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Psychosocial and Economic Burden among People Living with Mental Disorder and the Caregivers in Rehabilitation Centers

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Abstract: *The psychosocial and economic burden experienced by individuals living with mental disorders and their caregivers presents a critical public health concern, particularly in low- and middle-income countries such as Nigeria. This study aimed to assess the psychosocial and economic challenges faced by people living with mental disorders and their caregivers in Southwest Nigeria, exploring associated coping mechanisms and the role of systemic interventions. A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol, focusing on studies published between 2020 and 2025. Comprehensive searches were performed across PubMed, Embase, CINAHL, Web of Science, and Google Scholar, supplemented by grey literature and expert consultation. After removing duplicates, 98 records were screened, 24 full-text articles assessed for eligibility, and 16 studies included in the final analysis. Extracted data covered study characteristics, participant demographics, psychosocial and economic outcomes, coping strategies, social support, and systemic interventions. Thematic analysis revealed that caregivers experience significant psychological distress, emotional strain, and financial burden, often exacerbated by societal stigma, inadequate social support, and limited healthcare infrastructure. Coping strategies employed included reliance on family networks, faith-based practices, and professional interventions, though these were frequently insufficient in mitigating sustained stress. Evidence highlighted the potential benefits of structured support programs, including psychoeducation and community-based rehabilitation, yet such interventions remain poorly integrated in the Nigerian context. The review also identified a distinct knowledge gap regarding the manifestation of caregiver burden and coping mechanisms within Southwest Nigeria, underscoring the need for culturally tailored, context-specific interventions. Findings emphasize the importance of strengthening both formal healthcare services and informal support systems to alleviate caregiver burden, improve patient and caregiver well-being, and inform evidence-based policy development in mental health care in the region.*

Keywords: psychosocial burden, economic burden, mental disorder, caregivers

INTRODUCTION

Mental disorders represent a significant worldwide community wellbeing issue, which considerably impacts psychosocial performance of individuals and places heavy responsibilities on relatives and caregivers. These burdens are multidimensional and include emotional distress, social isolation, stigma, and financial strain and are not confined to patients, but also extend to people who understand and constantly engage in support and care (Ndlovu and Mokwena, 2023; Mikulic et al., 2023). Caregivers frequently have to perform heavy tasks, like helping with daily activities, ensuring treatment compliance, providing emotional support, and maneuvering through intricate healthcare systems (Oikonomou et al., 2024; Sendmaa et al., 2024). In the low- and middle-income countries, especially in certain African nations, such as Ghana, South Africa, and the Democratic Republic of Congo, the lack of mental health infrastructure, the inadequacy of social support systems, and the lack of cultural understanding of mental illness aggravate those issues (Mprah et al., 2025; Ngamaba et al., 2024).

The psychosocial burden of care giving has been well established and caregivers are often subjected to stress, anxiety, depression and poor life quality. It has been observed that people who are involved in the care of chronic mentally unhealthy patients or substance-related disorders exhibit considerably greater psychological distress rates as compared to the general population (Mikulić et al., 2023; Ponsoda et al., 2023). There are also gender differences, with female caregivers more likely to be emotionally strained due to the expectations of the society and the unequal roles of a caregiver (Ponsoda et al., 2023). Also, caregivers of people with severe or persistent mental illness are at higher risk of burnout, sleeping disorders, and decreased health-related quality of life (Oikonomou et al., 2024; Silaule et al., 2024). Cumulative by nature is the burden of caregiving, which is worsened by the severity of illness, the degree of dependency, and the time spent caring, and proves its cumulative nature (Ndlovu and Mokwena, 2023; Stolper et al., 2024).

Another important dimension is economic burden because mental disorders tend to limit the employment of people with such conditions and compel their caregivers to spend a significant amount of time taking care of them, thus decreasing the household income and making them financially strained (Mprah et al., 2025; Scholz et al., 2023). Families have to cover the direct treatment, medication, and rehabilitation costs in environments with a limited health insurance system or social welfare, which leads to a lack of economic security in the long term (Ngamaba et al., 2024). Psychological distress is also heightened by financial stress and can restrict access to necessary support services, which leads to a vicious cycle of burden (Ayala-Rodríguez et al., 2025; Mikulić et al., 2023).

These problems are further complicated by social stigma as it builds negative attitudes towards mental illness, limits social networks, and discourages the use of mental health services (Rodrigues et al., 2025; Masedo Gutiérrez and Martinez, 2025). Little knowledge of the general population and professionals working in the field also leads to the isolation of caregivers and the additional difficulty of dealing with clinical and social issues (Sharif et al., 2020; Scholz et al., 2023). Stigma in low-resource settings can also result in decreased family engagement in care, impeded treatment adherence, and delayed help-seeking behaviours (Mabunda, 2025; Mukala Mayoyo et al., 2025). In spite of these obstacles, coping mechanisms and social support networks are crucial in alleviating caregiver burden. Some of the strategies that caregivers use are seeking emotional support, counselling, family networks, and problem-solving strategies (Sendmaa et al., 2024; Lone et al., 2024). Integrated and community-based mental health services have been shown to decrease the caregivers burden through structured support, education, and resources to improve the capacity in caregiving (Mukala Mayoyo et al., 2025; Stolper et al., 2024). Socio-culturally relevant interventions like mental health education and access to services have been found to enhance the well-being and quality of life of caregivers (Mprah et al., 2025; Silaule et al., 2024).

Nevertheless, a significant lack of context-specific research is still present, especially in Southwest Nigeria, where the current research is scarce in comparison to other African countries like South Africa and Ghana (Ndlovu and Mokwena, 2023; Ngamaba et al., 2024; Mprah et al., 2025). This gap highlights the necessity to learn more about the role of local cultural, social, and economic processes in caregiver burden, coping styles, and intervention efficacy. The gap should be addressed to formulate specific policies and support networks that will address the specific needs of caregivers and enhance mental health outcomes in the area. On the whole, the evidence points to the interdependence of psychosocial, economic and systemic issues in care giving, and the significance of the holistic and context-sensitive strategies to assist not only the patients but also their caregivers.

The primary aim of this study is to assess the psychosocial and economic burden among people living with mental disorders and their caregivers in Southwest Nigeria, with a view to understanding the associated challenges and coping mechanisms. Specifically, the study seeks to evaluate the psychosocial and economic burden experienced by caregivers of individuals living with mental disorders, explore the coping strategies and social support mechanisms they employ in managing these burdens, and examine the role of systemic interventions and healthcare services in mitigating caregiver burden while enhancing the quality of life for both patients and their caregivers.

METHODS AND MATERIALS

This review provides a comprehensive and systematic analysis of recent literature on the psychosocial and economic burden experienced by individuals living with mental disorders and their family caregivers, drawing on studies published within the last decade and guided by the Preferred Reporting Items for Scoping Reviews and Meta-Analysis (PRISMA) framework to ensure methodological rigor, transparency, and reproducibility. The review process involved a structured approach encompassing study background, methodological design, data extraction, synthesis of findings, and critical discussion, thereby enabling a holistic understanding of caregiver experiences across diverse contexts. A robust data search strategy was implemented across multiple electronic databases, including PubMed, Embase, CINAHL, Web of Science, and Google Scholar, alongside grey literature and expert consultations, to ensure comprehensive coverage of relevant studies.

The search employed carefully constructed Boolean operators and key terms such as caregiver burden, mental disorder, psychosocial stress, economic impact, coping strategies, and social support, with additional related terms incorporated to broaden the scope and capture diverse dimensions of caregiving experiences. Search strategies were developed using Boolean operators and key terms such as "caregiver burden," "mental disorder," "psychosocial stress," "economic impact," "family caregivers," "coping strategies," and "social support." Related terms such as "quality of life," "mental health care users," "financial burden," and "community-based interventions" were also included to ensure comprehensive coverage.

Eligibility criteria were strictly defined using a PICO-informed framework, focusing on primary research studies involving adults diagnosed with mental disorders or their caregivers, with emphasis on psychosocial outcomes such as stress, anxiety, and depression, as well as economic outcomes including financial strain and employment impact. Only studies conducted in community, clinical, or hospital settings, particularly within low- and middle-income countries, were included to ensure contextual relevance, while non-empirical studies, non-mental health populations, and studies lacking robust outcome measures were excluded to maintain methodological integrity. The screening process was conducted in multiple stages, beginning with title and abstract review to eliminate irrelevant studies, followed by full-text evaluation against predefined criteria, ensuring that only high-quality and contextually appropriate studies were retained. To enhance reliability, the screening process was carefully documented and conducted in iterative rounds, reducing the risk of bias and strengthening the validity of the review.

Quality appraisal of included studies was undertaken using established tools such as the Newcastle-Ottawa Scale for observational studies and the Critical Appraisal Skills Programme checklist for qualitative research, enabling a systematic assessment of methodological rigor, validity, and potential bias across diverse study designs. Data extraction was carried out using a structured framework, capturing essential study characteristics including authorship, publication year, geographical context, participant demographics, study design, measurement tools, and key findings related to psychosocial and economic burden, coping mechanisms, and support systems. The extracted data were organised into comparative tables to facilitate systematic analysis and identification of patterns across studies. A narrative synthesis approach was adopted to integrate findings from both qualitative and quantitative studies, allowing for the exploration of complex and heterogeneous data while identifying recurring themes and contextual variations. Key themes that emerged from the synthesis included the pervasive nature of caregiver burden, the multifaceted psychological distress experienced by caregivers, the significant financial implications of long-term mental health care, and the critical role of coping strategies and social support systems in mitigating these challenges.

The analysis also highlighted the influence of socio-demographic and contextual factors, such as income level, access to healthcare services, stigma, and cultural beliefs, in shaping caregiving experiences and outcomes. Furthermore, the review underscored the importance of systemic interventions, including community-based mental health services, policy frameworks, and healthcare support mechanisms, in alleviating caregiver burden and improving quality of life for both patients and caregivers. Despite the breadth of evidence, the synthesis revealed notable gaps in the literature, particularly in resource-constrained settings such as Southwest Nigeria, where limited access to mental health services and inadequate policy implementation continue to exacerbate caregiver burden. Overall, the rigorous methodological approach adopted in this review, encompassing systematic search, screening, quality appraisal, and narrative synthesis, provides a robust evidence base for understanding the psychosocial and economic challenges associated with mental health caregiving, while offering critical insights to inform future research, policy development, and practice interventions aimed at supporting caregivers and enhancing mental health outcomes

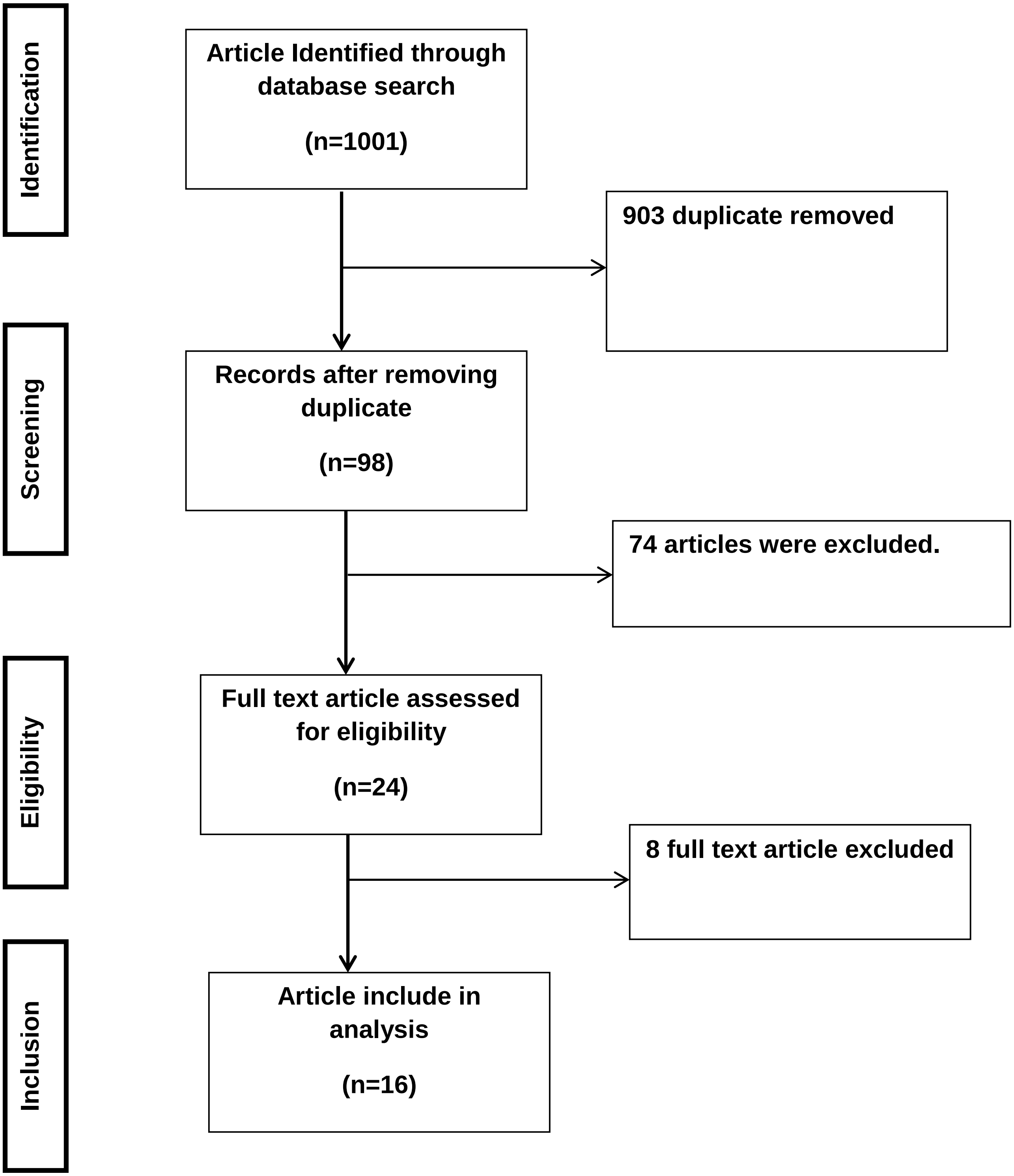

Figure 1 The PRISMA Framework for the Study

RESULTS

Table 1: Summary of literature search in Table

S/N	Title	Authors		Methodology	Objectives	Findings
1	Burden of Care of Family Caregivers for People Diagnosed with Serious Mental Disorders in a Rural Health District in Kwa-Zulu-Natal, South Africa.	Ndlovu, J. T., & Mokwena, K. E. (2023).		Descriptive Survey	To quantify the burden of care among family caregivers of relatives with serious mental disorders, as well as to explore possible associations between the caregiver burden of care and a range of caregiver and Mental Health Care User (MHCU) variables in a rural district in Kwa-Zulu Natal, South Africa.	The majority (91%) were found to be affected by family caregiver burden, which ranged from mild to severe. Using the Pearson Chi-square test of association (*p* = 0.05), variables that were significantly associated with the burden of care were clinically related (caregiver self-reported depression, MHCU diagnosis, recent relapse of the MHCU), socio-economic (caregiver family monthly income, MHCU disability grant status and MHCU employment status) and socio-demographic (MHCU gender and MHCU level of education). The prevalence of the burden of care is high and severe, and the scarcity of resources in families and communities contributes to the high burden of care in these rural communities.
2	An Exploration of Family Caregiver Experiences of Burden and Coping While Caring for People with Mental Disorders in Saudi Arabia—A Qualitative Study	Sharif, L., Basri, S., Alsahafi, F., Altaylouni, M., Albugumi, S., Banakhar, M., Mahsoon, A., Alasmee, N., & Wright, R. J. (2020).		Qualitative	This study aimed to explore the experiences of family caregivers of people with mental disorders, through examining the burdens that they face and the coping strategies that they use.	Five main themes were constructed from the data: Type of care, Challenges, Coping and support, Perceptions of public awareness, and Messages to others. The findings emphasize the different types of burdens that caregivers experience, and their needs that require a range of responses such as educational training on effective coping strategies, and psychological support in the form of counseling or group therapy. This study highlights the voice of caregivers and their message to the public, in order to correct the misconceptions surrounding mental disorders and those associated with them.
3	Burden and Psychological Distress in Caregivers of Persons with Addictions	Mikulić, M., Ćavar, I., Jurišić, D., Jelinčić, I., & Degmečić, D. (2023).		Descriptive Survey	The aim of this study is to gain insight into the burden and psychological distress suffered by caregivers of drug abusers.	Caregivers of addicts who were preparing to join the community exhibited a significantly higher objective burden, subjective burden, subjective stress burden and greater psychological distress in comparison to caregivers of addicts in the community, and their quality of life was poorer ($p < 0.001$). The following showed to be risk factors for psychological distress: families with a greater number of children, marital, employment and economic status and duration of addiction. The protective factors were better quality of life, long-term marriage and higher education level of caregivers. Caring for addicts who are living with their families is a significant responsibility and burden for caregivers.
4	Impact of Socio-Demographic Factors, Financial Burden, and Social Support on Anxiety and Depression Symptoms in Puerto Rican Women with Breast Cancer.	Ayala-Rodríguez, P., Rivera-Alers, D., Rivera-Vélez, M., Díaz-Rodríguez, J., Ramirez-Ruiz, M., Quiles-Bengochea, C., Peña-Vargas, C. I., Rodriguez-Castro, Z., Cortes-Castro, C., Armaiz-Pena, G. N., & Castro-Figueroa, E. M. (2025).		Descriptive Survey	This study examines whether sociodemographic characteristics, financial burden, and social support levels are associated with symptoms of anxiety and depression in Puerto Rican women with Breast cancer	These scores were compared with sociodemographic values and Interpersonal Support Evaluation List (ISEL-12) scores, establishing statistical significance through association, parametric, and non-parametric tests, and regression models. 38.5% and 26.4% of participants showed clinically significant symptoms of depression and anxiety, respectively. Age and perceived income showed significant associations with psychological outcomes. However, regression analysis revealed perceived income as the only significant predictor for both depression and anxiety. Tangible and belonging support were significantly lower in participants with symptoms of depression, while appraisal support was significantly lower in participants with symptoms of anxiety. Findings highlight the influence of perceived financial stress on mental health and the need for psychosocial interventions tailored to the patients' economic context.

5	Socioeconomic Burden of Psychiatric Cancer Patients: A Narrative Review	Więckiewicz, G., Weber, S., Florczyk, I., & Gorczyca, P. (2024)		Scoping Review	To access the socio-economic risks associated with psychiatry and cancer patient	The burden of coping with both conditions simultaneously can exacerbate their impacts. This burden is also related to factors such as gender or age. Fortunately, physicians can play a crucial role in mitigating these risks. By adopting integrated care strategies, healthcare providers can address the unique needs of patients navigating the complex intersection of cancer and mental health disorders. Proactive measures, personalized support, and tailored interventions are recommended as they can significantly improve outcomes, offering hope and enhancing the overall well-being of individuals facing these dual challenges
6	A Qualitative Scoping Review of the Impacts of Economic Recessions on Mental Health: Implications for Practice and Policy.	Guerra, O., Agyapong, V. I. O., & Nkire, N. (2022).		Scoping Review	This scoping review summarizes qualitative research to develop a descriptive understanding of the key factors that transmute the socioeconomic stressors of a recession into poorer mental health.	Participants perceived that financial hardship and unemployment during recessions increased stress and led to feelings of shame, loss of structure and identity, and a perceived lack of control, which increased interpersonal conflict, social isolation, maladaptive coping, depression, self-harm, and suicidal behavior. Participants struggled with accessing health and social services and suggested reforms to improve the navigation and efficiency of services and to reduce the perceived harms of austerity measures. Providers should screen for mental distress and familiarize themselves with health and social resources in their community to help patients navigate these complex systems.
7	León-Campos, Á., García-Mayor, S., Quality of Life, Physical and Mental Health, and Economic Evaluation of Family Caregivers of Chronic Dependent Children: INFAPRINT Cohort Study Protocol.	Martí-García, C., Morilla-Herrera, J. C., Morales-Asencio, J. M., Lupiáñez-Pérez, I., Pérez-Ardanaz, B., & Cuevas Fernandez-Gallego, M. (2023).		Descriptive Survey	A prospective analytical longitudinal study will be conducted, based on an exposed cohort of adult caregivers (parents or guardians) for children with complex chronic processes, to evaluate the impact of caregiving responsibilities on the health status of this population group	There was relationship between the HRQoL of family caregivers and their children as it has important implications for the assessment of family functioning and the provision of support to families.
8	Clinical Outcomes and Cost Implications of a Community Psychosocial Rehabilitation Service for Severe and Persistent Mental Illness in Nova Scotia, Canada. *Healthcare*, *12*(18), 1904. https://doi.org/10.3390/healthcare12181904	Awara, M. A., & Green, J. T. (2024).		Descriptive Survey	This study was conducted to assess the clinical efficacy and potential cost-effectiveness of a multidisciplinary community-based psychosocial rehabilitation team serving individuals with SPMI in Nova Scotia, Canada	The results demonstrated a statistically significant reduction in mean admission rates and length of inpatient admissions in the year following rehabilitation compared to the pre-rehabilitation year. A substantial percentage of patients experienced no inpatient admissions (88% vs. 60%) or Emergency Department visits (82% vs. 67%) in the post-rehabilitation year, compared to the pre-rehabilitation year. There was a significant reduction in inpatient days by 90%, translating into substantial cost savings. The findings highlight the potential economic benefits of community rehabilitation for people with SPMI.
9	The Role of Social Determinants of Health in Self-Reported Psychological Distress among United States Adults Post-COVID-19 Pandemic	Kalu, K.; Shah, G.H.; Ayangunna, E.; Shah, B.; Marshall, N.(2024)		Descriptive Survey	The current study examined the association between social determinants of health and the severity of psychological distress among adults in the United States after the COVID-19 pandemic.	. Compared to non-Hispanic Whites, African Americans (AOR = 0.62, CI = 0.42–0.93) had lower odds of reporting mild psychological distress rather than no stress. Other variables associated with a higher likelihood of reporting moderate to severe psychological distress, rather than no distress, are being in the 50–64 years age group (AOR = 2.77, CI = 1.45–5.28), divorced (AOR = 2.50, CI = 1.70–3.69), and widowed (AOR = 3.78, CI = 2.15–6.64). Respondents living in an urban area had lower odds of reporting moderate to severe psychological distress (AOR = 0.56, CI = 0.39–0.80) compared to those living in rural areas. Our findings identify several risk factors for psychological distress by sociodemographic characteristics such as age, race, marital status, and urban living, providing empirical evidence for interventions in behavioral health

10	Are There Heterogeneous Impacts of National Income on Mental Health?	Huang, Z., Li, T., & Xu, M. (2020)		Retrospective Study	Based on panel data from 2007 to 2017, this study explores the heterogeneous impact of national income on different types of mental health.	Rising national income is conducive to increase people's happiness and reduce their prevalence of anxiety disorders, but it increases the prevalence of depression disorders. Secondly, national income has a heterogeneous impact on different types of mental health among countries with different income levels. Furthermore, the heterogeneous influence mechanism of national income on mental health is mainly reflected in different types of mental health. Unemployment, social support and freedom can moderate the relationship between national income and depression, while social support, positive affect and negative affect can moderate the relationship between national income and anxiety
11	Long-Term Caregiving Impact and Self-Care Strategies in Family Caregivers of People with Neuropsychiatric Disorders: A Mixed-Method Study.	Sánchez-Martínez, V., Cauli, O., & Corchón, S. (2024).		Descriptive Survey	The aims of this study were to identify the impact of caring on long-term family caregivers and their unmet needs and to explore their self-care strategies for achieving a successful caregiving experience	Analysis of self-reported measures indicated that 32.1% of long-term caregivers had high caregiver burden, 64.3% had reduced quality of life, 39.3% had low sleep quality, 21.4% had low adherence to the Mediterranean diet, 50.0% had a physical activity below the recommendation, 42.9% had high anxiety symptoms, 35.7% had high depressive symptoms, and 71.4% had reduced self-care agency. Content analysis and statistical analysis were conducted. Two themes were identified: (1) the impact of long-term caregiving and unmet needs and (2) successful self-care strategies. Caregivers of people with Alzheimer's disease spent less time doing physical activity, had higher caregiver burden, and poorer health-related quality of life.
12	A Comparative Study of Burden of Care, Anxiety, and Well-Being Among Family Caregivers of Elderly with Dementia: Evidence from Kuwait.	Manee, F., Alnaser, M. Z., Alqattan, A., Almutairi, S., & Maqtouf, H. (2025).		Descriptive Survey	This study aimed to assess the level of burden of care, depression, anxiety, and well-being among caregivers of the elderly with dementia in Kuwait	This study included 180 (65%) caregivers for the elderly with dementia and 98 (35%) without dementia. The descriptive statistics showed that caregivers for the elderly with dementia and caregivers for the elderly without dementia experienced moderate burden (17.21 ± 9.09 and 14.51 ± 8.08, respectively), borderline abnormal anxiety (9.92 ± 5.15 and 8.61 ± 4.79, respectively), borderline abnormal depression (8.69 ± 4.35 and 8.06 ± 4.24, respectively), and low mental health well-being (54.40 ± 25.10 and 58.90 ± 23.42, respectively). The *t*-test of independent samples and Mann–Whitney U test results showed that the burden and anxiety in the caregivers for the elderly with dementia group were statistically significantly higher than those in the caregivers for the elderly without dementia group ($p = 0.015$ and $p = 0.039$; $p = 0.026$ and $p = 0.027$, respectively). The ANOVA test and Kruskal–Wallis test revealed that the caregivers for the elderly with dementia group had statistically significant differences in burden ($p < 0.001$; $p < 0.001$), anxiety ($p = 0.048$; $p = 0.043$), depression ($p = 0.017$; $p = 0.009$), and mental health well-being ($p = 0.001$; $p = 0.002$) scores across various durations of care. The multiple linear regression showed that caregiving was a significant predictor of burden of care and anxiety, indicating that caregivers of the elderly with dementia experienced a higher burden of care than those caring for the elderly without dementia. In addition, confounders with significant influence were duration of care ($p < 0.001$), education level ($p = 0.002$), employment status ($p = 0.008$), and gender ($p = 0.02$)
13	Caregiver Burden among Caregivers of Patients with Mental Illness: A Systematic Review and Meta-Analysis.	Cham, C. Q., Ibrahim, N., Siau, C. S., Kalaman, C. R., Ho, M. C., Yahya, A. N., Visvalingam, U., Roslan, S., Abd Rahman, F. N., & Lee, K. W. (2022).		Descriptive Survey	This study aimed to systematically review studies investigating the former's caregiver burden and determine its prevalence	The overall pooled prevalence of caregiver burden among caregivers of individuals with mental illness was 31.67% (95% CI = 26.22–37.12). Pooled prevalence was the highest among care recipients receiving treatment in a hospital setting (36.06%; 95% CI = 22.50–49.63), followed by the community and clinic settings. Caregiver prevalence values were higher for burden measured using the Zarit Burden Interview (38.05%; 95% CI = 27.68–48.43). compared with other instruments, and for carers of care recipients with psychosis (35.88%; 95% CI = 27.03–44.72) compared with those without.
14	Factors Associated with Family Involvement or Lack Thereof in Caring for Mental Health Care Users: A	Mabunda, N. F. (2025).		Qualitative study	The study aimed to explore and describe the factors associated with inadequate family involvement in caring for mental health care users.	Three themes emerged from the results include: the attitude of family members towards carrying for mental health care users at home, the family burden in caring for mental health care users, and the lack of knowledge among family members. The study findings show that the attitude of family members towards carrying for mental health care users at home when discharged or granted leave of absence, impacts the odd behaviour of mental health care users.

	Qualitative Study.					
15	Assessment of Mental Burden of Family Caregivers of Persons with Health Disabilities in the Czech Republic.	Truhlarova, Z., Stech, O., Voseckova, A., Klimova, B., & Kuca, K. (2020).		Descriptive Survey	The purpose of this study was to analyse the subjective perception of stress burden in family caregivers, especially those caring for disabled and elderly persons.	The findings show that they have to largely rely on the support of social services. Their burden is characterised by the prevalence of the overload factor. The findings also indicate that there is an urgent call among health professionals to identify and treat caregivers' psychological distress by applying relevant intervention strategies, which could reduce this distress and prevent caregivers' burnout.
16	Burden of care among caregivers of patients with mental illness in Ethiopia: a systematic review and meta-analysis.	Tesfaye, E., Demelash, K. (2025).		Systematic Review and Meta Analysis	This systematic review and meta-analysis aimed to estimate the prevalence of burden of care and identify associated factors among caregivers of PWMI in Ethiopia.	Ten studies (7 quantitative, $n = 2225$ caregivers; 3 qualitative, $n = 64$ caregivers) were included. The pooled prevalence of severe objective burden was 38% (95% CI: 24.4–52.7%, $I^2 = 96.7\%$), and severe subjective burden was 63% (95% CI: 58–67.8%, $I^2 = 62\%$). Female caregivers, close relatives, and those caring for patients with schizophrenia spectrum disorders or severe symptoms faced higher burdens. Social support mitigated burden; stigma exacerbated it. Qualitative themes highlighted emotional distress and financial hardship.

The studies under review give a holistic picture of the multidimensional burden on caregivers of mentally ill as well as chronically ill and disabled persons in various world settings, such as Africa, Middle East, Europe, the Americas and Asia. One of the significant commonalities of the literature is that the issue of caregiver burden is highly prevalent and is moderate to severe and crosscuts through socio-cultural and healthcare systems. An example is Ndlovu and Mokwena (2023), who noted extensive caregiver stress in rural South Africa, which is mainly caused by socio-economic deprivation and inaccessibility to healthcare services, whereas Tesfaye and Demelash (2025) emphasized both objective and subjective aspects of burden in Ethiopia, where perceived stress tends to be higher than real caregiving demands. Possible similarities were observed in general reviews, with Cham et al. (2022) and Truhlarova et al. (2020) concluding that caregiver burden is an international phenomenon and often linked to stress overload and necessity of specific interventions.

In addition to prevalence, the literature points out important determinants of caregiver burden which can be broadly classified into clinical, socio-economic and demographic factors. The nature and nature of mental illness, relapse rate, and complexity of care are examples of clinical aspects that considerably contribute to the strain on caregivers (Ndlovu and Mokwena, 2023; Tesfaye and Demelash, 2025). Certain contextual factors of caregiving, like substance addiction control, present other stressors in terms of stigma and reintegration issues, as reported by Mikulici et al. (2023). It is also important that socio-economic factors are at work, financial difficulties, job loss, and the lack of access to support services are some of the contributors to increased psychological distress in caregivers (Ayala-Rodriguez et al., 2025; Guerra et al., 2022). Caregiving experiences are also affected by demographic factors like gender, marital status, education and geographic location. As an example, Kalu et al. (2024) discovered that rural and former married caregivers in the United States have more distress, and Tesfaye and Demelash (2025) discovered that burden is disproportionately experienced by female caregivers and close relatives in Ethiopia.

The psychological impact of care giving is enormous and has been reported in all the studies. Caregivers often report feeling anxious, depressed, emotionally exhausted, and having a lower quality of life. Sharif et al. (2020) revealed that caregivers in Saudi Arabia experience emotional stress as well as social stigma, worsening their difficulties, whereas Manee et al. (2025) revealed the high rates of psychological distress among the caregivers of elderly people with dementia in Kuwait. In line with this, Sánchez-Martinez et al. (2024) also determined long-term caregiving as one of the factors associated with the poor sleep quality, high anxiety and depression, and low well-being, indicating that the effects may accumulate with time. These results highlight that caregiving is not just physically but also psychologically stressful, which may result in chronic stress and burnout.

To counter these difficulties, caregivers have various coping mechanisms although such mechanisms are inadequate in the absence of formal support mechanisms. Research shows that social support, counselling, and personal coping strategies, including lifestyle changes and physical exercise, are some of the factors that caregivers count on (Sharif et al., 2020; Sánchez-Martínez et al., 2024). Nevertheless, there are still gaps in the accessibility of formal assistance, which is psychoeducation, training, and mental health care. Mabunda (2025) emphasized the role of lack of knowledge and negative attitudes towards mental illness in decreasing the family involvement in caregiving, which supports the importance of special education and awareness programmes. On the whole, even though individual coping mechanisms do help to a certain extent, the lack of support systems at the systemic level is an urgent issue in caregivers.

Protective factors that can alleviate the burden on caregivers are also known in the literature. They include increased education, a healthy marital relationship, and quality of life as factors that lower the level of psychological distress in caregivers (Mikulić et al., 2023). The factor of social support turns out to be especially significant in resilience, and Ayala-Rodríguez et al. (2025) reveal that both tangible and emotional support might ease depressive and anxiety symptoms. Nevertheless, the availability of such assistance is not even, and a significant number of caregivers do not get enough social services and community-based resources (Truhlarova et al., 2020; Guerra et al., 2022). This raises an area of discrepancy between the perceived significance of support systems and their realisation in reality.

Caregiver burden is further compounded with economic and systemic factors. Economic strife, especially in times of economic instability, has been associated with the deterioration of mental health outcomes in caregivers (Guerra et al., 2022). Więckiewicz et al. (2024) highlighted that the families had a two-fold burden when managing the healthcare costs and taking care of the patients, particularly in situations of chronic or severe conditions. Systemic interventions can, however, be transformative. As Awara and Green (2024) showed, psychosocial rehabilitation programmes based in the community have the potential to greatly decrease the number of hospital admissions and the hospital expenses, easing both the economic and caregiving burden. The significance of investing in mental health services at the community level is highlighted by this finding because it is a cost-effective approach to lowering the caregiver burden.

Also, wider social determinants of health and national situations influence caregiving experiences. Huang et al. (2020) emphasized the multifaceted connection between money and mental well-being, whereas Kalu et al. (2024) proved that inequalities after the pandemic affect caregiver distress. These results imply that the issue of caregiver burden is rooted in structural and socio-economic systems and interventions are needed beyond the individual or household level.

On the whole, the evidence suggests that caregiver burden is a universal and context-specific phenomenon, which is characterised by important psychological, social, and economic hardships. Although the resilience of caregivers is provided by protective factors like social support and education, systemic barriers, financial strain, and stigma still contribute to worsening caregiver experiences. These issues need a multi-level intervention, including interventions at the individual level, such as counselling and psychoeducation, community support systems, and policy changes on a larger scale to ensure better access to mental health services and lessen socio-economic disparities. The results are a vocal advocacy of the importance of acknowledging the caregivers as key interested parties in the healthcare systems, as well as the need to focus more on their well-being as a vital ingredient of successful mental illness and chronic disease treatment.

DISCUSSIONS

Three themes emerged from the analysis and synthesis of the data.

Theme 1: Multidimensional Nature of Caregiver Burden

The studies collectively reveal that caregiver burden is a complex and multidimensional phenomenon that extends beyond physical responsibilities to encompass psychological, social, and economic dimensions. Caregivers of individuals with serious mental disorders, addictions, dementia, and chronic illnesses consistently reported high levels of distress, reflecting the pervasive nature of caregiving strain across settings. For instance, Ndlovu and Mokwena (2023) found that 91% of family caregivers in rural KwaZulu-Natal experienced caregiver burden ranging from mild to severe. This burden was linked to both clinical factors such as the mental health care user’s diagnosis and relapse and socio-economic constraints like low income and lack of resources. Such findings suggest that caregiver burden is not simply the outcome of providing care but is shaped by an interplay of health, social, and environmental conditions.

The psychological and emotional dimensions of burden were strongly emphasised in multiple studies. Caregivers often reported anxiety, depression, stress, and reduced quality of life. In Kuwait, Manee et al. (2025) demonstrated that caregivers of elderly people with dementia showed significantly higher levels of anxiety and depression compared to those caring for elderly individuals without dementia. Similarly, Sánchez-Martínez et al. (2024) revealed that long-term caregivers of people with neuropsychiatric disorders experienced reduced sleep quality, poor health-related quality of life, and high symptoms of depression and anxiety. These studies highlight the cumulative psychological toll of sustained caregiving, especially in the absence of adequate support systems.

Economic and social aspects of burden further complicate caregivers' experiences. Mikulić et al. (2023) reported that caregivers of individuals with addictions faced high levels of both subjective and objective burden, worsened by economic instability, marital difficulties, and the stigma associated with substance abuse. Likewise, Guerra et al. (2022) found that recessions exacerbated financial hardship and unemployment, which translated into poorer mental health outcomes for caregivers and communities alike. Such findings show that caregiver burden often transcends the household level, reflecting broader socio-economic vulnerabilities.

Importantly, systematic reviews also confirm the multidimensionality of burden on a global scale. Cham et al. (2022) found that the pooled prevalence of caregiver burden among those supporting individuals with mental illness was over 30%, with hospital settings showing the highest levels. Similarly, Tesfaye and Demelash (2025) identified both objective and subjective forms of burden among Ethiopian caregivers, with subjective burden reaching 63%. These reviews reinforce that caregiving is not only physically and financially demanding but also emotionally taxing, with subjective perceptions often outweighing the objective workload.

Theme 2: Influence of Socio-Economic and Demographic Determinants

The influence of socio-economic and demographic factors on caregiver burden is a consistent finding across the reviewed studies. These determinants shape not only the intensity of caregiver distress but also the resources available to mitigate it. For instance, Ndlovu and Mokwena (2023) identified low family monthly income, the employment status of mental health care users, and access to disability grants as significant factors influencing the burden of caregivers in rural South Africa. Caregivers in resource-limited households often experience heightened stress due to financial insecurity and limited access to healthcare, compounding the psychological and emotional load of caregiving. Similarly, Ayala-Rodríguez et al. (2025) demonstrated that perceived income was the only significant predictor of both depression and anxiety among Puerto Rican women with breast cancer, highlighting financial strain as a central determinant of mental health outcomes for caregivers.

Demographic factors such as gender, marital status, and education also emerge as strong predictors of caregiver experiences. The meta-analysis conducted by Tesfaye and Demelash (2025) in Ethiopia revealed that female caregivers and close relatives faced disproportionately higher burdens, particularly when caring for patients with schizophrenia spectrum disorders. This aligns with broader findings from Cham et al. (2022), which showed a pooled prevalence of 31.67% for caregiver burden, with higher rates among those supporting patients in hospital settings where care intensity is greatest. Moreover, Kalu et al. (2024) found that marital status significantly influenced psychological distress in the United States, with divorced and widowed individuals being more likely to experience moderate-to-severe distress. These findings illustrate how social roles and family structures intersect with caregiving responsibilities, often leaving women and socially isolated individuals more vulnerable.

Urban-rural disparities further reinforce inequities in caregiver experiences. In the United States, caregivers living in rural areas reported higher psychological distress compared to those in urban settings, where better access to health and social services was available (Kalu et al., 2024). A similar pattern was evident in South Africa, where caregivers in rural KwaZulu-Natal were disproportionately strained due to scarcity of resources and community-level support (Ndlovu & Mokwena, 2023). Education level also functioned as a protective factor; Mikulić et al. (2023) noted that caregivers with higher education reported lower psychological distress, reflecting the role of knowledge and skills in managing caregiving challenges.

Theme 3: Coping Strategies, Social Support, and Systemic Interventions

The findings from the reviewed studies demonstrate that while caregiving is often associated with significant psychological, emotional, and economic strain, caregivers employ various coping strategies and rely heavily on social support systems to manage these challenges. However, these efforts alone are frequently insufficient, highlighting the necessity for systemic interventions that strengthen resilience and reduce long-term caregiver burden.

Coping strategies are diverse, ranging from informal mechanisms to structured interventions. In Saudi Arabia, Sharif et al. (2020) identified that caregivers of people with mental disorders employed coping approaches such as seeking emotional support, engaging in counselling, and relying on group therapy. These strategies helped caregivers manage the stress associated with stigma and the daily demands of caregiving. Similarly, Sánchez-Martínez et al. (2024) found that long-term caregivers of individuals with neuropsychiatric disorders attempted to adopt self-care practices, including physical activity and dietary adjustments. However, the majority reported reduced self-care agency, poor sleep quality, and diminished quality of life, illustrating that personal coping efforts were often undermined by the overwhelming nature of caregiving responsibilities.

Social support emerged as a crucial protective factor across contexts. Ayala-Rodríguez et al. (2025) reported that tangible and belonging support were significantly associated with reduced depression among Puerto Rican women with breast cancer, while appraisal support helped alleviate anxiety. This suggests that different dimensions of social support directly influence mental health outcomes. Similarly, Mikulić et al. (2023) noted that caregivers with higher education, stable marriages, and better quality of life reported lower levels of psychological distress, demonstrating the buffering effect of social resources. Conversely, studies such as Mabunda (2025) and Tesfaye and Demelash (2025) showed that stigma, lack of knowledge, and inadequate family involvement exacerbated caregiver stress, further reinforcing the role of social and cultural support structures.

At a systemic level, interventions that integrate community and healthcare services have proven effective. Awara and Green (2024) demonstrated that a community-based psychosocial rehabilitation programme for individuals with severe mental illness in Canada significantly reduced hospital admissions, emergency visits, and overall costs. Such interventions indirectly alleviated caregiver burden by reducing the frequency of acute care crises. Guerra et al. (2022) also called for structural reforms during economic recessions, recommending that health professionals provide screening for distress and facilitate access to social services to mitigate the psychological consequences of financial hardship.

Gap Identified

Based on the findings presented from diverse contexts spanning Asia, Europe, and other parts of Africa, there is a clear gap in evidence specific to Southwest Nigeria. While the studies reviewed demonstrate the prevalence, psychosocial impacts, and coping strategies of caregivers of patients with mental illness, little is known about how these issues manifest within the unique socio-cultural, economic, and healthcare systems of Southwest Nigeria.

The reviewed evidence points to high levels of psychological distress, financial strain, stigma, and inadequate social support among caregivers in different global regions (Sharif et al., 2020; Tesfaye & Demelash, 2025; Ayala-Rodríguez et al., 2025). However, there is limited empirical data examining whether these challenges are equally prevalent or take distinct forms in Southwest Nigeria, where cultural beliefs about mental illness, family structures, and healthcare accessibility differ significantly. For example, traditional healing practices and community attitudes toward mental illness may shape caregiver experiences in ways not fully captured by international studies. Moreover, systemic interventions such as community-based rehabilitation (Awara & Green, 2024) and caregiver psychoeducation (Mabunda, 2025) have been trialled elsewhere, but there is a lack of documented evaluation of such interventions in Nigerian settings.

Therefore, the gap lies in the absence of context-specific research that explores the burden of caregiving, coping mechanisms, and systemic responses within Southwest Nigeria. Understanding this gap is crucial because without culturally grounded data, interventions and policies may not effectively address the lived realities of Nigerian caregivers. This highlights the need for local studies to assess the magnitude of caregiver burden, the influence of cultural norms, and the effectiveness of support strategies tailored to the Nigerian context

CONCLUSION

The findings reveal that caregiving for individuals with mental illness is associated with profound psychological, emotional, and financial burdens, often compounded by stigma, inadequate systemic support, and cultural perceptions of mental health. Caregivers employ a variety of coping strategies, ranging from reliance on faith and family support to seeking professional interventions, yet these measures remain insufficient in alleviating the persistent strain reported across different contexts. Evidence highlights that while social support networks and structured interventions such as psychoeducation and community-based rehabilitation can mitigate caregiver stress, such initiatives are either limited or poorly integrated into existing healthcare systems. Importantly, the findings underscore the urgent need for context-specific interventions that address cultural, social, and institutional dynamics, particularly within settings like Southwest Nigeria where research remains sparse. This suggests that improving caregiver wellbeing requires not only strengthening formal healthcare responses but also fostering societal acceptance and expanding tailored support systems.

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