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Arab community and religious leaders' views about utilisation of mental health services amongst Arabic-speaking people in Australia

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ARAB COMMUNITY AND RELIGIOUS LEADERS’ VIEWS ABOUT UTILISATION OF MENTAL HEALTH SERVICES AMONGST ARABIC-SPEAKING PEOPLE IN AUSTRALIA

A thesis submitted in partial fulfilment of the requirement for the award of the degree

DOCTOR OF PUBLIC HEALTH

from

UNIVERSITY OF WOLLONGONG

by

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THESIS CERTIFICATION

I, Jacqueline Youssef, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Public Health, in the School of Health Sciences, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Jacqueline Youssef
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Traditionally, utilisation of mental health services by Arabic-speaking communities in Australia has been low. Interviews were conducted with 35 key informants from Arabic-speaking backgrounds, exploring their perceptions of mental illness in the Arab community, together with their views about preferred forms of support and treatment. Transcript analysis of audio-taped interviews identified barriers to professional mental health help-seeking and utilisation of mental health services in the Arabic community. Shame and stigma appeared to be the overwhelming hindrance to accessing services, due to strong cultural prohibitions on exposing any personal or family matters to outsiders. The findings emphasised the perceived negative effect of mental illness on important cultural institutions, such as marriage. The results revealed strong concerns about confidentiality and lack of trust in service providers. Religious leaders were identified as important sources of help for mental health problems.

The role of Arab clergy within their community is well known and respected. The second study explored the beliefs, attitudes and roles that Arab religious leaders have in relation to people with mental illness in their communities. Eighty-five Muslim and 85 Christian Arab religious leaders were surveyed using a structured questionnaire which solicited their perceptions of the causes of mental illness, attitudes toward people with mental illness and opinions regarding treatment and medication. Furthermore, the questionnaire focussed on types of support provided by clergy for those with mental illness and their families and the scope of their awareness of Community Mental Health Services. Findings indicated that Arab clergy believed drug and alcohol addiction, stressful life events, childhood trauma and spiritual poverty were the most important causes of mental illness. Over 50% of Arab clergy believed that psychiatric medications were addictive and harmful to the body in the long term, although about 65% thought that medication was helpful as a treatment. Generally, Arab clergy’s attitudes toward the mentally ill were positive and most had normalising attitudes with 73% agreeing that “people with mental
illness have an illness like any other”. Most respondents agreed that people with mental illness could be helped and suggested they were relatively comfortable with and willing to provide support to people with mental illness. However, most also indicated a lack of sufficient knowledge to be of effective help and they were not confident making referrals to mental health services.

Arab clergy were unfamiliar with their local Community Mental Health Services but were unanimously predisposed to referring to such sources of help. The key factors to establishing Arab clergy’s collaboration with professional mental health services were shown to be the mental health provider’s reputation, religious beliefs, values and level of awareness of Arab culture. Collaboration with Arab clergy and professional mental health providers may promote and influence better access to existing mental health services and improve the help seeking process to increase future service utilisation. There is an immediate need for government and non-government organisations with interests in mental health to initiate collaborative work with Arab clergy in order to address access, utilisation and referral issues. There is also a need for educational opportunities and two-way communication with existing mental health services to improve the capacity of Arabic-speaking clergy to better support people with mental illness.
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