

Muslim Youth Issues: Addressing Mental Health

Authors: Saad Iqbal, Abdullah Khokhar, Muhammad Afnan Aqdu, Bilal Mirza, & Waleed Khan (*Young Muslims*), Hafsah Mohammed & Aaima Naeem (*Young Muslims Sisters*), Dr. Shaykh Osman Umarji & Dr. Tamer Desouky (*Yaqeen Institute*)

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About Young Muslims

A Generation to Believe In: In the 1990s, Muslim youth leaders across the nation met to discuss the future of a generation they believed in. Within weeks, Young Muslims (YM) was established. Today, YM is the largest Muslim youth organization in North America.

We are a grassroots movement that continues to develop the next generation of proactive American Muslims engaged in their communities at the local and national levels. Our members mentor and facilitate the development of Muslim youth in becoming positive forces in society. This is accomplished through leadership and spiritual development in the form of regular halaqat, study circles, retreats, conferences, tournaments, service events, overseas relief trips, and more.

Mission Statement:

Young Muslims seeks the pleasure of Allah (SWT) by empowering Muslim youth through companionship, mentorship, education, and service.

Vision Statement:

American Muslim youth collectively contributing to the betterment of society with God-consciousness and a firm understanding of their Muslim identity.

Introduction

With the ever growing reach of YM across the country, we realize the need to adapt our approach to the dynamic experiences of American Muslim youth in order to remain beneficial and relevant. One of the ways we plan to accomplish this is to address challenging contemporary issues through both our local training efforts and national public platforms. We hope these efforts advance our long-term goal to educate, facilitate, and develop American Muslim youth to become religiously-grounded, intellectually balanced, and emotionally literate forces in society who establish Islam as the heart of the way they understand and interact with the world. Ultimately, we seek Allah's (SWT) grace and pleasure.

In recent years, there has been a tremendous spike in the mental health crisis for youth. Mental Health of America reports in their 2022 Key Findings that "15.08% of youth experienced a major depressive episode in the past year," and "[o]ver 60% of youth with

major depression do not receive any mental health treatment.” As for Muslim youth, Lowe and colleagues (2021) found a positive link between perceived discrimination and depression and anxiety symptom severity, which was worse for those with a stronger Muslim American identity. In light of the dynamic geopolitical circumstances and cultural norms within America, young Muslims, who find themselves in an overwhelming minority, are often forced to come across challenges that others do not face. Over time, these hurdles may lead to mental health problems that are oftentimes disregarded or ignored but must be addressed. These statistics highlight the further need to understand the mental health prevalence and severity, as well as the barriers faced among American Muslim youth, so they may seek the help they need and deserve.

In order to address this issue within our community, YM implemented the *Muslim Youth Issues: Addressing Mental Health* initiative to:

1. Understand the prevalence and severity of mental health and well-being struggles (e.g., anxiety, depression, sleep, etc.) in our communities,
2. Identify barriers in seeking help (from others and professionals) and what coping skills Muslim American youth typically use, and
3. Develop and provide an encompassing toolkit specifically for Muslim American youth to aid in mental health struggles

Through these goals, we aim to prepare the Muslim youth and community leaders with the necessary knowledge, tools/resources, and skills to help themselves, their fellow Muslim youth, and their communities with overcoming mental health struggles.

Method

The study was conducted via an online survey through Qualtrics. The target audience was Muslim American youth, ages 13 to 25. Participants responded to questions asking about demographics (e.g., gender, age, region, etc.), mental health (e.g., depression, anxiety, overall well-being), coping (general and religious), sleep quality, religiosity, substance use (i.e., alcohol, vape, marijuana) and relationships (i.e., peers, parents). Regular coping is utilizing cognitive and/or behavioral strategies to manage stressful situations. Positive religious coping consists of having a secure relationship with God and utilizing one’s religious belief and/or practices to manage stressful situations, while negative religious coping consists of having an insecure relationship with God and expressing discontentment with a higher power (i.e., God). Several qualitative questions were asked to allow participants the chance to explain their answers in more depth (i.e., what coping strategies do you use, what resources would you like to see).

All data was collected anonymously. Participants completed the survey privately on their own time. Data was shared with Yaqeen Institute for Islamic research, which conducted all statistical analyses.

Participants

Using Young Muslims' social and professional network, we reached out to YM chapters across the nation and urged members to complete the survey. A total of 350 respondents took the survey. The sample consisted of 56.6% males and 43.4% females. 52.9% of the sample were 18 years of age or below, while 47.1% of the sample consisted of individuals aged 19 or above. A vast majority (80.7%) attended either university or public high schools. The majority of the sample consisted of South Asians (69.1%), followed by Arabs/Middle Eastern (16.6%). The overwhelming majority of the sample is single (91.1%). The second highest category (5.4%, $n = 19$) of the sample were in a non-marital relationship (boyfriend/girlfriend). Finally, 98.6% of the sample was born Muslim.

Results

Executive Summary:

- Religion matters. Muslim youth who reported higher levels of religiosity had better mental health outcomes.
- Muslim youth, during the COVID-19 pandemic, reported high levels of depressive and anxiety symptoms, with over 40% being at risk for depression or anxiety disorders.
- Relationships matter. Youth who reported stronger peer and parental relationships were more religious and had better mental health.
- Sleep matters. Youth who reported better sleep quality had lower rates of anxiety and depression and higher rates of well-being.
- Muslim youth tried risky substances at different rates, depending on the substance. Only 4% reported ever trying alcohol, 11% reported trying marijuana, and 22% reported vaping.

Religiosity:

Higher scores on BASIC indicate higher levels of holistic religiosity, which include beliefs, attitudes, spirituality, institutional connections, and contributions to society. Overall, the religiosity of the sample was 75%, which indicates a medium level. Males had slightly higher religiosity scores compared to females. We found no age differences in religiosity. Religiosity was negatively associated with uncertainty intolerance ($r = -.21$), anxiety, ($r = -.27$), negative religious coping ($r = -.19$), and depression ($r = -.37$). Religiosity was positively associated with better sleep quality ($r = .24$), peer relationships ($r = .26$), maternal

relationship ($r = .34$), paternal relationship ($r = .38$), adaptive general coping ($r = .40$), and well-being ($r = .49$) and positive religious coping ($r = .60$).

Depression:

Higher scores on the PHQ-2 indicate that individuals struggle with more symptoms of depression over the past two weeks. 41% (135) of the sample met the cutoff of experiencing a significant number of depressive symptoms and should be referred to a mental health professional. Females displayed higher scores than males on the PHQ-2. Age did not appear to be a significant factor. Depression was negatively associated with positive religious coping ($r = -.22$), sleep ($r = -.38$), peer relationships ($r = -.31$), maternal relationship ($r = -.35$), paternal relationship ($r = -.32$), and adaptive general ($r = -.32$), religiosity ($r = -.37$), and well-being ($r = -.60$). Depression was positively associated with uncertainty intolerance ($r = .31$), negative religious coping ($r = .32$), and anxiety ($r = .73$).

Anxiety:

Higher scores on the GAD-2 indicate that individuals struggle with anxiety symptoms over the past two weeks. 47% (153) of the sample met the cutoff of experiencing a significant number of anxiety symptoms and should be referred to a mental health professional. Gender was not a significant factor. Participants ages 19 and above displayed higher scores on the GAD-2 than participants ages 18 and below. Anxiety was negatively associated with peer relationships ($r = -.28$), maternal relationship ($r = -.22$), paternal relationship ($r = -.21$), positive religious coping ($r = -.12$), adaptive general coping ($r = -.23$), and well-being ($r = -.56$). Anxiety was positively associated with uncertainty intolerance ($r = .39$), negative religious coping ($r = .36$), sleep ($r = -.35$), and depression ($r = .73$).

Well-Being:

Higher scores for well-being indicates that individuals agree with statements that indicate good overall well-being. Overall, the average for the sample was 63%, which indicates a moderate level. Males displayed higher scores of well-being than females. There was no difference by age. Well-being was negatively associated with anxiety ($r = -.56$), depression ($r = -.60$), and negative religious coping ($r = -.52$). Well-being was positively associated with sleep ($r = .35$), peer relationship ($r = .40$), maternal relationship ($r = .33$), paternal relationship ($r = .31$), positive religious coping ($r = .36$), adaptive general coping ($r = .45$), and religiosity ($r = .49$).

Substance Abuse:

When it came to substance usage, a vast majority never tried marijuana/weed (88.9%), alcohol (96%), and/or vaping (78.1%). Overall, males tried more substances at least once than females, and participants age 19 and above reported higher substance usage than participants age 18 and below. Substance use was found to be positively associated with depression ($r = .12$) and negative religious coping ($r = .19$). Although the use of alcohol was low (4%), it is noteworthy that 11% have tried marijuana and 22% have tried vaping.

Discussion

The YM Mental Health Survey aimed to bring more light on the mental health status and struggles of American Muslim youth. Although the data is limited as most participants tended to be members of Young Muslims and Young Muslims Sisters, regression analyses were primarily conducted (thereby cannot determine direction or causation), and the COVID-19 pandemic may have had an influence, we believe the results showcase the need to allocate additional mental health and wellness resources to our youth.

Religiosity is showcased to be a strong protective factor against depression, anxiety, uncertainty, intolerance, and negative religious coping while also reinforcing strong coping, peer/parental relationships, and well-being. Thus, increasing general religiosity and implementing ways to bring Islamic practices and rituals on a weekly basis (such as YM NeighborNets) to our local areas and bringing the community closer together should be prioritized. Those experiencing depressive and anxiety symptoms also displayed experiencing fairly strong uncertainty intolerance and negative religious coping, bad sleep, and poor well-being. Sleep is crucial to our growing mind and body, and good sleep prepares us for the challenges of the following day. Preparing youth to obtain a restful, 8 hours of sleep is pivotal to their mental health and developing bodies. There are several practical ways we can improve our sleep to boost our mental health. First, we can ensure the sleep environment is perfect for the individual: white noise is present (if needed), a fan is on if too hot, a warm blanket, and soft pillow(s). Second, make an effort to keep a regular sleeping schedule, which includes sleeping the same amount of time and sleeping/waking up at the same time, even on the weekends. Another helpful tip is performing progressive muscle relaxation techniques, which allow the body to relieve its tension and remove any anxiety one may feel. Through keeping better sleep hygiene, we can aim to boost our overall mental health and well-being to tackle stressors.

Furthermore, relationships with peers and parents were important to participants' mental health and well-being. One practical way to improve peer and parental relationships is working on strengthening our current bonds. Instead of focusing on how to increase your social media follower count, aim to create quality, long-lasting relationships. Be the first one to take the step and be vulnerable to express your emotions and thoughts. People tend to reciprocate, and the benefits are immense (e.g., gaining a trusted confidant, improving your support system, etc.). In regards to improving your parental relationships, have an honest conversation and spend time with them in an earnest manner. Learn about their past and be vulnerable, to your comfortable extent, to build trust, for they are there for you and want to see you prosper in life. Although these tips can be daunting to think or try to do, higher quality relationships will only improve your life and support system. A safe (physically and mentally) home often leads to a more developed individual. Masjids and nonprofits should

work in tandem towards developing ways for parents to build a strong, fond relationship with their children. Lastly, a vast majority indicated that they never tried many common substances (i.e., weed, alcohol, vaping). However, this may be due to the social desirability effect, and the majority of the sample comes from individuals from YM and YMS, so the true statistics on the prevalence of substance usage in Muslim American youth may not be the shown here.

Spiritual Advice

Over the past few years, it seems as though the world has begun to value the importance of mental health in a way that it has not ever done before. Maintaining one's physical health (exercising and eating healthy) has been emphasized for good reason; however, the idea of caring for one's mental health seems to be a newer phenomenon. One can see this in western culture today, with professional athletes, influencers, and other celebrities advocating for mental health awareness and encouraging individuals to seek professional help when needed. Although this advocacy is beneficial and positive overall, it does inevitably fall short from both a mental health professional standpoint as well as from an Islamic viewpoint. While these individuals promote taking care of one's mental health, they often simultaneously promote toxic lifestyles of partying, being involved with intoxicants, and materialistic lifestyles etc., explicitly through their words or implicitly through their actions. Another shortcoming is the lack of Islamic perspective and values in addressing mental health difficulties. Muslims know the importance of turning to Allah (SWT) with every hardship and having taqwa (being God-conscious and knowing that Allah (SWT) is present with us even though we can not see him). Our goal is to build upon this trend of mental health advocacy and to incorporate an Islamic context to the discussion, particularly for the Muslim youth, by teaching them about maintaining their mental health, which will inevitably assist them with dealing with the issues that they may face.

Many are unaware that taking care of one's mental health is actually an Islamic practice, and there are various examples from the life of the Prophet Muhammad (PBUH) emphasizing its value. Throughout the Seerah one can see the stress and difficulties the Prophet (PBUH) had to go through when trying to guide his people to Islam and the worship of Allah (SWT). Of all the tasks and experiences that can burden one's mental health, none were harder and more difficult than what the Prophet (PBUH) went through. He lived through the passing of his beloved wife Khadijah, and his father figure Abū Ṭālib, along with the death of almost all of his children all the while spreading the message of Islam. Allah (SWT) also speaks of mental health in the Quran. In Surah An-Nahl, Ayah 127, [16:127] Allah (SWT) says "*Be patient [O Prophet], for your patience is only with Allah's help. Do not grieve over those [who disbelieve], nor be distressed by their schemes.*" In a time where people are not listening to the Prophet's (PBUH) message, He (SWT) tells

the Prophet (PBUH) to turn to him in times of stress and need. This advice is also given to mankind when Allah (SWT) says in the Quran, “*O you who have believed, seek help through patience and prayer. Indeed, Allah (SWT) is with the patient*” [2:153], and again when he says, “Call upon Me; I will respond to you” [40:60].

Now, what can we do when dealing with mental health issues?

- Seek help from Allah (SWT)
 - Allah (SWT) says, “*Call upon Me; I will respond to you*” [40:60]
 - Read/Listen to the Quran
 - [Islamic Spirituality and Mental Well-Being](#)
- Seek expert help when needed. There are many resources available including those specifically for Muslims
 - [Resource Directory - Institute for Muslim Mental Health](#)
- Do not keep your mental health difficulties bottled up
 - Talk to people you trust
 - [Resource Directory - Dealing with Mental Trauma as a Muslim](#)
- Keep good company
 - Are these individuals helping you get closer to Allah (SWT)?
 - Are they having a positive influence in your life?
- Do not lose hope
 - Abu Huraira reported: *the Prophet (SAW) said, “If Allah (SWT) wills good for someone, He afflicts him with trials.”* [Sahih Bukhari, Book 75, Hadith 5]
 - Islam places an emphasis on patience and trusting in Allah (SWT)
 - [Emotionally Coping During Uncertain Times](#)

Resources Toolkit

<https://bit.ly/ym-myi-toolkit>

Resource	Website / Additional Resources	Contact Information	Service Provided
Amala Muslim Youth Hopeline	https://amala.mas-ssf.org/	Phone Number: 855-952-6252 Instagram: @amalahopeline Facebook: https://www.facebook.com/amalahopeline/	Amala is a free hotline that creates an accessible form of culturally competent counseling and resource referral for the Muslim youth. Call Monday, Wednesday, Friday, Saturday, and Sunday from 6 to 10pm or text on Wednesdays and Sundays from 6 to 10pm.

Conclusion

Mental health is as crucial to one’s life as physical and spiritual health. All three are needed to function at our optimal states and be the best Muslims we can be. The data collected and presented in this report conveyed the need to support the mental health our Muslim youth by, for example, providing additional mentoring, providing counseling services, decreasing the stigma around mental health, and more. Young Muslims hopes that

you reach out to a trusted individual if you ever struggle with your mental health, as seeking Allah (SWT)'s help and guidance is only part of the solution. The Prophet (PBUH) once famously said: "*Tie your camel first, and then put your trust in Allah (SWT)*" teaching us that one must put full effort into resolving a situation or fixing a problem and then ask help from Allah (SWT) in His infinite wisdom and guidance. There are professionals who can and will help you through your fight: you are not alone. Always remember: it is okay to not be okay.

For Further Inquiries

myi@youngmuslims.com

www.youngmuslims.com | www.ymsisters.com

References

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Appendix

1. BASIC Religiosity Levels ($N = 350$)

Belief	84%	Medium to High
Attitude	70%	Low to Medium
Spiritual Behavior	71%	Low to Medium
Spiritual Connection	68%	Low to Medium
Institution	77%	Low to Medium
Contribution	69%	Low to Medium

2. Percent Who Meet Cutoff for Depression Screener

	Frequency	Percent
No	194	59%
Yes	135	41%
Total	329	100%

3. Percent Who Meet Cutoff for Anxiety Screener

	Frequency	Percent
No	176	53%
Yes	153	47%
Total	329	100%

4. Marijuana/Weed Usage

	Frequency	Percent
Never used marijuana/weed	288	88.9%
Used marijuana/weed at least once	36	11.1%
Total	324	100.00%

5. Drinking Alcohol Usage

	Frequency	Percent
Never drank alcohol	310	96%
Drank alcohol at least once	13	4%
Total	323	100.00%

6. Vaping Usage

	Frequency	Percent
Never used vape	253	78.1%
Used vape at least once	71	21.9%
Total	324	100.00%