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## Stress, Anxiety and Depression among Caregivers of Individual with Psychiatric Disorders

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**Background:** *Psychiatric disorders affect the relationship of an entire family. Care-giving burden among family members have known for quite some time. There are various psycho-educational interventions have proved positive effects on burden however very little research has focused on the relationship between family dysfunction, and its role in burden and depression, anxiety, stress among caregivers.*

**Aim:** *To assess and compare stress, anxiety and depression among male and female caregivers of individual with psychiatric disorders.*

**Methods:** *cross sectional hospital based study conducted at RINPAS, Kanke, Ranchi (Jharkhand) 100 samples were selected through purposive sampling and informed about purpose of study. Each participant was interviewed at outpatient department of RINPAS. Interview involved socio-demographics and depression, anxiety and stress scale.*

**Result:** *The result of the study indicated stress, anxiety and depression among the caregivers of persons with psychiatric disorders.*

**Conclusion:** *the study suggest the psychosocial interventions need of not only the burden specific but also to enhance overall family environment in order to have better adaptive state among family.*

**Key Words:** **Psychiatric illness, Stress, Anxiety, Depression.**

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### BACKGROUND

Family is the primary long-term caregiver and an important resource for persons with psychiatric disorders. Family caregivers play an important and ever-expanding role as developments in medical care find new ways to help control illness while health and social services systems are resource-challenged. A caregiver has been defined as a family member who has been living with the patient, and has been closely

involved in his/her activities of daily living, health care, and social interaction for more than a year. There are approximately 450 million people across the world dealing with a mental illness, according to the World Health Organization. Many people with mental illness must rely on family and friends for support and to help them in their daily activities. Caring for those with psychiatric disorders requires tireless effort, energy and empathy, and indisputably, greatly impacts the daily lives of caregivers.

There are physical, social, emotional, and financial impacts of caregiving. The emotional and physical health of caregivers is important not only for their own quality of life but also for the well-being of the person receiving their care.

In the West, studies have found that burden of family caregivers of the chronic mentally ill does impact their financial, physical, emotional and psychological health, (Hirst, 2005). However, in India, this is not received due attention and very few studies (Mridula & Prabhu, 2008) have attempted to determine the relationship between burden of family caregivers, family distress and emotional distress. In a study by Harding, T et al (1983) as part of the WHO Collaborative Study on Strategies for Extending Mental Health Care, 259 families from four developing countries (Colombia, Sudan, India and the Philippines), were evaluated with regard to the social burden faced due to the mental illness of a family member. Yee and Schulz (2000) reviewed empirical research on Gender differences in psychiatric morbidity among family caregivers to find out women caregivers reported more psychiatric symptoms than male caregivers did. Tausig (1992) investigated 83 care givers of persons with chronic mental illness to examine the

relationship between social support and levels of caregiver distress. High density of social networks and high proportion of kin in the network were inversely related to distress experienced, as well as use of formal services by caregivers. Salleh (1994) examined 210 caregivers of persons with a psychiatric disorder to assess burden and distress in caregivers. The results indicated that 50% of the caregivers had neurotic depression and reported subjective burden and distress.

### **AIM**

To assess and compare stress, anxiety and depression among male and female caregivers of individual with psychiatric disorders.

### **METHOD AND MATERIAL**

The present study was a hospital based cross sectional comparative study among the male and female caregivers of individual with psychiatric disorders. The sample was consisted of 100 caregivers of individual with psychiatric disorders (50 male and 50 female) selected from the outdoor patient (OPD) of the Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi, Jharkhand by using purposive sampling method.

### **OBJECTIVE**

- To assess and compare the socio-demographic profile among male and female caregivers of individual with psychiatric disorders.
- To assess and compare the stress among male and female caregivers of individual with psychiatric disorders.
- To assess and compare the anxiety among male and female caregivers of individual with psychiatric disorders.
- To assess and compare the depression among male and female caregivers of individual with psychiatric disorders.

**Inclusion criteria-**

- ❖ Caregivers of person diagnosed with psychiatric disorders.
- ❖ Age range between 25 to 55 years.
- ❖ Caregivers who involved care giving at least 1 year.
- ❖ Caregivers who provide written inform consent.

**Exclusion criteria-**

- ❖ Person who have severe physical illness.

- ❖ Person who have psychiatric illness.

**TOOLS USED:**

**1. Socio Demographic Data Sheet.**

The socio demographic data sheet was semi-structure and developed for the present study and consisted of variables like age, education, marital status, occupation, types of family, family income, etc. was included.

**2. Depression, Anxiety and Stress scale:**

It was developed by Lovibond and Lovibond (1995). The DASS is a 21-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three scales contains 14 items, divided into subscales of 2-5 items with similar content. Respondents are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. It show that high score is high level of depression, anxiety and stress.

**RESULT AND DISCUSSION:-**

**Table-1. Comparison of age and length of stay among male and female caregivers of individual with psychiatry disorders.**

Variables	Group		t-value	df
	Male (N-50) Mean±SD	Female(N-50) Mean±SD		
Age	46.56 ± 12.27	38.84 ±9.94	3.455	98
Length of stay	27.22 ± 10.84	19.94 ± 9.49	3.572	98

Table-1 reveals that mean age and SD of male caregivers were 46.56 ± 12.27. The mean age and SD of female caregivers were 38.84 ±9.94 (t = 3.455). No significant

difference was found in age of among male and female caregivers of individual with psychiatry disorders. The table shows that mean length of stay and SD of male

caregivers were  $27.22 \pm 10.84$ . The mean length of stay and SD of female caregivers were  $19.94 \pm 9.49$ . ( $t = 3.572$ ). There is no

significant difference in length of stay among male and female caregivers of individual with psychiatry disorders.

**Table-2. Comparison socio-demographic details among male and female caregivers of individual with psychiatric disorders.**

Variables		Group		$\chi^2$
		Male (N-50)	Female (N-50)	
Education	Primary	21 (42.0%)	14 (28.0%)	17.342*
	Secondary	14 (28.0%)	13(26.0%)	
	Higher Secondary	7 (14.0%)	3 (6.0%)	
	Higher education	5 (10.0%)	1 (2.0%)	
	Illiterate	3 (6.0%)	19 (38.0%)	
Marital Status	Married	47 (94.0%)	45(90.0%)	0.543NS
	Unmarried	3 (6.0%)	5(10.0%)	
Occupation	Farmer	30 (60.0%)	25(50.0%)	14.455*
	Professional	15 (30.0%)	5 (10.0%)	
	Unemployed	5 (10.0%)	20(40.0%)	
Family types	Joint	32(64.0%)	37(74.0%)	1.169NS
	Nuclear	18(36.0%)	13(26.0%)	
Family income	Less than 5000	19(38.0%)	26(52.0%)	2.056NS
	5000 to 15000	23(46.0%)	17(34.0%)	
	Above 15000	8(16.0%)	7(14.0%)	

Table-1 reveals that 21 (42.0%) male and 14 (28.0%) female caregivers of individual with psychiatric disorders were in the education of primary level, 14 (28.0%) male and 13(26.0%) female caregivers of individual with psychiatric disorders were in the education of secondary level, 7 (14.0%) male and 3(6.0%) female caregivers of individual with psychiatric disorders were in the education of higher secondary level, 5 (10.0%) male and 1 (2.0%) female caregivers of individual with psychiatric

disorders were in the education of higher education level, 3 (6.0%) male and 19 (38.0%) female caregivers of individual with psychiatric disorders were in the illiterate, (Chi-square=17.342\*)There was significant difference in religion among male and female caregivers of individual with psychiatric disorders ( $p \leq 0.05$ ). 47(94.0%) male 45(90.0%) female caregivers of individual with psychiatric disorders were married and 3 (6.0%) male and 5(10.0%) female caregivers of individual with

psychiatric disorders were unmarried, (Chi-square = 0.543). There was no significant difference in marital status among male and female caregivers of individual with psychiatric disorders ( $p \leq 0.05$ ). 30(60.0%) male and 25(50.0%) female caregivers of individual with psychiatric disorders falls within employed, 15 (30.0%) male and 5 (10.0%) female caregivers of individual with psychiatric disorders falls within professional worker , 5 (10.0%) male and 20(40.0%) female caregivers of individual with psychiatric disorders falls within unemployed.(Chi-squire=14.455\*). There was significant difference in occupation among male and female caregivers of individual with psychiatric disorder. 32(64.0%) male and 37(74.0%) female caregivers of individual with psychiatric disorders were from nuclear family, 18(36.0%) male and 13(26.0%) female caregivers of individual with psychiatric disorders were from joint family (Chi-square=1.169). There was no significant difference in family types among male and female caregivers of individual with psychiatric disorders. 19(38.0%) male and 26(52.0%) female caregivers of individual with psychiatric disorders had family income Less than 5000 Rs per month, 23(46.0%) male and 17(34.0%) female caregivers of individual with psychiatric disorders had family income from Rs. 5000-15000 per month and 8(16.0%) male and 7(14.0%) female caregivers of individual

with psychiatric disorders had family income above Rs. 15000 per month.(Chi-square=2.056NS). There was no significant difference in family income among male and female caregivers of individual with psychiatric disorders.

In our study the majority of the caregivers were uneducated and lower levels of education or if educated had been having lower levels of education. Though no association with distress was reported by educational levels in our study, it could have contributed an additive effect to overall higher level of distress. The effect of lower education is thought to be more related to psychological distress (Kurihara T et al., 2006). In the context of caring for an adult with schizophrenia, low levels of education are related to lower socioeconomic status and it results in fewer resources available to caregivers (Magana SM et al., 2007).

The current study found the majority of caregivers are as farmer and 40% female caregivers are unemployed. Though no association was found with psychological distress individually with these variables, yet these could have contributed to additive effects in overall higher rates of distress. Caregivers of the patients have shown to demonstrate high levels of psychological distress and depression; increased rates of physiological illness and personal, financial, family, and social problems (Fortinsky RH et al., 2007. & Savla J et al., 2008)

**Table No.3 Comparison of various domains of stress, anxiety and depression among male and female caregivers of individual with psychiatric disorders.**

Variables	Group		t- value
	Male(N-50) Mean±SD	Female(N-50) Mean±SD	
<b>Stress</b>	6.98 ± 2.97	8.54 ± 2.65	2.76
<b>Anxiety</b>	6.86 ± 2.08	7.28 ± 2.20	0.98
<b>Depression</b>	9.78 ± 3.33	11.42 ± 3.46	4.41

The mean and SD of stress in male caregivers was  $6.98 \pm 2.97$  and female caregivers was  $8.54 \pm 2.65$ . Result reveals that there was no significant difference found in stress among male and female caregivers of individual with psychiatric disorders ( $t=2.76, P \geq 0.05$ ). Finding of this study show that stress was higher level in female caregivers as comparison to the male caregivers of individual with psychiatric disorders. The mean and SD of anxiety in male caregivers were  $6.86 \pm 2.08$  and female caregivers were  $7.28 \pm 2.20$ . It was also show that there was no significant difference found in anxiety among male and female caregivers of individual with psychiatric disorders ( $t=0.98, P \geq 0.05$ ). Finding of this study show that anxiety was higher level in female caregivers as comparison to the male caregivers of individual with psychiatric disorders. The mean and SD of depression in male caregivers were  $9.78 \pm 3.33$  and female caregivers were  $11.42 \pm 3.46$ . It was also show that there was no significant difference found in depression among male and female caregivers of individual with psychiatric disorders ( $t=4.41, P \geq 0.05$ ). Finding of this study show that depression was higher level in female caregivers as comparison to the male caregivers of individual with psychiatric disorders.

The current study found the levels of stress, anxiety and depression to be higher among female care givers as compared to the male caregivers. Some study supported this study as Campbell LD & Martin-Matthews (2003) conducted study and found that female have found to serve as caregivers far more frequently than men and female caregiver have higher stress compare to male. Carod-Artal FJ et al., (2009) the prevalence of anxiety disorders was significantly higher in female caregivers than in males. Das S et al., (2010) conducted study and found that female care givers were receive more appreciation and family

bonding was well maintained. Verama R et al., (2011) conducted study and found that female caregivers have anxiety and depression to be higher compared to the male caregivers and increased workload, related anxiety and depression, and sleep disturbance among 70%, 76%, and 43% of caregivers, respectively. Some studies reported relationship of depression with female gender and duration of care giving more than 18 months (Basher s et al., 2005). The effect of gender may be highlighted more as depression is generally more prevalent in females in Pakistan (Taj R et al., 2005).

### **IMPLICATIONS**

- Family intervention specially primary care givers to provide stress, anxiety and depression management technique.
- Primary care givers also provide to psycho-education about the disorders for the relapse/good prognosis of the illness.
- Family therapy can be more fruitful for the management of dysfunction in the family.

### **LIMITATIONS**

- The present study was carried out with a total sample size of 100 and participants from limited area of Ranchi Institute of Neuro-Psychiatry and Allied Sciences, Ranchi (RINPAS).
- If a large sample size had been selected, the study would have been more interesting and the results could have been more reliable as well as generalisable.
- The time-bound nature of the study prevented detailed exploration.

### **CONCLUSION**

Female care giver of the individual with psychiatric disorder higher levels of stress, anxiety and depression as compare to

the male caregivers. Psychiatric disorders affect the relationship of an entire family. Care-giving burden among family members have known for quite some time. There are various psycho-educational interventions

have proved positive effects on burden however very little research has focused on the relationship between family functioning, and its role in burden and depression, anxiety, stress among caregivers.

## REFERENCES

- Basher S, Niazi RS, Minhas FA, Ali W, Najam N. Depression and Anxiety in the caregivers of mentally ill Patients. *J Pak Psychiatr Soc* 2005;2(1):27–33.
- Campbell LD, Martin-Matthews A. The gendered nature of men's filial care. *J Gerontol Soc Sci* 2003; 58 : S350-S358.
- Carod-Artal FJ, Ferreira Coral L, Trizotto DS, Menezes Moreira C. Burden and perceived health status among caregivers of stroke patients. *Cerebrovasc Dis* 2009; 28 (5) : 472-80.
- Das S, Hazra A, Ray BK, Ghosal M, Banerjee TK, Roy T, Chaudhuri A, Raut DK, Das SK.
- Burden among stroke caregivers: results of a community-based study from Kolkata, India. *Stroke*. 2010 Dec; 41 (12) : 2965-8.
- Fortinsky RH, Tennen H, Frank N, Affleck G. Health and psychological consequences of caregiving. In: Aldwin C, Park C, Spiro R, editors. *Handbook of health psychology and aging*. New York: Guilford, 2007 : p. 227-249.
- Harding, T. W., d'Arrigo Busnello, E., Climent, C. E., Diop, M. B., El-Hakim, A., Giel, R., ... & Wig, N. N. (1983). *The WHO collaborative study on strategies for extending mental health care, III: Evaluative design and illustrative results*. *Am J Psychiatry*, 140(11), 1481-1485.
- Hirst, M. (2005). Carer distress: a prospective, population-based study. *Social science & medicine*, 61(3), 697-708.
- Kurihara T, Kato M, Reverger R, Tirta IGR. Beliefs About Causes of Schizophrenia Among Family Members: A Community-Based Survey in Bali. *Psychiatr Serv* 2006;57:1795–9.
- Magana SM, Ramirez Garcia JI, Hernandez MG, Cortez R. Psychological distress among latino family caregivers of adults with schizophrenia: The roles of burden and stigma. *Psychiatr Serv* 2007;58:378–84.
- Salleh, M. R. (1994). The burden of care of schizophrenia in Malay families. *Acta Psychiatrica Scandinavica*, 89(3), 180-185.
- Savla J, Almeida DM, Davey A, Zarit SH. Routine assistance to parents: Effects on daily mood and other stressors. *J Gerontol Soc Sci* 2008; 63 : S154-S161.
- Taj R, Hameed S, Mufti M, Khan A, Rahman G. Depression among primary caregivers of Schizophrenic patients. *Ann Pak Ins Med Sci* 2005;1(2):101–4.
- Tausig, M., Fisher, G. A., & Tessler, R. C. (1992). Informal systems of care for the chronically mentally ill. *Community Mental Health Journal*, 28(5), 413-425.
- Verma, R., Sharma, S., Balhara, Y. P., & Mathur, S. (2011). Anxiety and depression among caregivers of patients with Neurological Illness. *Delhi Psychiatry J*, 14(1), 120-3.
- Yee, J. L., & Schulz, R. (2000). Gender differences in psychiatric morbidity among family caregivers a review and analysis. *The Gerontologist*, 40(2), 147-164.