

A review of mental health frameworks among minorities to inform mental health research for

Muslim Canadians

Laidlaw Scholars Foundation

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Where will you be conducting research? All research will be conducted virtually from Canada.

Introduction

When I was in high-school, I had the opportunity to lead my school's first-ever interfaith event. The event brought various speakers together to talk about mental health from a religious standpoint. After receiving praise from attendees for talking about this issue and for sharing resources with the school, I decided to learn more about the correlation between faith and mental health to make a positive impact on my community. Additional research revealed to me that mental health is a taboo subject among the Muslim community (Ciftci et al., 2013). For example, if someone is feeling depressed in a relationship it is linked to weak faith, and not to trauma they experienced as a child (Abedi, 2018). This preliminary research prior to my undergraduate studies increased my interest on the subject of mental health in Muslim communities.

Studies have found that cultural minorities face unique challenges in healthcare even if it seems everyone has equal access to care (Halwani, 2004). For example, many Muslim women report feeling uncomfortable being examined by a male physician and may postpone medical appointments to a date when a female physician is available (Halwani, 2004). Cultural minorities who feel neglected at the doctor's office may think that if they seek help for their psychological needs, they will face a similar experience.

As a member of the Muslim community in Canada, I've witnessed the struggle to access mental health services. At times, family and friends speak about their negative experiences in psychotherapeutic settings, which may stem from a general lack of understanding of Muslim culture among practitioners in the mental health field. This may further discourage patients by

creating a barrier to care, putting vulnerable people into an unhealthy cycle of social isolation and low self-esteem (Knaak et al., 2017).

In a study reviewing literature on racism and mental health with a focus on American Muslim immigrants, it was observed that racism and mental health stigma impact psychological wellbeing (Phillips & Lauterbach, 2017). One of my community members mentioned to me that although Crisis Text-lines and educational campaigns aimed at Muslim communities exist, these resources are not familiar to individuals due to a lack of advertisement and awareness of mental health services among community members.

Stigma and discrimination, along with a lack of culturally appropriate mental health services, have been documented in studies such as the community-based research project Muslim Women's Mental Health (Latif, 2020). This study emphasized the importance of inclusivity in mental health care. Other minority groups such as Chinese Canadians and South Asians also report similar stigma in the realm of mental health (Kramer et al., 2002; Virdee, n.d). It is believed that this is the result of a lack of cultural competency on the part of therapists combined with a lack of education on such topics and stigma inside the community (Huang, 2020; Virdee, n.d). Though research continues to confirm the existence of discrimination from mental health providers towards Muslims, *less work is being done to increase the inclusivity and accessibility of mental health services for Canadian Muslims.*

I believe studying the research done to enhance mental health care among other minority groups can inform future research on more appropriate mental health services for Canadian Muslims. I seek to study mental health care and therapy practices among these non-Muslim minority groups: Jewish, South Asian, and Chinese communities. Jewish communities share similar beliefs and ways of living as Muslim communities and are also a marginalized group

(“Religion: Three Religions”, 2002). It is therefore possible for there to be an overlap in approaches to mental health between the two religious groups. South Asian and Chinese communities are also similar to Muslim communities in that they face discrimination from healthcare providers (Virdee, n.d).

Research question

If culturally appropriate and successful mental health frameworks exist for minority groups in Western countries, similar methodologies may potentially be applied to Muslims in Canada. The specific research question to be addressed is: Are there specific methodologies that have been successful in; decreasing stigma among community members and discrimination by healthcare providers towards community members in Jewish, South Asian, and Chinese minority groups in western contexts? Success for the purpose of this project will be operationalized as an increase in help-seeking behaviour on the part of community members as well as a positive change in attitudes towards seeking care. Help-seeking behaviour is “an adaptive coping process that is the attempt to obtain external assistance to deal with mental health concerns,” (Rickwood & Thomas, 2012). *For now, my project will focus on identifying successful applications of mental health treatments, campaigns, projects, etc among similar minorities.* An extension of this project would be to consider if these successful practices can be applied to Canadian Muslims by considering religious compatibility.

By conducting a literature review, I seek to learn about therapy practices that are commonly used among minority groups and to understand whether they lead to an increase in help-seeking behaviour and a positive change in attitudes towards seeking care. Furthermore, I will compile research on mental health service campaigns and trainings (such as British Columbia’s Bounce Back Campaign, Bell Let’s Talk, and Mood Disorders Society of Canada’s

Elephant in the Room anti-stigma campaign) that have been successful in increasing help-seeking behaviour among Canadians in general. Future studies can adapt these campaigns so they align with Muslim religious practices in order to increase accessibility and inclusivity to further increase help-seeking among the community of interest.

Methodology

This project will primarily involve a literature review that will be accomplished remotely. For the 6-8 week duration of the Laidlaw Program, I'll use virtual databases such as PsycINFO to locate peer-reviewed journal articles on Muslim, Jewish, South Asian, and Chinese mental health care and therapy interventions (e.g., articles from the Journal of Muslim Mental Health). I also hope to purchase books that explain current psycho-therapeutic approaches that are used among the identified key populations. To begin my project, I will email and schedule virtual calls with members of the Muslim community and minority leaders (i.e., religious leaders from mosques and temples), Muslim psychotherapists, and community organizations advocating for Muslim mental health (i.e., Khalil Centre, Naseeha Helpline). These informal discussions will inspire the literature search process. At this time, ethics board approval is not required as I would only be contacting people for general information and resources.

I was specifically interested in completing this project as a scoping review (a type of review); however, I acknowledge that it cannot be completed in the 6–8-week timeline. In any case, I will complete informal training on literature and scoping reviews by watching webinar recordings and collecting resources from UofT libraries, which will augment the knowledge I've gained through my coursework. As my supervisor is also overseeing another student's research project which involves a scoping review, I will also connect with them regarding the resources they have collected for their project.

Research advisor

Dr. Jessica Dere, is a registered clinical psychologist and Associate Professor in the Teaching Stream at the University of Toronto Scarborough. Her previous and current research is focused on culture and mental health. Dr. Dere has had multiple opportunities to work with individuals related to the proposed research, such as Chinese populations who are a minority group in Canada. Thus, Dr. Dere will be able to provide me guidance and direction during this project in order to ultimately generate informative research with implications addressing the current gaps in Canadian mental health care among minority groups. She is also currently supervising another UTSC student who is working on a project involving South Asian health by doing a scoping review, and I have been able to connect with the student through Dr. Dere to learn from their ongoing research process.

Outcomes

The proposed research study will work to address stigma among community members and discrimination from mental health care providers towards the Muslim community. This will be done by taking lessons from mental health services catered towards Jewish, South Asian, and Chinese marginalized/minority populations in western contexts. The outcomes of this research project can be used to inform future mental health approaches towards Canadian Muslims. Ultimately, this project will serve as a starting point for future of mental health research serving Muslim communities so that they are able to receive equitable, evidence-based, and appropriate mental health care in an accessible manner.

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