

YOUTH MENTAL HEALTH

WITH ACTIVITY WORKSHEETS



MENTAL HEALTH SERIES
BOOKLET 4

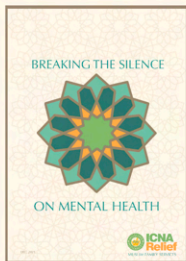
SEPT. 2022



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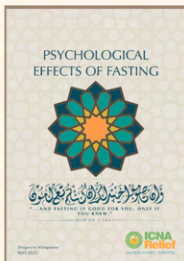
<https://muslimmentalhealth.psychiatry.msu.edu/researchers/amber-haque-phd>

MENTAL HEALTH SERIES



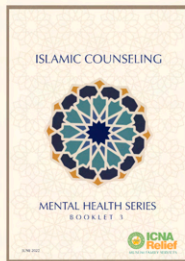
Booklet 1

https://www.academia.edu/70623506/Mental_Health_Booklet_Dec_2021



Booklet 2

https://www.academia.edu/74337572/Psychological_Effects_of_Fasting



Booklet 3

https://www.academia.edu/82485006/Islamic_Counseling

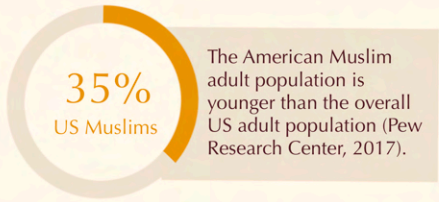
Disclaimer

The contents of this booklet are for general information and not a substitute for professional advice on a specific case. The free booklet intends to create youth mental health awareness. The views expressed are the author's own and not necessarily the opinion of ICNA Relief.

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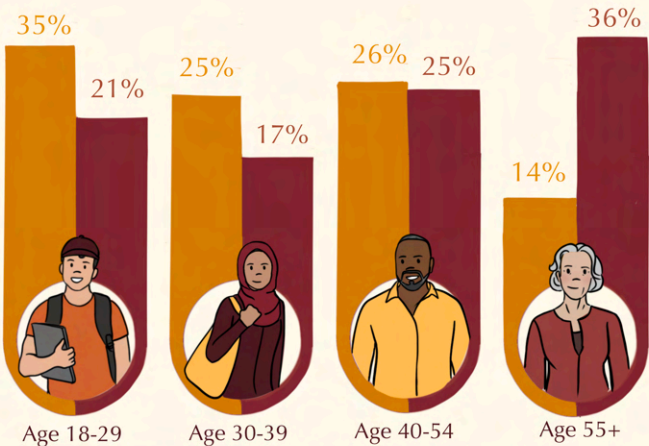
BOOKLET 4, SEPT. 2022

U.S. MUSLIM POPULATION



MUSLIM AMERICANS: A YOUNG POPULATION

- US Muslims
- US General Public

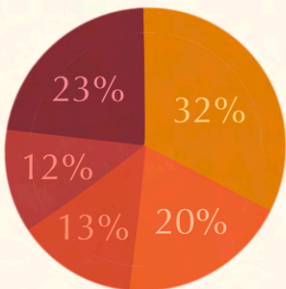


<https://www.pewresearch.org/religion/2017/07/26/demographic-portrait-of-muslim-americans/>
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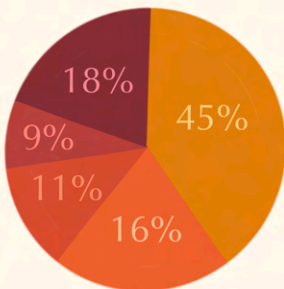
Poverty and Mental Health — Where do US Muslims Belong?

Annual Household Income for US Muslims versus US public

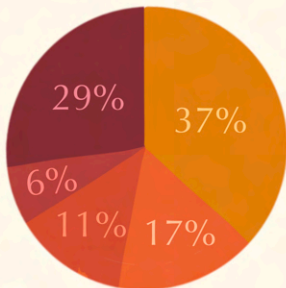
US Public



US Born



Foreign Born



Research shows that there is a correlation between the two; those living in poverty are at a higher risk for mental illness. In a 2010 review of studies 115 studies in 33 countries across the globe, 79% reported positive association between poverty and mental health disorders: *Poverty and Mental Health* | Wake Forest University (wfu.edu).

Studies also showed that as financial situations of people improved, their mental health also improved. Data shows that US Muslims earn less than the general public and are therefore prone to mental health challenges.

Source: Pew Research Center, 2017

2021 US Surgeon General warning about teen mental health

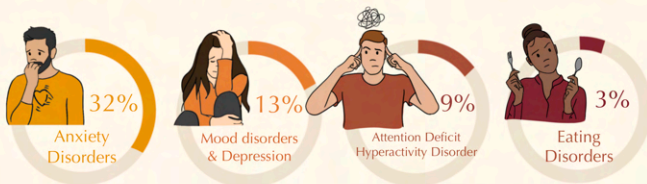
In 2021, the U.S. surgeon general advisory warning of a “devastating mental health crisis” among the American teens.

- Symptoms of depression and anxiety for teens doubled during Covid-19 pandemic.
- Youth (12-17) with Major Depression are now at 15.1%. In some states, up to 19% of youth experienced major depression.
- Percentage of youth with severe depression 10.6%
- Over 60% youth with major depression do not receive any mental health treatment.
- Even with access, nearly one in three are going without treatment.
- 4.08% of youth had a substance use disorder, which is an increase from last year’s report.
- Multiracial youth are at greatest risk with 14.5%.

<https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

With regards to the mental health of minority and marginalized young people, here is an article from the US Surgeon General (June 2022): The Mental Health of Minority and Marginalized Young People: An Opportunity for Action - Vivek H. Murthy, 2022 (sagepub.com)

What are the common mental disorders in youth?



Source: US Dept. of Health and Human Services 2019

It is interesting that half of mental illness appear by age 14 and ten years typically pass from the time symptoms first appear and people get their final diagnosis and treatment – Mental Health America.



Nearly 1:5 kids in the United States have a mental, emotional, or behavioral disorder, and children and youth with special health care needs (CYSHCN) are at increased risk. According to Children's Mental Health (CDC), the following percentage of children at any given time experienced the following mental health problems in the United States:



ADHD:
>9% (ages
2-17)



Anxiety:
7% (ages
3-17)

Behavioral
problems:
>7% kids
(ages 3-17)



Depression:
3.2% (ages
3-17)



Often these conditions are comorbid in children.

National Surveys of Youth

- 2007-2018: suicide rates among youth in the US increased by 57%
- 2009-2019: high school students reported persistent sadness and hopelessness increased by 40%.
- 2011-2015: youth psychiatric visits to emergency departments for depression and anxiety increased by 28%
- Those considering attempting suicide increased by 36% and shared creating a suicide plan increased by 44%.
- Estimates from National Center for Health Statistics suggest there were more than 6,600 deaths by suicide among the youth in 2020.



Reasons discussed are young people more willing to openly discuss mental health concerns, use of digital media, academic pressure, limited access to mental health care, alcohol and drug abuse, financial issues, racism, gun violence.

Girls more likely to be diagnosed with anxiety and depression, eating disorder and boys with behavior disorder, ADHD and die from suicide.

2022 State of Mental Health in America Report | Mental Health America (mhanational.org)



Covid-19 Impact on Youth MH

- It is estimated that as of June 2021, more than 140,000 children in the US had lost a parent or grandparent caregiver to COVID-19.

- Recent research covering 80,000 youth globally found that depressive and anxiety symptoms doubled during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms.

- Negative emotions or behaviors such as impulsivity and irritability—associated with conditions such as ADHD moderately increased.

- In early 2021, emergency department visits in the US for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time in early 2019.

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Risk Factors of Increased Health Challenges During the Pandemic

- Mental health challenges before the pandemic
- Living in urban area with more severe COVID-19 outbreaks
- Having parents who were frontline workers
- Being worried about Covid-19
- Disruptions in routine, e.g., not seeing friends or going to school in person
- Facing instability of housing and finances
- Losing a member of family or a close friend due to Covid-19



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MUSLIM FAMILY SERVICES

Youth Groups at risk of mental health challenges during the pandemic

- Youth with intellectual and developmental disabilities (IDDs) with disruptions in their routine and services received.
- Youth with existing mental health conditions
- Racial and ethnic minority youth.
- LGBTQ+ youth with no acceptance or support.
- Low-income youth with limited resources.
- Youth in rural areas, with limited school and mental health opportunities as well as limited internet connectivity.
- Youth in immigrant households due to language and technology barriers in health care and education.

What treatments do youth get?

- Over 60% of youth with major depression do not receive any mental health treatment.
- Even in the states with greatest access nearly 1 in 3 are going without treatment.
- Highest rate of depression among youth who are more than one race at 14.5%.
- Even among youth with severe depression who receive some treatment, only 27% receive consistent care.
- Teen suicide increased by 56% between 2007-2017 (CDC).



#BEYONDTHENUMBERS

Stats and numbers give a snapshot of the bigger picture but do not tell the whole story, especially about people from ethnic minority cultures. Mental Health America acknowledges that minorities less likely to seek access to mental health services and strives to raise awareness and equity for ethnic minorities. #BEYONDTHENUMBERS provides a toolkit with resources for resources, worksheets and call for action. Arab/Middle Eastern/Muslim/South Asian are listed as a specific cultural group with unique needs. While the role of stigma is discussed, cultural values are also laid out where family cohesion, loyalty, respect, rapport, and the role of faith and religious leaders are discussed. 2022-BIPOC-MHM-Toolkit.pdf (mhanational.org)

Mental Wellness Screening and Counseling

The US Preventive Services Taskforce offers free information and screening on the following:



Eating Disorders
2022



Unhealthy Drug
Use 2020



Illicit Drug Use in
Children, Adolescents
and Youth 2020



Tobacco use in children
in Adolescents 2020



Unhealthy
Alcohol Use
2018



Depression in
Children and
Adolescents 2016



Suicide Risk in
Adolescent
2014

https://uspreventiveservicestaskforce.org/uspstf/search_results?searchterm=screening%20

The American Academy of Pediatrics recommends the following:

- Assess family-centered psychosocial/behavioral wellness at all well-child checks.
- Screen for maternal depression at months 1-6 well-child checks.
- Screen for depression in ages 12-21.
- Screen for substance abuse in ages 11-21.

Committee on Bright Futures, American Academy of Pediatrics, 2017

Parental depression leads to an increased risk of mood and behavior problems in children. The American Academy of Pediatrics (AAP) recommends screening all mothers for maternal depression at well-child visits until the child is 4 months of age.

One way to see if you may be experiencing symptoms of a mental health condition is to take a screening. Visit MHA Screening | Mental Health America (mhanational.org) to take a quick, confidential screening for a variety of mental health conditions including anxiety, depression, mood disorders or Post-Traumatic Stress Disorder. Use your screening results to start a conversation with your primary care provider, or a trusted friend or family member and begin to plan a course of action for addressing your mental health.



Unlike the common belief in many traditional Muslim societies, mental illness is a result of combination of factors, such as genes, biology, environment, and lifestyle. Heritability is strong in:

- Schizophrenia 81%
- Bipolar Disorder 75%
- ADHD 75%
- Depression 37%

Studies have also shown that head injury for youth ages 11-15 was the strongest predictor for development of schizophrenia, depression, and bipolar disorder. Also abnormalities in the brain and irregularities in neurotransmitter functions as well as substance abuse are risk factors for mental illness in the youth.

Childhood Environment

The youth exposed to adverse childhood experiences like neglect, abuse, parental divorce, substance abuse, domestic violence, or family members with mental illness impact youth's mental health negatively. Research shows that such youth are:

- 2.6 times more likely to have depression
- 17 times more likely to have learning or behavioral problems.
- 3 times more likely to have their work affected negatively.
- Children exposed to trauma before age 13 are as much 50% likely to develop mental health disorder than children not exposed to such experiences.



The Link Between Child Abuse and Mental Illness – The Gooden Center

Lifestyle

Studies on Muslim youth shows there is presence of the use of illegal substances and the use of substances can increase the risk of mental illness. In a research study by the Institute for Social Policy and Understanding (ISPU, 2020) on faith communities, Muslims were least likely to report knowing someone with addiction, but more than one-third knew a person in their faith community who has or is struggling with addiction. Also, most Muslims among the faith communities favor more support with those struggling with addiction.

Substance Abuse and Addiction in the Muslim Community: Stigma and Support | ISPU

Modifiable risk factors found in youth are sufficient sleep (8-h), physical activity (>60 min of moderate to vigorous activity), and healthy diet are associated with better mental health outcomes, like lower depression, stress and anxiety and high alcohol consumption or smoking result in higher psychological distress, depression, and anxiety.

The National Institute of Diabetes and Digestive and Kidney Diseases recommendations for a healthy body and mind: Take Charge of Your Health: A Guide for Teenagers | NIDDK (nih.gov)

Diagnostic Criteria for Common Mental Illnesses

Note: This writeup is a general guide. In case of specific questions, a mental health professional should be consulted for proper diagnosis and treatment.

Depression

A major depressive disorder (MDD) is diagnosed when a child or adolescent has a distinct change in mood and becomes persistently depressed or irritable and/or experiences a loss of interest or pleasure for **at least 2 weeks**. The change in mood affects social, school, or occupational functioning. Criteria for MDD outlined in the DSM 5-TR, the official diagnostic manual on mental illness published by the American Psychiatric Association, require symptoms that include five or more of the following: depressed mood, loss of interest or pleasure, sleep disturbance, appetite or weight disturbance, low energy, psychomotor disturbance, poor concentration, guilt or shame, and suicidal thoughts or behavior. Anxiety generally precedes depression, so carefully assess youth with anxiety for symptoms of depression.



Unlike the popular belief that depression can be the same for everyone, there are eight different types of depressive disorders mentioned in DSM 5-TR. There are also different criteria of diagnosis for each type of depression and then there are depression unique to women.

Depression is mental illness but can also cause physical symptoms, like pain, stomach aches, fatigue, etc. Studies have shown that lower back pains in adult could be linked to depression. There's an entire area of research called "gut-brain" connection. In some cultures, where talking about mental disorders is a taboo, it is common for people to interpret pain in the stomach as a possible sign of depression.

Anxiety Disorders



The DSM 5-TR outlines specific criteria for various types of anxieties, the most common being the generalized anxiety disorder (GAD), where the person has excessive anxiety and worry about a lot of things for **at least six months**. Such worries are hard to control, and the person shifts topic quickly. While adults must show **at least three**, **children may show one** of these symptoms and diagnosed for anxiety disorder: restlessness, fatigue, poor concentration, irritable, muscle aches or soreness, and sleep issues. In order to qualify for anxiety, these disorders should not be related to a medical condition or substance abuse. The DSM 5-TR lists eleven types of anxieties.

Attention Deficit Hyperactive Disorder (ADHD)

ADHD is a behavioral condition diagnosed in youth and consists of inattention, hyperactivity, and impulsivity, separately or in combination. Such behaviors interfere with one's daily living conditions. Some adults may also be diagnosed with ADHD. Children with ADHD without hyperactive behaviors may seem to be bored in classroom, prone to daydreaming, lose, or do not turn in their assignments, and earn poor grades. The inattentive type is usually referred to as Attention Deficit Disorder (ADD). To be diagnosed as ADHD, 6 or more symptoms of inattention and/or hyperactivity/impulsivity must have occurred for at least 6 months and impacted normal social and academic/occupational activities.

- Inattention: easily distracted by sights or sounds, bored easily, change activities quickly, confused, makes careless mistakes, loses belongings frequently, poor listener even in absence of distractions, poor time management.
- Hyperactivity-Impulsivity: Restless, talking excessively, disruptive behaviors, cannot remain still or seated, fidgets.



Despite much precaution, data shows that cases of ADHD are often misdiagnosed: Nearly 1 million children potentially misdiagnosed with ADHD | MSUToday | Michigan State University

Numerous studies have also shown an increased risk for substance abuse disorders in youth not treated for ADHD. The Connection Between Substance Use Disorders and Mental Illness | National Institute on Drug Abuse (NIDA) (nih.gov)

What factors shape mental health of the youth?



Concerns about appearance



Experimenting with alcohol/drugs



Exposure to adversity



Pressure to conform with peers



Exploration of identity



Gender and sexual identity



Hormonal changes causing emotional extremes



Media influence and gender norms



Quality of home life



Relationship with peers



Stigma, discrimination, lack of access to quality support



Orphans and adolescents from minority ethnic backgrounds

Source: *Adolescent mental health (who.int)*

While the above factors pertain to all youth, there may be specific factors in Muslim families, like religious obligations, cultural values, parental expectations, etc. that can be challenging but missed by clinicians not trained in cultural sensitivity. It is best to contact a Muslim mental health counselor for guidance on these issues. Mental health challenges impact family relationships, friendships, education, ability to work, self-esteem, confidence level, and may also lead to substance abuse.

When to see a professional?



Very sad, hopeless, or irritable



Overly anxious or worried



Frequent nightmares



Excessive anger



Use of alcohol and drugs



Avoiding people



Cannot concentrate, sit still, or focus



Thinking of suicide or death



Hurting other people or animals, damaging property



Major changes in eating or sleeping habits



Loss of interest in friends or things usually enjoyed



Falling behind in school or earning lower grades.

Source: *Adolescent mental health (who.int)*

While the above factors pertain to all youth, there may be specific factors in Muslim families, like religious obligations, cultural values, parental expectations, etc. that can be challenging but missed by clinicians not trained in cultural sensitivity. It is best to contact a Muslim mental health counselor for guidance on these issues. Mental health challenges impact family relationships, friendships, education, ability to work, self-esteem, confidence level, and may also lead to substance abuse.

Mental Health First Aid (MHFA)

MHFA is an “evidence-based training that teaches how to identify, understand, and respond to the signs of mental health and substance abuse challenges” (National Council for Mental Wellbeing). More than 2.6 million people across the US have been trained in MHFA by more than 15,000 instructors: Mental Health First Aid - National Council for Mental Wellbeing (thenationalcouncil.org)

MHFA offers several programs including MHFA for the youth and covers common signs and symptoms of mental health as well as substance abuse, how to interact with someone in crisis, and how to connect them for help. ICNA Relief Muslim Family Services, in partnership with the American Muslim Health Professionals (AMHP), offers this training periodically.

Mental Health First Aid Action Plan

There is an action plan used by MHFA providers to help the youth in crisis. It is called ALGEE in short and can be described as shown in the table:



A - Assess for risk of suicide or harm. Assess refers to evaluating if there is a risk of extreme distress, self-injury/suicide, or harm to other people. If these signs are there, professional help must be sought immediately. In cases of suspected attempt of suicide, call 911. Please refer to MHFA manual for more info: MHFA 2016, National Council for Behavioral Health.

L - Listen non-judgmentally. Doing this is extremely important as clients always want to be listened to without passing judgments on their situations. Give them a chance to talk freely to make proper assessment.



G. Give reassurance and information. This means giving the youth emotional support, hope, and information on resources that can be of help for the suffering person.

E - Encourage professional help. It is important to find professional help, like someone who is trained to work with clients suffering from mental health challenges. It is likely that there will be quicker and more positive outcome with this kind of assistance.



E - Encourage self-help and other support strategies. Youth should be encouraged to connect with their social network of family, friends, and support groups.

Note: While ALGEE can help assess the situation a youth is in, it is only a guide; each case is different and when the youth is in deep crisis or verbalizes suicidal thoughts, it is necessary to call the emergency number, like 911 or 988. See details on ALGEE here:

ALGEE: Discovering Mental Health First Aid together | Emergency Live (emergency-live.com)

Mental Health Professionals

Mental health professionals are licensed in the state they work in. Generally, a board exam must be taken to obtain a practitioner's license and some practitioners may be licensed in more than one state. A degree or certificate does not automatically qualify someone to practice mental health profession.

Psychiatrists: A medical doctor who specializes in diagnosis, prevention, and treatment of mental disorders. Psychiatrists treat mental illnesses with medication but may also provide therapy.



Psychologists: Professionals with a doctorate degree (Ph.D. or Psy.D.). Those who specialize in clinical psychology administer and interpret tests of intelligence, personality, aptitude, attitude, neuropsychological assessment, emotional intelligence, etc. Clinical psychologists can also diagnose client conditions and provide therapies for multiple behavioral and emotional issues. There are 54 divisions of psychology and clinical is one of them.



Counselors: A counselor usually has a master's degree in counseling and specializes in different areas of counseling including mental health, substance use, marriage, and family therapy. Examples of counselor license include LPC (licensed professional counselor), LMFT

(licensed marriage and family therapist), and LCADAC (Licensed Clinical Alcohol and Drug Abuse Counselor).

Clinical Social Workers: A clinical social worker has at least a master's degree in clinical social work. Besides evaluating a person's mental health, case management and advocacy services, clinical social workers also use various therapies for treatment. Social work license includes LICSW (Licensed Independent Social Worker), LCSW (Licensed Clinical Social Worker), and ACSW (Academy of Certified Social Workers).

Religious or Pastoral Counselors: These counselors are trained to help with a variety of problems and their primary focus is crisis of faith, marriage and family counseling, addictions or mental health issues addressed within a spiritual context. Some Imams obtain formal training in counseling, without which counseling would be unlawful. Some Imams may also have Islamic Chaplaincy credentials.

Types of Therapy

It is important to know the types of therapies that exist today.

Accelerated Experiential Dynamic Psychotherapy (AEDP), Acceptance and Commitment Therapy (ACT), Adlerian Therapy, Animal-Assisted Therapy, Applied Behavior Analysis (ABA), Art Therapy, Attachment-Based Therapy (ABT), Bibliotherapy, Biofeedback, Brain Stimulation Therapy, Coaching, Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy, Cognitive Stimulation Therapy, Compassion-Focused Therapy, Culturally Sensitive Therapy, Dialectical Behavior Therapy (DBT), Eclectic Therapy, Emotionally Focused Therapy, Equine-Assisted Therapy, Existential Therapy, Experiential Therapy, Exposure and Response Prevention, Expressive Arts Therapy, Eye Movement Desensitization and Reprocessing Therapy (EMDR), Family Systems Therapy, Forensic Therapy, Gestalt Therapy, Human Givens Therapy, Humanistic Therapy, Hypnotherapy, Imago Relationship Therapy, Integrative Therapy, Internal Family Systems Therapy, Interpersonal Psychotherapy, Jungian Therapy.

Marriage and Family Therapy, Mentalization-Based Therapy, Mindfulness-Based Cognitive Therapy, Motivational Interviewing, Multicultural Therapy, Narrative Therapy, Neuro-Linguistic Programming Therapy (NLP), Neurofeedback, Parent-Child Interaction Therapy (PCIT), Person-Centered Therapy, Play Therapy, Positive Psychology, Prolonged Exposure Therapy, Psychoanalytic Therapy, Psychodynamic Therapy, Rational Emotive Behavior Therapy (REBT), Reality Therapy, Relational Therapy, Schema Therapy, Social Recovery Therapy, Solution-Focused Brief Therapy, Somatic Therapy, Strength-Based Therapy, Structural Family Therapy, The Gottman Method, Transpersonal Therapy, Trauma-Focused Cognitive Behavior Therapy.

Most of these mainstream therapies are secular in nature and may not be a good fit for some Muslim clients or people of other faiths. In such cases, a combination of modern and faith-based intervention would be ideal. Religion was a taboo in psychology but has made a comeback. Schools of Christian Psychology/Counseling have burgeoned across America and institutes or courses in Islamic psychology also emerged in many parts of the world (Islamic Psychology Around the Globe. Haque, A. & Rothman, A. International Association of Islamic Psychology, 2021).



The above is not a complete list of therapies as there are over a hundred types that mental health professionals may use depending on their specialty. It is important to know, that just as a psychiatrist would choose the right medication for a patient based on many factors, the psychologist or counselor would also choose the “right” or a combination therapy based on client’s needs. An educated client

would know the therapy types and ask the counselor if they can offer what the client wants and an educated client would also verify counselor’s credentials before seeking help.



What are the most common therapies?

The following description is for readers with no knowledge of therapies. These are intentionally kept short and explained in the simplest language.



Behavior Therapy: is based on the principle that behaviors are learned and can be unlearned. These evidence-based techniques are used to change unwanted behavior through principles of rewards and consequences.

It is shown to be especially effective for addictive behaviors, anger management, phobias, eating disorders, incontinence, etc.

Cognitive Behavior Therapy: is a combination of thought and behavior modification by understanding the connections between thoughts, emotions, and actions. CBT is based on the idea that a person is having difficulty because of faulty thinking and behaviors. It is one of the most popular techniques used to treat depression, anxiety, and other psychological disorders.

Rational Emotive Therapy: is based on the idea how a person views and interprets events that shape their behaviors. The aim is to replace irrational thoughts with rational ones to improve feelings and behaviors. Used for clients with depression, anxiety, phobias, obsessive-compulsive behaviors, etc.

Cognitive Therapy: focuses on how thoughts and feelings are related and aims to break dysfunctional thought patterns replacing them with productive ones. It is considered most effective for depression, anxiety, and other psychological problems.



Family Therapy: focuses on problem within the family system where members try to understand each other, improve communication, and resolve issues. There are several kinds of family therapies.

Group Therapy: is therapy in a group format facilitating discussions on a topic common to all members of the group. It is cost-effective and used for substance abuse, PTSD, depression, anxiety, ADHD, etc.

Prevention is better than cure!

Just as we can help prevent youth from physical dangers, we can also help them prevent themselves from mental health problems. As nutritious food, exercise, and immunizations are the basics needs for good physical health, there are also basics needs for good mental health. The first basic need is to know that mental health issues exist and affect the youth negatively. We need to check youth mental health the same way as we check and treat their physical health.

Talking about mental health is important because it:

- Allows us to connect with others, reducing feelings of loneliness and isolation.
- Sharing our thoughts, feelings and experiences with others allows us to understand ourselves better.
- Allows healing to take place because of support from others.
- Breaking the stigma reduces negative thoughts, feelings, and beliefs about mental health conditions.
- Lays the foundation for future generations to confront their mental health, and live a happier, healthier, life in a more accepting environment.



Tips on improving youth mental wellness

- Give a safe and loving home environment
- Give respect, care, and trust
- Help them feel secure and relate well with others
- Build confidence, competence, and self-esteem
- Talk about their experiences and feelings with encouragement and praise
- Be fair and consistent in expectations

School Mental Health

Public schools in the US are equipped with mental health facilities and have school psychologists and counselors. The youth are generally more responsive to assessment and treatment from the school than from the parents looking for outside help. Individualized assessments and interventions are necessary for school success and early interventions promote positive social, emotional, and behavioral skills for students.



With the growing number of Islamic schools, it is essential for the school authorities to provide student access to mental health resources and follow a model that supports youth wellness. This is not possible without a partnership of families, teachers, and the community.

Culture and Religion

In traditional Muslim cultures, talking about or seeking help for mental health is a stigma for most people. There are members of the community who believe that mental health issues may arise from being away from religion and therefore some guidance from local Imams would suffice. However, without professional guidance, the suffering youth's condition may worsen and if not treated early, the youth may refuse any further help.



In many non-western cultures, psychological problems are also considered a sign of weakness and that it is within the person's self-control. Many people also consider mental health issues as fate or a work of the devil. Such beliefs may discourage the victim to consult a professional. In such cases, the family or the youth should see a counselor for scientific understanding of their issues and an Imam for spiritual guidance.

Attitudes of Baby Boomers versus Millennials

In 2020, Blue Cross Blue Shield (BCBS) did a national survey of its clients and found that there is a generation gap in feelings about mental health. Compared to the baby boomers, the millennials showed poorer mental health, but a majority (73%) of the millennials believed that mental health counseling is needed in all facets of life. BCBS recommends five things on mental health:



Let's Talk About Mental Health and Millennials | Blue Cross Blue Shield (bcbs.com)

What is well-being?

There is no consensus on a single definition of well-being, but a general agreement is that well-being includes positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. Researchers from different disciplines have examined different aspects of well-being that include the following:



- Physical well-being
- Economic well-being
- Social well-being
- Emotional well-being
- Psychological well-being
- Life satisfaction
- Domain specific satisfaction
- Engaging in activities and work

A lack of well-being in any of the above areas should be a cause of concern and demand attention.

Suicide

Suicide is the second leading cause of death among young people (Center for Disease Control, 2013). It accounted for the loss of more than 45,979 American lives in 2020, nearly double the number of lives lost to homicide. What To Look For | MentalHealth.gov

To talk about suicide is a taboo in Muslim societies. Typically, the victim and their family are blamed for not being strong enough to face their difficulties. A recent research letter by Dr. Rania Awaad et al. suggested that compared to members of other faith groups, American Muslims are twice as likely to attempt suicide (Journal of American Medical Association, 78, 9, 2021). These findings have been questioned by other researchers, but the fact remains that suicidal tendencies exist among all youth including Muslims.

To understand suicide, it is essential to know the differences in suicide ideation, suicide plan, suicide gesture, suicide attempt, and suicidal death because the outcome for each behavior is different.

- Suicidal ideation are thoughts about or a desire to kill oneself. Studies on adolescents show that those with suicidal ideation experience suicidal thoughts about once a week.
- Suicidal plan is a serious idea or strategy of how one would take their life.
- Suicide gesture is when someone leads others to believe that



he/she has made a suicide attempt when the person may be doing so to get attention or as a cry for help.

- Suicidal attempt is trying to die by suicide.

• Suicidal death is the death from hurting oneself with an intent to die.

To learn more about the warning signs and suicide prevention see:

- Definitions of Suicide-Related Terms - Screening for Suicide Risk in Primary Care - NCBI Bookshelf (nih.gov)
- NIMH » Warning Signs of Suicide (nih.gov)
- Suicide Prevention - HelpGuide.org

Our Responsibilities

As a community,

- Recognize that mental health is an essential part of overall health.
- Mental health conditions are real, common, and treatable, and people experiencing mental health challenges deserve support, compassion, and care, not stigma and shame.
- Mental health is no less important than physical health and that must be reflected in how we communicate about and prioritize mental health.
- Empower the youth and their families to recognize, manage, and learn from difficult emotions.
- Youth and families should know that asking for help is a sign of strength.
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.
- Care should be tailored to children's developmental stages and health needs, and available in primary care practices, schools, and other community-based settings.
- Intervene early, so that emerging symptoms don't turn into crises.
- Support and advocate for the mental health of children and youth in educational, community, and childcare settings.
- Support research on Muslim youth mental health..



As youth

- Know that mental health issues are real and can be dangerous if not addressed at once. These problems are common, and services are often free, and available for all.
- If you feel any symptoms, tell a trusted adult who can seek assistance for you.
- Involve yourself in group activities that serve for the benefit of others. This gives oneself a purpose in life directed towards helping the society.
- Be mindful of your use of social media and whether they are useful to serve a positive outcome that meets your life's goals and help others.

As parents,

- Be a good role model by taking care of your own mental and physical health by showing positive ways of dealing with it and seeking help when you need it.
- Create strong and healthy bond with your children. Spend time on activities that are meaningful for them, show them acceptance and love, praise them for the things they do right, listen and communicate regularly about all issues.
- Encourage youth to build healthy, social, and safe relationships with peers. Monitor children's' peer pressure and guide them by teaching your values, including civic engagement and duties toward others.
- Encourage your children to volunteer in places that serve people's mental health needs, like hospitals, community centers, non-profit organizations, so the youth become knowledgeable and effective in their communities.
- Talk to children about the risk of alcohol and other substances and how they can hamper one's health, family relationships, and future. Many resources on substance abuse can be obtained online or in schools.



- Monitor for warning signs of distress (anger, withdrawal, irritability, etc.) and self-harm. Let your children know you are there for them and ready to support them including seeking professional help.
- Encourage your children on knowing about the stressors of certain groups like refugees, abused and trauma afflicted children, orphans, and promote assistance for the needy. ¹

As Islamic Centers,

- Organize youth forums on health, education, dealing with discrimination, sports and supervised recreational activities, and outings.
- Create focus groups on mental health, discussions, treatment, and enhancement of community resources.
- Workshops for parents on holistic child development and upbringing, programs on mental health, mental health screening and education.
- Encourage youth to study the helping professions, including mental health and create opportunities for scholarships.

As teachers,

- Know that children facing emotional or mental health issues will have school problems affecting grades and peer relations.
- Seek preventive interventions for students, including social skills training; mental health education for teachers and students, crisis counseling following a traumatic event, and classroom management skills.
- Allow your students to discuss troubling events at school or in the community; encourage students to verbally describe their emotions.
- If school cannot provide mental health consultations, bring the concerns to the school board.



ACTIVITY WORKSHEETS FOR THE YOUTH

Activities can be done with one youth or a small group for about 30 minutes. A small activity can have lasting positive effects.

Sense of self

Activity 1: The good things about me.

1. How could identifying our good habits/deeds help with our self perception?

2. What are some examples of good habits, traits or deeds?

3. Let's identify some of these in ourselves and rank them from 1-5.

1. _____

2. _____ 3. _____

4. _____ 5. _____

4. Let's talk about the interesting ones.

5. How can we make others feel good about themselves?



Activity 2: Human Imperfections

1. What is perfectionism? Who's the only perfect Being in our religion?

2. Do you find some of your facial/bodily features imperfect?

3. Discuss the Ayah, "We have indeed created humankind in the best of molds." (Quran 95:4)

4. Identify a companion of the Prophet (Sahaba) that were guaranteed Jannah.

5. List difficulties that Sahaba faced, with which they might have been guided by the Prophet (SAW).

6. Were they perfect their entire lives? Did they fail? How did they react to failure?

7. Discuss the Hadith, "If you were not to commit sin, Allah would sweep you out of existence and He would replace (you by) those people who would commit sin and seek forgiveness from Allah, and He would have pardoned them." Sahih Muslim 2749.

8. If our Creator does not expect us to be perfect in our deeds, then why do we expect it from ourselves? Discuss.

9. What is important to do despite failing?

Activity 3: Social Media

1. How much time do you spend on social media?

2. How can social media create unrealistic expectations for Muslim teens and children?

3. How would realistic social media posts look?

4. How can Muslims distance themselves from the negative effects of social media?



Anxiety and stress

Activity 1: Worries and Coping

1. How can worries make life difficult?

2. List the top five worries you have now.

1. _____

2. _____ 3. _____

4. _____ 5. _____

3. How have you dealt with worries in the past?

4. What are some ways that Allah SWT has reassured us about tests in the dunya through Qur'an and Hadith?

5. Worries are valid! But there are ways to cope with them. Let's discuss ways of coping (Islamic and scientific).

Activity 2: Anxiety Board Game

1. Divide a group into smaller groups consisting of two youths.
2. Each player rolls a dice and moves to a square and discusses how it can give them positive or negative results.
3. The first player to make it to the end with all answers wins.



4. What did you learn from this about anxiety?
5. What did you learn from each other?

Activity 3: Overcoming Fear

1. Discuss thoughts/situations that may cause fear in your life.

2. Positive self-talk or coping strategies can reduce fears. Discuss.

3. What's your worst fear? (One person answers).

4. Two members can give suggestions on positive self-talk or coping strategy and the first can choose which to adopt and why.

5. Give turns to everyone and then have the group decide about the best idea or strategy and vote as winner. Discuss why the answer was the best.

6. What are some Islamic ways of coping with fear? Duas, etc. can compare to positive self-talk, recitation includes deep breathing.



Grief is a strong emotion that results from the losses. It can be overwhelming and stay for a long time affecting us in different ways.

Activity 1: Before and After

1. How can trauma change a person's life and worldview?

Let's do an exercise to process the grief of losing a loved one.

The loved one I lost: _____

HOW I FELT ABOUT MY LOVED
ONE BEFORE THEY PASSED

HOW I FELT ABOUT MY LOVED
ONE AFTER THEY PASSED

5. Which feelings are most prominent and how do they affect your life?

6. How can sharing thoughts with others help in the grieving process?

7. How does Islam reassure us about the loss of loved ones?



Activity 2: We are here for you!

1. Discuss the importance of getting support for the grieving person.

2. Who is in your close network (3-5 persons), that you can count on?

3. Why did you choose these people?

4. When are the chosen persons readily available for a chat with you?

5. Discuss alternatives when the support is not available.

6. Discuss resources in the community and when and how to seek professional help or call in emergencies.



Activity 3: Letting Go

1. How are losing a loved one and letting go of memories difficult?

2. Letting go does not mean one has to completely forget about the loved one, but it is part of the grieving process. Let's discuss.

3. Let's imagine holding a large balloon.

a. Imagine filling the balloon with feelings, emotions, and memories of that person. Watch it expand slowly!

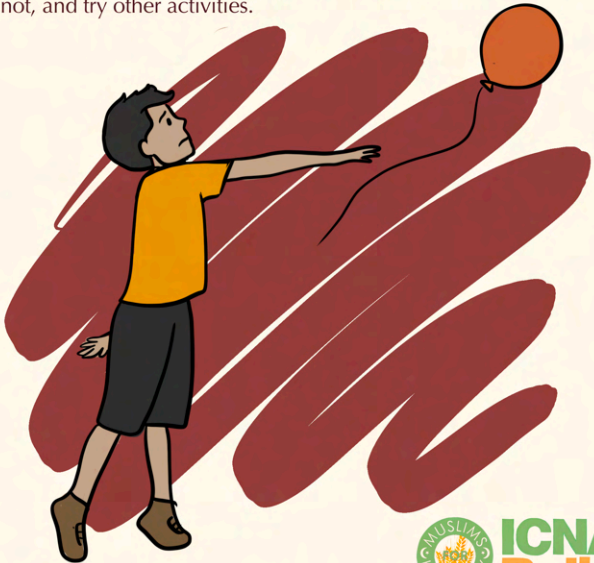
b. Look at the balloon closely and say, "I now have to let you go."

c. Imagine letting it go up high in the sky and disappear slowly.

d. Believe you have let it go and feel the burden reduce.

4. How did that feel? You can try this technique every time negative thoughts or memories bother you.

5. If you are uncomfortable letting go of the thoughts, discuss why or why not, and try other activities.



Helpful Resources on Youth Mental Health

American Academy of Child & Adolescent Psychiatry
www.aacap.org

Institute for Muslim Mental Health
www.muslimmentalhealth.com

Institute for Social Policy and Understanding
Muslim Mental Health Toolkit | ISPU

Mental Health America
www.mentalhealthamerica.net

Muslim Mental Health Consortium
Resources | Muslim Mental Health Consortium (msu.edu)

National Alliance on Mental Illness
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov

UMMAH Muslim Mental Health Resources
UMMAH Muslim Mental Health Resources.docx (isb.org)
988 Suicide and Crisis Lifeline (three-digit nationwide phone number)
Formerly, National Suicide Prevention Lifeline
988 Suicide and Crisis Lifeline | Federal Communications Commission (fcc.gov)

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