BINDURA UNDIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

TOPIC: AN INVESTIGATION ON PSYCHOSOCIAL CHALLENGES FACED BY CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS IN ZIMBABWE. A CASE OF TIRIVANHU PSYCHIATRIC REHABILITATION CENTRE.

BY:

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A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION, DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

JUNE 2025

APPROVAL FORM

I certify that I supervised Madondo Valerie Tanyaradzwa in carrying out this research titled: An investigation of the psychosocial challenges faced by caregivers of people with mental illness. A case study of Tirivanhu Psychiatric Rehabilitation in partial fulfilment of the requirements of Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

Supervisor

Name……………………………………………………………………………………….

Signature………………………………………

Date…………………………………………

Chairperson of the Department Board of Examiners

The department board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Madondo Valerie Tanyaradzwa. An investigation of the psychosocial challenges faced by caregivers of people with mental illness. A case study of Tirivanhu Psychiatric Rehabilitation in partial fulfilment of the requirements of Bachelor of Science, Honours Degree in Social Work.

Chairperson

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Chairperson Signature *Date*

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK
22 AUG 2025
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I, Madondo Valerie studying for a Bachelor of Science Honours degree in Social Work, aware of the fact that plagiarism is an academic offense and that falsifying information is a breach ethics of Social Work research, I truthfully declare that:

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3. I have also followed all the guidelines provided by the university in writing this dissertation and whenever I have used the material from any other sources, due credit through the provision of their details in the references has been offered.

4. Bindura University of Science Education can use this dissertation for academic purposes.

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ACKNOWLEDGMENTS

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DEDICATION

This dissertation is dedicated to my parents **Mr** and **Mrs Madondo** and my siblings **Valennie** and **Valetta Madondo** whose unwavering support and faith in me have been my greater source of strength. I also dedicate this dissertation to my friends **Eddie Chikonhi**, **Clara Jonga** and **Sharon Mutongwizo** whose constant encouragement, laughter and companionship made this journey easier.

BINDURA UNIVERSITY OF SCIENCE EDUCATION
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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	**Possible Mark**	**Actual Mark**
Abstract	**10**	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	**20**	
Statement of the problem	**10**	
Research questions	**15**	
Assumptions	**5**	
Significance of the study	**15**	
Limitations of the study	**5**	
Delimitations of the study	**5**	
Definition of terms	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**15**	

Comments………………………………………………………………………………………………… ………………………………………………………………………………………..

Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	**5**	
Conceptual or theoretical framework	**10**	
Identification, interpretations and evaluation of relevant literature and citations	**40**	
Contextualisation of the literature to the problem	**10**	
Establishing gaps in knowledge and how the research will try to bridge these gaps	**10**	
Structuring and logical sequencing of ideas	**10**	
Discursive skills	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**20**	

Comments………………………………………………………………………………………………… ……………………………………………………………………………………………………

Chapter 3 RESEARCH METHODOLOGY

Introduction	**5**	
Research design	**10**	
What instruments are you using to collect data?	**30**	
Population, sample and sampling techniques to be used in the study	**25**	
Procedures for collecting data	**15**	
Data presentation and analysis procedures	**10**	
Summary	**5**	

Total	**100**	
Weighted Mark	**25**	

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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

Comments ………………………………………………………………………………………………
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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations(should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

Comments ………………………………………………………………………………………………
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SUMMARY:-

Actual **Total**

Chapter 1 ____

Chapter 2 ____

Chapter 3 ____

Chapter 4 ____

Chapter 5 ____

Total ________ __________

ABSTRACT

In the introduction the researcher expressed that Caring for a family member with mental health problems places an enormous burden on family caregivers. A brief background of the study was given explaining the phenomena around the study. In the problem statement the researcher expressed that there are many causes of the caregiver challenges. The researcher was aimed to identify the psycho-social experiences encountered by caregivers of people with mental illness, to assess the roles played by caregivers of people with mental illness in Zimbabwe and to explore the copying strategies that caregivers of people with mental illness use to copy up with the psycho-social challenges they face. A literature review was explored in connection with the research objectives. The researcher adopted the qualitative research methodology. This study used a case study as a research design to answer the questions about the challenges faced by caregivers of people with mental illness and the roles of the caregivers as well as the copying strategies. The study was carried in Ruwa Community. A minimum of ten caregivers of people with mental health problems were recruited as target population using purposive sampling method. Focus group discussions guide and in-depth interview guide were used as data collection tools. This research utilized Thematic data analysis method. All research ethics were followed. Some of the challenges faced by CPWMC are stigma and discrimination, lack of emotional support, lack of social support, disruptive behavior of patients and lack of psychoeducation. The roles of CPWMC include medication management, education and advocacy, providing emotional support and providing social support. Copying strategies of CPWMC include joining support groups, acceptance and resiliency, having selfcare and quality time and religious interventions.

ACRONYMS

CPWMHC	Caregivers of People with Mental Health Challenges
MDs	Mental Disorders
MH	Mental Health
MHC	Mental Health Challenges
MI	Mental Illness
PWMHC	People with Mental Health Challenges
UN	United nations
WHO	World Health Organization

Contents

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Looking after a person with mental health problems places a lot of weight on family caregivers of people with mental illness. Caregivers worldwide are not offered full support to provide care and support for the people with mental health problems also struggles to look after them. Mental health service resources are not adequate in are African countries. Families are mostly expected to provide care to their relatives with mental health problems. This dissertation project will follow a chronological order starting with chapter 1 which comprises of background of the study, problem statement, justification of the study, aim and objectives of the study and research question.

1.2 BACKGROUND OF THE STUDY

Mental health disorders are growing concern worldwide affecting a number of people and their families. In many countries, family members and rehabilitation caregivers contribute the role of providing support to individuals who have mental illness. Mental illness is a diagnosable mental disorders or health conditions that are characterised by alterations in thinking, mood or behavior associated with distress and impaired functioning, it has negative effects on various individuals as it hinders them to perform various tasks (WHO 2016). According to Anashensel (2016), taking care of people with mental health problems may cause a variety of psychosocial problems such as low quality of life of the patient’s caregiver as well as more social distance for the patient and the family caring for the patient. Psychosocial challenges are caused by the stigma attached to mental illness, which is a problem affecting not only the people with mental illness but also the family as a whole (Mushoriwa, 2018). Frueh (2015), stipulated that caregivers face numerous burdens and they do not have sufficient copying mechanisms.

Globally, among diseases, psychiatric disorders have a high prevalence and are a significant burden. According to the most recent meta-analysis, the average widepread of mental disorders in the world is 13.4%, and 30–50% of psychiatric patients experiencing relapse of symptoms. Caregiving of people with mental challenges in China suffers broadly from stigma. The families and individuals who take care of people with the challenge of mental illness are often isolated and stigmatised. Many researchers became worried about how mental illness is regarded in Chinese communities according to, (Wong. 2019).

In South of the Sahara, mental health problems are responsible for a total of 9% of the non-communicable diseases burden (Eisner et al., 2019). The weight of mental illness on caregivers in South Africa is confidentially reported to be high, with a lifetime chances of mental health disorders (Francis et al., 2020). These high rates of mental health challenges, the treatment gap is big with an estimated 75% of people living with mental illness not having treatment of any kind and that increases the weight of the caregivers (Geriani et al., 2015). The South African Mental Health Care Policy Framework and Strategic Plan (2013–2020) provides policy guidance to narrow this treatment gap through integrating mental health into primary health care and strengthening community-based mental health services. Mental health care in Nigeria is ascribed to various factors including time of illness, people with mental illness symptoms or diagnosis, social support system including educational status of the patient and caregiver and severity of illness (Keen, 2017).

Mental illness in Zimbabwe is attributed to a number of causes such as natural causes like road accidents or other injuries, economic hardships, drug and substance abuse, political influences, ancestral spirits, family breakups, ageing and the occurrences of diseases like malaria and HIV (Mabvurira and Chinyenze, 2018). There are approximately 91390 mentally ill patients in Zimbabwe (Ministry of Health and Child Care, 2021). There are about 1.3 million people who are mentally ill in Zimbabwe (The Daily News, 2022). In Zimbabwe there are few mental health institutions hence it is difficult for the psychiatric patients to access mental health services especially those who live in remote areas (Kamudia, 2017). The provisions of the National Disability Policy and Mental Health Act in September 2021 are not fully implemented since there are limited psychiatric services in the country. Zimbabwe has few communities mental health facilities like day care centers, halfway homes and rehabilitation centers to strengthen the mental health. The World Health Organisation (2018) reported that in Zimbabwe mental health is marginalised, poorly resourced and largely institutionally based. Hence with this gap, mental patients are now being looked after at home by their family members which highly leads to the psychosocial challenges.

1.3 STATEMENT OF THE PROBLEM

The study is import because it helps to the knowledge of psychosocial challenges encountered by caregivers of people with mental illness challenges. The psychosocial challenges faced by caregivers of people with mental illness includes stigma and discrimination, stress, social seclusion, violence and less social support. These challenges contributed by social and psychological difficulties. Stigma and discrimination of caregivers of people with mental illness is caused by misconceptions where by the community does not have enough insight on mental health. Social seclusion is also caused by low self-esteem or shame by the caregivers of people living with mental illness. Cultural including community beliefs also contribute to social exclusion of caregivers. Caregiving is a role that contributes to burnout, confusion, fatigue and even grief which can result into stress. The roles of the caregivers that may lead to challenges include providing emotional and social support, decision making and medication assistance. As such, the challenges faced by caregivers of mental health patients were overlooked. The public is not aware of these problems hence this research seeks to enable them to be known by everyone so that some interventions can be done.

1.4 AIM OF THE STUDY

The research aims to understand the psycho-social challenges faced by caregivers of mental people with mental illness Zimbabwe.

1.5 RESEARCH OBJECTIVES

1. To assess the roles of caregivers of people with mental illness in providing support to people with mental illness at Tirivanhu Rehabilitation.
2. To assess the psychosocial challenges faced by caregivers of people with mental illness at Tirivanhu Psychiatric Rehabilitation.
3. To identify copying strategies in which caregivers of people with mental illness can cope up with their psycho-social challenges at Tirivanhu Rehabilitation.

1.6 RESEARCH QUESTIONS

1. What are the roles of caregivers of people with mental illness in providing support?
2. What are the psychosocial challenges faced by caregivers of people with mental illness?
3. What ways can caregivers of people with mental illness use to cope up to their psychosocial challenges?

1.7 JUSTIFICATION OF THE STUDY

This research about the psycho-social problems faced by caregivers of people with mental illness will expand the knowledge-base and literature about psychiatric issues (Mashiri, 2022). The voices of caregivers of people with mental illness are going to be simplified and explained by their narratives. The research can be used by other learners as a source and a roadmap to discover more mental health programs such as campaigns in Zimbabwe. This research will also help civil society organizations to develop programs like advocacy and psychosocial education to deal with the challenges faced by caregivers. Insights from this study can be utilized by policymakers to design effective policies that universally and holistically address psychiatric issues in Zimbabwe.

1.8 ASSUMPTIONS

- Among other things, there is an assumption that caregiving involves psychological, emotional and social burdens. This assumption is supported by other researches that focuses on stress, anxiety, depression and social isolation among caregivers.
- There is also another assumption that stigma extends to caregivers leading to social exclusion and discrimination. Research includes analysis of public stigma and self-stigma and how they influence caregiver.
- Another assumption is that the factors that contribute to challenges faced by caregivers is cultural and societal norms. This assumption is important because the research may need to consider cultural sensitivity and differences in caregiving expectations.

1.9 DEFINITION OF KEY TERMS

Mental health- WHO (2022) defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.

Psychiatric patient- is an individual with mental disorders or mental health problems that affects his or her mental wellbeing (NHS, 2017)

Caregiver of a psychiatric patient- this are individuals or group of people (family members, relatives, community members or peers) who provide support to individual with mental health issues at home or care institutions (Ndikuno et al, 2016).

Mental health institutions- these are homes or places where people with mental health problem are taken care of (NHS, 2017).

Rehabilitation Centers- is a facility that provides therapeutic, medical, psychological and social interventions aimed at restoring functional independence and improving the quality of life for individuals recovering from physical, mental or substance related conditions (World Health Organization 2017)

1.10 DISSERTATION OUTLINE

Chapter 1: Introduction and background of the study

This chapter presents the study and provides the background information, aim, research questions and research objectives, statement of the problem and the significance of the study.

Chapter 2: Literature review

This chapter delivers the relevant literature regarding psychosocial challenges faced by caregivers of people living with mental illness in Zimbabwe, a theoretical framework strengthening the study. It also indicates on the research gap which the study aims to fill.

Chapter 3: Research methodology

This chapter provides the methodology that guided the study. It also focuses on the research design, sampling techniques, data collection methods and tools, data analysis, ethical guidelines, limitations and delimitations of the study.

Chapter 4: Data presentation and analysis The chapter is focused on the provision of the research's findings, analysis and discussion of the findings in line with the qualitative method.

Chapter 5: Summary, conclusions and recommendations

This is the final chapter of the study as it gives the summary, conclusions and offers the measures that can be put in place to reduce psychosocial challenges faced by caregivers of people living with mental illness in Zimbabwe.

1.10 CHAPTER SUMMARY

This chapter covered the introduction of the study with brief explanation of the problem. This was followed by the background of the study. In the background of the study general issues concerning mental health problems in Zimbabwe were discussed. The problem of the study was highlighted and it is the psychosocial difficulties faced by the caregivers of people with mental health challenges. The study was justified and key terms were defined in this chapter. The study aims to explore the psychosocial challenges associated with caregiving for people with mental health challenges. The objectives of the study were outlined and research questions in align with the objectives of the study are provided. Definitions and delimitation of the study were also explored on the above chapter. This is the first chapter of the entire research project and the following chapter is about literature review.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter explores the global overview welfare of caregivers of mental health patients. Caregivers play various roles in everyday care of the people with mental illness, for example monitoring their mental state and treatment, accompanying them to the hospital or clinic, offering emotional support, helping them economically. Mental health becomes a global concern in the modern-day societies and the ones take care of mental health patients faces various challenges. The chapter also explains the regional mental health issues in Africa. As the world becomes one global village Africa is not an exclusion in as far as mental health is concerned. The chapter also discusses mental health issues in Zimbabwe as this research aimed to explore the psycho-social challenges faced by caregivers of mental health patients. This study used Bowens family systems theory of 1988 as its theorical framework. The study also utilised the Biopsychosocial approach as its theorical framework.

2.1. THEORETICAL FRAMEWORK

2.1.1 THE BOWENS FAMILY SYSTEMS THEORY

This research utilised the **Bowen's Family Systems Theory**. Family systems theory, developed by Murray Bowen in the 1950s, held that family members are connected and interrelated (Bowen, 1988; Palombi, 2016). Bowen believed that family members' experiences impact each other. In treatment, Bowen focused on and treated family dynamics and problems as opposed to those of individuals. The behaviors and symptoms of specific individuals can influence the entire family dynamic (Kerr and Bowen, 1988; Palombi, 2016). Caregivers of family members with mental health issues may push their own needs aside to care for the needs of their family members.

Based on Bowen's family systems theory, family members need a balance of individuality and togetherness to have successful relationships (Bowen, 1988). Individuals also need to engage in togetherness in that they are connected in relationships with other people (Gehart and Tuttle, 2003).

An imbalance in individuality and togetherness can be detrimental, and if one family member does not have this balance, the relationship can become too polarized.

The behaviors and symptoms of individuals with mental health issues can influence their entire family dynamic (Kerr, 2016). According to Bowen, an individual's problem is a family system problem Bowen argued that family members in general could become enmeshed and these intertwined individuals may achieve less autonomy than more independent people (Kerr 2016). Caregivers of family members with mental health illness may encounter psychosocial challenges like stress, grief, trauma and social withdrawal including pushing their own needs aside due to the extensive demands of the mentally ill family member. Viewing that member through the lens of family systems theory, his or her dysfunction is primarily a family's dysfunction. Family dynamics can even be affected across generations (Gehart and Tuttle, 2003). Multigenerational trends can exist that create patterns of behaviors among family.

2.1.2. THE BIOPSYCHOSOCIAL MODEL

The bio-psychosocial approach was developed by an American psychiatrist George Engel (Engel, 1977). The bio-psychosocial approach was therefore developed as an important attempt to integrate the patient's psychological experiences and take into consideration their social and cultural context as part of a comprehensive framework to understand health, disease and illness (Hatala, 2012:52). The focus of the biopsychosocial approach looks beyond the individual and recognises other systematic factors that could possibly create and enhance problems (Engel 1980). The bio-psychosocial approach asserts that a person is influenced by the organisation of the systems in which they are part of that is by their environment. Typically, a patient is identified by their biographical details which include their name, residential address, marital status, age, gender and occupation.

The researcher made use of the biopsychosocial approach because of the position that the biological, psychological or behavioural and social factors (family relationships, social support and the socioeconomic status) all have serious implications on the origin and development of the challenges and this is what makes up the bio-psychosocial approach (Hatala, 2012). All these components reveal different aspects of the patient's environment and have an influence on each other (Engel, 1980). This is crucial for the conducted study because the organisation of these systems have an influence in the experiences of the caregivers of persons with mental illness (Engel, 1980). As stated above, the bio-psychosocial approach encompasses takes into account the biological, psychological and social contexts of a person. As the social worker observes how the biological, psychological and social systems influence each other. The researcher found it useful to employ the biopsychosocial approach in the study.

2.2 MAIN LITERATURE

2.2.0 ROLES OF CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS

Numerous studies that have investigated families and individuals with mental illness found that family members have become primary caregivers of the individuals (Leach, 2015). Despite the unique nature of any given caregiver's role over time, broad domains of activity characterize family caregiving. Caregiving ranges from assistance with daily activities and providing direct care to the care recipient to navigating complex health care and social services systems. The domains of the caregiving role include assistance with household tasks, self-care tasks, provision of emotional and social support, health and medical care and advocacy.

2.2.1 Providing emotional support

Caregivers provide emotional support to individuals with mental health conditions. They offer a compassionate and understanding presence, allowing patients to express their feelings and concerns without judgment (Kardorff et al, 2016). This support helps create a safe and trusting environment, which is essential for the therapeutic process. In the process of caring for individuals with mental illness, caregivers often produced many negative emotions including worry, stress, anxiety, embarrassment, fear, sadness and shame (Park and Lee, 2017). Individuals with mental illness need emotional and social supports that are different from the usual exchanges among family members (Lin et al 2018). The increasing needs, the individuals with mental illness may be able to give less to the relationship while needing more from it (Hielscher et al, 2019). In addition, the changing circumstances may require a higher level of emotional support from the caregiver. Caregivers may find themselves dealing with unfamiliar depressive symptoms, anxiety, irritability or anger in the care recipient. The task perceived as most time consuming by caregivers was providing emotional support (Kenny et al, 2019).

2.2.2 Medication management

Caregivers of people with mental illness often assist in medication management by ensuring that individuals take their prescribed medications on time and in the correct dosage (Green 2017). They may help with organising pill boxes, tracking medication schedule, and communicating any side effects. During home visits for reintegration family members are involvement in health and medical tasks at home. The health and medical care domain of the caregiving role is increasingly complex (Stacey et al, 2018). Medications were once simply administered. Today, medications prescribed for home use are delivered not only by mouth and injections (Kreyenbuhl et al, 2016). caregivers work closely with the treatment team, which may include psychiatrists, therapists, social workers and nurses. They actively participate in treatment planning, attend appointments, and provide insights into the individual’s progress, challenges and needs (Green et al, 2017). Collaboration with the treatment planning, attending meetings and appointments provide insights into the individuals progress, challenges and needs.

2.2.3 Providing social Support

Social support is a multidimensional concept whose operationalisation underwent significant changes over time (Green et al, 2017). Caregivers assist individuals with their daily living activities, such as personal hygiene, meal preparation, household chores and managing appointments (Kardorff et al, 2016). They help create a structured routine and provide stability, which can be particularly important for individuals with mental health conditions. The interpersonal aspect of recovery recurs throughout the scientific literature, with numerous studies identifying a dimension corresponding to relationships with others (Velligan et al, 2016). In their literature review, Leamy and colleagues (2011) developed the CHIME model, which describes five recovery processes contributing to personal recovery connectedness, hope, identity, meaning in life and empowerment. Connectedness refers to interpersonal relationships and support from caregivers, peers and professionals.

2.2.4 Educating

Caregivers of people with mental illness play the role of educators and advocates, both for the individual with the mental health condition and within the broader community. They learn about the specific condition, its symptoms and treatment options. Family caregivers often serve as advocates and care coordinators (Malla et al, 2016). As advocates, their role is to identify and to help individuals with mental illness obtain needed community and health care resources. This may involve determining the patients eligibility for specific services and the potential costs. The individual with mental illness and the caregiver encounter bewildering and disconnected systems of care that involve an array of entities including health care providers, public and private-sector community-based agencies, employers and multiple potential payers (Lefly, 2019). Many people such as some racial or ethnic groups, LGBT caregivers and individuals with limited health literacy face the additional challenge of finding culturally and linguistically tailored services appropriate to their care recipients' needs (Kardorff et al, 2016).

2.2.5 Assistance in decision making

Caregivers are often involved in decision making with and in some circumstances for individuals with mental illness. However, the nature of caregivers' involvement varies. Types of decision making roles include directive participatory, supportive, advisory, advocacy and trying to hold back and let the mentally ill individual decide (Green, 2017). People with cognitive impairments may require surrogate decision making although individuals with mild to moderate cognitive impairment often have the ability to express preferences and make choices (Crowe and Lyness, 2014). People with mental illness may be able to express their preferences, but lack executional autonomy or the ability to carry out their decisions without considerable assistance from a caregiver (Rammohan et al, 2020). Caregivers may confront many kinds of decisions, including decisions about treatment choices, location of care, and end-of-life (Garvelink et al., 2016). Decision making involves both the individual with mental illness and caregiver values, preferences, needs, goals, abilities and perceptions, which may or may not be congruent and in some instances may be in conflict (Garvelink et al., 2016). Decision making also involves religious considerations, family dynamics, finances, and feasibility (Garvelink et al., 2016). While respecting the rights of the patient and making sure his or her voice is primary, good communication and finding a balance between the care patient needs and preferences and the caregiver's ability to meet them contribute to the well-being of both parties. Multiple legal tools such as health care and financial powers of attorney, living wills and personal care agreements can help family caregivers and their families to better outline the preferences of the care recipient and the scope of his or her caregiver's decision-making authority (Hailemarian, 2015). Although supported decision-making attempts to give individuals the assistance they need to make decisions for themselves to the greatest extent possible, many individuals with advanced illnesses lack decision making capacity and therefore need to rely on caregivers.

2.3 PSYCHOSOCIAL CHALENGES FACED BY CAREGIVERSS

Over the past two decades, the focus of mental health care has shifted from institutionalisation to community-based programs and short hospital stays. This change means that there is an increased role for caregivers mostly family members in managing psychiatric persons. There is evidence to support the benefits of deinstitutionalisation of mental health care, there are also indications of substantial burden experienced by caregivers, the evidence of which is limited in sub-Saharan Africa (Zauszniewski and Bekhet, 2014).

2.3.1 Discrimination

One of the main challenges faced by caregivers of people with mental illness is discrimination. The community is the source of stigma and discrimination According to Byrne (Crowe and Lyness, 2014) stigma is a sign of disgrace or dishonour, knowledge, belief systems and the fear and exclusion of people who are perceived as different separates a person from others. Care givers often face negative attitudes and stereotypes from society, associating mental illness with danger, unpredictability, moral failure and witchcraft (Kardorff et al, 2016). This may result into social exclusion and reduced support from the community. Caregivers may also internalize societal stigma leading to feelings of shame and inadequacy (Kamundia, 2017). This self-stigma can hinder their willingness to seek help or openly discuss their challenges. Workplace discrimination is also faced by caregivers (Kenny, 2014). Stigma is a feature that is deeply discrediting and makes the person experiencing it different from others and of a less pleasant kind (Park and Seo, 2016). The unpleasant phenomenon is often accompanied by stereotyping, rejection, status loss and discrimination (Kardorff et al, 2016). Similarly, the experience of stigma is characterized by shame, blame, secrecy, labelling, isolation, social exclusion and discrimination (Peng et al, 2019). Since stigma is often rooted in social attitudes, persons with mental illness in Ghana are often disliked, rejected, shunned and could experience sanctions, harassment and even violence.

Discrimination on the other hand, results from stigma and occurs when people are treated on the basis of belonging, or being perceived to belong to a particular group (McFarlane, 2016). Discrimination is also described as the way persons are treated, intentionally or unintentionally, due to stigma (Hayes et al, 2015). Discrimination may lead to societal exclusion, bullying, aggression, ridicule and devaluation of the self-worth of people and these could bring about oppression against such persons in all areas of life including the ability to obtain housing, maintain regular employment, access education, engage in meaningful relationships and enjoy quality of life (Green, 2017). Thus, stigma and discrimination highly affect caregivers of people with mental illness because it leads to isolation, harassment and even violence.

2.3.2 Psychological suffering

Stress is another psychological challenge encountered by caregivers of people with mental illness. Disturbing behaviors can evoke feelings of frustration, helplessness, anger and sadness (London et al, 2016). Managing physically demanding or unpredictable behaviors like preventing harm or wondering can be exhausting. Continuous exposure to challenging behaviors without adequate support may lead to caregiver burnout. A survey in Iran shows that the prevalence of psychiatric disorders is 2-2.5% among social population (Kohn and Wilson, 2005). Nearly 50 to 80 % of psychotic patient lives with one of their relatives, thus most of their relatives perceive a high psychological burden (Kohn and Wilson, 2005). This is a major concern because prolonged stress can have serious emotional consequences. Emotional impact can vary from frustration, anxiety, fear, depression and guilt to grief. Studies conducted by Partiante and Carpiniello, (1996) have reported that family caregivers of patients with chronic psychiatric disease suffer from higher levels of burden than family caregivers of patients with Alzheimer's disease, cancer or chronic renal failure. Also, several studies have found a correlation between patient's stress such as negative symptoms and frequent hospitalisation with an increase of caregivers' burden. Studies have found that the prevalence of psychiatric problems was 41-94% among chronic psychiatric patients' caregivers (Kenny et al, 2014). Also, demographic factors including gender, race and severity of the disease play an important role in the presentation of these disorders (Peng et al., 2019). Therefore, caregivers of people with mental illness get stressed due to the behavior of people with the illness as well as always being there for them leads to frustrations.

2.3.3 Lack of social support

The absence of emotional validation can lead to feelings of neglect, resentment or depression which is another social challenge faced by caregivers of people with mental illness (Kardorff et al, 2016). Lack of support for caregivers often make caregivers to shoulder all responsibilities leading to exhaustion, stress and an inability to maintain their own health and wellbeing. The mental health benefits of social support are mainly evident during stressful periods. Social support reduces psychological distress and contributes to physical health and survival (Schulz and Sherwood 2018). The caregivers felt isolated from society because of the disruptions of their social life as they had to care for the patient. Social discrimination was also caused by the stigma attached to mental illness (Jack et al, 2014). Stigmatisation and social isolation were a prevalent experience among the family caregivers who had to contend with social relationships that were strained by lack of knowledge and negative attitudes about mental illness (Lefly, 2019). This therefore shows that, lack of support on caregivers of people with mental illness stresses them because they will feel alone and even neglected by the whole community.

2.3.4 Disruptive behaviour of people with mental illness

Violence and physical aggression are prevalent problems among people with mental illness (Venkatesh et al., 2015). Colasanti and Rossattini (2008) reported that 45% of psychiatric patients reported aggressive behaviors verbal aggression, aggression against objects, self-aggression and aggression toward others and 33% demonstrated violence in United States of America. Such violence can create injury and add to the emotional distress and burden of the caregiver (Hanzawa et al., 2013). Violence by people with mental illness is mostly toward family members, often occurs in the home and is a complex phenomenon (Healy, 2014). Though violence toward caregivers was mentioned in many studies, only two research groups focused primarily on violence toward family members and caregivers finding that people with mental illness violence is an under-researched subject (Hsu, 2013). Therefore, this shows that violence by the people with mental illness is a great social challenge that caregivers face during the course of taking care of them.

2.3.5 Lack of psychoeducation

Psychoeducation refers to knowledge about mental illness symptoms and effective treatment interventions (Ali et al., 2014). Caregivers of people with mental illness often lack the necessary knowledge to help that individual (Kardorff et al., 2016). Many caregivers express that mental health knowledge is vital when caring for a mentally ill family member (Bartels et al 2018). Caregivers of individuals with mental illness may lack an understanding of the patients' symptomology, needs and treatment (Bailey, 2014). Such education can enhance the knowledge of the caregiver, which could potentially improve the mental health of the client and the caregiver.

A lack of knowledge and education regarding serious mental illness can create distress within the caregiver and ultimately cause them to place blame on the patient (Ali et al, 2014). The caregiver may view the patient’s symptoms and behaviors as willful, vengeful and irresponsible (Muhlbauer, 2008). This clearly shows that lack of insight on the mental condition of patients may result in challenges on taking care of people with mental illness.

2.4 COPYING STRATEGIES OF CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS

Coping refers to the ability to effectively handle a problem and not react negatively (Crowe and Lyness, 2014). Caregivers play various roles in everyday care of the mentally ill person, for example monitoring their mental state and treatment, accompanying them to the hospital or clinic, offering emotional support, helping them economically and adherence to the treatment. Furthermore, caregivers have to tolerate the behavioral swings of the patient, including aggressiveness. Care giving along with other routine activities makes the caregiver experience negative and some of them consequently lead to substantive stress or burden, while others get adjusted to it through coping skills.

2.4.1 Joining support groups

Support group members can assist caregivers with psychoeducation regarding individuals with mental illness (Schiffman et al., 2014). A support group format can provide much needed mental health information and encouragement for caregivers. In a group setting, psychoeducation can include ways to better cope with the burden of caring for a mentally ill individual by teaching their caregivers coping skills (Crowe, 2014). Group members can share ideas with each other, and provide support (Melamed and Gelkopf, 2013). A group setting using psychoeducation can further offer needed information regarding serious mental illness and effective interventions Ali et al. (2014) found that with advances in technology, web-based psychoeducation is becoming more popular. Just as with the printed booklets, web-based psychoeducation can include health information and resources to support young caregivers (Ali et al., 2014). Support groups also come as a strong coping mechanism since there is the sharing of challenges and how to cop up with them. This also promotes a sense of being wanted to caregivers, these groups will give them hope and strength to keep on caring for the patients.

2.4.2 Acceptance

Acceptance of challenges grows from resiliency. Mulud and McCarthy (2017) said that the higher the level of resiliency, the greater the ability to cope with stressful situations. Acceptance allows for realistic problem solving, it opens the door to understanding what can and not be changed helping caregivers focus on what is within their control which is key to resilient thinking (Frueh, 2015). According to Mulud and McCarthy (2017), ample data exists on caregiver gender and burden, finding was that males could more easily rebound from stressful situations compared to females, and therefore can better face the challenges of caring for a mentally ill person. Hsiao and Tsai (2014) also found that female caregivers report a higher level of distress compared to their male counterparts. They completed a quantitative cross-sectional study of 137 participants to 38 identify the significant factors associated with higher caregiver burden (Hsiao and Tsai, 2014). Results indicated that being a female caregiver was associated with a greater sense of burden. The researchers also concluded that clinicians should employ resiliency-focused interventions to help caregivers.

2.4.3 Selfcare time

According to Lippi (2016), self-care time is an informal reference to time spent with close family, partners or friends that is in some way important, special, productive or profitable to one or everyone involved. Much is time that is set aside for paying full and undivided attention to the person with mental illness, it is important to remember that caregivers are not in their situations alone (Rammohan et al, 2020). Beyond this, they have a life of their own and relationships with others. The important thing is the quality of time they spend with others (Ejem, 2015). Ten minutes laughing with their spouses or children is far more therapeutic than an hour of arguing (Paloha et al, 2015). More than this, just as they need time to rest and recover, they need time with others. Sometimes the best time out is time spent with other members of the family (Park and Seo, 2016). This gives them, and others, a sense of unity. Withdrawal, on the other hand, can increase caregivers' feelings of isolation and increase the risk of depression (Ndikuno et al, 2016). To help with caregiving, family carers require enough room and comfort in their homes, especially when looking after care recipients (Velligan, et al., 2016). According to research, when the home environment is changed to be more supportive, carers are less disturbed by the behaviors of the care recipient and are better able to meet functional demands (Green, 2017).

2.4.4 Seeking religious intervention

Seeking religious intervention is the most commonly used method of coping. Religion is widely believed to be the most prevalent coping strategy employed by caregivers of patients diagnosed with schizophrenia (Jack et al, 2014). It is hypothesised to be an effective method of coping with the situation, regardless of the religious belief, its manifestation or the location (Gater, 2015). Moreover, it has been discovered that a religious coping mechanism can mitigate the impact of depression-related identity loss (Lok, 2021). In other words, spiritual belief promotes health and serves as a source of optimism (San et al, 2017). Therefore, it is observed that a patient with a religious coping strategy is more capable of handling and surviving more severe life challenges. In patient-involved research, it has been found that patients with increased symptoms and poor functioning are more likely to read the Bible or pray as a coping mechanism (Joy et al, 2019). To deal with a patient's aggressive behavior, the caregiver engages in their work, accepts their aggression, accepts assistance from others and prays (Kamundia, 2017). Positive religious coping is when an individual asks God for help, involves God in every difficult situation and surrenders to God when life problems become overwhelming (Tseng and Streltser, 2020). The coping mechanisms of caregivers in Africa are not that different from those in the West and Asian contexts. Caregivers in Ghana depend on prayers from pastors and divine healers as coping strategies (Hayes et al., 2015). Additionally, caregivers draw their strength from being optimistic about miracles and having the expectation that new treatment methods will be released to curb the stress associated with caregiving (Kenny, et al 2014). In Tanzania, caregivers also ascribed to prayer as a support of hope and encouragement but have also learned to accept schizophrenia as with Taiwanese and Indian caregivers, in order to not build resentment or be disappointed in the behaviour of the ill relatives (Hayes et al., 2015).

2.5 CHAPTER SUMMARY

In this chapter, the researcher examined the theoretical underpinnings of the study before reviewing the literature from earlier studies on the psychosocial challenges faced by caregivers of people living with mental illness. Following that, the researcher examined the literature in relation to the study's objectives. The gaps in the examined literature were identified by the researcher who then concentrated this work on filling some of these gaps. Literature was produced on a local, regional and global scale. Hence, the next chapter will focus on the research methodology.

CHAPTER 3

METHODOLOGY

3.0 INTRODUCTION

This chapter presents the methodology utilized for the study. The chapter presents the research paradigm, the research approach and research design, setting of the study, targeted population, sampling and sampling procedures. The data collection methods and instruments used in the study are also discussed. Ethics used in the study are also discussed, with the study feasibility and limitations also explained.

3.1 RESEARCH PHILOSOPY

According to (Flick et al, 2018), a paradigm is essentially a theoretical framework. It provides the sum of a set of hypotheses, ontology, epistemology, and methods for scientific research and is generally accepted by researchers (Lewes, 2003). The paradigm conforms to the understanding of people's knowledge and reality and lays the foundation for all philosophically based scientific research (Hayes et al, 2015). Interpretivism is a research philosophy that emphasizes understanding the subjective meanings and experiences of individuals within their social contexts (Lefly, 2019). Rooted in the belief that reality is socially constructed interpretivism seeks to explore how people interpret and make sense of their lived experiences (Kardorf et al, 2016). In the context of studying caregivers of mental health patients, interpretivism allows researchers to understand deeply into the emotional, psychological and social challenges faced by caregivers recognising that these experiences are unique and influenced by personal, cultural, and situational factors (Kenny et al, 2014). This approach typically involves qualitative methods such as in-depth interviews, focus groups, and participant observation, enabling rich, detailed insights that would not emerge through purely quantitative analysis.

3.2 RESEARCH APPROACH

Research approach is both a plan and procedure that encompasses the steps of broad assumptions to detailed methods of data collection, data analysis, and interpretation and is also based on the nature of research problem being addressed (Flick et al, 2016). The context of the study will use a qualitative research methodology to answer the problem of psycho-social challenges faced by caregivers of psychiatric patients. Flick et al (2018) observes that the qualitative research relies on the use of subjective meanings, and as such, reality is created interactively and becomes meaningful subjectively. The qualitative research methodology will enable the researcher to explore the psycho-social challenges faced by caregivers of psychiatric patients. The researcher will gather key informative through interviews and focus group discussions. The research approach is going to be implemented using fucus groups discussions for primary participants and key informant interviews for key informants. The researcher will implement availability sampling and purposive sampling.

3.3 RESEARCH DESIGN

The context of the study will utilise case study design to gather information on the challenges faced by caregivers of people with metal illness. Research design is the set of methods and procedures used in collecting and analysing measures of the variables specified in the research problem according to Kirumbi (2018). The context of the study may use the case study as the research design. Creswell (2014) views case study as a qualitative research design which provides a framework for evaluation and analysis of complex issues and it involves an up-close, in-depth and detailed examination of a particular cases within a real-world context. Given the qualitative nature of this study therefore, a case study research design may be consequently adopted. This design may best suite this study because of its ability to draw together naturalistic, holistic, ethnographic, phenomenological, and biographic research methods in ‘a palette of methods’ (Merriam 2009:53). As such, it may allow the researcher to explore in-depth, challenges that are faced by caregivers of people with mental illness. More still, it may provide the researcher with a level of flexibility by allowing greater spontaneity and adaptation of the interaction between the researcher and the study participants. Thus, the case study maintains deep connections to fundamental values and intentions, hence ‘particularistic and heuristic’ (Merriam, 2009).

3.4 STUDY SETTING

The study will be carried at Tirivanhu Psychiatric Rehabilitation Centre. The study setting was selected because rehabilitation centers provide care to individuals with various disabilities and their caregivers are often present and involved in their care, making it an ideal setting to study caregiver psychosocial challenges. At this center caregivers will come with their relatives with mental problems for assessment and rehab. Since the researcher is going to use purposive sampling, this is the right place. The caregivers will be interviewed as they would come in with the patients with mental health problems.

3.5 TARGET POPULATION

According to (Creswell, 2012), a target population is the entire population or a group that a researcher is interested in researching and analysing. In this context, the target includes caregivers of people living with mental illness and key informants at the rehabilitation center. This study included family members as caregivers of people with mental illness and a social worker and a mental health therapist as key informants.

3.6 SAMPLING TECHNIQUES AND SAMPLE SIZE

3.6.1 SAMPLE SIZE

Creswell (2012:142) views a sample as a subgroup of the target population that the study intends to study to generalise findings about that population. Sampling is a process or technique of selecting a representative part of a population for the purpose of determining parameters or characteristics of the whole population Creswell (2014). Creswell (2009:152) supports that this is possible because trends and tendencies in the larger population can be discovered from individuals. Flick (2011) views sample size as the total number of subjects in a study. Thus, a minimum of ten caregivers of people with mental illness consisting of family members of people with mental health problems were selected. A sample size of two key informants including one social worker and one mental health therapists were selected for the study.

3.6.2 SAMPLING TECHNIQUE

Sampling is a process or technique of selecting a representative part of a population for the purpose of determining parameters or characteristics of the whole population Creswell (2014). A sampling technique is a way to choose a portion of a population to research rather than the full population (Lohr, 2019). The study used availability sampling to select caregivers and purposive sampling for the key informants for the research.

3.6.2.1 AVAILABILITY SAMPLING

The study also employed availability sampling. Creswell (2014) defines availability sampling as a non-probability sampling method that relies on data collection from members of a target population who are conveniently available to participate and engage in the study. In this study the researcher will apply this technique since all the participants will be available at the rehabilitation center. In convenience sampling, there is usually no criteria for participant inclusion that is used prior to selecting the subjects. All available subjects will be invited to participate. The researcher adopted availability sampling to select a sample of caregivers which includes family members of people with mental illness at Tirivanhu Rehabilitation Centre. Therefore, the major reason the researcher used this sampling technique was because the subjects for the study were readily available within the proximity of the rehabilitation. Therefore, the researcher did not have to perform any extra effort to gather information.

3.6.2.2 PURPOSIVE SAMPLING

The researcher adopted purposive sampling for key informants to yield crucial information that cannot be found through alternative options (Maxwell, 1996). This latter sampling technique as asserted by Ritchie and Lewis (2003), is an informant selection tool mostly applicable in qualitative studies and implies judgmentally subjective and deliberate choice of an informant on the basis of the qualities, expertise or experiences one possesses. The researcher selected two key informants for the study using purposive sampling to gather information on the psychosocial challenges faced by caregivers of people with mental illness, that is a social worker and a mental health therapist. Purposive sampling, or judgmental sampling, is a non-probability sampling technique in qualitative research that’s commonly used. In this study the key informants include a social worker and a mental health therapist. In purposive sampling, researchers intentionally select participants with specific characteristics or unique experiences related to the research question. The goal is to identify and recruit participants who can provide rich and diverse data to enhance the research findings. Purposive sampling is used when researchers seek to identify individuals or groups with particular knowledge, skills, or experiences relevant to the research question. Purposive sampling is a powerful tool for the researcher to select participants who can provide valuable insight into psychosocial challenges faced by caregivers. This method is advantageous in this research because it may yield different results.

3.7 DATA COLLECTION METHODS AND TOOLS

Data collection is a methodological process of gathering and analysing specific information to proffer solutions to relevant research questions and evaluate results. This process to (Flick, 2011) is procedural throughout and validated standards and techniques are used. The researcher utilised focus group discussions and key informant interviews to gather information relevant to the study.

3.7.1 DATA COLLECTION METHODS

3.7.1.1 FOCUS GROUP DISCUSSIONS METHOD

The researcher utilized focus groups discussions as a method of collecting data from primary participants. Patton (2002:385) reveals that a Focus group is a form of an interview with a reasonable number of people who cross-pollinate ideas over a phenomenon or problem. The researcher in this context, will use focus group to collect data from the caregivers of people with mental illness on the challenges faced by caregivers of people with mental illness. Patton (2002:385) reveals that a FGD is a form of an interview with a reasonable number of people (6-9) who cross-pollinate ideas over a phenomenon or problem. The researcher in this context, also used FGD to gather information on the coping strategies of people with mental illness. To ensure this, the researcher took into cognisance Flick’s (2011:192) caution that dominance by other participants should be prevented by the researcher through encouraging participants to be collectively involved of which the researcher did. The researcher was also observing how interactions influenced other participants’ views and ideas (Rubin and Babbie, 2011). This could not have been achieved by the use of solely, in-depth and key informant interviews. The researcher carried out 5 focus groups with 2 participants. The pre-designed FGDs in this context was used to guide the discussions and they lasted for 12 minutes.

3.7.1.2 KEY INFORMANTS INTERVIEW METHOD

This data collection tool involves the interviewing of people likely to give the much-needed information, insights and ideas. According to Kumar (1989:1) when undertaking a key informant interview, a small number of participants are interviewed and these participants are interviewed because they have information that is important in the study. Kumar (1989:1) notes that key informants guides list the topics to be covered they are flexible in that the atmospheres in these interviews can be likened to that of friends. The researcher has an opportunity to elusively evoke more information that enables them to take notes and gain a better understanding of a phenomenon. The advantages of using this tool include its flexibility as noted above, gaining information directly from a knowledgeable person that cannot be obtained anywhere using another tool (Kumar, 1989:4). Kumar also (1989:3) points out the disadvantages of using this tool include being susceptible to participant bias especially when the researcher has no knowledge about the particular area under study.

3.7.2 DATA COLLECTION TOOLS

Polit and Hungler (2013) define data as information obtained in a course of a study. In this study data was collected by using focus group guide for the caregivers of people with mental illness and key informant interviews for the people with experience in the field such as mental health therapists.

3.7.2.1 FOCUS GROUP DISCUSSION GUIDE

Krueger (2019) defined focus group as discussions planned in order to gather data on a specific topic from participants in a friendly non-threatening environment strengthening the atmosphere of discussion as a catalyst for data collection. The researcher used a focus group discussion guide as part of the data gathering process. A written consent form was provided to the respondents before the participants participated. The researcher conducted 5 focus group discussions with 2 family members of clients to get a diverse variety of viewpoints on the psychosocial challenges of caregivers of mental health patients. According to Maxwell (1996), Focus Group Discussions leverage group interactions to generate facts and insights that would otherwise be difficult to get. The focus group conversation was informal, allowing individuals to freely engage.

3.7.2.2 KEY INFORMANT INTERVIEW GUIDE

Key informant interviews were also used to collect data from 2 of the study's key informants namely mental health therapist and the social worker. The interviewed included mental health therapist and the rehabilitation social worker. Face to face interviews were conducted with the 2 key informants who were available at their work place. An interview guide designed for key informants was used as an instrument of research interviews and it consisted of questions relevant to the topic of psychosocial challenges faced by caregivers of people with mental illness and served as a guide during the interview sessions.

3.8 RESEARCH PROCEDURE

Prior to conducting research, the research sought permission from Zimbabwe National Association for Mental Health. The researcher also sought permission from Tirivanhu rehabilitation centre as it is within the proximity that the key informants as well as the primary participants are coming from.

3.9 TRUSTWORTHNESS OF THE RESEARCH

Trustworthiness in qualitative research refers to the confidence in data, interpretation and methods ensuring credibility, transferability, dependability and conformability (Lincoln and Guba, 1985). The study employed a qualitative research approach, interviewing both caregivers and mental health therapists at Tirivanhu psychiatric rehabilitation center to ensure the validity and reliability of the gathered information.

3.9.1 Credibility

Credibility refers to the confidence that can be placed in the findings of a study. The researcher ensured credibility by employing a rigorous data collection process. A pilot study was conducted to test the interview guide and ensure that the questions were clear and effective. The researcher also used triangulation by collecting data from multiple sources, including interviews, focus group discussions and observations. This allowed the researcher to cross-check and verify the findings, increasing the credibility of the results. Furthermore, the researcher maintained a reflexive journal throughout the study, recording their own biases and assumptions, and taking steps to mitigate their impact on the findings. Researchers can demonstrate that their findings are credible and trustworthy (Lincoln and Guba, 1985).

3.9.2 Transferability

Transferability refers to the extent to which the findings of a study can be generalized to other contexts or populations. To ensure transferability, the researcher provided a detailed description of the study context, participants, and methodology. This included information about the demographic characteristics of the participants, the setting in which the data was collected, and the cultural and social context of the study. The researcher also used thick description to provide a rich and detailed account of the findings, including quotes and examples from the data. This helped to create a vivid picture of the study context and findings, allowing readers to assess the transferability of the results to other settings. By doing so, the researcher demonstrate that their findings are transferable to other contexts or populations (Lincoln and Guba, 1985).

3.9.3 Dependability

To ensure trustworthiness of the study the researcher uses dependability. Dependability refers to the extent to which the findings of a study are consistent and reliable (Lincoln and Guba, 1985). The researcher ensured dependability by maintaining a detailed audit trail of the study. This included records of the data collection process, the coding and analysis procedures, and the decisions made throughout the study. The researcher also used a systematic approach to data analysis, using coding and theme development to identify patterns and concepts in the data (Lincoln and Guba, 1985). This helped to increase the dependability of the findings by demonstrating the researcher's attention to detail and commitment to rigor. Furthermore, the researcher engaged in peer debriefing, discussing the study with colleagues and peers to gain their insights and critiques.

3.9.4 Confirmability

Confirmability refers to the extent to which the findings of a study can be verified by others (Lincoln and Guba, 1985). To ensure confirmability, the researcher used multiple data sources and methods to verify the findings. This included using member checking to verify the accuracy of the findings with the participants themselves, and using inter-rater reliability to verify the consistency of the coding and analysis procedures (Lincoln and Guba, 1985). The researcher also maintained a transparent and detailed record of the study, including the data collection instruments, the coding and analysis procedures and the decisions made throughout the study. This helped to create a confirmable record of the study, allowing readers to verify the findings and replicate the study if desired.

3.10 DATA PRESENTATION AND ANALYSIS

Cresswell (2009) depicts that data analysis is the coding of data in terms of its uniformity and meaningfulness in responding to the set objectives. This study comprehensively investigated qualitative data utilising Braun and Clarke's thematic data analysis methodology. This method entailed arranging the data using codes, identifying similar themes, and comprehending their significance. This strategy ensures that the findings are accurate and give useful information regarding psychosocial challenges faced by caregivers of people with mental illness at Tirivanhu rehabilitation. This analysis's findings might assist enhance policies and programs aimed at the challenges faced by the caregivers. Finally, the research will contribute valuable knowledge to the field of mental health. Braun and Clarke (2012) describe theme analysis as a flexible tool that allows researchers to investigate data via many lenses and viewpoints.

Familiarisation: Braun and Clarke (2006) underline the need of going through five stages of data analysis, which begin with the researcher immersing themselves in the obtained data. In this analysis, data was obtained from the Tirivanhu Rehabilitation Centre, and the researcher performed the required steps to become acquainted with it before beginning to develop first codes. The research findings were scrutinised through focus group discussions and in-person interviews with family members of people with mental illness and mental health therapists. The goal was to gain a complete understanding of the collected data. To do this, the researcher reviewed the participants recorded data and transcribed their replies methodically for later study.

Generating Initial codes: After becoming acquainted with the material, the investigation moved on to the production of initial codes, which Braun and Clarke refer to as the second stage of theme analysis. According to Naeem and Ozuem (2022 et al), this stage entails finding reoccurring patterns and keywords and then translating them into key words. The researcher selected significant concepts from the perceptions acquired from group discussions and interviews and aligned them with the study questions aimed at the psychosocial challenges faced by caregivers of people with mental illness. Following familiarisation with the collected data, the researcher retrieved relevant attributes. Notes were extracted directly from the obtained data and categorised based on key themes deemed significant for the investigation.

Searching for themes: Braun and Clarke characterise the third step of thematic analysis as the search for themes. According to Nowell (2017), this step expands on the created codes by stressing their relation to the study's developed themes. Because of the involvement of several participants, including family members of people with mental illness, social workers and mental health therapists, the researcher was required to assess the research data and uncover common patterns within the produced codes. These patterns were then divided into various themes, ensuring that each subject was unique and autonomous, with no recurrence.

Reviewing themes: In the fourth phase of thematic analysis, the identified themes were reviewed to align with the research questions in a study on the psychosocial challenges faced by caregivers of people with mental illness at Tirivanhu Rehabilitation center. The themes were scrutinised to eliminate redundancies and ensure relevance to the study's topic. The findings were thoroughly examined within the Zimbabwean context to avoid overlooking any important data or themes.

Defining and naming themes: In the fifth stage of thematic analysis, the focus shifts towards defining and naming the themes. During this phase, the research selected final themes from the reviewed set, ensuring they complemented the research topic effectively. Braun and Clarck (2006) characterize this stage as involving a comprehensive understanding of the themes' essence, their interrelationships, alignment with collected data, and potential sub-themes. This process entailed naming each final theme and providing a definition approved as an explanatory fit for the respective theme, elucidating how they directly relate back to the research topic, specifically the psychosocial challenges faced by caregivers of people with mental health issues. The themes were elucidated through the responses obtained from the participants during the interviews, consolidating the insights gathered from the data analysis phase.

Writing up: The last step, as defined by Braun and Clarke, focuses on preparing the report, which is the conclusion of the success obtained over the prior rounds of theme analysis. Extending beyond this last step, (Nowell et al, 2017) claims that theme analysis improves the discovery of links between concepts and allows for comparison with replicated data, hence demonstrating its fit for this qualitative study comprising all participants. As a result, this phase was executed in the next chapter, where the presentation of the studied data followed theme analysis principles.

3.11 LIMITATIONS OF THE STUDY

Caregivers of psychiatric patients may be overwhelmed and stressed with their current situations and not in a good mood to respond to questions and the researcher through persuasive skills will persuade the participants to participate in the study. Some people are introverts and may not just feel comfortable to share their experiences and it is their right not to respond, the researcher will build a rapport with the family. The study topic is very sensitive and some of the caregivers or participants may not be free to provide information and their experiences. The participants will be assured that their privacy will be preserved and data obtained will not be shared to other parties.

3.11.0 ETHICAL CONSIDERATIONS

According to Fowler and Floyd (1993), research ethics refers to a code of practice that governs the manner in which the research process should be conducted. The researchers will be much aware that psychiatric issues are sensitive subjects and will therefore observe and adhere to strict ethical conduct throughout the study. Before carrying out the interviews, preliminary meetings and discussions may be held with the prospective participants in order to explain the nature and purpose of the study and inform respondents that their participation is entirely voluntary and it is within their rights to withdraw from the study at any time without having to give any explanation. The prospective respondents will also be assured that the information they will give will be treated with strict confidentiality and that they would remain anonymous. They will be informed that information would be used only for academic purposes and not for any other purposes. The researcher will always abide to the research ethics throughout the research. The researcher will include ethics of voluntary participation, informed consent, anonymity and confidentiality. The researcher will sign in a document assuring protection of the participant’s privacy and the data they provide. The researcher will explain the consent form to the participants who will then sign in as an agreement to engage in the study

3. 11.1 Informed consent

Informed consent has been described by Babbie (2011:69) as “a norm in which subjects base their voluntary participation in research projects on a full understanding of the possible risks involved.”

This process aims to protect the research participants by providing information to the potential participants about the possible risks, benefits and details of the research study to help them make an informed decision about their participation (Nijhawan et al. 2013). The researcher will first seek permission from the university and the authorities at Tirivanhu Psychiatric Rehabilitation Centre to do the study. The researcher will seek consent from participants so as to ensure voluntary participation among these participants. This will be ethically necessary as confirmed by Rubin and Babbie (2011) who assert that social work research often interferes with people's lives, disrupts their usual life activities and requires them to invest a vital portion of their time and energy. The approval letters to carry the researcher will validate the entire process.

3.11.2 Confidentiality

Anonymity refers to keeping respondents' ethnic or cultural backgrounds hidden, refraining from referring to them by name, or disclosing any other sensitive information about a participant. Confidentiality is described as an individual's or organisation's obligation to maintain information provided by participants or clients and not dispose of any information given to them by clients without their consent. Kaiser (2009). The researcher ensured that all information obtained from participants was kept secret, and if this information had to be shared, the participant's agreement should be considered.

3.11.3 Principle of Beneficence

Upchurch (2017) describes beneficence in research study as a principle comprises of freedom from harm, freedom from exploitation and the risk benefit ratio. With regard to the freedom from harm, the participants suffered no harm by partaking in this study of investigating psychosocial challenges faced by caregivers of people with mental health challenges in urban Zimbabwe. The participants have been provided with full information about the study to enhance their knowledge and get an insight of their expectations so that they make informed decision to participate in the study.

3.11.4 Freedom from exploitation

The researcher also observed freedom from exploitation by not taking advantage of the situations of the participants but rather respect their choices. Caregivers of people with mental illness are vulnerable because of the burdensome of caregiving and sometimes may be easily exploited. The participants were told and explained that they had the right to refuse to participate in the study or withdraw anytime they feel like. The participants volunteered to engage in the study without any intimidation or coercion. In actual fact the participants consent to participate in the study.

3.11.5 The principle of respect for human dignity

In this study the principle of respect for human dignity included the right to self-determination and the right to full disclosure by the participants. The researcher explained to the participants that they had right to self-determination or to consent to the research meaning that they had right to refuse or withdraw their participation any time, the right to discontinue as propounded by Zarit (2016) observed that this principle also entails the right not to answer specific questions if they did not want to disclose that information and the right to ask for clarification if they were not sure about any aspect of the research project, any specific question, or the use of contraceptives in general.

3.11.6 The principle of justice

The principle of justice encompasses the right to fair treatment and the right to privacy. The participants were subjected to the right to fair treatment (Ashcroft, 2020). The researcher respected the participants by recognizing and respecting their beliefs, habits, culture and lifestyle. Participants were given opportunities opportunity to ask questions and to air their disgruntlements in as far as the research was concerned. The researcher also recognized the privacy by treating data collected with confidence. Anonymity was adhered to by ensuring that no completed structured interview schedule could be linked to any specific participant.

3.13 CHAPTER SUMMARY

The chapter presented the methodology utilised in the study. It presented the qualitative research approach which utilised the case study as a research design. The non-probability sampling methods utilised were also discussed in the chapter. The chapter presented the study population and the setting in which the study was conducted. It also presented the data collection methods and instruments utilised in the study, ethical considerations and also limitations used. This allowed the researcher to gather information which was relevant for the study.

CHAPTER 4

DATA PRESENTATION, INTERPRITATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents, analyses and discusses the acquired data. Because of its qualitative nature, face-to-face interviews with key informants as well as Focus Group Discussions, were utilised to gather information from participants. Thus, this chapter is given in accordance with the study's main objectives, which are firstly, to investigate the challenges faced by caregivers of people with mental illness. Secondly, to identify the roles played by caregivers of people with mental illness. Finally, to identify the copying strategies for caregivers of people with mental illness at Tirivanhu Psychiatric Rehabilitation. As highlighted by the interpretivist approach, participants' remarks were presented in the manner in which they expressed their ideas on the phenomenon under consideration. Except for important informants' responses, the researcher offered exact quotations in vernacular language, in this case Shona (which were later translated into English but retained their content).

4.2 BIOGRAPHIC INFORMATION

The study has a total number of 12 participants. Two key informants and 10 caregivers of people living with mental illness. The caregivers include 5 females and 5 males; the caregivers are family members of people with mental illness. The key participants include 1 female mental health therapist and 1 female social worker.

PARTICIPANT TITLE	AGE	GENDER	EXPERIENCE IN CAREGIVING YEARS
CAREGIVER 1	43	F	5 YEARS
CAREGIVER 2	20	F	3 MONTHS
CAREGIVER 3	33	F	2 YEARS
CAREGIVER 4	50	M	3YEARS
CAREGIVER 5	46	M	1 YEAR
CAREGIVER 6	60	F	12 YEARS
CAREGIVER 7	28	M	4 YEARS
CAREGIVER 8	30	M	4 YEARS
CAREGIVER 9	27	F	7 YEARS
CAREGIVER 10	19	M	2 YEARS

DEMOGRAPHICE INFORMATION OF KEY INFORMANTS

PARTICIPANT TITLE	AGE	GENDER	EXPERIENCE IN YEARS
MENTAL HEALTH THERAPIST	27	F	3 YEARS AT THE INSTITUTION
SOCIAL WORKER	48	F	10 YEARS AT THE INSTITUTION

4.3 QUALITATIVE DATA PRESENTATION

This study used a qualitative research design to investigate the perspectives of caregivers of people with mental illness on psychosocial challenges they face. The study's design was established to explore roles, psychosocial challenges and copying strategies of caregiver of people with mental illness from participants. Using focus groups and interviews, the researcher gathered valuable and unique data regarding the challenges. The collected data was analysed using a thematic analysis. Themes and categories were devised based on commonalities in the data. The themes are supported by Bowen's family systems theory which concludes that individuals' behaviors can influence the whole family dynamic (Kerr and Bowen, 1988; Palombi, 2016). The themes are also supported by Biopsychosocial approach (George, 1977) by considering biological factors, psychological factors and social factors. The themes are also reinforced by previous research that explored the dynamics of caregivers' relationships with others that resulted in associative mental health stigma (Kardorff et al., 2016).

4.4 ROLES OF CAREGIVERS ON PEOPLE WITH MENTAL ILLNESS AT TIRIVANHU PSYCHATRIC REHABILITATION

The theme explores various roles played by caregivers of people with mental illness to ensure the development and welfare of these individuals. The subthemes that emerged are medication management, providing emotional support, providing social support, educating and advocacy.

4.4.1 Medication management

The findings indicate that, caregivers of people with mental health illness help the patient to take their medication. The state people with mental illness experience can make them unable or refuse to take their prescribed medication. As caregiver 6 explained,

"I am the one who always give him the medication from the hospital. He cannot take the pills alone as he can hide or throw them away. As a grandmother who is taking care for the patient, I always monitor him to take the medication correctly.' (Caregiver 6)

Caregiver 1 further elaborated on medication management:

"As a parent who has a child with mental illness, I am the one who monitors medication adherence and takes note of effects of these medication for review purposes." (Caregiver 1)

Key informant social worker said that,

"Some clients stop taking their medication because they don't believe they need it. Many people fear the side effects or feel ashamed about needing psychiatric medication. It common for clients with certain conditions, like schizophrenia, to lack insight into their illness and refuse treatment. Refusal to take medication is often linked to stigma or misinformation about mental health. Some individuals throw away or hide their medication because they think it's not helping. It's important to explore the reasons behind their refusal, so we can address fears and misconceptions and help them adhere to their medication." (Social worker)

The above-mentioned findings show that, medication management is one of the most critical roles caregivers play in supporting individuals with mental illness. Psychiatric medications are often essential in controlling symptoms and preventing relapse. Many individuals with mental disorders struggle with adherence to their prescribed regimens due to side effects, lack of insight into their illness, cognitive impairments, or complex medication (Kardorff et al.., 2016). In this context, caregivers serve as a vital link between the patient and the mental health care system. One of the primary responsibilities of caregivers is to ensure medication adherence as emphasised by caregivers. This includes reminding or assisting the individual to take medications on time with the right dosage, maintaining a medication schedule, and observing any side effects (Velligan et al.., 2016). This allows caregivers help reduce the risk of relapse and complications, which are common among individuals who do not take their medication consistently. Caregivers play an important role in communicating with health professionals about the effectiveness and tolerability of medications. They can provide valuable observations regarding mood changes, side effects, or signs of non-compliance, which may not be evident during clinical appointments. This information is crucial for psychiatrists when making decisions about dosage adjustments or switching medications. This aligns with the Bowens Family Systems Theory which indicated that one malfunction of a family member affects the whole family set up since the caregivers of people with mental illness are obliged to take certain roles. Therefore, the responsibility of managing medications can be burdensome (Mella et al.., 2016). Caregivers often report stress and anxiety, especially when they are uncertain about how to handle side effects or when the individual refuses treatment (Greene 2017). As a result, caregivers themselves need education and support from healthcare providers to effectively carry out this role.

4.4.2 Providing Emotional support

A number of caregivers also recognized a role of providing emotional support. Emotional support is showing care and compassion for another person. Emotional support to people with mental health issues can help a person cope with their emotions and experiences and show them that they are not alone. As caregiver 3 said,

"It is important to listen to people with mental illness, to encourage them to live a life just like everyone else, to reassure them and protect them from the stigma that comes from the community. It is a very important role that we play." (Caregiver 3)

Caregiver 2 also expanded on providing emotional support:

“People with mental illness need to be supported emotionally, as a caregiver of a person with mental illness I make sure that he feels loved and appreciated all the time.” (Caregiver 6)

Key informant mental health therapist acknowledged that,

"Creating a safe space for expression without judgement is a role by caregivers, actively listening to what they are saying and repeating what they have said back to them to ensure you have understood it empowers them. You don’t have to agree with what they are saying, but by showing you understand how they feel, you are letting them know you respect their feelings." (Mental health therapist)

The findings show that, emotional support by caregivers of people with mental illness contributes significantly to a person’s motivation and hope for recovery (Hayes et al.., 2015). Participants from these findings emphasised that caregivers who consistently express belief in the individuals with mental health illness makes the caregiving journey adaptable. Such encouragement is particularly important during times of relapse or crisis when the individual with mental illness may struggle to maintain a positive outlook. Moreover, family members of people with mental illness highlighted that they become a dependable source of emotional and practical support (Park and Seo 2016). They provide encouragement, reassurance and a stable presence, which are crucial during periods of emotional distress or crisis (Schulz and Sherwood, 2008). This continuous support fosters resilience and improves the individual's ability. Bowens Family systems theory also emphasises on the importance of being able to separate one’s own thoughts and feelings from those of others in the family. Emotional support can help caregivers of people with mental illness to maintain their own sense of self while still caring for their loved ones. Therefore, emotional support is essential in enhancing treatment outcomes, promoting recovery, and protecting the rights and dignity of those affected by mental health conditions. Emotional support to people with mental illness can also lead to stress, depression and burnouts on the caregivers.

4.4.3 Providing education

Findings also indicate that, caregivers also play a role of educating by passing the education they get from social groups, reviews and even professionals to the individuals with mental illness for better understanding of their mental conditions. As caregiver 8 mentioned,

"We get help from professionals on understanding mental health conditions and treatment options. It is important to know how medication works and why it's prescribed. We pass the knowledge to our family members with mental illness so that they know more about their condition with better support from us. We provide information on healthy coping strategies that we learn from our support groups that support recovery. Our role is to make sure we pass the education we get from professionals to people with mental illness." (Caregiver 8)

Caregiver said 9 emphasized on providing education and advocacy:

"My daughter did not understand what was happening to her, I started to read more about mental health on websites and in books and I started to share with her bit by bit and that knowledge made her powerful. I think all caregivers deserve to know about mental illness because that is where all the recovery starts from and from my own observation a few caregivers have this insight which makes it complicated to care for one with mental illness. This education also makes us better advocators in the community about mental illness" (Caregiver 9)

Key informant mental health therapist emphasised that:

"Providing education and advocacy is often an extension of love and it empowers the people with mental illness, but it can also take a significant toll on caregivers mental health." (Mental health therapist)

The other key informant social worker explained:

"With time of experience in caregiving caregivers of people living with mental illness develop experimental knowledge which they even pass to the people with mental illness which is a great role. They are often expects on how mental illness affects daily life and how to handle some of the symptoms which is an important role" (Social worker)

The findings of this study show that, Tirivanhu Rehabilitation social workers educate caregivers about mental health for them to pass it to their loved ones with mental illness since it is one of their roles and they also advocate for the rights of people with mental illness. These social workers create a more supportive environment. This advocacy reduces the internalised stigma that often prevents individuals from seeking help or engaging socially. Psychoeducation involves providing individuals and their families with accurate, evidence-based information about mental illness, treatment options, coping strategies and available resources (Kardoff et al.., 2016). Therefore, caregivers who are well-informed are better equipped to support the individual's treatment and recovery. They help the person understand their condition, recognise early warning signs of relapse, and adhere to treatment regimens (Lukens and McFarlane, 2016). Bowens family systems theory indicates that family projection process is uphold since advocacy and education can help caregivers understand how their own fears might be projected onto the person the person they are caring for. Psychoeducation also empowers caregivers to manage their own stress and emotional burden by clarifying misconceptions and offering realistic expectations about the illness trajectory (Green 2017).

In addition to this, advocacy is another critical role by caregivers of people with mental illness. Tirivanhu Rehabilitation social workers often act as intermediaries between the individual and various institutions, including healthcare systems, educational institutions and legal or social services. They advocate for access to quality care, appropriate accommodations and protection from discrimination (Perlick et al., 2004). This is especially important when the individual lacks insight into their condition or is unable to navigate complex systems independently. Hence, social worker empowers the caregivers to have a voice in the community to advocate for their loved individuals with mental illness by engaging in broader community or policy advocacy to promote mental health awareness, influence legislation and improve mental health services. Their lived experience gives them unique insight into the needs of their family member with mental illness in making their voices valuable in shaping mental health policies (Lefley, 2019).

4.4.4 Providing social support

The findings also shows that strong family support helps reduce relapse, improves treatment outcomes, and strengthens the person's emotional well-being. In the conducted study some caregivers felt that their families had not abandoned them and that they were not alone in the responsibility of caregiving. This is how the participants felt they had received support from family:

Caregiver 4 said that,

"As a family, we make sure he feels loved and accepted. We attend clinic appointments with him to show our support. We involve him in daily activities so he does not feel isolated. We speak positively about recovery to keep his hope alive. We educate ourselves about mental illness so we can support him better." (Caregiver 4)

Caregiver 3 emphasised on providing social support:

"We always remind him that he is not alone and we are always there to support him in every way." (Caregiver 3)

Key informant social worker acknowledged on providing social support:

"The role of social support provided by caregivers of people with mental illness is one of the most consistent protective factors we see in recovery from mental illness. It reduces relapse rates and improves treatment adherence." (Social worker)

These findings show that social support is an important element in the caregiving process for individuals living with mental illness. The caregivers of people with mental illness at Tirivanhu Psychiatric Rehabilitation pointed out that they serve as a primary source of social support by fostering connections, promoting social engagement, and buffering the negative effects of isolation and stigma. This role is especially important because individuals with mental disorders often experience reduced social networks and impaired social functioning, which can contribute to poor outcomes (Zausniewski and Bekhet, 2014). The main functions of caregivers in providing social support are to maintain a sense of connectedness and inclusion for the individual in the family as well as the community at large (Kreyenbuhl, 2016). This includes facilitating social interactions, encouraging participation in community or recreational activities, and promoting relationships with family and peers (Velligane, 2016). Such involvement enhances the individual's self-esteem and reduces the feelings of loneliness and alienation often associated with mental illness. Triangle by the Bowens Family Systems theory shows that social support can act as a stabilising third point in a family system offering a safe place for caregivers to vent, process feelings and get advice.

Thus, social support helps in the recovery of the individuals with mental illness by ending self-stigma and promoting social inclusion. However, this role can be tough to perform due to the community stigma towards the family with a member with mental illness.

4.4.5 Assistance in decision making

The study findings indicate that, assistance in decision making involves helping with choices to treatment options, life opportunities, medication adherence and daily living activities. Participants of this study shared their ideas on assistance in decision making as Caregiver 5 commented:

"We help him think through the pros and cons before making decisions and we guide him to make choices that support his recovery. Sometimes because of the mental condition he feel overwhelmed but we sit him down and break the options and talk about then step by step." (Caregiver 5)

Caregiver 6 further elaborated on assistance in decision making:

"Changed prescription makes it tough for people with mental illness to adjust to it so as caregivers we help them to choose to adhere to the new medication." (Caregiver 6)

Key informant mental health therapist elaborated on assistance in decision making that:

"In cases of people with mental illness, caregivers often serve as surrogate decision makers. Their involvements ensure continuity and humanity in care decisions." (Mental health therapist)

The findings show that, decision-making is a crucial role undertaken by caregivers of individuals with mental illness, particularly when the affected person is unable to make informed choices due to cognitive impairments, emotional instability or lack of insight into their condition (Yesufu Udechuku, 2016). This emphasizes that caregiver is supposed to be involved in the decision making of people with mental illness because of their mental state. Caregivers are often required to make decisions on a range of issues, including health care, medication adherence, crisis intervention, housing, financial matters, and daily routines (Zarit et al., 2016). In cases where the individual experiences severe symptoms, such as psychosis or mania, caregivers may need to act swiftly and decisively, often in collaboration with mental health professionals, to prevent harm and facilitate treatment. One of the key challenges in caregiver-led decision-making is navigating ethical and legal considerations. Respecting the individual's autonomy while ensuring they receive necessary care requires sensitivity and judgment, particularly when involuntary treatment or guardianship is involved (Dorr 2014). Caregivers of people with mental illness must also consider cultural values, the individual's preferences, and long-term outcomes when making decisions. These caregivers often act as advocates in shared decision-making processes with professionals. Their insights into the person's behavior, symptoms and needs can inform treatment planning and ensure that care is personalised and practical (Hayes et al., 2015). This collaborative approach improves treatment adherence and patient satisfaction. Differentiation of self by Bowens Family Systems theory proves that caregivers who have stronger self-differentiation can make decisions that honor both their needs and the needs of people with mental illness. However, the emotional burden associated with making significant decisions can lead to stress and guilt, especially in complex or high-stakes situations. Caregivers benefit from access to mental health education, peer support, and professional guidance to make informed and confident decisions (Schulz and Sherwood, 2008).

4.5 PSYCHOSOCIAL CHALLENGES FACED BY CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS AT TIRIVANHU PSYCHATRIC REHABILITATION

This theme explores psychosocial challenges are faced by the caregivers of people with mental illness. Caregivers of people with mental illness may be bored by these duties if the patient' needs are of more demanding hence they have to adjust so that they can accommodate the needs of these patients. The challenges they encounter includes stigma and discrimination, psychological distress, lack of social support and lack of psychoeducation.

4.5.1 Discrimination

The study findings show that, caregivers who take care of relatives with mental illness indicate that they suffer a heavy block from stigma and discrimination. There is still a lot of mental challenges stigmatization and discrimination in Zimbabwe communities. Caregiver 3 elaborates that,

"As caregivers we suffer a lot of discrimination within the family and society. Most of the people don't want to associate with us because we have a member suffering from mental illness. It is not anyone's fault but just health condition that has befallen our member." (Caregiver 3)

Caregiver 7 elaborated on discrimination:

"It is true that relatives and people in the communities don't want to associate with us or offer support to us as they claim that any effort to get in touch with us will result in them having a member with the same problem as us." (Caregiver 7)

Key informant social worker explained on discrimination:

"Caregivers of people with mental illness often face what we call courtesy stigma, this is when they are judged, blamed or even avoided because they are associated with someone who has mental illness." (Social worker)

The other key informant mental health therapist further explained on stigma and discrimination:

"Living with constant stigma can lead to the burnout, depression and withdrawal for caregivers of people with mental illness, which then impacts the wellbeing of the person they are supporting." (Mental health therapist)

The findings show that, caregiver of people with mental illness experience stigma and discrimination due to a mentally ill family member. Stigma and discrimination remain persistent challenges for caregivers of individuals with mental illness, often contributing to emotional distress, social isolation, and reduced help-seeking behavior (Crowe and Lyness, 2014). This research emphasizes the impact of stigma, where caregivers internalise negative societal attitudes, resulting in shame and withdrawal. A study by Hailemariam (2015) in Ethiopia found that caregivers experienced moderate to severe psychological distress, closely linked to caregiving burden and internalized stigma. Similarly, this research conducted at Tirivanhu Psychiatric Rehabilitation highlighted the widespread nature of stigma across multiple domains including psychological, and social spheres affecting both patients and their caregivers. The Biopsychosocial model shows that caregivers experience stigma and may feel shame, guilt, lading to sleep disturbances and even headaches. Caregivers may also internalise stigma, feeling isolated and unsupported. Therefore, these findings demonstrate that stigma not only affects individuals with mental illness but also significantly burdens those who care for them, underscoring the need for targeted mental health education, caregiver support services, and anti-stigma interventions at both institutional and community levels.

4.5.2 Psychological suffering

The findings also show that, caregivers of people with mental challenges suffer from distress and emotions due to their experiences. The caregiving burden is stressful and tiresome especially to the aged caregivers who are not able to carry the roles alone. As emphasised by caregiver 5,

*"I am suffering from helplessness, emotional feelings, shame and embarrassment, anger, fear, depression and anxiety." (*Caregiver 5)

Caregiver 4 elaborated on psychological suffering:

"I don't know what to do no one want to help me. I have stress because of the condition of my daughter and I am angry towards the behavior of my other family members." (Caregiver 4)

Key informant social worker elaborated on psychological suffering:

"Many caregivers experience stress, anxiety and even symptoms of depression due to the emotional demands of caregiving. Their suffering often goes unnoticed." (Social worker)

The other key informant mental health therapist explained more on psychological suffering:

"Caring for someone with mental illness is emotionally draining. There is a constant fear of relapse, crisis or loss and it is a heavy psychological load" (Mental health therapist)

These findings show that, psychological suffering of family caregivers of people with mental health challenges is also burnout and high care burden. In the study by (Crowe and Lyness, 2014) the caregivers had mild, moderate, and high mental pressure thus, family caregivers had moderate-to-high mental pressure participants of this research expanded that families of people with mental illness have been reported to be significantly stressed due to a family member having mental illness. Constant exposure to emotional distress, unpredictable behavior and long-term care needs of their loved ones can lead to stress, anxiety and even depression. Awad and Voruganti (2018) state that caregivers also experience emotional feelings such as anguish, distress and feelings of loss. The caregivers in the present study appear to be expressing a sense of loss of how their family member with mental illness are recovering. Extreme emotional pain has also been felt by the caregivers due to having a loved one having mental illness (Park and Seo 2016). This forms part of the psychological mechanisms of the biopsychosocial approach. The biopsychosocial approach recognises that caregivers may experience intense guilt, anxiety and feelings of inadequacy especially if they internalise stigma. Therefore, this study emphasises that caregiving is not just physically demanding but also emotionally and mentally taxing. This challenge points out the importance of support systems, mental health services for caregivers and greater societal awareness of their needs.

4.5.3 Lack of social support

It is of great concern that caregivers of people with mental illness face a lot of problems including lack of support from the family, government and the private sectors. The participants in this study mentioned that other family members are reluctant to help when there is a member suffering from mental health challenges. As caregiver 3 mentioned,

*"People don't want to associate themselves with people with mental illness. Since my child started to have mental illness symptoms no one helped me. Family members distanced themselves from us and I don't have anyone else to help me." (*Caregiver 3)

Caregiver said 7 added that,

"In our family people seclude us and don't want to partner with us in problems because they believe that mental illness is a curse". (Caregiver 7)

Key informant social worker acknowledged that,

"Support is the first step to recovery for people with mental illness, the people will feel needed and included in the family and community which builds a sense of belonging" (Social worker)

These findings show that, lack of social support was viewed as a challenge of caregivers of people with mental illness by participants. Lack of social support is as a result of stigma and segregation by family members and the community (Kardoff et al.., 2016). This leads to caregivers feeling overwhelmed by protecting the people with mental illness from stigma with the family and within the community. Relatives of caregivers have been described as unsupportive. This leading to the caregiver feeling helpless and overwhelmed by their situation. When support, stability and stable relationships within a family is lacking, this is an indication of the breakdown in the social mechanisms (Corcoran and Walsh, 2016) had previously stated that blacks do not enjoy greater family support. They cautioned practitioners to not assume that stronger family support systems will be found in black families. The researcher however found that caregivers who felt they were supported by their families were slightly more than those who did not feel like they were not supported by their families. Six caregivers felt they were receiving support from their families, while four felt they were unsupported by their families. Sands and Gellis (2017) refers to family as an important social support as it provides care, gives and provides the necessary help. The functionality and relations of a family are social factors according to the biopsychosocial approach. Biopsychosocial approach emphasises that, social exclusion can deepen suffering and make the caregivers of people with mental illness feel misunderstood or alone. Therefore, this isolation deprives caregivers of essential emotional reinforcement and practical help. This can exacerbate feelings of helplessness and burnout and may reduce the ability to cope effectively with the demands of caregiving. Moreover, the absence of social support can discourage the caregivers to seek help on accessing mental health services.

4.5.4 Disruptive behavior of people with mental illness

The findings show that, person with mental challenges sometimes can be violent and attack people. Participants expressed that sometimes it is difficult for them to manage the behavior of their members with mental illness. Participants also expressed that there is no one else who can be able to handle the unpredictable behavior of people with mental health challenges. As caregiver 6 highlights,

"Sometimes when your ideas clash, people with mental illness will attack us verbally and even physically but we don't have anything to do. We have to be resilient and continue provide them with support because they need our support". (Caregiver 6)

Caregiver 8 elaborated on disruptive behavior of people with mental illness,

"I have been a caregiver at this rehabilitation for some time, people who are suffering from mental health issues are physically and verbally violent. When they are angry or experiencing episodes, it is difficult to control them because they become too powerful for us so usually, we call for an immediate admission at Anex Parirenyatwa." (Caregiver 8)

key informant social worker emphasised on the disruptive behavior of people with mental illness,

"Several reports of caregivers of people with mental illness mention that they are often the first to face aggression, defiance and verbal insults which is disturbing, frustrating and emotionally exhausting." (Social worker)

This study's findings also corroborated previous research that caregivers are often traumatised by the violence of people with mental illness which leads to isolation from other family members and their communities leading to lack of social support (Hsu, 2013). A study in Brazil by Donik (2020) revealed the similar findings as it emphasized the dangerous behavior that sometimes posed by the people with serious mental illness. Violence among people with mental illness is mostly towards family members often occurs in the home and is a complex phenomenon (Hsu, 2013) The caregivers in this study also reported violence from the people with mental illness. The participants mentioned that clash of ideas and medication management usually results in verbal and physical violence. Some of the caregivers reported being victims of violence from their family members with mental illness. One caregiver had been the victim of serious violence from the adult individual. Biopsychosocial approach emphasizes that caregivers of people with mental illness who experience violence trauma of violence and feelings of fear in the caregivers. These findings support that caregivers can occasionally be the victims of violence. Thus, the aggressive behavior of people with mental illness can discourage open communication by caregivers. It can also cause stress, burnout and reduced caregiving capacity.

4.5.5 Lack of psychoeducation

The study findings show that, participants who had a very limited understanding of what mental illness is. These participants were given very limited explanations by mental health professionals of what the illness entails. Some of the insight's participants have, came about from their own observations. Some of the understanding participants have about the caregiving is incorrect. As caregiver 10 explained,

"There is nothing that I understand. All I know is that his brain is not

working properly". (Caregiver 10)

Caregiver 10 also mentioned that,

"They said it has to do with his thinking. They said his thinking has been affected. They said it is not right anymore." (Caregiver 10*)*

Caregiver 2 elaborated on lack psychoeducation:

"I do not know. I was just told that he is not okay in the head. No one has ever explained what schizophrenia is to us. My granny is old and does not understand these things as well. We were just told that he went to bed and woke up mad, that he had lost his mind. (Caregiver 2)

Key informant mental health therapist emphasised on lack of psychoeducation:

"There are also caregivers of people with mental illness who misunderstand the condition for laziness, rudeness or even rebellion which is challenging. Some do not even know the condition of their loved because of lack of insight, when caregivers of people with mental illness do not know what they are dealing with their reactions can escalate distress." (Mental health therapist)

The findings show that the caregivers in the present study appear to not know or understand mental illness. Peng et al. (2019) confirms that uneducated caregivers are inclined to feel a greater burden of caregiving than their counterparts. This is because it is difficult for such caregivers to understand the illness and they tend to have a limited knowledge of the illness. This offers an explanation of why the caregivers may have had difficulty understanding the diagnosis. Psychoeducation can enhance the knowledge of the caregiver which could potentially improve the mental health of the people with mental illness and the caregiver (Hayes et al.., 2015). The psychological factor of the Biopsychosocial approach aided in getting an understanding of how much caregivers knew about the diagnosis of the people with mental illness. Dorr (2014) states that part of the psychological aspect of biopsychosocial approach assessment is the ability to learn, memorise and capacity for insight

4.6 COPYING STRATEGIES BY CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS AT TIRIVANHU PSYCHATRIC REHABILITATION

The theme explores the copying strategies by caregivers of people with mental illness. This study has adopted the suggestion of the participants on how to improve their challenges as caregivers. These suggestions have been used by the researcher as the copying strategies that can be used by caregivers to cope up with their situations. The strategies include joining support group, creating selfcare time, acceptance and resiliency and religion intervention.

4.6.1 Joining support groups

The participants showed concern over the social support groups. Social support groups are essential for caregivers of people with mental illness to improve their quality of life and wellbeing. These social support groups can be from church, communities or other sectors aimed to provide relief from the burden of supporting and caring for people with mental challenges. As caregiver 1 explained,

"Social groups are good for us as they can help us to socialize and mix with other. We can share with others our experiences and find solutions to the problems we face. Through group discussion we can learn from each other on how best we can improve our situations and the conditions of those suffering from mental challenges". (Caregiver 1)

Caregiver 5 said that,

"Social groups at Tirivanhu as caregivers of people with mental illness makes us feel like we are not the only ones with this problem" (Caregiver 5)

Key informant social worker emphasized on joining support groups that,

"Support groups are not just for emotional spaces, they are also educational and team building. Caregivers of people with mental illness learn practical strategies from others who have walked the same path at our psychiatric rehabilitation." (Social worker)

The findings show that, all the participants welcomed the idea of joining social groups as an alternative to their problems emanating from caring for members with mental health issues. They also highlighted that they need a facilitator who would then lead their social groups and ensure a harmonious social group that is characterised by development of caregivers and their patients. The caregivers of patients diagnosed with mental illness may cope better with the difficulties if they are provided with social support to strengthen their psychological resilience (Lok 2021). According to Green (2017), one of the very important issues and important responsibilities of all members of society is social support of these caregivers because studies show that the social support for this group is low. Bowens Family system theory explains that through differentiation of self, caregivers can use social groups to maintain their sense of individuality and identity outside of the caregiving role (Bowen, 1988). Therefore, these groups offer a safe space where caregivers can express their frustrations, fears or judgement. Support groups also serve an educational function where caregivers can learn effective coping strategies, problem solving skills and information about services and resources.

4.6.2 Seeking religious intervention

Findings of this study show that, almost every person in Zimbabwe is religious and most of the families in Zimbabwe subscribe to a certain religion, be it African traditional religion, Christianity, Muslim or others. Most of the families seek divine or spiritual intervention in issues concerning mental illness of their members. As caregiver 4 explained,

"Sometimes we go to the churches to see spiritual fathers to pray for our son with a mental challenge and pray for the whole family. Sometimes we fast so that God will hear our prayers. We are Christians and we are very positive that God will help us. We are also receiving spiritual counselling from our pastor and we thank him so much for his help." (Caregiver 4)

Caregiver 5 elaborated on seeking religious intervention:

"My daughter has a mental illness. I took her to a traditional healer after she started walking around picking up things and people in the community began calling her mad. The traditional healer gave me some medicine to use whenever the symptoms start, and when I give it to her, she becomes better." (Caregiver 5)

Key informant mental health therapist explained on religious intervention:

"Religion often provides caregivers with a sense of hope, inner peace and emotional strength. It is also regarded as a safe place by the caregivers of people with mental illness which helps them to face their everyday situation." (Mental health therapist)

The findings show that, spiritual intervention is very helpful to help the psychosocial challenges of caregivers of people with mental illness. Kardorff, et al. (2018) studied the relationship between the religious commitment of family caregivers of and consequences of care and found out that positive religious coping, indicating a sense of spirituality, safe relationship with God, belief meaningfulness of life, and spiritual relationship with others, has positive outcomes such as higher self-esteem, better quality of life, psychological adjustment, and more spiritual growth in relation to tension. Religious coping is exercised through beliefs and values, through attending religious services, through performing religious rituals, prayer and faith. Caregivers in Ghana depend on prayers from pastors and divine healers as coping strategies (Stacy et al., 2018). Religion in the present has demonstrated to be a source of hope and comfort, helping to relieve stress for the caregivers (Rammohan et al., 2020). Family Systems theory also notes that, seeking religious intervention through prayer and spiritual practices can help caregivers differentiate themselves emotionally. Thus, engaging in prayer, meditation and religious rituals can offer emotional comfort, reduce stress and create sense of inner peace. Religion can also offer social support, reduce feelings of isolation and provide emotional assistance.

4.6.3 Self-care time

The study findings show that, self-care time are essential for caregivers of people with mental illness. Self-care involves intentionally taking steps to care for ones physical, emotional and mental health such as getting enough sleep and engaging in hobbies. As caregiver 1 explained,

“I am taking care of my son who has mental health issues. It's exhausting, but I make sure I take breaks now and then. I enjoy working in my garden planting vegetables comforts me. Sometimes I cook sadza and chimodho and go with my daughters to visit my grandmother. We laugh and talk about family matters. That’s where I get the strength to keep going.” (Caregiver 1)

Caregiver 2 elaborated on selfcare and quality time:

“I can't do my job as a caregiver if I’m emotionally drained. I work as a teacher and also look after my sister who has depression. Sometimes I take time for myself by going places with my friends to refresh my mind. I also enjoy staying home watching drama on ZBC or mending my clothes. This relaxation helps me avoid burnout.” (Caregiver 2)

Key informant mental health therapist emphasised on self-care and quality time:

"We encourage the caregivers of people with mental illness to have more time to invest on themselves like friend visits, watching Tv and also enjoying the beauty of nature. This helps the caregivers of people with mental illness to maintain a sense of identity beyond the illness and rebuild emotional resilience." (Mental health therapist)

This study shows that, to help with caregiving, family carers require enough room and comfort in their homes, especially when looking after care recipients (Lok, 2021). Participants emphasised that self-care and the intentional use of quality time are essential strategies for preserving the well-being of caregivers supporting individuals with mental illness. Mental illness often places caregivers in prolonged roles that can lead to emotional fatigue. Engaging in self-care including physical health maintenance, stress management, and mental health support enables caregivers to replenish their energy and maintain emotional balance. (Mella, 2016) further indicate that, it is important to remember that caregivers are not in their situations alone they also need to live their lives. Equally important is the ability to carve out quality time, both individually and with others, to engage in meaningful activities unrelated to caregiving duties. Whether through leisure, hobbies, or spending time with family and friends, these moments provide a sense of normalcy, personal fulfillment, and emotional relief. Hence, prioritising both self-care and quality time supports not only the caregiver's overall health but also contributes to sustained caregiving capacity and improved relational dynamics within the family system.

4.6.4 Acceptance

This study shows that, it is crucial for caregivers of people with mental challenges in Zimbabwe to accept the mental condition of their members and develop faith that one day they can get better and live a normal life like any other member in society. As caregiver 8 explained,

"As caregivers I think we need to be strong and accept the condition on the ground and move forward with life. We need to love our members with mental health challenges wholeheartedly and ensure support to them. If we accept our situations, it will not be hard to cope and move on with life" (Caregiver 8)

Caregiver 5 elaborated on acceptance and resilience,

"Accepting this condition made me strong for caregiving." (Caregiver 5)

Key informant mental health therapist explained on acceptance and resilience:

"We observe caregivers go from breakdown to breakthrough. Their resilience is not just emotional it is deeply practical they adapt, adjust and keep going." (Mental health therapist)

The study finding show that, resilience and acceptance are coping mechanisms used by caregivers of people with mental illness. Mulud and McCarthy (2017) said that the higher the level of resiliency, the greater the ability to cope with stressful situations. Caring for individuals with mental illness is a demanding role that often places caregivers under significant social, psychological, and physical strain. The unpredictable nature of mental illness, combined with societal stigma and the lack of adequate support systems, can contribute to stress and burnout among caregivers (Clarke et al.., 2016). In navigating these challenges participants explained two intertwining coping strategies that are resilience and acceptance. Participants mentioned that these strategies not only help caregivers endure the hardships they face but also promote mental and emotional well-being to the caregivers. These two coping strategies resilience and acceptance are deeply interconnected (Greef 2015). Acceptance provides the emotional foundation for resilience by helping caregivers face the reality of their circumstances with clarity and calm. In turn, resilience enables caregivers to bounce back from the emotional lows that often accompany acceptance of difficult truths. Together, they form a powerful framework for adaptive coping, reducing the likelihood of caregiver burnout and fostering a more sustainable and compassionate caregiving experience of care they offer to those living with mental illness.

4.7 CHAPTER SUMMARY

This chapter explored the research findings. It covered the psychosocial challenges faced by caregivers of people with mental challenges like stigma and discrimination, lack of social support, psychosocial suffering and disruptive behavior of patients. The caregivers also play roles such as medication management, providing emotional support, educating and advocating ad assistance in decision making. The proposed Strategies to deal with challenges faced by caregivers include need for support groups, acceptance and faith and religious interventions

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENTATIONS

5.1 INTRODUCTION

This chapter presents the study’s conclusions, analyses the implications for the social work profession, identifies topics for further research and offers suggestions for minimising psychosocial challenges faced by caregivers of people with mental illness. It also summarises the previous chapter. It highlights the main findings and their importance including the implication of social work.

5.2 SUMMARY

In the introduction the researcher expressed that caring for a family member with mental health problems places an enormous burden on family caregivers. A brief background of the study was given explaining the phenomena around the study. In the problem statement the researcher expressed that there are many causes of the caregiver challenges. The researcher was aimed to identify the psycho-social experiences encountered by caregivers of people with mental illness, to assess the roles played by caregivers of people with mental illness in Zimbabwe and to explore the copying strategies that caregivers of people with mental illness use to copy up with the psycho-social challenges they face. A literature review was explored in connection with the research objectives. The researcher adopted the qualitative research methodology. This study used a case study as a research design to answer the questions about the challenges faced by caregivers of people with mental illness and the roles of the caregivers as well as the copying strategies. The study was carried in Ruwa Community at Tirivanhu Psychiatric Rehabilitation. A minimum of ten caregivers of people with mental health problems were recruited as target population using purposive sampling method. Focus group discussions guide and in-depth interview guide were used as data collection tools. This research utilized Thematic data analysis method. All research ethics were followed.

5.2.1 ROLES OF CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS AT TIRIVANHU PSYCHARIC REHABILITATION

Caregivers of people with mental health challenges also play fundamental roles in supporting their members in their day to day lives. Some of the roles that were explained by the participants of this research includes provides emotional support, medication management, providing social support, education and advocacy and assistance in decision making.

5.2.2 PSYCHOSOCIAL CHALLENGES FACES BY CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS AT TIRIVANHU PSYCHATRIC REHABILITATION

The findings have shown that the caregivers of people with mental health challenges face a lot of psychosocial challenges. The psychosocial challenges include stigmatisation and discrimination, psychological suffering, lack of social support, lack of psychoeducation and disruptive behavior of people with mental illness.

5.2.3 COPYING STRATERGIES OF CAREGICERS OF PEOPLE WITH MENTAL ILLNESS AT TIRIVANHU PSYCHATRIC REHABILITATION

Various strategies can be used to address challenges faced by caregivers of people with mental health challenges. The caregivers of people with mental illness need self-help groups, psychosocial support, acceptance and resilience, self-care and quality time and religious interventions.

5.3 CONCLUSIONS

In conclusion, the study findings show that caregivers of people with mental illness have a number of roles they are supposed to perform to support the recovery of people with mental illness. As noted in the literature review, the roles of these caregivers include medication management. Many individuals with mental disorders struggle with adherence to their prescribed regimens due to side effects, lack of insight into their illness, cognitive impairments, or complex medication (Kardorff et al.., 2016). Providing emotional support is another role by caregiver’s family members of people with mental illness highlighted that they become a dependable source of emotional and practical support (Park and Seo 2016). Providing social support and assist in decision making are also other roles by caregivers of people with mental illness noted in literature review. The study applied Bowens family systems theory as its theorical framework. The theory held that family members are connected and interrelated (Bowen, 1988). The theory emphasizes that family experiences impact each other. Therefore, the daily routines of family members of individuals with mental illness are affected and they are forced to adjust to the caregiving roles which are also challenging.

The findings of the study reveal that socially and psychologically the caregivers are affected during their provision of care to patients which will in the end affect their role of caregiving past research results point to common challenges of caregivers of people with mental illness. As noted in the literature review, these factors include stigma and discrimination. A study by Hailemariam (2015) in Ethiopia found that caregivers experienced moderate to severe psychological distress, closely linked to caregiving burden and internalised stigma. Disruptive behavior of clients is another challenge faced by caregivers of people with mental illness. Violence among people with mental illness is mostly towards family members often occurs in the home and is a complex phenomenon (Hsu, 2013). Lack of social support and lack of psychoeducation are also mentioned in the literature review. The study applied the biopsychosocial model to provide a comprehensive understanding of the psychosocial challenges faced by caregivers of people with mental illness. It emphasises that effective interventions must not only address mental health education and emotional support of people with mental illness but also caregiver's challenges encountered during the caregiving process (Engel 1981).

The participants of this study also faced those stressors and apply copping strategies like joining support groups, self-care and quality time, acceptance and resilience and religious intervention as noted in the literature review. Bowen's family systems theory emphasizes that effective coping strategies are relational and systematic not just individual (Bowen, 1988). Understanding family patterns and emotional dynamics allows caregivers to cope I healthier in more suitable ways through support, self-awareness and balanced emotional involvement (Kardorff, 2016). Therefore, it is important to address the psychological and social challenges of caregivers to provide quality care. There is need for concerted efforts from different stakeholders to address the issue. These include government, non-governmental organizations and the community as a whole. All stakeholders need to take part to help caregivers cope with the burden of caring for mentally challenged older patients, thereby improving the quality of care provided to the clients.

5.4 IMPLICATIONS OF SOCIAL WORK

Holistic support for caregivers by social workers. Social workers are trained to assess and address the bio-psycho-social needs of individuals and families. In this context, they help caregivers by pproviding emotional support and counseling to manage stress, depression, and burnout. Facilitating support groups where caregivers can share experiences and reduce feelings of isolation. Offering psychoeducation about mental illness to reduce stigma and improve caregiving effectiveness.

Advocacy and rights-based approach is a method in social work that can be utilised to advocate for caregivers of people with mental illness. Social workers advocate for the rights and needs of caregivers ensuring that caregivers are recognized as co-partners in mental health care, not just secondary participants. Pushing for policy changes that provide financial, legal, and institutional support like caregiver allowances. Raising awareness about the invisible burden of caregiving to reduce societal neglect.

Bridging gaps in mental health services is another implication of social work in this study. Caregivers often struggle with access to resources and services. Social workers Act as case managers, connecting caregivers to mental health services, community organizations, housing, respite care and financial aid. They help navigate complex healthcare systems, reducing bureaucratic stress on caregivers. Advocate for integrated care systems where caregivers' needs are embedded in patient treatment plans.

Cultural sensitivity can be obtained from this study. Social workers take a culturally competent approach by understanding how culture, religion and community status shape caregiving experiences and expectations. Tailoring interventions that are sensitive to stigma, traditional beliefs, and family dynamics in different communities.

Policy Development can be obtained from this research. Social workers contribute to Evidence-based research on caregiver burdens, outcomes, and interventions. Informing and shaping mental health policies that incorporate caregiver perspectives and data. This research results could help to provide a framework for future curricula and education on the stress that these caregivers experience. Further, the research could equip communities, organizations, and mental health practitioners with valuable information to assist caregivers with support.

5.5 RECOMMENTATIONS

5.5.1 POLICY

- Policy makers should prioritise the enactment of policies and new laws that protect caregivers and people with mental illness. African countries lack mental health friendly policies as compared to European nations. Reviewing of acts like the Mental Health Act (1996) may promote the wellbeing of caregivers with mental illness.

5.5.2 STAKEHOLDERS

- The government of Zimbabwe and other mental health agencies including social work profession should facilitate and support community model and home-based mental health support systems to address some of the challenges of caregivers of people with mental challenges. The benefits of community home based mental health care personalized care and continuity of care

5.5.3 SOCIAL WORK

- Psychoeducation, Cognitive Behavioral Therapy, Social Skills Training and pearled support groups should be made a mandatory part of the treatment process for the caregivers of people with mental illness and the community. These programs should be run by well-trained social workers who undergo regular training to improve their helping skills.

- Raising public awareness and outreach campaigns by social workers in the societies to curb discrimination against caregivers and their patients with mental challenges. This should not target the caregivers of people with mental illness but the broader community. Additionally, allocating a sufficient budget to support these programs ensures their effectiveness and sustainability

- Social workers in Zimbabwe are encouraged to build networks and centers to provide psychosocial support to caregivers of people with mental illness. It is mandated by the NASW (2017) that social workers should strive to ensure the total welfare and development of individuals and groups.

5.5.4 COMMUNITY

- Young and energetic individuals should help the elderly who often partake the role of caregiving for people with mental challenges. According to Aschroft (2020) the elderly who always resume the caregiving role of people with mental health challenges sometimes fail to do the proper care because of age. Therefore, the young ones should be educated on caregiving and assist the elderly to reduce strain.

- Caregivers of people with mental challenges should be included in social assistance programs like harmonised social transfers and food deficit mitigation strategies by the government of Zimbabwe. In South Africa caregivers of people with mental health challenges are enrolled under the social welfare development scheme.

- The religious sector is very crucial in mental health support hence churches and traditional agencies should always strive to provide solutions and support to mental health. Churches play pivotal role in provision of psycho-social support in mental health field.

5.6 AREAS FOR FUTURE STUDY

1. Explore whether challenges faced by caregivers of mental health patients differ according to gender?

2. Examine how cultural beliefs and religious practices shape caregiving approaches?

3. The impact of public and internalized stigma on the mental health of caregivers of people with mental health challenges?

5.7 CHAPTER SUMMARY

This chapter covered the summary of the findings. The conclusions of the study have been also layered by the researcher. Finally, the recommendations of the study were given. This is the final chapter of the study of psychosocial challenges faced by the caregivers of people with mental health challenges in urban Zimbabwe.

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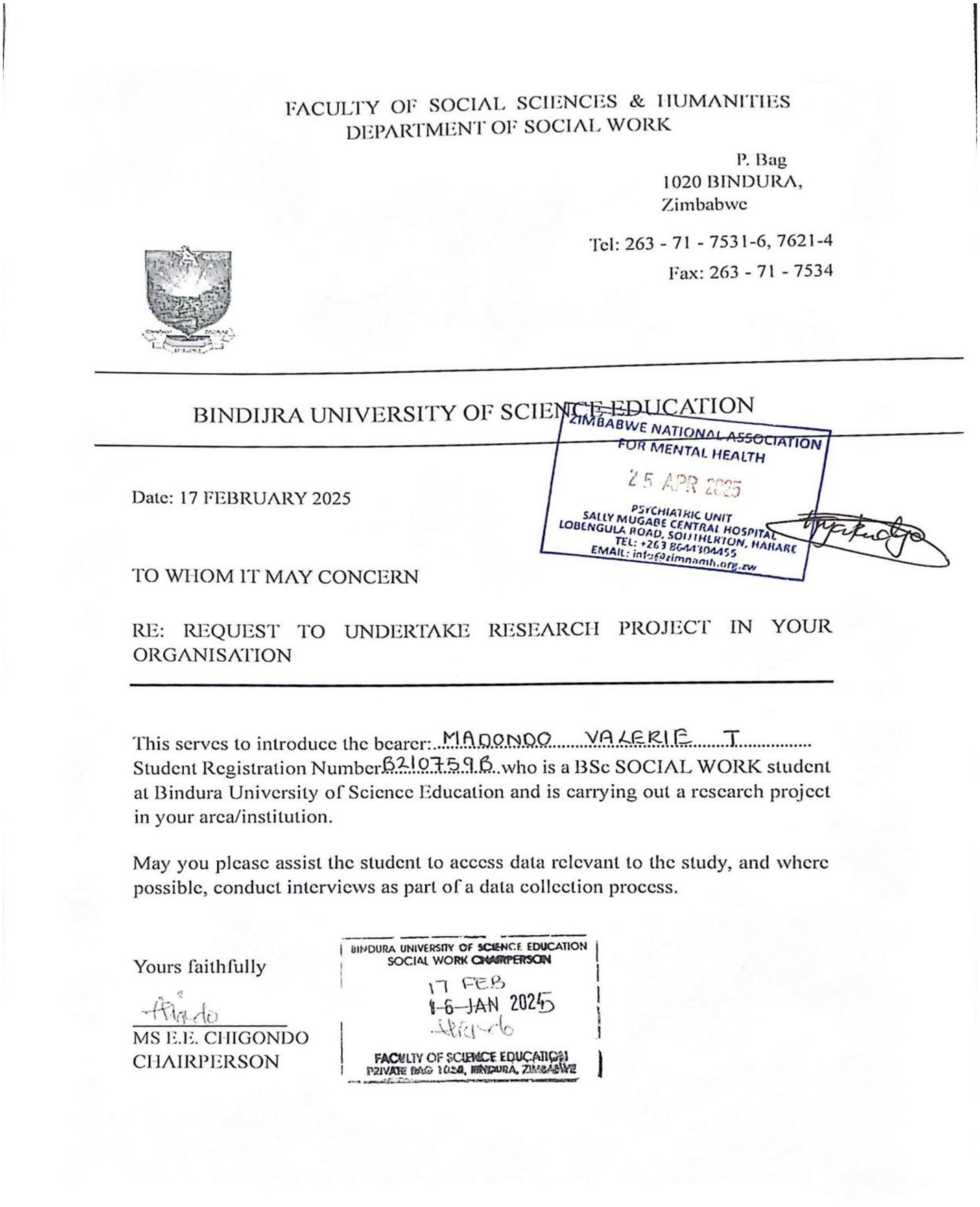
APPENDICES

APPENDIX 1: RESEARCH LETTER FROM BINDURA UNIVERSITY



FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag
1020 BINDURA,
Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4
Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

ZIMBABWE NATIONAL ASSOCIATION
FOR MENTAL HEALTH
25 APR 2025
PSYCHIATRIC UNIT
SALLY MUGABE CENTRAL HOSPITAL
LOBENGULA ROAD, SOUTHERTON, HARARE
TEL: +263 8644304455
EMAIL: info@zimnamh.org.zw

Date: 17 FEBRUARY 2025

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer: MADONDO VALERIE T. Student Registration Number B210759B who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

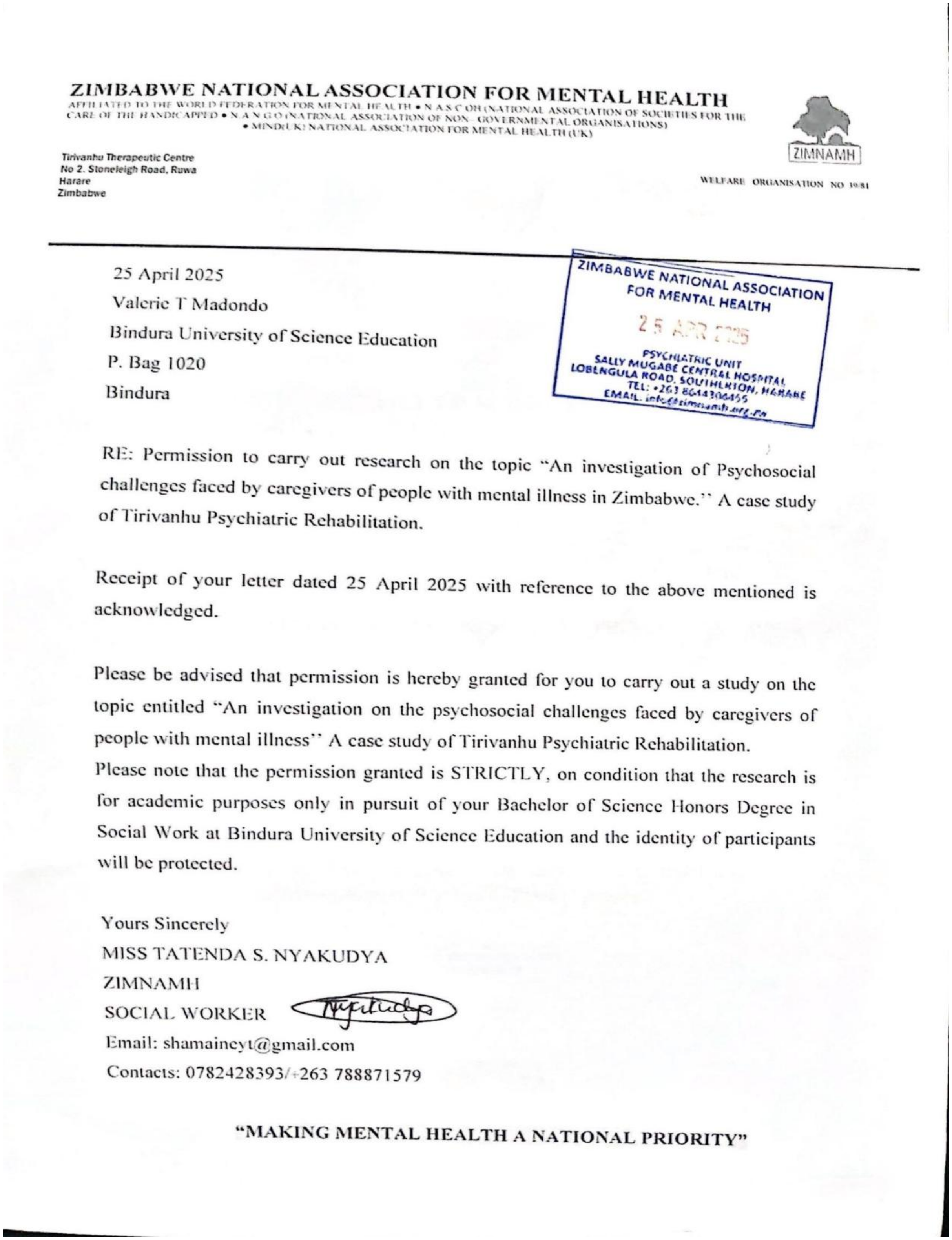
May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

MS E.E. CHIGONDO
CHAIRPERSON

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON
17 FEB
6 JAN 2025
FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

APPENDIX 2: APPROVAL LETTER



ZIMBABWE NATIONAL ASSOCIATION FOR MENTAL HEALTH
AFFILIATED TO THE WORLD FEDERATION FOR MENTAL HEALTH • N.A.S.C.O.H (NATIONAL ASSOCIATION OF SOCIETIES FOR THE CARE OF THE HANDICAPPED • N.A.N.G.O (NATIONAL ASSOCIATION OF NON- GOVERNMENTAL ORGANISATIONS)
• MIND(UK) NATIONAL ASSOCIATION FOR MENTAL HEALTH (UK)

ZIMNAMH

Tirivanhu Therapeutic Centre
No 2. Stoneleigh Road, Ruwa
Harare
Zimbabwe

WELFARE ORGANISATION NO 19/81

ZIMBABWE NATIONAL ASSOCIATION
FOR MENTAL HEALTH
25 APR 2025
PSYCHIATRIC UNIT
SALLY MUGABE CENTRAL HOSPITAL
LOBENGULA ROAD, SOUTHERTON, HARARE
TEL: +263 8644306455
EMAIL. info@zimnamh.org.zw

25 April 2025
Valerie T Madondo
Bindura University of Science Education
P. Bag 1020
Bindura

RE: Permission to carry out research on the topic "An investigation of Psychosocial challenges faced by caregivers of people with mental illness in Zimbabwe.'' A case study of Tirivanhu Psychiatric Rehabilitation.

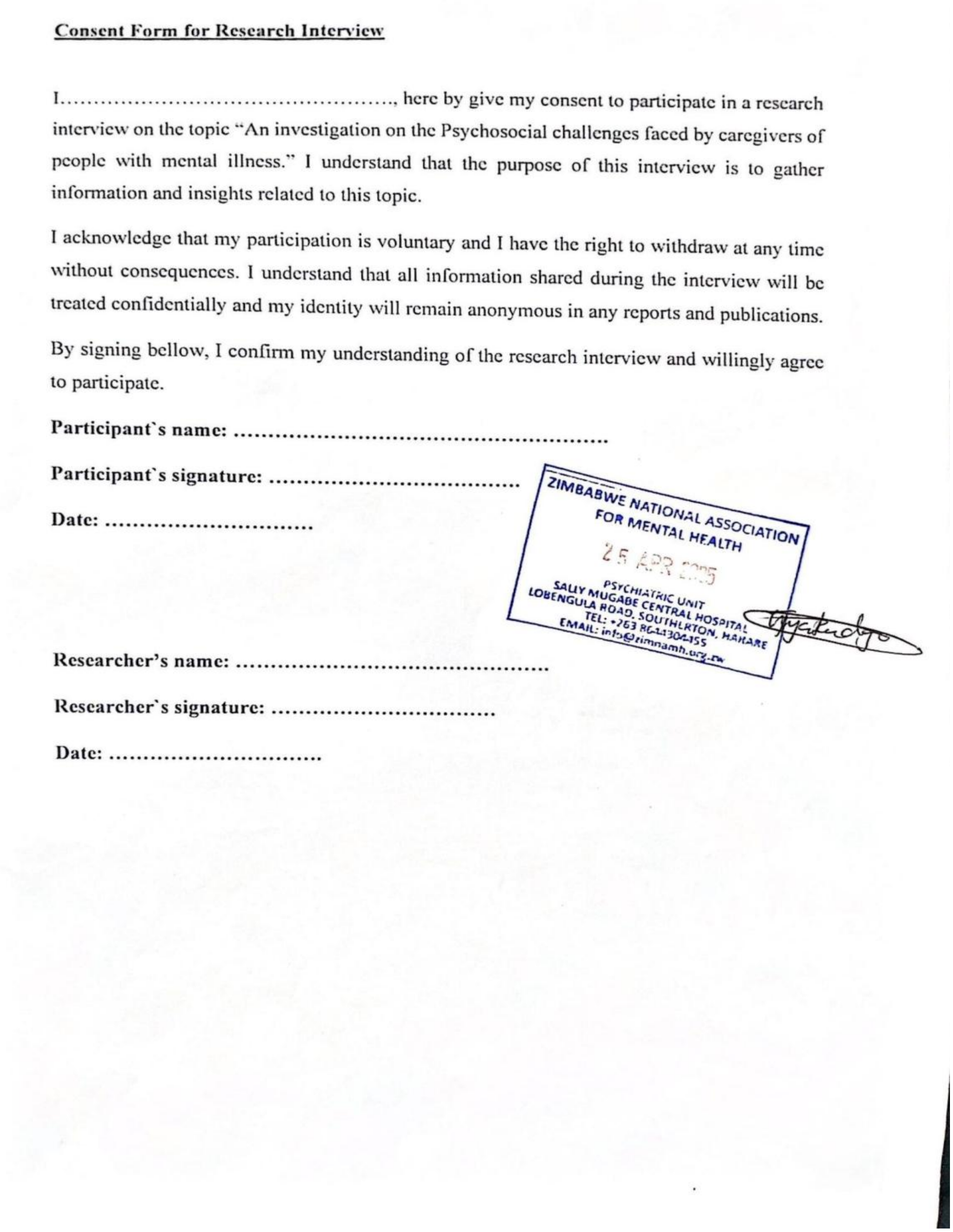
Receipt of your letter dated 25 April 2025 with reference to the above mentioned is acknowledged.

Please be advised that permission is hereby granted for you to carry out a study on the topic entitled "An investigation on the psychosocial challenges faced by caregivers of people with mental illness'' A case study of Tirivanhu Psychiatric Rehabilitation.
Please note that the permission granted is STRICTLY, on condition that the research is for academic purposes only in pursuit of your Bachelor of Science Honors Degree in Social Work at Bindura University of Science Education and the identity of participants will be protected.

Yours Sincerely
MISS TATENDA S. NYAKUDYA
ZIMNAMH
SOCIAL WORKER
Email: shamaineyt@gmail.com
Contacts: 0782428393/+263 788871579

"MAKING MENTAL HEALTH A NATIONAL PRIORITY"

APPENDIX 3: CONSENT FORM FOR PARTICIPANTS



Consent Form for Research Interview

I…………………………………………., here by give my consent to participate in a research interview on the topic "An investigation on the Psychosocial challenges faced by caregivers of people with mental illness." I understand that the purpose of this interview is to gather information and insights related to this topic.

I acknowledge that my participation is voluntary and I have the right to withdraw at any time without consequences. I understand that all information shared during the interview will be treated confidentially and my identity will remain anonymous in any reports and publications.

By signing bellow, I confirm my understanding of the research interview and willingly agree to participate.

Participant`s name: ………………………………………………

Participant`s signature: ………………………………

Date: …………………………

ZIMBABWE NATIONAL ASSOCIATION
FOR MENTAL HEALTH
25 APR 2025
PSYCHIATRIC UNIT
SALLY MUGABE CENTRAL HOSPITAL
LOBENGULA ROAD, SOUTHERTON, HARARE
TEL: +263 8644304455
EMAIL: info@zimnamh.org.zw

Researcher's name: ……………………………………

Researcher`s signature: ……………………………

Date: …………………………

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

INTERVIEW CONSENT FORM

Introduction

Dear Participant,

My name is Valerie Tanyaradzwa Madondo. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honors Degree in Social Work. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. If there may be some words, you do not understand you are free to ask, and I will explain. I am therefore kindly asking you to help me in carrying out my research by taking a few minutes of your time to respond to the following questions as openly and freely as you can. Your cooperation and support are greatly appreciated.

Title of the study

An investigation on the psychosocial challenges faced by caregivers of people with mental illness in Zimbabwe. A case study of Tirivanhu Psychiatric Rehabilitation.

Purpose of the study

To assess psychosocial challenges faced by caregivers of people with mental illness

Ethical considerations; privacy, confidentiality and voluntary participation

Be reminded that your participation in this study and in this interview in confidential. Your responses will be treated with confidentiality and will **ONLY** be used for the purposes of this research. Your participation is based on voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

Contact details

If you have any other questions, you can contact me on the following details

Email: valmadondo@gmail.com

Phone number; 0786421113

Signature of researcher…………………………….

Date…………….………….

With thanks

Valerie Tanyaradzwa Madondo

APPENDIX 4: FOCUS GROUP DISCUSSION GUIDE FOR CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Valerie Tanyaradzwa Madondo. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honors Degree in Social Work. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. The topic of the study is: An investigation on the psychosocial challenges faced by caregivers of people with mental illness in Zimbabwe. A case study of Tirivanhu Psychiatric Rehabilitation.

SECTION A BIOGRAPHY

Age	
Gender	
Years of experience in caregiving	

SECTION B FIRST OBJECIVE

1. What are the roles do you do to support individuals with mental illness?
2. How has caregiving roles impacted your life?
3. Do you think your cultural or community beliefs affect how caregiving is perceived or practiced?

SECTION C SECOND OBJECTIVE

1. What are the psychological and social challenges have you faced as a caregiver?
2. Are there moments when you feel overwhelmed, anxious, or depressed? Can you share an example?
3. Have you ever faced stigma or discrimination because of your caregiving role?

SECTION D THIRD OBJECTIVE

1. What helps you cope with the challenges of caregiving?
2. Do you have access to any formal or informal support systems?
3. What advice would you give to someone who is just starting to care for a loved one with mental illness?
4. Is there anything we didn’t ask that you think is important for us to understand?

APPENDIX 5: KEY INFORMANT INTERVIEW GUIDE FOR KEY INFORMANTS

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Valerie Tanyaradzwa Madondo. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honors Degree in Social Work. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. The topic of the study is: An investigation on the psychosocial challenges faced by caregivers of people with mental illness in Zimbabwe. A case study of Tirivanhu Psychiatric Rehabilitation.

1. Can you briefly describe your professional background and current role in mental health care?
2. How long have you works with individuals with mental illness and their caregivers?

3. From your clinical perspective, what are the most common psychological or social challenges caregivers report?
4. How does the caregiving role affect their mental health over time?
5. Have you noticed any patterns in how caregivers cope with stress or emotional burden?
6. Are there particular therapeutic or counseling interventions that have proven effective in supporting caregivers?
7. What barriers do caregivers typically face in accessing psychological or therapeutic support?
8. In your opinion, how does stigma around mental illness and caregiving impact caregivers' willingness to seek help?
9. How do cultural beliefs and societal expectations influence the caregiving experience in your setting?
10. Do you believe existing mental health services are adequately equipped to support caregivers? Why or why not?
11. What professional support or resources would you recommend be put in place to address caregivers' psychosocial needs?
12. What advice would you give to other professionals working with caregivers of people with mental illness?

THE END