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A Descriptive Study to Assess the Level of Stress, Anxiety and Depression among Primary Caregivers of Patients with Psychotic Disorders at Selected Tertiary Care Hospital

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Abstract

Introduction: Family members are the primary caregivers of individuals with mental illness and often employ various coping strategies to manage stress, anxiety, and depression. Mental health nurses play a vital role in assessing caregiver burden and identifying the support provided within hospital settings

Objectives of the study: To identify the caregivers with stress, anxiety and depression and to associate stress, anxiety and depression with selected demographic variables.

Methodology: A descriptive research design was adopted to carry out the study in the outpatient and inpatient departments of a selected tertiary care hospital. The target population comprised primary caregivers of individuals with mental illness. The Depression, Anxiety, and Stress Scale (DASS) was administered to evaluate the levels of psychological distress among caregivers. The collected data were systematically analyzed using descriptive and inferential statistical techniques.

Results: The primary caregivers of individuals with psychotic disorders recorded a mean stress score of 18.38 (±1.27), an anxiety score of 16.08 (±0.96), and a depression score of 18.38 (±1.03). The analysis showed no significant association between selected demographic variables and the levels of stress and anxiety. However, depression was found to have a significant association with gender, family type, and monthly income, whereas no such relationship was observed with other demographic variables.

Conclusion: The findings reveal the diverse levels of psychological burden experienced by caregivers and highlight the need for targeted mental health support

Keywords: Stress, Anxiety, Depression, Primary Caregivers, Psychotic Patients.

INTRODUCTION

Family caregivers play a vital role in supporting individuals with mental health conditions; however, this responsibility often places a considerable strain on their overall well-being. The persistent nature of psychiatric illnesses, coupled with symptom severity and the likelihood of recurrent episodes requiring hospitalization, disrupts family dynamics, daily routines, emotional stability, finances, quality of life, and social relationships. Such circumstances can generate prolonged stress, which in turn may adversely impact the health of caregivers. (Pedroso et al., 2019)

LITERATURE REVIEW:

A study was carried out to evaluate levels of anxiety, depression, and stress among caregivers of individuals with psychotic disorders. The sample consisted of 51 primary caregivers of patients with schizophrenia and 45 caregivers of patients with bipolar disorder, diagnosed according to ICD-10 criteria, with the study spanning two years. Data were collected using the Burden Assessment Scale (BAS, 40 items) and the Depression, Anxiety, and Stress Scale (DASS-42), which measures psychological distress. Findings revealed that caregivers of 96 psychotic patients had mean scores of 3.52 (SD 4.75) for anxiety, 7.97 (SD 7.08) for stress, and 14.27 (SD 10.11) for depression. Among the bipolar disorder caregiver group, mean scores were 3.55 (SD 4.9) for anxiety, 10.91 (SD 8.2) for stress, and 14.86 (SD 9.74) for depression. In contrast, caregivers of schizophrenia patients scored 3.49 (SD 10.79) for anxiety, 5.39 (SD 4.64) for stress, and 13.7 (SD 10.52) for depression (Prasanna Kumar & Gireesh Kumar, 2015).

A cross-sectional study was conducted at RINPAS, Kanke, Ranchi (Jharkhand) to examine stress, anxiety, and depression among caregivers of individuals with psychiatric disorders. A total of 100 caregivers were recruited through purposive sampling from the outpatient department. Data were collected using a socio-demographic datasheet and the Depression, Anxiety, and Stress Scale (DASS). Results indicated that female caregivers reported mean scores of 8.54 (SD 2.65) for stress, 7.28 (SD 2.20) for anxiety, and 11.42 (SD 3.46) for depression, whereas male caregivers recorded mean scores of 6.98 (SD 2.97), 6.86 (SD 2.08), and 9.78 (SD 3.33), respectively. The findings suggest that female caregivers experience higher levels of stress, anxiety, and depression compared to male caregivers of individuals with psychiatric disorders (Ranjan & Kumar, 2015)

A cross-sectional, descriptive, and correlational study was carried out to evaluate anxiety, stress, and depression among family caregivers of mentally ill patients attending Amanuel Hospital. The study included 104 caregivers, the majority of whom were women (62.5%), aged between 22 and 77 years, with an average age of 52.03 years. Data collection instruments included the Family APGAR Scale, Social Support Scale (SSS), Caregiver Overload Scale (ESC), and the Depression, Anxiety, and Stress Scale (DASS-21). Results showed that female caregivers reported significantly higher levels of anxiety, depression, and stress ($p < 0.05$). Caregivers with lower educational levels experienced more anxiety compared to those with higher education ($p = 0.001$). Greater caregiver overload was strongly associated with increased anxiety ($p = 0.02$), depression, and stress ($p = 0.000$). Additionally, caregivers who perceived their families as highly dysfunctional presented with higher levels of depression ($p = 0.001$) (Cabral, Duarte, & Ferreira, 2014).

Methodology

This study adopted a quantitative research approach and employed a descriptive study design. It was carried out in a tertiary care hospital in Coimbatore, Tamil Nadu. The target population comprised primary caregivers of patients diagnosed with psychotic disorders, and participants were recruited using a purposive sampling technique. A total of 65 caregivers, aged between 20 and 75 years, took part in the study.

Inclusion Criteria

- Caregivers aged between 20 and 75 years.
- Caregivers who have been providing care for a minimum duration of one year.
- Caregivers with the ability to read and write in Tamil.

Exclusion Criteria

- Caregivers with a current or past history of psychiatric disorders.
- Caregivers suffering from chronic physical illnesses.
- Caregivers who declined to participate in the study

Instruments and tools for data collection

The data collection tool included a socio-demographic questionnaire covering variables such as gender, age, educational status, occupation, marital status, relationship to the patient, type of family, and monthly income, along with the Depression, Anxiety, and Stress Scale (DASS). The DASS is a 42-item self-report measure developed to assess three related negative emotional states—depression, anxiety, and stress. Scores for each domain are obtained by summing the responses to the corresponding items

Data analysis

Descriptive statistics such as frequency and percentage were applied to analyze the demographic variables, while mean and standard deviation were used to examine stress, anxiety, and depression among primary caregivers. Inferential statistics were performed using the Chi-square test to determine the association between levels of stress, anxiety, and depression and selected demographic variables of the caregivers

Ethical Considerations

Ethical clearance was secured from the Institutional Human Ethics Committee, and written informed consent was obtained from all participants before data collection. Participants' confidentiality and anonymity were strictly upheld throughout the study.

Findings

Table 1: Frequency and percentage distribution of primary caregivers by their demographic variables

Demographic variables		Frequency	Percentage
Gender	Male	45	69.23
	Female	20	30.769
Age	20-40 years	15	23
	41- 60 years	35	53.84
	61-75 years	15	23
Education	Illiterate	10	15.38
	Primary	20	30.76
	Higher secondary	22	33.84
	Graduate	13	20
Marital status	Married	62	95.38
	Unmarried	3	4.61
Family type	Nuclear	53	81.53
	Joint	12	18.461
Monthly income	8,000- 20,000	44	67.69
	31,000-40,000	18	27.69

	40,000-60,000	4	6.15

The demographic analysis showed that most caregivers were male (69.23%) and aged 41–60 years (53.84%). About one-third (33.84%) had completed higher secondary education, while 15.38% were illiterate. The majority were married (95.38%) and lived in nuclear families (81.53%). In terms of income, two-thirds (67.69%) earned between ₹8,000–20,000, with fewer reporting higher income levels.

Table 2: Assessment of the severity of stress among primary caregivers

S.No	Level of stress	Frequency	Percentage	Mean value ± standard deviation
1	Normal	45	69.2	18.38± 1.2726
2	Mild	10	15.3	
3	Moderate	10	15.3	
4	Severe	0	0	
5	Extremely severe	0	0	

Table 2 presents the distribution of stress levels among primary caregivers. Out of 65 participants, the majority (45; 69.2%) were found to have normal stress levels, with a mean score of 18.38 ± 1.27. Mild and moderate stress levels were each reported by 10 caregivers (15.3% respectively). Notably, none of the participants experienced severe or extremely severe stress

Table 3: Assessment of the severity of anxiety among primary caregivers

S. No	Level of Anxiety	Frequency	Percentage	Mean value ± standard deviation
1	Normal	14	21.53	16.08± 0.9659
2	Mild	20	30.76	
3	Moderate	23	35.38	
4	Severe	8	12.30	
5	Extremely severe	0	0	

Table 3 illustrates the distribution of anxiety levels among primary caregivers. Of the 65 participants, only 14 (21.53%) reported normal anxiety levels, with a mean score of 16.08 ± 0.96. Mild anxiety was observed in 20 caregivers (30.76%), while 23 caregivers (35.38%) experienced moderate anxiety. Additionally, 8 participants (12.30%) were found to have severe anxiety, whereas none of the caregivers reported extremely severe anxiety.

Table 4: Assessment of the severity of depression among primary caregivers

S. No	Level of Depression	Frequency	Percentage	Mean value ± standard deviation
1	Normal	18	27.69	18.38± 1.0339
2	Mild	24	36.92	
3	Moderate	21	32.305	
4	Severe	2	3.07	
5	Extremely severe	0	0	

Table 4 presents the distribution of depression levels among primary caregivers. Out of 65 participants, 18 caregivers (27.69%) reported normal levels of depression, with a mean score of 18.38 ± 1.03. Mild depression was observed in 24 caregivers (36.92%), followed by 21 caregivers (32.30%) who experienced moderate depression. A small proportion, 2 caregivers (3.07%), reported severe depression, while none of the participants were classified under extremely severe depression.

Figure 1: Frequency of the severity of stress, anxiety and depression

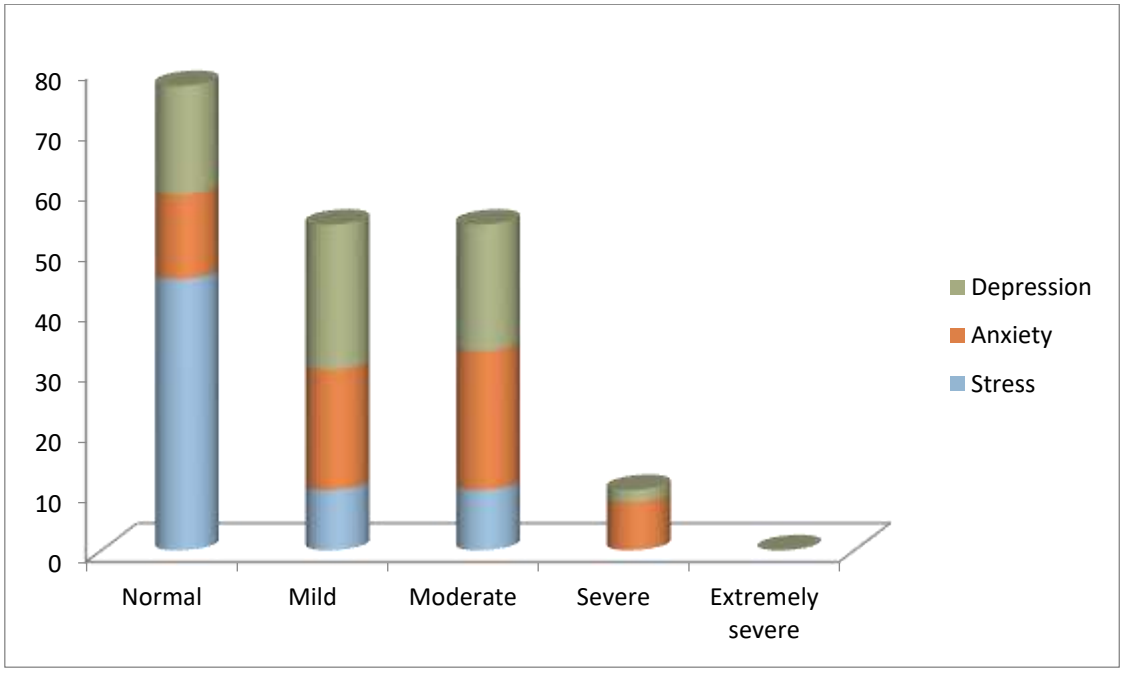

Figure 1 shows the distribution of stress, anxiety, and depression among primary caregivers. Most caregivers were within the normal range, particularly for stress. However, a notable proportion experienced mild to moderate anxiety and depression, with a smaller number reporting severe symptoms and none of the participants fell into the extremely severe category.

Association between demographic variables and levels of stress among primary caregivers

Out of the total participants, the majority of males (55.3%) and females (16.9%) reported normal stress levels. A smaller proportion of both males (9.23%) and females (6.15%) experienced mild stress, while moderate stress was reported by 4.61% of males and 7.69% of females. The calculated Chi-square value (χ^2 = 17.072) was higher than the table value (9.49) at 4 degrees of freedom, indicating a statistically significant association between gender and stress level. Overall, only gender showed a statistically significant relationship with stress levels, while age, education, marital status, family type, and monthly income did not demonstrate significant associations.

Association of demographic characteristics with anxiety levels

The analysis of demographic variables with levels of anxiety among primary caregivers showed that higher proportions of mild to moderate anxiety were observed among males, caregivers aged 41–60 years, those with higher secondary and primary education, married individuals, caregivers from nuclear families, and those with lower monthly income (₹8,000–20,000). However, none of the demographic variables

showed a statistically significant association with anxiety, as all Chi-square values were lower than their respective table values.

Association between levels of depression and demographic variables

Male caregivers reported higher levels of mild and moderate depression compared to females, showing a statistically significant association between gender and depression. Caregivers aged 41–60 years and those with primary or higher secondary education had higher proportions of depression, though these were not statistically significant. Married caregivers reported more mild and moderate depression than unmarried ones, but without a significant association. Caregivers from nuclear families and those with lower monthly income (₹8,000–20,000) showed significantly higher levels of depression. Overall, gender, family type, and monthly income were significantly associated with depression, while age, education, and marital status were not.

Nursing Implications

The findings of this study hold relevance across multiple areas of the nursing profession

Nursing Practice

Nurses, being central members of the healthcare team, play a crucial role in health promotion and maintenance. They can develop clear and simple educational materials to help reduce stress, anxiety, and depression among caregivers. Regular health assessments and family-focused teaching should be emphasized as integral aspects of nursing care.

Nursing Education

Nurse educators have significant opportunities to guide both psychiatric patients and their families in managing stress, anxiety, and depression. The study highlights the importance of incorporating short-term in-service training programs that enhance nurses' ability to provide effective health education in this domain.

Nursing Administration

Nursing administrators should encourage psychiatric nurses and other staff to enhance their professional knowledge and skills by participating in conferences, workshops, seminars, and training programs related to stress and mental health management. Administrators are also responsible for organizing regular in-service education sessions focused on stress, anxiety, and depression management

Nursing Research

Research empowers nurses to contribute to evidence-based decision-making and policy development in the prevention and management of stress, anxiety, and depression. The present study underscores the need for nurse educators and administrators to promote a culture of inquiry, encouraging reading, discussion, and the conduct of research to strengthen data-driven practices.

Limitations

- The study was confined to a relatively small sample of primary caregivers, which may restrict the generalizability of the findings regarding stress, anxiety, and depression.

- The scope of the study was limited to assessing the levels of stress, anxiety, and depression among caregivers, without incorporating any intervention strategies to address these concerns.

Conclusion

The findings emphasize the varying degrees of psychological burden experienced by caregivers and highlight the importance of structured caregiver support services within psychiatric care. Incorporating caregiver counseling, stress-management training, and peer support groups may help alleviate the burden. Future research could explore the effectiveness of interventions such as mindfulness-based stress reduction

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