Travails of Mentally Challenged Relatives Coping with Care in Thulamela Municipality

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Abstract: *Background*: Forensic psychiatric hospital usually deal with the problem of rejection of mentally ill patient by their families. Families report finding the burden of caring for their mentally Ill relatives who are also capable of committing crimes such as rape, murder and arson unbearable. They have to account for their crimes in the communities and often experience stigma. The family feels judged by both the society and health care professionals when they are unable to cope with the caregiving role. A lot of research on mental illness emphasises more on experiences of mental health care users and the caregiver of these mentally ill family members.

Aim: The study seeks to narrate the toils of mentally ill relatives caring for the sick.

Setting: The study was conducted in 2018 with caregivers of mentally ill patients in Thulamela municipality within the Vhembe district in Limpopo province.

Method: The study was qualitative in nature and an explorative and descriptive study design was used. Five families with relatives being rehabilitated at Hayani psychiatric hospital were chosen using convenience sampling. A focus group was used to collect data from the five families. Data was analysed thematically following the six stages of thematic data analysis.

Results: The study found that caregivers experience emotional, physical, financial, and social strains from caring for their mentally ill relative. They attempt to cope by seeking spiritual guidance and family support.

Conclusion: The forensic mental health system should device special programs that focus on coordinating, capacitating health practitioners and monitoring family care givers support services. Future study that focuses on assessing why health care practitioners are not willing to offer support services to our family care givers should be conducted.

Keywords: Challenges, caregivers, health care practitioners, reintegration, care recipient.

What is known on this topic? A study aimed at understanding the experience of caregivers for people living with a mental condition revealed that taking care of a relative who has a mental illness can place substantial strain not only on the primary caregiver but also on friends and other members of the family (Mokgothu *et al*., 2015). The family members are adversely affected by the burden they experience. It was accentuated that early identification of these stressors on caregivers is essential and care. Through counselling, a caregiver can be equipped with practical problem-solving skills that will allow the caregivers to tackle future problems they might experience during the caregiving process (Iseselo *et al*., 2016).

WHAT DOES THIS STUDY ADD?

The study builds on knowledge on the experiences of caregivers of mentally ill challenges.

INTRODUCTION

The South African College of Applied Psychology (2018) alludes that one in six South Africans suffers from anxiety, depression, and substance-induced psychosis. It was stated that 40% are HIV positive with comorbid mental disorders while the other 60% are people suffering from post-traumatic stress and severe mental disorder such as schizophrenia. The study reveals that only 27% of people living with mental illness are on treatment and complying. Millions of people in South Africa live with mental illness. Limpopo Province is one of the four provinces with the most significant number of people living with mental illness, followed by North West, Free State, and the Western Cape (WHO, 2017).

Mojtabai, Stuart, Hwang, Eaton, Sampson & Kessler (2017) mention that mental illness is demanding for patients and family members. In South Africa, the family is placed at the centre of mental health care because of a limited supply of suitable facilities to care for the mentally ill. In the Thulamela municipality, in Vhembe district, Limpopo province, there is only one mental institution, one Psychiatrist, and three general hospitals with minimal acute mental health care units. The result is that mentally ill relatives are prematurely discharged back to their homes because of limited accommodation and a high inflow of sick or psychotic patients. Most families do not receive

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psychoeducation on how to handle the illnesses of their loved ones when they have relapsed.

The Rationale of the Study

The frequency, impact, and consequences of mental health are well-known and documented. However, what is less known and appreciated is the remarkable but often unseen role that family members play within the mental health of their relatives and the impact of mental illness on families (Ambikile & Outwater, 2012). Walke, Chandrasekaran, & Mayya (2018) articulates that the perspective and notion of family support and essential resources and services for families are developing more slowly for mental health care than for other disabilities. Families feel neglected and overwhelmed, and there comes the point where they build burnout and are forced to institutionalize their loved ones in mental institutions to escape their ordeal.

Conducting this study will brings awareness to different stakeholders, particularly the Department of Health and the Department of social development to collaborate and develop a monitoring and evaluation program focused on support services for caregivers of people living with mental illness. The study aimed to investigate the strategies adopted by families to cope better with challenges they face in caring for the mentally ill relatives in Thulamela municipality.

Main Research Questions

What are the impacts of caring for the mentally ill patient?

Which adopted coping strategies do family caregivers use to cope with the challenges they face when taking care of their mentally ill relatives?

METHODOLOGY

Study Method

The study was qualitative in nature in order to obtain more in-depth information about the caregivers' challenges using explorative and descriptive design.

Study Setting

The study was conducted in South Africa, Limpopo province within the Thulamela municipality. The study was conducted with five families of patients institutionalized at Hayani psychiatric hospital. All the family members live in the Vhembe district where the hospital is also found.

RECRUITMENT AND SAMPLING

The sample was selected using the non-probability sampling technique, in particular convenience sampling. In convenience sampling subjects are selected because of their convenient accessibility and proximity (Jager *et al*., 2017).

Hospital

The researchers conducted the study at Hayani hospital since it is the only forensic hospital in Limpopo. The hospital has a maximum security facility which houses patients who have committed serious crimes such as arson, rape and murder, who have been reported to be rejected by their families.

Participants

The researchers obtained permission from the hospital's chief executive officer in order gain access, this enabled the researcher to become able to access the hospital record. A sample of ten patients with record of having committed a series of serious crimes and who has also had problems with family rejection were obtained from the register of social workers based at the hospital. With the help of the social workers the researcher was able to contact the families telephonically in order to request for permission to engage them in the research study, out of the ten sample only five agreed. The criteria of inclusion to form part of the study, the participants had to be family members (either siblings, parents, spouses, aunts and children, ages 13 to 60) who are involved in the care of mentally ill relatives diagnosed with severe mental disorders who has once committed a criminal offense.

DATA COLLECTION

Data Collection Instrument

An interview schedule was used as an instrument to collect in-depth information from main care givers; focus group discussions with three participants from each of the five families were conducted. The researcher used a voice recorder to record all the sessions.

Data Analysis

Data extracted from the participants was analysed thematically following the six stages of thematic data analysis. This method enabled the researcher to examine the data and common themes, i.e., topics, ideas and patterns of meanings were identified.

Table 1: Profile of the Patients Living with Mental Illness whose Family Members were Chosen for the Study

Relative to participant no#	Age and gender	Fit or not fit for a leave of absence (LOA)	Diagnosis	Reason for admission
1	33 years male	Fit for LOA	Schizophrenia	Attempted murder
2	36 years male	Fit for LOA	Schizophrenia	Assault with intent to cause severe bodily harm.
3	26 years Male	Fit for LOA	Substance induced psychosis	Murder
4	44 years Male	Fit for LOA	Schizophrenia	Murder
5	25 years Male	Fit for LOA	Substance induced psychosis	Assault with intent to cause bodily harm

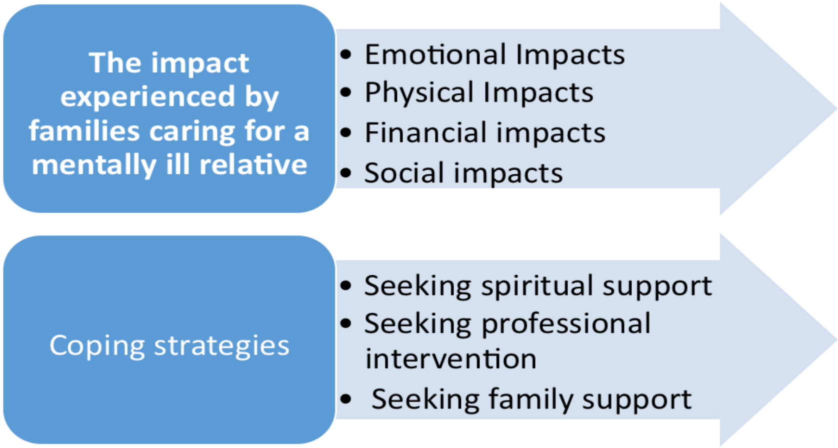
ETHICAL CONSIDERATION

The University of Venda ethics committee issued an ethical clearance certificate number: SHSS/18/AS/08/0307 for the study to commence. Permission from the management of Hayani hospital was requested, and it was granted for the researcher to assess the patient's files to obtain the contacts details of the family members. All participants were provided with a consent form stipulating clearly what the study was about and their rights. Before focus group interviews, the chiefs of different villages were asked permission as gatekeepers of the villages.

The above table lists patients who were sampled to be the centre for the study, and their family members were engaged in focus group discussions after getting permission to engage with the families. The purpose was to explore the impacts of mental illness on family members and the coping strategies from the toils of caring for mentally ill patients. Patients ranged from 25 years to 44 years which is around young adult to adulthood. Both patients were male and were found fit for leave of absence. They were admitted at Hayani hospital for the mentally disabled people after a referral from police when with cases ranging from assault with intent to cause bodily harm to murder. Below is the table of results from the study based on two themes: the impacts of caring for mentally ill patients and the coping strategies.

Physical Impact

The following research findings indicate that caring for a relative who has a mental illness can impact every family member emotionally, physically, financially, and socially. Most participants noted that it did not take them too long to realize that taking care of someone who has a mental illness was very stressful to the entire family. Respondents indicated that they experienced constant stress, primarily due to their loved one's disruptive behavior. Participants say they were always alert as they did not know what triggered the patient's aggressive behaviors. Participants



The impact experienced by families caring for a mentally ill relative.

indicated that they would have sicknesses as they experience problems like headaches and heart conditions. They also showed that they would easily be irritated by simple things, and thus, they lost a lot of friends.

The statement is supported by Gérain and Zech (2018) who mention that the first stage of caregiving burnout is known as stress. The main objective of every caregiver is to bring about change in the lives of the care recipient. When the caregivers start to realize that there is little or no progress occurring in the quality of life of the care recipient, they are likely to feel frustrated and overwhelmed. The frustration quickly leads to stress arousal. These feelings rapidly build up when the caregiver does not receive any kind of formal or informal support. The overwhelming amount of stress can also induce all sorts of physical symptoms, such as frequent headaches, bodily pain, trouble concentrating, heart palpitations, insomnia, high blood pressure, and get easily irritated or angered (Maslach and Leiter, 2016).

As indicated in the literature, when caregivers notice no or slight improvement in the care recipients, they become angered and frustrated. Caregivers indicate that psychotic behavior is the main factor that triggers the feeling of stress. They feel that no matter how much they try to give the best care to the person with a mental health condition, they always act irrationally. The stress makes them experience physiological symptoms such as headaches, insomnia, and heart problems. As the care recipients continued showing no improvement in their mental health, the participants indicated that they grew more and more depressed by the day. They started realizing that they had put their lives on hold to perform a task that never yielded any fruits. They indicated that they felt exhausted and incapable of taking care of anyone; meanwhile, they also needed to be rescued from the stressful situation.

Impact of Mental Illness on Parents

Parental Role Change Shift

All parents indicated that when their children's mental illness started, they were already independent and could take care of themselves. Some stated that they were living on their own, but they saw a drastic change in their behaviors as soon as the mental illness started. Some indicated that they began to not bathing and not eat. They also noticed that they always roamed around aimlessly, collecting waste and storing it at home. They indicated that they had no choice but to resume supervising them as though they were supervising young depended children by forcing them to bathe, eat, and take them for treatment. All parents also reported that they also had to support them financially. Those unemployed parents and those who only depended on social grants indicated that they were very strained. They also had to wash their children's dirty clothes as they could not afford to get someone to do all these chores for them. Hereunder are some of the responses about the impact of mental illness on parents.

Participant no 1

> *My son had a career, and he stayed at his stand, but when he was psychotic, he broke all the windows of his five-roomed house, which needed many repairs. The family decided that he stayed with me as his mother. He was in no condition to take care of himself. I had to make sure that I cooked for him, gave him his medication, and forced him to bathe because his grooming was very poor. I felt as though I was taking care of a little child.*

Participant no 2

> *My son was very independent, and he loved good things in life way before the illness started, but as soon as the disease began, all this went through the drain. It appears he did not have a purpose in life, and he roamed around the streets dirty. I was touched as a parent because no parent wants to see their child deteriorate like that without doing anything about it. I forced him to move in with me, and I at least forced him to eat and wash. I also washed his clothes, and when I successfully forced him to bathe, I would take his dirty clothes and replace them with cleans, but this would always cause a fight between us.*

Participant no 5

> *My son was a teenager when the illness started, though he was still living with me, he could take care of himself without full supervision. When the disease started, he moved from being an independent young adult to a baby. I felt as though I was taking care of a child; he did not want a bath, he didn't wash his clothes, and he*

> *would go for days without eating. I had to force him all the time to do all these things.*
>
> *Most parents in their old age indicated that the process was very stressful and they would sometimes be physically and emotionally violated in the process. They noted that they would fight in convincing them to go for their checkup but as soon as they come back from the clinic or hospital, they would discard the pills.*

Participant no 1

> *At my age, I found myself forcing him to go to his monthly review at the clinic. We constantly fought because he always claimed that he was not mentally ill, and he would sometimes become verbally and physically aggressive. I would sometimes succeed in forcing him to go to the clinic, but he would come back with the pills and flush them down the toilet. He never complied with his treatment, and this always made me feel defeated because this means that all my efforts of me help him would all be in vain; he would always remain psychotic and would also make a life for other family members and me difficult.*

Participant no 5

> *I used to remind him of the appointments dates, and he would go alone, but after two to three months, I got a message that he was not coming to the clinic. So I made it a point that I go with him at every appointment. This way was always a burden because this meant that everything had to stop that day.*

Mental illness has the potential of robbing one's independence, and the person might require more help from those nearby. The parents are the ones who are likely to take on such responsibilities, and they often find themselves having to take on the structured parental role on a full-time basis again (Copeland and Heilemann, 2008). Parents have to make sure that their mentally ill children are well taken care of, their finances are on point, and they are eating well and are taking their daily treatment. Parents usually find these responsibilities frustrating and tiring on their side. Factors such as the caregivers' age and the sick child's age can strain the caregiving relationship. Parents in their old age may find it physically challenging to deal with a mentally ill person. In contrast, the mentally ill children who were once independent and self-reliant might show aggression when the parents have to step in to help them with things they used to do on their own. (Ingersoll-Dayton, *et al*., 2011).

The literature consulted indicated that the parental role is more structured when the children are young; however, when the adult children are faced with a chronic condition, the parents are forced to resume the structured parental role. The research findings also attested when the parents had to let their mentally ill children move back to their house. They had to do simple tasks such as cooking for them, encouraging them to eat and bath, washing their clothes, and making them take their medication. However, the research findings also highlight that many challenges accompany these roles because of the nature of the illness (emotional and verbal aggression). The parents fatigue was the main problem they experienced; they indicated that they were used to living a layback life without a lot of stressors. The parents have to stretch their insufficient funds to cover their children, who were once financially independent. The financial problem also adds to the pile of the issues they are faced with, as parents or caregivers invest most of their time trying to help their children get back on their feet.

Financial Problems

The employed participants indicated that they had problems at work when their loved ones were psychotic; they stated they had to disclose what they were going through at home, hoping for kindness and compassion. They were advised to apply for a leave, but the problem occurred when the leave days got exhausted while the situation at home still demanded them to be available. The employer wanted them to come back, and some even indicated that they were even getting ultimatums of losing their jobs if they were not back by the stipulated dates. Participants who depended on odd jobs to survive stated that they found themselves not able to go out and look for jobs because they had to stay home and look after their sick loved ones. They indicated that things became so bad that they felt no longer food to feed the family.

Participants indicated that they found themselves having to use up all of their life savings to get their loved ones better services. Those who have insufficient funds also went to loan sharks to bury themselves in more debts. Some participants indicated that they also went to close relatives to request assistance, and when they were unable to repay them, it led to conflict between them, which still exists today.

Participant no 2

> *I am a pensioner, and when my son got ill, I had a little money that I had set aside to improve my house. I had to use all my savings on him; we went to several doctors, including Psychologists trying to understand what was going on with him. The situation was very stressful, the money got exhausted, and I also had to tap on my other children's savings when the money was not adding up. My other children complained all the time, and it also caused them to resent him.*

Participant no 3

> *It was challenging for me, and I had to skip work for several weeks because I had to attend the court sessions as I was the main witness. My* supervisor *was also putting extra pressure on me, threatening to get paid for the days I was absent from work. I was so surprised that my colleagues did not understand the predicament I was facing. I was so traumatized because I had to plan my son's funeral apart from being questioned by the police and being cross-examined at the court. I spent a lot of money, and I was also forced to take a loan from the bank as the money was not enough.*

Participant no 5

> *I remember using all my savings, and I was forced to go to "vho matshonise" (illegal loan sharks) to take my son to traditional healers to get more information on what was happening to him. It was a terrible time because I was only relying on the child support grant of my last born. I couldn't even go out and look for peace jobs as I had to give full attention to my sick child. There were days when we would go without eating correctly; there was no money, and no one in my family was willing to assist us.*

Impact of Mental Illness on Siblings

The Sudden Shift of Attention and Social Dynamics

Siblings indicated that taking care of their mentally ill siblings has had negative consequences on the quality of their life and mental health. They noted that they often find themselves experiencing the feeling of confusion, not knowing how they could help their mentally ill sibling. They indicated that they lost hope of their sibling ever getting better several times because nothing they were doing seemed to be helping. Some suggested that they often felt sad and angry that they had been robbed of everyday life. Some siblings indicated that they watched as the entire attention was being directed to just the mentally ill relatives by their overwhelmed parents, which made them feel left out. Older siblings complained of having to take on more responsibility when it came to taking care of their mentally ill siblings and taking care of their younger siblings when their parents were too stressed to take care of them. All participants indicated that their social lives were disrupted as they had to spend most of their time on the mentally ill sibling.

Participant no 4

> *When we were growing up, my mom used to tell us that we needed to take care of our brother as he had no one else than his family to care for him. We made sure that our mother saw that we were taking care of him as she told us. We sometimes grumble behind our mother's back, saying things like we are tired of taking care of our brother as a baby, cooking for him, washing his clothes, etc. However, after her tragic passing, we realized that the lessons she was teaching us would help us deal better with future tribulations. After my brother assaulted our mother to death, I was forced to grow up fast and take care of my siblings. It was excruciating having to take on the parental role of my siblings. Nevertheless, I feel having to take care of my brother, who was mentally ill-trained me to be the strong person I am today.*

Participant no 7

> *I became a mother to my youngest brother as my mother was too stressed to function. My mother would always go out to look for assistance from different churches and prophets. She was too*

> *stressed; I would be afraid that she would also develop mental illness. So, someone had to see that the household was running, and unfortunately, I was that person. I had to make sure that there was food at the table for everyone to eat, and I had to make sure that the house was clean. I was forced to stop going to school because there was a lot for me to do. I started looking for an odd job so that I would be able to support my mother. I am now a 22 years unemployed adult with two children. To tell you the truth, I blame my brother for what my life turned out to be.*

Some participants indicated that they felt that they were expected by their families to take more responsibility for caring for their mentally ill siblings because of their position of being the eldest child in the family. They indicated that their younger siblings did not have to bear the same burden as they did. It was also highlighted that the relationship that existed before and after the sibling got ill also determined the willingness of the sibling to care for the mentally ill sibling. Siblings who had a poor relationship with the sick relative chose to escape the stressful situation by either moving out of the household or getting married prematurely by female siblings. It was clear that siblings react differently to the siblings living with mental illness.

<u>Participant no 4</u>

> *I am the eldest, and I was forced to take over the responsibility when our mother passed away. I had to be strong for both my mentally ill brother as well as my younger siblings. It wasn't straightforward at first, but I found it more accessible as time went by. I was the one with whom my brother could get along even when our mother was still alive. When my mother passed on, it was left to be a child-headed household, and I headed it the best way I could. My younger siblings were left unable to cope and hopeless; I had to be vital for everyone.*

<u>Participant no 3</u>

> *I did not like my brother ever since we were very young, and he used to bully us a lot. So, when he eventually murdered my mother, the breadwinner at home, I felt my life coming to an end. I was unable to see how the future would turn out to be. I lost all possible hope, and only resentment grew more. My sister encouraged us to remain supportive of our brother, but the anger that I had towards him wouldn't let me. So, to escape it all, I got pregnant at a very young age, I got married and ended up dropping out of school.*

<u>Participant no 6</u>

> *I used to think of killing myself to escape the way life was like when living with my brother. He did not want to see our mother doing something nice for other children. He would accuse her of bewitching him. He would even go to the extent of hurting the person he thinks mom is caring more for. He made life very difficult. I hated being home, I hated him. I swear you could say he was possessed by a demon that does not want to see happiness.*

Social Impacts

Stigma Experienced by the Family

Most participants indicated that their children's mental illness has had an impact on how their relationship has turned out to be with the rest of the community members. They indicated that they saw little or no support whatsoever from the community members. They indicated that this was mainly because of their children's irrational behaviour. Participants indicated that their families were well respected before the mental illness, but, they feel judged and stigmatised against as they walk in the streets. They indicated that people no longer communicate with them as often as they used to.

<u>Participant no 2</u>

> *After my son attempted to kill a neighbour's child, my family went to apologise and they indicated at first that they do not hold any grudge against us. They indicated that they understand he committed the crime because of his unstable mental condition; we were the ones who encouraged them to open a case at the police station. And now to my surprise, the family no longer speaks with my family; they blame everyone as if we sent him to do the crime. This is so*

> *disheartening; we should pay for my son's crimes. I understand their pain, but why the rest of my family does must be crucified. My niece once told me that when she is out, people no longer call him by her name; they referred to her as 'mashaka a houla we toda u vhulaya nwana was vhathu' meaning; the relative of that guy who almost killed that poor child. I feel that our identity has been ripped away from us; we are now called 'mashaka a mupengo', the relative of the crazy guy.*

Participant no 3

> *People are so heartless; you wouldn't believe what people can do; after my son murdered his brother, I thought people would try to understand the predicament I was going through. They started coming up with many theories of how the death might have happened, one of the theories was that I loved one son more than the other, and that's why he felt threatened and killed his brother. I feel as though people are happy that this happened to me. As I move around my street, I feel people staring at me with judgemental eyes.*

Most participants indicated that some of the community members treat them as though the mental illness of their relatives is contagious. They noted that most people withdraw and distance themselves from them. They indicated that they noticed that they were not being involved in community activities, such as women Stokvel, clubs, and parties, and other deluxe activities. They indicated that people no longer take them seriously; they feel that nothing they say or do is taken seriously. They think that their community members do not understand the impact their loved one's mental illness has on them and do very little to ease their burden.

Participant no 5

> *People knew me for my good deeds; I supported each family who I felt needed my help, especially when faced with challenges such as funerals or if they needed an extra hand when hosting fun family activities. Everyone knew me for that; I was very active in women's gatherings, I was part of our women's Stokvel committee, and I was good at what I did. When my son started getting ill, the women from my Stokvel group became very concerned about what I was experiencing. We had a meeting, and the plan was about alleviating my "demanding" duties in the Stokvel; they indicated that they felt I should focus more on getting help for my mentally ill son. I felt supported and cared for. They even suggested prophets and priests they knew who could heal my son's mental illness. This, however, did not last long; I started seeing people pulling back from me, they no longer called me in simple Stokvel meetings, and they never updated me of anything. The Stokvel was a good way for me to save the little I earned from my children's support grant, but as I'm speaking now, no one wants me at their Stokvel's. I feel it hurts me; it makes me feel unwanted, side-lined and betrayed.*

Some participants indicated that community members started acting violent to the mentally ill relative as well as to the entire family. They also indicated that they would hear reports that their loved ones have committed a crime that they know well that they didn't. Their loved ones would be the first suspect in any crime that happens in their community. They also indicated incidences where angry community members would come to their homes shouting and cursing, wanting to beat their mentally ill relatives up, claiming they did something to their family or to their property.

Participant no 2

> *I was receiving many reports from community members; whenever there was someone robbed, my son was the first suspect. I used to hold my breath when I see someone entering my yard; I would always think that he or she might be coming to report that my son did something. I would also fear that the community might gang up on him and attack him.*

Participant no 5

> *False allegations were made that my son stole from homes and shops and he was*

> *beaten a lot by the community members. I used to tell him not to go out, but he never listened to me. It was every community member's wish to see my son arrested. People were getting away with their crimes because they knew that everything was being blamed on my son.*

Most siblings indicated that people stigmatize against people mental illness as well as their family. They indicated that community members treated them as if they are not human beings who just happened to go through such predicament without choice. They indicated that they couldn't even talk to their friend about the problem they are facing at home because they were afraid of being ridiculed about their relatives' mental illness. Some siblings indicated that they even grew resentful toward their mentally ill sibling for making them go through the stigmatization. Some participants also indicated that they even detached themselves from their loved siblings as a way of preventing being associated to them.

Participant no 1

> *My friends used to make fun of me and my family, this used to make me very sad because I did not ask to have a mentally ill relative. I was ashamed of him and resented him. I avoided being seen in public with him and it would pain me to hear people saying all kinds of awful things about him.*

Participant no 2

> *When my brother got ill I was still very young, I did not understand what was going on with him, what I noticed is that my mother was not around as much and household chores were being neglected. I still remember coming back from school very hungry and I did not find any food at home, which rarely occurred. That was the point I told taught myself how to cook. When my mom was not around I did all the possible chores. My friends also used to make fun of me saying nasty things, such as, 'mukomana want u a khada zwisusu' meaning your brother is mad. It became so bad that I preferred not going out with friends anymore because there was not a day where my family's situation was not made fun of. This made me resent my brother for the suffering I was going through.*

Families who are subjected to stigma often isolate themselves as a mechanism to protect themselves and their loved ones from the torture and brutality by their own community members. This problem consequently causes them to feel depressed and at a later stage, it also impacts on the quality of care they provide for their sick relatives. Stigma usually brings about a lot of feeling in those who are subjected; the families may feel betrayed, disappointed and let down by those who were once their community members. Caregivers feel alone with no one to talk to; because they do not know if they will receive support or they will be rejected or discriminated against. Family members might ultimately develop bitterness toward their mentally ill relatives, blaming themselves for not being empathetic enough and grow increasingly detached (Koschorke *et al*., 2017). Just as the consulted literature pointed out that stigma is the core problem that makes life difficult for caregivers and families of people living with mental illness, the research findings as well indicated the same point. Instead of the community members are supporting and working together with the families of people living with mental illness and turning mental illness into mental wellness, they continue to make these families find the load unbearable. As a result, the families have no one to assist them when they find life too tough to handle. As a result, the family members withdraw from the community social activity. In the end, they resent their mentally ill relative more and more for placing them in a horrendous position.

Coping Mechanisms

Iseselo *et al*. (2016) allude that coping refers to cognitive and behavioural efforts to master, reduce or tolerate the internal and external demands created by the stressful transaction. The research found that family support was one of the coping mechanisms used by people caring for mentally ill relatives, including spiritual support and resorting to professionals.

Most participants indicated that when they found out that their relatives had a mental illness, they felt sorry for them and vowed that they would do whatever possible to help them cope better with their condition. Some indicated that they took the caregiving responsibility out of guilt, they felt bad for having to enjoy a happy, normal life while their loved ones are staying alone and unable to care for themselves like they used to. Some participants indicated that they felt obliged to take on the care giving responsibility because they had no alternative, while some took the role because they did not want to be judged by their relatives and community members for not taking care of their mentally ill relative. All participants indicated that they found the responsibility very demanding, and they had to put their lives on hold to focus on their loved ones. Their social life became non-existent; some indicated that they even stopped looking for work, and those who were employed were sometimes unable to go to work. Parents stated that they were failing to juggle all their responsibilities, responsibilities which also needed their full attention, such as being a parent to the other children, taking care of the household, and even taking care of their health and hygiene. Younger family members also indicated that they were taking on a lot of responsibility that seemed to be too much for people their age. The younger caregivers indicated that they did not want to take on such responsibility, but they were forced to take care of the sick sibling. They felt that they were being robbed of their social life because of this.

It is human nature to provide help to those who are less fortunate. However, it is also important for one to know how and when to offer that help. The problem begins when one starts exceeding their limits, responding to the needs of others at the cost of their own needs. People feel obligated to assist out of guilt, authentic desire, and fear of hurting the person or seeking approval from others (Leggett *et al*., 2020). As time goes by, they learn that they risk becoming engulfed and potentially consumed by the family member's illness without constructing reasonable restrictions. It is essential to have some backup or assistance from professionals. People who take on this demanding role without any help are likely to become aggravated, short-tempered, and resentful (Schulz and Sherwood, 2008).

These research findings entirely support the literature on the idea that people learn to be more optimistic when taking on caregiving responsibility and therefore end up taking on more than their physical and mental health can endure. This is usually done out of guilt or to get approval from those in their proximity. They, before long, find it challenging to cope and soon develop burnout. The impact seems to be more on younger members of the family; they lose touch with their social lives and their school work.

Family Support

Most participants indicated that support from extended family members is the essential thing to have when dealing with a family member suffering from mental illness. They noted that it eased the burden they felt daily as it gave them a sense of belonging and security. The participants, however, indicated that with time family members, unfortunately, may have burned out. They noted that this is primarily because of the relative's disruptive behavior and the pressure they get from the community. Participant number 1 gave an example.

Participant no 1

> *At first, my brother-in-law was very supportive; he used to come all the time to speak to him, encouraging him to take his medication and go to his review dates. He started being troublesome at home and in the community. People started complaining to him since he was also the village chief. He and my other two sons made all efforts to make sure that people open cases of assault against him so that he goes to prison, saying that they had enough of him and didn't want to account for his behavior anymore. He got his wish; my son got arrested for assault and ended up being referred to a mental institution for treatment. He told me that if I take him back, he will no longer get involved in anything that has to do with my son. I feel that I have been given an ultimatum, he is my son, I still want to see him fulfill his life, I believe that he is now rehabilitated, and I would have loved it for him to be given a chance to prove himself, but at the same time I am afraid that he might relapse and I won't be able to control him since I am just an old lady.*

Manning and Gregoire (2009) state that the experience of having a sibling who is suffering from mental illness can have negative consequences on the other siblings. They are impacted mentally because of the constant exposure to overwhelming stress. The siblings are weighed down with confusion, anxiety, sadness, hopelessness, anger, and fear. The sibling's mental illness also impacts their social lives, and they may feel reluctant to go out and have fun with their friends while their loved ones are not well. They usually experience fear of being next in line to develop mental illness, just like their siblings. They also fear that their sibling might never get better, which means they will be stuck in a stressed-filled life for eternity (Dalui, Guha, De *et al*., 2014). Parents move all their attention to the sick relative, and the other siblings often feel left out and deserted. The parents sometimes get to the point of feeling crippled by their children's situation, and the sibling is forced to come in and help with some of the responsibilities within the family unit (Alui *et al*., 2014).

The research findings support the consulted literature on the fact that the mental illness of one sibling can hurt the quality of life of other siblings. The research findings highlighted that this negativity was brought mainly because the siblings experienced a sudden change in the life they were used to living. The similarity between the consulted literature and the research findings was also on the fact that their sibling's mental illness made their parents' attention towards them be redirected to their sibling. Just like on the consulted literature, the research findings attested to the fact that the mental illness of one sibling can make other siblings to lose out on their social lives as they should play their care giving role. Sibling rivalry is bound to occur among siblings, and at a later stage, the resentment might also be directed towards the parents for not protecting the other siblings from the circumstances.

Older siblings reported feeling obliged to help their parents with some of the major responsibilities that they are failing to carry out. They indicated that they had to take care of their siblings when their parents were unable to; they found themselves taking over the majority of the chores at home. They indicated that they would sometimes resent their sick siblings for causing their lives to be complicated. They also resented their parents for expecting too much from them, robbing them of their youthful energy. The older siblings also indicated constant anger towards their younger siblings as they did not bear the same burden. Some siblings said that their relationship with the sick sibling before they got ill determined their involvement in the caregiving role. Siblings who had poor relationships with sick relatives stated that they did not bother to put themselves in a stressful situation for someone who does not help them with anything in life. Some suggested that moving out of the household was the easiest way to escape the torture they were being subjected. Most siblings indicated that they only took this responsibility because they did not want to hurt their parent's feelings and worsen the stress they were already experiencing.

The literature has indicated that different factors determine how siblings may respond to their siblings who have been diagnosed with a mental illness. It has also been found that experiences are unique and differ depending on several factors, such as the relationship that existed between the siblings before the illness started, the birth order, and the insight of the sick relative on the demands and implications of their condition (Spuij, Prinzie, Dekovic *et al*., 2013). Some siblings may choose to become involved in supporting and caring for their brother or sister, while others may completely pull out and refuse to be involved in the caregiving role. Some siblings would want to maintain life as they knew it prior to the diagnosis by trying to normalize life at home, trying not to add to the burden their parents are faced with regardless of the factors mentioned above (relationship prior to the diagnosis, birth order and the sick sibling's insight) (Spuij, *et al*., 2013).

Taking part on the caregiving role for someone with mental illness requires one to learn effective coping skills. The entire family needs to be in sync and work together to care for their sick relative because if there are other family members who are not willing to carry the burden, this will have a great influence on how the other family members will respond to the sick relative (Manning and Gregoire., 2006). It has been found that younger family members are likely to quickly develop burnout when they do not get support from the family. The research findings attested to what the literature indicated on the fact that siblings of siblings living with mental illness are expected to assume responsibility depending on their place in the family's birth order. It was found that older siblings do not just have to take care of their mentally ill relatives, but they also should take care of and supervise their younger siblings as well. The research findings also added that the siblings feel that they take on this responsibility out of their parent's expectations and not out of their free.

Spiritual Support

The second strategy that respondents mentioned is spiritual support. Spiritual support can be beneficial, and it also plays a vital role in helping individuals and families faced with life's burdens. It helps the family to replace defeating and depressing emotions with hope and comfort (Gallant *et al*., 2010). Most participants indicated that when they first found out that their loved ones were acting absurdly, the first thing they did was take them to churches and faith healers to take out the evil spirits they thought were causing the behavior. Several participants indicated that they are still consulting their faith healers until today, believing that their loved ones will be set free from the spirits tormenting them. Participants indicated that keeping in touch with their faith healers keeps them sane. Those who go to church showed that their church members comforted them and assured them that they would someday receive their miracle.

Participant no 2

> *When my son started acting psychotic, we took him to Zion Christian church, where he was prayed for, and he also stayed at Moria for a while three months.*

Participant no 5

> *When my son started acting strange, I saw it in his eyes that he was possessed by something, so I took him to several prophets to deliver my son from the evil spirits that had him. I still go occasionally to ask for prayer, and I will continue to go until something happens.*

Professional Help

The last strategy mentioned was seeking professional help. Nearly every participant indicated that the health care practitioner did little to prepare them on what they will come across as they will be carrying out the caregiving responsibility. Participants pointed out that they did an extremely poor job as caregivers since they did not receive any direction and guidance when they took over the responsibility. They indicated that they later realized that they took more than they bargained for and when they complained about the difficulties they were experiencing; they did not receive any help.

INTERPRETATION AND CONCLUSION

The impact of caring for the mentally ill patient and its strain is an unembellished thorn, and families as caregivers require all the support they can receive from professionals. Finding out that a sibling has a mental illness can confuse and frustrate other siblings as well. It is comparable to a never-ending lousy dream that families wish they could wake up from it. The study showed that family caregivers are overwhelmed by giving care to mental relatives enduring physical, emotional, financial, social impacts that come with the caregiving role. Stigma has been found to be one of the main problems that have contributed to the development of early burnout by the caregivers who provide care for people living with mental illness. It takes the entire community working together to turn mental illness into mental wellness. Lack of knowledge is the number one factor that causes stigma. Caregivers who receive support from friends and families have reported to find the care giving burden easy.

Providing care for a relative with a mental disorder carries a risk for caregivers also developing mental ill-health. It was found that the families often experienced emotional stress, depressive symptoms, or clinical depression. The caring course of action can be very costly and strenuous, particularly if the care recipient has a severe mental disorder. Providing such long-term care can be a source of significant stress. The behavioral tribulations coupled with mental disorders further augments the stress levels of these families and therefore impacts extensively on their mental health.

Most participants seem to be using the emotional coping strategy to deal with their loved one's illness. They still believe that their loved one's mental condition will someday get healed through spiritual intervention. All participants indicated that they were overwhelmed with their relative's situation so that they did not know how to help their loved one’s cope with the illness.

The results show that people around the area still have a lot of belief in alternative care. Thus, rather than family support, most believe spiritual intervention is more helpful as they compare it to professional support received. There are indications of hope placed on their gods to intervene in their situation as they do not see themselves getting over this challenge independently. Letting the patience to be institutionalized was a last resort after several alternative health care trials.

Participants indicated that in their culture, there are some illnesses that are known to be caused because of calling by their ancestors and some illnesses that occur because of being bewitched. So, most participants indicated that when they first discovered that their loved ones were acting psychotic, they took them to the traditional healers and faith healers to find out what might be causing the illness. Some participants indicated that they were told that their loved ones were being punished by their ancestor for ignoring their calling to be a traditional healer. In contrast, others were told that their loved ones were bewitched to hinder a success-filled life that has been seen coming their way. All participants, however, indicated that they ended up taking their loved ones to the hospital for further assistance as they saw that there was no improvement in their loved one's condition. Nonetheless, participants are still consulting their faith healers up until today, hoping for a miracle. This follows Cockerham (2005), who alludes that their cultural norms and values can influence the way people respond to health-related problems. Most South Africans believe that several illnesses, predominantly mental illness, result from punishment from gods or ancestors or bewitchment. According to Sorsdahl, *et al*. (2009), South Africans believe that only through traditional healers and faith healers can the mentally ill person get liberated from the mental illness. These institutions play an imperative role in helping individuals to cope with the problems they are facing. These institutions also help individuals to defeat negative feelings with hope for a better outcome (Gallant *et al*., 2010). The research findings also attested to what the literature review alluded to about the role of spiritual support on families caring for relatives living with mental illness. The research findings indicated that all participants went for spiritual support to make sense of what was happening to their loved ones. The research findings also brought to light that most participants seem to have more confidence on faith healers than on western medication. They believe that their loved ones were somehow cursed and the only way they will be set free through spiritual intervention. This belief holds back the caregivers to help their loved ones to fully comply with their mental health treatments. They move back and for the two approaches- when their loved ones are psychotic and dangerous, they take them to the hospital, and when they come back stable and well they default treatment and take them back for spiritual healing.

The research findings also endorse the fact that the nature of relationship between the sibling's prior the illness is a determining factor on the involvement of siblings on the care giving role. Most siblings who had poor relationships with their mentally ill siblings indicated that they did not want to complicate their lives with taking on such a demanding responsibility. However, the research uncovered that the mentally ill siblings' destructive behavior can also sour up the relationship with the siblings with whom they had a good relationship with prior to the illness in such a way that the siblings withdraw from the role all together. In a nutshell, the impacts for caring mentally ill relatives faced with fewer support leads families to face mental ill-health as a direct consequence of their caring role and experience higher rates of mental ill-health than the general population. This leads to negative effects on the quality of life of the family and the standard of care delivered.

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