Volume 6, Number 2, Oktober 2025

Journal of Vocational Nursing
https://e-journal.unair.ac.id/JoViN

DEPRESSION, ANXIETY, AND STRESS IN FAMILIES CARING FOR PERSONS WITH MENTAL DISORDERS

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Original Research

A B S T R A C T

***Introduction**: Mental disorders can disrupt the psychological, emotional, and social functioning of individuals, manifesting through symptoms such as hallucinations, delusions, and decreased motivation. These conditions can affect the families who care for them, often leading to depression, anxiety, and stress. Objective to determine the levels of depression, anxiety, and stress among families caring for individuals with mental disorders. **Methods**: This quantitative descriptive study involved 75 families who cared for individuals with mental disorders and met predetermined inclusion criteria. The research was conducted in the Manyar Sub-district Health Center area, Gresik Regency, in March 2022. A total of 63 respondents were selected using a purposive sampling method. Data were collected through questionnaires administered during home visits. The variables of depression, anxiety, and stress were measured using the Depression Anxiety Stress Scales (DASS). **Results**: The study revealed that 57% of families caring for members with mental disorders experienced mild levels of depression. The majority (60%) reported moderate levels of anxiety, while most families (78%) showed normal levels of stress. **Conclusions**: Most families caring for individuals with mental disorders experienced mild depression, moderate anxiety, and normal stress levels. Providing mental health education and relaxation training for family caregivers is important to reduce depression, anxiety, and stress, thereby improving the quality of care.*

A R T I C L E I N F O

Received May 27, 2025
Accepted July 24, 2025
Online October 30, 2025

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Keywords:
Depression, Anxiety, Stress, Mental Disorder

INTRODUCTION

Caring for someone with a mental disorder can lead to psychological challenges such as depression, anxiety, and stress among caregivers (Azman et al., 2019) This condition arises from the burdens experienced during caregiving, including abnormal patient behavior, strong social stigma, and the high cost of treatment (Manhas et al., 2019). If depression, anxiety, and stress are not properly managed, they can negatively affect an individual's quality of life and, in turn, impact the continuity of patient care (Rindayati et al., 2024). Such circumstances may trigger various psychological conditions in family members, including prolonged depression, anxiety, and stress (Shiraishi & Reilly, 2018).

Understanding the levels of depression, anxiety, and stress experienced by family caregivers, as well as the factors influencing these conditions, is essential (Subedi et al., 2020). Factors such as the social environment, duration of caregiving, type of mental disorder, and limited resources contribute significantly to the psychological well-being of families (Souraya et al., 2018). Accurate identification of these factors can serve as the foundation for designing appropriate interventions to support the mental health of family caregivers and promote sustainable, healthy support for individuals with mental disorders (Xiong, et al., 2022).

According to the World Health Organization, the global prevalence of mental disorders in 2019 exceeded 970 million people. Mental disorders are among the leading causes of disability worldwide, with depression and anxiety ranked among the top five causes of Years Lived with Disability (YLDs) (Global Burden of Disease Study, 2017). In Indonesia, the prevalence of severe mental disorders based on the 2018 Riskesdas report was seven per thousand households, indicating that approximately 450,000 Indonesians live with severe mental disorders (Minishtry of Health of the Republic of Indonesia, 2018). Moreover, more than 6% of the Indonesian population experiences emotional mental disorders such as depression and anxiety, with higher prevalence rates among women and those of productive age (Wang & Wang, 2020).

The family, as the closest social unit, is often the primary caregiver for individuals with mental disorders—particularly in developing countries such as Indonesia, where mental health service facilities remain limited (Kretchy, et al., 2018). The burden carried by families encompasses emotional, social, economic, and physical aspects, all of which can lead to prolonged stress, anxiety, and even depression among family members (Lin & Lane, 2019). When a family member begins to exhibit symptoms of a mental disorder—such as behavioral changes, hallucinations, delusions, or social withdrawal—the family often faces considerable emotional and practical challengest (Kretchy, et al., 2018).

At first, families may struggle to recognize these symptoms as indicators of a mental disorder due to limited knowledge and the pervasive stigma surrounding mental health issues (Marie Sh. et al., 2020). A lack of understanding and inadequate access to mental health services often result in delayed diagnosis. Consequently, patients may not receive timely and appropriate treatment, allowing mental disorders to progress into chronic or worsening conditions (Shiraishi & Reilly, 2018; Häfner, 2019; Gallagher et al., 2020).

Preventive measures to reduce depression, anxiety, and stress among families caring for individuals with mental disorders include providing regular education and counseling about mental health, symptom recognition, treatment options, and basic caregiving techniques (Yildiz et al., 2010). Counseling services can also help caregivers manage emotional distress and develop effective coping mechanism (Rindayati et al., (2021). Additionally, expanding basic mental health services at the primary care level would improve families' access to professional support. The government should also consider offering financial assistance or incentives to families serving as primary caregivers to ease their economic burden. Furthermore, teaching stress management strategies—such as relaxation exercises, mindfulness, and breathing techniques—can help families maintain psychological well-being (Kementrian Kesehatan RI, 2018). This study aims to identify depression, anxiety, and stress in families caring for people with mental disorders.

MATERIALS AND METHODS

Research Design

This study employed a quantitative approach with a descriptive design to describe the levels of stress, anxiety, and depression among families caring for individuals with mental disorders. The research was conducted from January to March 2023 and involved 75 participants residing in the Manyar Health Center area, Gresik Regency. The focus of this study was to provide an overview of depression, anxiety, and stress experienced by families who care for people with mental disorders.

Data Collection

TThe data collection process was conducted systematically to ensure alignment with the research design and the instruments used (Nursalam, 2015). The procedure began with obtaining research permits, followed by the data collection phase. Data were collected through questionnaires distributed to families caring for individuals with mental disorders in the Manyar Health Center area, Gresik Regency. The study population consisted of 75 families caring for individuals with mental disorders. From this population, a sample of 63 respondents was selected using a purposive sampling technique based on inclusion and exclusion criteria (Ishtiaq, 2019).

Depression, anxiety, and stress were measured using the Depression Anxiety Stress Scales (DASS) instrument, which consists of 42 items—14 items each for depression, anxiety, and stress.

The data processing stages included several steps. The first step was editing, which involved checking the completeness of the questionnaires. The next step was coding, where responses were grouped into specific categories by assigning numerical codes. The scoring stage involved assigning values based on symptom frequency, with scores ranging from 0 to 4: a score of 0 indicated no symptoms, 1 indicated one symptom, 2 indicated about half of the symptoms, 3 indicated more than half of the symptoms, and 4 indicated that all symptoms were present. The total scores were then categorized according to severity levels: normal (depression 0–9, anxiety 0–7, stress 0–14), mild (depression 10–13, anxiety 8–9, stress 15–18), moderate (depression 14–20, anxiety 10–14, stress 19–25), severe (depression 21–27, anxiety 15–19, stress 26–33), and very severe (depression >28, anxiety >20, stress >34). The final step was tabulating, which involved entering the processed data into tables and calculating the frequency and percentage of each category to produce a frequency distribution table.

Data Analysis

After processing, the data were analyzed descriptively. The analysis included both general characteristics (age, gender, education, and occupation) and specific data related to depression, anxiety, and stress. Descriptive statistical analysis was performed to provide a clear overview of the psychological conditions of families caring for individuals with mental disorders. Ethical considerations were ensured through the use of informed consent forms, confidentiality of respondent identities, and maintenance of anonymity.

Ethics statement

This study received ethical approval from the Faculty of Health, Muhammadiyah University of Gresik (Approval Number: 028/KET/II.3.UMG/KEP/A/2022) on February 25, 2022.

RESULTS

Table 1. Characteristics of respondents based on age, gender, education, and occupation to describe stress, anxiety, and depression in families with mental disorders at Manyar Health Center Area Gresik Regency, 2022.

Age (Years)	Frequency(F)	Percentage (%)
20-30	0	00.00
31-40	19	30.16
41-50	36	57.14
51-60	8	12.70
Gender	**Frequency(F)**	**Percentage (%)**
Male	24	38.10
Female	39	61.90
Education	**Frequency(F)**	**Percentage (%)**
Elementary school	18	28.57
Junior High School	15	23.81
Senior High School	13	20.63
University	2	3.18
No School	15	23.81
Occupation	**Frequency(F)**	**Percentage (%)**
Housewife/not working	23	36.51
Private	16	25.40
Civil servant /military	2	3.17
Farmer/laborer	22	34.92
Total	**63**	**100**

Table 1 shows that most families caring for individuals with mental disorders were aged between 41 and 50 years, comprising 36 respondents (57.14%), while the smallest group consisted of 8 respondents (12.69%) aged 51–60 years. In terms of gender, the majority were female (39 respondents, 61.90%), while males accounted for 24 respondents (38.09%). Regarding education level, almost half of the respondents had completed elementary school (18 respondents, 28.57%), whereas only 2 respondents (3.17%) held a bachelor's or diploma degree. In terms of occupation, the majority were housewives or unemployed (23 respondents, 36.51%), while the smallest group comprised civil servants or police officers (2 respondents, 3.17%).

Table 2. Distribution of depression, anxiety, and stress in families caring for people with mental disorders at Manyar Health Center Area Gresik Regency, 2022.

Depression	Frequency(F)	Percentage (%)
Normal	12	19.05
Mild	36	57.14
Moderate	14	22.22
Severe	1	1.59
Very Severe	0	00.00
Anxiety	**Frequency(F)**	**Percentage (%)**
Normal	2	3.17
Mild	12	19.05
Moderate	38	60.32
Severe	10	15.87
Very Severe	1	1.59
Stress	**Frequency(F)**	**Percentage (%)**
Normal	49	77.78
Mild	10	15.87
Moderate	4	6.35
Severe	0	00.00
Very Severe	0	00.00
Total	**63**	**100**

Table 2 indicates that the majority of families caring for individuals with mental disorders experienced mild depression, reported by 36 respondents (57.14%), while none experienced very severe depression. In terms of anxiety, most respondents reported moderate anxiety, accounting for 38 respondents (60.32%), and only one respondent (1.59%)experienced very severe anxiety. Regarding stress, almost all respondents were in the normal category, with 49 respondents (77.78%), and none experienced severe or very severe stress.

DISCUSSION

Characteristics of Respondent

The families caring for individuals with mental disorders in this study were generally adults, predominantly female, with low educational backgrounds, and mostly housewives. The findings showed that the average age of respondents was between 41 and 50 years, categorized as adults. At this stage of life, individuals are expected to carry out their roles and responsibilities effectively, including caring for sick family members (Teixeira et al., 2018). Care provided by close family members plays a significant role in supporting the recovery of individuals with mental disorders (Kazemi et al., 2021). Adults tend to demonstrate a strong sense of responsibility in caregiving (Rindayati, et al., 2023) and are generally more patient when caring for family members with mental disorders, which can help accelerate recovery.

The majority of caregivers were women, aligning with findings from Kowanda et al., (2021) who reported gender differences in family caregiving for individuals with mental disorders. Women are typically more patient in meeting daily needs, administering medication, and providing guidance. Nearly half of the respondents had low educational levels, consistent with previous studies showing that individuals with mental disorders often come from families with lower socioeconomic backgrounds (Ilmy et al., 2020). Consequently, most families caring for individuals with mental disorders also tend to have low economic status (Province, 2020). As Indonesia is still a developing country, a significant portion of its population remains in the low-income category, although gradual economic improvements continue each year.

The majority of family members caring for individuals with mental disorders were housewives or unemployed (36.51%), while the smallest proportion were civil servants or police officers. These findings are consistent with the research of De-Torres et al., (2022), which revealed that families of people with mental disorders are predominantly composed of unemployed individuals or housewives who primarily manage household responsibilities. This is further supported by Wan & Wong, (2019) who noted that families of individuals with mental disorders are often dominated by those without formal employment. The strong social stigma surrounding mental illness can make it difficult for family members of individuals with mental disorders to obtain stable employment.

Depression characteristics

Depression among families caring for individuals with mental disorders was predominantly mild, experienced by 57.14%of respondents. Caregivers often bear a significant emotional and financial burden, as they are responsible for both the cost of care and the well-being of the patient. The uncertainty surrounding the possibility of recovery can lead to prolonged sadness, eventually resulting in depression (Tolea et al., 2023). This finding aligns with the study by Kretchy et al., (2018), which found that caregiving for a family member with a mental disorder can cause psychological distress, particularly depression. Depression is characterized by persistent sadness experienced by primary caregivers of individuals with mental disorders (Huang, 2022).

Previous studies also support these findings, indicating that caring for a family member with a mental disorder has significant psychological impacts, especially prolonged emotional distress Other studies have shown that individuals with mental disorders often have high levels of dependency and disability, which can be emotionally taxing for their families (Bademli & Lök, 2020). Because people with mental disorders depend heavily on their families—financially, emotionally, and for daily care—the burden of responsibility can cause extended periods of sadness. Furthermore, environmental stigma, lack of social support, and limited knowledge about mental illness can intensify the psychological strain experienced by family caregivers.

Characteristics of Anxiety

Anxiety among families caring for individuals with mental disorders was predominantly moderate, reported by 60.32%of respondents. This indicates a significant concern that should be addressed promptly to prevent the development of chronic anxiety. These results are consistent with previous studies showing that families caring for people with mental disorders often experience anxiety due to frequent patient relapses (Bonsack et al., 2017). Families also report feeling worried that their relative's condition might become known within the community, which could lead to social stigma and exclusion (Liu et al., 2020). Anxiety, defined as persistent worry about potential negative events, can also affect an individual's physical health (Jin et al., 2025).

Similar findings were reported by (Inogbo et al., 2017). who found that families of individuals with mental disorders often experience moderate anxiety due to the recurring nature of the illness and the uncertainty of recovery. Several factors contribute to this anxiety, including unexpected relapses, fear of community judgment or ridicule, and financial instability caused by the unpredictable course of the illness.

Stress Characteristics

Stress among families caring for individuals with mental disorders was generally within normal limits, reported by 77.78% of respondents. This finding aligns with previous research indicating that families often report feeling no significant stress because the patient has been ill for a long time, leading them to perceive the situation as normal and no longer distressing (Rindayati et al., 2024). The level of stress among families of individuals with mental disorders tends to remain within normal boundaries, as they gradually adapt to their caregiving role and the chronic nature of the condition (Sharif et al., 2020). Stress itself is the body's natural response to the challenges of daily life (Kowanda et al., 2021).

Families of individuals who have lived with mental disorders for many years and have tried various treatments without success often no longer experience high levels of stress. They tend to accept the situation as part of their daily life (Cruz et al., 2024). Family members who have long served as primary caregivers may initially experience stress when the illness first occurs, but over time, they become accustomed to the condition and no longer feel as distressed as they once did.

CONCLUSIONS

Among families caring for individuals with mental disorders, most experienced mild depression, moderate anxiety, and normal levels of stress. Understanding the levels of depression, anxiety, and stress among family caregivers is essential to inform the development of appropriate interventions and mental health support programs.

ACKNOWLEDGEMENTS

The authors would like to express their gratitude to the Dean of the Faculty of Nursing and the Gresik Regency Government for granting permission and support in conducting this research.

AUTHORS' CONTRIBUTIONS

All authors contributed to the design, implementation, analysis, and completion of this research and to the preparation and approval of the final manuscript.

CONFLICT OF INTEREST

On behalf of all contributing authors, I certify that there is no actual or potential conflict of interest related to this article.

FUNDING

On behalf of all contributing authors, I certify that there was no specific funding received for this research and that no potential conflict of interest exists in relation to this article.

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