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Lived Experiences Of Family Caregivers Of Persons With Mental Illness: Challenges And Coping Strategies

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Abstract: ***Family caregivers play a crucial role in supporting individuals with mental illness, yet they often encounter significant challenges that affect their well-being and care-giving capacity. This study explored the lived experiences of family caregivers of persons with mental illness, with particular emphasis on the challenges they face, the coping strategies they employ, and the socio-cultural factors influencing their care-giving experiences. A qualitative research design was adopted, utilizing in-depth interviews to collect data from ten family caregivers selected through purposive sampling. Data were analyzed using thematic analysis to identify recurrent themes and patterns in participants' narratives. The findings revealed that caregivers experience multiple and interconnected challenges, including social stigma, financial hardship, emotional distress, physical exhaustion, difficulties accessing mental health services, and inadequate support systems. These challenges contributed to substantial caregiver burden and negatively affected participants' social, emotional, and physical well-being. Despite these difficulties, caregivers demonstrated resilience through various coping strategies such as seeking social support, engaging in self-care activities, emotional regulation, prayer and spiritual practices, task management, and setting personal boundaries. The study further found that socio-cultural norms significantly shaped care-giving experiences by reinforcing values of family responsibility, sacrifice, and solidarity. However, these cultural expectations also increased pressure on caregivers and often discouraged help-seeking behaviours. The study concludes that care-giving for persons with mental illness is a complex experience influenced by personal, social, cultural, and structural factors. It recommends the development of culturally sensitive interventions, caregiver support programmes, stigma reduction initiatives, and improved access to mental health services to enhance the well-being of caregivers and strengthen mental health care delivery in Nigeria.***

Keywords: ***Mental illness, family caregivers, caregiving burden, coping strategies, socio-cultural factors, stigma, social work.***

I. INTRODUCTION

Mental illness remains a major global public health concern, affecting millions of individuals and families across the world. According to the World Health Organization (2025), one in every eight people globally lives with a mental disorder. In 2019, approximately 970 million people worldwide were living with mental disorders, with anxiety and depressive disorders being the most prevalent (WHO, 2019). The outbreak of the COVID-19 further worsened this situation, as the number of people living with anxiety and depression increased significantly in 2020 (Tianchen et al., 2021). Initial estimates indicated a 26% rise in anxiety

disorders and a 28% increase in major depressive disorders within a single year.

Despite the availability of effective prevention and treatment options, many individuals with mental disorders continue to lack access to adequate care. In addition to treatment gaps, many experience stigma, discrimination, and violations of their human rights while seeking support. Consequently, the responsibility of caring for persons with mental illness often falls on family members and other informal caregivers, particularly in low- and middle-income countries where mental health resources are limited (Igberase et al., 2012).

Globally, caregivers of persons with mental illness often face considerable physical, emotional, and psychological challenges. Research has shown that caregivers are at increased risk of anxiety, depression, and other health-related problems. For instance, Sin et al. (2021) found that caregivers of individuals with mental health conditions are particularly vulnerable to poor mental health outcomes, a pattern also observed among caregivers of persons living with chronic illnesses and disabilities. As the demands and complexity of mental health conditions continue to rise, caregivers increasingly face heightened stress and caregiving burdens.

A report by Carers UK (2022) revealed that eight in ten caregivers supporting individuals with mental health challenges reported experiencing stress and exhaustion. Similarly, a study by Mendes, et al., (2023) found that approximately 45% of caregivers in Brazil experienced high levels of emotional burden and stress related to caregiving. In India, the National Institute of Mental Health and Neurosciences reported in 2022 that caregivers of persons with mental illness face substantial financial and emotional strain, with about 60% reporting significant stress and 50% indicating that caregiving had negatively affected their quality of life. These statistics underscore the widespread challenges faced by caregivers globally, including emotional distress, financial hardship, and inadequate support systems. Addressing these challenges is essential for improving the well-being of both caregivers and those under their care.

From an African perspective, caregivers of persons with mental illness face significant daily burdens and frustrations, often worsened by systemic and structural challenges. In Ghana, research conducted by the Ghana Mental Health Authority (2019) highlighted high levels of stress and social isolation among caregivers of individuals with severe mental disorders. Due to the stigma associated with mental illness, many caregivers were compelled to withdraw from social and economic activities, negatively affecting their well-being and financial stability.

Similarly, in Uganda, reports have shown that caregivers of individuals with mental health conditions frequently face severe hardships (Mental Health Uganda, 2022). Many reside in rural communities where access to mental health services is limited, thereby increasing the caregiving burden. Caregivers often experience feelings of helplessness and isolation due to inadequate community support and scarce resources (Uganda Mental Health Association, 2023).

In South Africa, Andualem et al. (2024) found that caregivers often face financial strain arising from treatment costs and loss of income when they reduce working hours or leave employment to provide care. The scarcity of support services and limited resources further intensify their burden. These statistics collectively reveal the significant burdens, frustrations, and challenges experienced by caregivers of persons with mental illness across Africa, emphasizing the urgent need for supportive interventions and policies aimed at improving their well-being.

The daily burdens and frustrations faced by caregivers of persons with mental illness in Nigeria are multifaceted, encompassing economic, emotional, social, and logistical challenges. A survey conducted in Nigeria found that about 30% of caregivers reported high levels of stress resulting from the constant need for patient supervision and the lack of adequate support services (Adeyemo et al., 2021). The continuous responsibility of meeting the daily needs of persons with mental illness, combined with the unpredictable nature of many mental health conditions, contributes significantly to psychological distress among caregivers. Similarly, Ekerette et al. (2021) reported a severe rate of psychological distress (60.7%) among caregivers of individuals living with schizophrenia in Nigeria.

Social stigma surrounding mental illness in Nigeria further compounds caregivers' burdens. Mental health conditions are often misunderstood, feared, or associated with negative stereotypes, resulting in social isolation and discrimination for both patients and their caregivers. Findings by Olagundoye et al. (2016) revealed that 42% of caregivers experienced a high level of burden associated with social stigma, which often isolates them from their communities and weakens available support networks. Such stigma may cause caregivers to feel ashamed or reluctant to seek help, thereby intensifying their emotional burden. These statistics highlight the multidimensional nature of the burdens experienced by caregivers in Nigeria, particularly financial strain, psychological distress, and stigma-related challenges.

Caregivers of persons with mental illness also contend with daily frustrations such as depression, burnout, social stigma, and financial difficulties. These challenges can significantly affect their work environment, job satisfaction, and overall well-being. Although effective caregiving can contribute positively to the recovery and well-being of persons with mental illness, caregivers themselves remain vulnerable to burden and a consequent decline in health status. According to Ana-Souza et al. (2017), factors associated with caregiver burden include depression, being over 60 years of age, and receiving little or no assistance with caregiving responsibilities. The persistent stress associated with caregiving, combined with the emotional strain of supporting a loved one with mental illness, can contribute to depression among caregivers. In turn, depression may lead to caregiver burnout, characterized by physical, emotional, and mental exhaustion, and may reduce the caregiver's capacity to provide effective support and quality care. Symptoms such as fatigue, reduced concentration, and low motivation can further impair caregivers' ability to perform caregiving roles effectively.

In addition, caregivers may face discrimination in their workplaces due to stigma associated with mental illness, affecting job satisfaction and opportunities for career advancement. There is often inadequate recognition and

IJIRAS

support for mental health caregiving, which contributes to insufficient resources and poor institutional support. In many states in Nigeria, including Enugu State, professional caregivers in mental health settings are often poorly remunerated despite the demanding nature of their work. This financial strain contributes to job dissatisfaction and emotional stress. Furthermore, inadequate funding for mental health services often results in limited resources, increased workloads, and feelings of being undervalued among caregivers. These conditions may compromise caregivers' well-being and their ability to provide high-quality care, thereby affecting the overall effectiveness of mental health support services.

Despite these challenges, several factors have been identified as helping caregivers cope with daily frustrations. McGowan's research (2016) highlighted that emotional and practical support from friends, family members, and community resources can significantly reduce caregiving stress. Socio-cultural beliefs and community norms have also been identified as important coping resources. Owoeye (2018) observed that in communities where mental health issues are openly discussed and less stigmatized, caregivers tend to report better emotional well-being and lower levels of stress. Similarly, Gwarzo (2018) identified family support as an important socio-cultural factor that helps caregivers cope with daily frustrations. His findings emphasized that strong family networks can reduce stress and strengthen coping mechanisms by providing emotional encouragement and practical assistance in managing daily caregiving responsibilities.

Building on the global and African discourse on caregivers' experiences, the Nigerian context presents a more localized understanding of the daily burdens and frustrations encountered by caregivers of persons with mental illness. In Nigeria, these burdens are multifaceted, involving economic, emotional, social, and logistical challenges that affect caregivers' overall well-being and capacity to provide quality care. A survey conducted by Adeyemo et al. (2021) revealed that about 30% of caregivers reported high levels of stress arising from the constant need for patient supervision and inadequate support services. The continuous demands of caregiving, coupled with the unpredictable nature of many mental health conditions, contribute significantly to psychological distress among caregivers. In support of this, Ekerette et al. (2021) reported a severe rate of psychological distress (60.7%) among caregivers of persons living with schizophrenia in Nigeria. These findings suggest that caregiving in the mental health context places considerable psychological pressure on caregivers.

Furthermore, social stigma associated with mental illness in Nigeria further intensifies caregivers' burdens. Misconceptions and negative societal attitudes toward mental illness often expose caregivers to discrimination, social exclusion, and weakened support systems. Olagundoye et al. (2016) found that 42% of caregivers experienced a high burden linked to social stigma, which contributed to social isolation and emotional strain. Such stigma may discourage caregivers from seeking support, thereby worsening their frustrations and challenges. These findings highlight the multidimensional nature of caregivers' burden in Nigeria, particularly in relation to financial strain, psychological distress, and stigma-related pressures.

In addition, caregivers of persons with mental illness contend with daily frustrations such as depression, burnout, and financial difficulties, which can negatively influence their well-being and caregiving effectiveness. While caregiving can positively contribute to the recovery and management of mental illness, it may also expose caregivers to burden and declining health outcomes. Ana-Souza et al. (2017) identified factors associated with caregiver burden to include depression, advanced age, and lack of assistance with caregiving responsibilities. The emotional and physical demands of caregiving can trigger depressive symptoms and burnout, often characterized by physical exhaustion, emotional fatigue, and reduced capacity to provide effective care. This may also affect caregivers' productivity, interpersonal relationships, and overall quality of life.

Moreover, workplace and institutional challenges add another layer to caregivers' frustrations. Caregivers may face stigma and discrimination in professional settings, affecting job satisfaction and career advancement. In Nigeria, including Enugu State, professional caregivers in mental health settings often operate under poor remuneration and inadequate institutional support despite the demanding nature of their work. Inadequate funding of mental health services further contributes to insufficient resources, heavy workloads, and feelings of being undervalued. These challenges may compromise the quality of care provided and increase caregiver dissatisfaction and stress.

Nevertheless, literature suggests that certain factors can help caregivers cope with these daily frustrations. Emotional and practical support from family, friends, and community networks have been identified as important coping mechanisms. McGowan (2016) emphasized that social support can significantly reduce caregiving stress and improve resilience among caregivers. Similarly, socio-cultural beliefs and supportive community norms have been recognized as valuable resources in enhancing coping. Owoeye (2018) noted that in communities where mental health issues are openly discussed and less stigmatized, caregivers tend to report better emotional health and lower stress levels. Likewise, Gwarzo (2018) identified strong family support systems as a major socio-cultural factor that strengthens coping mechanisms by providing both emotional encouragement and practical assistance.

Taken together, these studies show that while caregivers of persons with mental illness in Nigeria face substantial daily burdens and frustrations, social support systems, cultural acceptance, and family networks may serve as important coping resources. This provides a basis for further examining the daily burdens, frustrations, and coping mechanisms of caregivers, particularly within the context of this present study.

RESEARCH OBJECTIVES

The broad objective of this study is to explore the Lived Experiences of Family Caregivers of Persons with Mental Illness: Challenges and Coping Strategies in a Nigerian Neuro-Psychiatric Hospital. Specifically, the study seeks to:

IJIRAS

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- ✓ Explore the primary challenges and daily frustrations experienced by caregivers of persons with mental illness in the Neuro-Psychiatric Hospital.
- ✓ Examine the coping strategies employed by caregivers to manage the demands and frustrations associated with caregiving within their socio-cultural context.
- ✓ Investigate the perceived socio-cultural barriers that hinder effective coping among caregivers of persons with mental illness.
- ✓ Explore the socio-cultural factors that facilitate and support caregivers in coping with daily frustrations.

THEORETICAL FRAMEWORK

This study is anchored on the Ubuntu philosophy, an African philosophical worldview that emphasizes communal living, interconnectedness, mutual care, and shared humanity. Ubuntu is a traditional African philosophy that became widely popular through the works of John Mbiti and Desmond Tutu during the 1960s and beyond. The philosophy is commonly summarized in the statement, *"I am because we are,"* which reflects the belief that human existence and wellbeing are deeply dependent on relationships with others within the family,community and society at large.

Ubuntu assumes that individuals do not exist in isolation but are connected socially, emotionally, spiritually, and morally to other members of the society. The theory emphasizes caring for vulnerable individuals such as the sick, elderly, disabled persons, and people with mental health conditions is not merely a personal duty but a communal responsibility. In African societies, including Nigeria, family members are expected to provide care, emotional support, and protection for one another irrespective of the difficulties involved. This communal orientation shapes attitudes toward caregiving and influences how caregivers respond to the daily demands and frustrations associated with caregiving responsibilities.

The Ubuntu philosophy is highly relevant to this study because it provides an understanding of the socio-cultural realities surrounding caregiving in Nigeria. In many Nigerian communities, caregiving is strongly tied to cultural values, kinship systems, family loyalty, and moral obligations. Caregivers are often expected to sacrifice their time, finances, emotions, and personal comfort for the wellbeing of sick relatives. As a result, many caregivers experience numerous challenges, including emotional stress, fatigue, anxiety, depression, financial hardship, social isolation, stigma, and burnout. Despite these difficulties, caregivers often continue their caregiving roles because of the communal values and cultural expectations embedded within African society such as Nigeria.

Furthermore, Ubuntu explains the coping mechanisms adopted by caregivers in Nigeria. Since the philosophy promotes solidarity and social support, caregivers often rely on assistance from family members, friends, religious groups, neighbors, and community networks to cope with caregiving burdens. Emotional encouragement, shared responsibilities, communal assistance, and religious faith become important sources of strength for caregivers. The Ubuntu theory therefore helps explain how social relationships and community support systems influence caregivers' ability to manage stress and daily frustrations.

The theory is also useful in understanding the implications that could arise when communal support systems weakens. Modernization, urbanization, economic hardship, and migration have gradually reduced traditional communal support structures in many Nigerian communities. Consequently, many caregivers now bear caregiving responsibilities alone with little assistance from extended family or society. This lack of support often increases emotional burden, stress, frustration, and feelings of helplessness among caregivers. Ubuntu therefore helps to explain both the strengths and limitations of caregiving experiences within the Nigerian socio-cultural context.

In relation to this study, Ubuntu philosophy provides a suitable framework for examining the challenges faced by caregivers and the socio-cultural factors influencing their coping strategies. The theory highlights the importance of social connectedness, collective responsibility, and community support in reducing caregiver burden and improving the wellbeing of caregivers. It also emphasizes the need for society and government institutions to strengthen support systems that can assist caregivers in carrying out their responsibilities effectively.

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Ubuntu assumes that individuals do not exist in isolation but are connected socially, emotionally, spiritually, and morally to other members of society. The theory emphasizes that caring for vulnerable individuals such as the sick, elderly, disabled persons, and people with mental health conditions is not merely a personal duty but a communal responsibility (Metz, 2011). In African societies, including Nigeria, family members are expected to provide care, emotional support, and protection for one another irrespective of the difficulties involved. This communal orientation shapes attitudes toward caregiving and influences how caregivers respond to the daily demands and frustrations associated with caregiving responsibilities.

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IJIRAS

emotional stress, fatigue, anxiety, depression, financial hardship, social isolation, stigma, and burnout (Adelaja et al., 2021). Despite these difficulties, caregivers often continue their caregiving roles because of the communal values and cultural expectations embedded within African society such as Nigeria.

Furthermore, Ubuntu explains the coping mechanisms adopted by caregivers in Nigeria. Since the philosophy promotes solidarity and social support, caregivers often rely on assistance from family members, friends, religious groups, neighbors, and community networks to cope with caregiving burdens (Tanyi et al., 2018). Emotional encouragement, shared responsibilities, communal assistance, and religious faith become important sources of strength for caregivers. The Ubuntu theory therefore helps explain how social relationships and community support systems influence caregivers' ability to manage stress and daily frustrations.

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II. METHODOLOGY

This study adopted a phenomenological research design to explore the lived experiences of caregivers of persons with mental illness and the socio-cultural factors that help them cope with daily frustrations. Phenomenology, as a qualitative research approach, seeks to understand and describe the meanings individuals attach to their experiences and how they interpret their social realities (Bliss, 2016; Delve & Limpaecher, 2024). Rooted in philosophical inquiry, this approach was considered appropriate for the study because it enabled an in-depth exploration of the subjective, emotional, psychological, and socio-cultural dimensions of caregiving. It also provided an opportunity to understand similarities and differences in coping strategies among caregivers, thereby generating insights that may inform culturally appropriate interventions and support programmes. Through this design, the study was able to capture rich narratives on caregivers' experiences and coping mechanisms using in-depth interviews.

The study was conducted at the Federal Neuropsychiatric Hospital Enugu, Enugu State, Nigeria. The hospital, established in 1962, serves as a major regional mental health resource centre for the South-East, South-South, and North-Central geopolitical zones of Nigeria. It provides comprehensive psychiatric and neurological services through multidisciplinary units such as medical services, nursing, social welfare, clinical psychology, and occupational therapy, in addition to training mental health professionals through its residency programme. The institution provided a relevant setting for examining caregiving experiences and socio-cultural coping strategies among caregivers of persons with mental illness.

The study population comprised caregivers of persons with mental illness, including family members, friends, and professional caregivers directly involved in providing care. Given the study's focus on socio-cultural factors influencing coping, participants were selected to reflect diverse social and cultural backgrounds relevant to caregiving experiences. In line with phenomenological research, the sample size was determined by data saturation rather than statistical considerations (Creswell & Poth, 2018). A total of ten participants were purposively selected based on their direct experience with caregiving, having actively provided care for at least six months, and their willingness to share their experiences. This sample size was considered adequate to generate sufficient depth for understanding the socio-cultural factors shaping caregivers' coping strategies.

Purposive sampling, specifically criterion-based sampling, was employed to recruit participants who had direct lived experiences relevant to the phenomenon under investigation. This sampling strategy was considered appropriate because it enabled the deliberate selection of participants who possessed adequate knowledge and experience concerning the subject of the study. The inclusion criteria required that participants be 20 years of age and above, must have provided care for individuals with mental health challenges for a minimum period of six months, and be willing to openly share their caregiving experiences. These criteria were carefully established to ensure that participants had sufficient exposure to the caregiving process and could provide rich, meaningful, and in-depth accounts of their experiences.

The use of criterion-based purposive sampling ensured that all participants met the predetermined inclusion requirements and were able to contribute relevant and information-rich data to the study. This sampling approach is consistent with phenomenological research, which emphasizes the selection of individuals who have personally experienced the phenomenon being explored and can provide detailed descriptions of those experiences. By intentionally selecting participants with firsthand caregiving experience, the researcher was able to gain deeper insights into the realities, challenges, and meanings associated with caring for persons with mental health conditions. This enhanced the depth and credibility of the data collected and contributed significantly to achieving the objectives of the study.

IJIRAS

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Data were collected through in-depth interviews conducted by the researcher with support from a research assistants who assisted with note-taking and observational recording during interview sessions. The interviews were conducted within the hospital premises at mutually agreed hospital spaces and times convenient for participants. Open-ended questions were used to facilitate detailed narratives about participants' daily frustrations, coping experiences, and socio-cultural support systems. The flexible nature of the in-depth interviews enabled the researcher to probe sensitive issues and gain nuanced contextual understanding of caregivers' experiences. Ethical principles were observed throughout the study, including obtaining informed consent from participants, ensuring confidentiality and anonymity, and maintaining sensitivity to cultural and interpersonal dynamics during the interview process.

Data collection took place over three days, with interview sessions audio-recorded with participants' consent. Pre-interview briefings and post-interview debriefings with research assistants were conducted to ensure consistency in data collection and to reflect on emerging issues, observations, and challenges encountered during fieldwork. This process enhanced the quality and credibility of the data collected.

Data were analyzed using thematic content analysis. Audio recordings and field notes were transcribed verbatim in English and carefully reviewed to identify recurring patterns, ideas, and meanings. The data were coded and organized into themes that reflected participants' lived experiences and perceptions regarding socio-cultural factors that support coping with daily frustrations. Findings were presented thematically and supported with verbatim quotations from participants to illustrate and validate the identified themes. This method of analysis facilitated a nuanced interpretation of participants' experiences and provided a deeper understanding of the socio-cultural resources that assist caregivers of persons with mental illness in managing the challenges associated with caregiving.

III. RESULTS

This section presents the findings from data collected during fieldwork conducted in January 2026. The presentation of results is organized into three major sections. The first section presents the demographic characteristics of the participants, including age, gender, marital status, educational attainment, religion, and place of residence. This provides contextual background for understanding the participants and their caregiving experiences.

The second section presents findings on the socio-cultural factors that help caregivers of persons with mental illness cope with daily frustrations. Using thematic analysis, participants' narratives were coded, categorized, and analyzed, leading to the emergence of four major themes and related sub-themes. The major themes identified include: primary challenges experienced by caregivers of persons with mental illness; coping strategies commonly employed by caregivers within their socio-cultural context; perceived socio-cultural barriers that hinder effective coping; and the roles of social workers in strengthening socio-cultural factors that support caregivers in managing daily frustrations. Relevant tables are presented to further illustrate the themes and sub-themes that emerged from the analysis.

The third section discusses the implications of the findings and links the results to the study's research questions, showing how the findings address the objectives of the study and contribute to understanding caregivers' experiences and coping within the socio-cultural context.

A. DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Data for this study were generated through in-depth interviews conducted with ten caregivers of persons with mental illness receiving care at the Federal Neuropsychiatric Hospital Enugu. To ensure participants' anonymity and confidentiality, pseudonyms were used in place of real names. The use of pseudonyms not only protected participants' identities but also provided a humanized representation of their narratives throughout the presentation of findings.

The participants represented diverse demographic backgrounds and caregiving experiences, which enriched the depth and variation of perspectives captured in the study. Details of participants' demographic characteristics are presented in the table below.

Names	Age	Gender
Nneka	40	Female
Blessing	43	Female
Sarah	41	Female
Adaobi	33	Female
John	40	Male
Timothy	30	Male
Livinus	41	Male
Philip	30	Male
Matthew	35	Male
Sandra	44	Female

Source: Fieldwork, 2026

Table 1: Demographic characteristics of the study participants

Table 1 presents the demographic characteristics of all participants interviewed for the study. The findings show that participants were between the ages of 30 and 44 years. The study involved ten participants, comprising five male and five female caregivers, reflecting a balanced gender representation among respondents. The diversity in participants' backgrounds provided varied perspectives that enriched understanding of caregivers' experiences and coping strategies.

1)Substantive Issues of the Study

This section presents the substantive findings of the study as they emerged from the thematic analysis. The findings are organized according to the major themes and sub-themes generated from participants' narratives, reflecting the core issues related to caregivers' daily burdens, frustrations, coping strategies, and the socio-cultural factors influencing these experiences. The themes presented below address the study objectives and provide insight into the lived experiences of caregivers of persons with mental illness.

IJIRAS

	Sub themes
Primary challenges experienced by caregivers of mentally ill persons	✓ For how long have you been a caregiver? ✓ What are most challenging aspects you face when discharging your care giving duties daily? Probe for more details in social stigma and financial burden ✓ What other emotional challenge do you encounter as a caregiver? ✓ How about physical challenges? Can you describe any physical challenge that you have faced while caring for a mentally challenged individual? ✓ probe for challenges in coordinating medical appointments, managing medications, or getting access to services provided for the patient you care for? ✓ Are there other challenges that I've not asked about, and you feel that I need to know and understand about your caregiving experience?
Coping strategies commonly employed by caregivers of mentally ill persons in this cultural context.	✓ Can you tell me some of the ways you cope with the stress and daily frustrations that comes with caregiving? ✓ What are those strategies that you have found to be most effective in coping with the emotional and physical challenges that occur when providing care to individuals with mental health conditions? ✓ When overwhelmed with caregiving burden, what are the things you do in order to help yourself feel better? Probe activities and ✓ Probe for religion or spirituality roles in helping the participants cope with caregiving frustrations. ✓ Are there cultural norms or expectations that shapes the behavior of caregivers, and do they affect how you cope with the challenges? ✓ Asides these coping strategies you mentioned, are there any strategies which you use that may be seen as unusual, or different from the common methods? Alcoholic, sick leave, crying etc.
Perceived barriers within the socio-cultural context that hinders effective coping for caregivers.	✓ Do you think mental illness is seen in a different context in your community when compared to other health conditions? How does these societal views on mental health affect your ability to seek support for yourself as a caregiver? ✓ Do you feel socially isolated by family members or community members due to your caregiving responsibilities? ✓ Are there socio-cultural reasons that make it hard for you to reach out for professional help or counseling for yourself as a caregiver?

Table 2: presents the major themes and sub-themes that emerged from the substantive issues explored in the study

B. PRIMARY CHALLENGES EXPERIENCED BY CAREGIVERS OF PERSONS WITH MENTAL ILLNESS

The study explored the duration and nature of caregiving among participants through the question: *"For how long have you been a caregiver to a mentally challenged person?"* Findings revealed that participants had been providing care for periods ranging from two to six years. Specifically, caregivers reported experiences spanning approximately two, three, four, and six years. The study participants provided care for relatives diagnosed with conditions such as schizophrenia, severe depression, and dementia. For example, Nneka (40, years) reported six years of caregiving for her younger brother diagnosed with schizophrenia, while Adaobi (33,years) had been caring for her sister living with severe depression for two years. Similarly, John (40, years) had been caring for his mother diagnosed with early-stage dementia for four years. These accounts reflect sustained caregiving responsibilities over time and the chronic nature of mental illness within families.

When asked about the most challenging aspects of caregiving, participants consistently highlighted multiple interrelated difficulties, particularly social stigma, financial strain, emotional burden, and disruption of personal responsibilities. The data revealed that caregivers frequently experience social exclusion and judgment due to societal misconceptions about mental illness. Nneka (40,years) explained that stigma often leads to isolation from friends and extended family, adding that financial demands such as medication, treatment, and transportation further intensify the burden. Similarly, John (40,years) emphasized the emotional toll of witnessing the progressive decline of a parent's mental condition, alongside the financial pressure of treatment costs and work-related disruptions.

Other participants echoed these concerns. Timothy (40,years) described the emotional distress associated with caregiving and the stigma encountered from community members, while also highlighting the financial burden of therapy and medication. Adaobi (33,years) noted the difficulty of balancing caregiving with personal responsibilities, often feeling that she was not doing enough for her sister. These narratives collectively demonstrate that caregivers experience a combination of emotional strain, financial hardship, and role conflict.

A notable dimension of caregiving burden was emotional distress, particularly feelings of guilt and helplessness. Philip (30,years) reported experiencing guilt due to his inability to provide constant care for his father, stating that emotional exhaustion sometimes affects his caregiving capacity. This reflects the psychological strain associated with sustained

caregiving responsibilities and the internal conflict between caregiving demands and personal limitations.

Further probing into emotional challenges revealed recurring experiences of emotional exhaustion, anxiety, isolation, and guilt. Joy (40,years) described feelings of helplessness and constant anxiety about the future progression of her brother's condition. Adaobi (33,years) emphasized emotional isolation and guilt associated with perceived inadequacy in caregiving, while John (40,years) described caregiving as emotionally draining, often leaving him feeling lonely and overwhelmed. Sarah (41,years) also highlighted emotional grief linked to witnessing the gradual loss of her mother's cognitive abilities. These accounts indicate that caregivers experience significant psychological and emotional strain, often accompanied by social isolation and reduced emotional well-being.

In addition to emotional challenges, participants reported considerable physical burdens associated with caregiving duties. These included fatigue, sleep deprivation, and the physical demands of assisting with daily activities. Blessing (43,years) noted physical exhaustion resulting from managing an agitated mother and assisting with mobility needs. Nneka (40,years) reported sleep deprivation and physical strain during episodes of aggression and assistance with activities such as bathing and dressing. Sandra (41,years) highlighted the physical toll of managing medication adherence and preventing self-harm, particularly during sleepless nights. Philip (30,years) similarly reported exhaustion linked to disrupted sleep patterns and assisting with mobility and medical appointments. These findings indicate that caregiving extends beyond emotional strain to include significant physical demands that affect caregivers' health and energy levels.

Participants also identified challenges related to healthcare access, medication management, and coordination of medical appointments. Matthew (35,years) described the healthcare system as complex and difficult to navigate, citing long waiting times, overbooked specialists, and bureaucratic barriers to accessing services. John (40,years) reported difficulties with appointment scheduling and medication adherence due to stock shortages and patient non-compliance. Philip (30,years) and Timothy (30,years) also emphasized challenges related to time constraints, service accessibility, and inconsistent medication availability. Overall, participants highlighted systemic inefficiencies and logistical barriers as major constraints in accessing adequate mental health care services.

When asked about additional challenges not previously addressed, participants emphasized the lack of caregiver support systems, limited access to counseling services, and inadequate social and institutional recognition of caregivers' roles. Joy (40,years) noted the absence of structured support programmes for caregivers, leading to feelings of isolation and neglect. Matthew (35, years) further emphasized that caregiving is often perceived as a family responsibility, despite its heavy emotional and physical demands, and highlighted the importance of support groups in coping. Timothy (30,years) raised concerns about uncertainty regarding the future, particularly the unpredictability of long-term care needs and recovery outcomes.

In summary, the findings indicate that caregivers of persons with mental illness experience a complex interplay of challenges, including social stigma, financial hardship, emotional distress, physical exhaustion, limited healthcare access, and inadequate support systems. These challenges are interconnected and collectively contribute to the overall burden and frustration experienced by caregivers in their daily caregiving roles. These findings are consistent with recent literature demonstrating that family caregivers of individuals with mental illness often experience multidimensional burdens that affect their psychological, social, physical, and economic well-being. Andualem et al. (2024) reported that caregivers in African settings experience substantial caregiving burden arising from emotional stress, financial constraints, social isolation, and limited access to support services. Similarly, Kaggwa et al. (2023) found that stigma associated with mental illness not only affects care recipients but also places significant psychological and social strain on caregivers, leading to increased stress and reduced quality of life.

Furthermore, recent studies have shown that inadequate mental health services and insufficient formal support systems intensify caregiver burden, as family members are often required to assume extensive caregiving responsibilities with minimal assistance (Adeosun et al., 2023). Financial difficulties, physical exhaustion, and emotional distress have also been identified as common experiences among caregivers of persons with mental illness, particularly in low- and middle-income countries where mental health resources are limited (World Health Organization, 2022). Overall, the present findings support existing evidence that caregiving for persons with mental illness is associated with a combination of social, emotional, physical, and economic challenges that collectively contribute to caregiver burden and reduced quality of life.

1)Coping Strategies Employed by Caregivers of Persons with Mental Illness

Data elicited from study participants revealed that caregivers employed various coping strategies to manage the stress and daily frustrations associated with caregiving. Common coping mechanisms identified by participants included engaging in self-care activities such as taking walks, speaking with friends and family, practicing mindfulness, praying, crying, journaling, listening to music, and breaking tasks into smaller and manageable portions. These strategies helped caregivers reduce stress, process emotions, and maintain resilience in their caregiving roles.

When asked the strategies that have been found to be most effective in coping with the emotional and physical challenges that occur when providing care to individuals with mental health conditions?

Participants emphasized the importance of self-care and emotional support. For instance, Joy (40 years) explained that she focused on activities such as taking short walks and observing other care-givers help manage stress, while also reaching out to family and friends for emotional support. Similarly, Philip (30 years) noted that taking breaks and discussing his feelings with trusted individuals helped to lighten the emotional burden associated with care-giving. Other participants highlighted task management as a useful coping strategy. Nneka (40, years) and John (40, years)

IJIRAS

described how breaking care-giving duties into smaller tasks and planning daily activities carefully helped them remain focused and avoid feeling overwhelmed.

Religion and spirituality also emerged as significant coping mechanisms among participants. Several caregivers indicated that prayer, attending church services, and participating in spiritual activities provided comfort, peace, and strength. Nneka (40 yeras) stated that she relied on God for the grace to cope with care-giving challenges and regularly attended church services and followed spiritual leaders online. Likewise, John (40 years) and Timothy (30, years,) described prayer as a source of calmness, hope, and emotional stability during difficult care-giving periods. However, not all participants relied on religion. Sandra (44,years) explained that although she was not particularly religious, but listening to gospel music and watching church programmes in the hospital's waiting room helped her relive some stress, while Timothy (30,years) noted that seeing and listening to other families prayer gave him hope to cope with care-giving frustrations.

Participants also identified several strategies they considered particularly effective for managing emotional and physical challenges. These included taking regular breaks, journaling feelings, maintaining social support networks, and engaging in relaxing activities such as reading and watching television. Nneka (40, years) explained that journaling and acknowledging the difficulty of caregiving made the burden easier to manage. Similarly, Sarah (41,years) and Sandra (44) stressed the value of talking to friends and family members, as these interactions helped them feel understood and emotionally supported.

When overwhelmed with caregiving responsibilities, participants described engaging in activities that allowed them to recharge mentally and emotionally. Activities such as taking walks, spending time alone in quiet places, reading, watching movies, and meditating were commonly mentioned. Sandra (44) described taking walks within the hospital premises to clear her mind and relieve tension, while Blessing (43) explained that leaving the hospital briefly or changing her environment helped her feel refreshed.

In addition to common coping methods, participants described adopting unconventional or less-discussed strategies to manage stress. Some caregivers reported crying privately as a means of emotional release, taking lots of alcohol especially at night, seating-out to listen to loud music, taking a long walk into the city,being withdrawn and silent when stressed. Joy (40,years) explained that crying and occasionally taking personal time away from care-giving helped her recharge emotionally. John (40,years) stated that listening to loud music relieved stress, while Adaobi (33,years) stated that she often takes alcohol at night to enable her wake up more energetic to face the challenges of care-giving. These unconventional coping mechanisms, although less openly discussed, played an important role in helping caregivers maintain emotional balance and resilience.

The findings also revealed that cultural norms and expectations significantly shaped care-giving experiences and coping patterns. Participants explained that care-giving was often viewed within their culture as a family duty and an expression of love, compassion, and responsibility. Blessing (43,years) stated that cultural expectations encouraged her to continue care-giving even when exhausted because of a strong sense of family obligation. Similarly, John (40,years) described caregivers as being viewed as the "backbone of the family," which created pressure to remain emotionally strong despite fatigue. Participants further noted that societal expectations of patience, sacrifice, and maintaining family reputation often intensified emotional strain. Nevertheless, some caregivers reported learning to set personal boundaries and prioritize self-care to avoid burnout.

The findings of this study reveal that caregivers of persons with mental illness employ a variety of coping strategies shaped by personal preferences, emotional needs, spirituality, and cultural expectations. These strategies enable caregivers to manage stress, reduce emotional exhaustion, and sustain their caregiving responsibilities despite the challenges associated with mental illness caregiving. This finding is consistent with recent literature indicating that family caregivers adopt multiple coping mechanisms to mitigate the psychological and emotional burden of caregiving. A recent review by Rohmi et al. (2024) found that spiritual coping, including prayer, faith, and reliance on religious beliefs, helps caregivers find meaning in their caregiving experiences, enhances resilience, and improves overall well-being. Similarly, caregivers often draw on emotional regulation, social support, and self-care practices to manage caregiving-related stress and prevent burnout.

C. CULTURAL NORMS, EXPECTATIONS, AND THEIR INFLUENCE ON CARE-GIVING AND COPING

The study explored whether cultural norms and expectations shape caregivers' behaviours and coping mechanisms through the question: *"Are there cultural norms or expectations that shape the behaviour of caregivers, and do they affect how you cope with the challenges?"*

Findings revealed that cultural norms and societal expectations play a significant role in shaping care-giving responsibilities, attitudes, and coping responses. In many contexts, care-giving is strongly influenced by cultural values such as familial duty, gender roles, compassion, and the expectation that family members must provide care regardless of personal cost. These expectations often influence how caregivers respond to stress and manage daily challenges.

Participants indicated that caregiving is largely viewed as a moral and family responsibility, which sometimes compels them to endure stress without seeking adequate rest or support. For instance, Blessing (43,years) noted that cultural expectations create a strong sense of duty, which often leads her to continue caregiving even when physically and emotionally exhausted. She also noted being told to be grateful to God that she's the one providing care, which will be a source of success for her"

Similarly, Nneka (40,years) explained that cultural expectations of patience and compassion make it difficult to express fatigue, although she has learned to set personal boundaries to manage stress. John (40,years) in his narrative, described caregivers as the "backbone of the family," noting that this expectation often pressures him to remain strong despite emotional exhaustion. Matthew (35,years) further

highlighted that caregivers are expected to prioritize the needs of the patient above their own, which has led him to intentionally develop coping strategies to prevent burnout.

Adaobi (33,years) added that caregiving is culturally viewed as an expression of love and family duty, but this expectation can create emotional pressure, particularly when family reputation is perceived to be at stake. She noted that maintaining a balance between fulfilling cultural expectations and protecting personal well-being is a continuous challenge.

The findings of this study indicate that cultural norms significantly shape caregiving roles and coping strategies among family caregivers of individuals with mental illness. Participants described caregiving as a responsibility rooted in cultural values of family obligation, sacrifice, and solidarity. While these norms reinforced commitment to caregiving, they also contributed to emotional strain, role overload, and neglect of personal needs. These findings are consistent with a qualitative study conducted in Zambia by Sichimba, et al.(2022), which found that cultural beliefs strongly influenced family caregivers' experiences of caring for relatives with mental illness. The study revealed that caregivers often perceived caregiving as a family duty and were guided by cultural expectations regarding responsibility and care for vulnerable family members. Such expectations, while promoting family cohesion, also increased the burden experienced by caregivers.

Similarly, a South African study by Shimange et al. (2022) reported that family caregivers of individuals with mental illness experienced significant emotional, social, and psychological challenges arising from their caregiving responsibilities. Caregivers described feelings of sacrifice, emotional exhaustion, and social withdrawal, highlighting the personal costs associated with fulfilling culturally expected caregiving roles. In the Nigerian context, Okwaraji (2024) found that caregivers of persons with mental illness experienced substantial caregiver burden and psychological distress, suggesting that prolonged caregiving responsibilities can negatively affect caregivers' mental health and self-esteem. These findings support the present study's observation that cultural expectations of caregiving may contribute to emotional strain and reduced attention to self-care.

To cope with these challenges, participants in the current study reported using strategies such as emotional regulation, boundary setting, and self-care practices. These findings are consistent with evidence showing that social support, active coping, and resilience-building strategies can reduce caregiver burden and enhance caregivers' ability to sustain their caregiving roles despite significant challenges. Overall, the findings suggest that cultural norms in African societies serve a dual role in caregiving. While they reinforce values of responsibility, love, and family solidarity, they may also increase emotional burden and pressure on caregivers. Consequently, caregivers adopt various coping strategies to balance cultural expectations with their personal well-being and maintain their capacity to provide care.

D. IMPLICATIONS FOR SOCIAL WORK PRACTICE IN NIGERIA

The findings of this study have important implications for social work practice within mental health care systems in Nigeria, particularly in relation to caregiver support, stigma reduction, and community-based interventions. The evidence shows that caregivers of persons with mental illness experience a combination of emotional, financial, physical, and socio-cultural burdens, which are further intensified by limited formal support systems and persistent stigma. This underscores the need for a more responsive, culturally grounded, and systems-oriented social work practice.

First, there is a critical need to enhance the cultural sensitivity and accessibility of social work services. Caregiving in Nigeria is deeply embedded in cultural expectations of family responsibility, duty, and resilience, which often discourage caregivers from seeking formal support. Social workers must therefore adopt culturally competent practice frameworks that recognize these norms while gently challenging harmful expectations that contribute to caregiver burnout. According to the World Health Organization (2021), integrating mental health services into primary care and community systems is essential for improving access in low-resource settings. In this regard, social workers should actively promote community-based mental health interventions, mobile outreach services, and home-based support systems, particularly in underserved rural areas.

Second, the findings highlight the importance of stigma reduction as a core area of social work intervention. Participants consistently reported social exclusion and discrimination, which worsened their caregiving burden. Social workers should therefore engage in sustained anti-stigma campaigns at community, school, workplace, and religious levels. These campaigns should involve psycho-education, storytelling approaches, and lived-experience advocacy from caregivers and service users. Evidence from Thornicroft et al. (2016) indicates that contact-based interventions, where people interact directly with individuals affected by mental illness, are among the most effective strategies for reducing stigma.

Third, there is a need to strengthen caregiver support systems through structured psycho-social interventions. The study revealed that caregivers often rely on informal coping mechanisms such as family support, prayer, and self-management strategies, with limited access to formal psychological support. Social workers should facilitate the establishment of caregiver support groups within psychiatric hospitals and communities, providing safe spaces for emotional expression, peer learning, and shared coping strategies. Research by Chien et al. (2016) demonstrates that structured family psycho-education and support programmes significantly reduce caregiver burden and improve coping outcomes in mental health settings.

Fourth, social workers should adopt a case management and advocacy role to improve caregiver access to services. Participants reported difficulties in accessing medications, scheduling appointments, and navigating bureaucratic health systems. Social workers should therefore act as system

IJIRAS

navigators, linking caregivers to available resources, coordinating care across services, and advocating for reduced waiting times and improved drug availability. This aligns with the ecological systems perspective in social work, which emphasizes the interaction between individuals and institutional structures.

Fifth, economic strengthening and social protection for caregivers should be integrated into social work practice. The financial burden of caregiving was a dominant theme in the study. Social workers should advocate for caregiver subsidies, health insurance coverage expansion, and financial assistance schemes for families caring for persons with severe mental illness. According to the World Health Organization (2022), financial hardship is one of the major barriers to mental health care in low- and middle-income countries, requiring multisectoral policy responses.

Sixth, collaboration with religious and traditional institutions is essential in the Nigerian context. Findings showed that spirituality plays a major role in caregiver coping. Social workers should therefore engage faith-based organizations as partners in mental health education, psychosocial support, and referral systems. This is particularly important given the influence of religious leaders in shaping attitudes toward mental illness in many Nigerian communities.

Seventh, there is a need for continuous training and capacity building of social workers in mental health settings. Social workers should be equipped with skills in trauma-informed care, caregiver counseling, crisis intervention, and culturally responsive practice. Professional development programmes should also emphasize burnout prevention among caregivers and practitioners alike. Finally, policy advocacy remains a critical responsibility of social work practice. There is a need for stronger implementation of Nigeria's mental health policies and improved funding of psychiatric services.

IV. CONCLUSION

In conclusion, this study has provided a comprehensive understanding of the socio-cultural factors influencing how caregivers of individuals with mental health conditions cope with daily frustrations in Nigeria. The findings reveal that caregivers experience a wide range of emotional, physical, financial, and social challenges, including stress, burnout, anxiety, stigma, discrimination, and social isolation. Many caregivers are burdened with overwhelming responsibilities, often with little professional or institutional support. These difficulties are further intensified by socio-cultural barriers such as negative societal perceptions of mental illness, lack of awareness about mental health conditions, poverty, and inadequate access to quality mental health services.

Despite these challenges, caregivers continue to demonstrate resilience through the use of culturally rooted coping strategies. Support from family members, community networks, friends, and religious organizations emerged as significant sources of encouragement and emotional stability. Religious faith and spiritual practices, in particular, were identified as important mechanisms that help caregivers find hope, strength, and meaning in their caregiving roles. The communal nature of Nigerian society also contributes positively to caregiving, as shared responsibilities and social bonds can provide relief and emotional comfort to caregivers.

The study therefore highlights the urgent need for multi-dimensional and culturally sensitive interventions that address not only the needs of individuals with mental health conditions but also the wellbeing of their caregivers. Social workers, healthcare professionals, policymakers, and community leaders must collaborate to create sustainable support systems for caregivers. Social workers, in particular, have a crucial role to play in advocacy, counseling, community sensitization, and the establishment of peer support groups that can reduce feelings of isolation and emotional exhaustion among caregivers. There is also a need for increased government investment in mental health services, public education campaigns to combat stigma, and the integration of mental health care into primary healthcare systems to make support services more accessible and affordable.

Furthermore, this study contributes to existing knowledge on caregiving and mental health in Nigeria by drawing attention to the influence of socio-cultural realities on caregivers' coping experiences. It underscores the importance of recognizing caregivers as an essential part of the mental health care process whose wellbeing directly affects the quality of care provided to individuals with mental health conditions. Future studies should consider larger sample sizes, diverse geographical locations, and mixed research methods to provide broader and more generalizable findings. Researchers may also explore the long-term psychological and economic impacts of caregiving, as well as the effectiveness of community-based interventions in supporting caregivers.

Although the study was limited by factors such as a small sample size and reliance on self-reported data, it nevertheless provides valuable insights into the lived experiences of caregivers in Nigeria. Overall, the findings emphasize the need for a more inclusive, supportive, and culturally informed approach to mental health care—one that prioritizes caregiver support, promotes societal acceptance of mental illness, strengthens community participation, and improves access to mental health resources and social welfare services.

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