

Introduction

- According to the World Health Organisation, in 2019 there were 301 million people living with anxiety disorders and 280 million people living with depression across the world [1].
- This research project set out to explore the prevalence of anxiety disorders and depression in the UK and in Pakistan, and to explore mental health law, policy and programmes in Pakistan. The research findings were then used to identify some of the implications for Birmingham, and to suggest action that could be taken to help improve the mental health of residents of Birmingham with Pakistani heritage.

Prevalence of anxiety disorders and depression

A comparison of the prevalence of anxiety disorders and depression in Pakistan and the UK

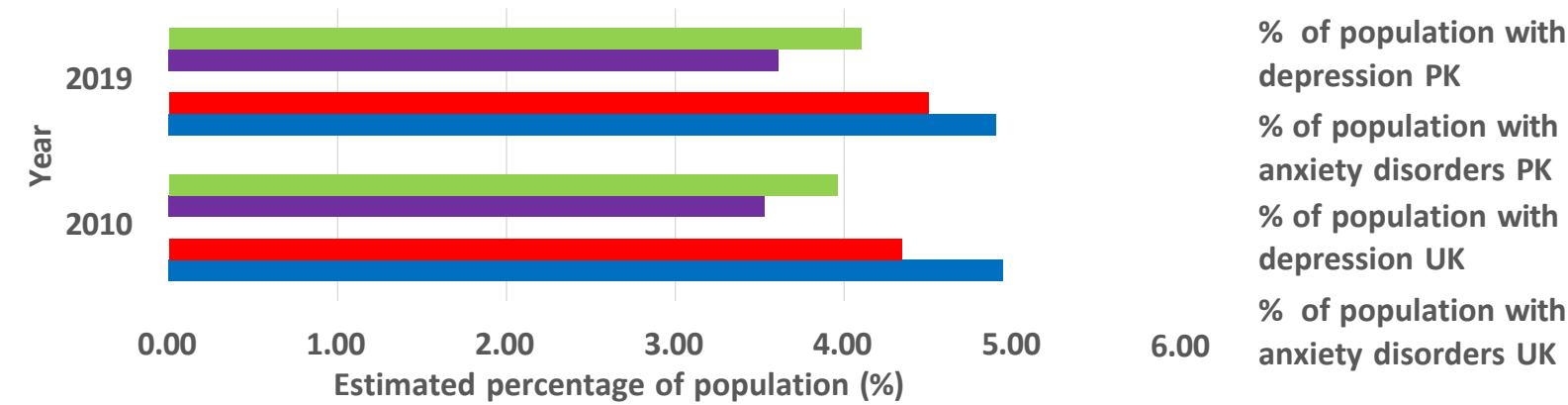


Figure 1: A comparison of the estimated percentage prevalence of anxiety disorders and depression, in the population of the UK and Pakistan, in 2010 and 2019. Data sources [2][3][4].

- From Figure 1, which summarises key data from the Global Burden of Diseases Study 2019 [4], it can be seen that depression is more prevalent than anxiety in Pakistan. In contrast, anxiety appears to be more prevalent in the UK compared to depression. Overall, anxiety and depression both appear to be more prevalent in the UK compared to Pakistan, in 2010 and 2019.

Prevalence of anxiety disorders

Pakistan		2010	2019
Male (%)		3.01	3.07
Female (%)		4.06	4.16
United Kingdom			
Male (%)		3.88	3.85
Female (%)		5.93	5.89

Figure 2: Estimated percentage of the male population and estimated percentage of the female population suffering from anxiety disorders, in the UK and Pakistan, in 2010 and 2019. Data from [2][4].

- Figure 2 shows that the percentage of the male population and the percentage of the female population experiencing anxiety disorders in Pakistan has increased from 2010 to 2019. In contrast, the percentage of the male population and the percentage of the female population experiencing anxiety disorders in the UK has decreased.
- In the Annual Population Wellbeing Survey of 2017/2018 (Figure 3), it was found that 20.0% of survey participants identifying as Pakistani reported a high level of anxiety, and this was the second highest group after the mixed ethnic group (21.4%) [5]. In comparison, 19.0% of survey participants who were residents of Birmingham reported high levels of anxiety. It was not possible to obtain this data for the Pakistani population of Birmingham, however, the data in Figure 3 may suggest that the overall population data for Birmingham could be masking key differences in anxiety levels between ethnicities.

Annual Population Wellbeing Survey - Anxiety (2017/2018)

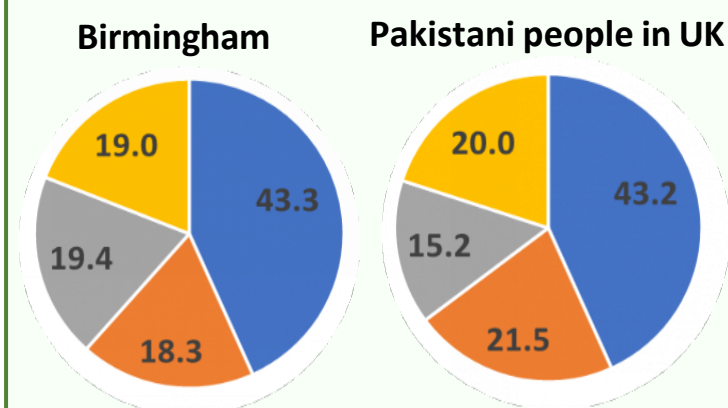


Figure 3: Anxiety threshold findings for Pakistani survey participants and survey participants who were residents of Birmingham. Data from [5][6][7].

Mental health law, policy and programmes in Pakistan

- **1912 - Lunacy Act**
- **1947 - Partition - Pakistan established**
- **1987 - Pakistan's National Mental Health Programme established.** The key aim of this programme was to incorporate mental health into primary healthcare [8]. The Primary Care Physician equivalent in the UK is a General Practitioner. Incorporating mental health into primary care would make it easier for people to access mental healthcare as they may not need to attend specialist facilities, which may be at a distance or more expensive [9]
 - Through this programme Primary Care Physicians were being trained in mental health, and by 2001 more than 2000 primary care physicians had been trained in mental health [8][10].
 - People experiencing mental illness in Pakistan often reach out to spiritual/religious healers as a first point of contact to seek help, and the potential benefit of involving spiritual/religious healers in the healthcare and referral system was also recognised by the programme [8][10].
- **1997 - Pakistan first formulated its mental health policy**, and according to the WHO Mental Health ATLAS 2017 Pakistan's mental health policy was last updated in 2003 [11]. Key themes addressed in the mental health policy include mental health promotion, the downsizing of large psychiatric hospitals, equity of access to mental health services, incorporation of mental health care into primary care, and intersectoral collaboration [11][12][13].
 - During this research project, government documents or literature sources discussing in detail the 1997 policy or the updates made in 2003, were not found.
- **2000 - A mental health component was added to teacher training** at the national level, and school curriculum boards were being encouraged to incorporate mental health into their curricula [8].
- **2001 - Mental Health Ordinance** - Up until February 2001 when the Mental Health Ordinance came into effect, the 1912 Lunacy Act remained the main source of laws relating to people experiencing mental illness [10]. The ordinance discusses voluntary and involuntary treatment and the establishment of 'community based mental health services' to provide 'mentally disordered persons, their families and others involved in their care with guidance, education, rehabilitation, after care and preventive measures and other support services on an informal basis' [14][15].
 - Along with the introduction of obtaining informed consent before treating patients, one key difference between the Lunacy Act of 1912 and the Mental Health Ordinance of 2001, is the removal of outdated and stigmatising terms, including 'lunacy' and 'lunatic' [10].
- **2010 - Health became the responsibility of provincial government and not federal government** [16]. As of May 2022, out of the 5 provinces of Pakistan, the provinces of Sindh, Punjab and Khyber Pakhtunkhwa have mental health acts in place [16][17]. These mental health acts are based on the Mental Health Ordinance of 2001 [15].
- **2013 - The Sindh Mental Health Act**
- **2014 - The Punjab Mental Health Act**
- **2017 - Khyber Pakhtunkhwa Mental Health Act**
- **2019 - The President's Programme to Promote Mental Health of Pakistanis was launched** to improve mental health at the national level. This programme is being supported by the World Health Organisation, and consists of 'Bright Tomorrow' which aims to reduce perinatal depression, and the School Mental Health Programme [18].
 - One key aim of the School Mental Health Programme is to develop the skills of teachers so that they can recognize the signs and symptoms of mental illness and provide better support for young people [18].
 - However, Pakistan has the world's second largest number of out of school children, 44% of children ages 5-16 were not participating in education in 2017 [19]. This suggests that even if this programme is implemented at the national level, a significant number of children will not be reached through this programme.

Implications for Birmingham

- Several factors have contributed to the state of mental health in Pakistan. This includes limited healthcare resources (only 0.4% of national healthcare budget allocated to mental health care [20]), not enough healthcare professionals trained in mental health such as psychiatrists, unreachable and unaffordable medical facilities, and the stigma associated with mental health is likely to be contributing to making people reluctant to speak about mental illness and seek help [21][22].
- According to the 2011 census, there were 144,627 Pakistani people living in Birmingham, and 135,314 identified as Muslim [23].
- Studies have suggested that some Muslims with mental illness may interpret symptoms of mental illness as a punishment from God, and may feel that seeking help, for example through mental health services, would be showing spiritual weakness [24][25][26].
- Studies have also discussed the existence of cultural beliefs in Pakistan that link mental illness with supernatural causes such as black magic [21][22].
- Cultural and religious perceptions, and the social stigma associated with mental health in Pakistan, may suggest that a significant number of Pakistani people who are Muslim and who are struggling with mental illness, may struggle to seek help, in fear of how they may be perceived by family, friends, or people in the local community.
- Birmingham City Council could partner with local mosques to develop and share information leaflets or deliver workshops on mental health conditions and living with mental health conditions. Including some information on the biology of common mental health conditions such as anxiety disorders and depression, may aid in breaking down misconceptions and stigma surrounding mental illness. With the significant percentage of Pakistani people experiencing high levels of anxiety in the UK (Figure 3), distribution of information leaflets on anxiety management techniques in English and Urdu, may also potentially be beneficial.

References can be found by scanning QR code

