

COGNITIVE BEHAVIORAL THERAPY(CBT) AMONG CAREGIVERS OF CRITICALLY ILL PATIENTS

Ms. Christi Jecklin Edwin^{1*}, Dr.N.Sujita Devi²

1. Ph.D Scholar, Bharati Vidyapeeth (Deemed to be University), Pune.
2. Associate Professor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune.

*Corresponding Author - **Ms. Christi Jecklin Edwin**

Abstract

Cognitive behavioral therapy focuses on changing the automatic negative thoughts that can contribute to and worsen our emotional difficulties, depression and anxiety. The aim of the study is to assess the cognitive behavioral therapy on mental health status among care givers of critically ill patients. A quasi experimental study was done on 30 caregivers of critically ill patients. Nonprobability sampling technique was adopted, self-structured mental health status rating scale was used. The Research Tool was divided in two sections. Section A demographic data. Section B Self – Structured rating scale for Mental Health status. In this study, the reliability was established by using Test and Retest method. Pearson's correlation coefficient was found to be 0.96. Result revealed that 53.30% were female for experimental group, 53.30% male for control group. Education level wise 66.70% had primary education for experimental group, 40% were primary and graduate for control group. Occupation wise 60% were unemployed in experimental group, 53.30% had private job in control group. Monthly family income wise 53.30% had 10,000-20,000 in experimental group, 46.70% had 20,001-30,000 in control group. 53.30 % from joint family in experimental group, 60% in control group.86.70% were married in experimental group, 66.70% in control group.0% had poor mental health status in both the group. 100% had average in experimental and 80% in control group. Physiological Status wise 40% had average, 60% had good mental health status in posttest.100% had average in pretest, 40% had average in posttest.60% had good mental health status. T-value for this test was 24 with 14 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected for each aspect. This indicates that the mental health status among care givers of critically ill patients improved remarkably after Cognitive Behavioral Therapy.

Key words: Cognitive behavioral therapy, mental health status, care givers, critically ill patients.

INTRODUCTION

Cognitive behavioral therapy (CBT) is a psycho-social intervention^{[1][2]} that aims to reduce symptoms of various mental health conditions, primarily depression and anxiety disorders.^[3] Cognitive Behavior Therapy (CBT) is a flexible mode of treatment. It allows for the modification of schemas in a way that is respectful to cultural underpinnings and allows the family the freedom to change in a manner that does not compromise their cultural values.⁽²⁾ According to WHO, India accounted for nearly 15 per cent of the global mental, neurological and substance abuse disorder burden. A meta-analysis of community surveys estimate that the prevalence of depression and anxiety could be up to 33 per 1,000 persons.

In 2025, nearly one billion people globally are affected by mental health disorders, with significant economic impacts and a pressing need for improved mental health care access.

In India, the treatment gap is 70 to 92 per cent, depending on the state. It is estimated that nearly one-third of patients who seek help from healthcare facilities could have symptoms related to depression. But poor awareness of mental health symptoms, social stigma, and lack of adequate resources and facilities stop people from getting the help they need.

Also, mental health services are highly inaccessible and up to 40 per cent of patients must travel more than 10km to reach the first available service at the district headquarters.⁽⁴⁾

Mental health related deaths in Maharashtra have been increasing since 2019, according to data with the state health department. The number of deaths in 2019 was 26, while in 2022, the number stood at 1073. All 26 deaths in 2019 were due to schizophrenia and delusional disorders. But in subsequent years, mental and behavioral disorders due to psychoactive substance use constituted a major reason for death.⁽⁵⁾

NEED OF THE STUDY

A systematic caregiver screening was done to Identifying risk factors associated with caregiver stress and suggesting methods for screening of caregiver strain, depression, and anxiety. The Primary Practice Setting was Emergency department, primary care, and other health care settings. The Findings revealed that Caregiver stress can lead to multiple negative outcomes including declines in physical health, increased mental health concerns, and overall decreased quality of life. Caregiver stress also leads to increased financial costs to the person, family, and health care systems, making it a public health issue. Recognizing caregiver stress is the initial step to identifying those in need of support and to providing quality care. Fortunately, caregiver stress can be prevented or reduced using a culturally competent multidimensional approach to addressing social determinants of health and unmet physical, psychological, and social/emotional needs of caregivers. Case management plays a critical role in assessing, educating, advocating, creating care plans, and advocating for both the caregiver and the care recipient.⁽⁶⁾

A parallel-group, superiority, single-blinded randomized controlled trial conducted in Tehran. To evaluate the impact of Mehrpishegan's web-based intervention on depression, anxiety, stress levels among informal primary caregivers of older adults in Iran. The primary outcomes were measured at baseline, 3 months, 6 months using DASS-21. The intervention group accessed the website, which provided structured educational content and chatrooms. Data were analyzed repeated measures ANOVA based on the intention-to-treat (ITT) and per-protocol approaches. Result revealed that 128 completed the final assessment at six months, resulting in an attrition rate of 20%. The intervention group showed a small decrease in depression 1.94, anxiety 0.59, stress 0.92, but none of these differences were statistically significant ($p > 0.05$). Effect size calculations indicated small reductions in anxiety ($d = -0.30$), depression ($d = -0.28$) at three months, though these remained below the threshold for clinical significance ($|d| < 0.5$).⁽⁷⁾

AIM OF THE STUDY

The aim of the study is to assess the cognitive behavioral therapy on mental health status among care givers of critically ill patients.

RESEARCH METHODOLOGY:

The objective of this study is to improve the mental health status among care givers of critically ill patients. A quasi experimental study was done on 30 caregivers of critically ill patients. Nonprobability sampling technique was adopted to select the samples, self-structured mental health status rating scale was used on caregivers of critically ill patients. The Research Tool

Overall Mental Health Status	Experimental				Control			
	Pretest		Posttest		Pretest		Posttest	
	Freq	%	Freq	%	Freq	%	Freq	%
Poor	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Average	15	100.00%	6	40.00%	12	80.00%	14	93.30%
Good	0	0.00%	9	60.00%	3	20.00%	1	6.70%

was divided in two sections. Section A demographic data. Section B Self – Structured rating scale for Mental Health status. In this study, the reliability was established by using Test and Retest method. Pearson's correlation coefficient was found to be 0.96.

RESULT:

TABLE 1

OVERALL MENTAL HEALTH STATUS IN THE STUDY (N=30)

Table 1 shows that maximum in control group 14(93.30) % had average mental health status while 1(6.70) % had good mental health status. In experimental group 6(40.00) % of samples had average mental health status and 9(60.00) % had good mental health status.

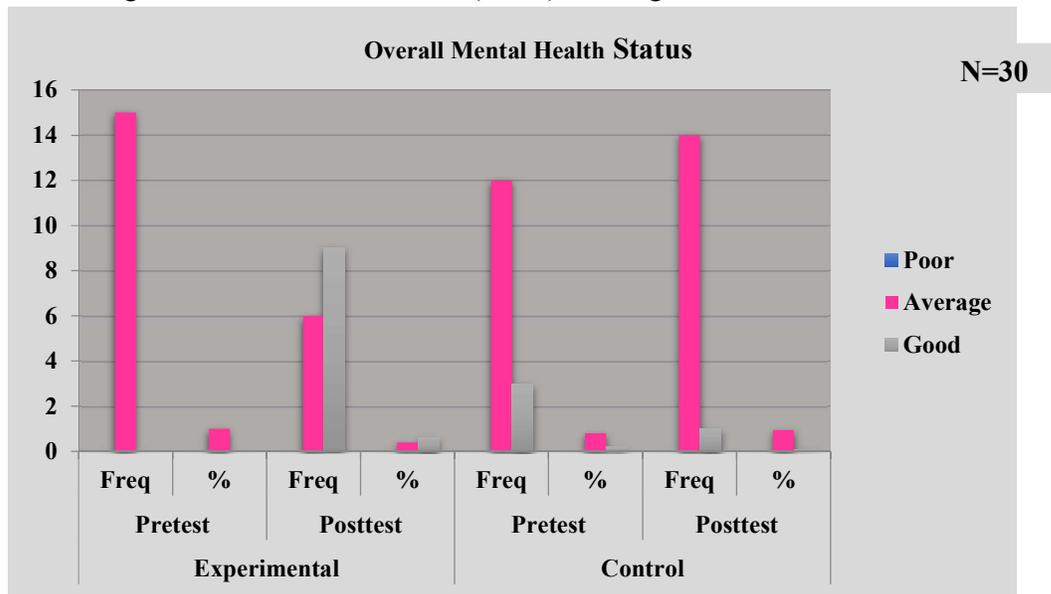


FIGURE 1

COLUMN DIAGRAM SHOWING OVERALL MENTAL HEALTH STATUS OF SAMPLES IN STUDY GROUP.

TABLE 2
ASPECTS OF MENTAL HEALTH STATUS IN THE STUDY (N=30)

Aspect of mental health status	Test	Mean	SD	T	df	p-value
Psychological	Experimental	14.5	2.1	21.3	28	0.000
	Control	-0.1	1.6			
Physiological	Experimental	8.5	3.9	7.3	28	0.000
	Control	0.4	1.8			
Social	Experimental	9.9	2.0	13.2	28	0.000
	Control	0.3	1.9			
Financial	Experimental	2.9	1.2	5.2	28	0.000
	Control	0.3	1.6			
Overall	Experimental	35.9	5.8	20.5	28	0.000
	Control	0.9	3.2			

Table 2 shows that average change in overall mental health status score among care givers of critically ill patients was 35.9 in experimental group which was 0.9 in control group. T-value for this test was 20.5 with 28 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the overall mental health status among care givers of critically ill patients improved remarkably after Cognitive Behavioral Therapy.

DISCUSSION

The present study was undertaken to assess the cognitive behavioral therapy on mental health status among care givers of critically ill patients. The study proved that cognitive behavioral therapy improves the mental health status of caretakers of critically ill patients. The other studies also indicates that Cognitive behavioral therapy improves mental health status.

A randomized controlled trials was done to evaluate the effectiveness of CBT in stressful conditions among clinical and general populations, and identified recent advances in CBT-related techniques. A search of the literature for studies conducted during 1987–2021 identified 345 articles relating to biopsychosocial medicine; 154 (45%) were review articles, including 14 systemic reviews, and 53 (15%) were clinical trials including 45 randomized controlled trials. The results of several randomized controlled trials indicated that CBT was effective for a variety of mental problems, physical conditions, and behavioral problems, at least in the short term; more follow-up observations are needed to assess the long-term effects of CBT. Mental and physical problems can likely be managed effectively with online CBT or self-help CBT using a mobile app, but these should be applied with care, considering their cost-effectiveness and applicability to a given population.⁽⁸⁾

A systematic review was done total of 20 articles. Ten studies evaluated the efficacy of CBT in reducing subjective burden, and the meta-analysis suggested a significant reduction in subjective burden following CBT. Additionally, 17 studies evaluated the efficacy in reducing depressive symptoms, and the meta-analysis revealed a significant reduction for these caregivers following CBT. CBT for caregivers of individuals with a neurocognitive disorder had no impact on stress, anxiety, or quality of life. People with neurocognitive disorders often

rely on a caregiver to alleviate the impact of their symptoms, but this help has consequences for the caregiver. Indeed, caregivers report subjective burden, depressive symptoms, stress, anxiety and a lower quality of life than non-caregivers. No meta-analysis has been conducted to evaluate the efficacy of this type of intervention on reducing subjective burden. Articles were selected from PsycNet, MEDLINE, AgeLine and ProQuest Dissertation and Theses for the period from 2000 to 2017.⁽⁹⁾

CONCLUSION

The conclusions drawn from the findings of the study are as follows:

The study indicates that cognitive behavioral therapy improves the mental health status of caregivers of critically ill patients as the findings shows that maximum in control group 14(93.30) % had average mental health status while 1(6.70) % had good mental health status. In experimental group 6(40.00) % of samples had average mental health status and 9(60.00) % had good mental health status.

Cognitive behavioral therapy helps to maintain the mental health of caregivers in terms of psychological, physiological, social and improves the financial management.

Cognitive behavioral therapy can help caregivers to:

- Pay attention to, and give themselves credit for, what is going well
- Identify and arrange for additional resources and supports
- Use healthy coping skills during particularly stressful times
- Engage in positive activities for themselves and with the person receiving care
- Develop effective ways to communicate with others (e.g., family, medical providers)

CONFLICT OF INTEREST:

There is no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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