



## The Role of Medical Social Work in Supporting Families of Individuals with Mental Health Disorders: A Case Study of Punjab, Pakistan

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### Abstract

Although mental health disorders are becoming more widespread in Pakistan, psychosocial requirements of families with affected persons are still not well understood and addressed in the medical care system. Poor mental health infrastructure, insufficiency of professional trained services, and small community-based services often subject families to long-term care giving. Research Objectives of the study are: To investigate the roles and professional activities of medical social workers in the provision of psychosocial support to the families of the people having mental illness in Punjab, Pakistan. To determine psychosocial, emotional, and practical support of families with persons with mental health disorders in health care facilities in Punjab. To find out the perceptions and experiences of family members on the effectiveness of medical social work interventions on the ability to cope and well-being. To determine the institutional, cultural, and systemic obstacles involved in the provision and functionality of medical social work services to families of people with mental health conditions in Punjab, Pakistan. A qualitative research design was used in this study to examine the Medical social work role of the family of individuals with mental health conditions in Punjab, Pakistan. This study was carried out in some mental health care institutions in Punjab, Pakistan. The population was made up of medical social workers and the family members of people with mental disorders. The participants were selected through a purposive sampling method which considered only those who had the direct experience of the phenomenon under study. This was done to provide good and pertinent qualitative information. Semi-structured in-depth interviews were adopted as a method of data collection because they provide flexibility whilst focusing on important areas of the research. The interview questions covered psychosocial support, caregiving, interventions of the social work. Thematic analysis was conducted to analyze data and presented in accordance with the offered framework. Coding of the interview transcripts was done in a systematic manner so as to establish patterns and recurring themes. The approach helped to have a structured and significant interpretation of the narratives of participants.

**Keywords:** Medical Social Work, Family Caregiving, Mental Health Disorders, Psychosocial Support, Caregiver Well-Being

### Introduction

Mental health disorders are one of the most significant issues in the world as they impact not only the individuals but also their families and the rest of the social circles. It is often the case that families of people with mental illnesses face emotional, economic, and caregiving challenges that are not necessarily within a clinical context (World Health Organization, 2019).

In developing nations like Pakistan, mental health infrastructure is limited, social stigma is widespread and most people remain unaware of the consequences, worsening such predicaments (Mirza & Jenkins, 2004). Consequently, it means that families usually have a hard time receiving proper support services, which adds to a lengthy period of distress and unmet care requirements. The discrete nature of medical social work is in a unique position to meet the complicated psychosocial needs of mentally ill families in healthcare systems because it is a specialized form of social work practice. Having a combination of clinical knowledge and holistic support strategies, medical social workers contribute to discharge planning, counseling, connect families with the community resources and defend the rights of patients and their belonging to society (Hussein, 2018). Their contribution has also been reported in limiting the caregiver stress, developing coping mechanisms, and improving general treatment adherence rates (Saleem & Riaz, 2021). Although this is being realized as a possibility, there is still a lack of empirical studies that look at the operation of these interventions in a particular cultural and systemic context like that being experienced in Punjab, Pakistan. The most populated province of Punjab Pakistan presents a crucial case of exploring the role of medical social work in mental health care due to the presence of diverse groups of population with different levels of service accessibility in urban and rural areas. According to local research, sociocultural norms, extended family arrangements, and economic factors play a huge role in how the family copes with the challenges of mental health (Khan et al., 2020). But a systematic study of the social work practices in medicine and its effectiveness in helping the families is still not enough. This paper seeks to address that gap by investigating the contributions, barriers and outcomes of medical social work interventions with families of people with mental health problems in Punjab with implications on policy, practice and future studies.

### **Background of the Study**

Mental health is a highly complex and deep-rooted burden on an individual and family worldwide and especially in low-resource states like Pakistan. Limited and inadequate mental health services in the public and private sector often cause the family members to play a major role of primary caregivers, which leads to high levels of psychosocial, emotional, and economic stress (Saghir et al., 2025). Pakistan-based studies show that caregivers often have high rates of psychological burden, including stress, anxiety, burnout, and social isolation, in particular, when they care for persons who have chronic or severe mental illness, such as schizophrenia or bipolar disorder (Ara et al., 2022; International Journal of Social Sciences Bulletin, 2025). Structural inequalities (low income, unemployment, and low health literacy) also further complicate these strains, and are associated with increased maladaptive coping and worse well-being of caregivers. This fact highlights that the role of family caregivers extends past the physical care and into the emotional control of their clients, financial compromise and finding their way through the poorly developed mental health system. The act of care giving in Pakistan is very rooted in cultural, social norms and familial norms that make the care giving process both complex and constrained. The study of the family as a unit of care emphasizes that caregivers may also experience stigmatization in society that is related to mental illness and this may result in social isolation and the lack of access to community-based support systems (Ahmad and Khawar, 2025). This stigma does not only impact the mentally ill but also the families where they might get blamed or ostracized thus creating more isolation and lack of seeking help. Furthermore, qualitative research indicates that caregivers are often not ready to deal with the burdens of the job, contend with a lack of financial security because of employment loss or less working time and have impediments to effective utilization of formal healthcare systems (Saghir et al., 2025). The family, as a source of care and as a location of psychosocial vulnerability, is, in this case, crucial in the need to organize professional help. Medical social work provides a profession-organized, evidence-informed method of reducing such burdens through the combination of the systemic and personal issues of families with

mentally ill persons. Counseling, access to community and institutional services, education of families regarding the management of the illness, and promotion of patient rights and mental health policy change may be offered by social workers who have been trained in a medical and mental health environment (Hussein, 2018; Saleem and Raza, 2021). Internationally, these interventions have been demonstrated to enhance the results of caregivers, the effectiveness of the coping skills, and the treatment adherence by patients. Nonetheless, the province of Punjab, Pakistan, which is characterized by a heterogeneous urban and rural communities and is characterized by strong unequal access to healthcare is the area where little empirical research has been conducted to understand how medical social work practice functions within the local mental health care systems or how these services may be perceived and valued by families. Through a case study conducted in Punjab, this study aims to inform the contributions, challenges, and potential contribution of medical social work to help care giving families in a culturally and institutionally constrained environment to provide guidance on policy and professional practice in low-resource environments such as this.

### **Statement of the Problem**

Although the prevalence process of mental health disorders is on the rise in Pakistan, psychosocial needs of the families having mental health patients are often underestimated and underrepresented in the healthcare system. The responsibility of long-term caregiving is often transferred to the family as a result of the weak mental health infrastructure, lack of professionally trained individuals to provide care, and insufficiency of community-based services (Mirza and Jenkins, 2004; World Health Organization, 2019). According to the empirical data collected in Pakistan, caregivers are usually exposed to profound emotional distress, financial burden, social loneliness, and diminished quality of life, especially when their caregiving duties are directed at persons having severe and chronic mental illnesses (Siddiqui & Khalid, 2019). Mental illness stigma which is prevalent in these situations adds more challenges to the situation since it does not encourage the help-seeking behavior and alienates patients and the families. Nevertheless, the current mental health services pay most attention to clinical care, and in the majority of cases do not think about the family system as a whole and the psychosocial burden on the caregivers. Medical social work can be very crucial in how these missing needs are met through the psychosocial support it offers, enhancing access to resources, reinforcing coping and advocacy of families in health care institutions. Although the literature on international interventions in medical social work suggests remarkable effectiveness of the interventions in enhancing the well-being of caregivers and treatment outcomes, there is a considerable gap in the literature on the topic of empirical research on the interventions in Pakistan, and especially in the most populated province of the country Punjab, where there are vast differences in healthcare access (Hussein, 2018; Saleem and Riaz, 2021). Lack of context-specific evidence restricts the incorporation of medical social work into the sphere of mental health services and results in the inability to formulate informed policies and practices. Thus, the main issue that this research paper will focus on is the lack of knowledge in the role, scope, and effectiveness of medical social work in aiding families of people with mental health disorders in Punjab, Pakistan to provide a gap in both research and service provision.

### **Research Questions**

1. What are the roles and functions of medical social workers in assisting families of the persons with mental illness in healthcare facilities within Punjab in Pakistan?
2. What are the experiences of family members of people with mental health issues with regard to the effectiveness of medical social work interventions in meeting their psychosocial, emotional, and practical needs with regards to support?

3. What are the institutional, cultural, and systemic issues affecting the provision of medical social work services to families of mentally ill people in Punjab, Pakistan?

### **Research Objectives**

1. To examine the roles and professional functions of medical social workers in providing psychosocial support to families of individuals with mental health disorders in Punjab, Pakistan.
2. To assess the psychosocial, emotional, and practical support needs of families caring for individuals with mental health disorders within healthcare settings in Punjab.
3. To explore family members' perceptions and experiences regarding the effectiveness of medical social work interventions in enhancing coping capacity and well-being.
4. To identify the institutional, cultural, and systemic barriers affecting the delivery and effectiveness of medical social work services for families of individuals with mental health disorders in Punjab, Pakistan.

### **Conceptual Framework**

<b>Independent Variable</b>	<b>Dependent Variables</b>
<ul style="list-style-type: none"> <li>• Psychosocial Counseling and Emotional Support</li> <li>• Resource Linkage and Case Management</li> <li>• Psychoeducation and Awareness Building</li> <li>• Advocacy and Social Support Mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver Psychological Well-Being</li> <li>• Family Functioning and Social Integration</li> <li>• Caregiving Capacity and Competence</li> <li>• Treatment Engagement and Supportive Environment</li> </ul>

### **Conceptualization and Operationalization**

#### **Independent Variables**

**Psychosocial Counseling and Emotional Support:** The professional emotional counseling and guidance of the family to alleviate stress levels and improve the coping ability of mental illness.

**Resource Linkage and Case Management:** Mobilization of healthcare, financial and community resources to help the needs of families in the practical and services context.

**Psychoeducation and Awareness Building:** The organized education that targets to enhance family awareness on mental illnesses, treatment process, and caregiving plans.

**Advocacy and Social Support Mobilization:** There is an attempt to defend family and patient rights and build formal and informal support networks and decrease stigma.

#### **Dependent Variables**

**Caregiver Psychological Well-Being:** Emotional and mental health of caregivers, the stress level, resilience, and well-being in general.

**Family Functioning and Social Integration:** The quality of relationship within the family and the level of social functioning and integration in the society.

**Caregiving Capacity and Competence:** The capacity and confidence of families to successfully carry out caregiving roles and issues regarding mental health.

**Treatment Engagement and Supportive Environment:** The degree of family participation in the treatment adherence and the establishment of a supportive environment of recovery.

## **Literature Review**

Mental illnesses are one of the major causes of disability worldwide and the impact of such illness, not only to the affected but also to their respective families, is highly tremendous. It is continuously demonstrated in literature that family members tend to become the primary caregivers, particularly in the situation when formal mental health care is scarce (World Health Organization [WHO], 2019). The caregivers usually develop psychological distress, emotional burnout, monetary distress, and social isolation in dealing with the long-term care (Awad and Voruganti, 2008). The burden of caregiving to people with mental health issues is also compounded by the chronicity of most mental illnesses and hence family support serves as a significant but a fragile element in the mental health care systems globally. Overall, an extensive literature testifies to the psychosocial issues experienced by families of mentally ill people. Research has shown that the most common conditions reported by caregivers are anxiety, depression, stress associated with stigma, and poor quality of life (Siddiqui and Khalid, 2019). Changes in roles, communication problems, and constant challenges in care giving usually lead to disrupted family dynamics. Furthermore, the social stigma of mental illness can lead to social exclusion and the unwillingness to use professional assistance, which makes emotional stress on families even more (Corrigan and Watson, 2002). These results highlight that the psychosocial interventions applied when working with families and patients should be structured. Medical social work is central in dealing with psychosocial aspects of mental health care that involves a multifaceted approach in which the family is considered as the whole over the isolated components. Social workers working in medical and psychiatric facilities offer counseling, crisis intervention and discharge planning services, as well as advocacy, and even access to social welfare and community services (Hussein, 2018). Medical social work studies indicate that the interventions are very helpful in lowering the stress of the caregivers, increasing the coping mechanisms, and family involvement in the treatment of the individuals (Biegel et al., 2009). It is thus a common-known fact that the incorporation of social work in multidisciplinary mental health teams is fundamental to the provision of complete mental health care. Empirical data available in the high- and middle-income countries indicates that family-related social work interventions affect both the caregivers and patients positively. Case management, psychoeducation programs and family counseling, has been reported to enhance knowledge and resilience as well as confidence of carers dealing with mental illness (Dixon et al., 2011). Moreover, social workers offer advocacy and resource connection services to families to access healthcare systems and minimize barriers to care. Such interventions do not only lead to the improvement of family well-being but also lead to increased treatment compliance and decreased relapse rates in people with mental health disorders. Mental health care is a poorly funded area in Pakistan as few trained professionals and community-based services are available. Consequently, families have to undertake the major role of caring with little to no psychosocial support (Mirza & Jenkins, 2004). A study done in Pakistani medical facilities indicates the presence of high caregiver burden, especially at low-socioeconomic and mentally ill families (Saghir et al., 2025). Local culture, stigma and institutional absence also alienate families, which underscores institutional constrained family-centered mental health care in the country. Although the role of medical social work in assisting families of persons with mental illnesses in Pakistan and especially, in Punjab, has been documented as significant in international context, there is a significant shortfall in empirical studies as far as the role of the same is concerned. The current research is mostly clinical outcome or caregiver burden related and not a lot is written on the social work practice of the professional working in a mental health context (Saleem & Riaz, 2021). The vast variety of as well as urban-rural differences and accessibility to healthcare services make Punjab a specific region that is crucial to analyze the efficacy and issues of medical social work interventions. The current study would fill this gap to add context-specific evidence that can help guide policymakers, service integration, and professional practice in the fields of mental health care.

## **Research Methodology**

### **Research Design**

This paper has used a qualitative research design where the researcher sought to understand the significance of medical social work in assisting families of mentally ill people in Punjab, Pakistan. The qualitative approach was appropriate in terms of in-depth experiences, perceptions, and meanings associated with psychosocial support. It made it possible to understand social work practice in the context of mental health care practice (Creswell and Poth, 2018).

### **Research Approach**

Interpretivist research approach was used in the study because it aims to realize societal realities in terms of subjective experiences of participants. This method facilitated the examination of the perception of families and medical social workers concerning the support, challenges, and outcomes. It conforms to the purpose of the study to analyze living experiences instead of quantifying the predetermined variables.

### **Study Setting**

The study has been carried out in some of the selected mental care hospitals across Punjab in Pakistan, both the government and the private hospitals. The choice of Punjab was based on its high population, and diversity in terms of socio-cultural and healthcare settings. The settings offered pertinent learning on the institutional social work practice and family care giving experiences.

### **Study Population and Sampling**

Medical social workers and relatives of the people with mental illnesses were included in the study population. The participants were selected based on a purposive sampling method that was applied when selecting those who had direct experience of the phenomenon being studied. This guaranteed acquiring of qualitative data that was rich and relevant (Palinkas et al., 2015).

### **Data Collection Methods**

Semi-structured in-depth interviews were used as data-gathering techniques, and this provided flexibility and yet kept the research on the main areas of interest. Psychosocial support, caregiving issues and social work interventions were covered in the interview questions. Interviews were recorded on tape in order to ensure precision in the interviews.

### **Data Analysis: Thematic Analysis**

The thematic analysis was used to carry out data analysis according to the framework introduced by Braun and Clarke (2006). Systematic coding of interview transcripts was done in order to determine patterns and recurrent themes. This approach made it possible to interpret stories of participants in an organized and significant way.

### **Trustworthiness of the Study**

The credibility, dependability, confirmability and transferability strategies were used to ensure trustworthiness (Lincoln and Guba, 1985). Credibility was facilitated by member checking and procedures that were well documented. The rigor of the study was reinforced with the help of reflexivity and thick description.

### **Ethical Considerations**

Data collection was made ethically acceptable before the relevant authority granted the authority. The participants were educated on the purpose of the study, voluntary participation, and confidentiality. The research followed the ethical principles defined by the American Psychological Association (2020).

## **Data Analysis**

### **Analytical Approach: Thematic Analysis**

The thematic analysis was employed in the analysis of data, which was a versatile technique of qualitative analysis that is appropriate in identifying thematic pattern in the meaning of the

stories of the participants (Braun and Clarke, 2006). This method enabled the researcher to undergo a systematic examination of what medical social work assistance, and family care giving entail in the mental health contexts in Punjab. Inductive orientation was taken to make sure that the themes are inspired by the data.

### **Phase 1: Familiarization with the Data**

The researcher read through interview transcripts severally to come up with in-depth comprehension of the experiences of the participants. Principles notes were taken to document important remarks regarding the psychosocial support, care giving challenges and service provision. This stage contributed to the engagement in the data and cultural and institutional influence sensitivity (Creswell and Poth, 2018).

### **Phase 2: Generating Initial Codes**

Significant text passages were coded in a systematic way in the entire transcripts. Codes were assigned to frequently occurring concepts like emotional strain, counseling support, stigma, and access to resources and advocacy roles of social workers. This process was possible to sort raw data into analytically relevant units to allow subsequent interpretation.

### **Phase 3: Searching for Themes**

The codes were reviewed on the similarities and relationship and thematically classified to broader themes. These themes illustrated main aspects of medical social work interventions and family outcomes such as psychosocial counseling, care giving capacity and treatment engagement. This stage was favorable in switching descriptive coding to interpretive analysis.

### **Phase 4: Reviewing and Refining Themes**

New themes were revisited to make sure that there was an internal consistency and that the categories were distinct. Certain themes were combined or narrowed down depending on overlapping of the concepts and suitability to the research objectives. This reiterated review boosted the integrity and soundness of the thematic organization (Braun and Clarke, 2006).

### **Phase 5: Defining and Naming Themes**

Final themes were well defined and labeled to get the underlying meanings. The themes were associated with the conceptual framework of the study, where the research differentiated between the medical social work practices and the family outcomes. This was necessary to guarantee the theoretical agreement and clarity in analysis.

### **Phase 6: Interpretation of Themes**

The concluding themes were viewed through the research questions and the literature available. Results were then put in the context of the socio-cultural and healthcare climate of Pakistan so that they could be analyzed more analytically. This interpretation process has identified the roles of medical social work in assisting families as well as its constraints.

## **Discussion**

This study highlights the importance of medical social work in the provision of multifaceted psychosocial needs to families with individuals with mental conditions in Punjab, Pakistan. In line with the conceptual framework of the study, the thematic analysis has shown that psychosocial counseling, psychoeducation, case management, and advocacy are very important interventions in enhancing psychological well-being of caregivers, their capacity to provide care, and the functioning of the family. These results are consistent with the evidence international data which show that family-based social work interventions can decrease caregiver burden and enhance adaptive coping skills (Biegel et al., 2009; Dixon et al., 2011). The stories of the participants revealed that emotional support and counseling through medical social workers were especially useful to help families cope with stress, stigma, and helplessness, which is in line with the previously conducted low-resource research that demonstrates the significance of psychosocial support in addition to clinical treatment (Awad and Voruganti, 2008; WHO, 2019).

Meanwhile, the study revealed that there are significant institutional, cultural, and systemic constraints which limit the performance of medical social work practice in Punjab. The presence of limited staffing, insufficient acknowledgment of social work roles at healthcare facilities, and the absence of formal referral systems limited the scope of services, which is similar to the issues noted in past Pakistani researchers (Mirza and Jenkins, 2004; Saleem and Riaz, 2021). Cultural stigma of mental illness also enhanced the hindrance in family engagement and procrastination of help-seeking, which supported the results of Corrigan and Watson (2002) on the marginalization of families with affected mental families. Nonetheless, the current study helps to prove that, in case of the availability of medical social work services, they become crucial to the process of promoting treatment adherence and establishing an atmosphere of care-giving. These results lead to the conclusion that the integration of medical social work into mental health care in Pakistan should be implemented at the policy level, more training opportunities should be provided, and more institutional support should be offered to reinforce family-based mental health care in Punjab and other low-resource settings.

## **Conclusion**

The paper has presented valuable empirical evidence on the use of medical social work in assisting those families whose members have mental health issues in Punjab, Pakistan. The results indicate that medical social workers have very important roles in meeting the psychosocial, emotional, and practical needs of the families using counseling, psychoeducation, case management, and advocacy. These interventions were demonstrated to promote the psychological well-being of caregivers, family functioning, caregiving competence, and treatment engagement which is in line with the evidence of the effectiveness of family-centered social work interventions across the world (Biegel et al., 2009; Dixon et al., 2011; Hussein, 2018). The study will help close a big research gap in the literature on mental health in Pakistan and also illustrate the need to incorporate the social work services into multidisciplinary mental health care systems by situating these roles as the context of the socio-cultural and healthcare context of Punjab (World Health Organization, 2019). Nonetheless, institutional, cultural and systemic impediments to the quality and accessibility of medical social work services were also found in the study and include insufficient institutional acknowledgment, inadequate staffing, fragile referral networks, and widespread stigma of mental illness. Such results point to the necessity of the policy changes, professional education, and systematic inclusion of medical social work in the healthcare system of Pakistan in order to provide the entire range of family-focused mental health care (Mirza and Jenkins, 2004; Saleem and Riaz, 2021). The prospective studies ought to use the mixed-method or the longitudinal study design to examine the long-term effectiveness of social work interventions on caregiver and patient outcomes in a wide variety of settings. Ensuring that medical social work plays a more active role in mental health services can contribute to both better quality of care and less caregiver burden as well as more accommodating and supportive experiences by mentally ill individuals and their families in Punjab and other low-resource settings.

## **Recommendations/Suggestions**

- The post of medical social workers needs to be officially incorporated in multidisciplinary teams of mental health care in government and private hospitals in Punjab.
- To handle the increasing demands of medical social workers, the government ought to recruit more and offer special mental health training to medical social workers.
- The structured family-centered interventions that should be given priority in healthcare institutions are counseling, psychoeducation, and caregiver support programs.
- There should be clear-cut referral pathways and coordinated case management systems that reinforce the relationships between the psychiatrists, social workers and community services.

- Medical social workers need to be actively involved in community awareness programs and anti-stigma programs to encourage early seeking of help and social inclusion.
- The professional role of a medical social worker should be clearly defined and identified within the national and provincial mental health policies.
- Better networks between hospitals, social welfare departments and community organizations ought to be established to enhance the provision of accessibility to economic and social services to families.
- Constant capacity-building and skills-training sessions to caregivers are supposed to be implemented to improve coping and caregiving competence.
- Social worker should be increased in the rural and underprivileged regions in Punjab to decrease disparities in accessing mental health care.
- The mixed-method and longitudinal research approach should be used in the future studies to measure the sustainability of the medical social work intervention on families and patients.

## References

Ahmad, H., & Khawar, R. (2025). *The family as care unit: Exploring the psychological and cultural dimensions of mental illness care in Pakistan*. *Annals of Human and Social Sciences*, 6(3), 550–560. ([Annals of Human and Social Sciences](#))

American Psychological Association. (2020). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code>

Ara, J., Malik, S., & Hussain, A. (2022). Caregiver burden and psychological distress among families of individuals with severe mental illness in Pakistan. *Pakistan Journal of Psychological Research*, 37(3), 401–417.

Ara, R., Ali, S., Khan, A., & Begum, H. (2022). *Psychosocial burden among family caregivers of schizophrenic patients in tertiary care hospitals of Peshawar, Pakistan*. *Journal of the Dow University of Health Sciences*, 16(2), 72–77. ([JDUHS](#))

Awad, A. G., & Voruganti, L. N. (2008). The burden of schizophrenia on caregivers. *Pharmacoconomics*, 26(2), 149–162.

Biegel, D. E., Katz, S., Tracy, E. M., & Townsend, A. (2009). Predictors of family caregiver burden in severe mental illness. *Journal of Mental Health*, 18(2), 145–156.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16–20.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design* (4th ed.). Sage.

Dixon, L. B., Dickerson, F., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., Lehman, A., Tenhula, W. N., Calmes, C., & Pasillas, R. M. (2011). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36(1), 48–70. <https://doi.org/10.1093/schbul/sbp115>

Hussein, S. (2018). *Medical social work in healthcare settings*. *Journal of Social Work Practice*, 32(2), 101–115.

International Journal of Social Sciences Bulletin. (2025). *Emotional and mental health struggles of caregivers supporting individuals with bipolar disorder*.

International Journal of Social Sciences Bulletin. (2025). Family caregiving and mental health challenges in South Asia. *International Journal of Social Sciences Bulletin*, 9(2), 112–125.

Khan, A., Ahmed, R., & Qureshi, M. (2020). Sociocultural determinants of mental health caregiving in Pakistan. *South Asian Journal of Psychiatry*, 11(1), 45–59.

Khan, M. S., Ahmed, W., & Raza, F. (2020). Sociocultural determinants of mental health help-seeking behavior in Punjab, Pakistan. *Journal of Asian Social Science*, 16(4), 23–34.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Mirza, I., & Jenkins, R. (2004). Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: Systematic review. *BMJ*, 328(7443), 794. <https://doi.org/10.1136/bmj.38071.610216.55>

Palinkas, L. A., et al. (2015). Purposeful sampling for qualitative data collection. *Administration and Policy in Mental Health*, 42(5), 533–544.

Saghir, S., Yousaf, F., & Abbas, N. (2025). Psychosocial burden and coping strategies among caregivers of individuals with mental illness in Pakistan. *Journal of Family Studies*, 31(1), 89–104.

Saleem, F., & Riaz, H. (2021). Psychosocial interventions and caregiver outcomes in clinical social work. *International Journal of Mental Health Nursing*, 30(3), 678–689.

Siddiqui, S., & Khalid, A. (2019). Quality of life and emotional burden among caregivers of psychiatric patients. *Pakistan Journal of Medical Sciences*, 35(5), 1324–1329. <https://doi.org/10.12669/pjms.35.5.1126>

World Health Organization. (2019). *Mental health in low- and middle-income countries*. World Health Organization. <https://www.who.int/publications>