

Research Paper

Burden and Depression among Primary Caregivers of Patients with Psychosis

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ABSTRACT

Caregiving is a full-time unpaid job with its own set of challenges. A caregiver of a patient with psychosis may go through a lot of psychological, emotional, and social demands. It aims to study the correlation of burden, depression, patient symptom severity, and sociodemographic factors (such as caregiving hours, financial strain, or relationship of the caregiver with the patient) all in one study. **Method:** The study utilized a cross-sectional design with purposive sampling. The study included 110 participants, with an equal number of genders, i.e., 55 males and females each. Caregiver burden was assessed using Zarit Burden Interview, level of depressive symptom was assessed using the Beck Depression Inventory-1, and psychosis patient severity was assessed using the Brief Psychiatric Rating Scale. All were statistically analyzed using SPSS. **Results:** The caregivers experienced moderate to high levels of burden and mild to moderate levels of depressive symptoms. There was a significant positive correlation between patient psychotic symptom severity, burden, and depressive symptoms. Female caregivers had significantly higher levels of burden and depression, but the gender difference in depression was not statistically significant. An association was seen between socio-demographic factors such as long caregiving hours, financial strain, and lower education level and greater caregiver distress. **Conclusion:** The significant association between caregiver burden and depression as well as other sociodemographic factors emphasizes the need for careful, gender-sensitive screening of caregiver mental health in a psychological or psychiatric setting.

Keywords: Caregiver, Informal Caregiver, Primary Caregiver, Mental Illness, Psychosis, Schizophrenia, Depression, Burden

Providing care for a loved one with a mental illness is an exhausting job, which is also challenging and stressful. Informal caregivers (also known as "carers") are usually partners, family members, friends, or neighbors who regularly offer care and support, primarily at home. They are untrained individuals who may be paid in cash or in kind, or they may go unpaid (Freeman et al., 2016). In comparison to formal caregivers, such as psychiatrists, counselors, social workers, and other mental health professionals, who only offer limited care, informal caregivers serve as perpetual companions and take on a wide range of tasks and seemingly unending responsibilities, including keeping an eye on

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Received: March 20, 2026; Revision Received: March 27, 2026; Accepted: March 31, 2026

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medication, hospital visits, providing financial support, managing their daily needs, and comforting them when they show signs of emotional or behavioral problems (Yao et al., 2024). In certain cases where the severity of the illness is high, the intensity of caregiving also increases. One in seven people in India falls victim to these disorders; e.g., the prevalence of bipolar disorder was found to be 0.6%, schizophrenia 0.3%, etc. (Sagar et al., 2019).

Psychosis and Caregiving Challenges

Psychotic disorders are one of the most common prevalent problems among other disorders, at 1.3% (Misra, 2017). Gupta et al. (2022) found that caregivers of substance abuse disorders and psychotic disorders had higher levels of burden. Quality of life was also noted to be poor in the caregivers of patients with psychosis but was not statistically significant. In a review compiled by Lippi (2016), factors which were responsible for the increased burden on caregivers: severity of the patient's illness, unemployment, the patient's poor self-care, the patient's sudden mood changes, hostile behaviors, suicidal or self-harming behaviors, long hours of caring, frequent hospital visits, age, and many more were pointed out. Singh and Bhardwaj (2025) reported that there was no statistical difference found, but both caregivers of patients with schizophrenia and BPAD (manic episodes) had high levels of burden. Especially in cases where the duration of care was high and the patient's symptom severity level was high.

Caregiver Burden

In India we have a collectivistic culture, due to which family members often take on the role of long-term caregiver. Unlike Western culture, Indians do not rely on community or institution services. A caregiver also has to fulfill family obligations and professional responsibilities, which puts a lot of psychological, physical, and economic burden on the individual. Ansari et al. (2024), found that 66% of the caregivers had a high level of burden. Out of this, women caregivers showed a higher level of burden (60% of the high-burden group) as compared to men. They also found that low education, unemployment, and increasing age also showed a significant burden of caregiving. People who have low income and are unemployed have higher burden levels (Ara et al., 2022).

Many studies suggest that caregivers of patients with schizophrenia have a severe burden compared to those of patients with other mental disorders. An Indian study also supports this; they found that caregivers of schizophrenic patients had a higher level of burden than those with bipolar disorder. Further, results show that older patients and longer illness duration (patient characteristics) were linked with higher burden in bipolar disorder caregivers, and in schizophrenic caregivers, a lower education level was linked to higher burden (Tanna, 2021). The predictors of caregiver burden are age, gender, low income, education level, illness duration, etc. But in some cases, people also lose their jobs due to caregiving. One Iranian research done on 215 caregivers of schizophrenic patients found that 29.3% of people lost their job due to caregiver responsibilities (Rahmani et al., 2022).

Depression among Caregivers

There is a high risk of the development of depression in caregivers of long-term care of patients with psychosis. Many studies suggest that not participating in social activities and events and spending most time on caregiving leads to an increase in depressive symptoms. A majority of people who suffer from caregiver burden and depression comprise spouses, older people, and people from lower socioeconomic backgrounds (Taj et al., 2022). Previous studies have determined a positive correlation between caregiver burden and depression. A

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study by Stanley et al. (2017) demonstrated that high perceived caregiver burden and lower quality of life also result in high levels of anxiety and depression. A literature review was done from 2010 to 2022, where it was found that the prevalence or significance of depression or depressive symptoms was 12% to 40% in the caregivers of schizophrenic patients (Prasad et al., 2023). In a study conducted by Thunyadee et al., (2015), it was found that 62.5% of the sample had a moderate-to-high burden, and burden became the strongest predictor of depressive symptoms (19.5%) apart from self-controlling coping, i.e., suppressing their feelings, and poor physical health. There was also an indirect relation found that low tangible social support resulted in higher depression because low social support means a higher burden, which in turn increases depressive symptoms in the caregivers.

Gender Differences

In most of the studies, females were more in the role of caregivers as compared to men (the majority were married women like wives and mothers). Women are more prone to experiencing caregiver burden as well as a high level of burden (Singh & Goyal, 2017; Mj et al., 2023; Oikonomou et al., 2024; Hu et al., 2025). Few studies also suggest that women devote more time to caregiving, which could be due to the stereotypical or set gender roles of Asian societies. These stereotypes reinforce the belief that traditionally women should have soft and nurturing characteristics and spend more time at home and in caring. Sin et al. (2021) conducted a study on 407 family caregivers, of whom 330 were female and 77 were male. They found that people who were partners of the patient or people who were sole caregivers or people who spent long hours, such as more than 35 hours per week, were more prone to poor mental health. A recent Indian study also had similar findings, where 61% of caregivers (n = 60) were female and were also illiterate (48%), married (70%), and belonged to lower socioeconomic strata of society (53%) (Arun & Ryali, 2024).

Literature Gap

Predominantly, the global and Indian studies focused on schizophrenia and no other psychotic disorder like acute transient psychotic disorder, bipolar disorder, substance-induced psychosis, or many others. The studies are either qualitative, quantitative, or meta-analyses. In comparison, mixed-method research might give a better understanding with the use of good, reliable, and validated tools, particularly to explore the variations of caregiver experiences across different psychotic disorders. Most studies have unequal gender participation, with women caregivers greater in number than men. Studies with an equal number of female and male caregivers could give a better comparison of the levels of burden and depression.

Current Study

This research demonstrates the gender differences in the caregivers in the Indian family systems. This might help practitioners to create a more gender-specific support program in the future. This also allows us to become independent from the Western data by strengthening the Indian base on caregiver psychological impact studies.

METHOD

Sample

This is a quantitative, cross-sectional, and correlational design study; the sample size consisted of 110 participants (55 male caregivers and 55 female caregivers) aged 18 and above. All the participants gave their consent to voluntarily participate in this research.

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Most of the participants (62.7%) were from a nuclear family, 62.7% belonged to urban areas, and 50.9% were unemployed. The educated caregivers were 41.8%, the uneducated were 43.6%, and 14.5% had primary-level education. Gender-wise, 52.7% of males were uneducated, 20.0% of males had primary-level education, and 27.3% of males were educated; in females, 30.9% were uneducated, 9.1% had primary-level education, and 60.0% were educated. 72.7% of the participants were married, 20.9% were widowed, and 6.4% were separated/divorced. Gender-wise, 65.5% of the males were married, 32.7% were widowed, and 1.8% were separated/divorced; in females, 80.0% were married, 9.1% were widowed, and 10.9% were separated/divorced.

Socioeconomic status was observed to be 4.5%, 20.0%, and 75.5% of the participants, who were, respectively, from low, middle, and high socioeconomic backgrounds. Gender-wise, 5.5% of males fell under low socioeconomic status, 27.3% in middle, and 67.3% in high socioeconomic status; whereas in females, 3.6% fell under low socioeconomic status, 12.7% in middle, and 83.6% in high socioeconomic status. According to relationship with the patient, most caregivers were parents (32.7%) and spouses (24.5%). Most patients were males (50.9%).

Inclusion and Exclusion Criteria

Informal primary caregivers of psychotic patients were included. The caregivers had to be immediate family members of the patient, e.g., parents, spouses, siblings, or children above 18 years of age. The participants had to take care of the patient for at least 6 months so that they had a good amount of caregiving experience. Only those people were included who willingly gave their consent to participate in the study.

People who were professional caregivers were excluded such as doctors, nurses, etc. Secondary caregivers.

Measures

A structured interview was taken to gather sociodemographic information of the caregiver. It contained questions regarding the relation to the patient, financial status of the caregiver, duration of caregiving per day, and so on.

- The **Zarit Burden Interview scale** (Steven H. Zarit, Reeve, and Bach-Peterson in 1980) of 12 items was used to assess the level of burden among caregivers. It uses a 5-point Likert scale from 0 (never) to 4 (nearly always), with the highest score being 48. This short version takes less time to conduct and has good validity and reliability scores.
- The **Beck Depression Inventory** (Aaron T. Beck, 1961) of 21 self-reporting items was used to assess levels of depression among caregivers. It has two domains: the cognitive-affective domain (emotional) and the somatic-performance domain (physical). Scores ranging from 1 to 10 are normal, and over 40 is extreme depression (the maximum score is 63).

Study Design

In the present quantitative study, a cross sectional and descriptive correlational design was used. The caregivers were chosen via purposive sampling on the basis of previous diagnosis of psychosis of their family member.

Procedure

Permission was taken from Amity University Lucknow and Nur Manzil Psychiatric Centre, Lucknow to conduct the study in the hospital setting. A rapport was built with the caregivers so that they feel comfortable and relaxed. The patients were asked to sit and wait outside so that the participants don't feel any guilt or hesitation during the interview. This ensured an authentic response from the participants. They were explained all the instructions of the test and were informed that there were no time limit and no right or wrong answers as well. They were encouraged to give honest responses promptly and express their genuine feelings.

Statistical Analysis

The analyzed data was obtained using SPSS version 21. Descriptive statistics (i.e., Mean and Standard Deviation) were calculated for every research variable throughout the total sample (N = 100) and separately for male and female. Pearson's product moment correlation coefficient was used to see the relationship between patient's illness severity and caregiver burden and depression. One-way ANOVA was used to investigate the gender differences in levels of caregiver burden and depression.

RESULTS

A total of 110 primary caregivers of psychotic patients participated in this study, in which both men and women were in equal numbers, i.e., 55 (50% each).

Table 1: Descriptive Statistics and one- way ANOVA burden and depression by Gender (N = 110)

Measure	Male (n=55) Mean (SD)	Female (n=55) Mean (SD)	F
Caregiver Burden (ZBI)	24.18 (10.83)	30.31(10.69)	8.92**
BDI Cognitive-Affective	11.64 (7.94)	14.11 (8.46)	2.499
Somatic	5.49 (4.59)	6.76 (3.82)	2.501
Total score on BDI	17.13 (11.50)	20.87 (11.30)	2.97

**significant at the 0.01 level, *significant at the 0.05 level

- One-way ANOVA explained significant difference, $F(1, 108) = 8.920, p = .01$, indicating that female caregivers experience 25% more caregiver burden compared to males.
- No gender difference was found significant regarding cognitive/affective depression, somatic depression and the total score for depression.
- Relationship Between Psychosis Severity and Caregiver Burden and Depression was also computed.

Table 2 Pearson Correlations Between BPRS and Caregiver Outcome Variables (N = 110)

Measure	Burden	BDI		
		Cognitive-Affective	Somatic	Total BDI
BPRS	.400**	.316**	.213*	.306**

Note. * $p < .05$. ** $p < .01$.

This relationship was analyzed using Pearson's Product-Moment Correlation. The symptom severity was assessed using the Brief Psychiatric Rating Scale (BPRS). A moderate positive correlation was found between BPRS scores and caregiver burden ($r = .400, p < .01$), indicating that higher symptom severity is associated with higher caregiver burden.

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Similarly, a moderate positive correlation was observed between BPRS scores and the cognitive/affective component of depression ($r = .316, p < .01$). The correlation between BPRS scores and somatic depression was weak but statistically significant ($r = .213, p < .05$). Finally, there was a significant positive correlation between BPRS scores and depression ($r = .306, p < .01$). These data demonstrate that as the severity of psychotic symptoms increases, caregiver burden and depressive symptoms also increase.

DISCUSSION

The aim of this study was to find the level of burden and depression among primary caregivers of patients with psychosis. Through statistical analysis, the current study found that primary caregivers of patients with psychosis experience significantly moderate levels of burden and mild-to-moderate depression. Geriani (2015) supports findings related to burden; their study was also done on 110 caregivers where women caregivers were greater in number compared to men. The caregivers (72.7%) were found to have moderate to high levels of burden.

Women experienced 25% higher levels of burden than men (approximately 60–65% of caregivers experienced moderate burden and 50–55% experienced mild-to-moderate depressive symptoms). In most of the studies, females were more in the role of caregivers compared to men (the majority were married women like wives and mothers). In current study women reported higher depressive symptoms. Karimi (2025) also found no gender difference in burden scores between male and female caregivers' depressive symptoms and anxiety levels.

Most caregivers in the current study were spouses (24.5%) and parents (32.7%), married (72.7%), unemployed (50.9%), from low-income backgrounds (75.5%), and many were uneducated (41.8%). More studies found that people who are low income and unemployed have higher burden levels (Ara et al., 2022; Karimi, 2025; Lippi, 2016).

Based on the objectives of the study, a significant correlation was established: as the severity of the psychosis symptom increases, so do the burden and depression levels. Previous studies have determined a positive correlation between caregiver burden and depression. Mikkilineni et al. (2019) studied symptom severity and found a significant correlation with psychological distress. Thirty-eight percent of the caregivers had significant psychological distress, and the strongest predictor of psychological distress was a high subjective burden.

CONCLUSION

Caregiving is a very demanding task, as it requires an individual or family member to care for the ill family member for long periods. Caring for a mentally ill patient, especially a patient with psychosis, can be more challenging, as it can last up to a lifelong commitment. This could affect the carers' personal, physical, mental, and social life.

The results of the study comply with the results of previous studies as well. It suggests that caregivers experience a high to moderate level of burden and mild to moderate level of depressive symptoms. Further, a positive correlation was seen between psychotic symptom severity and a high level of burden and a high level of depressive symptoms among caregivers. Women experienced a 25% higher burden, but no statistically significant gender difference was found in depression.

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In India, where caring is considered a single person's duty, this study helps caregivers recognize their own neglected mental health. Without addressing it, they also become prone to getting affected by psychological disorders after prolonged periods of mental and physical burden. Caring for the ill should be a shared societal or community responsibility. Therefore, a need for caregiver support programs emerges from the results of this study.

Limitations

ZBI and BDI are both self-report tools, and their results could be affected by self-report bias due to the fear of judgment or stigma. Some potential factors were not deeply explored, such as the coping styles of the caregiver or whether they have any social support. Sociodemographic details were measured quantitatively. Instead, a qualitative study could have helped in deeper understanding of caregiving challenges and their predictors.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Naidu, Y. & Sarraf, S.R. (2026). Burden and Depression among Primary Caregivers of Patients with Psychosis. *International Journal of Indian Psychology*, 14(1), 2579-2587. DIP:18.01.257.20261401, DOI:10.25215/1401.257