U9A1 — Evaluating and Synthesizing Research Findings

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Introduction

The research regarding the status of mental health in the Arab American and Muslim American populations has been growing within the past twenty years. The ongoing military disruptions and civil violence within the Middle East combined with religious extremist attacks within the US have not painted positive pictures of the global Arab or Muslim population's desire for peace and community inclusion.

Aprahamian, Kaplan, Windham, Sutter, and Visser (2011) note a high correlation between Arab American mental health and discrimination while Ciftci, Jones and Corrigan (2013) describe the Muslim community as having deep seeded concerns about their safety in the future with threats such as hate crimes, isolation, or loss of community being so prevalent. Mental health awareness, assessments, and support are required within the Arab American and Muslim American communities in order to help provide positive interactions, establish supportive community, and increase social connectivity.

Literature Review Evaluation

Displacement, migration, or media sensationalism has created a combination of a mental and physical uprootedness within the Arab and Muslim American communities which needs community-based and clinical collaboration to be overcome for rerooting. Researchers have been synthesizing qualitative and quantitative studies to help inform best practices for reducing anxiety and depression within these communities as well as providing long-term suggestions for reducing mental health stigma and encouraging community members to reach out to their family, health, or religious figure heads for education and resources. Below are summaries of a few studies which have added credible, detailed, and peer-reviewed knowledge on this topic.

Community-Based Collaboration and Imams

Within the Muslim community, imams are religious figure heads who offer advice and counsel to community members. The cross-sectional, self-report survey study completed by Ali and Milstein (2012) addresses the growing need for collaboration between imams and clinical mental health professionals. The survey was adapted from other studies and used for the first time in this context; Thus, validity and reliability of the survey created a limitation to the data collection (Ali & Milstein, 2012).

The study brought to light the option of using the Clergy Outreach and Professional Engagement (COPE) model to clarify the differing roles between clinical and religious professionals and illustrated that imams are able to discern when mental health related issues have become a problem for individuals or families (Ali & Milstein, 2012). Within the small sample surveyed, imam desire for collaboration or referral was hindered due to the belief that religious preferences would not be respected by the clinical professional, so COPE can play a role in helping reduce this internal misconception (Ali & Milstein, 2012).

This article gains credibility by being peer-reviewed and being written within the past six years. The relevance to the selected topic is loosely connected in such that there is a growing interest in making connections between the minority community and health care professionals through a partnership with imams. Increasing partnerships with imams as trusted community advisors gives mental health researchers and practitioners hope of sharing education and resources more widely within the Muslim and Arab American communities.

Acculturation Barriers

The research article by Aprahamian, Kaplan, and Windham (2011) was peer-reviewed and recent since it was published within seven years (Edwards, 2009). Mental health was measured by the Kessler Psychological Distress scale which is a 10-question scale based on self-report that was given to 1,016 people (Aprahamian, Kaplan, & Windham, 2011). This quantitative study provides evidence, indirect relevance, and purpose towards the research topic (Edwards, 2009). Primarily specified are various themes that affect Arab American mental health, including age at migration, religion, and length of time in the US as well as basic demographic information (Aprahamian, Kaplan, & Windham, 2011).

There are few ethical concerns raised within the article, though the strong correlation between discrimination and Arab American mental health is mentioned as an implication for increased social justice action needed from mezzo and macro practitioners to help reduce the national misconceptions that uninformed or discriminatory American residents may still hold in relation to Arab American residents (Aprahamian, Kaplan, & Windham, 2011).

Mental Health Stigma Barriers and Faith

Discussion and analysis of stigmas related to mental illness within the Muslim community is the focus of the article by Cifcti, Jones and Corrigan (2013). This research takes the approach of defining notable concepts like stigma, discrimination, and intersectionality, then goes on to consolidate research explaining the Muslim faith, before describing how cultural and religious believes influence the mental health stigma often associated with the Muslim community (Ciftci, Jones & Corrigan, 2013). The recent and peer-reviewed article draws conclusions about how social pressure strongly dictates against seeking a mental illness diagnosis even though mental healing attitudes tend to be positive (Ciftci, Jones & Corrigan,

2013). By citing various other authors and publishing within the *Journal of Muslim Mental Health,* the article authors build upon strong researcher and historical authority with relevant descriptions that help understand the barriers that Muslim community members face when seeking mental health diagnosis or relief. By breaking down three stigma areas of (a) label avoidance, (b) self-stigma and (c) public stigma, the authors have given practitioners insights and direction for how to assign self-awareness observations to patients and how to raise cultural competency for clinical practice (Ciftci, Jones & Corrigan, 2013).

Mindfulness-Based Stress Reduction and Religion

This focus group study research article explored the responses of twelve Emirati Muslim women, struggling with depression, after going through a ten-week Mindfulness-Based Stress Reduction (MBSR) course who provided some quantitive data results (Thomas, Raynor & Bakker, 2016). Ethical considerations were taken into account by gaining consent from student participants who responded to a volunteer advertisement within the college and all students were bilingual even though the main language of the Middle Eastern college was English (Thomas, Raynor & Bakker, 2016). Students were also grouped by gender as mimicked the rules within the university.

This recent two-year-old and peer-review article in the *Mental Health, Religion, and Culture* journal had a small sample size with a cultural appropriate intervention of MBSR which offered gender-specific students the ability to strengthen their Muslim beliefs while learning stress reduction techniques (Thomas, Raynor & Bakker, 2016). The article describes three waves of therapies supporting mental health with mindfulness interventions being third wave approaches supporting theistic beliefs like Islam. The addition of this information is relevant when explor-

ing how and why mindfulness techniques could be beneficial within Arab or Muslim American individuals struggling with mental health deficiencies and the results of the study showed improved performance in both personal and interpersonal areas (Thomas, Raynor & Bakker, 2016).

Social Media as an Inclusion Technique

The article regarding the use of social media as an empowerment tool discusses personal stories and technology facts that have enabled individuals to bring their mental health and discrimination challenges into public spaces through online accounts (Betton, Borschmann, Docherty, Coleman, Brown & Henderson, 2015). Betton et al (2015) explain how hashtags and personal forum discussions help educate disenfranchised populations about community building through self narrative.

This peer-reviewed and recent article holds relevance based on its ability to approach stigma through the lens of narrative sharing within online forum space. Examples from organizational inclusion campaigns describe purpose and authority while ethical questions of maintaining respectful discussion online have been raised (Betton et al, 2015). The opportunity for marginalized communities to share their negative and stigmatized experiences in a safe online forum can lessen feelings of isolation while releasing burdensome expectations of coping alone.

Psychological Distress and Arab Australians

The research study by Kayrouz et al (2015) is both correlational and survey design as it was meant to describe relationships and trends between particular variables and psychological distress amongst Arab Australians. A 15-minute, 33-question survey was created that had six sections combining multiple other survey protocols (Kayrouz et al., 2015). The six sections included were demographic, emotional well-being, help-seeking, adjusting to life in Australia,

preferred model of service delivery, and interest in future research (Kayrouz et al., 2015). The

Kessler-10 used is for measuring psychological distress in relation to anxiety and depression and

has a 10-item scale. The Sheehan Disability Scale (SDS) measures functional impairment which

is based off of a three-item scale; Both the SDS and K-10 assessments have a high reliability of

over .9 for Cronbach's alpha (Kayrouz et al., 2015).

       This article is peer-reviewed and was done within the past five-to-six years making it a

recent research study. The survey created was based on a combination of reliable surveys or

questions from similar research studies, yet no validity measurement was known for the final

survey (Kayrouz et al., 2015). The authors intend to help add literature to a gap that exists within

current research regarding this population's emotional wellbeing and willingness to access

treatment (Kayrouz et al., 2015).

       The journal is known on an international scale and the authors draw analysis from

researcher study data from within multiple other ethnic minority groups (Kayrouz et al., 2015).

The survey was completed by 252 people and has the created a prototype research design that

can be advanced into another study of its kind. Informed consent was acquired for all

participants within this study and a method was created that would allow for access and

understanding within the participating population. Participants were invited to participate with

the chance to win an iPad in a drawing (Kayrouz et al., 2015). Ethics review and approval came

from the Human Research Ethics Committee of Macquarie University (Kayrouz et al., 2015).

       Analysis of this article helped explore alternative approaches to data gathering techniques

of Arab Australians which share some similarities with Arab Americans. This analysis can help

inform parallels within the two populations and data collection options for consideration in the

design of a psychological distress study within the Arab American population. For long-term

implications of the data results that suggests an underutilization of mental health services, it is

the ethical obligation of practitioners to explore an increased number of ways for Arab Australian

citizens to gain fitting access to the mental health services they are reported to need.

Culturally Competent Practice

A research study in the United Kingdom that included Muslim and Sikh immigrants with

life-limiting illnesses shared some ties to the proposed research question regarding cultural

competency of practitioners and discrimination faced within the population (Worth et al, 2009).

The research team in the UK hoped to inform and improve the care experiences of the selected

minority group (Worth et al, 2009). Ethical considerations were observed when researchers

partnered with community organizers, offered language-appropriate interpreting services, and

discontinued interviews when heightened emotions led to lack of privacy (Worth, et al, 2009).

The longitudinal qualitative study by Worth, et al (2009) was completed over a series of

three in-depth interviews and indicates a high quality study based on (a) ethnography, (b) the

ability of interviewees to tell their story in their own language, (c) rigorous information

gathering, (d) the identification of cultural-awareness deficiency themes, and (e) the creation of

research that can inform future practitioners (Plano Clark & Creswell, 2014). The study is not as

recent since it is over six years old, yet the detailed interviewing that was provided to the 25

patients, 18 caregivers, and 20 healthcare professional created a depth of information that is not

limited by the age of the study (Worth, et al, 2009).

This study described a solid model for a qualitative study within an ethnic population that

has faced considerable cultural deficient care. Given some parallel research on Arab American

populations within the US, a hope remains that continued studies of this in-depth nature would help to resolve misunderstandings and stigma toward ethnic, migrant populations of considerable variations in religious and cultural habits to that of mainstream populations. Cultural competency for practitioners will be best translated through providing the time and curiosity to minority populations as was given from the research team of this study.

Conclusion

Given the violent actions of extremist individuals who have ties to Arab and Muslim groups, everyday Arab and Muslim communities have suffered emotionally, socially, and physically due to the world's negative perceptions and judgements drawn from the extremists' actions (Ciftci, Jones & Corrigan, 2013). Simultaneous action from both mezzo- and macro-level social workers for community consciousness-raising and from micro-level practitioners engaged in direct counseling for individual Arab Americans will lead to a more accepting and diverse nation. The use of social media campaign strategies, mindfulness-based stress reduction techniques, and community-based collaboration can improve understanding by both minority patients and practitioners. Community consciousness raising of positive community attributes is a must and this paper has highlighted multiple approaches to culturally competent understanding of religious and migration stresses that Arab and Muslim community members face regarding access to mental health services.

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