

Caregiver Burden in Families of Patients with Chronic Schizophrenia in Bihar: A Hospital-Based Observational Study

Sanjay Kumar¹, Ritul Sinha², Divya R.^{3*}, Md. Shahnawaz⁴

¹Associate Professor and Head, Department of Psychiatry, SKMCH, Muzaffarpur, Bihar, India

²Junior Resident, Department of Psychiatry, Raja Rajeswari Medical College and Hospital, Mysore Road, Bengaluru, Constituent College of Dr. M.G.R. Educational and Research Institute, Chennai, Tamil Nadu, India

³Assistant Professor, Department of Psychiatry, Raja Rajeswari Medical College and Hospital, Mysore Road, Bengaluru, Constituent College of Dr. M.G.R. Educational and Research Institute, Chennai, Tamil Nadu, India

⁴Senior Resident, Department of Psychiatry, SKMCH, Muzaffarpur, Bihar, India

Received: 01-07-2026 / Revised: 15-08-2026 / Accepted: 21-09-2026

Corresponding author: Dr. Divya R.

Conflict of interest: Nil

Abstract

Background: Schizophrenia is a chronic psychiatric disorder that shifts a substantial share of long-term care onto family caregivers, particularly in resource-limited settings where deinstitutionalised, community-based care predominates. While caregiver burden in schizophrenia has been extensively studied across Indian tertiary centres, region-specific data from Bihar remain scarce.

Objectives: To assess the level of caregiver burden among primary caregivers of patients with chronic schizophrenia and determine its association with sociodemographic and clinical variables.

Methods: This hospital-based, cross-sectional, observational study was conducted in the Department of Psychiatry, in coordination with the Department of Community Medicine, at a tertiary care hospital in Bihar. Ninety primary caregiver-patient dyads meeting eligibility criteria were enrolled by consecutive sampling. A semi-structured proforma and the 40-item Burden Assessment Schedule (BAS, 9 domains, score range 40–120, lower score indicating greater burden) were administered. Data were analysed using descriptive statistics, chi-square test, unpaired t-test, and Pearson's correlation.

Results: The mean total BAS score was 77.7 ± 13.4 (range 46–104). Overall, 58.9% of caregivers experienced high burden (score ≤ 80), with burden being moderate in 46.7% and severe in 12.2%. "Support to Patient," "Other Relations," and "Caregiver's Routine" were the most affected domains. High burden was significantly associated with longer duration of illness, greater number of relapses/hospitalisations, poor treatment adherence, nuclear family structure, and older patient age (all $p < 0.05$), while caregiver age, residence, and patient sex showed no significant association.

Conclusion: Nearly six in ten primary caregivers of patients with chronic schizophrenia in this Bihar hospital-based sample experienced high burden, driven predominantly by illness chronicity, relapse frequency, and poor adherence. These findings support routine caregiver screening and family-focused psychoeducational interventions alongside patient-directed psychiatric treatment.

Keywords: Caregiver burden; Schizophrenia; Burden Assessment Schedule; Family caregivers; Bihar; India.

DOI: 10.25258/ijcpr.18.10.10

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

Introduction

Schizophrenia is a chronic and disabling psychiatric disorder that imposes considerable burden not only on the affected individual but also on the family unit that typically assumes primary responsibility for long-term care. [1] In India, the current prevalence of schizophrenia spectrum disorders has been estimated at 0.42%, with a lifetime prevalence of 1.41%; a substantial treatment gap of 72%, rising to 83.3% in urban

non-metro settings, reflects the limited penetration of structured psychiatric services and the resulting dependence on family-based care.¹ With deinstitutionalisation and the shift of psychiatric care from hospital to community settings, the day-to-day management of patients with schizophrenia has increasingly fallen upon family caregivers, who must contend with practical, financial, and emotional demands over prolonged and often

unpredictable illness trajectories. This cumulative impact — encompassing objective difficulties such as loss of income and disruption of routine, as well as subjective emotional strain — has been described as caregiver burden. [2]

Studies from Indian tertiary care settings have consistently identified longer duration of illness, greater severity of psychopathology, poorer patient functional status, and inadequate perceived social support as significant correlates of caregiver burden. [3] Coping style and family functioning have similarly been shown to influence the caregiving experience. [4] A comparative study of caregivers of schizophrenia versus bipolar disorder further found that caregivers of schizophrenia patients carried a significantly higher total burden score, underscoring the disproportionate caregiving demands specific to this illness. [5] Beyond the practical and psychological dimensions of caregiving, stigma constitutes an additional source of distress, with caregivers reporting both affiliate stigma from close association with the affected relative and discomfort in disclosing the diagnosis to others. [6,7]

Despite this substantial body of Indian literature — a large proportion of which originates from a small number of tertiary centres, particularly in northern and southern India — region-specific data from the eastern part of the country, including Bihar, remain limited. [8,9] A comprehensive review of 194 Indian publications on caregivers of patients with schizophrenia identified caregiver burden as the most extensively studied caregiving issue, underscoring its centrality to the caregiving experience even as geographic coverage remains uneven. [9] Bihar is a predominantly rural, resource-constrained state with limited structured psychiatric rehabilitation services outside a few urban centres, where sociocultural attitudes toward mental illness, joint-family caregiving structures, and service accessibility may shape the caregiving experience differently from settings where most existing studies have been conducted. [10,11] Identifying the magnitude and correlates of caregiver burden in this population is essential to sensitise treating physicians to the caregiver as a potentially vulnerable individual, to inform family-focused psychoeducational interventions, and to provide baseline regional data for local mental health service planning. This study was therefore undertaken to assess the level of caregiver burden among primary caregivers of patients with chronic schizophrenia attending a tertiary care hospital in Bihar, and to determine its association with sociodemographic and clinical variables of both patients and caregivers.

Methodology

This hospital-based, cross-sectional, observational study was conducted in the Department of Psychiatry, in coordination with the Department of Community Medicine, at a tertiary care teaching hospital in Bihar, over a period of 12–18 months. The study population comprised primary family caregivers of patients diagnosed with chronic schizophrenia (ICD-10/ICD-11 criteria, illness duration ≥ 2 years) who attended the outpatient or inpatient psychiatric services during the study period, along with their identified primary caregivers. Patients aged ≥ 18 years who were currently residing with, or in regular close contact with, their identified primary caregiver were included; those with comorbid substance dependence, intellectual disability, or organic brain disease were excluded. Caregivers aged ≥ 18 years, identified as the family member most involved in the patient's day-to-day care and decision-making for a minimum of one year, and willing to provide written informed consent, were included; caregivers with a diagnosed severe mental illness precluding reliable self-report, and paid or professional (non-family) caregivers, were excluded.

The minimum required sample size was calculated using the formula for estimating a single proportion ($n = Z^2pq/d^2$), based on a prior hospital-based Indian study in which 70.8% of caregivers reported high burden; with $Z=1.96$, $p=0.708$, $q=0.292$, and $d=0.10$, the calculated minimum sample was approximately 79, which was rounded up to 90 after allowing for approximately 10% non-response. Eligible patient-caregiver dyads were enrolled by consecutive/purposive sampling until the target sample size was reached.

Data were collected using a semi-structured proforma covering sociodemographic characteristics of patients and caregivers and the clinical profile of the patient (age of onset, duration of illness, number of relapses/hospitalisations, treatment adherence, comorbidities), together with the Burden Assessment Schedule (BAS) — a 40-item, Indian-validated instrument comprising nine domains (Physical Health, Mental Health, External Interpersonal Relations, Caregiver's Routine, Support to Patient, Other Relations, Caregiver's Leisure, Financial Burden, and Caregiver-Patient Interaction), each item scored 1 (feels burden), 2 (feels burden to some extent), or 3 (does not feel burden), yielding a total score range of 40–120 in which a lower score indicated greater burden. Instruments were administered to the caregiver by the investigator through a face-to-face interview after obtaining written informed consent from both patient and caregiver, and clinical details were supplemented from case records where available; confidentiality was maintained throughout, and data were coded and anonymised before analysis.

Descriptive statistics (mean $\pm$ standard deviation or median with interquartile range for continuous variables, and frequency with percentage for categorical variables) were used to summarise sociodemographic and clinical profiles and overall burden levels.

Associations between caregiver burden and sociodemographic/clinical variables were tested using the chi-square test for categorical variables and the unpaired t-test for continuous variables, and correlation between burden score and continuous variables was assessed using Pearson's correlation coefficient; a p-value <0.05 was considered statistically significant. Analysis was performed using SPSS software. Approval was obtained from

the Institutional Ethics Committee prior to commencement, and participation was entirely voluntary.

Results

Data collected from the semi-structured proforma and the Burden Assessment Schedule for all 90 patient-caregiver dyads were entered into a master chart and analysed using descriptive statistics, along with the chi-square test, unpaired t-test, and

Pearson's correlation coefficient to examine associations between caregiver burden and sociodemographic/clinical variables, with $p < 0.05$ taken as statistically significant.

Table 1: Sociodemographic profile of patients and caregivers (n=90)

Variable	Category	n (%)
Patient		
Age (years), mean $\pm$ SD	32.2 $\pm$ 7.9	—
Sex	Male	53 (58.9)
	Female	37 (41.1)
Residence	Rural	61 (67.8)
	Urban	29 (32.2)
Religion	Hindu	71 (78.9)
	Muslim	18 (20.0)
	Other	1 (1.1)
Education	Illiterate	15 (16.7)
	Primary	12 (13.3)
	Middle	14 (15.6)
	Secondary	22 (24.4)
	Higher Secondary	15 (16.7)
	Graduate & above	12 (13.3)
Occupation	Unemployed	31 (34.4)
	Homemaker	15 (16.7)
	Unskilled worker	14 (15.6)
	Semi-skilled worker	12 (13.3)
	Skilled worker	9 (10.0)
	Student	6 (6.7)
	Professional	3 (3.3)
	Married	49 (54.4)
Marital status	Unmarried	29 (32.2)
	Separated/Divorced	9 (10.0)
	Widowed	3 (3.3)
	Class I (Upper)	3 (3.3)
Socioeconomic status (Kuppuswamy)	Class II (Upper middle)	10 (11.1)
	Class III (Lower middle)	26 (28.9)
	Class IV (Upper lower)	35 (38.9)
	Class V (Lower)	16 (17.8)
Caregiver		
Age (years), mean $\pm$ SD	43.8 $\pm$ 15.7	—
Sex	Female	54 (60.0)
	Male	36 (40.0)
Relationship to patient	Mother	28 (31.1)
	Spouse	21 (23.3)
	Father	14 (15.6)
	Other relative	13 (14.4)
	Adult child	7 (7.8)

	Sibling	7 (7.8)
Education	Illiterate	13 (14.4)
	Primary	16 (17.8)
	Middle	18 (20.0)
	Secondary	14 (15.6)
	Higher Secondary	17 (18.9)
	Graduate & above	12 (13.3)
Occupation	Homemaker	26 (28.9)
	Farmer	14 (15.6)
	Skilled worker	12 (13.3)
	Unskilled worker	11 (12.2)
	Salaried/Professional	8 (8.9)
	Business/Self-employed	8 (8.9)
	Semi-skilled worker	8 (8.9)
	Unemployed	3 (3.3)
Marital status	Married	72 (80.0)
	Unmarried	6 (6.7)
	Separated/Divorced	6 (6.7)
	Widowed	6 (6.7)
Family type	Joint	49 (54.4)
	Nuclear	41 (45.6)
Monthly family income (INR), median (IQR)		14,050 (9,725–18,100)

The study sample comprised 90 patient–caregiver dyads (Table 1). Patients were predominantly young to middle-aged adults (mean age 32.2 ± 7.9 years) with a male preponderance (58.9%), and nearly two-thirds resided in rural areas (67.8%), consistent with the largely rural character of the study region. Over half of the patients belonged to socioeconomic Class III/IV on the Modified Kuppuswamy scale (67.8% combined), reflecting a

predominantly lower-middle to upper-lower socioeconomic background. Among caregivers, mothers (31.1%) and spouses (23.3%) together constituted more than half of all primary caregivers, and caregivers were predominantly female (60.0%). Joint family structures (54.4%) were marginally more common than nuclear families, and median monthly family income was INR 14,050 (IQR 9,725–18,100).

Table 2: Clinical profile of patients and overall distribution of caregiver burden (n=90)

Variable	Category	Value
Age at onset (years), mean $\pm$ SD		24.6 $\pm$ 5.2
Duration of illness (years), median (IQR)		7 (4–11)
No. of relapses/hospitalisations, median (IQR)		2 (1–3)
Treatment adherence	Good	55 (61.1%)
	Poor	35 (38.9%)
Comorbidity	Present	16 (17.8%)
	None	74 (82.2%)
Duration of caregiving (years), mean $\pm$ SD		6.4 $\pm$ 4.4
Total BAS score (range 40–120), mean $\pm$ SD		77.7 $\pm$ 13.4
Total BAS score, median (IQR)		79 (70–86)
Burden category	No burden (>100)	5 (5.6%)
	Mild (81–100)	32 (35.6%)
	Moderate (61–80)	42 (46.7%)
	Severe (≤ 60)	11 (12.2%)
High burden (total score ≤ 80)	Yes	53 (58.9%)
	No	37 (41.1%)

The clinical profile of the study population is summarised in Table 2.

Patients had a mean age of onset of 24.6 ± 5.2 years, with a median illness duration of 7 years (IQR 4–11) and a median of 2 relapses/hospitalisations (IQR 1–3). Poor treatment adherence was reported in over a third of patients

(38.9%), and comorbid physical illness was present in 17.8%. The mean total BAS score was 77.7 ± 13.4 , and when categorised, a combined 58.9% of caregivers fell into the moderate-or-severe (high) burden group, while only 5.6% reported no discernible burden — indicating that a majority of primary caregivers in this Bihar hospital-based

sample experienced clinically meaningful caregiving strain.

Table 3: Domain-wise Burden Assessment Schedule (BAS) scores (n=90)

BAS domain	No. of items	Possible range	Mean $\pm$ SD	Observed range	Burden index (%)*
Support to Patient	4	4–12	7.70 $\pm$ 1.56	4–11	53.8
Other Relations	4	4–12	7.72 $\pm$ 1.67	4–11	53.5
Caregiver's Routine	5	5–15	9.68 $\pm$ 1.72	5–13	53.2
Caregiver–Patient Interaction	4	4–12	7.74 $\pm$ 1.49	4–11	53.2
Caregiver's Leisure	3	3–9	5.82 $\pm$ 1.21	3–8	53.0
External Interpersonal Relations	4	4–12	7.78 $\pm$ 1.66	4–12	52.8
Financial Burden	5	5–15	9.77 $\pm$ 1.91	6–14	52.3
Physical Health	6	6–18	11.74 $\pm$ 2.20	7–17	52.1
Mental Health	5	5–15	9.79 $\pm$ 1.99	5–14	52.1
Total BAS score	40	40–120	77.74 $\pm$ 13.36	46–104	52.8

*Burden index = $[(3 - \text{item mean})/2] \times 100$, i.e., the percentage of the maximum possible burden represented by the domain's mean item score (higher value = greater relative burden in that domain).

Domain-wise analysis (Table 3) showed that all nine BAS domains were affected to a broadly similar extent, with burden indices clustering between 52.1% and 53.8%. "Support to Patient," "Other Relations," and "Caregiver's Routine" emerged as the relatively more affected domains, reflecting the practical demands of day-to-day supervision, disruption of routine activities, and strain on relationships beyond the immediate

caregiver–patient dyad. "Physical Health" and "Mental Health" domains, though showing the highest absolute mean scores by virtue of having more items, registered marginally lower burden indices, suggesting that while caregivers accumulate considerable cumulative strain on health-related items, this was proportionally slightly less pronounced than the disruption to routine and social/relational domains.

Table 4: Association between caregiver burden (high vs. not-high) and sociodemographic/clinical variables (n=90)

Variable	High burden (n=53)	Not-high burden (n=37)	Test statistic	p-value
Duration of illness (years), mean $\pm$ SD	9.25 $\pm$ 5.14	5.43 $\pm$ 3.24	t=4.31	<0.001*
No. of relapses/hospitalisations, mean $\pm$ SD	3.06 $\pm$ 1.80	1.41 $\pm$ 1.12	t=5.36	<0.001*
Patient age (years), mean $\pm$ SD	34.91 $\pm$ 8.04	28.43 $\pm$ 5.81	t=4.43	<0.001*
Duration of caregiving (years), mean $\pm$ SD	7.75 $\pm$ 4.58	4.57 $\pm$ 3.34	t=3.82	<0.001*
Caregiver age (years), mean $\pm$ SD	45.34 $\pm$ 16.23	41.51 $\pm$ 14.85	t=1.16	0.251
Monthly family income (INR), mean $\pm$ SD	13,811 $\pm$ 6,752	17,611 $\pm$ 10,368	t=-1.96	0.055
Treatment adherence: Poor	31 (88.6%)	4 (11.4%)	$\chi^2=18.88$	<0.001*
Treatment adherence: Good	22 (40.0%)	33 (60.0%)		
Family type: Nuclear	32 (78.0%)	9 (22.0%)	$\chi^2=10.01$	0.002*
Family type: Joint	21 (42.9%)	28 (57.1%)		
Residence: Rural	37 (60.7%)	24 (39.3%)	$\chi^2=0.07$	0.791
Residence: Urban	16 (55.2%)	13 (44.8%)		
Patient sex: Female	25 (67.6%)	12 (32.4%)	$\chi^2=1.39$	0.238
Patient sex: Male	28 (52.8%)	25 (47.2%)		
Socioeconomic status (Kuppuswamy, 5 classes)	—	—	$\chi^2=8.27$	0.082

*Statistically significant ($p < 0.05$). Pearson's correlation of total BAS score with duration of illness ($r = -0.54$, $p < 0.001$) and number of relapses ($r = -0.55$, $p < 0.001$) confirmed an inverse relationship (lower score/greater burden with longer illness and more relapses); correlation with monthly income was weakly positive ($r = +0.29$, $p = 0.006$).

On bivariate analysis (Table 4), high caregiver burden was significantly associated with longer duration of illness, greater number of relapses/hospitalisations, older patient age, longer duration of caregiving, poor treatment adherence, and nuclear (versus joint) family structure (all $p < 0.05$). Caregivers of patients with poor adherence were nearly twice as likely to report high burden (88.6%) as those of patients with good

adherence (40.0%). Caregiver age, place of residence, patient sex, and socioeconomic status showed no statistically significant association with burden category, although monthly family income and socioeconomic status showed borderline trends toward significance ($p = 0.055$ and $p = 0.082$ respectively), suggesting a possible but unconfirmed protective effect of higher household income against caregiver burden in this sample.

Discussion

The present study found that 58.9% of primary caregivers of patients with chronic schizophrenia attending a tertiary care hospital in Bihar experienced high (moderate-to-severe) burden, with a mean total BAS score of 77.7 ± 13.4 . This proportion is broadly consistent with, though somewhat lower than, the 70.8% high-burden prevalence reported among 260 caregivers in a hospital-based Chhattisgarh study using the same instrument. [10] It is also comparable to findings from a rural south Indian community-based programme, which similarly reported that caregiver burden correlated significantly with illness duration and disability. [12]

A cross-sectional study of 100 caregivers in Greater Noida, Uttar Pradesh, reported a mean BAS score of 72.9 (SD 20.8), somewhat lower than in the present sample, which may reflect differences in urban tertiary-care accessibility, caregiver age distribution, and family structure between the two settings. [13]

Together, these comparisons suggest that while the overall magnitude of burden in the present Bihar sample sits within the range reported across Indian hospital-based studies, some variation across regions and care settings persists, likely shaped by local psychiatric service availability and sociocultural caregiving norms. [9]

Domain-wise, "Support to Patient," "Other Relations," and "Caregiver's Routine" emerged as the relatively more burdened domains in this study, echoing the original validation work on the BAS, which similarly identified disruption of routine and interpersonal strain as prominent components of the caregiving experience in Indian settings. [14]

The significant associations of high burden with longer duration of illness and greater number of relapses/hospitalisations in the present study mirror the findings of an in-patient tertiary-care study of 137 caregivers, which reported that duration of illness, psychopathology, and disability correlated directly with total burden score, while perceived social support correlated inversely. [3]

Similarly, poor treatment adherence was strongly associated with high burden in the present sample (88.6% versus 40.0% among caregivers of adherent patients), a pattern consistent with the well-established cyclical relationship in which relapse-prone, poorly adherent illness courses intensify caregiver strain, which may in turn further compromise supervision of adherence. [2] The comparatively stronger burden observed among caregivers from nuclear families (78.0% high burden) than joint families (42.9%) in this study is in keeping with observations from earlier Indian family-burden literature suggesting that the shared

responsibility characteristic of joint-family systems may buffer individual caregivers against the full weight of caregiving demands, a protective structural feature that is particularly relevant to a predominantly joint-family, rural state such as Bihar. [4,11]

Notably, spousal caregivers in the present sample constituted a substantial subgroup (23.3%), and burden in this study was not found to differ significantly by caregiver age or sex, in partial contrast to a study of spousal caregivers in Vellore, which found a mean spousal burden score of 73.5 (SD 14.0) with residence and socioeconomic status as significant correlates, both of which showed only borderline associations in the present analysis. [15] Caregiver burden did not differ significantly by patient sex or residence in this study, findings that are broadly consistent with the comparative literature on schizophrenia caregiving, in which illness-related factors have generally proven more consistent predictors of burden than caregiver demographic characteristics alone. [5,8]

The absence of a significant association between socioeconomic status and burden, despite a borderline trend, together with the weak positive correlation between income and total BAS score observed here, aligns with reports that financial strain in schizophrenia caregiving, while consistently reported as a major subjective concern, does not always translate into statistically robust associations with overall burden scores in modestly sized hospital-based samples. [6,16]

Collectively, these comparisons reinforce that illness chronicity, relapse frequency, and treatment non-adherence — rather than caregiver demographic profile per se — are the principal drivers of caregiver burden in the Indian schizophrenia caregiving literature, a pattern the present Bihar-based data corroborate for the first time in this specific region. [9,11]

Conclusion

This hospital-based observational study found that nearly six in ten primary caregivers of patients with chronic schizophrenia attending a tertiary care hospital in Bihar experienced high (moderate-to-severe) caregiver burden, with "Support to Patient," "Other Relations," and disruption of "Caregiver's Routine" emerging as the domains most affected. Longer duration of illness, greater number of relapses/hospitalisations, poor treatment adherence, older patient age, and nuclear (as opposed to joint) family structure were significantly associated with high burden, while caregiver age, sex, and residence were not.

These findings, the first site-specific data from this region, underscore the need to routinely screen family caregivers — particularly those caring for

patients with longer illness duration, frequent relapses, and poor adherence — for burden and psychological distress, and support the integration of family-focused psychoeducational and support interventions alongside routine patient-directed psychiatric treatment at this and similar centres in Bihar.

References

- Hegde PR, Nirisha LP, Basavarajappa C, Suhas S, Kumar CN, Benegal V, et al; NMHS National Collaborators Group. Schizophrenia spectrum disorders in India: A population-based study. *Indian J Psychiatry*. 2023;65(12):1223-1229.
- Awad AG, Voruganti LN. The burden of schizophrenia on caregivers: a review. *Pharmacoeconomics*. 2008;26(2):149-162.
- Jagannathan A, Thirthalli J, Hamza A, Nagendra HR, Gangadhar BN. Predictors of family caregiver burden in schizophrenia: Study from an in-patient tertiary care hospital in India. *Asian J Psychiatry*. 2014;8:94-98.
- Chadda RK, Singh TB, Ganguly KK. Caregiver burden and coping. *Soc Psychiatry PsychiatrEpidemiol*. 2007;42:923-930.
- Vasudeva S, Sekhar CK, Rao PG. Caregivers burden of patients with schizophrenia and bipolar disorder: A sectional study. *Indian J Psychol Med*. 2013;35(4):352-357.
- Singh A, Mattoo SK, Grover S. Stigma and its correlates among caregivers of schizophrenia: A study from North India. *Psychiatry Res*. 2016;241:302-308.
- Koschorke M, Padmavati R, Kumar S, Cohen A, Weiss HA, Chatterjee S, et al. Experiences of stigma and discrimination faced by family caregivers of people with schizophrenia in India. *SocSci Med*. 2017;178:66-77.
- Kate N, Grover S, Kulhara P, Nehra R. Caregiving appraisal in schizophrenia: a study from India. *SocSci Med*. 2013;98:135-140.
- Grover S, Naskar C, Kamal N. Research on caregiver issues in schizophrenia: A landscape of Indian literature. *J PsychosocRehabilMent Health*. 2025;12:263-287.
- Ranjan LK, Gupta PR, Kiran M, Singh NK. Family care burden and its association with psychological distress among caregivers of chronic patients with schizophrenia. *J Public Health Prim Care*. 2022;3(3):81-85.
- Kate N, Grover S, Kulhara P, Nehra R. Relationship of caregiver burden with coping strategies, social support, psychological morbidity, and quality of life in the caregivers of schizophrenia. *Asian J Psychiatr*. 2013;6(5):380-388.
- Kumar CN, Suresha KK, Thirthalli J, Arunachala U, Gangadhar BN. Caregiver burden is associated with disability in schizophrenia: results of a study from a rural setting of south India. *Int J Soc Psychiatry*. 2015;61(2):157-163.
- Maan N, Kumar A, Nayar N, Kumar K, Sheoran C. Burden of care in caregivers of patients with schizophrenia in Greater Noida, U.P., India. *J Family Med Prim Care*. 2024;13(9):3540-3543.
- Thara R, Padmavati R, Kumar S, Srinivasan L. Instrument to assess burden on caregivers of chronic mentally ill. *Indian J Psychiatry*. 1998;40(1):21-29.
- Arun R, Inbakamal S, Tharyan A, Premkumar PS. Spousal caregiver burden and its relation with disability in schizophrenia. *Indian J Psychol Med*. 2018;40(1):22-28.
- Taj M, Poguri M, Mariyana G, Jebarose S, Paul CM. Burden of care and depression in caregivers of patients with schizophrenia. *Natl J Community Med*. 2022;13(10):693-698.