

## Psychological Distress among Caregivers of Mental Illness Patients in Anambra State: A Predictive Study of Financial Stress

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### Abstract.

The study investigated financial stress as predictor of psychological distress among caregivers of mental illness patients in Anambra State. A total of seventy-eight (78) participants working in Neuro-Psychiatric Hospital Nawfia Anambra State were used for the study. They consist of 27(34.6%) males and 51(65.42%) females. Their age ranged from 32 to 56 years with the age mean of 43.23 and standard deviation of 8.15. Non-probability sampling technique (purposive sampling technique) was used to select the participants. Three instruments were used for the study: Financial Stress Questionnaire and Kessler (K10) Psychological Distress Scale. The study adopted cross sectional and correlational design. Multiple Linear Regression analysis was used in testing the predictive effect of the variables in the study. Results showed that affection dimension of financial stress had significant prediction on psychological distress at ( $F_{3, 74}$ )  $\beta = 1.21$ ,  $t = 6.77$ ,  $p < .01$ . Conversely, Relational/interpersonal dimension of financial stress at ( $F_{3, 74}$ )  $\beta = -.57$ ,  $t = -3.32$ ,  $p < .01$ ; and Physiology response dimension of financial stress negatively predicted psychological distress at ( $F_{3, 74}$ )  $\beta = -.56$ ,  $t = -3.58$ ,  $p < .01$ . Based on the findings, the study suggests that hospital management should provide a good working system and relationship that is supportive. This will keep the mental health of the caregivers positive always and thereby reduce distress.

**Keywords:** Financial Stress, Psychological Distress and Caregivers of Mental Illness Patients

### Introduction

Globally, caregivers frequently face emotional distress, social stigma, a lack of support systems, disruption of personal life, managing unpredictable behaviours, navigating complicated healthcare systems, the possibility of violence, loneliness, and burnout from the constant stress of caregiving. These are just a few of the difficulties that caregivers of patients with mental illnesses face. Ironically, caregivers' physical and mental health may suffer as a result of the ongoing stress of providing care. Because mental illness tends to be chronic and demanding, the caregivers experience stress, anxiety, and depression. Burnout and emotional exhaustion can occur over time, which frequently results in psychological distress (Chadda, 2014).

The term psychological distress is wide range of undifferentiated symptom combinations, including personality traits, functional disabilities, behavioral issues, depression, and general anxiety symptoms, are commonly referred to as (Mwale et al., 2018). The general definition of psychological distress (PD) is a condition of emotional suffering marked by depressive symptoms anxiety (disinterest, dissatisfaction, and desperation), discomfort such as a sense of tension and other physical symptoms that may differ from one location to another include headaches, lack of energy, and insomnia (Horwitz, 2002). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines psychological distress as "an undifferentiated group of symptoms ranging from functional impairment, personality traits (confusing, troubling), behavioral problems, and symptoms of anxiety and depression" (American Psychiatric Association, 2013). As a temporary (not permanent) phenomenon, psychological distress is linked to certain stressors and manifested by sleep disturbances, changes in eating habits, headaches, constipation, diarrhea, chronic pain, frequent irritability, excessive fatigue, memory and forgetfulness issues, and a loss of enjoyment in sex. When the stressor is eliminated or the person adjusts to it, it usually lessens or disappears (Horwitz, 2007; Onyemaechi, 2025).

Caregivers frequently experience psychological distress, particularly mental illness caregivers who are responsible for the ongoing care of chronically ill patients (Dollard et al. Ridner, 2004; 2007, Agunwa, et al., 2023; Abamara, et al., 2015). Consequently, they are vulnerable to complex emotional reactions and psychological distress. Additionally, caregivers' mental health issues may affect their ability to make clinical decisions, pay attention to medical procedures, and function cognitively. Generally speaking, the quality of services and customer satisfaction will be impacted by their psychological distress (Zhu et al. 2020). Post-traumatic stress disorders can result from psychological distress and occupational stress brought on by high expectations, a lack of time and skills, and a lack of social support. This is because caregivers who lack the necessary skills for various caregiving procedures, interact and receive support from various experts in a poor manner, sleep poorly, and have high expectations for themselves but fail to meet them will ultimately cause psychological distress (Shasha et al., 2020; Ejidike, et al., 2023). Unfortunately, psychological distress also raises the risk of heart disease and lowers immunity, which raises the risk of various diseases (Parent-Thirion et al. 2007). It may also have an impact on social interactions, family life, general well-being, and the quality of life and work. Additionally, this may lead to low quality health service, early withdrawal, increased turnover, and work absences (Parent-Thirion et al., 2007; Onyemaechi, et al., 2024, 2025). Against this backdrop, a factor that may impact caregivers' psychological distress is financial stress.

Financial stress is the inability to fulfill one's financial obligations (Iqbal et al. 2022). Stress related to finance can have an emotional or psychological impact (Northern et al., 2010). Further, financial stress can result in poor health, anxiety, and depression and difficulties getting on with finishing the caregiver's work (Harding 2011; Northern et al. 2004; Robb et al. 2011; Onyemaechi, 2025). Additionally, financial stress makes many caregivers more likely to experience financial difficulties, which negatively affects the impacted individuals, their

relationships with others, and society at large. Financial stress has been linked to a number of issues in households, such as unstable relationships and marital conflict, which divert parents' attention from their duty to raise their children and diminish parental support (Hughes, 2021)

Financial stress can cause anxiety and depression and has a negative effect on a person's mental health. Pain, difficulties carrying out daily tasks, physical impairment, deteriorating self-care, low self-rated health, and unhealthy behaviors are examples of physical health effects (French and Vigne, 2019). Economic and societal repercussions of financial stress include marital conflict, intimate partner violence, decreased quality of couple time, heated arguments, and decreased marriage prospects (French & Vigne, 2019; Onyemaechi, et al., 2021, 2022)

Therefore, caregivers who care for mentally ill patients may experience psychological morbidity as a result of high levels of financial stress (Kumar et al. 2019; Mirza et al. 2021; Slimmen et al. in 2022). Stress related to money is also a risk factor for poor mental health. A higher level of financial stress among those who care for mentally ill patients can have detrimental short- and long-term effects, such as a decline in performance and quality of life. Furthermore, poor psychological well-being and low life satisfaction are linked to anxiety, depression, and stress in caregivers of mentally ill patients, possibly as a result of the caregiver's financial strain (Lopes and Nihei, 2021).

Theoretically, Hobfoll's (1988) Conservation Resource Theory, caregivers work hard to preserve, safeguard, and develop resources; the loss of these valuable resources, perhaps as a result of care, is what threatens them. According to the theorist, psychological distress is a response to financial stressors, such as the possibility of a net loss of resources, a net loss of resources, or a lack of resource gain after investing resources. It is believed that both loss and perceived financial strain on caregiving are adequate to cause distress. Therefore, resources are the only unit required to comprehend stress. Accordingly, the idea that people's actions in the face of psychological distress and in the absence of it depend on how they perceive and respond to the burden. In particular, the theory predicts that caregivers will attempt to minimize net loss of resources when faced with distress. The conservation of resource theory states that people try to accumulate surplus resources when they are not under stress to counteract the potential loss from future care for the elderly. Because caregivers are more likely to react negatively and become vulnerable when they are under financial stress.

## METHOD

### Participants

A total of seventy-eight (78) participants working in Neuro-Psychiatric Hospital Nawfia Anambra State were used for the study. They consist of 27(34.6%) males and 51(65.42%) females. Their age ranged from 32 to 56 years with the age mean of 43.23 and standard deviation of 8.15. Their marital status shows that 34(43.6%) were married, 19(24.4%) were unmarried, and 25(32.1%) were separated. Non-probability sampling technique (purposive sampling technique) was used to select the participants.

## Instruments

Two instruments were used for the study: Financial Stress Questionnaire, and Kessler (K10) Psychological Distress Scale.

### Financial Stress Scale by Heo, Cho and Lee (2020)

The instrument contained 24 items designed to measure psychophysiological response to the perception of imbalance, uncertainty, and risk in the realm of financial resource management and decision making. The scale responses measure on a 5-point Likert scale that ranged from 1=Strongly Disagree to 5=Strongly Agree. The Cronbach's Alpha values for affective reaction, relational behaviour, and physiological responses were 0.95, 0.91, and 0.94, respectively. For the test-retest study, the scale has Cronbach alpha of affective reaction= 0.82, relational behaviour= 0.78, and physiological responses= 0.89 using the participants of the study. The researchers conducted a pilot test with using 34 health caregivers in Enugwu-Ukwu General Hospital, and Cronbach alpha was as reported as follows: affective reaction= 0.81, relational behaviour= 0.78, and physiological responses= 0.82. For the overall scale 0.89 was reported.

### Kessler (K10) Psychological Distress Scale

Psychological distress was assessed using adapted version of Kessler Psychological Distress Scale (K10). Kessler Psychological Distress Scale is a 10-item self-report inventory developed by Ronald Kessler in 2001 is and intended to yield a global measure of psychological distress (Kessler et al., 2002). The instrument is on a five point Likert scale which requires the respondents to rate how often they experience certain symptoms related to distress. The Likert responses ranges from 1 to 5 (1 = none of the time, 2 = a little of the time, 3 = sometimes, 4 = most times and 5 = all the time). The highest score one can obtain on the K10 is 50 (high psychological distress) while the lowest score is 10 (low psychological distress). The instrument is scored as follows: a. 10 - 19: Likely to be well, b. 20 - 24: Likely to have a mild disorder, c. 25 - 29: Likely to have a moderate disorder, d. 30 - 50: Likely to have a severe disorder. The instrument is well established and is widely used by clinicians as well as researchers. K10 has a Cronbach alpha ranging from 0.74 to 0.88 across Asian, American and African samples as well as military populations (Andersen et al., 2011; Baillie, 2005; Easton et al., 2017; Sampasa Kanyinga, Zamorski, & Colman, 2018). This points out that the instrument has a high internal consistency and is very reliable. K10 was selected because it is widely used and is a strong measure for psychological distress. The researchers conducted a pilot test with using 34 health caregivers in Enugwu-Ukwu General Hospital and Cronbach alpha of 0.91.

## Procedure

Three nurses were enlisted by the researchers to assist them in administering the instruments as research assistants. The methods for delivering the instruments were taught to the research assistants. However, the researchers and assistants gave hospital management an introduction letter outlining the goal of the study before distributing the questionnaires. With the help of this letter, the researchers and assistants were able to get management's permission to use their employees for the research. Following the acquisition of management approval, the researchers and assistants met with the participants and informed them of the purpose of the study, as well as

their right to withdraw from it if they so desired. Eighty (80) copies of questionnaire were distributed but 78 were properly answered.

### Design and Statistics

The study used a cross-sectional and correlational design because its goal is to determine the relationships between the variables under investigation (psychological distress and financial stress). Financial stress and psychological distress were the study's variables, and their predictive power was tested using multiple linear regression analysis. In order to create a model of the relationship between variables, the study used statistics, which enable the analysis of the relationship between several independent variables with respect to the dependent variable. This approach is therefore appropriate for this research and allows for the testing of the hypotheses.

### Result

The data analyses were presented as follows: Descriptive, zero order matrix coefficient, and multiple linear regressions statistics of financial stress, and psychological distress.

**Table 1: Descriptive and Zero Order Matrix Coefficient Statistics of Financial stress, and Psychological Distress**

Sources	Mean	Std. D	Psy.D	A.FS	R.FS	Phy.FS
Psychological Distress	25.94	6.46	1.00			
Affection of financial stress	19.31	3.69	.31**	1.00		
Relational of financial stress	19.96	3.80	.01	.83**	1.00	
Physiology Response of financial stress	18.35	3.37	-.04	.79**	.76**	1.00

Results from table 1, showed that affection dimension of financial stress had positive relationship with psychological distress at  $r(N=78)$ , .31,  $p<.01$  (M: 19.31, SD: 3.69). Relational/interpersonal dimension of financial stress had no relationship with psychological distress at  $r(N=78)$ , .01,  $p>.01$  (M: 19.96, SD: 3.80). Physiology response dimension of financial stress had no relationship with psychological distress at  $r(N=78)$ , -.04,  $p>.01$  (M: 18.35, SD: 3.37).

**Table 2: Multiple Linear Regressions Statistics of Financial stress and Psychological Distress**

Sources	R <sup>2</sup>	Adj. R <sup>2</sup>	B	Std. E	df	t	B
	.385	.360			3		
(Constant)			23.83	3.43		6.94	
Affection			2.11	.31		6.77	1.21**
Relational			-.96	.29		-3.32	-.57**
Physiology Response			-1.06	.30		-3.58	-.56**



Results from table 2, showed that financial stress (affection, relational/interpersonal and physiology response) accounted for 38.1% of the psychological distress, with  $R^2 = .385$ , adjusted  $R^2 = .360$ , ( $F_{3, 74} = 15.47$ ,  $p < .05$ ) shows that the overall model has significant contribution to psychological distress at 38.1%.

Affection dimension of financial stress had significant prediction on psychological distress at ( $F_{3, 74}$ )  $\beta = 1.21$ ,  $t = 6.77$ ,  $p < .01$ . Conversely, Relational/interpersonal dimension of financial stress at ( $F_{3, 74}$ )  $\beta = -.57$ ,  $t = -3.32$ ,  $p < .01$ ; and Physiology response dimension of financial stress negatively predicted psychological distress at ( $F_{3, 74}$ )  $\beta = -.56$ ,  $t = -3.58$ ,  $p < .01$ .

### Summary of the Findings

Financial stress (affection) had positive significant predictive effect on psychological distress, while relational/interpersonal and physiology response dimensions of financial had negative predictive effect on psychological distress.

### Discussion

Based on the findings, the first hypothesis which stated that financial stress will significantly predict psychological distress among caregivers of mental illness was accepted because financial stress (affection) had positive significant predictive effect on psychological distress, while relational/interpersonal and physiology response dimensions of financial had negative predictive effect on psychological distress. This means that as affection financial stress increases psychological distress increases, while as relational/interpersonal and physiology response dimensions of financial decreases psychological distress increases.

This result is consistent with (Alejandro, et al., 2024) results that showed a significant relationship between financial worries and psychological distress, especially for female and third-year psychology students. The study also found that financial worries, especially for depressed students, had an impact on their psychological suffering. Additionally, the study supports Bierman et al. Despite the fact that financial strain saps mastery, self-esteem, and mattering, only mastery and self-esteem serve as mediators between financial strain and psychological distress, with mastery predominating, according to a 2023 study that found financial strain was linked to higher psychological distress across outcomes, but most strongly with anxiety. Furthermore, the results are consistent with a study by Ryu and Fan (2023) that found a significant correlation between psychological distress and financial worries. Furthermore, compared to their counterparts, the unmarried, the unemployed, lower-income households, and renters showed a stronger correlation between financial concerns and psychological distress.

The results theoretically support Hobfoll's (1988) Conservation Resource Theory, which holds that caregivers work to preserve, develop, and protect resources and that the loss of these valuable resources, whether real or potential, is what threatens them. Although it has long been accepted in psychology, stress theory has largely disregarded the idea that people actively work

to create a world that will bring them success and happiness. In particular, the model predicts that caregivers will try to reduce net loss of resources when under stress. The conservation of resource model states that people work to build resource surpluses to counteract the likelihood of future loss when they are not under stress (Schlenker, 1987; Thibaut & Kelley, 1959).

### Implications of the Study

In terms of theory, the study assessed the theory that was used and clarified how it related to variables of interest. This indicates that the study demonstrated a clear connection between the variables under investigation (financial stress and psychological distress). Practically speaking, the study offers insightful data regarding the protective effects of caregivers' financial strain on mental health issues. This could assist psychologists and counselors in creating intervention and treatment plans to address the financial stress and psychological distress experienced by caregivers. Furthermore, caregivers will comprehend how psychological distress brought on by financial stress contributes to the difficulties they frequently encounter when caring for mentally ill patients. The study informs the general public about the nature of caregiving, how taxing it can be if left unmanaged, and how it can cause reactions that can occasionally result in psychological distress

### Recommendations

1. The management of the hospital should establish a supportive working environment and system. This will lessen distress by maintaining the caregivers' mental health in a positive state at all times.
2. Caregivers in mental health should be aware of how much other people's support affects their own distress. They must mature to the point where their internal source of mental well-being will come from within rather than from money.
3. Psychologists ought to host workshops or seminars on psychological distress and money for healthcare professionals. This will help the caregivers understand how psychological distress is influenced by each of these factors.
4. There is need for financial freedom education or training to the caregivers. This training or education is believed will help the caregivers to overcome financial stress which likely to trigger psychological distress.

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