Exploring the Impact of Traditional Islamic Practices on Muslim Students' Mental Health and Engagement with Campus Mental Health Services

Muslim students, like many underrepresented populations, often face significant barriers to accessing mental health care due to stigma, fear of discrimination, and cultural or religious disparities (Ahad et al., 2023; Hedayat-Diba, 2000). These barriers can prevent individuals from seeking help when they need it, leading to unmet mental health needs. Islamic practices, such as prayer and fasting, serve as important coping mechanisms for many Muslim students but may also contribute to a reduced reliance on professional mental health services (Attum B et al., 2024). While these practices provide spiritual and emotional support, they can sometimes lead to the belief that professional help is unnecessary or inappropriate. This study aims to explore the relationships between engagement in Islamic practices, mental health outcomes, and the utilization of campus mental health services at Carleton University, thereby shedding light on the unique challenges and resources available to Muslim students.

To achieve this goal, we are recruiting undergraduate Muslim students at Carleton University to complete a comprehensive questionnaire, which includes various scales designed to assess mental health symptoms, religious practices, and attitudes toward mental health care. These scales include the Psychological Measure of Islamic Religiousness (PMIR) to assess the degree of engagement in Islamic practices, the Muslim Perceptions and Attitudes Toward Mental Health (M-PAMH) scale to evaluate attitudes toward professional mental health services, and the Self-Stigma Toward Help Seeking Scale to measure internalized stigma. Additionally, participants complete mental health assessments such as the Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI), as well as scales to assess Ioneliness (UCLA Loneliness Scale), social connectedness (Social Connectedness Scale), and academic stress (University Stress Scale). Substance use was also examined using the General Substance Use Survey, AUDIT, and CUDIT, while the SCOPE 27 captured a comprehensive overview of coping mechanisms. By using a multifaceted approach to data collection, the study aims to provide a nuanced understanding of how religious engagement intersects with mental health. We have begun the data collection process late October of the year 2024, and plan to collect data until late February 2025.

The implications of this research are significant for the development of more inclusive and effective mental health services at Carleton University. By identifying the unique mental health needs and preferences of Muslim students, this study advocates for the incorporation of spiritual and religious considerations into campus counseling services. Mental health practitioners can benefit from training that emphasizes cultural competence, enabling them to understand the specific challenges faced by Muslim students. This shift would not only support Muslim students but also benefit other students who seek a spiritually oriented approach to mental health care. Furthermore, fostering an environment where spiritual practices are acknowledged can help reduce the stigma associated with seeking mental health support.

Looking ahead, we plan to use the findings from this study as pilot data for a broader project in collaboration with the Stanford Muslim Mental Health and Islamic Psychology Lab, led by Dr. Rania Awaad. This future study aims to explore how religiosity influences mental health outcomes among students across North America, further bridging the gap between spiritual practices and mental health service utilization. By extending the research beyond Carleton University, we hope to gather a more comprehensive understanding of the mental health landscape for Muslim students and inform best practices in mental health care.

In conclusion, this research not only addresses the pressing need for culturally sensitive mental health services but also contributes to the broader conversation about the importance of integrating spiritual and religious perspectives into mental health care. By illuminating the unique experiences of Muslim students, this project seeks to foster an environment of understanding, support, and healing. Ultimately, the goal is to empower Muslim students to engage with mental health services without fear of stigma or discrimination, ensuring that their cultural and spiritual identities are respected and valued within the academic community. This work holds the potential to create a more inclusive campus atmosphere, enriching the educational experience for all students while addressing the urgent mental health needs of underrepresented populations.

References

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