Kultur og psykiatri: En antropologisk tilgang til det kliniske arbejde

Symposium 22.01. 2010 10 a.m. to 4 p.m.
Psykiatrisk auditorium, Psykiatrisk Center Rigshospitalet
Doctor wants a copy of the Taliban

Sensitising British Mental Health Professionals to Islam

Dr Sushrut Jadhav
University College London
Global events
Local concerns
Clinical needs

Why?
Method

- Literature review on Islam & Mental Health
- Consultation with mental health professionals, patients, scholars in related disciplines & field work
- Questionnaire designed for Staff & Patients
- Day long intervention workshop in a Mosque
- Assessment of impact: quantitative and qualitative
- Development of policy for local services
Outline of literature review

- Muslim community in UK
- Islamic schools/sects
- Islamic beliefs
- Medicine in Islam
- Gender issues
- Islam & Sexuality
- Islam & psychotherapy
- Islam & Addictions
- Practical guidelines for mental health professionals
- Concept of the *Unseen: Jinns, evil eye, etc*
Staff Questionnaire
Pre- & Post intervention

Structured Consent, Demographics, True & False propositions Open ended queries
STAFF QUESTIONNAIRE

Grouped:
General,
*The Unseen*,
Purification,
Prayer,
Death,
Dietary issues,
*Ramadaan*, &
Gender issues
(total of 54 true/false propositions and several open ended queries)
EXAMPLE OF TRUE/FALSE STATEMENTS

• The sacred text for Muslims is *The Taliban*
• A *Fatwa* is a death sentence
• *Begum* is a Muslim family name
• Suicide is not prohibited in *Islam*
• Muslims may eat *Kosher* food
• Islam disapproves of listening to pop music
• During *Ramadaan*, Muslim patients must not be prescribed medication between dawn and sunset
• Male psychotherapists must not close the door when counselling female Muslim patients
• Spirit possession in a Muslim patient is a reliable sign of mental illness
More examples of statements

- Islam means love of Prophet Muhammad (Peace be Upon Him)
- Arranged marriages are compulsory in Islam
- After divorce, Muslim women have no rights
- Islam prescribes charity to the poor, weak and the sick
- Female genital mutilation is sanctioned by Islam
Patient Questionnaire
Pre- & Post intervention

Consent & remuneration
Structured open ended queries
Experience of care during in-patient admission
Focus on cultural & religious issues
Regents Park Mosque: workshop venue
# Workshop in the Mosque

Outline of day long training session
(8 Continuing Professional Development points)

<table>
<thead>
<tr>
<th>MORNING</th>
<th>AFTERNOON</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is Islam? Who are Muslims?</td>
<td>• Clinical issues in diagnosis and management for Muslim in-patients (case vignettes)</td>
</tr>
<tr>
<td>• What does it all mean? Intersection of religion &amp; culture</td>
<td>• The Unseen &amp; Spirit Possession (with video clips)</td>
</tr>
<tr>
<td>• Outline of Islamic sects</td>
<td>• Reading pack: bibliography, key papers, Al-Ahram newspaper, free copy of Qu’ran vetted by trainers</td>
</tr>
<tr>
<td>• Gender issues in Islam, Islam &amp; sexuality</td>
<td>• Oral feedback</td>
</tr>
<tr>
<td>• <em>Halaal</em> lunch break</td>
<td></td>
</tr>
<tr>
<td>• Call for Prayer (attendance optional)</td>
<td></td>
</tr>
</tbody>
</table>
Themes covered in the morning workshop session

- Basic beliefs
- 5 pillars of faith
- Prayer
- Cleanliness
- *Ramadaan*
- Dietary requirements
- The Mosque
- Death rites

- Islamic rulings for men and women
- Islamic perspective on men and women
- Sexual relations within marriage
- Islam & sexual orientation
Workshop in progress at the Mosque
Workshop in progress at the Mosque
Workshop in progress at the Mosque
Audit of intervention

Data from pre- & post intervention

Quantitative
  Statistical analysis
  Loose control group

Qualitative
  Thematic analysis
  Field notes
  Institutional response
Scores on all items that improved after intervention
No statistically significant improvement pre- and post intervention

Control group from Human Resources, UCL
50% of both groups scored more than 2/3rd correct on all 54 items

On ‘core items’ (24/54), 50% of staff group scored 2/3rds items correct

No significant difference between staff and controls
Qualitative findings
Data from Staff: What issues arose when caring for this patient group?

Pre intervention / Post intervention

- **Food:**
  Provision of *Halal* diet

- **Prayer:**
  Provision of prayer times, prayer mat, Qur’an, knowing which direction to face, patient attendance at Mosque.

- **Ramadaan:**
  Correct timing of medication

- **Women:**
  Stigma of mental illness

Post intervention:

All of above, & language / communication problems / ghosts and possession
Data from Staff: To the extent that you know about Islam what do you think are it’s strengths & weaknesses?

- Strengths – Pre / Post intervention
- Discipline & family / community ties
- Focused, provision of moral code, strong family and community
- **Weaknesses** – Pre / Post intervention
- Undermines the role of women & use of Islam by extremists
- Strict, rigid, gives men more rights than women, associated with inciting terror
Data from Staff: What is the role of religion in mental health? Pre / Post intervention

- Can affect an individual's understanding of mental illness
- Can affect how / from whom help is sought
- Religion offers support & helps patients make sense of their illness
- Depends on how religious the patient is.
Data from Staff: Do staff feel their ward is sensitive to the needs of Muslim patients & other ethnic minority patients?

- Yes, but more needs to be done (44%)
  “Still a lot of prejudice from patients and staff”
- Yes (52%)
  “Things will get better. Thirty years ago nothing like this existed”
  “The standard of care and understanding of Muslim patients keeps improving…”
Do you feel that as a Muslim you require specific care?

“No. I did not expect that to happen, to require specific care, except that when I eat food it has to be Halal”.

“No”

How do you feel about being cared for on the ward by staff of both genders?

“These people who require, do not get care from the opposite sex, I believe they are extremists”

“I felt ok”
Themes that arose during the training workshop

- Why don’t Muslims reform their religion with modern times?
- How would you diagnose spirit possession?
- What are jinns? What is their purpose?
- Why is Islam biased towards men?
- What is jihad? What is a fanaticist? How do you manage him in ward?
- Appreciation of explanations for wearing hijab, eating halaal food, opportunity to experience the ambience of a mosque.
- Understanding diversity amongst Muslims
Themes that arose during the training workshop

• What is the taboo with dogs and pigs?
• Is there a role for forgiveness in Islam?
• Workshop was Islamic propaganda
• This is cutting edge training
Conclusions

Was it useful? Validity of IMHQ, attendance and response rates, Pilot study, IEC: knowledge, skills & attitudes (attended 63%), response rates (36 & 30%)

To whom? Staff
Future? Mainstreaming
Policy for Race & Diversity Board
Training requests: local and international Appointed cross-cultural nurse (unique)
Cultural formulations on Acute Unit
(timing was correct)
Fruitful collaboration between an interdisciplinary team of multi-faith background, & between clinicians & hospital managers.

Ms Khadija

Ms Salas & Dr Jadhav

Dr Javed
Acknowledgements

Funding: UK Transcultural Nursing Society (£3000), Camden & Islington Community Health Authority (£20,000), Jansen-Cilag pharmaceutical company (£500).

Patients & Staff at Huntley Centre, St Pancras Hospital; Hospital Imam: Abu Sayed,

Research assistants: Khadija Zaidi, Asim Hafiz.

Statistician: Lynda Stevens

Trainers: Drs Daudji, Javed, Littlewood, Majid,

Control group: Fiona McLean, UCL Human Resources Department
Unsanitised bits

Anatomy of a complaint
Update

• Theology as psychotherapy?
• Lateral growth within NHS
• Renewed interest in the supernatural