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Research Article

Assessment of Mental Health Literacy Among Home Caregivers of Persons Living with Mental Illness

*[1]Vivian Ukamaka Nwokedi, [2]Amber Otibhor Omoike, [3]Negasi Tsegay, [4]Emelda Amarachi Egwuatu, [5]Wonderful Oluwatoyin Anosike, [6]Ibraheem Bolaji Abdulganeey, [7]Ikuforiji David Ayobami, [8]Ndidiamaka Christiana Ani

About Article

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About Author

[1] Department of Clinical Pharmacy, Faculty of Pharmacy, University of Benin, Benin City, Nigeria

[2] Department of Pharmacy, Irrua Specialist Teaching Hospital (ISTH), Irrua, Edo State, Nigeria

[3] Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, Mississippi, USA

[4] Emergency Care, General Hospital Haql, Tabuk Region, Kingdom of Saudi Arabia

[5] Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, England

[6] School of Education, Harvard University, MA, USA

[7] Department of Accident and Emergency, State Hospital, Ijebu-Ode, Ogun State, Nigeria

[8] Mandel School of Applied Social Sciences, Case Western Reserve University, OH, USA

Contact @ Vivian Ukamaka Nwokedi
viviannwokedi250@gmail.com

ABSTRACT

Mental health has gained increasing global attention due to its growing prevalence and impact on individuals, families, and communities. Caregivers play a significant role in supporting individuals with mental illness, and their mental health literacy is crucial for providing effective care. However, caregivers' mental health literacy has often been overlooked, and research has primarily focused on the general population or professionals. This study addresses this gap by assessing the mental health literacy among caregivers of patients living with mental illness. This study aimed to assess the mental health literacy among caregivers of patients living with mental illness, determine their perceptions about causes of mental illness, people living with mental illness, attitude towards people living with mental illness, and care and management of mental illness. A cross-sectional descriptive study was conducted among 356 caregivers of mentally ill patients attending a mental health clinic in Irrua Specialist Teaching Hospital, Edo State, Nigeria. A structured questionnaire was used to collect data, which was analyzed using descriptive statistics. The study found that while some caregivers held positive perceptions about mental illness, others exhibited stigmatizing views. Positively, a significant proportion of participants attributed mental illness to substance abuse (94.01%) and genetic inheritance (78.63%), and many believed that anyone can suffer from mental illness (88.89%) and that mentally ill persons can work (68.94%). However, negative perceptions were also evident, with 14.53% of participants blaming people with mental illness for their condition, 37.03% believing they should not be allowed to make decisions, and 54.41% thinking they should be institutionalized. These findings highlight areas where mental health literacy among caregivers can be improved. The study reveals significant gaps in mental health literacy among caregivers of individuals with mental illness. While a large majority correctly identified causes such as substance abuse (94.01%), genetic inheritance (78.63%), and brain disease (88.89%), misconceptions persist, with 37.03% believing mentally ill individuals should not make decisions. A notable proportion also expressed reluctance toward social integration, with 31.05% viewing mentally ill persons as dangerous. These findings underscore the urgent need for tailored educational programs that enhance caregivers' understanding and reduce stigma. An inclusive care model that supports both patients and caregivers can significantly improve care outcomes and foster better community engagement in mental health support.

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1. INTRODUCTION

Mental health has gained increasing global attention in recent years due to its growing prevalence and impact on person, family and community (Ren *et al.*, 2025). Mental disorders pose complex challenges which call for comprehensive strategies aimed at their management and support (Carbonell *et al*, 2020). Rationale for carer mental health literacy An important, yet often overlooked, aspect of carers' support is their mental health literacy (Ofovwe & Osasona, 2022; Cruz *et al.*, 2024), as carers play significant roles in the lives of individuals affected by mental illness.

Carers, which can be family members, friends, or partners of people who are having mental health problems, are central in providing emotional and practical and sometimes medical support. They contribute significantly to the improved health and recovery of people with a mental illness. However, the quality of support they provide is highly dependent on their own mental health literacy (Cham *et al.*, 2022; Sakwape *et al.*, 2025). Mental health literacy involves the understanding and awareness of mental health issues, including their etiology, presenting symptoms, and available interventions (Jorm, 2019). Persons with more mental health knowledge are more likely to recognize a decline, communicate adequately, and navigate the healthcare system (Committee on Family Caregiving for Older Adults *et al.*, 2016). Despite being important, carers' mental health literacy has not been prioritized in the same manner as other aspects of mental health. Present research in relation to mental health literacy focuses primarily on either the general population or professionals, thus a large gap remains in understanding the unique issues and difficulties faced by this population of carers (Ambikile & Iseselo, 2023). In light of this gap, this study aims to explore the levels of mental health literacy among in-home carers.

Mental health literacy may vary for different individuals. Their mental health beliefs, attitudes and behaviors are influenced by various factors such as socioeconomic status, educational level, cultural factor and personal experience (BinDhim *et al.*, 2024; Mideksa *et al.*, 2024). Carers with good knowledge and education perhaps have more accurate and fuller knowledge about mental illnesses (Zhou *et al.*, 2021). Cultural factors may impact on an individual's own views of their mental health and their willingness to seek help (Office of the Surgeon General *et al.*, 2001; Ocho *et al.*, 2022). And a care provider's specific personal experiences—like their own experience with mental illness, or their loved one's—can also influence the way someone observes mental health issues and the stigma attached. It is critical to have an insight into the mental health literacy of carers because it has important implications not only for individuals with mental illness, but also for most of the health care system (Frauenholtz *et al.*, 2015). Satisfactory mental health literacy in carers will enhance the probability of their providing appropriate care early, reduce the risk of relapse, and improve recovery rates. Furthermore, patients can participate in decision-making more actively with respect to their therapy, thus emphasizing holistic care.

From a health service perspective, the detection of male carers' low level mental health literacy can help frame interventions to be focused. Educational programs and materials tailored to carer's needs can be developed to provide carers with the right information and enhance their ability to offer appropriate support. This can lead to the number of preventable hospitalizations, emergency visits, and relapses to decrease, with the associated decrease in the demand on the healthcare system.

1.1. Objectives of the study

The general objective is to assess the mental health literacy among caregivers of patients living with mental illness.

The specific objectives are to:

i. Determine the social demographic characteristics of the participants.

ii. Determine participants' perceptions/knowledge about;

- Causes of mental illness
- People living with mental illness
- Attitude towards people living with mental illness
- Care and management of mental illness

2. LITERATURE REVIEW

Mental health literacy (MHL) among caregivers is crucial for effective caregiving, yet studies indicate significant gaps in knowledge and understanding. A systematic review encompassing 21 studies revealed that caregivers often possess limited mental health knowledge, influenced by factors such as cultural beliefs, stigma, and lack of education. These limitations hinder their ability to recognize and manage mental health issues in care recipients (Kusaka *et al.*, 2024; Hurley *et al.*, 2020; Poreddi *et al.*, 2015).

In sub-Saharan Africa, the situation is exacerbated by traditional beliefs and stigma. Research from South Africa highlighted that caregivers frequently withhold mental health diagnoses from communities due to fear of stigma, which negatively impacts treatment-seeking behaviors . Additionally, a study in rural Kwa-Zulu Natal, South Africa, found that caregiver burden was associated with factors like caregiver depression and the mental health care user's relapse history (Monnapula-Mazabane & Petersen, 2023; Ndlovu & Mokwena, 2023; Andrade *et al.*, 2022).

To address these challenges, the Health Belief Model (HBM) offers a theoretical framework for understanding caregivers' health behaviors. The HBM posits that individuals' health actions are influenced by their perceptions of susceptibility to health issues, the severity of those issues, the benefits of taking preventive actions, and the barriers to taking such actions . Applying the HBM can guide the development of interventions that enhance caregivers' MHL by addressing these cognitive factors (Alyafei & Easton-Carr, 2024; Salari & Filus, 2017; Kusaka *et al.*, 2024).

Incorporating the HBM into caregiver education programs can potentially improve caregivers' mental health literacy, reduce stigma, and enhance care outcomes for individuals with mental illness.

3. METHODOLOGY

3.1. Study Design

A cross-sectional descriptive study was adopted to assess the mental health literacy among caregivers of people living with mental illness.

3.2. Study Setting

This study was carried out at the Mental Health Clinic at Irrua Specialist Teaching Hospital, Irrua Edo State.

3.3. Study Participants

The study involved participants who are caregivers to mentally ill patients who receive their medications at the above mentioned unit

3.4. Inclusion Criteria

- The relative of the caregiver must be diagnosed as mentally ill as per ICD-10 criteria
- Aged above 18 years old,
- Must be the main caregiver,
- Have been caring for the mentally patient for more than 6 months and
- Should be willing to participate in the study

3.5. Exclusion criteria

- Caregiver with mental retardation
- Caregivers who are less than 18 years and
- Caregivers who did not give informed consent.
- Caregivers who are not the main caregiver
- Caregivers who have not cared for the mentally ill patients for more than 6 months

3.6. Time frame for the study

The questionnaire based data collection was carried out within a 6 months period.

3.7. Data Collection

A face-to-face interview format with the use of structured and standardized questionnaires was adopted. The interviewer guided the participants through the questions for better understanding and also assisted those who are not literate in reading and explaining the questions and filling-in of the answers they provided.

3.8. Instrument for data collection

Data was collected with an English version of a standardized questionnaire which consists of two sections:

- *Section A:* This section collected socio –demographic details of participants such as age, gender, education, income, marital status, religion, residence and relationship with the patient.
- *Section B:* This section collected information regarding mental health literacy of the caregivers by using "Public Perception of Mental Illness Questionnaire"(Sadik *et al.*, 2015), which was adopted in Vijayalakshmi Poreddi *et al.*'s (2015) study.

This instrument had 33 items that measured:

- Mental health literacy of the participants regarding etiology of mental illness (6 items), which explores caregivers' beliefs about the origins of mental illness, including genetic inheritance, substance abuse, and personal weakness;
- People with mental illness (6 items), which assesses attitudes toward mentally ill individuals, such as perceptions of blame, physical appearance, work ability, and social relationships;
- Attitude toward people with mental health problems (12 items), which evaluates caregivers' views on social inclusion, marriage, and employment opportunities for people with mental health conditions; and
- Care and management of people with mental health problems (9 items), which addresses the caregivers' understanding of mental health services, treatment options, and recovery. The Likert scale format used in the questionnaire (3-point Likert scale appointed for each question: Disagree = 3, Neutral = 2; and Agree = 1), allows respondents to indicate the extent of their agreement with various statements related to these themes.

A table or diagram summarizing these thematic areas of the questionnaire is shown below:

Table 1. Instrument for data collection

Thematic Area	Description
Demographic Information	Age, Gender, Marital Status, Education, Income, Residence
Causes of Mental Illness	Beliefs about the origins of mental illness: genetic inheritance, substance abuse, bad life events, personal weakness
Knowledge of People with Mental Illness	Perceptions about people with mental illness: blame, physical appearance, work capacity, friendships, danger
Attitudes Toward People with Mental Illness	Caregivers' views on social inclusion, marriage, employment, decision-making ability, and social relationships for people with mental illness
Care and Management of People with Mental Illness	Understanding of mental health services, treatment options, recovery, and primary healthcare availability

3.9. Sample Size Determination

Since the population size is finite, an estimate of the sample size was done using the Yamane 1967 formula:

$n = N/(1+N\,(e)^2)$

Where,

n = computed
N = Population size (986)
e = margin of error (0.05)

Assuming confidence interval of 95% and proportion of 0.5

Therefore the sample size (n) = 986/1+986 (0.05×0.05) = 285

To account for, 20% non-response rate, 20% of the above was added.

Therefore, sample (1-(non-response rate)) = 285/(1-0.2) = 356

3.10. Sampling Technique

A convenience sampling method was adopted.

3.11. Ethical considerations

Ethical approval was obtained from the ethics committee of Irrua Specialist Teaching Hospital (ISTH); Irrua, Edo State.

- *Informed consent:* Informed consent was obtained from prospective participants and after which they were assured of anonymity.

3.12. Data analysis

Questionnaires were retrieved from the respondents and responses coded and entered into Microsoft excel. Descriptive statistics (frequency and percentages) were used to synthesise findings from the study and presented them in a tabular form.

4. RESULTS AND DISCUSSION

351 of the 356 caregivers who were asked to participate in the study finished the questionnaire, resulting in a high response rate of 98.6%. Data was analyzed using Microsoft Excel. Descriptive statistics, such as frequencies and percentages, were used to present participant responses. A total of 356 caregivers were solicited for participation in the study, with 351 completing the questionnaire for a response rate of 98.6%. Microsoft Excel was used to analyze the data. The participants' responses were presented using descriptive statistics, such as frequencies and percentages. The findings are organized into subsections that focus on respondents' socio-demographics, opinions about causes of mental disorders, knowledge and attitudes toward people with mental illness, and beliefs about care and management of mentally ill.

Table 2. The socio-demographic characteristics of the respondents (N = 351)

Variables	Group	Frequency (n)	Percentage (%)
Age group	<25	44	12.54
	26-35	106	30.20
	36-45	100	28.49
	46-55	55	15.67
	>55	46	13.11
Gender	Male	161	45.87
	Female	190	54.13
Marital status	Single	140	39.89
	Married	181	51.57
	Divorced	6	1.71
	Widowed	24	6.84
Residence	Urban	49	13.96
	Semi-urban	226	64.38
	Rural	76	21.65
Educational level	None	12	3.41
	Primary	26	7.40
	Secondary	161	45.87
	Tertiary	152	43.30
Religion	Christian	271	77.21
	Muslim	68	19.37
	Traditionalist	11	3.13
	Atheist	1	0.28
	Others	0	0.00
Monthly income	10,000-30,000	33	9.40
	31,000-50,000	85	24.22
	51,000-100,000	152	43.30
	Above 100,000	81	23.08
Relationship with patient	Family member	284	80.91
	Friends/other relatives	67	19.09

Period of care	< 1 year	151	43.02
	1-5 years	159	45.30
	5-10 years	41	11.68
	> 10 years	0	0.00
Diagnosis	Schizophrenia	14	3.99
	Depression	114	32.48
	Bipolar	72	20.51
	Others	0	0.00
	No idea	151	43.02

4.1. Socio-demographic characteristics of participants

A greater percentage of the 351 caregivers that took part in the study were female (54.13%). More than half were married, and the majority were between the ages of 26 and 45. The majority were semi-urban dwellers with at least a secondary education. 43.30% made between ₦51,000 and ₦100,000 each month, and a significant percentage (77.21%) were Christians. Notably, 80.91% of the care receivers' immediate family members were also their caregivers, and over half had been doing so for one to five years. Depressive and bipolar disorders were the most often identified diagnoses, yet 43.02% were unaware of the recipient's diagnosis. A summary of these socio-demographic traits can be seen in Table 1.

4.2. Causes of mental illness: participants' perceptions

The findings about perception of caregivers about causes of mental illness as shown in Table 2 depicts that the respondents have a strong belief that mental disorders are linked to biological and psychosocial theories. According to the majority of respondents, brain disease (88.89%), substance abuse (94.01%), and sad events (85.47%) are the main causes of mental illness and 78.63% of respondents recognized heredity as a risk factor. On the other hand, less people agreed with moral or supernatural interpretations. Only 25.07% believed that mental illness can be as a result of God's punishment, whereas 27.06% related it with personal weakness. Despite the persistence of some culturally based myths, these data show a comparatively high level of accurate mental health literacy. The full details of the result is presented in Table 2 and its visualization in Figure 1.

Table 2. Participants' perceptions of the causes of mental illness (N = 351)

Mental Illness is Caused by?	Agree N (%)	Neutral N (%)	Disagree N (%)
Genetic inheritance	276 (78.63)	48 (13.67)	27 (97.69)
Substance abuse	330 (94.01)	15 (4.27)	6 (1.71)
Sad events	300 (85.47)	40 (11.40)	11 (3.13)
God's punishment	88 (25.07)	137 (30.03)	126 (35.90)
Brain disease	312 (88.89)	24 (6.84)	15 (4.27)
Personal weakness	95 (27.06)	180 (51.28)	76 (21.65)

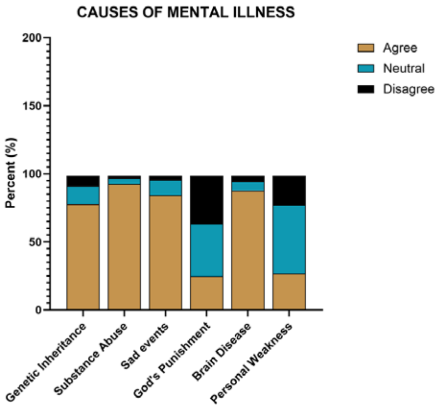

Figure 1. Participants' perceptions of the causes of mental illness in percentage

4.3. Knowledge about people with mental illness

There was a mixture of positive understanding and persistent stigma among caregivers regarding people with mental illness. As shown in Table 3, the majority of participants (88.89%) agreed that anyone can suffer from mental illness, while 68.94% thought that affected people might be productive and work, indicating positive perceptions.

However, there were misconceptions recorded among the participants. 14.53% believed that mentally ill are to be blamed, 33.04% believed that mentally ill can be identified by their physical appearance and 31.05% believed that such people are usually dangerous. These findings highlight the need for focused education for reducing stigma and improving caregivers' mental health literacy.

Table 3. Caregivers' perceptions about people living with mental illness (N = 351)

Variables	Agree N (%)	Neutral N (%)	Disagree N (%)
Positive perception			
Anyone can suffer from mentally illness	312 (88.89)	31 (8.83)	8 (2.27)
Mentally ill persons can work	242 (68.94)	48 (13.68)	61 (17.38)
Negative perception			
They are largely to be blamed for their own condition	51 (14.53)	81 (23.07)	219 (62.39)
One can always tell a mentally ill person by his or her physical appearance	116 (33.04)	57 (16.24)	178 (50.71)
Mentally ill persons are not capable of true friendship	101 (28.77)	59 (16.81)	191 (54.44)
Mentally ill persons are usually dangerous	109 (31.05)	101 (28.77)	141 (40.17)

4.4. Attitude towards people with mental illness

According to our findings, caregivers held both supportive and stigmatizing attitudes. 66.38% of participants opined that they can maintain friendship with those suffering from mental illnesses, and nearly half (49.57%) agreed that such people should have equal rights. However, just 12.82% were willing to marry someone suffering from mental illness, demonstrating a reluctance to enter into close relationships with the mentally ill. Table 4 provides more information about the attitude of the participants toward people living with mental illness.

Table 4. Caregivers' attitudes toward individuals with mental illness (N = 351)

Variables	Agree N (%)	Neutral N (%)	Disagree N (%)
Positive perception			
People are generally caring and sympathetic towards people with mental illness.	183 (52.14)	107 (30.48)	61 (17.38)
I could maintain a friendship with someone with a mental illness	233 (66.38)	64 (18.23)	54 (15.38)
I could marry someone with a mental illness	45 (12.82)	103 (29.34)	203 (57.83)
People with mental illness should have the same right as anyone else	174 (49.57)	113 (32.19)	64 (18.23)
Negative perception			
The mentally ill should be prevented from having children	56 (15.95)	94 (26.78)	201 (57.26)
The mentally ill should not get married	50 (14.25)	97 (27.64)	204 (58.12)
One should avoid all contact with the mentally ill	32 (9.12)	50 (14.25)	269 (76.64)
The mentally ill should not be allowed to make decisions, even those concerning routine events	130 (37.03)	110 (31.34)	111 (31.62)
I would be afraid to have a conversion with a mentally ill person	51 (14.52)	57 (16.24)	243 (69.23)
I would be upset or disturbed about working on the same job as a mentally ill person.	85 (24.22)	63 (17.95)	203 (57.83)
I would be ashamed if people knew that someone in my family had been diagnosed of a mental illness	44 (12.54)	61 (17.37)	246 (70.09)
If I was suffering from mental illness, I wouldn't want people to know about it.	91 (25.93)	45 (12.82)	215 (61.25)

4.5. Care and management of people with mental illness

Caregivers had diverse opinions on the care and management of mental illness as shown in Table 5. Nearly half (49.57%) agreed that mental illness can be treated outside of hospital settings, and 44.16% believed that most people with mental illness recover, while 45.30% were undecided about recovery outcomes. A large majority (76.35%) felt comfortable addressing mental health issues in primary care settings. Nevertheless, there are still misunderstandings, 14.53% believed it was incurable, and more than half (54.41%) supported institutionalizing people for supervision. Less than half (49.57%) thought mental health services were available locally, with just around a quarter recognizing the availability of mental health information (25.07%) and quality care (26.21%) at primary care clinics.

Table 5. Caregivers' perceptions on care and management of mental illness (N = 351)

Variable	Agree (%)	Neutral (%)	Disagree (%)
Positive perception			
Mental illness can be treated outside the hospital	174 (49.57)	102 (29.06)	75 (21.37)
The majority of people with mental illnesses recover	155 (44.16)	159 (45.30)	37 (10.54)
I would feel comfortable discussing it with someone at my primary healthcare centers.	268 (76.35)	48 (13.68)	35(9.97)
Negative perception			
One should hide his/her mental illness from his/her family	25 (7.12)	11 (3.13)	315 (89.74)
Mental illness cannot be cured	51 (14.53)	142 (40.46)	158 (45.01)
Mentally ill people should be in an institution where they are under supervision and control	191 (54.41)	94 (26.78)	66 (18.80)
Mental health service availability			
There mental healthcare services available in my community	174 (49.57)	50 (14.25)	127 (36.18)
Information about mental illness is available at my primary healthcare centre	88 (25.07)	79 (22.51)	184 (52.42)
Primary healthcare clinics can provide good care for mental illnesses	92 (26.21)	60 (17.09)	199 (56.70)

4.6. Discussion

This study highlights the crucial role of caregivers' mental health literacy in the management and support of individuals with mental illness. As caregivers possess varying levels of mental health knowledge, it directly influences their caregiving outcomes, including medication adherence and the likelihood of relapse. Our findings indicate that, while several domains show positive levels of awareness and attitudes, significant gaps in knowledge, beliefs, and access to mental health care persist. These findings strongly connect with the global conversation on improving caregiver literacy to maximize mental health outcomes and system efficiency (Morgado *et al.*, 2022, Jorm, 2012; Reavley & Jorm, 2012).

However, based on the findings from our study the link between caregivers' awareness of mental health issues and their capacity to engage effectively in the care process are evident. For instance, caregivers with a higher level of understanding about the causes of mental illness, such as substance abuse (94.01%) and genetic inheritance (78.63%), were more likely to assist in identifying early signs of relapse and adhering to prescribed treatment regimens (Timko *et al.*, 2022). These caregivers demonstrated a more proactive approach in seeking timely intervention, which is known to reduce relapse rates and improve overall patient outcomes.

Conversely, misconceptions surrounding mental illness, such as beliefs that it is caused by personal weakness (27.06%) or God's punishment (25.07%), can lead to caregiving practices that may delay medical intervention, impacting medication adherence and overall recovery. These gaps in understanding contribute to a reactive rather than proactive caregiving approach, increasing the risk of relapse and hospitalization, as well as undermining the holistic care approach that is essential for recovery (Yuan *et al.*, 2017; Thornicroft *et al.*, 2016).

According to the demographic findings, the majority of caregivers were female, between the ages of 26 and 45, from semi-urban or rural areas, and had completed secondary or postsecondary education. These traits have an impact on how educational interventions are tailored. Higher educated caregivers are more likely to be more sensitive to mental health information and have better mental health literacy, according to earlier study (Yang *et al.*, 2024; Korhonen *et al.*, 2022; Ganasen *et al.*, 2008; Furnham & Swami, 2018). However, our research reveals that stigma and misconceptions endure even among participants who are well-educated, suggesting that knowledge on its own might not be enough in the absence of context-specific awareness initiatives. Additionally, the stigma surrounding mental illness, even among well-educated caregivers, can affect caregiving outcomes. Stigmatizing attitudes, such as the belief that mentally ill individuals should not make decisions or should be institutionalized, may contribute to negative caregiving behaviors. These attitudes can decrease caregivers' willingness to collaborate with healthcare professionals, further hindering the adherence to medication regimens and increasing the chances of relapse.

It is encouraging to note that most individuals correctly identified brain disease (88.89%), genetic inheritance (78.63%), and substance abuse (94.01%) as scientifically established causes of mental illness. But a significant proportion of respondents also thought or weren't sure if mental illness can be caused on by God's punishment (25.07% agreed; 30.03% neutral), demonstrating the persistence of cultural and religious beliefs—a barrier observed in a number of low- and middle-income environments (Bemme & D'souza, 2012; Whitley, 2015). These results emphasize the value of culturally aware educational programs that respect spiritual frameworks and advance knowledge based on facts.

The findings provide a mixed picture in terms of perceptions about people living with mental illness. While the vast majority

(88.89%) agreed that anyone could suffer from mental illness, and 68.94% believed that mentally ill could work, stigmatizing ideas persisted. For example, 33.04% believed that mental illness is visible in physical appearance, and 31.05% thought that mentally ill people were hazardous. Such attitudes can lead to social marginalization and a delay in obtaining treatment, emphasizing the importance of anti-stigma initiatives (Gallimore *et al.*, 2023; Clement *et al.* 2015). Furthermore, more than a quarter (28.77%) thought that mentally ill people lack the ability to build relationships, reflecting ongoing concerns about their social abilities.

Inconsistencies were also found in the attitudinal profile. Notably, 57.83% of respondents opposed the concept of marrying someone with a mental illness, despite the fact that more than half expressed sympathy for those who suffer from mental illness (52.14%) and that they could keep up relationships with them (66.38%). Additionally, 25.93% of respondents would hide their own mental health conditions, indicating that stigma has been internalized. This supports research indicating that self-stigma and public stigma frequently coexist and have a major impact on behavior related to seeking care (da Silva *et al.*, 2020; Corrigan *et al.*, 2014).

Notably, opinions of care and management indicated a relatively positive view on recovery: 49.57% believed mental illness could be managed outside of hospitals, and 76.35% felt comfortable discussing mental health issues with their primary healthcare providers. However, awareness and confidence in mental health treatments were low. Merely 25.07% of respondents thought primary care centers contained knowledge regarding mental disease, and only 26.21% thought they could offer sufficient mental health services. These disparities highlight the necessity of funding community-based mental health education and services, which is a crucial suggestion supported by the WHO Mental Health Action Plan (WHO, 2022).

The fact that 43.02% of caregivers were unaware of the exact medical diagnosis of the person they were caring for is of great concern. This highlights a fundamental lack of diagnostic literacy that could prevent early intervention, treatment compliance, and the provision of the right kind of support. Future literacy programs should focus on improving caregivers' comprehension of mental health diagnoses and their symptoms (Jorm, 2012).

In summary, whereas our research highlights caregivers' mental health literacy strengths, it also exposes intrinsic misconceptions and structural deficiencies. Important steps toward more inclusive and efficient care include enhancing primary health care's ability to provide mental health care and enhancing literacy through focused, culturally sensitive education. Through early detection and ongoing support, empowering caregivers with accurate information and addressing stigma can improve patient outcomes and lessen the strain on the healthcare system (Yuan *et al.*, 2017; Thornicroft *et al.*, 2016).

5. CONCLUSION

This study highlights the critical role of in-home caregivers' mental health literacy in supporting individuals with mental illness. While a large proportion of caregivers demonstrated a sound understanding of the causes of mental illness, such as substance abuse (94.01%), genetic inheritance (78.63%), and brain disease (88.89%), significant misconceptions remain. For instance, 37.03% of caregivers believed mentally ill individuals should not make decisions, and 31.05% viewed mentally ill persons as dangerous, reflecting persistent stigma and misunderstanding. These gaps in knowledge can hinder timely care and effective support, ultimately affecting caregiving outcomes, such as medication adherence and the risk of relapse. Caregivers who are more informed about mental health are better positioned to engage in proactive care, leading to improved recovery outcomes. To address these issues, enhancing caregivers' mental health literacy through culturally sensitive education and the integration of mental health resources into primary care is essential. By addressing these gaps, we can improve both caregiver and patient outcomes, reduce the risk of relapse, and foster better community engagement in mental health support. Empowering caregivers with accurate knowledge is crucial to creating a more effective and inclusive mental health system that promotes early intervention and supports sustainable recovery.

LIMITATIONS

This study has several limitations. First of all, the convenience sampling method may limit the generalizability of the findings to all caregivers. Furthermore, the reliance on self-reported data introduces the risk of social desirability bias, where participants may provide responses they perceive as acceptable. Additionally, there was no investigation about the social demographics of the participants and their perceptions. Finally, the cross-sectional design restricts the ability to establish causality between variables.

AUTHORS' CONTRIBUTION

VUN contributed to conceptualization, introduction, methodology, data collection, data analysis, and manuscript preparation. AOO contributed to the study protocol preparation and a reviewer. IDA contributed to data collection and methodology. IBA and NCA worked on the introduction and manuscript preparation. NT involved in conceptualization and manuscript review. EAE and WOA were responsible for manuscript preparation and review. All authors reviewed and approved the final manuscript.

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REFERENCES

Alyafei, A., & Easton-Carr, R. (2024). The health belief model of behavior change. In *StatPearls* [Internet]. StatPearls Publishing. Available from https://www.ncbi.nlm.nih.gov/books/NBK606120

Andrade, C., Tavares, M., Soares, H., Coelho, F., & Tomás, C. (2022). Positive Mental Health and Mental Health Literacy of Informal Caregivers: A Scoping Review. *International journal of environmental research and public health, 19*(22), 15276. https://doi.org/10.3390/ijerph192215276

Ambikile, J. S., & Iseselo, M. K. (2023). Challenges to the provision of home care and support for people with severe mental illness: Experiences and perspectives of patients, caregivers, and healthcare providers in Dar es Salaam, Tanzania. *PLOS global public health, 3*(1), e0001518. https://doi.org/10.1371/journal.pgph.0001518

Bemme, D., & D'souza, N. (2012, July 23). *Global mental health and its discontents.* Somatosphere. https://somatosphere.com/2012/global-mental-health-and-its-discontents.html/

BinDhim, N. F., Althumiri, N. A., Ad-Dab'bagh, Y., Alqahtani, M. M. J., Alshayea, A. K., Al-Luhaidan, S. M., Al-Duraihem, R. A., & Alhabeeb, A. A. (2024). Exploring mental health literacy and its associated factors: A national cross-sectional study in Saudi Arabia, 2023. *Risk Management and Healthcare Policy, 17,* 355–363. https://doi.org/10.2147/RMHP.S442425

Carbonell, Á., Navarro-Pérez, J.-J., & Mestre, M.-V. (2020). Challenges and barriers in mental healthcare systems and their impact on the family: A systematic integrative review. *Health & Social Care in the Community, 28*(5), 1366–1379. https://doi.org/10.1111/hsc.12968

Chadda R. K. (2014). Caring for the family caregivers of persons with mental illness. *Indian journal of psychiatry, 56*(3), 221–227. https://doi.org/10.4103/0019-5545.140616

Cham, C. Q., Ibrahim, N., Siau, C. S., Kalaman, C. R., Ho, M. C., Yahya, A. N., Visvalingam, U., Roslan, S., Abd Rahman, F. N., & Lee, K. W. (2022). Caregiver Burden among Caregivers of Patients with Mental Illness: A Systematic Review and Meta-Analysis. *Healthcare, 10*(12), 2423. https://doi.org/10.3390/healthcare10122423

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine, 45*(1), 11–27. https://doi.org/10.1017/S0033291714000129

Committee on Family Caregiving for Older Adults, Board on Health Care Services, Health and Medicine Division, National Academies of Sciences, Engineering, and Medicine, Schulz, R., & Eden, J. (Eds.). (2016). *Families caring for an aging America* (Ch. 3, Family caregiving roles and impacts). National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK396398

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological science in the public interest : a journal of the American Psychological Society, 15*(2), 37–70. https://doi.org/10.1177/1529100614531398

Cruz, E., Paré, M. A., Stan, C., Voth, J., Ward, L., & Taboun, M. (2024). Caring for the caregiver: An exploration of the experiences of caregivers of adults with mental illness. *SSM - Qualitative Research in Health, 5,* 100406. https://doi.org/10.1016/j.ssmqr.2024.100406

da Silva, A. G., Baldaçara, L., Cavalcante, D. A., Fasanella, N. A., & Palha, A. P. (2020). The Impact of Mental Illness Stigma on Psychiatric Emergencies. *Frontiers in psychiatry, 11,* 573. https://doi.org/10.3389/fpsyt.2020.00573

Frauenholtz, S., Conrad-Hiebner, A., & Mendenhall, A. N. (2015). Children's mental health providers' perceptions of mental health literacy among parents and caregivers. *Journal of Family Social Work, 18*(1), 40–56. https://doi.org/10.1080/10522158.2014.974116

Furnham, A., & Swami, V. (2018). Mental health literacy: A review of what it is and why it matters. *International Perspectives in Psychology: Research, Practice, Consultation, 7*(4), 240–257. https://doi.org/10.1037/ipp0000094

Gallimore, J. B., Gonzalez Diaz, K., Gunasinghe, C., Thornicroft, G., Taylor Salisbury, T., & Gronholm, P. C. (2023). Impact of mental health stigma on help-seeking in the Caribbean: Systematic review. *PloS one, 18*(9), e0291307. https://doi.org/10.1371/journal.pone.0291307

Ganasen, K. A., Parker, S., Hugo, C. J., Stein, D. J., Emsley, R. A., & Seedat, S. (2008). Mental health literacy: focus on developing countries. *African journal of psychiatry, 11*(1), 23–28. https://doi.org/10.4314/ajpsy.v11i1.30251

Hurley, D., Swann, C., Allen, M. S., Ferguson, H. L., & Vella, S. A. (2020). A Systematic Review of Parent and Caregiver Mental Health Literacy. *Community mental health journal, 56*(1), 2–21. https://doi.org/10.1007/s10597-019-00454-0

Jorm A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *The American psychologist, 67*(3), 231–243. https://doi.org/10.1037/a0025957

Jorm, A. F. (2019). The concept of mental health literacy. In O. Okan, U. Bauer, D. Levin-Zamir, P. Pinheiro, & K. Sørensen (Eds.), *International handbook of health literacy: Research, practice and policy across the life-span* (pp. 53–66). Policy Press. https://doi.org/10.51952/9781447344520.ch004

Korhonen, J., Axelin, A., Stein, D. J., Seedat, S., Mwape, L., Jansen, R., Groen, G., Grobler, G., Jörns-Presentati, A., Katajisto, J., Lahti, M., & MEGA Consortium/Research Team (2022). Mental health literacy among primary healthcare workers in South Africa and Zambia. *Brain and behavior, 12*(12), e2807. https://doi.org/10.1002/brb3.2807

Kusaka, S., Foo, J. C., Yamaguchi, S., Yukawa, A., Arai, T., Sawamura, F., Togo, F., & Sasaki, T. (2024). A survey of mental health literacy in parents and guardians of teenagers. *Frontiers in psychiatry, 15,* 1295918. https://doi.org/10.3389/fpsyt.2024.1295918

Mideksa, G., Tesfaye, E., Yitayih, Y., Sime, Y., Aliye, K., & Gizaw, A. T. (2024). Mental health literacy and associated factors among traditional healers of Jimma town, southwest, Ethiopia 2020: A community-based, cross-sectional study. *Frontiers in Psychiatry, 15*, 1304454. https://doi.org/10.3389/fpsyt.2024.1304454

Monnapula-Mazabane, P., & Petersen, I. (2023). Mental health stigma experiences among caregivers and service users in South Africa: a qualitative investigation. *Current psychology, 42*(11), 9427–9439. https://doi.org/10.1007/s12144-021-02236-y

Morgado, T. M., Costa, T. O., de Araújo, O. L., & da Silva, R. G. (2022). Interventions for better mental health literacy. In C. V. de Almeida & S. Ramos (Eds.), *Handbook of research on assertiveness, clarity, and positivity in health literacy* (pp. 187–207). Medical Information Science Reference/IGI Global. https://doi.org/10.4018/978-1-7998-8824-6.ch011

Ndlovu, J. T., & Mokwena, K. E. (2023). Burden of Care of Family Caregivers for People Diagnosed with Serious Mental Disorders in a Rural Health District in Kwa-Zulu-Natal, South Africa. *Healthcare, 11*(19), 2686. https://doi.org/10.3390/healthcare11192686

Ocho, O. N., Moorley, C., Richardson Sheppard, C., Caesar-Greasley, L-A., & Hardy, S. (2022). Cultural influences on mental health provision in the Caribbean: How do contemporary perceptions and beliefs about persons with mental illness inform workforce transformation? *Journal of Transcultural Nursing, 34*(1), 14–23. https://doi.org/10.1177/10436596221121329

Ofovwe, C. E., & Osasona, S. O. (2022). Burden of caregiving among caregivers of patients with severe mental illnesses in Benin City, Nigeria. *African health sciences, 22*(2), 657–667. https://doi.org/10.4314/ahs.v22i2.75

Office of the Surgeon General (US), Center for Mental Health Services (US), & National Institute of Mental Health (US). (2001). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General* (Ch. 2, Culture counts: The influence of culture and society on mental health). Substance Abuse and Mental Health Services Administration. https://www.ncbi.nlm.nih.gov/books/NBK44249

Poreddi, V., BIrudu, R., Thimmaiah, R., & Math, S. B. (2015). Mental health literacy among caregivers of persons with mental illness: A descriptive survey. *Journal of neurosciences in rural practice, 6*(3), 355–360. https://doi.org/10.4103/0976-3147.154571

Reavley, N. J., & Jorm, A. F. (2012). Public recognition of mental disorders and beliefs about treatment: changes in Australia over 16 years. *The British journal of psychiatry: the journal of mental science, 200*(5), 419–425. https://doi.org/10.1192/bjp.bp.111.104208

Ren, Y., Wang, S., Fu, X., & Shi, X. (2025). A systematic review and meta-analysis of implicit stigma toward people with mental illness among different groups: Measurement, extent, and correlates. *Psychology Research and Behavior Management, 18*, 851–875. https://doi.org/10.2147/PRBM.S503942

Sadik, S., Bradley, M., Al-Hasoon, S., & Jenkins, R. (2010). Public perception of mental health in Iraq. *International journal of mental health systems, 4*, 26. https://doi.org/10.1186/1752-4458-4-26

Sakwape, K., Kovane, G. P., Chukwuere, P. C., et al. (2025). Exploring the needs of family caregivers of people living with mental illness: A qualitative study in Lobatse, Botswana. *BMC Nursing, 24*, 183. https://doi.org/10.1186/s12912-025-02813-7

Salari, R., & Filus, A. (2017). Using the Health Belief Model to Explain Mothers' and Fathers' Intention to Participate in Universal Parenting Programs. Prevention science: *the official journal of the Society for Prevention Research, 18*(1), 83–94. https://doi.org/10.1007/s11121-016-0696-6

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O'Reilly, C., & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *Lancet, 387*(10023), 1123–1132. https://doi.org/10.1016/S0140-6736(15)00298-6

Timko, C., Lor, M. C., Rossi, F., Peake, A., & Cucciare, M. A. (2022). Caregivers of people with substance use or mental health disorders in the US. *Substance abuse, 43*(1), 1268–1276. https://doi.org/10.1080/08897077.2022.2074605

Whitley, R. (2015). Global Mental Health: concepts, conflicts and controversies. *Epidemiology and psychiatric sciences, 24*(4), 285–291. https://doi.org/10.1017/S2045796015000451

World Health Organization. (2022, June 17). *Mental health: Strengthening our response.* https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Zhou, Z., Wang, Y., Feng, P., Li, T., Tebes, J. K., Luan, R., & Yu, Y. (2021). Associations of Caregiving Knowledge and Skills With Caregiver Burden, Psychological Well-Being, and Coping Styles Among Primary Family Caregivers of People Living With Schizophrenia in China. *Frontiers in psychiatry, 12*, 631420. https://doi.org/10.3389/fpsyt.2021.631420

Yang, X., Hu, J., Zhang, B., Ding, H., Hu, D., & Li, H. (2024). The relationship between mental health literacy and professional psychological help-seeking behavior among Chinese college students: Mediating roles of perceived social support and psychological help-seeking stigma. *Frontiers in Psychology, 15*. https://doi.org/10.3389/fpsyg.2024.1356435

Yuan, Q., Picco, L., Chang, S., Abdin, E., Chua, B. Y., Ong, S., Yow, K. L., Chong, S. A., & Subramaniam, M. (2017). Attitudes to mental illness among mental health professionals in Singapore and comparisons with the general population. *PloS one, 12*(11), e0187593. https://doi.org/10.1371/journal.pone.0187593