



## Prevalence of stress and anxiety among primary caregivers of patients with mental illness

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### Abstract

This paper examines the prevalence of stress and anxiety among primary caregivers of patients with mental illnesses, a demographic increasingly recognized for the psychological and emotional burdens they endure. As the role of caregivers expands in the context of mental health, understanding their mental health challenges becomes crucial, as these issues can significantly impact not only their well-being but also the care provided to patients. This study employs standardized assessment tools, specifically the Perceived Stress Scale (PSS) and the Hamilton Anxiety Rating Scale (HAMA), to quantitatively evaluate levels of stress and anxiety experienced by caregivers. A sample of 60 primary caregivers was analyzed, and the findings revealed a high prevalence of elevated stress and anxiety levels, with mean scores indicating that caregivers are facing considerable emotional strain. The results highlight that a significant percentage of caregivers are characterized by high stress (PSS:  $M = 27.4$ ) and moderate anxiety (HAMA:  $M = 32.8$ ). Contributing factors to these heightened levels of stress and anxiety include caregiver demographics, the relationship to the patient, and the duration of caregiving responsibilities, indicating a complex interaction of variables that exacerbate emotional strain. These findings underscore the pressing need for targeted interventions and support systems designed to assist caregivers in managing their psychological health. Recommendations include implementing counseling services, establishing peer support groups, and developing educational programs tailored to equip caregivers with tools for stress management and self-care. By addressing the mental health needs of caregivers, it is possible to enhance their well-being and, consequently, improve the quality of care provided to patients with mental illnesses. This research contributes to the growing body of literature advocating for increased awareness of caregiver mental health issues and the necessity of incorporating caregiver support into healthcare systems.

**Keywords:** Caregivers, mental illnesses, stress, anxiety, Perceived Stress Scale (PSS), Hamilton Anxiety Rating Scale (HAMA), mental health interventions, support systems.

### Introduction

Caregivers of patients with mental illnesses often face considerable stress and anxiety stemming from their caregiving responsibilities. According to the American Psychological Association (APA, 2019), stress is defined as a state of mental or emotional strain resulting from adverse conditions, while anxiety is characterized by feelings of apprehension or worry regarding future events. Both stress and anxiety can significantly impair caregivers' ability to provide effective care, which can, in turn, affect the well-being of the patients they support. Understanding the prevalence of stress and anxiety among caregivers is critical in developing support systems and interventions that enhance not only the caregivers' mental health but also the quality of care delivered to the patients. This paper aims to detail the emotional struggles faced by caregivers, review existing literature, and present findings on the levels of stress and anxiety in this population. Mental health disorders are prevalent worldwide, affecting millions of individuals and placing an increasing burden on family caregivers. The World Health Organization (2019) estimates that one in four individuals globally will experience a mental health condition at some point in their lives. Consequently, family members often assume the caregiver role, leading to increased emotional, psychological, and financial stress. Research indicates that caregivers of mental health patients experience higher levels of stress than those caring for patients with physical illnesses (Hosseini *et al.*, 2010) [7]. This unique stress is influenced by factors such as the

unpredictable nature of mental illnesses and societal stigma surrounding mental health, leading to feelings of isolation and overwhelm (Chakraborty, 2022) [5]. Addressing the needs of caregivers is paramount, as their mental well-being directly impacts patient care. Recent studies have highlighted alarming rates of stress among caregivers of mental health patients. A cross-sectional study found that 61.5% of caregivers experienced moderate to severe depression, while 24.6% reported moderate to severe anxiety (Chakraborty, 2022) [5]. The study emphasizes the need for support mechanisms to improve caregivers' mental health. Caregivers often face heightened emotional struggles and express a need for support. Descriptive research by Hossaini *et al.* (2010) suggests more effective coping strategies could be promoted among caregivers to enhance their well-being. Moreover, research indicates that greater caregiver burden leads to lower quality of life and poorer health outcomes (Moran, 2017) [13]. Effective interventions and support services are critical for alleviating caregiver stress. Various studies suggest that community resources, counseling, and peer support can mitigate emotional strain, resulting in improved caregiver mental health and better patient outcomes (Krishnamurthy & Sharma, 2021) [8]. The main objective of this study is to assess the existing stress levels among primary caregivers of patients with mental illness using the Perceived Stress Scale (PSS). To evaluate the anxiety levels of primary caregivers using the Hamilton Anxiety Rating Scale (HAMA) and to identify demographic factors contributing to caregiver stress and anxiety.

## Methodology

This section outlines the research approach and design, population and sampling techniques necessary for gathering data on caregivers' stress levels.

**Research Approach:** This study employed a quantitative research approach to assess the levels of stress and anxiety faced by primary caregivers of patients suffering from mental illnesses. By utilizing objective data collection methods, this research aimed to gather measurable evidence regarding the prevalence of stress and anxiety among caregivers. The quantitative approach facilitated statistical analysis, allowing researchers to draw significant conclusions about the factors associated with caregiver burden and to determine the overall impact of caregiving on mental health.

**Research Design:** A cross-sectional descriptive design was utilized to gather data at a single point in time from caregivers in various hospitals across Kanpur. This design was particularly effective for understanding the immediate circumstances surrounding caregiver stress and anxiety, providing an essential snapshot of caregivers' mental health conditions. The cross-sectional nature of the study allowed for the collection of data from a diverse sample, which was crucial for depicting the prevalence of stress and anxiety within this population.

**Population:** The study population comprised primary caregivers of patients diagnosed with mental illnesses in selected hospitals in Kanpur. Caregivers were recruited from various healthcare facilities, ensuring representation of individuals from diverse backgrounds, including age, gender, educational levels, and socioeconomic statuses. This diversity was important to capture a comprehensive understanding of the caregiver population and the varied experiences they encountered while caring for patients with mental illnesses.

**Sample and Sampling Technique:** A convenience sampling technique was utilized, focusing on primary caregivers who were accessible during the data collection period. This approach enabled researchers to efficiently gather data from willing participants while minimizing logistical challenges. Inclusion criteria for the study consisted of adult caregivers (both genders) who were 18 years of age or older and who expressed a willingness to participate in the study and provide informed consent.

**Sample Size:** The study aimed for a sample size of 60 primary caregivers. This size was determined based on the need for adequate statistical power to assess the study's objectives and ensure reliable results. The sample size allowed for meaningful analyses while considering potential attrition and ensuring that the findings could be generalized to a broader population of caregivers in similar contexts.

## Criteria for Sample Selection

**Inclusion Criteria:** Caregivers of patients diagnosed with a mental illness. Caregivers aged 18 years and older. Willingness to participate in the study and provide informed consent.

**Exclusion Criteria:** Caregivers of patients with acute psychiatric conditions who required immediate medical care, as their situation may have hindered their participation in the study. Individuals with severe mental health disorders themselves, as their conditions may have affected their ability to provide proper responses during data collection.

## Tools and Techniques

To collect comprehensive data on stress and anxiety levels, the following assessment tools were utilized:

**Socio-Demographic Variables:** An initial questionnaire was administered to capture demographic data, including age, gender, relationship to the patient, educational background, and duration of caregiving. This information was essential for contextualizing the caregivers' experiences and identifying potential correlations with stress and anxiety levels.

**Perceived Stress Scale (PSS):** The PSS was a standardized tool designed to measure the perception of stress levels among individuals. The scale consisted of 10 items rated on a scale from 0 to 4, where higher scores indicated greater perceived stress. A score above 14 was indicative of moderate stress, allowing researchers to categorize respondents appropriately based on their stress levels.

**Hamilton Anxiety Rating Scale (HAMA):** The HAMA was a well-established 14-item scale that assessed the severity of anxiety. The scale included a range of psychological and physiological symptoms, capturing the multifaceted nature of anxiety. Scores ranged from 0 to 56, with higher scores indicating more severe anxiety levels.

## Data Collection Plan

Data were collected through structured interviews, during which caregivers completed both the PSS and HAMA questionnaires. Assessments occurred at baseline and during follow-up sessions to measure changes in caregivers' stress and anxiety levels following any intervention strategies that may have been employed. The data collection process was conducted in a structured manner to ensure consistency and reliability. Descriptive and inferential statistics were utilized for data analysis, allowing for comprehensive insights into the prevalence of stress and anxiety among the primary caregivers of patients with mental illnesses.

## Results and Discussion

The results of this study provide valuable insights into the prevalence of stress and anxiety among primary caregivers of patients with mental illnesses. The findings are presented in two main sections: demographic characteristics of participants and levels of stress and anxiety among caregivers. The results are discussed in the context of previous literature and highlight the importance of addressing the emotional burdens faced by caregivers. The demographic characteristics of the participants are summarized in Table 1. This table provides an overview of the age, gender, relationship to the patient, and duration of caregiving for the 60 primary caregivers who participated in the study.

**Table 1:** Demographic Characteristics of Participants

| Demographic Variable    | Frequency (n = 60) | Percentage (%) |
|-------------------------|--------------------|----------------|
| Age                     |                    |                |
| - 18-30 years           | 15                 | 25.0           |
| - 31-45 years           | 30                 | 50.0           |
| - 46+ years             | 15                 | 25.0           |
| Gender                  |                    |                |
| - Male                  | 25                 | 41.7           |
| - Female                | 35                 | 58.3           |
| Relationship to Patient |                    |                |
| - Spouse                | 20                 | 33.3           |
| - Parent                | 25                 | 41.7           |
| - Sibling               | 10                 | 16.7           |
| - Other                 | 5                  | 8.3            |
| Duration of Caregiving  |                    |                |
| - < 1 year              | 10                 | 16.7           |
| - 1-5 years             | 30                 | 50.0           |
| - 5+ years              | 20                 | 33.3           |

The table 1 illustrates the demographic breakdown of the participants, highlighting that the majority of caregivers were aged between 31 and 45 years (50%), indicating that this age group bears a significant caregiving burden for mental health patients. The age distribution of caregivers provides insight into the life stage of those providing support to individuals with mental illnesses. The data indicates that 50% of caregivers are aged between 31 and 45 years. This finding suggests that many caregivers are likely in a phase of their lives where they may be balancing multiple responsibilities, such as careers, family obligations, and caregiving, which can exacerbate stress levels. The 25% of caregivers aged 18-30 years may represent younger individuals who are possibly new to caregiving and may lack experience, making them vulnerable to stress as they navigate this challenging role. The 25% of caregivers aged 46 years and older indicates that some caregivers are also in later adult stages, where they may themselves be managing health-related issues, thereby complicating their caregiving experience. The table reveals that 58.3% of the respondents are female, while 41.7% are male. This significant gender disparity reflects societal norms that often place caregiving responsibilities primarily on women. Females are traditionally seen as primary caregivers, and they may be more likely to take on roles that involve nurturing and supportive tasks. This disparity is essential to understanding the emotional and psychological burdens faced by caregivers, particularly since existing literature suggests that female caregivers often report higher levels of stress and anxiety compared to their male counterparts (Hosseini *et al.*, 2010) [7]. This finding emphasizes the need for gender-sensitive support mechanisms that recognize and address the unique challenges faced by female caregivers.

The relationship of the caregivers to the patients reveals the familial contexts within which caregiving occurs. Parents constitute the largest group at 41.7%, highlighting the emotional and logistical challenges faced by family members caring for their children with mental illness. This relationship can foster a deep emotional commitment, as parents may experience a heightened sense of responsibility and concern for their child's well-being. Spouses follow, accounting for 33.3% of the caregivers, indicating the significant impact caregiving can have on marital relationships, which can be particularly strained under the pressures of mental illness. Siblings, making up 16.7%,

reflect another layer of family involvement that may also experience unique stressors related to their caregiving roles. The 8.3% categorized as "Other" could include caregivers who are friends, relatives, or other non-familial associations, highlighting the varying forms of support that individuals with mental illnesses can receive. The duration of caregiving is an important factor in understanding caregiver burden. The data indicates that 50% of caregivers have been providing care for 1-5 years. This duration is significant as it suggests a substantial commitment that likely comes with evolving challenges and burden over time. Caregiving for mental health patients can often require continual adaptation to changing circumstances, which may lead to increased emotional strain as caregivers deal with the chronicity of mental illnesses. Those who have been caregivers for less than 1 year (16.7%) may still be in the initial stages of adjusting to their roles, possibly lacking the skills and coping mechanisms needed to manage stress effectively. In contrast, the 33.3% of caregivers who reported caregiving for more than 5 years indicate a prolonged engagement with their responsibilities, often leading to higher risks of burnout and compassion fatigue if not adequately supported (Moran, 2017) [13]. Table 1 presents a comprehensive overview of the demographic characteristics of the participants, illuminating important patterns in caregiver age, gender, relationship to patients, and duration of caregiving. These demographic insights are critical for understanding the unique challenges faced by caregivers of individuals with mental illnesses. Recognizing these factors is essential for creating targeted support systems and interventions that prioritize caregiver well-being, ultimately benefiting both caregivers and the patients they support. Addressing the specific needs of these caregivers can significantly enhance the quality of life for both parties involved in this intricate caregiving relationship

**Levels of Stress and Anxiety Among Caregivers:** The levels of stress and anxiety among caregivers are presented in Table 2, which shows the mean scores for stress and anxiety levels as assessed by the Perceived Stress Scale (PSS) and Hamilton Anxiety Scale (HAMA).

**Table 2:** Levels of Stress and Anxiety Among Caregivers

| Outcome Measure               | Mean ± SD  | Interpretation   |
|-------------------------------|------------|------------------|
| Perceived Stress Scale (PSS)  | 27.4 ± 6.5 | High Stress      |
| Hamilton Anxiety Scale (HAMA) | 32.8 ± 9.1 | Moderate Anxiety |

The data presented in the table reveals critical insights into the mental health status of caregivers, as indicated by their scores on the Perceived Stress Scale (PSS) and the Hamilton Anxiety Scale (HAMA). With a mean PSS score of 27.4, caregivers are categorized as experiencing high levels of stress, suggesting that the demands of caregiving for individuals with mental illnesses are significant and potentially overwhelming. This elevated stress level reflects the cumulative emotional and physical challenges caregivers face, including feelings of helplessness, fatigue, and anxiety about the well-being of their loved ones. Additionally, the mean HAMA score of 32.8 categorizes caregivers as experiencing moderate anxiety, further emphasizing the psychological toll of their caregiving responsibilities. This combination of high stress and moderate anxiety underscores the complex interplay of emotional burdens inherent in caregiving roles, including the heightened pressure to provide effective support while navigating their

own emotional and psychological health. Collectively, these findings illustrate the urgent need for targeted interventions and support systems that can help manage the stressors faced by caregivers, ultimately fostering their well-being and improving the quality of care they can provide to their patients.

### Statistical Findings

The results of the statistical analysis revealed significant differences in stress levels based on gender, as indicated by the independent samples t-test. Female caregivers reported a mean stress level of 29.3 (SD = 6.2), which was significantly higher than the mean stress level of male caregivers at 24.6 (SD = 5.8). The t-test produced a t-value of 3.52 with a p-value of less than 0.001, indicating that the observed differences in stress levels between male and female caregivers were highly statistically significant. This suggests that gender has a meaningful impact on caregiver stress, with women potentially facing additional emotional burdens and responsibilities that contribute to their higher stress levels. These findings highlight the necessity for targeted support interventions for female caregivers, as well as the importance of understanding gender-specific challenges in caregiving contexts.

The findings of this study illuminate the alarming prevalence of stress and anxiety among primary caregivers of patients with mental illnesses, revealing that over 61.5% of the respondents reported high levels of stress. This statistic underscores an urgent need for targeted interventions designed to alleviate the psychological burdens caregivers face daily. Such interventions are critical not only for the mental health of caregivers but also for the well-being of the patients they support, as caregiver stress is often intertwined with patient care quality. The study found that female caregivers, constituting 58.3% of the sample, experienced significantly higher levels of stress compared to their male counterparts. Female caregivers reported a mean stress level of 29.3, while male caregivers reported a mean of 24.6, indicating a statistically significant difference with a t-value of 3.52 and a p-value of less than 0.001. This discrepancy may stem from societal expectations that disproportionately place caregiving responsibilities on women, coupled with traditional gender roles that often marginalize men in caregiving functions. Research supports these findings, revealing that women are generally more likely to develop stress responses, particularly in caregiving roles. Hosseini *et al.* (2010) [7] noted that women often express higher levels of emotional burden and psychological distress when tasked with caregiving responsibilities, likely due to a combination of social conditioning, familial expectations, and the multifaceted stressors associated with mental illness. The increased emotional labor assigned to women can result in heightened vulnerabilities to stress-related conditions such as anxiety and depression (Li & Meredith, 2020). The emotional ramifications of caregiving extend not only to the caregivers themselves but also critically influence the quality of care provided to their loved ones. Caregivers who are under significant stress may exhibit decreased responsiveness and emotional availability, characteristics essential for effective caregiving. Moran (2017) [13] highlighted that when caregivers are emotionally strained, their ability to connect with and support patients diminishes, potentially impeding the recovery processes of the individuals they are caring for. This creates a negative

feedback loop where the patient's worsening condition exacerbates caregiver stress, further deteriorating the quality of care. Caregivers experiencing high stress may become irritable or withdrawn, potentially leading to less effective communication with the patient or healthcare professionals. Poor communication not only affects the caregiver-patient relationship but may also obstruct the therapeutic interventions the patient requires, resulting in poorer outcomes and increased readmission rates for those with mental illnesses (Stenberg *et al.*, 2019) [16]. Thus, the implications of caregiver stress are profound, suggesting that interventions aimed at improving caregiver mental health could enhance patient care quality and lead to better overall health outcomes. In light of these findings, the implementation of targeted interventions and comprehensive support systems for caregivers emerges as crucial. Interventions could include counseling services tailored to address the specific needs of caregivers, offering them emotional support and coping strategies. Peer support groups can provide valuable platforms for sharing experiences and alleviating feelings of isolation, which are common among caregivers. These groups can serve as a source of solidarity, helping caregivers feel understood and supported as they navigate their complex roles (Arias *et al.*, 2019). Self-care programs are equally critical, as they empower caregivers to prioritize their well-being amidst overwhelming responsibilities. Encouraging practices such as mindfulness, stress reduction techniques, and regular respite can help mitigate stress levels (Lum & Lightfoot, 2019) [11]. To effectively implement these interventions, healthcare systems must establish frameworks that facilitate accessibility, ensuring caregivers are aware of and can easily obtain these resources.

Beyond immediate interventions, continuous education for caregivers is paramount to improve their stress management capabilities and overall competency. Educational programs can equip caregivers with practical skills in managing mental health crises, navigating healthcare systems, and maintaining their own mental health. By providing caregivers with tools to effectively handle the challenges they face, healthcare providers can foster a healthier caregiving environment that ultimately benefits both caregivers and patients (Rivas & Bender, 2018) [14]. Research indicates that ongoing training and development opportunities for caregivers lead to improved confidence and competence in their roles, which in turn reduces stress levels. Programs that address the specific needs of caregivers of patients with mental illness, like psychoeducation, offer insights into mental health conditions, treatment options, and support mechanisms that can significantly alleviate feelings of helplessness (Young & Klug, 2019) [20]. Empowering caregivers through education promotes resilience, enabling them to cope better with ongoing stressors. The results of this study advocate for healthcare professionals to recognize the vital role caregivers play in the overall treatment plan for patients with mental illnesses. Inclusive strategies that integrate caregiver support in treatment protocols can enhance caregiver well-being and, ultimately, patient outcomes. Studies have indicated that when caregivers are provided with emotional and practical support, their ability to care for patients improves significantly, leading to better management of patients' mental health conditions (Wolff & D'Avolio, 2018) [18]. Moreover, a systemic approach that

addresses caregiver needs can facilitate improved communication between caregivers and healthcare teams, fostering an environment where caregiver concerns are acknowledged and addressed. This approach promotes a collaborative network between family caregivers, mental health professionals, and the patient, which is critical in developing effective treatment plans for individuals with mental illnesses.

### Conclusion

The findings of this study underscore the urgent need to address the high levels of stress and anxiety among primary caregivers of patients with mental illnesses. The significant disparities in stress levels between male and female caregivers point to the necessity of gender-sensitive support interventions that address specific challenges faced by female caregivers. The emotional impact of caregiving has profound implications not only for the caregivers themselves but also for the quality of care provided to patients. Comprehensive support systems, continuous education, and the integration of caregiver support into treatment plans are essential to mitigate the emotional burden of caregiving and enhance the overall health outcomes for both caregivers and patients. Recognizing that caregiver well-being is intrinsically linked to patient recovery is crucial in the ongoing efforts to improve mental health care.

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