



Review

Interventions for treating depression in Muslim Patients: A systematic review



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ABSTRACT

Background: Religious belief is an important determinant of mental health, depression is the mental illness responsible for the largest disease burden globally, and Islam is the fastest growing world religion. Here we systematically review the literature on the engagement of Muslim patients in the treatment of depression.

Method: A search of electronic databases, including non-traditional sources, was conducted and content experts were contacted in order to identify qualitative studies, quantitative studies and opinion pieces. A standardised data extraction pro forma and thematic analysis were applied to included studies.

Results: 25 studies met the inclusion criteria. Muslims hold many beliefs about depression relevant to its treatment. Advice about how to identify and respond to such beliefs was contradictory and rarely based upon research evidence. The literature is generally of poor quality and rarely distinguishes between religion and culture.

Limitations: Many studies do not distinguish between beliefs and values that are religious and those that are cultural. The majority of papers identified are English language, suggesting that literature from predominantly Muslim countries is underrepresented, despite our strategy of searching for literature from all relevant countries.

Conclusion: Much of the evidence identified by this review is methodologically weak or includes assertions made without qualification. This evidence provides important perspectives, but should be interpreted with caution. High-quality research is needed to improve our understanding of the treatment of depression in Muslim clients, to determine how existing therapies can be modified to meet the needs of Muslim clients, and to evaluate the effectiveness of such modified therapies.

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1. Introduction

Healthcare providers can offer culturally appropriate treatment to people from minority ethnic and faith groups, and guidelines for the treatment of depression in the UK promote attention to patients' cultural background (DoH, 2005; NICE, 2009). Whilst a significant body of literature discusses the needs and priorities of patients from different ethnic and cultural backgrounds, religious identity has received much less attention (Mir and Sheik, 2010) and synthesis of the evidence on optimal treatment of patients with reference to their religious identity is lacking (Ali et al., 2004).

Islam is the fastest growing and second largest world religion with over one billion followers worldwide (Ali et al., 2004), and depression was the condition responsible for the fourth largest burden of morbidity worldwide in 2000 (Ustun et al., 2004). Muslims are the second largest faith community in the UK population and have the highest rates of self-reported ill health. To date, there has been no systematic exploration of evidence to identify optimal modes of treatment for depression in Muslim patients.

We have undertaken a systematic review of international literature to answer the question: what factors should be taken into account when considering how to deliver interventions for the treatment of depression in Muslim patients?

Our focus on interventions aimed deliberately to concentrate attention on evidence that would support practitioners to engage effectively with the religious identity of Muslim patients. We defined intervention broadly. Informed by initial scoping work, we did not expect to find a substantial body of research answering questions about effectiveness; instead we were interested in identifying all possible candidates and the evidence (qualitative or quantitative) for the appropriateness of the factors reported.

In the main, the papers we identified did not consider separately influences that arise directly from Islamic beliefs and practices and influences that arise because of the national or cultural background of particular Muslim populations. We therefore do not make that distinction in presenting our results, although we discuss its implications for practice.

2. Aim

This study aims to identify the existing evidence from all relevant countries on effective treatment of depression in Muslim

clients, and present these findings in order to inform appropriate and effective approach, mode and content of therapy for Muslim clients with depression.

3. Methods

Appropriate search terms were identified in consultation with experts in the field. In addition to terms designed to identify studies through *Muslim* and related terms, a geographic search filter was used to identify studies from countries with a predominantly Muslim population and from Bangladesh (a country from which a significant number of Muslims in the UK originate).

A broad range of health, social science and religious databases were searched to maximise identification of relevant studies and reduce publication bias. Literature searches were run in 23 databases (18 plus 5 databases within the Cochrane library), ranging from key medical databases such as MEDLINE and EMBASE, to religious and grey literature databases such as Index Islamicus and OpenSIGLE.

Further potential references were identified from papers retrieved by our electronic search. We also consulted experts in the field to determine whether they knew of any relevant published or unpublished literature.

The resulting references were collated and de-duplicated into an EndNote library. All papers in the EndNote library were screened by GM, and 10% were double-coded by DM. The reviewers reached an agreement by consensus where screening outcomes differed.¹

For any abstract that met our inclusion criteria, the full paper was obtained and reviewed. The following criteria were used to select full papers for inclusion in the review given below.

3.1. Population and setting

The following were for inclusion: papers where the subject was people suffering from depression or low mood, including postpartum depression, regardless of whether the authors applied

¹ Further details of the search and selection strategy are available by request from the authors.

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