

The COVID-19 impact on family caregivers' mental health in the Municipality of Aveiro

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Introduction:

Portugal had the first Covid case on March 2nd, 2022. In the following month, 81.087 new cases and 266 deaths were reported [1]. Directorate-General for Health (DGS) took some measures to control the pandemic, including social distancing, and other methods. Social distancing, adds to the disruption on Family Caregivers' (FCs) routines, challenging their abilities to adopt new procedures, reconciling them with the existing ones. This caused increased tension, distress, and overload to caregivers[2][3], which in turn may have affected caregiver's mental health, triggering feelings of loneliness, insomnia, anxiety, and depression.

In this context, social distancing associated with other existing factors, may have contributed to further weakening of caregivers' physical and mental health.

The purpose of this study is to identify the effects of social distancing on family caregivers' (of elderly and/or dependent people) mental health resulting from the COVID-19 pandemic.

Methods:

A quantitative study was conducted, using a convenience sampling of 36 FC's, indicated by several Private Institutions of Social Solidarity (IPSS), in the Municipality of Aveiro, from June 2020, until March 2022.

Data collection was performed with a structured questionnaire, consisting of three parts: (i) the first part related to sociodemographic and clinical data, and the following two composed of scales (ii) Psychological Wellbeing Manifestation Measure Scale - EMMBEP (Psychological Wellbeing Scale) [4], with 25 items divided into 6 subscales: self-esteem, balance, social involvement, sociability, self and event control, and happiness; and (iii) the Reliability and Factor Structure of the 10-item Kessler Psychological Distress Scale [5], on a 5-point Likert scale.

Data analysis was performed using SPSS V 28. Descriptive statistics were used to describe sociodemographic and clinical characteristics of the sample, and inferential statistics were used to test the relationships between distress and well-being psychosocial variables. Pearson's Correlation Coefficient was used, given that normally distributed variables were verified.

Results:

Family caregiver's sociodemographic profile

Family caregivers' mean age observed (Table 1) is 60.03 (SD= 15.20), ranging from 28 to 85, 30 (83.3%) female and 6 (16.7%) male, mostly married, 20 (55.6%), and retired 15 (42.9%). Most caregivers are daughters 10 (27.8%), followed by husband/wife 8 (22.2%), or mother/father 7 (19.4%). Of this sample, 25 (69.4%) report that it is the first time they take care of someone (Table 1).

Clinical and Psychosocial Characterization

In this sample, during the period of social distancing, 10 felt sadness (27.8%), 12 fatigue, depression, and stress (33.3%), 14 fear (38.9%), 16 future uncertainty (44.4%), and 17 lack of socializing and being with the family (47.2%) (Table 2).

It should be noted that 8 FC (22.2%) were in confinement, infected with SARCOV 2, and positive for COVID 19.

Keywords:

Aged; Caregiver Burden;
Covid-19; Elderly; Family
Caregivers; Mental Health;
Social DISTANCING

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Conflict of interest:

The authors declare no conflict of interests.

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Table 1 - Family caregiver's sociodemographic profile

Sociodemographic Characterization (N = 36)				
	Min	Max	Mean	SD
Age	28	85	60.03	15.20
			N	%
Sex	Male		6	16.7
	Female		30	83.3
Marital Status	Married		20	55.6
	Other marital state		16	44.4
Other characteristics	Retired		15	42.9
	Child caregiver		10	27.8
	Husband/wife caregiver		8	22.2
	Mother/father caregiver		7	19.4
	First time caregiver		27	75

Table 2 - Impacts caused by social distancing on family caregivers' mental health

Clinical and Psychosocial Characterization of the Sample (N = 36)		
Psychosocial Variables	N	%
Sadness	10	27.8
Fatigue/ Depression/ Stress	12	33.3
Fear	14	38.9
Future uncertainty	16	44.4
Lack of socializing and being with the family	17	47.2
Clinical Variables		
Had COVID-19	8	22.2

Table 3 - Distress and psychological well-being manifestation
Relation between distress and psychological well-being

	(N=32)	
	1	2
1. Distress	1	-.365*
2. Well-being		1
<i>M</i>	22.16	93.91
<i>DP</i>	8.44	15.15

***p* < .01, **p* < .05**Distress and psychological well-being manifestation**

Regarding the association between psychological well-being and distress (Table 3), evaluated through the EMMBEP scales, and the Psychological Distress Scale - Kessler (K10), it was found that distress is negatively correlated with well-being, $r = -.36$, $p = .028$, thus, the greater the distress, the lower the psychological well-being.

Discussion:

The FC's sociodemographic profile agrees with other studies [6-7].

Social distancing (relevant for reducing the spread of the virus and reducing the number of COVID-19 cases and deaths) had implications on FCs' mental health [8].

COVID-19 pandemic led FCs to face numerous difficulties to conciliate existing routines with the new rules, particularly mandatory social distancing, increasing the current feeling of isolation, and add to the negative impact on their mental health.

The main distress symptoms manifested by the FCs were fear, loneliness, future uncertainty, stress, fatigue, depression, and sadness. Other studies reported, also, fear of being infected, fear of getting sick, and fear of having financial losses [9]. Thus, may have led to a decrease on psychological well-being perception [2].

It is, thus, considered that social distancing contributed to further weakening of FCs' mental health, compromising their health and psychological well-being.

This study has two main limitations, the reduced sample due to difficulties on study dissemination, and the focus on Aveiro's region. A larger and more comprehensive sample is needed to extrapolate results.

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