Chief Editor's Introduction

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Volume 13 Issue 2 of the Journal of Muslim Mental Health (JMMH) features three original research studies focused on different populations of Muslim women. The category of “Muslim women” is fraught and the term itself may illicit unconscious (and conscious) bias. The researchers who authored these articles do not make any overarching claims about Muslim women and mental health of course; they are interested in how the Islamic tradition and/or Muslim identity plays an essential role for some women in understanding, expressing, and coping with emotional experiences. These studies shed light on the ways gender shapes orientations towards one’s religious tradition and to mental health.

The first article of this issue by Khan et al “Evaluation of Factors Affecting Attitudes of Muslim Americans Toward Seeking and Using Formal Mental Health Services” recruited participants from an Islamic conference. Therefore, participants of the study were more likely to self-identify as religious and to assign a primacy to their Muslim identities than a general Muslim audience. The conference-goers also tended to be more educated (over 42% had a bachelors degree and additional 47% had a graduate degree), and more activist-oriented than the general American Muslim population. Surprisingly, in this sample of American Muslims, most had a favorable impression toward formal mental health services and reported a preference of formal compared to informal resources. Not surprisingly, level of education, less stigma, and positive cultural beliefs were associated with favorable attitudes toward formal mental health. While some of the favorable attitudes toward formal mental health may be explained by the highly educated, activist-oriented nature of the sample, this finding may represent a shift in attitudes among American Muslims towards a more positive view of formal mental health services, which would be a productive line of inquiry for future studies. As the authors suggest, perhaps the outreach and education by imams, community leaders, and non-profit organizations have impacted American Muslim public’s attitude toward formal mental health. The trend may also reflect the decrease in mental health stigma nationally as well, spurred by factors which are not specific to the the Ameri-

can Muslim experience. Furthermore, understanding why people have favorable attitudes toward favorable mental health services is important for mental health service implementation.

The above findings segue nicely with the article “Muslim Faith Leaders: De Facto Mental Health Providers and Key Allies in Dismantling Barriers Preventing British Muslims from Accessing Mental Health Care”. Although not addressed in either of the articles, it’s unclear if Muslims consider faith leaders formal or informal resources for mental health. While much has been written about the potential role of faith leaders and the strong preference some Muslims have for seeking help from faith leaders, little research has been published on how to formally evaluate faith leaders’ mental health knowledge. Sazan Meran and Oliver Mason surveyed a group of faith leaders based in the United Kingdom their opinions about etiology, severity, familiarity with, and treatment needs of people with schizophrenia and depression. By using two realistic case vignettes, one with symptoms of depression and the other with symptoms consistent with schizophrenia, without formal medical or psychiatric diagnoses, the authors were able to evaluate how the faith leaders conceptualized the presenting complaints. Although the sample size was small, a few findings were particularly striking in this group. First, most of the faith leaders received some training in mental health and counseling, which is in contrast by previous studies. Perhaps, over the last 15 years all the workshops in mental health first aide training and Muslim mental health education is beginning to pay off. A second particularly interesting finding is the social acceptability faith leaders reported; most faith leaders reported that they would be willing to live next door or spend an evening socializing with the vignette that was described with symptoms suggestive of schizophrenia. Perhaps, since the vignettes were not labeled with a diagnosis of depression or schizophrenia and the symptoms were attributed to black magic or jinn possession, they were viewed as more socially acceptable. Finally, faith leaders generally did not label the vignette describing schizophrenia as being more severe than the one describing depression. This speaks to the importance of educating faith leaders about the symptoms, consequences, and natural course of severe mental illness.

JMMH is committed to publishing qualitative studies to describe the experience of Muslims across cultures; conversely, JMMH publishes psychometric scale validation to enhance future quantitative research. The Muslims’ Perceptions and Attitudes to Mental Health (M-PAMH), validated by Awaad et al in this issue of JMMH, will be an important tool for quantitative research about American Muslim women. Surveying a large sample of 1,279 American Muslim women they were able to conduct an exploratory and confirmatory factor analysis by splitting the sample in half. The M-PAMH scale measures four domains: attitudes toward professional mental health, stigma associated with mental health services, cultural and religious beliefs of mental health, and

stigma of using mental health services in the Muslim context. Andrew Walters and Sara Mouhktar published a mixed methods study (qualitative and quantitative), asking American Muslim women about their experiences given the current cultural and political realities. As demonstrated by both the Walters & Mouhktar as well as the Mohr, Wong, & Keagy's articles, qualitative studies provide context and analysis for readers to better appreciate the rich and complex lived experiences of Muslims.