

LEARNING IN GOOD FAITH : LESSONS FROM A CULTURAL HUMILITY TRAINING DAY ON MENTAL HEALTH IN MUSLIM COMMUNITIES

Sarah Hanafi, MD
McGill University
Montreal, QC

Salam El-Majzoub, MD
McGill University
Montreal, QC

Sara Cohen-Fournier, MD MA
McGill University
Montreal, QC

Mario-Pierre Gervais, MD
McGill University
Montreal, QC

Jennifer Picado, MD
McGill University
Montreal, QC

Background: Increased discrimination has been associated with poorer mental health outcomes in minority communities in North America, including Muslims. Equipping psychiatry residents with opportunities to develop culturally humble approaches to caring for Muslim patients may mitigate these disparities; we organized a process-oriented training day on Muslim mental health to bridge this gap.

Aims: (1) To assess perceived factors affecting engagement with Muslim patients; (2) To characterize self-assessed personal spiritual attitudes, competency, and professional practice attitudes.

Methods: Psychiatry postgraduate residency program trainees participated in a 6-hour training day: (1) didactic lectures; (2) a peer-led debriefing; (3) case-based workshops that were co-created by residents and community leaders; and, (4) a panel discussion with Muslim leaders. This exploratory mixed-methods study involved an intake survey about demographics and previous experiences in caring for Muslims (N=31). The debriefing and workshops were recorded, transcribed, and thematically analysed using a grounded theory approach. An adapted version of the Course Impact Questionnaire (CIQ), a 20-item Likert scale, self-assessed personal spiritual attitudes, competency, and professional practice attitudes after the training (N=28). Quantitative data was analysed using descriptive statistics.

Preliminary results: Participants perceived several barriers in engaging with Muslim patients: heterogeneity in identity, low self-efficacy, and acceptability of religious constructs. Perceived facilitators included access to external resources, personal attitudes, and humility. Lack of

knowledge was perceived as both a barrier and a facilitator. While participants generally did not personally identify with religion or spirituality (M=8.32, SD=4.10), they reported positive professional practice attitudes (M=27.93, SD=4.71) and remained neutral surrounding their perceived competence to address religion and spirituality with patients (M=14.63, SD=2.66). Implications: This exploratory study lends insight into the challenges and opportunities in sensitizing psychiatry trainees to the needs of Muslim patients and other similarly underserved communities.

Full List of Authors

Sarah Hanafi, MD; Salam El-Majzoub, MD; Sara Cohen-Fournier, MD MA; Mario-Pierre Gervais, MD; Jennifer Picado, MD; Leon Tourian, MD MSc FRCPC; Saleem Razack, MD FRCPC

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Recognize the need for cultural humility training in psychiatry.
2. Evaluate the process and impact of a novel educational intervention.

References

- Awaad, R., Ali, S., Salvador, M., & Bandstra, B. (2014). A Process-Oriented Approach to Teaching Religion and Spirituality in Psychiatry Residency Training. *Academic Psychiatry*, 39(6), 654–660. doi: 10.1007/s40596-014-0256-y
- Samari, G., Alcalá, H. E., & Sharif, M. Z. (2018). Islamophobia, Health, and Public Health: A Systematic Literature Review. *American Journal of Public Health*, 108(6). doi: 10.2105/ajph.2018.304402