

## Stress Resilience among caregivers of patients with mental illness during Covid 19 pandemic

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### ABSTRACT

**Background:** COVID 19 has brought daily life to a standstill for almost all population across the world. The pandemic is a source of unexpected stress. The pandemic is causing huge pressures on all people. Resilience can help us to get through and overcome stressful hardship.

**Methodology:** The present qualitative descriptive study conducted among caregivers of patients with mental illness at the inpatient and outpatient department of Amrita Institute of Medical Sciences, Kochi. The main objective of the study was to determine the level of stress resilience among caregivers of patients with mental illness. Secondary objectives were to find association of level of stress resilience among caregivers with various mental illness and to find the association of level of stress resilience and selected demographic characteristics. Tools used for data collection are Demographic data collection tool and Connor Davidson Stress Resilience scale. Totally 132 samples were collected using purposive sampling technique.

**Results:** 4.54% of the respondents scores between 26 -50 points (first intermediate resilience), 53.78% of respondents scores between 51 -75 points (second intermediate resilience) and 41.66 % of respondents scores between 76- 100 points (highest resilience). None of the respondents shows lowest resilience (0-25 points). The study results reveal that most of the respondents shows second intermediate resilience towards stress.

**Conclusion:** The study arouses a need for adopting coping strategies to improve the quality of life of caregivers. For improving the resilience, interventions like stress coping skill training or counseling services can be adopted.

**Keywords:** Stress resilience, Caregivers, Mental illness, Covid 19, Pandemic.

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### INTRODUCTION

In India one among all four patients who attend the primary care clinics are suffering from mental illness. These people are normally cared by those staying with them in their houses, either professional or non – professional [1]. The psychiatric care accessed by the common people is limited which hikes the number of psychiatric disorders, leading to the families to lead a key role in taking care of the family members. Thus, they are to be considered as a primary caregiver. These long-term caregiving makes huge caregiver burden among the caregivers there by increasing their stress level and decreasing the patient care [2].

Caregivers plays a crucial role in the community, but the informal caregiving often presents a greater risk for variety of consequences to caregiver, mostly associated with chronic stress, when compared to non-caregivers [3]. Compared to non-caregivers, caregivers have an increased risk of depressive symptoms and

physical health problems [4]. Caring mentally ill patients affects the mental and physical health of those common people which in turn leading in creation of lots of burden. This eventually makes the caregiver in search for resilience to cope with the stress and for regaining the quality of life [5]. Most of the caregivers of psychiatric illness were found to be stressed and they use different coping measures when they faced stress. This highlights that emotional distress is common among caregivers of patient with mental illness. Psychiatric patients' behaviour is more irritating than other patient which may cause the stress to the caregivers easily that not only affect the patient but also affects the caregiver [6].

The net result of providing best care for the family member often leads to the sacrifice of the physical health and emotional experiences of the caregiver. This happens even in the most capable caregiver. Caregiving is assessed with work – life balance and showed that two thirds of the caregivers reported conflicts in their roles for balancing their responsibilities, like working fewer hours than normal or taking unpaid leaves [7]. These shows how mental illness affects the people directly and the caregivers indirectly. Caregiving sometimes results in chronic stress, which comprises caregiver's physical and mental health [8].

Failure of using defines mechanisms may lead deterioration of normal life cycle. Mental illness causes variety of issues like reduced quality of life of the family members, social isolation from the society. The caregivers of mentally ill patients reported stigmatization because of mental illness in their family [9]. The caregivers need to exhibit good resilience as well need to be in an optimal social and psychological state.

A few studies done on similar samples concluded that the caregivers are not getting adequate time for leisure and hence leading to poor family functioning. Apart from this the common people when they assume the role of a primary caregiver, they are not aware about the various domains like communication, emotional response and overall performance while caring the patients. Therefore, they may experience negative life events while caring patients with schizophrenia, which lead to depression, anxiety, and stress in caregivers [10-14].

Caregivers, who are more resilient have higher mental health and perform well in dealing with a variety of emotional, cognitive, behavioural, and social problems [15]. A similar study was done among spouses of severe mental illness for assessing their marital satisfaction showed that those samples were at a greater risk of developing psychological distress at any point of time in their life [16]. Another study done among wives of alcoholics in which the level of stress, strategies of coping used, and the depth of domestic violence assessed, showed that the samples had high level of perceived stress. The results also projected the cruelty of domestic violence as 90% of the samples face the same. These results also emphasize that the caregivers are vulnerable for mental instability [17].

Resilience research has shown that as people age and develop, they tend to learn to deal more effectively with negative emotions in stressful situations. It has also been shown that more resistant people tend to extract positive coping strategies from difficult situations [18]. Keeping this in mind, the aim of the present study was to determine the level of stress resilience among caregivers of patients with various mental illness and to find the association of level of stress resilience among caregivers and selected demographic characteristics.

## METHODOLOGY

In this study stress resilience is the capacity of the caregiver to cope with stress and the ability to bounce back from stress pressure of caring the patients with mental illness in the background of Covid 19 This descriptive study was done with an accessible population of caregivers of patients attending the outpatient and inpatient department of Amrita Institute of Medical Sciences, Kochi. Those caregivers who were paid and who were unable to complete the provided surveys in English and Malayalam were excluded.

The tools used for the study comprised 2 sections, with first section assessing the demographic characteristics and the second one with a standardized tool.

The Connor Davidson Resilience Scale was used to measure resilience how well one is equipped to bounce back after stressful events, tragedy, or trauma. In this study CD-RISC-25 is used as the tool. The comparison of scores of CD-RISC to Perceived stress scale and Sheeham stress vulnerability scale indicates that the resilience scores obtained from the CD-RISC correspond to lower levels of perceived stress and perceived stress vulnerability, which suggest a good convergent validity. CD-RISC has been associated with various

constructs, like family functioning and depressive symptoms. But, as there is lack of studies that support the construct validity, it needs to be tested in relation to a more complex theory to better establish construct validity [18]. CD-RISC has demonstrated good reliability ( $\alpha=0.88$  and  $0.89$ ) and test – retest reliability ( $0.87$ ) [19].

## RESULTS

**Table 1: Frequency and percentage distribution of demographic variables**

<b>Demographic Variables (N=132)</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age of caregivers</b>		
15 to 25 years	13	9.8
26 to 35 years	36	27.3
36 to 45 years	20	15.2
46 to 55 years	23	17.4
56 to 65 years	30	22.7
66 years and above	10	7.6
<b>Gender</b>		
Male	63	47.7
Female	69	52.3
<b>Religion</b>		
Hindu	79	59.8
Muslim	35	26.5
Christian	18	13.6
<b>Socioeconomic status</b>		
APL	93	70.5
BPL	39	29.5
<b>Educational status</b>		
Formal Education	20	15.2
Secondary education	9	6.8
Higher secondary education	32	24.2
Professional Degree	13	9.8
Degree	43	32.6
PhD	4	3.0
Others	11	8.3
<b>Care duration</b>		
Less than 1 year	36	27.3
1 to 3 years	27	20.5
3 to 5 years	32	24.2
5 years or more	37	28.0
<b>Relationship with the patient</b>		
Spouse	36	27.3
Sibling	29	22.0
Parent	53	40.2
Others	14	10.6
<b>Attitude towards Covid 19 pandemic</b>		
Optimistic	27	20.5
Over cautious	66	50.0
Not at all stressed	21	15.9
Ready to face the illness	18	13.6

Table 1 depicts the demographic variables that reveals most of the respondents were between 26 to 30 years old (27.3%), who are graduates (32.6%) and having a length of stay for more than 5 years with the patient (28%). Most of the caregivers were parents of the patient (40.2%) and majority of respondents belongs to Hindu religion (59.8%). Finally, majority of the caregivers exhibit an overcautious attitude towards COVID 19 pandemic.

**Figure 1: Level of Stress resilience among caregivers**

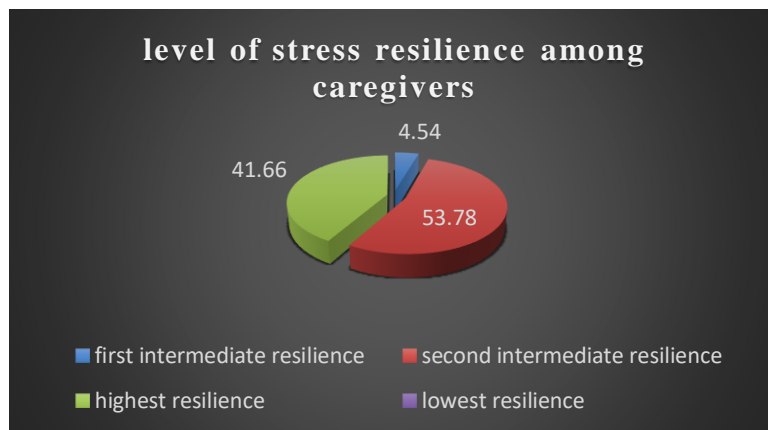


Figure 1 depicts 4.54% of the respondents scores between 26 -50 points( first intermediate resilience), 53.78% of respondents scores between 51 -75 points ( second intermediate resilience) and 41.66 % of respondents scores between 76- 100 points( highest resilience). None of the respondents shows lowest resilience (0-25 points)

**Table 3: Kruskal Wallis test for association of demographic variables with level of stress resilience**

n = 132

Variables	N	Mean	SD	df	t value	P value	
<b>Age</b>	15 to 25 years	13	72.23	14.65	5	2.74	0.740
	26 to 35 years	36	72.61	11.38			
	36 to 45 years	20	72.25	13.707			
	46 to 55 years	23	71.35	13.207			
	56 to 65 years	30	73.37	8.410			
	66 years and above	10	77.80	7.361			
<b>Religion</b>	Hindu	79	73.25	12.330	2	3.747	0.154
	Muslim	35	74.29	9.978			
	Christian	18	68.39	9.965			
<b>Education</b>	Formal Education	20	73.70	10.260	6	8.991	0.174
	Secondary Education	9	75.67	10.11			
	Higher secondary education	32	69.38	12.836			
	Professional degree	13	74.15	8.97			
	Degree	43	75.58	42			
	PhD	4	70.50	12.47			
	Others	11	67.91	12.62			
<b>Care duration</b>	Less than 1 year	36	72.11	15.28	3	0.403	0.940
	1 to 3 years	27	74.07	6.833			
	3 to 5 years	32	71.84	11.18			
	5 years or more	37	73.59	10.54			
<b>Relationship with patient</b>	Spouse	36	73.89	11.580	3	0.802	0.849
	Sibling	29	73.03	10.16			
	Parent	53	72.43	11.72			
	Others	14	71.50	14.05			
	Optimistic	27	71.93	12.102	3	0.869	0.833

<b>Attitude towards Covid 19 pandemic</b>	Overcautious	66	72.48	13.11			
	Not at all tensed	21	73.48	6.03			
	Ready to face the illness	18	74.94	9.55			

Significance at  $p < 0.05$

Table 3 shows that there is no association of level of stress resilience with the demographic variables. As the options are more than 2 categories the analysis is done with Kruskal Wallis test.

**Table 4: Mann – Whitney’s test for association of demographic variables with level of stress resilience**

Variables		N = 132	Mean	SD	U	W	Z	P value
<b>Gender</b>	<b>Male</b>	63	74.33	11.89	1866.00	4281.00	1.402	0.016*
	<b>Female</b>	69	71.52	11.09				
<b>Socioeconomic status</b>	<b>APL</b>	93	73.65	10.57	1573.00	2353.00	1.200	0.023*
	<b>BPL</b>	39	71.00	13.473				

\*Significance at  $p < 0.05$

Table 4 depicts the association of demographic variables with the level of stress resilience shows that there is an association of level of stress resilience with gender and socioeconomic status of the samples.

### DISCUSSION

Most of the caregivers of mentally ill patients will meet a stage of stress in their life. In India, most of the mentally ill patients are living with their families therefore family members are the primary caregivers. These caregivers may experience a kind of stress and burden while taking care of the patient. These may affect both patient and family caregivers. To avoid these situations the caregiver, have to develop different kind of coping strategies to deal with the stress and earning back the mental health. In most of the settings the mental health of the caregiver is not taken into consideration, and it remain neglected. There arouses a need for study to assess the stress and stress resilience among the caregivers of mentally ill patients. Through this study one can acquire adequate information regarding the mental illness of the caregiver and the coping strategies they have adopted to deal with the stress.

The study result confirms that about 41.66 percentage of caregivers are high resilient towards the stress they have, 53.78 percent of respondents shows second intermediate resilience, 4.54 percent of respondents shows first intermediate resilience. None of the respondents shows low resilience. The results highlight the need of exposing the caregivers for various coping and resilience strategies for making them capable to face the stress which they may face in future. It is most important to note some limitations of this study. The study was conducted only among the caregivers of patient with mental illness admitted in Amrita Institute of medical Sciences which created a limitation in sample size of 132. The data collection has consumed more time than expected because of COVID 19 pandemic and study is limited to a single setting. The study was concentrated only on primary caregivers and paid caregivers are excluded. In future the study can be conducted more selectively and precisely by concentrating on group of people or caregivers who shares common characteristics like common age, common relationships, common psychiatric diseases etc. We can also advice and educate the client for choosing appropriate coping strategies through awareness so that they can appropriately manage their stress.

In conclusion, nowadays the prevalence of psychological stress among caregivers of mentally ill patients are increased drastically due to COVID 19 pandemic. There arouses a need to acknowledge the importance of mental health among these folks. This study focused on the stress resilience among the caregivers of mentally ill patients during COVID 19 pandemic. The study results reveal that most of the respondents shows second intermediate resilience towards stress. Here arouses a need for adopting coping strategies to improve the quality of life of caregivers. For improving the resilience, interventions like stress coping skill training, counselling services etc can be adopted

## CONCLUSION

The findings of the study were found to be consistent with past research studies and have led to the following conclusion: Sanskrit Shloka Chanting helps to improve mindfulness scores as compared to the Non – Chanting group.

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