Level 2: Factors associated with carers' mental health: combined evidence from qualitative review and quantitative reviews (observational and intervention)	
Themes and subthemes **Black text** – Factors from qualitative evidence **Blue text-** Factors from quantitative information that showed a relationship with carer mental health (quantitative information includes both observational and intervention research findings) Highlighted purple text – Factor identified both in qualitative and quantitative information *Italic text* – *Factors from quantitative information which did not show any relationship with carer mental health*	**Strategies to support mental health**

1. Patient condition	Patient condition
	    Cancer
	    Other conditions
	Patient diagnosis
	Patient disease severity
	Patient disease stage
	Patient treatment
	
	Patient physical decline
	    Patient Quality of Life
	    Emotional response
	        Fear of decline
	        Uncertainty over how the illness will progress
	        No light at the end of the tunnel
	        Distress when observing physical decline
	        Impact of the patients cognitive decline/*cognitive functioning (=a person's ability to process thoughts, remember things etc.)*
	        Physical functioning
	    Symptoms
	        Overall
	        Physical
	        Psychological
		▪ Improving depression in patients
		
		▪ Improving social wellbeing in patients

Table 3: Factors associated with carers' mental health: combined evidence from qualitative review and quantitative reviews (observational and intervention), cont.	
Themes and subthemes **Black text** – Factors from qualitative evidence **Blue text-** Factors from quantitative information that showed a relationship with carer mental health (quantitative information includes both observational and intervention research findings) Highlighted purple text – Factor identified both in qualitative and quantitative information *Italic text – Factors from quantitative information which did not show any relationship with carer mental health*	**Strategies to support mental health**

2. Impact of caring responsibilities	Workload/ Physical burden/Carer workload:
	
	Caring for patient
	
	Supporting other family members/support for others
	
	Conflicting responsibilities/other demands on time
	
	Taking on extra roles/responsibilities that the patient would have previously done
	
	Length of caring
	
	Emotional impact:
	
	    Exhaustion/ Impact on mental health
	
	    Crisis
	
	Emotional impact:
	
	    Impact on physical health
	
	Other general life impact:
	
	    Lifestyle adjustments
	
	    Impact of employment (lack of flexibility, understanding etc.)
	
	    No energy to socialise
	
	    No time for self-care
	
	    Lack of respite/ unable to plan for respite
	
	    Loneliness and isolation
	
	    Sleep deprivation (carer required through the night)/sleep problems/*sleeping hours*	

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3. Relationships	Relationships with the patient/ quality of patient-carer relationship Carer attachment style (= how the carer relates to people) *Cohesion (=the level of commitment and support in the relationship)* Communication Change in roles/quality of the relationship Lack of understanding or gratitude about the impact of caring from the patient/Conflict Patient non-compliance Family dynamics Coherence (=the ability of family members to successfully cope with family stressors) Cohesion (=the level of commitment and support within the family) Communication Conflict	▪ Improving quality of patient-carer relationship
4. Finances	Current finances/ Cost of equipment Impact on work Difficulty accessing benefits Distress over future financial situations/ Financial situation Mode of transport	

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5. Carer internal processes	Loss of self-determination and <mark>autonomy</mark>
	
	Why me?
	
	Lack of care experience/ preparedness for caregiving/previous experience of informal caregiving
	
	Mastery
	
	Self-esteem
	
	Lack of confidence/ Self-efficacy (=the carer's belief that they can be successful when carrying out a particular task)
	
	Lack of control
	
	    Control over the care situation
	
	    Anxiety about what they will be told at appointments
	
	<mark>Coping patterns</mark>
	
	    Positive impact
	
	    Negative impact
	
	    No impact
	
	Transitions/ crisis
	
	    Acceptance of patient condition
	
	    Shock of the diagnosis
	
	    Grieving of a previous life
	
	    Becoming a carer
	
	    <mark>Pre loss grief</mark>
	
	    Positive aspects of caring
	
	    Time for respite
		▪ Time for respite (journaling, time to yourself, employment, treats, alternative therapies, reducing the quality of care provided)
		
		▪ Positive self-talk (looking to the future, knowing this will end,, coming to terms with the situation/thinking of what you still have, gentle with yourself on bad days, positivity from others-feeling appreciated)
		
		▪ Ignore own emotions and needs
		
		▪ Spirituality: acceptance of a lack of control, reduces a sense of isolation/ someone is listening
		
		▪ Increasing autonomy
		▪ Decrease in use of an avoidant coping strategy (i.e. denial)
		
		▪ Healthy behaviours (e.g. exercise, nutrition and adequate sleep)
		
		▪ Communicating stress within the carer-patient relationship (where the carer is the partner of the patient)
		
		▪ Increasing support for and satisfaction with involvement in joint decision making for the patient
		
		▪ Increasing self-efficacy
		
		▪ Improving mastery

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6. Support	Lack of professional/formal support/ formal support/satisfaction with support
	
	Healthcare system challenges
	
	    Disjointed care/quality of care
	
	    Lack of empathy
	
	    Health care professionals do not recognise carers expertise/ Lack of collaboration between health professionals and carers
	
	    Health care professionals not listening to the wishes of patients and carers/*health professionals understanding of patient needs*
	
	    Poor communication from health care workers/communication with care professionals
	
	    Lack of skill
	
	    Inadequate pain management/*patient pain management*
	
	    Cultural barriers
	
	Lack of information/accessible information
	
	Lack of informal support
	
	Perceived support
	
	Unmet needs
		- Professional support (mental health professionals, social workers, nurses, physicians, palliative care nurse, telephone helpline services, private carer - Informal support (support from friends and family, sense of community, shared responsibility/validation) - Support groups: Support from others in the same situation, source of information - Accessing information - Spirituality: Provides a sense of community

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7. Contextual factors	Carer
	    Age
	    Education
	    Employment
	        Unemployment
	        Employed
	        Retired
	    Ethnicity
	    Gender
	    Health status
	        Poor physical health
	        Overall health
	
	    Marital status
	    Socio-economic status (= a combined measure of the carer's work experience and individual's or family's economic and social position in relation to others, based on income, education, and occupation)
	    Composition of household
	    Length of patient-carer relationship
	    Lives with patient
	    Relationship to patient
	        Spouse
	        Not a spouse/partner
	        Child
	        Other relationship
	
	    Rural location
	Patient
	    Age
	    Educational level
	    Gender
	    Lives with carer	