Chief Editor Introduction

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It is my great pleasure to introduce the 10th Anniversary Special Issue of the Journal of Muslim Mental Health. When starting the journal we sought exploring three primary questions: 1) What are the distinct emotional and mental health needs of Muslim communities? 2) How does the Islamic tradition inform how people express and cope with emotional distress? And 3) How can the Islamic tradition inform psychotherapy? To begin to address these questions, we published 15 manuscripts validating psychometric and religiosity scales customized for Muslim populations; 33 manuscripts on the prevalence and expression of emotional distress; 6 articles on attitudes and behavior towards mental health; 6 articles on marriage and relationships; 5 articles on barriers to services; 5 articles on substance use and abuse, and several articles on the roles of Imams and Islamic chaplains in counseling Muslims. We have also published historical and Islamic studies articles to explore the role premodern Muslim societies on the mental health discourse, without glorifying or minimizing their contributions. We have published public policy and case formulation pieces demonstrating how Muslim mental health discourse has practical implications both for the individual care as well as the larger community. The majority of topics previously listed were unsolicited, original research studies. However, to drive further inquiry and address gaps in the research literature, we dedicated thematic issues on topics such as refugee mental health, substance abuse, stigma, marriage and family, psychometric scales, and mental health in Iraq. Muslim mental health research continues to be an emerging field that is attracting new, young researchers and scholarship.

For this issue, I invited our Associate Editors as well as a few other scholars to summarize the current state of Muslim mental health research in the following areas: acculturation, substance abuse, Muslim youth, the role of Islamic chaplains and Imams, and the potential role of the Islamic tradition in psychotherapy. Specifically, authors were asked to describe seminal studies in their topic area, how the studies relate to the broader literature within their respective field, and offer recommendations for what types of research is needed to address the current gaps.
Across the board there were limited studies, with perhaps the exception of Muslim youth, specifically targeting the Muslim community. In contrast, the broader literature, across topics, includes large scale national and/or multinational epidemiologic studies, many meta-analyses of clinical trials, and policy recommendations to implement best practices based on the research. Currently there are no randomized, controlled clinical trials or even large scale program evaluations within the Muslim mental health literature.

In the next 10 years, drawing from the incisive reviews and thoughtful recommendations of the authors of this thematic issues, I hope future research conducts formal program evaluations and, eventually, clinical trials on the innovative programs that are currently ongoing or under development. Muslim mental health researchers should begin the shift from describing how emotional distress is expressed and barriers to services to evaluating interventions that consider the cultural and spiritual needs of Muslims as well as overcome the barriers to excellent mental health care.