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**Mental Health Outcomes among Caregivers of Patients with Obsessive Compulsive Disorder and Mood Disorders: A Gender-Based Study**

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Sehrish Naeem<sup>1\*</sup>, Imran Bashir<sup>2</sup>, Falahat Maqbool<sup>3</sup>**Abstract**

The mental health outcomes of caregivers, i.e., depression and stress, have been extensively studied in the context of patients with obsessive compulsive disorder (OCD) and mood disorders; however, gender-based comparisons have not been widely explored within the cultural setting of Pakistan. Therefore, the objective of the present study was to evaluate the differences between male and female caregivers of patients with OCD and mood disorders. The study adopted a cross-sectional correlational design and data were collected from 216 caregivers, with a minimum qualification of intermediate education and an age range of 18 to 60 years. Two instruments were utilized: the Depression subscale of the Depression Anxiety Stress Scale (DASS-21) and the Relative Stress Scale (RSS). The results revealed a significant relationship between stress and depression among caregivers of patients with OCD and mood disorders. Gender-based mean differences indicated that female caregivers scored substantially higher on both depression and stress compared to male caregivers. Furthermore, caregivers of patients with mood disorders scored significantly higher on depression and somewhat higher (though not significantly) on stress compared to caregivers of patients with OCD. In conclusion, the study highlights important implications for caregiver well-being in Pakistan.

**Keywords:** Depression, Gender, Mood Disorders, Obsessive Compulsive Disorder, Stress

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**Introduction**

Caregivers are family members or paid helpers who regularly provide care to children, the elderly, or persons with illness or disability (Happ et al., 2024). Research

indicates adverse mental health outcomes among caregivers of patients with obsessive-compulsive disorder (OCD) and mood disorder, with depression and stress being the most common (Milic et al., 2025). Depression involves loss of interest, impaired daily functioning, hopelessness, indecisiveness, suicidal ideation, appetite changes, and psychomotor agitation. Stress refers to emotional or physical tension triggered by frustration, anger, or nervousness, representing the body's reaction to demands (Agyapong et al., 2022; Hu et al., 2024).

OCD is characterized by uncontrollable obsessions and compulsions, often beginning in late childhood or early adulthood (Liu & Zhang, 2025; Stein et al., 2025). Caregivers of individuals with OCD report experiencing significant depression and stress, with both factors showing a positive correlation (Kaur et al., 2025). In Pakistan, studies found that

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anxiety mediates the stress–depression link among OCD caregivers, highlighting the need for culturally tailored interventions (Kamal et al., 2025). Another study revealed severe caregiver burden, with anxiety most prominent, followed by moderate depression. Burden was positively associated with anxiety and depression, with men reporting slightly higher levels (Ahmed et al., 2024). Mood disorders is a group of conditions involving persistent mood disturbances, including depression, euphoria, or both (Doney et al., 2022). It includes bipolar and related disorders (Kogan et al., 2021). Caregivers of bipolar patients frequently face depression, anxiety, and increased mental health service use, affecting both themselves and patients. A review of 24 studies showed 46% reported depression and 32.4% accessed services, underscoring the need for targeted interventions (Steele et al., 2010). In Pakistan, caregivers of Bipolar I and II patients experienced significant distress, with depression, anxiety, and stress strongly correlated. Women reported higher depression and anxiety, while men reported greater stress. Anxiety mediated the stress–depression relationship, and caregiver burden varied by bipolar subtype, emphasizing the importance of culturally specific psychosocial support (Khan et al., 2025). Although substantial literature exists on depression and stress among caregivers of patients with OCD and mood disorders, gender differences in these variables have not been extensively discussed, particularly in Pakistan. Understanding these differences within the local cultural context is essential to addressing the unmet psychological needs of caregivers. Therefore, the objective of the present study is to fill this gap by investigating differences in depression and stress among male and female caregivers of patients with OCD and mood disorders.

## Hypotheses

**H1:** There will be a positive and significant relationship between depression and stress among caregivers of patients with OCD and mood disorders.

**H2:** There is likely to be a significant mean difference between male and female caregivers of patients with OCD and mood disorders with respect to depression and stress.

**H3:** There will be a significant difference between caregivers of patients with OCD and mood disorders with respect to depression and stress.

## Method

### Research Design

The study utilized a cross-sectional correlational design.

### Sampling Technique

A purposive sampling technique was used in this study.

### Inclusion Criteria

The inclusion criteria required caregivers to be between 18 and 60 years of age, have at least an intermediate level of education, and be either male or female. Participants were further required to be family members of the patient and to have been providing care to individuals diagnosed with OCD or mood disorders for a minimum of one year.

### Exclusion Criteria

The exclusion criteria included individuals who were not citizens of Pakistan, secondary caregivers such as nurses or hired attendants, and relatives who only occasionally visit the patient rather than providing continuous care.

### Instruments

#### Depression Anxiety Stress Scale-21 (DASS-21)

This study utilized the Depression subscale of the *Depression Anxiety Stress Scale (DASS-21)* to measure depression. The subscale comprised 7 items rated on a 4-point Likert scale (0–3). The Depression subscale has demonstrated good internal consistency ( $\alpha = .82$ ; Lovibond & Lovibond, 1995).

### Relative Stress Scale (RSS)

The *Relative Stress Scale (RSS)*, a 15-item scale, was used to measure the stress of relatives of patients with psychiatric disorders. It is rated on a 5-point Likert scale, ranging from *strongly disagree (1)* to *strongly agree (5)*. The internal consistency of the scale is high, ranging from  $\alpha = .86$  to  $.91$  (Greene et al., 1982).

### Ethical Considerations

The study followed APA 7th edition. Ethical approval was taken from the institution prior before starting study. Permissions were sought from the authors to use their instruments. Confidentiality of participants was maintained, and informed consent was obtained before data collection. The consent form clearly stated voluntary participation, with the right to withdraw at any stage without negative consequences.

## Results

**Table 1**

*Sociodemographic Characteristics of Participants (N=216)*

Characteristics	Frequency	%	M	SD
Gender			37.23	9.79
Male	92	43		
Female	124	57		
Age				
Caregivers of Patients with OCD	114	53		
Caregivers of Patients with mood disorders	102	47		

Note. %= Percentage, M=Mean, SD= Standard Deviation, OCD= obsessive compulsive disorder

The Table 1 shows that there are 92 male participants (43%) and 124 female participants (57%). The mean age of the participants is 37.23 years, with a standard

deviation of 9.79. Caregivers of patients with OCD make up 114 (53%), while caregivers of patients with mood disorders account for 102 (47%).

**Table 2**

*Correlational Analysis Between Study Variables (N = 216)*

Variables	M	SD	1	2
1.Depression	11.81	6.86	-	.15*
2.Stress	10.44	4.95		-

\* $p < .05$

As shown in Table 2, a significant positive relationship was found between depression and stress among caregivers of patients with

OCD and mood disorders, as indicated by the Pearson product-moment correlation.

**Table 3**

*Mean Differences by Gender (Male and Female) among Caregivers of Patients with OCD and Mood Disorders (N = 216)*

Variables	Male (n=92)	Caregivers	Female (n=124)	Caregivers	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Depression	10.25**	6.49	12.97	6.92	-1.93	.004	0.40
Stress	9.67*	4.43	11.02	5.25	-2	.04	0.27

\* $p < .05$ , \*\* $p < .01$

As shown in Table 3, the independent-samples *t* test indicated that female caregivers scored significantly higher on both

depression and stress compared to male caregivers of patients with OCD and mood disorders.

**Table 4**

*Independent-Samples *t* Test of Mean Differences among Caregivers of Patients with OCD and Mood Disorders (N = 216)*

Variables	CCOPWOC (n=114)		CCOPWD(n=102)		<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Depression	10.57**	6.95	13.20	6.51	-2.86	.005	0.39
Stress	10.75	5.54	10.11	4.20	.95	.33	0.13

\*\* $p < .01$

Note. CCOPWOC= Caregivers of Patients with OCD, CCOPWMD= Caregivers of Patients with mood disorders.

As shown in Table 4, the independent-samples *t* test revealed that caregivers of patients with mood disorders scored significantly higher on depression and

slightly higher, though not significantly, on stress compared to caregivers of patients with OCD.

## Discussion

The study aimed to examine the differences between male and female caregivers of patients with OCD and mood disorders in Pakistan, in order to address the gap in the literature and provide useful gender-specific implications.

The first hypothesis of the study stated that there would be a positive and significant relationship between depression and stress among caregivers of patients with OCD and mood disorders. The Pearson product-moment correlation affirmed this hypothesis. The results align with previous studies that reported significant associations between

depression and stress among caregivers of patients with OCD and mood disorders (Ahmed et al., 2024; Khan et al., 2025). The reason for such a finding could be the constant emotional and physical burden of caregiving, which often heightens psychological distress and increases the likelihood of both depression and stress.

The second hypothesis of the study stated that there would be a significant mean difference between male and female caregivers of patients with OCD and mood disorders. This hypothesis was supported through the independent-samples *t* test, as female caregivers scored significantly higher on both

depression and stress compared to their male counterparts. This finding is consistent with previous research reporting that female caregivers scored higher on depression than male caregivers of patients with mood disorders (Khan et al., 2025). Another study indicated that women caregivers scored higher than men in caring for patients with psychiatric disorders due to a lack of support from fellow caregivers and greater societal expectations (Navaie-Waliser et al., 2002). Similarly, a recent comparative study on Pakistani caregivers revealed that perceived stress was higher among female caregivers compared to male caregivers of patients with bipolar disorders (Shami et al., 2025). A possible explanation is that women, being more emotionally sensitive and shaped by cultural expectations in Pakistan, are more vulnerable to psychological distress.

The third hypothesis was partially supported. Caregivers of patients with mood disorders scored significantly higher on depression and slightly higher on stress, though not significantly, compared to caregivers of patients with OCD. Previous studies have highlighted that caring for individuals with mood disorders, particularly bipolar I and II, is more challenging due to difficult characteristics such as mania and hypomania, which contribute to greater caregiver burden (Shami et al., 2025; Tabassum et al., 2025). A recent study further demonstrated that caregivers of patients with OCD scored lower on depression and stress compared to caregivers of patients with mania and schizophrenia (Kaur et al., 2025). The possible explanation for the higher levels of psychological distress, i.e., depression and stress, among caregivers of patients with mood disorders compared to those with OCD could be the unpredictable behaviour of patients with mood disorders, such as mania and hypomania. These high-intensity symptoms increase caregiver burden, emotional strain, and the need for repetitive

care and greater patience compared to the more structured symptoms of OCD. In the context of Pakistan, where mental health awareness and facilities are limited, and caregivers often lack effective coping mechanisms, these challenges provide a cultural explanation for the findings.

### **Limitations and Recommendations**

This study has certain limitations, including a relatively small sample size and a cross-sectional design. As the study adopted a cross-sectional correlational design, future research should focus on larger and more balanced samples, employ longitudinal designs, and explore differences between caregivers of male and female patients. Additionally, future studies should include more demographic characteristics of participants, such as caregiver categories (e.g., father, mother, daughter, son, nurse, servant).

### **Implications**

There is a strong need for mental health awareness programs led by mental health experts in Pakistan to support caregivers of patients with OCD and mood disorders. Government and media initiatives should play a constructive role in reducing stigma and promoting awareness campaigns. Caregivers must also be provided with guidance and resources to strengthen coping mechanisms and improve patient care. In addition, there is a pressing need to raise societal awareness to encourage support for caregivers of patients with psychiatric disorders. The government should also establish facilities and services specifically for caregivers to help them cope with their own mental health challenges.

### **Ethics Statement**

All the ethical standards of APA were met. Informed consent was taken in written form from all the respondents to participate in this study.

### Contribution of Authors

Sehrish Naeem: Methodology, Writing - Reviewing & Editing, Supervision

Imran Bashir: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft

Falahat Maqbool: Methodology, Writing - Reviewing & Editing

### Conflict of Interest

There is no conflict of interest declared by the authors.

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The authors declared no source of funding.

### Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [S.N.] upon the reasonable request.

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