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Exploring the psychological impact: Analysing stress, anxiety, and depression among caregivers of individuals with psychiatric disorders

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Abstract

Introduction: Mental disorders constitute approximately 13% of the global disease burden, impacting million individuals worldwide. With a prevalence of 1 in 17 people experiencing severe mental illness globally, the role of caregivers becomes pivotal in providing necessary support. The well-being of the affected individuals is intricately linked to the nature and quality of care extended by these caregivers. However, caregivers find themselves in intricate and demanding care scenarios, leading to heightened caregiver stress. The influence of psychiatric disorders extend to the dynamics of entire families. The weight of caregiving responsibilities within family units has been recognized for a considerable duration. While several psychoeducational interventions have demonstrated favourable outcomes in alleviating this burden, limited research has delved into the correlation between family dysfunction and its contribution to the experience of burden, depression, anxiety, and stress among caregivers. This study aims to assess the stress levels experienced by caregivers of psychiatric patients and their coping mechanisms.
Objective: The objective of this study is to assess and compare the levels of stress, anxiety, and depression among caregivers of individuals with psychiatric disorders, while also considering the gender differences.

Keywords: Psychiatric patients, stress, coping status, anxiety, depression, and caregivers

Introduction

Mental illness entails the maladjustment of an individual's thoughts, emotions, memories, perceptions, and judgments, leading to disruptive deviations from normal living and causing disharmony in meeting essential human needs within a cultural context. The complexities of mental illness hinder swift remedies, demanding prolonged treatment and vigilant oversight. Care for the mentally ill is often shouldered by their families. For too long, mental health remained veiled by shame and prejudice, but the time has come to cast this veil aside. The extent of suffering, the impact on individuals, families, and communities, and the associated responsibilities are overwhelming. The world's awareness of this burdensome challenge has grown, offering opportunities for advancements in mental health. Armed with the knowledge at hand, we have the potential to effect change.

Families serve as the primary and enduring caregivers, constituting a vital resource for individuals facing psychiatric disorders. Within the evolving landscape of medical advancements that aim to manage illnesses and the constraints faced by health and social services systems, the role of family caregivers has become increasingly pivotal. In this context, a caregiver pertains to a family member who has cohabited with the patient and has been closely engaged in their daily routines, medical care, and social engagements for a duration surpassing one year.

Globally, approximately 450 million people are grappling with mental illness, as reported by the World Health Organization. Many individuals contending with mental health challenges relies on the support of their family members and friends to navigate daily life. The responsibility of tending to those with psychiatric disorders demands unwavering dedication, boundless energy, and deep empathy, undeniably casting a significant influence on the daily routines of caregivers.

Mental disorders constitute about 13% of the global disease burden, with 1 in 17 people worldwide contending with severe mental illness. The worldwide lifetime prevalence of mental disorders poses a substantial concern for public

health. According to a 2001 report by the WHO, 10-20% of children and adolescents worldwide confront mental disorders, and a staggering 50% of these disorders manifest before the age of 14.

Caregiving gives rise to various impacts encompassing physical, social, emotional, and financial domains. The well-being of caregivers, both emotionally and physically, holds significance not only for their personal quality of life but also for the overall welfare of the individuals under their care.

In Western societies, studies have revealed that the obligations shouldered by family caregivers responsible for individuals with persistent mental disorders significantly impact their financial, physical, emotional, and psychological well-being. Hirst (2005) [7] emphasized this aspect. However, the situation differs in the Indian context, where this matter has not received adequate consideration. Only a limited number of investigations, such as the work conducted by Mridula and Prabhu (2008) [16], have made efforts to delve into the links between the load carried by family caregivers, family-related distress, and emotional pressure.

In an investigation by Tausig (1992) [13], a cohort of 83 caregivers tending to individuals with chronic mental illnesses was studied to uncover the correlation between social support and the extent of caregiver distress. The study revealed an inverse relationship between distress levels and the density of social networks, as well as the proportion of family members within these networks. Additionally, the utilization of formal caregiving services was linked to diminished distress among caregivers.

In separate research conducted by Salleh (1994) [10], a study examined 210 caregivers responsible for individuals with psychiatric disorders. The primary objective was to evaluate the weight of responsibility and the distress encountered by these caregivers. The results revealed that half of these caregivers, specifically 50%, displayed indications of neurotic depression and conveyed personal experiences of burden and distress.

Findings from a survey conducted in Iran in 2001 reveal that psychiatric disorders afflict approximately 2-2.5% of the general population. Remarkably, a substantial proportion of individuals diagnosed with psychotic conditions, ranging from 50% to 80%, reside alongside their family members. Consequently, the majority of these family members experience a notable psychological burden.

In Bangladesh, a significant number of individuals with mental health issues reside within their familial households, where the primary caregiver shoulders the responsibility for tending to the patient's necessities. This caregiving role often exposes these individuals to elevated levels of stress. The prevalence of mental disorders among adults in Bangladesh ranges from 6.5% to 31%, while among children, it fluctuates between 13.4% and 22.9%.

Aim

The major goal of this study is to compare and evaluate the stress, anxiety, and depression levels experienced by male and female carers who provide care for people with psychiatric problems.

Materials and Methods

This research employed a hospital-based cross-sectional comparative methodology, concentrating on caregivers, both male and female, who were tasked with the care of individuals having psychiatric disorders. The study's participant pool consisted of 100 caregivers, evenly split between genders (50 males and 50 females), all sourced from the National Institute of Mental Health (NIMH). The process of selection involved the deliberate use of purposive sampling techniques.

The chosen location was the National Institute of Mental Health (NIMH), which was purposefully selected due to its admission of psychiatric patients accompanied by their caregivers. Data collection was carried out using a semi-structured questionnaire that had been carefully designed to align with the study's objectives and variables. These questionnaires incorporated the Perceived Stress Scale (version 10) and a Coping Scale.

Interviews were conducted within the hospital premises (such as wards or cabins) to ensure the participants' privacy and confidentiality were upheld to the greatest extent possible. Prior to the interviews, each eligible respondent received a comprehensive explanation of the study's particulars, and written informed consent was obtained.

After the completion of data collection, the gathered data underwent entry, cleaning, and re-coding using the Statistical Package for Social Sciences (SPSS) version 17. A methodical analysis plan was devised in accordance with the study's objectives. Frequencies and percentages were employed to express values. Categorical responses, such as monthly family income, family members, and educational levels, were assessed. Chi-square tests were employed to scrutinize associations, considering a significance level of 5%. Furthermore, correlations were conducted to gauge the strength of associations between variables.

Objectives

1. This study aims to analyze and compare the sociodemographic characteristics of male and female caregivers who are responsible for individuals with psychiatric disorders.
2. The objective of this research is to evaluate and draw comparisons regarding the extent of stress experienced by male and female caregivers who are taking care of individuals with psychiatric disorders.
3. This study seeks to assess and make comparisons concerning the levels of anxiety that male and female caregivers experience while looking after individuals with psychiatric disorders.
4. The purpose of this investigation is to assess and draw comparisons regarding the levels of depression experienced by male and female caregivers who are providing care for individuals with psychiatric disorders.

Inclusion criteria

a. Individuals providing care for persons diagnosed with psychiatric disorders.
b. Age range between 25 to 55 years.
c. Care providers involved in caregiving for at least 1 year.
d. Caregivers who have furnished written informed consent.

Exclusion criteria

a. Individuals with severe physical illnesses.
b. Individuals with psychiatric illnesses.

Results and Discussions

Table 1: Comparing Age and Duration of Caregiving between Male and Female Caregivers of Individuals with Psychiatric Disorders.

Variables	Group Male (N-50) Female(N-50) Mean ± SD Mean ± SD	t-value	df
Age	43.36 ± 10.07 36.64 ± 7.76	3.455	98
Length of stay	25.02 ± 8.64 17.74 ± 7.29	3.572	98

Table-1 presents the statistical information concerning the age of male and female caregivers. The mean age for male caregivers was 43.36 ± 10.07, while for female caregivers, it was 36.64 ± 7.76 (t = 3.455). Significantly, there were no noteworthy differences in the ages of male and female caregivers responsible for individuals with psychiatric disorders.

Similarly, the table portrays the details related to the length of stay for caregivers. For male caregivers, the mean length of stay was 25.02 ± 8.64, while for female caregivers, it was 17.74 ± 7.29 (t = 3.572). The analysis indicates no significant variation in the length of stay between male and female caregivers overseeing individuals with psychiatric disorders.

Table 2: Displays the comparison of socio-demographic characteristics between male and female caregivers of individuals with psychiatric disorders.

Variables		Group Male (N-50) Female (N-50)	X^2
Education	Primary Secondary Higher secondary Higher education Illiterate	19 (39.0%) 12(26.0%) 12 (26.0%) 11(24.0%) 5 (12.0%) 3 (6.0%) 5 (10.0%) 1 (2.0%) 3 (6.0%) 17 (36.0%)	17.342
Marital status	Married Unmarried	45 (92.0%) 43(88.0%) 3 (6.0%) 5 (10.0%)	0.543NS
Occupation	Farmer Professional Unemployed	28 (58.0%) 23(48.0%) 13 (28.0%) 5 (10.0%) 5 (10.0%) 23 (38.0%)	14.455*
Family types	Joint Nuclear	30 (62.05%) 35 (72.0%) 16 (34.0%) 12 (24.0%)	1.169NS
Family income	Less than 5000 5000 to 15000 Above 15000	17 (36.0%) 24 (50.0%) 21 (44.0%) 15 (32.0%) 6 (14.0%) 5 (12.0%)	2.056NS

Table-2- illustrates that among caregivers of individuals with psychiatric disorders, 19 (39.0%) male and 12 (26.0%) female caregivers had attained primary education, while 12 (26.0%) male and 11(24.0%) female caregivers had received secondary education. Additionally, 5 (12.0%) male and 3 (6.0%) female caregivers held a higher secondary education, and 5 (10.0%) male and 1 (2.0%) female caregivers had achieved a higher level of education. Moreover, 3 (6.0%) male caregivers and 17 (36.0%) female caregivers were categorized as illiterate, revealing a notable difference (Chi-square=17.342*) in education levels between male and female caregivers.

In terms of marital status, a significant distinction emerged ($p \leq 0.05$) among male and female caregivers of individuals with psychiatric disorders. Among the caregivers, 45 (92.0%) males and 43 (88.0%) females were married, while 3 (6.0%) males and 5 (10.0%) females were unmarried, although this variation in marital status did not yield statistical significance (Chi-square = 0.543).

Concerning occupation, 28 (58.0%) male caregivers and 23 (48.0%) female caregivers were employed, while 13 (28.0%) male caregivers and 5 (10.0%) female caregivers held professional roles. Moreover, 5 (10.0%) male caregivers and 23 (38.0%) female caregivers were unemployed, show casinga significant difference (Chi-square=14.455*) in occupation between male and female caregivers.

When analysing family types, 30 (62.0%) male caregivers and 35 (72.0%) female caregivers hailed from nuclear families, whereas 16 (34.0%) male caregivers and 12 (24.0%) female caregivers were part of joint families. However, this distribution did not yield significant differences (Chi-square=1.169) in terms of family type.

In terms of family income, 17 (36.0%) male caregivers and 24 (50.0%) female caregivers reported a family income of less than 5000 Rs per month. Additionally, 21 (44.0%) male caregivers and 15 (32.0%) female caregivers had a family income ranging from Rs. 5000 to 15000 per month, while 6 (14.0%) male caregivers and 5 (12.0%) female caregivers reported a family income exceeding Rs. 15000 per month. However, these income disparities did not yield a statistically significant difference (Chi-square=2.056 NS) between male and female caregivers.

The majority of caregivers in the study had limited education, which could have contributed to an increased overall level of distress. Similarly, while no direct associations were found between variables like occupation and family income with psychological distress, these factors might have contributed to an aggregate impact on higher rates of distress. It is worth noting that caregivers of psychiatric patients often experience elevated levels of psychological distress, depression, and various challenges across personal, financial, family, and social domains (Fortinsky RH *et al*., 2007; Savla J *et al*., 2008) [5, 11].

Table 3: Compares the levels of stress, anxiety, and depression experienced by male and female carers of people with psychiatric problems in several domains.

Variables	Group Male (N-50) Female (N-50) Mean ± SD Mean ± SD	t-value
Stress	6.98 ±2.97 8.54 ±2.65	2.76
Anxiety	6.68±2.08 7.28 ±2.20	0.98
Depression	9.78±3.33 11.42 ±3.46	4.41

The mean and standard deviation (SD) of stress among male carers were 6.98±2.97, while they were 8.54± 2.65 among female carers. There was no statistically significant difference in stress levels between male and female carers of people with psychiatric problems (t=2.76, $p \geq 0.05$), according to the findings. However, the study's findings clearly show that stress levels were higher among female carers as compared to male carers caring for people with psychiatric problems.

Similarly, the mean and SD for anxiety among male carers were 6.86 ±2.08, and 7.28 ±2.20 among female carers. The study also found no statistically significant difference in anxiety levels between male and female carers of people with psychiatric problems (t=0.98, $p \geq 0.05$). Study shows that anxiety was higher in females as compared to males.

The mean and SD of depression in males and females were 9.78 ± 3.33 and 11.42 ± 3.46 and there was no significant difference found (t-4.41, $p \geq 0.05$). study reveals that females was high on depression side as compared to male counterparts.

The current investigation noted heightened levels of stress, anxiety, and depression among women caregivers when contrasted with their male counterparts. This discovery is consistent with prior research, as a number of studies have demonstrated a similar pattern. For instance, Campbell LD & Martin-Matthews (2003) [2] found that women tended to take on caregiving roles more frequently than men, resulting in higher reported stress levels among female caregivers compared to their male counterparts. Likewise, Carod-Artal FJ *et al*. (2009) [3] identified a significantly greater prevalence of anxiety disorders among female caregivers in comparison to males.

Moreover, the study conducted by Das S *et al*. (2010) [4] indicated that female caregivers received more appreciation and experienced stronger family bonding. Verama R *et al*. (2011) [14] also found that female caregivers exhibited higher levels of anxiety and depression in comparison to male caregivers. This study also revealed that increased workload, associated anxiety and depression, and sleep disturbances affected a substantial percentage of caregivers, with rates of 70%, 76%, and 43%, respectively.

Additionally, specific research has underscored a connection between depression, being female, and engaging in caregiving for a duration surpassing 18 months (Bashir *et al*., 2005) [1]. This gender-associated influence could be accentuated further, considering that in Pakistan, depression tends to be more commonly observed among females (Taj *et al*., 2005) [12].

Implications

1. Family interventions, particularly targeted at primary caregivers, should be implemented to equip them with effective techniques for managing stress, anxiety, and depression.
2. Primary caregivers should be educated through psycho-education programs about the nature of the disorders, ensuring a better understanding for both relapse prevention and improved prognosis of the illness.
3. Exploring family therapy could yield substantial benefits in addressing family dysfunction and promoting effective management strategies.

Limitations

1. The study's scope was confined to a specific geographic area, resulting in a sample size of 100 participants.
2. The study's outcomes might have gained increased robustness and generalizability if a larger sample size had been selected, making the results more intriguing and reliable.
3. The study's time constraints prevented an in-depth exploration, potentially limiting the depth of understanding that could be achieved.

Conclusion

In conclusion, female caregivers of individuals with psychiatric disorders experience elevated levels of stress, anxiety, and depression when compared to their male counterparts. The impact of psychiatric disorders extends to the dynamics of the entire family, highlighting the well-established burden faced by family members who provide care. Although psycho-educational interventions have exhibited favourable results in mitigating this load, there is a scarcity of research that delves into the dynamic relationship between family functioning and its impact on caregiver burden, depression, anxiety, and stress.

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