INCREASING MENTAL HEALTH AWARENESS IN THE COPTIC ORTHODOX COMMUNITY

BY: NANCY GRAIES

CO-AUTHOR: GEORGE GHARIBIAN, PHD

SCHOOL: CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY

Abstract

There is a lack of literature available to the Coptic Orthodox community regarding mental health issues. Educating the community about mental health will promote formal help-seeking behaviors and reduce negative attitudes. This literature review will explore issues related to the Coptic Community's underuse of formal mental health services and help coping behaviors by answering the following questions: What are the challenges and barriers regarding mental health issues and treatment that are prevalent to the Coptic community? What solutions are available to overcome mental health barriers? What are mental health self-help behaviors?

Who are the Coptic Orthodox Community

- "A native Egyptian who is a descendant of the pharaohs"
- Term is used to describe Christians in Egypt
- The Religion originated in Egypt
- Oldest Christian denominations.

History

- Church was founded in 42 AD
- In 639 AD, the Islamic conquest invaded Egypt
- The Mamluk government forced churches to close
- Christians were forced to converts to Islam
- Ratio of Muslims to Christians became 10 to 1
- The Copts adopted the Arab culture and language
- Discrimination and Persecution throughout history
- Over 1 million Copts are found outside Egyot

In the United States

- By 2010, 150 Coptic Orthodox churches in the US
- Numbers of Copts are expected to rise
- Limited information is available about the Coptic Orthodox community
- Arabs are identified as "White" or "Caucasian"
- Research has focused on Arabs and Arab Americans

Statement of the problem

- Little to no research has addressed the needs of the Coptic Orthodox community regarding mental health
- Research Identified barriers that prevent Arabs from pursuing treatment
- Arabs exhaust informal resources
- Copts do not have adequate knowledge of mental health issues

Purpose

1) To identify challenges and barriers
2) Overcome the barriers
3) To identify self-help strategies

Unique beliefs

► Menial illness is seen as the devil's work

► Mental illness is seen as punishment from God

► Psychological problems downplayed

► Unction of the sick heals the sickness caused by sin or evil

Priesthood

► Turn to religious leaders for comfort and support (Youssef & Deane 2006; Aziz, 2019)

► Significant factors on why members do not seek treatment

► The priest's position is often mistaken as a counselor (Aziz, 2019)

Promoting mental health In the Coptic orthodox community

• Religious leaders who provides can clarify misconceptions from a religious perspective (Heward-Mills et al., 2018)

• Collaboration between leaders and providers can promote change in health behaviors

• Religious leaders can Increasing awareness and increase changes (Baruth et al., 2015)

Family Image and Reputation

- Dignity, social class, reputation, and honor reflects on the entire family

- Mental illnesses is hidden within the family (Endrawes et al., 2007a: Aziz, 2019).

- 86% are discouraged from disclosing information outside the family (Youssef & Deane, 2006).

- Mental illness is viewed as having bad blood (Endrawes et al., 2007b)

- Mental illness Impacts martial perspective or subjected to abuse (Al-Krenawi et al., 2009)
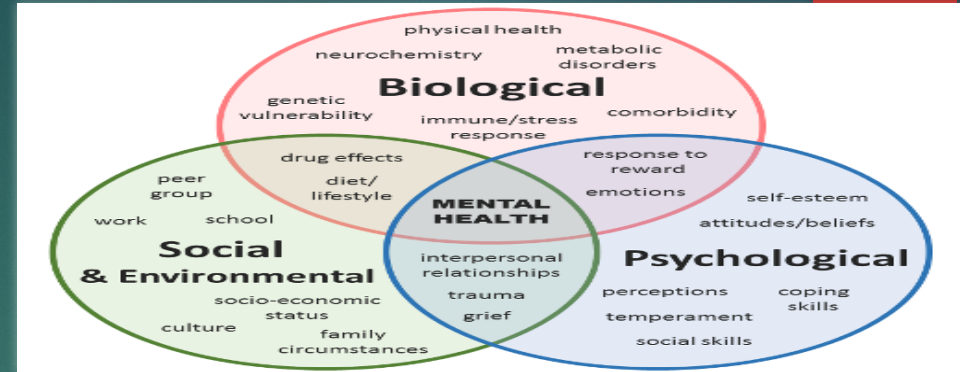
Psychoeducation about Mental Health Causes and Risk Factors

- Education about biological, genetic, psychological and social factors increased increased acceptance reduced shame (Han et al., 2006,; Wong, 2010; Gureje et al., 2006)

- Biopsychosocial factors encountered fewer stigmatizing attitudes and increased willingness to seek help (Gureje et al., 2006)

- Improved attitudes towards mental health (Gureje et al., 2006)

Psychoeducation about Mental Health Stigma

Mental Health Stigma

- Egyptians were less willing to try mental health services than other Arab participants (Al-Krenawi et al. 2009)
- Sigma prevented individuals from seeking mental health treatments(Al-Krenawi et al. 2009)
- Public stigma were more likely internalized t (Shechtman et al., 2018)
- Seeking mental health services brought unwanted public attention (Gearing et al., 2015)
- Stigma is associated with shame (Al-Darmaki et al., 2003)

- Education is a necessary mean to increase awareness and reduce stigma
- Training surrounding mental health conditions, misconceptions, and myths increased acceptance and willingness to seek help (Hampson et al., 2018)
- Improved negative attitudes toward mental health (Li et al., 2019; Tomaras et al., 2011)

Mental Health Barriers regarding Treatment, and Providers

- Sought out medical help instead of psychological help(Al-Darmaki et al., 2003; Youssef & Deane, 2006)
- The word "psychiatrist" was viewed as a threat.
- 86% of the participants did not understand the difference between providers and services they offered (Aziz, 2019; Youssef & Deane, 2006)
- Limited knowledge of how to access services and of what mental health consists of (Aziz, 2019)

Barriers Regarding Mental Health Symptoms

- Individuals from the Middle East expressed psychological symptoms somatically and through metaphor (Al-Krenawi & Graham, 2004)
- Difficulties with distinguishing physical symptoms from psychological symptoms (Alqahtani et al., 2008)
- common symptoms expressed not related to medical issues (headaches, abdominal pain, chest pain, and fatigue)
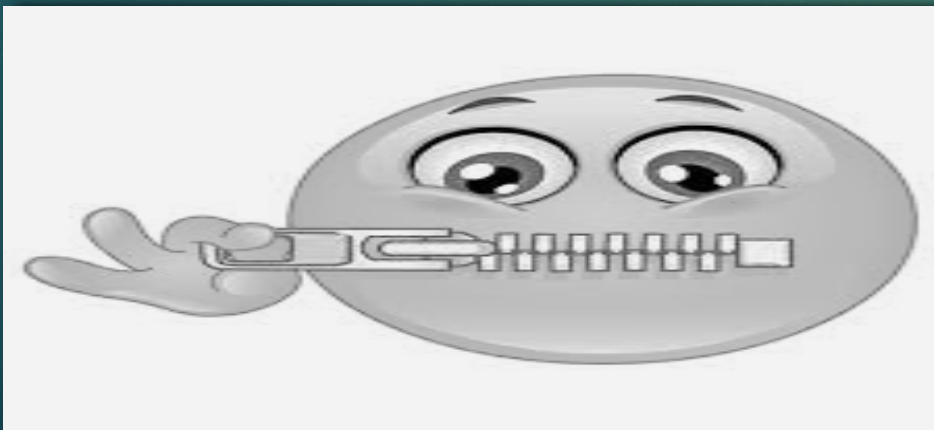
Increasing Awareness about Mental Health Symptoms, Providers and Treatment

- Obtaining information about mental heath symptoms, treatment options and service providers helped individual take active roles and make wise decisions (Bielavitz et al., 2011; Stafford & Colom, 2013)

- Psychoeducation increased formal mental health treatment (Stafford & Colom, 2013; Khalil et al.., 2019).

- Psychoeducation delivered in a culturally sensitive resulted in positive outcome (Khalil et al., 2019)

Confidentiality Barriers

- Arabs were concerned with confidentiality which prevented them from seeking help (Youssef & Deane's 2006; Smith, 2018; Kulwicki et al., 2010)
- Fear of confidentiality was associated with Limited knowledge about their rights(Smith, 2018)

Increasing Awareness about confidentiality

- Code of conduct and HIPAA laws are designed to protect privacy
- Actions can be taken against a mental health professional for breaching confidentiality
- Helping members understand privacy laws and polices increased treat and treatment adherence(Mishra et al., 2014)
- Reassurance of privacy caused individual to feel secure and participate in treatment (Shen et al., 2019)

Self Help Behaviors

- Self-care helped individuals cope with mental health problems, helped maintain a healthy relationship with themselves and enhanced their ability to recover

- Religion Based Coping provided strength, comfort, relief and empowerment

- Social Support helped individual feel connected and improved self esteem

- Mindfulness-Based reduced stress and emotional reactivity

- Physical Activity-Based reduced symptoms, stress and improved overall well being