Review Article

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Promoting Psychosocial Health of Family Caregivers of Patients with Chronic Mental Disorders: A Review of Challenges and Strategies

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The present study aimed to investigate the mental and social health challenges of family caregivers of the patients with chronic mental disorders (CMD) and strategies which can be helpful in this regard. This study is a narrative review conducted in PubMed, Web of Science, Scopus, Elsevier, Google Scholar, Proquest, Magiran, and Sid databases where keywords such as Family caregiver, Chronic Mental disorder, Health Promotion, Program, Psychosocial, Support, Challenge, and Problem were searched in both Persian and English. A total of 5,745 published documents were found and were screened based on inclusion and exclusion criteria. Finally, 64 studies were found which had examined the related challenges, needs and strategies. According to the results, information deficits, needs for support, community participation deficits, and psychological suffering were recognized as challenges of family caregivers of these patients. Moreover, empowerments programs for the enhancement of the knowledge and skills of caregivers and peer-centered support programs were used to improve the level of mental and social health of family caregivers of these patients. Psychosocial problems and challenges that family caregivers of the patients with CMD face affect their health, satisfaction and quality of life. Using a collaborative approach, mental health service providers and government systems can help improve the psychosocial health of caregivers. The related managers and policymakers can reduce the emotional and psychological burden of families and promote their psychosocial health through developing a comprehensive program including practical objectives and strategies and taking into account the challenges that exist for caregivers in caring for patients with CMD.

Key Words: *Caregivers; Mental Disorders; Chronic Disease*

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INTRODUCTION

Mental health is one of the main components of public health in societies. Mental health problems are critically increasing in many parts of the world.[1] As estimated, about 19% of the world's population suffers from at least one of the various types of mental disorder as one of the main causes of disability.[2]

Nowadays, along with advances in psychiatric services, the treatment of patients with chronic mental disorders (CMD) has changed and the care places have been relocated from medical centers and hospitals to homes. The assumption is that if patients with CMD are treated and cared for in society and family, their disease will be less likely to recur and they might be given the opportunity to return to work and personal activities. Following this policy, the number of patients with CMD who are cared at home has increased significantly,[3] making families the main support system in the ongoing care of such patients.[1] As a hidden healthcare system, family care is located alongside the health system and has become an institution where pa-

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tients with mental disorder live.[4] Therefore, family care is known as the most important source of support in the care, symptom management and treatment process of these patients.[5,6] Accordingly, CMD in any members of a family will lead to psychological, social and responsibility burdens not only for the patient, but also for all family members,[7] which will start from the very onset of the disease and continue throughout life.[4] This requires a tireless effort that irrefutably impacts the lives of these caregivers.[8]

After the onset and diagnosis of the disease, family caregivers come to know that they alone are not able to deal with the disease and the various related duties considered for them, and hardly can confront the prevailing attitudes in society about mental diseases. However, it should be noted that family care efforts are rarely defined nor recognized.[9] These caregivers experience a great deal of care-related burdens, negative emotions, and difficulty in coping with such issues. Thus, their ability to cope with and adapt to these conditions is impaired, which is a significant threat to their own mental and social health, affecting their life in general.[1,3] Because of these reasons, families need help at different stages of the disease.[10]

Moreover, it is often observed that the main focus of the healthcare team is on the needs and treatment of patients not the needs and health of family caregivers. Accordingly, family members of patients with CMD are referred to as "second-order patients." Despite carrying numerous psychological and social burdens, these caregivers lack adequate support resources and readiness to care for their patients.[3] Given the significance of family members as key caregivers of patients with CMD, lack of attention to their mental and social health can lower their quality of life,[5] leading to the recurrence of the patient's mental illness and the formation of a vicious cycle in this regard.[11] When caregivers feel that they are receiving adequate support from professional caregivers in the process of caring for their patients, they accept their role more hopefully and optimistically which in turn will reduce the risks of caring the burden.[12] As such, families of patients with CMD, as the hidden healthcare system and a significant part of the mental health system, need to be supported properly.[13] Thus, the present review aimed to investigate the social and mental health challenges of family caregivers of patients with chronic mental disorders and strategies which can be helpful in this regard.

METHODOLOGY

This narrative review was conducted in 2021 with the aim of recognizing the challenges and strategies for the promotion of the mental and social health of the family caregivers of patients with CMD. Studies were reviewed using keywords such as Family caregiver, Chronic Mental disorder (schizophrenia OR Bipolar mood disorder OR BMD OR Depression OR Manic), Health Promotion, Program, Psychosocial, Support, Challenge, and Problem. These keywords were searched in the databases of PubMed, Web of Science, Scopus, Elsevier, Google Scholar, ProQuest, Magiran, and Sid in both Persian and English languages and using "AND" and "OR" operators. A total number of 5,745 published documents were found and were screened based on inclusion and exclusion criteria. Inclusion criteria were studies examining the problems and needs of family caregivers of patients with CMD, studies published from 2000 to 2021, published in English or Persian only, available in full text, and quantitative and qualitative, cross-sectional, descriptive, and review studies. Studies such as letters to editor, protocol studies and studies whose primary focus was on patients, not their caregivers, were excluded from the study. After reviewing the inclusion and exclusion criteria, the titles of the studies were reviewed and the unrelated ones were removed. Then, the abstract of the articles was studied and if an article was consistent with the aim of the study, its full text was retrieved and used in this study. Finally, we found 64 articles that examined the challenges and needs or provided solutions in this regard.

Using the previously mentioned keywords, 5,745 articles were found. Out of these articles, 319 articles were duplicate, 291 were published before 2000, 35 were in non-English languages, 21 other articles were excluded because of lack of access to their full texts, and 5,015 articles dealt with other issues.

Of the 64 articles included in the study, 45 studies examined the psychosocial problems and needs of the family caregivers with CMD (Table 1) and 19 studies dealt with interventions for the promotion of the psychosocial health of these caregivers (Table 2). After completing the review process, the data were obtained as codes of the topics related to the aim of the study and were qualitatively categorized by the members of the research team to find the main categories (Table 3).

PSYCHOSOCIAL CHALLENGES OF CAREGIVERS

1. Information Deficit

One of the most important challenges the family caregivers of the patients with CMD encounter is the lack of information about the nature of the disease. The eed to be informed about mental disorders,[1,14-20] need to be familiar with the behavior of patients,[15,21,22] getting adequate information about the symptoms and course of the disease[15,17,20,21] and treatment methods,[18,21] conditions of the diseases, conditions of severity and recurrence of the disease and methods of preventing this recurrence,[20] recognition of early warning signs of the disease,[9,22,23] the need to obtain information about the limitations caused by the disease in the individual, social and professional life of patients, being aware of the patient's physical health,[23] the ways of managing the symptoms of the disease[16,18,21,23-25] and communicating with the patient in a way that can prevent conflict between the patient and caregiver[16,17,26,27] were among the issues mentioned by the family caregivers.

Medication used by these patients is another concern of

Table 1. psychosocial problems and needs of the family caregivers

Author/year	Aim	Study design	Key findings
Ntsayagae et al.[3] (2019)	Combining qualitative phenomenological studies and creating a comprehensive chronicle of the phenomena of family caregivers' experiences in caring for relatives with mental illness.	Meta-synthesis	Provision of care, role shift, altered responsibilities, hopelessness and helplessness, shame and fear,powerlessness,informational supportineffective coping, societal
Iseselo et al.[7] (2016)	Determine the psychosocial problems of mental illness on the family including the coping strategies utilized by family members caring for a person with mental illness.	Qualitative	Financial limitations, lack of social support,family dysfunction, stigma, discrimination
Caqueo-Urízar et al.[14] (2017)	Review the main changes that occur in family dynamics for patients with schizophrenia.	Review	The need for positive interactions with members of the mental health team, the need to make informed decisions about the patient's treatment, experiencing negative emotions, feeling rejected and left out of the treatment process. The experience of asking for help causes feelings of fear and shame. Decreased quality of life and high psychosocial burden
Bai et al. (2020)	Explore the challenges of parents caring for early-stage schizophrenia children/adolescents in China.	Qualitative	Mental shock and emotional burden; lack of disease knowledge and care skills; poor treatment compliance of the patient; difficulty in coping with the patient; conflict in the family or at work; financial burden; And they need adequate social support
Wei et al. (2010)	Explore the educational and support needs of caregivers of schizophrenia and mania patients	Cross -sectional	Caregivers reported unmet educational needs. The most important educational needs of caregivers: stress management methods, knowledge of psychiatric drugs, early warning signs of the disease, side effects of drugs, improvement of social relationships,concentration problems
Jagannathan et al.[20] (2011)	Explore the needs of caregivers of inpatients with schizophrenia in India.	Qualitative	The most important needs of caregivers are the need for training on how to manage the disease, managing the patient's social and professional problems, training on rehabilitation, recognizing the disease, and managing the patient's marital problems.
Chen et al.[21] (2019)	explore the perspective of family caregivers of people experiencing schizophrenia in the communities of Beijing	Qualitative	Themes of needs and problems: 1. Burden of care: • Financial burdens and daily household chores • Limited social connections • Psychological stress (prejudice and discrimination of others/self-stigma/feeling insecure/parents worried about the patient's future after their own death) 2. Support • Financial support: health insurance and free medicines • Medical support: medical resources available at the community level • Informational and educational support 3. Future needs: • More financial support: free medicines and health insurance coverage • Respect: Families are subject to discrimination • Rehabilitation institutions: Establishment of rehabilitation institutions with reasonable prices for patients Suggestions for policy and service development: • Further expansion of health insurance coverage for mental illnesses. • Entrepreneurship and financial support for these patients • Free drugs, hospitalization, and rehabilitation at a low cost • The government should provide more resources to specialized psychiatric institutions • Support, care, and training of caregivers • Caregivers are considered active members of the healthcare team and should be intervened in the treatment decision-making process.

TABLE 1. Continued 1

Author/year	Aim	Study design	Key findings
Fernandes et al.[22] (2021)	Explore the barriers to family resilience in caregivers of people who have schizophrenia	Qualitative	Barriers to caregivers' resilience include lack of information about the disease, experience of social stigma, expression of feelings, disruption of relationships, experience of shame and blame.
Sabanciogullari and Tel[23] (2015)	Determine information needs, care difficulties, and coping mechanisms of family members of people with mental illness	Cross-sectional	Counseling needs of families include how to manage the patient's anger, drug management, drug side effects, communication with the patient, information about the disease and symptoms, where to turn to when they need help, and when to seek help.
Tamizi et al.[24] (2020)	Gain a better understanding of caregiving burden in family caregivers of patients with schizophrenia and its related factors	Qualitative	Many activities of caregivers include helping the patient to perform self-care activities, anger management, substance abuse, risky sexual behaviors. Awareness about the disease, how to manage the patient's aggression, how to convince the patient to accept the treatment. Failure to provide training by the medical team. Lack of follow-up after discharge, lack of medicine, insufficient insurance coverage, lack of hospital beds.
Caqueo-Urízar et al.[14] (2015)	Discuss the most important aspects of family interventions, their impact on families, and the most important challenges that need to be overcome in order to achieve well-being and recovery in both patients and caregivers.	Review	Effects of intervention in the family: Positive impact on the treatment of patients, reduction of relapse and re-hospitalization, positive experiences for caregivers, improvement of self-efficacy and social support in caregivers. Implementation barriers of interventions: expenditure of money, time and energy for caregivers, lack of preparation of therapists, structural barriers to providing mental health, cultural understanding, stigma
Cheng et al. (2020)	Understand the needs of family caregivers and their ways of coping on the pathway to care for early psychosis.	Qualitative	Educational needs: recognizing early signs of illness, managing symptoms, ensuring safety. Use technology: Monitoring symptoms before a disease occurs. Effective coping methods: Having an action plan. support from peers, family and/or friends.
Dillinger and Kersun[28] (2010)	Understand the caregiver experience, determine which interventions most effectively alleviate their burden and examine which other factors may affect outcomes.	Review	Experience of sadness, guilt, anxiety in caregivers. In danger of physical and mental health of caregivers, low self-esteem, use of avoidant coping strategies, critical and controlling families. Appropriate interventions include psychoeducation, problem-solving strategies, and peer support. The basis of effective intervention is education.
Hsiao and Van Riper[29] (2010)	Critically examine research on caregiving in families of individuals with mental illness living in Taiwan, Hong Kong, and Mainland China	Review	Feeling of shame, guilt, humiliation,and stigma for caregivers, and caregivers who experience this issue bear more burden of care and the treatment prognosis for the patient decreases. Social support for families is an important source of coping and a factor to reduce the burden of care. Information needs (information about mental illness, medications, available services, and disease management). Emotional support (talking to relatives). The match between family needs and receiving support from the health system was poor: feelings of blame from health professionals, receiving insufficient information about support services, difficult communication with mental health care members
Shamsaei et al.[31] (2013)	Explore the stigma experienced by family caregivers of patients with bipolar disorder.	Qualitative	Experience stigma, social isolation, shame, negative judgment in caregivers
von Kardorff et al.[32] (2016)	Explore the specific burdens experienced by caregivers of patients with schizophrenia and affective disorders.	Qualitative	Uncertainty: Due to the unpredictable nature of the treatment process. Ignorance: about the disease and lack of satisfaction with the information given by the nurse and doctor. Emotional burden:grief, depression, shame, embarrassment, fear, anxiety, consternation, guilt and anger. Stigma and blame. Dissatisfaction with family, relatives, and acquaintances

TABLE 1. Continued 2

Author/year	Aim	Study design	Key findings
Chien and Norman[33] (2003)	Identify the educational needs of Chinese families caring for a relative with schizophrenia.	Cross sectional	The educational needs of caregivers include obtaining information about the early warning signs of illness and relapse, the effects of medications, and ways to deal with patients' strange and aggressive behaviors.
Clibbens et al.[34] (2019)	Investigate what is known about the experiences of informal caregivers during mental health service transitions.	Review	Caregivers' information needs about the nature of the disease, disease management methods after discharge, how to access services Need for proper relationship between mental health care team members and caregivers. Participation in decision making in the patient treatment process
Cleary et al.[35] (2020)	A synthesis of qualitative research examining the experience of caregivers of patients with schizophrenia	Review	Negative feelings of caregivers, Relationships with others, Health of the caregiver. The need to receive information and proper relationship with the treatment team Recommendations: community education for less stigma, family therapy, occupational therapy, access to local psychiatric services, follow-up services after discharge
Moudatsou et al.[36] (2021)	Explore the views of mental health professionals regarding the needs of the informal caregivers of patients with chronic psychotic syndrome	Qualitative	Financial and professional burdens, social constraints, Physical and mental deterioration. Caregivers'needs (economic support, psychosocial support, information needs). Recommendation: efforts to get in contact with self-help organizations as they advocate that such organizations have a significant impact on fulfilling the caregivers' needs. Quality improvements and restructuring of the healthcare services Organizational innovations, a novelty in policy making, involvement of stakeholders in organizational planning were recommended actions for better care. the caregivers to be involved in healthcare policy making. reorganization of the services.
Ambikile et al.[37] (2012)	Explore the psychological and emotional, social, and economic challenges that parents or guardians experience when caring for mentally ill children and what they do to address or deal with them.	Qualitative	Psychological and emotional challenges. Social challenges (Social services, stigma and caring responsibilities lack of public awareness, social support, and social life). Economic challenges (existing poverty, interference with various income generating activities, and extra expenditure due to the illness).
Dore and Romans[38] (2001)	Explore the impact of bipolar affective disorder on family and partners. Journal of Affective Disorders	Qualitative	Significant difficulties in their relationships with the patient, impact on their own employment, finances, legal matters, social relationships. Violence was a particular worry for partner/parent caregivers
Dadson et al.[42] (2018)	Investigated psychosocial experiences and coping strategies of caregivers of persons with mental illness in a psychiatric hospital in Ghana	Qualitative	Stress was common which impact on their physical health. experiences of stigma. Coping strategies: used emotion-focused coping. Need for counseling services to help caregivers manage negative experiences and psychoeducation of caregivers on adaptive coping strategies as well as training strategies targeting the public and healthcare workers on measures to reduce the stigma associated with caring for persons with mental illnesses.
Mokwena and Ngoveni[43] (2020)	Explore the experiences of family members who provide home care for patients with serious mental disorders	Qualitative	Caring for patients with serious mental illness at home is difficult, sometimes unbearable, because the families have to deal with violence perpetrated by the patients, safety concerns, financial difficulties and emotional turmoil. The absence of required skills and resources to care for the mentally ill at home exposes the patients and their families to emotional, financial and social difficulties, and results in unfavorable outcomes for both the patients and their families.
Ebrahimi et al.[45] (2018)	Identifying caregivers' experiences of barriers to coping with patients with severe mental illness	Qualitative	The patient's isolation from everyday life, incomplete recovery, lack of support by the mental health care system, and stigmatization. Findings highlight the necessity of providing support for caregivers by the mental health care delivery service system.

Table 1. Continued 3

Author/year	Aim	Study design	Key findings
McCann et al.[47] (2015)	Understand the lived experience of primary caregivers of older people with severe and persistent mental illness	Qualitative	Caring is a difficult and demanding responsibility. It affects carers adversely, emotionally, physically, socially, and financially, and their lifestyle in general. physically and emotionally draining; grieving about the loss; and adverse effects on lifestyle and social relationships.
Mui et al.[48] (2019)	Identifying experiences of family members with a close relative diagnosed with psychosis or schizophrenia	Qualitative systematic reviews	Conflicting encounters with professionals Feeling down by service or undervalued Inadequacy of service / service needs / unmet needs Mixture of emotions about services and resources (desperation, anger, struggle to understand / unaware / lack of clarity / depend on external resources / realization / personal evaluation) Mixture of emotions aroused internally as caregivers (uncertainty, Struggle to Cope, harm and fear, conflicting, guilt and responsible)
Gladstone et al.[51] (2011)	Review of published qualitative research on children's experiences of parental mental illness.	Review	The impact of the parent's illness on the child's daily life, problems in family and peer relationships, stigma, separation from the parents during hospitalization, active involvement of the child in the parent's illness. The child is at risk of behavioral disorder associated with incomplete attachment to the parent.The child's insufficient knowledge of the parent's illness.
Yin et al.[53] (2020)	Systematically identify, evaluate, and synthesize existing findings from qualitative studies regarding the experience of stigma among family members of people with severe mental illness	Systematic review	Negative public images ofmental illness, structural discrimination against mental illness, stigma encountered in everyday life, psychological distress associated with stigmatization
Sharif et al.[54] (2020)	Explore the experiences of family caregivers of people with mental disorders, through examining the burdens that they face and the coping strategies that they use	Qualitative	Challenges Encountered: Dealing with signs and symptoms, emotional burden, role shifting and family dynamics, stigma and public views, and disclosure dilemma. Coping and Support: Communication with God, establishing a better relationship with doctors and nurses, obtaining information, psychological support, support groups.
Chang and Horrocks[55] (2006)	Synthesise phenomenological qualitative studies and create a comprehensive chronicle of phenomena of family caregivers' experiences of caring for relatives living with mental illness.	Meta-synthesis	Perceived responsibility of caregiving, experiences of emotional effect, experiences of support needs and experiences of changed perspective.
Rahmani et al.[57] (2018)	Explore the experiences of female spousal caregivers in the care of husbands with severe mental illness	Qualitative	Care of a husband with severe mental illness had a disruptive influence on the emotional relationships of the family and resulted in emotional detachment over time. the lack of supportive resources caused emotional exhaustion. Caregiving tasks interfering with their many other responsibilities, along with being a reference for family matters, led to loss of self. experienced psychological distress because of the transition to a caregiver role without any supportive resources.
Azman, et al. (2017)	Identifying and analyzing the coping strategies adopted by the family caregivers in dealing with their mentally ill family members	Qualitative	Coping strategies used by the family caregivers, including religious coping, emotional coping, acceptance, becoming engaged in leisure activities, and the use of traditional healing to help them cope with their mentally ill members Family caregivers should engage themselves in social support groups to learn about and obtain the positive coping strategies

Table 1. Continued 4

Author/year	Aim	Study design	Key findings
Zeinalian et al.[41] (2010)	Validation and cultural adaptation of the needs assessment test for caregivers of schizophrenia patients (CNA-S) and the needs assessment of patients' families	Qualitative	Identified problems of patients' families: • Communication problems with specialists • Fear of labeling and discrimination • Communication problems and conflict with the patient • Problems caused by relapse and crisis of the disease • A burden that leads to dangerous behavior in the patient due to non-follow-up treatment. • Caregivers' tension caused by the previous event • Financial burden • Despair caused by the chronic course of the disease • Feeling guilty, being guilty • Not having enough time for yourself • Separation from society, conflict within the family • Excessive intervention due to living with the patient in a shared home • Burden on the shoulders of small children or siblings • Fainting with the caregiver's illness Effective solutions • Getting information about the symptoms of the disease from the members of the treatment team • Getting information about the treatment of the disease from the members of the treatment team • Obtain information about rehabilitation from treatment team members • Obtain information about relapse and prevention from treatment team members • Access to specialists in emergency situations, information about emergency services • Group therapy guided by specialists
Chimeh et al.[6] (2008)	Investigating the effect of clinical conditions and characteristics of patients and caregivers on mental health and burnout caused by living with schizophrenia patients over time.	Cross sectional	• Restrictions in social activities, work, defecation, financial and physical problems • Disruption in family relationships. • Life skills of patients. Recommendations to reduce care burden: Creating entertainment, insurance support, creating employment for the patient, counseling services and treatment facilities for the family.
Karamlou et al.[49] (2015)	Account for cultural differences in describing the experience of stigma in relatives of psychiatric patients at psychiatric ward	Qualitative	Concealment (unsupportive social network, blame for the cause of the illness, shame of the patient) Restrictions (decrease in family members' visits with friends and relatives, academic and job problems in family members) The genetic nature of the disease (labeling patients' families as carriers of psychiatric disease) The traditional attitude of society (beliefs based on the weakness and incapacity of psychiatric patients) Burden (burden caused by hiding the disease and keeping the patient responsible) Gender difference (intensification of the effects of stigma caused by being a girl, reducing the chance of marriage for women who have a sick relative)
Liu and Zhang[44] (2020)	Explore the experience of caregivers of family members with schizophrenia.	Qualitative	Loss of personal life (disruption of the normal order of life, cannot have a normal retirement) Mixed feelings (stigma, sadness, and confusion, worry about the patient's future, fear of patients' tendency to violent behavior towards themselves and others, self-blame and guilt, emotional strength and tenacity, feeling of value and success when the patient recovers, job satisfaction when which other family members thank) Changes in family relationships (caregivers regarding the distribution of duties, treatment, expenses, economic crises that can lead to the deterioration of marital relations and divorce) Need professional support, guidance, and help Adaptation strategies (spiritual beliefs, strengthening communication, reducing expectations, seeking help, positive attitude).

TABLE 1. Continued 5

Author/year	Aim	Study design	Key findings
Cheraghi et al. (2011)	Examining the treatment and care needs of the family of mental patients after the patient's discharge from the treatment centers	Descriptive - cross-sectional	Regular consultation by a specialist, provision of care in the community, follow-up of treatment after discharge, education to the patient and family, psychosocial rehabilitation.
Shamsaei et al.[25] (2010)	Identify the family caregivers' needs of patients with bipolar disorder.	Qualitative	Management of the disease (lack of sufficient information about the nature of the disease, lack of training or insufficient training about relapse symptoms, communication with the patient, concern and lack of knowledge about prescribed drugs) Counseling (the need for expert advice and guidance for difficult and stressful situations that the patient provides) Economic needs (cost of medicine, treatment, unemployment, lack of income of the patient) Continuous care (round-the-clock care, giving medicines, taking care of the patient continuously, not receiving help for patient care) Community understanding and attention (concern about stigmatization, lack of community support, caregiver isolation)
Chang and Horrocks[55] (2006)	Explore the meanings of the lived experiences that Chinese family caregivers in Malaysia ascribed to the care they provided to relatives with severe and persistent mental illness.	Qualitative	Daily care management Tolerating the care process (tolerating strange, chaotic, insulting, aggressive, violent behavior, feeling embarrassed, ashamed, feeling hopeless, and stigma) Surviving the care process (by learning care skills and acquiring knowledge, it helps them cope with daily care. Obtaining family support, spiritual support, drug control, and hospitalization)
Barekatain et al.[26] (2016)	Describing the educational needs of the family of patients with bipolar disorder	Qualitative	1. Knowledge of the disease (lack of sufficient information about the nature of the disease, under what conditions it occurs, when it becomes severe, and under what conditions it recurs. What restrictions are created in their personal, social, and work life) 2. How to deal with behavioral problems caused by the symptoms of the disease (about how to deal with aggression, sleep disorder, talkativeness, immoral behaviors caused by sexual desire, and risky behaviors). 3. Educational need of caregivers to attract therapeutic cooperation 4. Acceptance of illness by the family 5. The need for counseling services to solve problems caused by the patient's illness. 6. The need to train interventions in emergency situations (medication, side effects, interactions, psychotherapy to get the patient's cooperation, control of behavioral problems, and emergency conditions such as suicide, and aggression). 7. The social role play of the patient.
Shamsaei et al.[27] (2015)	Explore the challenges faced by family caregivers of patients with chronic mental illnesses.	Qualitative	Stress and emotional distress, The need for education and information, Support and economic, social and financial effects, Physical problems
Ae-Ngibise et al. (2015)	Explore the experience of caregivers of people living with serious mental disorders	Qualitative	Stigma and emotional burden Negative impact on social relationships Time burden (due to the many care responsibilities) Economic burden Lack of available support for caregivers Lack of social support
Akbari et al.[16] (2018)	Identifying the support needs of mentally ill families	Descriptive - qualitative	Social support Emotional support Safety and security
Akbari et al.[16] (2018)	Determine the challenges of caregivers of patients with mental disorders in Iran.	Review	Not meeting the needs of caregivers Burnout and high burden of care High social stigma Low social support for caregivers Low quality of life of caregivers

TABLE 2. studies conducted focusing on improving the psychosocial health of caregivers

Author/year	Aim	Study design	Intervention	Key findings
Sharif et al.[60] (2012)	Explored the effectiveness of family psycho-education in reducing patients' symptoms and on family caregiver burden.	Randomized control trial	Content of psycho educational program in 10 sessions: Orientation,understand schizophrenia, effect of medications and compliance, signs of relapse and relapse prevention, improve communication skills, manage the patient's symptom and skills in coping with them, effective way to express emotion, stress management	Significantly reduced symptom severity and caregiver burden both immediately after intervention and one month later
Chien et al.[74] (2004)	A randomized controlled trial of a mutual support group for family caregivers of patients with schizophrenia	Randomized controlled trial	12-session mutual support group conducted over 3-months for Chinese family caregivers of a relative with schizophrenia.	Families assigned to the mutual support group experienced reduced levels of family burden and increased family functioning
Chien and Lee[75] (2010)	Effectiveness of a Schizophrenia Care Management Program for Family Caregivers of Chinese Patients with Schizophrenia in Hong Kong	Randomized controlled trial	Some strategies adapted to Chinese culture in 14 two-hour sessions The first stage (orientation and participation) is based on the understanding of strong interdependence, collective actions and decisions on family issues, acceptance of roles. Second and third stage (training workshop, caring role and therapeutic communication) The fourth stage (sharing experience and problem solving)	Families who were in a schizophrenia care management program reported significant improvements in family and patient functioning and caregivers' perceived social support, and a reduction in the number and duration of patient readmissions. This program can improve the psycho-social functioning of families.
Chien[76] (2008)	Tested the hypothesis that participants in a family psychoeducation and mutual support group would demonstrate significant improvements in levels of patient and family functioning and shorter duration of re-hospitalization than families in routine care.	Randomized controlled trial	Mutual support is a collaborative process of sharing common experiences, challenges, and empirical knowledge about a shared experience in a group meeting. 18 sessions on familiarization with the disease, medications, hospital services, caregiver negative emotions, discussion of positive and negative side effects, discussion of Chinese culture in patient care, disease risk factors, social support, patient communication skills, strategy Illness management at home, coping skills, problem solving, were held for caregivers	Psychoeducation and support group reported greater improvements on family and patient functioning and shorter lengths of patient hospitalizations at the two post-tests (one month and one year after completion of the intervention)
Abedi et al.[79] (2020)	Determine the effectiveness of a theory-of-planned-behavior-based problem-solving training program on the coping styles of family caregivers of psychiatric inpatients.	Randomized controlled trial	Acquaintance with the process, examining opinions about a specific problem, presenting coping strategies and existing solutions, identifying problem-solving strategies, prioritizing solutions, planning, implementing, and re-evaluating solutions, and institutionalizing problem-solving.	Improving coping style in caregivers
Dixon, L. B. (2011)	Evaluate the effectiveness of the Family-to-Family Education Program	Randomized controlled trial	The Family-to-Family Education Program (FTF) is a 12-week course offered by the National Alliance on Mental Illness (NAMI) for family members of adults with mental illness.	Progress in problem-focused coping was measured by empowerment and disease knowledge. have increased emotion-focused coping as measured by increased acceptance, reduced distress, and improved problem solving. The burden of mental illness did not differ between groups.
Ghazavi et al.[65] (2014)	The effect of group psycho-educational program on quality of life in families of patients with mood disorders	Randomized controlled trial	Group psycho-educational program (length of each session was 90 min)	Improves the quality of life in the families of patients with mood disorders

Table 2. Continued 1

Author/year	Aim	Study design	Intervention	Key findings
Sharma et al.[66] (2021)	Understand the role of family psychoeducation in the management of schizophrenia and the well-being of caregiver.	Quasi-experimental	5 psychoeducation sessions	Family psychoeducation effective in improving of caregiver's well-being and effective management of a patient with schizophrenia.
Hajisadeghian et al.[67] (2021)	The effects of a psychosocial support program on perceived stress of family caregivers of patients with mental disorders.	Randomized controlled clinical trial	6 sessions: Familiarization of caregivers with the program, group discussions about the major problems faced by caregivers. Familiarity of caregivers with schizophrenia, mood and anxiety disorders Caregivers' familiarity with their role in the disease process, communication skills and how to deal with their patient's behavioral problems. Acquaintance of caregivers with stress reduction methods Teaching stress management methods, problem-focused and emotion-oriented coping strategies, problem-solving methods and introduction of available support resources Reviewing the topics of previous meetings	Reduce the perceived stress
Hyun et al.[70] (2019)	Explore the effects of a brief empowerment program on the empowerment and quality of life of families of persons with mental illnessSouth Korea	Pilot study	4 sessions: Orientation Show self-esteem Empowerment in everyday life: sharing deprived experiences in everyday life, sharing prejudice and discrimination about mental illnesses in society, self-confidence and determination in life, developing coping methods in negative situations. Self-determination: creating a happy life, having the opportunity to determine one's destiny and choose	Its therapeutic features, such as sharing their experiences, discussion, and presentations, can be applied to create effective psychosocial interventions for families
Mottaghipour and Tabatabaee[81] (2019)	Review articles on effect of family psychoeducation on family and patients in Iran	Review	All published studies on family and patient psychoeducation for SMD (schizophrenia, schizoaffective, and bipolar disorder) conducted in Iran were searched up to May 2018. The electronic search was performed using PubMed, Scopus, Magiran, SID, PsychInfo, and Google Scholar	Significant decrease in relapse rate and/or rehospitalization rate and a significant decrease of burden and distress of families.
Sin and Norman[82] (2013)	Review articles on family and patient psychoeducation of severe mental disorders	Systematic review	Published articles in either English or Chinese which reported psychoeducational intervention studies that targeted family members of people with schizophrenia as participants, were searched with the keywords schizophrenia and/or psychosis and psychoeducation/psychoeducational interventions in 8 databases (MEDLINE, PsycINFO, CINAHL, EMBASE, Web of Science, Applied Social Sciences Index and Abstracts [ASSIA], Cochrane Reviews Library, and CENTRAL), from the time of inception of the various databases to March 2012.	Effective in continuously improving the knowledge and coping of family members. less successful in changing family members' psychological distress, burden, or emotional expression. Common components among the interventions included coverage of common coping strategies and problem-solving strategies to enhance communication or coping. The group format was highly valued for sharing experiences with other caregivers, skillful facilitation by professionals, and developmentof knowledge and skills, especially by family caregivers.

TABLE 2. Continued 2

Author/year	Aim	Study design	Intervention	Key findings
Rotondi AJ (2010)	Examined the use of a uniquely designed Web site and home computers to deliver online multifamily psychoeducational therapy to persons with schizophrenia	Experimental	Thirty-one persons with schizophrenia or schizoaffective disorder and 24 support persons were randomly assigned to the online intervention (telehealth) or treatment as usual (usual care) condition	Improve consumer well-being
Ali, L. (2014)	Compare the impact of two interventions, a web-based support and a folder support, for young persons who care for people who suffer from mental illness	Randomized control trial	Internet Base Group received the information through a special website. The folder group received a folder of information in writing	In the group folder, stress has been reduced and the care situation self-efficacy, well-being, and quality of life has improved. general self-efficacy, well-being, and quality of life. The web group showed an increase in well-being.
Lobban F (2020)	Determine the clinical effectiveness and cost-effectiveness of an online supported self-management tool for relatives	Randomized controlled trial	Relatives' Education and Coping Toolkit (REACT) was used. comprised 12 psychoeducation modules, peer support through a group forum, confidential messaging and a comprehensive resource directory of national support	Acceptable to relatives and, compared with face-to-face programmes, offers inexpensive, safe delivery
Acri M (2017)	Review articles on family Peer Models in Mental Health for Caregivers and Families	Comprehensive review	Review of peer-delivered services for families of children and adults with mental health problems. Randomized studies of interventions published between 1990-2014 were included	Peer models in adult and child mental health systems are generating increased interest as workforce shortages become more apparent and health care changes necessitate cost savings and improved access to services.
Zhou, D. R (2020)	Compare the outcomes of a skill-based empowerment psychoeducational group and an inner-resource enhancing empowerment narrative therapy group for family caregivers of people with schizophrenia.	Randomized controlled trial	Eight sessions of the two groups (a narrative-based group, or a psychoeducational group)	Both the psychoeducational group and the narrative group showed significant improvements in family relationships, caregiving burden, and coping skills
Behrouian, M (2020)	Investigate the effect of emotional regulation training on stress, anxiety, and depression in caregivers of patients with schizophrenia	Randomized controlled trial	The intervention group was trained about emotion regulation during eight 90-min sessions	Stress, anxiety and depression scores significantly reduced in the intervention group
Budiono W (2021)	Compare standard Indonesian mental healthcare for schizophrenia with psychoeducation-enriched care for family members	Randomized controlled trial	The intervention consisted of an educational video about schizophrenia, with six educational videos presented to family members every two weeks to watch at home. Topics include introduction, stigma, treatment, expression of feelings, challenges of family and caregivers, emotional state of patients	There was a positive effect on drug adherence and low emotional expression in the test group

TABLE 3. Challenges and strategies for promoting social mental health of family caregivers of the patients with chronic mental disease

Sub category	Category
Information Deficit	Psychosocial challenges of caregivers
Need to support	
Community participation deficit	
Psychological suffering	
Empowerments programs	Strategies to promote psychosocial health of caregivers
Peer-centered support programs	

the families. A need to get informed about correct medication,[14,17] side effects of drugs and how to deal with them,[17,18,20] emergency drugs and sedatives[14] and the need to adhere to medication regimens and follow-up treatments[23] are among the challenges which should be managed by the families of these patients.

Based on the results of some of these studies, when discharging mental health patients from medical centers to the families of these patients, there is a need to have some information about post-discharge care and how to prevent re-hospitalization,[23] complications and risks of not adhering to the treatment process, rehabilitation of the patients,[15] management of emergency situations such as suicide, aggression and anger of the patient and how to encourage their patients to cooperate in the treatment process.[23]

2. Need to support

The lack of government support and healthcare support are among other problems the family caregivers of the patients with CMD encounter. Given the chronicity of the disease and the lifelong use of drugs, the families of these patients expected to be financially supported by the government to buy their drugs or the drugs should be provided to them for free.[1,15,20,25,28] Further expansion of health insurance coverage,[21,26] establishment and increase of rehabilitation centers and institutional care institutions,[28,29] low-cost hospitalization and rehabilitation,[14,30] provision of more resources to specialized psychiatric institutions and providing these patients with good jobs and financial support[24] are among the problems that these families expect to be solved by the government.

Moreover, support of the mental healthcare team to pay more attention to the educational needs of caregivers,[15,21,31] improvement of communication skills in mental health professionals,[24] and increased participation of caregivers in care-related decision-makings[15,18,24] are other needs of family caregivers that should be considered.

Additionally, the increased workload imposed by numerous care roles, as well as the lack of understanding that the care duty are heavy burdens on the shoulders of the family while they may be receiving no assistance or support from relatives and acquaintances,[16,21,31] being left alone in medical expenses or financial crises imposed on the family because of the unemployment of the caregiver or the patient,[15,31] and the lack of coordination and agreement of the family on care-related issues[7] suggest that families should be supported to promote the psychological and social health of caregivers.

3. Community participation deficit

Having a patient can greatly impact the social relationships of family caregivers. Distance from family members, friends and acquaintances,[15,27,32,33] educational and occupational problems among family members,[20,34] disruption of leisure and recreation,[21] imbalance between one's job and patient care, social stigma,[16,17,31,35] negative attitudes, discrimination and prejudice,[15] isolation of both caregivers and patients[23,24,36] and conflict over disease disclosure[37] are among the social challenges for these caregivers. As such, there is a need to improve communication with relatives, community members and the treatment team.[22-24]

4. Psychological suffering

Family caregivers of patients with CMD suffer from many emotional and social problems from the time of encountering the illness. Psychological and emotional burdens of care,[21,33,37] feelings of helplessness,[1,24,36] feelings of shame and embarrassment,[21,24,36,38] anger, fear, depression and anxiety,[1,21,23,24,39] boring and monotonous lives,[21,32] lack of peace and security,[21] concern about the future of the caregivers themselves,[15,21] feelings of distress and sadness,[18,23,24,31,33] frustration caused by the chronic course of the disease,[7] a sense of guilt, self-blame or blame of the patient,[16,23,24,33,36] concern about the patient's future,[15,23,26,31] decreased quality of life,[36] feelings of losing one's identity,[40] concern about patients' tendency to have violent behaviors,[21,31] hiding the disease,[36] feelings of inadequacy and victimization, emotional burnout,[40] low self-esteem,[36] care-caused fatigue and stress,[33] involvement in different roles and change of roles[1,40] are among the psychological challenges that families face.

STRATEGIES TO PROMOTE PSYCHOSOCIAL HEALTH OF CAREGIVERS

1. Empowerment program

Psychosocial empowerment programs are known as health promotion methods for family caregivers of patients with CMD. These programs can improve caregivers' knowledge of the disease nature, illness management and treatment methods, and develop the skills, known as "life skills", in family caregivers.

Conducting a psychosocial program based on information and emotional support, Hajisadeghian et al. argued that the implementation of this kind of program could reduce perceived stress in family caregivers of patients with CMD.[41] In the study of Abedi et al., the implementation of planned behavior problem-solving improved the adaptation style in family caregivers of these patients.[42,79] Gerkensmeyer et al. also indicated that problem-solving intervention improved depression, burden, and personal control in the family caregivers of patients with CMD.[43,80] The program based on the education of communication skills and reduction of violence in the families of patients with schizophrenia has been able to significantly decrease the expressed emotions and improve family empowerment and hope in families.[44] Implementation of programs based on the provision of information to caregivers can improve the relationship between the caregiver and the patient and help reduce the expressed emotions.[45]

In review of the studies, psycho-educational programs were used as the most important methods for improving the level of the caregivers' knowledge and skills. Researchers have asserted that these programs can be effective in reducing individual dimensions of stigma, burden of care,[46] and also in promoting family tolerance, caregivers quality of life,[47] caregivers' emotional regulation and improvement of psychological symptoms.[48]

One of the methods that can increase the knowledge and life skills of caregivers is virtual psycho-educational programs. These programs can be implemented through web-based applications and sites and can be as effective as routine care (face-to-face).[49] Today, with the availability of smart phones and the spread of Covid-19, virtual programs have become more popular as they can save more time and money for both families and therapists.[50]

2. Peer support programs

Peer support programs also improve psychosocial health in family caregivers of patients with CMD. Peer support services are new interventions that have recently been adopted in mental health systems worldwide. A peer is defined as an equal, someone with whom they share demographic or social similarities and are able receive support, empathy, encouragement, and help from each other. People with shared experiences can offer support and help to each other in a mutual relationship. Peer support in mental health can be defined as "help and support that people with experience of caring for a mental illness or disability have learned and can pass on these experiences to others". These people are transformed from receiving services to providing support.[51] Membership in such groups should be used as one of the main strategies for caregivers to adapt to the burden of caring for a patient with CMD.[29]

DISCUSSION

This narrative review was conducted to identify the psychosocial challenges of the caregivers of patients with CMD and examine the evidence found in addressing these challenges. Lack of information about the nature of the disease, treatment, and methods of management and rehabilitation of the patients is one of the most important challenges for the families of these patients.[52] In fact, because of inadequate information about CMD, family members feel powerless. They, accordingly, fail to provide the patient with appropriate support[1] and, as they are unsure about future events, they are confused and overwhelmed by negative emotions.[18,24] According to Sharif et al. [2020], inadequate training of the caregivers in managing the signs and symptoms of the disease and their lack of knowledge of care have been mentioned as major challenges of caregivers.[37,54]

Based on another finding of this research, families of these patients need to be supported by healthcare centers and government. According to some caregivers, specialists lack empathy, do not listen to them properly, blame and criticize them, and neglect them. Caregivers tended to have a closer relationship with physicians and the treatment team, and these relationships were mentioned as the most stressful factors of their care experience.[24] As Sharif et al. [2020] suggested, the mental healthcare system is professionally responsible to provide comprehensive care to family caregivers in the form of counseling, supportive care, promotion of self-care activities, education of effective coping strategies, and health education as well. Support services provided by the care team can prevent physical, mental and social burnout of caregivers, thereby increasing society's mental health awareness.[37,54] Accordingly, having an optimal relationship with mental health professionals is one of the biggest challenges for caregivers. In Ebrahimi's study [2018], there was no sufficiently adequate relationship between mental health professionals and families, causing loneliness in caregivers.[45,52] The continued communication of mental health professionals with family caregivers provides caregivers with more feelings of security and improves their psychosocial health.[23]

Additionally, society-based interventions, government support and rehabilitation for patients with CMD can, as an investment, improve the mental health of caregivers.[9] In their study, Chen et al. (2019) offered suggestions regarding government policy support for the caregivers of patients with CMD, including further expansion of health insurance coverage for mental illnesses, entrepreneurship and financial support for these patients, free medication, hospitalization and low-cost rehabilitation means, and provision of more government resources to specialized psychiatric institutions.[15,21]

The presence of disruption of the social participation of caregivers was another finding of this study. The most important reason for this challenge is the social stigma toward mental illnesses. Fernandes et al. (2021) believe that social stigma is a barrier to the resilience of the family of these patients, and it seems that the occurrence and impact of these stereotypes cannot be prevented.[16,22] In order to deal with stigma in society, families often choose isolation and withdraw themselves from society. They believe that they can prevent the disease from being revealed by hiding the disease of the family member and delaying the patient's treatment. The inappropriate reaction of society has negatively affected the social interactions of these people and has excluded and isolated the family from society, causing ultimately an adverse effect on the mental health of the family. All families are worried that relatives and acquaintances will find out about this disease. The labeling of these diseases and the fear of social scandal make them act more cautious in their communication and thus suffer a lot of mental pressure and stress.[37]

Among the other problems of caregivers revealed in many studies was the experience of psychological problems by caregivers. Family caregivers experience different types of care-related burdens which can disrupt their psychosocial integration. Psychological burden is the most severe challenge experienced by the family caregivers of the patients with CMD. They experience shock, sadness, depression, fatigue, helplessness, and inability to understand the situation.[37]

However, support is being provided to address these psychosocial problems experienced by these caregivers. Psychosocial empowerment programs can significantly improve or enhance the caregivers' knowledge and skills so that they can manage the care situation and provide appropriate care to patients. These intervention programs usually include emotional release, participation in group work programs, cognitive therapies, training, and counseling. These programs can also improve caregivers' problem-solving skills and quality of life, causing positive results such as relieving care-related stress and increasing the relaxation of the caregivers of the patients with CMD.[41] In several studies, the caregivers are empowered through the implementation of psycho-educational interventions. Family psycho-education assumes that the family members of a patient with CMD need information, help and support in order to take care of the patient in the best way and cope with or adapt to the related challenges. This model combines elements of cognitive therapy, information, behavior, problem solving, communication, and counseling, thereby reducing anger, confusion, and emotional distress for the patient's family.[53] Kumar et al. referred to two categories of treatment-related information and the nature of the disease, and believed that psycho-educational programs can maintain adherence to treatment and lead to better results.[20,30] According to Sin and Norman [2013], although psycho-education is consistently effective in improving knowledge and methods of coping, it has a lesser effect on changing psychological illnesses, care burdens, and expressed excitement. Common components of a psycho-educational program should include adaptation and problem-solving strategies to enhance communication skills and improve adaptation. As an evidence-based treatment method, psycho-education provides information about illness and situation management. The benefits of this method for family members include increased knowledge, which usually promotes adaptation, self-efficacy, and social support in caregivers.[54,82] Al-Sawafi [2020] concluded that although psycho-educational interventions lead to positive results for the families of the mental patients, it should be consistent with the cultural models of each country.[55,83]

Peer support programs include support or services provided to people with mental health problems by other people who have experienced mental health problems themselves. Peer support, as a method of promoting recovery for family caregivers of patients with CMD, improves self-efficacy and hope through sharing experiential knowledge and coping strategies used.[56] Additionally, as evidence-based intervention, it has been recommended by national and international clinical guidelines.[55]

The implementation of Family-to-Family Support Programs by Bademli and Duman had a positive effect on coping strategies and mental health status of the caregivers of patients with schizophrenia.[57] Studies have revealed the benefits of mutual support groups in maintaining the psychological and social well-being of the family caregivers of patients with CMD. According to studies, the implementation of this program can effectively reduce the burden of care and increase family performance,[58,59] making the family provide effective care for the patients with CMD.[60] The use of this program in 12-month, 24-month[61] and 4-year follow-ups increased family performance and led to more social support for families. As such, using this program is considered to be an effective psychosocial intervention for reducing the psychosocial problems of these caregivers.[62]

In the quantitative review of the literature, a good number of studies have been conducted in the field of family caregivers of the patients with chronic mental illnesses. There was an sufficient number of articles investigating the problems and needs of caregivers of the patients with CMD. There was also an attempt in interventional studies to empower families by teaching some skills often in the form of group psychological training to them. Although the programs implemented for the caregivers of the patients with CMD were able to improve some aspects of their health, the authors of this study did not come across a comprehensive program with appropriate strategies and responses to all problems and psychosocial needs of these caregivers.

The results of this study can be utilized in clinical, educational and management departments. Gaining a deeper insight into the needs and psychosocial problems and using methods to improve the psychosocial health of family caregivers of patients with chronic mental illnesses, mental health professionals can try to establish empathetic communication with these caregivers, solve their problems and address their questions and uncertainties. Holding programs such as workshops and training classes for students and members of the mental health care team can be beneficial. Moreover, given the lack of an appropriate infrastructure for the implementation of family-oriented services for this group of caregivers, the results of this study testify to the need for transforming the patient-oriented services to comprehensive patient- and family-oriented ones. Therefore, the managers and policymakers of this field should take into consideration the required manpower and employ experts to implement these kinds of evidence-based programs.

This study has several limitations. First, as this study was a narrative review, it could not meet the inclusion and exclusion criteria of articles like a systematic review of studies or meta-analysis. As such, it was impossible to review all the articles in this study. Second, this study reviewed the articles published only in English or Farsi and, thus, we lost the opportunity of reviewing other related studies published in other languages. Third, because Isfahan University of Medical Sciences does not support access to some publications, we did not have access to the full text of all articles.

Generally, based on the results of this review, it was found that psychosocial problems of the family caregivers of patients with chronic mental disorders, including inadequate information, need for support, social problems and mental health, can affect their health, satisfaction, and quality of life. Empowerment of caregivers and peer support can be good strategies for improving the health of these caregivers. Moreover, despite emphasis on the significance of psychosocial health, there are still many challenges in this regard. For instance, as there are no standard and comprehensive guidelines and programs for psychosocial care, this care is not implemented as part of the treatment process. Therefore, in order to remove barriers and psychosocial challenges, a need is felt for developing a comprehensive program including practical objectives and strategies by taking into account the challenges that exist for caregivers in the process of caring for patients with CMD. There should be collaboration between health service providers and government systems in order to resolve the psychosocial challenges of these caregivers.

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CONFLICT OF INTEREST STATEMENT

None declared.

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