WIAMH Newsletter

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HEAD OFFICE:
Nasr City P. O. 8180
Cairo, Egypt
FAX: 202-2600541

Secretary General:
Dr. Farouk El-Sendiony

Treasurer:
Dr. Ahmed Abou El-Azayem

Content

MESSAGE FROM WIAMH'S SECRETARY GENERAL: DR M.F. SENDIONY

Dear colleagues:

I send you warmest **"Eid Al Adha"** greeting and a wish for a happy new **hijri** year. It is my proud privilege to announce that **World Islamic Association For Mental Health** has weathered all storms since its inception in 1983. Since **WIAMH** started its **Website** 5 years ago, its pages were viewed a total of 12785 times. **WIAMH** activities in the field of mental health draw the attention of **AMERICAN JOURNAL OF HEALTH PROMOTION** to the extent that this international journal thought that **the World Islamic Association For Mental Health (WIAMH) "**deserved mention" in its issues entitled **global innovation** for dedication to promoting the mental health of Muslims (Vol.4, No.4b Oct/ Nov 2001).

Since its foundation, **WIAMH** has organized numerous national and international conferences around the world (Lahore, 1986, 1991). Cairo 1987, 1994, 2002, 2005, Tripoli- Lebanon: 1996, Leicester, United Kingdom 1997.

WIAMH pioneered in the area of **Trauma psychology.** In collaboration with the University of Missouri, Columbia, **International Center For Psycho-social Trauma**, international conferences on post-war mental health issues in Bosnia and Herzegovina were sponsored. The first congress was held on Bosnia, 1996; the second held in Columbia, Missouri, 1998; and the third was held in Bosnia in the city of Tuzla, 1999.

The University of Missouri, Columbia held courses to train mental health workers in the area of Trauma psychology in Egypt 2002, and in Palestine 2003, A special course was held to train Iraqi mental health workers to cope with the massive traumatization which has plagued their country in recent years. This was held in Jordan in 2003. WIAMH also held a joint congress and workshop to train Palestinian mental health workers. This was a joint effort by **WIAMH** and **WPA**-section of transcultural psychiatry, and **Italian Institute of Mental Health And The International Center Of Psychosocial Trauma, Columbia Missouri.** This was held in Italy in the city of **Narni,** June 2003. We also had a joint congress in Malta, in collaboration with WPA-section of Transcultural psychiatry in late November 2003. During September 2005 we participated in two major international events held in Cairo; the first was the **World Federation For Mental Health Biennial Congress**, and the second was **Cairo X 111 WCP**. The first event was chaired by the

president of WIAMH who was also an Ex president of **WFMH.** In the second event WIAMH contributed its share, WIAMH symposium as part of Cairo X 111 WCP program and **entitled: "Recent Development in culturally appropriate Mental Health care among Muslims ".** In this session a number of Muslim mental health workers participated and presented the programs they have developed utilizing the Islamic principles.

As this issue went off the press after the **hajj,** this number will be devoted to the effects of pilgrimage on the mental health of pilgrims. The central theme which crosses the present Newsletter is the effect of Hajj on the mental health of the performer of Hajj. This mirrors the importance of cultural factor on mental health. We will also discuss the Man Made Disaster which happened during the hajj, this season, when around 400 **people were killed because of stampeding** during the ritual of stoning the devil. **Could this catastrophe have been prevented**? We will try to find an answer to this question. We also send our condolences to relatives of these martyrs. May **God** in his tender mercy lighten the burden of their great sorrows and give them comfort.

Nevertheless, we have good news. It pleases us to announce to Mental Health Workers around the global village that our dream has finally come true. **Journal of Muslim Mental Health** brought to you by **Muslim Mental Health incorporated** in conjunction with **New York University's Center for Global Health**, has finally taken off the press. And never dies the dream. Volume I will be published this year, 2006, 2 issues per year. It is being published by Routledge, a member of the Taylor & Frances Group. On your behalf I like to extend this important publication we have been waiting for a long time, a great welcome.

362 PILGRIMS CRUSHED TO DEATH: A MAN-MADE Disaster.

Could this tragedy have been prevented?

The institute of pilgrimage in different faiths constitutes a chance for the promotion of mental health. This has been supported by various psychological researches. The Hajj may reduce some of the psychological difficulties as Morris (1982) reported on his findings on his study of the effect of pilgrimage on anxiety, depression and religious attitude; and as Sendiony found in his Survey of Treated Psychiatric Illness among Pilgrims in Mecca during the pilgrimage Season of 1993. Going to hajj was akin to falling in love, one had to be overtaken by the desire to be united with his beloved; in this case the holy mosques of Mecca with the invitation of God. When a man is overcome with the desire for his Lord and love surges powerfully in his breast and looks around for the satisfaction of his inner urge, it appears to him that the hajj alone is the means to it (Goth:2006).

With the exception of a few, hajj constitutes a turning point in the person's life not only in the person's behavior but also in the attire and attitude to life. Once one earned the title hajj one is expected to meet the standards anticipated of a hajj as a pious person and Good Samaritan. The Prophet Muhammad said "A person who performs hajj properly will return as a newly born baby [Free from all sins]. They had to prolong their state of purity for the rest of their life".

This year, a major tragedy is linked to the pilgrimage in Mecca. The ritual has been marred by stampedes during a stoning ritual on the last day of hajj, 12th of January 2006. 362 Pilgrims were crushed to death because of the stampedes. What are the reasons of this tragedy? Can it be prevented? The author believes that it can. This tragedy must not only be legislated away, it must be also educated away.

In this direction the custodians of the holy places have to decrease the population of the hajj, in order to reduce the risks of stampeding. The government has succeeded in this respect by restricting visas to old age and those who are performing hajj for the first time, Islam prescribes hajj as a ritual that has to be performed once in a lifetime of those who can afford it. In the old days when the world's transportation and material resources were limited, a person was lucky if he could afford to perform hajj once in his lifetime. It was rare to find someone who had made the trip twice.

Nowadays, the rapidity of change is staggering causing dizzying disorientations, hitherto unprecedented. There is a new phenomenon of a picnic like hajj in the Arab Gulf Countries. Due to economic affluence, proximity to the holy places and the lack of the quota system imposed by the Saudi Arabian authorities on the other Muslim countries, many of the people of the region have the luxury of making the trip yearly without threatening lifelong savings. The hajj excursion clients however, come to perform hajj every hajj season and contributed to the extremely overcrowded situation.

However, after this year's hajj the Jamarat bridge will be replaced with a more elaborate bridge involving a four level system of entrances and exits to the three walls, including a subway, and costing 4.2 billion riyals 1.12 billion dollars,. It is expected that this will significantly decrease overcrowding; this brings us to the educational dimension of hajj. One of the reasons for stampeding was that pilgrims were moving up onto the bridge to carry out the stoning ritual before evenings prayers as prescribed by a Muslim school of jurisdiction. Part of the problem is that Muslims have developed an obsession with rituals and the halal and the haraam while Islam is much more than that, according to Tariq Ramadan, an international Muslim thinker. There is what we call Ijtihadat belonging to four different schools of interpretations. The specificity of the Islamic call is to promote peacefulness and responsibility.

Nowadays that more than 2.5 million have to perform the stoning ritual in a narrow valley, there is room for Ijtihad (renovations) concerning modifying, organizing and opening the timings of the stoning to ease the overcrowded situation. It is believed that the failure of the religious institutions and many Muslims to speak out against "those who monopolize the terrain of Islamic discourse in order to serve a rigid position" has resulted in the fact that anyone can be seen to speak in the name of Islam. True, Islam has no church or clergy but this in itself cannot account for the chaotic situation Muslims find themselves facing nowadays, when people without the least religious knowledge are able to issue fatwa's. "It is really important that we do not let just anyone speak in the name of Islam/ we have to be very cautious in the way we speak and deal with the fatwa's. We should not reduce Islam to the rituals. We need to understand the other dimension of the religion, including spirituality, intellectual dynamism, and self-criticism.

A major International Muslim, the grand mufti of Egypt has ruled out that the time is open for stoning the devil. It is not restricted to the time between midday and evening prayers. It is hoped that this reaches millions of pilgrims and reflects positively on the ritual of stoning so that they perform this ritual with less over anxiety and less tension. The grand mufti has allowed the ritual to start at dawn and this will surely decrease overcrowding situation and prevent a chronology of some major tragedies linked to the hajj in Mecca as

the following statistics testify. In 1990 a stampede in a tunnel caused the deaths of 1,426 pilgrims. Stampede near Jamarat bridge in Mecca killed 270; in 1994; 119 in 1998; 35 in 2001; 14 in 2003 and 251 in 200.

Could this chronology of major tragedies linked to the hajj in Mecca be stopped? It can be stopped if it is educated away and legislated away.

A SURVEY OF TREATED PSYCHIATRIC ILLNESS AMONG PILGRIMS IN Mekka DURING THE PILGRIMAGE SEASON OF 1993

Mohammed F. El Sendiony, Ph.D.; Osama M. El Rady, M.D., Ph.D.; Zayed O. El Harethy, Ph.D.;
Gamal Gazzaz, Ph.D. and Yoseef Eleway, Dip. Psych.

The period prevalence of treated psychiatric illness in the pilgrim's population of 1993 was estimated by means of data derived from a schedule completed for every pilgrim patient treated at the psychiatric facilities in Mekka. In the pilgrimage season of 1993 (one month period), 165 pilgrims were treated by the psychiatric facilities. The period prevalence was computed on the basis of the whole population of pilgrims and was found to be 11 per 100,000 population. The possible reasons for these findings are discussed.

Introduction

One of the most fascinating phenomenon of **Islam,** the extraordinary annual immigration known as Hajj — the religious pilgrimage in which a country of almost 16 million people receives more than 2 million visitors for one month's time, some of them bringing infections and parasitic disease, malnutrition, various addictions, and psychiatric disorders — provide exciting research possibilities. The research unit at the Abdul Aziz Medical School in Jedda has focused on studying the biomedical dimensions of Hajj . It was a fine opportunity for the present researchers to initiate research into the bio psychosocial dimensions. The purpose was to assess the period prevalence of treated psychiatric illnesses among pilgrims during the pilgrimage season of 1993 and to compare those rates with cross cultural rates based on investigation criteria similar to those used in the present study.

This article presents results from the study. It uses only the population of treated psychiatric pilgrims as its basis. It reports three types of information/ more carefully determined period prevalence rate of treated psychiatric illness among Muslim pilgrims, comparing these rates with rates from a survey using similar investigation criteria, and the proportions of different diagnostic classifications of pilgrims who received any psychiatric treatment services in the course of the pilgrimage season of 1993.

Finding from this article should be of value to those interested in the planning and policy aspects of menial health services of pilgrims as well as treatment providers.

Previous Work Done

Information about the mental health dimension of Hajj is meager. " '" The few studies that have been carried out have involved small and non-prepresentative samples.

Recently, T. Baasher investigates the role of Hajj in the promotion of mental health. He observed that the pilgrimage to Mekka provides optimal opportunities for breaking away from adverse social habits, for resolution of guilt feelings and for attainment of mental peace. A number of drug-dependent persons, for instance, have given up alcohol and the misuse of chemical substances through faithful adherence to religious commitment during the fasting month of Ramadan or by a reactive clearing-up of the inner self, spirit awakening and devotional enactments during the pilgrimage.'

Considering the paucity of published material on the mental health of pilgrims, the present investigators approached this study with enthusiasm and great interest.

The Hajj

The Hajj is older than Islam itself. Regularly, it takes place during the first two weeks of the last month of the Islamic year. Every able Muslim should make the journey at least once in his life.[7]

The performance of pilgrimage (Hajj) to Mekka is **a** major event in the life of any Muslim. This makes Mekka the most popular venue from the followers of Islam. Each year the pilgrims number well over two million and are drawn from all over the world, speaking between them at least ten different languages, coming from totally different backgrounds and united in the common purpose of doing Hajj.

The Han' is a rigorous undertaking. Modern travel has made the trip faster. Still, problems of heat stroke, trampling and disease afflict pilgrims.

Despite these problems and the cost of performing hajj, the pilgrimage is a duty most Muslims welcome. When a Muslim makes the pilgrimage, he or she finds that performing Hajj means obeying a number of requirements.

Before the pilgrim even arrives in Mekka, he or she must say a set of prayers indicating determination to perform Hajj. Then, the Muslim must recite ritual prayers upon entering Mekka.

The pilgrim can enter the Grand Mosque in Mekka only through a specific entrance, Bab al-Salam, the Gate of Peace. The Muslims are commanded to refrain from all violence, or even quarreling. This is cited as a basic injunction. On Hajj Muslims are expected to be purified and refrain from sexual relations, smoking or other forbidden activity. The pilgrims must wear special clothes.

The male wears a two-piece unsewn garment, the Ihram. Women are urged to dress modestly. The pilgrims then perform the Tawaaf, the seven circumambulations of the black building, the Kaaba. This is what Muslims the world over face five times a day during their prayers.

As the pilgrim circles the Kaaba, he kisses the black stone which Muslims believe came from heaven.

To perform a satisfactory Tawaaf, the Kaaba must be circled seven times.

The pilgrims next duty is the Saay, to which he ascends the Saafaa knoll, says repetitions of prayers, and then walks as fast as possible until he ascends another hill, Marwah, where he says another set of prayers.

He does this seven times, and thus re-enacts the running to and fro of Hagaar, the wife of Abraham, as she sought water for her child, Ishmael. God answered her prayers by causing a spring to appear. Ever since, the spring has shielded Zam Zam water.

After completion of Saay, the most important rile is the ascent of Arafat. The plain of Arafat is 10 km from the Grand Mosque and is still in the Haram area of Mekka.

This is the place where the Prophet Muhammed gave his last sermons. Pilgrims try to crowd on to the rocks of Jabal Arrahmah (Mount of Mercy), but a place anywhere on the plain is permissible. Here, as elsewhere, specific prayers are made, and these are interspersed with weeping prayers for forgiveness.

The "Day of Forgiveness" is the greatest day of the Muslim Hajj and marks its pinnacle

Psychiatric Facilities

There is an active medical bureau in Mekka and adequate hospital facilities. These include psychiatric services. These facilities serve two million pilgrims of all ages, speaking between them at least ten different languages, and coming from totally different backgrounds. Finding interpreters suitably competent in Arabic, Fulani Urdu, Turkish, Indonesian, Persian, Hawsa and English is a difficult task at the best of times. With the best will in the world, taking a psychiatric history through a third person is tough going. However, the first author must admit that he felt that psychiatrists in Saudi Arabia were well trained in multicultural medicine and, therefore, did not feel this language problem more acutely. Their long experience with patients with different ethnic backgrounds made them remarkably effective.

The Method of Procedure

The instrument used for the gathering of data was a schedule which was completed for every pilgrim patient in a psychiatric ward attached to public hospitals in Mekka and Mina during the Hajj season of 1993, and for all out-patients seen by psychiatrists during the same period. For patients admitted to the psychiatric ward, the form was completed by the patient's own psychiatrist. For outpatients, each psychiatrist completed the schedule on seeing his patient for the first lime during the Hajj period. The schedule identified the patient and provided data on age, sex, marital status, place of residence, nationality, education, occupation, marital status, and diagnosis. Diagnoses were made according to criteria set forth in DSM-III. Only one schedule was completed on each patient. The data were analyzed by computer and then used to project statistics for the pilgrimage's population as a whole.

By investigating the entire population of psychiatric pilgrims under care, we were able to obviate the various pitfalls of sampling. However, this does not, of course, mean that our results represent all of the psychiatrical ly ill pilgrims. Although we obtained data on over 98 percent of all cases seen by psychiatrists during the pilgrimage season of 1993, we are well aware that this constituted only a part of all of the mentally ill at large in the pilgrimage's population.

Darrell A. Reiger, William E. Narrow,[9] and others have pointed out the clear advantages that community studies have over studies such as ours, which rely only on existing psychiatric services for their data. In our case, practical considerations dictated the choice of method.

RESEARCH FINDINGS

Introduction

A total of 165 cases were reported to the study during the pilgrimage season of 1993 which extended over a period of one month. They were drawn from all over the world, coming from twenty-eight nations. The Arabic-speaking were more common (54%) than the non-Arabic-speaking (46%).

This group of 165 pilgrim patients consisted of 80 cases (48%) who were already under psychiatric care before arrival in Saudi Arabia to perform the Hajj, and who entered psychiatric care during the present study period. This group in turn was composed of 85 new cases (51.5%) who sought psychiatric help for the first time in their lives while performing the Hajj. Married patients were the most frequent, representing 67.3%. Almost all social classes were represented. Most of the patients belong to the housewives group (20%), followed by the public servants (18.8%), the skilled (17.0%, the retired (12.1%), peasants (10.3%), business class (8.5%) and then the students (4.2%).

Males Exceeded females by a wide margin. (Table 1)

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Table 1 - Number & Percentage Distribution of All Pilgrim Patients Under Psychiatric Care During Pilgrimage Season of 1993 by Sex

Sex	Frequency	Percent
Male	106	64.3
Female	59	35.7
Grand Total	165	100.0

The male-female ratio is 1.8:1.0 in favor of the males. This difference in sex ratio reflects the predominance of males in the pilgrim's population. Males perform Hajj on behalf of their deceased or disabled relatives and they can perform Hajj at a younger age. These situations lend not to apply in the case of females.[2]

The age of the majority of the pilgrim patients ranged from 26 to 58 years. The rates for both sexes rise concomitantly with age and reach a peak at the 26-36 year where 26.4 per cent belongs to this age group.

After the age of 58, the rates steadily decline. Pilgrim patients who are over 58 years are under-represented in the psychiatric population of pilgrims. Their share is significantly less than their share in the whole population of pilgrims.

The figures mentioned above show that among the psychiatric pilgrims, the psychiatric disturbances due to old age do not yet contribute heavily to the psychiatric population under care. To begin with, the life expectancy in the Muslim World is shorter than in the west, hence fewer individuals reach old age. What is probably more important, however, is the strong cultural expectation that the aged be cared for by the family. The high prestige old people enjoy and the communal support they receive in the Muslim World may be of prophylactic significance in inhibiting symptoms of extreme social deterioration that sometimes accompanies old age.[3]

Out-patient psychiatric pilgrims outnumbered in-patients. The out-patients numbered 120, representing 72.7% who were never hospitalized during the study period. The remaining 45 pilgrim patients (27.2%) were serviced as in-patients. The average stay of hospitalized psychiatric pilgrims in institutions was 3.2 days per patient reflecting the temporary nature of hospitalized psychiatric pilgrims.

Diagnosis

Table 2 on the next page presents the diagnostic classifications of all treated psychiatric pilgrims ranked in order of their distribution. The first five most common psychiatric diseases among the pilgrim patients are neurotic depression (12%), organic psychoses (11.6%), anxiety (11 %), manic depressives (10.2%) and schizophrenia (9%).

In general, religion permeates the content of the symptoms. Mania-like syndromes were observed in manic-depressed patients whose feelings of ecstasy are thought to stem from the divine nature of the ritual. Pilgrim patients lost interest in many aspects of life except religious duties in which they became deeply involved and absorbed. From our clinical observations, suicidal ideas were never observed even among depressives. It is considered a sin in the Muslim religion to contemplate or commit suicide. Two patients who

were judged to have alcoholic psychosis stated that they wanted to break away from alcohol. In the first International Congress of the World Islamic Association For Mental Health held in Lahore, Pakistan, in December 1985, Muslim mental health workers investigated the Islamic of drug and alcohol abuse. They found that the fasting month of Ramadan and the time-consuming Hajj provide excellent opportunities for breaking away from habit-forming and dependence-producing drugs. El Rady and Abu El Azayem noticed that drug addicts who withdraw from substance abuse during Hajj or in the fasting month of Ramadan didn't exhibit withdrawal symptoms.[4]

Muslim mental health workers are not alone in this respect. George Vaillant found that alcoholics usually do seem to need some kind of source of hope and self-esteem, or religious inspiration —whatever it may be called and such hope seems for Vaillant more important than hospital or psychiatric care.[10]

Table 2. Number and Percentage Distribution of Pilgrims Treated in Psychiatric Services During 1993 Pilgrimage Season

Diagnosis	Number	Percent
Neurotic Depression	20	12.0
Anxiety	18	11.0
Functional Psychoses (Unclassified)	15	9.0
Schizophrenia	15	9.0
Organic Psychoses (Chronic)	11	6.6
Manic-Depressives (Depression)	10	6.0
Epilepsy	10	6.0
Delirium	10	6.0
Organic Psychoses (Transient)	8	5.0
Manic Depressives (Mania)	7	4.2
Parkinson's Disease	6	3.6
Agitation	6	3.6
Psychosomatic	5	3.0
Dementia	3	1.8
Conversion	3	1.8
Alcoholic psychoses	2	1.2
Obsessive compulsive	1	.6
Fatigue	1	.6
Sexual Disorders	1	.6
Unclassified	13	7.8
Total	165	99.4

Period Prevalence

The total number of pilgrims for the year 1993 was approximately 1,500,000. The total number of psychiatric cases in this population was 165 as we approach to treatment, management, and prevention
have previously stated.

The period prevalence rate is the ratio of the number of cases present (165) in a population (1,500,000) over a period of time (one month). Computed on this basis, the Hajj season's period prevalence rate of treated psychiatric illness in the pilgrim's population is 11 per 100,000 population.

To compare this rale with rates of other surveys, the first author ensured comparability of sources of data and of special survey technique findings. Hence, he compared the findings of the present study of treated psychiatric illness among the pilgrims with the results of a survey of treated psychiatric illness in Lebanon where a substantial portion of the population is Muslim. Both studies used the same methods of procedures and design. Both used only the population of treated persons as their basis. It is important to note that the objectives and designs of the two surveys were quite the same (each using the same definition of a case and same case-finding method).

Examination of the above table shows that compared to the survey of psychiatric illness in Lebanon the period prevalence of psychiatric morbidity in the Hajj population is extremely low. We are not alone in these findings. El Deleem, et al., conducted a pilot psychiatric survey of hospitalized psychiatric pilgrims during the Hajj seasons in the years 1984, 1985 and 1986 and revealed a period prevalence of 4.5 per 100,000 population.[2]

Their results are compared because of the uniformity and comparability that existed in their epidemiologic data on period prevalence.

The disparity between between the rate revealed in our study and the rate of El-Deleem's survey can be explained in terms of the difference of the populations of the two studies (Table 4). In contrast to our study which included all patients under psychiatric care in

the two types of service, in-patient and out-patient, El Deleem's survey used only hospitalized persons as its basis. Table 4 highlights the research findings of the present study and El-Deleem's survey.

Table 3. Selected Epidemiologic Finding of Two Surveys of Treated Psychiatric Illness

Survey	A Survey of Treated Psychiatric Illness Among Pilgrims	A Survey of Treated Psychiatric Illness In Lebanon
Number of Treated Cases	165	4,636
Total Population Size (all ages)	1,500,000	1,952,000
Period Prevalence per 100,000	11	237.5

Table 4. Selected Epidemiologic Findings of Rates of Mental Disorders in Hajj Populations

	El Sendiony, et. al., Survey	El Deleem's, et. al. Study
Survey date, yr	1993 Pilgrimage's Season	1984,1985,1986 Pilgrimage's Seasons
Total Population Size (all ages	1,500,000	2,628,150
Period Prevalence per 100,000	11	4.5
Study Population characteristics	Institutionalized and non-institutionalized	Institutionalized Pilgrims only patients

Discussion

From the outset, the members of our research team collaborated with psychiatrists working in Mekka and Mena throughout the Pilgrimage's season of 1993, a period of one month. The prospect of being accessible to the psychiatric needs of one and a half million people of all ages, speaking between them at least ten different languages, coming from totally different cultural background was to say the least somewhat daunting.[7] Even more so when we considered that they would all have to somehow squeeze into Mekka, which covers an area of only ten square miles and would then be moving about like an army on the march during the four days of the holy rite itself, and it would be necessary to provide psychiatric care coverage around the clock. Undoubtedly, the Hajj exposed the pilgrims to tremendous physical stress mainly from heat with a mean temperature of 110°F and overcrowding. The strenuous demands of the Hajj took its toll among all pilgrims and especially the old and frail. Given these circumstances, we expected a high rate of psychiatric morbidity in the pilgrimage's population.

Yet it was remarkable that despite the hordes and the sheer unstoppable momentum of the whole event, psychiatric problems arising out of overcrowding were minimal. Indeed, our research instincts were a little frustrated at not being able to see many serious psychiatric cases the whole time we were there.

Only one hundred and sixty-five cases of psychiatric pilgrims were treated at the psychiatric facilities of the Mekkan health authorities. Computed on a basis of a pilgrim's population of one and a half million, the period prevalence rate of treated psychiatric illness is 11 per 100,000 population. This is extremely low by any standard.

However, in cross-cultural settings where psychiatry lends to be a Western import (as is the case in the Muslim world), the attitude of the Muslim pilgrims toward mental illness and psychiatric treatment and the role of threshold of recognition and reporting of mental disorder by the pilgrims, and the availability of alternatives to in-patient and outpatient care must be taken into account; since they make it difficult to compare such statistics. In highly cohesive social groups like the Hajj communities, for instance, pilgrims take pride in looking after their own members, including the sick, and they normally sort their own affairs because resorting to public institutions is taken as a sign of weakness or inadequacy of their particular Hajj communities. Thus, in some instances, psychiatric disturbances are not likely to be reported to the medical services.

Clergy or religious counselors, relatives and friends act as mental health providers and are sought out by pilgrim patients.

While the true period prevalence rate is probably higher than the figure presented above would suggest, it seems likely that it is still one of the lowest in the world.

What is probably more important, however, is that the Hajj may reduce some of the psychological difficulties as Morris (1982) reported on his findings on his study of the effect of pilgrimage on anxiety, depression and religious attitude. He found that those pilgrims who were reassessed at one month and ten months after their return from the Holy place of Lourdes, a statistically significant decrease in anxiety and depression was sustained. Heconcluded that the general emotional improvement of those people's anxiety and depression seem to be a direct result of the spiritual atmosphere, which engendered hope in the pilgrim for the future both in his life and the life hereafter.[6]

Baasher, likewise, confirmed the role Hajj plays in the measure of mental health. He emphasized that the presence of the pilgrims in a holy place reinforces emotional sentiments and augments a sense of devotion. According to him, spontaneous cure of a psychological nature may take place among the pilgrims because of the emotional interaction among the crowd of people which facilitates the release of psychological tension and menial stress." 1"

The essential core of the whole Hajj is the day of Arafah, the ninth day of the month of Hajj. This is the "Day of Forgiveness," the greatest day of Ihe Muslim Hajj and it marks the pinnacle of the pilgrimage. Pilgrims, both old and young, are overwhelmed and moved by the religious emotional struggle to make it to Arafat.

Yet, even seriously ill pilgrims made it quite clear that their only interest was to be rendered fit enough to attend in Arafah on the 9th of the month of Hajj and no complicated explanations were either asked for or expected.[2] This is where many of them experience a peak experience — a high feeling which stems from the divine nature of Hajj. Thus, the pilgrims can't afford to be sick, either physically or mentally.

Conclusions:

Taking a reading of the pilgrim's psyche seems a formidable task, but the present investigators have decided to try. The first results of what is almost certainly one of the first surveys ever conducted to assess the mental health status of the pilgrims provide evidence that the Hajj is indeed a great time for mental health.

The spiritual dimension, when enriched by the Hajj, can prove greatly useful in the promotion of mental health and the realization of a meaningful life.

If we accept the World Health Organization's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease," then in a society that defines self (and hence mental health) in religious rather than secular Western psychiatric terms, serious consideration has to be given to the forces which lend unfailing spiritual sustenance to believers as the Hajj testifies. In the secularized West, pilgrimage might be worth consideration in many chronically sick people with a religious outlook, who have difficulties in adjusting to their condition.

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MALDIVES' MENTAL HEALTH

Maldives is the smallest country in Asia and one of the smallest in the World. It consists of about 1,200 small coral islands. These tropical islands cover a total of 298 square kilometers. The northern tip of the Maldives is about 595 kilometers south of India.

The Maldives is a republic. The estimated population is 300,000. Male, the capital has about 35,000 people. According to a Maldivian citizen, the republic of Maldives is 100% Muslim country. According to an email message, psychiatrists are unavailable in the Maldives. A Maldivian source "We do not even have a single Maldivian psychiatrist"

WIAMH calls on rich Muslims around the world to help this country to initiate a mental health system in The Maldives. We suggest that they help to train medical students, citizens from The Maldives to become psychiatrists.

A case study from The Maldives:

Since childhood I have problems, now I am 30 yrs of age. Due to unavailability of specialist doctors, we do not have even a single Maldivian psychiatrist and medical equipment. I was given many injections and have eaten thousands of different kinds of tablets so far not knowing the problem. Only recently I was told by a doctor from India that I am having anxiety and phobia. I am having panic attacks faintness breathlessness and many other associated problems. In fact I am struggling to live during my life and still hope to lead a normal life. I am looking for someone who will help me to solve my problem. If possible it will be great help if you could arrange a psychiatrist to share my problem even through email

THE MORTON DEUTSCH CONFLICT RESOLUTION AWARD

Dr. LEILA DANE HEAD OF THE INSTITUTE FOR VICTIMS OF TRAUMA has the pleasure of nominating Palestinian Mohammed Abu Nimer for the prestige award called the **Morton Deutsch Conflict Resolution Award**. Dr. Nimer is author of a book entitled "Dialogue, Conflict Resolution and Change" and he teaches at the American University in Washington DC.

At the awards ceremony held a few weeks ago at the American University where he teaches, he gave a speech telling the growth in this field. It is a wonderful story of a young man who thought by simply bringing Arabs and Jews together he could make things better. Now he says it wasn't that simple, far from it, but he goes all over the world training people on Conflict Resolution.

What is remarkable about his award is that the award is available to anyone, anywhere in the world who is outstanding at practicing conflict resolution or at developing theory to assist practitioners at refining their expertise. It is remarkable because this is only the fourth year that the award has been given, and Mohammed Abu Nimer who only very recently became the first Palestinian of CR to receive a PHD in the field, is the fourth in the world to be honored.

Morton Deutsch Award - January 19, 2006 : Mohammed Abu-Nimer

Thank you all for coming tonight. It is great honor to be recognized by the Peace Psychology in the APA Division, especially through the Morton Deutch award. I am honored to have joined my colleague Ron Fisher with this award, too.

Professor Deutch seminal work in conflict and conflict resolution has guided many of the practitioners and scholars in this field. I am among one of those who have benefited greatly from his conceptualizations of conflict causes and dynamics. This learning goes back to the early part of my graduate degree in 1989, I recall studying his work at ICAR in several classes and debating its theoretical application with other scholars like John Burton and his Human Needs Theory.

Let me start by saying that I share this recognition with all of my colleagues (scholars and practitioners of PB) who too worked hard and faced similar challenges and even threats when engaging in peacebuilding work especially in war zone areas. When I look around in this room, I feel the need to dedicate it to all of you for the efforts that you have invested in the development of this field too. To receive this award in the presence of Abddul Aziz Said, Mubarak Awad, Edy Kaufman, and Leila Dane, is really a great honor for me.

Source of empowerment and sustainability:
Since this award is for the scholarly work and the contribution to the field of peacebuilding practice. Allow me to say few words about the field and my humble contribution to its development.

When I sat to further reflect on the meaning of this award, insights and memories surfaced, some were painful others joyful. I would like to share with you some of memories. They might be unstructured and personal, instead of being reflective on the state of the field today.

I began working in dialogue, peace and conflict resolution in 1981, without knowing that this is a field and people can get academic degrees in it. I began as an undergraduate student in Jerusalem trying to facilitate meetings between Arab and Jewish students.

For next 10 years, I worked intensively and relentlessly bringing Arabs and Jews in Israel (primary, high school, and university students, educators, community leaders, politicians, etc.) to dialogue sessions, where they begin by sharing their pain and injuries and finish with optimistic view of their future and hopes.

For ten years, (2-3 workshops a month, each would last for 2-3 days) I led Arabs and Jews who in many cases expressed hatred, stereotypes, and fear of each other. As a facilitator, I absorbed their poison and reframed it to build positive relationships. I recall leaving many of these workshops with a huge psychological burden that needed to be released, soccer and movies were great outlets.

Due to the Israeli Palestinian political context of 1980s, the work was frustrating and exhausting. In addition, our organizations were under constant attacks by politicians, media, and even academicians. Simply put, there was little support or recognition for this work

not in the community, media, or academic. The peak of the resistance of such work came when one of the Israeli parliament members requested my deportation when questioned the minister: how come the government of Israel allow terrorist like my self to work under the auspices of peace organization. Amazingly the Israeli minister of education had to defend my work at that time!

As facilitators and practitioners, Israeli and Palestinian practitioners needed every or any glimpse of hope to assure us that we are doing the right thing. By 1989 in the middle of the first Intifada, I left Israel as a classic case of **"burned out.**" Of course, I did not know that until few months later when I sat in GMU/ICAR classes debating theories of conflict resolution with my professor with "broken English."

Looking back at that period, I think what we needed was **a public recognition form our field or academic organizations.** For me tonight's award is an "injection" against that type of burned out and an empowering recognition of the need for peace workers to be integrate din all academic disciplines.

Joining the world of academic:
14 years after I began my work in Israel Palestine, I completed my Ph.D. in conflict resolution (fourth person to receive such a degree and the first Arab and Muslim with this degree). I joined the academicians and scholars of conflict resolution which have allowed me to view this field from different perspective, too. However I must admit that my heart remains in the practice and field work. Therefore, the way I learned to view and evaluate my contribution is through the training, mediation, facilitation, and other intervention forms like advising government officials or in some rebel groups in war zone area like Palestine, Israel, Sri lanka, Mindanao Philippines, Bosnia, and USA.

The following are some of these major lessons I learned through the last 15 years of work as an international trainer and researcher:

Cultures / manuals and conflict resolution training workshops:
My scholarly work has emerged from my experience in the field. In 1994, I learned through the training in Gaza that the western conflict resolution models do not work without cultural contextualization. Only after few training, the local trainees and myself in Gaza realized that we need to search for our own Arab and Muslim based conflict resolution methods.

Later I learned that the training manuals have limited effect and function for every trainer. At some point you have to let them go and rely on your own knowledge of the context and believe in the power and capacity of your groups. Only then you are capable of transforming the trainees into an empowered group of social change agents who are ready to carry on the work of peace in their community.

Islam and religion in conflict resolution:
By early 1994, I have realized that to effectively influence people in the Middle East and Muslim world you have to address/understand their religious and cultural belief systems. Islamic identity kept surfacing in all the work I have done in Mindanao, Sri Lanka, Palestine, Bosnia, and USA. So I started writing about Islam and conflict resolution and more recently about Islam and dialogue. However, our conflict resolution training models remain secular and exclude the spiritual and religious affiliation which most participants have in such conflict areas.

September 11 and its aftermath, certainly added to that the interest in the subject, but it also increased the level of frustration and doubts about the effect of our work. Yet, it is clear that peace work is the only alternative we have in countering the waves that 9/11 left. Nevertheless, the event itself and the policies that followed affirmed the need for a more positive and constructive role of religious actors in all societies.

Positive approaches:
Early 2001, with some colleagues like Cynthia Sampson, noticed that we often are more tired and many of the people I work with are also tired at the end of our training workshop or even classes. We would have wonderful peace and conflict resolution meetings, but we are exhausted by the end of the work, so we explored the positive approaches to peacebuilding, trying to identify the positive aspects and build on sources of "life giving". The aim became to explore the positive aspects of our work and to increase the sources which give us hope and strength instead of zooming in the conflict and pain. We asked the questions: what keeps you going in this field or in dealing with conflict and war? The answers we found were amazing ("Positive Approaches to Peacebuilding" is the edited volume of 16 case studies written by practitioners documented these discoveries). As a result of this realization, I began discovering ways to do the hard work and still feel less exhausted and more optimistic. Personally it took me many years to learn to answer the above question, and I am still struggling with it.

Challenges in the road:
There have been many challenges facing all of us in peacebuilding work, but I want to highlight two of them that they are related to tonight's award:

1. How to maintain the impact of the work?
The current reality of our world is saturated with terrorism, violence, dehumanization, and little political progress or alternatives. We are still struggling to find answers to this challenge. It is my intention to focus on it more and more in my future work, too. I see the policy track as the weakest link we have had. I have struggled with that factor of impact on policy making for many years. Peacebuilding work is very effective in changing people perceptions on individual bases and even on small groups level. But how to translate that to the masses and social and political movements levels is another story. We are still seeking answers and ways to respond to such necessity.

2. How to continue without the threat of the "burn out," and with sustained energy?

Each one of us has his/her own sources of strengths. I have been blessed with a supportive family (Ilham, Ayman, and Luma) that provide me with such strength and keep me on track. They have been my inspiration. In fact, Ilham my partner deserve this award more than me, she has offered her help and advice for the last 25 years which allowed me to do the things I have done.

Professionally, our field offers very few opportunities or frameworks for us the practitioners to be nurtured and renew our energy. Unlike other professions, like psychology, we have not yet develop procedures and structured space for such renewal and professional support.

Finally, I would like to specifically thank two people who have held my hand along the way: Dr. Leila Dane who has been one pioneer in brining many of these themes into the Middle East, too. Her support and encouragement have helped me great deal.

Professor Said, whose support and guidance have made a safe and nurturing space for my professional and personal growth.

I hope that you will view this ward as one celebrating all of our work together for many years to come too.

THE EDITOR: WIAMH CONGRATULATES MOHAMMED NIMER for being the first Arab to earn this international and prestigious award. Congratulations Mohammed, one can't argue with success. We also shouldn't forget the pioneers who worked very hard for the establishment of Conflict Resolution as an Academic Discipline and its applications to everyday real life situations in the Middle East. As early as 1988 Gamal Abou EL Azayem, Leila Dane and Eugene Broody worked together to work for this goal.

If it was not for these early pioneers together with Ahmed Abou EL Azayem, there simply would not be a joint program on conflict resolution. In 1988 to develop a viable approach to these cross- cultured and cross- disciplinary dialogues, they held the following Congress: Mental Health Service to victims of community violence held in Cairo, Egypt, April, 1988; the first conference of the joint program on conflict resolution, held in Cairo, EGYPT, Nov.12-14, 1991. This congress was unique as it was a dialogue between international experts in the field of conflict resolution and colleagues from Al-Azhar University which is more one thousand years old. The success of this congress inspired Al-Azhar University to hold her second conference of joint program on conflict resolution in February 1994 with the cooperation of WIAMH and the Institute of the Victims of Trauma. These early pioneering visionaries have to be commended for their efforts.

THE DANISH CARTOON CONTROVERSY

Tariq Ramadan is a brilliant young philosopher who brings together what is best in both Islam and the West. He is a bridge builder between two civilizations. He was named by Time magazine in April 2004 as "one of the world's top hundred thinkers." He was sounded out on Danish cartoon controversy and he wrote an article which follows and which was published by Tribune Media Services International.

Free speech and civic responsibility
Tariq Ramadan

Sunday, February 5, 2006

GENEVA There are three things we have to bear in mind about the controversy over the cartoons published in the European media depicting the Prophet Muhammad.

First, it is against Islamic principles to represent in imagery not only Muhammad, but all the prophets of Islam. This is a clear prohibition.

Second, in the Muslim world, we are not used to laughing at religion, our own or anybody else's. This is far from our understanding. For that reason, these cartoons are seen, by average Muslims and not just radicals, as a transgression against something sacred, a provocation against Islam.

Third, Muslims must understand that laughing at religion is a part of the broader culture in which they live in Europe, going back to Voltaire. Cynicism, irony and indeed blasphemy are part of the culture.

When you live in such an environment as a Muslim, it is really important to be able to take a critical distance and not react so emotionally. You need to hold to your Islamic principles, but be wise enough not to overreact to provocation.

For Muslim majority countries to react emotionally to these cartoons with boycotts is to nurture the extremists on the other side, making it a test of wills. On one side, the extremists argue: "See, we told you, the West is against Islam." On the other side they say, "See, Muslims can't be integrated into Europe, and they are destroying our values by not accepting what we stand for."

This way of opening a debate on emotional grounds is, in fact, a way of closing the door on rational discourse.

What we need now on both sides is an understanding that this is not a legal issue, or an issue of rights. Free speech is a right in Europe and legally protected. No one should contest this. At the same time, there should be an understanding that the complexion of European society has changed with immigrants from diverse cultures. Because of that, there should be sensitivity to Muslims and others living in Europe.

There are no legal limits to free speech, but there are civic limits. In any society, there is a civic understanding that free speech should be used wisely so not as to provoke sensitivities, particularly in hybrid, multicultural societies we see in the world today. It is a matter of civic responsibility and wisdom, not a question of legality or rights. In that context, I think it was unwise to publish these cartoons because it is the wrong way to start a debate about integration. Such a move inflames emotions; it does not court reason. It is a useless provocation.

How does one imagine that the average Muslim in Europe who opposes terrorism will react seeing the Prophet Muhammad depicted with a bomb in his turban? Publishing these cartoons is a very stupid way to address the issue of freedom of speech.

Now it is a power struggle. Who will have the final word? Who is right? Who will have the upper hand? What do we want, to polarize our world or build bridges?

Look, let's have a true debate about the future of our society. Muslims have to understand there is free speech in Europe, and that is that. On the other side, there needs to be an understanding that sensitive issues must be addressed with wisdom and prudence, not provocation. Just because you have the legal right to do something doesn't mean you have to do it. You have to understand the people around you. Do I go around insulting people just because I'm free to do it? No. It's called civic responsibility.

(Tariq Ramadan is a visiting professor at Oxford's St. Antony's college and a senior research fellow at the Lokahi Foundation in London. He is author of "Western Muslims and the Future of Islam . This Global Viewpoint article was distributed by Tribune Media Services International. His comments are adapted from an interview with Global Viewpoint editor Nathan Gardels.)

Source of this article: http://www.iht.com/bin/print_ipub.php?file=/articles/2006/02/05/opinion/edramadan.php

International Forum Of Disaster Relief

Date: Thu, 19 Jan 2006 05:23:57 -0800 (PST)
From: "Omar Kasule" omarkasule01@yahoo.com
Subject: (nm) INTERNATIONAL FORUM ON DISASTER RELIEF - BRUNEI DARUSSALAM JULY 2006
19th January 2006
Assalam Alaykum

I send you warmest 'Eid Al Adha greetings and with you a happy new *hijri* year. I have the pleasure of informing you and all Muslims around you that an International Forum on Disaster Relief will be held in Brunei Darussalam in the period 10-20 July 2006. The forum will meet for the first 3 days and the remaining days will be for networking and sightseeing. For more information about the forum please reply to this message and provide your full name (including title) as well as a postal address. If you want a travel representative to talk to you about air-ticket and hotel packages please provide the name of your nearest international airport as well as a day-time telephone number.

The primary objective of the forum is to bring together Muslims concerned about disaster relief to share experiences and build networks of practical cooperation in the field. The term disaster is used here in a comprehensive way to cover major disasters like earthquakes, hurricanes, and disease epidemics that usually catch media attention as well as small-scale disasters that happen in communities such as fire, environmental, and road hazards.

The secondary objective of the forum is to encourage Muslim tourism to Brunei as part of *silat al rahim.* Forum participants are invited to bring their families and to spend some days after the forum meeting Muslims of Brunei and enjoying tourist attractions of the country.

The forum will feature plenary presentations by guest speakers of international stature and specialized parallel workshops at which papers will be presented and will be discussed. Preference will be given to papers on actual field experiences in disaster relief.

The working language of the forum will be English. Simultaneous translations will be available where requested into Arabic.

Invitation to the forum is open to all Muslims concerned about more effective networking in facing disasters such as earthquakes, hurricanes, epidemics, famine etc. They may be ordinary members of Muslim communities, or professionals engaged in disaster relief and medical care, or organizational leaders or policy makers.

Hoping to see you in Brunei Darussalam in July.

Wassalam

Dr Omar Hasan Kasule, Sr.
Professor of Epidemiology and Islamic Medicine
Institute of Medicine, University of Brunei Darussalam
Jalan Tungku Link
Gadong Brunei BE 1410
EM omarkasule01@yahoo.com OR omarkasule@im.ubd.edu.bn

JOURNAL OF MUSLIM MENTAL HEALTH
BIRTH OF AN INTERNATIONAL JOURNAL OF MENTAL HEALTH AMONG MUSLIMS

Dr. M.F El Sendiony,

Journal of Muslim Mental Health will sooner than soon come off the press. Its first issue will hit the newsstand sooner this year; 2006. It is the first international journal operating in the USA to investigate the relation between Islamic Culture and mental health. It will explore the role of cultural factors related to mental health of Muslims not only in the global Muslim community but also of Muslims in North America. Thus the behavior of Muslims in their traditional environment as well as its equivalent in a new environment will be scrutinized. Some in the West cannot get themselves to believe that you can build an identity that is truly Muslim and truly Western at the same time. Such a blend can happen if Muslims neither lose their identity through assimilation nor reject Western values and thus separate themselves from the American society in which they live.

What will set the **Journal of Muslim Mental Health** apart from other professional journals is that it will mirror increasing awareness of the importance of cultural factors in mental health especially as they affect decisions about diagnosis and treatment. The central theme will be "Islam and Mental Health with special emphasis on the Islamic approach to treatment management and prevention of mental illness.

One of the questions this six monthly journal is trying to answer is: what is the impact of current geo-political conflicts on the mental health of Muslims worldwide? To help answer this question the editorial board called for papers on "Iraqi mental health" to investigate the high levels of trauma which the Iraqis have sustained in the last several decades.

In initiating research in Iraq, which furnishes a classical laboratory situation for the study of trauma psychology, **Journal of Muslim Mental Health** has again taking a pioneering step in promoting an area of knowledge which is badly needed in our chaotic world.

One looks forward to receive the first issue of the **Journal of Muslim Mental Health**, hot from the press.

You may like to ask for a free sample copy, see below.
(See full text and coverage of **Journal of Muslim Mental Health** on the following pages)

Aims & Scope

Source: http://www.tandf.co.uk/journals/titles/15564908.asp

The ***Journal of Muslim Mental Health*** intends to identify the mental health care needs of Muslims. In order to conduct effective clinical assessments, form accurate diagnostic opinions, develop effective interventions, and formulate successful health policy for diverse communities, the historical, societal, and cultural contexts must be well understood. The ***Journal of Muslim Mental Health*** provides an academic forum for exploring social, cultural, historical, theological, and psychological factors related to the mental health of Muslims in North America as well as that of the global Muslim community.

A void in the Muslim mental health literature has become increasingly glaring. What is the impact of current geo-political conflicts on the mental health of Muslims worldwide? What are the mental health belief systems and coping behaviors of ethnically and geographically diverse Muslim groups? Do mental health professionals and institutions Muslim clients?

The ***Journal of Muslim Mental Health*** will make relevant research data, typically overlooked by more general mental health journals, readily available within and beyond the academic community. In addition to important theoretical contributions, the Journal will inform service-oriented work that will allow institutions and public service systems to deliver more effective mental health care to their Muslim communities. The Journal will moreover provide a forum for the advancement of epidemiological studies of mental illness in Muslim countries, culturally valid psychometric scales, religiously sensitive psychotherapy techniques, and outcome research on mental health prevention and intervention programs.

ABOUT THE JOURNAL

Source: http://www.muslimmentalhealth.com/Association_Docs/contribute.asp

The Journal of Muslim Mental Health

The **Journal of Muslim Mental Health** intends to identify the mental health care needs of Muslims. Establishing a peer reviewed and refereed academic journal will encourage research in this field and provide a forum for the development of culturally sensitive psychometric scales, faith-based psychotherapy techniques, outcome studies on mental health interventions in Muslim populations, etc….

As community service projects are developed, the void in the Muslim mental health literature becomes more glaring. The **Journal of Muslim Mental Health** will be a forum for filling this vacuum by making relevant research data, typically overlooked by more general mental health journals, readily available within and beyond the academic medical community. Aside from important intellectual contributions, the journal will inform service-oriented work that will make institutions more effective in delivering mental health care to their communities.

Can Muslim mental health professionals and academics provide a culturally, and religiously, relevant approach to mental illness? Can Islam as a tradition develop a distinct position on human behavior, psyche, and mental health which can accommodate different cultures in different periods? These are questions that must be addressed by researchers in the field who are familiar with the principles of Islamic law, theology, and philosophy and are actively participating in research on mental health. There are only a few contemporary works that attempt to reconcile current theories of behavior and psychopathology with Muslim cultures. *The **Journal of Muslim Mental Health*** will serve as a vehicle for critical engagements with the academic discourse, integrating different modes of research and analysis, exploring the culturally constructed dimension of mental illness and exploring the spectrum of Muslim perspectives on mental health.

How You Can Contribute

One of the most important contribution one can make is your intellectual contribution. The success of this journal depends on the quality of the literature published. Therefore, if you have interesting clinical or analytical research, a compelling editorial or book review, or if you can write up an interesting clinical case then please submit your work to our journal. Second, if you have expertise in a specific

discipline within mental health, please volunteer as a peer reviewer. We carefully select our peer review staff; therefore, you must submit your curriculum vita to the below.

For questions or contributions please email Dr. Hamada Hamid, Managing Editor: journal@MuslimMentalHealth.com

Please visit the Journal of Muslim Mental Health web page at: http://www.tandf.co.uk/journals/titles/15564908.asp

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For editorial information, contact:
Editor-in-Chief
Dr. Abdul Basit
Director of Multicultural Mental Health Services,
Feinberg Medical School, Northwestern University,
1033 University Place, Suite 440-450
Evanston, IL 60201, USA.
Tel: 708-748-2197
MANAGING EDITOR

Hamada Hamid, D.O.
Center for Global Health,
Department of Psychiatry, New York University School of Medicine,
550 First Ave., NBV 20 N11,
New York, New York 10016 USA
Tel.: 212-434-2661
E-mail: journal@muslimmentalhealth.com