Relation between Mental Health Literacy and Psychological Distress among Family Caregivers of Patients with psychiatric Disorders

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Abstract:

Background: Family Caregivers of patients with psychiatric disorders frequently experience high levels of psychological distress due to demands of care-giving. Mental health literacy (MHL), which encompasses knowledge, attitudes, and beliefs about mental health, plays a vital role in how caregivers understand and manage these challenges. **Aim of the study:** this Study aim to explore the relation between mental health literacy and psychological distress among family caregivers of patients with psychiatric disorders. **Subject:** A Convenience sample of 200 family caregivers of patients with psychiatric disorders was involved. **Settings:** The study was conducted at the outpatient psychiatric clinic at Tanta Mental Health Hospital which affiliated to Ministry of Health and population .**Study design**: A descriptive correlational research design was utilized. **Study tools:** Two tools were used: **Tool I**: Family caregiver's Mental Health Literacy Scale (MHLS) : This tool consists of two parts:- **Part 1** : Socio- demographic data of family caregivers , **Part 2:** Mental Health Literacy Scale (MHLS) **Tool II:** Kessler Psychological distress Scale (K10) . **Results:** The finding revealed that there was statistical significant negative correlation between total mental health literacy score and total psychological distress score which means that increasing caregiver' Mental Health Literacy leading to decrease their level of psychological distress. **Conclusions :**The study's findings led to the conclusion that family caregivers of patient with psychiatric disorders who had high level of MHL were more likely to experience low level of psychological distress and vice versa .Lack of MHL is thought to be a major contributor to increase the risk of psychological distress among family caregivers of patients with psychiatric disorders (PWPD) .**Recommendations**: Psychiatric nurses should assess the level of MHL and psychological distress of caregivers periodically and participate in conducting educational workshops related to them.

***Keywords*:** Family caregivers, Patient with psychiatric disorders, Mental health literacy, Psychological distress.

Introduction

Psychiatric disorders are threats to the psychological, behavioral, functional and sociological well-being of individuals often resulting in visible changes (**Stelnicki & Carleton , 2020)** . These changes often demand prolonged period of care and support from family caregivers to bring about return to normalcy (**Agyapong et al., 2021)**.

Family caregivers are individuals who are involved in the daily care for relatives that have psychiatric disorders (**Sahoo,Brahma,&Mohapatra ,2019).**

Over the past three decades, the responsibilities of family caregivers in caring for patients with psychiatric disorders (PWPD) have expanded, largely due to a shift towards community care and the de-institutionalization of these individuals. The transition has resulted in family members assuming responsibility for the daily care of patients with psychiatric disorders **(Marimuthu, Prashanth , John , & Russell ,2020) .**

As a result, up to 90% of (PWPD) now live with relatives who assume full responsibility for providing long-term practical and emotional support to their chronically ill psychiatric patients. Regrettably the family caregivers of PWPD are becoming among humanity's most disadvantaged group and face additional stressors that have detrimental impact on caregiver's mental health **(Li J., Zhang M., Zhao L., Li Q., Mu L., & Zhang H. 2018) .**

Evidence indicates a year-on-year decline in the mental health of caregivers, manifesting in various psychological issues such as depression, anxiety, feelings of helplessness and hopelessness, and an overwhelming sense of psychological distress (**Keyes,Gary,O'Malle,Hamilton,Schulenberg , 2019) ,(Marimuthu , Prashanth , John ,& Russell , 2020) .**

According to **Gebremedhin (2022**) , psychological distress is an uncomfortable subjective state of negative emotions such as anxiety and depression , Studies have linked that there an increasing the rates of psychological distress among caregivers of PWPD (**Keyes , Gary, O'Malley, Hamilton, & Schulenberg, 2019)** , (**Kazemi et al ., 2021)** .

The psychological distress experienced by caregivers is a significant risk factor for psychiatric disorders, negatively affecting interpersonal relationships, increasing the likelihood of self-injury and suicidal ideation, and

ultimately diminishing the quality of life for both caregivers and their patients (**Hashim , Freddy , & Rosmatunisah , 2020).**Therefore, in recent years, caregiver's mental health has become an urgent problem which has aroused widespread concern of professionals in mental health sector (**Kazemi et al .,2021)** . Exploring the influencing factors of caregiver's psychological distress is one strategy which will help in finding effective ways to intervene caregivers' psychological distress **(Gazibara, Cakic, Cakic, Grgurevic,& Pekmezovic. 2020)** . One of the most growing influencing factors for the prevalence of psychological distress among caregivers is Mental Health Literacy (MHL) (**Fernando, & Pai, 2018)**.

Mental health literacy encompasses the knowledge, attitudes, and beliefs that facilitate mental health promotion and the management of mental illness for oneself and others **(Nobre et al., 2022).** Mental health literacy (MHL) was introduced in the psychiatric field by **Jorm (2000)**, an Australian psychiatrist. He identified seven components of MHL: the ability to recognize specific disorders, knowledge of how to obtain information about mental health, awareness of risk factors for mental illness, understanding of its causes, knowledge of self-treatment options, awareness of available professional assistance, and attitudes that promote the recognition and pursuit of appropriate help.

The seven components are generally categorized into three groups: recognition, knowledge about mental health, and beliefs and attitudes regarding mental diseases (**Skea , Treweek , & Gillies , 2017) ; (O'Connor , Casey , & Clough , 2021) .**

Recent studies have established a significant correlation between caregiver psychological distress and mental health literacy. Increasing evidence indicates that mental health literacy is positively associated with mental health status, happiness, and psychological well-being, while exhibiting a negative correlation with psychological distress (**Fernando , & Pai , 2018)** ; (**Moss, Gorczynski,Sims-Schouten Heard-Laureote , & Creaton , 2021) ,**

Research indicates that caregivers possessing high mental health literacy exhibit superior health and psychological well-being compared to their counterparts with low mental health literacy (**Apfel & Tsouros , 2019) ; (Sun , Jia , Hou ,& Liu , 2021).**

Significance of the study:

The care of patients with psychiatric disorders imposes considerable

distress on family caregivers and significantly impacts the psychological well-being of the family **(Derajew, Tolessa, Feyissa, Addisu,&Soboka,2019).**

The families of patients with psychiatric disorders are undoubtedly impacted by the condition of their relatives. Families provide practical assistance and personal care, as well as emotional support to relatives with mental disorders. The demands placed on caregivers can lead to considerable stress, adversely impacting their overall mental health **(Singh & Dubey , 2020) .**

Mental health literacy is significantly associated with mental health outcomes. Low health literacy adversely affects the mental health of family caregivers, leading to significant psychological distress. The recognition of mental health literacy and its relationship with the psychological distress of family caregivers is now acknowledged as a critical prerequisite for the provision of services to individuals with mental disorders who depend on long-term care from their relatives.

Aim of the study

This study was aimed to:-

Explore the relation between mental health literacy and psychological distress among family caregivers of patients with psychiatric disorders.

Research questions:-

1-What are the levels of mental health literacy among family caregivers of patients with psychiatric disorders?

2-What are the levels of psychological distress among family caregivers of patients with psychiatric disorders?

3-What is the relation between mental health literacy and psychological distress among family caregivers of patients with psychiatric disorders?

Subjects & Method

Subjects

Research design:-

A descriptive correlational research design was employed in the current study.

Setting:-

The study was conducted at the outpatient psychiatric clinic at Tanta Mental Health Hospital which affiliated to Ministry of Health and population. Outpatient psychiatric clinic provides services of screening new cases and inpatient referral. Mental Health Hospital provide mental health services for Al-Gharbiah , Menoufia and Kafr- Elshikh Governorates.

Subjects:

A Convenience sample of 200 family caregivers of patients with psychiatric disorders was

recruited from previous setting. The sample size and power of analysis was calculated using Epi-Info software statistical package. The criteria used for sample size calculation were as follows:

- 95% confidence level
- 5% margin of error
- 80% power of study.

The average rates of family caregivers who come with their relatives of patient with psychiatric disorder yearly are 400 patients in the previous mentioned setting.

The sample size based on the previously mentioned criteria should be N=196 and it was increased to 200 family caregivers to increase reliability of the study results. The subjects were selected from the previous setting according to the following criteria:

Inclusion criteria:

-Age: 18-60 years old.

-Family members who live in the same household and responsible for providing physical, financial, and/or emotional care for the patient.

Exclusion criteria:

-Any evidence of organic brain disease, mental retardation, substance use disorder and other psychiatric problems.

Tools of the study: -The data was collected by using the following tools:-

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The data was collected by using the tools following:

Tool I: Family caregiver's Mental Health Literacy Scale (MHLS):

This tool consists of two parts:-

Part 1: Socio- demographic data of family caregivers:

It was developed by the researcher to elicit data about age, sex, level of education, occupation, family size, family income duration of caregiving and keen relationship.

Part 2: Mental Health Literacy Scale (MHLS)

Mental Health Literacy Scale (MHLS) was developed by **(O'Connor, Casey, & Clough , 2015)** and was adopted by researcher. It was designed to measure Mental Health Literacy among individuals and it consists of 35 items distributed in six attributes which namely:-

-Ability to recognize disorders (8 items) as "To what extent do you think it is likely that the diagnosis of disease."

-Knowledge of where to seek information (4 items) as "I am confident using the computer or

telephone to seek information about mental illness."

-Knowledge of risk factors and causes (2 items) as To what extent do you think the disease is related to ".

-Knowledge of self- treatment (2 items) as "To what extent do you think it would be helpful for someone to improve their quality of sleep".

-Knowledge of professional help available (3 items), "To what extent do you think it is likely that Cognitive Behavior Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behavior.'"

-Attitudes that promote recognition or appropriate help-seeking behavior (16 items) as A mental illness is a sign of personal weakness.

The first 15 items are scored on a 1-4 likert scale. Items 16-35 are scored on a 1-5 likert scale. The sum of all the components yields the final score. Questions with a 4-point Likert scale are rated from 1 (very unlikely/unhelpful) to 4 (very likely). Questions with a 5-point Likert scale are rated from 1 (strongly disagree/definitely unwilling) to 5 (strongly agree/definitely willing). The total score is produced by summing all items, it ranges from 35 to 160, with a higher score indicates higher mental health literacy.

The total score was calculated and transferred to percentage reflecting the levels of MHL as follows:

-< 50% is indicated low MHL level.

-50% -75% is indicated moderate MHL level.

-> 75% is indicated high MHL level

Tool II: Kessler Psychological distress Scale (K10):

Kessler Psychological distress Scale was developed by (**Kessler, Barker, Colpe, Epstein, Gfroerer, & Hiripi E, 2003)** and was adopted by the researcher. This scale designed to measure the psychological distress among caregivers of patient with mental disorders.

The K10 scale consists of 10 questions like "In the past 4 weeks, about how often did you feel tired out for no good reason?".

Each item is scored from one ‘none of the time’ to five ‘all of the time’. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high

scores indicate high levels of psychological distress.

The scoring system:

-10 – 19 is indicated psychological well-being.

-20 - 24 is indicated mild psychological distress.

-25 - 29 is indicated moderate psychological distress.

-30 - 50 is indicated severe psychological distress.

Method

The study was implemented according to the following steps:

-Administrative process: - An Official permission letter was obtained from the dean of the Faculty of Nursing to the director of setting of study to obtain their permission and cooperation for data collection.

-Ethical and legal considerations: -

-Approved from Scientific Research and Ethical Committee of the Faculty of Nursing was obtained with code 405-3-2024.

-Informed consent was obtained from the study subject after explanations of the purpose of the study to obtain accept and cooperation of the family caregivers.

-The subjects was reassured about the confidentiality of obtained information and their privacy and also code numbers was used instead of names.

-Respecting the right of the subjects to withdraw and terminate the participation at any time during data collection.

-The nature of the study wasn't cause any harm or pain to the subjects of the study.

-Content validity: The tools of the study were presented to a jury of five experts in the area of psychiatric nursing field, to check content validity and clarity of questionnaire. Modifications were carried out based on their revision.

-Content reliability:- The suitable statistical test analysis was used for testing the reliability of all tools using Cronbach's alpha test. Cronbach's alpha values were 0. 721 for psychological distress scale 0.793 for total mental health literacy scale.

-Pilot study:- Pilot study was carried out on 20 family caregivers (10% of the study subjects) to ascertain the clarity and applicability of the study tools .It served to estimate the approximate time needed for interviewing the participants as well as recognizing obstacles that may be faced during the actual study. There was no modification on the tools therefore subjects of pilot study were included into actual study.

- Actual study: The researcher was selected the study subjects who met the inclusion criteria.

These subjects were invited to participate in the study after being informed for the nature of the study, and the researcher collected the data of the research through face-to-face interview with each caregiver on an individual basis.

The researcher met the study subjects within range of three to four days per week on the individual basis. The time of interviewing with participant ranged from 45 to 60 minutes according to his \ her tolerability to answer the questions. The duration of data collection was six months starting from July 2024 to the end of January 2025.

Statistical analysis:

The data were organized, tabulated and statistically analyzed using statistical package for social studies (SPSS) version 23. The mean, standard deviation and range were calculated for quantitative data. For comparison between means of two variables independent sample t test was used for comparing more than two means One Way Anova test was used. For categorical variables numbers and percent were calculated. Pearson's correlation coefficient (r) was used to identify correlation between variables. A significance was adopted at P<0.05 for interpretation of results of tests of significance (*). Also, highly significant was adopted at P<0.01 for interpretation of results of tests of significance (**).

Results:

Table (1): clarifies distribution of studied caregivers according to their socio-demographic. In relation to age, about one third of studied caregivers (38%) aged 30 : 40 years old with Mean ± SD35.95 ± 10.78 . Regarding to sex, more than half of studied caregivers (55%) were males. Concerning residence, about two thirds of studied caregivers (68.5%) were living in rural, While (63.5%) of studied caregivers were un employed and more than half of studied caregivers (57.5%) had income not enough. In relation to Duration of care provided to patient, about half of studied caregivers (50%) more than 10 years while the minority of them (20%) less than 6 years with Mean ± SD 8.03 ± 4.03.

Figure (1): Demonstrates total mean score of Mental Health Literacy sub-scale for the studied caregivers. It was noticed that the highest ranking Mental Health Literacy sub-scale among the studied caregivers was attitude that promote recognition with mean (43.84) while the least ranking Mental Health Literacy sub scale was knowledge of self-treatment, its mean was (4.44).

Figure (2): presents distribution of the studied caregivers according to

Levels of Mental Health Literacy scale. It emphasized that (43%) of the studied caregivers had low Mental Health Literacy while (40%) of them had high Mental Health Literacy and about (17 %) had moderate Mental Health Literacy.

Figure (3): illustrates distribution of the studied caregivers according to their total level of psychological distress scale. It emphasized that 45 % of the studied caregivers had psychological well-being while 31% of them had sever psychological distress, 19 % had mild psychological distress and 5 % had moderate psychological distress.

Table (2): demonstrates correlation between Mental Health Literacy scale and psychological distress Scale of the studied caregivers. It was showed that there is a highly negative statistical significant correlation between total Mental Health Literacy score and total psychological distress score which means that increasing caregiver' mental health literacy leading to decrease their level of psychological distress and vice versa where ($r = -0.901$, $p = 0.000^{**}$)

Table (3): illustrates relationship between socio-demographic characteristics and mean score of mental health literacy of the studied caregivers.

This table showed that there is a highly statistical significant relationship between mean score of mental health literacy and all socio-demographic characteristics except type of care provided to patient there is non-statistical significant .

In relation to age, the studied caregivers aged (50-60) years had low level of mental health literacy than other aged groups. In relation to sex, male caregivers had more level of mental health literacy. Regarding educational level, caregivers who had post graduate studies were having high level of mental health literacy than other groups.

As regard to residence, it was found that urban area had more level of Mental Health Literacy, In relation to occupation; it was found that employed caregivers had more level of Mental Health Literacy.

Table (4): illustrates relationship between socio-demographic characteristics and total level of psychological distress of the studied caregivers.

This table showed that there is a highly statistical significant relationship between mean score of psychological distress and all Socio-demographic Data except type of care provided to patient there is not statistical significant.

In relation to age, the studied caregivers aged (50-60) years had

low level of psychological distress than other aged groups. In relation to sex, female caregivers had more level of psychological distress. Regarding educational level, caregivers who had post graduate studies were having low level of psychological distress than other groups.

As regard to residence, it was found that urban area had low level of psychological distress, In relation to occupation; it was found that employed caregivers had low level of psychological distress.

Table (1): Distributions of The Studied Caregivers According to Their Socio-demographic Characteristics (No= 200).

Socio-Demographic characteristics	Number	%
Age		
18 : 30	56	28
30 : 40	76	38
40 : 50	36	18
50 : 60	32	16
Mean ± SD	35.95 ± 10.78	
Range	(60-18)	
Sex		
Male	110	55
Female	90	45
Educational Level		
Illiterate	23	11.5
Read & Write	40	20
Secondary Edu	64	32
University Degree	69	34.5
Post graduate studies	4	2
Residence		
Rural	137	68.5
Urban	63	31.5
Keen Relationship		
His Sons	27	13.5
Husband / Wife	55	27.5
Brother / Sister	57	28.5
Father /Mother	61	30.5
Occupation		
Employed	73	36.5
Un employed	127	63.5
Income		
Enough	85	42.5
Not enough	115	57.5
Type of care provided to patient		
Financial	15	7.5
Emotional	24	12
Physical	69	34
All of the above	92	46
Duration of care provided to patient		
<6 years	40	20
6:10 Years	60	30
>10 years	100	50
Mean ± SD	8.03 ± 4.03	
Range	(20-2)	
Number of family members		
<3	47	23.5
3:4	146	73
>4	7	3.5

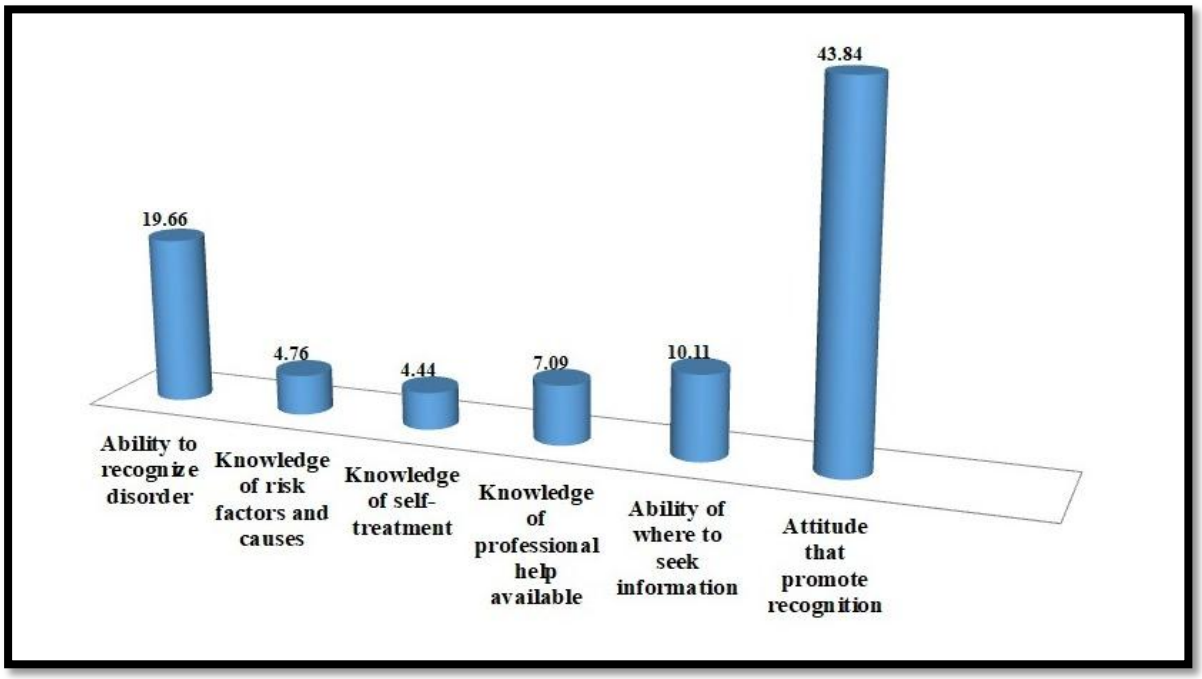

Figure (1): Mean Score of Mental Health Literacy Subscales for the Studied Caregivers.

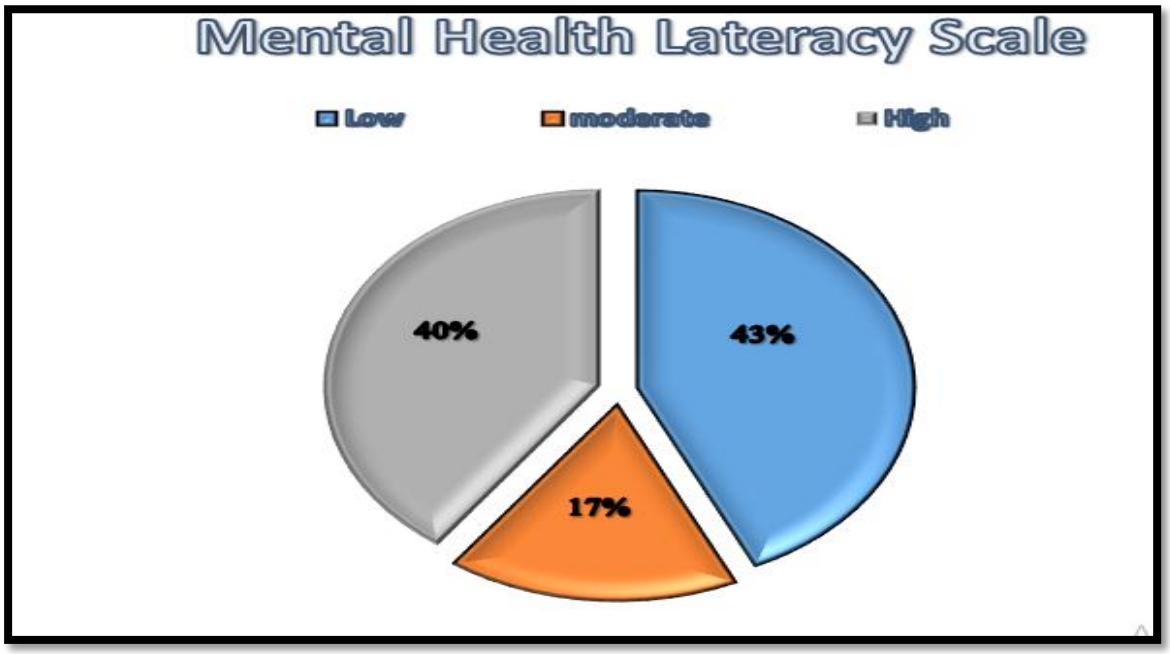

Figure (2): Distributions of the Studied Caregivers According to Levels of Mental Health Literacy Scale (No= 200).

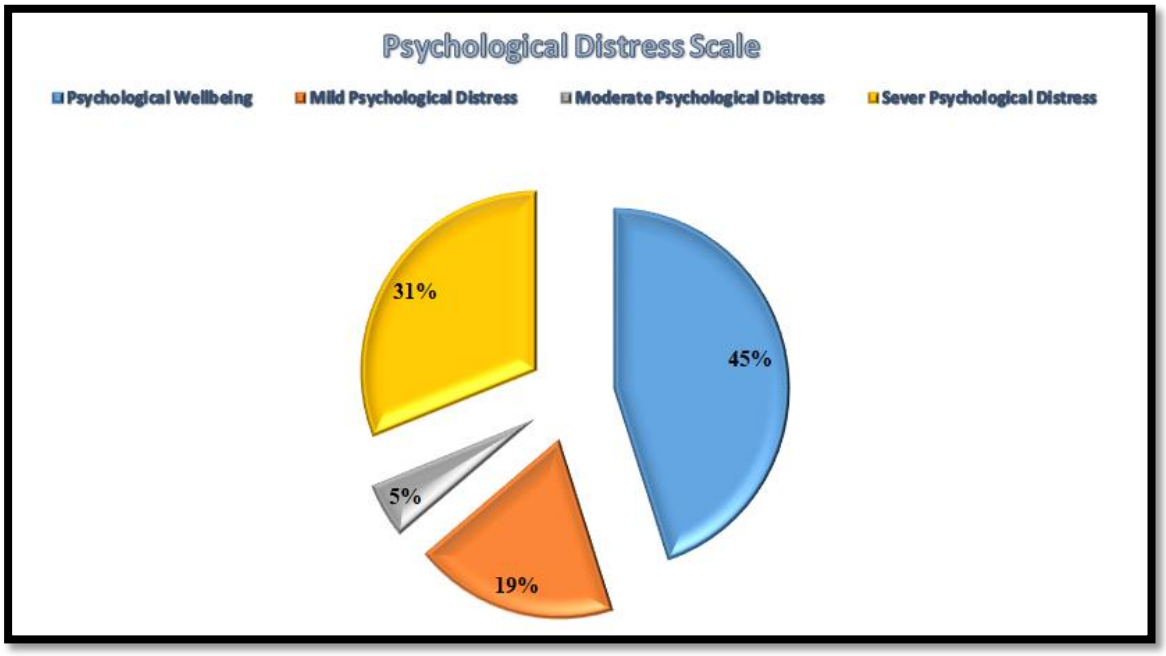

Figure (3): Distributions of the studied caregivers according to levels of Psychological Distress Scale (No= 200).

Table (2): Correlation between Total Mental Health Literacy Scale and Total Psychological Distress Scale (No= 200).

	Total Mental Health Literacy Score	
	r	p
Total Psychological Distress Score	-0.901	0.000**

Table (3): Relationship between mean score of Mental Health Literacy Scale and socio-demographic data among the studied caregivers (No=200).

Socio-Demographic characteristics	Mental Health Literacy Scale	t / f p
Age		
18:<30	114.79±48.84	**21.59 0.000**
30:<40	114.14±40.66	
40:<50	66.11±43.18	
50: 60	35.53±2.83	
Sex		
Male	96.20±51.45	**2.41 0.122**
Female	85.05±49.18	
Educational Level		
Illiterate	37.50±11.70	**129.37 0.000**
Read & Write	35.00±0.00	
Secondary Edu	98.45±36.54	
University Degree	142.90±18.74	
Post graduate studies	146.0±0.000	
Residence		
Rural	67.84 ± 42.13	**140. 32 0.000**
Urban	136.50±31.36	
Relationship		
His Sons	87.60±53.58	**34.05 0.000**
Husband / Wife	90.17±40.89	
Brother / Sister	129.96±36.36	
Father /Mother	52.42±39.95	
Occupation		
Employed	122.97±40.86	**71.08 0.000**
Un employed	69.99±45.22	
Income		
Enough	139.56±25.02	**512.11 0.000**
Not enough	53.16±28.11	
Type of care provided to patient		
Financial	92.37±57.53	**0.331 0.803**
Emotional	99.00±39.20	
Physical	87.51±48.41	
All of the above	92.07±54.79	
Duration of care provided to patient		
<6 years	94.97±41.70	**14.94 0.000**
6:10 Years	119.28±41.46	
>10 years	75.52±52.17	
Number of family members		
<3	117.27±48.61	**15.10 0.000**
3:4	87.79± 48.79	
>4	36.25±4.33	

Table (4): Relationship between mean score of Psychological Distress and Socio-demographic Data among the Studied Caregivers (No=200).

Socio-Demographic characteristics	Psychological Distress Scale	f / t p
Age		
18 - 30	40±18	**21.08**
30 - 40	13.55±4.764	**0.000**
40 - 50	36.50±16.74	
50 - 60	48.39±9.31	
Sex		
Male	28.15±10.189	**1.09**
Female	30.34±17.89	**0.276**
Educational Level		
Illiterate	47.97±9.96	
Read & Write	42.83±15.93	**176.5**
Secondary Edu	28.29±17.91	**0.000**
University Degree	13.20±5.32	
Post graduate studies	17.41±10.36	
Residence		
Rural	36.65±16.25	**94.66**
Urban	15.66±10.04	**0.000**
Relationship		
His Sons	30.71±18.54	
Husband / Wife	25.31±12.70	**27.03**
Brother / Sister	19.02±12.87	**0.000**
Father /Mother	48.75±7.07	
Occupation		
Employed	18.50±12.08	**58.62**
Un employed	38±15.58	**0.000**
Income		
Enough	14.37±7.31	**284.03**
Not enough	41.41±13.57	**0.000**
Type of care provided to patient		
Financial	32.50±18.70	**0.715**
Emotional	25.00±11.03	**0.673**
Physical	30.02±16.90	
All of the above	28.55±15.20	
Duration of care provided to patient		
<6 years	27.70±14.87	**17.98**
6:10 Years	16.24±5.593	**0.000**
>10 years	31.64±9.345	
Number of family members		
<3	22.27±17.30	**15.61**
3:4	30.34±17.89	**0.000**
>4	31.01±17.01	

Discussion

Mental Health Literacy (MHL) is increasingly recognized as a key determinant of mental health outcomes, particularly in care-giving for patients with psychiatric disorders. Recent studies have expanded the concept of MHL to include not only awareness of symptoms and treatment options, but also the ability to navigate mental health systems and apply appropriate coping strategies **(Abdullah , Yusof , & Ishak , 2023) ; (Gorczynski , Sims-Schouten , Hill ,& Wilson , 2021).** For family caregivers of patient with psychiatric disorders, higher levels of MHL are associated with increased confidence in handling crisis situations, improved communication with patients, and reduced stigma **(Wei , Hayden , Kutcher , Zygmunt , & McGrath , 2020).**

From the perspective of positive psychology, the survival and development of family caregivers is a process of constantly facing challenges, as well as a process of growing up in adversity (**Nguyen Thai & Nguyen (2018).** This study aimed at identified the relation between MHL and psychological distress.

Regarding MHL sub-scales, the current finding revealed that the highest ranking MHL sub-scales among studied caregivers was attitude that promotes recognition sub-scale, this result may be related to more than one attribution.

Educational background of the studied subjects may be attributed to this result as the current results presented that more than half of studied caregivers had high educational level either secondary education , university degree and post graduate ,which the high education is generally associated with more positive attitudes and greater understanding of mental health . The assumption is that educated family caregivers may be more aware of mental health issues, more accepting of psychiatric diagnoses and more proactive in accessing care for their relatives.

This finding suggests that educational background may influence not only awareness and attitudes toward psychiatric disorders but also patterns of care-giving engagement, highlighting the need to consider educational background factor into the design of family caregivers support and education program. Additionally this attribution is supported by the result of present study that emerged that positive correlation between mental health literacy and educational level.

This is partly due to those with more education are generally more willing to seek help from mental health professionals, they are also less influenced by mental health stigma, also the educated caregivers are more

likely to consult trusted sources like books, healthcare professionals, and academic websites. They are better able to distinguish myths from facts regarding mental illness, also the higher education correlates with greater openness to treatments such as therapy and medication. In this point (**O'Connor et al. 2021)** study supported the current findings by demonstrating that highly educated caregivers had high level of MHL .

Accessibility of information may be another attribution that the family caregivers may have a variety of sources for obtain accurate information and facts about mental health that enhancing attitude and recognition about mental health. Knowledge which now becomes more available than another due to the easily of access from different resources such as health care providers whether nurse , psychologists or psychiatrist and in some instances family education can be conducted. Additionally beside availability and accessibility of information , the role of technology and social media cannot be ignored in easy access to information which may have major role in change attitude about mental health.

In the light of this to the findings of a study by **(Jorm , Christensen , & Griffiths , 2016) ,** a variety of mental health services, such as assistance from mental health professionals, psychotherapy, drugs, and psychiatric hospitalizations, were more likely to be used by those who could identify and change the attitude about schizophrenia and depression more easily . Furthermore **, (Riebschleger , Grové , Kelly , & Cavanaugh , 2022) ,** reported when mental health content is clear , understandable, and easy to access, individuals are more likely to: recognize symptoms of mental health disorders , know how and where to seek help and challenge stigma and misconceptions that enhancing attitude and recognition of mental health.

In contrast with current result (**Gulliver , Griffiths , & Christensen , 2020)** who viewed that there are number of obstacles to improve the attitude that promote recognition among family caregivers, including social stigma , humiliation associated with mental illnesses , anti-help-seeking views, a propensity for independence, and a lack of awareness of mental health decline .

On the other hand the current result revealed that the least ranking MHL sub-scale among studied caregivers was knowledge of self-treatment scale. This result may be related to family caregivers often prioritize the needs of the patient over their own well-being and their tendency to ignore their own health and self-care needs due to the overwhelming demands of care-giving

role . The focus on the patient's well-being often leads caregivers to neglect their personal health, which in turn affects their awareness and application of self-treatment strategies.

Also the intensive nature of care-giving responsibilities often leaves caregivers with limited time, energy, or flexibility to attend educational programs seek medical advice for their own health issues. Additionally this result may be due to the most available services focus on the patient's condition and treatment and neglecting the health well-being needs of caregivers.

Moreover in some cultural contexts, caregivers especially females may feel obligated to sacrifice their own health for the benefit of the family, viewing self-care as selfish or secondary. These beliefs can discourage them from engaging in self-treatment practices or seeking mental health support.

Additionally lack of caregiver-centered interventions within psychiatric healthcare settings may contribute to the absence of structured support or education regarding caregivers' self-care and self-treatment options .This current result is supported by the result of **(Almanasef. 2021)** demonstrated that around a quarter of the caregivers in his study have fears of asking for help and self-treatment when they are experiencing personal or emotional issues. Regarding the levels of mental health literacy, the current study showed that more than half of studied caregivers regarded from moderate to high **MHL**.

Beside previous mentioned attributions as education and accessibility of information, duration of care-giving may be considered as additional attribution to this present result. Current study revealed that half of caregivers had a duration of care-giving provided to patient more than 10 years, this long period of caring may help the caregivers to acquire more knowledge and information about mental health also duration of caring may lead to the caregivers becoming more contact with mental health problems and how to manage it .

This also may be due to long care-giving periods typically mean more exposure to the patient's symptoms, treatments, and healthcare professionals, This exposure enhances caregivers' recognition of psychiatric symptoms and improves their understanding of diagnosis, prognosis, and treatment options .

Over time, caregivers tend to develop better coping mechanisms and become more proactive in seeking information or support services , The longer a caregiver is involved, the more likely they are to interact with psychiatrists, psychologists, and social workers leading to increased MHL through direct contact. In the same stream, study carried by **(Alsubaie , Stain ,**

Webster , & Wadman , 2019) supported the current findings by demonstrating that the more care-giving period to patient, the high level of MHL. Furthermore current study found positive correlation between MHL and duration of caring.

Additional results of MHL levels may be rationalized to age of studied caregivers, the current result pointed out that majority of caregivers aged between (18-40) years .This may be due to younger caregivers aged 18 to 40 are typically in a life stage characterized by active personal and professional development. This age group is often more motivated to seek knowledge and skills that support both their care-giving role and their broader life goals and tends to have greater digital literacy, allowing them to access accurate and diverse mental health information through social media, websites, podcasts, and mobile applications. Their comfort with online platforms increases their motivation and ability to seek out reliable sources of mental health knowledge.

For caregivers in this age range, the role of care-giving often intersects with a developing sense of identity and responsibility. They may view care-giving as part of their purpose, which motivates them to be informed and effective. Seeking mental health knowledge becomes a way of affirming their care-giving competence and protecting their own emotional resilience. The study of **(Abd Elaziz , Hamed , & Salem. 2023)** supported the current findings by demonstrating that caregivers aged between (20-40) years old had high level of MHL. Also Support these result by (**Zare et al., 2024)** found that caregivers aged between 20 and 40 years were more likely to accompany patients with psychiatric disorders to outpatient visits , suggesting that this age group is often functionally positioned to fulfill this role due to proximity, energy, and family expectations and also has high level of MHL.

Psychological distress is a multifaceted construct encompassing symptoms of anxiety, depression, and emotional exhaustion. It is particularly prevalent among family caregivers who are exposed to chronic stress, emotional burden, and limited support while caring for patients with psychiatric disorders **(Lee, Chien , &Chou , 2021).** Studies have shown that caregivers often report elevated distress levels due to lack of coping resources, disrupted daily life, and feelings of helplessness. In the contrast to this statement, the current results revealed that more than half of studied caregivers had either psychological well-being or mild psychological distress. **Opposite the current results**, in Argentine, **(Pehlivan , Tokur Kesgin , & Uymaz , 2020)**

determined the psychological distress from a sample of 4,408 family caregivers, majority of the respondents 41% were found to have severe psychological distress.

This current finding may be related to educated caregivers have a greater number of choices and thus more control over their lives and better security as mentioned before majority of the studied caregivers are educated. Meanwhile, lower education is associated with "a lack of psycho-social resources" among family caregivers such as a sense of control, resilience, the ability to delay gratification, and access to cultural activities and exposure to more day-to-day stressors , these negative factors have been strongly correlated with the onset of psychological distress (**Neimeyer, 2020)** .

Assari, 2024 supported the current findings by demonstrating that low educated caregivers had severe psychological distress.

Additionally caregivers aged 30 -40 had the least level of Psychological distress, this may be due to the family caregivers in this age range are typically more physically able, emotionally resilient, and adaptable to the dynamic needs of care-giving.

Empirical evidence supports the notion that increased mental health literacy is associated with reduced psychological distress among caregivers illness (**Moss et al. , 2021) ; (Sun et al. 2021) .** Along with this result ,current study revealed y revealed that there was a highly statistically significant negative correlation between mental health literacy and psychological distress among family caregivers of patients with psychiatric disorders , this finding indicates that caregivers with higher levels of mental health literacy tend to experience lower levels of psychological distress , this relationship may be explained by the fact that higher mental health literacy equips family caregivers with better understanding of the nature, causes, and treatment of psychiatric disorders .

Mental health literacy also facilitates more effective communication with healthcare providers, improved adherence to treatment plans, and reduced stigma all of which can buffer against psychological distress. The current result is in consistent with **(Wei,Hayden,Kutcher,Zygmunt,& McGrath,2020)** indicated that caregivers who understand psychiatric symptoms and treatment options report greater psychological resilience and lower psychological distress and recommended that enhancing mental health literacy could thus be a protective factor, and a key target for interventions aiming to reduce caregiver psychological distress.

Also, in this respect studies (**Moss et al., 2021) (Sun et al. 2021)** supported

the current correlation between MHL and psychological distress which have linked a strong correlation between psychological distress of caregiver's and mental health literacy. Additionally this correlation may be due to the following three attributions:**First,** high-level mental health literacy enhances the ability to identify, diagnose, and prevent mental disorders, as well as improves relationships with patients experiencing these conditions. **Second,** low-level mental health literacy will hinder the promptness of individual psychological help-seeking and diminish the efficacy of mental health services. **Third** ;- lack of mental health literacy may elevate the risk of mental illness and other long-term adverse effects, particularly psychological distress, among caregivers of individuals with mental health conditions .

A study by (**Yu, et al., 2021)** found that caregivers who received structured psycho education about psychiatric disorders reported significantly lower levels of anxiety and psychological distress symptoms. Similarly, **(Cagande,2023)** noted that caregivers with higher MHL scores exhibited better emotional regulation and lower psychological distress .

Conclusion & Recommendations

Conclusion

The study's findings led to the conclusion that family caregivers of patient with psychiatric disorders who had high level of MHL were more likely to experience low level of psychological distress and vice versa .Lack of MHL is thought to be a major contributor to increase the risk of psychological distress among family caregivers of patients with psychiatric disorders (PWPD) .

Recommendations

Psychiatric nurses should periodically assess the levels of mental health literacy and psychological distress among family caregivers in clinical settings.

-Structured psycho educational workshops should be offered to caregivers to enhance their understanding of mental health, psychiatric conditions, and appropriate coping mechanisms.

-Mental health professionals must establish a supportive and informative environment that enables caregivers to acquire accurate, evidence-based knowledge relevant to their care-giving roles

-Programs aiming to raise awareness about psychiatric disorders and caregiver mental well-being should be implemented to reduce stigma and promote caregiver resilience.

-Further empirical studies are recommended to explore the effectiveness of specific therapeutic or educational interventions aimed at

improving MHL among caregivers of psychiatric patients.

-Studies should be conducted to address the challenges in seeking MHL related information among caregivers.

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