

# Management of Anxiety & Depression in Caregivers of Mentally Ill Patients Through A Positive CBT Intervention: A Pilot Study Based In New Delhi

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## Abstract

**Introduction:** The pandemic has disturbed the mental health of people due to various reasons like loss of a loved one, financial insecurity, social disengagement, negative information through news channels and newspapers. During such difficult times, individuals with pre-existing mental health conditions become vulnerable to episodes of relapse and deterioration of symptoms. The unavailability of mental healthcare professionals due to the overburden caused by the current crisis restricts these individuals to home isolation which causes the family members to take up the responsibility of being a caregiver. The role of a caregiver amidst the pandemic can be very challenging psychologically. There is an urgent need to address the needs of this overlooked group of individuals through efficient support and interventions. **Materials and Method:** The study aimed at assessing the effectiveness of a Positive based CBT Intervention on primary caregivers who provided care to family members suffering with chronic mental illness. Two assessment tools namely, Beck's Anxiety Inventory(Beck et al., 1988) and Beck's Depression Inventory (Beck, Steer & Brown, 1996) were administered on 30 caregivers of patients with mental illness, post which, a five week Positive CBT Intervention was carried out with them. The tools were re-administered to assess the impact of the intervention. **Results:** There was a significant reduction in levels of anxiety and depression ( $P < 0.001$ ) and age was found to have a positive correlation with anxiety and depression. **Conclusion:** The concerns of caregivers are comparably neglected during the pandemic and it is of prime importance to offer efficient support and design effective interventions for them. Positive CBT has been reported to be highly effective in meeting psychological demands of caregivers and could be further utilized for their well-being.

**Keywords:** Pandemic, Caregivers, Anxiety, Depression, Positive CBT, Intervention

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Date of Submission: 10-11-2021

Date of Acceptance: 26-11-2021

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## I. INTRODUCTION

The current pandemic of Covid-19 has put the healthcare under an exorbitant amount of stress, which has created exceptional forms of difficulties in offering psychological health care in and outside hospital site/setting. The individuals impacted by psychological health disturbances due to Covid-19 could be distributed into three main groups which are firstly individuals who have tested positive for the virus could experience issues concerning their mental health. Literature highlights that depression is experienced by 30 per cent of the confirmed cases of Covid-19 (Zhang et al., 2020) and majority of the individuals (96 per cent) showed symptoms of post-traumatic stress disorder (Bo et al., 2020). The next group, individuals dealing with pre-existing mental health conditions might have a relapse/reappearance or deterioration of the disorder and its symptoms or even novel and additional symptoms might occur (Fernandez-Aranda et al., 2020). Lastly, the common populace faces issues regarding their mental health. A broad range of mental health concerns like feeling anxious (mild to severe), anguish, mental burden which isn't specifically related to psychological stress, depressive symptoms, symptoms of strain comprising Post Traumatic Stress Disorder, difficulty falling asleep, experiencing hallucinations, paranoia and suicidal thoughts (Roy et al., 2020; Tan et al., 2020) have been reported during the current pandemic of Covid-19. Moreover, people have been concerned over their restrained state of living, problems concerning children in early and middle childhood, unemployment due to loss in jobs causing financial insecurity, rise in cases of domestic violence and maltreatment of children has been observed during the pandemic. Thus, it is of prime importance to chalk out definite protocols for psychological health practitioners on how the best possible services should be delivered.

The imposed nation-wide lockdown would likely aggravate symptoms of pre-existing mental health disorders in individuals. Common flu/cold symptoms could heighten anxious feelings/thoughts and could have

serious effects due to the ongoing pandemic. Diagnosed patients of Obsessive Compulsive Disorder who face concerns regarding compulsive behavior like continuous checking, accumulation of things excessively (hoarding) and washing are greatly vulnerable to risk. Standard protocols to prevent Covid-19 like maintaining good hygiene could exacerbate and worsen their concerns regarding obsessive thoughts of contamination and compulsive behavior like repetitive hand washing/cleaning. The pandemic could lead these patients to exercise distress purchasing and hoarding stuff unreasonably, despite the constant efforts by the states to maintain surplus supply of essential items going (Qiu et al., 2020). In individuals who suffer from repetitive episodes of Depression, lockdown would create extensive stress as it would compromise and interfere with their regular routine and social engagements and hence elevating levels of distress with rise in cortisol level, which would in turn create a heinous intensification of depression and its symptoms. It is similar in the patients of generalized anxiety disorder and chronic insomnia (Dong & Bouey, 2020).

Being in quarantine can give rise to a variety of concerns like triggering emotions such as fear, anger, anxiety and fright about thoughts related to the worst case scenario, feeling bored, lonely and guilty about not being able to be present for family members and their needs. These issues could show up with an alarming level of severity in individuals who have a pre-existing mental health disorder and could advance to post traumatic stress disorder, suicidal ideation or even suicidal attempts. The impact of anxiety can be devastating enough to lead to paranoia or even delusions of the nihilistic sort (Brooks et al., 2020). Relapse and symptom exacerbation are probable in patients previously diagnosed with schizophrenia and bipolar disorder due to uncertainty in availability of medicines and regular intake of required medication. The unavailability of medication could trigger withdrawal symptoms and even lead to medical urgencies like convulsions or delirium in diagnosed individuals of substance use disorder. Lockdown could prove as a life threatening time for them due to the scarce availability of the shrinking emergency healthcare system (Xiang et al., 2020).

Overall, individuals with any pre-existing psychiatric condition would encounter identical fears and concerns like the general population leading to decline in their mental health state. Physical isolation could aggravate their concerns like being detached, experiencing mood swings and irritability. There could be avoidance of taking medication and also difficulty in easily procuring them. It is essential to create an effective support system and offer counselling to them by their families and caregivers (Singh, 2020). A cross-sectional study (Janagam et al., 2021) conducted on 548 participants who suffered with pre-existing mental health disorders amidst the pandemic reported that 53 per cent of the participants revealed feeling distressed during the lockdown and 26.5 per cent of the participants experienced severe deterioration of their psychological health amidst the pandemic. Also, 54.2 per cent of the participants reported difficulty in having an access or fetching their homeopathic medication during the pandemic.

#### ***Caregiver Burden amidst the pandemic due to limited access to healthcare facilities***

An individual is called a caregiver when he/she chooses to take responsibility of catering to the physical and psychological demands of the patient who is reliant on them. Individuals diagnosed with a psychiatric ailment require assistance or surveillance to facilitate their regular routine which leaves the caregivers feeling overburdened and the accountability towards the patient creates extensive burden with negative repercussions for them and the entire family. Thus, making the caregivers vulnerable to psychological and physical concerns (Adhikari et al., 2020). A cross sectional research (Janagam et al., 2021) reported that 50 per cent of the total caregivers included in the study expressed that their psychological health had deteriorated as compared to before the lockdown and 37.4 per cent of them expressed financial insecurity as their major stressor. 26.7 per cent expressed that their mood was sad, 21.7 per cent experienced anxious feelings and 4.9 per cent reported anger and irritability issues.

The prevailing pandemic not only can impact individuals suffering with mental illness (Yao et al., 2020) but even individuals who are their primary caregivers and members of their families. It is the critical need of the hour to provide the needed and adequate amount of support to them (Eckardt, 2020). There is a significant disturbance in family operations due to the current pandemic which is induced because of the incomprehensible burden imposed by the confinement and preventive measure for COVID-19. Additional burden on primary caregivers leads to shortcoming in the supply of resources plus rise of concerns and issues within members of the family (Eckardt, 2020). Providing care is not a free of cost supply, as dealing with a psychological ailment while the global pandemic is on might hugely affect the whole family's framework for example, monetarily, relation wise and socially—particularly when viewed in combination of the socio-economic impacts that the pandemic has. Very limited examination on the impact of COVID-19 exists on individuals who provide care (Holmes et al., 2020). Eckardt (2020) expresses concern over how the information sector for public health and well-being could be neglecting the significant group of caregivers who are in an alarming situation as they are underutilised while treating individuals for psychological ailments. The significant role being played by caregivers on a global scale while the current pandemic should be acknowledged and understood much more than it was ever recognised earlier. It would prove as a great loss for the medical sector if they lose the

additional support of caregivers as it provides an added benefit of ensuring healthy living and complete wellness of the individuals suffering with psychological illness.

In a research (Yasuma et al., 2021) highlighted the importance of paying attention to the psychological needs of caregivers of patients diagnosed with Schizophrenia. Majority of the caregivers (73.5 per cent) expressed feeling worried about who would provide care to their family member suffering with schizophrenia if they (caregiver) contracted the virus. Moreover, more than 50 per cent of the caregivers were sceptical and concerned whether their family member who is a patient of schizophrenia would be turned down from receiving adequate health care services due to their present mental health condition. In addition, 38.6 per cent worried that the lockdown would deteriorate the relationship they shared with the patient as they shared the same living space for a longer duration of time.

Caring for individuals with psychological health concerns creates immense burden on their caregivers. Thus, it becomes important to develop right methods to create awareness among all sections of the society and develop effective interventions that would target areas of concern like getting easy access to treatment, stigma, monetary concerns and build strategies for offering social support to patients of mental illness and also their primary caregivers which would promote their mental health and reduce burden (Ayalew et al., 2019).

### ***Positive CBT as an Aid***

Positive Cognitive Behavioral Therapy proposes the most effective view up till now of how CBT could be seen if combined and connected to Solution Focused Brief Therapy and Positive Psychology. It shifts the focal point of treatment from something that is not going correct to something that is going correct with the individual and from something that is not helpful to what is (Bannink, 2013). The attention is paid on designing solutions as an equilibrium to the usual priority that is given to scrutinizing the problems. It's a construct that makes the clients address discussions over what is required, what seems to be already working and what could keep the improvement consistent (Bannink& Jackson, 2011).

Positive CBT views psychological well-being as being much more than just psychological illness not being present. It does not concentrate on pathology, on something that is not right with individuals or on correcting the most unfavorable situation/s but rather pays attention to psychological well-being and strengths, something that is happening correctly and building the most favorable situation/s. Due to this, it does not have to be built from the roots or bottom but it would work on helping the client change their perspective from lowering their problems to working on their strengths and also something that is already working (Bannink,2013). In a qualitative study (Geschwind et al., 2020) depression patients were divided into two groups where they were administered with 8 therapy sessions each of Traditional Cognitive Behavioral Therapy and Positive CBT. The results reported were that even though there was apprehension in clients at first but they later favored Positive CBT and pin pointed that they experienced extensive learning during their sessions of Positive CBT in comparison to Traditional CBT for depression. The extreme favoritism of clients towards Positive CBT was in reference to four aspects: They felt good and strengthened, gains through upward results of having positive feelings/emotions, learning to acknowledge even little improvements and (re) exploring positive thinking as their individual strength. As a conclusion, this study stated that through discovery of better occasions and creating optimism accurately, depression is retaliated and overall psychological well-being is built.

## **II. RESEARCH METHODOLOGY**

This research is based on a Cross-Sectional Design and an Interventional Approach which was conducted in the Delhi-NCR region but through a virtual setup. The study was done on 30 primary caregivers to individuals suffering from chronic mental illness. The research followed a convenience sampling method. Due to the ongoing pandemic of Covid-19 the complete data was collected online.

### ***Aim***

The study aimed at assessing the effectiveness of a Positive based CBT Intervention on primary caregivers who provided care to family members suffering with chronic mental illness.

### ***Objectives***

- To examine whether primary caregivers to patients with chronic mental illness suffer from anxiety and depression amidst the pandemic.
- To assess the effectiveness of a Positive CBT Intervention on primary caregivers to patients suffering from chronic mental illness.

### ***Data collection***

The caregivers were made to sign an informed consent form which clarified the purpose of the research and gave them the right to either participate or opt out of the research. In the initial phase of data collection, the tools were converted into google forms and sent to 30 primary caregivers through mail to assess their levels of anxiety and depression as a part of pre-assessment for the intervention. Post which, a Positive CBT Intervention was carried out with them over a period of five weeks (one session per week).

The demographics of the data are given below:

<b>Socio-Demographic Characteristics</b>	<b>N</b>	<b>Percentage</b>
<b>AGE</b>		
From 18-30 years	8	26.6%
From 31-45 years	8	26.6%
From 46-60 years	10	33.3%
61 and above	4	13.3%
<b>GENDER</b>		
Male	13	43.3%
Female	17	56.6%
<b>DURATION OF CAREGIVING</b>		
1-2 Years	7	23.3%
3-4 Years	19	63.3%
5 and more years	3	10%
<b>Relationship to the Patient</b>		
Parents	10	33.3%
Children	13	43.3%
Spouse	5	16.6%
Siblings	2	6.6%

**Table 1:** Demographic Details of the Primary Caregivers.

***Inclusion criteria***

1. The individuals should be invested in the caregiving process for at least one year.
2. Provided at least 14-15 hour/week uncompensated care to patients.
3. Should be residing in Delhi-NCR.
4. The patient should be living in the same house as the caregiver and not admitted to any psychiatric rehabilitation facility during the pandemic.
5. Caregivers of both young individuals and older adults were included.

***Tools***

1. **Socio-Demographic Form (prepared by self):** The socio-demographic sheet comprised of basic details that were mandatory for the caregiver to fill like Name, Age, Gender, duration of caregiving and relationship with the patient. The details in this form are kept completely confidential and are only for reference purpose and data sorting for the researcher.

**2. Beck's Anxiety Inventory (Beck et al., 1988):** The Beck's Anxiety Inventory is a 21 item scale which is used to assess the levels of anxiety of an individual. It is rated on a four pointlikert scale ranging from 'Not at all' as 1 to 'Severely' as 3. The sum of all scores of items is the anxiety score of the individual. The score range from 0-21 is indicative of low anxiety, 22-35 is indicative of moderate anxiety and range of 36 and above is indicative of severe anxiety.

**3. Beck's Depression Inventory (Beck, Steer & Brown, 1996):** The Beck's Depression Inventory is a 21 item scale which is used to assess the levels of depression of an individual. All items are scored on a likert scale ranging from 0-3. The sum of all item scores is the measure for total score of depression for an individual. The score range from 0-13 is indicative of minimal depression, 14-19 is indicative of mild depression, 20-28 is indicative of moderate depression and 29-63 is indicative of severe depression.

**Positive cbt intervention**

The Intervention was divided into five sessions over a period of five weeks (one session per week). The goal of the intervention was to help caregivers shift their focus from talking about their problems to brain storming about how better things can be created. During the sessions, caregivers were asked to reflect on their strengths and talk about how they could use these strengths to deal with current problems. Every session began with the same question which was about questioning the client about talking about things that were better. This question shifted the entire mood of therapy towards optimism and made therapy enjoyable/lighter for both the individual and therapist. In one of the sessions, the clients were narrated a story which talked about how there are two wolves in a person's mind (positive emotions and negative emotions) and the decision of which one to feed lies with the person solely. It simply explained that whichever wolf you feed, grows. Through this exercise, caregivers were told to talk about their problems for ten minutes and then talk about their strengths in the following ten minutes. Post the exercise, they were asked to narrate which expression of thought made them feel more empowered. A study (Geschwind et al., 2020) reported that making a client focus on their strengths, self-developed aims for future and things that are going correct shows immense results even in individuals diagnosed with clinical depression.

In the next few sessions, they were made to concentrate on themselves, viewing themselves as the first priority. They were invited to talk about their achievements, goals, things that they could do differently to feel better and how could they acknowledge even small improvements that they made from the past. The shift in focus from how individuals usually view themselves from others perspective and do things how other want to creating visions for themselves and viewing oneself from their own perspective made them feel confident about themselves.

**III. RESULTS**

Table 1 demonstrates the demographic characteristics of the primary caregivers like age, gender, duration of caregiving and relationship with the patient. Among caregivers, 56.6 per cent were females and majority of the caregivers (63.3 per cent) offered care over a period of three and four years. The age range that maximum number of caregivers (33.3 per cent) belonged to was 46-60 years and the data consisted of maximum number (43.3 per cent) of children who were in the caregiving role.

40 per cent of the caregivers reported feeling moderately anxious and 10 per cent were suffering with severe anxiety in the pre-intervention phase of the research. Whereas, 66.6 per cent of the caregivers suffered with moderate depression and 13.3 per cent were dealing with severe depressing which was a matter of concern.

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
<b>BAI PRE INTERVENTION</b>	.177	30	.017	.923	30	.032
<b>BAI POST INTERVENTION</b>	.148	30	.094	.954	30	.222
<b>BDI PRE INTERVENTION</b>	.152	30	.075	.970	30	.529
<b>BDI POST INTERVENTION</b>	.163	30	.042	.925	30	.035

**Table 2:** Analysis of normality of Data (Pre and Post)

Table 2 shows that the data was not normally distributed in two sets on the basis of Shapiro-Wilk so Non-Parametric testing was opted for. The intervening variable/s were removed so any difference seen in the scores of depression and anxiety pre and post intervention will be purely due to the effectiveness of the intervention.

	MEAN	STANDARD DEVIATION	Z VALUE	LEVEL OF SIGNIFICANCE
BAI PRE INTERVENTION	22.6	9.71	-4.790	.001
BAI POST INTERVENTION	12.3	4.8		
BDI PRE INTERVENTION	24.4	6.3	-4.786	.001
BDI POST INTERVENTION	11.96	3.26		

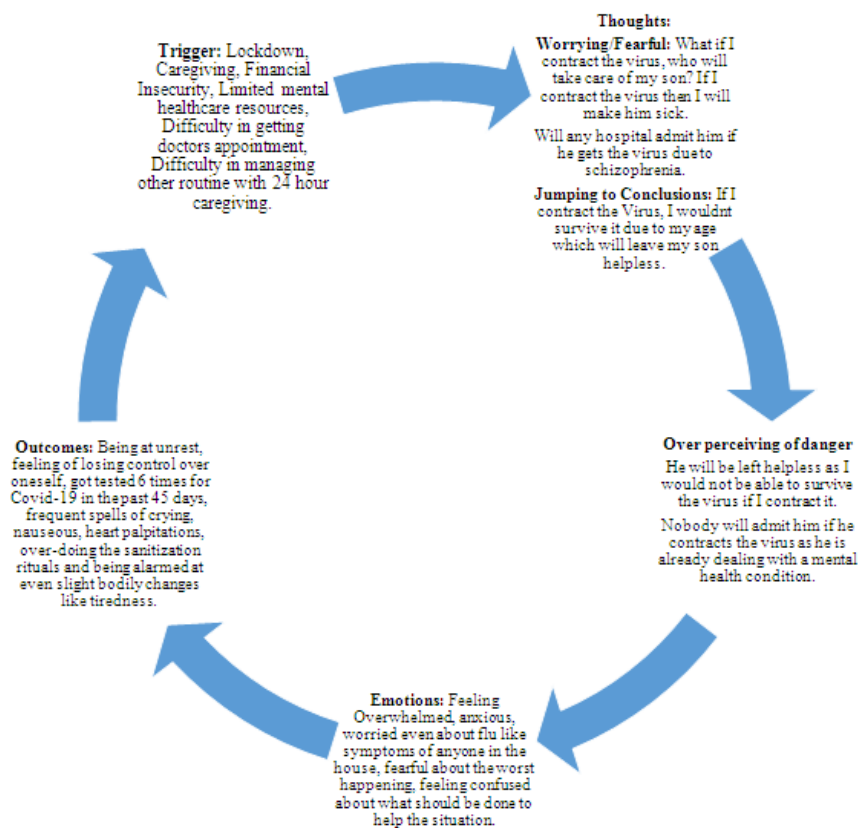
**Table 3:** Mean, Standard Deviation of PRE and Post scores of Depression and Anxiety and Z value and Level of significance.

Table 3 shows the difference between scores of depression and anxiety of caregiver’s pre and post the intervention. Statistically significant difference was found in the level of anxiety and depression of the caregivers ( $P < 0.001$ ) i.e. there was a significant reduction in the level of anxiety and depression faced by primary caregivers post the implementation of the intervention.

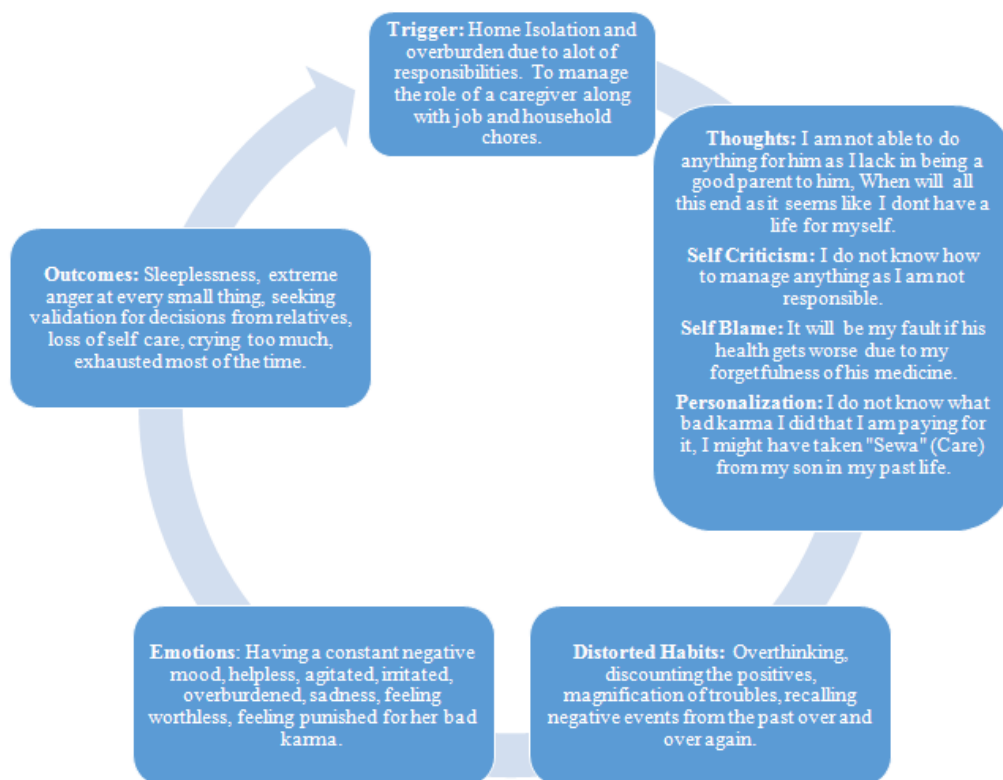
**Wilcoxin signed rank test** was done to analyze the level of difference (if any) in the levels of depression and anxiety post the intervention. The difference in levels of anxiety and depression was highly significant at the .001 level ( $P < 0.001$ ).

The Vicious cycles observed in caregivers for anxiety and depression before the administration of the Intervention.

**Chart 1: Vicious spiral for Anxiety of a caregiver who is a female and 60 years old. The major concern that she had was that there will be nobody to take care of her son who is suffering with schizophrenia if she contracts the virus and also if her son contracts the virus from her would he be able to receive the adequate healthcare support.**



**Chart 2:** Vicious spiral for depression of a caregiver who is female and 55 years old. The major concern she has is home isolation and feeling overburdened with responsibilities. She is managing the household chores, her job and the caregiving role for her son who is diagnosed with Borderline personality Disorder. She is a single parent of two children.



The correlation between demographic characteristics and levels of depression and anxiety was calculated with the help of Spearman's Rank Correlation test. Positive Correlation was found between Age and levels of Anxiety and Depression i.e. caregivers who were older had higher levels of anxiety and depression.

		BAI PRE Intervention	BAI POST Intervention	BDI PRE Intervention	BDI POST Intervention
AGE	Correlation Coefficient	<b>.673</b>	<b>.537</b>	<b>.553</b>	<b>.359</b>
	Sig. (2-tailed)	<b>.000</b>	<b>.002</b>	<b>.002</b>	<b>.052</b>
	N	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>

**Table 4:** Correlation between age and levels of depression and anxiety.

**Some of the Verbatim of Caregivers:**

Feedback received by Caregivers:

‘As a therapist you really know how much the person I shall not say patient is under stress and how to take her out and give lots of unconditional love, calmness and assurance.’

‘Now after therapy, I can never use the word suffering for myself as I realized if I am suffering then I can never take care of other person. Thank you for your time in helping me understand the other side of the coin.’

‘Your questions triggered me into thinking that I never had a goal to become better.’

‘I feel lighter after every session and encouraged that I am a strong and bold person. I am a blissful and happy being.’

‘When I did the exercise of emptying the cup, I realized these problems are nothing and I can just crush them like I crushed the cup. I am stronger than the problems.’

‘Jaise Hanuman ji ki soyishaktiyo ko jagayatha, aapnebhi meri inner strength mujhedikhaayi’

Translation: 'Lord Hanuman had to be reminded of his hidden powers similarly you have made me reflect on my inner strength.'

'I felt relieved after sharing my problem with you and got an idea about my triggers and negative thought, and now if some trigger is there I shall not stay in that space of mind and try to change my negative thought into a positive one.'

'My session was excellent. Every time my therapist takes out the best in me and makes me realize that I am better and I again gain confidence.'

'You take out the best in me and make me feel better day by day.'

'I felt much better when I did the grounding exercise as directed by you.'

'I realized that I cannot change my surroundings or situation but I can be a more positive person.'

#### **IV. DISCUSSION**

The ongoing pandemic of Covid-19 is not only a cause for physical health hazard but has caused a lot of psychological stress and mental well-being disturbance in individuals. Wang et al., (2020) through their study highlighted that Covid-19 during its initial stage was having a chronic mental impact on individuals and they also showed chronic depressive, strain and anxious symptoms. The healthcare system has been overburdened with the cases of Covid-19 infection and individuals with mild symptoms of the infections are asked to quarantine at home. During such a time, individuals diagnosed with mental illness are also restricted to their homes due to unavailability of mental health professionals and psychiatric rehabilitation centers. The entire responsibility of providing care for a family member who is diagnosed with a mental illness is taken up a family member who becomes a primary caregiver. Studies (Rouget & Aruby, 2007; Sanchez-Moreno et al., 2009) have reported that process of providing care can often be very daunting and exhausts an individual's ability to cope and also interferes with monetary, physical, and societal aspects of a person's life. Overall, the quality of life for a depressed individual and his/her family is deteriorated. Caregiver Strain is seen having an inversely proportional relationship with Social Support (Tsai, 2003). To the contrary situation of Covid-19, it becomes essential to comply by the rule of physical distancing (WHO, 2020). During such times, it becomes an urgent need to support the caregivers through well-planned interventions.

The current study aimed at understanding the levels of anxiety and depression of primary caregivers who are offering care to individuals with severe mental illness and assessing the effectiveness of a five week Positive CBT Intervention amidst the ongoing pandemic of Covid-19. The caregivers were made to fill the assessment tools i.e. Beck's Anxiety Inventory (1988) and Beck's Depression Inventory (1996) through the medium of google forms due the ongoing pandemic. Primary Caregivers (50 per cent) reported suffering with moderate to severe anxiety and a majority of them (79.9 per cent) reported suffering with moderate to severe depression. Post the administration of tools, a five week Positive CBT Intervention was implemented to check the effectiveness it has on depression and anxiety faced by caregivers during the Pandemic. The intervention focused on re-directing an individual's attention on things that are still good and are working for them and building goals for what they want to see better in their future. For example, Bannink (2014) pays a lot of importance to creating a shift of negative issues to positive preferred future, recognizing and finding exceptions to issues and more therapies that are solution-driven. Karwoski et al., (2006) suggested that a combination of CBT and positive psychology helps individuals in recognizing their strengths, build faith and optimistic thinking, enhance the occurrences of their life through meaning and make use of humour to cope with problems.

The chief complains of caregivers during the intervention was that it got difficult for them to manage their jobs, the daily chores and there was no limitation to the care they had to provide to their ill family member. Majority of them complained of feeling completely helpless, mentally exhausted, physically drained out and were uncertain of what is yet to come which caused symptoms of anxiety. Two caregivers, offering care to their son who was suffering with schizophrenia said that they had last few years left to live and they were feeling physically unwell as growing old was becoming an interference in their duties of providing care that their son needed and made them guilty of not being there for their child. The current study showed significant correlation between age and levels of depression and anxiety.

Post the intervention, re-assessment of tools on caregivers was carried out and the results showed a significant reduction ( $P < 0.001$ ) in their levels of depression and anxiety post the intervention. Caregivers expressed feeling better and how they started being grateful for receiving help in the form of the five week intervention that they were a part of. They also spoke about how it became very difficult for them to get an appointment with psychiatrists for their ill family member and it became challenging for them to maintain their own sanity between so much happening around like losing a person they knew to Covid-19, the negative news that they kept hearing from news channels and also being restricted to their homes which gave a rise to feelings of depression and anxiety. Eckardt (2020) emphasises the need to pay attention and urgently provide support to the primary caregivers of the mentally ill during the pandemic. Holmes et al., (2020) suggest that the pandemic of Covid-19 can cause considerable amount of stagnation in functions of the family which is induced due to



massive burden imposed by limitations, constraints and preventive measures of Covid-19, specifically there is immense burden on primary caregivers which might lead to lack in balance in terms of resources and conflicts among family members.

The importance of the current study is to create awareness that the pandemic has deteriorated the mental health wellbeing of primary caregivers in a significant way and there is an urgent need to address their issues through structured interventions as they play a major role in the betterment of patients primarily in situations like the ongoing pandemic when the healthcare cannot be made available for them. The study has its limitations as it was carried out on a smaller sample and such studies should be carried out on a larger sample going forward and could be made longitudinal to check the efficacy of the intervention over a longer duration of time.

## V. CONCLUSION

The current study is consistent with the previous literature in stating that primary caregivers who provide care to individuals with chronic mental illness show depressive and anxious symptoms. The highlight of this study is that the implementation of a structured five week Positive CBT intervention proved to show a significant amount of reduction in the levels of anxiety and depression in caregivers.

## CONFLICT OF INTEREST

The authors of this study declare that there is no Conflict of Interest.

## FUNDING

The authors of this research have not received funding from any funding agency of any kind (Private, Public or Non Profit Organizations).

## REFERENCES

- [1]. Ayalew, M., Workicho, A., Tesfaye, E., Hailesilasie, H., & Abera, M. (2019). Burden among caregivers of people with mental illness at Jimma University Medical Center, Southwest Ethiopia: A cross-sectional study. *Annals of General Psychiatry, 18*(1).
- [2]. Adhikari, S. P., Meng, S., Wu, Y., Mao, Y., Ye, R., Wang, Q., . . . Zhou, H. (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review. *Infectious Diseases of Poverty, 9*(1).
- [3]. Bannink, F.P. & Jackson, P.Z. (2011). Positive Psychology and Solution Focus – looking at similarities and differences. *InterAction. The Journal of Solution Focus in Organisations, 3, 1, 8-20*.
- [4]. Bannink, F. P. (2013). Are you ready for positive cognitive behavioral therapy? *The Journal of Happiness & Well-Being, 1*(2), 61-69.
- [5]. Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*(6), 893-897
- [6]. Beck, A. T., Steer, R. A., & Brown, G. (1996). Beck Depression Inventory–II. *PsycTESTS Dataset*.
- [7]. Bo, H., Li, W., Yang, Y., Wang, Y., Zhang, Q., Cheung, T., . . . Xiang, Y. (2020). Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. *Psychological Medicine, 51*(6), 1052-1053.
- [8]. Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence. *SSRN Electronic Journal*.
- [9]. Dong, L., & Bouey, J. (2020). Public Mental Health Crisis during COVID-19 Pandemic, China. *Emerging Infectious Diseases, 26*(7).
- [10]. Eckardt, J. P. (2020). Caregivers of people with severe mental illness in the COVID-19 pandemic. *The Lancet Psychiatry, 7*(8). doi:10.1016/s2215-0366(20)30252-2
- [11]. Fernández-Aranda, F., Casas, M., Claes, L., Bryan, D. C., Favaro, A., Granero, R., . . . Treasure, J. (2020). COVID-19 and implications for eating disorders. *European Eating Disorders Review, 28*(3), 239-245.
- [12]. Geschwind, N., Bosgraaf, E., Bannink, F., & Peeters, F. (2020). Positivity pays off: Clients' perspectives on positive compared with traditional cognitive behavioral therapy for depression. *Psychotherapy, 57*(3), 366–378. <https://doi.org/10.1037/pst0000288>
- [13]. Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., . . . Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry, 7*(6), 547-560.

- [14]. Janagam, J., Muraleedharan, K. C., Gilla, D., & Mohan, N. D. (2021). The effect of lockdown due to COVID-19 on mentally ill patients and their caregivers: A cross sectional study. *International Journal Of Community Medicine And Public Health*, 8(3), 1276. doi:10.18203/2394-6040.ijcmph20210813
- [15]. Karwoski, L., Garratt, G. M., & Ilardi, S. S. (2006). On the Integration of Cognitive-Behavioral Therapy for Depression and Positive Psychology. *Journal of Cognitive Psychotherapy*, 20(2), 159-170. doi:10.1891/jcop.20.2.159
- [16]. Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry*, 33(2). doi:10.1136/gpsych-2020-100213
- [17]. Rouget, B. W., & Aubry, J. (2007). Efficacy of psychoeducational approaches on bipolar disorders: A review of the literature. *Journal of Affective Disorders*, 98(1-2), 11-27. doi:10.1016/j.jad.2006.07.016
- [18]. Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, 51, 102083. doi:10.1016/j.ajp.2020.102083
- [19]. Sanchez-Moreno, J., Martinez-Aran, A., Tabarés-Seisdedos, R., Torrent, C., Vieta, E., & Ayuso-Mateos, J. (2009). Functioning and Disability in Bipolar Disorder: An Extensive Review. *Psychotherapy and Psychosomatics*, 78(5), 285-297. doi:10.1159/000228249
- [20]. Singh, O. (2020). Covid 19 and access to mental health care – Need of increased investment. *Indian Journal of Psychiatry*, 62(9), 328. doi:10.4103/indianjpsychiatry.indianjpsychiatry\_1140\_20
- [21]. Tan, B. Y., Chew, N. W., Lee, G. K., Jing, M., Goh, Y., Yeo, L. L., . . . Sharma, V. K. (2020). Psychological impact of the COVID-19 pandemic on health care workers in Singapore. *Annals of Internal Medicine*.
- [22]. Tsai, P. (2003). A Middle-Range Theory of Caregiver Stress. *Nursing Science Quarterly*, 16(2), 137-145. doi:10.1177/0894318403251789
- [23]. Wang, C., Horby, P. W., Hayden, F. G., & Gao, G. F. (2020). A novel coronavirus outbreak of global health concern. *The Lancet*, 395(10223), 470-473. doi:10.1016/s0140-6736(20)30185-9
- [24]. World Health Organization Coronavirus disease (COVID-19) advice for the public, 2020.
- [25]. Xiang, Y., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*, 7(3), 228-229. doi:10.1016/s2215-0366(20)30046-8
- [26]. Yao, H., Chen, J., & Xu, Y. (2020). Patients with mental health disorders in the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4). doi:10.1016/s2215-0366(20)30090-0
- [27]. Yasuma, N., Yamaguchi, S., Ogawa, M., Shiozawa, T., Abe, M., Igarashi, M., . . . Fujii, C. (2021). Care difficulties and burden during COVID-19 pandemic lockdowns among caregivers of people with schizophrenia: A cross-sectional study. *Neuropsychopharmacology Reports*, 41(2), 242-247. doi:10.1002/npr2.12171
- [28]. Zhang, Y., & Ma, Z. F. (2020). Impact of the COVID-19 Pandemic on Mental Health and Quality of Life among Local Residents in Liaoning Province, China: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 17(7), 2381. doi:10.3390/ijerph17072381

Rati Khurana. "Management of Anxiety & Depression in Caregivers of Mentally Ill Patients Through A Positive CBT Intervention: A Pilot Study Based In New Delhi." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 26(11), 2021, pp. 61-70.