



**FRED HUTCH**  
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National Minority Health Month  
*WEEKLY OPED BY SEP HS INTERNS*  
*BLACK/AFRICAN AMERICAN HEALTH INEQUITIES*  
BY JAINABA JAWARA AND MARYAM SHABAR

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We know that health disparities are a looming threat towards minority groups' quality of life and wellbeing, which is why April has been designated as Minority Health Month, placing particular emphasis on these inequities. Yet, most popular attention on minority health disparities, both in the medical literature and in the public, focuses exclusively on racial/ethnic disparities. While these disparities are real and rightfully deserve attention, such laser focus often results in blinding ourselves from other minority disparities, such as those among Muslim Americans.

Part of what makes the Muslim population so beautiful is the immense diversity; no single racial or ethnic group constitutes more than 30% of the total Muslim American population (Pew Research, 2011). We place an emphasis on the diversity of Muslims because being Muslim is not the only form of stigma Muslim Americans are faced with. With millions of Muslims also being racial or ethnic minorities and/or first/second generation immigrants, there is a risk for intersectional stigma— which can adversely affect individual mental health (Noor-Oshiro, 2021).

While Muslims face many health challenges, perhaps one of the most significant is that of mental health. Muslim Americans are at high risk of suicide; they are up to two times more likely to have attempted suicide compared to other religious groups (Faheid, 2021). A study published in JAMA reveals that 8% of Muslim Americans respondents have attempted suicide compared to 6%, 5%, and 3.6% of Catholics, Protestants, and Jews, respectively (Awaad, 2021). According to NPR, two primary factors contribute to the mental health crisis for Muslims in the US: religious discrimination (Islamophobia) and community stigma (Faheid, 2021).

It is important to note that unfortunately, data for Muslim mental health is scarce because the number of studies in this field is low (Basit and Hamid, 2010). However, the studies that do exist indicate that Muslims also face mental health struggles in addition to higher suicide risk. According to an intake diagnosis of Muslim Americans at Hamdard Center for Health and Human Services in Chicago (n=875): experienced adjustment disorder (43%), anxiety disorder (15%), and post-traumatic stress disorder (10%). Other mental health disorders such as obsessive-compulsive disorder, mood disorder, schizophrenia is also reported in this data (Basit and Hamid, 2010).

Following the tragedies of 9/11, American acceptance of Muslim Americans has steadily declined (Clay, 2011). Islamophobia-fueling rhetoric such as anti-Muslim campaigns from politicians contributes to the unfavorable views towards Muslims. Pew Research Centers found that in 2005, 41% of Americans had favorable views towards Muslims. But in 2010, that number dropped to 30% (Clay, 2011). Given this recurrent vitriol, it is not surprising that Muslim Americans experience anxiety, depression, and even post-traumatic stress disorder post-9/11 (Clay, 2011). According to the American Psychological Association (APA), this can be explained by a) the traumatic nature of 9/11 itself and b) the finger-pointing and blaming that ensued (ibid). Dr. Wahiba Abu-Ras, an assistant professor at New York University, studies the effect of Islamophobia on Muslim American's mental health.

According to her research, hate-driven incidents towards Muslim Americans are common and stem from growing Islamophobia. Dr. Abu-Ras and a fellow colleague conducted a study of 102 New York Muslims which reports that 25% of respondents experienced verbal assaults, 22% had workplace discrimination, 19% reported unprovoked government interrogation, and 19% experienced physical assaults (Clay, 2011). Islamophobia in the United States is a key contributor to the mental health

**Prize Question:** Healthcare disparities among American Muslims remain under-investigated. The Muslim faith encompasses several ethnicities with diverse views regarding illness and healthcare. What are three Islamic cultural values providers should be aware of during care?

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disparities Muslim Americans face. It is psychologically taxing for anyone to feel hated and to be discriminated against by a society in which they wish to peacefully live.

It is evident that there is a mental health crisis within the Muslim American community, so what can we do to address and mitigate it? Bridging the disparity gap starts with erasing the damaging mental health stigma and misinformation, building awareness regarding Islamic perspectives of psychology, and educating the mental health community in tailoring treatment to coincide with their Muslim American's values.

We need to acknowledge that there is a plethora of stigma and misinformation associated with mental health issues. Due to stigmatization, Muslims are more likely to have their symptoms worsen as a result of not obtaining support and consequently not receiving the medical treatment they require. Unfortunately, there is a negative sentiment surrounding mental illnesses in the Muslim society. These sentiments are not from the religion, it from our lack of knowledge and how to deal with these topics. These views can lead to discrimination, as well as a lack of information regarding mental illness, have resulted in a high level of stigmatization among the Muslim community, many are unable to seek help from their family or community members. They may have higher feelings of guilt and one's family disgraces them if they try to get help. Many do not get help because of this.

We need to popularize Muslim mental health resources and destigmatize mental health in our society for all. To begin that we, as Muslims need to be educated about the comprehensive teachings of Islam; that has a teaching for each circumstance a Muslim could face, including what to do if someone is afflicted by mental illness. Although Islam places a high value on mental health and well-being, Islamic psychology has a mental health approach that is distinct from western principles. Therefore, it is imperative to educate ourselves and mental health professionals about Islamic psychology principles.

Also, to bridge the gap between non-Muslim health professionals and Muslim patients, mental health professionals need to become more educated about Islam to be able to approach this community sensitively. Islamic psychology, also known as nafs science, is an Islamic philosophical study of the psyche or mind that encompasses psychology, neuroscience, philosophy of mind, and psychiatry. Although the term nafs is connected to one's soul, psyche, heart, or mind, it is difficult to translate into a single statement owing to the multidimensional usage of terms in the Arabic language. (Samah, 2018). Muslim Americans may be more willing and encouraged to seek mental health services if the industry professionals are knowledgeable about Islamic psychology.

As authors, we are not experts in Islamic psychology, or psychiatrists; but we want to address mental health issues in our community. We cannot overemphasize the urgent need for additional clinics and resources that are geared towards Muslim American communities' mental health challenges. Having tools be revised by Muslim American doctors to make them more language suitable and culturally sensitive is of the essence. Society's judgements most commonly arise from a lack of knowledge rather than facts for anyone who is currently struggling. Accepting your disease and recognizing what you need to do to address it, getting treatment, and assisting others in their education will make a great impact. Explore the Institute For Muslim Mental Health, which is dedicated to improving the emotional health and well-being of the Muslim community by organizing a network of mental health specialists to guarantee that all American Muslims have access to high-quality resources.

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## EVENTS NEXT WEEK

**Speaker Matthew Rose:**

Embracing an Inclusion Paradigm for Health  
Wednesday  
12:00PM

**Brave Space Discussions: continuation of speaker's themes**

Thursdays  
12:00PM

**Prize from Emails**

Announced every Friday

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