

## Caring for Muslim patients: Understanding cultural and religious factors

Balkozar Adam, MD

Dr. Adam is Associate Professor of Clinical Psychiatry, Child and Adolescent Psychiatry, University of Missouri Columbia School of Medicine, Columbia, Missouri.

### Disclosure

The author reports no financial relationships with any company whose products are mentioned in this article or with manufacturers of competing products.

Patients who are Muslim—followers of the religion of Islam—struggle with a political climate that has demonized them and the continued fallout of terrorist attacks perpetrated by individuals who identify themselves as Muslim. These patients may experience low self-esteem, bullying, depression, anxiety, or posttraumatic stress disorder.<sup>1</sup> Some have expressed feeling judged, labeled, attacked, and subjected to discrimination. Islamophobia and a spike in hate crimes have further marginalized this already vulnerable population.<sup>2</sup> Thus, understanding your Muslim patients is the first step to treating their mental illness.

### How Muslim culture might affect care

Muslims are not a monolithic group; they vary widely in their religious adherence, cultural background, and acculturation. Some are American-born, including a significant African American Muslim population. Others are children of immigrants or have recently immigrated, including many who came to the United States because of the ongoing war in Syria. Many can trace their heritage to >50 predominantly Muslim countries. Many Muslim patients want to find a balance between their religious and American identities.

As clinicians, we should not make assumptions based on outward appearances or our preconceived notions of our patients, especially when it comes to gender roles. Our job is to ask how highly personal, individualized decisions, such as a woman's choice to wear a hijab as an expression of her faith and a symbol of modesty, factor into our patients' day-to-day lives. Doing so

can help build the therapeutic alliance and improve the accuracy of the diagnosis and the appropriateness of treatment.

Mental health clinicians are well aware of the dangers of the social stigma that their patients may experience.<sup>3</sup> These dangers are no different when it comes to Muslim patients, who often may face "double discrimination" for their religion and for having a mental illness. They may seek support from religious leaders, family, and friends before seeing a mental health provider. Some may view their mental illness as a weakness of faith, a punishment by God, or an affliction caused by a supernatural spirit, and therefore may feel that following religious doctrine will resolve their psychological distress.<sup>4</sup> They may need additional encouragement to see a therapist or take psychotropics, and they may prefer specific treatments that reflect their cultural values, such as supplements.

Because some Muslim patients may be more comfortable presenting their psychological concerns as somatic symptoms, they may first seek care from a primary care physician. Some patients may not be open or comfortable enough to address sensitive issues, such as substance use. Providing



Discuss this article at [www.facebook.com/CurrentPsychiatry](http://www.facebook.com/CurrentPsychiatry)



Every issue of **CURRENT PSYCHIATRY** has its 'Pearls'

Yours could be found here.

Read the 'Pearls' guidelines for manuscript submission at [CurrentPsychiatry.com](http://CurrentPsychiatry.com), or request a copy from Assistant Editor Jason Orszt at [jorszt@frontlinemedcom.com](mailto:jorszt@frontlinemedcom.com). Then, share with your peers a 'Pearl' of wisdom from your years of practice.

psychoeducation, comparing mental illness with medical illness, and emphasizing doctor–patient confidentiality may help these patients overcome the stigma that can act as a barrier to care.

### Provide culturally competent care

Resources are available to help us provide the best possible care to our patients from various cultures and religions, including Muslim patients. A good starting point is the DSM-5's Cultural Formulation Interview, which is a set of 16 questions psychiatrists can use to determine the impact of culture on a patient's clinical presentation and care.<sup>5</sup> Other resources include the American Psychiatric Association's Assessment of Cultural Factors and the American Academy of Child and Adolescent Psychiatry's Practice Parameter for Cultural Competence.<sup>6</sup>

When treating Muslim patients, remember to:

- Ask about what roles their culture and religion play

- Understand their explanation of their symptoms
- Work to overcome any stigma patients may perceive related to having a psychiatric disorder
- Engage your team to identify cultural and religious factors
- Connect to community resources, such as the patient's family and friends.

#### References

1. Basit A, Hamid M. Mental health issues of Muslim Americans. *J IMA*. 2010;42(3):106-110.
2. Nadal KL, Griffin KE, Hamit S, et al. Subtle and overt forms of Islamophobia: microaggressions toward Muslim Americans. *J Muslim Mental Health*. 2012;6(2):15-37.
3. Ciftci A, Jones N, Corrigan PW. Mental health stigma in the Muslim community. *J Muslim Mental Health*. 2013;7(1):17-32.
4. Haque A. Religion and mental health: the case of American Muslims. *J Relig Health*. 2004;43(1):45-58.
5. American Psychiatric Association. Cultural formulation interview. In: *Diagnostic and statistical manual of mental disorders*, 5th ed. Washington, DC: American Psychiatric Association; 2013:750-757.
6. Pumariega AJ, Rothe E, Mian A, et al; American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice parameter for cultural competence in child and adolescent psychiatric practice. *J Am Acad Child Adolesc Psychiatry*. 2013;52(10):1101-1115.

**Muslim patients often may face 'double discrimination' for their religion and for having a mental illness**