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### A SYSTEMATIC REVIEW OF PAKISTANI PUBLIC PERCEPTION TOWARDS MENTAL ILLNESS

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#### ABSTRACT

##### *Objective:*

This study investigates how the Pakistani community views mental health issues by reviewing scientific material from several databases. The findings are expected to benefit the general public, clinicians, and researchers.

##### *Methodology:*

This literature review selected and analyzed papers that looked into how the Pakistani population views and understands mental health concerns. We searched important databases like Cochrane and Google Scholar. Researchers investigated Pakistani participants' mental health attitudes and understandings using scientific methods. Reading the selected publications and tabulating the findings resulted in data extraction.

### **Results:**

The results of these studies were analyzed. According to the findings, Pakistanis have little to no concept of their psychological and emotional processes as distinct entities. Religion and mythical or supernatural understandings are two of the sociocultural concepts discussed in this study that are similar. Mental disorders are treated with drugs. Pakistanis have a limited understanding of psychological and emotional experiences as well as a limited vocabulary. The community's reactions to mental health issues are influenced by social, cultural, and religious elements. The community has its own ideas and beliefs about what causes diseases, how to keep them from happening, and how to treat them.

### **INTRODUCTION**

The culture of a civilization is its personality. A variety of factors influence a society's culture. Cultures have different perspectives, comprehensions, attitudes, actions, and practices. Each family, organization, and nation has its own set of cultural standards. Western culture, Eastern culture, American culture, and so on refers to their different peoples' behaviors, attitudes, habits, and beliefs. Some cultural norms vary widely from country to country. What one culture considers a delicacy may be illegal in another (Hanel et al., 2018). Globally, there are cultural differences in mental health and related issues (Gopalkrishnan, 2018). A range of scientific methodologies and measures can be used to learn about a community's culture. Ethnicity in any civilization can be described by ethno-religious, ethno-lingual, ethno-racial, ethno-regional, and ethno-national characteristics. A variety of things can influence one's ethnic group membership (Voirol, 2015). Many ethnic groups may have subcultures that differ in cultural norms and behaviors, including mental health awareness.

Culture influences a society's mental health perceptions, understandings, experiences, and responses (Kastenbaum, 2015). Culturally bound illnesses are afflictions of the body or mind that are peculiar to a particular culture (Ghisoni, 2016). In order to comprehend mental health issues across cultures, it is necessary to learn cross-cultural differences as well as distinct cultural traits and practices. Cultural features and treatment expectations are modifiable in order to provide the best possible care. Understanding the cultural origins of numerous ethnic minorities in order to give the best mental health care is an ongoing challenge in nations like the United States and the United Kingdom (Altweck et al., 2015; Ahmad et al., 2022). The nature of a person's brain, mind, or personality is classified as mental illness, a concept that underpins disease classifications around the world. These classifications, such as the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) or the World Health Organization's International Classification of Diseases, assume a universal natural reality and that the symptoms underlying each diagnosis are comparable regardless of location or situation (Stein et al., 2021; Zhao et al., 2022). This technique is widely recognized and used as a global standard, but when expanding this paradigm to other groups, it is vital to identify cultural differences and adjust how mental health concerns are addressed (Mushtaque et al., 2022). In literature about mental health and related issues in a culture, a subjective or objective (or mixed) way

of assessing how a group values and reacts to mental diseases may be utilized. From the standpoint of a service provider, such inquiries seek cultural sensitivity and appropriateness. From the standpoint of service users, cultural values and preferences can be included into care and treatment.

South Asians have a unique perspective on cultural issues. South Asian culture is diverse, with a variety of languages and subcultures based on ethnicity (Karasz et al., 2016). Multiple studies on the South Asian population demonstrate disparities in mental disease explanatory models (Mooney et al., 2016), stigma (Nawaz et al., 2021), and supernatural causes of mental health disorders (Óri et al., 2022). India, Afghanistan, Iran, and China all share Pakistan's borders. Islam is the state religion. Urdu is the national language. There is ethno-lingual, ethno-regional, and ethno-racial diversity in the United States. The country is divided into four major parts based on overlapping subcultures (Hamer et al., 2018). Some research has been done with expatriate Pakistanis in Pakistan and other countries to investigate how people see mental illness and mental health issues. Pakistani participants were included in the research mentioned in the section 'South Asian community and mental health,' implying that the Pakistani population shares many South Asian cultural understandings. Other research has revealed cultural aspects of mental health in Pakistan, such as 'strong articulated emotions' this demonstrates that, despite living in a new country, Pakistanis tend to maintain the same values and attitudes as their homeland (Shafiq, 2020; Iqra Mushtaque et al., 2022).

The goal of this research is to conduct a systematic literature review to find studies that gathered or synthesized information about mental illness or mental health perspectives, beliefs, attitudes, or behaviors in the Pakistani community. A literature analysis conducted during the project's planning phase revealed that no systematic search on this topic had been conducted. If this data is collected, used, and reviewed on a regular basis, it will be beneficial in a variety of ways. This systematic review will assist community members, mental health practitioners, and researchers by raising mental health awareness in the Pakistani community. I'm interested in learning more about the causes of mental health issues in this community, how it responds to them, and what courses or therapies it utilizes to address them. By conducting a comprehensive review of papers, this study aims to address a vacuum in the present literature.

## **METHODOLOGY**

To find out how Pakistanis see mental health issues, we looked at Google Scholar, and the Cochrane Systematic Reviews Database. Pakistanis' mental health, mental health problems, ideas towards psychological problems, general public perspectives, understandings, opinions, beliefs, cultural viewpoints, attitudes, and so on; putting these terms together made it easier to find articles that were relevant to my search. We looked for research that matched terms like "mental health" or "mental illness" with one of the other terms above to see how mental health or mental illness influence how Pakistanis think, feel, act, or view things. Full words can be used as search keywords in Google Scholar, such as "Pakistani cultural ideas on mental health" and "Pakistani beliefs on mental health." The search was then expanded to include more

relevant terms. Boolean logic was employed to search PubMed for operator keywords. Understandings, perspectives, beliefs, culture, cultural ideas, attitudes, or actions concerning Pakistani mental disease or mental health as you can see in the graph below, search words became more specialized as time went on.

### *Search from Google Scholar*

The terms listed below are Google scholar search terms. There were 42,500 results for the first term, and 63,500 for the second. Like PubMed and Cochrane, Google Scholar lacks advanced search and filtering options. As a result, the first few pages were visually searched (Titles read), and a number of intriguing research were selected.

- Perspectives on mental health in Pakistani culture (30 studies identified)
- Pakistani perspectives on mental health (5 studies identified)

Because Google Scholar does not produce results in the same sequence as the other two databases and cannot be repeated systematically, the author considered removing it from the overall findings or excluding it from the list of databases included. Instead, a slew of ambiguous and irrelevant outcomes were produced (51,200 results for example). This request for exclusion was rejected because the database was investigated as whole, as planned and omitting papers that met the criteria would have been counterproductive. According to study ethics and openness, the author argues that rather than removing the detected constraint from the overall plan, it is preferable to notify the reader about it and amend it in the overall findings.

### *Cochrane Database of Systematic Reviews*

The Cochrane Library supports Boolean logic and operator terms for searching.

The following search strategies were utilized:

- Mental illness cultural ideas, then Pakistani or Pakistani-born persons' mental health (outcome five results)
- Beliefs in addition to mental health or disease
- Understanding mental health or mental disease, as well as Pakistani culture (12 results, 4 relevant)
- Pakistani or Pakistani perceptions of mental health or mental disease (2 results)
- Perceptions, mental health, and Pakistani culture
- Pakistanis, psychological disorder, and beliefs

### ***Strategy of Article Selection***

What are the opinions and understandings of the Pakistani community towards mental health and associated issues? This may include studies that examined perspectives, perceptions, attitudes, beliefs, actions, or understandings in this group, as well as any other experience-based description that a researcher may have attempted to analyze. As a result, we adjusted the following inclusion criteria for studies.

### ***Inclusion Criteria of the study***

We looked at studies that used observational or interventional study designs and spoke about how the authors came to their results about Pakistani perceptions of mental sickness and mental health issues. Quantitative and qualitative studies, cross-sectional studies, experimental and quasi-experimental studies, RCTs, and other types of studies were sought. Participants must be Pakistani citizens, either from Pakistan or from elsewhere in the world. We sought for research done outside of Pakistan with a majority of Pakistani participants or if the authors gave a separate set of results for Pakistanis; nonetheless, it is impossible to know how representative the overall results are of the Pakistani community. The number of such studies and the percentage of Pakistani participants were included in the results with applicable information, rather than being excluded. Minority groups in Pakistan were investigated since; once again, they share the majority's beliefs and attitudes, albeit with certain cultural variances. The first two papers in Table 1 back up this argument. Any number of people was acceptable for the sample size. We expected a majority of Pakistanis, as previously mentioned.

### ***Exclusion Criteria of the Study***

Studies involving Pakistanis were removed since no specific outcomes for the Pakistani community could be found. Some of the essays presented academic arguments based on the authors' personal experiences. Because I've been focusing on mental health, I'm interested in physical health studies. Rather than evaluating the effectiveness of any interventions, my ultimate goal was to analyze perceptions. Non-ethno national research is a term used to describe research that is not based on ethnicity. One study excluded participants from ethno-religious groupings. I had no notion how much Pakistan belonged to. A mental health research tool's efficacy, validity, and reliability were investigated in Pakistan. These investigations were necessary, but they were omitted because the goal was to learn about general attitudes and behaviors, not the utility or application of a scientific technique. Second, distinguishing between the effects of these two sources that might have an impact on the knowledge I desired would be impossible. Because I wasn't sure if they followed scientific methodology, I didn't include research that didn't disclose methodological specifics. It is not possible to study in a language other than English. National studies on the topic should be available for examination in Urdu databases, given the topic's cultural/national significance. The researcher couldn't find any Urdu databases or publications.

The following papers were rejected for the aforementioned reasons:

- One study was rejected because only 15% of the subjects were Pakistanis, with the rest being Indians of various faiths.
- Using the search terms, a Cochrane literature review titled "Mental health and ethnic minorities: A review of the literature and implications for services" was identified. This was removed since it did not provide Pakistani-specific results and did not fit my main questions.
- One study was rejected because it was done in London, UK, with South Asian communities but did not identify how many of the participants were Pakistani.
- Three scientific articles were discarded because they lacked research procedures. They were the authors' own ideas on mental health in Pakistan, as well as statistics.
- One essay, produced as an opinion piece with no empirical approach, examined stigma.
- One study was excluded because it was done in India and did not include Pakistani participants, despite the fact that Pakistan or Pakistanis were referenced in the abstract.
- One Scottish survey included Black and ethnic minority populations, but did not specify how many of them were Pakistani.
- Another Scottish study was rejected since it included Pakistanis, Chinese, and Indians, but the approach used was focused groups, and there was no distinct set of results for Pakistanis.
- Another UK study was canceled because it classed people based on their ethno-religious denominations rather than their ethno-national identities.
- CBT trials in depressed and psychotic Pakistani adults were omitted from two studies. The trials focused on the effectiveness of the interventions rather than how individuals felt about them.
- A scientific article about Pakistani women's mental health was removed due to a lack of research technique.
- Two studies were excluded because they focused on the impact of a program or intervention on the Pakistani community rather than attitudes.
- One study was excluded because it examined the validity and reliability of a mental health questionnaire in the Pakistani community, which was not our primary research topic.

- One study's abstract was excluded because it was only in English. Because of the author's weak knowledge of the English language, the review lacks crucial details.
- One study was omitted since it was only an abstract. We emailed the writers, who confirmed that no entire document exists.

## RESULT

Relevant articles were found in 23 Google Scholar publications and 30 Cochrane Database articles. The Prisma Flow Diagram helped classify research as Identified, Screened, Determined Eligible, and Included. 28 duplicates were eliminated from a total of 53. 25 records were evaluated, and 13 were rejected. Due to various factors, seven full-text papers were disregarded. The qualitative synthesis for interpretation and understanding contains 12 studies. Table 1 presents them.

**TABLE 1**

Researcher Name	Design	Sampling	Results
Nawaz et al., 2021	Cross-sectional Self-administered Questionnaire	Purposive	<ul style="list-style-type: none"> <li>• Lack of knowledge about depression</li> <li>• Faced stigmatization</li> </ul>
Choudhry et al., 2016	Meta synthesis	15 Article review	<ul style="list-style-type: none"> <li>• Cultural differences were found towards mental illness, in treatment and help seeking behavior.</li> </ul>
(Khalifa, 2005)	Case study	-	<ul style="list-style-type: none"> <li>• Minorities and many Muslims believe that mental illness links to the jinn possession.</li> </ul>
Zafer et al., 2008	Cross sectional Self-administered Questionnaire and Interview	Random Sampling	<ul style="list-style-type: none"> <li>• Schizophrenia as mental illness is considered to be a superstitious belief.</li> <li>• Inappropriate behavior towards seeking treatment.</li> </ul>
Tabassum et al., 2000	Explorative Model	20 Article review	<ul style="list-style-type: none"> <li>• Traditional Pakistani individual have faith and seek treatment from Hakims, Faith healers.</li> </ul>
Saeed et al., 2000	Mixed Method	Convenience sampling	<ul style="list-style-type: none"> <li>• Faith Healer are treating mental health problem in Pakistan.</li> <li>• People believed they are under the control of some ghost (Jinn) and has some other individual departed soul (saya).</li> </ul>

Husain et al., 2020	Self-administered Questionnaire	Purposive Sampling	<ul style="list-style-type: none"> <li>• Patients attribute mental illness to stress, family problems, a lack of friends, and financial concerns. It was unknown how long they had been suffering from mental illness and how much control they had over it.</li> <li>• Patients reported negative outcomes, unpleasant emotional responses, and a lack of understanding of mental disease and treatment.</li> </ul>
Haddad et al., 2016	Cross-Sectional	Not written in article	<ul style="list-style-type: none"> <li>• More than a third of Pakistani doctors who are not psychiatrists believe depression is caused by supernatural forces.</li> <li>• More upbeat perspectives are associated with a rejection of supernatural explanations for depression.</li> </ul>
Waqas et al., 2014	Cross-sectional	Simple Random sampling	<ul style="list-style-type: none"> <li>• Despite having little information and experience to mental illness, Pakistani university students had a positive attitude toward it.</li> <li>• The majority of respondents gave heavenly explanations for mental illnesses, but just a small percentage thought spiritual leaders could help.</li> </ul>
Ahmed & Kongscoi (2022)	Cross-sectional	Not written in article	<ul style="list-style-type: none"> <li>• Pakistani stigmatizing and collectivist thoughts and attitudes towards mental illness were identified.</li> <li>• The way people think about mental illness can assist to shape mental health awareness efforts in Pakistan, eliminating stigma and encouraging people to seek care.</li> </ul>
Imran et al., (2015)	Interview method	Purposive sampling	<ul style="list-style-type: none"> <li>• Males scored much higher on both the chronological and emotional representations, showing intense feelings of chronic illness, rage, and panic.</li> <li>• Participants attributed mental illness to their emotional state, stress, familial troubles, and bad luck.</li> </ul>

Mirza et al., (2006)	Semi-structured questionnaire	Purposive Sampling	<ul style="list-style-type: none"> <li>• Individuals only used mental health and other services on a sporadic basis.</li> <li>• The key supply-side determinants were cost, distance from a treatment center, perceived ineffectiveness, and stigma.</li> <li>• Above a three-month period, governmental suppliers were preferred over private suppliers. This was not limited to IC locations.</li> <li>• Local health-seeking behaviors and views influence the usage (and effectiveness) of integrated mental health therapies in primary care.</li> </ul>
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Overall, data (some direct, some indirect) suggests that Pakistanis are unaware of mental health issues, particularly mental illness. Those who live in different countries have a different understanding model than those who live in their own countries. Respondents knew relatively little about mental illness and depression (Naeem et al., 2006). Despite the fact that physical symptoms were detailed and they believed they had a medical diagnosis, one remarkable characteristic of the participants' descriptions, according to the authors, was the lack of a moniker for their illness. 'Brain disease' was commonly mentioned by participants in the same study "suffocation illness,' 'bad sleep illness,' or 'stress' as the root of their problem. They said no when asked if they'd heard of "depression." Somatization was discovered in first- and second-generation Pakistani British persons. According to the study, somatization is an element of the community's model. Moreover, two researches also worked with two ethnic minority groups, one of which had a different religious identity than the country's dominant group; however, the findings appear to suggest that, when it came to mental illness perceptions, these minority groups held more or less similar views to the majority population, such as complete denial of mental illness (De Choudhury, 2013). Opinions on Depression and Schizophrenia were asked in certain research. Another research conducted a study of the Pakistani community in the United Kingdom and discovered that people have mixed feelings about schizophrenia and depression, which were affirmed rather than refuted by personal experience. In a study of people's perceptions of schizophrenia in Pakistan, Zafar et al., (2008) discovered that only 30% of participants attributed psychotic symptoms to mental illness, while the majority attributed Schizophrenia to God. Superstitious thoughts, loneliness, or unemployment are all words that come to mind when someone mentions superstitious thoughts. Pakistanis are aware of the causes of mental illness. Four themes emerged when we incorporated knowledge from dominant ethnic group research on the etiology of mental illness. Medical or physical health difficulties, spiritual or metaphysical issues, religious issues, or psychological issues can all cause mental illness. Participants are more likely to identify

biological/medical reasons of mental disease than psychological or psychiatric ones (Mir et al., 2015).

The same information was gleaned inadvertently from a study that sought to determine which mental health practitioners Pakistanis liked. Participants favored General Practitioners and Hakims (who deal with nonallopathic treatments) (Tareen & Tareen, 2016). For mental health issues, Pakistanis living in Pakistan or as immigrants frequently seek the assistance of faith healers and religious leaders. Spiritual and supernatural explanations are usually stressed as serious mental health concerns. Faith healers have a classification of spiritual and supernatural aspects that may be causing mental illness, according to Saeed et al. (2000), such as 'Saya,' 'Jinn possession,' and 'Churail,' for which faith healers may provide answers to individual participants. Numerous studies show that religion can help people understand and treat mental health issues. Pakistanis' perceptions of mental health concerns tend to be influenced by their religious beliefs. A study examine that Pakistani beliefs in the United Kingdom are influenced by religious affiliation and ethnicity (Fuchs & Fuchs, 2019). Similarly, Croot et al., (2008) set out to find out what explanations participants (parents and grandparents) give for their children's/learning grandchildren's impairments. Infirmities were viewed as a "gift from God," "test from God," "chosen parents," "punishment," and "curse" by participants.

## DISCUSSION

Anthropology attempts a complete understanding of humanity, as well as the peoples and cultures of the world. Sociology of mental health has also been the subject of substantial investigation. People once questioned whether mental disease was caused by universal biological reasons or cultural circumstances (Fernando, 2014). According to Haque (2010), mental illness is a ruse used to conceal deplorable behavior. According to Hechanova and Waelde (2017), mental illness is a sensible response to an insane society that enables an individual to escape awkward situations. The Diagnostic and Statistical Manual of Mental Illnesses, Fifth Edition (DSM-V) is based on the universality of mental health disorders, which have identical underlying causes but differing outward manifestations across cultures. Mental disease is characterized by different patterns and behaviors resulting from human dysfunction, which appear as functional impairment and distress. This DSM classification differentiates mental illness from typical sociocultural responses that may produce such behavioral patterns or aberrant behaviors. It is not a new question whether culture causes or influences mental disease. Each tactic is supported by an extensive body of empirical and theoretical research (Biswas et al., 2016; Mushtaque, 2022).

This systematic review compiles studies on mental health in Pakistan. Somatization and avoidance of psychological and emotional issues are prevalent in China, where 'Neurasthenia' is utilized as a substitute for Depression (Nguyen & Bornheimer, 2014). Bhatti revealed unique sociocultural treatments for mental illness in Pakistani and Bangladeshi communities in the United Kingdom, such as reciting religious scriptures on water (Bhatti, 2020). Comparing the knowledge and actions of the Pakistani

community to those of the culturally diverse Indian population highlights the impact of culture on mental health presentation, while recognizing biological predispositions (Raina, 2014).

This systematic review was conducted with the intent of summarizing and analyzing the pertinent material. The information is required for several purposes. There is a gap in the literature where no attempts have been made to methodically explore the knowledge and draw lessons from the entire process and its results. We plan to incorporate the findings of this review into current literature here. We hope that the potential ramifications for present psychiatric practice include improved patient service quality, a better knowledge of patient subjective experience, support with service development, and the availability of general information in this area for strategic management planning.

Social constructionism is concerned with cooperatively produced worldviews based on shared reality assumptions (Alegría et al., 2018). Social constructionism and symbolic interactionism enhance comprehension of how social scientists in each community interpret the mental health concerns of community members. According to surveys, Pakistanis have little to no knowledge about their mental health needs and disorders. How individuals see mental illness is influenced by cultural influences, including non-medical causes. These beliefs and explanatory models are shaped by multiple cultural influences, and religion, faith, and spirituality are frequently associated with mental illness. Some cultural systems, such as 'Izzat,' have an effect on the behavior of asking assistance. Mental illness is stigmatized more against women than males. Others prefer to be treated by Spiritual/Faith Healers, Hakims, etc., as opposed to medical practitioners or psychiatrists. These discoveries are so extensive that a multilevel, multidisciplinary response is required. To attain these objectives, the government and the public must address culture, educate individuals involved in care, train more and better mental health practitioners, and expand knowledge of mental processes, mental health, and related issues. In one of the larger cities, some people, particularly those who are better educated and younger, view psychotherapy as an acceptable treatment option; however, a large proportion of the research population had little or no understanding of psychotherapy and did not view it as an acceptable treatment option. This is the first study of its sort to highlight the importance of possessing above-average understandings about mental health and related challenges, as well as engaging in actions that are occasionally useful but frequently harmful. It is hoped that my work would motivate others to study the experiences and behaviors mentioned briefly in this project, but which require additional inquiry as part of numerous qualitative mental health research studies of all sizes. We encourage other scholars to do comparable studies and to innovate as necessary.

## **CONCLUSION**

Overall, the data imply that Pakistanis have unique viewpoints on mental health. Individual and societal behaviors with socio-cultural-religious components offer unique insights into cause, effect, protective factors, and treatment. Such cultural understandings and practices must be taken into

account in order to gain a comprehensive understanding of how the Pakistani community views mental health and related issues, as well as how it might be aided in addressing mental health difficulties and concerns. Mental health and research services in Pakistan are badly deficient. According to studies, mental health awareness is nonexistent. To comprehend the social construction of mental health and mental illness in Pakistan, additional qualitative psychiatric research, incorporating ethnographic methods, is necessary.

### *Limitation of the Study*

Pakistan is separated by ethnicity, as stated in the introduction. The research in the Punjab province and the Karachi city are the subject of this systematic review. Generalization is impossible in Khyber Pakhtunkhwa, Sindh, and Baluchistan since representative studies are absent. Only a few researches have looked into ethnic minorities' mental health. Two studies looked at nomads and Kalasha people, who make up less than 1% of the population. Nomads are always on the road and do not identify as ethno-regional. The larger ethno-religious minority groups, such as Pakistani Christians and Hindus, have been left out of recent research. There is no research on children's or the elderly's mental health, but one study concentrated on adolescent findings; however, this was not a separate study, but rather the results of a larger one. In one targeted group, three ethnic/cultural groups were represented. On the one hand, these studies emphasize the significance of cultural ideas such as 'izzat,' which this expatriate minority brought with them from their home country. The bulk of the participants had spent time living outside of Pakistan; for example, one study had second and third generation participants. Other elements, such as local culture and surroundings, may influence participants' expression as well. A cross-sectional questionnaire research, especially one with a high number of participants, can aid in determining a region's mentality. Certain characteristics of such studies must be acknowledged, such as their cross-sectional time frame and limited participant selections. None of the investigations looked into the research instruments' validity or reliability.

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