



Overcoming Cultural Barriers to Access: American Muslims

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Stanford Muslims Mental Health and Wellness Program

PSYCHIATRY AND BEHAVIORAL SCIENCES

- Research ▼
- Patient Care ▼
- Education
- Community
- Faculty & Staff ▼
- Special Initiatives ▼
- News ▼
- Featured Works
- Contact Us

Upcoming Events

March 25, 2017
10th Annual Autism Spectrum Disorders
Update: **"Autism through the Life**

Muslims and Mental Health Lab



Muslims and Mental Health Lab

Division of Public Mental Health & Populations Sciences
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine

The Muslims and Mental Health Lab is dedicated to creating an academic home for the study of mental health as it relates to the Islamic faith and Muslim populations. The lab aims to provide the intellectual resources to clinicians, researchers, trainees, educators, community and religious leaders working with or studying Muslims.



Islamophobia Clinical Vignette
American Journal of Psychiatry
“Perspectives in Global Mental Health”

“Ms. A” is a married 40-year-old Muslim Sudanese doctoral student at a university in the United States who was doing dissertation-related field work in Sudan when she learned from her study subjects that a ban limiting the travel of Sudanese nationals to the United States was to be signed into effect the following day.

Ms. A immediately contacted her university and was advised to get on the next plane back to the United States. She missed one of her connecting flights and landed at JFK International Airport in New York 20 minutes after the Executive Order was signed. As a result, she was held in a separate holding area, questioned extensively about her political views and religious affiliation, and asked to disclose her social media handles. She was then patted down in an invasive manner (including in sensitive areas such as her chest and groin), handcuffed, and transferred to a holding area where she was detained for several more hours with other Sudanese, Iraqi, and Iranian citizens with valid visas.

After legal intervention, she was eventually released and advised by U.S. Customs and Border Protection officials not to return to Sudan because even holders of U.S. Permanent Residency Cards (“green cards”) from the seven countries affected by the travel ban were not guaranteed reentry into the United States. This meant that Ms. A would need to forfeit the fieldwork necessary to

complete her dissertation and that she could not visit her family. She found herself forced to choose between her academic career and her family.

The incident retriggered PTSD symptoms resulting from trauma earlier in her life that had been dormant for some time. A full mental status examination revealed that she was suffering from severe insomnia, dissociative reactions, flashbacks, nightmares, hypervigilance, poor energy, and lack of productivity. She denied suicidal ideation.

Ms. A met full criteria for PTSD, and she was referred to both psychiatric treatment and therapy. Treatment thus far has been only partially successful, reflective of her post-travel ban situation. Although a revision to the travel ban later permitted green card holders to travel without restriction, Ms. A’s situation remains complicated. Her husband’s immigration status remains tenuous, and uncertainty about when they will be reunited has put a strain on their relationship. Furthermore, Ms. A had applied for visas for her elderly parents prior to the ban in order to help her father obtain medical treatment in the United States. She reports unrelenting stress after realizing that she may need to wait at least 4 more years for a potential administration change before she can attempt to reapply for a visa for her father, who may not live to see the change.



American Muslim – An Oxymoron?

- NO!!!
- American Muslims are just as patriotic as your average American
- American Muslims are the scapegoat for the theme of what it means to be an American today
- Triple Minority Status



The Stats

Hate Crimes: defined as the FBI as “a criminal offense motivated by either race, ethnicity, religion, disability, sexual orientation, gender or gender identity”

- Number of hate crimes against Muslims:
 - Pre-9/11 (2000): 28
 - Post-9/11 (2001): 481
- Parallel with Presidential election season, 70% spike in Islamophobic hate crimes in 2015 showed based on FBI data, at 257 reports.
- FBI just released newest stats: another 26% jump in hate crimes against Muslims in 2016

- Park, Felix and Lee (2007) found across the three studies that they conducted that there were consistent negative implicit attitudes towards Arabs and Muslims.



**New
Barbie
wears
a hijab**



BARBIE





2017



The Silver Lining

However, among those who personally know a Muslim person the bias tends to be less:

- 44% say there is not much
- 16% say there is no support for extremism among U.S. Muslims

(Pew Research Center, U.S. Politics & Policy, 2017)

Muslims in the US

- There are 1.8 billion Muslims in the world (Pew Study)
- 6-10 million Muslims living in the United States of America (Khalidi, 2000)
- ~500,000 Muslims in Bay Area (Bay Area Muslim Study, 2013)
- SES: Tend to be middle-upper, with the exception of African Americans.
- Most diverse group in America
 - 25% of Muslims are African American,
 - 24% from South Asia (Indian subcontinent)
 - 27 % of Arab origin

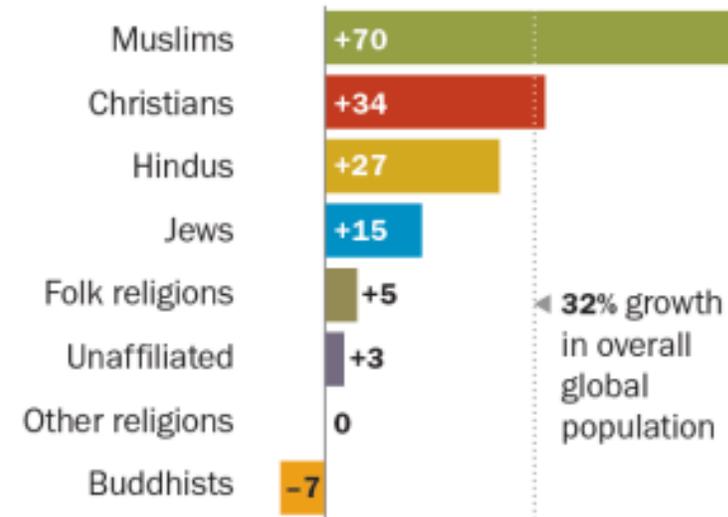


Other Common Variable: Shared American Experience

- Islam is the fastest growing religion in the world and in the US
- Second largest religion in USA

Muslims projected to be fastest-growing major religious group

Estimated percent change in population size, 2015-2060



Source: Pew Research Center demographic projections. See Methodology for details.

"The Changing Global Religious Landscape"

PEW RESEARCH CENTER

Rich Contributions of the Islamic world to the field of Mental Health

- The first Islamic hospital was established in Baghdad in the 9th century referred to as *Bimaristan* by the Abbasid Caliph Harun Al-Rashid (Dols, 1992; Al-Issa, 2000).
- The mentally ill were housed in these hospitals during this era, whereas the neighboring Christian empire would house the mentally ill in monasteries (Dols, 2007).
- It is noteworthy that the Islamic hospital was a secular establishment where mental illness was attributed to organic pathology (Al-Issa, 2000).
- Original research: Abu Zayd Al-Balkhi (9th C) likely first to describe in intricate detail OCD and Phobias.

Current Crisis

- Increased media attention Muslims and Arab world
- Hearts tied to two lands/Identity
- Acculturation
- Post-traumatic stress disorder
- Arranged vs. love marriages
- Generational gaps
- Cultural shock and acculturation



Barriers for Service

- Muslims who identify strongly with Islamic values are less likely to seek counseling services due to the fact that they want their concerns addressed from an Islamic viewpoint (Abdullah, 2007 ; Podikunju-Hussain, 2006)
- Hesitancy to trust mental health professionals and fear the possibility that they may not respect their Islamic values (Hedayat-Diba, 2000; Hodge, 2005; Mahmoud, 1996).

Public Health Gap for Muslims

- Many Muslims do not seek mental health care from public or private services because of cultural and trust issues
 - Mistrust of service providers
 - Fear of treatment
 - Fear of racism and discrimination
 - Language barriers
 - Differences in communication
 - Issues of culture/religion



Help Seeking Attitudes

- Many seek out imams, hence Imams act as first responders
(Ali, Milstein & Marzuk)
- Many American Muslims believe their emotional distress is due to spiritual or metaphysical causes or would like their therapists to integrate their religion/spirituality into treatment
(ISPU Marriage & Divorce Study)

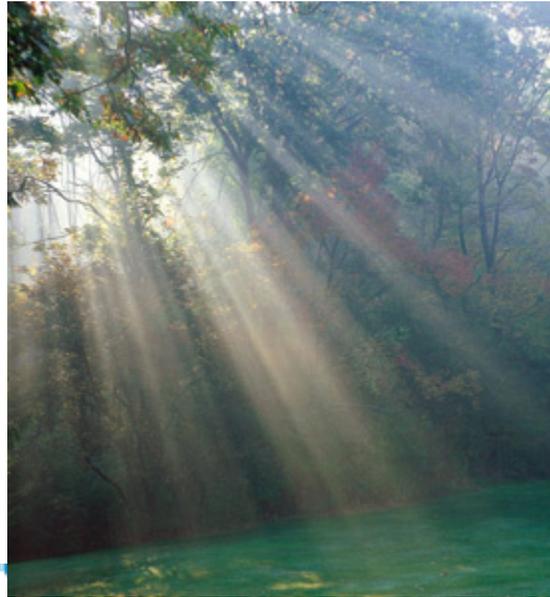
Cultural Sensitivities

- Collectivistic culture
- complementarity and the assumption of roles defined by age, knowledge, gender, status etc.
- Doing for others and God as opposed to self.
- Eye contact
- Physical contact
- Gender seclusion
- Friday prayers



Religious Sensitivities

- Integration of spirituality/religion has proven efficacy in the treatment of various disorders (Pargament, 1997; George, Larson, Koenig & McCullough, 2000; Koenig, 2001; O'Conner, Pronk, Tand & Whitebird, 2005)



Culture of Mental Health?

- Secular
- Autonomy/Individualism vs. communal religious groups.
- Eurocentric Secular theories
 - Problem for diverse groups
- Scientific objectivity or liberalism & postmodernism
- Not assessed for during intakes
- Little knowledge of or usage of cultural formulation/spiritual inventory
(Cultural and Religion in Psychiatry residency course)



Faculty Manual



Example Scenario

- “Mr. Ali” during check up for HTN and Hyperlipidemia admits that he hears God speaking to him about spreading His word.
- Recent widower, wife passed away a year ago from ovarian cancer
- Discussion on auditory hallucinations, normal grief reaction and spiritual coping



Muslim Student Mental Health Resources at Stanford

MARKAZ HEALING CIRCLE

Weekly from 7:30 - 9 PM on Thursdays

The Markaz: Resource Center | Room 202, Nitery Building

Dr. Rania Awaad's weekly healing circle at the Markaz will now be held from 7:30- 9:00 PM due to student request and need. The healing circle is a safe space for students to connect with one another and find healing. Dr. Rania will be using an eminent book Kitab al-Hikam from the Islamic spiritual tradition of Shaykh Ibn Ataillah al-Iskandari to provide healing for parched hearts. All are welcome.



WOMEN'S REFLECTION GROUP & LUNCH
Fridays from 12:00 – 1:30 PM in the 3rd
Floor Conference Room of Old Union.
Halal lunch served.



Muslim Community Association and Stanford Muslims and Mental health Lab: Strengthening an emerging CBPR collaboration

Rania Awaad, MD; Sara Ali, MBBCH; Nuzhath Quadri, LMFT; Christine Chase, BS



BACKGROUND

Community based participatory research (CBPR) is an innovative approach in addressing mental health (MH) disparities of marginalized communities. The complex relationship between race/ethnicity, class, culture, religiosity, health status, social-political tensions and public perception impacts the probability that a Muslim with emotional distress will seek out MH services. Lack of religiously and culturally sensitive MH services further put Muslims at risk of developing psychosocial stressors.

OBJECTIVES

The aim of this project was to establish a community-university partnership between the Stanford Department of Psychiatry and the Muslim Community Association (MCA) to understand the MH needs of Muslims residing in the Bay Area and strengthen community mobilization to address those needs.

METHODS

The MCA-Stanford research team developed a community advisory board (CAB) by recruiting key stakeholders that represent the large and ethnically diverse Muslim population residing in the Bay Area. The MCA-Stanford research team used Newman's framework to guide the formation, operation, and maintenance of the CAB. Recruited members participated in monthly meetings through which they were engaged in the research process, discussed their leadership roles, and received training on principles of CBPR. CAB members were also responsible for recruiting and conducting focus groups that explored barriers and facilitators to utilization of MH services in the Muslim community.

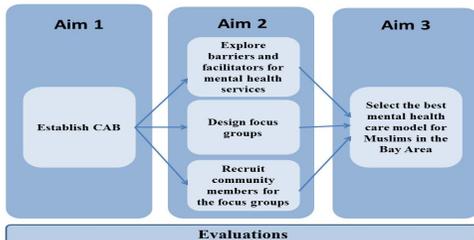
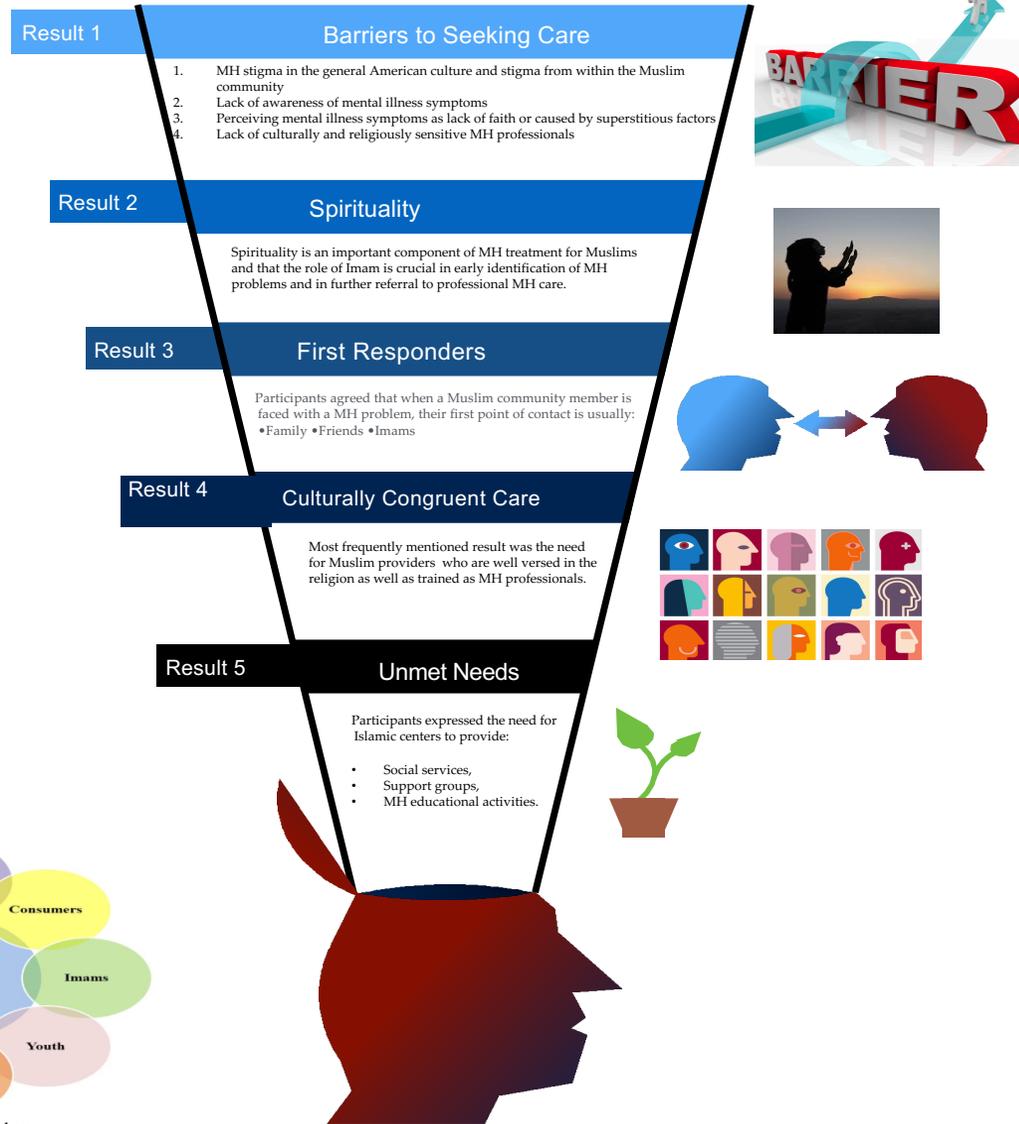


Figure 1: Steps of the CBPR collaboration



Figure 2: Community advisory board members



OUTCOMES

Outcomes of the CAB meetings were threefold: 1) Creating a list of MH needs of Muslims residing in the Bay area in order to guide future MH activities and research, 2) Developing a MH crisis response team that is culturally and religiously sensitive to the needs of the Muslim community, 3) Conducting 4 focus groups that explored barriers and facilitators to utilization of MH services.

RECOMMENDATIONS

The following recommendations for the project are based on suggestions that were provided in an evaluation questionnaire that was filled out by CAB members. These include:

- Creating and sustaining an environment that is safe for new members and all diverse opinions.
- Striving for diversity and inclusion
- Planning for sustainability

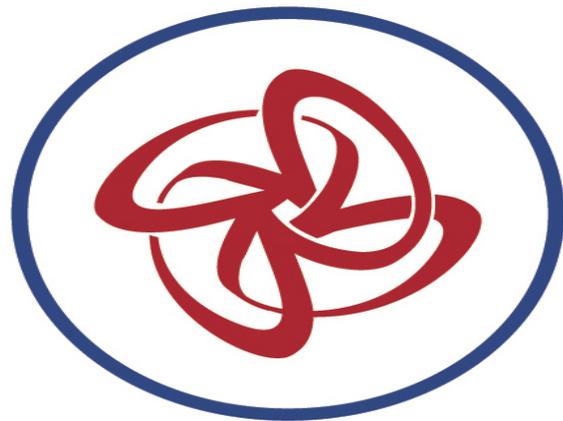
COMMUNITY PARTNER



Established in 1981, the MCA is a religious non-profit organization with the mission to provide spiritual, educational, and recreational and social services for the Silicon Valley Muslim community. It serves an ethnically diverse congregation of over 10,000 people making it the largest Islamic center in the United States. The MCA provides a wide spectrum of services ranging from daily and congregational prayers, educational programs, a full-time Islamic School, weekend Islamic school, outreach services, social activities, counseling, medical and legal services. The MCA Education and Counseling Committee oversees counseling services that emphasize spiritual development as the cornerstone for healing and prevention of future problems

ACKNOWLEDGEMENTS

This work is indebted to the tireless commitment of the Bay Area Muslim Mental Health CAB members. Also, to the scientific advisory board members: Dr. Steve Adelsheim, Dr. Hamada Hamid, Dr. Fahad Khan and Hooman Kheshavarzi. We also extend our gratitude to the evaluation team Jill Evans and Rhonda McClinton-Brown from the Office of Community Engagement, Center for Population Health Sciences.



KHALIL CENTER

A ZAKAT FOUNDATION PROJECT

WHO WE ARE

- A spiritual community wellness center advancing the practice of professional psychology rooted in Islamic principles
- Designed to address the widespread prevalence of social, psychological, familial, relational, and spiritual issues of Muslim communities



WHAT MAKES KHALIL CENTER UNIQUE?

Stigma
Reduction

Islamically Integrated
Psychotherapy

Language

Increasing
Access

Sites in Illinois and
California

WebTherapy

Training of First
Responders to
Address Demand

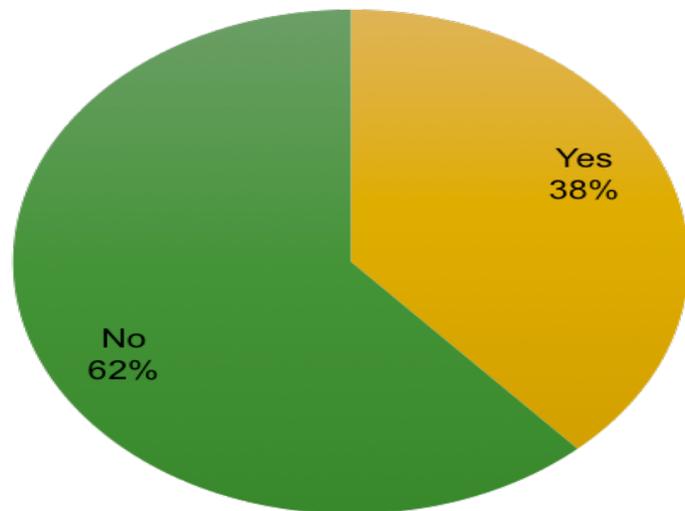
Train The Trainer
Model

Community
Engagement

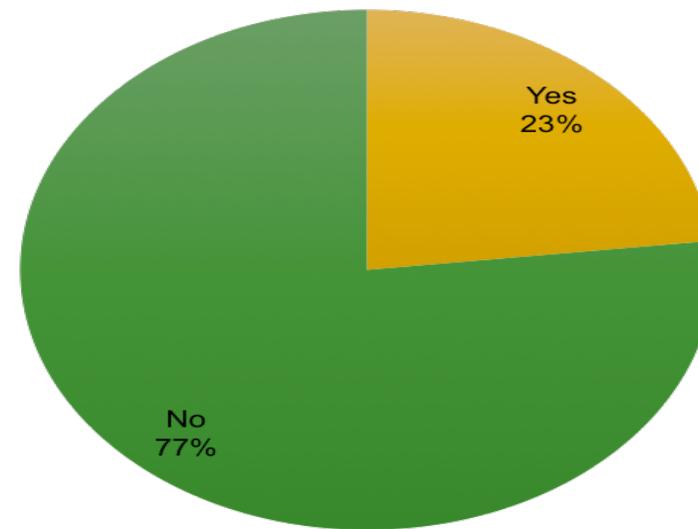
Prevention &
Community
Awareness

Collaborative Care

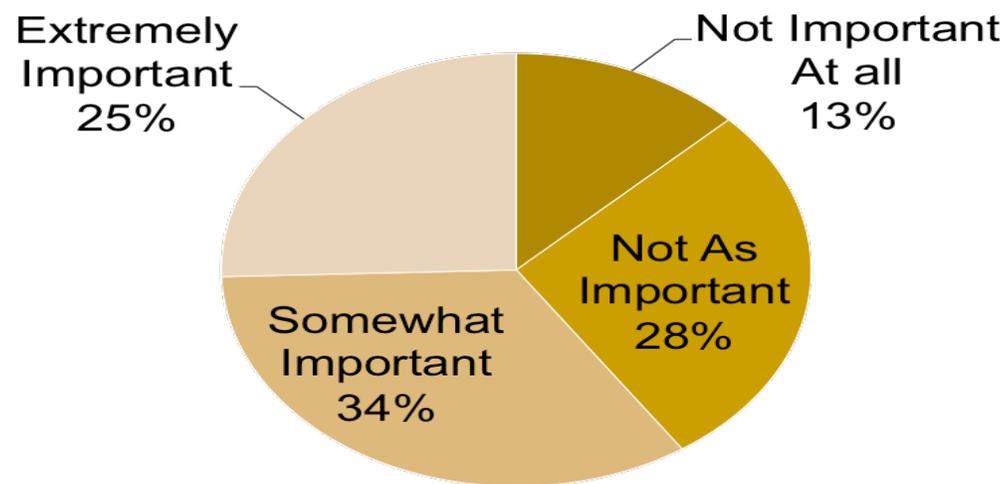
- Did you consider going to a Non-Muslim therapist before coming to Khalil Center?



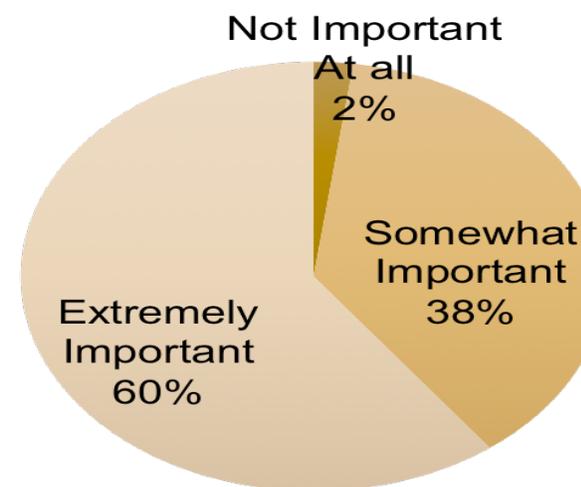
- Did you visit any Non-Muslim therapists before coming to Khalil Center?



- How important is it that your therapist shares your religious values?



- How important is it that religion/spirituality is an essential part of the therapy process?



DOES IT WORK?

- Conducted a Paired Value T-Test to compare pre and post intervention scores.
- Differences were statistically significant at $p=0.011$

