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REVIEW

Legal Protection of Mental Health for Family Caregivers of People with Mental Disorders: Challenges, Current Situation, and Legislative Response

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Abstract: This paper systematically reviews domestic and international empirical research and legal literature to examine the challenges faced by family caregivers of individuals with mental disorders in China in terms of mental health, as well as the current state of legal protection for such caregivers. Caregivers face anxiety, depression, and stress, with the root causes lying in the high intensity of caregiving tasks, economic and opportunity costs, social stigma, and insufficient social support. However, current laws, such as the Mental Health Law, primarily emphasize family obligations, with insufficient provisions for support and relief mechanisms targeting caregivers' own mental health, leading to a long-standing imbalance between responsibilities and rights. This paper draws on legislative experiences from Western countries in areas such as psychological support, respite services, and flexible work arrangements to explore pathways for improving China's legal protection system for caregivers. Research indicates that, by safeguarding caregivers' mental health as a legal right rather than merely a welfare benefit, introducing specialized support provisions, and promoting the legalization of social policies, significant improvements can be made in caregivers' mental health, thereby enhancing the overall level of mental health services. From a legal commentary and comparative research perspective, this paper proposes a practical legislative framework, providing theoretical foundations and practical references for future reforms in mental health legislation and policy optimization.

Keywords: mental disorder patients, family caregivers, mental health, difficulties, legal protection

Introduction

Family caregivers (also known as informal caregivers) of individuals with mental disorders have attracted growing attention. This is a large population globally. According to the World Health Organization, as of 2022 more than one billion people worldwide live with mental disorders;[1] nearly one in four families includes a member with a mental disorder.[2] In China, the lifetime prevalence of mental disorders has reached 16.6%, affecting more than 230 million people.[3,4] Because of limited medical resources and cultural factors, family members often become the primary caregivers, assuming substantial responsibilities for daily care and accompaniment to medical appointments.[2] Numerous studies indicate that this role imposes significant psychological burdens and health risks on caregivers themselves: their rates of depression, anxiety, and other mental health problems are substantially higher than those in the general population,[5] and their overall mental health is a cause for concern.[6] For example, a meta-analysis reported that approximately 31.7% of caregivers of individuals with mental disorders worldwide experience significant caregiving burden.[7] A study in Taiwan found that about 30% of long-term caregivers reported suicidal ideation, and 20% reported self-harm or suicidal behaviors.[8] This situation not only threatens caregivers' health and quality of life but may also weaken caregiving capacity, thereby hindering patient recovery and destabilizing family functioning.

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However, the legal and institutional response has lagged behind the growing mental-health needs of caregivers. Existing legislation largely casts family caregivers as responsible for patients' treatment and rehabilitation rather than recognizing them as rights holders in need of support and protection. In China, laws such as the Mental Health Law emphasize patients' rights and families' obligations but do not expressly require government or society to provide caregivers with systematic psychological support, economic compensation, or relief mechanisms. As a result, caregivers' mental-health problems have long remained institutionally "invisible." This protection gap not only exacerbates caregivers' psychological and financial burdens but also departs from recent international trends that emphasize caregivers' well-being.

The right to mental health, as an element of the fundamental right to health, has long been recognized under the International Covenant on Economic, Social and Cultural Rights and has been emphasized in relevant Chinese policies. From this perspective, the mental health of family caregivers should not be treated merely as a matter of social welfare or moral responsibility but should be recognized and protected in law. Doing so concerns caregivers' quality of life and dignity and bears directly on rehabilitation outcomes for individuals with mental disorders, the stability of families, and broader public expenditures. In short, safeguarding caregivers' mental health is both a human-rights imperative and a matter of public interest.

Against this backdrop, shortcomings in the existing legal framework are assessed through a review of caregivers' mental-health challenges and the current state of legal protections. A rights-centered legal framework for caregivers is then developed to provide theoretical grounding and practical guidance for future mental-health legislative reforms and social-policy improvements in China.

Systematic Review of the Mental Health of Family Caregivers

Methods and Scope

To ensure verifiability and reproducibility, this section systematically synthesizes the existing literature. Drawing on national cross-sectional surveys, studies of inpatient caregivers, systematic reviews and Meta-analyses, and China-based studies already cited, it summarizes the evidence across three domains—prevalence, stressors, and health and family outcomes. Key data and sources are reported in the in-text citations and the reference list.

Prevalence: Consistently High Burden in Community and Hospital Settings

A national cross-sectional survey conducted in 2023 found that, among informal caregivers in China, 72.1% of those caring for individuals with mental disorders reported a heavy caregiver burden, 53.5% had moderate-to-severe depressive symptoms, and 43.1% had moderate-to-severe anxiety symptoms, underscoring the prevalence and severity of psychological distress in community settings. Among caregivers of hospitalized patients, the prevalence of anxiety symptoms reached 70.6%,[9] suggesting that stress levels in medical settings may be particularly pronounced.[10] In addition, illness severity and the type of familial relationship were significantly associated with caregiver burden.[11]

Main Sources of Stress: Task Intensity, Knowledge Gaps, Stigma, and Economic Costs

The main sources of stress faced by caregivers of patients with mental disorders are shown in Figure 1.[12–18]

Task and time intensity: Long-term, high-intensity daily care and nursing-management duties are associated with stress responses, including insomnia, fatigue, and irritability. Some caregivers develop burnout and may also experience stress-related physical conditions (eg, hypertension or exacerbation of diabetes).[12,19]

Knowledge and skill gaps: Insufficient disease knowledge, uncertainty about appropriate responses, and concerns about the care recipient's prognosis are associated with increased symptoms of anxiety and depression among caregivers.[13]

Social stigma and lack of support: Perceived stigma is strongly correlated with psychological distress. Social prejudice and discrimination against mental illness exacerbate caregivers' psychological stress, leaving them feeling isolated and helpless. Existing evidence indicates that stigma heightens the risk of adverse outcomes, including anxiety and depression.[14–16]

Economic and opportunity costs: Ongoing expenditures for long-term treatment and rehabilitation, coupled with lost work time and other opportunity costs, impose sustained financial pressure on caregivers.[17,18]

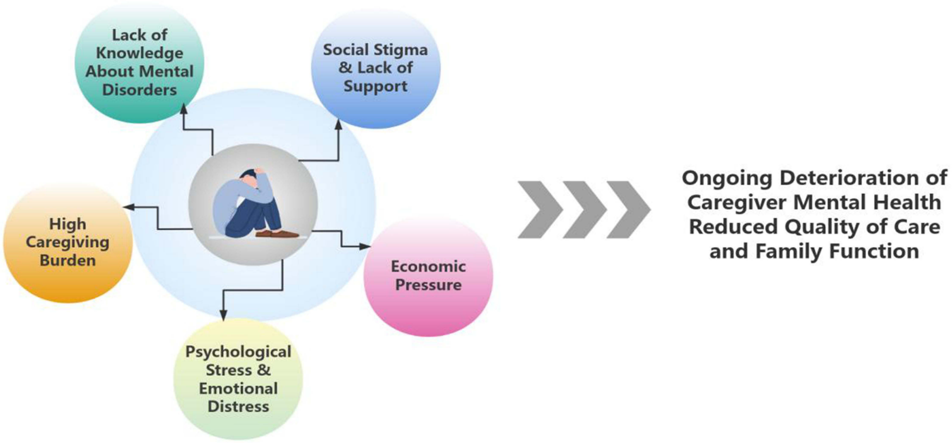

Figure 1 Major sources of stress for family caregivers of persons with mental disorders.[12–18]

Summary of Evidence

Existing evidence from China is largely consistent: caregivers experience substantial stress and elevated psychological distress; caregivers in hospital settings and those caring for individuals with severe mental disorders are at increased risk; knowledge gaps, stigma, and economic strain are key amplifiers; and these adverse outcomes are intertwined with family functioning and patient recovery, mutually reinforcing chronic stress and cumulatively eroding caregivers' mental health.

Current Status and Issues Regarding Legal Protection for the Mental Health of Caregivers in China

Patient-Oriented and Family-Oriented

China currently lacks a standalone law specifically addressing the mental-health protection of family caregivers; however, related statutes contain scattered provisions. The most directly relevant is the Mental Health Law of the People's Republic of China (enacted in 2012; effective in 2013). While this law primarily safeguards the rights of individuals with mental disorders, it also addresses—albeit to a limited extent—the roles and responsibilities of family caregivers. For example, the General Provisions state that "mental health work shall be carried out under a comprehensive management mechanism in which the government provides organizational leadership, departments assume their respective responsibilities, families and organizations fulfill their duties to the best of their ability, and society as a whole participates.[20]" This language indicates that, in principle, families are required to assume responsibilities for the prevention, treatment, and rehabilitation of mental disorders. In addition, Chapter 2, "Promotion of Mental Health and Prevention of Mental Disorders", provides:

> Family members should care for one another and create a harmonious family environment… If a family member is suspected of having a mental disorder, they should be assisted in seeking timely medical treatment, provided with daily care, and placed under appropriate custodial management.

This provision explicitly imposes on family members the obligations to assist with medical treatment, provide daily care, and undertake custodial management (See Figure 2 [20] for further detail).

"Pressure Spillover" Under Guardianship and Infringement Rules

China's Civil Code—and, before it, the Tort Liability Law—contains a key rule on guardianship for persons with mental disorders: where a person without, or with limited, civil capacity causes harm to others, the guardian bears tort liability unless the guardian proves due performance of guardianship duties, in which case liability may be reduced accordingly. This means that if a person with a mental disorder (legally deemed to lack or have limited capacity for civil conduct) injures others or damages property during an acute episode, the victim may claim compensation from the guardian, typically a family

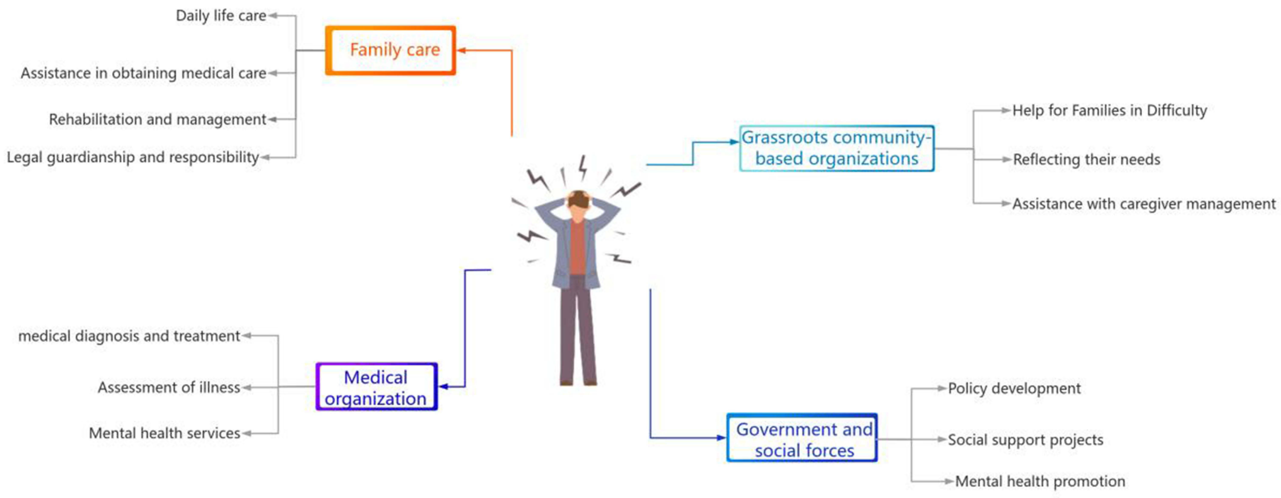

Figure 2 Care system for persons with mental disorders in China.[20]

caregiver. Such disputes are not uncommon in judicial practice. For example, in a Jiangsu case, Zhang, who had a mental disorder, damaged another person's vehicle during an episode. After the insurer indemnified the victim, it sought subrogation against Zhang and his son (his guardian). The court held the guardian liable for compensation under Article 1188 of the Civil Code because he failed to prove that he had fulfilled his duties. Similarly,[21] in a Hubei case, a son with a mental disorder broke the glass of the duty booth at a school entrance after an altercation; his mother was ordered to compensate for the property damage.[22] This legal arrangement protects third-party victims but also increases caregivers' legal exposure and psychological strain: caregivers must both provide diligent care and take reasonable measures to prevent harm, while facing potentially significant compensation obligations if the care recipient loses control.

Limitations and Shortcomings of Legal Protection

Insufficient Confirmation of Rights

Although current laws expressly recognize family caregivers as independent rights holders, they fail to provide systematic psychological support, financial compensation, or relief/remedial mechanisms—offering only general community-level assistance. Within the legal framework, caregivers are still treated primarily as duty bearers, making it difficult for their mental-health needs to be recognized as enforceable, justiciable entitlements.

Lack of Economic Compensation and Protection

Long-term care for persons with severe mental disorders often reduces household labor supply and increases medical expenditures; yet current laws and policies provide no direct financial compensation to caregivers. Disability or hardship allowances are typically directed to patients and are modest in amount. Consequently, the legal framework fails to recognize caregiving labor as socially valuable work, leaving caregivers to rely primarily on intra-family resources. The result is heightened economic vulnerability among caregiving households—including "caregiving-induced poverty"—and substantial gaps in caregivers' income security and social protection.

Lack of Legal Remedies

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International Experience and Insights

England: The "Assessment-Support Obligation" Centered on the Care Act 2014

The UK government places high priority on the needs of caregivers and has enacted a series of statutes to protect their rights. For example, the Carers (Recognition and Services) Act 1995, the Carers (Equal Opportunities) Act 2004, and the Care Act 2014 provide legal support for caregivers. In England, the Care Act 2014 imposes a statutory duty on local authorities to assess caregivers' needs and to provide appropriate support services based on the assessment.[23] Any person providing care may request a "carer's assessment" to evaluate their physical and mental health, caregiving burden, and support needs. If the assessment identifies "eligible support needs", the local authority is under a duty to meet those needs.[23] Support may include mental-health services (eg, counseling, support groups), skills training, and information and advice. Where the assessment determines that the caregiver requires a temporary break to maintain their own health, the local authority must arrange "replacement care", such as temporary professional caregiving or a short stay for the care recipient in a facility.[24] Provided the caregiver and care recipient meet the statutory criteria, the authority must ensure the provision of such respite services, with costs met by public funding or subsidies. These measures effectively safeguard caregivers' access to regular respite and are widely regarded as international best practice.

United States: A Dual Track of Project-Based Work and Labor Law: "Support and Leave"

The National Family Caregiver Support Program (NFCSP), implemented in the United States since 2000, is a federally authorized program rather than a standalone statute. It provides counseling, training, support groups, and respite services to families caring for individuals who require long-term care (eg, Alzheimer's disease), evidencing systematic policy support. Although the United States lacks a specific caregiver-leave statute, the Family and Medical Leave Act (FMLA) permits eligible employees to take up to 12 weeks of unpaid, job-protected leave each year to care for a spouse, parent, or child with a serious health condition, including qualifying mental-health conditions. For example, under FMLA regulations, an employee may take leave to care for a mother who cannot care for herself because of severe depression, including accompanying her to medical appointments and assisting with activities of daily living. During the leave period, the employer must restore the employee to the same or an equivalent position, reflecting legal recognition of—and support for—family caregiving responsibilities.[25]

European Union: Minimum Standards Based on the Work-Life Balance Directive (2019/1158)

The EU's Work-Life Balance Directive (Directive (EU) 2019/1158) is a landmark instrument. It requires all Member States to legislate for at least five working days of carer's leave per year for employees caring for immediate family members with serious health conditions.[26] The Directive also grants working carers the right to request flexible working arrangements (eg, flexible hours and remote working). Many Member States have further extended the duration of carer's leave and/or provided some level of pay protection.[27]

Comparative experience indicates that, by strengthening laws and policies and providing multi-level supports—psychological services, respite, financial assistance, and workplace accommodations—caregivers' stress can be alleviated, their physical and mental health maintained, and the quality of patient care indirectly improved. These practices reflect people-centred, socially responsible governance and merit consideration in China.

Discussion: Establishing a Legal Framework for Protecting the Mental Health of Family Caregivers of People with Mental Disorders in China

The Shift from "Obligation Bearer" to "Rights Holder"

The mental health of caregivers of individuals with mental disorders should be recognized as a clear legal right. This follows not only from the principle that mental health is integral to the right to health—creating non-derogable state obligations—but also from the instrumental fact that caregivers' mental states affect patient rehabilitation, family stability, and broader public expenditures. Even amid resource constraints, these needs require targeted institutional design. Comparative legislative trends likewise show a shift from welfare-style assistance to rights protection, offering a reference point for China: moving from viewing caregivers primarily as family duty-bearers to recognizing them as independent rights-holders. To reflect genuine legal concern for this group, revisions to the Mental Health Law and related policies should explicitly protect caregivers' mental and physical health, thereby laying the legal foundation for subsequent, specific measures. This is not merely semantic; it is a threshold condition for institutionalization. The sections that follow set out the contours of such a rights framework.

Learning from and Adapting International Experience

International best practices should not be transplanted wholesale; they must be adapted to China's circumstances and translated into operational pathways.

Establish a Reliable Assessment Mechanism

Following the model used in England and elsewhere, community health service centers and primary-care institutions should serve as the first point of entry into the public support system by conducting routine caregiver assessments. The assessment should be comprehensive, covering at a minimum caregivers' psychological status, caregiving burden, household economic impacts, and social support networks. A flexible triggering mechanism should permit caregiver-initiated applications and provider-initiated identification by hospitals or communities during follow-up. Each assessment should culminate in a written "Caregiver Support Plan" specifying service types, frequency, and responsible parties; implementation should be tracked via an information system. Assessment outcomes should be directly linked to service intensity and funding eligibility to ensure a seamless pathway from assessment through referral to service delivery.

Establish a Rights Package Centered on "Service Rights" and "Time Rights"

Service rights should be operationalized through government procurement, prioritization of high-burden families, and a core package that includes: (i) psychological supports (eg, counseling, peer-support groups); (ii) respite care (eg, short-term substitute care); (iii) skills training (eg, crisis response and self-management); and (iv) care navigation (eg, resource linkage and case follow-up). Programs should have clear service catalogs, quality standards, and performance evaluations, and be delivered via service vouchers or individualized budgets to enable flexible use. The right to time should be embedded in labor policy by establishing caregiver leave and a statutory right to request flexible work arrangements, accompanied by job-retention guarantees and anti-discrimination protections. Pilot implementation should begin in the public sector and in medium- and large-sized enterprises, with gradual scale-up thereafter.

Improve Supporting Mechanisms

On the financing side, prioritize local-government budgets and health-insurance pilots, supplementing them with long-term care insurance and public-welfare funds; establish a Family Support Fund for Mental Disorders to provide short-term assistance during acute crises; open pathways from administrative appeals to judicial remedies; and introduce liability insurance to pool unforeseen risks. These reforms would meaningfully localize international experience and yield a practical, coherent system of rights protection.

Implementation Challenges and Feasibility Recommendations

Although the foregoing framework is conceptually sound, its implementation faces substantial challenges within China's resource-constrained and decentralized governance context. These challenges must be addressed systematically to prevent the framework from devolving into mere procedural formality.

Resource Allocation Challenges: Balancing Fiscal Pressures and Supply Equity

New expenditures may intensify local fiscal pressures, and service misuse can further inflate costs. To mitigate these risks, service vouchers and individualized budgets can be deployed as flexible instruments to prioritize support for high-burden households. On the purchasing side, competitive tendering and outcome-based payment, combined with annual expenditure ceilings and differentiated co-payment rates, can promote both equity and sustainability.

Supply-side capacity is uneven: variation across primary-level institutions and social organizations generates volatility in service quality. Government procurement should be used to set uniform entry standards, mandate professional training, and institute third-party evaluation, while building collaborative networks among medical institutions, communities, and social organizations so that supply remains flexible yet bounded by clear baselines.

Regional disparities are also significant. Fiscal gaps between urban and rural areas and between eastern and western regions render a one-size-fits-all approach impracticable. A nationally unified minimum service package should be established, with local adaptation according to fiscal capacity. Phased pilots and targeted central transfers can support gradual rollout and reduce the risk of maldistribution.

Implementation and Coordination Challenges: Strengthening Legal Support and Multi-Party Cooperation

When the legal framework lacks a clear allocation of roles and powers, implementation effectiveness is substantially undermined. Accordingly, policy instruments or regulations should delineate assessment obligations, service catalogs, and accountability rules, and establish a multi-departmental responsibility matrix—encompassing the National Health Commission (assessment and technical standards), the Ministry of Civil Affairs (service procurement and delivery), the Ministry of Human Resources and Social Security (time-related rights and employment protection), the National Healthcare Security Administration (benefit-catalog management), the Ministry of Finance (earmarked funds and performance evaluation), and the judicial system (avenues for redress)—to ensure end-to-end coordination.

While data sharing can improve efficiency, improper handling may cause secondary harm; therefore, information-privacy safeguards must be prioritized. Principles such as minimum-necessary use (data minimization), purpose limitation, tiered authorization, and de-identification should be embedded to mitigate the risk of privacy breaches.

On the employer side, pilot programs should first be launched in the public sector and large enterprises, accompanied by model guidelines and calibrated incentives, before being gradually extended to small and medium-sized enterprises to reduce implementation resistance.

Monitoring and Implementation Challenges: Establishing a Correction Mechanism and a Step-by-Step Path

From a regulatory standpoint, establish key performance indicators (KPIs)—assessment coverage, service-delivery rates, improvements in caregivers' mental health, and hospital readmission rates—and link them to periodic audits with adaptive adjustments triggered by performance thresholds. For high-risk households, introduce liability insurance and/or a relief fund as a safety net to prevent caregiving-induced poverty.

For overall implementation, adopt a phased strategy: in the short term (1–2 years), pilot assessment tools and service vouchers in urban areas to validate workflows; in the medium term (3–5 years), expand financing channels and incorporate programs into local regulations to consolidate best practices; in the long term (5+ years), entrench rights and obligations in higher-level legislation to establish a stable fiscal and governance framework. These measures convert diffuse challenges into manageable components, enabling the framework to move from concept to practice.

Conclusions

The mental health of family caregivers of individuals with mental disorders concerns not only personal well-being but also patient recovery, family cohesion, and broader social stability. Drawing on domestic and international evidence, this paper shows that prevailing policies primarily frame caregivers as duty-bearers and provide limited, non-systematic support for their mental health, revealing significant shortcomings in current rights protection. To address this gap, we propose a rights-based legal framework that explicitly incorporates caregivers' mental health into the right to health. We further argue that revisions to the Mental Health Law and related regulations should recognize caregivers as independent rights-holders. Through institutional designs—including standardized assessment mechanisms, service supports, and time-related entitlements (eg, caregiver leave and flexible work)—responsibilities can be allocated across government, society, and families, establishing a shared-responsibility system.

The core contribution of this paper is to advance a conceptual shift from traditional notions of "moral obligation" and "welfare charity" to a rights-based approach anchored in law. It offers a practical framework for protecting caregivers of individuals with mental disorders in the Chinese context and proposes an indicator system and research agenda for policy evaluation. Looking ahead, deeper empirical work—focusing on differentiated needs across diagnoses and regions, and on the costs and incentive structures for employer participation—can further refine legislative and policy design. Such refinement will not only alleviate caregivers' "invisible burden", bringing greater hope to patients and families, but also steer China's mental-health system toward greater equity and sustainability.

Limitations of the Study

The research presented in this paper has certain limitations. First, the study primarily employs literature analysis and comparative research methods, focusing on discussions at the macro-legal policy level, and lacks first-hand research data from the Chinese caregiver community. Future research could employ questionnaires and interviews to gain a deeper understanding of the actual needs of caregivers in terms of laws and services, as well as their acceptance of and feedback on different support measures. This would help make legislative proposals more targeted and operable.

Secondly, given the variety of mental disorders (eg, schizophrenia, bipolar disorder, Alzheimer's disease) and the diversity of caregiving contexts, the challenges faced by caregivers of different sub-groups may vary. This article does not provide a categorized discussion of the specific needs of different caregiver categories. Follow-up studies could focus on the legal protection of caregivers of specific diseases (eg, severe mental disorders vs mild mental disorders) or specific groups (eg, rural vs urban caregivers), and design more differentiated policy tools in a detailed manner.

Additionally, at the implementation level, how to translate legal principles into effective grassroots actions warrants further study. This includes issues such as financial security, sectoral coordination, and capacity building for service provision, all of which are critical to determining whether the legal provisions can truly benefit the caregiver community.

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Disclosure

The authors report no conflicts of interest in this work.

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