Understanding the Perceptions, Attitudes and Coping Mechanisms of Mental Health Issues among Muslims in Kenya.

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Abstract

- When living in a third-world country, mental health is rarely on the list of priorities. This is because the majority are struggling to make ends meet. As such, spending money and time on mental check-ups seems to be a luxury for many. When it comes to the Muslim community, the disregard towards mental health runs deeper due to the common stereotypes, misconceptions, and taboo nature of the matter. This study aims to establish the perceptions, attitudes, and coping mechanisms that are most commonly adopted within the Muslim community in Kenya and how deeply rooted they are.

- This quantitative research was conducted online among 382 Muslims living in Kenya who are 18+ years. The analysis was done using Statistical Package for the Social Sciences (SPSS).

Introduction

- Kenya is a third- world country in East Africa with an approximate of 47.6 million people according the 2019 census conducted by Kenya Population and Housing Census (KPHC). 11% (around 5.2 million) of the general population are Muslims.

- In general, Kenya is a poor country with limited resources. There is shortage of medical personnel, as well as poor health infrastructure, lack of adequate funding, socio-cultural stigma and limited therapeutic resources(Jenkins et. al., 2019). There is also lack of administrative structures for mental health care services such as governance and policies in Kenya, that have led to low prioritisation of mental health in the country (Mutiso et al., 2020)

- The social environment in many African countries does not nurture good mental health, with poverty (among other conflicts and situations) being one of the major causes of mental illness. Mental distress escalates when poverty occurs simultaneously with difficult socio-economic conditions.

- While poverty affects mental health, it also acts as a barrier to seeking help. Muslims in Kenya have the extra burden of financial constraints and lack of time and resources to seek mental health assistance. This is because with the high cost of living, most people have to have more than one job or work extra hours to make ends meet. As such, mental health is among the least of their priorities. Most are also unaware of the availability of Muslim therapists and Islamic approaches to psychotherapy.

- The body of work on Islamic theoretical framework for Islamic psychology and psychotherapy has grown in the last few decades (Haque, Khan, Keshavarzi, & Rothman, 2016). There has also been the increase in culturally competent mental health services. Nonetheless, Muslims are still afraid of seeking help due to the stigma associated with mental illness (Cifti et al., 2012). This fear as well as mistrust of service providers, fear of treatment, fear of discrimination, and the perceived lack of culturally competent providers have created a barrier between Muslims and the field of mental health .

- Muslims also tend to misunderstand how both the spiritual and world realm can affect one's mental health. Many conceive mental illnesses to be as a result of jinn possession, sihr, punishment from Allah or weak faith, while forgetting other possible causes like trauma, brain injuries, chemical imbalances, toxic environments among others. And these misconceptions further lead to stigma towards the mentally ill.

- In most parts of Africa, the family is considered an important support system for those with mental health problems (Nyamongo, 2013). This therefore means that the way a family perceives mental health will also affect the coping mechanisms of the patient within the same family. In the case where a family or parents consider the subject as a taboo, the patient would most likely be hesitant to speak up or seek help and would opt for unhealthy coping mechanisms. If the family itself is dysfunctional, the patient's condition would escalate due to the relations and conflict therein. The opposite of this is also true.

- With the high cases of divorces among Muslim communities in Kenya, many problems are not dealt with from the roots. This breeds a lot of hatred, conflict, tension among spouses or divorcees, children, families and their communities. Many children end up growing up in very toxic environments due to familial and unsolved marital problems.

- With the wide-spread use of the internet and social media, a lot of information has been shared on mental illnesses and well-being. Nonetheless, not all information shared is accurate. Sometimes mental illnesses are down-played while sometimes they are made to seem like a taboo. In cases where mental illnesses are down-played is like when teenagers or young adults would self-diagnose and post on how depressed they feel yet what they are experiencing is simply stress. On the other hand, patients who frequently share their woes and their mental journey are sometimes criticized and cyber-bullied-being called names like 'attention seekers' or 'drama queens' or 'crazy' by online masses.

- At the moment, we have very scarce data on the prevalence of mental health, neurological and substance use (MNS) in Kenya due to the lack of national surveillance data on mental illness (Mutiso et. al., 2020). Yet according to the ministry of health, the 2015 mental health policy, an approximate of up to 40% of in- patient and 25% of outpatients in health institutions suffer from mental conditions. It has also been noted that the most frequently diagnosed illnesses made in public hospitals are stress, anxiety, depression and substance abuse.

- This study aims to establish the perceptions, attitudes, and coping mechanisms that are most commonly adopted within the Muslim community in Kenya and how deeply rooted they are.

Statement of the Problem

- Mental health should be a priority regardless of one's background, status, religion or country. It should be regarded as a right for every citizen just like physical health is. Nonetheless, due to the deep-rooted misconceptions and beliefs, mental illness is still considered a taboo in the majority of African countries and Muslim communities. This in turn affects the response towards mental illness and how the Kenyan Muslims cope when in distress.

- In order for this to change, there needs to be adequate research on how the communities view mental health and consequently, use that information in creating awareness, correcting misconceptions, removing barriers that prevent seeking help, providing resources and bringing about long-term solutions for those affected with mental illness.

Aims & Objectives

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1. Understand the perceptions, and attitudes of the Muslims in Kenya towards mental illnesses.

2. Evaluate the depth of their beliefs towards mental health and seeking treatment.

3. Recognize the different coping mechanisms adopted by the Muslim communities.

4. Find out the different barriers preventing those with mental illnesses from seeking professional help.

Research Questions

1. What do the Muslims in Kenya believe and understand about mental illnesses?

2. How much awareness do they have on mental health?

3. To what extent is mental health a priority to the Muslim communities in Kenya?

4. Do the Muslims associate mental illness to supernatural and spiritual causes more than scientific/psychological explanations?

5. Which coping mechanisms do they adopt when in distress?

6. How deep a taboo is the topic of mental illness and are the affected patients and families stigmatized for it?

7. Do the men get more stigmatized on mental illness than women?

Hypothesis

- The prediction on this study was as follows:

- Many of the Muslims in Kenya believe mental illnesses to be simply mental distress coming from weakness of one's faith, lack of patience and other spiritual and supernatural reasons.

- Most Muslims in Kenya have little to no knowledge on mental disorders and many refuse to acknowledge their own symptoms due to stigma.

- Mental health is one of the least priorities for the Muslims in Kenya.

- They also consider mental illness as a result of supernatural or spiritual causes more than scientific/psychological explanations.

- Most Muslims don't seek professional help for their mental illnesses and when they do, they don't want the community to know of their mental illness or that they seek therapy for fear of stigma. They thus use spiritual or traditional healing methods because they're more socially acceptable or opt for unhealthy coping mechanisms to deal with the illnesses.
- Muslims in Kenya are mostly unaware of the available resources for mental illnesses for them including Muslim therapists applying both Islamic and scientific models of psychotherapy.
- Those who consider mental illness as a test do not see the importance of seeking help. They believe that patience and prayers should be enough.
- There is still a lot of stigma surrounding the topic of mental illnesses.
- Men are more stigmatized when facing mental distress than women.

Literature Review

SCIENTIFIC/PSYCHOLOGICAL EXPLANATIONS OF MENTAL ILLNESS VERSUS SUPERNATURAL/SPIRITUAL CAUSES

- The American Psychiatric Association defines mental illnesses as health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are connected with distress and/or trouble functioning in work, social or family activities.

- Islam recognizes the modern, scientific explanations of mental illness such as biological factors (chemical imbalances, genetics), traumatic experiences, cognitive distortions among other things. However in the Islamic perspective we also include the study of the soul; the ensuing behavioural, emotional and mental processes; both the seen and unseen aspects that influence these elements.

- The human psyche is therefore considered to not only be psychological; its essence is spiritual and metaphysical (Utz, 2011).

- Sometimes there may even be an overlap between the spiritual and scientific factors whereby supernatural factors may lead to traumatic experiences that may then cause one to develop a mental illness.

- For example, black magic (sihr) involves attempts to control others i.e. their emotions, thoughts and life events (which is a power that only belongs to Allah). The use of it on another being may cause physical illness, calamities, marital or relational problems as well as cause psychological distress which may lead to mental disorders like anxiety, depression and suicidal thoughts.

- Faith healers in Saudi Arabia report that some psychological symptoms caused by jinn possession, evil eye or black magic include obsession, anxiety, and fear of developing disease. Other symptoms include depressive ideas, insomnia, somatic complaints, hyper-activity, aggression, violent behaviour, psychotic disturbance, abnormal movements, estrangement (between spouse or co-wives), hatred, among others (Al Habeeb, 2003).

- However, many Muslims associate such illnesses to supernatural causes like black magic, the evil eye, jinn possession, weak faith, or as a punishment from Allah (Alharbi et. al., 2021) more than they associate the illness to the other scientific explanations. This could be due to misconceptions and lack of knowledge.

- Moreover, many Muslims lack knowledge on the existence of professional mental health services. Some hold negative attitudes towards the mental health services and providers, have strong cultural beliefs related to causes of mental illness and their attitudes are affected by the prevalent societal stigma attached to mental illness. (Khan et. al., 2019)

- One other issue that Muslims do not realize is that guidance and counselling has its roots in Islam too. Our prophet peace be upon him was a great listener and provided guidance to his followers. Muslims would often approach him with their disputes and distress and he would listen without judgement or humiliating the individuals and counsel/advise them where necessary.

Hadith on Zina: Would you like that for your mother, sister?

☖ Abu Amina Elias

🏷 Adultery الزنا Bad Deeds السيئات Chastity الحصن Family Ties صلة الرحم Forgiveness المغفرة Golden Rule القاعدة الذهبية Hearts القلوب Manners النساء Women النساء قلب سليم Sound Heart التبادل Reciprocity تزكية النفس Purification of the Soul الوالدان Parents الحياء Modesty الادب

Abu Umamah reported: A young man came to the Prophet, peace and blessings be upon him, and he said, "O Messenger of Allah, give me permission to commit adultery." The people turned to rebuke him, saying, "Quiet! Quiet!" The Prophet said, "**Come here**." The young man came close and he told him to sit down. The Prophet said, "**Would you like that for your mother**?" The man said, "No, by Allah, may I be sacrificed for you." The Prophet said, "**Neither would people like it for their mothers. Would you like that for your daughter**?" The man said, "No, by Allah, may I be sacrificed for you." The Prophet said, "**Neither would people like it for their daughters. Would you like that for your sister**?" The man said, "No, by Allah, may I be sacrificed for you." The Prophet said, "**Neither would people like it for their sisters. Would you like that for your aunts**?" The man said, "No, by Allah, may I be sacrificed for you." The Prophet said, "**Neither would people like it for their aunts.**" Then, the Prophet placed his hand on him and he said, "**O Allah, forgive his sins, purify his heart, and guard his chastity.**" After that, the young man never again inclined to anything sinful.

In another narration, the Prophet said to him, "**Then hate what Allah has hated, and love for your brother what you love for yourself.**"

Source: Musnad Aḥmad 21708

Grade: *Sahih* (authentic) according to Al-Arna'ut

- The prophet concealed the faults and affairs of other Muslims and only spoke about the cases when it was educational for the other Muslims. He was merciful regardless of people's shortcomings. He also individualized his advice rather than having standard answers to questions asked. Instead he responded according to the emotional, intellectual, physical and spiritual capacity of the individual. These of course are also among the conditions of psychotherapy; having empathy, providing confidentiality to the client and customizing the therapy sessions to suit the individual involved.

- Many Muslims are afraid of seeking help from therapists for they fear that their information will be revealed. This is especially because as Muslims, we live as a community and we are involved with one another. Some Muslims even opt to seek help from non-Muslim therapists for the same reasons. Yet any professional counsellor/therapist knows that it is unethical to disclose any client's information unless necessary like in the case of a suicidal patient, or working with a team of other professionals on the same client.

- Many Muslims often disregard seeking help for mental illness entirely due to their perceptions of it. However when they decide to deal with the matter, most adopt coping mechanisms that may or may not be healthy, e.g. exercise, drug abuse, over-working, binge-eating, self-harm, journaling etc. While others use cultural, Islamic healing methods e.g. ruqya, cupping, prophetic medicine etc.

- Many Muslims are also doubtful about Western psychology with regards to its congruence with the Islamic approaches of mental health. However, in recent years, Islam has adopted this approach of psychotherapy whereby unproductive beliefs are identified then corrected or replaced with beliefs derived from our religion while using a variant of cognitive therapy (Azhar et al., 1994). Lifestyle modifications and repentance (for those with guilt) may be suggested according to the life and teachings of our prophet peace be upon him (Hamdan, 2008).

TESTS FROM ALLAH:

- Allah Subhanahu Wataala says, "Surely, We will test you with a bit of fear and hunger, and loss in wealth and fruits, and give good tidings to the patient." (Qur'an 2: 155)

- Again, He says, "Do people think that they will be left (at ease) only on their saying, "We believe" and will not be put to any test? Indeed We have tested those before them. So Allah will surely know the ones who are truthful, and He will surely know the liars." (Qur'an 29: 2-3)

- Our lives are but a test till our final breath. Abundance is also considered a test.

- From the above, we can deduct that mental illnesses are also a test from Allah regardless of their causes. As such the illness should be treated with the same urgency as a physical ailment and also handled with patience and prayer as we do with every other test.

SPIRITUAL DISCONNECTION FROM ALLAH

- While contemporary psychological theories focus on the seen world, Islamic psychology recognizes the unseen world and the vitality of spirituality. Without a spiritual connection to the Lord, the soul will suffer depression, despair and anxiety (Utz, 2011).

- Allah mentions in the Holy Qur'an, "And whoever turns away from My remembrance-indeed, he will have a depressed (difficult) life, and We will gather (raise) him on the day of resurrection blind." (Qur'an 20: 124)

- For example, a person with low imaan may struggle to come up with explanations or cope with stressful life events. He may also have an existential crisis, wondering on the purpose of life. Disobedience of Allah Subhanahu Wataala also makes one vulnerable to the whispers of shaitan, jinn possession, envy/evil eye and black magic which may further cause social or psychological problems including anxiety, distress and depression. Even though distance from the Lord may increase the chances on one getting such disorders, this does not necessarily mean that those who suffer from mental illness lack faith (Utz, 2011)..

- People who have experienced spiritual death, often lead their lives blindly, forgetting Allah. These therefore cause an existential vacuum and spiritual non-being which thereafter leads them to lose touch with their own true selves. For example, a person with low imaan may struggle to come up with explanations or cope with stressful life events. He may also have an existential crisis, wondering on the purpose of life (Utz, 2011).

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- When we refer to our prophets, may Allah be pleased with them, they too faced tough life challenges which brought some distress to them.

  ❖ "So he (Nuh) cried out to his Lord, "I am helpless, so help ˹me˺! …. [Qur'an 54: 10-14]

  ❖ "Then the pains of labour drove her to the trunk of a palm tree. She cried, "Alas! I wish I had died before this, and was a thing long forgotten!" [Qur'an 19: 23-26]

❖ "And remember Our servant Ayub, when he cried out to his Lord, "Satan has afflicted me with distress and suffering." . [Qur'an 38: 41-43]

❖ And in Surat Yusuf verse 84 "He turned away from them, lamenting, "Alas, poor Yusuf!" And his eyes turned white out of the grief he suppressed." Again in verse 86 "He replied, "I complain of my anguish and sorrow only to Allah, and I know from Allah what you do not know.

From the above mentioned and many other examples, we can establish that experiencing sadness and grief are natural emotions and not necessarily a sign of weakness of faith for these are our beloved prophets who were sinless. Nonetheless, we learn from their responses to distress on how to seek Allah's aid, and have patience without falling into despair.

OTHER COMMON MENTAL HEALTH ISSUES

- For those who attempted suicide or died from it, their cases remain greatly unknown especially in the Muslim community due to the taboo nature of the matter and the stigma that forever follows around the family of the deceased. This kind of stigma is seemingly more when it is the men who have the mental disorders, even though past statistics have shown more men ending their lives in Kenya more than women.

- In an article in *'The Star'* newspaper, Mbugua (2020) reported that the World Health Organization recorded that 330 out of 421 suicide cases involved men in Kenya in 2017. This is in addition to the increased number of suicide cases among youth and children even as young as 9 years old, being reported in the daily news.

- With the Muslim community, since the men are the protectors and providers for the women, many assume that it is weak for a man to struggle with mental health or cry or experience emotions outwardly. It is considered even more unusual when a man seeks help from a therapist. This however has no basis in our religion since our prophets revealed their emotions including when they were grieving and weeping and sad (As showed previously). We see the same from the lives of the sahaba who would constantly go to the prophet peace be upon him and talk about difficulties they were facing and requesting for his advice, guidance and duas.

- Moreover, we learn from the prophet peace be upon him, specific duas that touch on matters of distress. For example: It was narrated that Anas bin Malik said: "The Messenger of Allah [SAW] had supplications that he never omitted to recite. He used to say: 'Allahumma inni a'udhu bika minal-hammi, wal-hazani, wal-'ajzi, wal-kasali, wal-bukhli, wal-jubni, wa ghalabatar-rijal (O Allah, I seek refuge with You from worry, grief, incapacity, laziness, miserliness, cowardice and being overpowered by (other) men.)" (An-Nasa'I, 5449)

- Ibn Abbas narrated that : when he was in distress, the Prophet of Allah ((ﷺ) would supplicate: "There is none worthy of worship except Allah, the Forbearing, the Wise, there is none worthy of worship except Allah, the Lord of the Magnificent Throne, there is none worthy of worship except Allah, the Lord of the heavens and the earth, and the Lord of the Noble Throne (Lā ilāha illallāh al-ʿaliyyul ḥalīm, lā ilāha illallāh, rabbul-ʿarshil-ʿaẓīm, lā ilāha illallāh, rabbus-samāwāti wal-arḍi wa rabbul-ʿarshil-karīm)." (Jami` at-Tirmidhi 3435)

- Anas bin Malik said: "Whenever a matter would distress him, the Prophet ((ﷺ) would say: 'O Living, O Self-Sustaining Sustainer! In Your Mercy do I seek relief (Yā Ḥayyu yā Qayyūm, bi-raḥmatika astaghīth).'" And with this chain, that he said: "The Messenger of Allah ((ﷺ) said: 'Be constant with: "O Possessor of Majesty and Honor (Yā Dhal-Jalāli wal-Ikrām).'" (Jami` at-Tirmidhi 3524)

- In Muslim localities, several mentally ill people have been wedded with the assumption that marriage can heal mental trauma or resolve behavioural problems that would otherwise be diagnosed as mental /personality disorders. Many parents have also covered up for their children even when their mental illnesses have led to murder, violence, drug abuse among other extremities instead of seeking treatment. This is because in the Muslim communities several people consider admitting a loved one into a mental institution as a cruel act. A family would rather persevere or witness their child's violence and abuse on themselves and others for years yet they would never take them for mental treatment.

- Sometimes children with undiscovered developmental disorders such as Autism spectrum disorders, ADHD (attention-deficit/hyperactivity disorder) or anxiety disorders may also have learning disorders which affect their academic life. The children end up struggling in school under non-empathetic (and sometimes ignorant about learning disorders) teachers, harsh punishments and overwhelming hours of tuition, simply because the parents fear stigma if their child is taken to a special school.

- If the child keeps failing in academic performance, some parents stop the child from attending school and pass the responsibility of handling such children to madrasa teachers. Some also seek ruqya only even when the individual needs behavioural and cognitive therapy, or occupational therapy, or play therapy (among others) for the children.

- Ruqya on its own is a powerful tool granted to us for protection and healing purposes. Yet in a hadith reported by Anas ibn Malik: A man said, "O Messenger of Allah, should I tie my camel and trust in Allah, or should I leave her untied and trust in Allah?" The Prophet, peace and blessings be upon him, said, "Tie her and trust in Allah." (Al-Tirmidhī, 2517)

- This clearly shows that as much as we should always rely on Allah, we should also do the work. In this case, the patient/client must be willing to explore their soul, identify any dysfunctionality available, acquire necessary skills and do whatever is necessary to help them out of the situation they are in with the help of a therapist/counsellor/trained imam. And in the case of children, the parents should take charge and provide their children with the assistance they need as early as possible.

- One of the issues misunderstood is the prognosis of mental illnesses. Mental illnesses differ in severity; some are life-long and have more adverse effects than others. For example, schizophrenia has no cure yet it is treatable and patients can have normal, healthy lives by use of medication, therapy and being part of support groups.

- As such, we can say that some mental illnesses are overpowering than others yet with proper treatment, they cannot be entirely beyond one's power. This also means that as much as it is understandable when people with mental illnesses act in a certain way, it is not always justifiable and should not be used as an excuse for bad/violent behaviour when the patient is not willing to take the necessary steps towards healing and healthier changes. It is thus upon the patient, with the support of family and friends, to willingly and diligently seek treatment and take the healing journey seriously.

- Another thing to note is that being grateful and focusing on the positives of life or simply being strong can never treat mental illness on its own just the same way it cannot cure cancer. As much as optimism comes in handy in improving the well-being of the patient, several steps need to be taken in order for the patient to heal.

CONCEPTUAL FRAMEWORK

2.4 Conceptual framework
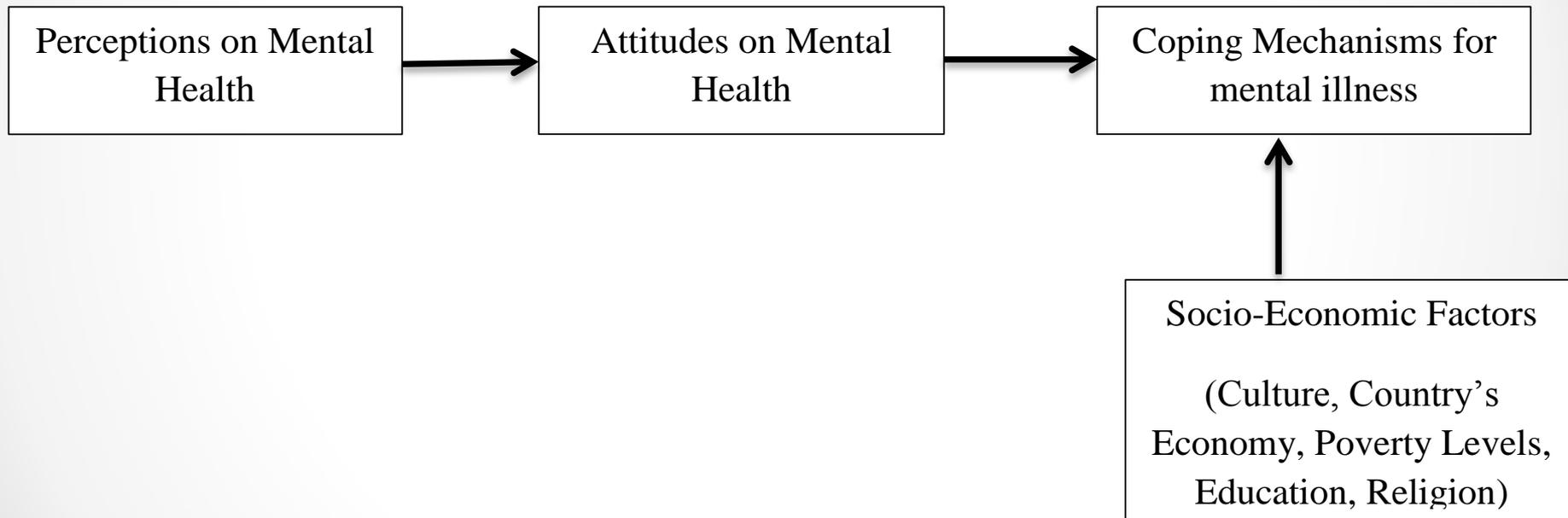
RESULTS ACCORDING TO THE QUESTIONNAIRES COLLECTED

- **DEMOGRAPHIC & PERSONAL INFORMATION:**

Total participants: 382

- o 254 (66.5%); female
- o 128 (33.5%); male

Age groups:

- o 25 – 30 years;133 (34.8%) participants
- o 31 – 40 years; 106 (27.7%) participants
- o 18 – 24 years; 82 (21.5%) participants
- o 41 – 50 years; 38 (9.9%) participants
- o 51+ years; 23 (6%) participants

Education level of participants:

- o 263 (68.8%); Undergraduate education.
- o 77 (20.2%); Masters degree
- o 33 (8.6%); secondary education
- o 4 (1%); primary education
- o 3 (0.8%); Doctorate.
- o 1 (0.3%) with madrasa education only
- o 1 (0.3%) with no education.

Number of years living in Kenya:

- 365 (95.5%); over 16 years
- 14 (3.7%); 6 – 15 years
- 3 (0.8%); 5 years.

County of residence:

- 221 (57.9%); Mombasa County
- 81 (21.2%); Nairobi City
- 24 (6.3%); Kilifi
- 9 (2.4%); Lamu
- 7 (1.8%); Garissa
- 5 (1.3%); Kwale
- 4 (1%); Uasin Gishu
- 4 (1%) ; Nakuru
- 4 (1%); Bungoma
- 3 (0.8%); Marsabit
- 3 (0.8%); Isiolo
- 3 (0.8%); Machakos
- 3 (0.8%); Kiambu
- 2 (0.5%); Meru
- 2 (0.5%) ; Kakamega
- 1 (0.3%); Mandera
- 1 (0.3%) ; Embu
- 1 (0.3%); Murang'a
- 1 (0.3%); Laikipia
- 1 (0.3%); Kajiado
- 1 (0.3%); Busia
- 1 (0.3%); Kisumu

Expertise level on mental health:
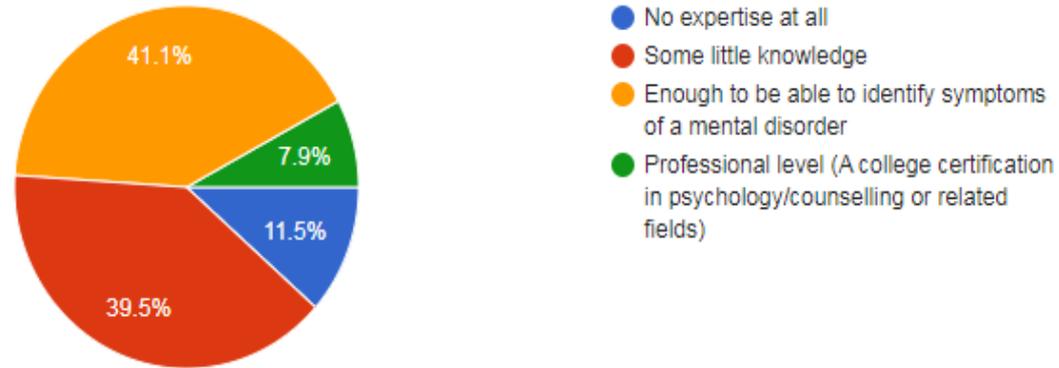
- The high numbers on expertise could be from the wide spread of information on social media networks as well as mental health activism going on around the world currently. This however can be debatable because as much as there is proper information shared by professionals on these networks, we also have misinformation going on. As such, we can't guarantee that the claimed knowledge is indeed correct.

- Also, most information shared on social networks is on depression, anxiety and sometimes bipolar disorders and OCD and other common mental illnesses. However, the variety of mental disorders and their spectrums are very wide and cannot be simplified to a few known illnesses.

Definition of mental illness:
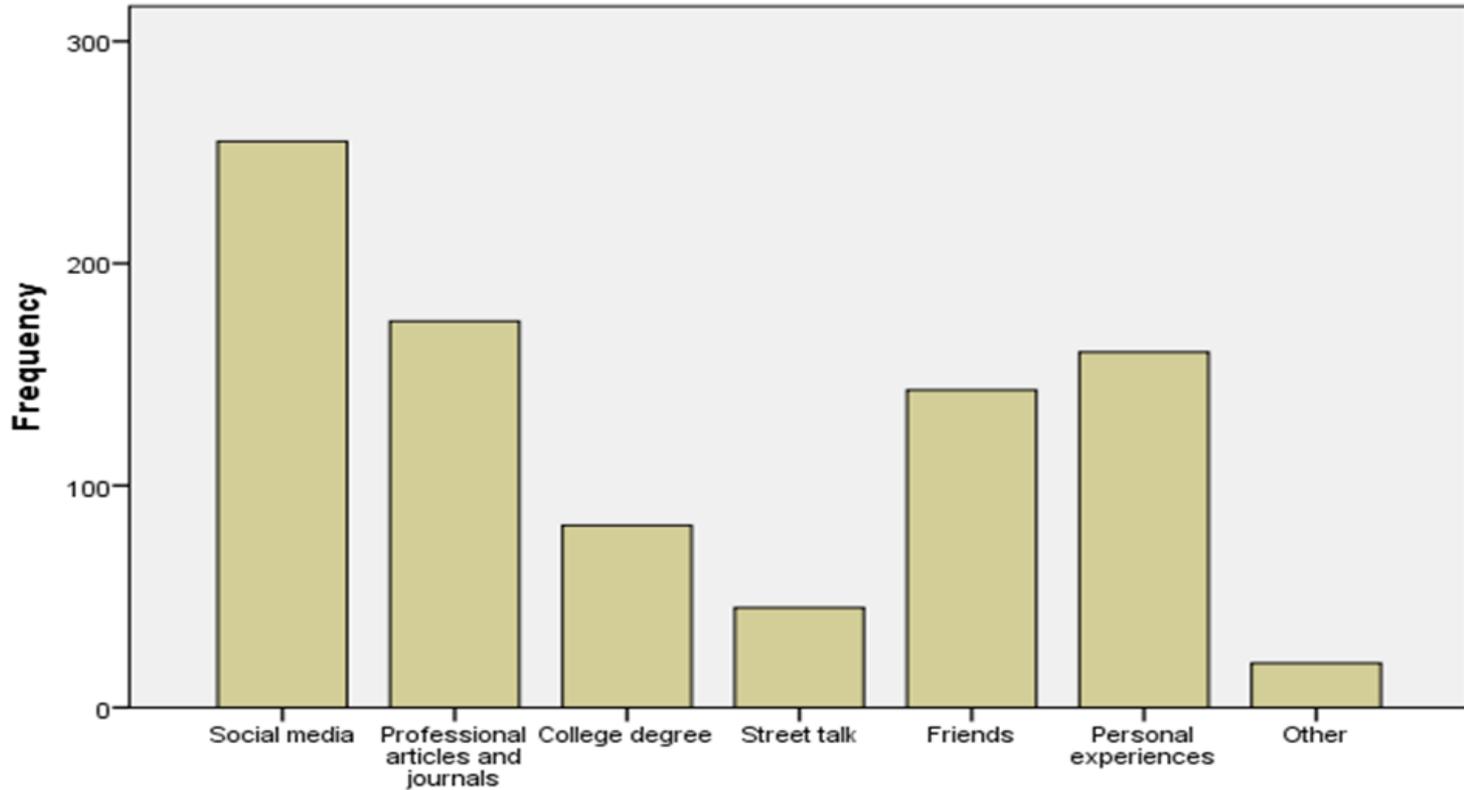
The following were some of the responses;

- 'It's a disorder that affects your daily life and relationships with other people'

- 'A condition that affects the ones wellbeing mentally and affects emotions as well'

- 'An intangible illness that impairs one's normal functioning and has serious consequences,'

- 'A state of mind or a condition characterized by abnormality in a person's way of thinking or behavior.'

Interestingly one respondent brought to light the issue of diseases of the heart in their definition by saying, 'Worshipping self-desires which when someone fails to accomplished the goals finds himself in a deep sorrow and his her life doesn't have meaning after that. Comes from looking people who are more successful in life than you. Someone has to live with a purpose which is to worship Allah.in this life definitely you can't have everything. Avoid social media' while another mentioned that 'mental illness is not easily identified and often mistaken with someone having mas-h (sihr)...'

- Also, as discussed in the previous question, some people consider mental illness to be depression or one of the few commonly known disorders, of which that doesn't really give the full picture of mental illnesses. Some of the participants responded on that accord; 'Is a state of mind where someone is depressed and unable to go on with his or her day to day activities,' 'Mental illness is stress or depression that has gotten out of control', 'Illness of the brain that causes one to be mad,' among others. Another participant defined mental illness as 'being unwell but with no physical symptoms' while others also used words such as 'hidden' and 'Invisible scar' which may be true to some mental disorders yet not all of them lack physical symptoms as we have the psychosomatic disorders as well.

- Some of the key words mentioned in the definitions are, 'Disruption in thinking/behaviour', 'Instability', 'Madness', 'Trauma', 'Environment', 'Distortion of perceptions of reality', 'Vicious cycle of thought', 'locked in the brain' among others. Generally, majority of the participants have a good idea on what mental illness is.

Where do you get your information on mental health and illnesses?

Diagnosis of mental illness by a professional:

- o 341 (89.3%); Never been diagnosed with a mental illness by a professional

- o 41 (10.7%); Have been diagnosed before.

Know someone with a mental illness diagnosis:

- o 297 (77.7%); Know someone who's been diagnosed with a mental illness

- o 85 (22.3%); Don't know anyone.

Contemplation/Attempting suicide:

- o 303 (79.3%); Have **not** contemplated/attempted suicide

- o 79 (20.7%); Have contemplated/attempted suicide

Cut/Injure oneself to cope with emotional stress/pain

- o 357 (93.5%); Do **not** injure/cut themselves in order to cope with emotional pain/stress

- o 25 (6.5%); Do cut/injure themselves

Know someone who has contemplated/attempted suicide:

- 243 (63.6%) participants know someone who's ever contemplated/attempted suicide
- 139 (36.4%) participants don't know anyone

Personally know someone who died of suicide:

- 163 (42.7%) participants said yes
- 219 (57.3%) responded with a no

Know someone who cuts/injures themselves to cope with emotional stress/pain:

- 142 (37.2%) participants know someone who injures/cuts themselves in order to cope with emotional pain/stress
- 240 (62.8%) don't know anyone with such tendencies

Consider themselves to be mentally healthy:

- 199 (52.1%) individuals consider themselves mentally healthy
- 115 (30.1%) consider themselves 50- 50
- 47 (12.3%) consider themselves mentally unhealthy
- 21 (5.5%) did not know what exactly it means to be mentally healthy.

PERCEPTIONS & ATTITUDES:

The participants were then provided with a table on a likert scale with different statements to find out their perceptions and attitudes towards mental health and illness as well as the depth of such perceptions.

From the responses given, **majority of the participants 'STRONGLY AGREED' to the following statements:**

1. Mental health is important

2. Mental illness is a disease

3. Mental illness is caused by chemical imbalances in the brain

4. Every mental illness is experienced uniquely by each individual

5. There is a lot of stigma surrounding mental illness in our community

6. Men are judged more than women when they have mental illnesses

7. Family relations do play a role in how mentally healthy a person is

8. If one's environment is toxic, they could get a mental illness

9. Parents' perception of mental disorders affects how the children deal with mental illness

10. Frequent drug abuse can cause mental illnesses

Majority of participants 'AGREED' to the following:

1. Mental illness is a test from Allah

2. Mental illnesses are not recognized in African culture

3. The community considers a man weak when he goes for therapy due to his problems

4. Those with mental illnesses barely get any support from their families and friends to seek professional help

5. One could get a mental illness due to guilt from sins committed

6. Most of the distress among our community members are marriage and divorce related

7. Mental illnesses can bring about physical ailments

Majority of participants 'NEITHER AGREED NOR DISAGREED' to the following:

1. Mental illness is caused by black magic (sihr)

2. Mental illness is caused by envy (hasad/ayn)

3. It is improper to talk about one's problems to a stranger

4. Ruqya by itself is enough to cure one's mental illness

There was a tie of majority who chose 'AGREE' & 'NEITHER AGREED NOR DISAGREED' for the following statement:

1. Mental Illness is beyond one's power

Majority of the participants 'DISAGREED' to the following:

1. Stress and depression are the same thing

Majority of the participants 'STRONGLY DISAGREED' to the following statements:

1. Mental illness is a punishment for one's sins

2. Compared to my other responsibilities, my mental health comes last

3. Those with mental illness have weak faith (imaan)

4. Mental illness is caused by Jinn possession

5. Mental illnesses are not recognized in Islam

6. Therapy is for the crazy only

7. Those who claim to have mental illness are mostly attention seekers

8. People use mental illnesses as an excuse for their laziness and bad behaviour

9. Admitting a loved one into a mental institution is not an act of love

10. It is shameful to let people know when you or your loved one is suffering from mental illness

11. There is a lot of stigma surrounding mental illness in our community

12. Marriage can be a solution to one's mental illnesses

13. Therapy is overrated i.e. not that important

14. It is inappropriate for a man to talk about his distress

15. Mental illness is all in one's head; a change of mind-set is enough to cure him/her

16. It is a choice to remain with a mental illness

17. Mental illnesses have no cure

18. It is better to be patient when with a mental illness rather than seek professional help

19. One should just stop worrying or focusing on the problem. That way they will become fine.

20. If one is grateful, focuses on the positive matters in life and always remember that others have worse problems, they won't be afflicted by mental illness.

- From the evaluation of the responses, it is evident that the participants have some kind of knowledge on mental health. This is not a surprise considering that majority of the participants have studied until undergraduate and graduate level and are therefore more enlightened. Also, from the previous responses whereby majority said they get information from social media platforms, we understand how the respondents are more informed about mental health. This is because nowadays we have active mental health activism taking place on such networks and more people are sharing their recovery stories which therefore enlighten others.

- However, in the questions concerning supernatural forces, the responses are opposite to the original hypotheses i.e. that Muslims equate mental illness to supernatural causes more than they do to medical causes. When asked, 'mental illness is caused by jinn possession' or 'mental illness is caused by black magic' or 'Is mental illness caused by weak faith?' majority of the respondents said they strongly disagree. And in the statements, 'Mental illness is caused by black magic (sihr)' and 'Mental illness is caused by envy (hasad/ayn)' majority responded with 'Neither agree nor disagree'.

- The arising issue here is that some Muslims tend to lean to associating mental illnesses with supernatural causes while others, medical causes, with very few understanding that both can be a cause.

- From this we understand that perhaps more people are becoming aware on mental health but it heavily relies on secular knowledge rather than Islamic perspective of psychology. This can be changed when more Muslims educate themselves what the religion teaches us on mental health and that the Muslim clergy/imams should work hand in hand with mental health experts in providing appropriate information for the Muslim communities.

COPING MECHANISMS

Participants were asked **how they deal with mental distress** and were provided with a list of actions in which they could choose more than one answer as their response. Most participants chose positive coping mechanisms as their method of dealing with distress rather than negative ones. Nonetheless, majority of participants mix both negative and positive coping mechanisms.

293 (76.7%) participants talk to someone close, 325 (85.1%) pray, 282 (73.8%) read Qur'an, 124 (32.5%) seek professional help/Go for therapy, 208 (54.5%) do dhikr, 193 (50.5%) sleep, 50 (13.1%) talk to a sheikh/imam about their issue, 122 (31.9%) exercise, 105 (27.5%) do writing/journaling/reading, 40 (10.5%) join self-help groups, 150 (39.3%) cry, while 42 (11%) post memes/jokes to describe their life experiences.

- 83 (21.7%) participants said they binge-watch TV to cope with emotional distress, 34 (8.9%) play video games, 46 (12%) go shopping while 6 (1.6%) vent on social media about their problems.

- On the more negative coping mechanisms, 86 (22.5%) participants stress eat/binge-eat, 8 (2.1%) self-harm/cut/injury, 16 (4.2%) use drugs/Get high, 5 (1.3%) party, 14 (3.7%) engage in sexual activities/pornography, 114 (29.8%) isolate themselves, 92 (24.1%) listen to music, 7 (1.8%) smash things, 27 (7.1%) project their frustrations to other people while 51 (13.4%) do nothing and simply hope for the best.

- Other coping mechanisms mentioned include; browsing the internet, taking a holiday, looking at nature, trying to understand the source of mental illness among others. Doing house chores was also mentioned which could fall under indulging in work activities that are sometimes done obsessively.

How would you say you deal with mental distress? (More than one answer is allowed)

On the question of whether the participants have ever attended therapy sessions, 286 (74.9%) said no while 96 (25.1%) said yes.
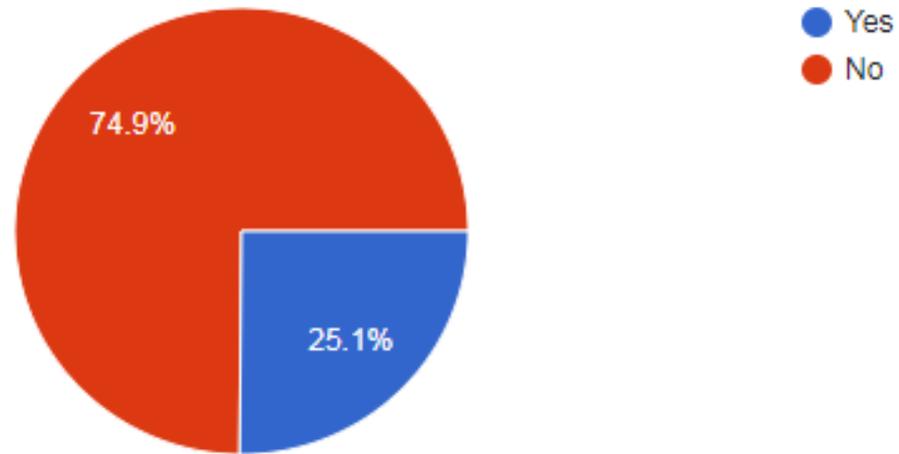

Figure 17: Participants who have attended therapy

The follow-up question was how the participants found the therapy sessions (for those who had attended). 282 (73.8%) said the question was not applicable for they had never attended. It should be noted that this 4 people less than the 286 individuals who said they have never attended therapy sessions in the question above. 58 (15.2%) of the participants said the sessions were helpful, 20 (5.2%) said they were life-changing. 15 (3.9%) said it didn't make much of a difference to them, 5 (1.3%) said it was not helpful but they could try again while 2 (0.5%) said it was terrible they wouldn't want to attend again.
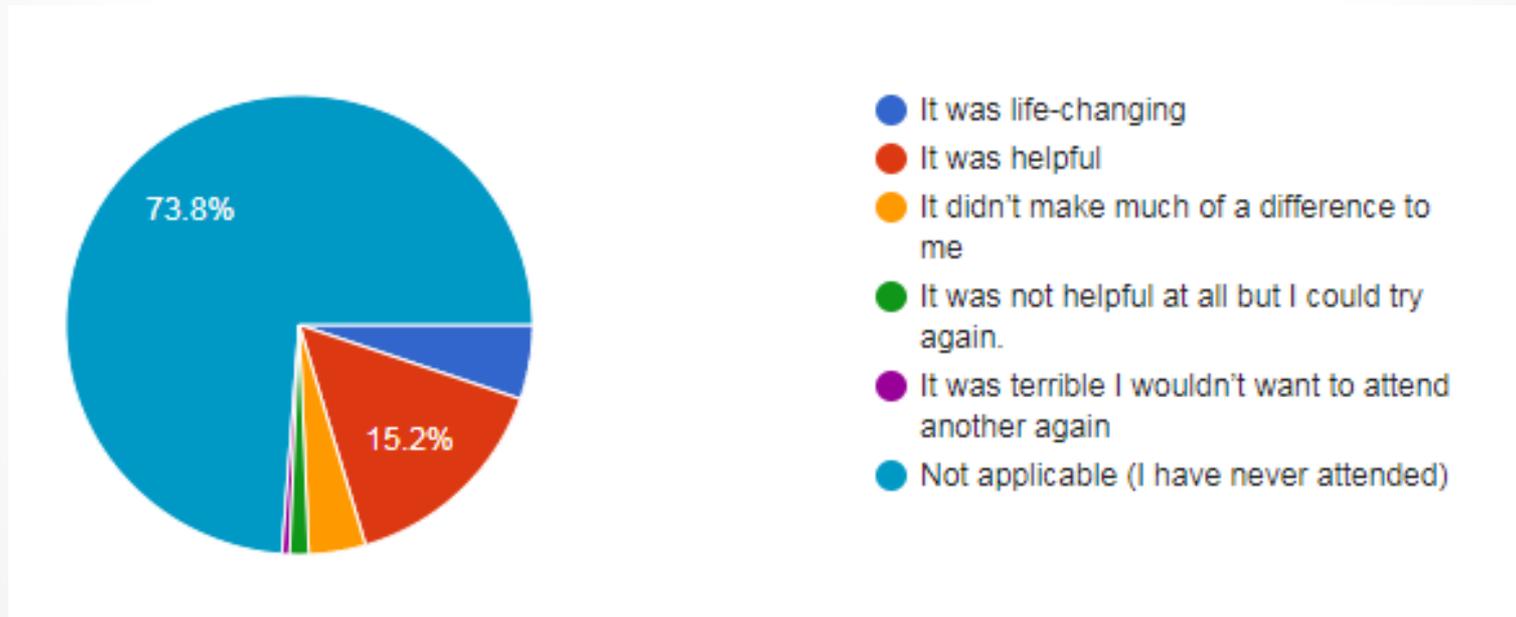

Figure 18: How helpful were the therapy sessions

- The next question asked the participants on **what are the barriers stopping them from attending therapy sessions.** They were given the option to choose more than one answer. 152 (39.8%) participants said they consider themselves to be mentally healthy. It should be noted that this number is 47 people less than the 199 individuals who said they are mentally healthy in section A of the questionnaire. 78 (20.4%) said therapy is expensive, 62 (16.2%) said they weren't comfortable talking about their problems to a stranger, 58 (15.2%) said they have attended, 50 (13.1%) said their problems are smaller compared to other people…

(Continues next slide)

- 44 (11.5%) said they don't know where to seek help, while 43 (11.3%) are not comfortable digging into their past. 41 (10.7%) are worried about their privacy, 40 (10.5%) don't have the time for the therapy, 37 (9.7%) don't know any Muslim therapist, 26 (6.8%) don't want to sound ungrateful, 25 (6.5%) think sometimes it is better to just ignore the problems, 21 (5.5%) are afraid of being judged by the therapist, 20 (5.2%) said their family/spouse wouldn't support them on this action. 19 (5%) of participants said the therapy process is long, 13 (3.4%) said they don't understand the purpose of therapy, 12 (3.1%) are afraid of being judged by their community, 11 (2.9%) don't want to be stigmatized by the community while 4 (1%) said that therapy is a Western solution not Islamic.

- In the 'others' option, others mentioned even though they're not completely healthy mentally or have mental problems, they believe they don't really need therapy, another said they talk to their psychologist friends, another mentioned that Muslim therapists are quite judgemental and there is little anonymity when one seeks help, one has established coping strategies that have been working well while another mentioned that therapy is for one who has stabilised his emotions and way of thinking.

If not, what's stopping you from attending one? (More than one answer is allowed)
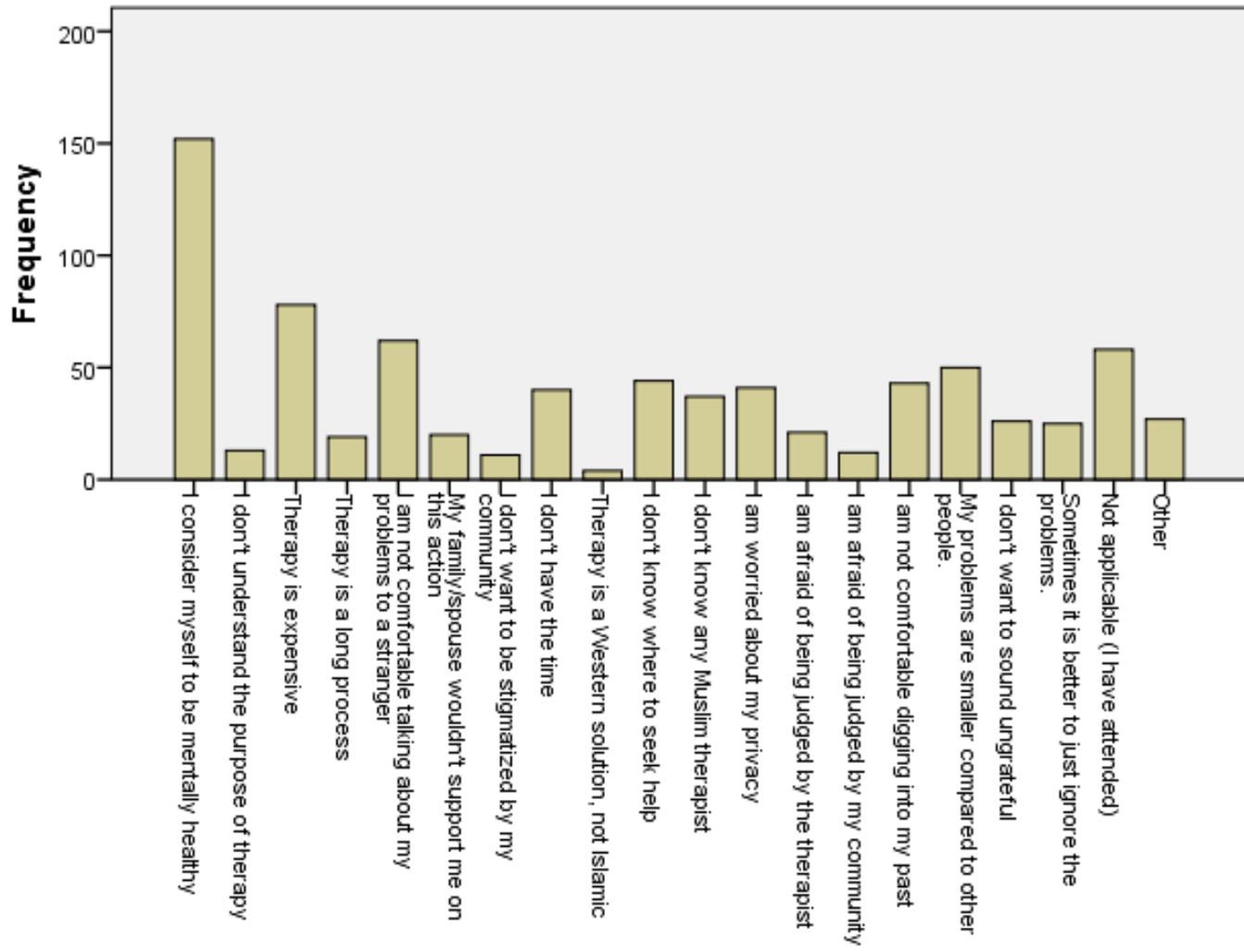
The participants were further asked if they know of any Islamic self-help groups. 312 (81.7%) said they don't know any such groups, 56 (14.7%) said yes while 14 (3.7%) participants said they don't know any self-help groups.
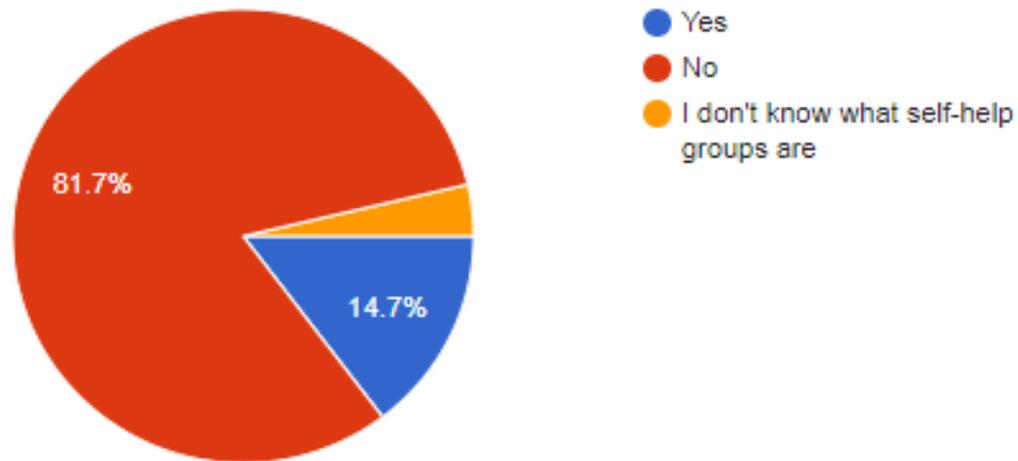

Figure 20: Participants who know Islamic self-help groups

When asked whether the local imam/sheikh ever talked about mental health, 292 (76.4%) said no, while 90 (23.6%) participants said yes. This of course is a factor that affects how the Muslim communities embrace and accept the issue of mental health. If more imams actively talk about this matter, then it can considerably change how the Muslims think and understand about mental health.
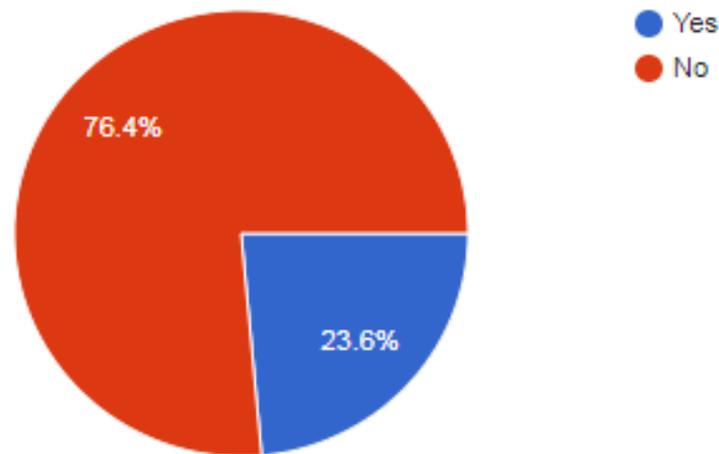

Figure 21: Participants who've heard their local imams discuss mental health

The final question that the participants were asked was whether at their school/madrasa/educational institution, any of their teachers/counsellors ever talked to the students about mental health. 220 (57.6%) answered no while 162 (42.4%) said yes. This was a close range but more can be done to ensure the students are educated and have access to mental health services.
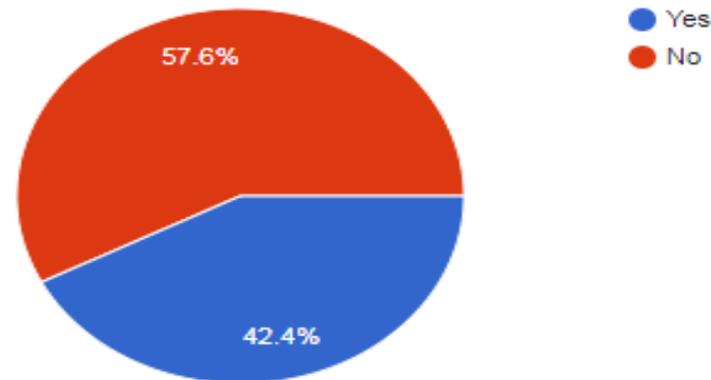

Figure 22: Participants who've heard their teachers/school counsellors discuss mental health with the students

Conclusion

- From the study, it is evident that Muslims in Kenya are gradually learning about mental health and social media has been playing a huge role in un-stereotyping the subject. Yet many Muslims still don't understand how mental health services can be provided for them while maintaining Islamic values. Many also don't comprehend that both the spiritual/supernatural and medical/psychological matters can cause mental illnesses. As for those willing to seek professional help, many are limited by the high cost of mental health care among other fears like anonymity and confidentiality. Some seek advice from imams and sheikhs and as much as that has been helpful in many occasions, sometimes the skills of the imams are not enough to deal with deeper psychological issues for they have not been trained to deal with such cases.

- Comparing this data with other literature on Muslim mental health across the globe, the issues arising seem to be quite similar. However, this study provides new information specific to Kenyan Muslims which is barely found in mental health literature.

- There is dire need for more research on similar studies for there is still a big gap on mental health among Muslims in Kenya. Researchers can utilize the data collected for further research. The paper can also be used to come up with solutions and strategies for the Muslim community in Kenya.

RECOMMENDATIONS:

1. Further and deeper research should be done on the mental health issues of the Muslim community in Kenya, preferably done offline as well as online and to also provide the option of the surveys to be done in the more common language i.e. Kiswahili.

2. Imams and Shuyukh should seek training on mental health for they are the first-aid providers when it comes to conflict and matters of distress.

3. Muslim mental health professionals should strive to provide their services at reasonable prices or have days when they provide them at lower rates/free as a community initiative.

4. Muslim mental health professionals should have more forums on mental health to create more awareness to the general public.

5. Muslim communities should be educated on the overwhelming nature of mental illness, and the importance of the people coming together to provide a safe environment and support system to the patients. This will encourage the patients to seek treatment and start the healing process.

6. The mental health experts should utilize the internet and social media platforms in educating the masses and creating more awareness since most people acquire information from such networks.

7. Local imams and teachers should strive to discuss more topics on mental health in the masjids and schools for this will assist greatly in embracing mental health among Muslims.

8. Muslim mental health professionals should work hand in hand with imams and other religious leaders in educating the masses, debunking the myths on mental health and clearing the misconceptions on supernatural/spiritual versus medical/psychological causes of mental health.

REFERENCES

The Holy Qur'an

2020 Report on International Religious Freedom: Kenya. *U.S. Department of State.* https://www.state.gov/reports/2020-report-on-international-religious-freedom/kenya/

Al Habeeb, T. (2003). Pilot study of faith healers' views on evil eye, jinn possession, and magic in the Kingdom of Saudi Arabia. *J Family Community Med, 10*(3): 31–38.

Alharbi, H., Farrand, P., Laidlaw, K. (2021). Understanding the beliefs and attitudes towards mental health problems held by Muslim communities and acceptability of cognitive behavioural therapy as a treatment: systematic review and thematic synthesis protocol. *BMJ Open. 2021; 11*(6). https://doi.org/10.1136/bmjopen-2020-044865

Al-Krenami, A., & Graham, J. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health & Social Work.*

Azhar, M., Varma, S., & Dharap, A. (1994). Religious psychotherapy in Anxiety Disorder Patients. *Acta Scandinavica, 90* (1), 1-3.

Cifti, A., Jones, N., & Corrigan, P. (2012). Mental Health Stigma in the Muslim Community. *Journal of Muslim Mental Health, 7* (1). https://doi.org/10.3998/jmmh.10381607.0007.102

Hamdan, A. (2008). Cognitive restructuring: An Islamic perspective. *Journal of Muslim Mental health.*

Haque, A., Khan, F., Keshavarzi, H., & Rothman, A. E. (2016). Integrating Islamic traditions in modern psychology: Research trends in last ten years. *Journal of Muslim Mental Health, 10*(1), 75-100. https://doi.org/10.3998/jmmh.10381607.0010.107

Jaguga, F., & Kwobah, E. (2020) Mental health response to the COVID-19 pandemic in Kenya: a review. *Int J Ment Health Syst 14(*68). https://doi.org/10.1186/s13033-020-00400-8

Jami` at-Tirmidhi, Chapters on the description of the Day of Judgement, Ar-Riqaq, and Al-Wara', Hadith 2517.

Jami` at-Tirmidhi, Chapters on Supplication, Hadith 3435.

Jenkins, R., Kiima D., Njenga, F., Okonji, M., Kingora, J., Kathuku, D., et al. (2010). Integration of mental health into primary care in Kenya. *World Psychiatry [Internet], 9:*[118–20 pp.].

Kenya Mental Health Policy 2015 – 2030. Ministry of Health. http://www.publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf

Khan, F., Khan, M., Soyege, H., & Maklad, S. (2019). Evaluation of Factors Affecting Attitudes of Muslim Americans Toward Seeking and Using Formal Mental Health Services. *Journal of Muslim Mental Health, 13*(2). https://doi.org/10.3998/jmmh.10381607.0013.201

Marangu, E., Mansouri, F., Sands, N. et al. (2021). Assessing mental health literacy of primary health care workers in Kenya: a cross-sectional survey. *Int J Ment Health Syst 15***, (**5)5. https://doi.org/10.1186/s13033-021-00481-z

Mbugua, N. (2020). Why Men Are More Likely to Commit Suicide Than Women. *The Star.* https://www.the-star.co.ke/news/2020-11-23-why-men-are-more-likely-to-commit-suicide-than-women/

Musnad Ahmad, Hadith 21705.

Mutiso, V., Musyimi, C., Gitonga, I., Tele, A., Pervez, R., Rebello, T., et al. (2020). Using the WHO-AIMS to inform development of mental health systems: the case study of Makueni County Kenya. *Health Serv Res.20*(1–2).

Nyamongo, M. (2013). The social and cultural aspects of mental health in African societies. *Commonwealth Health Partnerships.*

Padela, A. I., Killawi, A., Forman, J., DeMonner, S., & Heisler, M. (2012). American Muslim perceptions of healing: Key agents in healing, and their roles. *Qualitative Health Research, 22* (846-858). http://dx.doi.org/10.1177/1049732312438969

Richards, P., & Bergin, A. (2005). *A Spiritual Strategy for Counseling and Psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.

Sunan Abi Dawud, Funerals (Kitab Al-Jana'iz), Hadith 3126.

Sunan Abi Dawud, General Behavior (Kitab Al-Adab), Hadith 5090.

Sunan an-Nasa'i, The Book of Seeking Refuge with Allah, Hadith 5449.

Sunan an-Nasa'i, The Book of Divorce, Hadith 3479.

Tanhan, A., & Young, J., (2021). Muslims and Mental Health Services: A Concept Map and a Theoretical Framework. *Journal of Religion and Health.* https://doi.org/10.1007/s10943-021-01324-4

Utz, A. (2011). *Psychology from the Islamic Perspective.* International Publishing House.

Zuraida, A., Che, Z., Shafirah, B., Goh, L., Ahmad, H., & Harold, G. (2019). Islamic Integrated Cognitive Behavior Therapy: A Shari'ah-Compliant Intervention for Muslims With Depression. *Malaysian Journal of Psychiatry, 28* (1)