

Anxiety And Depression Among Caregivers of Individuals with Alcohol Use Disorder

Riva Santra

M.Sc. Nursing, St. John's College of Nursing

Abstract—Alcoholism, or alcohol use disorder (AUD), is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It is a pervasive issue that affects individuals and communities worldwide. It is a chronic disease marked by an inability to control or stop drinking despite negative consequences on one's health, relationships, and responsibilities. While alcoholism is often viewed as a personal or family problem, its impact extends far beyond the individual. In many communities, alcoholism leads to serious public health concerns, economic strain, increased crime rates, and the breakdown of social structures.

The presence of alcoholism in a community can be both a symptom and a cause of deeper social problems. Poverty, unemployment, mental health challenges, and a lack of access to education and healthcare can all contribute to higher rates of alcohol abuse. At the same time, the consequences of widespread alcoholism—such as domestic violence, child neglect, and decreased productivity—further hinder community development and well-being.

Communities across the world face unique challenges in addressing alcoholism. In some areas, cultural attitudes toward drinking normalize excessive alcohol consumption. In others, limited treatment options and stigma prevent individuals from seeking help. Understanding the causes, consequences, and potential solutions to alcoholism at the community level is essential for creating healthier, more resilient societies.

In many communities, individuals struggling with Alcohol Use Disorder (AUD) are supported by close family members or friends who take on caregiving roles—often without formal training, resources, or recognition. These caregivers, while offering essential emotional and practical support, frequently experience serious mental health challenges such as anxiety and depression. This report highlights key concerns observed within the community regarding the mental health of these caregivers and outlines ways to support their well-being.

I. OBJECTIVES

- a) To assess the anxiety among the caregivers of individuals with Alcohol Use disorder
- b) To assess depression among caregivers of individuals with Alcohol Use Disorder

TOOLS USED:

- Generalized anxiety Disorder Scale (GAD-7)
- Patient health questionnaire (PHQ-9)

II. STUDIES RELATED TO ANXIETY AND DEPRESSION AMONG CAREGIVERS OF ALCOHOLIC PATIENTS

A cross-sectional study on Alcohol dependent patients and family caretakers. Sample size of 101 Alcohol Dependence Syndrome (ADS) patients was performed. Valid scales namely the Burden Scale for Family Caregivers (BSFC), Severity of Alcohol Dependence Questionnaire (SADQ), and Brief Resilience Scale (BRS) was administered. The data collected were statistically analysed using SPSS 16. Results: Majority of patients, 46.53% were moderately dependent, 60.40% of the caregivers faced Moderate burden and 56.44% of them showed lower resilience. Correlation between caregiver burden and severity of dependence showed that the majority -45.90% faced a moderate burden with severe dependence. Co-relation of caregiver resilience with Caregiver Burden showed that 29.12% scored <2.5 in the Severe ADS group. Conclusion: Although majority had moderate burden and moderate levels of dependence, resilience in caregivers was found to be poor. Severity of dependence was significantly related to poorer resilience.¹

A cross-sectional descriptive study conducted in a psychiatry tertiary care hospital. The total sample size was 70, chosen through the non-probability purposive sampling method. The socio-demographic profile of AUD patients and their primary caregivers was assessed using a semi-structured proforma. The burden and coping of the primary caregiver were assessed using the Burden Assessment Schedule and Brief COPE, and the general health questionnaire (GHQ) scale. Results: Primary caregivers of subjects with AUD faced a moderate (28.6%) to severe (71.4%) burden and had low coping strategies. The severity of alcohol use, caregiver general health, caregiver's burden, and coping strategies were shown to be statistically significant between different variables. Conclusion. The study concluded that the burden level on the primary caregivers of AUD was moderate to severe. The coping strategies of caregivers of AUD were found to be poor.²

A cross sectional study was conducted in a private mental health establishment in Urban Karnataka, India. Among 125 adults primary care givers of ADS patients who were Spending at least for 4hrs daily with the patient for more than a year. SPANN – Fischer co-dependence Scale and big 5 personality inventory were used to assess co-dependence and personality domains the results showed that among 125 study participants 103 were female and 81 Spouse of ADS patients Moderate and high co-dependence was found in 86 (38.8%) and 38(30.4%) Participants. Co - dependence was found to be Significantly Higher among females than the Males.³

This study was conducted in a Tertiary care hospital of North India on primary care workers Subjects diagnosed with substance use disorder. A Total of 100 consecutive Subjects were Selected. The primary care taker was screened for the presence of a psychiatric Disorder clinical interview mini- international Neuro Psychiatric Interview. Stress in primary care taker was assessed using perceived stress Scale and burden on Family Members using the family burden interview Schedule the results showed that Majority of primary caretakers had Moderate to severe financial burden, Moderate Severe disruption in family Routine and Majority had Moderate subjective burden and Moderate to severe total family Burden.⁴

III. OBSERVATIONS FROM THE COMMUNITY

We visited Adugodi Dispensary and Thavarekere UPHC, Bangalore, Karnataka. We visited 20 houses where there were individuals with alcohol dependency. We found that, across local neighbourhoods, especially in low-income families, caregivers of individuals with alcohol dependency face numerous challenges:

EMOTIONAL STRAIN

- Caregivers often report feeling overwhelmed, helpless, and isolated.
- Constant worry about their loved one's behaviour, health, or safety causes persistent anxiety.
- Depression is common due to long-term stress, emotional neglect, or unappreciated efforts.

SOCIAL AND FAMILY IMPACT

- Families affected by alcoholism often suffer from strained relationships, domestic conflict, and social stigma.
- Caregivers are frequently judged, blamed, or ignored by the community rather than supported.
- Children or elderly caregivers are particularly vulnerable and may not understand the emotional impact of addiction.

FINANCIAL AND PRACTICAL BURDEN

- Many caregivers bear financial responsibilities alone due to the affected person's unemployment or instability.
- Managing work, home duties, and caregiving leaves little room for self-care, increasing the risk of mental exhaustion.

IV. EXTENDED INSIGHTS WITH PERCENTAGES

A. EMOTIONAL AND PSYCHOLOGICAL IMPACT

- 80% of caregivers report experiencing chronic stress.
- 60% report persistent anxiety symptoms such as restlessness, fatigue, and tension.
- 45% admit to feeling hopeless or depressed regularly.

- 35% have had thoughts of giving up or self-harm due to overwhelming responsibility.

B. PHYSICAL HEALTH CONSEQUENCES

- 55% of caregivers report sleep disturbances.
- 40% have developed stress-related conditions such as migraines, hypertension, or gastric issues.
- 20% of caregivers have experienced weight loss or gain due to stress-eating or loss of appetite.
- 15% say they have missed medical check-ups or ignored their own health due to caregiving duties.

C. ECONOMIC BURDEN

- 50% of caregivers face financial strain, often managing household expenses alone.
- 30% have taken loans or borrowed money to cover alcohol-related damages, medical bills, or legal costs.
- 25% report reduced work hours or job loss because of their caregiving responsibilities.

D. SOCIAL ISOLATION AND STIGMA

- 65% of caregivers report reduced social interaction due to embarrassment or emotional fatigue.
- 40% say they've lost friendships or support as a result of stigma around alcoholism.
- 30% avoid community events, religious gatherings, or public outings.

E. LACK OF SUPPORT SERVICES

- 70% are unaware of mental health or caregiver support services in their area.
- 60% have never spoken to a counsellor or social worker about their own emotional health.
- 25% rely only on informal conversations with friends or family members for support.
- Only 10% have ever attended a caregiver support group or workshop.

F. IMPACT ON CHILDREN

- 50% of families report children experiencing anxiety or depression.
- 40% show signs of behavioural problems.
- 25% of children drop out of school due to the chaotic home environment.
- 35% report neglect or even abuse linked to the stress or behaviour of the person with AUD.

V. VOICES FROM THE COMMUNITY

COMMUNITY HEALTH WORKERS, VOLUNTEERS, AND SOCIAL SUPPORT ORGANIZATIONS HAVE REPORTED:

- A lack of awareness about how caregiving for someone with AUD affects mental health.
- Few caregivers seek help for themselves, often believing their suffering is “normal” or that they must endure it silently.
- Mental health services, even where available, are rarely accessed due to stigma, cost, or limited knowledge.
- Increased work pressure is one of the main reasons for not able to quit alcohol.
- Joblessness made them to drink more alcohol.
- Financial problems are one more reason for drinking.
- Alcohol made them to sleep peacefully.
- Peer pressure was the most common reason for starting alcohol drinking.

GAPS IN SUPPORT

- No structured support systems for caregivers of individuals with AUD.
- Lack of counselling services, particularly in rural or underserved urban areas.
- No targeted outreach programs to help caregivers identify or address mental health symptoms early.

VI. COMMUNITY NEEDS AND RECOMMENDATIONS

To improve the mental health of caregivers and promote family well-being, the following steps are suggested:

A. MENTAL HEALTH AWARENESS CAMPAIGNS

- Educate the community about the emotional toll of caregiving and the signs of anxiety and depression.
- Normalize seeking help by sharing real-life stories and promoting mental health as a community priority.

B. LOCAL SUPPORT GROUPS

- Create safe spaces where caregivers can share experiences and receive emotional support.

- Encourage peer counselling and training of community volunteers to provide basic psychological support.

C. ACCESS TO MENTAL HEALTH SERVICES

- Collaborate with local clinics or NGOs to offer free or low-cost counselling sessions for caregivers.
- Provide information on available resources, including hotlines, online counselling, and therapy centres.

D. FAMILY-BASED INTERVENTIONS

- Offer family counselling sessions that include caregivers and the individual with AUD.
- Provide guidance on healthy boundaries, stress management, and coping strategies.

E. POLICY AND NGO INVOLVEMENT

- Advocate for the inclusion of caregiver support in alcohol rehabilitation programs.
- Encourage partnerships between local governments, health departments, and NGOs to fund caregiver-focused services.

VII. CHALLENGES FACED

- Lack of cooperation: while interacting with the individuals with alcohol use, we faced lack of cooperation as only few people voluntarily participated in the survey.
- Difficulty in trust building: as we got very less time to interact, there was difficulty in building trust.
- Cultural barriers: as there was people from different background and different religion, there was some cultural barriers also.
- Communication barriers: as everyone's mother tongue was different, it was difficult to communicate with them.
- Difficulty in identifying cases: as the whole area is not familiar to us and had less idea about where to get alcoholic individuals, it was difficult to identify cases in the community area.
- Stigma and privacy concerns: many people refused to participate in the survey because of the stigma and privacy concerns.

- Limited community engagement: community engagement was limited.

VIII. CONCLUSION

Alcoholism is more than just an individual struggle—it is a significant public health issue that affects the well-being, safety, and progress of entire communities. The impact of alcohol abuse is far-reaching, contributing to health problems, family breakdowns, economic losses, and increased crime rates. Addressing alcoholism requires a collective effort that includes prevention, education, treatment, and strong community support systems.

To effectively combat alcoholism, communities must not only raise awareness about its dangers but also work to eliminate the underlying social and economic conditions that contribute to substance abuse. This includes improving access to healthcare, providing mental health support, creating opportunities for youth, and reducing stigma around seeking help. Collaboration between governments, NGOs, families, schools, and local organizations is essential in building a healthier and more resilient society.

In conclusion, tackling alcoholism at the community level is both a challenge and a responsibility. By coming together to understand the issue, support those affected, and implement long-term solutions, communities can foster a safer, stronger, and more hopeful future for all their members.

Caregivers of individuals suffering from alcohol addiction are the backbone of support for recovery, yet they are often left to struggle in silence. Recognizing and addressing their emotional and psychological needs is essential not only for their own well-being but also for the stability and recovery of the entire family unit. This report calls for community-driven action, compassionate outreach, and sustainable support systems to uplift caregivers and foster healthier communities.

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