

# Pakistani women in the UK, use of mental health services & the nature of social networks: A 'mixed' systematic review

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## Introduction

- The current Department of Health's mental health policy, 'No Health without Mental Health' (2011) lacks a coherent, detailed initiative to provide equitable, non-racist services to people from ethnic minorities.
- Pakistani women's access to mental health service has received little attention and rates of access are not clear.
- Much previous research has incorrectly considered 'South Asian' women (Indian, Pakistani or Bangladeshi) to be homogenous and made inappropriate inferences from one South Asian group to another.
- Studies that have focussed on Pakistani women have tended to rely on individual or cultural reasons for the apparent under-utilisation of services.
- The social networks of Pakistani women and the associated social environments within which they live, have received much less attention.

## Aims & Research Questions

Identify research studies reporting Pakistani women's access rates to mental health services, the nature of their social networks & the links between the two.

1. How does access to mental health services for Pakistani women in the UK compare with women from other ethnic groups?
2. What is the nature of Pakistani women's social networks and how does this compare with women from other ethnic groups?
3. What are the reasons for the mental health service utilisation patterns of Pakistani women? Are social networks implicated in the help-seeking and access process?

## Methods

- Current methodologies for reviewing quantitative & qualitative evidence are not defined clearly.
- Of those that are clearly documented, narrative synthesis had the best fit to the aims of this review, but not all elements were used.
- EPPI-Reviewer 4 software used to store, screen and duplicate check references.
- For eligible references, critical appraisal, data extraction & synthesis undertaken (see Figure 1).

## Acknowledgements

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## Results 1: Use of Mental Health Services

•Compared to White British women, Pakistani women had:

- Lower** rates of use of mental health inpatient units, Crisis Resolution Home Treatment & Assertive Outreach Services.
- Lower** rates of referral to and entry into Improving Access to Psychological Therapies (IAPT) Services.
- Higher** rates of usage of Early Intervention Services.

•Compared to White women, Pakistani women had:

- Similar** rates of GP consultation for mental health problems.

## Results 2: Social Networks

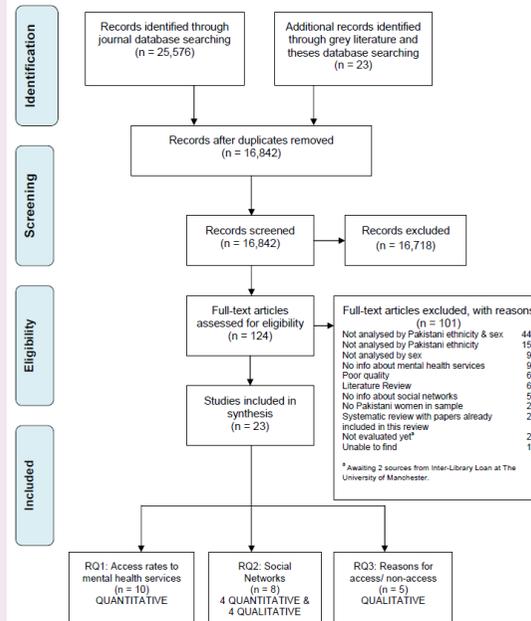
•Network Function. Pakistani women:

- Often cited **family as the only source of support**.
- Had low levels of social support** e.g. 30% of Pakistani women perceived severe lack of social support compared with 11% in the population.
- Had high negative aspects of support** compared to White women.

•Network Content. Pakistani women were:

- Least likely to have seen friends** in the past month (compared with White, Irish, Black Caribbean, Bangladeshi & Indian women) and most likely to have seen relatives.
- Most likely to be classed as socially isolated** compared with White, Irish, Black Caribbean, Black African, Bangladeshi & Indian women.

Figure 1: The Review Process



## Results 3: Reasons for (non-)use & role of social networks

- For Pakistani women, the **stigmatising attitudes towards mental illness** displayed by family and close networks, acted as a deterrent to seeking help and resulted in women often coping alone.
- Many women expressed a preference for a Pakistani professional but also feared these professionals leaking information to their relatives or community.
- Lack of English skills impacted on access and experience of services.
- There was a lack of knowledge of mental health services.

## Conclusions

- Pakistani women have lower rates of access to specialist mental health services.
- The level of mental illness stigma felt in Pakistani women's social networks was high & might be greater compared with women from other ethnic groups.

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