Review

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Stigma and Psychological Help-Seeking Among Caregivers of Individuals with Chronic Mental Illness

Kronik Ruhsal Hastalık Tanılı Bireylere Bakım Verenlerde Damgalanma ve Psikolojik Yardım Arama

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ABSTRACT

The treatment of mental illness requires the development of an individualized treatment plan, and the implementation of this plan necessitates collaboration between mental health professionals and caregivers. In the care process for chronic mental illnesses, caregivers must contend with numerous challenges, including taking on new responsibilities, experiencing deterioration in social relationships, feeling inadequate, facing stigma, and encountering financial difficulties. Not only patients but also caregivers are exposed to stigma in the fight against illness and are affected by the various negative consequences of stigma. Stigma is known to be one of the factors that prevent people from seeking help and participating in psychological support services. Individuals who stigmatize themselves and fear social stigma do not seek psychological support even when they need it, and this situation leads to delays in necessary intervention and the chronicity of their problems. Interventions designed to prevent stigmatization will facilitate individuals' access to resources for psychological help, enabling them to reach solutions earlier. This review aims to examine the stigma and psychological help-seeking behaviors of caregivers of individuals diagnosed with chronic mental illness in line with the literature. Thus, the assessment of this situation experienced by caregivers will enable the planning of interventions aimed at combating stigma and increasing individuals' help-seeking behaviors.

Keywords: Chronic mental illness, caregiver, stigmatization, psychological help,

ÖZ

Ruhsal hastalığın tedavisinde bireye özgü bir tedavi planı oluşturulmakta ve bu planın gerçekleştirilmesinde ruh sağlığı uzmanlarının ve bakım verenin iş birliği gerekmektedir. Kronik ruhsal hastalıkların bakım sürecinde bakım verenler; yeni sorumluluklar edinme, sosyal ilişkilerde bozulma, yetersiz olduğunu hissetme, damgalanma ve maddi zorluklar gibi birçok zorlukla mücadele etmek zorundadır. Hastalıkla mücadelede yalnızca hastalar değil bakım verenler de damgalanmaya maruz kalmakta ve damgalanmanın getirdiği çeşitli olumsuz sonuçlardan etkilenmektedir. Yardım arama ve psikolojik yardım hizmetlerine katılım sağlama konusunda kişileri geride tutan etkenlerden birinin de damgalanma olduğu bilinmektedir. Kendini damgalayan ve sosyal damgalanmadan çekinen bireyler; ihtiyaç duysalar da psikolojik destek almamakta ve bu durum ihtiyaç duyulan müdahalenin gecikmesine, sorunlarının kronikleşmesine neden olmaktadır. Damgalanmayı önlemeye yönelik müdahaleler, kişilerin psikolojik yardım alma konusunda kaynaklara erişimini kolaylaştırarak daha erken çözüme ulaşmalarını sağlayacaktır. Bu derlemede kronik ruhsal hastalık tanılı bireylere bakım verenlerin damgalanma ve psikolojik yardım arama davranışlarının literatür doğrultunda incelenmesi amaçlanmıştır. Böylece bakım verenlerin yaşadıkları bu durumun değerlendirilmesi, damgalama ile mücadelenin ve bireylerin yardım arama davranışlarının artmasına yönelik müdahalelerin planlanmasına olanak sağlanacaktır.

Anahtar sözcükler: Kronik ruhsal hastalıklar, bakım verenler, damgalanma, psikolojik yardım

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Introduction

Chronic mental illnesses are defined as mental, behavioral, or emotional disorders that result in significant functional impairment by limiting one or more daily activities (American Psychological Association (APA) 2025). Individuals diagnosed with chronic mental illness frequently encounter significant challenges, including unemployment, social dysfunction, and frequent hospitalization. These illnesses, commonly referred to as serious mental illnesses, include psychotic disorders, severe mood disorders, and treatment-resistant depression (Evans et al. 2016). Despite the availability of prevention and treatment approaches, mental illness can pose significant problems for individuals, society, and national economies because of barriers to care and support. As mental health is a critical component of public health and welfare, comprehensive psychosocial and behavioral interventions are essential (World Health Organization (WHO) 2022). The key elements of treating mental illnesses include interpersonal support, a sense of meaning, and patient engagement in care. Caregivers play a significant role in this process through their impact on the improvement of mental illness symptoms (Jaiswal et al. 2020).

As the primary source of daily support, patient families play a critical role during both treatment and recovery. The social lives of individuals with mental illnesses consist mainly of their interactions with their caregivers. In this respect, there is a need to improve the conditions in which caregivers find themselves (Eckardt 2020). Existing literature emphasizes that caregivers require information about their patients' illnesses, psychological support, professional help, free time to rest and recharge, anti-stigma strategies to foster positive attitudes, and social interaction (Çamlı and Yılmaz 2021, Yağmur and Türkmen 2022, Karaköse et al. 2024). In addition to addressing patients' needs, practices should be increased to ensure that caregivers are looked after, provided with counseling, and have improved coping skills (Siddiqui et al. 2019, Tozoğlu and Özpolat 2021). Integrating a comprehensive assessment of caregivers into the care process and strengthening them psychologically can significantly facilitate the management of the process. Accordingly, this study investigates the stigma and help-seeking behaviors among caregivers of individuals diagnosed with chronic mental illness in line with the literature.

Mental Health and Mental Illnesses

Mental health is defined as a state of psychological well-being, encompassing an individual's capacity to cope effectively with stress, to accurately assess their abilities, to contribute to society, and to engage in educational and occupational activities (WHO 2024). Mental health is a fundamental human right that influences the social and economic development of individuals and society. It consists of a dynamic structure including protective and risk factors. Throughout life, mental health can be weakened or strengthened by various factors. Various social, environmental, and economic adversities may compromise mental health and lead to mental illnesses (WHO 2022, 2024). Based on severity and functional impairment, there is a subset of chronic (severe) mental illnesses (National Institute of Mental Health 2023). Individuals affected by chronic mental illnesses often encounter challenges in their professional life and daily functioning (Turan 2019, Mehra et al. 2024). Understanding the broad spectrum of difficulties associated with chronic mental illnesses, as well as their current prevalence, is crucial for developing effective strategies to address and mitigate their impact.

Prevalence of Chronic Mental Illnesses

The global burden of mental illness has been observed to increase in general between 1990 and 2021. As Fan et al. (2025) demonstrate, the major depressive disorder and anxiety disorders subtypes account for the greatest global burden. In the United States, it is estimated that 57.8 million adults experienced mental illness in 2021, with 14.1 million receiving a diagnosis of severe mental illness. The National Institute of Mental Health (NIMH 2023) reported that the prevalence of severe mental illness among young adults aged 18-25 was 11.4%, with a higher incidence among young people than in other age groups. The ongoing global pandemic has further exacerbated the number of individuals experiencing mental illness.

Consequently, the prevalence of anxiety and depression has increased significantly in comparison with the pre-pandemic period (Kessler et al. 2022, WHO 2022). Considering the pervasive nature of mental illness, the issue of access to mental health services remains a critical concern. As stated in the Mental Health Atlas, 29% of individuals diagnosed with psychosis and 40% of individuals diagnosed with depression sought mental healthcare (WHO 2021).

The first psychiatric epidemiology study in Türkiye, titled "Mental Health Profile", reported a mental illness prevalence of 17.2% (Kılıç 1998). Following the publication of the study, significant social and demographic changes have occurred within the country. Consequently, there is a necessity to update data to ascertain the epidemiology of mental disorders (Kılıç 2020). While nationwide studies remain limited, regional and institution-based surveys have been conducted. For instance, the study conducted by Binbay et al. (2011) reported a schizophrenia prevalence of 8.9 per 1,000 individuals in the general population.

Bipolar disorder, another condition classified as a chronic mental illness, has a lifetime prevalence of 0.6% for bipolar I and 0.4% for bipolar II disorder (Merikangas et al. 2011). Regarding depressive disorders, the 2013 Chronic Disease Prevalence Survey revealed that the prevalence of depression in Türkiye was 13.1% among women and 5% among men, with a total prevalence of 9.3% (Ünal and Ergör 2013). The high prevalence of chronic mental illness has been demonstrated to be associated with significant difficulties, emotional problems, and distress in both patients and caregivers (Kalhovde and Kitzmüller 2024). It is therefore essential to understand the challenges caregivers face and the evolving roles they adopt throughout the caregiving process, to develop more effective support systems.

Role of Caregivers for Individuals Diagnosed with Chronic Mental Illness and Their Psychosocial Problems

Meeting the care needs of individuals with mental disorders requires the development of a personalized treatment plan, which must be implemented through coordinated collaboration between mental health professionals and caregivers (APA 2025). However, providing care for individuals with chronic mental illness often leads to financial burden, lack of leisure time, disrupted family communication, and, as a result, negatively affects physical and mental health (Mehra et al. 2020). Beyond assuming caregiving responsibilities, families become emotionally involved in a highly sensitive and demanding process, which may result in both positive and negative outcomes (Singh and Dubey 2016). Given their continuous interaction with the patient, often within the same household, caregivers are deeply affected by the course of the illness and often face moderate or high levels of caregiving burden (Girma et al. 2014, Kaya and Öz 2019, Siddiqui et al. 2019, Çamlı and Yılmaz 2021, Cham et al. 2022).

The literature on caregivers has examined the impact of chronic mental illness on caregivers (Sadath et al. 2014, Ayyıldız and Babacan Gümüş 2019, Cham et al. 2022). In a comprehensive review involving 5,034 caregivers from 23 countries, Cham et al. (2022) reported that the overall prevalence of caregiver burden experienced by caregivers of individuals with mental illness was 31.67%. Another study examining the burden of care among caregivers concluded that the burden of care was higher among those caring for patients with impaired social and occupational functioning, low income, substance use, and violent behaviors (Ayyıldız and Babacan Gümüş 2019). Sadath et al. (2014) conducted a qualitative study which found that caregivers of individuals experiencing a first psychotic episode often felt anxiety and shock in response to the patient's unexpected behaviors. Furthermore, many participants reported avoiding help-seeking due to the social disapproval associated with mental illness, and experiencing stress and anxiety regarding the future well-being of their patients. In severe cases, patients exhibited physical aggression towards caregivers, leading to feelings of helplessness and vulnerability among those affected (Sadath et al. 2014). These findings suggest that the psychological challenges faced by caregivers may compromise their mental health, and that the caregivers' mental health is critical for society and individuals.

Studies involving caregivers of individuals with chronic mental illness have shown that caregivers face situations that affect their mental health (Tel and Ertekin Pınar 2013, Koç et al. 2020, Yağmur and Türkmen 2022). For instance, increased levels of burnout have been associated with higher rates of depression (Tel and Ertekin Pınar 2013), while greater psychological resilience has been linked to lower perceived stress levels (Yağmur and Türkmen 2022). Additionally, gender differences have been observed, with women more frequently assuming caregiving roles and developing negative self-perceptions (Koç et al. 2020). These findings indicate that interventions to reduce stress would promote the continued psychological well-being. Caregivers often experience anxiety, sadness, and guilt during the treatment process. In a qualitative study examining the experiences of individuals with chronic mental illness, one caregiver expressed guilt and said: "The way they lived bothered me a lot. Why, for what reason? I searched within myself. Where did I go wrong? It's as if I failed my child, and that's why this happened. What will happen? Like every patient family, I feel an overwhelming sadness..." (Karaköse et al. 2024). Such narratives illustrate that patients' families blame themselves and feel inadequate. Another noteworthy point is the techniques used to cope with the burden of caregiving and other problems. Caregivers used methods, such as religious prayers and anticipation of cure, as coping strategies to cope with difficulties (Ae-Ngibise et al. 2015).

Caregivers often assume multiple roles while providing care to individuals with mental illness, thus they bear a significant burden. Therefore, they may need the help of mental health professionals to cope with the caregiving burden (Chadda 2014). As a result, due to the risk of caregivers experiencing mental health problems their psychological needs must be identified, and they must be supported psychologically. Taking this into consideration, mental health screenings must be carried out for caregivers regularly. Although many caregivers seek treatment for the problems, they experience some of them only seek help for their physical needs and neglect their need for psychological help. This group, which ignores the need for psychological help, should be identified and provided with appropriate psychological support (APA 2011). To this end, programs need to be organized to protect the mental health of caregivers. Healthcare institutions for mental patients need to be increased in number so that caregivers can reduce their daily care burden and make time for their own needs during the patient's treatment and rehabilitation (Çamlı and Yılmaz 2021). At the same time, a comprehensive program should be developed that includes practical strategies to help caregivers cope with the difficulties they face. Implementing empowerment programs for caregivers' mental health contributes significantly to a healthier process and helps them develop life skills. Another recommended approach is to encourage caregivers to participate in peer support programs. Peer support programs enable individuals to share similar problems, encourage each other, and develop empathy, thereby improving their well-being (Lohrasbi et al. 2023).

Stigmatization and Its Impact on Caregivers

Stigmatization, encountered in every period from the past to the present, is a universal concept stemming from a lack of empathy and fear. Stigmatization refers to a negative attitude toward an individual's physical, social, or psychological characteristics that is considered different by society (APA 2018). There are three types of stigmas: social stigma, self-stigma, and structural stigma. Social stigma refers to discrimination and negative attitudes toward individuals with mental illness by others. Self-stigma, also known as internalized stigma, involves feelings of shame that individuals with mental illness develop toward themselves. Structural stigma, on the other hand, can be explained as governments and private organizations allocating less funding to mental health services than to other services due to their policies (APA 2024). Stigmatization has widespread and far-reaching effects on individuals and society. Stigmatization brings with it discriminatory behavior and results in limitations on access to life opportunities, such as education and employment, as well as social exclusion, thereby violating fundamental human rights (Pescosolido et al. 2021, Çilek and Akkaya 2022, Lancet 2022).

Individuals with mental illness are subject to human rights violations through stigmatization and discrimination (WHO 2024). Because of stigmatization, individuals may be reluctant to seek care and help. This situation poses a major obstacle in terms of access to health services and the effectiveness of care (Pescosolido et al. 2021, Lancet 2022). Stigma also affects health financing. As a result of stigma, investments in the mental health sector may be insufficient. The budget allocated by governments to mental health in their health expenditures averages 2% of the total health budget. This is one of the factors limiting access to health services for individuals diagnosed with mental illness (Pescosolido et al. 2021, Lancet 2022).

When fighting against this illness, not only patients but also caregivers are stigmatized and affected by the various negative consequences of stigmatization. During the illness, caregivers may experience problems, such as discrimination, prejudice, loss of reputation, feeling lonely, living in isolation, loss of social support, and severing of past relationships (Yin et al. 2020, Gök and Ölmez 2021, Demir and Buz 2023, Girma et al. 2024). Most individuals living with mental illness and their caregivers, dealing with the effects of the illness, perceive the existence of the illness as something to be ashamed of. They fear that their situation will not be understood and that they will experience stigma, so they avoid talking to their social circle about the existence and effects of the illness. This causes social isolation, negatively affecting caregivers (Girma et al. 2014, Gök and Ölmez 2021). A qualitative study conducted with spouses of individuals diagnosed with schizophrenia reported that patient families did not disclose the existence of the illness to those around them for fear of being stigmatized. In this study, some participants stated that friends and family members who learned of the diagnosis distanced themselves out of fear (Gök and Ölmez 2021). In a study conducted with caregivers of individuals diagnosed with schizophrenia, family caregivers stated that they experienced stigmatization directly and that this had a negative emotional and social impact on them. They also stated that stigmatization had become a part of their lives (İnan et al. 2021).

The biggest obstacles caregivers face in coping with stemmed from discrimination and prejudice, that these had a significant impact, and that they are left more destructive effects than the illness itself (Ebrahimi et al. 2018). A qualitative study by Iseselo et al. (2016) found that caregivers were exposed to negative attitudes from close relatives, and that this manifested in different situations, such as social events. The study by Alyafei et al. (2021) examining caregiving families in the Middle East found that caregivers reported being stigmatized due to society's misconceptions about mental illness. In the study, an individual from Iranian society said the following about the stigmatizing attitudes. "I can't tell anyone. They think differently. Their judgment is not good about mental illness. They'd think of him as a lunatic. A dangerous person who must be left alone and never trusted. As if he has a contagious disease. For people, a mentally ill person is like a murderer or retard or even something worse. Unfortunately, their attitude toward this illness is not good. This makes life very difficult for us. We can't deal with it." This shows that caregivers identify with the patient and perceive every attitude toward the patient as personal. Caregivers stated that, in addition to patient stigmatization, they were themselves stigmatized, felt inadequate in providing care, delayed seeking help, believed that their family attitudes caused the illness, and experienced mental illness over time due to being affected by the illness (Girma et al. 2014, İnan et al. 2021). However, caregivers emphasized that the stigma experienced by the patients they care for is the primary issue that needs to be addressed (Atalay et al. 2024). The fact that caregivers put their own problems into the background suggests that they will be reluctant to seek help with their own psychological problems.

Fighting Against the Stigma

Society has had misconceptions and attitudes toward mental illness throughout history. Interventions aimed at correcting stigma, prejudice, and discrimination lead to improved mental well-being in individuals with mental illness and their caregivers (Pescosolido et al. 2021). Social interventions contribute to resolving the social and internalized stigma that is likely to exist in individuals with mental health problems and their caregivers. The first step in fighting against stigma is to eliminate these misconceptions, which can be achieved by acquiring basic knowledge about mental illnesses (Çilek and Akkaya 2022). Social media, a product of our age, also has a powerful impact on stigma. On the one hand, media outlets can trigger prejudice by portraying mental health patients as dangerous. On the other hand, when used correctly, it can be a powerful weapon in the fight against stigma. When media organizations take the lead in the fight against stigma, the media will become a part of the solution, not the problem (Lancet 2022, Manesh et al. 2023).

Social contact programs are among the most effective interventions in fighting against stigma. Establishing contact between individuals who do not experience mental illness and those who are struggling with such issues is one effective method. Initiatives to bring about change are crucial, and it is recommended that contact and education programs tailored to the target audience be organized for various segments of society as part of the fight against stigma (Çilek and Akkaya 2022, Lancet 2022). A qualitative study by Shahwan et al. (2022) emphasized that celebrities conveying non-discriminatory messages about mental illness could help dispel some myths. Therefore, it can be said that the attitudes of prominent individuals in society are an important factor in the fight against stigma. In addition to fighting against stigma at the societal level, it is also important to examine coping methods specific to caregivers.

Caregivers resort to methods, such as concealing the existence of the illness, passive acceptance, and avoidance coping with the stigma directed at them. In situations where stigma cannot be prevented, strengthening families' coping strategies will be effective in preventing negative outcomes (Yin et al. 2020). Due to differences in the meanings attributed to caring for an individual with a mental illness, cultural differences may be observed in perceived stigmatization. Assessing stigmatization experiences from a socio-cultural perspective is crucial for developing culturally appropriate strategies (Hyun et al. 2017, Yin et al. 2020)

Caregivers may sometimes encounter negative attitudes from mental health professionals. This can delay the patient's access to the treatment they need or even result in the treatment being discontinued (Tristiana et al. 2017). Therefore, it is important for mental health professionals not to be stigmatizing or judgmental toward patients and caregivers in their therapeutic support. Mental health professionals must also be included in awareness-raising efforts to prevent stigmatization (Yin et al. 2020). Mental health professionals' knowledge gaps that lead to stigmatization should be identified, training programs should be organized to address these gaps, the media should be used effectively, and programs should be developed to support families. When planning efforts to fight against stigmatization, it will be beneficial to obtain the opinions of caregivers and involve them in the decision-making process to achieve effective results (Manesh et al. 2023). If efforts are made to fight against stigma, caregivers will be able to comfortably seek the help they need and benefit from psychological support.

Psychological Help-Seeking

Psychological help-seeking refers to an individual turning to a source of assistance to resolve their situation when their coping mechanisms fail (Cornally and McCarthy 2011). Increasingly difficult living conditions and the complexities of modern life also increase the need for psychological help. Although individuals need psychological support, they avoid seeking help due to personal and social concerns. Thus, when individuals need psychological support, their help-seeking behavior is low due to the barriers to their help-seeking. Self-stigmatization and social stigmatization are among significant barriers to seeking psychological help. Professional help is not the first choice for those seeking psychological help (Sezer and Kezer 2013, Dinar et al. 2021). Various factors influence the decision to seek psychological help. A study conducted in Türkiye found that women, people with higher levels of education, and tobacco and alcohol users were more likely to seek psychological help (Bayrakçeken et al. 2023). The study by Güney et al. (2024) reported that women had a more positive attitude toward seeking psychological help than men. A study conducted in China found that older men who were married and had children were more open to seeking mental health help (Gearing et al. 2024). Another study found that individuals who were depressed and felt unworthiness were more likely to seek psychological and psychiatric support (Çebi Karaslan et al. 2024). According to a study conducted in Pakistan, barriers to seeking psychological help included various factors, such as lack of faith in psychological treatment, fear of treatment, family prohibitions, and previous experiences (Husain 2020). One of the barriers that prevents people from seeking help and participating in psychological support services is stigma (Sadath et al. 2014, Dinar et al. 2021).

In fact, the most common barrier to seeking psychological help is the stigmatizing attitude (Chandrasekara 2016). Topkaya (2015) qualitative study with adults determined that social stigma was a barrier to seeking help. In some cultures, individuals refuse access to professional health services on the grounds that revealing the existence of an illness perceived as shameful would expose a weak family structure (APA

2024). According to a study, individuals with mental illnesses, who were stigmatized, and their caregivers first turned to religious places, preferred traditional healers and sorcerers to find a cure, and resorted to the healthcare system as a last resort (Girma et al. 2024). Individuals who stigmatize themselves and fear social stigma do not seek psychological support even when they need it, and this leads to delays in necessary intervention and the chronicity of their problems. Interventions aimed at preventing stigmatization will enable individuals to access resources for psychological help more easily and find solutions in earlier stages (Dinar et al. 2021). Therefore, fighting against stigma is necessary to foster individuals' belief that seeking help is beneficial and to increase their desire to seek professional help (Schomerus and Angermeyer 2008).

Psychological Help-Seeking Among Caregivers

Managing the emotional stress caused by mental illness can be more difficult than managing physical problems (Mento et al. 2019). During the care of chronic mental illness, caregivers must cope with many challenges, such as taking on new responsibilities, deterioration of social relationships, feelings of inadequacy, stigmatization, and financial difficulties (Singh et al. 2019, Gök and Ölmez 2021). Studies have shown that families first try to address symptoms of illness using traditional methods based on their beliefs, but when these efforts fail, they turn to mental health centers. Mental health centers are not the first places families turn to for help when symptoms of illness first appear. The various traditional methods they try before seeking help from mental health centers contribute to the progression of patients' symptoms. Delayed treatment and worsening symptoms further increase the burden on families. Families fear stigmatization by society, and delay seeking professional help for their patients (Sadath et al. 2014).

In a qualitative study conducted with schizophrenia patients and their spouses, most spouses stated that they no longer had a life of their own. They mentioned feeling isolated and stated that they were left alone with themselves, experienced sleep disorders, and could not spare time for their own health care. One participant mentioned that she could not share things with anyone, and this had a negative effect on her. She said: “This diagnosis was made. I went crazy, my brain stopped working. Then I told my husband's mother. She scolded me, saying how could I talk about her son like that. So, they didn't accept it. I told myself that if his mother reacted like that, then I couldn’t tell anyone. But if I didn't tell anyone, I would crack. Later, I tried to self-medicate.” That means, she did not seek help and tried to solve the problem herself (Gök and Ölmez 2021).

It is important for caregivers to seek help because it will enable them to cope with the emotional problems they experience and receive social support (Pickard et al. 2011). Caregivers' concerns about their patient's health and future cause them to experience mental distress, and they might seek help to deal with this distress (Van Wijngaarden et al. 2004). Psychological help-seeking will contribute to both the patient's well-being and the caregiver's own health improvement and quality of life. The psychological well-being of the caregiver will positively affect the care process and the patient. There is a gap in the literature regarding psychological help-seeking behavior among caregivers. Therefore, it is recommended that the psychological help-seeking behavior be evaluated specifically for caregivers.

Conclusion

The stigma experienced by caregivers can negatively affect the patient's search for treatment, compliance with treatment, and rehabilitation processes. Therefore, it would be beneficial for patients and families if healthcare professionals provided counseling to caregivers, either individually or in groups, on needed topics, such as mental illnesses and coping skills, and provided professional support to families by organizing support programs (Girma et al. 2014). Healthcare professionals should identify the difficulties caregivers experience during caregiving and support them in developing their coping skills. In addition, caregivers should be provided with information about their patients’ mental illness. Caregivers who are knowledgeable about illness will experience less guilt and a lighter caregiving burden (Kaya and Öz 2019). Healthcare professionals should be able to recognize caregivers' perceptions of mental illness and caregiving and understand how the illness process affects the patient and their family.

Caregivers should become aware that they may have physical, mental, and social needs during caregiving and should be able to seek psychological help from nurses and other healthcare professionals when needed without ignoring themselves. Caregivers who are not afraid of being stigmatized and know where to seek help will be able to access the support, they need in a timely manner. In this way, the physical, mental, and social needs of all family members will be met, and the family's unity will be preserved (Eker Alyanak and Dönmez 2022). Interventions aimed at correcting stigmatization, prejudice, and discrimination will lead to an improvement in the mental well-being of society. While reducing social stigmatization, these interventions will also help to resolve internalized stigmatization over time.

Mental health professionals' efforts to prevent stigmatization will contribute to caregivers' well-being and encourage them to seek psychological help when they need it. In future studies, conducting quantitative research on stigmatization and psychological help-seeking among caregivers of individuals with chronic mental illnesses will be an important step toward developing intervention studies. In addition, it is recommended that initiatives be planned and implemented for caregivers addressing each factor (past experiences, family attitudes, etc.) that creates barriers to seeking psychological help, in addition to stigmatization.

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