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PSYCHOLOGICAL DISTRESS IN CAREGIVER OF DRUG ADDICTS

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ABSTRACT

Objective: The study aims to determine the prevalence of psychological distress stress, anxiety, and depression among caregivers of drug abuse patients.

Method: The sample consists of *N* = 100 participants, male and female caregivers of drug abuse patients. The inclusion criteria include caregivers of drug patients and those caring for individuals with drug-induced psychosis. Exclusion criteria eliminate caregivers of patients with other medical conditions and caregivers who are themselves taking drugs. Psychological distress was measured using the Depression, Anxiety, and Stress Scale (DASS-21), a psychometric tool consisting of 21 items assessing depression, anxiety, and stress. Each subscale contains seven items.

Results The findings revealed that 64% of caregivers reported psychological distress, with a higher prevalence among female caregivers (33%) compared to males (31%). Regression analysis demonstrated that spouses, siblings, and parents of drug abusers experience significantly higher levels of distress compared to friends. Caregiving intensity was positively correlated with psychological distress, with depression showing the strongest correlation ($r = 0.85$, $p < 0.01$). Demographic factors such as marital status and employment type influenced distress levels, with married and self-employed caregivers reporting higher distress.

Conclusion: Caregivers of drug abuse patients, particularly close family members, are at a heightened risk for psychological distress. This study underscores the need for mental health interventions targeting caregivers, especially those with close emotional ties to the patient. Future research should explore objective measures of stress and expand the sample to different cultural contexts. Forensic

psychiatry should consider early interventions for high-risk caregivers to reduce burnout and emotional strain.

Keywords: Psychological Distress, Caregivers, Drug Abuse, Forensic Psychiatry

Introduction

Psychological distress is characterized as unpleasant emotions, and experiencing psychological distress leads to undesirable symptoms such as stress, worry, or depression. Severe psychological discomfort impairs mental health and may reveal typical mental diseases such as melancholy, hopelessness, loss of interest in household and pleasure activities, crying bouts, altered biological signs, and exhaustion. 1 Addiction has been prevalent in human societies for an extensive period of time. Despite undeniable scientific advances and growing public awareness, many people still take their cattle every year. In modern society, addiction is not only a personal issue, but also an issue of society that endangers one's physical and mental well-being. Social and economic aspects of society are also badly impacted.[2,3]

Caregiver stress is an emotional and physical tension the person experiences which person providing care. Incapable caregiver exchange in intimate relationships causes tension and weariness, which is widely known as caregiver stress.4 Caregiver meets all basic requirements and takes on everyday obligations such as domestic chores, family finances, medication management, and nursing duties.5 Caregiver difficulties are linked to health concerns and quality of life.6 Drug misuse is a chronic relapsing brain disease. Patients require intense care, which leads in social, economical, and interpersonal complications, melancholy feelings, flaw, disgrace, and blame. These are only a few of the emotional burdens that caregivers of drug addicts face.7 Male drug abusers have a direct impact on female family members.8

This caregiver is exposed to psychological problems and may experience stress, frustration, decreased social contact, anxiety, sadness, and low self-esteem, among other symptoms. This caregiver may also experience a breakdown as a result of pressure or overload. Physical, psychological, emotional, social, and economical issues are brought on by these causes. The goal of working with patients and their families 3 is to give the experienced caregiver the encouragement and direction they need to inspire the patient and caregiver to fully engage in the therapeutic process, resulting in improvements to the patient's and family's quality of life.

Caregiver anxiety and depression are common in society but it is a normal response to worse conditions. Caregiving means not being ready to provide care to a patient but sometimes it is necessary for the patient health. . Previous meta-analysis finding shows caregivers of drug patients suffer from depression. [9 Caregivers] face many problems like financial, physical, and psychological issues during this period. It is a very difficult time for family members. If the caregiver members are healthy and strong and willing to help the patient then the patient has a chance for recovery. The social and spiritual life of the caregiver is continuously disturbed in this situation especially treatment period in the hospital. Chronic patients on drugs cause problems and other domestic issue because caregivers pay total attention to patients and ignore other family issues due to physical effort financial issues. Caregiver health is continuously compromised and leads to frustration and anger harmful acts toward self and others and need treatment. No exact definition of caregiver can be used continuously from one study to another.[10]

Drug dependence is on the rise everywhere, including in India, and substance addiction diseases are among the most serious health problems. It is generally accepted that it is a complicated bio-psychosocial phenomenon that runs in families. 11. In 2012, one in twenty persons between the ages of fifteen and sixty-four, or an estimated 246 million people, used an illicit substance. The primary concern and unfavorable events in the lives of the patient and their caregiver stem from the detrimental effects of drug addiction, including physical, mental, social, and economical challenges. It has been said that this detrimental influence is a burden. 13.

Psychological distress among caregivers of drug addicts is a pressing concern, particularly in the context of forensic and crime implications. Caregivers often face immense stress due to the

unpredictable behavior of drug-addicted individuals, which can lead to situations of criminal activity, violence, and legal issues. This stress is compounded by the stigma associated with drug addiction, which may further alienate caregivers from social support networks, resulting in increased isolation and mental health issues. Research has shown that caregivers may experience a heightened risk of mental health disorders, including anxiety and depression, particularly when they are involved in the legal processes related to the drug use of their loved ones (24). The intersection of caregiver distress and criminal behavior highlights the necessity for integrated approaches that not only address the needs of drug users but also provide mental health support for their families, who often bear the brunt of the psychological burden (23). Effective interventions that incorporate legal support and mental health resources could alleviate some of the distress experienced by caregivers, thereby reducing the overall impact of drug addiction on families and society.

Family is the most significant source of treatment for patients, especially those with mental illnesses and substance abuse (14). Many studies have found that caring for substance-dependent people places a significant load on caregivers (15). Previous research has indicated that spouses are the primary caregivers for their alcoholic husbands and incur a significant burden, particularly for wives from various substance-dependent groups (16). The study aimed to quantify and compare the relevance of burden tolerated by wives of two major substance-dependent groups, namely alcohol and heroin, as well as to investigate its correlates(17). The current study is highly relevant due to the emphasis on improving community mental health services and community engagement under the National Mental Health Program.(11).

Over the last two decades, the emphasis in mental health care has switched from institutionalization to community-based initiatives and shorter hospital stays. This shift implies that caregivers, primarily family members, will play an increasingly important role in the treatment of patients suffering from mental illnesses. While research supports the benefits of deinstitutionalization, caregivers face a significant burden [18]. Social sensitivity to substance addiction varies and exists on multiple levels. Interdisciplinary cooperation between basic and behavioral sciences have facilitated the exploration of biological elements that interact with social and sociocultural factors to put persons at risk of developing substance use disorders.

Long-term exposure to stressors and a maladaptive stress response might impact the rise of physical dependence and drug use disorders. [19] Family members are the fundamental social unit. As a result, family motivation undoubtedly influences the advancement or deterioration of individuals, which in turn affects communities and society [2]. Substance abuse and addiction influence families in various ways. Children who use illicit substances are more likely to develop psychological problems such as anxiety or sadness, as well as behavioral and cognitive impairments that might impair their learning ability [21].

Furthermore, substance misuse has an impact not only on addicts, but also on their family and caregivers' quality of life. The burden can have a stressful effect on the entire family system, negatively impacting the family's emotional climate and identity, as well as family members' ability to function and relationships [22].

Objective of the study

1. To find out the prevalence of psychological distress (stress anxiety and depression) in caregivers of drug abuse.
2. To examine the relationship between psychological distress and the relation of caregivers of drug abuse patients.
3. To identify the relationship of various demographic variables like family members (spouse, sibling, parents, friends, children) and study variables.

Method

Sample size

The sample will consist of N = 100 participants, male and female attendants of drug patients.

Inclusion criteria; The caregiver of the drug patient will be included in the study.

Caregivers of drug-induced psychosis will be included.

Exclusion criteria. Caregivers of patients with other medical conditions will be excluded.

Caregivers who are taking any kind of drug will be excluded from the study.

Measurement instrument

Depression, anxiety, stress scale (DASS-21)

The psychometric scale of depression, anxiety, and stress consists of 21 self-reported items designed to gauge overall psychological distress as well as symptoms related to sadness, anxiety, and stress. There are seven items of similar substance on each subscale. Dysphonia, hopelessness, life devaluation, lack of interest or participation, anhedonia, and sloth are all measured by the depression subscale. The autonomic arousal, skeletal muscle effects, situational anxiety, and the subjective sense of anxious outcomes are all measured by the anxiety scale. The stress subscale evaluates symptoms such difficulty falling asleep, anxiety, and sensations of being easily startled, angry, irritable, overreactive, and impatient. The values for each pertinent question are added to generate the scores for stress, anxiety, and depression. Depression (items 3, 5, 10, 13, 16, 17, 21), anxiety (items 2, 4, 7, 9, 15, 19, 20), and stress (items 1, 6, 8, 11, 12, 14, 18).

The DASS-21 takes a dimensional rather than category approach of mental illnesses. The DASS-21 formulation was based on the idea (supported by research evidence) that the variances in depression, anxiety, and stress experienced by normal people and clinical populations are mostly differences in degree. The DASS-21 has no evident implications for allocating people to specific diagnostic categories offered by categorization systems such as the DSM and ICD.

Table 1 Frequency (f) and percentages (%) values of Demographic variables in terms of Gender, Marital status, Education, Occupation, and Relation with drug abuser (N=100)

Variable	*Category*	*f*	*%*	*M(SD)*
Gender	*Male*	*57*	*57*	*1.21(.68)*
	Female	*43*	*43*	
Marital status	*Single*	*25*	*25*	
	Married	*53*	*53*	*1.84(1.07)*
	Separated/ Divorced	*7*	*7*	
	Widowed	*15*	*15*	
Education	*Primary*	*12*	*12*	
	Secondary	*35*	*35*	
	Intermediate	*19*	*19*	*1.34(0.97)*
	Bachelors	*27*	*27*	
	Masters	*4*	*4*	
	Unemployed	*7*	*7*	
Occupation	*Government employee*	*27*	*27*	*2.89(1.09)*
	Non-government employee	*14*	*14*	
	Self-employed	*52*	*52*	
Relation with a Drug abuser	*Spouse*	*28*	*28*	
	Sibling	*14*	*14*	
	Parents	*32*	*32*	*3.21(1.16)*
	Friends	*14*	*14*	
	Children	*12*	*12*	

Table 1 displays the demographic characteristics of the participants. Frequencies and percentages of the sample population indicate that male caregivers (57%) are greater in number as compared to female caregivers (43%) due to the sampling technique used in data collection. Furthermore, the majority of the respondents are married (53%) followed by single (25%) and widowed (15%). It is also seen that most of the respondents who participated in the study are self-employed (52%) while 27% of the respondents are government employees. Moreover, 35% of the participants reported that they have completed the secondary level of education followed by participants with bachelor's degrees (27%) and intermediate degrees (19%). Furthermore, in response to the question of their

relationship with drug abusers, the majority of the participants (32%) reported that they are their parents then 28% of the participants are their spouses and 14% of the participants reported that they are either their siblings or their friends.

Table 2 Frequency (f) and percentages (%) values of the male and female caregivers of drug abuse with or without psychological distress (N=100)

Variables	*Caregivers with Psychological Distress*		*Caregivers without Psychological Distress*		*Total*
	N	*%*	*n*	*%*	
Male Caregivers	*33*	*33*	*24*	*24*	*57*
Female Caregivers	*31*	*31*	*12*	*12*	*43*
Total	*64*	*64*	*36*	*36*	*100*

Table 2 presents the prevalence of psychological distress among caregivers of individuals with drug abuse. From the above table, it is evident that the majority of the caregivers (33%) are having psychological distress while the rest of the respondents i.e. 24% reported that they are facing no psychological distress while providing care for drug abuse. On the other hand, a greater number of female caregivers (31%) are experiencing psychological distress while a minority of them (12%) reported that they are not experiencing any psychological distress while taking care of drug abuse. Overall, a higher proportion of the target population (64%) exhibit psychological distress such as stress, anxiety and depression. In contrast, only 36% of respondents reported no psychological distress at a

Table 3 Frequency (f) and percentages (%) values of the depression, anxiety, and stress among caregivers of drug abuse with its various levels (N=100)

Variables	*Normal*		*Mild*		*Moderate*		*Severe*		*Extremely Severe*		*Total*
	N	*%*	*N*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	
Depression in Caregivers of drug abuse	*10*	*10*	*8*	*8*	*7*	*7*	*2*	*2*	*0*	*0*	*27*
Anxiety in Caregivers of drug abuse	*12*	*12*	*13*	*13*	*6*	*6*	*4*	*4*	*1*	*1*	*36*
Stress in Caregivers of drug abuse	*14*	*14*	*9*	*9*	*5*	*5*	*7*	*7*	*2*	*2*	*37*
Total	*36*	*36*	*30*	*30*	*18*	*18*	*13*	*13*	*3*	*3*	*100*

Table 3 demonstrates the prevalence of various levels of psychological distress including depression, anxiety, and stress among caregivers of individuals with drug abuse. The table reveals that most of the respondents (10%) exhibit no depression and are considered normal followed by participants exhibiting mild (8%) and moderate (7%) levels of depression. In terms of anxiety, it is also seen that a higher proportion of caregivers are experiencing mild levels of anxiety (13%), while 12% of respondents experience no anxiety and are considered normal and 6% of caregivers experience moderate levels of anxiety. Additionally, a high percentage of participants (14%) report no stress followed by 9% of respondents experiencing mild stress then 7% of caregivers experiencing severe stress.

Table 4 Pearson correlation between caregivers of drug abuse and psychological distress (N=100)

Variable		*1*	*2*	*3*	*4*	*5*
1	*Caregivers*	-	*0.67***	*0.85***	*0.27***	*0.64***
2	*DASS*	-	-	*0.60***	*0.23***	*0.38***
3	*Depression*	-	-	-	*0.25***	*0.54***
4	*Anxiety*	-	-	-	-	*0.08***
5	*Stress*	-	-	-	-	-

**p<.05, **p<.01*

DASS=Depression, Anxiety, and Stress Scale 21

Table 4 explains the correlation of caregivers of individuals with drug abuse with psychological distress. The above table indicates the significant relationship between the caregivers who are providing care to individuals with drugs and psychological distress. It shows that caregivers who are obliged to take care of the drug abusers are more likely to experience psychological distress. Furthermore, when examining psychological distress in terms of depression, anxiety, and stress, the same trend could be seen which shows that these participants are more likely to exhibit symptoms of these three negative emotional states while taking care of individuals with drug abuse.

Table 5 Summary of Linear Regression Analysis for Participant's relationship with Drug Abuser predicting Psychological Distress (N=100)

Variable	***B***	***SE (B)***	***β***	***T***	***P***
Spouse	*-5.63*	*1.42*	*-.35*	*-3.42*	*.00*
Sibling	*3.29*	*1.26*	*.19*	*2.62*	*.00*
Parents	*-5.73*	*1.55*	*-.28*	*-4.05*	*.00*
Friends	*-10.40*	*2.62*	*-.44*	*-4.08*	*.07*
Children	*12.42*	*9.34*	*1.68*	*2.70*	*.00*

$R^2 = 0.41, p<.05$

Table 5 explains that socio-demographic factors such as the caregiver's relationship with the individuals who abuse drugs play a significant role in predicting psychological distress. From the above table, it seems that caregivers who are in familial bond with those individuals like spouses, siblings, parents, and children are significantly affected while providing care, which makes them prone to experiencing psychological distress and exhibiting negative emotional states. However, participants who are friends of the individuals with drug abuse are less likely to get affected and experience psychological distress.

Discussion

The results of the present study offer crucial insights into the demographic profile of drug abuse caregivers and their psychological distress. As per the data of Table 1, most caregivers are males (57%) and less females (43%). It may reflect societal or cultural factors where caregiving roles, particularly in some communities, are more often done by males than at the population level, or it may be an artefact of the methods used to sample carers. Additionally, the greater number of male caregivers could be due to social stigma or embarrassment experienced by a portion of the female caregivers when addressing drug problems (19). Notably, 53% of the participants were married which is consistent with previous research showing that married persons are often situated to provide care within family systems. Furthermore, the high proportion of self-employed caregivers at 52% could imply that those with more flexible work arrangements have better capacity to fit caregiving responsibilities around their professional lives as well (19).

A more in depth analysis of psychological distress among caregivers can be found in Table 2, in which 64% reported at least some level of distress. There is higher distribution of distress among female caregivers (31% distressed) compared with male caregivers (33% distressed). This concurs with studies that supported the idea of high burden and stress among women (18), as they take care from the emotional aspect, which might lead to elevated state of anxiety for them (20). The cycle of female emotional labor in caregiving for those with substance use disorders can be stressful, causing a higher incidence of distress. This inequity could be explained by stereotypical division of roles that reflects women as being responsible to take care for family members and eventually they are more affected psychologically (20).

The data in Table 3 focuses on the varying levels of depression, anxiety, and stress among the caregivers. The results reveal that 10% of the caregivers experience no depression, while mild anxiety (13%) and stress (9%) are the most commonly reported forms of psychological distress. The fact that

some caregivers exhibit no depression yet still experience anxiety or stress highlights the complexity of the emotional toll of caregiving. Even in cases where individuals do not meet the clinical criteria for depression, the chronic nature of caregiving responsibilities, particularly for individuals struggling with drug abuse, can still lead to high levels of stress (19). These findings are consistent with earlier research that demonstrates the varied emotional responses caregivers may exhibit, often shaped by the specific nature of their caregiving tasks ensity of the drug abuse behaviors they are managing (20).

Table 4 also demonstrates an extensive connection between caregiving and psychological distress in terms of Pearson correlation analyses. That data indicated a very large positive relationship between caregiving and depression (r =. 85, p <. His is the highest Spearman rank-order correlation (τ =.01) of any observed. The more intense the caregiver role, in other words, according to this study (and common sense), the greater is caregiver depression. Similar to previous studies, long-term treatment for substance abuse has been found to result in mental health problems, mainly major depression, generalized anxiety and chronic stress[2], [3]. The relationship between caregiving and distress (r =. 64, p <. This potentially adds support to the notion that caring carries with it a constant pressure on people, and feeling overwhelmed or exhausted is probably not surprising (01). This emotional and psychological stress is probably further aggravated by the unpredictable behavior, sometimes erratic (ACMD) of drug abuse., making caregiving more difficult.

Table 5 examines whether the caregiver-drug abuser relationship can predict psychological distress. Results of regression analysis suggest that spouses, siblings or parents of drug addicts exhibit high level of psychological distress. For example, depression and marital status (regressed on Psychological Distress), show a powerful negative relationship in the regression model examined here (B = -5.63, p <. 01) compared to the friends of the drug abusers, which may make them less resilient. One important theme arising from this finding highlighted the very personal, emotional nature of caregiving among those nearest to the drug abuser (i.e. his/her family). This pain may be greater in cases of a spouse, who may feel a heightened sense of duty and emotional bond that directly contributes to their stress (19).

In contrast, friends of drug abusers (B = -10.40, p < .01) are less likely to experience psychological distress. This could be because friendships, though close, typically involve less intense emotional and caregiving responsibilities than familial relationships. Friends may feel less obligated to provide constant care, allowing them to maintain a certain emotional distance, which could mitigate their levels of psychological distress. Furthermore, caregivers who are parents or spouses may feel more social pressure to remain involved in the care of their loved ones, while friends can often set boundaries more easily (21). The finding that children of drug abusers (B = 12.42, p < .01) exhibit higher levels of distress suggests that children, despite their role as caregivers, may experience increased vulnerability due to the emotional and psychological challenges of caring for a parent with drug abuse issues (19).

The reliance on self-reported data through the DASS-21 also introduces potential biases, such as social desirability and recall bias, which may affect the accuracy of the findings. Despite these limitations, the study provides valuable insights into the psychological challenges faced by caregivers. Future research should address these limitations by increasing the sample size, using objective measures like physiological stress indicators, and exploring different geographic and cultural contexts to enrich understanding. The implications of the study highlight the need for healthcare professionals and policymakers to recognize the mental health burden on caregivers and provide support systems such as counseling services and stress management programs. Caregivers, especially close family members, should receive targeted mental health interventions as they exhibit higher levels of psychological distress. Furthermore, integrating mental health support for caregivers into drug rehabilitation programs is essential to ensure a more holistic approach to treating both patients and caregivers.

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