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Mental Health Among Family Caregivers of Older Adults with ADL Limitations in Wirogunan, Yogyakarta

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Abstract

Family caregivers who assist older adults with limitations in Activities of Daily Living (ADL) may experience psychological strain associated with sustained caregiving demands. This study aimed to describe depression, anxiety, and stress symptoms among family caregivers of older adults with ADL limitations in Wirogunan Village, Yogyakarta, Indonesia. A descriptive quantitative study was conducted with 50 family caregivers recruited through purposive sampling. Data were collected using a respondent-characteristics questionnaire and a modified version of the Depression Anxiety Stress Scales-21 (DASS-21), then analyzed using univariate statistics. Most participants were female (80%), aged over 40 years (80%), had completed senior high school (46%), and were homemakers (64%). On the depression subscale, 84% of participants were within the normal range and 16% were classified as mild. On the anxiety subscale, 68% were normal, 26% mild, and 6% severe. On the stress subscale, 84% were normal, 14% mild, and 2% severe. Anxiety was the most frequently reported non-normal subscale, with 32% of participants classified as mild or severe. These findings suggest that most participants had scores within the normal range, although a subset reported anxiety, depression, or stress symptoms. Community-based caregiver education and psychosocial support may be considered, and further studies should investigate factors associated with caregiver mental health.

Keywords: *Mental Health, Family Caregiver, Older Adults, Activities of Daily Living*

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1. Introduction

Population ageing has increased the need for long-term care and assistance with daily functioning among older adults. Family caregivers play a central role in meeting these needs, particularly in settings where care is primarily provided within the family. Their responsibilities may include assisting with personal care, mobility, household activities, medication management, and access to healthcare services. Although family caregiving can provide emotional meaning and strengthen family relationships, sustained caregiving demands may also compromise caregivers' psychological well-being. Potential difficulties include depressive symptoms, anxiety, and stress, particularly when caregiving responsibilities exceed the resources, coping capacity, and support available to the caregiver (Kirvalidze et al., 2023; Muñoz-Cruz et al., 2024). Understanding caregivers' mental health is therefore important for identifying their support needs and informing community-based approaches to family care.

The mental health of family caregivers should be understood in the context of both caregiving demands and the resources available to manage them. Older adults who require substantial assistance with Activities of Daily Living (ADL) may need repeated or continuous support, potentially increasing the time and effort required from family members. In a study conducted in Bantul, Yogyakarta, Mulyani and Darussalam (2023) reported a statistically significant association between ADL dependency among patients with stroke and family caregivers' burden (Somers' $d = 0.601$, $p < 0.001$). However, caregiver burden and mental health are related but distinct constructs: a measure of burden does not directly establish the presence or severity of depressive, anxiety, or stress symptoms. This distinction is important when interpreting existing evidence and determining which outcomes require direct assessment.

Evidence from Indonesia also highlights the practical and psychosocial challenges experienced by family caregivers. Widyastuti et al. (2023) explored the experiences of 15 family caregivers of older adults with dementia and identified barriers involving inadequate caregiving knowledge and skills, stigma, limited community awareness, and restricted access to appropriate healthcare services. Their findings also emphasized the importance of support from family members, other caregivers, and educational initiatives. Whereas this qualitative study provides insight into caregivers' experiences and support needs, the study by Mulyani and Darussalam (2023) examined the relationship between care recipients' ADL dependency and caregiver burden. Together, these studies demonstrate that family caregiving involves interconnected practical, social, and psychological challenges. Nevertheless, their distinct research questions and outcomes do not directly establish the distribution of depressive, anxiety, and stress symptoms among family caregivers of older adults with ADL limitations in a specific community setting.

This issue is relevant to the Special Region of Yogyakarta, which has a substantial older population and an established need for community-based support for older adults and their families (Badan Pusat Statistik [BPS], 2024). According to local administrative data from the Wirogunan Elderly Commission, Wirogunan Village had 1,247 older

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residents across 24 neighborhood units (rukun warga), including 70 older adults classified as having Level 2 or Level 3 ADL limitations in 2025 (LTT, 2025). These figures provide a local indication of the population potentially requiring assistance with daily activities. However, the number of older adults with ADL limitations alone does not indicate the psychological condition of the family members providing their care.

Preliminary observations conducted in Wirogunan Village on April 26 and July 16, 2025, further illustrated the challenges faced by family caregivers. One caregiver described difficulties associated with behavioral changes in the older adult, family conflict, and increasing caregiving expenses. Another reported difficulty balancing employment and caregiving responsibilities, financial hardship, and limited assistance from other family members. These accounts suggest that caregiving experiences in the community may involve multiple sources of strain. Nevertheless, the observations involved only two caregivers and were exploratory in nature; they cannot be used to estimate the prevalence or severity of mental health symptoms among family caregivers in Wirogunan. A systematic description of caregivers' mental health is therefore needed to complement these preliminary observations.

The present study addresses this local, descriptive evidence need by examining depressive, anxiety, and stress symptoms among family caregivers of older adults with ADL limitations in Wirogunan Village, Yogyakarta. Unlike studies focusing on qualitative caregiving experiences or the association between ADL dependency and caregiver burden, this study describes the distribution of three dimensions of psychological distress within the local family-caregiving population. Using a descriptive quantitative design, the study aims to describe the levels of depression, anxiety, and stress symptoms among family caregivers of older adults with ADL limitations and to summarize their sociodemographic characteristics. The findings are expected to provide context-specific baseline information that may inform caregiver education, community mental health screening, and the planning of appropriate psychosocial support. Given the descriptive design, the study is intended to characterize the observed symptom distribution rather than establish causal relationships or identify determinants of caregivers' mental health.

2. Literature Review

2. 1. Older Adults and Limitations in Activities of Daily Living

Older adults represent a population whose health and functional needs may change with the ageing process. The World Health Organization (WHO, 2024) discusses population ageing in relation to health, well-being, and the need for appropriate support. In Indonesia, older adults are generally defined as individuals aged 60 years and above, consistent with the national policy framework for improving their welfare and quality of life (Peraturan Presiden RI, 2021). Ageing is a multidimensional process involving biological, psychological, and social changes that may influence an individual's independence, well-being, and sense of purpose (Asharani et al., 2022).

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Older adults may experience health conditions that interfere with their ability to perform daily activities independently. Common conditions reported among this population include hypertension, cardiovascular disease, diabetes mellitus, stroke, dementia, Parkinson's disease, chronic obstructive pulmonary disease, and cataracts (Geriatri, 2024). The effects of these conditions vary among individuals, but functional limitations may increase the need for assistance from family members or other caregivers.

Activities of Daily Living (ADL) refer to essential self-care activities, including eating, bathing, dressing, transferring, toileting, and mobility. The ability to perform these activities independently is an important indicator of functional status among older adults (Anis Sulalah et al., 2023). Limitations in ADL may arise from several interrelated factors, including physical impairment, reduced mobility, cognitive difficulties, and an increased risk of falling. Wijaya and Rikardo (2024) identify age, immobility, and fall-related concerns as factors associated with reduced independence in daily activities. Family support and cognitive function are also relevant to older adults' ability to maintain independence, while anxiety may interfere with their confidence in performing daily activities (Anis Sulalah et al., 2023).

Older adults also differ in their psychological characteristics, attitudes, and adaptation to ageing. Ratmawati (2021) describes several broad types of older adults based on their attitudes and patterns of adaptation, including wise, independent, dissatisfied, resigned, and confused types. Although such descriptions provide a perspective on individual differences, functional ability and the specific assistance required for ADL are more directly relevant to determining caregiving needs in the present study.

When older adults are unable to perform essential daily activities independently, family members may need to provide regular or sustained assistance. The degree of dependence may consequently increase the time, effort, and responsibility required from caregivers. These demands establish an important context for examining the psychological well-being of family members who provide care.

2. 2. Family Caregivers and Their Roles in Elderly Care

The family constitutes an important social environment in which individuals receive emotional, practical, and social support. Family structures may include nuclear, extended, single-parent, and other household arrangements, each of which can influence how responsibilities and support are organized among family members (Putra, 2019). Family functioning encompasses several dimensions, including affective support, socialization, reproduction, economic provision, and health care. These functions contribute to the family's capacity to respond to members' health and caregiving needs (Friedman, 1998, as cited in Fadhilah & Yuliarsih, 2024).

A family caregiver is a person who provides assistance to a family member who requires support because of illness, disability, functional limitations, or other health-related needs. Caregiving may involve helping with personal hygiene, eating, dressing,

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mobility, medication management, and monitoring health conditions, as well as facilitating access to healthcare services (Putra, 2024). In caring for older adults, family members may also provide psychological, social, and spiritual support in addition to assistance with physical needs (Sinaga, 2024).

The responsibilities of family caregivers extend beyond completing individual care activities. Caregivers may need to coordinate healthcare appointments, respond to changes in the older adult's condition, maintain household responsibilities, and manage financial demands associated with care. When these responsibilities occur alongside employment, parenting, or other family obligations, caregivers may experience competing demands on their time and resources.

The challenges associated with family caregiving are influenced by the care recipient's needs and the resources available to the caregiver. Older adults who require extensive assistance may place greater demands on family members, particularly when caregiving responsibilities are not shared or when practical support is limited. Inadequate caregiving knowledge and skills may further complicate the management of daily care and changes in the older adult's condition (Syifak et al., 2022). Consequently, understanding family caregiving requires consideration not only of the care provided to older adults but also of the physical, social, economic, and psychological circumstances of the caregivers themselves.

2. 3. Mental Health Among Family Caregivers

Mental health is an essential component of overall health and well-being. According to the WHO (2022), mental health involves psychological well-being that enables individuals to cope with everyday stressors, recognize their abilities, function productively, and participate in their communities. Mental health should therefore not be understood solely as the absence of a diagnosed mental disorder; it also encompasses an individual's capacity to manage challenges and maintain everyday functioning.

Family caregivers may experience psychological difficulties when the demands of caring for an older adult exceed their available resources or coping capacity. These difficulties may include depressive symptoms, anxiety, and stress. Depression may be associated with persistent emotional distress and reduced interest or motivation, while anxiety may involve excessive worry or apprehension. Stress may arise when individuals perceive that the demands placed upon them exceed their ability to respond effectively. Although these experiences may overlap, depression, anxiety, and stress represent distinct dimensions that should be assessed and interpreted separately.

Several aspects of caregiving may contribute to psychological distress. Putri (2017) discusses the burden associated with caring for older adults with dementia and its relationship to caregivers' depressive symptoms. Challenges may also arise from behavioral changes in the older adult, increased care-related expenses, limited opportunities for rest, and difficulties maintaining other social and family responsibilities. Long et al. (2023) highlight the broader social and economic implications

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of dementia, while Syifak et al. (2022) emphasize the importance of caregivers' knowledge and skills in providing care to older adults with dementia.

Caregiver well-being may also be affected by workload and access to psychosocial support. Rahayu (2020) reported substantial burnout among professional caregivers working at the Social Rehabilitation Center for Older Adults in Yogyakarta, highlighting the relevance of workload and psychosocial support in institutional caregiving. However, professional caregivers and family caregivers operate in different contexts; therefore, findings from institutional care should not be directly generalized to family-based caregiving without considering these differences.

Taken together, the literature indicates that caregiving involves demands that may affect psychological well-being, but the experiences of caregivers are not necessarily uniform. Some caregivers may maintain adequate psychological functioning, whereas others may experience symptoms of depression, anxiety, or stress. Directly describing these dimensions can provide a clearer account of caregivers' mental health than relying solely on general descriptions of caregiving burden.

2. 4. Assessment of Depression, Anxiety, and Stress Using DASS-21

The Depression Anxiety Stress Scales-21 (DASS-21) is a self-report instrument designed to assess symptoms associated with depression, anxiety, and stress. Developed by Lovibond and Lovibond (1995) as a shorter version of the DASS-42, the instrument contains 21 items divided into three subscales, with seven items assessing each dimension. It is intended to measure the severity of symptoms associated with these emotional states rather than independently establish a clinical psychiatric diagnosis.

The three subscales provide complementary information about psychological distress. The depression subscale assesses symptoms associated with depressive mood and reduced positive affect; the anxiety subscale focuses on symptoms associated with anxiety and physiological arousal; and the stress subscale assesses symptoms related to tension and difficulty relaxing. These dimensions may overlap in individual experiences, but separate assessment allows researchers to describe their respective distributions.

In Indonesia, Arjanto (2022) examined the validity and reliability of the DASS-21 among university students, providing evidence relevant to the instrument's psychometric evaluation in an Indonesian context. Nevertheless, evidence obtained from one population does not automatically establish the validity of a modified instrument in another population. Therefore, when the DASS-21 is adapted or modified for research involving family caregivers, the modifications, scoring procedures, and relevant validity and reliability evidence should be reported clearly.

In the present study, the DASS-21 provides a framework for describing depressive, anxiety, and stress symptoms among family caregivers of older adults with ADL limitations. Reporting these dimensions separately allows the findings to identify which forms of psychological distress are more frequently represented in the sample. Such descriptive information may provide a basis for considering appropriate caregiver education, screening, and psychosocial support within the community, without implying

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that the instrument alone establishes a clinical diagnosis or that the study demonstrates causal relationships between caregiving characteristics and mental health outcomes.

3. Research Method

This study employed a descriptive quantitative research design to describe the mental health status of family caregivers providing care for older adults with limitations in Activities of Daily Living (ADL). The study was conducted in Wirogunan Village, Mergangsan District, Yogyakarta City, Indonesia. The study population consisted of all family members serving as caregivers for older adults with ADL limitations. A total of 50 respondents were selected using a purposive sampling technique based on predefined inclusion criteria. The research instruments included a respondent characteristics questionnaire and a modified version of the Depression Anxiety Stress Scale–21 (DASS-21). The modified instrument was tested for validity and reliability, demonstrating acceptable validity (item validity coefficient ≥ 0.444) and good internal consistency (Cronbach's alpha = 0.872). Data were collected through face-to-face interviews after respondents received an explanation of the study and provided written informed consent. The data were analyzed using univariate analysis to describe the frequency distribution of respondents' characteristics and the mental health status of family caregivers.

4. Result

4.1. Sociodemographic Characteristics of Family Caregivers

A total of 50 family caregivers of older adults with limitations in Activities of Daily Living (ADL) participated in this study. The respondents' sociodemographic characteristics included age, gender, educational attainment, marital status, and occupation, as presented in Table 1.

Table 1. Sociodemographic Characteristics of Family Caregivers in Wirogunan Village (n = 50)

Variabel	f	%
Age		
1. 18–25 years	1	2
2. 26–40 years	9	18
3. >40 years	40	80
Gender		
1. Male	10	20
2. Famale	40	80
Education level		
1. No formal schooling	2	4
2. Elementary school	7	14
3. Junior high school	9	18

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4. Senior high school	23	46
5. Diploma	3	6
6. Bachelor's degree	6	12
Marital status		
1. Married	40	80
2. Widowed/Divorced	8	16
3. Not/Not yet married	2	4
Occupation		
1. Housewife (IRT)	32	64
2. Private sector employee	7	14
3. Civil servant/Military/Police	2	4
4. Laborer	1	2
5. Trader/Merchant	8	16
Total	50	100

As shown in Table 1, most respondents were aged over 40 years (80%, n = 40) and were female (80%, n = 40). Regarding educational attainment, the largest group had completed senior high school (46%, n = 23). Most respondents were married (80%, n = 40), while 16% (n = 8) were widowed or divorced and 4% (n = 2) had never married. In terms of occupation, homemakers constituted the largest group (64%, n = 32), followed by traders or merchants (16%, n = 8) and private-sector employees (14%, n = 7).

4.2. Depression, Anxiety, and Stress Symptoms Among Family Caregivers

The mental health symptoms of family caregivers were assessed using a modified version of the Depression Anxiety Stress Scales-21 (DASS-21). The results were summarized separately for the depression, anxiety, and stress subscales. The distribution of respondents across the reported symptom categories is presented in Table 2.

Table 2. Distribution of Depression, Anxiety, and Stress Symptoms Among Family Caregivers (n = 50)

Variables		**f**	**%**
Depression	Normal	42	84
	Mild	8	16
	Severe	0	0
Anxiety	Normal	34	68
	Mild	13	26
	Severe	3	6
Stress	Normal	42	84
	Mild	7	14
	Severe	1	2
50		**100**	

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Table 2 shows that most respondents were classified within the normal range for depression (84%, n = 42), while 16% (n = 8) were classified in the mild category. No respondents were classified in the severe depression category. For anxiety, 68% (n = 34) of respondents were classified within the normal range, 26% (n = 13) in the mild category, and 6% (n = 3) in the severe category. For stress, 84% (n = 42) were classified within the normal range, 14% (n = 7) in the mild category, and 2% (n = 1) in the severe category. Among the three subscales, anxiety had the highest proportion of respondents classified outside the normal range, accounting for 32% of the sample. This was followed by depression (16%) and stress (16%).

4.3. Overall Mental Health Status Among Family Caregivers

The distribution of respondents according to the overall mental health status categories reported in the study is presented in Table 3.

Table 3. Overall Mental Health Status Among Family Caregivers Caring for Older Adults with ADL Limitations in Wirogunan (n = 50)

No	Mental Health Status	f	%
1	Normal	34	68
2	Mild	12	24
3	Severe	4	8
	Total	**50**	**100**

As presented in Table 3, 34 respondents (68%) were classified as having normal mental health status. Meanwhile, 12 respondents (24%) were classified in the mild category, and four respondents (8%) were classified in the severe category. These findings indicate that although most family caregivers were classified in the normal category, 32% of respondents were classified in the mild or severe categories. The distribution highlights the presence of varying levels of reported mental health concerns among family caregivers of older adults with ADL limitations in Wirogunan Village.

5. Discussion

5.1 The characteristics of family caregivers in Wirogunan

The findings showed that most family caregivers were aged over 40 years (80%), female (80%), had completed senior high school education (46%), were married (80%), and were homemakers (64%). These characteristics provide an overview of the respondents involved in caregiving for older adults with limitations in Activities of Daily Living (ADL) in Wirogunan Village. However, because the study used a descriptive design and univariate analysis, these characteristics should be interpreted as a profile of the sample rather than as factors demonstrated to influence caregivers' mental health.

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Regarding age, the predominance of respondents aged over 40 years suggests that caregiving responsibilities in this sample were primarily undertaken by adults beyond early adulthood. This finding is consistent with previous studies by Indah and Junaidi (2021) and Cahyani et al. (2024), which described the involvement of adults aged 40–59 years in caregiving responsibilities. Nevertheless, the age category used in the present study was defined as over 40 years and may include individuals beyond the 40–59-year range. Therefore, the results do not establish that all respondents were in middle adulthood or that age was associated with better emotional stability or caregiving capacity. Adults in this age group may also have competing responsibilities related to employment, household management, and family relationships, which should be considered when planning caregiver support.

Female respondents accounted for 80% of the sample, indicating that women constituted the majority of family caregivers in this setting. This finding is consistent with Retnaningsih and Ikaningtyas (2022) and Widyastuti et al. (2023), who described the substantial involvement of women in family caregiving. The predominance of women may reflect family caregiving arrangements and gender-related expectations concerning domestic and care responsibilities. However, the present study did not directly investigate how caregiving duties were distributed within households. Consequently, further research is needed to determine whether gender differences in caregiving responsibilities are associated with differences in psychological distress.

Regarding educational attainment, senior high school was the most frequently reported level of education, accounting for 46% of respondents. Rahmawati (2018) reported an association between caregivers' educational attainment and older adults' independence in self-care. Educational background may be relevant to how caregivers access, understand, and apply health information. However, educational attainment alone does not establish caregiving competence or psychological well-being. Practical experience, access to reliable health information, caregiving skills, and support from healthcare professionals may also be important. The findings therefore support the relevance of accessible caregiver education, although this study did not evaluate the effectiveness of any educational intervention.

Most respondents were married (80%). This characteristic may be relevant to the organization of family care because married caregivers may also have responsibilities related to their spouses, children, and households. Putri (2017) and Ariska et al. (2020) discussed psychological distress among caregivers in relation to the multiple responsibilities associated with family life and caregiving. Nevertheless, the present study did not compare mental health outcomes between married, widowed or divorced, and never-married respondents. Marital status should therefore be interpreted as a descriptive characteristic rather than evidence that married caregivers experience greater psychological distress.

Homemakers constituted the largest occupational group (64%), followed by traders or merchants (16%) and private-sector employees (14%). Their representation may reflect the role of household-based activities in family caregiving. Although homemakers may have greater physical proximity to older adults, this does not necessarily mean that

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they have sufficient time for rest or fewer competing responsibilities. Domestic work and caregiving may occur simultaneously, and the distribution of these tasks within the family was not measured in this study. These findings highlight the importance of considering caregivers' daily responsibilities when developing support strategies, without assuming that occupational status alone determines mental health outcomes.

Overall, the sociodemographic profile provides useful contextual information about family caregivers in Wirogunan Village. However, the relationship between these characteristics and depression, anxiety, or stress cannot be established from the descriptive analyses conducted in this study.

5.2 Depression, Anxiety, and Stress Among Family Caregivers of Older Adults with ADL Limitations

5.2.1. Depression

The results showed that 84% of respondents were classified within the normal range for depression, whereas 16% were classified in the mild category. No respondents were classified in the severe depression category. These findings indicate that most participants had depression scores within the normal range according to the categories applied in the study, although a proportion reported symptoms in the mild range.

The findings should be interpreted in the context of the demands associated with family caregiving. Putri (2017) discussed the physical, psychological, social, and financial burdens that may accompany caring for older adults with dementia. Similarly, Vinsur and Luhung (2023) highlighted the relevance of caregiving burden, inadequate rest, and limited family support to caregivers' psychological well-being. Risnarita et al. (2023) and Muttakhidlah and Aryati (2021) also discussed caregiving burden and the dependency of care recipients as relevant considerations in understanding psychological distress among caregivers.

These studies provide a context for interpreting the presence of mild depressive symptoms among some respondents. Caring for older adults who require assistance with daily activities may involve sustained physical effort, changes in family routines, and competing responsibilities. However, the present study did not measure caregiving burden, duration of caregiving, sleep quality, or the adequacy of family support as explanatory variables. It is therefore not possible to determine whether these factors accounted for the depressive symptom distribution observed in Wirogunan.

The absence of respondents in the severe depression category should also be interpreted cautiously. It does not establish that the caregivers were free from other psychological difficulties or that they would not experience distress in the future. Rather, the results describe the depression symptom categories observed at the time of assessment. Accessible health information, opportunities for respite, and support from family members may be considered in community caregiving programs, while further research is needed to identify the specific needs of caregivers who report depressive symptoms.

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5.2.2. Anxiety

Anxiety was the subscale with the highest proportion of respondents classified outside the normal range. The results showed that 68% of respondents were classified within the normal range, 26% in the mild category, and 6% in the severe category. Thus, 32% of the sample had anxiety scores classified in the mild or severe categories.

This finding is important because caregiving may involve uncertainty regarding an older adult's health, changes in functional ability, and the ability to provide appropriate assistance. Vinsur and Luhung (2023) discussed anxiety in relation to caregivers' perceptions that caregiving demands exceed their physical and emotional capacities. Risnarita et al. (2023) likewise highlighted the relevance of care recipients' dependency to psychological distress among caregivers. Muttakhidlah and Aryati (2021) emphasized perceived caregiving burden, social pressure, and uncertainty regarding the health condition of older adults as considerations in understanding caregiver anxiety.

The proportion of respondents with anxiety scores outside the normal range suggests that anxiety deserves particular attention in this study population. Compared with the depression and stress subscales, which each had 16% of respondents outside the normal range, anxiety had a higher corresponding proportion of 32%. This descriptive difference identifies anxiety as the most prominent non-normal symptom dimension in the observed sample.

Nevertheless, the study did not investigate whether anxiety was associated with the severity of ADL limitations, caregiving duration, financial difficulties, or the availability of family support. The findings should therefore not be interpreted as evidence that these factors caused anxiety among the respondents. Instead, they provide a basis for considering anxiety assessment within community-based caregiver support and for conducting further studies to examine the circumstances associated with anxiety symptoms.

5.2.3. Stress

The stress subscale results showed that 84% of respondents were classified within the normal range, 14% in the mild category, and 2% in the severe category. Thus, 16% of respondents had stress scores outside the normal range. Although most respondents were classified within the normal range, the findings indicate that stress symptoms were present among a subset of family caregivers.

Markhamah et al. (2023) discussed the relevance of caregiving burden, inadequate rest, and prolonged emotional strain to stress among caregivers of older adults. Muttakhidlah and Aryati (2021) also highlighted the importance of caregiving demands and social support in understanding stress among caregivers. Furthermore, Pusvita et al. (2025) discussed the relationship between work burden and psychological outcomes, including stress-related concerns, among caregivers of older adults. These studies provide a broader context for understanding why caregivers may experience varying levels of psychological strain.

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In Wirogunan, family caregivers may need to assist older adults with activities such as bathing, dressing, eating, mobility, and maintaining safety. These responsibilities may coexist with domestic duties, employment, and other family commitments. However, the present study did not measure the time spent caregiving, the intensity of daily assistance, or the extent of support provided by other family members. The distribution of stress scores therefore cannot establish whether these circumstances explain the observed findings.

The proportion of respondents in the mild and severe stress categories nevertheless suggests that caregiver well-being should not be overlooked. Family-based sharing of caregiving responsibilities, accessible information about daily care, and opportunities to seek assistance may be considered as components of community support. Such measures are potential practical responses to caregivers' needs, rather than interventions whose effectiveness has been established by this study.

5.3 Overall Mental Health Status Among Family Caregivers in Wirogunan

According to the overall mental health classification reported in Table 3, 68% of respondents were classified in the normal category, 24% in the mild category, and 8% in the severe category. These results indicate that, under the overall classification used in the study, most respondents were categorized as normal, while 32% were categorized as having mild or severe mental health concerns.

The overall distribution provides a general description of the reported mental health status of family caregivers in Wirogunan Village. However, the findings from the individual DASS-21 subscales provide additional detail: anxiety had the highest proportion of respondents outside the normal range (32%), followed by depression and stress (16% each). These separate distributions are important because depression, anxiety, and stress represent distinct symptom dimensions and should not automatically be treated as interchangeable indicators of a single mental health condition.

Markhamah et al. (2023) discussed how sustained caregiving demands, inadequate rest, and emotional strain may affect caregivers' psychological well-being. Muttakhidlah and Aryati (2021) similarly emphasized the relevance of caregiving burden and social pressures to psychological distress, while Pusvita et al. (2025) highlighted work burden and caregiving responsibilities as important considerations in understanding caregivers' mental health. These studies provide context for the potential challenges faced by family caregivers, but their findings do not establish the causes of the symptom patterns observed in the present sample.

The overall classification should also be interpreted in accordance with the scoring procedures used in the study. Because the DASS-21 assesses depression, anxiety, and stress separately, the method used to derive a single overall mental health category must be explicitly described and justified. Without a clearly specified and appropriate scoring procedure, the overall categories cannot be assumed to represent a validated composite

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measure or a clinical diagnosis. Accordingly, the individual subscale results provide the clearest direct description of the symptom distributions reported in this study.

From a practical perspective, the findings support consideration of caregiver education, accessible psychological support, and community-based screening for caregivers who report psychological difficulties. Family members and community health personnel may also consider ways to improve the sharing of caregiving responsibilities and access to available community services, including Posyandu Lansia. These recommendations should be understood as potential support strategies informed by the observed symptom distribution, rather than as interventions whose effectiveness has been tested in this study.

Future research could examine whether sociodemographic characteristics, caregiving duration, care recipients' levels of ADL dependency, financial strain, and social support are associated with caregivers' mental health. Studies using appropriate analytical designs and validated measurement procedures would help clarify the factors related to depressive, anxiety, and stress symptoms among family caregivers of older adults with ADL limitations.

6. Conclusion

This study described depression, anxiety, and stress symptoms among 50 family caregivers of older adults with limitations in Activities of Daily Living (ADL) in Wirogunan Village, Yogyakarta, Indonesia. Most respondents were aged over 40 years (80%), female (80%), had completed senior high school education (46%), were married (80%), and were homemakers (64%). The findings indicated that most respondents were classified within the normal range for depression (84%) and stress (84%). For anxiety, 68% were classified within the normal range, 26% in the mild category, and 6% in the severe category. Anxiety was the most prominent symptom dimension outside the normal range, with 32% of respondents classified in the mild or severe categories, compared with 16% for both depression and stress. These findings highlight the importance of considering anxiety alongside other psychological symptoms when assessing the well-being of family caregivers.

The findings support consideration of accessible caregiver education, family-based sharing of caregiving responsibilities, appropriate psychological screening, and psychosocial support through community health services. Such support may help caregivers access relevant information and assistance while managing their caregiving responsibilities. However, these approaches were not evaluated in the present study, and their effectiveness cannot be established from the findings. Several limitations should be acknowledged. The descriptive quantitative design, purposive sampling, and relatively small sample limit the generalizability of the findings beyond the participating caregivers. Furthermore, the use of a modified DASS-21 requires careful consideration of the instrument's validity, reliability, and scoring procedures. Future studies should use appropriately validated measurement instruments and analytical designs to examine factors associated with caregivers' mental health, including caregiving burden, duration

of care, older adults' ADL dependency, financial strain, and social support. Such research may provide a stronger evidence base for developing targeted support strategies for family caregivers of older adults with ADL limitations.

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