

How Do Islamic Religious Leaders Respond To The Mental Health Needs Of Muslim **Communities?** A Qualitative Study

Dr Umika Moorjani, FY2 doctor; Dr Abid Choudry, Consultant Psychiatrist; Dr Ed Day, Consultant and reader in Addiction Psychiatry; Dr Rachel Upthegrove, Consultant Psychiatrist. Birmingham & Solihull Mental Health Foundation Trust. In affiliation with University of Birmingham.

Introduction & Background

- Almost **3 million** Muslims live in the UK, **14%** of which reside in the West Midlands.
- Evidence suggests Muslims have **low rates** of mental health service utilisation.
- This may be due to differences in beliefs between Islamic and Western models of mental illness, such as beliefs in **Jinn** (spirit) possession and the use of religious coping.
- Studies highlight that Islamic religious leaders often act as counsellors and provide pastoral care within Muslim communities.
- Despite this, little is known about what UK Islamic religious leaders do when faced with mental health problems in the community.

Aims & Objectives

This study aims to explore the ways in which Islamic

Findings - Themes



religious leaders:

1. Understand mental health problems that are presented to them by community members

2. Manage or treat mental health problems in the **Muslim community**

3. Interact with professional treatment services, exploring possible ways this could be improved

Methods

Setting: 9 mosques/community centres in Birmingham

Sample: 9 Religious leaders employed in a mosque/ community centre in Birmingham for at least 1 year and provide regular religious services to the community recruited through convenience and purposive sampling methods.

Design: Semi structured interviews conducted in English (n=6), Urdu (n=2) and Arabic (n=1) by members of the research team.

Data collection:

- Interviews recorded on an encrypted dictaphone and transcribed clean verbatim in English.
- Data collection occurred as an iterative process.
- Translated transcripts were crosschecked by an independent native speaker for accuracy.

Data analysis: Transcripts analysed using elements of framework analysis and Neale's Iterative Categorisation (IC). The process of data analysis is outlined below:

Participant characteristics:

- 8 male imams, 1 female religious teacher
- Age 28- 57
- Ethnicities: British Pakistani (n= 4), Yemeni (n=2),
- Pakistani (n=1), Bangladeshi (n=1), Indian (n=1)

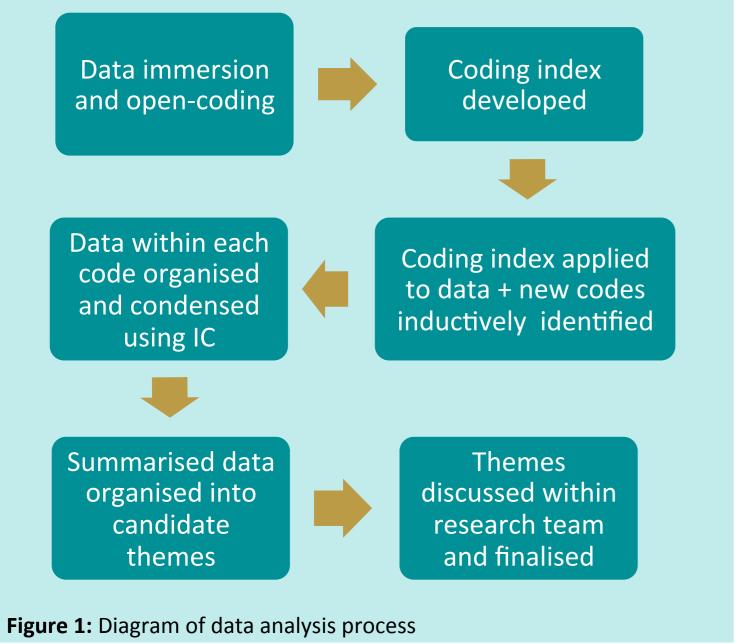
Key Points & Conclusions

"So having an imam to provide spiritual treatment and doctors offering medical treatment would be helpful for people."

- Our findings and existing literature illustrate that Islamic religious leaders provide Muslims with an accessible, long-term and holistic form of support.
- Although participants believed in Jinn possession, most reported that they were more likely to attribute problems in the community to mental health issues than supernatural causes. Increased knowledge of symptoms may allow religious leaders to better identify mental health problems.
- Religious leaders will refer or seek advice from medical professionals, often informally.
- Faith and religiosity are used as important tools in **coping** and **recovery** from mental health problems.
- Participants felt they would benefit from more **education** and are willing to **collaborate** with professional mental health services.

Recommendations

• Trial and support mental health education programmes with religious leaders Identify and develop links to provide religious leaders with a more systematic referral system Future research with members of the Muslim community to explore their mental health needs and whether these are adequately met



Limitations

- Use of multiple researchers may have lead to inconsistencies in data collection
- Some meaning of Urdu and Arabic interviews may have been lost in translation
- Not all ethnicities within Birmingham's Muslim population were represented
- Likelihood of volunteer bias

Acknowledgements

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