



BEYOND THE NUMBERS: ARAB/MIDDLE EASTERN/MUSLIM/ SOUTH ASIAN HERITAGE

The Arab/Middle Eastern/Muslim/South Asian (AMEMSA) cultural group makes up an estimated 10+ million Americans and consists of heritages originating from more than 30 countries and territories throughout South and West Asia, as well as North Africa. Around 1 in 5 South Asian Americans will experience an anxiety or mood disorder in their lifetime.

Significant data on Arab, Middle Eastern, and Muslim Americans' mental health is not available on a national scale. For the purposes of this toolkit, these identities are being grouped into one cultural category, AMEMSA, as a way to identify the unique characteristics of groups that too often are generalized or overlooked when classified within other cultural categories, such as Asian/Pacific and Black/African American. Complexities around categorization additionally make the AMEMSA cultural group significantly underrepresented in research, including a lack of data surrounding AMEMSA mental health.

HISTORICAL CONTEXT

AMEMSA communities have had diverse experiences throughout history, which have led to a wide variety of cultural norms, linguistics, and religious beliefs. Despite these differences, AMEMSA groups are connected through deep cultural roots, historical experiences, and outside perceptions often resulting in unjust treatment of AMEMSA individuals. Additionally, AMEMSA communities have made huge contributions to current-day American society, including the adaptation of the phonetic alphabet, Arabic numerals, highly advanced medicines and sciences, flavorful foods and beverages, as well as being the origin of many of the world's largest religions.

Due to differences of cultures and the high prevalence of poverty in many of these regions, many AMEMSA territories of origin have been ravaged by war, leading to mass community displacements. Foreign military interventions, including those from the U.S. and Russia, have led to hundreds of thousands of civilians killed, neighborhoods destroyed, and entire communities traumatized. Since the establishment of the Israeli state around the mid-20th century, Arab peoples have been actively oppressed, leading to mass inequities. This systemic oppression has been a significant risk factor to psychological distress in Arab communities, often resulting in feelings of defeat, disempowerment, trauma, and social exclusion. Within the U.S., many AMEMSA communities have been affected by discrimination, violence, travel bans, heightened surveillance, and harassment, which can be tied to poor mental health outcomes.

In South Asian territories of origin, British colonization led to the division of many cultures and inequities across groups. This further contributed to poor economies, lack of resources, and violence. For South Asian Americans, there is a long history of systemic discrimination in the U.S., including bans on citizenship and immigration. Despite these systemic barriers, South Asians have historically made massive contributions to U.S. society, including within engineering, technology, science, and medicine.

Though individuals in the AMEMSA heritage category tend to be connected through region, culture, and public perceptions, historically many of these groups have had conflict with one another. Despite historical differences and conflicts, post 9/11 U.S. attitudes have often given way to generalized discrimination, including Islamophobia and xenophobia.

BARRIERS TO WELL-BEING

To begin understanding these cultural groups, one must first acknowledge that these cultures are excluded from the U.S. Census, among many other data sources. As an under-researched group, there is very little information available regarding the disparities or strengths within AMEMSA Americans. As such, mental health services continue to present limited cultural sensitivity toward AMEMSA communities, and overall beliefs of stigma regarding mental

health are unclear.

Access to proper mental health care and wellness resources is substantially lacking for AMEMSA Americans. Lack of linguistically relevant material also has contributed to the disparities in these communities, often fully excluding these members from much needed resources. Therapists and other mental health providers must educate themselves to have stronger understandings of the unique needs of cultures within these communities. Discrimination is an enormous stressor for AMEMSA Americans, with young Muslims, women, and Arabs being most likely to experience religious-based prejudice. These prejudices have made their way deep into the U.S. health system, often causing concerns of AMEMSA Americans to be ignored or excluded.

CULTURAL BELIEFS

Stigma around mental illness may be common in AMEMSA communities, often associated with feelings of shame, mistrust, fear, secrecy, and disgrace. For many of these cultures, there are especially difficult complexities that occur within the context of social relationships. Reputation is highly valued in AMEMSA American cultures, and Arab families tend to associate caring for loved ones with a mental illness with fear, embarrassment, loss, and disgraced family reputations. For families from Jordan and Morocco, despair, secrecy, isolation, and helplessness are associated with such caregiving. South Asian Americans often have a value system based on family loyalty, obligation, and sacrifice, which can be connected to mental health stigma. Additionally, for those of South Asian heritage, stigma also impedes on seeking help.

AMEMSA communities also value respect, family cohesion, and loyalty. For mental health providers, they must build strong rapport while centering on these values in order to provide culturally responsive care. For Muslim and Arab cultures, faith is vital to wellness and must also be considered in mental health treatment. Mental illness is commonly seen as a will of god, a test, or the effects of evil spirits. Additionally, linguistic nuances around mental health in these communities may lead to misdiagnosis or gaps in care. A lack of understanding and integration of these values from a non-AMEMSA practitioner may result in distrust.

STRENGTHS AND RESILIENCY FACTORS

For many AMEMSA individuals, faith plays a key role in well-being. Muslim communities have strong connections to community mental health rooted within their religion, which includes Imams, faith leaders, and having an integral role in community counseling. Due to these beliefs, many Muslim individuals will seek out their faith leader more than the traditional mental health services of Western medicine. The vast majority of Imams are experienced in addressing spiritual concerns, family issues, marital and relationship problems, and the overall mental health of their community members. Furthermore, prayer and reading of the Quran offers a source of healing that may complement medical interventions.

Other AMEMSA communities, such as South Asians and those who believe in Hinduism, Jainism, or Buddhism utilize ancient practices such as yoga and other forms of meditation to promote well-being. These practices have been highly associated with self-rated health and wellness scores. Overall, these strengths and protective factors, when combined with the right mental health support, may lead to better outcomes and well-being.

CALLS TO ACTION

There is still much to learn about the AMEMSA community. For this reason, the following calls to action are proposed for the future well-being of these communities:

- Include AMEMSA categorization in data collection forms.
- Fund and include community-based organizations and experts to bring more understanding of AMEMSA needs and desires in practice and policy.
- Apply a trauma-informed and culturally responsive approach to mental health care of AMEMSA communities.