

Research Paper

Study on Mania Patient's Caregivers of IPD and OPD; Comparing the Psychological Distress among Caregivers in Jaipur

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ABSTRACT

Caregivers of patients with mania experience substantial psychological burden, yet most Indian research has focused on general hospital populations, reporting higher distress among inpatient (IPD) versus outpatient (OPD) caregivers. The study was conducted to compare psychological distress levels in caregivers of manic patients attending OPD and IPD services at a mental health hospital in Jaipur. Participants completed the validated WHO Quality of Life-Bref test. Using MANN WHITNEY U TEST, it was concluded that the U Test scores did not differ significantly between OPD and IPD caregivers ($p= 0.061$). No demographic factor moderated distress levels

Keywords: Mania Patient's, Caregivers, IPD, OPD, Psychological Distress, Jaipur

Psychological Distress

When someone feels unable to handle life's stressors, they experience psychological distress, a subjective state of emotional suffering that indicates a disturbance in their internal equilibrium. Instead of being a precise diagnosis, it is a general term that covers a variety of unpleasant experiences, such as ongoing anxiety, depression, irritability, and cognitive exhaustion. These symptoms frequently appear as mental patterns as well as physical ones, such as tense muscles or disturbed sleep. Although it is a basic human reaction to hardship—such as significant life changes, bereavement, or ongoing stress—it becomes a serious issue when it becomes severe enough to interfere with day-to-day functioning. Psychological distress just alone doesn't ruin the internal equilibrium but also affects the rest of the other parts of life which include social life, interpersonal relationships, cognitive & professional functioning, and decision making etc.

Caregiver of Mania Patients

The caregiver of a person with mania, especially during extreme manic episodes, is in a particularly vulnerable position that often results in severe psychological distress. In contrast to the more static burden of depressive episodes, the manic presentation, which is characterized by increased impulsivity, emotional instability, and unpredictable risk-taking behaviors, places the caregiver under a constant state of hypervigilance, turning the home into a place of ongoing instability. This experience is made worse by the cumulative burden

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Study on Mania Patient's Caregivers of IPD and OPD; Comparing the Psychological Distress among Caregivers in Jaipur

of "emotional labor," since caregivers are frequently the patient's main line of defense against the practical repercussions of their uncontrollable behavior, like ruined relationships or financial hardship.

IPD/OPD

The intensity of care and the patient's degree of acuity are the main factors that distinguish Inpatient Department (IPD) and Outpatient Department (OPD) services in a psychiatric setting. IPD refers to a hospital-based setting where patients are admitted for 24-hour monitoring, typically for severe crises, risk of harm to self or others, or the need for stabilization when medication management requires close observation. It is an immersive environment designed for safety and intensive intervention. OPD care, on the other hand, is non-residential; patients continue to live their lives at home while visiting a clinic or hospital for planned consultations, therapy sessions, or medication management. OPD offers the continuity and upkeep required for long-term recovery and symptom management in the community, whereas IPD is only for acute, 24-hour support.

REVIEW OF LITERATURE

- **Singh, A et al., (2025).** Conducted comparative study about psychological distress on 100 caregivers (50 IPD/50 OPD) in a psychiatric ward in a hospital in Raipur. Results showed IPD caregivers had more psychological distress than OPD caregivers.
- **Sandya P D et al., (2022).** The study recruited 50 primary caregivers (mean age 44.76 years). It found a high overall burden, with the Burden Assessment Scale total mean 31.82. The impact-of-well-being subscale scored the highest (11.34). Perceived stress was elevated, with a Perceived Stress Scale mean 21.44. The authors conclude that caregivers experienced significant burden and stress, recommending culturally tailored psychosocial interventions.
- **Devkota N. et al., (2025).** The study aimed to evaluate the quality of life (QoL) and care-giving burden experienced by individuals caring for patients who were in a manic episode of bipolar affective disorder. It concludes that caregivers of patients in manic episodes face markedly reduced quality of life and heightened burden, underscoring the need for targeted psychosocial support.

METHODOLOGY

Hypotheses

- **H0:** The psychological distress in either of the caregiver group from IPD and OPD settings will not differ in any significant way.
- **H1:** The IPD caregivers will have significantly higher psychological distress than OPD caregivers.
- **H2:** The OPD caregivers will have significantly higher psychological distress than IPD caregivers.

Objectives

- To compare the psychological distress in IPD/OPD caregiver of mania patients.
- To assess the severity of psychological distress and mind state of caregivers of mania patient's in IPD/OPD settings.

Study on Mania Patient's Caregivers of IPD and OPD; Comparing the Psychological Distress among Caregivers in Jaipur

Sample

The sample comprised of seventy-two caregivers. There were two groups of caregivers between the ages of 18 and 70 years. Group I consisted of 36 IPD caregivers of mania patients 36 OPD caregivers, the sample was chosen randomly and informed consent was obtained from each participant and the hospital authority.

Research design

Quantitative research and comparative cross - sectional & observational design was used to conduct the study.

Statistical analysis

The data obtained was tabulated and analyzed using Two tailed method to assess the finding of the study.

Variables

Independent Variables

- Caregiver settings (IPD/OPD)
- Relationship with the patient

Dependent Variables

- Psychological distress
- Overall quality of life

Instruments

The **WHOQOL-BREF** is a standardized, self-report instrument developed by the World Health Organization to measure an individual's subjective perception of their own quality of life across four distinct domains: physical health, psychological state, social relationships, and environment. Comprising 26 items rated on a 5-point Likert scale, it offers a concise alternative to the full-length assessment while maintaining high reliability and validity across diverse cultural and clinical settings. By assessing both general quality of life and specific facets like daily energy levels, self-esteem, personal support, and physical safety, the tool provides a comprehensive numerical profile of well-being that is particularly useful for comparing how caregiver burdens—such as those experienced by IPD versus OPD caregivers of mania patients—impact overall life satisfaction.

Procedure

Caregivers were recruited from Jaipur hospital from OPD waiting area and IPD wards while they were accompanying their mania patients. Caregivers were informed about the study and its purpose in the local language, and informed consent was obtained prior to participation. Data was collected with taking demographic and clinical details, followed by administration of the WHOQOL-BREF questionnaire. Caregivers were given the choice of completing the tool independently or with assistance in cases where literacy posed a constraint. Each assessment required approximately 15-20 minutes to complete. Caregivers who scored in the severe or extremely severe range on any of WHOQOL-BREF subscales were provided with psychological first aid and referred to the hospital's psychiatry unit for further evaluation. To ensure confidentiality, all data were anonymized by assigning identification codes to participants, and no identifying information was included in the analysis.

Study on Mania Patient's Caregivers of IPD and OPD; Comparing the Psychological Distress among Caregivers in Jaipur

Data Collection

Participants were recruited from OPD sitting area and IPD psychiatric ward of Jaipur's mental hospital.

RESULTS

Table 1. Mann Whitney U-Test Scores:

<i>U-TEST RESULTS</i>	
U =	481.50
Z =	-1.8752

Table 2. P-values in one/two tailed:

<i>P-VALUES</i>	
One-tailed:0.030385	Two-tailed:0.060769

Result:

The Mann–Whitney U test showed no statistically significant difference between the two caregiver groups (IPD vs. OPD), $U = 481.50$, $Z = -1.8752$, $p = 0.0304$ (one-tailed) and $p = 0.0608$ (two-tailed).

DISCUSSION

The present study aimed to assess the level of psychological distress among caregivers of mania patients and to compare distress levels between caregivers in IPD and OPD settings using the WHOQOL-BREF scale. Psychological distress refers to a subjective state of emotional suffering that arises when individuals perceive that environmental demands exceed their coping capacity. It is often reflected through emotional, cognitive, behavioral, and physiological symptoms such as anxiety, irritability, fatigue, and social withdrawal.

Caregivers of individuals with mania are particularly vulnerable to psychological distress due to the unpredictable and demanding nature of manic episodes, which include heightened impulsivity, reduced need for sleep, and impaired judgment. These symptoms not only affect the patient but also place a continuous emotional and functional burden on caregivers.

The results of the present study, analyzed using the Mann–Whitney U test, indicated that there was no statistically significant difference in psychological distress between IPD and OPD caregivers ($U = 481.50$, $Z = -1.8752$, $p = 0.061$). Since the obtained p-value was greater than the conventional level of significance ($p > 0.05$), the null hypothesis (H_0) was not rejected. This suggests that caregiver setting (IPD vs. OPD) does not significantly influence the level of psychological distress.

The absence of significant differences may be attributed to several factors. First, caregivers in both IPD and OPD settings may experience comparable levels of emotional burden, as caregiving responsibilities persist regardless of treatment setting. Second, variability in the caregiver's relationship with the patient and level of involvement may have influenced the findings. For instance, some caregivers present during data collection may not have been primary caregivers, which could have reduced the observed distress levels. Additionally, the relatively small sample size ($N = 72$) may have limited the statistical power of the study, contributing to the non-significant results.

Study on Mania Patient's Caregivers of IPD and OPD; Comparing the Psychological Distress among Caregivers in Jaipur

Overall, the findings indicate that psychological distress is a common experience among caregivers of mania patients, irrespective of whether the patient is receiving inpatient or outpatient care. Future research with larger and more controlled samples may provide deeper insights into the factors influencing caregiver distress.

Limitations

The study showed results that was statistically insignificant due to some limitations:

- The data was affected by **Small Effect**.
- Normalized distress level of the caregivers.
- Relationship with the patient and the living state.
- Severity was neglected while testing for distress.

CONCLUSION

The present study aimed to assess the psychological distress of the two groups of caregivers from IPD and OPD of Mania patients in a mental hospital in Jaipur. And the results showed there is no difference in the psychological distress level of the two groups, it is statistically insignificant and fails to reject the Null Hypothesis (H₀).

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Conflict of Interest

The author declared no conflict of interest.

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