

Mental Health and the Muslim World

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Commentary

Mental health can be defined as the wellbeing of one's behavioral, intellectual, and emotional state [1]. While mental illness on the other hand, is defined as an abnormal alteration in one or more of these traits. These range from conditions, such as depression and anxiety, to schizophrenia and bipolar disorder.

Since the turn of the millennium, there has been increased public and governmental recognition of mental health across the developed world. In 2013 for the first time, The World Health Organization devised a comprehensive mental health care plan, defining the goals and objectives that the global community hopes to achieve by 2020 [2]. When put into action, this plan not only aims to promote mental health care, but also improve the general quality of life for humans throughout the world [2]. On observing the future plans set out by the WHO; it is evident that global implementation of mental health care reform will be an aspiring prospective for the years to come.

This correspondence aims to address some of the barriers that are preventing dissemination of mental health care in Muslim societies. Of course like all other societies, the Muslim community experiences its fair share of mental health problems. But what differentiates it from others is the strong presence of stigma and misinterpretation present among the population [3]. In Muslim societies, physical illnesses are usually considered as a form of trial by God or as an act of punishment due to an individual's deeds [3]. On the other hand, mental ailments are at times not regarded as a serious condition, but at worse can be attributed to an individual's own actions or demonic (Jinn) possession [3].

Mental illness is a broad term and comprises of several different disorders. In Muslim societies each of these disorders are recognized distinctively. For instance, disorders like depression or anxiety are commonly perceived as deficiencies in the individual's faith, or attributed to the lack of prayer on the individual's behalf [3-6]. On the other hand, when it comes to conditions such as bipolar disorder or schizophrenia, association with demonic (Jinn) possession is made [3]. That being said, one can infer that in Muslim societies, mental illness is associated with extremely negative and non-medical perceptions [3,7]

These negative and non-medical perceptions and attitudes towards mental illness have created many issues amongst the Muslim population. Studies have shown that individuals suffering from mental illness are likely to face discrimination from community members when it comes to issues like socialization, business relationships, and marriage proposals [3]. This discrimination towards mental illness has led to a strong sense of stigmatization within the Muslim communities [3]. The underlying cause of this stigma, in many cases, can be attributed to simple ignorance and lack of understanding the illness

itself [3]. As a result of this stigmatization, individuals suffering from mental disorders, such as depression and anxiety, are unable to approach their family or community members for support, making it difficult for them to get the medical attention they require. These factors can and have led to these individuals falling victim to different forms of substance abuse and/or resorting to violence.

We believe that it is high time that actions are taken to rectify this situation in the Muslim world. We understand that this change in mindset and infrastructure cannot be achieved immediately and will require long-term planning and implementation. Reforms will need to be implemented on a governmental level such as mass awareness campaigns. These mass awareness campaigns should be conducted via social, electronic, and print media depending on the available infrastructure. Within the education system, students attending schools and colleges should be taught about mental health disorders, explaining to them that mental illnesses much like physical ailments have an underlying pathological cause and are manageable. Also within the community, educated members should work hand in hand to raise awareness about mental health.

From a religious point of view, Islamic scholars should be taken on board by Islamic organizations such as the "Organization of Islamic Cooperation" (OIC). These scholars will be asked to work together to dispel misconceptions and myths surrounding mental illnesses. Additionally they should present treatment for mental illness as a right of life. This is mainly due to the fact that Islam, as a religion, advocates its adherents to seek the uttermost medical treatment possible; moreover self-harm in any form is strictly prohibited. Furthermore, it is imperative that they inform the Muslim community that mental illness, just like physical illness, requires medical treatment and cannot be overcome by faith and prayers. Although faith and prayer helps in calming and soothing patients, which to some extent causes patients comfort, but will not treat their underlying pathology. In addition to all of this, the Imams (local mosque leaders) within the local community should be educated about mental health issues. As community members suffering from depression or anxiety commonly seek help and support from them [3]. Hence resulting in Imams being capable of understanding the indications that may point to mental problems expressed by individuals, thus encouraging these individuals to seek the opinion of a medical expert.

Finally, these Imams and the public in general, should encourage the formation of support groups that raise awareness about mental illnesses and allows those suffering from these ailments to meet with each other. This will help the patients in realizing that they are not alone, that the society they are a part of has not shunned them and labeled them as outcasts; that there will always be people who are supporting them. All of these endeavors should help in destigmatizing the taboo surrounding mental illnesses, allowing more people in the future to come forward and get proper treatment. We hope that one

day; those suffering from mental illness will be afforded the same dignity and respect as those with physical ailments.

Authors' Contributions

SOA was responsible for the idea generation for the manuscript and conducted primary literature review and contributed towards writing the manuscript. He was also responsible for formatting and referencing the manuscript. AEJ participated in writing the manuscript and also contributed for the literature review. YS was primarily responsible for reviewing the manuscript for language and content. He also had a contribution in writing the manuscript.

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