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Role of Mosque Communities in Supporting Muslims with Mental Illness: Results of CBPR-oriented Focus Groups in the Bay Area, California

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Abstract

Objective The purpose of this study was to explore perspectives of Muslims residing in the Bay Area, California on the role of the mosque community in supporting community members' mental health needs and barriers to mental health care for members who experience mental health challenges. **Methods** This study employed a CBPR-focused qualitative approach in the form of content analysis of three focus group discussions organized and conducted with the help of a Community Advisory Board made up of members of the Muslim Community Association. **Results** Two major themes were identified upon examination of the data: services needed in the mosque community and barriers to addressing mental health issues in the mosque community. Specifically, participants reported wanting support groups within the mosque space, mosque-based activities, virtual support, community social workers, and family-oriented services. Barriers reported included community stigma, lack of cultural awareness of race-ethnic minorities within the community, attribution of mental illness to lack of faith or supernatural causes, and specific barriers unique to vulnerable/special subgroups within the community. **Conclusion** These findings highlight the need for developing mental health-related services and social support initiatives within the mosque space, specifically for those Muslim Americans living in the Bay Area in California. Furthermore, special attention needs to be placed on the barriers to accessing these services as identified by the community members.

Keywords Muslim Mental Health · Mosque Community · CBPR

Background

The United States population comprises over 3 million Muslims, and this number is projected to increase to 8 million by 2050 [1]. Over half of the Muslims in the U.S. are immigrants, the majority of whom arrived within the last two decades from various countries in South Asia, the Middle East, and Africa [2]. The remaining U.S.-born Muslim popula-

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tion consists of children of immigrant Muslims from the aforementioned regions, African-Americans, and converts to Islam [2, 3]. Though diverse in ethnic backgrounds and methods of practice, the American Muslim community remains largely united over shared religious beliefs and social challenges [4], [5]. Muslims in the U.S. have been subjected to rising discrimination in the aftermath of 9/11 through violent attacks, increased government surveillance, media misrepresentation, and travel bans [6–11]. Such measures have contributed to elevated levels of distress and perceived discrimination among American Muslims [12–14].

Despite experiencing sociopolitical stressors owing to their religious identity, many American Muslims still turn to religion to cope with mental health issues in addition to seeking formal treatment [9], [12], [15–20]. Research has shown that some Muslims perceive mental illness as a test from God, and Islam as a source of healing and strength [6]. Religious involvement has been associated with decreased odds of depression, improved family functioning, and increased post-traumatic growth among American Muslims after 9/11 [12], [13], [15]. Recent studies conducted during the COVID-19 pandemic found that, throughout the pandemic, Muslims relied significantly on religious coping mechanisms, and engagement in positive religious coping mechanisms was associated with better mental health quality overall [21]. Maintaining affiliation with religious communities for social support has also been identified as crucial in preserving Muslims' mental health [4], [22], [23]. Studies have shown that religious engagement and mosque attendance are critical to Muslims' recovery from mental illness and are associated with a decrease in rates of depression and improved social functioning [24], [25]. This underscores the need for mental health interventions to be rooted within mosque communities for improved, long-lasting treatment outcomes and reduced mental health disparities [23], [26].

For Muslims in the U.S., mosques play a crucial role in maintaining their affiliation with a religious community. Unlike mosques in Muslim-majority countries that are primarily for worship, mosques in the U.S. serve broader purposes as community centers that offer religious services, social gatherings, education, political advocacy opportunities, and legal and financial resources [27]. Given that over 40% of Muslims in the U.S. attend religious services on a weekly basis, the mosque can provide a community with whom individuals struggling with mental health issues can form social bonds and receive support [2], [26].

However, various barriers preclude American Muslims from seeking their mosque community's support. Individuals with mental health issues may be perceived as failing in their spirituality and losing faith in God [6]. These individuals may also face decreased marital prospects within the community due to stigma associated with their mental illness [28]. Consequently, Muslims may opt to address mental health issues as a "private family matter" under the guidance of a religious leader, and avoid sharing with community members to preserve their family's honor [23], [28]. To alleviate stigma, they may also vocalize mental health issues through somatic symptoms such as fatigue and body pain [9], [23]. Internalized stigma, language, financial barriers, and mistrust of Western healthcare providers' ability to demonstrate cultural sensitivity further discourage Muslims from seeking formal mental health support outside of their communities [6], [10], [23].

Literature on mosque-based mental health and social support programs for American Muslim communities is scarce. However, given the broader role of mosques in the U.S. as community centers, existing literature has emphasized the importance of mosque-based mental health interventions [29]. Namely, training religious leaders on how to adequately provide support to distressed individuals within their scope of work and to refer to mental

health professionals when needed has been shown to be a useful method of mental health service delivery in minority communities [30]. Another model aimed at training mosque community members on mental health issues as an approach to improve their ability to support individuals struggling with mental illness and knowledge about resources available [16], [23]. For individuals struggling with mental illness, meeting and conversing with community members can improve their community integration, perception of their religious group, as well as community members' attitudes towards mental health [31], [32]. Muslim Americans more well-integrated into their mosque community are more likely to receive social support -- an essential component of mental health healing [12], [27]. These concepts are further reinforced by the Islamic tradition, in which visiting and providing moral reinforcement to the ill is considered a communal obligation [33].

Additionally, integrating Muslim mental health professionals into the mosque community, and providing treatment services on-site can help normalize the use of these services and increase their accessibility [26]. In Weatherhead et al's 2010 qualitative study, participants suggested integrating mental health professionals and services in the mosque [16]. Doing so would allow them to feel less isolated in availing of mental health support and more aware of services available to them [16]. As such, mosques, if properly utilized, can also serve as a point of entry to mental health care for Muslim Americans.

Concepts such as Citizenship, the inclusion of people with lived mental illness-related experience in research, intervention development, treatment delivery, and more, have been shown to be significantly effective in addressing mental health illness within a variety of communities. This can be especially effective within the Muslim American community in particular, given the mental health stigma and medical and research mistrust that exists within the Muslim American population [3], [6], [28], [34].

Given the important role that the mosque plays in American Muslims' social and spiritual lives, community-based participatory research (CBPR) rooted within mosque communities presents a unique opportunity to identify the mental health needs of American Muslims. Community-based participatory research, as the name suggests, relies on the integration of community members who are most affected by the problems during the earliest stages of research design and implementation processes, resulting in the development of health programming and interventions that are tailored to the community's specific needs. CBPR research is specifically useful with populations that are underrepresented, and minority groups [29]. Through equitable involvement of researchers, community members, and stakeholders, CBPR at its core aims to address health disparities by recognizing the unique contributions of involved entities in creating sustainable community health strategies and social change [30], [31].

Thus, through focus groups held with various San Francisco Bay Area mosque communities, this study sought to explore the role of the mosque and the affiliated Muslim community in supporting an individual's mental health needs and examine barriers that may prevent Muslims experiencing mental health struggles from seeking help and support from their mosque community.

Methods

Design

This study employed a Community Based Participatory Research (CBPR) approach to explore mental health barriers and facilitators among the Muslim communities of the Bay Area, California. Through the development of a Community Advisory Board (CAB), as will be detailed below, three Focus Group Discussions (FGD) were organized to collect qualitative data from the community.

Participants

This study was conducted by university research members from the Muslim Mental Health and Islamic Psychology (MMHIP) Lab) in collaboration with the Muslim Community Association (MCA), one of the largest Islamic Centers in the Bay Area. A Community Advisory Board (CAB) was established to launch the research process. The CAB consisted of a total of 24 community members who were recruited via direct correspondence from either MCA representatives or the research team. The CAB recruitment matrix included diversity in ethnicity, gender, cultural backgrounds, age, immigration status, education, and work experience.

Potential CAB members were provided details of the study including the overall goal of the project and were invited to participate. The CAB guided the research team in developing research tools and activities that were culturally and spiritually oriented to the needs of the Bay Area Muslim communities.

The CAB developed a matrix to recruit participants from various communities who were Muslims, above 18 years old, spoke English, and had been residing in the area for at least 1 year. Utilizing the CAB networks, participants were contacted by email with an invitation to participate in the study. The CAB was successful in recruiting 37 participants. The sample was then divided into two gender congruent focus groups of 17 women and 10 men ages 26 and up, and a mixed-gender focus group of 10 young adults ages 18–25. Based on the cultural recommendations provided by the CAB, the older groups were separated by gender to ensure comfort in the discussion.

Data Collection

The CAB was trained by the research team to facilitate the focus group discussions (FGD). The FGD took place in the MCA, a familiar space for the participants. All of the discussions were organized simultaneously and led by two facilitators with supervision from the Principal Investigator on site for approximately 2 h. In the discussion, six vignettes about Muslims with mental health problems were presented. The vignettes consisted of hypothetical scenarios that included cultural and religious dilemmas without mentioning a certain mental health diagnosis or event as the cause. The current study only analyzed the participants' responses regarding the role the mosque community may play in supporting distressed individuals and perceived barriers that may hinder such support. Data were elicited directly using prompts that asked specifically about the role of the Mosque community and

indirectly through spontaneous conversations about the vignettes. Examples of the questions asked subsequent to the presentation of the vignettes included:

1. How do you think the community would support this individual?
2. How do you think the community, not you, views this person?
3. Should someone be doing something to help here? Who would that be?

Analysis

The discussions were audio-recorded and transcribed verbatim by a professional transcription service. One of the authors used NVIVO-12 software to manage and did an initial coding of the qualitative data into positive and negative sentiments. Based on our literature search prior to conducting the study, we hypothesized that participants would have negative and positive views about the topic of mosque communities as it relates to supporting psychologically distressed individuals. Using qualitative content analysis methods, two of the authors identified emerging themes and subthemes regarding the nuances of the role the mosque community plays in the lives of distressed individuals. The themes and subthemes were cross-analyzed by the authors to reach a consensus on the interpretation and understanding of the qualitative results.

Results

Focus group discussions among the three demographic groups (adult men, adult women, and young adults) regarding the role of the mosque community in supporting an individual with mental illness elicited two major themes - namely, barriers to addressing mental health issues within the mosque community and the need for community and mosque-based services to promote wellbeing and support individuals struggling with mental health issues. Within each theme, various sub-themes were identified that explored the different nuances of focus group participants' responses.

Theme 1: Services Needed in the Mosque Community

Participants' feedback on the resources needed for distressed individuals were grouped into five categories: mosque support groups, mosque psychosocial activities, community social workers, virtual support, and family-oriented services. These needed resources, according to participants, call for structural changes to some mosque programming.

> One participant commented, "I love what you said about the structural issues sort of being at the root cause of this...there needs to be a reimaging of Muslim mosques... When we're talking about all these services, to extend out from the mosque because that's where people come [for] help or services."

Mosque Support Groups

Focus group participants identified support groups as protective for individuals at risk of experiencing poor mental health, claiming that it would be difficult to find support in the mosque community without such established programs. Participants envisioned support groups as an opportunity for vulnerable populations to bond over their shared backgrounds, experiences, and cultures.

> She really needs a lot of support. I've seen a lot of this, unfortunately. It's very difficult to find that support even in the masjid unless you have established groups of people for new moms.

Other participants commented that elderly community members would especially benefit from such support groups and feel a sense of belonging.

> ...I think it's good if the masjid could provide [something] like a senior citizen group? Things like that. I saw one in - a senior ministry and it's really, really good because they have a meeting on[c]e a week. I don't know. Not once a week. Like one a month. So, they have like a dinner, then they have a group activity. Things like that. It was really, really amazing things that they can do to [could] reach out to somebody. You can see from the face, right? Usually they grieve and don't have any spirit for living. ...I feel like in the South Asian community especially the elderly are usually at home while their kids are at work and they're usually alone. So, I feel like to have maybe a senior center or a community for the elderly to come together and talk, and rehash the old days or whatever it is they do would be a nice resource for them.

Mosque-based Activities

Volunteer activities at the mosque through Sunday School, youth outreach, and committee projects were also mentioned as valuable resources for individuals struggling with poor mental health and a need for social support. Participants voiced that these activities would help occupy an individual's time and strengthen their relationship with the mosque community, particularly for the elders in the community.

> If the community has ways for him to volunteer, to get involved, to engage youth - knowledge and skills that he has to the community so he feels like he's worth something.
> If he does go to the masjid, even if maybe just once a year on Ramadan or something, if somebody could reach out to him from the masjid that would be the perfect scenario where he can get involved, and volunteer, and fill his days with activities. Because, I mean, masjid and community centers have a lot of different committees or activities groups that he could get involved in.
> He does need community help. That's where this senior center, senior-related services come in where he has a sense of belonging. He can both contribute and connect with other people in the community.

Virtual Support

One participant noted the unique need for support among converts to Islam who are simultaneously navigating a new religion, lifestyle, and community. Using virtual platforms was identified as one of the tools to provide support.

> Since Islam is one of the fastest growing religions in America today, you need to address the issues of converts. I'm constantly on a convert Muslim Facebook post and I'm constantly reassuring people, 'Please understand that your age is not the age that you are, but the age you came to Islam. So, don't think that if you're two years into being Muslim that you should know how to navigate and you should know how jump out there and make yourself part of the community.

Community Social Workers

Focus group participants identified social workers designated for the mosque community as another important way to address community members' unmet need for resources. Participants envisaged these social workers introducing newcomers to the community through welcome packages, connecting people struggling with mental health or other issues to appropriate social services, and following up with these individuals as a continuity measure.

> "How do we start out, and talking to people, and finding out what's going on with them, right? … if there's like a social worker that want[s] to do home visits, like that's another form of a positive, you know?
> I just think that there needs to be points of contacts in the community where people need to go.
> Is there a service at the mosque where a new family can come and say, 'Hey, we just moved here. Help us get integrated into the community. We don't know people.'
> If there's some kind of a process where if somebody passes away in the community there's some kind of process of following up with them and checking on them and then helping them get the services they need.

Family-oriented Services

Participants identified the need for services that help build and maintain strong families. This includes services that facilitate marriage matching and parenting support.

> There needs to be - the Prophet - or in the old days, there were matchmakers in the community. Like nobody thinks about the single people. Why isn't there a service? Why aren't we reimagining that matchmaker in our community who is going to go out and find these young women and how they're struggling every day, and try to be good Muslims, and not take off their hijab, and not like, where's that person that's going to come and why aren't we thinking about? Like that to me is more important than building a better mosque, you know?

And also possibly maybe - if he's lacking the companionship, finding him maybe a woman in the community who is a widow and maybe getting him married again at that point in his life so him and another woman who is a widow can both have companionship for the rest of their lives.

One participant did identify the need to provide education on unmarried figures in Islamic history to support those who have not or do not want to marry.

…and one thing that I wanted to say earlier also is that we need to educate our community about Islamic history in dealing with these issues. So, for example, giving people examples of people who were successful in Islamic history but not married or giving people who dealt with some of these issues. So, sort of giving them some kind of role models to look forward to within their own tradition.

Education activities to help with parenting were among the needs identified by one participant. Educational initiatives should be tailored to include Islamic values and be practical enough to facilitate their usage by community members.

"I wish that there is a whole lot of education that happens, especially to young parents or parents who are going to be new parents, because all of these are symptoms of - it's all about parenting. And I heard some very good things over here and I think it's really got my mind revolving around the iman, and the knowledge of the Islam, and the actual living it.

Theme 2: Perceived Barriers to Addressing Mental Health Issues Within the Mosque Community

Challenges to addressing mental health issues in the mosque community identified by participants were categorized into five subthemes: community stigma, exclusion of racial minorities, an improper association between religiosity and mental illness, explaining mental illness on the basis of supernatural causes, and barriers related to vulnerable groups. One participant recognized the detrimental impact that these barriers may have on an individual's likelihood to turn to the mosque community for support during mental health crises.

[It is] a total shame that they have to go outside the community to get the help. Not that there's anything wrong with looking for help from non-Muslims, but what are we doing wrong that we're not able to provide that for our own people?

Another participant further noted that these challenges may act as a barrier to engaging an individual in mental health care in general resulting in a delay or lack of getting appropriate professional care.

I agree with what's already been said and I know of at least one person that did commit suicide because she was unable to get the care she needed. She kept going back through the revolving door of the mosque and the imam was like put to deal with a

person who is schizophrenic and eventually suicidal because she felt the cure was in Islam and was within religion when it actually was not. That was being reinforced in the mosque with her and she eventually ended up dead for a lack of care.

Community Stigma

Community stigma was most frequently discussed by focus group participants as a key barrier to addressing mental health issues. According to participants, stigma associated with mental health illness is often manifested through judgment and gossip in the mosque community. Participants further elaborated that, due to this fear of stigma, distressed individuals are more likely to seek help outside of the mosque community when they are struggling socially, financially, or due to mental illness.

> "I would not feel comfortable going to the Muslim community because I would feel judged...I want to feel safe to have a larger conversation."

"That gossip can be really toxic…"

> The non-Muslims are maybe going to help her a little bit better in the way that they're not judging. Our community is very, very judging of people who have social problems, or financial problems, or do not have friends.
> ...as they say, we are very secretive, we are very shy. We do not want to tell anyone about our problems, whether, oh, having a third child, or struggling with finances, or not able to speak English.

Lack of Cultural Awareness of racial/ethnic Minorities

Considering racial and ethnic dynamics, participants noted that most mosques are predominantly tailored to the cultural norms of Arab and South Asian communities. Focus group participants shared how a lack of cultural awareness and understanding of ethnic differences prevents them from successfully integrating into the community and receiving proper social and emotional support. Furthermore, participants noted the intersectionality and perceived compounded effects of being African American and Muslim.

> You see actual, real poor mental health [among African Americans] around these issues because mosque and...Islamic organizations are built around this idea that everybody's from Pakistan or from some Arab country, when you have a population of African Americans who do not have those cultures but still have the same pressures. "..there's additional overlay because you're African American and you still have those issues where you bump up against other cultures in the mosque, and you bump up against people not even understanding that African Americans do have a culture and we do have a way that we do things that is in our culture. So, there's a lack of that understanding coming from the other side. We have strong family structures and we have our own ideas."

In the case scenarios presented, participants understood the value of receiving support from those of the same religious background and recognized the additional benefits of shared culture and language in helping an individual heal from their mental illness.

> She needs probably people who are of her culture and speak her language as support. I was just going to add that in terms of who she should go to - I feel like I know we could say like, okay, she should go to the community or get support from the Muslim community in general. But I feel like depending on where she moved from - the country - because within the Muslim community, there's a lot of cultural differences as well. So, I think you could feel some solace or at peace when you go to your own people if you will.
> I feel like it really just depends on her cultural context because everyone approaches things differently.

Attributing Mental Illness to lack of Faith

Using religion as the sole explanation, and/or treatment of mental illness was a practice that participants identified as a barrier to seeking mental health care. Participants discussed that offering religious guidance as the only treatment for mental health issues can preclude mosque community members from gaining a more holistic perspective on the various factors contributing to a person's poor mental health.

> I feel like some situations when you talk to them with Muslims they don't understand or they're bringing *deen* [religion] too much into it... I don't think they understand that a lot of times when you're sad you don't want to pray. You don't want to do anything. It's not just praying.
> I think often in our communities we - something that happens in our community. - it's any type of behavior that people don't like or seems abnormal - we just label as, oh, that person is - their *iman* [faith] is not strength enough, or, you know.
> ...they believe that mental illness is actually a spiritual illness and that if you pray enough or if you do enough of something that that will bring a cure for you.

Attributing Mental Illness to Supernatural Causes

Some distressed individuals perceive mental illness to be caused by supernatural causes which preclude them from asking for support from other community members or seek appropriate professional mental health care.

> I think often in our communities we - something that happens in our community. - it's any type of behavior that people don't like or seems abnormal - we just label as, oh, that person is -....., or, you know, it's *djinn* [spirits], or it's black magic and we reduce it to something like that because we don't want to really deal with the actual factors that just might be affecting someone's behaviors and deal with it in a productive way.

Barriers related to supporting vulnerable/special groups in mosques spaces

Participants also identified several barriers specific to special populations within mosque spaces including new members of the community, the elderly, and women. Participants felt that individuals new to the mosque community are less likely to share mental health issues, given their desire to integrate smoothly into the new mosque community and avoid negative first impressions.

> ...somebody moved in the community and doesn't know anybody and that's very common. That's...basically the story of most people in the Bay Area...the mosque - that's probably the first place they're going to go.
> If she's brand new, she's feeling awkward and 'I don't want to come here and then you know me as the person who is struggling.
> I don't think that our community as [of] yet [is] there to help people. They're not enough supportive of other people who move here or they don't welcome people with open arms. You basically have to squeeze in and make your own spot.

Among the common vulnerable groups identified by some participants, was elderly members of the mosque community needing mental health support. Participants understood elderly members' increased social isolation as a key risk factor for poor mental health.

> I feel like our community doesn't have many resource[s] for elderly people which is unfortunate because I feel like in the South Asian community especially the elderly are usually at home while their kids are at work and they're usually alone.

With regards to women, participants described instances in which their mosque community was not welcoming to mothers of young children due to noise disturbances in prayer, discouraging mothers from attending future prayer services.

> ...often times or not, there's almost never a support group for women, or for mothers, or anything. I've experienced something like this going to masjid [mosque] where a baby is crying and...everybody's like, "Shut that baby up. It's time for salat [prayer]," so you don't even want to go to the masjid anymore.

Discussion

This Community Based Participatory Research (CBPR) study sought to explore the role of the mosque community in supporting individuals struggling with mental illness through focus group discussions with participants recruited from the Bay Area, California. We chose a CBPR approach to overcome some of the barriers that are known to challenge American Muslims' engagement in research such as social stigma and cultural mistrust of researchers [3], [6]. As such, through the development and mobilization of the CAB with diverse backgrounds and networks, we were successfully able to recruit 37 Muslim participants for our focus groups.

Participants' responses to our vignettes highlighted the need for mosque-based programs aimed at promoting mental wellness and social support in the community and addressing socio-cultural barriers that might challenge distressed Muslims from seeking social and mental health help. Focus group participants identified groups within the mosque community that were especially vulnerable to experiencing poor mental health, and thus had an increased need for support. The groups mentioned most frequently included: women, converts to Islam, elderly persons, and new members to a mosque community. Though the role of the mosque community in supporting distressed individuals has been discussed in the literature, little is known about what specific services and programs are needed. In our study, participants suggested specific services namely mosque-based support groups, volunteer activities, community social worker outreach, virtual support activities, and family-oriented services.

Participants' suggestions mirror the long-standing Islamic tradition of caring for the ill in which visiting and providing moral reinforcement is considered a communal obligation [33]. Structuring these religiously driven communal support activities into mosque programming will have a community "buy-in" and intrinsically has a higher potential for self-efficacy. Focus group participants' responses and literature findings suggest that mosque-based support programs, coupled with increased religious involvement, are most protective for American Muslims' mental health. These two protective factors may mutually reinforce each other -- through centralizing support programs at the mosque, individuals attending programs may inherently become more active in the mosque community and participate in religious services.

Ultimately, a mosque's capacity for such programming may be contingent on the size and average income level of its congregation, ability to employ staff, and sustained commitment from leadership [35]. Potential barriers to implementation of such programming mentioned in the literature include resource-limited mosques that have more volunteer-based staff and are thus more prone to frequent staff and leadership changes, potentially jeopardizing the stability of newly-implemented programs [26]. Given this identified lack of resources, a potential solution to this problem, in the estimations of the authors, could be to train mosques in grant writing and fund sourcing for interventions and programs.

Participants also underscored the potential of such services is limited by underlying social and cultural barriers that can render the mosque community a barrier -- rather than a facilitator -- to supporting individuals' mental health needs. Our goal in this study was to identify those barriers and understand how they may challenge creating a safe culture at mosques to support distressed individuals. Barriers identified included community stigma, lack of awareness of racial minorities, an improper association between religiosity and mental illness, explaining mental illness on the basis of supernatural causes, and barriers related to special populations. These barriers, if not addressed, may challenge the reach and effectiveness of existing services offered by mosques and the planning and implementation of future services. This will negatively affect the success of mosque-based efforts to integrate individuals with mental illness into the community.

Our results are consistent with other studies on mental health stigma among Muslim communities in the United States [6]. These impacts of community stigma may be further exacerbated if an individual struggling with mental illness belongs to a cultural minority group. Focus group participants' comments related to cultural differences between ethnic groups in mosques suggested additional isolation felt by minority groups in mosques domi-

nated by an ethnic majority which highlights that some groups may be experiencing double or triple stigma. Such negative interactions with mosque community members may in turn negatively impact an individual's self-esteem and perception of Muslims as a group, diminishing their likelihood of integrating and receiving support within the mosque community [32].

Participants also suggested that this likelihood may be further diminished by community perceptions of religiosity being the cause and treatment for mental illness. Though generally, Muslim American communities harbor a multi-faceted view of mental illness being the will of and test from God. These beliefs, compounded by biological and social stressors, also include the perception that mental illness is the result of weak faith, supernatural causes (e.g. jinn and evil eye), or a punishment from God [28], [36]. Participants recognized the attribution of mental illness to weakness in faith as a key obstacle in the mental healing process since individuals are often recommended to simply increase prayer as a solution to their illness. However, existing literature portrays this attribution to faith as more nuanced. Attributing mental illness to faith may present an opportunity for individuals to improve their well-being by strengthening their connection with God and engaging in religious practices. Group prayer involvement, frequent mosque attendance, consistent prayer (salah) and remembrance of God (dhikr), and seeking religious knowledge have been positively associated with mental health functioning and levels of emotional support anticipated, given, and received in the mosque community [27], [37], [38]. Nevertheless, the concept of religious involvement for coping with distress should not preclude individuals from seeking mental health support from their support networks and from professionals.

This CBPR study's findings are limited by the questions posed to the focus group participants, which focused on the unmet resource needs and barriers to addressing mental health that participants observed within the community. Focus group discussions did not explore the community's strengths or assets in supporting individuals with mental illness. However, future CBPR research should dedicate focus group discussion topics to assets within the community, as American mosque communities are diverse in their structure and resources.

CBPR research was conducted through recruitment of participants from major Bay Area mosques (MCA), which may have more financial resources with a larger congregation with higher income levels than other smaller masjids across the country. This may affect the generalizability of the findings, although CBPR as an approach is not always meant to be generalizable. Perhaps participants from more resource-limited mosques may have more resource needs than this group.

Conclusion

This study highlights the needs of the Bay Area Muslims for mental health support activities/ initiatives to be rooted in the mosque's space and included within the mosque's activities. As demonstrated by this study, the mosque can be an effective and useful method of introducing culturally appropriate and community-sensitive mental health services utilizing a familiar social/spiritual setting. Although there are challenges involved in creating mosque-based mental health interventions, such interventions also present an opportunity to tap into existing elements of the faith tradition of caring for and providing moral support to the ill. Given the unique mental health needs and cultural perspective of American

Muslims, having mosque-based mental health programming may provide Muslim clients with a healing model that exists in a natural setting that is created by and tailored to the community's needs.

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Declarations

Disclosures The authors declare that they have no conflict of interest.

Ethical Approval This study was approved by Stanford University School of Medicine IRB committee protocol ID 36304.

Informed Consent Informed consent was obtained from all participants in the study.

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