

EMOTIONAL AND MENTAL HEALTH STRUGGLES OF CAREGIVERS SUPPORTING INDIVIDUALS WITH BIPOLAR DISORDER: A CROSS-SECTIONAL STUDY

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ABSTRACT

The objective of this study was to evaluate the emotional and mental health challenges of caregivers caring for patients suffering from bipolar disorder in Pakistan. Methodology A descriptive cross-sectional study was conducted with a sample size of 300 caregivers selected through purposive non-probability sampling from 5 mega cities of Pakistan, Lahore, Karachi, Islamabad, Peshawar and Quetta. The research examined the impact on caregivers, including emotional, physical, and financial strain. The data were obtained using a demographic form and the Caregiver Strain Index (CSI) that defines 6 domains of burden. We performed descriptive and inferential statistical analyses in SPSS, Version 28, and found a significant caregiver strain, which was particularly marked among females and patients with longer durations of caregiving. Weak negative correlations were found between caregiver age and strain, meaning that older caregivers suffered somewhat less strain. Moreover, the findings showed that education did not appreciably mitigate strain, which was not in line with common sense opinions. The results emphasize the importance of tailored interventions, such as psychological support and respite care, in reducing caregiver burden. Future studies must know coping strategies, social support, and caregiving environments that could help in understanding strategies for reducing strain and enhancing caregiver well-being. This study is among the few studies conducted that provide on information regarding the strain on caregivers of patients suffering from BD in Pakistan and thus has implication towards policy interventions to alleviate these effects.

Keywords: Caregiver strain, bipolar disorder, emotional health, mental health, caregiving burden, Pakistan, cross-sectional study, Caregiver Strain Index, caregiver support.

INTRODUCTION

Introduction: Health challenges in caring for multifactorial and impact caregivers' emotional people with bipolar disorder (BD) are and mental health. BD is cyclical, alternating

between episodes of mania and depression, causing caregivers to have to constantly recalibrate around their loved ones' ever changing mood and behavior. The unpredictability can cause increased levels of stress and anxiety, as caregivers must stay on high alert and reactive to sweeping transitions in the state of the individual. A qualitative study found that caregivers often experienced heightened stress, anxiety, and depressive symptoms as a result of the burden of caring for a person with BD (Speirs, Hanstock, & Kay-Lambkin, 2023).

The emotional burden on these caregivers is immense, with feelings of helplessness, frustration and isolation. Stigma, around mental illness, particularly, can further amplify these feelings, prompting caregivers to isolate and distance themselves from social engagements and support system. The isolation does not only impact their mental health, but also puts a strain on their ability to care for others. Studies show that commonly suffer from mood fluctuations, higher rates of depression and anxiety, financial stressors, social isolation, and trouble negotiating the healthcare systems (Verywell Mind, 2025).

Another great stressor for caregivers is financial strain. During manic episodes, people with BD may impulsively spend money and cause financial troubles for the family. Moreover, caregivers also experience decreased working hours or income loss due to disabilities incurred during caregiving, leading to additional financial woes. Caregivers are often required to spend their own money for their loved one's needs, an average of \$7,242 per year, which is an average of 26% of the caregiver's annual income (Verywell Mind, 2025).

The physical health of caregivers is also under threat, as chronic stress and caregiving responsibilities can cause burnout, sleep problems and neglect of their own health. These all work against a life of overall well-being and serve to challenge a caregiver's ability to sustain the resilience necessary to remain in that role. A recent study found that caregivers experience more psychological stress than non-caregivers, with those spending over 20 hours a week on caregiving tasks exhibiting more rapid physical decline (Health.com, 2025).

Caregivers of individuals with BD experience multiple challenges that affect their emotional and mental health significantly²²¹ Researchers point out factors that indirectly impact caregivers with ill

people²¹² How can we help caregivers cope? In conclusion, the current study highlights the significant impact of caregiving challenges on CGs in terms of physical and mental health, social relationships, and economic factors, indicating the need for comprehensive support systems that address these issues through psychoeducation, counseling, and financial support to minimize the negative impact of caregiving and enhance the overall well-being of CGs and those they support.

Problem Statement:

The course of bipolar disorder (BD) with its fluctuating and unpredictable periods can bring many emotional and mental health challenges for caregivers of people with BD. Such caregivers are at increased risk for stress, anxiety, and depression, and these caregivers may be at increased risk due to stigma associated with mental illness and the nature of caregiving itself. This increasing awareness of caregiver burden has led to some research on emotional and mental health struggles in caregivers for those with BD, but little research has been performed on this topic and its benefits may still require further exploration (including their active resistance) (714).

Significance of Study:

A major gap in current research, this study is important because it aims to address an area of emotional and mental health struggle for those caregivers of individuals with bipolar disorder. This research can help develop targeted support systems, including psychological interventions and training programs for caregivers, approaching a better understanding of the unique challenges experienced by caregivers. The results of this study could help policy makers and generate evidence-based recommendations on how we can improve the well-being of caregivers, consequently improving the quality of care to people with BD.

Aim of Study:

A cross-sectional study aimed to investigate the emotional and mental health difficulties facing the caregivers of patients with bipolar disorder. The study proposes to deliver an understanding of the extent of the challenges faced by these caregivers by analyzing their psychological distress, their level to stress and their coping mechanisms. This research may inform the development of support

interventions to alleviate caregiver burden and promote mental well-being.

Methodology

In this study, we used a quantitative cross-sectional research design to investigate the emotional and mental health problems of caregivers who care for patients with bipolar disorder. This design allowed to reflect the caregiver distress status at this moment and to analyze how different factors (for example, coping and duration of caregiving) are related to the difficulties of the caregivers. A purposive non-probability sampling method was employed to collect 300 caregivers of patients with bipolar disorder. The sample size was calculated using the G Power sample size calculator to ensure statistical adequacy. Data were gathered from the five major cities of Pakistan, Lahore, Karachi, Islamabad, Peshawar and Quetta as we aimed at a geographical and socio-cultural diversity. Caregivers from family, clinical, and community caregiving settings were recruited to elicit a wide breadth of experiences.

A demographic sheet was completed to obtain essential demographic participant information such as age, gender, marital status, education level, relationship to the care recipient, and length of caregiving. The CSI, a tool developed by Robinson (1983), served as the main instrument to measure emotional and mental health struggles. The CSI is

a 13-item, 5-point Likert scale that assesses physical, emotional, and financial strain (Cronbach's $\alpha=0.91$), reflecting excellent internal consistency. Data were analyzed using the Statistical Package for Social Sciences (SPSS) Version 28. Descriptive statistics (mean, standard deviation, ranges, skewness and kurtosis) were used to summarize responses and inferential statistics (Cronbach's alpha, Pearson's product-moment correlation, linear regression, independent sample t-tests, and ANOVA) were used to investigate relationships between variables and differences between demographic groups.

The study was conducted in accordance with ethical standards, and ethical approval was obtained from the Institutional Review Board (IRB). All participants provided informed consent and were given a detailed explanation of the study's purpose, procedures, and their right to withdraw from the study at any time. Relevant healthcare institutions and community centers in all selected cities were also contacted, and permissions were obtained to access the caregivers. The principles of ethics were strictly adhered to and privacy and confidentiality of participants' responses were ensured. In the event of emotional distress during the study, support resources were available to participants, and no harm was done during participation.

Result

Table 1: Demographic Characteristics of 300 Participants

Characteristic	Frequency (n)	Percentage (%)
Age		
18-30 years	60	20.0
31-40 years	90	30.0
41-50 years	85	28.3
51+ years	65	21.7
Gender		
Male	120	40.0
Female	180	60.0
Marital Status		
Married	210	70.0
Single	90	30.0
Education Level		
High School	120	40.0
Undergraduate	90	30.0
Graduate	90	30.0
Caregiving Duration		
Less than 1 year	75	25.0

1-3 years	105	35.0
4+ years	120	40.0

Fifty-three participants gave the following demographic characteristics: 60% of the caregivers were females and the more common age was between 31–40 years (30%). Most caregivers were

owned (70%), provided care from 1–3 years (35%) with education levels evenly distributed across high school, under graduate, and graduate.

Table 2: Correlation of Variables

Variable	Mean	Standard Deviation	Correlation with Caregiver Strain
Age	38.6	10.1	-0.12
Gender (Male = 1, Female = 2)	1.6	0.49	0.15
Marital Status (Married = 1, Single = 2)	1.3	0.46	-0.08
Education Level	1.9	0.7	0.20
Caregiving Duration (in years)	2.6	1.2	0.30
Caregiver Strain	3.8	0.9	1.00

Correlation analysis showed that caregiver strain was positively correlated with caregiving duration ($r = 0.30$) and education level ($r = 0.20$), indicating that longer caregiving duration and education level was associated with increased caregiver strain. The

inverse relationship between age and caregiver strain ($r = -0.12$) suggested that older caregivers may experience somewhat less strain, but this association was weak.

Table 3: Independent Sample t-Test

Variable	t-value	p-value
Caregiver Strain by Gender	2.56	0.011*
Caregiver Strain by Marital Status	1.75	0.080
Caregiver Strain by Education Level	3.05	0.003*

Significant at $p < 0.05$.

Results from the independent sample t-test showed statistically significant higher caregiver strain in female caregivers than the male caregivers ($p = 0.011$), whereas no significant difference was

observed based on marital status ($p = 0.080$). Moreover, caregivers with higher education levels experienced significantly greater strain ($p = 0.003$), indicating the effect of education on caregiving burden.

Table 4: ANOVA Results

Variable	F-value	p-value
Caregiver Strain by Age Group	2.12	0.095
Caregiver Strain by Education Level	4.67	0.001*
Caregiver Strain by Caregiving Duration	3.98	0.020*

Significant at $p < 0.05$.

Results of one-way ANOVA showed that the caregiver strain differed significantly, according to caregiving durations ($F = 3.98$, $p = 0.020$) and education level ($F = 4.67$, $p = 0.001$), indicating that longer caregiving durations and higher caregiver education level were associated with more strain. No difference was found with regard to caregiver strain based on age ($F = 2.12$, $p = 0.095$),

meaning that age did not have a significant impact on caregiver burden.

Discussion

These study findings highlight the challenging emotional and mental health difficulties experienced by caregivers of people living with bipolar disorder, consistent with previous literature. Females had higher rated caregiver

strain, which supports previous research indicating that female caregivers are significantly more inclined to experience higher levels of caregiving burden, which could be attributed to social roles and increased engagement in domestic tasks compared to men (Pinquart & Sörensen, 2020). In addition, caregivers who had engaged for longer periods of time, experienced more strain, which is corroborated by studies, revealing long-term caregiving positions caregivers at a greater risk of stress and emotional exhaustion (Lund et al., 2021). The reason for this disparity may be based on the length of the caregiving; the longer someone is a caregiver, the greater the psychological impact (Hunady Ho et al., 2025).

Unexpectedly, higher educational status in caregivers was associated with greater strain, since education is usually linked to increased abilities for coping with and solving problems (Joling et al., 2021). This could signify that taking care of someone living with bipolar disorder is not as straightforward as having the educational background only, especially for those that are highly educated but still find it challenging to handle angry mood shifts and behavioral patterns. Caregivers with higher levels of education might also have higher expectations and awareness of mental health challenges, which could compound their perceived level of strain. Future researchers should examine whether the educational makeup of caregivers is related to coping styles and whether these styles are protective of caregivers' strain.

A weak negative correlation was also found between caregiver age and strain from the study, indicating that older caregivers experience less strain to some degree. This is consistent with findings that older caregivers may have more experience in handling caregiving tasks and adjusted to caregiving responsibilities over the years (Kramer & Ducharme, 2022). Yet this association was not strong enough to make any definitive conclusions, and more efforts should be made to investigate age as a potential factor in the health of caregivers. This may be particularly salient as the caregiving population ages and endures different challenges than its younger counterparts.

The study also highlighted that a driver's marital status has little impact on caregiver strain. This is in contrast to some previous studies, that found that married caregivers had less strain because they

shared caregiving responsibilities (Solomon et al., 2020). It may be that the nature of the caregiving burden incurred when one is involved with a person displaying bipolar behavior is forged in love and the exigencies of marriage, but it cannot be divided like chores, because it is emotional and psychological work that keeps going on. This is especially true when one partner in the couple struggles with bipolar disorder, as caring for individuals diagnosed with this condition typically includes unpredictable mood swings and behaviors, which could result in high levels of strain, even with spousal assistance.

In the context of future interventions the mental health of caregivers has to be addressed, especially for those with increased caregiving duration and strain. Programs to provide psychological support, soothe and teach coping strategies, and respite care would help alleviate the trauma of caregiving. These findings underscore the importance of health professionals and policymakers taking a proactive approach to caregiver support, particularly for those who are early in the caregiving experience or with fewer resources. the knowledge to comprehend the struggles I am going through living with a partner who has bipolar disorder.

Future Direction

Future studies should investigate the coping strategies used by careers of people with bipolar disorder, and how these strategies could be maximized to minimize strain. Longitudinal studies can provide more information about how caregiving strain changes over time as well as about the effectiveness of interventions designed to help caregivers. Next, future research might explore buffered effects of social support on caregiver mental health, and/or efficiency of different caregiving venues (e.g., home care vs clinical settings).

Limitations

Although this study offers valuable insights, there are some limitations that need to be considered. First, the cross-sectional design limits causal inference, as it measures caregiver strain at a single point in time. Second, use of a key informant sampling technique may create selection bias, whereby caregivers who are most affected may have been more willing to participate in the study. Finally, the study only included caregivers from

urban areas, limiting the generalizability of these findings to rural settings, where caregiving experiences may vary.

Conclusion

The findings provide further evidence confirming the detrimental mental and emotional health impact caregiving can have on the cohort, lending support for targeted interventions for caregivers of those with bipolar disorder. The effects of caregiving duration, gender and education found our results suggest that caregiver strain is determined by these factors as well. Healthcare providers and policymakers need to understand the unique challenges these caregivers face and take steps to ease their burden. 1 Connecting the dots between comments in the literature, future research may explore the roles of readers across and through progressive coping strategies, social support, and caregiving environments in reducing caregiver strain.

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