Original Article

# Psychological Distress and Coping among Caregivers of Patient with Mental Disorder: A hospital based cross sectional study

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**ABSTRACT**

**Background:** Caregivers of mentally ill patient are at risk of being subjected to psychological distress as they routinely provide assistance and supervision to their mentally ill relatives. Caring mentally ill relatives is a huge responsibility which demands a lot of time. Ill relatives require not only physical help but also emotional support. The study aimed to find out the psychological distress and coping strategies among caregivers of patient with mental illness.

**Methods:** A descriptive cross-sectional study was conducted at department of Psychiatry Kathmandu Medical College, Nepal from December 30, 2019 to April 30, 2020. One hundred and eighty-five participants were chosen purposively. Face to face interview was conducted using standard tools (Kessler Psychological Distress Scale and Brief Cope Scale).

**Results:** Among 185 caregivers 81.6% showed no sign of psychological distress whereas 18.4% showed mild to severe psychological distress. Caregivers used approach coping strategies 32.7±5.48 over avoidance coping strategies 19.88±3.79. There is moderately positive correlation (r=0.45) between psychological distress and avoidance coping strategies and this correlation is statistically significant (p=0.01). As the psychological distress increases caregivers used avoidance coping mechanism.

**Conclusion:** Caregivers faced mild to severe psychological distress while providing care to mentally ill relatives thus use of various coping strategies like informational support, active coping, religion helped to reduce the distress.

**Keywords:** Caregivers; mental illness; psychological distress; coping strategies.

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## INTRODUCTION

Prevalence of mental disorder is increasing globally. According to WHO, 450 million people currently suffer from mental and neurological disorder making mental illness as fifth leading cause of disability worldwide.[1] Mental disorders are public health problems throughout the world.[2] Mental health care is being given priority and included in the primary health care by the member states of WHO.[3]

Mentally ill person living with their parents, sibling and first degree relative ranges 40% in United States to 90% in Asian countries.[4] Relatives not only provide assistance in carrying out activities of daily living but also provide emotional and financial support to their relative with mental disorder.[3]

By sharing the same genetic and psychosocial environment, the relatives of the individual with mental disorder are prone to psychological distress and mental health issues.[5] Psychological distress is defined as emotional suffering with various symptoms of depression and anxiety. The symptoms can range from disinterest, dysthymia, loss of hope, anxiety and bodily symptoms such as headache, fatigue, and weight loss.[6] High level of psychological distress can be the risk factors for mental disorder.[7,8] The responsibility of caregiver while caring for mentally ill relative is increasing mainly due to the concept of deinstitutionalization of mental health services.[9,10] According to Lazarus and Folkman, "Coping is a process that addresses how the individual responds and acts while experiencing stress and when the level of exposure to stress increases." Coping strategies can be classified as approach strategies and avoidance strategies. Approach strategies are active coping mechanism while avoidance strategies are emotion focused or passive coping mechanism.[11]

Studies have shown majority of caregivers use active coping strategies like visiting temples, taking time out and doing yoga or other exercise. Self-controlling, distancing, indulging in substance, avoidance and showing aggression are the passive coping strategies used by the caregiver.[12,13] Caregiver use both emotion focused and problem focused coping strategies. Seeking spiritual assistance emerged as the most commonly used way of coping.[14],[15]

This study aimed to find out the level of psychological distress faced by caregivers and various coping strategies used by them while looking after their mentally ill relatives.

## MATERIALS AND METHODS

A descriptive, cross-sectional study was conducted at the department of Psychiatry of Kathmandu Medical College, Kathmandu, Nepal. Total 185 caregivers of mentally ill patients aged above 18 years were included in the study. Purposive sampling technique was used while selecting the caregivers. Data was collected from either of parents, siblings, family members and friends whose duration of stay with patient were at least 6 months. Face to face interview technique was used. Caregivers of patients with substance use disorder were excluded from the study. Data collection was done from December 30, 2019 to April 30, 2020. Taking the prevalence of severe psychological distress as 14% [5], 185 respondents were recruited for the study using Cochran formula of $n= Z^2pq/d^2$, where d(allowable error)= 0.05,z (confidence level)= 1.96, p (prevalence of severe distress) = 0.14 and q (1-p) = 0.86.

Ethical clearance was obtained for the study from Institution Review Committee (IRC) of Kathmandu Medical College (Ref:181020194). A written informed consent was obtained from all the participants after explaining the objectives of the study. Provision to withdraw their participation from the study without any fear or clarification at any time during the study was informed. Precautions were taken throughout the study to safeguard the rights and welfare of all the

respondents. Confidentiality of participants was maintained throughout the study.

A structured questionnaire was developed by the researchers to collect the socio-demographic and disease related data. The psychological distress and coping strategies were assessed by using Kessler Psychological Distress Scale (K 10) and Brief Cope Scale respectively. Both the K10 and Brief cope scale are standard validated tools which are used widely in Nepalese studies and are freely available. K 10 consisted of 10 questions. It is a five-point Likert scale. The total score was categorized into- no distress (score:10- 19), mild distress (score:20- 24), moderate distress (Score: 25- 29) and severe distress (score:30- 50). Brief Cope Scale consisted of 28 items. It is a 4-point Likert scale. Responses ranged from "I have been doing this at all" to "I have been doing this a lot". Brief Cope consists of 14 sub scale and each subscale consists of 2 items.

Data was collected in Psychiatric OPD and ward. Collected data was checked for its completeness and accuracy. Data was coded and entered in SPSS (Statistical Package for the Social Sciences) version 20. Descriptive statistics like frequency, percentage, mean, standard deviation and inferential statistics like chi-square test and correlation were used to analyze the data.

## RESULTS

The mean age of the caregivers was 40.25±14.56 years. Around 54.1% of caregivers were male and 93.5% were Hindu. More than half of the participants (69.7%) had educational status of secondary level and above. Majority of the respondent (73.5%) were married and 70.3%of the caregivers were first degree relative. Around 43.2% of the caregivers' relative were diagnosed with depression followed by schizophrenia (27.6%). Most (92.4%) of the respondents relative were ill for less than or equal to one year. More than half of the caregivers (67.6%) stayed with patient for less than or equal to two years.

**Table 1: Psychological distress among caregivers of mentally ill patients (n=185)**

| Stress | Frequency | Percent (%) |
|---|---|---|
| No sign of distress | 151 | 81.6 |
| Mild distress | 20 | 10.8 |
| Moderate distress | 6 | 3.3 |
| Severe distress | 8 | 4.3 |

Table 1 depicts 151(81.6%) of the caregivers did not show any sign of distress whereas 8 (4.3%) of the caregivers showed severe distress followed by moderate 6(3.3%) and mild distress 20(10.8%).

**Table 2: Coping strategies used by caregivers of mentally ill patients**

| **Brief Cope** | | |
|---|---|---|
| **Scales** | **Mean** | **Std. Deviation** |
| **Avoidance Coping Strategies** | | |
| Self-Distraction | 5.15 (out of 8) | 1.56 |
| Denial | 2.91 | 1.23 |
| Substance Use | 2.47 | 1.02 |
| Behavioral Disengagement | 2.98 | 1.44 |
| Venting | 3.61 | 1.21 |
| Self-Blame | 2.55 | 0.94 |
| **Approach Coping Strategies** | | |
| Active Coping | 6.24 | 1.50 |
| Informational Support | 5.37 | 1.51 |
| Emotional Support | 5.26 | 1.46 |
| Positive Reframing | 6.23 | 1.40 |
| Planning | 4.12 | 1.25 |
| Acceptance | 5.45 | 1.42 |
| Humor | 2.22 | 0.69 |
| Religion | 4.91 | 1.51 |

Table 2 shows caregivers mostly used self-distraction, religion, positive reframing, emotional support, active coping, informational support, acceptance as their coping strategies. Whereas

self-blame, humor, substance use, denial, behavioral disengagement were the least used coping strategies by caregiver's while caring the relatives with mental illness. Caregivers used approach coping strategies 32.7±5.48 over avoidance coping strategies 19.88±3.79 (this result is not shown in table).

**Table 3: Association between psychological distress and independent variables**

| Independent Variable | No Psychological Distress | Psychological Distress | p-value# |
|---|---|---|---|
| **Age in years** | | | |
| 18- 39 | 76 | 14 | |
| 40- 60 | 63 | 15 | 0.33 |
| 60 above | 12 | 5 | |
| **Sex** | | | |
| Male | 88 | 12 | 0.015* |
| Female | 63 | 22 | |
| **Religion** | | | |
| Hindu | 141 | 32 | 0.87 |
| Others | 10 | 2 | |
| **Educational Status** | | | |
| Illiterate | 9 | 5 | |
| Upto Secondary | 74 | 17 | 0.18 |
| Higher Secondary and above | 68 | 12 | |
| **Marital Status** | | | |
| Married | 113 | 23 | 0.39 |
| Single | 38 | 11 | |
| **Type of disorder** | | | |
| Schizophrenia | 39 | 12 | |
| BPAD | 30 | 11 | 0.13 |
| Depression | 71 | 9 | |
| Psychosis | 11 | 2 | |
| **Duration of illness** | | | |
| ≤1 | 89 | 17 | 0.34 |
| >1 | 62 | 17 | |
| **Duration of stay** | | | |
| ≤2 | 101 | 24 | 0.67 |
| >2 | 50 | 10 | |

*Chi square test, * p-value significant at ≤0.05

Table 4 shows with the association between independent variables and psychological distress. There was no any significant association found between psychological distress and age, religion, marital status, educational status, type of disorder, duration of stay and duration of illness. However, a significant association was found between sex and psychological distress at p-value 0.015.

**Table 4: Correlation between psychological distress and coping strategies**

| Coping Strategies | Psychological distress# (r- value) | p-value |
|---|---|---|
| Avoidance | 0.45 | 0.01* |
| Approach | -0.29 | 0.04* |

# r=Pearson Correlation, * p-value significant at ≤0.05

Table 4 shows that there is moderately positive correlation (r= 0.45) between psychological distress and avoidance coping strategies and this correlation is statistically significant (p=0.01). As the psychological distress increases caregivers used avoidance coping mechanism. There is week negative correlation (r=-0.29) between psychological distress and approach coping strategies and this correlation is statistically significant (p=0.04). It means when distress increases approach coping strategies used by caregivers decreases.

## DISCUSSION

The present study showed that 81.6% did not exhibit any signs of psychological distress where as 18.4% of the respondents experienced some form of distress which ranged from mild distress to severe distress. The findings of this study is in line with the study done in Malaysia (2016)[16] which showed majority 69.5% of the caregivers did not exhibit signs of psychological distress while caring their mentally ill relatives. The finding is further supported by the study conducted in Nepal (2015)[5] where majority 86% of the caregivers did not show signs of distress. However the findings of our study is in contrast with the study done in US[1] (2018) which showed higher distress level (48%)in caregivers. Also, in a study conducted in Ethiopia[3] (2015), psychological distress among caregivers was found to be higher 85%. A study conducted in Kathmandu Nepal[17] showed that psychological distress is higher 71% among the caregivers which is not in line with the present study. This difference in level of psychological distress among the caregivers might be because of difference in study setting and the diagnosis of mental illness among the relative such as schizophrenia, depressive disorder, bipolar affective disorder and other psychotic disorder. This could be a plausible explanation for lower level of psychological distress in this study.

In current study most of the caregivers used approach coping strategies such as active coping, religion, informational support, self- distraction, positive reframing and acceptance. The findings of this study was similar to the study conducted in Nepal [5] and Malaysia [16] which showed active coping, planning, and self-distraction as commonly used coping strategies. Whereas the least used coping strategies in our study were denial, substance use, venting and self-blame.

In this study there was significant association between sex and psychological distress (p= 0.015) whereas there is no signification association between age, marital status, religion, duration of stay, duration of caregiving. Previous studies have reported that there is significant association (p=0.03) between psychological distress and age, duration of stay and duration of illness.[18,19]

In current study there was moderately positive correlation (r= 0.45) between psychological distress and avoidance coping strategies and this correlation is statistically significant (p=0.01). Previous studies conducted in Malaysia (2016)[16, 20] showed as psychological distress increases caregivers used avoidance coping mechanism.

In this study there is week negative correlation (r=-0.29) between psychological distress and approach coping strategies and this correlation is statistically significant (p=0.04). It means when distress increases approach coping strategies used

by caregivers decreases. This study is in line with the study conducted in Malaysia[16] which concluded that as the distress increases caregivers used approach coping strategies less.

## CONCLUSIONS

The study concludes that caregivers of mentally ill patients are subjected to mild to severe psychological distress. Commonly used coping strategies were active coping, emotional support, religion and self- distraction. Though caregivers used approach coping strategies over avoidance but when the distress increased caregivers used avoidance coping mechanism to overcome the distress. Hence, there is a need to assess the wellbeing of caregivers and develop intervention which helps to reduce the distress while providing long term care to their mentally ill relatives.

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## REFERENCES

1. Lerner D, Chang H, Rogers WH, Benson C, Lyson MPC, Dixon LB. Psychological distress among caregivers of individuals with a diagnosis of schizophrenia or schizoaffective disorder. Psychiatr Serv. 2018;69:169–78. [PubMed | Full Text | DOI]

2. Easton SD, Safadi NS, Wang Y, Hasson RG. The Kessler psychological distress scale: Translation and validation of an Arabic version. Health Qual Life Outcomes. 2017. [Full Text | DOI]

3. Sintayehu M, Mulat H, Yohannis Z, Adera T, Fekade M. Prevalence of mental distress and associated factors among caregivers of patients with severe mental illness in the outpatient unit of Amanuel Hospital, Addis Ababa, Ethiopia, 2013: Cross-sectional study. J Mol Psychiatry. 2015; Oct 8;3:9. [PubMed | Full Text | DOI]

4. Seid S, Demilew D, Yimer S, Mihretu A. prevalence and associated factors of mental distress among caregivers of patients with epilepsy in Ethiopia: A Cross-Sectional Study Design. Psychiatry J. 2018 Sep 27. [PubMed | Full Text | DOI]

5. Darlami K, Ponnose R, Jose P. Caregiver's stress of psychiatric patients. 2015;03(02):39–43. [Full Text | DOI]

6. Ridner SH. Psychological distress: Concept analysis. J Adv Nurs.2004 Mar;45(5):536-45. [PubMed | Full Text | DOI]

7. Ae-Ngibise KA, Doku VCK, Asante KP, Owusu-Agyei S. The experience of caregivers of people living with serious mental disorders: A study from rural Ghana. Glob Health Action. 2015 May 11;8. [PubMed | Full Text | DOI]

8. Mitsonis C, Voussoura E, Dimopoulos N, Psarra V, Kararizou E, Latzouraki E, et al. Factors associated with caregiver psychological distress in chronic schizophrenia. Soc Psychiatry Psychiatr Epidemiol. 2012 Feb;47(2):331-7. [PubMed | Full Text | DOI]

9. Guttikonda A, Shajan A, Hephzibah A, Jones A, Susanna J, Neethu S, et al. Perceived stigma regarding mental illnesses among rural adults in Vellore, Tamil Nadu, South India. Indian J Psychol Med. 2019 Mar-Apr;41(2):173-7. [PubMed | Full Text | DOI]

10. Rahmani F, Ranjbar F, Hosseinzadeh M, Razavi SS, Dickens GL, Vahidi M. Coping strategies of family caregivers of patients with schizophrenia in Iran: A cross-sectional survey. Int J Nurs Sci. 2019 Mar 8;6(2):148–53. [PubMed | Full Text | DOI]

11. Stress, appraisal, and coping (eBook, 1984) [WorldCat.org] [Internet]. [cited 2021 Jan 21]. Available from: https://www.worldcat.org/title/stress-appraisal-and-coping/oclc/609341596

12. Grover S, Pradyumna, Chakrabarti S. Coping among the caregivers of patients with schizophrenia. Ind Psychiatry J. 2015 Jan-Jun;24(1):5-11. [PubMed | Full Text | DOI]

13. Chien H, Norhayati O, Wahab3 IS. Psychology Research and Behavior Management Dovepress Psychological distress, perceived stigma, and coping among caregivers of patients with schizophrenia. 2016 Aug 16;9:211-8. [PubMed | Full Text | DOI]

14. Azman A, Jamir Singh PS, Sulaiman J. Caregiver coping with the mentally ill: a qualitative study. J Ment Heal. 2017 Apr;26(2):98-103. [PubMed | Full Text | DOI]

15. Mohamed A, El-Tantawy A, Raya YM, Mohamed A-S, Zaki K. Depressive disorders among caregivers of Schizophrenic patients in relation to burden of care and perceived stigma. 2010. Arab J Psychiatry. 2017;28(1);9 [Full Text]

16. Ong HC, Ibrahim N, Wahab S. Psychological distress, perceived stigma, and coping among caregivers of patients with schizophrenia. Psychol Res Behav Manag. 2016 Aug 16;9:211–8. [PubMed | Full Text | DOI]

17. Sharma R, Sharma SC, Pradhan NS. Assessing caregiver burden in caregivers of patients with schizophrenia and bipolar affective disorder in Kathmandu Medical College. J Nepal Health Res Counc. 2017 Sep-Dec;15(37):258-63. [PubMed | Full Text| DOI]

18. Magliano L, Fiorillo A, De Rosa C, Malangone C, Maj M; Group NMHPW. Family burden in long-term diseases: a comparative study in schizophrenia vs. physical disorders. Soc Sci Med. 2005;61(2):313–22. [PubMed | Full Text| DOI]

19. Magliano L, Marasco C, Fiorillo A, Malangone C, Guarneri M, Maj M. The impact of professional and social network support on the burden of families of patients with schizophrenia in Italy. Acta Psychiatr Scand. 2002;106(4):291–8. [PubMed | Full Text | DOI]

20. 20 Shah STH, Sultan SM, Faisal M, Irfan M. Psychological distress among caregivers of patients with schizophrenia. J Ayub Med Coll Abbottabad. 2013;25(3–4):27–30. [PubMed]