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Perceptions of Mental Health Amongst Pakistani-Americans

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PERCEPTIONS OF MENTAL HEALTH AMONGST
PAKISTANI-AMERICANS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Arifa Kiran Ashraf

June 2016

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ABSTRACT

Out of 14.4% of Asian Americans in the state of California, and 5.4% in the United States, Pakistani-Americans are one sub-group, out of ten. Pakistani-Americans are either born in, or have familial ties back to the country of Pakistan. This research emphasizes on the lack of knowledge or awareness of mental health, and more importantly, the perceptions of mental health amongst Pakistani-Americans. The topic of mental illness within the Pakistani community is almost taboo and never spoken about with individuals outside of the family. With Islamic laws having a huge influence on the Pakistani culture, people tend to turn to the religion to find answers. Using a qualitative approach, the researcher was able to conduct interviews and find 7 emerging themes; perceptions on seeking mental health treatment, where individuals would prefer to be treated for mental health issues, the significant role of religion, sharing problems and issues growing up, different cultural practices associated with psychological distress, identifying depression and anxiety as a mental illness, and the idea of Schizophrenia vs seeing or hearing Jinns. The researcher was able to conclude that Pakistani-American's have shown growth in the understanding of mental health symptoms, however are still behind in understanding what is classified as a mental health issue and what is not.

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I would like to thank each and every participant of this study. I genuinely appreciate your participation in this study. Many of you showed me your most vulnerable sides and for that I thank you. The topic of mental health is not an easy one to talk about, and you all shared your thoughts and emotions with me openly making this research easier to conduct.

I would like to thank my family and friends for sticking by me throughout this entire program. The past two years have been extremely difficult, however all of your love and support has helped make this process a lot easier. Last, but definitely not least, I would like to thank my cohort. Without all of you and your endless support and help, I don't think I would be able to stand where I am today. We started this program as strangers, but are ending it as family. Thank you.

DEDICATION

This research is dedicated to all the Pakistani-American individuals who suffer from a mental illness and feel alone. Despite the stigma the culture may hold against mental health, I encourage you all to reach out for the help you need. You are not alone.

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CHAPTER ONE

INTRODUCTION

Problem Statement

According to the United States Census Bureau (United States Census Bureau, 2014) there is a total population of 14.4% of Asian Americans in the state of California and 5.4% in the United States. One sub-group, out of ten, are the Pakistani-Americans. Pakistani-Americans are either born in, or have familial ties back to the country of Pakistan. A small country just about the size of Southern California, and located east of India, sharing the border of Kashmir. Pakistani-Americans are largely Muslim as Pakistan is predominately a Muslim Country, with Islamic laws. Several Pakistani Migrants have come to America in hopes of giving their families, or future generations a bright future, higher education levels, and of course, more money. These migrants have not only brought themselves, but big parts of their culture, and practices to America with them as well. Cultural practices such as, henna tattoos, grand wedding celebrations, religious practices, shalwar-kameez- the cultural Pakistani clothing, etc. are still widely applied to Pakistani-American households today.

Granted the Pakistani culture is fun and colorful, just like any other culture, there are many shortcomings as well. One major short coming that this research will emphasize on is the lack of knowledge or awareness of mental health, but more importantly, the perceptions of mental health amongst Pakistani-Americans. The topic of mental illness within the Pakistani community is almost

taboo and never spoken about with individuals outside of the family. From personal experience, and observations, Pakistanis consider Mental Illness to be a person's weakness and/or it is something they are able to "get over". Mental illnesses such as anxiety or depression are looked at as a person's weakness and seeking help for it is not something that crosses anyone's mind. Instead, it is looked at as an obstacle the individual must overcome on their own terms. Abuse, whether it is physical, emotional, or sexual is swept under the rug in hopes that it will be forgotten. When the abuse itself is forgotten about and hidden, the trauma of the situation is also hidden and the victim is often the one who ends up blaming themselves. Unfortunately, situations of more chronic illnesses such as Schizophrenia can be misinterpreted in many ways.

With Islamic laws having a huge a huge influence on the Pakistani culture, people tend to turn to the religion to find answers. While religion can be a person's security blanket, it is important to acknowledge the intensity of mental illnesses, and understand it is a chemical imbalance and needs proper treatment. The Qur'an, the Islamic holy text, states that Allah (God) has created both men and Jinns. According to the Qur'an, Jinns are made of fire (The Holy Qur'an). Jinns are also not amongst humans, and Muslims believe that they cannot see a Jinn unless it takes form of something earthly. However, some Muslims believe that Jinns are able to communicate with humans by talking to them, or taking form of earthly things. With a strong belief in this, it makes it easier for Pakistani's to automatically gravitate to the religion to find answers for what is happening to

them. People who suffer from schizophrenia can easily confuse their diagnosis as a jinn communicating with them and instead of seeking mental health treatment, people turn to God to be their therapist and hope to pray away their problems.

In defense of religious beliefs, it can be argued that religious practices can be a form of relief if practiced properly using “major aspects (of Islam) include natural forms of social support, familial and marital mediation, conflict resolution, group cohesion and support, individual catharsis and psychological relief, and self-actualization.” (Al-Krenawi 2000). Due to the high volume of Muslims in Pakistan, there are more religious healers available than mental health professionals. A study conducted on Native faith healers concluded that people in Pakistan consider to have efficient treatment from the Native Faith Healers and find it more culturally fitting to pursue help from them (Saeed, Gator, Hussain, & Mubbashar, 2000). With religious practices being the primary practice for all problems, it can be a challenge for Pakistani’s who migrate to America to accept different ideologies. Services they are comfortable with are not so readily available, making it easier for them to be taken back and drawn to their roots where seeking care for a mental illness may seem secondary or not as effective.

Purpose of the Study

There is major importance in this study as some cultural practices of Pakistan require individuals to seek proper mental health treatment. Many

Pakistani individuals need mental health services due to the cultural stressors they have. One example of these stressors is the treatment of women throughout Pakistan. There are many ways a woman in Pakistan can be dehumanized, and it is considered a norm. In a recent documentary, *Saving Face*, a plastic surgeon helped Pakistan women who have been victims of acid burn to their face. Acts of violence such as this and the inequality of women in Pakistan are bound to cause psychological issues that can not only affect that woman for the rest of her life, but also her children. Once a woman is married, her stress overloads and is seen as a homemaker only who is there to serve her husband and in-laws. A study conducted compared many different studies that prove Pakistani women are in a high demand for mental health services. One study proved that majority of suicidal patients in Pakistan were married women in which 80% were having conflicts with husbands, such as domestic violence, and 43% were having conflicts with in-laws (Niaz 2004).

There are three strong theories by famous social workers that can help guide this study to be easier to conduct. Zastrow's (Zastrow & Kirst-Ashman) theories of Micro, Mezzo, and Macro systems, Freud's Id, Ego and Superego framework, and lastly, Erickson's stages of development. We can take out the Macro and Micro aspects of Zastrow's theories to better understand our data. The Pakistani-American community as a whole will be our Macro aspect, where the individual Pakistani-American will be the Micro aspect. Using these theories we can try to comprehend whether the community as a whole does an effect on

the perception of an individual Pakistani-American, or not. Freud describes the human personality to have different aspects to it with the Id, Ego, and Superego. Using this as a basis, it would be interesting to understand the impulse behaviors (Id), the conscious decisions (ego), and the rational decisions (Superego) made by Pakistani-American in regards to mental illness. Lastly, Erickson's stages of development help support this study as it will help us better understand what an individual most likely went through growing up to have the perceptions they do today.

Mental Health Awareness is something that is important to bring to Pakistani-Americans as it is becoming a huge epidemic. There have been suicides amongst younger Pakistani-Americans who have suffered from depression but could never seek mental health treatment, and the problem of several first generation Pakistani-Americans not seeking mental health treatment regardless of how bad their symptoms could be getting. The fear of the stigma of mental health comes in the way of people seeking proper treatment. This study will try to recognize the reason why there is such a huge gap between the Pakistani culture and mental health by looking closely at how mental health is viewed in Pakistan, and how those beliefs were carried here by immigrants.

According a study done by the World Health Organization (WHO) (World Health Organization, 2008) there are only five mental health hospitals throughout the entire country of Pakistan. There are about 87 mental health care practitioners per every 100,000 people in Pakistan. With such little access to

mental health treatment, there is no wonder why the topic of mental health is not very well known. Another issue in Pakistan is the desire to be seen as perfect in society. What society says means a lot to a Pakistani individual and their reputation in the community determines how much respect they have in the community. When an individual has a mentally ill person in their house, they try to hide the individual and mask the illness so no one finds out about the “problem child” and making things worse for the mentally ill individual as opposed to seeking the proper treatment and focusing on the well-being of the individual. Lastly, a major issue in Pakistan is the lack of understanding about mental health and how to approach it. A study conducted by Shah concluded that Mental Health hospitals in Pakistan have a necessity to become more diverse in their mental health services (Shah 2014).

American Social Work is one field of many that can provide mental health services to individuals as needed. With Social Workers being available seven days a week, it is easy for an individual in America to reach out for mental health services. American Social Workers are trained to be culturally competent and be able to refer different types of services to different individuals. However, mental health in Pakistan guides an individual to the religion where Pakistani Social Work defines Social Work solely as helping the poor- the same way it is seen in Islam (Graham 2007). With beliefs such as this, individuals who are not poor and are in need of social work referrals are often overlooked and not provided with the help they need. Unfortunately, with such different social work practices,

education on certain topics (i.e. Mental Health) is not the same world-wide making, it difficult for one part of the world to understand the other. Therefore, when people migrate from one area to another, they take their home base practices to the new place of residence.

This study will introduce mental health to the Pakistani-American community in hopes that they will use this knowledge to understand the importance of mental health and realize it is not something praying can fix, potentially eliminate the stigma behind it, and fully comprehend what mental health is (Saeed, Gator, Hussain, & Mubbashar, 2000). One of many hypotheses of why this issue has become a huge epidemic is the lack of knowledge about mental health situations in Pakistan. Everyone has a fear of the unknown and the lack of knowledge about mental health in Pakistan is the root of all mental health problems in Pakistan, which immigrants bring to America with them. With Pakistani Social Work not being as active as American Social Work, Pakistani individuals are prone to be unaware of mental illnesses, let alone mental health treatment due to the lack of knowledge of the topic in Pakistan. Based on a research study conducted, there is hope that Pakistani individuals will break out of the fear of the stigma of mental health if educated properly on mental health (Ali 2015).

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter will discuss the different research findings the researcher was able to locate to support the hypothesis regarding perception of mental health services amongst Pakistani-Americans. Due to the fact that this study is a preliminary study, there is not a significant amount of research that has already been done on this topic, leaving the researcher with a research limitation.

Summary and Critical Review of Literature

Recently, there have been many more circumstances in which children are developing invisible mental illnesses such as depression, and anxiety but these issues are not being addressed. In Southern California, there was a suicide in the Pakistani community and instead of reaching out to help the family, the family was shamed for such an act. In situations like this, it is unfortunate that instead of trying to avoid another suicide, people ignore and shame individuals until they are pushed to do something drastic. For this study, I would like to get a better understanding of the thoughts Pakistani Americans towards mental health, and attempt to understand the reasoning of their perceptions. This study will not only benefit my own personal life, but it will bring to attention the importance of mental health in the Pakistani community.

This attention will also ultimately help those in the Pakistani community who suffer with a more severe mental illness such as schizophrenia be able to come forward. As previously stated, mental illnesses are shamed and ignored in hopes that the individual will be able to pray for it to go away. However, it is a known fact that something like schizophrenia is not something that can be prayed away, and instead is need of anti psychotics and talk therapy to make the hallucinations go away and gain their self-worth back. The main religion in Pakistan is Islam. As previously stated, the Qur'an states that there are other beings on this earth that humans cannot see and they are called Jinns. Jinns are not visible, but some Muslims believe that Jinns are able to communicate with humans be taking human form, or by speaking to them. With something like schizophrenia, it is easy for Pakistani Muslims to believe that Jinns are communicating them and that praying will make them go away. However, it is not always Jinns and some people do, in fact, have hallucinations that alter their way of life.

Aside from religion, the Pakistani culture holds a great deal of pride in the respect and dignity of their family. Families make sure to keep things within the family, and if there is something wrong, no one else outside of the immediate family should know. When families are going through a troubling time, instead of reaching out for professional services, Pakistanis turn to the eldest of their family to make a decision that would benefit them all. In the case of mental illnesses, the individual with the mental illness is kept in the house and away from

everyone in society as they can bring shame onto the family for being “crazy”. Families do their best to hide whatever they can in order to keep their families pride, even if it would ultimately affect an individual in the family in a negative way.

There is no one specific agency that will be affected by this, however there is an entire race of people who will. According to the Migration Policy Institute (2015) there are 453,000 Pakistani American’s currently residing in the United States. With a number so large, and already growing, it is important to bring to attention the importance of mental health treatments, especially since mental health has begun the integration into the medical model. Not only is it important on a macro level, however, it is very important on a micro level for the individual dealing with mental health symptoms. There is a direct correlation between mental illness and violence and if even a fraction of the Pakistani American’s living in the United States today suffer from an untreated mental illness, it raises the threat of increasing violence rates in America as well.

This study will not be easy to conduct, as it is something that is frowned upon in the Pakistani community. Another limitation that this research will have is a literary limitation. Due to the fact that there is not much research on this topic, there will not a significant amount of studies the researcher will be able use. However, the epidemic of the mental health is slowly starting to be more recognized in the Pakistani Community. First, the researcher will start by collecting data on how Pakistani-Americans perceive mental health as a whole.

This would make it easy to conceptualize what number of Pakistani-Americans have knowledge and awareness about mental health, and how many still believe that it is a taboo topic. The researcher conducted research about Pakistani's residing in Pakistan's perception of mental health to get a clear understanding of the background information on where these perceptions originate from. Although the topic of mental illness is almost seen as a outlawed, there is conflicting research that is done, proving that the awareness of mental illness has begun.

Khalily (2011) conducted a study on mental illness specifically in the Swat Valley of Pakistan. The journal stated the current mental health situation in Pakistan and concluded that there is a lack of mental health trained professionals to meet the mental health needs of people in the Swat Valley. Swat Valley has been a hot spot on the map after the terrorist attacks by the Taliban on the young Nobel Peace Prize winner, Malala Yousafzai. When students are going to school with the fear that the Taliban is going to attack them, or shoot them like they did to Yousafzai, mental illnesses are bound to occur. It is unfortunate that these children cannot seek out for proper mental health treatment and instead must continue living with whatever they may be suffering from.

Naeem (2012) interviewed outpatients from a University teaching hospital in Pakistan who were diagnosed with depression to get a better understanding of what they knew of mental health and found that the patients had little to no knowledge on mental health and just thought these were symptoms of stress or trauma. This study also proved that these patients were unaware of the option to

have psychotherapy, or the potential successful outcome of it. The lack of mental health awareness in Pakistan where the first generation Pakistani-Americans are coming from will be a limitation to this study as we will first have to educate them on what mental health actually is.

However, there has been a slow change in Pakistan's perceptions of mental health. Over the years many studies conducted have attempted to raise awareness of mental health all throughout Pakistan and have been able to succeed, however, it only effects the portion of individuals they study. One study conducted in Pakistan and it's neighboring country India, sought out individuals with mental disorders and followed them for three months as they sought treatment. Within these areas there were mental health services available within the local health care systems as well as local free-standing mental health services. Although the types of services were identical, individuals in Pakistan looked at going through the local health care services to receive treatment as opposed to the free-standing services because they are perceived as more appropriate as well as the lack of stigma against going there (James, et al., 2002). If more studies like this were conducted throughout Pakistan, or individuals who have gone through these studies successfully would share with those around them, the stigma and lack of knowledge about mental health can essentially be eliminated.

Another limitation to this study would be not being able to collect valid data because of the Pakistani culture being very strict on keeping things within the

family, and not bringing shame on the family. A study conducted in an article by the Mental Health Practice (2007), shared that British Pakistani's are unwilling and scared to receive mental health treatment due to the fear of getting shammed in the community because of the ignorance towards mental health. As previously stated, Pakistani's like to keep everything within the family and not let anyone else be aware of such familial issues regardless of the severity of the illness, or if they could give them proper treatment or not. The same unwillingness in British Pakistanis is in Pakistani- Americans as well. Local Pakistani-Americans have a fear of being stigmatized and majority of them do not participate in studies regarding mental health in fear that their name will be out there for the world to see and can ultimately bring shame onto the family. Keeping the study an anonymous study will help keep Pakistani-Americans feels safe and opens up more potential for them to answer honestly about what they really perceive.

The limited past research that has been done will help guide this study by supporting that Pakistani's as a whole need to have more awareness of mental illnesses and especially the importance of seeking help. The recent health care and mental illness integration has put mental health on a higher pedestal, making it a more important issue. The National Association of Mental Illness (2015) had a theme of "Before Stage 4" for Mental Health Awareness Month this year. This was to prevent any potential mental illness of reaching stage four where an individual becomes a danger to himself or herself, or another person. If Pakistani-

Americans are unaware of these illnesses, they have the potential to reach stage four of their illness and cause more harm. Despite the limitations of this study, the goal is to educate the Pakistani-American community about mental illness and persuade them of the benefits of receiving treatment for these disorders.

However, since previous researchers have gone to Pakistan to conduct the research, this study will conduct research specifically in America amongst Pakistani-Americans. The researcher chose to do this study geared directly to Pakistani-Americans since it is directly related with the group of individuals the researcher personally identifies with and communicates with almost on a daily basis with. The researcher felt remorse thinking about studying such a vastly growing topic, and the ones who which the researcher shares her most intimate self with, are unaware of this topic and have little to no knowledge on mental health. Because of the lack of knowledge towards it, and the shaming of it, the researcher would like to start with the local community of Pakistani-Americans in Southern California to start and raise awareness. The researcher first, would like to educate the community on mental health and answer any questions or concerns they may have about mental health. Next, the researcher conducted surveys amongst the first generation and second generation Pakistani-Americans to see where they stand on mental health treatments.

The researcher hypothesizes that second generation Pakistani-Americans have more awareness to the topic, and are more inviting to the treatment of it. However, just as the first generations require being educated on the topic and

considering it to be unmentionable, these practices can be passed down to the second generation causing them to be unaware of it as well. The researcher is aware of her own biases and recognizes the stigma held and passed down as a second generation from first generation migrant parents. Using these personal experiences, the researcher was able to connect with them on an entirely different level and was able to relate to any problems and concerns the participants may be confronting. The researcher thinks this would be a strong point for this study and will be able to build rapport with participants easier, ultimately assisting in getting more accurate data from all participants.

Theories and Guiding Conceptualization

The Pakistani community as a whole has systems in the way it works and it is very similar to what Zastrow (2013) explains as the Micro, Mezzo, and Macro systems. While describing the relationship between the Micro and Macro systems, Zastrow (2013) describes a community as “A number of people with something in common that connects them in some way and distinguishes them from others” (p33). This study will closely look at the relationship between the individual Pakistani-American- the micro- and their relationship and conformity to the Pakistani culture as a whole- the macro. This study will look at the development of an individual and where they grew up as well as the conditions of the culture that shape their thoughts on mental health.

Using Freud's id, ego, and superego framework of how the mind is developed, it is safe to say that Pakistani's, whether they be living in Pakistan or America have developed a superego, also known as the conscience, based on the values and traditions of the Pakistani culture. With mental illness being absent in the cultural and traditional values, there is never an opportunity for them to be aware of this option. Instead, Pakistani's are raised from a young age to follow religion, and seek help from God when things go wrong. In America, with the rise of mental health awareness, children are growing up with the knowledge of the importance of seeking mental health treatment and are able to openly discuss the topic in their home.

Although Freud's concepts help support this study, Erickson's stages of development will be the most beneficial in this study as Erickson has an emphasis on the role of culture and how it can affect one's self ego (McLeod 2008). Erickson's eight stages of psychosocial development, starting from infancy and going all the way until late life, are all dependent on one another, and Erickson believes completing each stage is vital to continuing onto the next stage. This study will focus on how a Pakistani-American is able to reach the next stages of development when, internally, they have an untreated mental illness and are unable to successfully complete a previous stage. A mental illness can alter a person's way of life, not letting them complete their stage of development successfully, especially when the individual is unaware of what is wrong with them. Past research that has been conducted has all proven that

Pakistanis worldwide are unaware of mental health treatments. So if they are unaware, how will they seek treatment and ensure a successful completion of that stage of development?

The best data source to use would be fellow Pakistani-Americans whom the researcher has easy access to. With a huge Pakistani-American population all throughout Southern California, and several opportunities for gatherings at places like the local Mosque, it would be best to reach out to everyone personally to gain a better perspective on what their perception of mental health treatment would be. The independent variable the researcher included was; the perception of mental health, and the dependent variables would be the perceptions of the mental health as well as Pakistani-Americans who suffer from a mental illness.

CHAPTER THREE

METHODS

This chapter will discuss the different methods and designs that will be used for this research. First there will be the method of collecting data and that will be by conducting interviews with multiple Pakistani-Americans. It will also discuss the sampling method that will be used to ensure the most accurate data. Next will be the analyzing of data and that will be done so in a qualitative way. This chapter will also discuss the instrument that will be used and where the researcher got these methods from. It will also discuss the different procedures what will take place while conducting the research along with the confidentiality of the subjects.

Design

This study was an exploratory descriptive study that employed a qualitative interview method to apprehend the perceptions of mental health among Pakistani-Americans. Due to the stigmas against mental health in this community, this study was culturally sensitive to the cultural background that came from Pakistan. Participants also had the option to complete the interview in their native language if it made them more comfortable.

The design used for this study was interviews, as the researcher believed this was the best way to collect valid data. Using interviews helped to get a better

insight into the interviewees responses, as well as a more detailed response as opposed to a survey's 'yes or no' answers. When using the interview, the researcher was able to guide the interview with a few questions and changed gears, or ask for further explanations of an answer at the time based on the responses given by the interviewee. The research topic in question was; What is the Perception of Mental Health Among Pakistani-Americans? The researcher hypothesized that Pakistani-American's have a negative perception towards Mental Health due to the cultural practices from Pakistan, and the lack of knowledge on the topic.

Sample

The sample contained 11 Pakistani-Americans ranging between the ages of 25-60 who have been living in America for at least 6 months. The large age gap in the sample population is to capture the perceptions from different generations. The older interviewees provided answers based on their upbringing in Pakistan, while the younger interviewees provided answers based on their upbringing in America. The large age gap assisted in determining if the perceptions of the elderly who were raised in Pakistan are being projected onto the younger generations, or if the younger generations are adapting to western perceptions of mental health.

Data Collection and Instruments

The data for this research was collected using interviews with an independent variable of mental health and dependent variable of perceptions. The researcher contacted the local Pakistani-American community through the Islamic Society of Corona-Norco and gathered attendees of the Mosque, or family members of the attendees to participate in this study. The researcher also collected interviewees by posting a public message on social media to aim to the younger generations. Once the interviewees were chosen, the researcher set up meeting dates, skype conferences, and phone calls to conduct the interview. Most interviews were conducted in English, and some had minimal usage of the native language of Pakistan, Urdu.

Due to the limitation of no previous research on this study, the researcher used interview questions that have previously been successfully used by other researchers towards two different cultural groups. Since these have already been successfully conducted, the reliability and validity of these questions were tested and proven efficient in the previous studies. A limitation to using these research questions, was the researcher had to go through each question to make sure they were culturally sensitive to Pakistani-Americans. One limitation of collecting the data was that some interviews took place via phone call, making it challenging to the researcher to study body language, and facial expressions throughout the interview. Another limitation was the different levels of acculturation in the American society between the different participants

Procedures

The researcher used semi-structured interviews on her participants. All participants were volunteer participants through the different types of advertisement used for this research. The interviews were conducted in various places such as the local Mosque, Starbucks, and the homes of some participants. The researcher aimed to make the participants feel comfortable, due to the stigmas attached to the research topic, therefore, let them choose the place of the interview. The researcher used the interview questions as a guide to start a free flowing conversation. The researcher was able to use the interview questions as key themes to discuss throughout the interview, keeping the conversation flowing, but focused.

Protection of Human Subjects

All participants in this study signed informed consents prior to the interview. In this consent they were promised confidentiality and anonymity. The researcher was able to provide these by not discussing the interviews with anyone else, and will not be using any names for the participants. After the interview was complete, the researcher provided the participants with de-briefing statements.

Data Analysis

The data collected by researcher was qualitatively analyzed to determine what the perceptions of mental health are among Pakistani-Americans. The researcher went through the interviews to discuss common themes and answers given by the participants. The researcher investigated similar phrases that were used by the participants throughout the interview. The researcher used The Statistical Package for Social Services (SPSS) to analyze the data further. The researcher used a t-test to test the relation between mental health and perceptions.

Overall, the methods used for this study were successfully implemented by the researcher given the limitations of this pilot study. The researcher received some hesitation from the Pakistani-American community, however did not let that skew her research methods and continued to find willing participants. One limitation to this study was the participants that were willing to talk about mental health, had previous knowledge about the topic, and the ones who did not have previous knowledge were unwilling to participate in the study. The researcher might have been able to collect more diverse answers if those who lacked education and awareness on mental health were willing to participate.

CHAPTER FOUR

RESULTS

This chapter will discuss the findings of the study in short narrative form describing the following themes emerged: seeking mental health treatment, where to get treated, the role of religion, sharing problems, different cultural practices associated with psychological distress and identifying depression and anxiety as a mental illness, and the idea of Schizophrenia vs seeing or hearing Jinns. A brief description of demographics

Demographics

The sample interview contained 11 adults that either identified as Pakistani-American or have familial ties to Pakistan. There was a total of 6 females and 5 males interviewed. One adult did not identify as Pakistani-American but did state she did have familial ties to Pakistan while all other participants identified as Pakistani-Americans. Of these 11 participants, 9 of them were US citizens and 2 were Permanent Residents of the United States. 6 participants were migrants who have been living in United States for over 25 years, 3 participants were migrants who have been living in United States for less than 25 years, and 2 were American-born Citizens. The age range of the participants was 31 to 57 years, with a mean of 45 years. All 11 of the participants identified as a Muslim and stated Islam as their religion.

After conducting and transcribing 11 one-on-one interviews, the researcher analyzed common themes and trends that emerged from the interviews. All themes and trends were analyzed to better understand the perceptions of mental health amongst Pakistani-Americans living amongst us.

Thematic Analysis

Seeking Treatment

Seeking treatment is one of the main themes that emerged was seeking mental health treatment. Out of the 11 participants, 8 participants stated that they would be willing to seek out mental health treatment if their physician recommended it to them, 2 were not sure if they would or would not be willing to seek out mental health treatment if their physician recommended it to them, and 1 participant stated that he would not be willing to seek mental health treatment.

Table 1 presents the quotes from the participants.

Table 1. Seeking Treatment

Participant #:	Direct Quote Regarding Seeking Treatment
2.	“Yeah, because he’s an expert in his field and if he thinks I’m crazy then I probably am.” (Survey Interview, February 2016)
3.	“Yes, for sure. Because I need help” (Survey Interview, February 2016)
4.	“Maybe. Because it depends on if I feel like its something I really need to work on. I feel like doctors prescribe you things especially medications. It’s a cycle that you probably can’t get out of once you’re in it so I guess it depends on what my issue

	would be. I would be open to therapy.” (Survey Interview, March 2016)
7.	“Yeah. Because that’s something that needs to be taken care of just like any other illness that you may have.” (Survey Interview, March 2016)
8.	“I would. Because it’s very concerning. If my mind is functioning then I can function better in all aspects.” (Survey Interview, March 2016)
9.	“If I was at that stated that I needed it, I would. But if I didn’t feel I am, I wouldn’t.” (Survey Interview, March 2016)
10.	“If I could guarantee anonymity, then yes.” (Survey Interview, March 2016)
11.	“No. Because I don’t think I have a mental illness. I know I’m not crazy. I can manage myself.” (Survey Interview, March 2016)

Treatment Location

Treatment location is another theme that emerged was the location where people would want to get treated if they were being treated for any mental health symptoms. Six participants stated that they would like to be treated in their own environment or at home, 2 participants stated it would be easier to be treated in a facility, and 3 participants stated they would want to be treated in the office of a mental health professional. From the 3 participants who stated they would like to be treated in the office of a mental health professional, 2 of those participants were also participants who stated they would not be willing, or would be hesitant to seek out mental health treatment.

Table 2. Treatment Location

Participant #:	Direct Quote Regarding Treatment Location
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2.	“It would be a directive from my doctor or whoever diagnosed me. I’m sure they would know what the best place is for me to get treated.” (Survey Interview, February 2016)
5.	“I think a facility would be better because you can get time away to fix yourself because when you’re home and go for therapy, home takes over and you don’t get me time.” (Survey Interview, March 2016)
8.	“Hopefully within my vicinity.” (Survey Interview, March 2016)
9.	“Therapist Office.” (Survey Interview, March 2016)
11.	“In his (Psychiatrist’s) office.” (Survey Interview, March 2016)

Role of Religion

A significant theme was the role religion takes in mental health. Nine out of 11 participants all believed that religion takes a great role in mental health and can assist a person throughout their healing process. The remainder two participants agreed that religion plays a huge role, however it can also cause other stressors as well. Four of the 9 participants that stated religion takes a great role in mental health also believed that religion can play a negative role in mental health causing things such as guilt, or misinterpretations of the text. Each participant had a strong yet different opinion about the role of religion.

Table 3. Role of Religion

Participant #:	Direct Quote Regarding Role of Religion
1.	“I believe I’ve always been able to reach out to God ‘cause it has helped me heal myself much better and move forward in life instead of being held back.” “I think it can give you a lot of peace, hope and faith.” (Survey Interview, February 2016)
2.	“The religious teachings give you sort of a collection with a spiritual entity, in our case, God, in our case that helps a lot because if our teachings tell us that that’s how things are

	supposed to be, then that kind of helps us cope with daily stresses of life.” (Survey Interview, February 2016)
3.	“If your belief is strong enough, we relieve a lot of stress by releasing some that stress to Allah and then we are more willing to accept the outcomes which is positive.” (Survey Interview, February 2016)
4.	“I keep God in my thoughts and I pray as much as I can and also do a lot of religious reading to get a different perspective, and find satisfaction that he (God) is hearing me.” (Survey Interview, March 2016)
5.	“I think I’ve healed a lot faster and better with my belief. In the past couple of years, I’ve gotten more religious and I’ve talked to different people about getting through situations from my past. Something like dealing with death. It’s (religion) something that puts things in perspective that everything happens for a reason. I have turned more to religion to find peace for myself.” (Survey Interview, March 2016)
7.	“Following the teaching and reading and understanding the Quran and implementing that in everyday life. There are some challenges and there are specific ways the religion deals with those challenges and try to believe that they will help. You can do up to a certain level and the rest is faith. You have work to a certain extent and not leave it all up to faith, but you have to work for it and get guidance from your religion, book, or teachings to make it right. That will give you mental health and satisfaction of dealing with it the right way to avoid depression and anxiety.” (Survey Interview, March 2016)
8.	“Praying to find peace is something obligated in my belief. You must pray. The compliment of praying is that you get peace and satisfaction.” (Survey Interview, March 2016)
9.	“I believe if you do, do your prayers there is a difference and you feel more at peace and your lifestyle is more different.” (Survey Interview, March 2016)
10.	“If I was really frustrated, I can’t say that pray would help. Mental health is a very broad term so if you’re sad and depressed, often times praying can help but if you’re angry and frustrated, in my case, prayer does not help, venting helps.” (Survey Interview, March 2016)
11.	“Oh, it really helps in the healing. It doesn’t have to be a specific religion but just having faith. You can worship a door knob for all that matters. Faith helps healing, in a physical and mental illness. Because mental health helps physical illness that’s why its

	important to have faith or have something that gives you the spiritual high.” (Survey Interview, March 2016)
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Sharing Problems

Participants were all asked if they grew up able to share their problems growing up with anyone around them or family only and 6 participants answered that they were allowed to share with family only, 5 participants stated that they were raised to not tell their problems to anyone. Two out of the 5 participants that answered they were not allowed to share their problems with anyone growing up, also stated that they still do not have anyone to talk to about any problems they may be facing. One of the 5 participants that stated they did not share their problems growing up stated they only confided in friends growing up and still confide in friends today. Three of the 6 participants that answered they were only allowed to speak to their families regarding problems they are facing stated that they grew up telling their problems to their parents only and still do now as adults.

Table 4. Sharing Problems

Participant #:	Direct Quote Regarding Sharing Problems
1.	“I was raised not to tell my problems to anybody. I was raised to keep my problems quiet and not say anything about anything.” (Survey Interview, February 2016)
2.	“In general, the encouragement was to go to family because they are a trusted group of people.” (Survey Interview, February 2016)

5.	“No, keep your mouth shut. Nobody wants to hear it. Our culture is very different, there is a lot of taboo and a lot of things you shouldn’t talk about. I guess you’re just supposed to keep things inside.” (Survey Interview, March 2016)
8.	“I was raised in an environment where we were not taught or directed to do such a thing or not even to do such a thing to be honest.” (Survey Interview, March 2016)
10.	“Actually, we didn’t really talk about problems. But if you had to then only family.” (Survey Interview, March 2016)
11.	“We weren’t supposed to share our problems. There was no such thing as a psychiatric illness. It wasn’t considered ‘God’s Will’.” (Survey Interview, March 2016)

Cultural Practices Associated with Psychological Distress

The researcher noticed that each participant had a different response to a potential cultural practice that may contribute to psychological distress. While this was not a common theme, the researcher was able to find multiple different practices of Pakistani’s that are still practiced in the United States that may cause psychological distress in Pakistani-Americans.

Table 5. Cultural Practices Associated with Psychological Distress

Participant #:	Direct Quote Regarding Cultural Practices Causing a Mental Illness
1.	“Stressors such as not being able to say what you want to say even though it shouldn’t be that way, and a lot of issues that we shouldn’t be outspoken about.” (Survey Interview, February 2016)
2.	“Divorced women. It’s a huge burden on them because our society outcasts them and they may feel like their life is over, especially if they’re a mother.” (Survey Interview, February 2016)

3.	<p>“You’re expected to achieve very high goals and if you can’t achieve that then there is a lot of stress amongst the family and friends to do their best. Second would be to do your best for your children and if you can’t there’s a lot of stress. Being an immigrant has a lot of stress and looking after children and making them succeed. I personally feel it is very stressful for immigrants to come and assimilate as compared to those who are raised here in the norms. I think we put a lot of stress on the second generation as well because we want them to achieve our goals because education is what made us succeed so we put a lot of stress on education. B’s are not acceptable they always have to have A’s hahaha. Not only grades but sometimes we restrict them to not go out to places outside of our understanding so yes we put a lot of stress on second generations.” (Survey Interview, March 2016)</p>
4.	<p>“Combined family issues. A lot of people live together or are close to family. There’s a lot of cultural burden on kids to take care of their parents, or their kids, or extended family.” (Survey Interview, March 2016)</p>
5.	<p>“Keeping things inside. If something happens to a child, you’re not supposed to talk about it and the child just festers in it. Someone who can’t get married. Culture wise people around them pester them and that would mess with them a lot.” (Survey Interview, March 2016)</p>
6.	<p>“Cultural differences such as dressing.” (Survey Interview, March 2016)</p>
8.	<p>“One of the first stressors being a foreigner, it doesn’t matter if you were raised here or not, you are always in competition in all avenues of life, in all stages of life.” (Survey Interview, March 2016)</p>
9.	<p>“Family getting involved in every little thing whether it’s getting involved in someone’s marriage or personal life. That’s how I see our culture.” (Survey Interview, March 2016)</p>
10.	<p>“Take care of your parents, don’t say anything negative even if they are torturing you and misbehaving which happens in my case. Number one; you have no one to turn to and number two; you cannot complain and you have to do it, there no other alternative.” (Survey Interview, March 2016)</p>
11.	<p>“I think there is a lot of anxiety because of society. We don’t fit into the American mainstream, we can’t because of our religious and cultural background and at the same time, we can’t wholly identify as Pakistani’s because we don’t hold all the same values as they do and we’ve evolved from that which puts us in a confused zone and can cause conflict and</p>

	make things difficult for us in society. Especially for the children.” (Survey Interview, March 2016)
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Identifying Depression and Anxiety as a Mental Illness

Identifying depression and anxiety as a mental illness. Participants were asked whether or not they believe depression and anxiety are classified as a mental illness. Four participants agreed that both depression and anxiety are classified as a mental illness, 3 participants were not sure if they are, 3 participants believed that one is classified as a mental illness while the other is not, and 1 participant stated that neither are classified as a mental illness.

Table 6. Identifying Depression as a Mental Illness

Participant #:	Direct Quote Regarding Identifying Depression as Mental Illness	Direct Quote Regarding Identifying Anxiety as a Mental Illness
1.	“It can be, yes” (Survey Interview, February 2016)	“Yes, if you can’t control it.” (Survey Interview, February 2016)
2.	“I could be a mental illness, but not all the time.” (Survey Interview, February 2016)	“Again, if it’s something that has become a problem that needs to be treated, then yes.” (Survey Interview, February 2016)
3.	“No, I don’t think it’s a mental illness. I think it’s a medical condition but not a mental illness.” (Survey Interview, March 2016)	“Not at all.” (Survey Interview, March 2016)

4.	“Yes.” (Survey Interview, March 2016)	“It can be.” (Survey Interview, March 2016)
5.	“I think it’s a mental imbalance and if you don’t take care of it, it can turn into a mental illness.” (Survey Interview, March 2016)	“Yes.” (Survey Interview, March 2016)
6.	“Somewhat.” (Survey Interview, March 2016)	“No.” (Survey Interview, March 2016)
7.	“I won’t say mental but I would say emotional.” (Survey Interview, March 2016)	“I would say it’s borderline.” (Survey Interview, March 2016)

Schizophrenia vs. Seeing and Hearing Jinns

As stated in previous chapters, Islamic laws state that God has created other beings named Jinns. Some individuals believe that they are able to see or talk to these beings while others don’t. Out of the 11 participants, 7 participants stated that this would probably be a mental illness more than a spiritual influence. Three participants stated that it is strictly spiritual while 1 participant stated that it could be both.

Table 7. Schizophrenia vs Seeing and Hearing Jinns

Participant #:	Direct Quote Regarding Schizophrenia vs Seeing and Hearing Jinns
2.	“There are defined codes in religious laws, with specialists who deal with these issues. They decided if there is a paranormal being inside of a human. But the religion itself states that you should always first seek psychological help. Once that is ruled out and medications are not working, and

	there are other signs that are parallel to symptoms of having evil spirits, such as an individual is very filthy, looks normal but has random attacks. Its very challenging to figure those things out. One thing could be if an individual all of a sudden knows a different language that he/she may not have known before along with 4-5 other languages and there is no way that person could've learned all that in such a short amount of time with no proof of it can be taken under consideration before diagnosing it as a paranormal issue as opposed to a psychological issue. Once that judgment is made, there are experts to deal with it." (Survey Interview, February 2016)
3.	"Yes I do think it is hallucinations. But people coming from Pakistan or India have that Jinn twist to it because that is what has been fed in their heads from the beginning. But most of people have hallucinations." (Survey Interview, March 2016)
7.	"See, in that there are two ways of thinking. In religious you're told that there are being that are Jinns and they are Allah's creations. It is true that they can be under the influence of a Jinn, but mostly I think people are mentally ill." (Survey Interview, March 2016)

Summary

The findings of this study indicated that Pakistani-Americans still struggle with the concept of mental health. While majority of the participants have been living the United States for at least over 15 years and 2 of the participants being born in the United States, Pakistani-Americans still have a hard time accepting mental health due to the way they have been raised. Majority of the participants agreed that religion plays a huge role and has been the place to turn to when facing problems in life. None of the participants grew up with the concept of reaching out for any mental health services with half only talking to family, and the other half not being able to express their concerns at all. Not having anyone

to turn to, alongside having many different cultural practices that can cause a mental illness, Pakistani-Americans are at high risk for developing a mental illness and implying the same rules to their children as well. However, Pakistani-American's are showing growth in understanding mental illnesses and being able to differentiate a mental illness versus a religious belief

CHAPTER FIVE

DISCUSSION

This final chapter will be a brief introduction of the topic, the discussion of the hypotheses found by the researcher and the findings through the one-on-one interviews. This final chapter will also conclude if the hypotheses were supported by the answers provided by the interview participants.

Results Review

The researcher first hypothesized that Pakistani-Americans tend to turn to religion to find answers as opposed to reach out for mental health services. Based on the answers provided by the participants, this hypothesis was proven true. Based on the majority of the answers, the participants answered that their way of coping with mental or emotional stress was by turning to religion, by praying, reading religious texts, or by reaching out to Allah (God). The largest theme that emerged from the interviews was that religion takes a huge role in mental health from the perception of a Pakistani-American. Participants agreed that if practiced properly, religion can bring a sense of peace and helps in the healing process supporting Al-Krenawi's statement that there are major aspects of Islam that include different forms of support and can ultimately provide psychological relief (Al-Krenawi, 2000).

Another theme that emerged was the different cultural practices that may impact psychological distress. The researcher quoted Niaz's (2004) study, which compared multiple studies finding that married Pakistani women were at a higher rate for suicide as they face more familial problems. 80% of these women have conflicts with husbands, and 43% have conflicts with in-laws. This was also proven true based on the participants' different answers about cultural stressors that can cause a mental illness. From the 11 participants, 3 made different statements about familial pressures and how those have already, or can cause mental health issues.

The researcher was also able to assess how the participants were able to go through Erickson's stages of development by determining who the participants would go to when they had problems as a child and how that has affected them today. The researcher found that half of the participants were not allowed to share their problems with anyone, including family and 2 of them still do not have any one specific person they can go to today. The other half of the participants agreed that they were only allowed to share problems with family members and all of them still continue to talk to family only and would like to be treated for mental or emotional problems in their own homes.

Lastly, the researcher was able to assess the amount of knowledge each participant had regarding mental health by asking for the participants own definition of anxiety, and depression. The researcher hypothesized that Pakistani-Americans lacked knowledge on mental health however that was

proven wrong as all participants had a proper understanding of what anxiety and depression are. However, the participants did not all agree that anxiety and depression were classified as a mental illness. This shows growth in the Pakistani-American community about actual diagnoses, however, they have not been able to reach a full comprehension of the concept that depression and anxiety are a mental illness.

Unanticipated Results

One unanticipated result that emerged from the results was the actual understanding of mental illnesses. As stated earlier all participants were able to define anxiety and depression in their own words and were able to capture the diagnoses pretty well. The researcher anticipated that the Pakistani-American community has a lack of knowledge on these diagnoses and usually push them away. However, the participants showed an understanding yet still did not all classify them as a mental illness.

Another unanticipated result was how majority of the participants shared a common answer that religious individuals who claim to be able to see and speak to Jinns can, in fact, be schizophrenic. Earlier in the interviews, majority of the participants agreed that religion takes a huge role in mental illness and religion is where they go to, to find peace. Religion is also the one that states there is a possibility to speak to or see Jinns. Majority of the participants neglected to state the religious aspect of speaking to or seeing Jinns and classified these

individuals as potentially Schizophrenic. The researcher anticipated that the participants would defend the religious component to Jinns, but the findings did not support that.

Limitations

The biggest limitation the researcher faced throughout this study was literature review. The researcher had to use personal knowledge and experience to hypothesis and defend the research question. The Pakistani-American community is not on the radar for mental health services, and with the stigma of mental health amongst this community, there has not been anyone who has come up and discussed this topic. With the lack of literature on this topic, the researcher found it to be difficult to gain support for her findings.

Another limitation is the shortness and truth behind the answers provided by the participants. With mental health having such a great stigma within the community, it is unknown if the researcher was able to obtain true answers from the participants as they might be afraid to answer correctly. Some participants were very short with their responses of questions the interviewer hoped they would elaborate more on which made the interviewer question if the participant was providing the researcher with a valid answer. Another limitation was the lack of participants volunteering to partake in the research. When the researcher initially reached out to the community to volunteer for the interviews, the researcher only got a limited number of respondents, and these respondents had a proper understanding of mental health. The researcher was not able to

interview individuals who are not aware of mental health. The last limitation was that some participants did not fully understand some of the questions asked to them which skewed the research in the end.

Recommendations for Social Work Practice, Policy and Research

A suggestion for future research would be to not limit the study to a specific culture, but instead a broader religion or region. Pakistan is a small country and there are limited number of people within this small population that are willing to participate. With the biggest emerged theme being the role of religion, further research might be able to gain a larger sample size, and better results by focusing on the perceptions of mental health amongst a larger religion. The researcher noticed longer and more personalized answers for a specific religion as opposed to the cultural aspects of religion.

One recommendation for the field of social work would be to focus more on minority cultures that are not well known to the field. The field of social work does not have any information regarding Pakistani-American's and vice versa. It is time this barrier is broken and the field of social work reaches out to this demographic to not only raise awareness of what they do not know, but also to break cycles such as not being able to talk to anyone about emotional or mental problems. The field of social work has the power to make children feel accepted, help relieve stress, anxiety and depression, but most importantly, help an individual feel like it's ok to reach out for services if need be.

With only 5.4% of total Asians living in the United states, and Pakistani-Americans being one subgroup out of ten, it is not unanticipated for Pakistani-Americans to not be well known to the field of Social Work. The researcher was able to communicate with this specific demographic due to being a part of this community. A recommendation for the field of social work practice would be to become more culturally competent about the different dynamics of Pakistani-Americans in preparation for when one does reach out for mental health services. While religion plays a significant role in the lives of Pakistani-Americans, it is vital for social workers to recognize the influence the cultural background has alongside the religious practices.

By becoming more culturally competent, social work policies can begin to address diverse cultures, ensuring that all policies and procedures are implemented to fit different cultures. More social work policies can be put into place to target smaller communities such as Pakistani-Americans, which can ultimately motivate these individuals to reach out for mental health services and potentially break the cycle of silence.

Conclusion

Overall, it was proved that Pakistani-American's have shown growth in the understanding of mental health symptoms, however are still behind in understanding what is classified as a mental health issue and what is not. This study will help the field of social work better understand the reasoning and

through process behind a Pakistani-American individual whether they are a client, or are refusing services. This study will also help the field of social work become more culturally competent and better understand cultural mandates and practices of Pakistani-Americans that have the potential to cause a mental illness. The Pakistani-American community may have shown some growth in the field, but it is vital they expand their understanding of social work and mental health to ensure a healthy mental lifestyle for themselves and future generations to come.

APPENDIX A
INFORMED CONSENT



College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which are are asked to participate is designed to conduct various interviews to understand the perceptions of mental health amongst Pakistani-Americans. The study is being conducted by a graduate student, Arifa Ashraf, School of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board social work sub-committee, California State University, San Bernardino.

PURPOSE: To get a better understanding of the perceptions of mental health amongst Pakistani-Americans.

DESCRIPTION: Participants will be asked of a few questions on their demographics, religious beliefs, cultural beliefs, and beliefs about mental health.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take about 20-30 min to conduct the full interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will be a \$5 Starbucks gift card for all participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Armando Barragan at (909) 537-3501.

RESULTS: Please contact the Pfau Library at California State University, San Bernardino for the results of the study after July 2016.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 2/19/2017 REVISED AFTER 2/18/2017
IRB# 541636 CHAIR [Signature]

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APPENDIX B
DEBRIEFING STATEMENT

Debriefing Statement

This interview you have just completed was designed to better understand the Perceptions of Mental Health Amongst Pakistani-Americans. The questions used in this study will strictly only be used for research purposes. I ensure you the confidentiality and anonymity promised at the beginning of this interview.

Thank you for your participation and for not discussing the contents of the interview questions with other participants. If you have any questions about the study, please feel free to contact Arifa Ashraf or Dr. Armanda Barragan at (909) 537-3501. If you would like to obtain a copy of this study please contact the Pfau Library at California State University, San Bernardino after July 2016.

Thanks again! ☺

APPENDIX C
AGENCY APPROVAL LETTER

Islamic Society of Corona-Norco
465 Santa Ana Way.
Corona, CA 92881
(951) 736-8155

To Whom It May Concern:

I, Ahsan Baseer, President of the Islamic Society of Corona-Norco give permission to MSW Candidate, Arifa Ashraf to conduct her research at this facility. If there are any questions or concerns, feel free to call the number listed above.

Thank You.

Sincerely,


Ahsan Baseer
President

2/3/2016

APPENDIX D
FORMAL INSTRUMENT

Formal Instrument

I. Demographical Information:

1. Age: _____
2. Place of birth: _____
3. Gender:
 - a. Male
 - b. Female
4. Marital Status:
 - a. Single
 - b. Married
 - c. Divorced
 - d. Widowed
5. Current Residency Status:
 - a. US Citizen
 - b. Legal Immigrant
6. If immigrant, how long have you been living in the United States?

7. What is your religious preference?
 - a. Islam
 - b. Christianity
 - c. Other: _____

II. Mental Health

1. How do you define Mental Illness?
2. Do you or any member of your family have a history of mental illness?
3. Do you have any medical conditions?
 - a. How do these conditions make you feel physically?
 - b. How do these conditions make you feel emotionally?
4. If your Physician was to recommend you to seek help regarding a mental health issue would you?

- a. Why? b. Why not?
- 5. Who would you go to if you were having emotional or mental problems?
- 6. Where would you want to be treated if you were having emotional or mental problems?
- 7. Have you ever talked to someone about any emotional discomfort you may have had?
- 8. What does Depression mean to you?
 - a. Do you consider it a mental illness?
- 9. What does Anxiety mean to you?
 - a. Do you consider it a mental illness?
- 10. What does a support group mean to you?
 - a. Do you feel like you have an adequate support group?
- 11. Who did you approach when you had problems as:
 - a. A child b. A Teenager c. An adult
- 12. Do you believe counseling or therapy can help an individual deal with their problems?
- 13. Do you believe counseling or therapy are for people who have gone crazy?
- 14. Were you raised with the idea that you can:
 - a. Tell your problems to anyone? b. Tell your problems to family only?
- 15. Have you ever encountered individuals who are mentally ill?
 - a. What defines them as mentally ill to you?

16. At this present time, if you could approach one individual to help you with your problems, who would that be?
17. Do you believe there are cultural stressors on Pakistani-Americans that can cause a mental illness?
 - a. What stressors?
18. If you could change something about Pakistani-Americans and mental health, what would that be?

III. Religious/Spiritual Beliefs

1. How does your religious/spiritual belief help you cope with mental or emotional issues?
2. How do you deal with your emotional/mental stress?
3. What does Schizophrenia mean to you?
 - a. Do you believe voices being heard can be Jinns?
4. How do you differentiate the need to pray to find peace, and the need to seek mental health treatment?
5. What role do you think religion takes in Mental Illnesses?

Developed By: Arifa Kiran Ashraf

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