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Societal Attitudes, Perceived Stigma and Psychological Distress among the Caregivers of Patients with Schizophrenia

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ABSTRACT

This study aimed to investigate the relationship between societal attitudes, perceived stigma, and psychological distress among caregivers of individuals diagnosed with schizophrenia in Pakistan. Drawing upon previous literature and theoretical frameworks, the research highlights the psychosocial distress faced by caregivers, a group often overlooked in mental health care. While the stigma surrounding schizophrenia is widely acknowledged to affect patients, this study emphasizes its equally profound impact on their caregivers. The study was designed with the following objectives: to assess the degree of perceived stigma and negative societal attitudes experienced by caregivers; to examine the role of gender in shaping psychological distress; and to determine whether perceived stigma significantly predicts psychological distress and negative societal perceptions. The following hypotheses were tested: (1) perceived stigma, psychological distress, and societal attitudes are significantly interrelated; (2) gender differences exist in the experience of psychological distress and stigma.Using a correlational research design, a sample of 200 caregivers (53% male and 47% female), aged 18 to 50 years, was selected through convenient sampling from three major cities: Lahore, Sialkot, and Gujranwala. Data were collected using standardized and culturally adapted tools, including the Kessler Psychological Distress Scale (K10) by Kessler et al., (2002), the Family Stress Stigma Scale (FSSS), translated into Urdu by Khawar et al. (2024), and the Community Attitudes Toward Mental Illness (CAMI) Scale by Taylor and Dear (1981).

Results analyzed through SPSS revealed that 83% of caregivers experienced high societal problems. Statistical analysis confirmed a significant positive correlation between perceived stigma and psychological distress and societal attitudes in caregivers of schizophrenia. Gender differences were also observed, with male caregivers reporting higher levels of both stigma and distress compared to females. Also, more negative societal attitudes faced by the male caregivers. In conclusion, this study contributes to the limited but growing body of literature on caregiver mental health in Pakistan. It underscores the necessity of addressing societal stigma, enhancing caregiver support systems, and integrating culturally sensitive approaches into mental health services to promote holistic care by prioritizing the well-being of their caregivers.

Keywords: *societal attitudes, perceived stigma, psychological distress, schizophrenia, Pakistan*

INTRODUCTION

Caregivers of patients with schizophrenia are an often-overlooked yet vital support system, shouldering immense responsibilities. The relentless demands of caregiving, such as managing symptoms, ensuring medication adherence, and providing a stable environment, frequently impose significant mental strain, leading to heightened vulnerability to stress, stigma, coping with societal attitudes, anxiety, and psychological distress. Despite these hardships, their resilience and unwavering commitment underscore the profound impact of familial and social networks on the well-being of individuals with schizophrenia (Clari et al., 2022).

According to the 2017 Global Burden of Disease study, schizophrenia affects around 20 million people globally. According to China's National Health Commission (NHC), the number surpasses 4 million. Caregivers of individuals with mental health issues are well-defined as those who “provide support, often unpaid, to individuals struggling with conditions such as depression, schizophrenia, or bipolar disorder. Their responsibilities can include assisting with daily activities, managing medical or therapy appointments, and offering emotional support” (Cham et al., 2022). Caregiving is a very time-consuming task that makes life burdensome for the caregivers in terms of social, emotional, behavioral, and financial problems and various drawbacks in their personal lives, (Tamizi et al., 2022)

Their engagement improves the patient's quality of life and creates a supportive atmosphere for healing. Additionally, family caregivers frequently serve as advocates, raising awareness and filling gaps in mental health treatment. Their importance cannot be overstated, as their efforts not only benefit the individual with schizophrenia but also contribute to broader societal understanding and acceptance of mental health challenges (Iqbal & Majeed, 2021).

Families and caregivers of individuals living with schizophrenia often encounter a wide range of emotional and social challenges but the most problems which they may face is one of them is also perceived stigma of schizophrenia or stigma related to mental health which is high crucial and leads to many of the other problems for the patients and as well as the family that’s why it is important to do research on such variable to get more depth evidences (Manesh et al., 2023; Karacar & Bademli, 2022). Their ability to provide care and general well-being are impacted by psychological distress, which also contributes to a variety of psychological issues such as anxiety, depression, and burnout (Stanley et al., 2022). Developing countries researches indicate a negative ratio of mentally ill patients received care from a medical professional. Furthermore, there are very few psychiatric hospitals or standard care homes available to treat mentally ill individuals. Instead, family members frequently provide care and treatment to individuals with mental illness in informal settings, such as their homes, and research indicates that 90% of those with mental illness receive support from their families (Ayalew et al., 2019).

Suffering psychological distress and burden during care, not only affect the quality of life and health of the caregiver, but will also affect their productivity as an individual, and their ability to provide quality care for the ill relative, therefore worsening the health of the mentally ill relative and decreasing the likelihood of their possible recovery or improved health. Stigma among caregivers of patients with mental illness should be incorporated into mainstream mental health care to reduce the caregiving burden and societal pressure (Kaggwa et al., 2023). These attitudes not only impact the caregiver's well-being but also shape their willingness to seek help, share their struggles, or engage in community-based support systems. Understanding and improving community attitudes toward caregiving is essential to creating an environment where caregivers feel empowered and supported, enabling them to provide the best possible care for their loved ones (Peng et al., 2022).

Family caregivers of people with schizophrenia faced a significant caregiving burden. The caregiver's age, gender, education level, job loss owing to caregiving responsibilities, income, relationship with the patient, disease length, and frequency of caring were found to be statistically significant predictors of the caregiving burden in schizophrenia. (Fatima & Tariq, 2022). The findings of study suggest that family caregivers of schizophrenia patients, particularly those from lower socioeconomic backgrounds, should be educated about the risk of caregiving burden and supported through a variety of formal and informal services to develop strategies and build resilience to cope with caregiving challenges as they exhibit high level of burden (Rahmani et al., 2022).

Caregivers of individuals with schizophrenia often face much higher levels of depression, anxiety, and stress compared to those caring for loved ones with bipolar affective disorder. (Ain et al., 2023). Research from the University of Karachi examined perceived stigma among mentally ill patient’s caregivers. The study found that stigma contributes to increased stress and negatively affects caregivers' well-being and low living quality, emphasizing the importance of the addressing stigma in well-being of a person (Ahmed & Farooq, 2022). The current study was designed to explore societal attitudes, perceived stigma, and psychological distress among caregivers of patients with schizophrenia. While stigma is undoubtedly harmful to individuals living with schizophrenia and the societal attitudes along with psychological distress causing alarming situation, it can be even more damaging for their caregivers and families. This issue remains largely unaddressed in Pakistan and calls for urgent attention.

Rationale

The reason for the study to conduct is despite the growing awareness of mental health issues globally, there remains a significant gap in understanding the experiences of caregivers and what problems they are facing, especially in non-Western contexts like Pakistan. By focusing on this topic, there will be shedding light on an area that has been relatively understudied, yet crucial for developing effective support systems such as societal attitudes, psychological distress, stigmatization and mental states of the care-givers of schizophrenic patients. As previous studies worked on the burden only facing by the care-givers only such as studies revealed only family members with serious mental illness impacts the caregivers’ wellbeing and there is need for support and counseling services for the caregivers to reduce the burden of caring (Siddiqui & Khalid, 2019).

Moreover, caregiver burden is found to be a significant negative predictor of quality of life of individuals taking care of people having schizophrenia (Umair et al, 2022). As this is new type of study to check whether the caregivers of individuals with schizophrenia often face immense challenges, including psychological distress, stigmatization and the negative societal attitude towards them as studies also showed that although depression is a very prevalent undiagnosed condition among those who care for psychiatric patients, other factors are still not well understood (Imtiaz et al, 2021). Another study result shown that there is statistically significant association between age of the caregiver and psychological distress, while gender, educational status, marital status, occupational status, duration of care and relation with the patient are not associated with psychological distress (Shah et al, 2013) so it is also need to study these variables in order to get more depth knowledge and develop the interventions by the professional accordingly. Exploring the stigma and societal attitudes they encounter can provide valuable insights into the specific stressors they face, thus highlighting the urgent need for targeted interventions and support services. Pakistan, like many other countries, has its unique cultural norms, beliefs, and attitudes towards mental illness and care-giving. Understanding how these cultural factors intersect with stigma and societal attitudes is essential for developing culturally sensitive interventions and policies that can better support caregivers and reduce the burden of stigma.

In a study it was revealed that psycho-education should be part of all mental health education programs in these communities of Pakistan, as delays in treatment worsen the prognosis of people with schizophrenia. Training the medical staff to consider the culture, religion and therapeutic preferences of the Baloch people can be effective in advancing the goals. In addition, local influencers should stress the importance of health care alongside harmless local remedies (Darban et al, 2023). This study is limited only in Baloch areas of Pakistan and no other so there is need to study more regions in order to explore more. This study will help health care professionals and clinical psychiatrists and psychologists to identify the negative impacts of stigmatization on caregivers so that they can work on those aspects to improve the emotions and poor mental conditions. This study aims to fill the gaps and scarcity between the literatures and to explore the statistical findings.

Objectives of the Study

This study will investigate the following:

- To measure the degree of perceived stigma and societal attitudes faced by schizophrenic caregivers in Pakistan.

- To see whether the gender role impact the mental health of caregivers.

- To examine the perceived stigma and societal attitudes towards the caregivers of Schizophrenia negatively impacts the mental health of the caregivers.

Hypotheses

The present research sets out to explore the following hypotheses:

- **H1:** There would be significant relationship between perceived stigma, psychological distress and societal attitude among caregiver of patients with Schizophrenia

- **H2:** Perceived stigma would predict psychological distress and negative societal attitude in the caregiver of patients with schizophrenia

METHODOLOGY

To ensure the research process remained thorough and credible, this chapter offers a thorough explanation of the sampling strategies, data collection techniques, and analytical approaches used. By clearly stating these methodological elements, the chapter seeks to provide a thorough grasp of how the study was carried out, making it easier to evaluate its validity and relevance.

Additionally, knowing the methodological procedures makes it possible to assess the study's suitability and validity in answering the research questions. In addition to supporting the possibility of study replication by subsequent researchers, the organized presentation of these procedures advances the field's understanding. The credibility and dependability of the research findings are further supported by this chapter's discussion of ethical issues, acknowledgement of limitations, and explanations of the chosen methodologies.

Research Design

This study used a cross-sectional correlational design, a non-experimental approach that explores how two or more variables are related at a single point in time. Rather than tracking changes over a period, it provides a snapshot of possible connections between variables in the moment they're measured. With little to no effort to control for unrelated variables, correlational research measures variables and evaluates the statistical relationship between them (Creswell, 2014).

Sample and Sampling Technique

A sample is a subset of the population selected for actual participation in the research. It represents the larger population and is used because studying the entire population is usually impractical or impossible (Babbie & E.R, 2020). In this study, the 200 caregivers from three different cities of Punjab province to participate in the study was included (both males and females).

The sample of this study was collected through convenient sampling method from different psychiatric treatment and rehabilitation center, hospitals and mental health centers located in the major cities of the Punjab, like Lahore, Sialkot and Gujranwala-Pakistan.

This study employed a convenient sampling also known as convenience sampling) is a non-probability sampling technique where researchers select participants based on their ease of availability, proximity, or willingness to participate, rather than using a random or systematic method. It was used for the data collection as we will gather data for the research study from different areas so we approached the sample most conveniently available for the research. Convenient sampling refers to selecting a sample based on ease of access and availability. It is one of the least rigorous sampling methods due to its inherent risk of bias (Saunders et al., 2019).

Standardized and translated tools were administered, including the Family Stigma Stress Scale by (Khawar et al., 2024) for perceived stigma, for psychological distress Kessler Stress Scale (Kessler et al., 2022) was used, and for societal attitudes Questionnaire of Community Attitudes towards Mentally Ill (Taylor & Dear, 1981) was used.

Procedure

First, the topic of interest for the research study was selected. Following this, permission for conducting the study was obtained from the research supervisor. The geographic areas and regions relevant to the research were then defined. Demographic information was identified in line with the study variables, and the appropriate tools/measures were chosen based on these variables. Subsequently, permissions were requested from the tool developers via email to use their standardized tools, and approval was received. Next, permissions were granted by hospital authorities and clinics to allow data collection. After determining the methodology, all ethical considerations were addressed, including obtaining informed consent from participants. Data collection took place in both private and government hospitals and clinics in the selected cities, depending on the availability of out-patients and their caregivers.

Before participation, participants were briefed about the purpose of the study and the procedure. After obtaining informed consent, participants who were interested to give data, asked to complete the questionnaires. They first responded to demographic questions, followed by instruments measuring societal attitudes, perceived stigma, and psychological distress. The preferred method of administration was through paper copies of the questionnaire.

Participants received a debriefing regarding the study and their involvement after it was over. To ascertain which of the anticipated hypotheses were accepted and which were disproved, the gathered data was lastly examined using SPSS.

RESULTS

Table 1: Demographics Information of the Participants (N=200).

Category		N	%	Cumulative %
Gender	Male	106	53.0	53.0
	Female	94	47.0	100.0
Marital Status	Married	104	52.0	52.0
Marital Status	Single	78	39.0	91.0
	Divorced	14	7.0	98.0
	Widow	4	2.0	100.0
Relation with Patient	Spouse	98	49.0	49.0
	Parent	74	37.0	86.0
	Sibling	28	14.0	100.0
Living Status of Caregiver	Dependent	124	62.0	62.0
	Independent	44	22.0	84.0
	Other	30	15.0	99.0
Living Place of Caregiver	Urban	60	38.5	38.5
	Rural	63	31.5	70.0
	Others	77	30.0	100.0
History of Problem of Patient	Yes	84	42.0	42.0
	No	57	28.5	70.5
First Diagnosis of Patient	Yes	171	85.5	85.5
	No	29	14.5	100.0
Treatment History	Yes	169	84.5	84.5
	No	31	15.5	100.0
Any Relapse	Yes	176	88.0	88.0
	No	24	12.0	100.0
Social Problems Faced by Caregiver	Yes	166	83.0	83.0
	No	34	17.0	100.0
Marital Status of Patient	Married	104	52.0	52.0
	Single	94	47.0	99.0
	Divorced	2	1.0	100.0
Age of Patient	18-24	44	45.0	45.0
	25-32	66	33.0	78.0
	33-40	90	22.0	100.0
Gender of Patient	Male	100	50.0	50.0
	Female	100	50.0	100.0
Birth Order of Patient	Oldest	72	36.0	36.0
	Only	69	34.5	70.5
	Younger	30	15.0	85.5
	Middle	29	14.5	100.0

Socioeconomic Status	Middle	138	69.0	69.0
Socioeconomic Status	Upper	40	20.0	89.0
	Lower	22	11.0	100.0
Family System	Nuclear	110	55.0	55.0
	Joint	90	45.0	100.0

The sample consisted of 200 participants. As shown in Table 1.1, 53.0% of caregivers were male (n = 106) and 47.0% were female (n = 94).

In terms of marital status, more than half of the caregivers were married (52.0%), while 39.0% were single, 7.0% divorced, and 2.0% widowed. Regarding their relationship with the patient, 49.0% were spouses, 37.0% were parents, and 14.0% were siblings. The living status of caregivers indicated that 62.0% were dependent, 22.0% were independent, and 15.0% reported other arrangements. In terms of residential location, 38.5% of caregivers resided in urban areas, 31.5% in rural areas, and 30.0% in other settings.

For the patients' mental health history, 42.0% had a history of psychological problems, while 28.5% had no such history. Most patients had received a first diagnosis (85.5%) and had a treatment history (84.5%). A high proportion (88.0%) had experienced relapse, indicating the chronic nature of their condition. A significant number of caregivers (83.0%) reported facing social problems due to their caregiving role. Regarding the marital status of patients, 52.0% were married, 47.0% were single, and only 1.0% were divorced.

The age distribution of patients showed that 45.0% were between 18–24 years, 33.0% between 25–32 years, and 22.0% between 33–40 years. The gender distribution was equal, with 50.0% male and 50.0% female patients. In terms of birth order, 36.0% were the oldest child, 34.5% were only children, 15.0% were the youngest, and 14.5% were middle children. Regarding socioeconomic status, 69.0% of the families belonged to the middle class, 20.0% to the upper class, and 11.0% to the lower class. Lastly, the family system of caregivers indicated that 55.0% belonged to nuclear families and 45.0% to joint family systems.

H1: There would be significant relationship between perceived stigma, psychological distress and societal attitude among caregiver of patients with Schizophrenia

Table 2

Table 2 showing Relationship Between Variables, Community Attitudes, Perceived Stigma and Psychological Distress among Caregivers of Schizophrenic Patients with Means and Standard Deviations (N = 200)

Variable	**M**	**SD**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
1. Com Attitudes	116.47	37.96	—	.99**	.99**	.99**	.99**	.99**	.95**	.99**	.99**	.99**	.99**
2. Psy Distress	29.21	9.83		—	.99**	.98**	.98**	.98**	.93**	.99**	.98**	.98**	.98**
3. Stigma	23.31	7.84			—	.98**	.98**	.98**	.93**	.98**	.98**	.98**	.98**

4. At-Pro-1	14.57	4.92				—	.98 **	.98 **	.92 **	.98 **	.98 **	.98 **	.98 **
5. At-Anti-2	14.65	4.97					—	.98 **	.92 **	.98 **	.98 **	.98 **	.98 **
6. Ben-Pro-1	14.66	4.93						—	.92 **	.98 **	.98 **	.98 **	.98 **
7. Ben-Anti-2	14.28	4.22							—	.92 **	.93 **	.93 **	.93 **
8. SR-Pro-1	14.54	4.94								—	.98 **	.98 **	.98 **
9. SR-Anti-2	14.64	4.88									—	.97 **	.97 **
10. CMHI-Pro-1	14.58	4.80										—	.98 **
11. CMHI-Anti-2	14.58	4.90											—

p < .05, All correlation coefficients significant at the 0.05 level.

The data indicate robust linear relationships among the study variables, particularly between community attitudes, psychological distress, and stigma. These relationships imply that as individuals' community attitudes and psychological distress increase, so too does the endorsement of stigmatizing beliefs and negative mental health perceptions. The consistent pattern of significant correlations underscores the interconnected nature of these variables, emphasizing their role in shaping mental health attitudes and experiences.

H2: Gender would exhibit significant difference on psychological distress and negative societal attitude in the caregiver of patients with schizophrenia

Table 3

Table 3 showing results on the basis of gender differences, a comparison on the variables of Community Attitudes, Perceived Stigma and Psychological Distress (N=200)

Variable	**Male (n = 106)**		**Female (n = 94)**		***T***	***p***	**95% CI**	**Cohen's *d***
	M	**SD**	**M**	**SD**			**LL – UL**	
At-Pro	15.24	4.95	13.81	4.79	2.07	.040	0.06 – 2.79	0.29
At-Anti	15.37	4.99	13.83	4.85	2.21	.029	0.16 – 2.91	0.31
Ben-Pro	15.30	4.95	13.93	4.82	1.99	.048	0.01 – 2.74	0.28
Ben-Anti	14.66	4.25	13.84	4.18	1.37	.171	–0.36 – 2.00	0.19
SR-Pro	15.33	4.88	13.65	4.89	2.43	.016	0.32 – 3.05	0.34
SR-Anti	15.32	4.89	13.87	4.77	2.12	.036	0.10 – 2.80	0.30
CMHI-Pro	15.32	4.86	13.73	4.61	2.36	.019	0.26 – 2.91	0.33
CMHI-Anti	15.22	4.91	13.85	4.80	1.98	.049	0.01 – 2.72	0.28
Psychological Distress	30.62	9.80	27.61	9.65	2.19	.030	0.30 – 5.74	0.31
Stigma	24.48	7.96	21.98	7.53	2.28	.024	0.33 – 4.67	0.32

$p < 0.5^{**}$

The results showed that male caregivers reported notably higher levels on several key measures compared to their female counterparts.

Specifically, male caregivers reported significantly greater psychological distress (*M* = 30.62, *SD* = 9.80) than female caregivers (*M* = 27.61, *SD* = 9.65), *t* (198) = 2.19, *p* = .030, 95% CI [0.30, 5.74], with a small to medium effect size (*d* = 0.31). Similarly, males reported significantly higher perceived stigma (*M* = 24.48, *SD* = 7.96) than females (*M* = 21.98, *SD* = 7.53), *t* (198) = 2.28, *p* = .024, 95% CI [0.33, 4.67], *d* = 0.32.

Regarding societal attitudes, significant gender differences were found in authoritarian attitudes (*t* (198) = 2.07, *p* = .040), social restrictiveness (*t* (198) = 2.43, *p* = .016), and community mental health ideology (*t* (198) = 2.36, *p* = .019), with male caregivers generally endorsing more negative or restrictive societal attitudes than female caregivers. All significant differences had small to moderate effect sizes (*d*s ranging from 0.28 to 0.34).

These findings support the hypothesis that perceived stigma is associated with greater psychological distress and more negative societal attitudes in caregivers. Moreover, male caregivers appear to experience higher stigma and distress, and to hold more negative attitudes than female caregivers, suggesting gender may moderate the impact of perceived stigma on mental health and societal beliefs.

DISCUSSION

We have discussed and highlighted the core elements related to caregiver's mental health like societal attitudes towards them and stigmatization as well as the psychological distress they face due to this. Furthermore, it has been emphasised that societal attitudes are a significant factor in the development of mental health conditions such as psychological distress or in the deterioration of conditions for carers. It has been noted that carers who experience negative stigmatization from society are more likely to experience various mental health issues. The results of the study, which are shown in Table 2, confirmed this theory. Strong positive relationships between the three variables were found using Pearson correlation analysis; correlation coefficients ranged from r =.93 to r =.99, and all were statistically significant at p <.05. These findings show a strong linear relationship, indicating that higher levels of perceived stigma and psychological distress among caregivers are strongly correlated with more stigmatizing or negative societal attitudes.

The degree of distress is also influenced by socio-demographic variables. According to research from India, caregivers who lived in rural areas or had less education reported much higher levels of stress, anxiety, and depression than their counterparts who lived in cities or had greater levels of education (Kumar et al., 2023). These differences highlight the urgent need for tailored interventions that address the structural and emotional causes of caregiver stress.

The outcomes of the study make it evident that among caregivers of people living with schizophrenia, psychological stress, perceived stigma, and prevailing societal views are strongly correlated. In order to lessen caregiver hardship and increase their life living quality, the findings underscore urgent need used for comprehensive, multifaceted strategies that address public stigma, provide psychological support to caregivers, and take socio-demographic disparities into account. A study (Issac et al., 2022) found that the social difficulties are mounting daily for caregivers trying to meet the complex needs of someone with schizophrenia, which exacerbates the stress and stigma associated with them. Thus, the hypothesis was supported by empirical evidence.

Our 2nd hypothesis was also approved and results verified that gender would exhibit significant difference on psychological distress and negative societal attitude in the caregiver of patients with schizophrenia ($p<.05$, listed in table 1.3).

The findings from the independent samples t-test revealed significant gender differences in perceived stigma, psychological distress, and negative societal attitudes among caregivers of individuals with schizophrenia. Male caregivers exhibited notably higher levels of psychological distress (M = 30.62, SD = 9.80) compared to female caregivers (M = 27.61, SD = 9.65), with the difference being statistically significant (t (198) = 2.19, p = .030, 95% CI [0.30, 5.74], d = 0.31). This suggests that male caregivers experience greater psychological burdens, which may stem from gender-specific societal expectations and role-related stressors in caregiving contexts (Chiu & Knight, 1999; Pinquart & Sörensen, 2006). Furthermore, male caregivers also reported significantly higher levels of perceived stigma (M = 24.48, SD = 7.96) compared to their female counterparts (M = 21.98, SD = 7.53), with a small to medium effect size (t (198) = 2.28, p = .024, 95% CI [0.33, 4.67], d = 0.32).

Khan et al. (2021) observed that caregivers in Eastern culture, such as Pakistan and India, reported high levels of discrimination due to societal pressure on family members. Older persons have higher levels of psychological suffering, whereas young adults have higher rates of hopelessness (Batool et al., 2021). Caregivers' gender was found as a significant risk factor for their mental health. Particularly males face high stress, so that it is essential to address their mental health problems. (Hussain et al., 2020).

In conclusion, stigma-related experiences are a major contributing factor to caregivers' psychological discomfort and anxiety. Emotional distress, fear of rejection, internalized shame, and limited access to support networks are all results of social stigmatization. These results highlight the fact that caregivers face the wider psychosocial repercussions of being linked to a stigmatized illness in addition to the challenges of caring for a loved one with schizophrenia.

LIMITATION AND FUTURE IMPLICATIONS

The present research work study has some limitations that, if addressed and resolved, could lead to more meaningful contributions and valuable findings in future research.

First limitation was that, findings may not be representative of all caregivers in those areas due to regional, urban-rural, and socioeconomic differences. The level of stigma and distress may vary across different cities and villages, making it difficult to generalize results beyond Punjab.

There might be limited prior research on caregiver stigma and distress in Punjab, making it challenging to compare results with existing studies from similar cultural settings. International comparisons may not always apply due to cultural and economic differences. As the study is cross-sectional, it only captures those caregiver experiences at one point in time, not long-term changes in stigma, distress, or attitudes. A longitudinal study would provide better insights into how societal attitudes and stigma evolve over time and affect caregivers differently.

The areas of the Punjab from which data was being gathered has strong cultural and religious influences that shape societal attitudes toward mental illness. Stigma may be underreported due to social desirability bias, as caregivers may hesitate to express negative experiences out of fear of judgment. Mental illness is often misunderstood or associated with supernatural beliefs in some communities, which may influence caregiver responses.

The last limitation is the exclusion of participants with little or no formal education, even though they are often more susceptible to the stigma surrounding caregiving. Future studies should consider including this important group.

Other researches should examine the coping strategies caregivers use to deal with stigma and psychological distress. Identifying protective factors (such as social support, religious beliefs, and professional counselling) could help develop intervention programs for caregiver well-being.

Future studies could investigate whether social media and online support groups help caregivers cope with stigma and psychological distress. This would be useful in developing digital mental health interventions for caregivers in Pakistan. All these aspects are highlighting the need for greater attention in future research.

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