Chief Editor's Introduction

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Volume 13 Issue 1 of the Journal of Muslim Mental Health reflects a variety of issues related to Muslim mental health, including women's mental health, experience of microaggressions, coping with Islamophobia, acculturation, and quality of life. Unfortunately, all but one of the original articles published in this issue were conducted in the U.S. The policy of the journal is to publish articles as the peer reviews and copyedits are accepted. We do not delay the release of an article unless it's submitted specifically for and assigned to a thematic issue, which does not apply to any of these articles. Given the over 1 billion Muslims worldwide, Muslim mental health research conducted in the U.S. is over represented in the Muslim mental health literature. Of course, this is not unique to Muslim mental health, and reflects a broader gap in academic publications across the public health, medical, and social science literature. Much of the challenge of producing global mental health research is due to the lack of resources for academic research. One strategy to sharing resources is through direct research collaborations. Our group has recently shown how little Muslim mental health researchers collaborate across regions (Altalib, Elzamzamy, Fattah, Ali, & Awaad, 2019). I invite readers, trainees, clinicians, and investigators to actively reach out and connect to authors of Muslim mental health publications as well as myself, personally, to foster new international collaborations and produce a more *global* Muslim mental health discourse.

The first article of this issue by Sidhra Vakil et al examines the relationship of quality of life (QOL) to ethnic identity among Pakistani Americans. The researchers used structural equation model analysis to explore how much ethnic identity directly correlates with QOL versus how much attitudes of gender role and Muslim religiosity directly and/or indirectly impact QOL. They demonstrated that while ethnic identity did not directly correlate to QOL, gender role and Muslim religiosity did indirectly correlate to QOL. While one of the biases of the study is that recruitment was through a convenience sample, which may represent individuals who more strongly identifies with being Pakistani and/or Muslim, it is important to recognize how perceived gender role mediates

QOL. For a clinician, exploring a client's perceived role in relationships clearly is important for perceived well-being.

The second article, by Raisa Manejwala & Wahiba Abu-Ras, also explores the experience of South Asian Muslim Americans. Specifically, they interviewed 12 undergraduate students to better understand their experience of religious based discrimination and microaggression. Themes that emerged that are consistent with other religious microaggression literature include: pathology of different religious groups, assumption of religious homogeneity, and endorsing religious stereotypes. Additionally, participants reported the desire to engage and educate others about Islam and Muslims; however, this theme may reflect the convenience sample of recruiting from Muslim student organizations' listserves. The impact of Islamophobia on emotional well being is an emerging field and the framework will help researchers and stakeholders better address the problem.

The third article by Chantal Tetreault et al also focused on American Muslim women's experience of discrimination. However, these researchers were specifically interested in the role of hijab (Muslim women's head scarf) in perceived Islamophobia. The researchers conducted focus group interviews of 35 American Muslim women and compared the experiences of women who wear hijab (the head scarf) versus those who do not. The study provides insights to the ambivalence, fear, motivations, and religious understanding of wearing hijab in the current U.S. political climate. While the hijab represents different experiences to different women, most participants expressed a sense of vulnerability when wearing hijab in public.

JMMH often publishes psychometric scales to provide tools for cross-cultural research. Acculturation scales are almost always developed for Muslims who migrate to English speaking or Western European countries. Dokoushkani et al validate an acculturation scale of the Iranian diaspora community living in Malaysia. While both countries are majority Muslim, the stress of learning a new language, adapting to a new culture, experiencing ethnic discrimination, feeling homesick, and performing at school (or work) are similar. We hope that the work that follows helps researchers and clinicians consider the more nuanced challenges immigrants face even when traveling from one Muslim majority country to another.

Altalib, H. H., Elzamzamy, K., Fattah, M., Ali, S. S., & Awaad, R. (2019). Mapping global Muslim mental health research: analysis of trends in the English literature from 2000 to 2015. *Glob Ment Health (Camb)*, 6, e6. <https://doi.org/10.1017/gmh.2019.3>