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Child Severity and Mental Wellbeing of the Primary Caregivers of the Children with Autism Spectrum Disorder (ASD)

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ABSTRACT

This is the quantitative study in which cross-sectional research design is used to examined the relationships between child severity and mental well-being among primary caregivers of children diagnosed with Autism Spectrum Disorder (ASD). A total of 100 caregivers of children aged 3 years and older participated. Autism severities were assessed by using the Childhood Autism Rating Scale (CARS) meanwhile caregivers mental well-being were measured using standardized scales. Descriptive statistics shows moderate autism symptom severity and variability in caregiver psychological outcomes. Pearson correlation analysis showed a significant negative association between child autism severity and caregiver mental well-being ($r = -.225$, $p = .029$). Regression analysis indicated that mental well-being significantly associated with autism severity ($B = -.151$, $p = .029$). These findings highlighted the importance of supporting caregiver mental health as a means of enhancing caregiving quality and potentially improving child outcomes. The study highlights the need for family centered interventions that promote caregiver psychological resilience. Limitations include the cross-sectional design, reliance on self-report data and limited generalizability due to the urban sample. Moreover longitudinal research is recommended to find the long term effects.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that is characterized by facing challenges in communication, social interaction and repetitive behavior or the presence of restricted behavior and interests. The autism spectrum disorder was first mentioned in 1911 and evolved significantly. It was also described as "early childhood autism " by Leo Kanner in 1943. Detailed diagnostic criteria have led to increased recognition and also with the prevalence rising from 1 out of 2000 children and in 1980s its about 1 in 100. The exact cause of this is still unknown but still the growth is attributed to improve awareness, diagnosis and health care activities. Autism Spectrum Disorder can be genetic, environmental, prenatal and pronatal factors these factors are playing a major role in it. The Main factors of autism like social difficulties problem with eye contact, problem in understanding like voice tone or facial expressions, less ability to understand or share feelings with others, difficulty in maintaining eye contact , communication problems (delayed speech, unusual speech difficulty in understanding symbols and jokes, difficulty in understanding non-verbal communication) repetitive and restricted behavior. Sometimes they also do movements like hand flapping, jumping etc and perceptual issues (sensitive to different stimuli like light, sound , textures etc)

MENTAL WELLBEING

Mental wellbeing is a state of emotional, psychological and social health. The individual can cope up with the simple stress of life, work productively and also contribute in the community. Its not always the absence of mental illness but also measure how a person feel or function. According to WHO (World Health Organization) Mental wellbeing is a state in which individual realize their own potential in coping up with the normal stresses of life and can work productively and is also able to contribute in the community. Factors which effects mental wellbeing are biological factors like family history or genetics , disabilities and physical health, neuro chemical imbalance , psychological factors like self-esteem and self-efficacy , emotional regulation, personality traits, social and environmental factors are relationship with friends and family , social communication engagement, exposure to trauma, neglect and abuse, socio economic status like job, salary , education etc, life style and behavior like exercise, sleep , drug abuse.

The relationship between child severity and mental wellbeing is deeply connected. The severity of the child undeniably raises the risk of psychological distress which is not only determinant of parents outcome but also caregivers ability to regulate which serves as a critical moderator that can either include or exclude the impact of parents stress. Strengthening emotion regulation

emerges as a effective target for interventions which are aiming to support the caregivers mental health and also promote healthy family dynamics and better outcome for the child with autism spectrum disorder. Autism spectrum disorder is a complex neurodevelopmental condition which is characterized by a range of symptoms and different severity levels. It includes challenges in social communication, repetitive behavior and specific interests which can impact on child emotional regulation and overall mental wellbeing. To understand the relation between ASD severity and mental wellbeing is important for developing effective interventions and support system. As Autism Spectrum Disorder (ASD) is a lifelong condition that shows in early childhood typically before the age of 3. The spectrum nature of autism means individual may experience wide range of symptoms from mild to moderate or moderate to severe. The characteristics vary from individual to individual influencing their ability to regulate and maintain emotions. Children with autism face challenges in different situations due to different sensory needs as well as social interaction and executive functioning. These difficulties lead to emotional regulation and heightened emotional responses and meltdowns. Many researches shows that child with autism frequently employ maladaptive emotional regulation strategies like suppression and avoidance rather than adaptive strategies like cognitive appraisal. The presence of comorbid disorders like Attention Defficity Hyperactivity Disorder (ADHD) or intellectual disabilities may further complicate the mental health. The severity of Autism Spectrum Disorder plays a vital role in shaping the emotions, regulation and mental health. Children with more severe autism may experiences greater challenges in regulating them and they lead to more pronounced mental health issues. Those with milder form may have better emotional regulation and consistency which improves mental health. The relationship isn't only linear . Other factors include cognitive skills, language skills, sensory processes which interact with ASD severity which influence emotional regulation and mental health. The children with advanced language skills may better communicate their emotions and facilitating more effective.

These states are not only undermining the caregivers activities or quality of life but also impair the caregivers relationship and potentially impact the developmental process and also the sense of security of the child with autism spectrum disorder. The important role of emotional regulation is calming down the effect of child severity on parents mental health. Interventions that focuses on caregivers skills of emotional regulation have shown promise in improving mental health. ABA therapy and CBT are the two evidence based that are adaptive by the parents of child with autism spectrum disorder. These interventions can help the caregivers become more

and more aware of their emotional experience , reduce emotional avoidance and also increase psychological flexibility. Studies also shows that after participating in these kind of programs caregivers stress and depressive symptoms are reduced and in some cases it also improve Childs behavior due to the responses of parents and emotional availability. Overall caregivers learn to accept the nature of autistic child while simultaneously building mental resilience not just a short term but also a long term relief.

INTERVENTION PROGRAMS

Early and invidualized interventions such as ABA Therapy and cognitive Behavior Therapy CBT may improve social skills and mental health outcomes. The early identification and interventions are important in understanding the difficulties preventing the onset of mental health issue. Interventions considered being the need of each child as it can promote resilience and emotional development. It includes families and educators in the intervention process to ensure consistent support even in the different environment. The relation between child severity and mental wellbeing is complex. It is important to understand these concepts for developing the effective interventions and support system that will enhance the life of child as well as parents . Clinical attention is also necessary to address these challenges faced by the population for better emotional and mental wellbeing .

OBJECTIVE OF THE STUDY

1. To quantify child severity level by using childhood autism rating scale (CARS).
2. To evaluate the mental wellbeing of the caregivers.
3. To analyze the connection between child severity level and mental wellbeing.

RESEARCH QUESTIONS

1. What is the relationship with child severity and caregivers mental wellbeing ?
2. How the child severity level is linked with caregivers emotional regulation and mental wellbeing

LITERATURE REVIEW

Parents of children with autism spectrum disorder have more wellbeing problems then parents whose children's don't have autism spectrum disorder. Moreover not all parents have these problems. These problems may be due to the problems interaction between environment and the process as well. Understanding how these factors are contributing in parents mental wellbeing and stress have implication for intervention program. The aim of this study is to explain how child with Autism Spectrum Disorder severity level is linked with parents mental wellbeing. Also

how child negative environment, perception of their child's problem and their use of reappraisal affects on child and as well as parents .

Kanja M.W (2022) This qualitative study examined the psychological wellbeing of caregivers of child with autism spectrum disorder in Nairobi , kenya . This study is done by taking interviews and focus group of 28 caregivers and they found out that taking caregiving of child with autism negatively impact on the parents psychological wellbeing it is also highlighted the need of the accessible therapies, interventions and psychological support. This study also suggested to increase awareness and also prompt caregivers psychological wellbeing.

Lauran J.Taylor (2021) examined that connection between parental wellbeing, self-efficacy and child characteristics. This study included 248 families of children with autism spectrum disorder (ASD). Its findings show that higher autism severity linked with poor self-efficacy in parents. Moreover parental wellbeing was not directly linked with child autism. The study highlighted the importance of targeting parental self-efficacy and mental wellbeing in autism interventions. Self-efficacy is a secondary outcome in supporting parents .

Smith Louise (2022) compared the health and mental wellbeing and the parents of children with and without autism. This is a quantitative study comparative design The results shows that parents of children with autism spectrum disorder has lowest mental wellbeing then the parents of children who don't have autism. Parents having high stress level, anxiety and self-efficacy is also poor. Their study emphasized the need for health professionals to provide caregivers the mental wellbeing intervention plan. A family centered approach is recommended for both children and parents.

NJ Nadeem (2024) examined that mental wellbeing and mental health in the parents of children with autism. They took 103 parents and applied tools likes SRQ-20 and APSI. Results show that high level pf psychological distress to frequent autism severity and poor quality of life. Mothers reported higher level of stress then fathers and the stress was specifically for the behavior and physical problems. This study suggested parents face significantly physical and emotional burden. It calls for supportive interventions for parents.

HYPOTHESIS

Hypothesis 1: There will be a significant negative association between child ASD severity and caregivers mental wellbeing.

METHODOLOGY

RESEARCH DESIGN

This is a quantitative research in which cross sectional design is used that includes collecting data from the caregivers of the children with autism spectrum disorder. The research is conducted to examine the relationship between child severity and mental wellbeing of the primary caregivers of the child with autism spectrum disorder. The data is gathered from the specific population of caregivers of children with autism spectrum disorder.

DATA COLLECTION

The target population for this study is primary caregivers of children who have been diagnosed with Autism Spectrum Disorder (ASD). The caregivers who are typically parents or guardians play a important role in managing the child daily needs and behavioral challenges making them a main focus for understanding the impact of child severity and related factors. A purposive sampling strategy will be used to select participants as it allows for the selection of individuals who meet the specific criteria necessary for this research.

SAMPLE SIZE

The study include a total of 100 caregivers a sample size for conducting a statistical analyses and identifying significant relationships among child severity and caregiver mental wellbeing.

RESEARCH SCALE

1. CARS (childhood autism rating scale)
2. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS

STATISTICAL ANALYSIS

Data analysis for this study will be conducted using the Statistical Package for the Social Sciences (SPSS) widely used software for quantitative data analysis that offers a range of statistical procedures suitable for examining relationships among variables. Correlational analyses will be conducted to explore the strength and direction of relationships between key variables such as child severity and mental wellbeing. Descriptive statistics is used to find the tendencies and variability. Finally regression analysis will be performed to determine the predictive power of child severity on caregivers mental wellbeing allowing for the assessment of the unique contribution of each independent variable while controlling for others. These statistical techniques will provide a comprehensive understanding of the data and support evidence-based conclusions regarding the interplay between child characteristics and caregiver outcomes.

RESULTS AND DISCUSSION

To gather required initial information the objective population was reached and contacted mainly the questionnaire which is used in this research consist of two major categories one was the demographics of the respondents i.e. Age, Qualification, gender and the number of years and the second was scales.

DESCRIPTIVE STATISTICS

Descriptive statistics were computed to examine the central tendencies and variability of the primary study variables. The Childhood Autism Rating Scale (CARS) had a mean score of **M** = 41.86, **SD** = 7.55 (**N** = 100), indicating a moderate level of autism symptom severity within the sample. Mental Well-Being (MWB) scores averaged **M** = 38.48, **SD** = 11.42 (**N** = 95). These values suggest moderate variability in MWB among participants.

TABLE 1

DESCRIPTIVE STATISTICS FOR STUY

DESCRIPTIVE STATISTICS FOR KEY VARIABLES

Variable	M	SD	N
CARS	41.86	7.55	100
Mental wellbeing	38.48	11.42	95

RELIABILITY ANALYSIS

To assess the internal consistency of the scales, Cronbach's alpha coefficients were calculated. The Mental Well-Being scale (14 items) also showed excellent reliability with $\alpha = .937$.

TABLE 2: RELIABILITY OF STUDY SCALES

Scale	No. of Items	Cronbach's α
Mental Well-Being	14	.937

CORRELATION ANALYSIS

Pearson product-moment correlation coefficients were computed to examine the relationships between the study variables. A significant negative correlation was found between CARS scores and mental well-being, $r(93) = -.225$, $p = .029$, indicating that higher autism severity is associated with lower mental well-being.

TABLE 3: CORRELATIONS AMONG STUDY VARIABLES

Variables	1	2
CARS	−.155	−.225*
Mental Well-Being	−.225*	.825**

* $p < .05$, ** $p < .01$

REGRESSION

Two simple linear regression analyses were conducted to explore the predictive relationships among the variables. Mental well-being was used as a predictor of CARS scores. This model was statistically significant, $F(1, 93) = 4.949$, $p = .029$, $R^2 = .051$, indicating that mental well-being explained 5.1% of the variance in autism severity. The unstandardized regression coefficient was $B = -.151$ ($SE = .068$), $t = -2.225$, $p = .029$, suggesting that lower mental well-being is significantly associated with higher autism severity.

TABLE 4: REGRESSION COEFFICIENTS PREDICTING CARS SCORES

Model	F	p	R^2	B	SE	t
CARS~MWB	4.949	.029	.051	-.151	.068	-2.225

INTERPRETATION

The findings indicate that mental well-being emerged as a significant negative association between child severity and mental wellbeing of the primary caregivers. This underscores the importance of psychological well-being in the context of autism and suggests potential benefits of interventions aimed at enhancing well-being.

DISCUSSION

This findings support the hypothesis. It shows that mental well-being were significantly and negatively associated with the severity of autism symptoms in the children. Lower levels of caregiver wellbeing are associated with higher levels of autism severity in the child. The psychological state of the caregiver plays a significant role in shaping the caregiving experience and potentially the behavioral outcomes of the child. These results existing literature that highlights the interconnected yet complex psychological dynamics involved in caregiving for children with autism.

CONCLUSION

This study contributes to the growing body of research emphasizing the critical role of caregiver mental well-being in the context of autism. These findings support the inclusion of mental health promotion and emotional skill development in family-based interventions for autism, with the goal of improving quality of life for both caregivers and children.

RECOMMENDATION

1. Mental wellbeing support for the caregivers through family centered interventions.
2. Early identification and timely interventions to avoid mental health issues.
3. Peer support development.
4. Caregivers should offer training emotional regulation, stress reduction and behavior management techniques.
5. Longitudinal research on caregivers' mental wellbeing.

LIMITATIONS

This study is limited in several ways. This is a quantitative study focusing on child severity are linked with caregivers mental wellbeing with a small sample size. Longitudinal study is recommended to find the deep connection between these two variables.

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