Mindfully Muslim: Evaluating an Islamic Mindfulness Group Therapy Program for Muslim Women

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Executive Summary (100 words) (97 words)
Approximately 7-10% of the GTA identifies as Muslim. There is a clear and rising mental health need in this population that is largely unmet due to various factors including stigma and lack of culturally & spiritually appropriate services. *Mindfully Muslim* is a novel group therapy intervention designed to address this need. Inspired by principles drawn from MBSR and MBCT and grounded in Islamic wisdom, it is designed for Muslim women struggling with mood and anxiety disorders. We propose using a mixed-method design to collect quantitative and qualitative data to evaluate the program for feasibility, acceptability and effectiveness.

Project Rationale (350 words) (350 words)

There are approximately 1,053,945 Muslims in Canada and Islam is the second most populous religion after Christianity.[1] About 7-10% of the GTA population identifies as Muslim, including Canadian-born, immigrant, and refugee populations.[1] It is important to ensure that their mental health needs are addressed.

While statistics on the mental health of Canadian Muslims is lacking, population studies indicate that the health of immigrants tends to be better than that of the general population initially due to the "healthy immigrant effect," [2,3] attributable to the fact that immigrants must pass through a rigorous screening process to achieve immigrant status. However, the mental health of immigrants worsens over time to match or become worse than that of the general population due to psychosocial factors including discrimination and other inequities.[4,5] Further, meta-analyses reveal that refugees are at a substantially higher risk than the general population for a variety of psychiatric disorders, such as post-traumatic stress disorder due to exposure to war, violence, torture, exile, and the uncertainty of their status in the countries where they seek asylum.[6,7] Local Muslim leaders are becoming aware of this need.[8] Naseeha, a Muslim youth hotline, received over 18,000 calls in 2017 alone.[9]

Despite the rising need, help-seeking is low due to stigma and the lack of culturally and spiritually appropriate services. Literature from the United States indicates that Muslims, whether native born or migrants, tend to avoid seeking professional mental health services due to stigma, absence of cultural safety, language barriers[10], lack of acknowledgement of spiritual or religious identities, and absence of a trauma-informed approach.[11]

Mindfully Muslim is an 8-week trauma-informed, culturally adapted group therapy program that addresses these barriers for Muslim women. It draws inspiration from Buddhist mindfulness practices, which have been secularized and are taught in mindfulness-based therapies like MBCT, an evidence-based psychological intervention for the prevention of depressive relapse.

Mindfully Muslim integrates and re-contextualizes these practices within the Islamic wisdom tradition. The spiritually adapted approach of this group therapy program has great potential in meeting the needs of Muslims who identify their religious and spiritual lives as being integral to who they are and their worldviews.

Objectives (500 words) (465 words)

Objective 1: Refine the *Mindfully Muslim* program for depression and anxiety disorders.

The *Mindfully Muslim* program has already been successfully piloted twice with non-clinical participants. In the first group, 6 participants attended the group at the Trinity-St Paul's United Centre for Faith, Justice & the Arts in Toronto. In the second group, 10 participants attended the group at Sistering, a women's shelter in Toronto. Verbal feedback from both groups was overwhelmingly positive, generating interest in local communities.

Please click on the following link for media coverage about the program and the response of participants:

Let's Talk about culturally sensitive treatments for depression

The Canadian Press
By Mojola Omole, Surgical Oncologist and Munk Global Journalism Fellow, University of Toronto
January 29, 2018
11:42 AM EST

This article was originally published on The Conversation, an independent and non-profit source of news, analysis and commentary from academic experts. Disclosure information is available on the original site.

https://theconversation.com/lets-talk-about-culturally-sensitive-treatments-for-depression-90387

Please see Appendix A for letters of support from communities who have expressed an interest in the program in Toronto.

The program will be further refined for clinical use through individual interviews and consultations with local clinical and non-clinical practitioners, including the staff of Women's Health in Women's Hands and Flemingdon Park Health Centre in collaboration with the Thorncliffe Neighbourhood Collaborative (a subsidiary of the Children's Aid Society of Toronto).

Objective 2: Pilot and evaluate the *Mindfully Muslim* program for Muslim women with depression and anxiety disorders.

Objective 2a: Assess the feasibility and acceptability of a spiritually-adapted mindfulness group for adult Muslim women with mood and anxiety disorders.

We hypothesize that the participants will find the spiritual content of this group appealing, appropriate, and applicable.

Objective 2b: Explore the effectiveness of this spiritually-adapted mindfulness group to enhance mindfulness skills, reduce stress, and improve mental well-being in adult Muslim women with mood and anxiety disorders.

We hypothesize that this group will enhance acceptance, decrease depressive and anxiety symptoms, reduce perceived stress, and improve mental well-being in participants. We also hypothesize that participants in this group will find this group useful and helpful in their daily tasks.

Objective 3: Promote capacity building and community uptake through knowledge transfer and exchange (KTE).

One of the intended outcomes of this project is to foster connections and collaborations between existing community stakeholders, promote dialogue in mindfulness and mental health, and build interest and commitment in the community to replicate this program, thereby increasing the overall resilience of communities. Dissemination will occur through community agencies, community health centres, mosques, and academic conferences (e.g., Canadian Muslim Mental Health Conference, Canadian Psychiatric Association Annual Meeting, American Psychiatric Association Annual meeting). An integral part of this project will be to work with communities on the ground to gather their input in order to further develop, refine, and promote the intervention.

Description of project (500 words) (500 words)

Phase 1 - Preparation (3 months):

We will obtain research ethics approval from the University of Toronto and Women's College Hospital. We will conduct two focus groups with clinical staff from Women's Health in Women's Hands (WHWH) and from Flemingdon Park Health Centre. Data will be solicited to tailor the intervention and to assess the needs of these groups with respect to the Muslim patients they serve, including cultural and religious education around treating Muslim patients.

Phase 2 – Pilot Mindfully Muslim group and Program Evaluation (6 months):

We will conduct two ***Mindfully Muslim*** groups. The group will meet weekly for 2 hours over 8 weeks. Each group will be run by two facilitators and consist of 12 adult Muslim women. The inclusion criteria are: i) self-identified Muslim women 18-year old or older; ii) fluent in English; iii) diagnosed with depression or an anxiety disorder by a healthcare practitioner; and iv) willing to commit to attend all sessions.

Exclusion criteria are: i) diagnosis of a severe or unstable medical illness that precludes safe participation in the study; ii) diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder; or current acute psychosis or mania; iii) substance use disorder other than caffeine or tobacco; and iv) severe suicidality.

Participants will be recruited from WHWH and the Flemingdon Park Health Centre. One group will be held at each site.

This project will utilize mixed-method design to collect quantitative and qualitative data to evaluate the program in terms of its feasibility and effectiveness.

Quantitative data on mindfulness, depressive and anxiety symptoms, perceived stress, and subjective wellness will be collected pre, post, and at 1-month follow-up using the following scales:

1. The Kentucky Inventory of Mindfulness Skills (KIMS) scale is a 39-itme self-report scale used to assess 4 mindfulness skills (observing, describing, acting with awareness and accepting without judgement). [12]
2. The DASS-21[13] scale will be used to assess depressive symptoms (7 items), anxiety symptoms (7 items), and stress (7 items) respectively.
3. The Perceived Stress Scale (PSS) will be used to measure the perception of stress[14]
4. Short-Form (SF-12) is a 12-item self-report that assesses quality of life measures including mental health and emotional role functioning.[15]

We will also conduct a focus group at follow-up to capture a more nuanced perspective on the unique features of this group, examining the impact of the Islamic content and character on this program.

Data Analysis:
For quantitative data, descriptive and inferential statistical analyses (ANOVA) will be done. The moderating effect of sociodemographic variables on the effectiveness of intervention will be explored using regression. The focus group will be transcribed verbatim and coded by the team. The data will be analyzed with NVivo using CGT principles.

Phase 3 – KTE (3 months)

Key stakeholders will be engaged throughout the project based on our previous relationships and the consultations in Phase 1. The findings will be shared with our community partners and

stakeholders through local workshops, factsheets/pamphlets, and a website (see section below). We will also share our project at academic conferences.

Timeframe and feasibility (300 words) **(292 words)**

Feasibility: The group has previously been piloted with non-clinical populations successfully and with positive feedback. We have obtained support from both proposed sites (see support letters in Appendix B), and based on our preliminary exploration, recruitment will not be an issue based on the perceived needs of the staff. We aim for low to moderate attrition rate ≤20% which is comparable to the average attrition rate of studies of mindfulness groups for healthy individuals.[16]

Effectiveness: We aim for statistically significant reduction on stress and improvement on mindfulness and mental well-being from week 0 to week 8 and 12 as reported on validated measures.

Assessment will occur at pre-group (week 0), post-group (week 8) and follow-up (week 12). We will conduct a focus group for those who return for the follow up session. The focus group will be 60 minutes long. We will ask open-ended questions to assess the importance of the Islamic character and content of this group, the usefulness of the skills learned from this group and to generate ideas for future directions.

Please see Appendix B for Table 1: timeline for measures used in this project

Project action items	**Month**											
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Phase 1 – Preparation												
REB Approval	X	X										
Focus group with clinicians		X	X									
Hire RA		X	X									
Phase 2 – Pilot Groups and Evaluation												
Recruitment			X	X	X	X						
Pre (Group 1)					X							
Group 1 at WHIWH					X	X						
Post (Group 1)						X						
Follow-up (Group 1)							X					
Focus Group 1 (Group 1)							X					
Pre (Group 2)							X					
Group 2 at Flemingdon							X	X				
Post (Group 2)								X				
Follow-up (Group 2)									X			
Focus Group 2 (Group 2)									X			
Data Analysis (Quant/Qual)									X	X	X	
Phase 3 – KTE												

Factsheets, Website										X	X	
Community dissemination and engagement (community partners)											X	X
Academic dissemination (posters, presentations)												X

Table 1: timeline for measures used in this project.

Dissemination or knowledge transfer (700 words). (388 words)

We will be implementing a knowledge transfer strategy throughout this project, linking our clinical expertise and research findings to the broader community and its needs. We have identified four domains that are critical to our dissemination strategy. These include outreach, accessibility, publicity, and creating a lasting impact.

1. Outreach: We have letters of support from our projected community partners. We will aim to conduct workshops on Muslim women's mental health in order to share findings from this project. We also aim to conduct training workshops for interested clinicians around cultural safety, religious sensitivity, and for further replication / implementation of the therapy group.

2. Accessibility: We will be utilizing the community health centre setting to promote workshops, training sessions, as well as to offer mental health support to the community. We will create a bi-directional relationship with the community so that we can both give and receive feedback as we conduct focus groups and interviews. We will also be setting up a dedicated email account for this project, so that community members are able to reach our team for further resources or collaboration.

3. Publicity: As part of our knowledge translation strategy, we will publicize this project, the results, and future directions. We will have a central website with regular updates of our project. We will also disseminate the results in appropriate mental health conferences through interactive workshops where participants can engage with the material and contribute their feedback. This built-in discussion will allow for more knowledge transfer.

4. Lasting impact: Currently, we envision this project as being built on the following planks:

1) Creation of safe spaces for Muslims struggling with mental illness
2) Cultivation of inner awareness, self-empowerment & peace
3) Connection to the Most Compassionate, to oneself, to the earth & to the present moment
4) Consolidation of mind, body, and soul
5) Contribution of an Islamic perspective on human suffering, illness, and wellness to the field of mental health.

We will publish our findings in a peer-reviewed journal so that the results can be widely disseminated. With the success of this project, we would next like to compare *Mindfully Muslim* to other existing evidence-based interventions such as CBT in terms of outcomes and the

underlying psychological mediating process of change. If the results are promising, we will also work on adapting this program for other clinical populations, e.g., substance use or chronic psychotic illness.

Innovation (700 words) (697 words)

As far as we know, there are no group therapy programs that have been spiritually adapted for the Muslim community by Muslim psychiatrists themselves. This latter point is important because of the depth of knowledge about Islamic teachings and culture that someone "from the inside" can provide while simultaneously operating within a rigorous clinical framework.

Existing mindfulness therapies such as MBSR and MBCT have provided inspiration for this program. Although these therapies explicitly draw mainly from Buddhist religious teachings and have been adapted for a secular audience, there is also a strong Islamic component already present within them. For example, MBCT centres around a poem entitled, "The Guest House"[17] by Jalāl ad-Dīn Muhammad Rūmī, a Muslim theologian, jurist, and poet.

From an Islamic perspective, "The Guest House" (See references for the poem) suggests that all emotions are "signs" or *ayah* from the Creator that point *to* the Creator. As such, they serve "as a guide from beyond." Greater self-awareness of one's emotional states, one's physical sensations, one's thoughts and one's spiritual state is intimately linked with greater awareness of the Creator and one's purpose on earth.

Even emotions that we deem "negative" or "traumatic", i.e., "a crowd of sorrows, who violently sweep your house empty of its furniture," are to be treated with respect and gratitude. The idea of a Merciful God using trauma to clear out one's being "for a new delight" is deeply reflective of post-traumatic growth from an Islamic perspective.

Islam is radically optimistic. In Islam, there are no "negative" experiences per se as everything one experiences –both "positive" and "negative" are tests from a Benevolent Creator with a wise lesson attached. Muhammad was noted to have said, "Wondrous are the affairs of the believer, for his/her affairs are all good. If something good happens to him/her, he/she expresses gratitude and that is good; if something bad happens to him/her, he/she bears it with *sabr* (patience, perseverance) and that is also a state of goodness."[18]

Rumi's poetry is replete with Islamic allusions to the Qur'an and the hadith (sayings of Muhammad). Historians believe that Rumi was a *hafiz,* or had the entire Qur'an memorized. *Mindfully Muslim* picks up on this connection, renders it more explicit and brings it to the foreground of the work in order to tailor it for those who would value a more Islamic faith-based approach.

We feel that this work is in keeping with the spirit of Islamic civilization when Muslim scholars borrowed broadly from other traditions (specifically Roman, Greek and Chinese), translated this work into Arabic and then adapted it to an Islamic context. Muhammad urged Muslims to "Seek knowledge even if you must travel to China" and his early followers heeded this injunction, setting in motion a period of intense scientific discovery, cultural exchange, and exploration. Later, their

work was translated from Arabic back to Latin and Greek and then to English and French, paving the way for the Renaissance and Enlightenment in Western Europe and the Americas.[19]

Mindfully Muslim honours the rich vastness, openness, and curiosity of this history and attempts to re-attach the threads that have disconnected us from this past, from our texts, from our humanity, our earth, and our shared common traditions. Religion and spirituality remain fundamentally woven into the lives of many Muslims and there is a wellspring of wisdom within Islam that needs to come forth and be expressed in fresh and relevant ways.

Mindfully Muslim recognizes that the next wave of work within the field of psychiatry, mindfulness, and mental health will have to acknowledge the value & importance of incorporating religion and spirituality into a mental health framework so that we are truly employing a bio-psycho-social-*spiritual* model.

This program is client-centred, aiming to meet people where they are at. Feedback from participants and from community stakeholders will shape the therapy and allow us to verify that it is having the impact that it should.

Given the growing size of the Muslim population in Canada and the United States and the intensity of current geopolitical divides with rising waves of anti-immigrant sentiment, xenophobia, anti-Semitism and Islamophobia, the need for a program like this is not only great, but also pressing.

Budget justification (300 words) **(112 words)**

The primary expenses for this project are (1) hiring a research assistant and (2) participant compensation. We are working with a marginalized population and we will compensate them appropriately for the time they spend in order to attend focus groups, engage in interviews and fill out and pre-and-post measures. Additionally, we will remunerate participants for public transportation to reduce attrition.

Finally, we hope to develop a website to keep our stakeholders and community members informed of the current mental health literature especially as it pertains to Muslims, and of course, our own findings from conducting the groups. As a result, we will require funds to hire an experienced graphic designer, who can create a website.

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Appendix A

Let's Talk about culturally sensitive treatments for depression

The Canadian Press
By Mojola Omole, Surgical Oncologist and Munk Global Journalism Fellow, University of Toronto
January 29, 2018
11:42 AM EST

https://theconversation.com/lets-talk-about-culturally-sensitive-treatments-for-depression-90387

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Each week Dr. Yusra Ahmad, a psychiatrist and clinical lecturer at University of Toronto, meets six to eight women with a range of mental health disorders at a mosque in the city's west end. She leads them through a program that combines mindful meditation with concrete skills to manage negative thoughts and regulate emotions.

However, this is not your typical mindfulness therapy. Each session began with prayers from the Qur'an and incorporates teachings from Islamic scholars.

She also uses imagery familiar to the women. For example, when leading a session on mindful eating, instead of using the example of a raisin, as she does with other audiences, she focuses on a date. The reason: Dates have an important role in Muslim traditions, enabling the women to relate to meditation techniques on a more personal level.

Dr. Ahmad is among a growing group of mental health experts who advocate a more culturally sensitive approach to treatment for disorders such as anxiety and depression than the conventional "one-size-fits-all" methods that currently apply.

An approach that recognizes Canada's diversity, these experts argue, should become an integral part of the conversation on mental health, including during events like Bell Canada's annual Let's Talk campaign, which takes place on Jan. 31.

Immigrant mental illness

The argument for more culturally nuanced treatments rests, at least partly, on the idea that many Canadians come from a background where mental disorders are stigmatized and associated with hospital treatment for severe disease such as psychosis.

This stigma not only harms the patient, but often the entire family is ostracized.

Take Saira (not her real name), a 31-year old Muslim African-Canadian human resource manager, who was diagnosed last year with an anxiety disorder. Saira recalls being brushed off by friends and family with words like: “What do you have to be worried about, there’s nothing wrong with you.” Or, “you need to pray more.”

Such advice ended up worsening her feelings of isolation and her anxiety, to the point where she had to take health leave from her job.

Saira found Dr. Ahmad’s Mindfully Muslim program by chance on a Facebook group, after exhausting her options with conventional psychiatric treatment and medications. Dr. Ahmad’s six-week mindfulness program, with elements rooted in Muslim and African culture, gave her renewed hope, she says.

The latest data from Statistics Canada shows that in 2012, 16 per cent of Canadians met the criteria for a mental illness diagnosis.

But the Centre for Research on Inner City Health has found that although immigrants have similar rates of mental illness as people born in Canada, they make far less use of mental health services.

Managing difficult memories

Dr. Ahmad is not alone in her campaign to infuse cultural elements into mental health treatment of specific communities. Leysa Cerswell Kielburger, community program leader at The Centre for Mindfulness Studies in Toronto, has collaborated with Sistering, an organization for “at-risk” women in Toronto, to develop a drop-in mindfulness program for Syrian refugee women.

The program brings about 10 women together every week and facilitates a mindfulness program that centres on the trauma of being a refugee. A mindfulness-based cognitive therapy combines meditation with concrete skills to manage your thoughts, such as learning how to observe your thoughts and not to judge them.

The emphasis during the workshops is on managing difficult memories, taking care of the body and easing the stress of being a newcomer to Canada.

The women benefit from the program, Ms. Kielburger says, because they are in the company of others with the same refugee experience.

What's more, they are able to talk about their experiences in their mother tongue and can access mental health services where they live, rather than in the more conventional but also more intimidating hospital setting.

Dr. Melinda Fowler, a Metis and Mi'Kmaq primary care physician in Winnipeg, approaches mental health treatment with an emphasis on spirituality — which most Indigenous peoples regard as a core tenet for effective treatment of mental illness.

Thus, Dr. Fowler begins each session with a traditional smudging ceremony aimed at developing a connection with her patients, and at helping them connect to their spirituality.

"There is a legacy of trauma, and mistrust of institutions such as health care in the Indigenous community," says Dr. Fowler. She takes the view that by incorporating Indigenous customs in the management of mental disorders, patients are able to slowly regain a measure of trust in a system that has eradicated many traditional practices that used to be cornerstones of medical treatment in their communities.

Dr. Fowler is also taking her approach to indigenous mental health into the federal prison system. She has started a pilot program among inmates in the Prairie provinces that incorporates traditional ceremonies as well as Indigenous medicines such as weekay root, or wiikenh, a popular antidote for anxiety.

Spirituality in health

Arji Elmi, a social worker and PhD candidate at the Ontario Institute for Studies in Education, enrolled in Dr. Ahmad's Mindfully Muslim program as a learning opportunity to improve her skills as a crisis social worker. She says the experience has been transformative in her work.

She often found in the past that religion and spirituality were discouraged in the structured therapy programs offered in crisis centres — due to concerns that patients might feel they were having religion forced on them. Yet for those Canadians whose spirituality embraces all aspects of their lives it must play an important part in their treatment.

Ignoring the key role of spirituality or religion in a person's health can deepen the isolation that often leads to mental breakdowns, Elmi says.

Diversity means that therapy must take different forms for different groups, whether it is women discussing their stresses as they farm the land, or of Indigenous ceremonies designed to achieve emotional balance, or Catholic churchgoers filing into the confessional box each week to share their struggles with a priest.

When mental health providers incorporate cultural nuances and engage in community based treatment, they can go a long way towards improving the mental health of the most vulnerable Canadians.

Appendix B: Letters of Support from Community Stakeholders

Appendix C: Poem

The Guest House

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,

still, treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice.
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes.
because each has been sent
as a guide from beyond.

-Jalāl ad-Dīn Muhammad Rūmī (1207-1273 AD)