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Eliminating Mental Health Stigma and Building Resilience: A Psychological Approach in Muslim Communities

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Abstract. Stigma toward mental illness is a major barrier to individuals experiencing psychological distress within Muslim communities. Cultural stigma, often misinterpreted as religious doctrine, has become deeply rooted and influences community perceptions, contributing to low awareness and limited understanding of the importance of mental health. Therefore, this study aims to identify common forms of stigma and explore Islamic value-based peer support models for strengthening resilience. The method used was Systematic Literature Review (SLR) guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 framework. A comprehensive literature search was conducted through Google Scholar and PubMed. The inclusion criteria were scholarly articles published between 2015 and 2025, leading to 16 studies meeting the selection requirements. The results showed that familial stigma, community attitudes, and misattributed spiritual beliefs are the main obstacles to seeking professional help. However, integrating psychological approaches with faith-based frameworks improved awareness, reduced stigma, and enhanced individual resilience. This study is expected to inform the development of more effective and culturally sensitive peer support programs in Muslim communities.

Keywords: peer support, mental health, muslim communities, resilience, Systematic Literature Review

Menghapus Stigma Kesehatan Mental dan Membangun Resiliensi: Pendekatan Psikologis dalam Komunitas Islam

Abstrak. Dalam komunitas Islam, stigma terhadap penyakit mental tetap menjadi penghalang utama bagi individu yang mengalami masalah kesehatan mental. Stigma budaya yang sering disalahartikan sebagai ajaran agama telah mengakar kuat dan memengaruhi persepsi masyarakat. Kondisi ini menyebabkan rendahnya kesadaran dan kurangnya pemahaman tentang pentingnya kesehatan mental. Penelitian ini menggunakan pendekatan Systematic Literature Review (SLR) yang dilaksanakan berdasarkan kerangka kerja PRISMA 2020 untuk mengidentifikasi stigma yang umum terjadi serta mengeksplorasi model dukungan sebaya berbasis nilai-nilai Islam guna meningkatkan resiliensi. Proses penelusuran literatur dilakukan melalui Google Scholar dan PubMed dengan kriteria inklusi artikel ilmiah terbitan tahun 2015–2025, menghasilkan 16 studi yang memenuhi kriteria seleksi. Hasil sintesis menunjukkan bahwa stigma keluarga, persepsi komunitas, dan keyakinan spiritual yang keliru menjadi hambatan utama dalam pencarian bantuan profesional. Namun, integrasi pendekatan psikologis dengan kerangka religius terbukti dapat meningkatkan kesadaran, mengurangi stigma, dan memperkuat ketahanan individu. Implikasi penelitian ini diharapkan dapat menjadi dasar pengembangan program pendampingan sebaya yang lebih efektif dan sensitif budaya dalam komunitas Islam.

Kata Kunci: dukungan sebaya, kesehatan mental, komunitas Islam, resiliensi, Systematic Literature Review

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According to World Health Organization (2013), mental health is a global priority requiring culturally adapted interventions. In Muslim communities, stigma remains a pervasive barrier, shaped by cultural interpretations of faith, communal expectations, and misconceptions that associate psychological distress with weak religious commitment (Ali et al., 2022; Fekih-Romdhane et al., 2023). Based on a recent multinational survey engaging over 8.000 Muslim respondents, more than 60% perceived mental illness as a moral shortcoming or lack of faith, contributing to reluctance in accessing professional help (Fekih-Romdhane et al., 2023). Additionally, qualitative studies have documented the impact of family pressure on individuals to conceal symptoms out of fear of dishonor. Community members often attribute mental illness to supernatural causes, such as jinn possession or divine punishment (Al-Adawi, 2017; Shafiq, 2025). These beliefs frequently lead to delayed treatment, symptom worsening, and increased social isolation.

Evidence emphasizes that stigma affects not only help-seeking behavior but also contributes to reduced quality of life and chronic mental health problems (Kira et al., 2014; McLaughlin et al., 2022). For example, a longitudinal study among Arab Muslim women showed that internalized stigma was a significant predictor of depression severity over 12 months (Ali et al., 2022). In response to the challenges, several psychological interventions have been developed, including culturally adapted psychoeducation, cognitive-behavioral approaches addressing shame and fatalistic beliefs, as well as community-based support groups. These approaches have shown effectiveness in reducing stigma and promoting engagement with mental health services (McLaughlin et al., 2022; Muse, 2024).

The urgency to engage Islamic communities in addressing stigma lies in their unique capacity to integrate spiritual frameworks and collective resilience. Community-led initiatives, such as faith-based peer support and mosque-based mental health literacy programs, have shown promising results in increasing acceptance of psychological care and enhancing coping resources (Ahmed & Hashem, 2016). Despite growing interest, there remains limited synthesis regarding the working principle of the interventions across diverse Muslim populations.

This study adopts Systematic Literature Review (SLR), a comprehensive, transparent, and replicable method to aggregate evidence from various cultural contexts and methodological designs. The method is particularly appropriate for identifying patterns, evaluating the effectiveness of culturally sensitive interventions, as well as informing the development of integrated strategies that bridge psychological and religious dimensions without reinforcing harmful stereotypes.

Previous investigations primarily focused on describing the prevalence of mental health stigma in Muslim communities. However, this study advances the discourse by systematically reviewing recent literature to identify recurring patterns of stigma and help-seeking behaviors, as well as examining the impact of religious and faith-based support towards mitigating negative outcomes associated with psychological distress. By synthesizing the results across diverse contexts, an integrated framework of culturally adapted interventions that combined psychological methods with Islamic values was proposed. This comprehensive perspective aims to address the gaps in previous literature, which often ignored the dynamic interplay between cultural beliefs, spiritual practices, and effective mental health support strategies. The objectives of this study thus include to synthesize current empirical evidence on mental health stigma in Muslim communities, to review how existing studies have described the relationship between religiosity, resilience, and help-seeking behaviors, and to inform the development of culturally appropriate interventions designed to address mental health stigma effectively.

Method

Study design

This study adopted the SLR method to explore the effect of mental health stigma, religiosity, and faith-based resilience on help-seeking behaviors among Muslim individuals and communities globally. The method was selected to synthesize diverse empirical insights while ensuring transparency, replicability, and academic rigor. The review process was guided by the Preferred Reporting Items for Sys tematic Reviews and Meta-Analyses (PRISMA) 2020 framework (Page et al., 2021).

Search Strategy

A comprehensive search was conducted on Google Scholar and PubMed, two freely accessible databases that provided broad coverage of peer-reviewed literature in health and social sciences. These platforms were selected due to their accessibility and relationship with the study scope and resource constraints. The Boolean search string used across both databases was ("mental health stigma" OR "mental illness stigma") AND (Muslim OR Islam OR Muslim communities) AND (women OR gender OR "conversion disorder") AND (resilience OR "help-seeking").

Searches were limited to English-language publications documented between 2015 and July 2025. However, landmark studies prior to 2015, which were identified during screening and deemed essential for contextual or theoretical completeness (e.g., widely cited frameworks on internalized stigma), were retained to ensure a comprehensive synthesis.

Eligibility criteria

The review primary focused on articles published in the last 10 years between 2015 and 2025. However, earlier

publications were included when they provided seminal contributions or foundational evidence directly relevant to the study objectives. Inclusion criteria covered: peer-reviewed journal articles, explicit focus on Muslim individuals or communities, addressed one or more of the problem of mental health stigma, religiosity, faith-based coping, help-seeking behavior, or resilience, and reported original empirical results or systematic reviews/meta-analyses. Exclusion criteria covered conference abstracts, editorials, or opinion articles, studies focused solely on non-Muslim populations, and articles not addressing mental health or faith-based dimensions.

All records retrieved were imported into Microsoft Excel for organization and tracking. Furthermore, a two-phase process was conducted for deduplication and screening.

Duplicate records (*n = 53*) were manually removed based on titles and authorship. In the screening, titles and abstracts were reviewed to exclude irrelevant articles. Then full-text reviews were conducted for records that met initial eligibility criteria or where relevance was unclear. After this process, 16 studies were retained for final synthesis, with 11 and 5 from Google Scholar and PubMed, respectively. The selection process is detailed in the PRISMA 2020 Flow Diagram, as presented in Table 1.

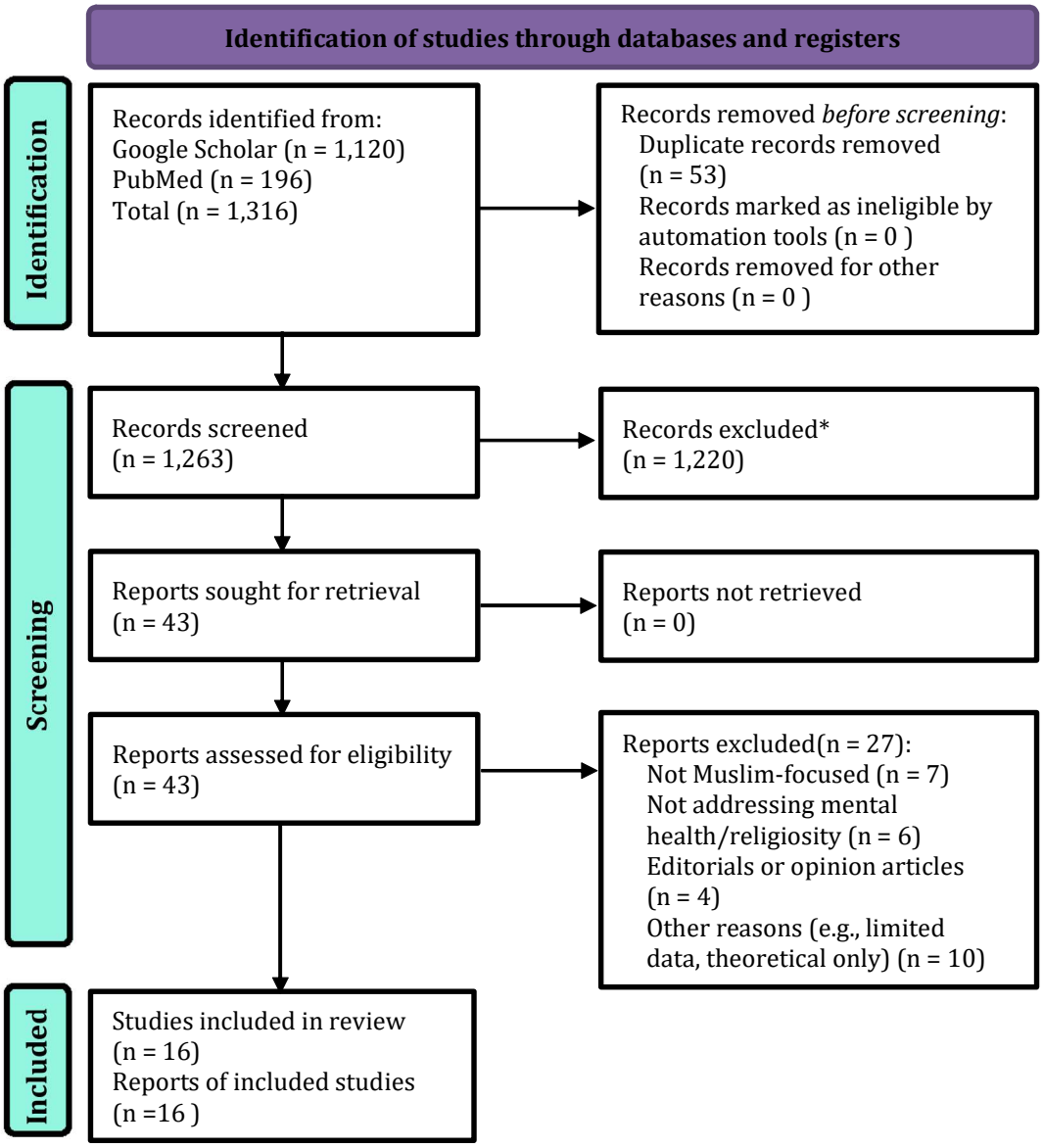
Table 1

PRISMA 2020 Flow Diagram (Tabular Format)

Step	*n*
Records identified through Google Scholar	1.120
Records identified through PubMed	196
Total Records Identified	1.316
Duplicates Removed	53
Records After Duplicates Removed	1.263
Records Screened	1.263
Records Excluded	1.220
Full-Text Articles Assessed for Eligibility	43
Full-Text Articles Excluded	27
a) Not Muslim-focused	7
b) Not addressing mental health/religiosity	6
c) Editorials or opinions	4
d) Other reasons	10
Studies Included in Qualitative Synthesis	**16**

Figure 1

PRISMA 2020 Flow Diagram



To ensure methodological rigor, all included articles were appraised using Critical Appraisal Skills Program (CASP) checklists, adapted for each study design, namely qualitative, quantitative, or systematic review.

Scoring criteria

Each study was rated across five dimensions: Clarity of aims (0–3); Methodological rigor (0–3); Data collection and analysis transparency (0–3); Relevance to study objectives (0–3); Validity and credibility of results (0–3). Maximum possible score for each study was 15 points, and studies scoring ≥ 12/15 were retained for synthesis. All studies included in the final synthesis met or exceeded this retention threshold.

Table 2

Quality Appraisal Summary of Included Studies (CASP Checklist)

Author(s)	Year	Study Design	Clarity of Aims (0–3)	Methodological Rigor (0–3)	Data Collection & Analysis (0–3)	Relevance (0–3)	Validity & Credibility (0–3)	Total Score (15)	Included
Qtaish, Y.	2025	Quantitative	3	3	3	3	3	15	Yes
Muse, R.	2024	Qualitative	3	3	3	3	3	15	Yes
Reji, T. R.	2025	Systematic Review	3	3	3	3	3	15	Yes
Ali, S. et al.	2022	Quantitative	3	3	3	3	2	14	Yes
Fekih-Romdhane et al.	2023	Quantitative	3	3	3	3	3	15	Yes
Kira, I. A. et al.	2014	Mixed Methods	3	3	3	3	3	15	Yes
McLaughlin et al.	2022	Mixed Methods	3	3	3	3	3	15	Yes
Beaini & Shepherd	2022	Qualitative	3	3	3	3	3	15	Yes
Garcia Castillo	2025	Scoping Review	3	3	3	3	3	15	Yes
Elmaghraby et al.	2022	Clinical Review	3	3	3	3	3	15	Yes
Nine et al.	2022	Cross-sectional	3	3	3	3	3	15	Yes
Ahmed & Hashem	2016	Qualitative	3	3	3	3	3	15	Yes
Khan & Watson	2021	Systematic Review	3	3	3	3	3	15	Yes
El-Islam	2008	Review	3	3	3	3	3	15	Yes
Rassool	2019	Review	3	3	3	3	3	15	Yes
Douki et al.	2007	Review	3	3	3	3	3	15	Yes

An Excel-based matrix was developed to extract the following details for each included study: Author(s), year, and country; Study design and sample characteristics; and Core themes related to stigma, religiosity, resilience, and help-seeking

Given the heterogeneity of methods, regions, and populations, a narrative synthesis method was adopted to identify recurring patterns, contradictions, as well as gaps in the literature.

Table 3

Summary of Included Studies

Author(s)	Year	Country/Region	Focus Area	Study Design	Sample Characteristics
Qtaish, Y.	2025	USA	Mental health stigma, help-seeking attitudes	Quantitative survey	Muslim adults (n = 350)
Muse, R.	2024	USA	Cultural barriers in mental health care	Qualitative interviews	Mental health clinicians (n = 15)
Reji, T. R.	2025	India	Family and societal attitudes toward women	Systematic Review	Women with mental illness
Ali, S. et al.	2022	USA	Rejection attitudes among Muslim women	Quantitative survey	Muslim women (n = 200)
Fekih-Romdhane et al.	2023	16 Arab countries	Religiosity, stigma, help-seeking	Quantitative survey	Muslim populations (large sample)
Kira, I. A. et al.	2014	USA	Internalized stigma and trauma	Mixed methods	Arab Americans and refugees (n = 100)
McLaughlin et al.	2022	USA	Islamophobia, self-stigma, therapeutic preferences	Mixed methods	Muslim Americans (n = 150)
Beaini & Shepherd	2022	Australia	Working with Arab women with PTSD	Qualitative	Arab women with PTSD (clinical samples)
Garcia Castillo	2025	Europe	Muslim-queer experiences	Scoping review	Muslim queer individuals
Elmaghraby et al.	2022	USA	Cultural considerations for Arab American youth	Clinical review	Arab American youth
Nine et al.	2022	Afghanistan	Mental health stigma among community members	Cross-sectional	Afghan Muslim community members
Ahmed & Hashem	2016	USA	Muslim youth mental health	Qualitative	Muslim youth
Khan & Watson	2021	Various	Perceptions of mental illness among Muslims	Systematic Review	Muslim populations
El-Islam	2008	Middle East	Arab culture and mental health care	Review	Arab Muslim populations
Rassool	2019	UK	Cultural competence in Muslim patient care	Review	Muslim patients
Douki et al.	2007	Middle East	Women's mental health in the Muslim world	Review	Muslim women

Results

This study aims to identify common forms of stigma and explore Islamic value-based peer support models for strengthening resilience. This systematic review included 16 articles that examined mental health stigma, religiosity, and help-seeking behaviors among Muslim communities globally. The studies showed several recurring themes and patterns that reflected the complex barriers and facilitators influencing mental health care in diverse cultural settings.

Key themes

Familial stigma

Familial stigma was recognized as the most frequently reported barrier. In many contexts, families pressured individuals to conceal symptoms of psychological distress out of fear of dishonor or community gossip. This dynamic often led to delayed help-seeking and increased internalized shame (Ali et al., 2022; Qtaish, 2025; Reji, 2025).

Community and social stigma

Community-level stigma was described in nearly all studies, comprising social exclusion, labeling, and widespread misconceptions that mental illness signified weak faith or moral shortcomings. Some participants also reported community attribution of symptoms to supernatural causes, such as jinn possession or black magic (Al-Krenawi, 2005; Fekih-Romdhane et al., 2023; Muse, 2024).

Gender-specific challenges

A total of 12 studies emphasized that Muslim women faced unique stigma compounded by cultural expectations of modesty, endurance, and self-sacrifice. These norms contributed to somatization of distress and reluctance to seek professional help (Ali et al., 2022; Douki et al., 2007; Kira et al., 2014).

Religiosity and faith-based resilience

Religiosity was frequently described as a double-edged factor. In some cases, excessive fatalism reinforced stigma, but in others, faith served as a powerful protective factor. Studies showed that Islamic teachings, prayer, and peer support anchored in religious frameworks helped participants reframe illness and foster resilience (McLaughlin et al., 2022; Muse, 2024).

Help-seeking delay

Many studies reported significant delays in accessing formal mental health care, often driven by fear of judgment and the lack of culturally adapted services. Individuals frequently turned first to religious healers before visiting mental health professionals (Fekih-Romdhane et al., 2023; Qtaish, 2025).

Table 4

Key Themes Identified Across Included Studies

Studies	No. of Studies (out of 16)	Theme
Ali et al. (2022); Qtaish (2025); Reji (2025)	12	Familial stigma
Fekih-Romdhane et al. (2023); Muse (2024)	13	Community / social stigma
Ali et al. (2022); Kira et al. (2014)	9	Gender-specific barriers
McLaughlin et al. (2022); Muse (2024)	11	Religiosity and faith-based resilience
Kira et al. (2014); Qtaish (2025)	12	Hel-seeking delay
Al-Krenawi (2005); El-Islam (2008)	10	Cultural explanations (jinn, somatization)
McLaughlin et al. (2022); Muse (2024)	5	Intervention frameworks

Geographic distribution

The studies predominantly originated from the USA (6 studies) and Arab countries (4 studies), with additional contributions from India, Europe, and Afghanistan. This distribution emphasized a growing but uneven study focus on Muslim populations.

Table 5

Regional Focus of Included Studies

Representative Studies	No. of Studies	Region / Country
Ali et al. (2022); Qtaish (2025)	6	USA
Fekih-Romdhane et al. (2023); Kira et al. (2014)	4	Arab Countries
Reji (2025)	2	India
Garcia Castillo (2025)	1	Europe
Nine et al. (2022)	1	Afghanistan
Beaini and Shepherd (2022)	1	Australia
El-Islam (2008)	1	Middle East (regional)

Intervention approaches and outcomes

A total of 5 studies evaluated structured interventions, including faith-based peer support, culturally sensitive therapy, and community awareness campaigns. These approaches reported improvements in resilience, stigma reduction, and help-seeking. However, interventions remained limited in scale and geographic coverage.

Table 6

Summary of Intervention Approaches and Outcomes

Studies	No. of Studies	Intervention Type	Outcomes Reported
Ali et al. (2022); Muse (2024)	3	Faith-based peer support	Improved resilience, reduced stigma
McLaughlin et al. (2022)	4	Culturally sensitive therapy	Increased help-seeking, symptom improvement
Muse (2024)	2	Community awareness programs	Reduced stigma, increased knowledge
Kira et al. (2014); Reji (2025)	2	Family psychoeducation	Enhanced support, reduced delays
Fekih-Romdhane et al. (2023); Qtaish (2025)	5	No intervention / observational	Descriptive analysis of barriers

Discussion

This review confirms that mental health stigma in Muslim communities aa a complex, multi-layered phenomenon shaped by interrelated familial, social, and cultural forces. The predominance of familial stigma identified across studies underscores how families, often motivated by concerns about social reputation, can inadvertently perpetuate silence around psychological distress. This dynamic is significant in contexts where disclosure is observed as a threat to collective honor, leading to delays in treatment and internalized shame. While these patterns are consistent across regions, the specific forms of stigma vary. In some Arab contexts, mental illness is commonly attributed to jinn possession predominate, and in diaspora communities, stigma is related to perceptions of Western medical models as culturally incongruent.

Community-level stigma is similarly viewed as a pervasive barrier, characterized by widespread misconceptions that mental illness reflects moral weakness or insufficient faith. Several studies documented how community attitudes lead to social exclusion, gossip, and marginalization of affected individuals. These pressures compound familial stigma, creating a cycle where individuals feel compelled to conceal symptoms. Some studies showed that communities were powerful sites of support when engaged through culturally resonant education and advocacy. For instance, mosque-based mental health literacy programs had promising effects in reducing misconceptions and normalizing help-seeking.

Gender-specific challenges were prominent in the evidence base. In many studies, Muslim women were discovered to face compounded stigma due to cultural expectations of modesty, self-sacrifice, and endurance. These expectations contribute to the somatization of distress and further delay access to care. Although the patterns have been recognized in previous literature, this review emphasizes that gendered barriers remain insufficiently addressed in intervention design. Therefore, effective programs should incorporate gender-sensitive strategies to validate women's experiences without reinforcing stereotypes.

Religiosity and faith-based resilience a significant protective factors across diverse settings. For some participants, religious beliefs contributed to fatalism or avoidance of professional care. In many contexts, faith provided a critical framework for coping. Studies consistently observed that integrating Islamic teachings with psychological support helped reframe mental health challenges as trials rather than moral failings, thereby reducing shame. Interventions that engaged religious leaders and included faith-informed peer support groups showed evidence of improving acceptance of care and fostering resilience. These results support the idea that culturally congruent methods can transform stigma into sources of strength.

The underscores persistent challenges, where only a minority of articles rigorously evaluated structured interventions, presenting a gap between descriptive studies and applied practice. Furthermore, the geographic distribution of the literature was uneven, with the majority originating from the USA and Arab countries. Far fewer examined experiences in Southeast Asia or Sub-Saharan Africa. This limitation restricts the generalizability of results and underscores the need for a more inclusive study.

The methodological heterogeneity of included studies precluded meta-analysis, while narrative synthesis allowed for a rich exploration of themes, and introduced interpretive subjectivity. The inclusion of some seminal which are older studies, such as Kira et al. (2014) was necessary to capture foundational concepts, possibly contributing to temporal bias. Additionally, the reliance on English-language publications excluded important contributions in other languages.

This discussion shows that the objectives were addressed comprehensively by synthesizing current evidence, examining the role of religiosity and resilience, and informing culturally appropriate intervention strategies. However, future investigations will need to build on these insights through more rigorous, longitudinal studies and by developing intervention models that are both evidence-based and locally adaptable.

Conclusions

This study explores the effect of mental health stigma, religiosity, and faith-based resilience on help-seeking behaviors among Muslim individuals and communities globally. The results showed that stigma remained a substantial barrier to accessing mental health care, manifesting through moral judgment, spiritual attributions of illness, and fears of dishonor. Gendered expectations further worsened these challenges, disproportionately affecting the mental health outcomes of Muslim women and delaying timely intervention. The review also showed that religiosity and faith-based frameworks served as protective factors, fostering resilience and promoting culturally acceptable pathways to care when appropriately integrated.

By synthesizing evidence across diverse regions and methodological designs, this study contributes to a deeper understanding of how culturally adapted, faith-informed interventions can mitigate stigma and improve mental health support for Muslim populations. The consistent association between stigma reduction and culturally sensitive engagement underscores the urgency of developing community-based strategies that respect religious identity while addressing psychological needs.

Suggestion

The review provides valuable insights, but it is limited by the heterogeneity of study designs, potential publication bias, and reliance on English-language literature. Some included articles dated beyond the primary 10-year window were retained due to foundational relevance, which may affect the recency of evidence.

Addressing mental health stigma in Muslim communities required collaborative, culturally grounded strategies that honor both psychological science and spiritual identity. Future studies should prioritize rigorous evaluations of faith-based peer support models and assess the adaptability across diverse Muslim contexts. Longitudinal investigation is needed to examine the evolution of stigma and resilience over time and the sustainability of culturally integrated interventions.

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