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Caregivers In Crisis: Understanding Depression Among The Caregivers For Suicidal Behavior Patients

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ABSTRACT

Suicide remains a deeply concerning public health issue, particularly among adolescents and young adults, with devastating effects on families and communities across India. According to data released by the National Crime Records Bureau (NCRB) in August 2022, the country reported 1,64,033 suicide deaths in 2021—marking a 7.2% increase from the previous year. The overall suicide rate rose to 12 per one lakh population, up by 6.2% compared to 2020. While these statistics highlight a growing crisis, it's important to remember that each number represents a person facing immense emotional and psychological distress, often without the support they need. This upward trend underscores the critical importance of expanding mental health awareness, improving access to care, and fostering a more compassionate and responsive support system to help save lives.[1]

Aim: A study to find out depression among the caregivers of patients with suicidal behavior

Methodology: The study was conducted at the School of Medical Sciences & Research and Sharda Hospital, Greater Noida, involving new psychiatry cases from IPD and OPD. Patients meeting the inclusion criteria were evaluated for a history of suicidal behavior. Caregivers of these patients were enrolled after obtaining informed consent and providing a patient information sheet. They were assessed for depression (HDRS). A total of 154 caregivers participated. The study aimed to understand the psychological impact on caregivers of individuals with suicidal tendencies. Data collected was analyzed to identify trends in depression among caregivers.

Results- The study, conducted at the School of Medical Sciences & Research and Sharda Hospital, Greater Noida, included 154 caregivers of patients with suicidal behavior from IPD and OPD. Participants had a mean age of 37.5 years, with most (31-35 years) ranging from 20-68 years. Males comprised 61%, and the majority were spouses (husbands 25.3%, wives 17.5%). Most were married (74%), lived in nuclear families (39.5%), and resided in rural areas (63%). About 40.3% had secondary education, and the same percentage worked in clerical jobs. A third (33.8%) had a monthly income of ₹11,000-15,000. Mental health assessments revealed 35.6% had moderate depression. Depression was higher in older caregivers and those with lower incomes, while employment status showed a significant association. No link was found between education level and mental health outcomes.

Conclusion- Based on the findings, it can be concluded that 35.1% of caregivers had moderate depression. Depression were significantly associated with caregivers' age, income, and employment status.

Keywords: *Suicide, depression, caregivers, mental health, psychological distress, suicidal behavior*

1. INTRODUCTION

Suicide is a deeply troubling issue, especially among adolescents and young adults, affecting countless families and communities. Data released by the National Crime Records Bureau (NCRB) in August 2022 paints a stark picture of the rising crisis. In 2021, India saw 1,64,033 lives lost to suicide—7.2% more than the previous year. The suicide rate reached 12 per lakh population, showing a 6.2% increase from 2020. Behind these numbers are real people struggling with mental health challenges, often in silence. These figures serve as a wake-up call, emphasizing the urgent need for more awareness, accessible support systems, and compassionate intervention to prevent further loss of life.[1] expressions, and attempts, with the latter being a strong indicator of suicide risk. Additionally, research suggests that each suicide profoundly impacts at least six individuals, leading to unforeseen and far-reaching emotional and social consequences.[5]

The number of individuals affected by a suicide can vary based on factors such as their relationship to the deceased, the deceased's age, and the frequency of their interactions. While those left behind after a suicide must cope with grief and trauma while trying to rebuild meaning in their lives, families of suicide attempt survivors face the ongoing emotional and psychological impact of the act as they provide care and support.[6] A suicide attempt can also cause significant social strain on the family, disrupting dynamics such as communication, leadership, decision-making, and interpersonal relationships due to the societal stigma and consequences associated with the act.[7]

In India, the family plays a vital role in caregiving and is fundamental to an individual's growth and well-being. Due to strong interdependence among family members, they often choose to be actively involved in the caregiving process, offering mutual support. While the traditional joint family system is gradually declining, it continues to foster a sense of collectivism, interdependence, and familial unity within society. [8]

Suicidal acts have a profound emotional impact on family members, often leaving them in a state of distress and turmoil. While most research focuses on survivors of suicide attempts, less attention is given to their families and primary caregivers, particularly in the Indian context. Family members take on the responsibility of providing comprehensive support—physically, emotionally, psychologically, and spiritually. However, the psychosocial aspects, including their experiences and coping mechanisms after an attempt, are often overlooked. The level of distress experienced by families may also vary depending on cultural contexts. [9]

This study aimed to examine anxiety, depression, and self-esteem among caregivers. Understanding their needs and enhancing support systems could help mitigate their vulnerability to adverse conditions. Strengthening caregiver support would be a crucial aspect of suicide prevention and postvention, contributing to the development of culturally relevant interventions for this population.

Gap in Literature: Caregiver burden is a widespread issue. Caring for a child with emotional and behavioral difficulties can place significant stress on parents, while other family members, including spouses, siblings, and children, may also be affected. Despite advancements in the field, there remains a lack of comprehensive literature reviewing the experiences, challenges, and support needs of informal caregivers tending to individuals at risk of suicide.[4]

2. REVIEW OF LITERATURE

Global Suicide Trends: A Human Perspective

Suicide affects people across the world, but its rates vary widely between countries. Some regions, like the Middle East and parts of South and Central America, report lower suicide rates, while countries such as Eastern Europe, Russia, India, and South Korea experience much higher numbers. Unfortunately, the burden of suicide is heaviest in low- and middle-income countries, where limited access to mental health care leaves many struggling without support. The World Health Organization estimates that around 785,000 people take their own lives each year, with a global suicide rate of 10.6 per 100,000 people in 2016. However, there is hope—suicide rates have dropped by nearly 30% in the 21st century, largely due to significant declines in China and, to a lesser extent, India. While this progress is encouraging, continued efforts in awareness, intervention, and mental health support remain essential to saving lives.[10]

Understanding Suicide Trends in India

Suicide remains a pressing public health challenge in India, with cases reaching an all-time high. The latest data from the National Crime Records Bureau (NCRB) reveals that 1.71 lakh people lost their lives to suicide in 2022. The suicide rate now stands at 12.4 per 100,000 people—the highest ever recorded. These alarming figures highlight the urgent need for improved mental health awareness, accessible support systems, and preventive measures to address this growing crisis.[11]

Making Suicide Prevention More Effective

Preventing suicide involves more than just raising awareness—it requires a structured approach to identifying risks and providing timely support. Prevention efforts range from broad public awareness campaigns to targeted interventions for at-risk groups and direct support for individuals struggling with suicidal thoughts. Equally important is risk assessment, which helps recognize warning signs early and ensures people receive the right help when they need it most. By strengthening these

strategies, we can create a more supportive and responsive mental health system. [10]

The Caregiver Burden: A Closer Look

Caring for a loved one at risk of suicide is emotionally demanding, and this stress can shape a caregiver's attitude toward suicide itself. A study conducted by **C.-Y. Chiang (2015)** found that caregivers who experience higher stress levels tend to have more accepting attitudes toward suicide. Interestingly, older caregivers were less likely to hold such attitudes. Women, in particular, faced greater caregiving stress. However, caregivers who had a stronger attitude toward suicide were also more confident in their ability to provide care. These insights highlight the urgent need for better support systems, particularly for female caregivers, to help them manage stress and provide effective care for their loved ones.[12]

Barksdale (2009) explored how caregiving stress relates to suicidal behavior in youth, analyzing data from 1,854 caregivers involved in a community mental health program. The study measured **caregiver strain, family dynamics, and youth impairment** using validated scales. Findings revealed that caregivers of suicidal youth experienced higher emotional distress (such as worry and guilt) and faced greater disruptions in daily life. Even after accounting for family environment and the child's level of impairment, these practical caregiving challenges remained significant.[13]

Shamsaei et al. (2020) explored the lived experiences of individuals who attempted suicide using an interpretive phenomenological approach. Through in-depth interviews with 16 participants (ages 19–57), the study identified three major themes: **mental pain** (grief, internal conflict, and feelings of being a burden), **social challenges** (isolation, financial struggles, and inadequate support services), and **the need for love and belonging** (feeling understood and the desire for empathy). The findings emphasize the importance of enhancing treatment experiences for survivors, strengthening suicide prevention efforts, and improving support systems for at-risk individuals.[14]

3. AIM & OBJECTIVES

AIM/ OBJECTIVE

A study to find out depression among the caregivers of patients with suicidal behavior.

4. SECONDARY OBJECTIVES

To find the incidence and severity of depression in caregivers of patients with suicidal behaviour.

5. MATERIALS AND METHOD

Study Area:

The present study "Assessment of depression among the caregivers of patients with suicidal behaviour." was carried out on participants visited OPD or admitted as IPD case in psychiatry department at School of Medical Sciences & Research, Sharda University, Greater Noida after taking clearance from institutional ethical committee.

Study Duration: One year

Study Design: Cross sectional observational study

Study Population : Caregivers of patients with suicidal behaviour who met the inclusion criteria and visited OPD and IPD of Sharda hospital

Study Sample Size: Caregivers of patients with suicidal behaviour N (sample size) = 154

Inclusion criteria for Cases:

1. Caregivers of patients having suicidal behaviour in current episode.
2. Adult caregivers
3. Caregivers with no history of previously diagnosed psychiatric illnesses.
4. Caregivers with no history of previous psychiatric treatment.

Exclusion criteria for Cases:

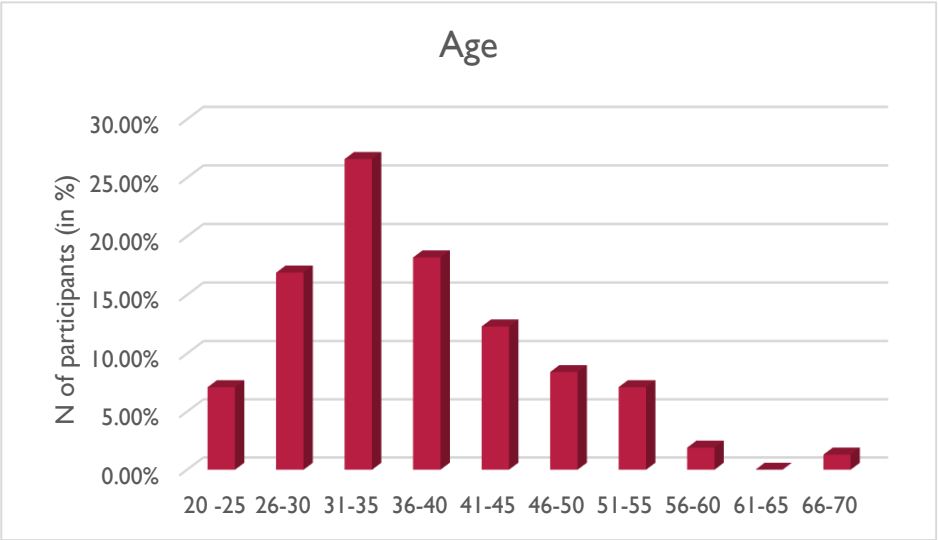
Not applicable

6. DATA DESCRIPTION

The present study was conducted at the School of Medical Sciences & Research and Sharda Hospital, Greater Noida and included 154 caregivers to patients with suicidal behaviour from IPD and OPD of Psychiatry Department . All the patients were interviewed to assess their depression.

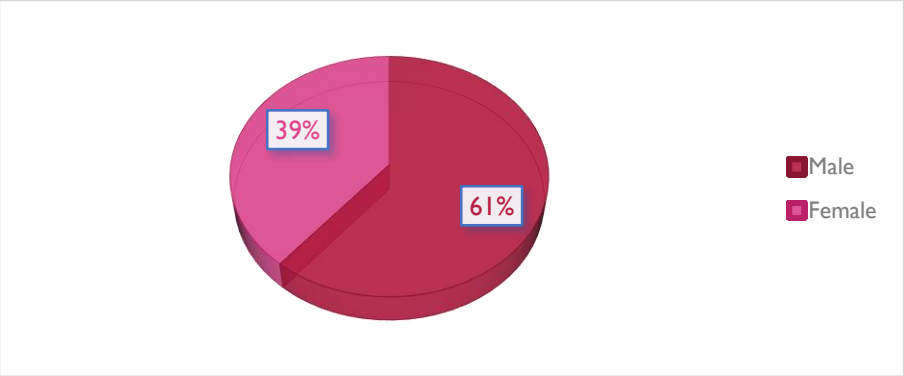
Age group

The mean age of the study participants was 37.5 (9.29) years majority of them were in the age group of 31-35 years ranging from 20-68 years.



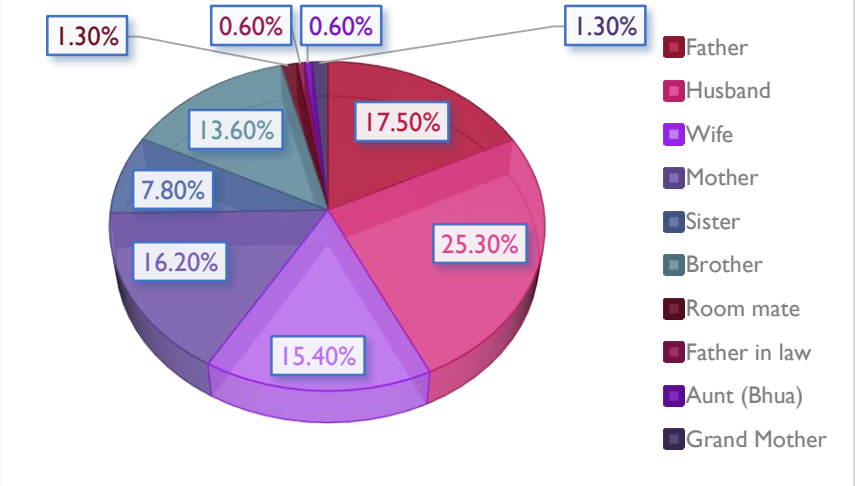
Gender

Majority of the study participants were male (61%).



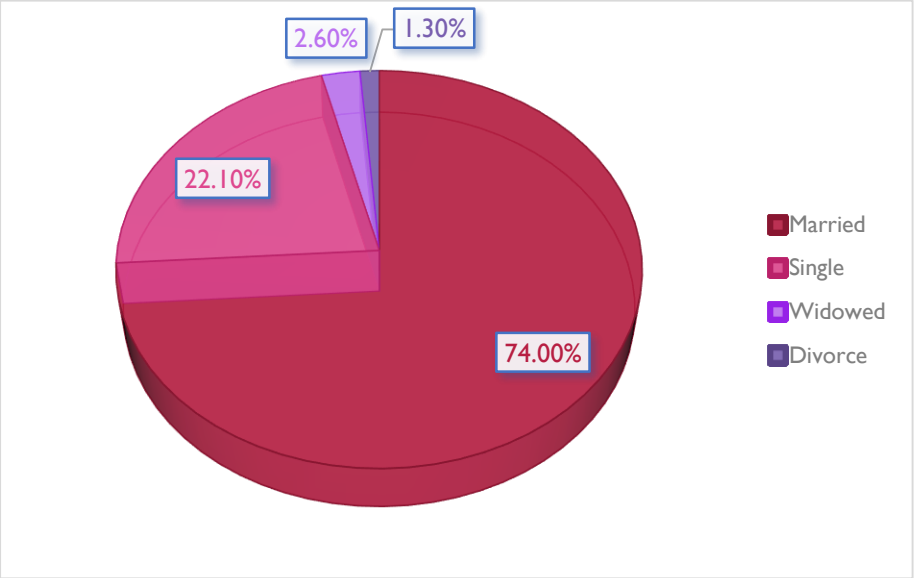
Relation to patient

Majority of the study participants were spouse (husband and wife 25.3% &17.5% respectively.



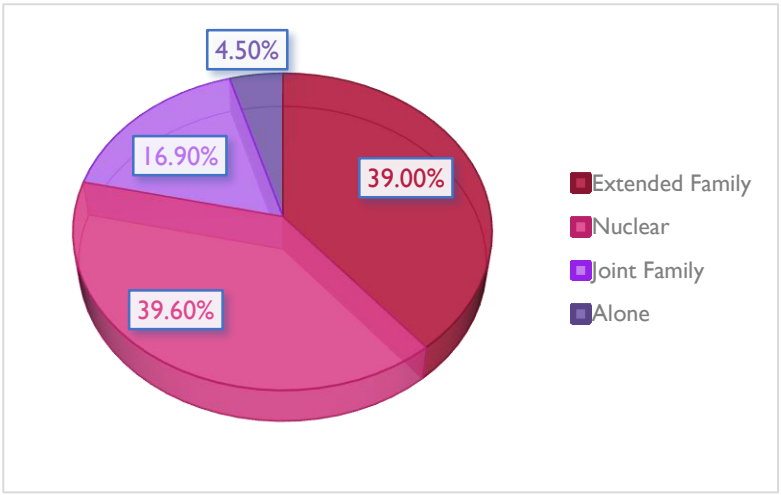
Marital Status

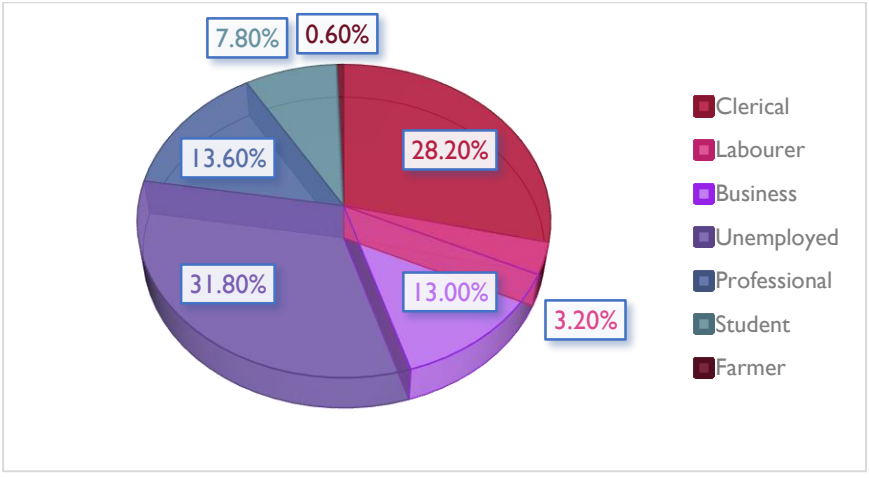
Majority of study participants were married (74%)



Family & Occupation

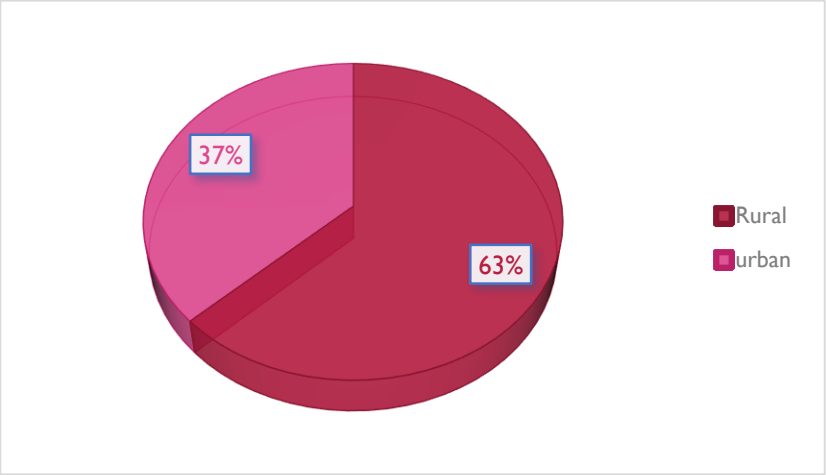
Most of the study participants (39.5%) came from nuclear families. A significant portion (40.3%) had completed secondary school, and the same percentage worked in clerical jobs.





Locality and monthly income

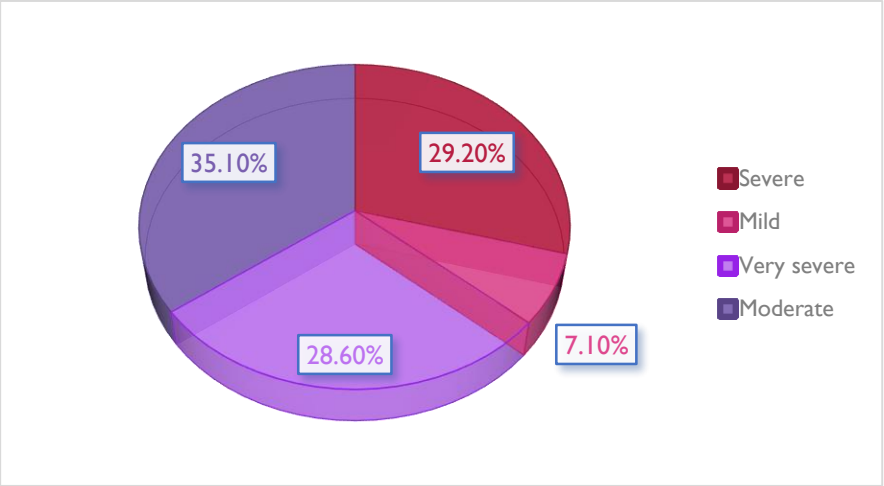
The majority (63%) lived in rural areas, and about a third (33.8%) reported monthly income between 11,000 and 15,000.



Depression

When it came to mental health, 35.1% struggled with moderate depression. Caregivers with advancing age had higher HDRS score**.** Study participants with lower income had higher scores of HDRS. No relation was observed between education status and depression.

Depression was significantly associated with employment status of study participants.



7. CONCLUSION

Based on the aforementioned findings it can be concluded that –

- 35.1 % caregivers caregivers of patients with suicidal behaviour. had moderate depression.
- Additionally , it can be concluded that depression was significantly associated with age group , income and employment status of the caregivers .

Summary

The study highlights the **significant psychological burden** experienced by caregivers of patients with suicidal behavior. A substantial proportion of caregivers reported **moderate depression (35.1%)**. Factors such as **age, income, and employment status** were significantly associated with heightened anxiety and depression levels, while **education level showed no correlation**.

Why Caregiver Mental Health Matters

1. **Emotional & Psychological Strain**
   - Caregivers experience **prolonged stress, worry, and emotional exhaustion**, which can impair their overall well-being.
   - High anxiety and depression levels may lead to **burnout, hopelessness, and decreased caregiving ability**.
2. **Impact on Patient Care**
   - Caregiver mental health directly affects **the quality of care** provided to suicidal patients.
   - Increased psychological distress in caregivers may reduce **emotional support and attentiveness**, potentially worsening patient outcomes.
3. **Social & Economic Consequences**
   - Many caregivers come from **low-income backgrounds** and **rural areas**, adding financial stress to emotional strain.
   - Employment instability can further exacerbate mental distress, making it harder for caregivers to sustain themselves and their families.
4. **Need for Mental Health Interventions**
   - The findings emphasize the **urgent need for targeted mental health support** for caregivers.
   - Providing **counseling, peer support groups, and financial assistance** could significantly improve their well-being and, in turn, benefit the patients they care for.

By addressing caregiver mental health, we not only **support the caregivers themselves but also enhance the recovery and stability** of patients struggling with suicidal behavior.

Limitations

This study was limited by its **single-center design** and a **small sample size**, which may affect the generalizability of the findings. Additionally, **biological and genetic factors** were not assessed, which could have provided further insights into caregiver mental health.

Future Directions

Future research should focus on conducting **larger-scale studies** with an **increased sample size** to enhance the reliability of findings. Additionally, **follow-up studies** can be planned to examine the **effectiveness of psychological interventions** in improving caregiver well-being.

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