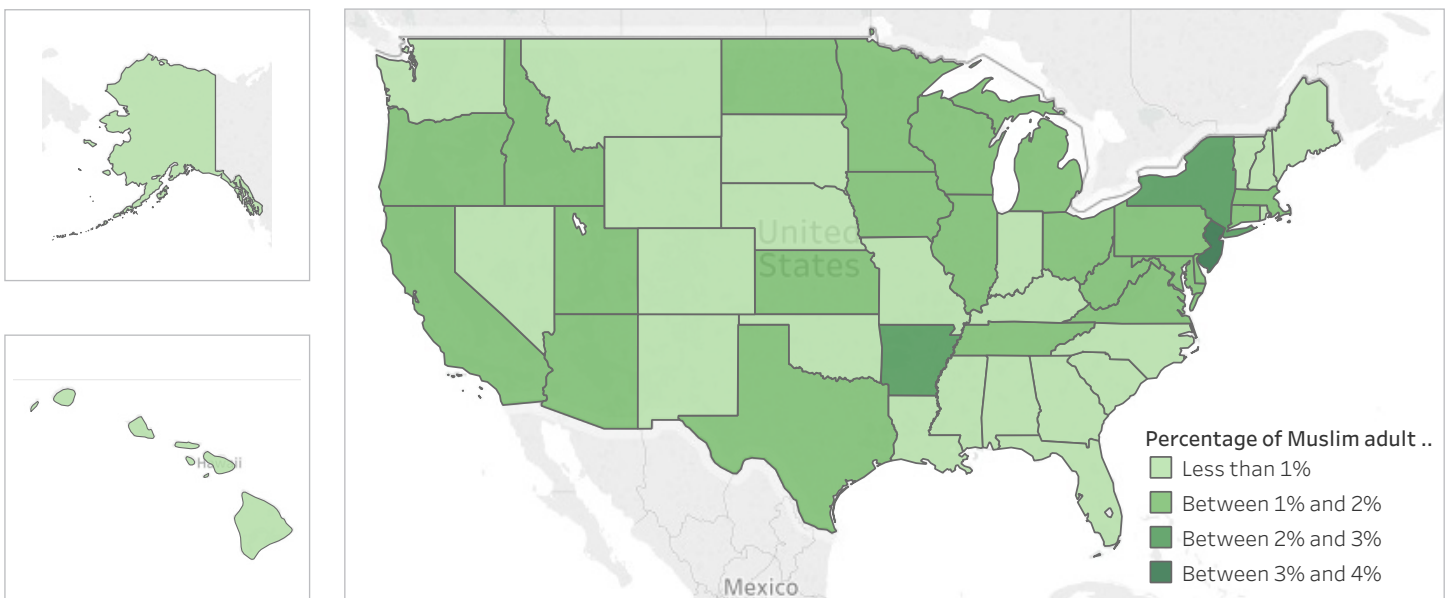


## Demographics

- Based on estimates by the Pew Research Center, there are about 3.45 million Muslims living in the U.S., comprising about 1.1% of the total U.S. population.<sup>1</sup> Other sources report a range of 3.4 to 7 million Muslims in America.<sup>2</sup> (Based on independent demographic research, US Census does not formally ask religious affiliation, therefore the range is so broad.)
- By 2050, the U.S. Muslim population is projected to be more than 8 million, surpassing Judaism as the second most common faith in the U.S.<sup>1</sup>
- 42% of Muslim Americans are U.S. born. 58% are immigrants, more than half of whom moved to U.S. in the last two decades.<sup>3</sup>
- 18% of Muslim American adults are second-generation, and 24% are third-generation or later.<sup>3</sup>
- Muslim Americans are the youngest faith group in the U.S., with one-third under 30 years old.<sup>4</sup>
- Muslim immigrants come from 75 different countries around the world; no single country or region accounts for a majority of Muslim immigrants, making it one of the most diverse religious community in U.S.<sup>3</sup>
- 85% of Muslim Americans say their faith identity is a source of happiness in their lives, only surpassed by white Evangelicals (94%).<sup>5</sup>
- A majority of Muslims (64%) support a pluralistic approach to their faith, maintaining that there are multiple true ways to interpret Islam.<sup>6</sup>

## Population Distribution of Muslim Americans in the United States

- Muslim Americans can be found throughout the United States, and often reside in larger metropolitan areas, particularly immigrants.



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## Social Determinants of Mental Health

- Muslim women (73%) are more likely than Muslim men (57%) to pursue higher education beyond high school; they are also more likely to report being in the middle class.<sup>4</sup>
- Muslim Americans, especially Black and Arab Muslims, are more likely than any other faith group to report low (<\$30,000) household income

despite similar educational attainment.<sup>4</sup>

- Immigrant Muslim Americans tend to have better household incomes and levels of education compared with the general U.S. public, while U.S. born Muslim Americans tend to have lower household incomes and levels of education compared with the general U.S. public.<sup>3</sup> (Table 1)

	Muslim Americans		U.S. General Public	
Household Income	Immigrants	U.S. Born	Immigrants	U.S. Born
<\$30,000	37%	45%	44%	31%
>\$100,000	29%	18%	15%	23%
Level of Education	Immigrants	U.S. Born	Immigrants	U.S. Born
Less than High School	10%	7%	25%	9%
College graduate and higher	38%	21%	31%	31%

## Mental Health Status and Disparities

- Data on community prevalence of psychiatric disorders among Muslim Americans is scarce. There is, however, some data available on prevalence among clinical samples seeking treatment.<sup>7</sup> (Table 2)

- Existing data show high rates of adjustment disorder experienced by Muslim Americans seeking mental health treatment, which may be suggestive of the challenges of acculturation and adjustment, as well as discrimination and marginalization in society.<sup>7</sup>

Diagnosis on Intake	Muslim Americans at Hamdard Center for Health and Human Services, Chicago (N= 875)	Muslims adolescents from various social service agencies in Illinois, Michigan, Missouri, Virginia, and Kentucky (N=712)
Adjustment Disorder	43%	19%
Anxiety Disorder	15%	13%
Mood Disorders	9%	15%
Obsessive Compulsive Disorder	14%	Not reported
Post-traumatic Stress Disorder	10%	Not reported
Psychotic Disorders	5%	5%

<b>Substance Use Disorders</b>	4%	3%
<b>ADHD</b>	Not reported	16%
<b>Impulse Control Disorder</b>	Not reported	5%
<b>Eating Disorder</b>	Not reported	2%
<b>Somatoform Disorder</b>	Not reported	1%
<b>Other issues (including trauma, violence, cultural conflicts)</b>	Not reported	20%

**Table 2.** Prevalence of psychiatric disorders in clinical samples of Muslim Americans (Data from Basit and Hamid, 2010)

## Perceptions of Mental Health among Muslim Americans

- Muslim Americans generally adhere primarily to the dominant Western biomedical model of mental illness.<sup>8,9</sup>
- Mental illness also can be perceived as being<sup>8,9</sup>
  - due to the will of God, as a test or a punishment
  - an opportunity to remedy disconnection from God
  - possession by evil spirits
- Reassuringly, religious explanations of mental illness are generally not seen to be in conflict with biological or environmental causes.<sup>8,9</sup>
- Some may consider disclosure of mental illness to be “shameful” due to social stigma. Women may have fears related to their marital prospects within the Muslim community if psychiatric diagnoses are disclosed.<sup>8,9</sup>

## Islamic Religiosity and Mental Health Benefits

- Islam promotes healthy behaviors:
  - Emphasis on personal hygiene
  - Injunctions against alcohol and substance use
  - Prohibition of sexual promiscuity
  - Recommendation to breastfeed
  - Strong sense of community
- Recommendation to engage in daily reflective practices
- Religiosity is predictive of better family functioning and less depression.<sup>10</sup>
- Observing daily prayers is associated with reduced depression.<sup>11</sup>

## Islamophobia, discrimination and mental health

- 60% of Muslim Americans reported some level of religious discrimination in 2016, surpassing all other religious groups. Younger Muslims, women and Arabs are most likely to experience prejudice based on their religion.<sup>4</sup>
- U.S. born Muslim Americans are more likely than foreign-born Muslim Americans to experience gender, racial, and religious discrimination.<sup>5</sup>
- Nearly one-third of Muslim Americans perceived discrimination in health care settings; being excluded or ignored was the most frequently conveyed type of discrimination.<sup>12</sup>
- Religious discrimination against Muslims is associated with depression, anxiety, subclinical paranoia, and alcohol use.<sup>11,13-15</sup>

- Recent travel and immigration restrictions directed primarily at Muslim countries by the U.S. government have led to traumatizing experiences for many Muslim Americans. In particular, the harsh handling and long detentions by U.S. Customs and Border Protection can be retraumatizing to those already vulnerable.<sup>16</sup>
- Clinicians and mental health providers have a crucial role in addressing societally connected mental health challenges arising from Islamophobia.<sup>17</sup>
- There is a strong need for research and applied programs that specifically focus on the well-being of Muslim American communities, especially amidst the largest spike in anti-Muslim hate crimes that corresponded with the 2016 Presidential elections.<sup>18</sup>
- Involvement in community interventions can be utilized by providers to counter Islamophobia and encourage Muslim Americans to seek professional mental health care.<sup>19</sup>

Percentage who say	Immigrant Muslims in US	U.S. Born Muslims
They experienced at least one of the incidents below because they are Muslim	39%	61%
Someone acted suspicious around them	20%	47%
They were called offensive names	15%	25%
They've been physically threatened or attacked	4%	9%
Airport security singled them out	17%	19%
Law enforcement officers have singled them out	4%	19%

**Table 3.** Nature and prevalence of discrimination experienced by Muslim Americans (Pew Research Center, 2018<sup>3</sup>)

## Muslim Women

- Women experience more fear for their safety than Muslim men, and suffer emotional trauma at higher rates than male counterparts.<sup>4</sup>
- Muslim women are the most likely of any faith to wear visible symbol of faith identity, such as the hijab; the majority wear it to express piety, Muslim identity or modesty, only 1% wear it because someone else required it.<sup>5</sup>
- Wearing the hijab can make Muslim women a particular target for social discrimination; however, Muslim women are no more likely than men to alter their appearance to be less identified as Muslim.<sup>4</sup>
- Women in Muslim immigrant populations may have difficulty leaving abusive relationships due to a sense of duty and fear of social ostracization, as well as concerns over financial independence and immigration status.<sup>20</sup>
- Muslim immigrant women more afraid to call the police for domestic violence over fear of community reaction, wanting to protect their partners and children.<sup>20</sup>
- Female genital mutilation (FGM) is not an Islamic practice. Although it is legally prohibited in U.S., it has been practiced among certain African refugee populations, and psychiatrists may come across psychological consequences of FGM.<sup>21</sup>

## Muslim Children and Young Adults

- Younger Muslims value religious identity as much as older Muslims. They are more likely than peers in other faiths to attend services and say religion is important to their identity.<sup>4,5</sup>
- Muslim youth face greater challenges in integration with their social peers, and are vulnerable to Islamophobia and religious discrimination.<sup>22</sup>
- Muslim school-age children are four times as

likely to be bullied as the general public; of these incidents, one quarter involve bullying by a teacher or other school official.<sup>4</sup>

- 50% of Muslim youths in one study experienced psychological bullying, while 21% experienced cyber-bullying and 10% physical bullying; 17% of girls wearing the hijab were bullied because of this.<sup>23</sup>
- Among Muslim adolescents and especially girls, acculturative stress leads to more withdrawal, anxiety and depression, regardless of first or

second-generation.<sup>24</sup>

- Youth participation in organized religious activities related to lower acculturative stress.<sup>24</sup>
- Despite religious prohibitions, alcohol/illicit drug use, gambling, and premarital sex remain common in Muslim college students.<sup>25</sup> This may increase risk of mental distress, as they are less likely to disclose problems to their families, and disclosure can lead to family conflict.

## Faith Leaders and Mental Health

- Imams (Muslim faith leaders) have an integral role in community mental health; Muslim Americans may be more willing to seek help from religious leaders than formal mental health services.<sup>9</sup>
- Up to 95% of imams spend some amount of time in counseling activities addressing issues beyond spiritual concerns, including family problems, relationship or marital concerns, mood and anxiety.<sup>26</sup>

- Imams are less likely than other clergy to have formal counseling training.<sup>26</sup>
- Most imams have noted an increase in need for counseling after 9/11 around issues of religious discrimination and Islamophobia.<sup>26</sup>
- Muslims are more likely to report domestic violence to faith leaders than other faith groups.<sup>4</sup>

## Cultural and Faith Based Considerations in treating Muslim Americans

- The Islamic tradition places strong emphasis on mental health, and its perspective transcends mind-body dualism to integrate behavioral and physical health.<sup>27</sup>
- A lack of understanding or knowledge about the religious beliefs, customs, or rituals of Muslim patients by non-Muslim providers may be an impediment in establishing a therapeutic relationship.<sup>28</sup>
- Most common healthcare accommodation requested is for a same-sex provider, often driven by religious and cultural norms around separation of genders.<sup>29</sup>
- During inpatient services, Muslim Americans may ask for a neutral space (free of human images) for daily prayer, facing east (towards Mecca).<sup>29</sup>
- Many may seek halal dietary options, similar but distinct from Jewish kosher; Muslim Americans may avoid porcine-derived heparin and insulin because pork is considered “impure.”<sup>29</sup>
- During Ramadan daytime fasting, patients- even sick and pregnant ones- may not want to take medications or injections during the day. They may benefit from risk/benefit discussions around fasting.<sup>29</sup>

- Many Muslims see prayer and reading of the Quran as having health benefits and may utilize these as a source of healing complementary to medical interventions.<sup>2</sup>
- Humoral theories relating medical and psychiatric conditions to hot-cold, dry-moist oppositions in diet are observed in some Muslim cultures. Based on such thinking, foods can be classified as 'hot', 'cold', 'dry', or 'moist' with corresponding effects on temperament and behavior. For instance, cold foods (such as cucumber and lettuce) may lead to sluggishness in behavior, and dry foods (such as lentils and dried meat) may lead to loss of appetite and depression, if consumed in excess.<sup>9,21,32</sup>
- Certain Muslim communities, such as Pakistani and Egyptian, have high rates of consanguineous marriage which can increase risk of developmental and psychiatric disorders.<sup>30,31</sup>
- Expressing emotional distress in somatic terms often occurs in Muslim cultures, particularly from the Middle East and North Africa.<sup>9</sup>

*This resource was prepared by APA Division of Diversity and Health Equity. It was authored by Drs. Awais Aftab and Chandan Khandai and reviewed by Drs. Balkozar Adam and Rania Awaad.*

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