Muslim Mental Health Awareness:

Exploring the needs of the community

Project Report

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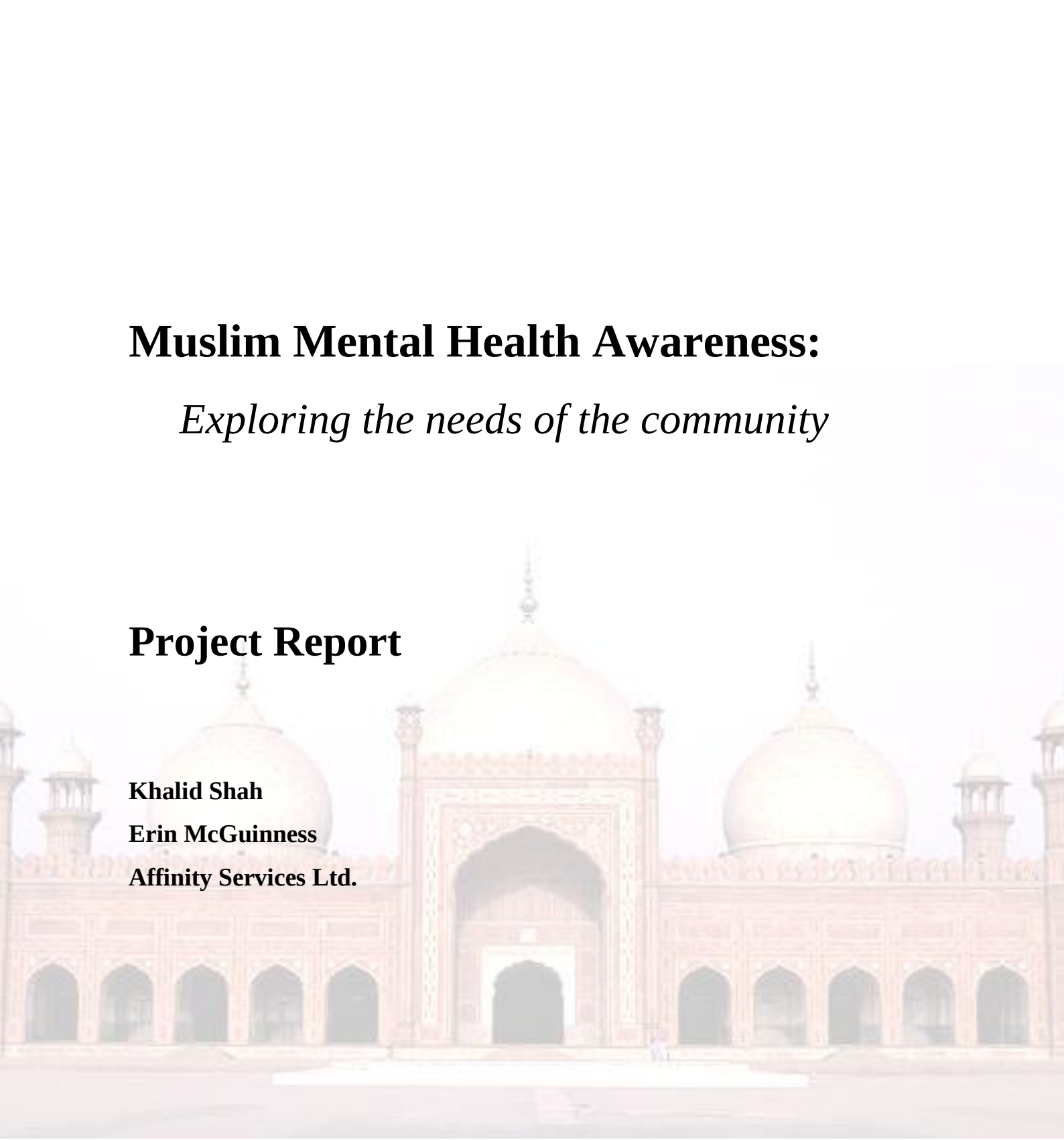

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

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Foreword

Assalamu alaikum wa rahmatullahi wa barakatuh

The Muslim community in Auckland are an ethnically diverse yet spiritually similar group that includes refugees, pacific islanders, south Asians, Africans, and the people of the Arab states. Attempting to meet the mental health needs of this broad community may seem like a Herculean task. However, the beliefs that bind this group also present an opportunity for discussion and connection (whanaungatanga).

The purpose of this project, of which this report is one outcome, was to better understand how this connection could be made in order to both appreciate the specific mental health needs of this community and to know how best to respond to those needs.

ADHB recognised that the Muslim community had particular complex experiences of stigma and misunderstanding around both their spiritual identity and mental health. This project sought to understand how both ADHB and NGO mental health services could best engage with and support the Muslim community to identify mental health problems and access appropriate services.

Khalid's and Fetiya's knowledge of mental health problems and their own faith-based community, means that we now have both an excellent report and a clear pathway for improving access to services for the Muslim community.

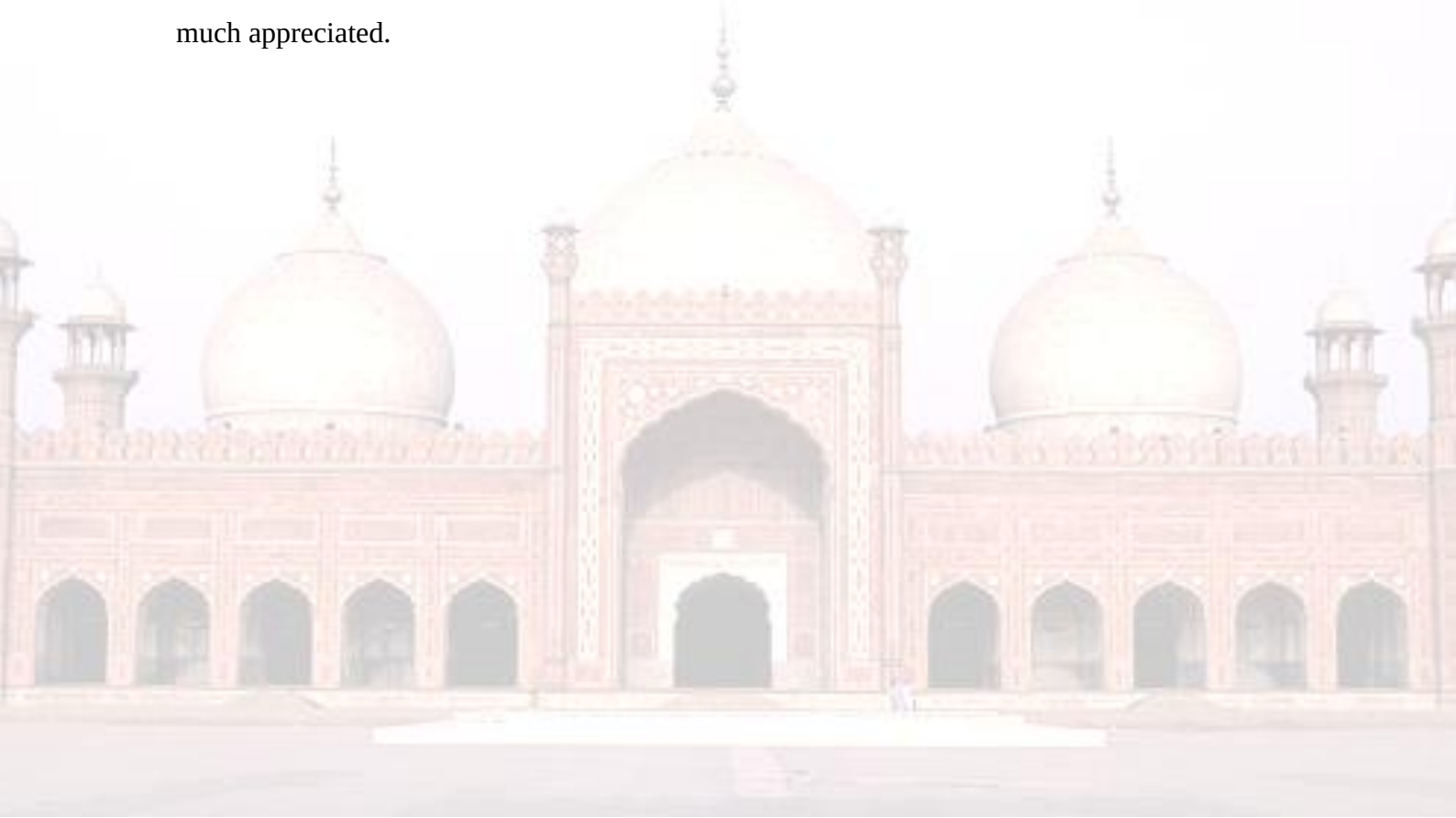
Robert Ford
Planning and Funding Manager
Mental Health & Addictions
ADHB

Acknowledgments

The Muslim Mental Health Awareness Project team is very grateful to everyone who participated in and supported this study. Without all your contributions we would have not been able to complete it.

We thank the Muslim community leaders, health professionals and consumers who participated in the study. We are also grateful to Auckland District Health Board Funding and Planning for creating this opportunity and for their support throughout the project.

Finally, a big thank you to the project's Steering Group. Their commitment and dedication to oversee the progress of the project, and the valuable advice given on a regular basis, has been much appreciated.



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Glossary

ADHB	Auckland District Health Board
CMHC	Community Mental Health Centre
MHS	Mental Health Services
MMHAP	Muslim Mental Health Awareness Project
WTG	Working Together Group
MMHLS	Muslim Mental Health Liaison Services
MMHRB	Muslim Mental Health Resource Book

Executive Summary

Project goals:

The project sought to address the following issues related to mental health and the Muslim community living in Auckland:

- Assess the level of mental health awareness in the Muslim community.
- Identify the existing services which provide direct mental health service to this community and identify any gaps and barriers, especially in accessing mainstream mental health services.
- Assess the role of the Imams in terms of providing mental health support and raising MH awareness in the community.
- Provide recommendations for ways to raise mental health awareness in the Muslim community and increase access to mainstream services.
- Provide some rationale for each recommendation.

The methodology adopted included:

- Undertaking a literature and document review of similar projects in other countries and other research. This helped to establish contextual issues.
- Mapping out the existing services and pathways utilised in service delivery and then identifying the gaps in those services.
- Conducting interviews with key stakeholders. These included the Muslim community leaders (Imams), women spiritual leaders, health professionals and Muslim consumers.
- Compiling and analysing information from interviews and the literature review.
- Drafting of final report findings for funders and appropriate stake holders, and the creation of 'user-friendly' summary that will be more accessible to members of the community.

The findings from the project are:

- There are currently no specific mental health services that provide culturally appropriate mental health services to the Muslim community living in Auckland. The only service identified as providing some relevant service is *Refugees as Survivors (*RASNZ), which serves the refugee community, the majority of whom are Muslims. There are more than twenty Muslim social services in the wider Auckland area which provide various social services to the Muslim community, but none have qualified mental health professionals or provide any kind of mental health support service.
- The Muslim community living in Auckland has been identified as having less knowledge and awareness of mental health issues compared to the wider community. It has also been identified that the Muslim families tend to hide their mental health issues and try to treat mental illness using traditional or spiritual methods.
- The Imams are the most respected and influential figures in the Muslim community, clearly playing a significant leadership and support role in a range of issues. The project identified that the Imams have very limited mental health knowledge, but show a keen interest to learn more and equip themselves with the basic tools to support and raise mental health awareness in their community.
- There are a number of barriers and gaps which impact on Muslims' access to mainstream mental health services. Some of the most important are: a lack of awareness about mental health and the services available, a fear of stigma and discrimination from within their community the lack of cultural awareness by health professionals and fear that their religious beliefs might not be respected by the professionals outside of their community.

This project recommends the:

- Education of the Muslim community about mental health and particularly about the mental health services available from the Auckland District Health Board (ADHB) could improve access. Delivery of education would require access to the Muslim community and a logical pathway would be via the Imams and Mosques. To be effective Imams would need to receive training in basic mental health and be equipped with tools for supporting people who come for advice. They would also need to be aware of services they can refer people to, and how to recognise and report issues of concern. Educating Imams about mental health and services could have a significant impact on increasing mental health awareness in their community.
- Development of trusting relationships with the Muslim community to improve the likelihood of successfully spreading messages about the importance of mental well being. In order to achieve this education of the Muslim families about mental health and services would need to be undertaken.
- Health professionals, especially those who work with Muslim consumers, could be educated about the culture and religious beliefs that are central to Muslim mental health and well being. A key aspect of this culture that requires focus is the role that family plays in the Muslim community.
- Development of a specialised service that could liaise between mental health services and Muslim consumers and their families. Such a service could help consumers at the beginning of their relationship with the mental health system to build trust-based relationships and stay linked with services. It could also provide an important link in needs assessments.
- That further research is undertaken in exploring the mental health issues and needs of Muslim youth.

Part 1. Introduction

According to the 2006 census, the Muslim community living in New Zealand consists of forty-six different ethnicities. While ethnically diverse, the Muslim community is united by their common religious beliefs and religion influences most of the cultural values of each ethnicity. As Yacoub (2001, as cited in Hussein, 2009) pointed out, Muslims can be comfortable in almost any culture as long as the core values do not contradict Islamic beliefs. Therefore, a culturally appropriate approach to mental health can be based on general Muslim culture rather than needing to focus on individual ethnicities.

Most Muslims living in Auckland emigrated from countries with poor socioeconomic backgrounds and many are refugees. The Refugee Resettlement New Zealand (2005) states most of the refugees in recent years are from Iraq, Afghanistan, Ethiopia, Somalia and Iran, all predominantly Muslim countries. The mental health systems in the countries they left are usually not as well developed as in New Zealand, nor is there a priority placed on mental health education and awareness. Most immigrants and refugees do not have any knowledge of the mental health services, or even the general health services, in New Zealand. Studies conducted in the United Kingdom and United States in the field of Muslim mental health have shown increasing mental health awareness and improved access to mainstream mental health services in those communities. However, the Muslim community in New Zealand is relatively new and differs in many ways to those of the United Kingdom and United States and, therefore research into the needs of the Muslim community in New Zealand is required.

The ultimate purpose of the project is to increase mental health awareness in the Muslim community and to increase access to mainstream mental health services. It also seeks to assess the willingness of the Imams to participate in delivering psycho-educational messages and assist with raising mental health awareness in their community. Studies have shown that in minority communities religious leaders, such as Imams, can play an important role in supporting people with mental health issues and help to improve access to mainstream mental health services (Veroff, Kulka & Douvan, 1981; Larson, Hohmann, Kessler, Meador, Boyd & McSherry, 1988; Piedmont, 1968; Schindler, Berren, Hannah, Beigel & Jose, 1987; Young, Ezra, Griffith, & Williams, 2003). Mosques are the common meeting place for Muslims and Imams are seen as the most respected elders in the community. Muslims seek advice from Imams about all sorts of matters and fully trust them with personal and family

information. A recent analysis of data in the United States by Wang, Berglund and Kessler (2003), has found that religious leaders continue to provide more mental health care than psychiatrists, including treatment of people with serious mental illnesses. Imams could play a very important role in spreading the message of understanding, accepting and supporting those who suffer from mental illness, and promoting mental wellbeing in the community.

Our study focuses on identifying the context of the Muslim community in New Zealand and identifying their mental health service needs. We aim to test our hypothesis about the role of Imams in supporting the community with mental health issues by interacting with them and gaining information about their involvement in the community. We also poll health professionals who have experience of working with Muslim consumers and their families to identify any gaps and barriers in the delivery of services to Muslim consumers. Finally we survey Muslim consumers on their views on these issues.

1.1 Background

ADHB Mental Health Planning and Funding are adopting an evidence based approach to the development of services. As part of this process, they are utilising a project-based approach to planning and examining services across a spectrum or continuum of delivery.

As there is no specific data collected on a consumer's religion by mental health services, it is difficult to estimate the prevalence of mental illnesses in the Muslim population living in Auckland. However, it is perceived that the Muslims are normally reluctant to access mainstream mental health services. This may be because of the discrimination that they experience from within the Muslim community or simply due to their lack of knowledge about mental health in general and the services that are available. Even though the Muslim community is united by their common religious beliefs it is ethnically diverse. Sometimes that diversity, plus a lack of knowledge about Muslim beliefs and culture, leads to the perception that the community is difficult to reach.

Mental health awareness projects have been undertaken with Muslim communities in other countries like the United Kingdom and the United States. These have been successful in improving access to mental health services and increasing awareness of mental health and emotional well being. Such projects are often successful because they utilise existing communication channels. Within the diverse Muslim community these channels tend to be the

Imams attached to a particular Mosque, or women who act as spiritual guides for other women in the community. This project hopes to use a similar approach in the assessment of needs within the local Muslim community and the development of a specific mental health initiative that would assist the Muslim community.

1.2 Literature Review

Research from the United Kingdom and United States concurs that there is a need for a culturally sensitive approach when working with Muslim communities. There is also evidence that there has been little priority given or research done on understanding the needs of Muslim communities and providing culturally appropriate services (Hussain, 2009; Sameera & Reddy, 2007). In her United States study, Hussain (2009) points out that there is no accurate data available on Muslim consumers receiving mental health services, or their satisfaction with those services, because the health system does not capture information based on consumers' religious beliefs.

Similarly, in New Zealand, there is no specific data available on the number of Muslim consumers receiving mental health services. Not much is known about the prevalence of mental illnesses in Asian communities, best health promotion approaches for them, or their specific service need (Ho, Bedford & Cooper, 2002; Kumar, Tse, Fernando & Wong, 2006). There has been some research done on the mental health needs of Asian communities in New Zealand, but the focus needs to be more specific and appreciative of the differences between cultures within the Asian community.

Health researchers have emphasised the importance of culture in mental health. Fernando (1990) highlights that there is evidence that the presentation of psychological signs and symptoms varies across cultures. He suggests that culture may well influence psychiatric diagnosis, even to the point where evidence of mental illness in one culture might not be recognised in another.

It has been identified through other studies that Muslims hesitate to access mainstream mental health services and tend to deal with mental health issues by themselves or through use of traditional ways of healing. Studies suggest that many Muslims are hesitant to trust mental health professionals because they might not understand or respect their Islamic views (Hedayat-Diba, 2000; Hodge, 2005; Kelly, 1996). These studies conclude that mental health

professionals working with Muslim consumers need to be trained in cultural awareness for this group. This seems to be a valid point, but it is also important to explore Muslims understanding of mental health and the services in their new country of residence.

It has been assumed that the knowledge of mental health and mental health services within the Muslim community living in New Zealand is very limited compared to the wider community. Therefore it is important to research the needs of the Muslim community living in Auckland and also find ways to increase mental health awareness in the community. This could help in building trust in the system and hence improve access to mainstream mental health services.

Erickson and Al-Tamimi (2001) emphasise that community awareness about the availability of mental health services needs to be more widely promoted before ethnic minorities increase their access to services. Mosques are the common meeting place for the Muslim community and Imams are the influential figures in the Muslim community. Imams are identified to be the first point of contact for Muslims when they are in need of advice and can provide guidance and support in assisting people dealing with their mental health issues. So it is vital to have the Imams of the local mosque on board in terms of raising mental health awareness. It is also vital that the Imams are trained in basic mental health and made aware of available mental health services.

Imams are usually the first point of contact for people with a range of mental health issues, including family problems, and social and psychiatric issues in the Muslim community. The survey of Imams done by Osman, Milstein and Marzuk (2005) in the United States strongly suggests that there is an obvious need for mental health professionals to support Imams in their vital role of improving access to mainstream mental health services by Muslim community. This is probably even more important for the Muslim community in New Zealand, because the Imams here are less likely to have relevant training. Ali, Milstein and Marzuk (2005) identified that most of the American Imams had some form of mental health training or qualification.

Based on the findings from the above literature it has been identified that the area of Muslim mental health needs to be explored in New Zealand. Compared to those in the United States and United Kingdom, the Muslim community in New Zealand is relatively new and small. The mental health issues faced by this community also seem to be different. Therefore, research from those places may not be directly applicable. Also Muslims in New Zealand

enjoy much more acceptance and endure far less racial or religious discrimination compared to other countries, as described by Sameera (2007) Muslims in the United States have experienced social prejudice and discrimination especially after the events of 9/11. It might therefore be easier to establish trust and build good relationships between the community and the main stream mental health services.

Mohit (2001) explores the advantages of collaboration between different communities and the health services and suggests that religious leaders, intellectuals, women and men of conscience should be made aware of the importance of mental health and get involved in the formation of better systems of care**.** Bate and Robert (2002) emphasise the importance of collaboration between private sector and public health services. Private sector knowledge management concepts and practices could contribute to quality improvement initiatives in the public sector (Bate & Robert, 2002). Similarly there is also a need for collaboration with the target community to utilise their knowledge in improving the quality of service delivery.

Working in collaboration with the Imams will not only up skill them, but it will also mean professionals and service providers will be able to access the Imams' knowledge of the Muslim community which could improve the quality of service delivery.

1.3 Methodology

A qualitative approach was used in carrying out this study. We selected Imams who were actively involved in the social services of the community as well as providing guidance as spiritual leaders. We chose Imams from those mosques that provide regular services to the Muslim community. We omitted small centres where prayers are performed on an occasional basis and do not have a regular Imam. We also selected health professionals, either Muslims or non-Muslims, who had experience and regular interaction with Muslim consumers and families. These were not necessarily mental health professionals and included social workers, physicians, nurses, and psychiatrists. Finally we approached some Muslim mental health consumers who were already receiving mental health services offered by ADHB. Participation was entirely voluntary and participants were given sufficient information about the study and some time to think about participating. Participants were also made aware that any outcomes of the research might be made publically available.

We selected ten Imams, twenty health professionals working in different fields of health in the ADHB area, and six consumers receiving mainstream mental health services. The participants were initially approached via phone calls, email, face-to-face contact and also through existing networks in the community. Participants were introduced to the aim and purpose of the project and given a brief summary of it. Once they had agreed, interview times were arranged with the participants and the method of the interview was explained. The interviews were conducted face-to-face using a semi-structured questionnaire. This provided the flexibility to alter the questions based on the information provided. Once completed, the hand-written data were typed and then returned to the participants to check for accuracy. The data were then analysed using thematic analysis.

A grounded theory method of analysis was used in analysing the data obtained during the research. In the initial phase of the research the Muslim community leaders were interviewed in order to explore the research questions concerning the role of Imams in raising mental health awareness in the community, and their knowledge and understanding of mental health and services. The questions also covered their level of involvement in supporting the community with mental health-related issues. Health professionals were interviewed to examine their experiences with Muslim consumers and their families. Consumers were also interviewed to get their view and feedback on the issues.

1.4 Project Strengths and Limitations

The Muslim Mental Health Awareness Project (MMHAP) has been very successful in reaching the Muslim community and getting the Imams on board. The project has received very positive feedback and support from the community, health professionals as well as the Muslim consumer participants.

The introduction process identified that participants initially felt reluctant to discuss the issue of Muslim mental health. However, explanation of the benefits of the project and the importance of basing it on the culture helped the participants to be more at ease and willing to be involved. It was also evident from interactions with some of the non-Muslim participants that there are many misconceptions about the Muslim community and its cultural and religious practices. Participating in this project has helped to correct those misconceptions, to some extent. However, there remains a need for cultural awareness education of health professionals.

One of the aims of the project was to obtain access to females active in the Muslim community. We were only successful to a certain extent, by involving Muslim female health professionals, but were unable to reach the female religious guides who are attached to the Mosques. This was due partly to certain cultural issues but also because of the lack of education about mental health. It is really important to access these female religious leaders in order to educate Muslim families about mental health and well being. It is also identified that a female worker would be suitable to approach the families and build relationship with them.

It became apparent during the project that Muslim youth in New Zealand is facing many challenges that impact their mental well being. There is a growing concern that major depression, alcohol and drug problems are the main issues facing the Muslim youth. Due to time limitation and lack of resources it was difficult to research this particular aspect of the Muslim community.

Part 2. An Overview of Existing Services That Support the Muslim Community

2.1 Introduction to Existing Support for the Muslim Community

There are around twenty registered Muslim social services serving the Muslim community in the wider Auckland area. However there is no single service that provides direct mental health support to this community. There are some services that provide mental health support to the refugee community, a large proportion of whom are Muslims, but the focus is on the issues related to the stress of being a refugee and there is no indication of any linkage with culture or religious beliefs.

Some of the services provided by the Muslim social services are as follows:

- Support for young mothers: the Ummah Trust, the Fatimah Foundation and the Al-Rasheed Memorial Trust are doing an excellent job in supporting and educating Muslim females and mothers who live in Auckland.
- Support for poor Muslim families: the Ummah Trust and Fatimah Foundation provide support in the form of food and clothes, and they also offer some support with accessing services like WINZ, etc.
- Employment and education support to young Muslims: the Ummah Trust and other services also provide education and support about employment and job search.
- Community support groups: some organisations like the Al-Hikmah Trust and the Al-Rasheed Memorial Trust are doing an excellent job in organising support groups for young Muslims. These groups included summer camps and hiking groups and usually attract big numbers of young Kiwi Muslims.
- Other services providing free support: a group called Working Together Group (WTG) is doing an excellent job in supporting the needs of the community. They are leading the way in providing free access to a Muslim funeral service, and have also initiated a mobile kitchen service which will provide hot meals, mainly to homeless people on the streets, not just Muslims but also to the general population.

2.2 Gaps And Barriers In Existing Social Services

The Muslim social services organisation in the Auckland area provide support in many key areas of need however, the project identified gaps in areas of communication and collaboration between the services. Also, the majority of the Muslim community living in Auckland is unaware of them. Only recently some effort has been made to make the information about these services publically available through the Kiwi Muslim Directory. Also there have been some initiatives made to bring these services together in order to form collaboration between the services. For that reason a Muslim social services forum was organised in one of the mosques in Auckland in August 2010.

Another gap that has been identified is that none of these social services provide any mental health support or employ qualified mental health professionals to support the needs of those who experience mental health issues. It has also been observed through the research process that in most cases service providers do not feel comfortable talking about mental health related issues, however some of these services are providing assistance to some of the most vulnerable members of the Muslim community who may require support around their mental health needs

2.3 Summary

In summary it is evident from the findings that there is no specific community service identified as providing mental health support to the Muslim community living in Auckland. It has been identified that the Muslim social services needs to have support in providing service to those in the community who suffer from mental health issues. Also they need awareness and education around identifying mental health issues in the community and then reporting it to the relevant service.

Part 3. Results

3.1 Introduction to Results

The results of the study have been divided into three main categories, each one relating to a set of interviews with a different group. Findings from interviews with the Imams are presented in the first category. Results from interviews with health professionals are covered in the second category, and the findings from interviews with consumers in the third.

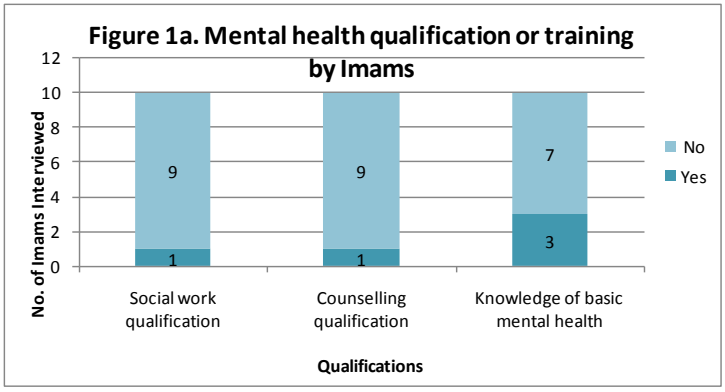
3.1 Findings from Interviews with Imams

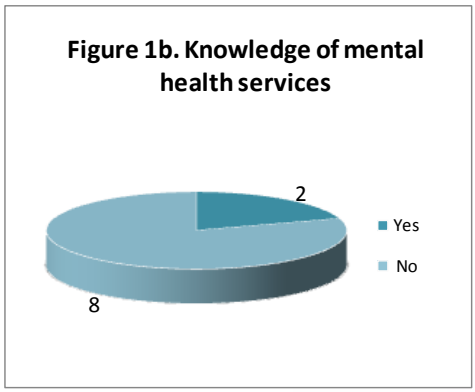
The results clearly show the need for increased awareness about mental health within the Muslim community and how resources within the community itself can help raise that awareness.

The results from the interviews with the Imams are divided into six subcategories, based on the major themes identified through data analysis.

3.1.i. Level of knowledge amongst Imams of basic mental health and services

None of the Imams we interviewed were New Zealand-born and all were immigrants from various countries. This contrasts with the findings of similar studies conducted in the United States and United Kingdom where Muslim communities have been established for some time and the Imams there were far less likely to be immigrants. The studies also show that Imams in those countries have more formal training in mental health. More than half of the Imams surveyed by Ali, Milstein and Marzuk (2005) had some kind of mental health or counselling qualification or training. Whereas only two out of the ten Imams we interviewed had any form of mental health related qualification, and only a further three had some basic knowledge about mental health. Only two Imams we interviewed had any knowledge about mental health services offered in Auckland.

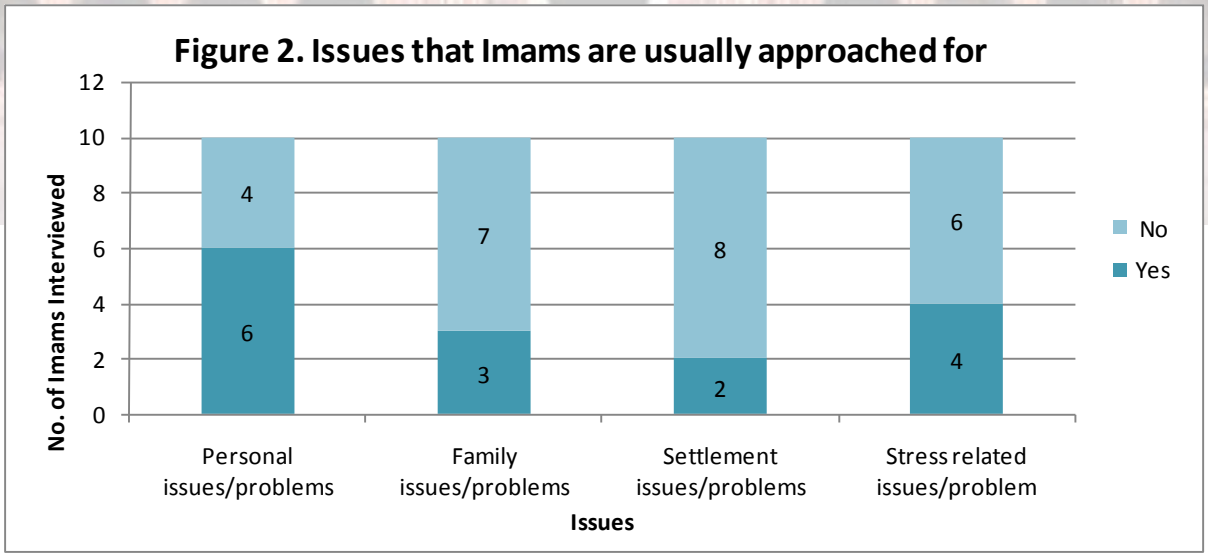




However, the Imams may not be as uninformed about mental health as these findings seem to indicate. Later interactions with these Imams revealed that they are involved in what is clearly mental health-related work within their community, but they do not indentify it as such. An interesting finding was that initially most of the Imams were hesitant to talk about mental health in the Muslim community. However, as they became more involved in this project they learnt that mental health issues are wider than just dealing with people with serious mental illnesses, and that mental health issues are commonly present in the whole community in different forms. Consequently they became more comfortable in talking about mental health in their community and also their own experiences of mental health as well.

3.1.ii. Common issues dealt with by Imams

Although the majority of Imams readily acknowledge their lack of mental health knowledge and qualifications, when polled about what people commonly consult them about, their answers indicated they are providing forms of mental health support without being aware of it. Figure 2. Shows the different types of issues that Imams are commonly approached about.



The issues most commonly referred to Imams were:

- Financial stress
- Depressed mood
- Settlement issues
- Seeking advice and guidance
- Feeling of isolation, especially older people
- Mental issues related to physical problems
- Post traumatic problems
- Marital issues
- Relationship issues between parents and teenagers, and drug problems

This list clearly shows that these are common issues faced by many people in every society and are also issues that can have a huge impact on one's mental health.

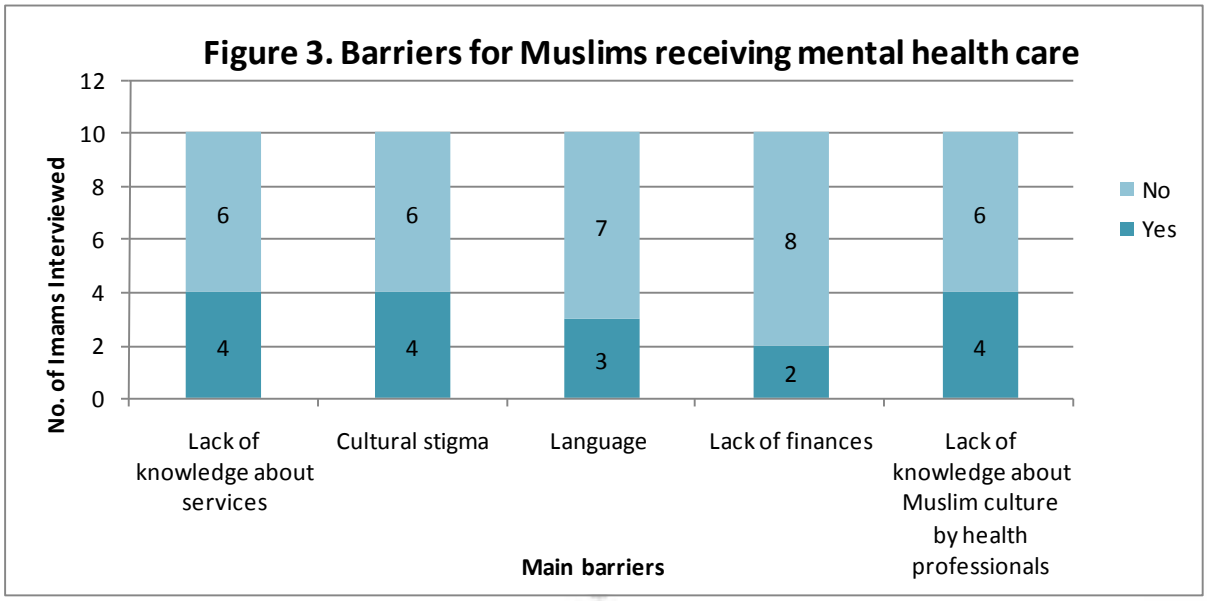
In the Muslim community, Imams are not just consulted for a second opinion: in most cases the Imams are the first and only person that people share their secrets and personal issues with. This level of trust in the Imams by the community, and the privileged information they possess, makes them strategically important in any attempt to raise mental health awareness in the Muslim community. If the Imams gained some better mental health tools and the ability to identify mental health related issues, then they could help encourage people who may need to get more professional help. This could have a long lasting impact on the mental well being of the Muslim community.

3.1.iii. Barriers to the Muslim community accessing mainstream mental health services

Lack of knowledge about the health services already available to them in Auckland is an important issue, especially for the new immigrants who make up the majority of Auckland's Muslim community.

As mentioned above, the Imams do not have much knowledge about the mental health system in New Zealand. However, they were able to give their views on barriers to the Muslim

community accessing health services in general and it can be assumed that these could also apply, to accessing mental health services.



Most Muslim immigrants to New Zealand are from poorer countries with a less developed mental health systems. Therefore most have no knowledge of mental health services, or even an expectation that they might exist. This is further compounded by the lack of knowledge about Muslim culture by non-Muslim health professionals. If health professionals, especially in primary health care, better understood the background and culture of their consumers, they would be more aware of the need to educate them about available mental health services.

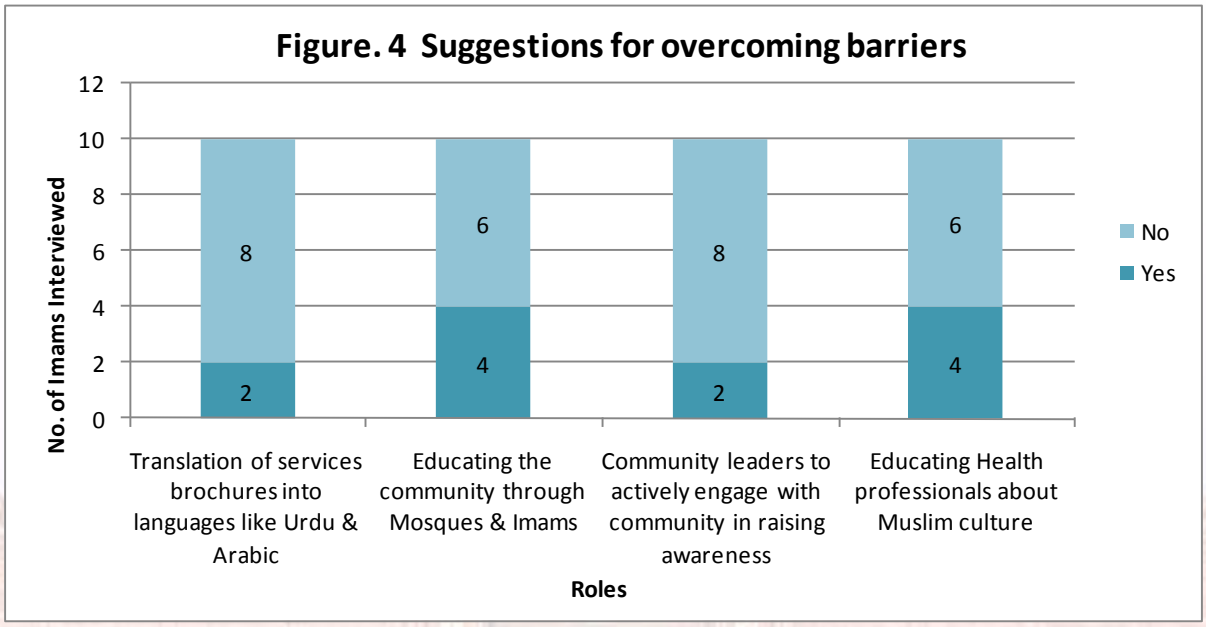
There is a huge stigma and discrimination associated with mental illnesses within Muslim communities. As these communities are close-knit, and the good-opinion of the community matters very much to the individual, there is a huge reluctance to reveal mental health difficulties.

Language is another barrier. English is seldom the first language for people in the Muslim community which can impact both their ability to describe their mental well-being or receipt of advice and information.

Finally, a lack of finances is a barrier for some members of the community, especially when coupled with their lack of knowledge about the availability of publicly funded health services.

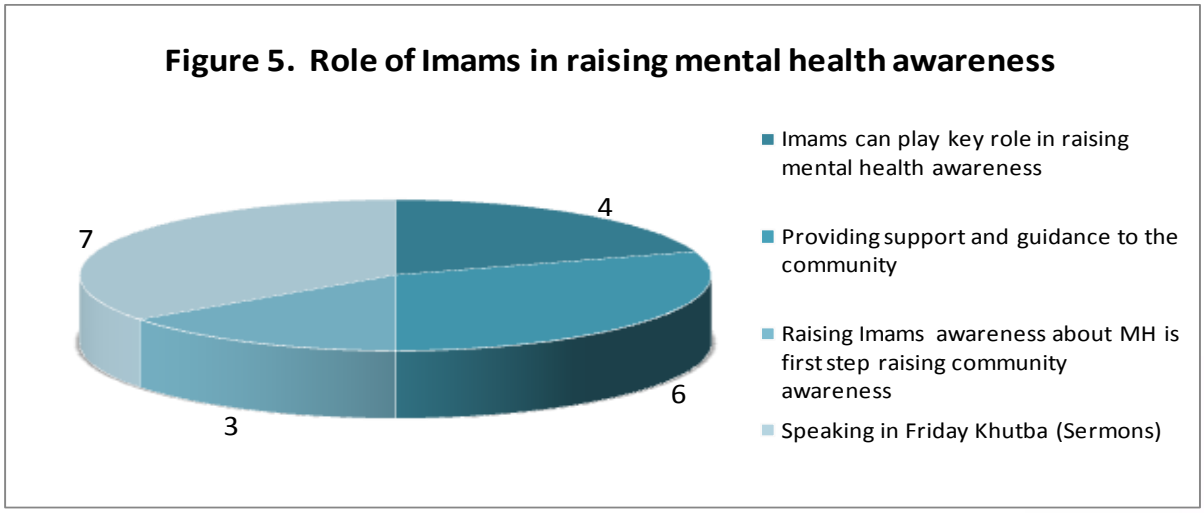
3.1.iv. Suggestions for overcoming barriers to access mental health services

Imams made a number of suggestions to overcome the barriers experienced by the Muslim community in accessing mental health service, and these are described in Figure 4. The ideas they advanced most strongly were educating the Muslim community about mental health services, and also some kind of cultural awareness education for the health professionals. Imams also indicated that they saw how they themselves, and other community leaders, can play a vital role in educating their community about health services in general and mental health services in particular. Some Imams also indicated that translating brochures about the various services into Urdu, Arabic and other languages commonly spoken by Muslims would be a help.



3.1.v. Potential roles of Imams in raising mental health awareness in the Muslim community

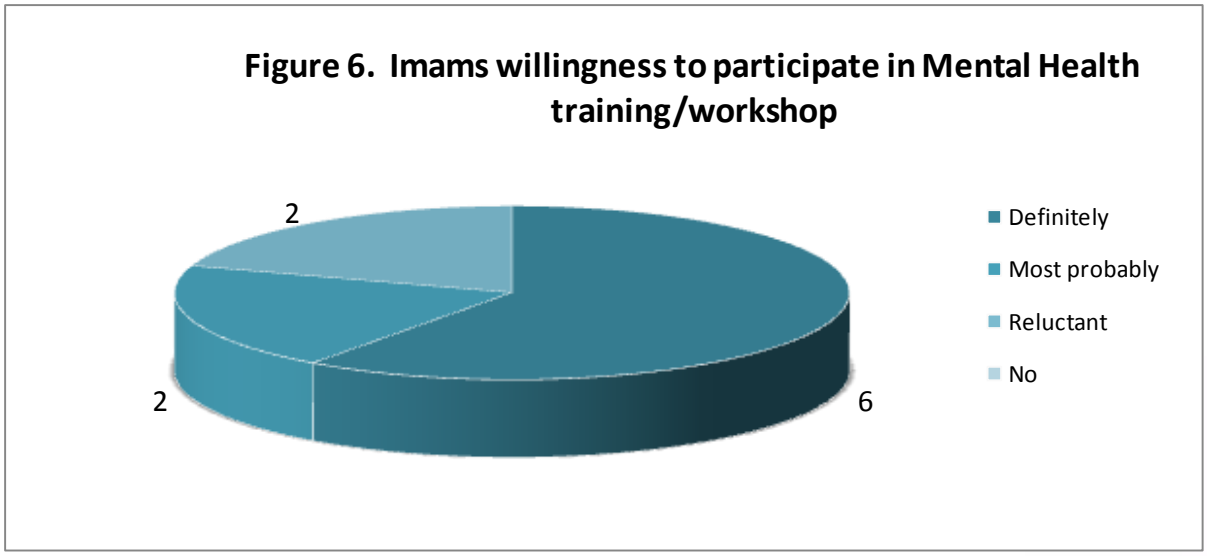
Imams have shown a keen interest in the project and have been very supportive throughout the process. When asked about their role in raising mental health awareness in the Muslim community, their responses reflected their awareness that they are key people. Fig 5 shows responses from the Imams which are grouped into four main categories.



The majority of the Imams indicated that they can play a key role in educating the Muslim community about mental health at the Friday "Khutba" (sermon) and at other social gatherings. However, the majority of the Imams also indicated that they first needed to be trained in some form of basic mental health knowledge to be able to educate the community.

3.1.vi. Imams willingness to participate in mental health training/workshops

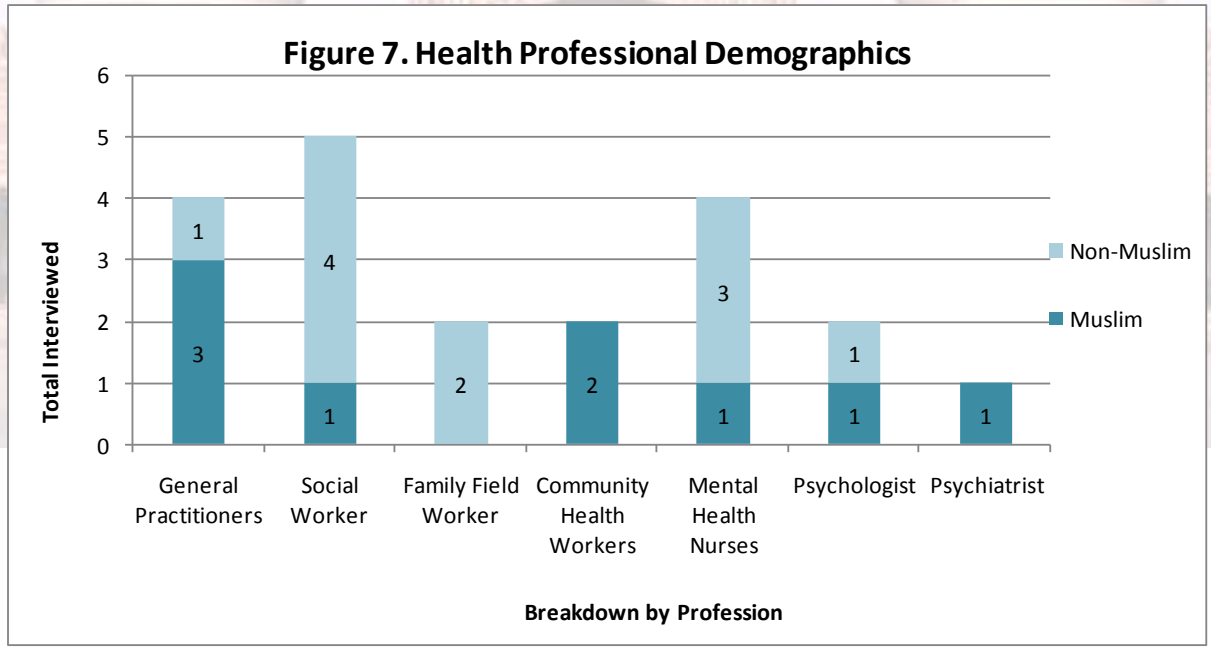
Imams realise that their knowledge of mental health is very limited and yet they are involved in the role of providing mental health support to the Muslim community. They acknowledge the need to be trained in basic mental health. Not only would that help them to better support and encourage those in the community who are suffering from mental health issues, but could also enhance their ability to raise mental health awareness in the community. Figure 6 show that the majority of the Imams are very keen to participate in mental health training or workshops in order to be better equipped. There was not a single negative response to the suggestion, though a few of the Imams have shown some reluctance to participate due to their time limitations and work commitments.



3.2 Results from Interviews with Health Professionals

The results from interviews with twenty health professionals are divided into two main categories: primary health care professionals, and secondary mental health professionals. These two categories are further divided into subcategories based on the themes identified through the data analysis.

Figure 7. illustrates that the data was drawn from a wide range of occupations working with the Muslim community and also from a diversity of cultural and religious backgrounds.



3.2.i. Interviews with General Practitioners

We interviewed General Practitioners based in areas of Auckland with large populations of Muslims. The majority of them reported that they see Muslim patients with a range of mental health issues. Figure 8 shows their varying experiences. During the process of interviews it became apparent that not all the General Practitioners we interviewed had a good knowledge of mental health services. One overseas-trained General Practitioner expressed a need to be trained in basic mental health in order to identify specific mental health related issues for referrals to specialist services.

Most of the General Practitioners expressed concerns about the process of referring consumers to mental health services. They pointed out that the referral process is sometimes very slow with long delays in getting responses from services, especially when consumers suffer from mental health issues that are not on the high priority list. They expressed that these delays do not help in building trust in the services by their consumers. They also mentioned that the criteria for referral to Community Mental Health Centres (CMHC) are too high and sometimes people who really do need help miss out because they do not meet the criteria.

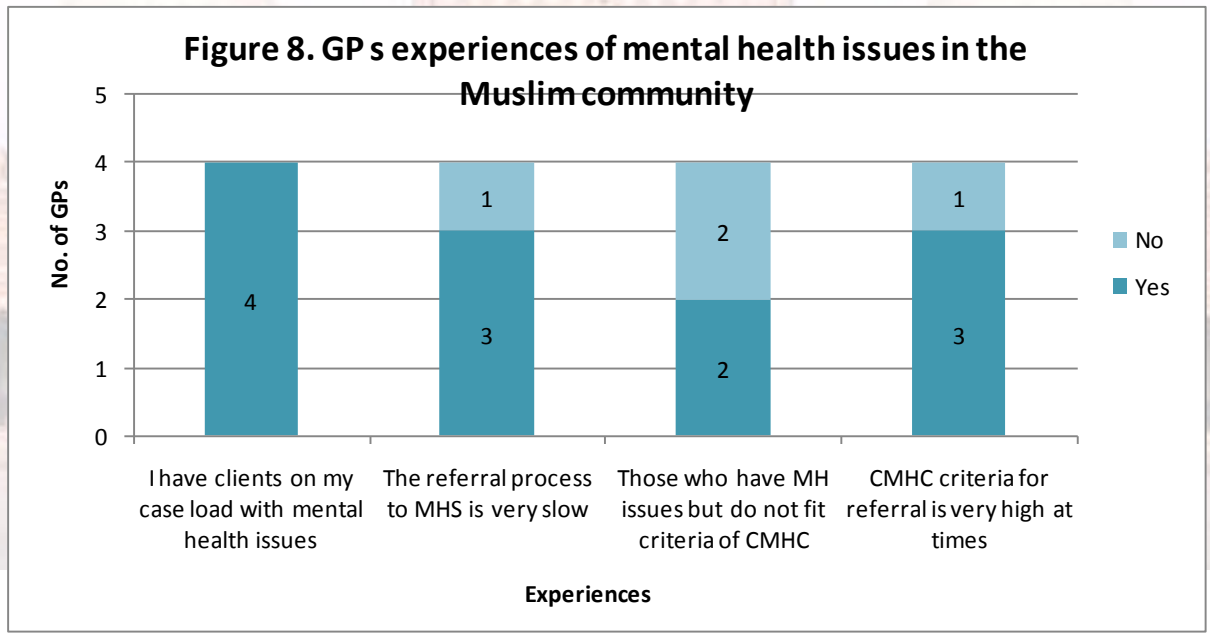


Figure 9 shows the responses from General Practitioners when asked about barriers to working with Muslim consumers. Their responses resembled those of the Muslim community leaders. Cultural issues and language were identified as the main concerns. They also

mentioned that sometimes the Muslim patients and their families have misconceptions and lack a clear understanding of mental health. Patients were sometimes afraid that if they disclosed their personal issues to the General Practitioner their confidentiality might be breached, bringing shame upon them in their community. Due to this fear of discrimination and stigma, the General Practitioners reported that at times their patients hide their mental health issues.

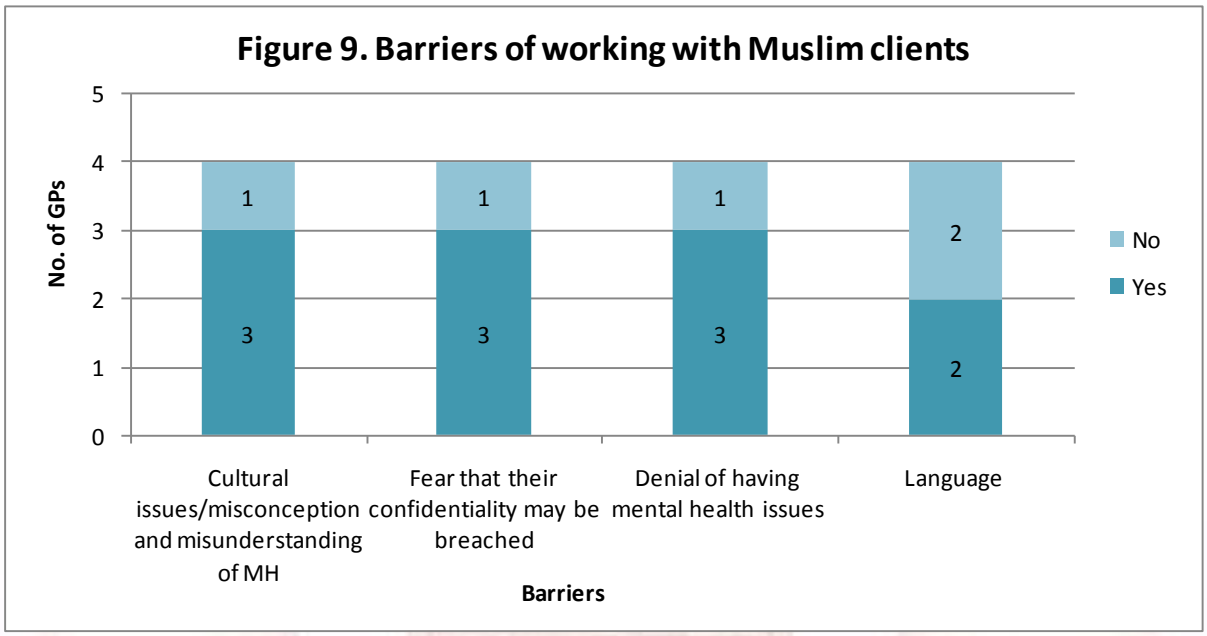
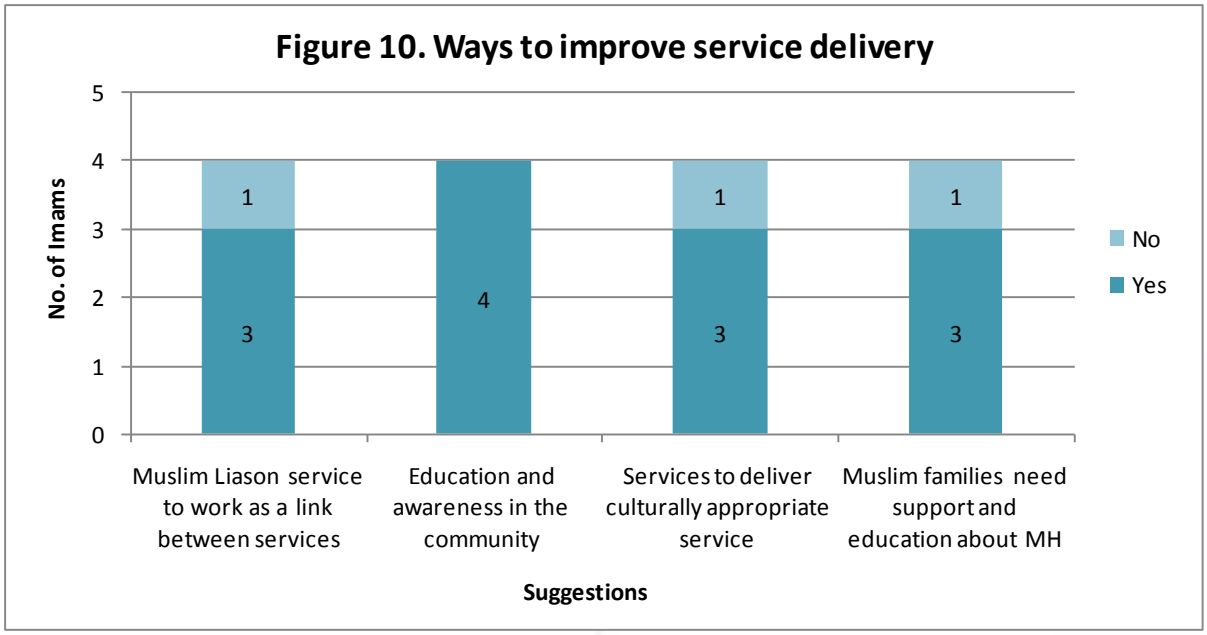


Figure 10 explains ways suggested by General Practitioners to help overcome these barriers and help in building trust and relationships between mental health services and the Muslim community.



These suggestions are consistent with what the Imams mentioned in their interviews. The General Practitioners expressed that there is a need for a Muslim service which will work as a link between mental health services, primary health services and the Muslim community. They also mentioned that there is a huge need for education and the raising of awareness within the Muslim community, especially to females who are considered to be more vulnerable due to their lack of formal education. They also emphasised the point that the services need to be more culturally sensitive and attempt to meet the cultural needs of this community.

3.2.ii Results from interviews with family/community workers

The aim behind interviewing family field workers and community health workers was to cover the issue from the perspective of families. We interviewed two non-Muslim family field workers from Supporting Families New Zealand, and two Muslim community health workers from the ADHB. Figure 11 indicates that those from a non Muslim background did lack knowledge regarding the Muslim culture.

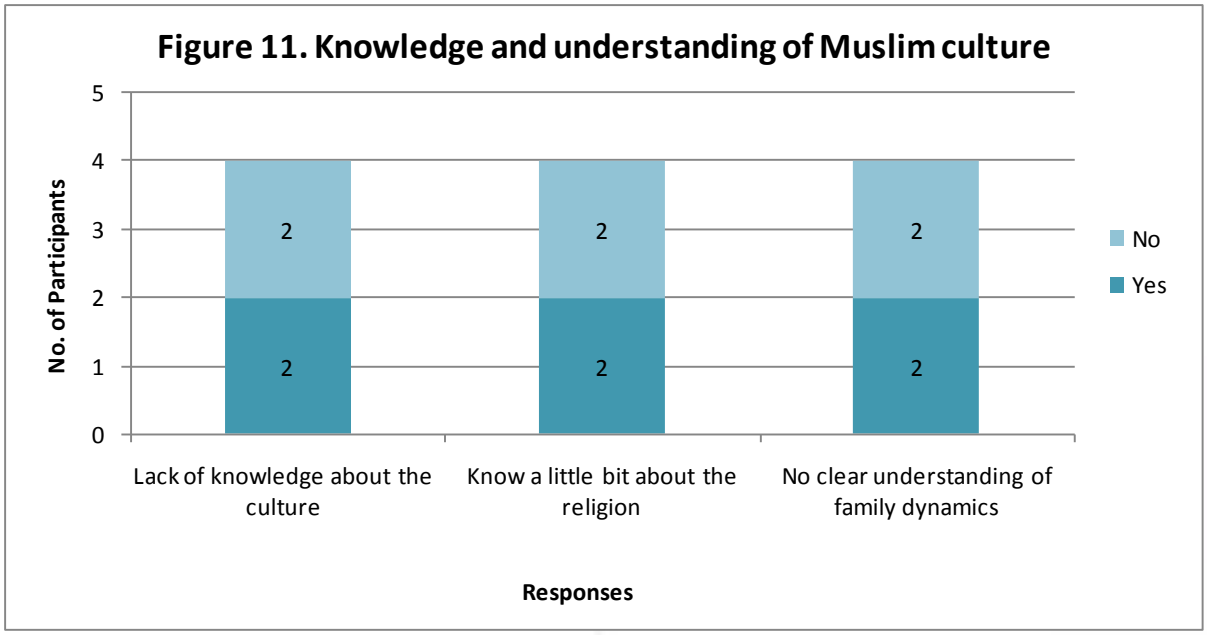


Figure 12 summarises the experiences of the workers with Muslim families. The reduced level of familiarity with Muslim culture led to the non-Muslim workers having problems in the initial stages of their working relationships with families. All four of the professionals emphasised the point that it is really important to know and understand a consumer's cultural and religious beliefs in order to build better working relationships and trust.

Half of the workers had encountered Muslim families who had experienced discrimination in the NZ health system; for example, some consumers were unable to have their family present in meetings, even though family participation is a fundamental of Muslim culture. Some families have lost trust in the health system because of such experiences.

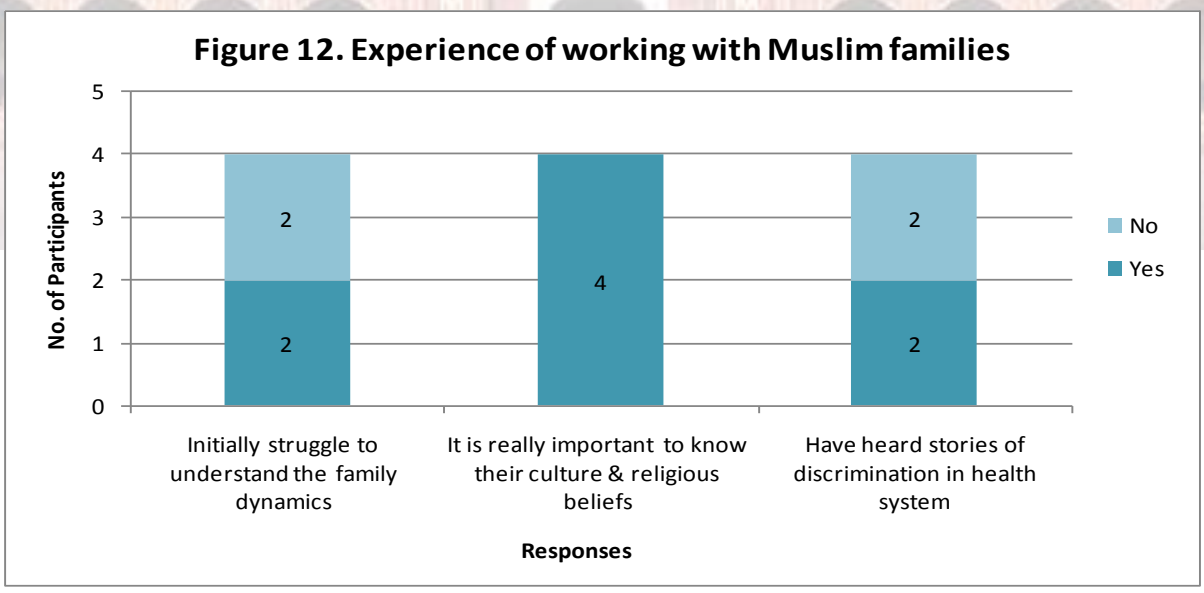
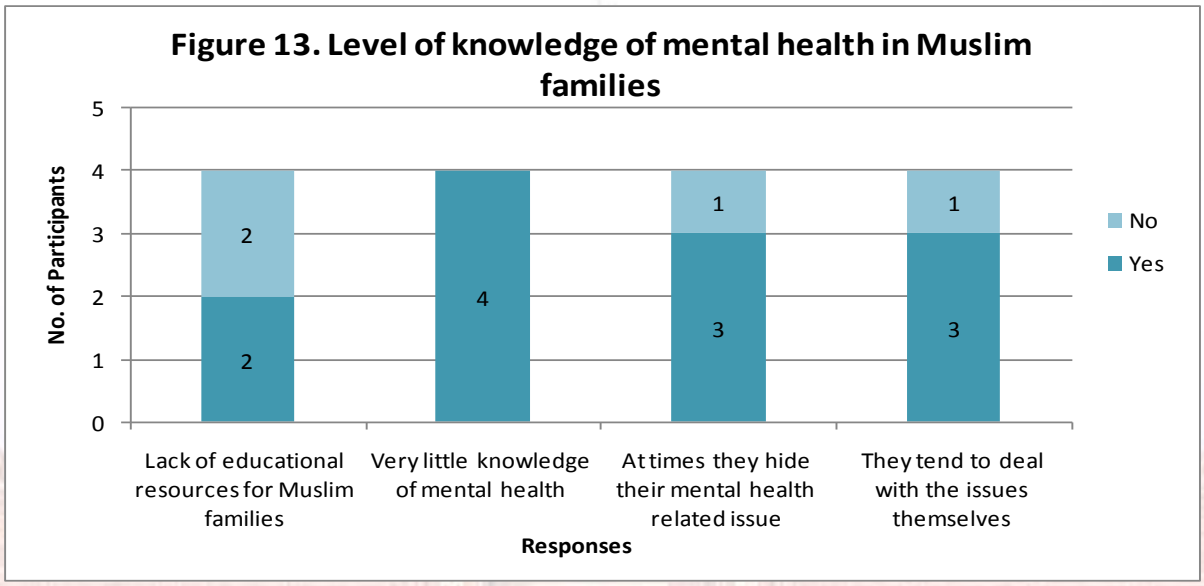


Figure 13 describes the responses to questions about the amount of knowledge Muslim families have about mental health. All the participants confirmed our hypothesis that the Muslim community lacks mental health knowledge and awareness. In the experience of the workers the limited knowledge, coupled with a fear of discrimination within the community, inclined Muslim families to hide their mental health issues and deal with them as best they can. Mental illness only comes to the notice of professionals when there is a serious incident.

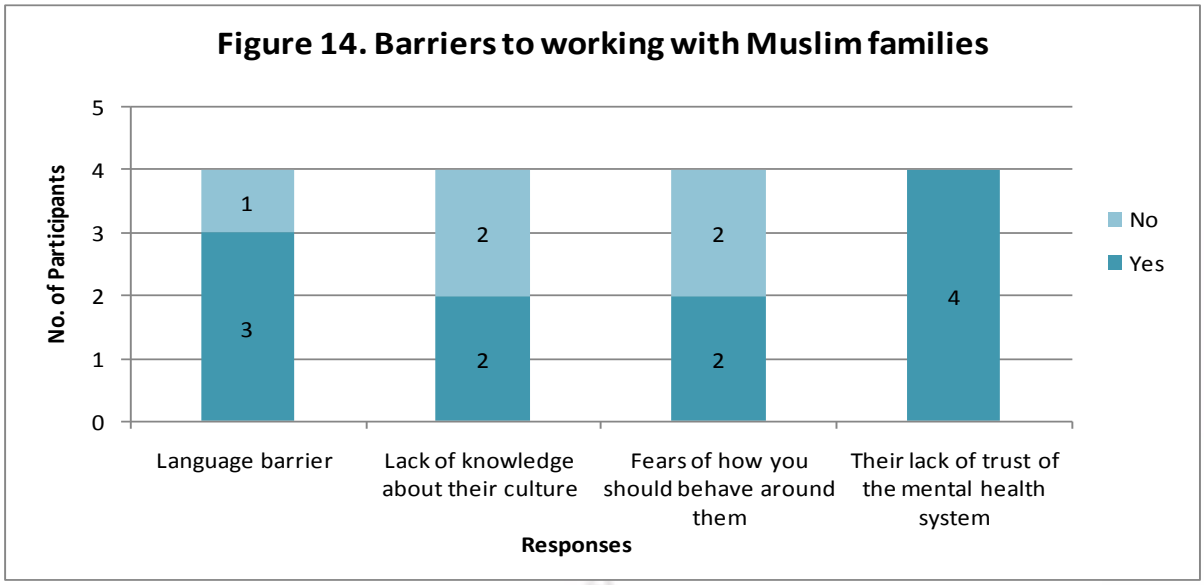
There are different ideas about mental illness within the different ethnicities that comprise the Muslim community. Some of those ideas are not only at variance with accepted mental health knowledge but also with Islamic teaching as well. Imams can play a huge role in clarifying those concepts which are un-Islamic and will help a great deal in raising awareness in this community.



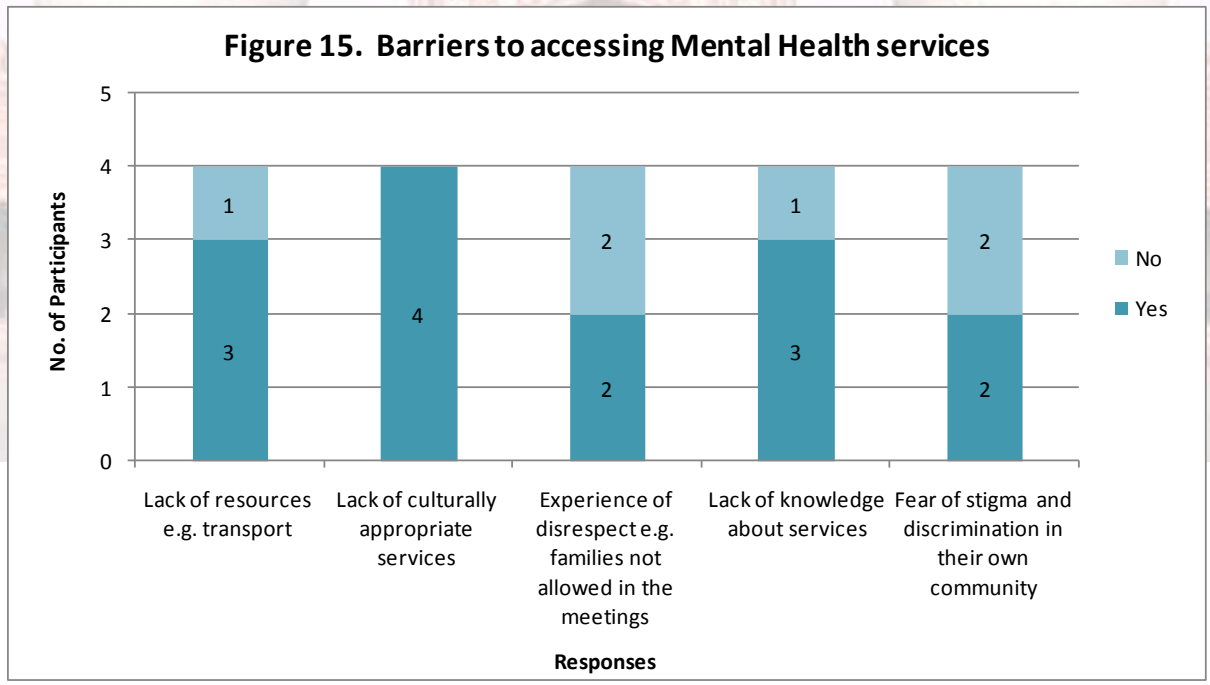
When questioned about the barriers they experience when working with Muslim families the workers described issues that were very similar to those mentioned by General Practitioners, as shown in Figure 14.). Apart from language and a lack of knowledge about the culture, sometimes the professionals were afraid how to behave around someone from the Muslim community. This may be due to the misconceptions about Muslim culture promulgated by the media in recent years. Again, a clear conclusion is that professionals who are working with Muslim consumers should have some form of cultural awareness training.

The lack of trust in the mental health system was the major theme recurring in all four interviews. The workers ascribed this to various causes e.g. a lack of awareness within the

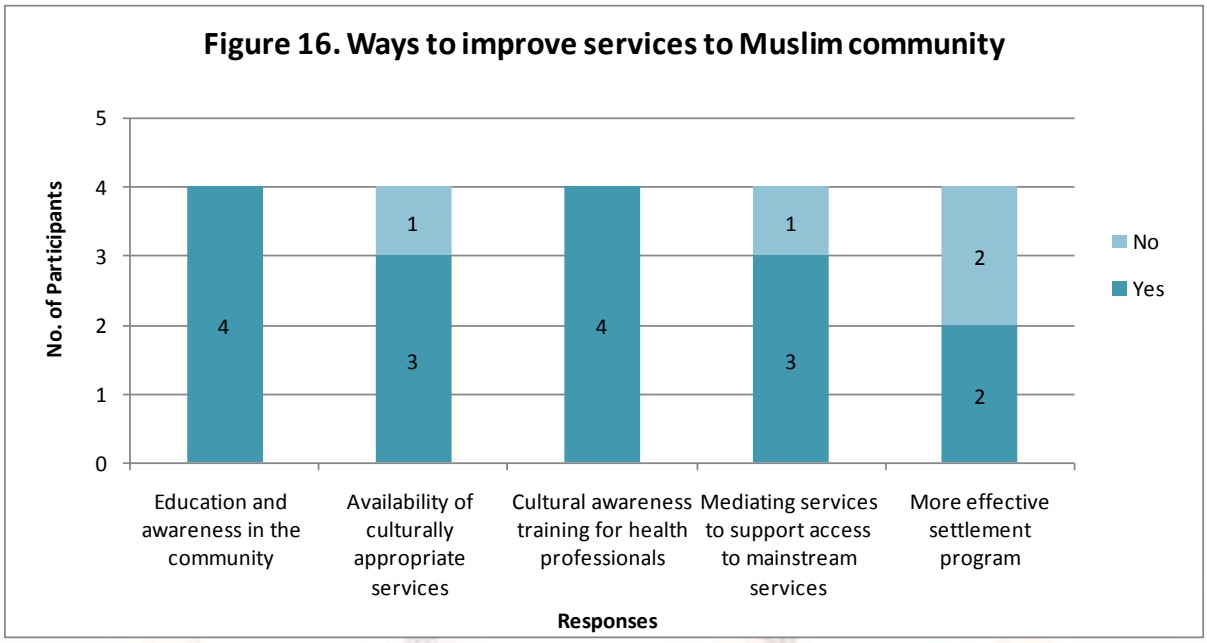
Muslim community, a lack of cultural awareness by professionals, bad experiences in the past or in their countries of origin.



The workers' responses to questions about barriers to accessing mainstream mental health services were similar to those of given by the General Practitioners, suggesting there are genuine issues that need to be addressed in terms of improving access to these services. Figure 15 shows the full details of responses from the participants.



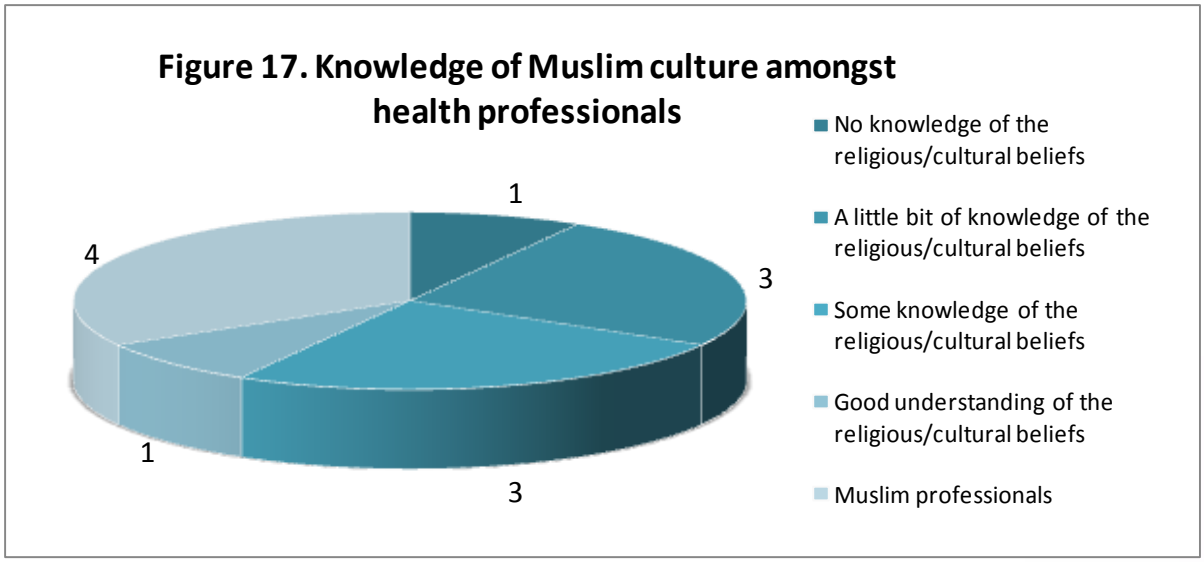
The community health workers suggestions about improving service delivery were also similar to those given by General Practitioners, with the exception that they made special mention of more effective settlement programs for immigrants and refugees. Figure 16 shows the full list of responses.



3.2.iii Results from interviews with mental health professionals:

We interviewed a range of twelve mental health professionals from both clinical and non-clinical services. Primarily, community mental health professionals were interviewed, but also some from the acute in-patient unit were included. Only professionals with some current or past experience of working with Muslim consumers were included.

Figure 17 shows that these mental health professionals have less knowledge about Muslim culture than we had anticipated. If you take out the professionals who are actually Muslim only four of the remaining non-Muslims have some understanding of the culture that might be thought adequate to work with Muslim consumers in a culturally appropriate way. The remaining non-Muslims had a little knowledge, but certainly not to the level that one could be confident that the cultural and religious beliefs of the consumers would be understood and taken into account in their treatment.



As shown in Figure 18 the majority of health professionals identified their lack of knowledge about Muslim culture as being one of the main barriers to working with Muslim families, though only a minority saw this as potentially leading to prejudices against Muslim consumers. The inability of the Muslim consumer, or their families, to speak English was also identified as a big problem. Again, the overall lack of knowledge about mental health within Muslim families, leading to the tendency to hide mental health issues, was seen as a major barrier. Mental health professionals also mentioned gender mismatch and a lack of support from the Muslim community as another barrier.

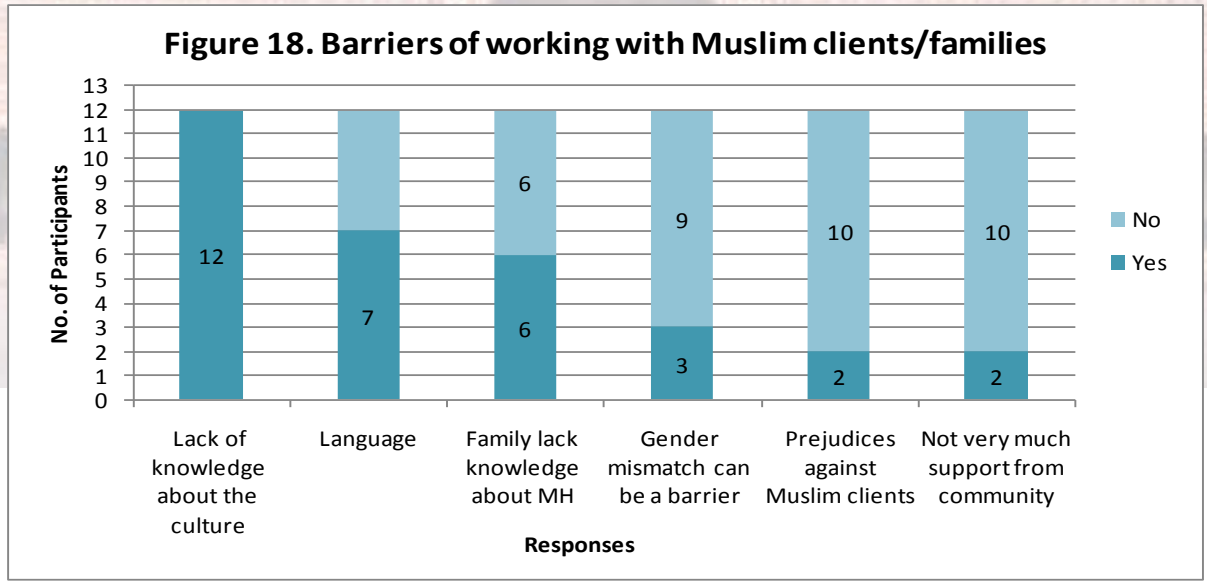


Figure 19 describes the responses from mental health professionals regarding the barriers for Muslims in accessing mental health services. These responses represent the similar themes to all other groups' responses.

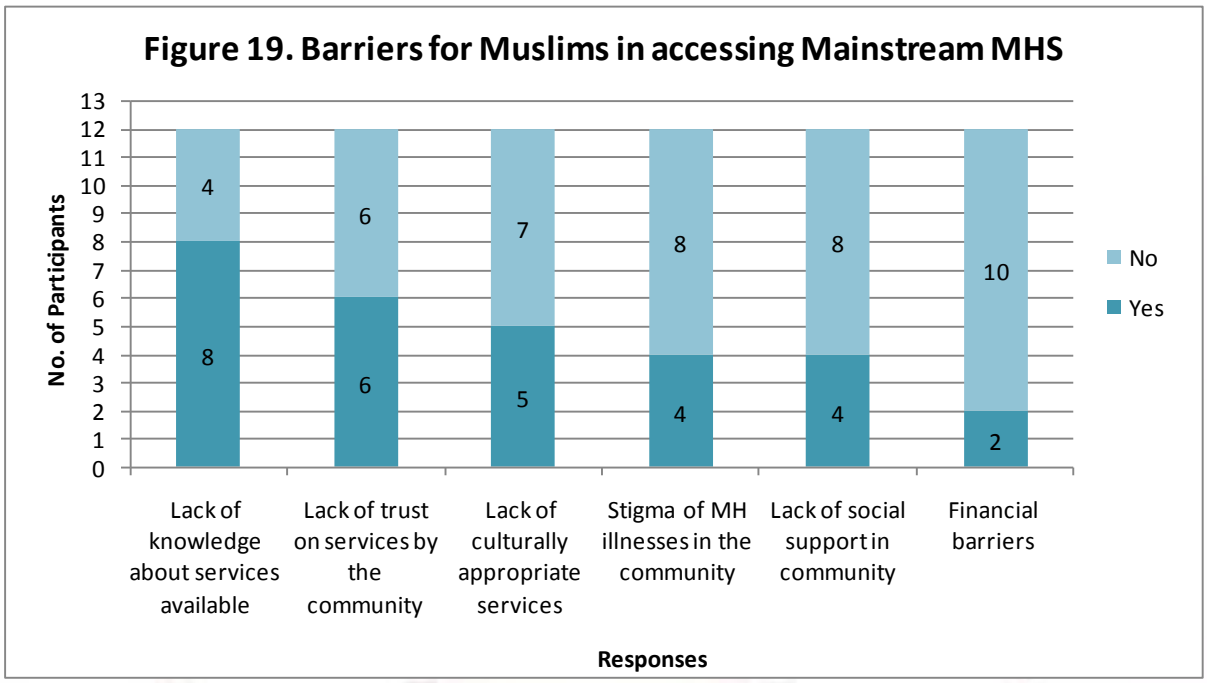
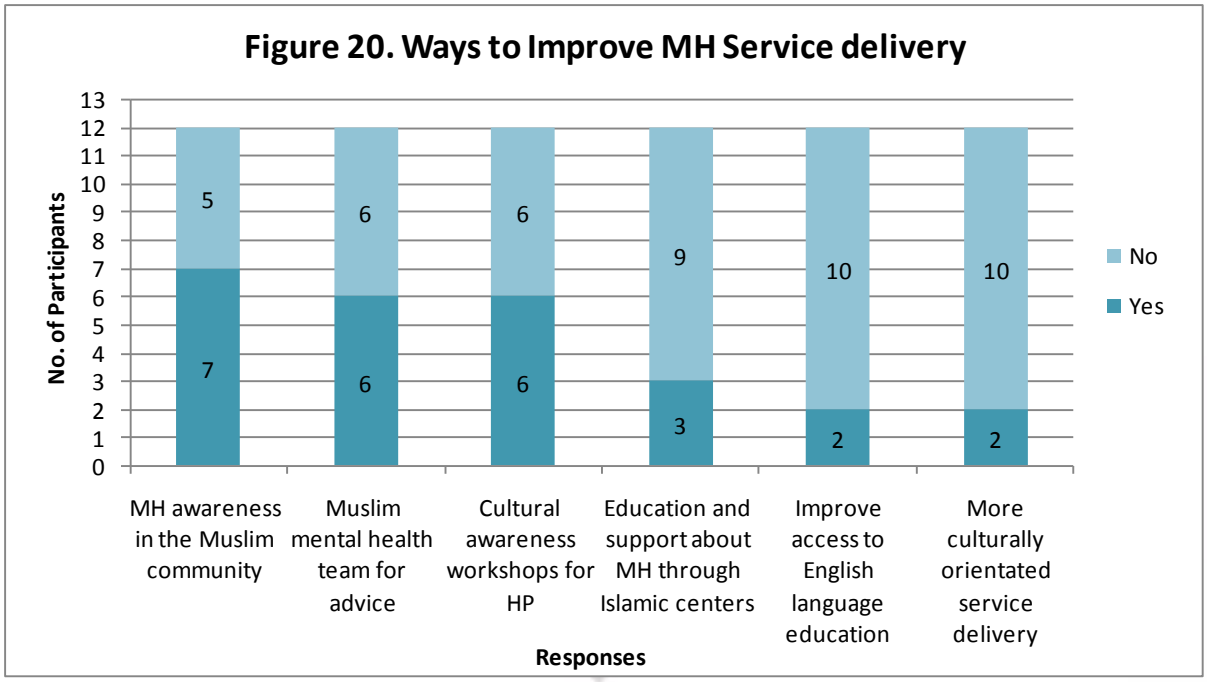


Figure 20 explains the responses by mental health professionals to questions on ways to improve service delivery to the Muslim community. Echoing the other groups that were interviewed, the mental health professionals emphasised raising mental health awareness within the Muslim community. Other responses included the need for a Muslim mental health team to provide support and give advice on culturally sensitive issues and to help the consumers and families to keep in contact with services. They envisaged this would improve service delivery to ethnic minorities and make it more culturally appropriate, as would educate health professionals in Muslim cultural awareness.

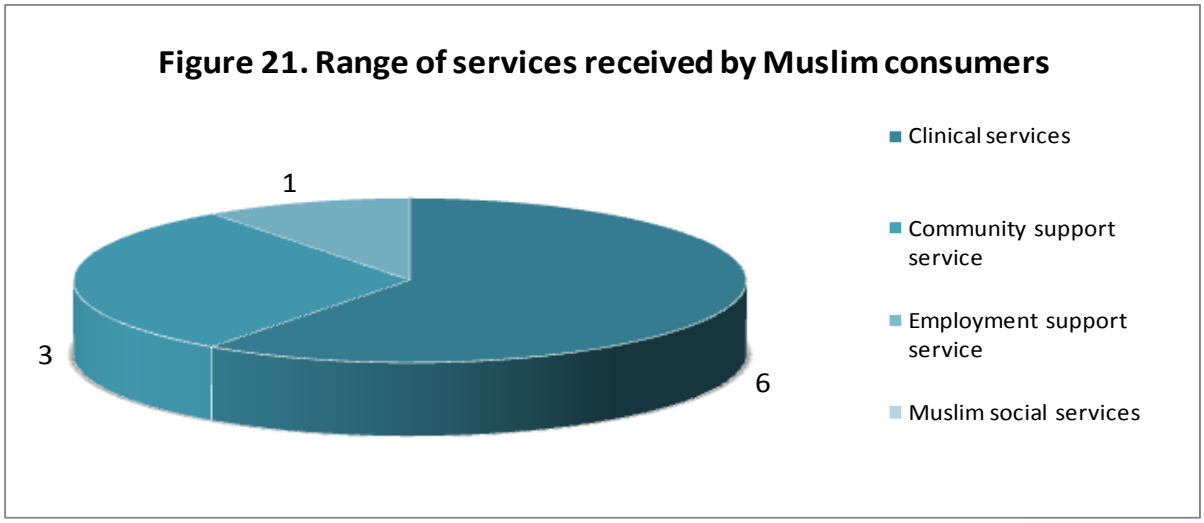


3.2.iv. Results from interviews with consumers

Six Muslim consumers with the ADHB mental health services were interviewed to get their feedback about the services they receive and also how they view the importance of culture in mental health recovery.

The results from the interviews are divided into groups based on the main themes.

The first questions sought to find out what services Muslim consumers receive, including support they receive other than from the clinical services. As shown in Figure 21 three of the consumers received community support services along with the clinical services whereas the remaining three only receive clinical services. There could be a number of reasons why these Muslim consumers are not receiving other mainstream support services apart from the clinical service. It may therefore be inappropriate to extrapolate these results from such a small sample; however, they may indicate issues that need addressing, such as a lack of culturally appropriate non-clinical support services.



The next question related to consumers satisfaction with the services they receive. The majority of four consumers responded positively where as two were either not satisfied or did not want to comment on the services they were receiving. These responses are presented in Fig 22.

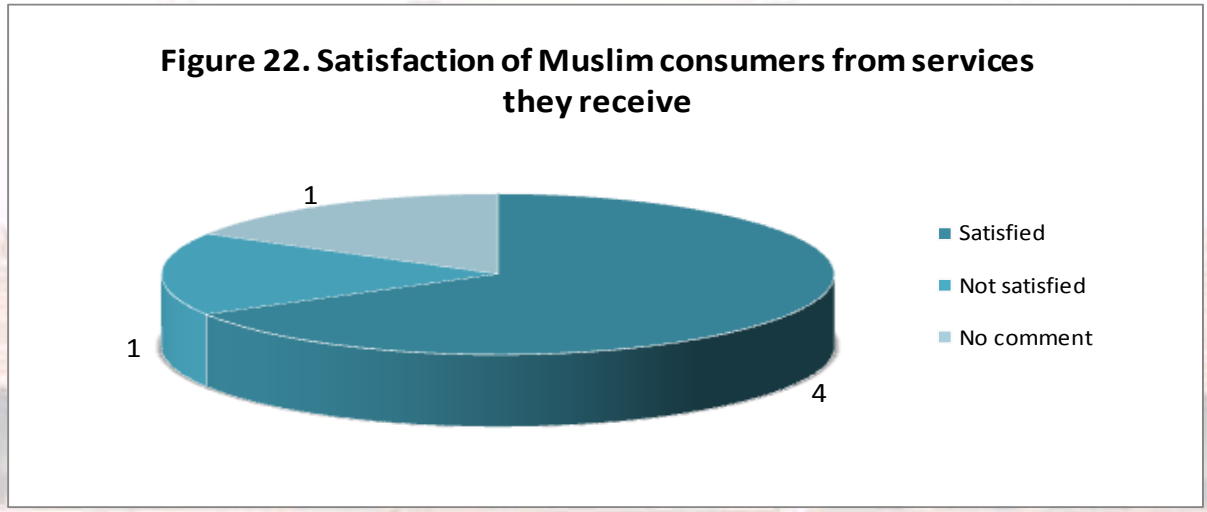
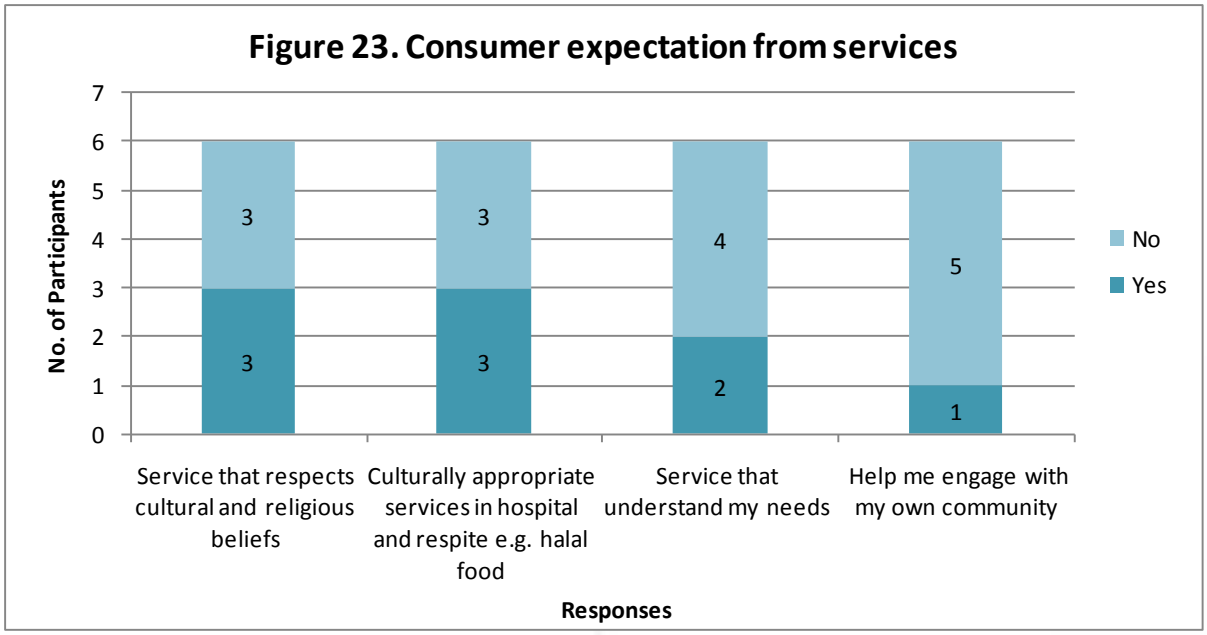
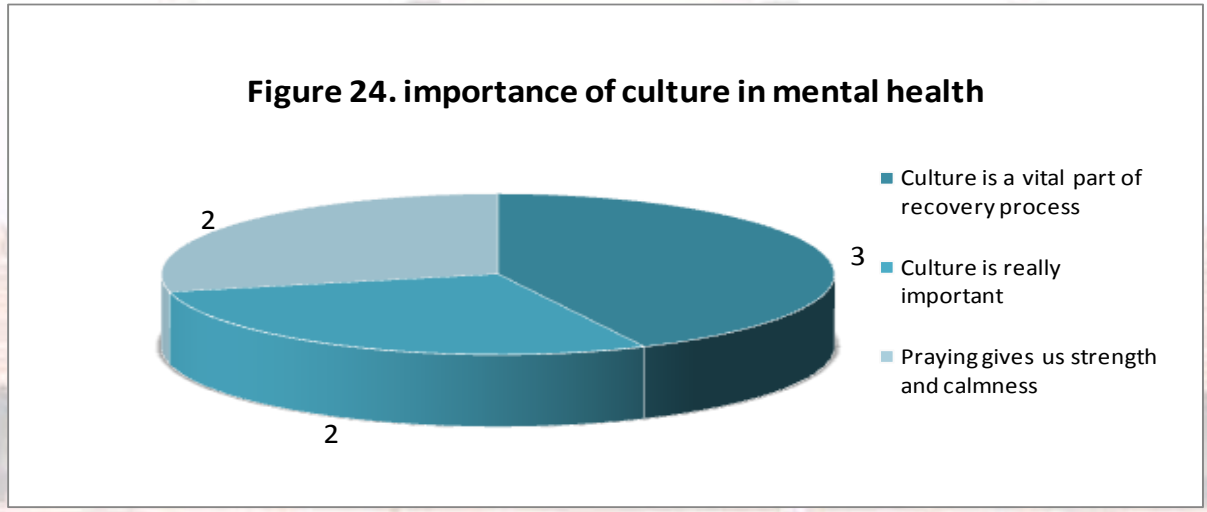


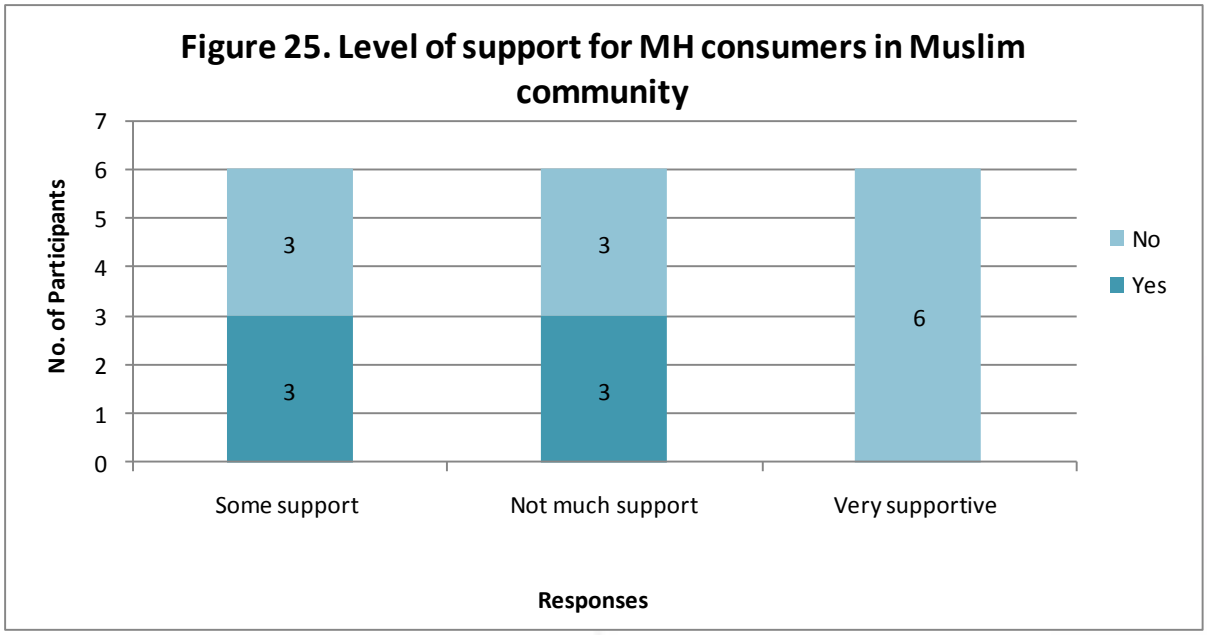
Figure 23 represents the responses from Muslim consumers when asked about their expectations of mental health services. The responses emphasise the point that culture plays an integral role in the mental well being of Muslim consumers. They expect the service providers to respect their cultural and religious values and beliefs. Also, they feel at times their values are not being respected, for example consumers cited unavailability of halal food in respite and inpatient units.



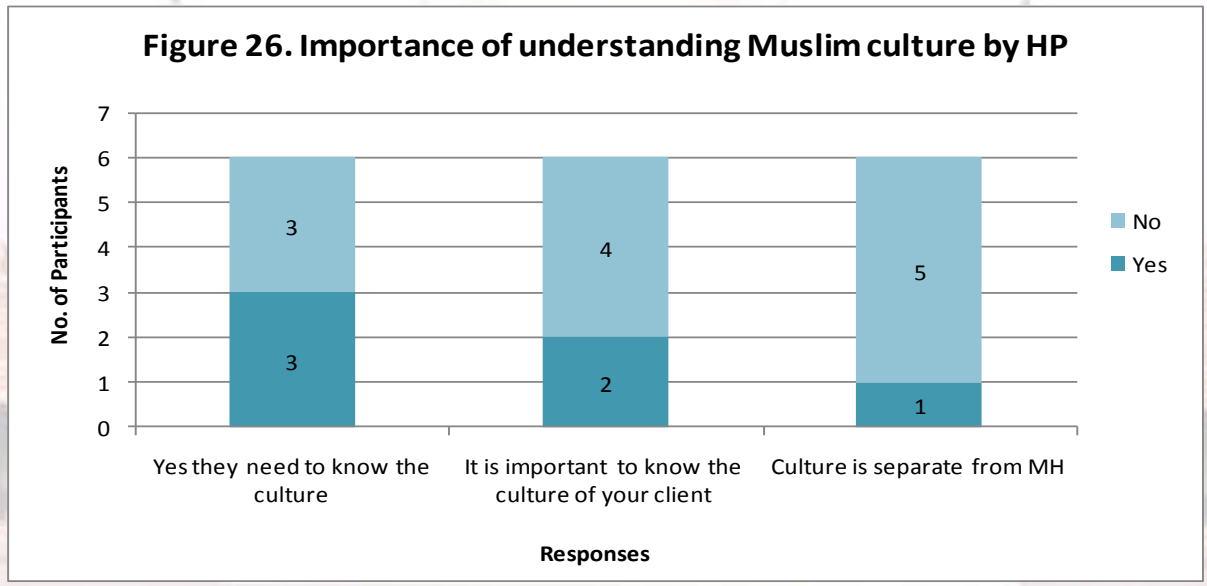
All of the consumers agreed that culture and religion are important in one's recovery and responses varied only in the degree of importance, as shown below in Figure 24.



Their responses about the level of support they were receiving from the Muslim community were not very encouraging, and probably reflect the main findings of our study, i.e. the lack of mental health awareness within the Muslim community. As shown in Figure 25. half of the consumers stated that they feel that there is some support from the community whereas the other half stated there is not much support at all.



The consumers also agreed with the point that the mental health professionals needs to have some understanding of consumer's culture and religion, see Figure 26.



Part 4. Discussion

Our study showed the importance of raising mental health awareness in the Muslim community and increasing access to mainstream mental health services. It also showed that the best way to do that is working in collaboration with the specific community, exploring the knowledge and resources within it and involving them in the service delivery. This study explores the possibility of collaboration between the Muslim community and mental health services.

Bate and Robert (2002) emphasised the importance of collaboration between the private sector and public health services, especially utilising the knowledge management concepts and practices residing in the private sector to improve the quality of the public sector services. It can be suggested that in the Auckland Muslim community the Imams represent that private sector component. They are the most important members of the Muslim community. They not only perform their religious duties but also provide counselling and some mental health support, even without the basic knowledge and qualifications that would normally be considered necessary in a New Zealand context. The knowledge possessed by the Imams about religious and cultural methods of counselling, their ability to reach their community and the high level of trust their community has in them, make them ideal conduits for information about mental health and mental health services. Their role will be crucial in educating the Muslim community about mental health and spreading the message that 'mental health related issues are part of everyday life and those experiencing a mental illness should not be treated any differently to anyone else'.

Our findings also demonstrate the importance of health professionals being aware of their consumer's culture. Improving this will help with collaboration and knowledge sharing between the Muslim community and the mental health professionals, and ultimately impact the quality of service delivery. Again, the Imams could be crucial in providing their knowledge and experience to develop cultural awareness workshops and manuals for health professionals, to ensure that the specific needs of the Muslim community are met.

This study finds that there is lack of education and awareness in the Muslim community about mental health and also about the mental health services available. As a result, there is a huge stigma and discrimination attached to mental illnesses in this community. Educating Imams will be an important step to reaching this community and building relationship that will have a

long lasting impact on the quality of service delivery. Generally the Muslim consumers who are already accessing mental health services are happy with the services they receive. However, they do accept the view that improving the knowledge of mental health professionals about their culture will have a positive impact on their recovery. They also see the importance of raising mental health awareness in the Muslim community, allowing them to feel part of their community and more involved, which could have a positive impact on their recovery.

The findings suggest that placing individuals from the target culture into key liaison roles within mental health services could positively impact service delivery. This will help in sharing the knowledge within the organisation as well as strengthening networking with and within the Muslim community. This would also impact the environment of the organisation, introducing new ideas and information that could stimulate creativity and innovation in service delivery. The view that knowledge management and intellectual capital are essential components of creating innovative and successful organisational processes can be a relevant subject in health care management (Ho, Bedford & Cooper, 2002). This project explores the possibilities of effective networking with different ethnic and religious communities, extracting the knowledge that is embedded in those communities, and utilising it to more effectively support the needs of those communities.

The findings of our study are unique in many ways when compared to studies done in other countries like the United Kingdom and United States. The Muslim community living in New Zealand is relatively new compared to those countries, and the Imams here are mostly immigrants and therefore do not have much knowledge of the New Zealand mental health system. But interestingly they do provide similar mental health-related support as has been identified in the studies done in the United States and United Kingdom. Though our interactions with Muslim community members it can be suggested that the Muslim community in New Zealand does not face the same degree of prejudice and discrimination compared to some other countries, especially after the events related to global terrorism.

Alongside the mostly positive findings of our study, there are also some weaknesses identified which need to be discussed. One of the main weaknesses was the inability to reach the Muslim female spiritual leaders attached to mosques. This may be in part due to the fact that the project coordinator was male and female participants may have felt uncomfortable sharing their experiences. Further research exploring a female perspective on this topic would be beneficial. Muslim youth has been identified as an important issue of concern, but not yet

explored in detail. Their mental health issues definitely warrant further investigation. One of the main issues raised at the Muslim social services forum held at Avondale Islamic centre in August 2010 is that, Muslim youth are facing issues with self identity, and the struggle between the culture at home and "Kiwi culture". There have also been reports of increasing alcohol and drug problems and teenage suicide amongst Muslim youth.

Part 5. Conclusion

The findings of this project suggest many avenues for both future research and future initiatives to improve the role of the community in developing culturally competent pathways of service delivery. The findings lead us to conclude that culture plays an important role in mental health recovery processes and community leaders are key people in raising mental health awareness. This applies to all communities and may indicate that we begin to explore the role of community and religious leaders in raising mental health awareness and increasing access to mental health services in other ethnic minorities living in New Zealand.

Within the Muslim community, Imams play a significant role in supporting individuals and their families with a range of mental health issues and there is a compelling case for training them in basic mental health knowledge.

Similarly, there is a need for training health professionals in cultural awareness. Due to time limitation and lack of available resources we could not explore the needs of Muslim women and young Kiwi Muslim in detail. It is important to explore these areas further, especially as the information collected in this project suggests that the needs of these two groups may be greater than the other parts of the community.

Part 6. Recommendations

Following on from the findings of this report, a number of recommendations have been made in relation to the recurring key themes within this work.

The report recommends that:

6.1 The Imams and other Muslim community leaders receive training in basic mental health. They will also benefit from ongoing support to maintain and develop their knowledge and skills. This will improve the likelihood of issues being identified by the Imams, discussed appropriately with the person involved, and access to relevant services. This project has reviewed some of the training models available for basic mental health training and considers the Australian Mental Health First Aid model is a resource that could provide Imams with the basic tools required.

6.2 Mental health services consider capturing information about consumer culture and religious beliefs in order to identify specific needs. This could also provide a data source to help plan services and measure the progress of mental health initiatives for different cultures in the future.

6.3 The Muslim community in Auckland could benefit from information and education that increases awareness of mental health and mental health services. For example:

- Information booklets and brochures describing services could be translated into the Muslim community languages and made available in different Islamic centres.
- Imams could be supported to encourage the community to talk about mental health issues and well-being through their sermons.
- Mental health information stalls could be held in Mosques at important cultural days like Fridays and Eid.

6.4 Muslim families, especially the female members, could profit from receiving direct education about mental health and the different support services available. It could also be considered useful to incorporate different ways of sharing health related information with mental health services and how to access services.

6.5 Access to mental health services could be improved for Muslim consumers by increasing awareness of their needs amongst primary health care professionals, especially the General Practitioners. General Practitioners could be encouraged to pass on information about mental health issues to Muslim consumers. Similarly the

Muslim community could be encouraged to discuss their issues with their General Practitioners. Establishing regular communication with General Practitioners who have larger numbers of Muslim consumers could be useful step towards increasing access to mainstream services.

6.6 Mental health professionals could benefit from training in cultural awareness to enhance their ability to deliver service and help gain the trust of the Muslim community.

6.7 As religious beliefs are at the core of mental well-being for Muslims, it can be important that such specific cultural needs are considered and incorporated in their treatment plan.

6.8 Mainstream mental health services and professionals could benefit from ongoing support and advice on issues they encounter while working with Muslim consumers, which may result in improvements in the quality of culturally appropriate delivery.

6.9 Collaboration and direct relationship with Muslim social services could help raise mental health awareness and support in these services and within the community. It is important for Muslim consumers, like other cultural groups, to be connected with their community and to feel supported by them. Muslim social services can play a vital role in this process.

6.10 There is evidence of growing concern in the Muslim community about Muslim youth mental health and drug and alcohol issues, which would benefit from further research.

6.11 Culturally appropriate counselling could offer additional benefits to Muslim consumers. The provision of a free or subsidised service for this may increase access.

6.12 Figures suggest that the number of Kiwi Muslims entering the field of mental health and psychology is comparatively low, and that further work could be undertaken to increase that.

Part 7. Muslim Mental Health Service Model

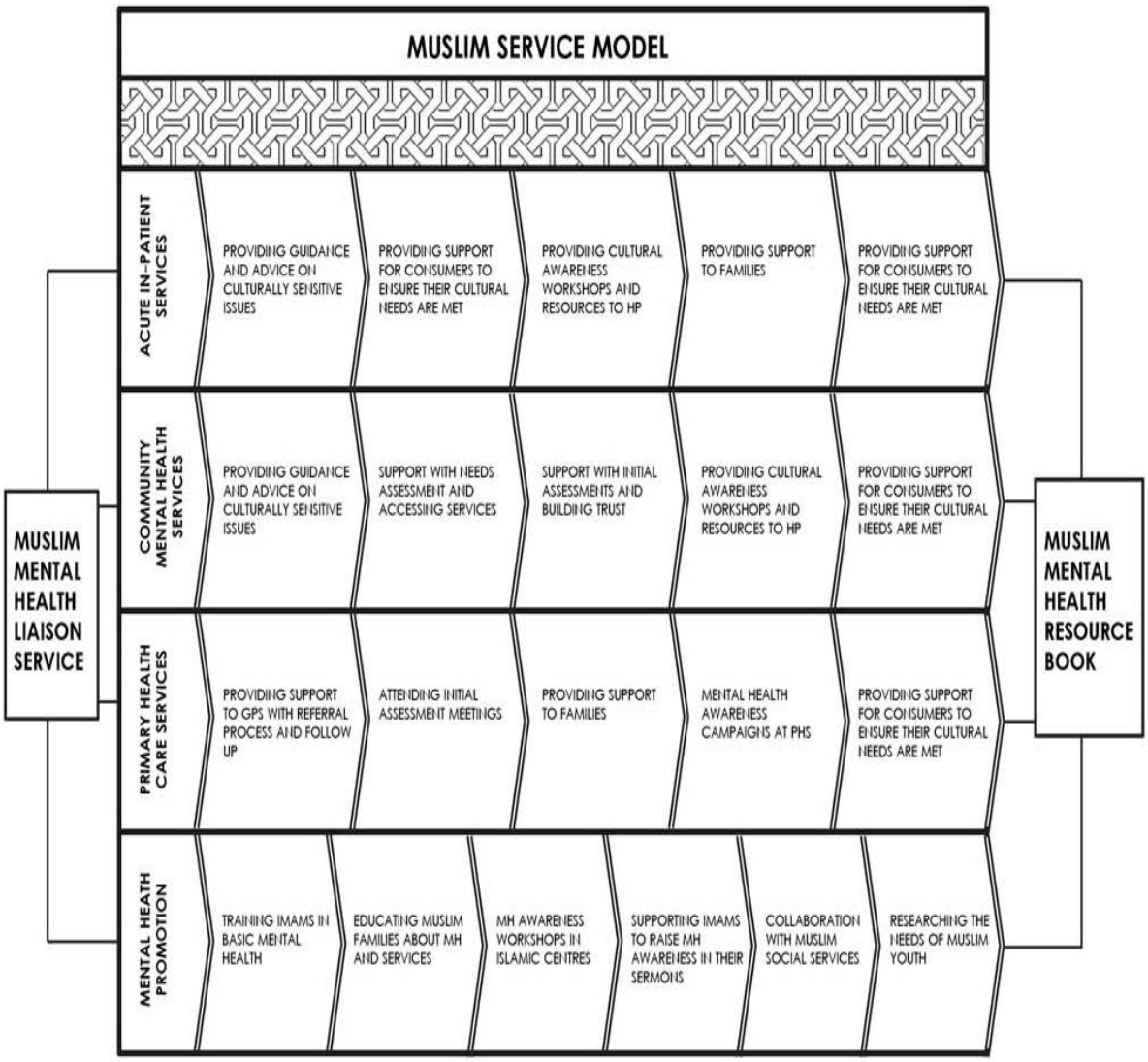
Based on the findings and recommendations of the report we are proposing the following service model to best support the needs of the Muslim community

Service Model

A **Muslim Mental Health Liaison Service** (MMHLS) has been developed that could fulfill the support needs of Muslim consumers. This service would not necessarily provide direct mental health support to consumers, but could facilitate and provide advice on specific issues faced by the different services. The service could also ensure that the religious and cultural needs of the Muslim consumers are met throughout their recovery journey. In both our study and the literature review it was found that Muslims do not necessarily want a service offered by Muslim professionals. However, for the majority of Muslim consumers, it is important that their religious and cultural beliefs be respected by the professionals they deal with.

Our proposed service model would consist of a minimum of two male and female full time employee Muslim Liaison Workers. It is really important to have the gender balance in the service in order to meet the needs of male and female Muslims, and for the service to be culturally appropriate. The suggested services that could be offered by the MMHLS would provide support across the mainstream services continuum and are as outlined as follows.

Figure 27. Muslim Service Model



7.1. Mental Health Promotion

1. MMHLS could initially provide basic mental health training to the Imams to equip them with the tools and knowledge they need to assist the community with mental health needs. This training can help the Imams identify specific mental health needs in the community.
2. MMHLS can work continually in collaboration with Imams to ensure that they are supported in their work, and with raising mental health awareness. In return, the knowledge that Imams possess about the cultural and religious beliefs could be utilised in assisting health professionals across the services with culturally sensitive issues.
3. The services can work to ensure that Muslim families are educated about mental health and services. This could be achieved in different ways for example, attending different cultural festivals or family meetings.
4. The service can work closely with Muslim social services to ensure that they are able to support the needs of those people in the community who experience mental illnesses.
5. The service can work towards exploring and researching the issue of co-existing mental health/ drug and alcohol problems for Muslim youth, to identify needs in this area.
6. The service can work in collaboration with the Muslim community and other relevant services to produce a Muslim Mental Health Resource Book (MMHRB). This book can provide information about basic mental health and services available in the community. The information in the book could be translated into common languages spoken by the Muslim community and made available in Islamic centres.

7.2. Collaboration with Primary Services

1. Providing support to General Practitioners with the referral process to community mental health services, and provision of necessary initial support to the consumer and family with access to services.
2. The service worker can provide support to the consumers and families by attending initial assessments with General Practitioners.

3. The service can provide support to the consumer's families in the form of education and accessing support services for families.
4. The service can make resources available and run awareness campaigns at GP clinics in order to raise mental health awareness in the Muslim community and encourage its members to discuss any mental health related issues with their GP.
5. The service can also provide support and advocacy for consumers in order to make sure that their cultural needs are met by the services they are receiving.

7.3. Collaboration with Community Mental Health Services

1. The service can provide advice on cultural issues to the clinical services on ongoing basis, and support that facilitates access to culturally appropriate secondary services.
2. It can provide support with the needs assessment and where required attend the initial meetings with the consent of the consumer and families.
3. The service can provide support and advocacy to the consumer and family at the initial stages of their entry to the mental health services. They can also provide support to the consumers in terms of their cultural needs and work to ensure they are considered by the service providers.
4. The service can provide resources and assistance to raise the cultural awareness of the mental health professionals.
5. The service can work closely with Muslim social services and other community services to ensure the support of members of the Muslim community who experience mental health issues. The service can support the social services by providing guidance and resources to ensure they are able to meet the needs of people experiencing a mental illness.
6. MMLS can support mental health professional by providing training and resources to ensure that they are familiar with the Muslim culture and its implication in relation to mental health.

7.4. Collaboration With Acute Inpatient Units (Hospitals And Respites)

The service can work closely with the inpatient and respite service to ensure that the needs of Muslim consumers are met appropriately. The responsibilities will be similar to those described in section 7.3 above.

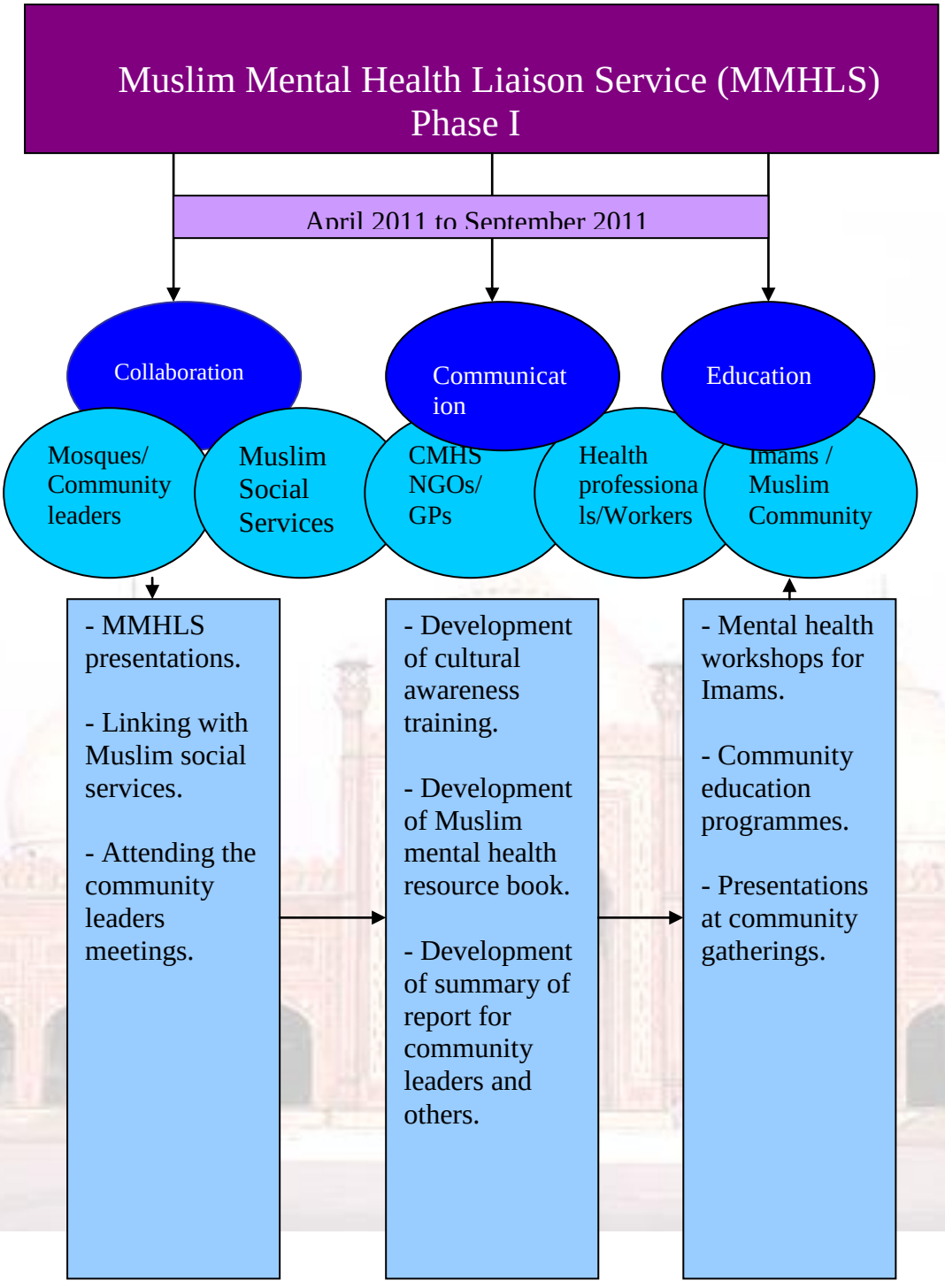
7.5. Future Direction

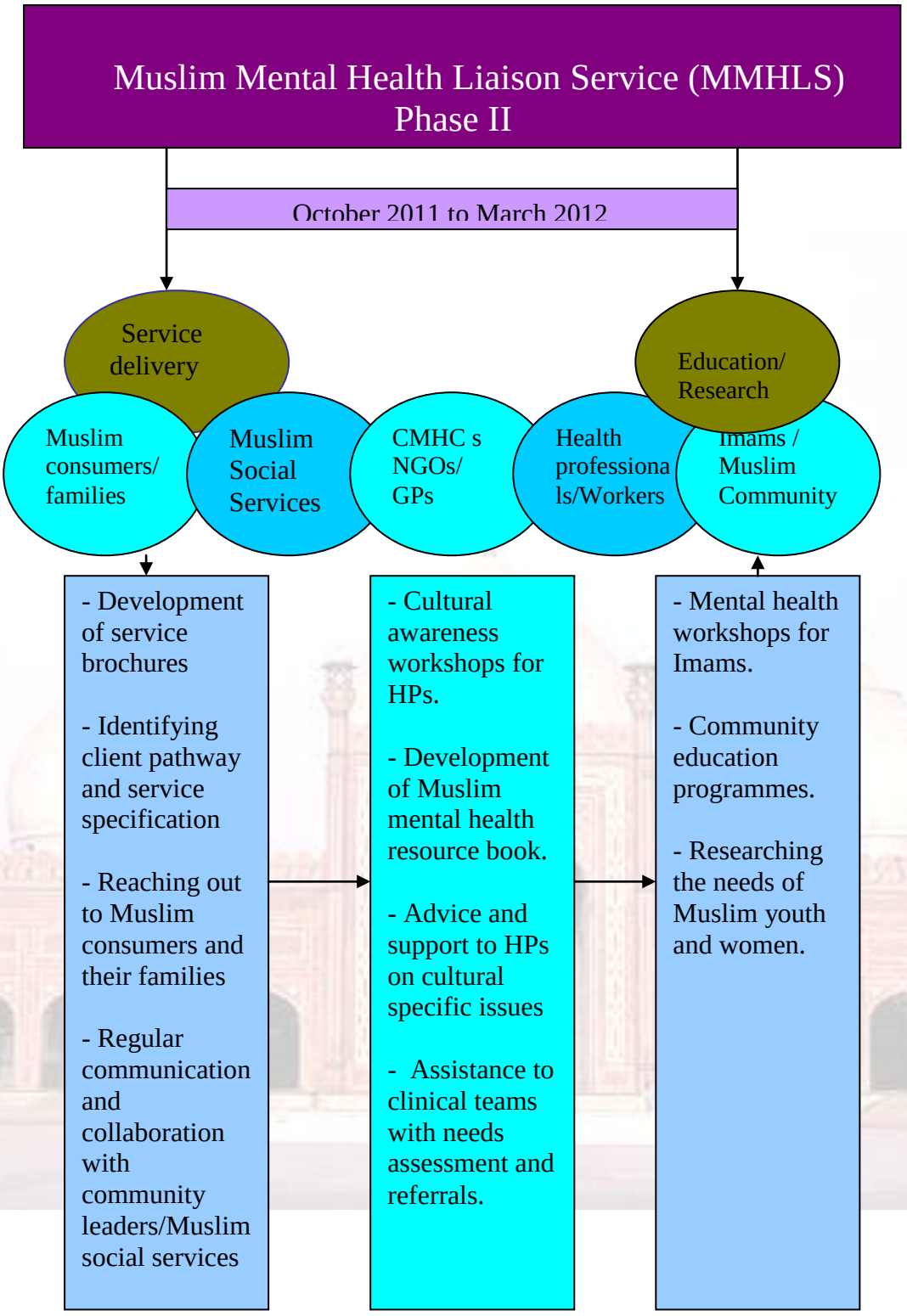
The key message of this study is the need to improve information and evidence in the area of Muslim mental health awareness to inform policy development and enhance delivery of culturally relevant mental health initiatives that improve access and outcomes.

To increase understanding, build trusting relationships and strengthen service delivery to this community, the following actions could be implemented pending the outcome of this report:

- Implementation of the comprehensive Muslim Mental Health Service Model to effect the recommendations of this report.
- Maintenance of established communication channels with the Muslim community leaders to ensure their involvement in the work and evidence based approach.
- Research into the needs of Muslim youth as part of the future direction of this project.
- Development and delivery of the Muslim Mental Health Resource Book to support community leaders and other members of the community for easy access to information about available mental health and services.

The next step in the project has been divided into two phases which is presented in the following graphs.


Muslim Mental Health Liaison Service (MMHLS)
Phase I
April 2011 to September 2011
Collaboration
Communicat ion
Education
Mosques/ Community leaders
Muslim Social Services
CMHS NGOs/ GPs
Health professiona ls/Workers
Imams / Muslim Community
- MMHLS presentations.
- Linking with Muslim social services.
- Attending the community leaders meetings.
- Development of cultural awareness training.
- Development of Muslim mental health resource book.
- Development of summary of report for community leaders and others.
- Mental health workshops for Imams.
- Community education programmes.
- Presentations at community gatherings.


Muslim Mental Health Liaison Service (MMHLS)
Phase II
October 2011 to March 2012
Service delivery
Education/ Research
Muslim consumers/ families
Muslim Social Services
CMHC s NGOs/ GPs
Health professiona ls/Workers
Imams / Muslim Community
- Development of service brochures
- Identifying client pathway and service specification
- Reaching out to Muslim consumers and their families
- Regular communication and collaboration with community leaders/Muslim social services
- Cultural awareness workshops for HPs.
- Development of Muslim mental health resource book.
- Advice and support to HPs on cultural specific issues
- Assistance to clinical teams with needs assessment and referrals.
- Mental health workshops for Imams.
- Community education programmes.
- Researching the needs of Muslim youth and women.

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