

# Working with Muslim Patients

## All Populations

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## The Muslim Population

Nearly 3.5 million Muslims live in the United States, making up 1.1 percent of the total population <sup>1</sup>.

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Muslims come from a variety of backgrounds and experiences and include immigrants, as well as converts to Islam and descendants of converts, or black American Muslims. The Muslim American identity is complex, encompassing and intersecting religion, gender, skin color, ethnicity, and language.

More than 40 percent of Muslims in this country were born and raised in the United States. The other 58 percent are immigrants, often from countries undergoing deep conflict, strife, and instability <sup>1</sup>.

## Significant Events that Influenced the Community and Contextualize Assessment and Treatment

Displacement from native countries can lead to a disproportionate burden of trauma for Muslim Americans, which can adversely impact their mental health. This trauma can be worsened by difficulties integrating into the host culture. American Muslims are currently facing identity-based discrimination, harassment, and violence at academic and work settings <sup>2</sup>.

However, Muslims are often less likely to access needed mental health resources.

Barriers stem from stigma about mental illness within the Muslim community itself, as well as from a health care system largely unprepared to provide linguistically and culturally appropriate care to people of the Muslim faith <sup>1</sup>.

Muslims with mental illness may interpret mental health symptoms as a curse or punishment from God and may regard seeking psychiatric services as showing spiritual weakness <sup>1</sup>.

However, Islam puts great emphasis on the preservation of intellect, and clearly demarcates between competency and incompetency.

Those deemed "mentally incompetent" are excluded from religious duties, such as daily prayer and religious services.

If they seek help for their symptoms, they may be more likely to turn to a faith leader (imam) than a mental health professional. Supplication, prayer, or recitation from the Qur'an may provide comfort in times of stress but may not adequately address their illness.

Those open to seeking mental health services may fear that non-Muslim health professionals will not understand or consider their faith and background <sup>2</sup>.

## **Best Practices**

To bridge the gap between non-Muslim health professional and Muslim patients, psychiatrists may consider the following:

- Educating oneself on Muslim mental health to provide culturally appropriate care to Muslim patients <sup>1</sup>.
- Engaging with the local Muslim community to provide education and information about mental health conditions and services, including inpatient hospital admission policies, insurance coverage, and patient rights.
- Working with community and faith leaders to help reduce stigma, increase understanding, and develop services that are more accessible to Muslims. An example of this would be to ensure hospital units have available praying spaces that are inclusive to Muslims.
- Recognizing Muslim patients' vulnerabilities and the stressors and trauma they may experience <sup>2</sup>.
- Addressing potential language barriers by providing forms and medical info in Arabic, Urdu and Farsi and using official interpreters or language lines when needed.

By building connections and cooperation between the spiritual and physical aspects of healing and recovery, psychiatrists can improve both quality of care and quality of life for Muslim Americans.

## References

1. American Psychiatric Association. 2019. "[Treating Muslims](#)." Stress & Trauma Toolkit for Treating Historically Marginalized Populations in a Changing Political and Social Environment.
2. American Psychiatric Association. 2019. [Mental Health Disparities for Muslim Americans](#).