreover, caregivers' emotional distress due to stigma and isolation reflects the broader impact of societal attitudes toward mental illness. Pinquart & Sörensen (2007) highlight that caregivers who experience social stigma tend to exhibit higher levels of depression and anxiety, further exacerbating the challenges they face in providing care.

The literature suggests that reducing stigma through public education and community engagement could help alleviate the isolation caregivers face, while also improving their access to social support networks and mental health resources.

3. Financial Burden and Workplace Challenges

A critical theme identified by caregivers was the financial burden associated with caregiving. The responsibility of providing care for a loved one with chronic mental illness often leads to significant financial strain on families, with many caregivers reporting that they had to quit their jobs, reduce work hours, or spend a large portion of their income on medical expenses. The cost of medications, therapy, and hospital visits placed considerable pressure on their finances. One caregiver, a daughter of a father with a psychotic disorder, explained:

"I had to leave my job to take care of my father. Now, we are struggling financially. The cost of medicines and therapy is too high." – (Daughter, caregiver to a father with psychotic disorder)

Another caregiver, a son taking care of his mother with dementia, mentioned:

"My employer is supportive, but balancing work and caregiving is extremely difficult. I constantly feel guilty—either for neglecting work or for not being there for my mother." – (Son, caregiver to a mother with dementia)

For many caregivers, medical costs such as medications and therapies consume a substantial portion of their income, leaving little for other household expenses. This financial stress leads to debt accumulation, feelings of helplessness, and additional anxiety. One father, whose son has schizophrenia, reflected:

"Most of my salary goes toward my son's medications and therapy. Some months, we barely have enough for groceries. It feels like there's no end to these expenses." – (Father, caregiver to a 25-year-old son with schizophrenia)

Another caregiver, a wife whose husband has bipolar disorder, described:

"We had to sell our land to afford my husband's treatment. I don't know how we will survive in the coming years." – (Wife, caregiver to a husband with bipolar disorder)

For caregivers from lower-income groups, the financial strain was even more severe. Many reported taking loans, relying on charity, or sacrificing their own healthcare needs to ensure their loved ones received proper treatment. One daughter, who was a school teacher, explained:

"I was a school teacher, but I had to quit my job to take care of my mother. Finding another job with flexible hours has been impossible, and now we are entirely dependent on my father's pension." – (Daughter, caregiver to a mother with schizoaffective disorder)

Another caregiver, a sister, shared:

"I had to take so many leaves for my brother's hospital visits that I was eventually asked to resign. No company wants to hire someone with so many family responsibilities." – (Sister, caregiver to a sibling with major depressive disorder)

The lack of workplace policies to support caregivers exacerbates the situation. Many employers do not provide the necessary flexibility, leaving caregivers with no choice but to prioritize caregiving responsibilities over their careers. This financial instability only adds to the already overwhelming stress caregivers face in managing both their personal and medical expenses.

The financial burden faced by caregivers has been widely documented in the literature. Pinquart & Sörensen (2007) emphasize that caregiving for individuals with chronic mental illnesses often results in economic strain, especially when caregivers are forced to reduce their work hours or leave employment altogether. Chadda (2014) also highlights that caregivers frequently report feeling financially compromised due to the high costs of treatment, and often, caregivers from lower-income backgrounds are disproportionately affected.

Studies have shown that caregivers' income is often redirected toward medical costs, leaving little for daily living expenses. This financial pressure can result in increased stress and mental health issues such as anxiety and depression (Cohen & Colantonio, 2013). The lack of workplace policies to support caregivers further exacerbates their financial and emotional burden, with many experiencing job insecurity and the inability to find employment with flexible hours (Bristow, 2020).

The economic vulnerability of caregivers underscores the need for policies that provide better job flexibility and financial support for those in caregiving roles. Social safety nets and employer-backed caregiver leave policies could mitigate the strain caregivers experience, improving their quality of life and reducing the overall impact of caregiving on their personal finances.

4. Physical Health Issues

A significant theme identified in this study was the physical health issues faced by caregivers, arising from the chronic stress and emotional exhaustion associated with caregiving. Many caregivers reported experiencing chronic fatigue, body pain, headaches, and sleep disturbances due to the physical and emotional toll of their caregiving responsibilities. These health problems were compounded by caregivers' tendency to neglect their own health needs as they prioritized the well-being of their loved ones. One caregiver, a wife to a husband with PTSD, shared:

"I used to be healthy, but ever since I started caregiving, I have frequent headaches and body pain. I don't get enough rest." – (Wife, caregiver to a husband with PTSD)

Another caregiver, a father of a son with autism and OCD, remarked:

"I don't have time for myself. I skip meals, don't exercise, and rarely see a doctor even when I feel unwell." – (Father, caregiver to a son with autism and OCD)

The physical fatigue experienced by caregivers often manifests as persistent tiredness, muscle weakness, and a struggle to perform daily tasks. The continuous demands of caregiving, coupled with emotional stress, lead many caregivers to experience severe physical exhaustion. One mother of a 20-year-old daughter with schizophrenia explained:

"I haven't had a full night's sleep in years. Even when I get the chance, my mind is always racing, thinking about my daughter's condition." – (Mother, caregiver to a 20-year-old daughter with schizophrenia)

Similarly, a father of a son with bipolar disorder shared:

"I feel tired all the time. My back hurts, my body aches, but I don't have the luxury to rest." – (Father, caregiver to a son with bipolar disorder)

The lack of sleep was particularly notable among caregivers, with many reporting chronic sleep disturbances caused by anxiety, the unpredictability of caregiving duties, and the hypervigilance required to attend to the patient's needs. This sleep deprivation led to reduced cognitive function, slower reflexes, and an increased risk of accidents or errors in both caregiving and everyday life.

Caregivers' neglect of personal health also manifested in unmanaged chronic conditions such as hypertension and diabetes, further compounding the physical toll of caregiving. The constant stress of caregiving exacerbated pre-existing conditions and increased the caregivers' vulnerability to developing new health issues.

The physical health impact of caregiving has been widely explored in existing literature. Studies indicate that caregivers of individuals with chronic illnesses, including those with mental health disorders, are at significant risk for physical health problems, including chronic fatigue, musculoskeletal pain, headaches, and sleep disturbances (Vitaliano et al., 2003). The stress of caregiving is directly linked to the onset of lifestyle diseases such as hypertension and diabetes (Schulz & Sherwood, 2008).

Research by Cohen et al. (2007) found that caregivers experience high levels of psychosocial stress, which contributes to both mental and physical health decline. The chronic stress from caregiving increases the risk of developing cardiovascular diseases and other stress-related health issues (Aneshensel et al., 1995). Additionally, sleep deprivation is a common problem among caregivers, affecting both physical and mental functioning (Martire et al., 2009).

Caregivers' health neglect is a critical issue, as they often fail to seek medical attention for themselves, focusing entirely on their loved one's needs. This results in an accumulation of health issues that worsen over time, affecting their overall quality of life. As Pinquart & Sörensen (2007) emphasize, addressing the health concerns of caregivers is essential to ensuring that they can continue providing care without compromising their own well-being.

5. Coping Strategies and Emotional Resilience

Despite the immense emotional and psychological burden of caregiving, many caregivers developed coping strategies to manage stress and maintain some degree of emotional well-being. These strategies were pivotal in enhancing emotional resilience, helping caregivers navigate the challenges they faced. Among the most common coping mechanisms reported were seeking social support, engaging in religious practices, and exploring creative activities.

For instance, some caregivers found emotional relief through journaling, allowing them to express their feelings and process difficult emotions:

"I started journaling to express my emotions. It has helped me cope with my daily struggles." – (Mother, caregiver to a daughter with borderline personality disorder)

Others turned to their faith as a source of strength, using religious practices such as prayer to help them find comfort and resilience:

"Faith keeps me going. I pray every day, and it gives me the strength to carry on." – (Wife, caregiver to a husband with schizophrenia)

Social support from family, friends, and support groups played a significant role in helping caregivers reduce feelings of isolation and stress. Several caregivers expressed how important it was to connect with others who understood their struggles, as it provided emotional relief and made them feel less alone:

"I joined a caregiver support group, and it has been life-changing. Listening to others' stories made me realize I'm not alone in this journey." – (Mother, caregiver to a 19-year-old son with schizophrenia)

"My sister has been my biggest support. On difficult days, she takes over for a few hours so I can rest." – (Husband, caregiver to a wife with bipolar disorder)

A strong social network was often described as a buffer against stress, offering emotional relief and preventing emotional exhaustion from taking a toll.

For many caregivers, spirituality played a central role in coping with the unpredictable and often overwhelming nature of caregiving. Engaging in spiritual practices such as prayer, meditation, and reading religious texts provided emotional resilience and hope, even in the face of uncertainty and adversity:

"Every morning, I pray for strength. My faith gives me the courage to keep going, even when I feel like giving up." – (Daughter, caregiver to a mother with major depressive disorder)

"Reading religious scriptures and meditating daily helps me find peace amidst all the chaos." – (Sister, caregiver to a sibling with schizoaffective disorder)

Spirituality was often seen as a source of inner peace, purpose, and meaning, helping caregivers to navigate the emotional challenges of caregiving and maintain hope despite the difficulties they faced.

The importance of social support in caregiving has been widely documented. Research highlights that caregivers with a strong social network experience lower levels of stress and burnout (Pinquart & Sörensen, 2007). Support groups and peer networks allow caregivers to share experiences, reduce fseelings of isolation, and receive emotional relief, all of which contribute to a sense of community and resilience (Schulz & Sherwood, 2008).

Spirituality has also been found to play a crucial role in fostering emotional resilience among caregivers. Spiritual practices, such as prayer, meditation, and religious rituals, have been linked to improved mental health and emotional well-being in caregiving populations (Pargament et al., 2000). Faith provides a sense of purpose and meaning in caregiving, helping caregivers to cope with the emotional challenges of their role (Koenig et al., 2001).

Moreover, studies have shown that creative outlets, such as journaling and art therapy, can help caregivers manage emotional distress and build resilience (Batten & Furlong, 2009). These activities allow caregivers to process emotions and reconnect with themselves, offering a reprieve from the overwhelming demands of caregiving.

6. The Need for Support Systems

The need for comprehensive support systems emerged as a significant theme in the caregivers' narratives. Caregivers expressed a strong desire for access to professional counseling, financial aid, respite care, and community-based support groups. They recognized that managing the challenges of caregiving could be less overwhelming if they had adequate resources and support available to them.

Many caregivers voiced the necessity of support groups where they could meet others facing similar challenges and share their experiences. Such spaces, they believed, would provide an emotional outlet and reduce the isolation they often felt:

"If there were more support groups for caregivers, it would make a huge difference. I need a space where I can talk to others who understand my struggles." – (Sister, caregiver to a sibling with bipolar disorder)

The emotional weight of caregiving can be alleviated by peer support and community-based programs that help caregivers share coping strategies, gain emotional support, and combat feelings of isolation. However, caregivers expressed frustration over the lack of awareness programs and public education regarding the importance of mental health, as well as the stigmatization that still surrounds mental illness.

Financial aid and accessible mental health services were identified as critical needs. Many caregivers felt overwhelmed by the high costs of treatment, medications, and therapy, and they advocated for government schemes or financial support to alleviate the financial burden:

"Government schemes should provide financial aid for families with mentally ill patients. We need more affordable mental health services." – (Son, caregiver to a mother with schizophrenia)

Caregivers were also acutely aware of the gap in mental health support for themselves. Many expressed the need for counseling services and therapy sessions tailored specifically to caregivers. They noted that their own emotional and psychological needs often went unmet because of the focus on the patient's care. The lack of resources and financial strain made accessing professional help even more difficult:

"I wish there were counseling services for caregivers too. I feel like I'm drowning some days, but I don't have anyone to talk to about my struggles." – (Mother, caregiver to a son with bipolar disorder)

"If I could speak to a therapist regularly, I think I'd be able to handle things better. But

therapy is expensive, and all our money goes into my brother's treatment." – (Sister, caregiver to a sibling with schizophrenia)

The need for respite care—temporary relief from caregiving duties—was also highlighted. Caregivers reported feeling mentally and physically exhausted, and the opportunity for short-term breaks could provide essential relief and help prevent burnout.

Research underscores the importance of caregiver support systems in improving the well-being of those providing care. Support groups and peer networks offer a critical space for caregivers to share experiences, reduce isolation, and enhance emotional resilience (Biegel et al., 2013). Such groups also foster mutual support, allowing caregivers to exchange practical advice and coping strategies (Nijboer et al., 2001).

The financial strain on caregivers is well-documented, with many caregivers reporting significant economic hardship as a result of reduced work hours, job loss, and the high costs associated with mental health treatment (Schulz & Beach, 1999). Government financial aid and access to affordable health care are essential to alleviate these burdens, improving the quality of life for both caregivers and patients (Pinquart & Sörensen, 2007).

The lack of mental health support for caregivers is another critical issue, with many caregivers experiencing chronic stress, anxiety, and depression without adequate resources or therapeutic support. Studies show that caregiver distress mirrors trauma responses, including emotional exhaustion, and that professional counseling and therapy can help mitigate these negative effects (Cohen et al., 2002).

In conclusion, the need for a multifaceted support system that addresses the emotional, financial, and social needs of caregivers is essential for enhancing their well-being and enabling them to provide better care for their loved ones.

Conclusion

This study underscores the significant emotional, social, financial, and physical challenges faced by caregivers of individuals with chronic mental illness. Caregivers reported high levels of emotional distress, social isolation, financial strain, and physical health issues, which are exacerbated by the unpredictable nature of mental illness. However, despite these hardships, some caregivers demonstrated remarkable resilience and even experienced post-traumatic growth, highlighting their ability to adapt and find strength through adversity.

The findings highlight the urgent need for comprehensive mental health interventions, structured caregiver support policies, and awareness programs to address the specific challenges faced by caregivers. These initiatives should include access to mental health services, financial aid, workplace accommodations, respite care, and community-based support networks. Additionally, reducing the stigma surrounding mental illness through societal education can foster a more supportive environment for caregivers.

Addressing these issues is crucial not only for the well-being of caregivers but also for the individuals they care for, as caregiver health directly impacts the quality of care provided. Effective support systems and policies can ultimately enhance both caregiver and patient outcomes, leading to improved mental health for all involved.

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