

A review of mental health strategies within minorities to inform a community-centered method for increasing help seeking for Muslim Canadians



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Introduction

Background

- Islam is growing rapidly in Canada due to high immigration rates from Muslim countries (“Survey Shows Muslim Population is Fastest”, 2013)
- In Canada, Muslims are a minority group (“Canada Day... by the Numbers”, 2017)
- Religious minorities have unique needs and face barriers to help seeking (“Mental Health Disparities: Diverse Populations”, 2018; Amri & Bemak, 2012; APA, 2018)
- For Muslims in Canada, there are many barriers to mental health care such as stigma from community members and belief that service providers will not understand their situation
- Many Muslims feel that current services are inadequate to meet their psychological needs (Abedi, 2018)
- Help seeking is a process by which one seeks help externally for mental health concerns (Rickwood & Thomas, 2012, p.180)

Relevance

With Islam growing rapidly in Canada, there is a need to evaluate ways to increase help seeking among Muslim Canadians. Doing so would enable better physical wellbeing as mental health is linked to physical health.

Research Question

Are there lessons to be learned from South Asian and Jewish minority groups in western contexts that can inform help seeking approaches for Muslim Canadians? These minority groups share similarities with Muslims so we can take lessons from successful applications of their help seeking initiatives to increase help seeking for this Muslim Canadians.

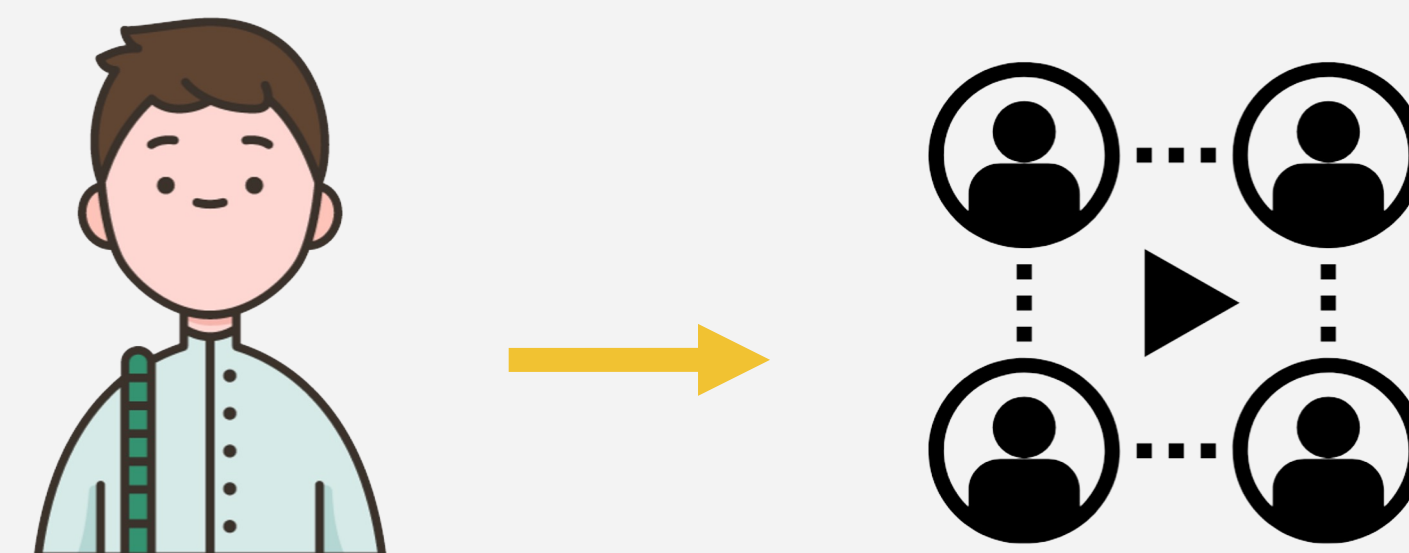
Methods

- Literature search conducted for eight consecutive weeks starting from June 15, 2021
- Papers on Jewish, South Asian, and Muslim mental health in western contexts examined using PsycINFO, Google Scholar, and the Journal of Muslim Mental Health
- Very little information regarding South Asian mental health initiatives in western contexts was found
- **Keywords:** mental health, stigma, discrimination, multiculturalism, minority groups, Jewish, South Asian, and their associated synonyms

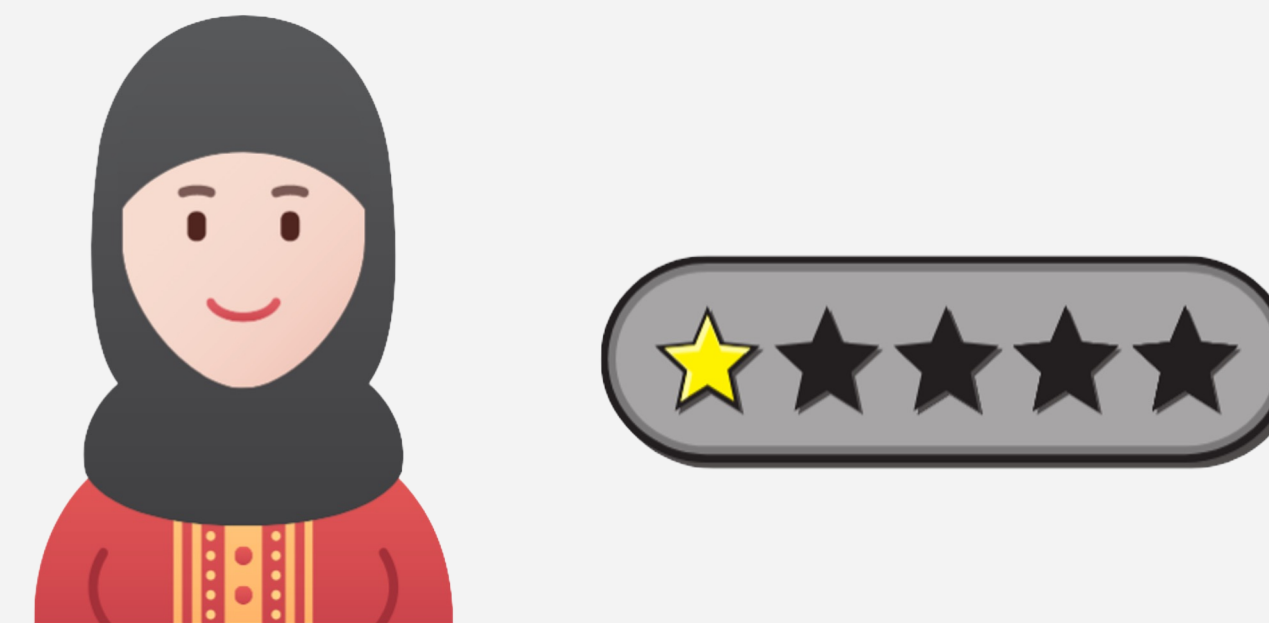
Findings and Discussion

Theme 1: Acknowledge Intersectionality

- Intersectionality refers the ways different forms of discrimination interact to make up the experience of marginalized groups
- The Canadian Muslim population is heterogenous – many cultural backgrounds and religious sects
- Culture and religion are distinct and do not always align, individuals choose between identities in decision-making
- E.g., Adeel identifies as Muslim, Canadian, Pakistani, father, male



- Cultural taboo on receiving external help instead of exclusive religious avenues is another barrier to help seeking (Abedi, 2018)
- Double-stigma and hearing negative past experiences from others is another barrier (Knaak et al., 2017; Williams, 2018)
- E.g., Halima is visibly female-Muslim and hears from a friend that her therapist judged her situation because of her *hijaab*



- **Solutions**
 - Cultural sensitivity training
 - Shared history – minorities are more comfortable being counselled by someone “like them”

Theme 2: Prioritizing Community-based Interventions

- Muslim communities have a designated faith leader they call an *imam*. *Imams* are central to the community, leading worship rituals and have roles as guidance counsellors (Ali & Milstein, 2012)
- A survey of American *imams* found that 50% spend 1-5hrs/wk counseling and making mental health referrals (Ali et al., 2005)
- US *imams* lack formal mental health training although there is a need (Ali et al., 2005; Abu-Ras et al., 2008)
- There is a positive correlation between crisis training and likelihood of counselling congregants (Ali & Milstein, 2012)
- Training benefits communities by lowering stereotypes about mental health
- Khalil Centre’s “Muslim Mental Health First Responder Training”, saw 70% of respondents say this was the first training of this nature they had received and that it improved their understanding of mental health (Syed et al., 2020)
- **Solutions**
 - Among Jewish communities, providing a questionnaire before treatment to understand the clients’ needs and beliefs makes clients feel more comfortable seeking care
 - Religion shapes identity and behaviours (Smith et al., 2016) so crisis training in a religious context can increase help seeking
 - External community mental health initiatives should actively work with *imams* to connect with the Muslim community

Conclusion

- Canadian Muslims have diverse religious and cultural backgrounds
- We must learn from Muslim Canadians about how they access mental health services and address their needs at the community level
- *Imams* play a significant role in the lives of Muslims and they should be trained to provide mental health counselling
- External organizations should support *imams* and provide training so *imams* can make referrals in their communities

- Health professionals should be mindful of implicit biases when working with diverse clientele
- Professionals should ask screening questions like, “Does your family identify with a specific religion/race/culture/ethnicity?” prior to treatment to build rapport with Muslim clients

Acknowledgements:

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