

Mindfulness to Reduce Stress in Caregivers of Mental Disorders Patients

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ABSTRACT

This study aims to determine the impact of mindfulness on stress reduction for mental health caregivers in District X. This study included seven caregivers of mentally ill patients who suffered from moderate stress levels. Observation, interviews, and focus group discussions were conducted to collect data and assisted by the Perceived Stress Scale (PSS). This research method employs an experimental design with a one-group pre- and posttest without a control group and a purposive sampling technique for sampling. In this investigation, data analysis was conducted using the Wilcoxon test. The data analysis revealed significant differences in stress levels between before and after the mindfulness process, with a Z-score of -2,379 and a significance level of $p = 0.017$ ($p < 0.05$). This study concludes that mindfulness can reduce stress among caregivers of patients with mental disorders.

Keywords: caregiver, mindfulness, stress.

Introduction

According to Kriakous et al. (2021), stress is a condition that individuals experience when there is a disparity between the demands they face and their ability to surmount them, such that it becomes a burden. As a consequence of the conflict between idealism and reality, stress is brought on by changes in cultural values, social systems, tasks, jobs, and participation. Stahl and Goldstein (2019) explained that stressful conditions can physically and mentally affect individuals.

According to the World Health Organization (WHO), 50% of the world's population suffers from mental health disorders. These disorders typically manifest at age 21, but most cases remain undiagnosed and untreated. 10-20% of individuals in early adulthood worldwide suffer from mental health disorders, including emotional and eating disorders, anxiety, tension, psychosis, depression, and the desire to self-harm. Still, these disorders cannot be accurately diagnosed or effectively treated.

Caregivers of people with mental health conditions in the District X area endure many problems that contribute to mental disorders, including fatigue when caring for people with mental health conditions, a lack of social support from other family members, challenging economic conditions, and feeling overwhelmed when dealing with mental disorder patients and undergo a relapse. These conditions reduce the ability of caregivers to comprehend their own conditions, thereby causing stress. This situation is consistent with Stahl and Goldstein's (2019) assertion that stressful situations can cause various symptoms, including muscle tension, headaches, insomnia, indigestion, and other mental disorders. Long-term stress can also contribute to severe illnesses such as cancer, heart disease, and dementia, particularly when



unhealthy coping mechanisms are utilized, such as smoking, substance abuse, overeating, or overwork.

When the care they provide is not appreciated, and there is no support from other family members in caring for patients with mental disorders, caregivers experience mental burdens. In addition, their anxiety, melancholy, and stress may be significant predictor in caregivers' excess role. In an endeavor to improve the quality of family life and guide caregivers toward psychological well-being, it is proposed that health professionals capable of providing caregivers with facilities for stress management. Fear and anxiety regarding the behavior of patients with mental disorders can have a negative impact on caregivers' mental health. Interventions administered to families can improve the emotional climate within the family, resulting in reduced relapse rates, and increase the family's problem-solving capacity (Stjernswärd & Hansson, 2018). Based on the background information gathered, this study aimed to determine whether mindfulness can reduce stress levels in caregivers of patients with mental disorders.

Interviews were then conducted with the mental nurses responsible for mental health issues in District X, following the completion of previous studies that revealed the causes of the problems. Based on interviews with mental nurses, it was determined that caregivers experienced many problems, including anxiety, minimal social interaction, stress, and several illnesses, e.g., headaches, chest tightness, difficulty sleeping, rapid heartbeat, chest heat, body weakness, elevated blood sugar, and elevated blood pressure. In addition, caregivers experience psychosocial symptoms, such as agitation, irritability, sadness, anxiety, concentration difficulties, and a pessimistic outlook. The soul programmers suggested ten caregivers with various physical and psychological symptoms that soul programmers had nurtured. The Perceived Stress Scale (PSS) scale was administered to ten caregivers recommended by mental nurses following knowledge of the problems caregivers face. The caregiver gathering was held every month in Puskesmas X's hall, and screening was conducted, and this activity also sought to build rapport (rapport-building) among the caregivers present. The results of the PSS scale indicated that seven caregivers experienced moderate levels of stress, and three caregivers experienced modest levels of stress.

After gaining an overview of the problems caregivers of mentally ill patients face, the next step is to engage in discussions with coordinators of mental health cadres and mental nurses in an effort to reduce the stress symptoms endured by these caregivers through group therapy. The soul coordinator and soul programmer are very supportive of the program that will be distributed to caregivers and is willing to assist therapy group activities and provide facilities to facilitate the therapy process.

The next step in the assessment process is to conduct individual interviews with group members to learn about the limitations or difficulties caregivers face while providing care to patients with mental disorders, which causes caregivers to suffer from stress. Some caregivers reported experiencing stress because caring for patients with mental disorders was difficult, as was caring for physically exhausted patients, particularly those with mental disorders. Physical symptoms experienced by caregivers included headache, chest constriction, difficulty sleeping, rapid heartbeat, chest heat, body weakness, and rising blood pressure. Psychological symptoms experienced by caregivers include irritability, anxiety, concentration difficulties, and pessimism. The behavior and emotional state of patients with mental disorders is unpredictable, necessitating extra patience on the part of caregivers, particularly when patients experience relapses. Field-based assessment results show mindfulness is the intervention administered to caregivers of patients with mental disorders.

The study aimed to reduce the stress encountered by caregivers by implementing mindfulness techniques within group settings, thereby providing caregivers with the necessary support from the group. Furthermore, it is anticipated that caregivers will be able to attend to

patients with mental disorders without experiencing feelings of depression, thus minimizing any potential conflicts between caregivers and patients.

Method

This study employed an experimental method with a one-group pretest-posttest design and no control group. Stress was the dependent variable, and mindfulness was the independent variable in this investigation. Seven caregivers of mentally ill patients who experienced stress and were aged 63, 58, 55, and 53 participated in this study. The sampling technique utilized in this investigation was purposive sampling. Collect data by using observation, interviews, Focus Group Discussion, and the Perceived Stress Scale (PSS). The PSS scale is a standardized stress measurement instrument whose validity and reliability have been thoroughly tested. There are six unfavorable items and four preferred items, with each query receiving a score between 0 and 4. Zero scores are awarded for very inappropriate responses, one score for inappropriate responses, two for neutral responses, three for appropriate responses, and four for very appropriate responses. The scores for unfavorable responses are zero for very appropriate responses, one for appropriate responses, two for neutral responses, three scores for inappropriate responses, and four for very unfavorable responses. The stress level is determined by aggregating the scores from the ten questions in the PSS questionnaire, which range from 1 to 14 (normal), 15 to 26 (moderate), and over 26 (severe). Cronbach's alpha was 0.84 for the PSS reliability consistency. This research employed a quasi-experimental design, utilizing a one-group pretest-posttest approach.

Results

The Wilcoxon statistical technique analysis test yielded a value of $Z = -2,379$ and a significance level of $p = 0.017$ ($p < 0.05$), so it can be concluded that the subject's stress level decreased between before and after receiving the mindfulness technique. Mindfulness techniques can reduce caregivers' stress when caring for patients with mental disorders. Table 1 displays the outcomes of the pre- and posttests.

Table 1.
The score results acquired in the pretest and posttest

NO	Initial	Pretest score	Category	Posttest score	Category
1.	SDL	23	Currently	14	Normal
2.	Q	21	Currently	13	Normal
3.	hospital	22	Currently	12	Normal
4.	JN	25	Currently	14	Normal
5.	S	22	Currently	14	Normal
6.	BC	23	Currently	13	Normal
7.	N	25	Currently	14	Normal

The implementation of mindfulness occurs in the *Puskesmas X Hall*. Table 2 illustrates the application of mindfulness.

Table 2.
Mindfulness Implementation

NO.	Session	Activity	Expected Results by Participants
1.	Session I: Submission of assessment results and psychoeducation about stress	<ol style="list-style-type: none"> 1. Presenting the assessment results 2. Discussing on stress 3. Explaining the definition, symptoms, and causes of stress 4. Determining participants' expectations 	Know and understand the meaning and causes of stress
2.	Session II: an explanation of what mindfulness is	<ol style="list-style-type: none"> 1. Describing the meaning, function, and benefits of practicing mindfulness 2. Discussing mindfulness 	Know and understand mindfulness.
3.	Session III: Facilitating participants to uncover the concept of mindfulness	<ol style="list-style-type: none"> 1. Eat mindfully 2. Mindful breathing 3. Look attentively 4. Sit mindfully and gratefully 5. Chores for mindfulness 	<ol style="list-style-type: none"> 1. Capable of maintaining focus and concentration while eating raisins 2. Capable of identifying their feelings in 3 minutes 3. Capable of sensing bodily sensations when anxious 4. capable of healthful sitting and expressing gratitude 5. Capable of doing chores
4.	Session IV: emotional motives and discussion of emotions	<ol style="list-style-type: none"> 1. Walk mindfully 2. Body scan 3. Generate emotions and discussing emotions in the body 	<ol style="list-style-type: none"> 1. Capable of doing healthy walking 2. Capable of performing body scans 3. Capable of recognizing the negative emotions they feel
5.	Session V: Sitting and wellness meditation for stress	<ol style="list-style-type: none"> 1. Share chores 2. Sit attentively 3. Mindful stress 4. Caring love 5. Interpersonal concern 	<ol style="list-style-type: none"> 1. Capable of sharing experiences doing chores 2. Capable of doing healthy sitting 3. Capable of doing healthy stress 4. Live a life of love 5. Capable of performing interpersonal attention
6.	Session VI: Live follow-up and closing	<ol style="list-style-type: none"> 1. Conduct discussions with participants regarding the completed therapeutic procedure. 2. Closing meditation 	Capable of discussing the experience of practicing mindfulness and implementing the therapy in daily life

Discussion

According to Kriakous et al. (2021), stress is a condition that individuals experience when there is a disparity between the demands they face and their ability to surmount them, such that it becomes a burden. The stress between idealism and reality causes changes in cultural values, social systems, tasks, employment, and participation to cause stress. Cohen (1997) revealed that stressful conditions are conditions individuals can experience. Those who experience stress, such as myself, typically sense suffering and face daily challenges fraught with pressure, whether from daily events, pain, hardship life events, or other extremely difficult conditions. Two types of symptoms indicate a person is experiencing stress: physical symptoms and psychological symptoms. The signs and symptoms of a physical condition include headaches, chest tightness, difficulty sleeping, a rapid heartbeat, a heated chest, fatigue, cold sweat, a weakened body, and elevated blood pressure. Psychosocial symptoms, meanwhile, are individual conditions that disrupt a person's psychological health under stress, such as being easily agitated, irritable, depressed, anxious, having difficulty concentrating and focusing on pessimism.

In District X, caregivers for people with mental health conditions face various stressful challenges. This stressful condition is caused by feeling fatigued while caring for patients with mental disorders, the absence of positive support from other family members, challenging economic conditions, and feeling overwhelmed by patients experiencing a relapse. These conditions reduce the ability of caregivers to comprehend and recognize their own condition, causing stress. Physical symptoms endured by caregivers include headaches, chest constriction, trouble sleeping, rapid heartbeat, chest heat and body weakness, and rising blood pressure. Psychosocial symptoms include agitation, irritability, sadness, anxiety, difficulty concentrating, and pessimism. This is consistent with Stahl and Goldstein's (2019) assertion that stressful conditions can cause a wide range of symptoms, including muscle tension, headaches, insomnia, indigestion, and other mental disorders. Long-term stress can also contribute to severe illnesses such as cancer, heart disease, and dementia, particularly when unhealthy coping mechanisms are utilized, such as smoking, substance abuse, overeating, or overwork.

Families or nurses who have family members with mental disorders also receive psychological interventions, as family members who care for individuals with mental disorders (caregivers) are highly susceptible to developing mental disorders themselves. There is a tendency for these caregivers to experience depression, anxiety, tension, and other mental disorders (Lunsky et al., 2021). Stjernsward and Hansson (2018) revealed that many families with mental disorders suffer psychological stress to the extent that caregiver intervention necessitates therapeutic intervention to reduce the symptoms of mental disorders. Psychological, occupational, economic/financial strain and the presence of physical discomfort are factors that can impact the severity of mental disorders experienced by caregivers of patients with mental disorders.

Mindfulness is one of the interventions that can reduce stress symptoms. This is consistent with the findings of Daz-Rodriguez et al. (2021), who discovered that mindfulness is a beneficial therapy for improving caregivers' mental health, autonomic nervous system balance, and physical and mental symptoms. In addition, Khoury et al. (2015) demonstrated that mindfulness has a significant impact on reducing stress, anxiety, and depression and enhancing the quality of life of healthy individuals.

Kabat-Zinn, a pioneer in the therapeutic application of mindfulness, defines mindfulness as the awareness that emerges from destructive attention in the present moment and the non-disclosure of revelatory experiences over time (Zinn, 2009). Bishop et al. (2004), mindfulness is the self-regulation of attention. It is maintained in direct experience to enable increased recognition of mental events in the moment and adopt a particular orientation to individual

experience characterized by curiosity, discovery, and acceptance. In conclusion, mindfulness is consciousness of present conditions and acceptance of present experiences.

Khoury et al. (2015) revealed that mindfulness is moment-to-moment awareness achieved by concentrating non-judgmentally on present experiences. Mindfulness-based interventions have demonstrated efficacy in treating various mental disorders and physical or medical conditions, including chronic pain, fatigue, stress, cancer, cardiovascular disease, diabetes, psoriasis, and insomnia. Mindfulness prohibits individuals from observing situations and thoughts in a non-harmful, non-impulsive, and accepting manner. Providing therapy in formal mindfulness practices, such as body scans, recovery sitting, and yoga, is an attempt to alter an individual's relationship to stressful thoughts and events by decreasing emotional reactivity and increasing cognitive judgment. Mindfulness enables individuals to have a variety of experiences, such as feeling, accepting, and realizing difficult internal states, including fear and anxiety, without releasing them.

Self-care, which allows individuals to exercise control over their own health, is the foundation of the best care. Mindfulness practice is an effective method to participate in self-care and improve overall health actively. This is because the practice of mindfulness is not time-restrictive and draws attention to whatever is occurring in the present; the focus is only on the times when the individual can make a difference. When individuals become aware of what is disrupting their balance and begin to recognize their unconscious behavioral tendencies, they can begin to make new decisions that improve their health and life balance. Mindfulness enables individuals to perceive their experiences clearly and can help them become more aware of how stress affects their health. It can then select a more adept response. In this way, individuals can become more proactive in maintaining or enhancing their physical and mental health and well-being at any time, regardless of how difficult or intense their circumstances may be, to feel more calm and balanced in their lives (Stahl & Goldstein, 2019).

Based on the results of the conducted experiments, it was determined that each participant's stress levels decreased before and following therapy. It has been demonstrated that group mindfulness reduces the stress experienced by caregivers of patients with mental disorders. This is consistent with the findings of Daz-Rodriguez et al. (2021), who discovered that mindfulness is an effective therapy for enhancing caregivers' mental health and the balance of their autonomic nervous system and their physical and mental symptoms. In addition, research by Khoury et al. (2015) demonstrates that mindfulness can have a significant impact on reducing stress, anxiety, and depression, as well as enhancing the quality of life of healthy individuals.

This study's scope was limited to caregivers of patients with mental disorders, which may impact the generalizability of the findings.

Conclusion

Based on research and discussion, it can be concluded that mindfulness can reduce the stress level endured by caregivers of mental disorder patients. Before receiving an explanation of emotions, participants were only aware of anger as an emotion. However, after gaining a better comprehension of emotions, participants realized that there are a variety of emotions. Participant's inability to control their emotions can be one of the causes of stress symptoms, resulting in physical manifestations such as elevated blood pressure, faster pulse rate, diminished sleep quality, tense body, etc. In caring for patients with mental disorders, all of the participants encountered the same difficulties, which were related to stressful conditions. Caring for patients with mental disorders is difficult, causing participants to experience stress reactions. After completing the therapy, the participants felt ecstatic because they had acquired new knowledge and experiences. In addition, the participants thought they were not alone in experiencing anxious

conditions when caring for patients with mental disorders, as it appeared that other people (therapy group members) were also experiencing the same thing. However, the research is anticipated to make a valuable contribution to the field of clinical psychology and the broader science of psychology by providing insights into the role of mindfulness in caregivers of patients with mental disorders.

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