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Anxiety, depression, resilience and coping among the family members of substance use disorder

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***Abstract*---**Substance Use Disorder (SUD) is an increasing concern in India and it adversely affects the mental health and interpersonal relationships of the families. This research aims to study and assess the mental health of the families of concerned individual and establish the need for more attention and care towards this population. The present study was an attempt to find how coping influences anxiety, depression and resilience among the family members of substance use disorder. Adults ranging from the age of 18 years and above who are family members of SUD diagnosed individuals were taken for the study. The total sample of the study consisted of 100 adults out of which 50 were from Coimbatore District of Tamil Nadu and remaining 50 from various other states. Three scales namely, DASS, BRIEF-COPE and Resilience scale was used for data collection on four variables. Results showed that coping style adapted by the family member impacts the psychological wellbeing of that individual. Similarly, it showed that avoidance coping is associated with anxiety and depression. However, there was no gender difference in anxiety, depression, coping and resilience in family members in relation to the SUD of another member in their family.

***Keywords*---**substance use disorder, family members, depression, anxiety.

Introduction

Substance Use Disorder (SUD)

According to DSM-5, substance use disorder is a cluster of cognitive, behavioural, and physiological symptoms as a result of substance use despite substance-related problems. The substances are classified into 10 classes like alcohol, caffeine, cannabis, hallucinogens and few others. Understanding the nature, cause, environmental factors and other individual factors are important for the treatment and intervention. Substance use disorder is different from other psychopathology as it can occur at any age and there is no single cause for the disorder. However, environmental factors are more influential in most of the cases. Prolonged Substance use can lead to change in the nervous system and thus altering the personality of the person in some cases. In individuals with severe disorder, the impact of substance use disorder may persist in brain even after detoxification. The pattern of substance use is grouped into four categories i.e., Impaired control, social impairment, risky use and pharmacological criteria. These four categories comprise of sub-categories. Substance Use Disorder varies from mild to severe. The severity of SUD is determined by the symptoms exhibited by the person. Slurred speech, incoordination, stupor, impairment in attention or memory are the symptoms of alcohol intoxication. Whereas insomnia, hand tremor, anxiety are the few symptoms of alcohol withdrawal. Intoxication and withdrawal symptoms of each drug category varies.

The few symptoms of substance use disorder include, feeling that you need to utilize the substance routinely, having serious inclinations for the substance, burning through cash on the substance, despite the fact that you can't bear the cost of it, proceeding to utilize the substance, despite the fact that you know it's messing up your life or causing you physical or mental mischief and so on. It is important to notice that substance abuse of an individual affects his family members in numerous ways. Similarly, the family members play a vital role in intervention and treatment process specially in abstinence period. During stable abstinence period, most patients develop a substitute behaviour such as being over-dependent on spouse, parent. Abstinence can also be reinforced by medical consequences, legal consequences or social – such as a spouse threatening to divorce in case of relapse. Another factor associated with abstinence is formation of new love relationship, however renewal of old romantic relationship is less.

Anxiety

Anxiety is a feeling of apprehension about possible future danger. DSM-5 as identified group of disorders that share symptoms of anxiety as anxiety disorders. Fear is emotional response to existing real problem whereas anxiety is apprehension about future problem. However, these two co-exists. Phobia, panic disorder, Generalised anxiety disorder, separation anxiety and substance induced anxiety disorder are the few types of anxiety disorder.

Depression

Depression or Major Depressive Disorder (MDD) is one of the most common and serious mental illness that negatively affects interpersonal relationship, social life, work. According to the study "An overview of Indian research in depression" (Sandeep Grover, 2010) Depression is the most common psychiatric disorder in most of community- based research studies. Depression is a psychological problem portrayed by low mood in any event for minimum of 2 weeks. Low confidence, loss of interest in regularly exercises, low energy, and agony without a rational reason are other symptoms. Depression is most common in women than men. Those affected by depression may experience hallucination or delusion. Depression symptoms can vary from mild to severe. In DSM -5 depression is classified under mood disorder along with mania. In depression, an individual loses interest in previously pleasurable interests for at least 2 weeks, change in sleep or appetite or feeling of worthlessness are other symptoms. According to DSM-5, there are types of depressive disorder. Disruptive Mood Dysregulation Disorder, major Depressive Disorder, persistent Depressive Disorder (Dysthymia), premenstrual DysphoricDisorder and substance/ medication – induced Depressive Disorder are the few types of depressive disorder.

The spouse and children of the substance-abuser are more affected than any other family members. Substance-abuse of a family member can change the family's lifestyle and thus causing a feeling of uncertainty which may lead to depression in the family members (Mancheri et al., 2013). As a result of the pressure caused due to household work, financial instability due to husband's unemployment and lack of intimate relationship depression can occur in the spouse of substance abusers.

Resilience

According APA, resilience is "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands". Psychological research demonstrates that resilience skills can be practiced and cultivated. Resilience is the ability to cope up with adverse situation and return to pre-crisis situation without any long term negative effect. It is positive adaptation after adverse event. Amit sood described resilience as "ability to withstand adversity and bounce back and grow despite life's downturns". The term resilience is derived from the Latin word "resilire" i.e to recoil. Being resilient doesn't mean that the individual is unaffected by emotional distress, it means that they have experienced emotional distress and knows how to bounce back from it. Resilience is not a characteristic but a behaviour that can be instilled in anyone through learning. Resilience of an individual can change over time depending on the environmental factors.

Resilience theory

Resilience theory alludes to the thoughts encompassing how individuals are influenced by and adjust to things like misfortune, change, misfortune, and danger. Resilient individuals do encounter pressure; however, they are better

equipped to deal with it. Resilience is a variable. Flexibility, versatility, and persistence can assist individuals to strength by modifying particular contemplations and practices. Creating resilience is both unpredictable and individual. It includes a blend of inward qualities and external assets, and there is definitely not a widespread equation for building resilience. There are several factors that are associated with resilience building, they are commitment, self-efficacy, action-oriented approach, patience, tolerance and emotional regulation.

Research suggest that development of resilience doesn't take place only during adverse time but is gradual i.e develops on daily basis as people encounter stressors. Resilience provides individuals strength to deal with adversity and trauma. Individual who lack resilience often use unhealthy coping strategies like avoidance, denial and so on. Ken Ginsburg developed 7 c's of resilience. They are competence, confidence, connection, character, contribution, coping and control. Psychological, emotional, physical and community resilience are the four types of resilience.

Coping

According to APA, coping is "any conscious or nonconscious adjustment or adaptation that decreases tension and anxiety in a stressful experience or situation. Modifying maladaptive coping mechanisms is often the focus of psychological interventions." Coping is generally categorized into four categories which are:

1. Problem-focused coping
2. Emotion-focused coping
3. Meaning-focused coping
4. Social coping (support-seeking)

Individuals using maladaptive coping mechanisms are more likely to engage in health-risk behaviours. The patient's compliance to therapy is influenced by coping. Coping styles are helpful in patients' educational programs and psychotherapy. As discussed, earlier coping can be adaptive or maladaptive, maladaptive coping methods can lead to anxiety, depression and stress among the families of substance-abusers. Similarly, low resilience can be caused due to maladaptive coping which in turn may cause anxiety and depression. Many studies have been conducted to examine the comorbidity in substance abusers, however family members of substance abusers also go through immense number of conflicts and distress which may cause anxiety, depression in them. However, very fewstudies have been conducted in India to examine the distress caused in the family members due to the substance abuse. It is in this context that the present study is undertaken.

Statement of the problem

The problem under investigation is stated as "Anxiety, depression, coping and resilience among the families of substance use disorder." The existence of substance use disorder in an individual has a great impact on the family of that individual. It affects the psychosocial, behavioural and physiological aspects of

their lives. However, treatments and research concentrate on the SUD diagnosed individual and not on the impact it has on the family members. More research has to be carried out to understand this issue and treatments such as family therapy and other interventions should be modified according to this regard. If not, it might drastically increase the rate of depression, anxiety among the people in general.

Rationale of study

The rationale of this study has many folds. Primarily, it focuses on examining the impact of substance use disorder on the family members of the SUD diagnosed individual. It plans to examine the psychosocial impact such as anxiety, depression on the families as a result of SUD induced interrelationship problems. Secondly, this study focuses on identifying the level of resilience and the coping mechanism adopted by the families of SUD. Thirdly, it aims to examine if the type of relationship with the affected individual (Spouse, parent, children, sibling) plays a significant role in the level of impact. This study also focuses on interventions such as Al- Anon, CRAFT, self- help groups, and family therapy and whether they are useful in strengthening resilience and improving the coping mechanisms.

Significance of study

The current research is designed to study the intensity of impact of substance use disorder of one family member on the mental health of the other family members. This study focuses on the unnoticed concern of well-studied research topic (addiction). This study would establish that there is considerable relationship between SUD and mental impact on family members. This study would give more understanding on the psychosocial impact of SUD in Indian setting.

Objectives

- To access the level of anxiety, depression, resilience and coping among the families of substance use disorder.
- To access the correlation among anxiety, depression, resilience and coping among the families of substance use disorder.
- To access the difference between male and female on anxiety, depression, resilience and coping among the families of substance use disorder.

Hypothesis

H1: There will be no significant correlation between anxiety and coping among the family members of SUD patients.
H2: There will be no significant correlation between depression and coping among the family members of SUD patients.
H3: There will be no significant correlation between resilience and coping among the family members of SUD patients.
H4: There will be no significant difference between male and female on anxiety among the family members of SUD patients.

H5: There will be no significant difference between male and female on depression among the family members of SUD patients.
H6: There will be no significant difference between male and female on resilience among the family members of SUD patients.
H7: There will be no significant difference between male and female on coping among the family members of SUD patients.

Research design

The present research is quantitative research which aims to recognise different aspects of the problem under study. This study uses co-relational research design to analyse the relationship between the variables under study. Data was collected through semi-structured interviews in offline mode and questionnaire in online mode.

Variables

- Depression
- Anxiety
- Resilience
- Coping

The population of the study

The population of this study are the family members of substance abusing individuals. These patients are being treated at Rehab centre and hospitals.The sample size of the study consists of 100 members referred to a psychiatric and rehab clinic. Their responses would be collected after confirming the presence of one or more SUD diagnosed person in their family. Afterwards, they will be divided into categories based upon their gender. Convenient random sampling method was used to collect data.

The tools for data collection

The tools used in the study are as follows,

1. Depression and anxiety subscale from DASS
2. Brief coping inventory
3. The Resilience Scale

Depression and Anxiety subscale from DASS

1. The Depression Anxiety Stress Scale (DASS-42) is a self-report questionnaire developed by Professor Peter Lovibond and is designed to measure negative emotions along Depression, Anxiety, and Stress. The participants indicated to the extent which these items apply or not applies to them using a 4-point Likert scale. There is no reverse scoring and all the items were totalled according to their subscale and interpretation was done accordingly. Low scores indicate normal range and higher scores indicate

extreme anxiety/ depression. The reliability of scores in terms of Cronbach's alpha scores rate the depression scale at 0.91 and anxiety at 0.84 in normative sample.

2. Brief coping inventory: The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. The scale can determine someone's primary coping styles as either Approach Coping, or Avoidant Coping. The scores are presented for two overachieving coping style i.e avoidant coping and approach coping. The subscales are grouped into these two coping styles and the result is given. Cronbach's alpha for the total scale is adequate, because values of all sub-scale exceed the minimum value of 0.60. 19 3.
3. The resilience scale: This is an abbreviated version of the Nicholson McBride Resilience Questionnaire (NMRQ). The participants can score themselves from strongly disagree to strongly agree on a 5-point Likert scale. Higher the total score higher the resilience. Reliability and validity:Cronbach's Alpha is 0.800 for this scale. It has adequate reliability and validity.

Procedure of data collection

Both online and offline modes of data collection were adopted. After due diligence, the researcher visited SaaralDeaddiction and psychiatric hospital and Sober home – deaddiction centre, Coimbatore and conducted semi -structed interviews with the relatives of patients diagnosed with substance abuse disorder. Back translation was used to collect data through DASS, Brief-cope and resilience scale. A total of 50 responses were collected in a span of 30 days. For online data modality, the data collection was undertaken using the services of Sirway Me Research Solutions (Sirway Me) at www.sirwayme.com. The method of purposive sampling was adopted to gather representative data from India. SirwayMe contacted psychiatric centres, rehabilitation centres, and home settings of the relatives and individuals with substance abuse symptoms or disorder. The data was collected using Google forms. SirwayMe provided data of 50 participants within a period of 15 days. In order to ensure authenticity of responses, the following steps were undertaken:

1. Complete anonymity, confidentiality, and voluntary-consensual participation was maintained throughout the process of data collection.
2. Evidence proof (for example, medicine photo, doctor's receipt, and any other proof) was also collected by the researcher with the help of Sirway Me for verifying the diagnosis of the participant. It was made sure that the proof material was not stored to maintain confidentiality and was only used for the purpose of verification.
3. During the administration of the psychological tools , they were re-named to limit social desirability from the participants.
4. The data collection was incentivized by Sirway Me to compensate for the time invested by the participant in their contribution to the study. Survey incentives also act as motivation for participants to reduce response bias, and ensure more percentage of completeness of responses.
5. To filter out incomplete and non-genuine responses, attention checks were added in between the questionnaires. For instance, adding the item "This is an attention check, please selection "Did not apply to me at all". Those who

respond incorrectly imply inattention in responding leading to removal of response.

Statistical technique

The Statistical techniques such as the t-test and the Pearson r for correlation were used in the present study. The Pearson r: The present study focuses on identifying relationship between the variables, so correlation is the appropriate technique to study the same. This correlation analysis determines the degree of relationship between two variables. Simple correlation is used here which studies the relationship between two variables.

The t-test: The difference between two group mean is determined by using t-test. If difference is found in t-test between two group than it would justify the classification of the two groups. In this study, t-test is used to find the significant difference between male and female according to the four variables. This chapter comprises of result and their discussion. Data were analysed using correlational analysis and individual t- test through SPSS software. This chapter is divided into three sections. Section A includes the descriptive statistics of samples on four variables, anxiety, depression, resilience and coping. Section B includes the results of correlation analysis of coping with other three variables individually and research studies supporting these results are also added.Section C shows comparison of mean scores of anxiety, depression, resilience, and coping with respect to gender.

Result and Discussion

Section A

Table 1: Descriptive statistics of anxiety, depression, resilience and coping among the families of substance use disorder (N=100)

variable		N	Mean	SD	Minimum	Maximum
Anxiety		100	10.58	8.01	0.00	37.00
Depression		100	13.17	8.83	0.00	36.00
Resilience		100	39.84	8.00	22.00	55.00
Coping	Approach coping	100	33.94	7.27	17.00	52.00
	Avoidance coping	100	23.89	5.75	12.00	37.00

The above table shows the descriptive statistics of anxiety, depression, resilience and two dimensions of coping namely approach coping and avoidance coping among the family members of SUD. From the table, it can be observed that the mean score of anxiety present in the individuals is 10.58 with a standard deviation of 8.01. Similarly, mean score of depression is 13.17 with standard deviation of 8.83.

The table 1 shows that the mean score of resilience among the family members of SUD is 39.84 with a standard deviation of 8.00. Furthermore, the mean score of

approach coping is 33.94 with standard deviation of 7.27 and mean score of avoidance coping from brief cope questionnaire is 23.89 with standard deviation of 5.75.

Section B

The result of correlation analysis of hypothesis 1(H1)

Table 2:The correlation among coping and anxiety among the families of SUD (N=100)

Variables	Approach coping	Avoidance coping	Anxiety
Approach coping	r=1.000		r =0.191 P= 0.057
Avoidance coping		r=1.000	r= 0.370** P<0.001
Anxiety			r =1.000

Correlation is significant at 0.01 level(2-tailed)

The correlation analysis was used to identify if there is any significant relationship between coping and anxiety among the families of substance use disorder. Results were calculated using data from both approach and avoidance coping style. As shown in the table 2, no significant correlation was found between approach coping and anxiety, r (100) =0.191, p>0.01. There is moderate positive correlation between avoidance coping and anxiety, r (100) = 0.37, p= .001(p< .01). This is significant at 0.01 level and hence "There will be no significant relationship between coping and anxiety among the families of substance use disorder" is partially accepted. Family member's appraisal of the situation decided which type of coping strategy they are going to employ. Approach coping which includes positive reframing, planning, seeking support is used when the family members feel that the situation can be changed. Whereas, avoidance coping is associated with denial, self-distraction and self-blame. Family members coping strategy may affect the impact of this stressful situation on them. Though there are no studies that focuses on coping and anxiety, there are studies which focus on the coping strategy involved and psychological problems associated with it. Moore et al., (2011) states that the negative impact of SUD on family members is mediated by their avoidance coping strategy. Velleman et al., (2003) states that offspring of parent with drinking problem employs avoidance coping strategies which may lead to emotional adjustment problems and poorer mental health in adulthood.

The result of correlation analysis of hypothesis 2:

Table 3: The correlation among coping and depression among the families of SUD (N=100)

Variable	Approach coping	Avoidance coping	Depression
Approach coping	r= 1.000		r= 0.280** p= 0.005

Avoidance coping	r= 1.000	r= 0.326** p<0.001
Depression		r= 1.000

Correlation is significant at 0.01 level(2-tailed)

Correlational analysis was used to find significant relationship between coping and depression. Results from avoidance and approach coping was used for the correlational analysis.

As shown in the table 3, significant relationship was found between two sub-groups of coping and depression. The correlation coefficient obtained between approach coping and depression is 0.280, r (100) = 0.28, p= .001(p< .01). The correlation coefficient between avoidant coping and depression is 0.326, r (100) =0.326, p=0.001(p<0.01). These are significant at 0.01 and are interpreted as moderate positive correlation. Hence, the hypothesis, "There will be no significant relationship between coping and depression" is rejected. These results indicate that there is correlation between depression and coping among the family members of SUD. There are few studies which are in line with the present finding. Study conducted by Lee et al., (2011) reported that there is strong correlation between coping and psychological well-being. They further stated that the subjective perception and appraisal of the situation and coping style adapted determines the impact on the family members. Moreover, they concluded that by changing the coping style adapted by the family members, any psychological negative impact on them can be reduced thus implying moderate correlation between inactive coping and depression. Adaptive coping are used by the family members of SUD to increase their mental wellbeing (McCann & Lubman,2017).

The result of correlation analysis of hypothesis 3:

Table 4 : The correlation among coping and resilience among the families of SUD (N=100)

Variables	Approach coping	Avoidance coping	Resilience
Approach coping	r=1.000		r=0.156 p=0.121
Avoidance coping		r=1.000	r=-0.214* p=0.033
Resilience			r=1.000

Ccorrelation is significantt at 0.05 level(2-tailed)

As shown in table 4, the correlation coefficient between approach coping and resilience is 0.156 which is not significant at 0.01 level. The correlation coefficient between avoidance coping and resilience is -0.214.There is weak negative correlation between coping and resilience, r (100) = -0.21, p= 0.033(p>.01). Hence, the hypothesis "There will be no significant relationship between coping and resilience" is partially accepted. This research findings suggest that avoidance coping impacts resilience negatively, while there is no significant correlation between approach coping and resilience.

Moriarty et al., (2011) states that the coping strategies employed by the family members in adverse situations doesn't have positive connotations of resilience. Though these coping strategies like denial, self-deception, minimizing were adaptive in short-term but they didn't not strength resilience in family members. Alim et al., (2008) states that low avoidance coping is associated with stress resilience.

Table 5: Comparison of Mean Scores of Male and Female family members of substance use disorder on anxiety, depression, resilience and coping and its dimensions, approach and avoidance coping

Variables		Gender	N	Mean	SD	t- value	p
Anxiety		Male	50	10.76	8.46		
		Female	50	10.40	7.62	0.223	>0.05
depression		Male	50	13.06	8.31		
		Female	50	13.28	9.41	-0.124	>0.05
Resilience		Male	50	13.06	8.31		
		Female	50	13.28	9.41	-0.124	>0.05
Coping	Approach	Male	50	33.98	7.35	0.055	>0.05
	coping	Female	50	33.90	7.26		
	Avoidance	Male	50	24.72	6.03	1.450	>0.05
	coping	Female	50	23.06	5.39		

Section C:

As shown in table 5, an independent sample t-test was conducted to compare the anxiety among the family members of substance use disorder for male and female. There was no significant differences t (98) =0.233, p =>0.05 in scores for male (M=10.76, SD=8.46) and female (M=10.40, SD=7.62). The magnitude of the differences in the mean (mean difference= 0.360, 95% CI: -2.8 to 3.5) was very small. Hence, H4 "There will be no significant difference between male and female on anxiety among the family members of SUD patients" is accepted. This present research finding falls in line with previous research.Ólafsdóttir et al., (2018)states that the difference of anxiety between male and female family members of substance use disorder is insignificant. Chassin et al., (1999) conducted research to study the effect of parent alcoholism on young adult's substance dependence, anxiety and depression. This longitudinal study found no significant interaction between the gender of the participants and prevalence of anxiety, depression and substance dependence.

An independent sample t-test was conducted to compare the depression among the family members of substance use disorder for male and female. There was no significant differences t (98) =-0.124, p =>0.05 in scores for male (M=13.06, SD=8.31) and female (M=13.28, SD=9.41). The magnitude of the differences in the mean (mean difference= -0.220, 95% CI: -3.7 to 3.3) was very small. Hence, H5 "There will be no significant difference between male and female on depression among the family members of SUD patients" is accepted. This result is consistent with few literatures, Ohannessian et al., (2005) conducted a study to examine the relationship between parental psychopathology and adolescent psychopathology based on gender patterns. This concluded that there is no significant relationship

between parental psychopathology variables namely, substance dependence, depression and adolescent psychopathology based on gender. Hussong et al., (2008) conducted a study to examine risk heterogeneity for internalised symptoms among the children of alcoholic parents. The results of this study concluded that there is no gender difference among the COA's internalising symptoms (depression, anxiety) due to parent's alcoholism as calculated through mother reported internalizing symptoms. However, gender difference was found in relation between number of alcoholic parents in self-reported internalizing symptoms.

As shown in table 5, an independent sample t-test was conducted to compare the resilience among the family members of substance use disorder for male and female. There was no significant differences t (98) =-0.124, p =>0.05 in scores for male (M=39.74, SD=7.8) and female (M=39.94, SD=8.2). The magnitude of the differences in the mean (mean difference= -0.200, 95% CI: -3.39 to 2.29) was very small. Hence, H6 "There will be no significant difference between male and female on resilience among the family members of SUD patients" is accepted. There is no significant gender- based differences in resilience of informal caregivers of people with schizophrenia (Stanley &Balakrishnan, 2021). Skinner et.al (2008) found that girls with parents of opiate addiction showed more resilience than boys with opiate dependent parents. This result is contradictory to the present finding however, resilience is dynamic and it changes over the life course. The female population in this study are above 18 years unlike the previous study. There is no clear finding regarding the same, so more research has to conducted to arrive at conclusion.

As shown in table 5, an independent sample t-test was conducted to compare the coping (approach and avoidance coping) among the family members of substance use disorder for male and female. For approach coping there was no significant differences t (98) =0.005, p =>0.05 in scores for male (M=33.98, SD=7.35) and female (M=33.90, SD=7.26). For avoidance coping there was no significant differences t (98) =1.45, p =>0.05 in scores for male (M=24.7, SD=6.03) and female (M=23.06, SD=5.39). Hence, H7 "There will be no significant difference between male and female on coping among the family members of SUD patients" is accepted. However, the findings from Horvath et al., (2019) states that women use tolerant-inactive coping (which is similar to avoidance coping) over other type of coping. Ramya (2011) conducted research on psychiatry morbidity and coping among children of parents with alcoholism, this showed that there is significance gender difference in the coping style adapted by the children. This finding is contradictory to the present study findings. There are not many research that focuses on gender differences in coping among the families of substance use disorder, even the studies mentioned above focuses on children of parents with alcoholism. More research is necessary in this domain to arrive at definite conclusion.

Implication

The role of coping variable and it's two dimensions namely avoidance and approach coping with regard to anxiety, depression and resilience can be greatly appreciated by the results of the present study. We believe that type of coping

mechanism adapted by the family members plays a huge role in the impact created on them due to substance use disorder of another family member. Moreover, this shows that avoidance coping which includes sub-scale of denial, substance use, venting, self-distraction and self-blame has a negative impact on the mental health of the family members and thus increasing anxiety and depression in them. Likewise, avoidance coping has significant negative correlation with resilience in the family members of substance use disorder. This implies that the perception of the family member towards the stressful situation (Substance abuse by a close family member) and the coping strategy adapted to deal with such situations is involved in the anxiety, depression and resilience level in them. Family members are the primary caregivers and they play an important role in the treatment and relapse prevention in individuals with SUD. So, it is important to concentrate on their mental wellbeing to increase the efficiency of SUD treatment. Moreover, this research shows that there is no gender difference in coping mechanism adapted or impact on mental health.

Limitation

Limitations are present in every research and that creates the scope for further research in that domain. The following are the limitations present in this research:

1. The major limitation of the study is the sample size was small and sensitive population.
2. Minimal demographic details were collected for the sample and mean difference was calculated only in regards to gender. Other socio-demographic factors like age, financial status, type of relationship with the patient were not considered. If these variables were included, they might have shown any influence on the coping style adapted.

Suggestions for future research

1. There is more scope to know about how other factors such as age, relationship with the patient can influence the coping strategy adapted.
2. Future research should include qualitative component so that the family member's perception of the situation can be used to evaluate the reason behind specific coping mechanism.
3. Future research should explore which type of coping strategy positively impacts the resilience among the family members of individuals with SUD
4. Future research should explore how to modify the coping strategy and thus reducing the anxiety and depression among the family members

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