



Waitemata
District Health Board

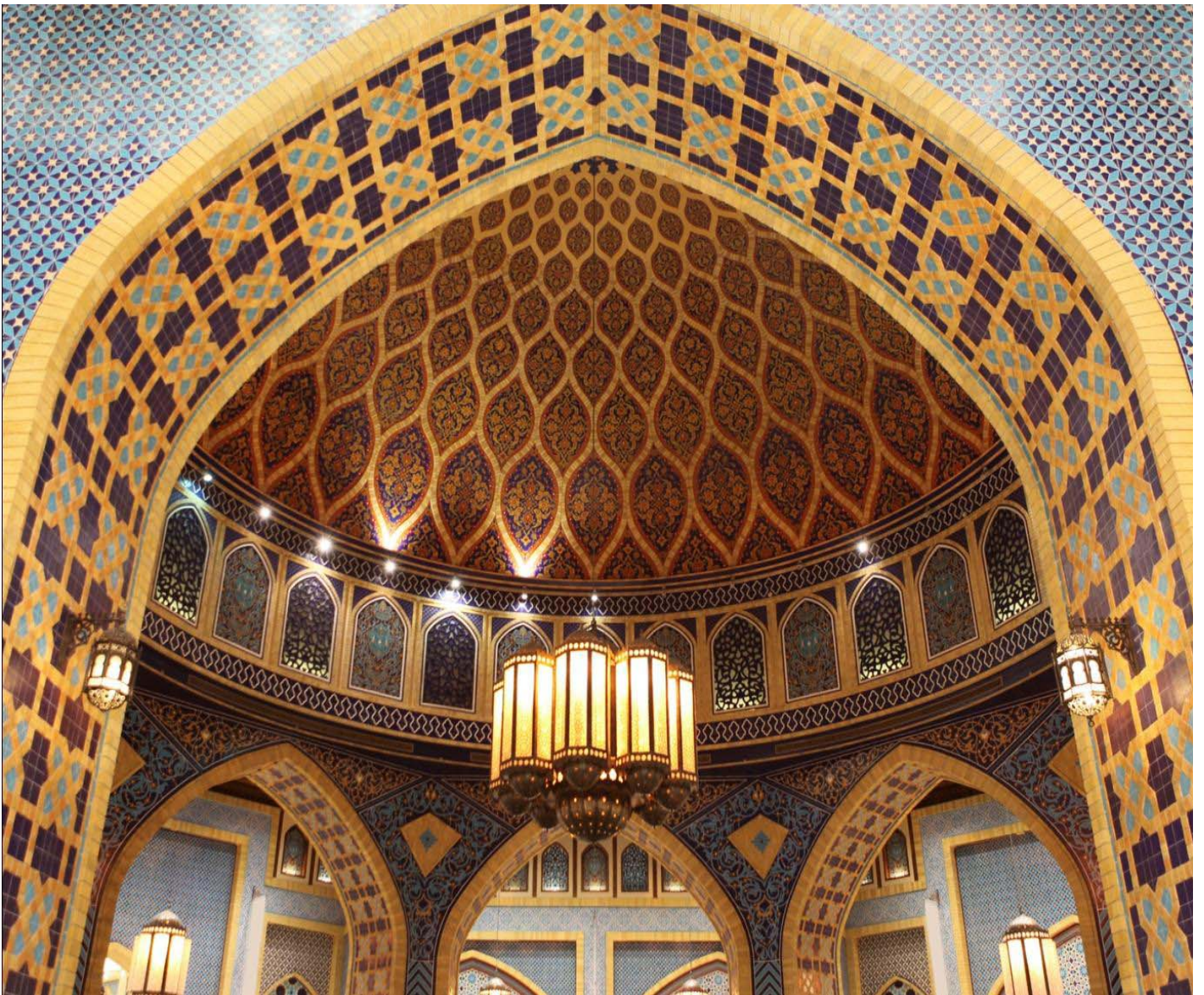
Best Care for Everyone

Practical Tips for Working with Muslim Mental Health Clients

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Acknowledgement:

This resource was originally developed by Khalid Shah for ADHB mental health professionals as an outcome of an Affinity Services/ADHB project on “Muslim Mental Health Awareness” Project, as a training booklet.



The Resource:

This Muslim mental health specific resource provides broad understanding of the key concepts around mental health within the Muslim culture with specific knowledge and tips as well as with case studies to exemplify cultural perspectives.

Purpose:

The purpose of the resource is to enable health practitioners to gain understanding of what is required to provide culturally appropriate engagement for Muslim mental health consumers and their families.

Who is this resource for?

This resource is recommended for health practitioners working with Muslim mental health clients and families.

The resource is intended to complement the CALD Cultural Competency Training Programme. It is recommended that health practitioners refer to the CALD Cultural Competency modules as their primary resource to gain a broader understanding of the cultural awareness, knowledge and skills working with culturally and linguistically diverse groups.

Scope:

This resource is based around the general concepts and beliefs of health/mental health within the Muslim ethnicities living in New Zealand. Some of the issues discussed in this resource may not represent the teaching of the Muslim religion, as they may be ethnic-specific.

Disclaimer:

This resource is based on the outcomes of ADHB/Affinity “Muslim mental health awareness project”. Most of the information included is based on personal experiences of working with Muslim clients and interaction with clients, families, community leaders and health professionals.

Contents

- A brief introduction to Muslim culture and the different ethnic groups from Muslim backgrounds living in New Zealand.
- An overview of specific Muslim beliefs around: mental health; approaches to mental health issues; and treatment methods.
- Different beliefs and misconceptions about accessing services, based on international experiences.
- The role of families and their level of involvement in a Muslim's client's life.
- The mediating and therapeutic roles of Imams and other community supports in the recovery of Muslim clients.
- Stigma and discrimination around mental illness in the Muslim community and the impact on clients/ families.
- Specific tools for engaging with distressed Muslim clients and the importance of building trust.
- Issues around confidentiality/ privacy in the Muslim community and ways to address these.



Introduction to the Muslim culture

The Muslim belief system is based around the key message that, “There is no one worthy of worship except Allah (God), and Muhammad (PBUH) is the last messenger of Allah.” The word ‘Islam’ (the religion that Muslims follow) means submission to the will of Allah. The Quran (Muslim holy book) is believed to be the word of God, and the Quran and Sunnah (the sayings of Prophet Muhammad PBHU) prescribe the way of life for Muslims.

The 'Five Pillars' of Islam are the foundation of Muslim life:

1. Faith or belief in the oneness of God (Allah) and the finality of the prophet-hood of Muhammad (Shahada)
2. Establishment of the daily prayers (Salath)
3. Self-purification through fasting (Sawm)
4. Concern for and almsgiving to the needy (Zakaat)
5. The pilgrimage to Makah for those who are able (Hajj)

The Muslim community in New Zealand:

According to the 2006 census figures, there are 37,000 Muslims residing in New Zealand from various ethnic backgrounds. A significant proportion of this group were born in New Zealand, including about 4000 people who identify as Pakeha and Maori. The community makes up 0.9% of the total New Zealand population of four million.

The earliest Muslim residents of New Zealand were 15 Chinese Muslim gold diggers, whose presence was recorded in the 1874 census. Recent political and economic instability, poverty and war, however, have increased the number of Muslims seeking refuge around the world - including New Zealand (Refugee Resettlement New Zealand, 2005).

The Muslim community living in New Zealand consists of 40-plus different ethnicities (Shepard, 2006). The larger Muslim community here is thus made up of a diversity of smaller communities with some differences in their ways of practising religion, as well as in their resources and needs (Shepard). Members of Muslim communities attend the mosque on a regular basis for prayers and other religious events. Imams (religious leaders) are regarded as the most esteemed members of the various Muslim communities and they play an important role in increasing health awareness and counselling other community members (Abu-Ras, Gheith, & Cournos, 2008; Padela, Killawi, Heisler, Demonner, & Fetters, 2010).



Concepts of mental health in Muslim culture

A person in Islam is conceptualized as the combination of four interacting parts:

1. Mind (Aqal)
2. Body (Jism)
3. Self (Nafs)
4. Soul/ spirit (Ruh)

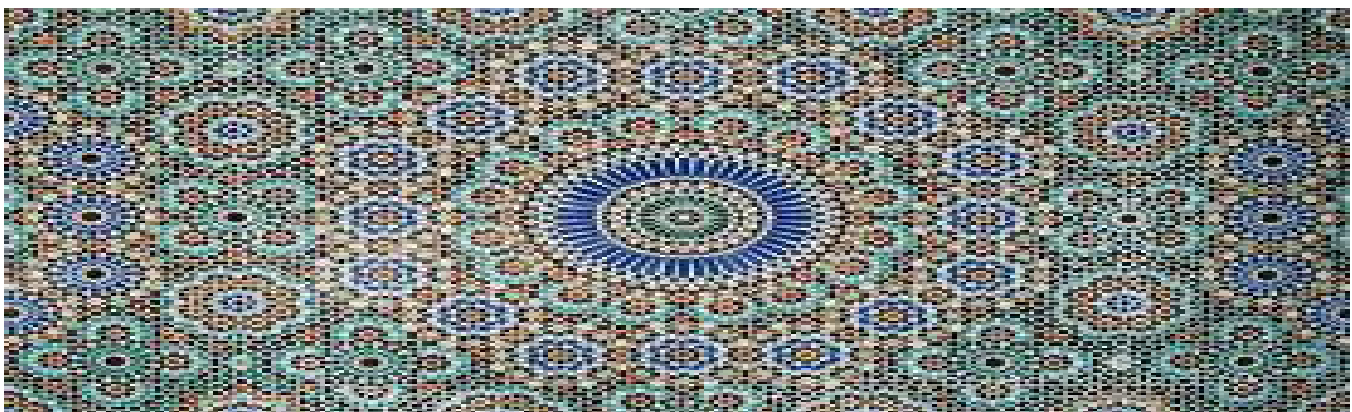
All four parts interact continuously with each other to maintain balance in the body. When this balance is interrupted, a disease occurs. It is clear from this concept that mental health plays an integral role in maintaining balance in the body.

It is a common belief in Muslim culture that mental illness can be caused by natural causes, as described in the DSM4 (eg. alcohol and drug abuse, childhood trauma). Muslims believe that spiritual illness may also manifest symptoms of mental disorder. Such spiritual illness may be caused by witchcraft or spirit possession - as they change human behaviour. Both of these concepts are clearly defined in the Quran:

“ I take refuge with the Lord of the daybreak from the evil of what he created, from the darkness when it gathers, from the evil of the women who blow knots, from the evil of an envier when he envies”(Abdussalam-bali, 2004, p.22)

The Qur’an also identifies ‘ill will’ or the jealous intention of others as a cause of illness (this is termed ‘Nazr’ in Islam, Stein,2000). Jins are a separate race that can appear in different forms and cause harm by possessing humans. Their possession manifests bizarre behaviours that may be considered psychotic or non-psychotic disorders (Al Habeeb, 2004).

In Islam, a mentally ill person is not expected to abide by the Islamic rules (eg. to obey the five pillars of Islam). Islamic law gives consideration to a person’s state of mind and a mentally ill person is not treated the same as a mentally well person.



Traditional/ cultural methods of treatment

Prophet Mohammed (PBUH) said that, "*Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically but use nothing unlawful*". This saying by the Prophet (PBUH) clearly explains that Muslims are allowed to seek any form of treatment, as long as it is within the boundaries of Islamic rules. Every Muslim believes that all diseases and their cures are from Allah, so there is no harm in accessing any form of treatment.

The following story is taken from Naghmeh R `s article "An Islamic view of healing." It gives a clear example of how important it is to take into consideration one's spiritual beliefs about healing and treatment.

"Dr. Khan recalls treating a hospitalized elderly Baptist woman who refused treatment to improve her lung disease. She said that she would rather not take the medicine but to rely on God to fix her. The woman's sweetness, resolve, piety, and sincerity were readily apparent. Khan, a practicing Muslim who was familiar with the place of religion in medicine, smiled and struck up a discussion about divine will with the patient as his hospital team fretted impatiently. Soon the woman chuckled and agreed to comply with the treatment—perhaps, according to Dr. Khan, because she felt more comfortable and less alienated from the hospital experience."

- Muslims believe that mental illness can be caused by either natural causes or spiritual illness (western medicine also accepts that the exact causes of many mental illnesses are unknown). To most Muslims, the spiritual causes of mental illness are as real as other potential causes are to a western mental health professional. Both traditional and western methods of treatment can be used together – as they complement each other and are not mutually exclusive.
- In Islamic tradition, Muslims seek Aalims (religious scholars) to treat any evil possession, Nazr, magic etc. The Aalim uses verses of the Qur`an to treat the illness (this is strongly believed to work). The Aalim also advises the patient to recite certain verses of the Qur`an and perform their prayers regularly.



Case study

The case vignette provided below explains how both traditional and western medicine can work together and complement each other:

Case 1 (adapted from the book “Psychiatrists and traditional healers”)

A 20 year old man was unable to become engaged to a wealthy girl, due to his limited means of living. He subsequently presented with fits and faints - during which he fell down and sustained, prolonged contractions of all body muscles. A physician prescribed tonics and vitamins to strengthen his nerves to no avail. They found no physical abnormality and so referred him to a psychiatric hospital in Kuwait. Concurrently, his family members referred him to a religious healer to rid him of the bad spirit (Jinn) possessing his body. After examination and history-taking, the psychiatrist found no evidence of epileptic seizures. He explained that a possible reason for his faints could be the blow to his self-esteem that occurred when his offer of engagement was rejected. The psychiatrist advised him to visit the spiritual healer if he so wished, providing the healer did not intend to beat him to rid him of the Jinn. The man visited the healer, who recited verses of the Qur`an loudly. These verses were then repeated by the patient and the accompanying family members. The healer also used other practices like `Mahu.` The patient got better, did well in university, and took pride in his achievements. When the patient was asked whether it was the psychological treatment or the spiritual healing that had helped him to recover, he responded that they both had.

Misconceptions about mental health services

A WHO study states that the majority of mentally ill people in developing countries have no access to effective mental health services. Hence, there are over 40 million untreated, mentally ill people in these countries (Harding, 1975). The majority of Muslims in New Zealand are immigrants from developing or war-affected countries in the Middle East, Asia and Africa. There are many factors that prevent this population from accessing mental health services. Some of these factors are presented below:

1. In the majority of these countries, the mental health system is very poor and under-developed. There are few mental hospitals and there is almost no concept of community support services (Lauber & Rossler, 2006).
2. Mentally ill people in some of the cultures in Asian countries are considered dangerous, and are to be kept away from the rest of the community (Ng & Chan, 2000).
3. In some cultures, mentally ill people are seen as “cursed ones” and they and their families are shunned by the community. For this reason, mental illness within the family is often kept secret.
4. At times, the traditional methods of treatment are abusive. For example, patients may be chained due to the fear that they will cause harm, or beaten up in an attempt to remove Jinn.

Members of the Muslim community in NZ are often reluctant to access mental health services, due to negative experiences in their country of origin. They have usually witnessed or experienced the stigma and discrimination that results from a lack of awareness and understanding of mental illness in their homeland.



Role of family/community in a person's life and how it may affect their recovery

One of the main features of Muslim society is the importance attached to the family. The family unit is regarded as the cornerstone of a healthy and balanced society. Elders are respected on the basis of their life experiences and hold a hierarchical position in both the family and the wider community.

Members of the family are seen as interdependent upon each other, as opposed to the western concept of independence (Dami & Sheikh, 2000). It is expected, therefore, that the whole family will be involved in a member's life - especially when he or she is in need. Consequently, a holistic approach to treatment that involves the family unit will often provide better outcomes for Muslim clients.

Jalali (1982) wrote "the patriarchal organization of the family is to be acknowledged by addressing fathers first and as the head of the family. The professionals should not attempt to change cultural power hierarchies or role patterns since this will alienate the family".



Role of Imams (spiritual leaders) and the community in the mental wellbeing of a person

Spirituality has an important place in a Muslim's life. Harold and David (2001) stated in their study that religious activity helps to increase social support, and social support enhances recovery from mental illness and mental wellbeing. From a Muslim perspective, religious involvement and connectedness with the community, also helps to maintain the balance of the human body.

Muslims seek help from religious leaders/ Imams when they are distressed. The Imams play an important role in ensuring the mental wellbeing of the Muslim community (Shah & Philip, 2011). Imams and community leaders can also reduce stigma and discrimination around mental illness in the community, by spreading a positive message about mental health and the role of community. Imams and other religious scholars are usually the first point of contact for members of the community who are seeking support with mental health issues. With regular communication and better understanding of each others roles, Imams and community mental health services can work in collaboration to treat Muslim mental health clients (Shah & McGuiness, 2011).



Practical tools for working with Muslim clients

1. Engagement

There is a huge stigma associated with mental illness in the Muslim community. As a result, many clients deny having mental health issues and do not want to be associated with mental health services. The following tips may be helpful in engaging these clients:

- The client may deny having mental health issues, and so the issues may present in somatic form. It is a good idea to work at the client's pace, and to fully explain the NZ mental health system – emphasizing confidentiality around information sharing.
- Any cultural beliefs about 'mental illness and its causes' should be respected and not contradicted. They might not seem real to you but they will be real to them, and you cannot change their beliefs.
- It is good to acknowledge that religious/ cultural methods of treatment can work well alongside western methods (as long as they are within the boundaries of NZ law). It can also help to explain that any form of treatment is provided by Allah.
- Building trust is the most important tool of engagement - not only with the client but also with the family. It is always a good idea, therefore, to involve the family during the initial stages of engagement.
- Clearly explain your role right at the beginning of involvement with the client (what you can do and can't do). This can also be discussed in the presence of the family. We might think that the client and family will be aware of our roles, but this is not always the case and they might have very high expectations of the services.

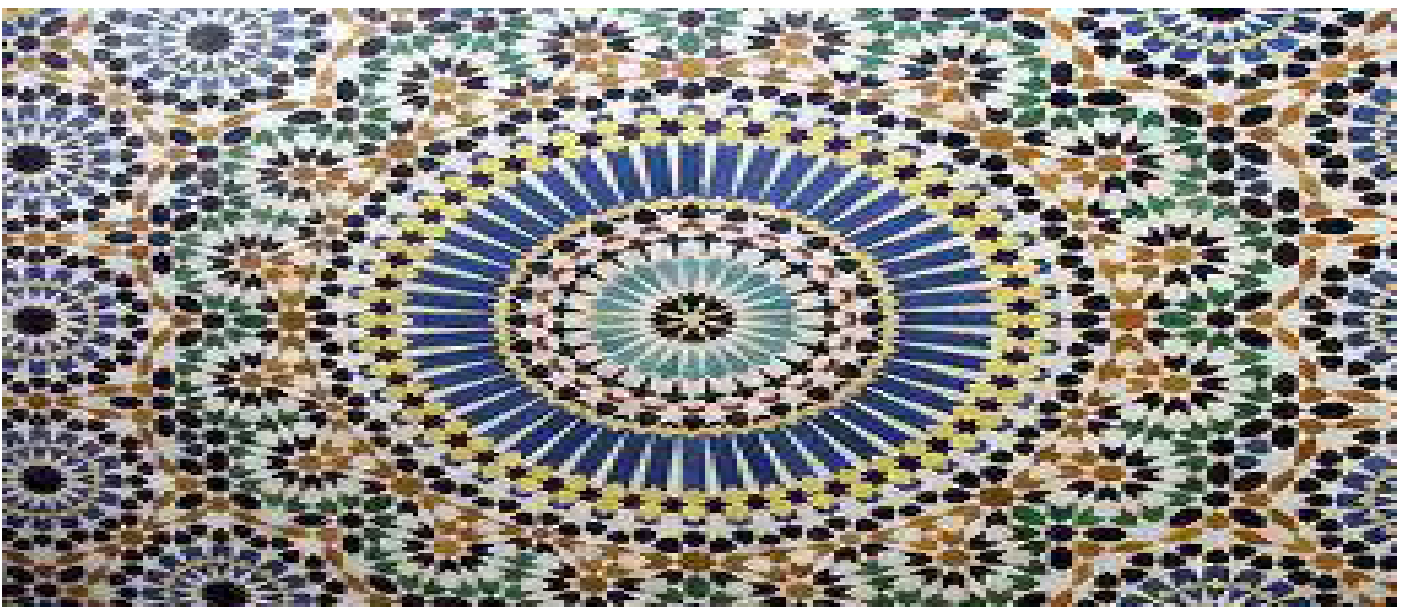


- Family is the most important part of a Muslim’s life. In family sessions, it is good to maintain a balance by paying attention to every member who is present. It is also good to be respectful of family dynamics (eg. in most families an elder will do the majority of the talking).
- It is good to be honest and up front about any issues – including your work hours and ethics/ boundaries.
- It is always useful to say that “I will try my best,” rather than making promises.
- In the initial phases it is good to run any treatment plan past the family - especially the head of the family. Once trust has been established between the professional and the family, then it is easier to work with the client individually.
- Gender matching is useful, when possible, because Muslim clients usually hesitate to share personal information with members of the opposite sex.

2. Communication

The following tips might be helpful in maintaining good communication with Muslim clients and their families:

- Greeting: ‘Salam’ or ‘Assalamo alaikum’ (meaning ‘peace be with you’) is a common term used to initiate any communication. The appropriate response is ‘Wa, Salam.’
- Shaking hands: sometimes a person of the opposite sex may not feel comfortable with shaking your hand - so it is a good idea to let them take the initiative.
- Eye contact: maintaining eye contact is usually considered rude in Muslim culture. As health professionals are held in high regard in Muslim communities, a client may not maintain eye contact or else lower their gaze out of respect. Culture values may also prevent Muslim women from maintaining eye contact with a person from the opposite sex.
- It is a cultural practice for Muslim female clients to be accompanied by a close blood relative, during interactions with a health professional of the opposite sex.



Important tips: telephone communication

The communication style of most Muslim people is formal, impersonal, and restrained - rather than candid, personal, and expressive. It may also be difficult for a Muslim client to divulge personal problems/ feelings to someone who is outside of their family or community. It may be even more difficult to deal with a crisis situation on the phone with a Muslim client. The following tips may be helpful in such a situation:

- Clearly explain your role
- Reassure the person that everything they share will be kept confidential
- Empathise and reassure the client that all human beings face problems and that there is nothing wrong with seeking help. Self-disclosure, client affect, and self-exploration are often difficult, particularly if they are perceived as risking damage to family honour (Al-Issa, A, 1990).
- Ask direct questions based on your observation of the person's situation and explain how you might help (Muslim clients expect professionals to be like teachers, to explain conditions and supply information concerning their problems)
- In certain situations it may be helpful to speak to a family member as they are expected to be involved, and are usually consulted in times of crisis (providing the client consents).
- Suicide is strictly forbidden in Islam and a Muslim client may deny having suicidal thoughts or ideations, due to feelings of shame and guilt. It may help to avoid using the term "suicide" in conversation, therefore, in favour of alternative phrases (eg. "not happy with life" or "not coping with difficult situations").
- Somatisation of symptoms is very common among Muslims and they may also use a variety of ethno-specific idioms of distress. They may describe depression as "a dark life," or their fear by saying, "my heart fell down." Likewise, proverbs are often used (Al-Krenawi, 1998a).



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