Introduction

This newsletter provides a brief summary of some of the latest research and publications that may be of interest to practitioners in the field of addiction and mental health. Each newsletter will cover one of the themes of the Alberta Addiction and Mental Health Research Partnership Program and provides structured accounts of research on a given topic, based on a limited search of the literature for recent publications. We do not thoroughly assess the quality of the research identified so this publication acts as a signpost for further reading and assessment, rather than as a definitive account of what should be included in clinical practice.

This month’s edition focuses on Caregiver Mental Health.

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A systematic review of telehealth tools and interventions to support family caregivers

Study Design: Systematic review

Key Findings:
» 65 articles were included in the review. The reviewed articles focused equally on family caregivers of adult and older patients, and parental caregivers of pediatric patients.
» Video (videoconferencing or videophone) was the most commonly-used telehealth technology identified, followed by telephone-based (phone call or text message), web-based information, and telemetry/remote
monitoring (electronic data collection).

» Education, consultation, and cognitive behavioral therapy were the most prevalent categories of interventions delivered via technologies. Other categories included social support, data collection and monitoring, and clinical care delivery.

» Over 95% of the reviewed articles reported significant improvements in caregivers’ outcomes. Outcomes included enhanced psychological health, higher satisfaction with telehealth, improved caregiving knowledge, increased social support, and higher quality of life.

**Implications for Practice:** Telehealth tools and interventions have the potential to improve family caregivers’ outcomes, and enhance the caregiving experience for patients and their families.

**Link to full abstract**

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**Characteristics and well-being of informal caregivers: Results from a nationally-representative US survey**


**Study Design:** Cross-sectional study

**Focus of the Study:** A growing amount of evidence suggests that caregiving is potentially detrimental to caregiver well-being; however, the direct effects of caregiving on caregiver health remain unclear. To gain a better understanding of the impact of caregiving on caregiver well-being, this study used data from a large, nationally representative survey in the United States (n=438,712) to identify informal caregivers and determine their sociodemographics, health, and well-being. In addition to characterizing the well-being of US caregivers, this study aimed to compare well-being between caregivers and non-caregivers, and investigate differential burden of caregiving between genders.

**Key Findings:**

» Of 438,712 participants, 111,156 reported being caregivers. On average, caregivers were 55 years old and female (57%).

» The majority of caregivers reported good mental health (90%) and identified their overall health as excellent (17%), very good (32%), or good (31%). Caregivers also reported that they always (46%) or usually (31%) received adequate emotional and social support.

» Compared to non-caregivers, caregivers reported similar general health, but worse mental health, and lower social support.

» Male caregivers reported poorer mental and general health, and lower emotional and social support than male non-caregivers. Female caregivers reported better general health, but poorer mental health, and lower emotional and social support than female non-caregivers.

» Poorer mental health for women was a result of more caregiving per week, whereas for men it was a result of longer duration of being a caregiver. General health was also affected by duration of being a caregiver for men, whereas for women it was influenced by multiple factors (duration, amount of caregiving per week, and relationship to care recipient).

**Implications for Practice:** The study findings indicate that caregivers may be susceptible to poorer health and mental health outcomes than non-caregivers. The study also suggests that caregiving impacts men and women differently, which may be an important aspect to consider when tailoring supports for informal caregivers.

**Link to full abstract**

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**Social and familial determinants of health: Mediating effects of caregiver mental and physical health on children’s mental health**


**Study Design:** Cross-sectional study
Focus of the Study: Previous studies have indicated that social support and familial stress levels affect both caregiver and child well-being. Research also suggests that caregiver mental and physical health can impact child mental health, and may mediate the negative impact of low social support and high family stress on child well-being. This study examined the impact of caregiver mental and physical health in mediating the effects of low social support and family stress upon children’s internalizing (e.g., social withdrawal, feelings of loneliness) and externalizing (e.g., physical aggression, verbal bullying) problems. Data was used from the National Survey on Child and Adolescent Well-Being (NSCAW), a large, national sample of American child welfare-involved children and their caregivers.

Key Findings:
» There was a relationship between high family stress and child internalizing problems, but not with externalizing problems.
» Both caregiver physical and mental health mediated the relationship between high family stress and child internalizing problems, which means that the physical and mental health of the caregiver partially contributes to whether a child develops an internalizing problem while living in an environment containing high family stress.
» There was a relationship between low social support and child internalizing and externalizing problems.
» Caregiver mental health had a moderate effect on the relationship between low social support and child internalizing and externalizing problems.

Implications for Practice: The findings from this study suggest that caregiver mental and physical health may play an important role in children's mental health. Therapeutic interventions provided concurrently to children in care and their caregivers could be an important part of treatment.

Link to full abstract

Effects of social supports on burden in caregivers of people with dementia

Study Design: Cross-sectional study

Focus of the Study: There is limited evidence to suggest that psychosocial interventions are effective in reducing caregiver burden. This may be related to the fact that caregiver burden has both psychological and non-psychological dimensions. Understanding which types of social supports reduce these dimensions of caregiver burden could lead to tailored interventions that improve outcomes for caregivers. The purpose of this study was to examine which types of social supports (emotional support, informational support, tangible support, positive social interaction, and affectionate support) may be helpful in decreasing psychological and non-psychological burdens of dementia caregivers. A secondary aim was to discern how social supports reduced different dimensions of caregiver burden. The study used the National Survey of Dementia Care in South Korea to evaluate 731 pairs of community-dwelling dementia patients and their caregivers.

A number of assessments were used to measure how social supports could reduce different dimensions of caregiver burden. Assessed variables included behavioral and psychological symptoms of dementia (BPSD), measured by the neuropsychiatric inventory (NPI-K); dysfunctional coping strategies of the caregiver, measured by a subscale of Brief-COPE (dys-B-COPE); activities of daily living (ADL), measured by the disability assessment for dementia (DAD); and the attitude of the caregivers toward dementia, measured by the dementia attitude scale (DAS).

Key Findings:
» Positive social interaction and affectionate support (i.e. expressions of love and affection) could reduce caregiver psychological burden. This could occur through caregivers’ reduced use of dysfunctional coping skills, improvement in BPSD and ADL of dementia patients, and enhanced positive attitude of caregivers toward dementia.
» Positive social interaction could relieve a maximum of 20% of psychological caregiver burden, while affectionate support could relieve 10%.
» Tangible support could reduce non-psychological caregiver burden through caregivers’ reduced use of
dysfunctional coping skills.
» Tangible support could relieve a maximum of 15% of non-psychological caregiver burden.
» Informational support and emotional support did not reduce psychological or non-psychological burden.

Implications for Practice: Tailored interventions that address specific types of caregiver burden could be effective in relieving burden in dementia caregivers. Positive social interaction and affectionate support may be useful in treating psychological burden, and tangible support may be useful in treating non-psychological burden.

Link to full abstract

Caregiving across the lifespan: Comparing caregiver burden, mental health, and quality of life

Study Design: Cross-sectional study

Focus of the Study: Few studies have compared and evaluated the difference in outcomes between caregivers of children, caregivers of adults, and caregivers of older adults. The purpose of this study was to compare the caregiving process from childhood to old age by evaluating differences in caregiver burden, mental health, and quality of life. A secondary aim of the study was to describe the factors that could impact these outcomes. Three hundred caregivers comprised of 100 caregivers for each subset of children, adults, and older adults, answered a questionnaire covering measures of sociodemographics, depression, anxiety, quality of life, religiosity, and caregiver burden.

Key Findings:
» Caregivers of children reported higher depressive symptoms, but better physical health, and lower bodily pain than other caregivers whereas caregivers of adults had better mental health than other caregivers. Caregivers of older adults had higher caregiver burden than the other groups.
» After controlling for baseline characteristics (caregiver age, gender, etc.), only depressive symptoms in caregivers of children, and caregiver burden in caregivers of older adults remained statistically significant.
» Male caregivers had lower caregiver burden and better mental health across all levels of caregiving, and family caregivers had lower depressive symptoms than other caregivers of children. Conversely, caring for older adults or male care recipients was associated with higher caregiver burden.
» Better scores on most of the quality of life domains (e.g., physical functioning, emotional role functioning, and social role functioning) were associated with improved mental and physical health outcomes, while higher hours of caregiving was associated with worse outcomes.
» Religiosity was a significant factor across all levels of caregiving, and had an especially positive impact on outcomes like depressive symptoms and quality of life.

Implications for Practice: Understanding the differences in caregiver outcomes across the lifespan, and the factors that influence these outcomes, could help clinicians identify early signs of adverse outcomes in caregivers, and create individualized supports to address their needs.

Link to full abstract

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