Review Article

Mental Health in the Middle East: Historical Perspectives, Current Challenges, and Future Implications

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Abstract

Mental health practices and services in the Middle East have been profoundly shaped by the region's rich historical and cultural context, intertwined with the traditions of major monotheistic religions. This analytical literature review synthesizes existing scholarly research to examine the historical development of mental health approaches, current challenges and barriers, and potential future implications. Tracing the evolution from ancient practices to the establishment of psychiatric institutions and the integration of Western medicine, the review uncovers the impact of the Middle East's unique heritage on its mental health landscape. Current challenges include pervasive stigma, inadequate training for healthcare professionals, limited access to evidence-based interventions, and cultural barriers hindering open communication. The review explores recommendations such as implementing e-mental health interventions, developing national mental health strategies, collaborating with traditional healers, promoting public education campaigns, providing culturally responsive services and training, and garnering robust government support. By bridging knowledge gaps, challenging systemic barriers, and fostering cross-cultural collaborations, the Middle East can pave the way towards destigmatizing mental health, increasing accessibility, and embracing comprehensive, culturally sensitive support for individuals and communities.

Keywords: Mental health, Middle East, cultural competence, stigma, evidence-based interventions, e-mental health, public awareness, policy reform, traditional healing, family-based approaches.

INTRODUCTION

The study of mental health in the Middle East is a rapidly evolving area of research that has garnered increasing attention in recent years. This region, known as the birthplace of the world's three major monotheistic religions – Christianity, Judaism, and Islam – has a rich and complex history that has profoundly shaped its cultural norms, traditions, and approaches to mental health and well-being. Understanding the historical context and cultural underpinnings of mental health practices in the Middle East is crucial for developing culturally sensitive and effective interventions, both within the region and for Middle Eastern populations residing in other parts of the world.

This analytical literature review aims to provide a comprehensive examination of the historical development of mental health practices in the Middle East, the current challenges and barriers faced by individuals and communities in accessing and receiving mental health services, and the potential future implications and recommendations for addressing these issues. By synthesizing existing scholarly literature and identifying gaps in knowledge, this review seeks to contribute to the ongoing discourse on mental health in the Middle East and inform future research, policy, and practice.

Scope and Approach of the Analytical Literature Review

This analytical literature review aims to provide a comprehensive examination of mental health in the Middle East by synthesizing existing scholarly research and identifying gaps in knowledge. The scope encompasses three main areas: 1) historical perspectives on the development of mental health practices in the Middle East, 2) current challenges and barriers faced by individuals and communities in accessing and receiving mental health services, and 3) potential future implications and recommendations for addressing these issues.

In exploring the historical perspectives, this review delves into the rich cultural heritage and religious

traditions that have influenced the understanding and treatment of mental illness in the region. By tracing the evolution from ancient practices to the establishment of psychiatric institutions and the integration of Western medicine, this analysis seeks to uncover the profound impact of the Middle East's unique historical context on its approach to mental health.

Regarding the current challenges, the review examines various factors that impede the provision of effective and culturally responsive mental health services. These include the pervasive stigma surrounding mental illness, inadequate training and education for healthcare professionals, limited access to evidence-based interventions, and cultural barriers that hinder open communication and trust within therapeutic relationships. Additionally, the review considers the specific challenges faced by Middle Eastern immigrant and refugee populations in host countries, including language barriers, financial constraints, and the potential exacerbation of mental health vulnerabilities due to the migration process.

In addressing future implications, this review synthesizes recommendations from the literature to overcome the identified barriers and promote positive change in mental health practices and services within the Middle East and for Middle Eastern communities abroad. Potential avenues explored include the implementation of e-mental health interventions, the development of national mental health strategies and legislative frameworks, collaborations with traditional healers and family-based approaches, public education and awareness campaigns, and the promotion of culturally responsive services and ongoing training for healthcare providers.

By adopting an analytical approach, this review critically evaluates and synthesizes the existing literature, identifying patterns, similarities, and contrasts among the studies examined. Through a comprehensive analysis of the historical context, current challenges, and future implications, this review aims to contribute to the ongoing discourse on mental health in the Middle East and inform future research, policy, and practice in this crucial area.

Historical Perspectives on Mental Health in the Middle East

The concept of mental health and its associated practices have undergone significant transformations throughout the rich history of the Middle East. Before the advent of Islam, ancient civilizations such as the Egyptians and Mesopotamians attributed the manifestations of mental illness to supernatural forces like evil spirits or the wrath of the gods (Mohit, 2001). Treatment approaches during this period were largely rooted in psychotherapeutic methods, including incubation, temple sleep, and temple healing, which

relied on the experiences and wisdom of elders and healers (Mohit, 2001).

With the emergence of Islam in the seventh century, a new belief system and set of teachings began to shape the understanding and treatment of mental health in the region. The Quran, the central religious text of Islam, provided guidelines and perspectives on mental well-being and illness. For instance, the act of suicide was strictly forbidden, and individuals struggling with mental instability were to be cared for by the state, family, or relatives, as death was seen as solely under God's control (Baasher, 2001). This Islamic perspective emphasized the importance of community support and responsibility in caring for those experiencing mental health challenges.

During the ninth and tenth centuries, the first humane psychiatric hospitals and psychiatric wards were established in major cities such as Baghdad, Cairo, and Damascus, predating similar institutions in Europe by approximately 300 years (Mohit, 2001). Treatment approaches during this era combined psychotherapy with reassurance, support, and the use of music as a therapeutic modality (Mohit, 2001). However, as the Mogul invasion occurred in the thirteenth century, advancements in medicine and psychiatry began to decline, and superstitions and hopeless attitudes towards mental illness resurfaced (Mohit, 2001).

The arrival of European colonial powers and missionary doctors in the eighteenth and nineteenth centuries brought the development of modern medicine to the Middle East (Mohit, 2001). This period witnessed the establishment of psychiatric hospitals modeled after those in Europe, although the quality of care provided was often subpar (Mohit, 2001). Despite these developments, stigma and misconceptions surrounding mental illness persisted, with individuals exhibiting unusual behaviors often being referred to traditional healers for exorcism rituals (Fakhr El-Islam, 2017).

Limited Theoretical Frameworks in The Region

When examining dominant theoretical frameworks in the Middle East regarding mental health, the literature reveals a limited body of work, with a common emphasis on the role of religion and spirituality. Islamic institutions, such as mosques, community centers, and educational institutes, play a significant role in promoting mental well-being and preventing harmful behaviors (Baasher, 2001). The teachings of the Quran and Islamic principles provide guidance on maintaining mental health and addressing mental illness within the community.

Stigma towards individuals with mental illnesses has been a longstanding issue in the Middle East, rooted in cultural beliefs and lack of knowledge (Fakhr El-Islam, 2017). Traditionally, those exhibiting

unusual or aggressive behaviors were often attributed to supernatural influences, such as possession by demons or "Jinn," and were referred to traditional healers for exorcism rituals (Fakhr El-Islam, 2017). According to Fakhr El-Islam (2015), belonging to a religious denomination is socially conditioned, and individuals seek social approval and social support when sharing their beliefs or concerns regarding mental health by aligning them with their religious teachings. Moreover, religion also provides a concise background and rationale to prohibited practices that include envy by others' evil eyes, bad omens, and black magic, which are often associated with mental illness as they are rooted deep in cultures and societies in the Middle East (Fakhr El-Islam, 2015).

As religion is a vital fundamental in most cultures in the Middle East, it becomes clear that the majority of doctors, service providers, and patients in the region follow the socially approved code of attitudes and behavioral norms along with a concept of life after death in their daily practice and interactions with clients (Fakhr El-Islam, 2015). Religion is deep-rooted in the mindset of individuals in the region and is also practiced both directly and indirectly when it comes to the delivery of mental illness-related services. Service providers such as psychiatrists are expected to identify their patients' religions and incorporate them into their approach to service and treatments. According to Fakhr El-Islam (2015), heavy expectations and responsibility are put on service providers to have up-to-date knowledge and understanding of their patients' religious beliefs, which can result in better understanding and suitable approaches to addressing patients' concerns.

According to Islamic principles, the state is responsible for taking physical and financial control over individuals deemed "insane" or unable to make proper decisions that may put the community at risk (Tzeferakos & Douzenis, 2017). In such cases, judges can order involuntary admission to psychiatric hospitals and take control over the individual's assets, a practice that often garners significant media attention (Baasher, 2001; Fakhr El-Islam, 2017; Tzeferakos & Douzenis, 2017).

While spirituality and religion play a central role in the Middle Eastern context, discussions around these topics can be sensitive and complex (Nydell, 2012). Populations in the region may be more open to engaging in dialogue about sensitive issues with Western practitioners and researchers, provided the approach is respectful and demonstrates genuine interest in learning (Nydell, 2012).

Mental Health Support and Services in the Middle East
Mental Illness Perceptions and Experiences
Despite increasing awareness of mental health issues in most Arab countries, the general public and healthcare providers in the Middle East often lack adequate knowledge and understanding of mental illness (Yahia, 2012; Fakhr El-Islam, 2017). Traditional healers may take advantage of religious beliefs, misleading patients into believing that religious advice and practices are universally helpful for both mentally healthy and mentally ill individuals (Fakhr El-Islam, 2017). This reliance on traditional healing methods can deter individuals from seeking evidence-based, Western-style treatments for mental health concerns.

In some Middle Eastern communities, sharing family-related difficulties is considered taboo, as it is perceived as a breach of trust and a revelation of closely guarded secrets (Ahmed & Reddy, 2007; O'Mahony & Donnelly, 2007). This cultural norm extends to healthcare providers, making it challenging for individuals to seek professional help for mental health issues without risking social stigma or familial disapproval. In the same direction, historical issues in the Middle East are an area where it is more challenging to discuss with populations in this region, as this is where family-related issues and unpleasant memories of neglect or abuse may take place among both patients who had first experiences and mental health service providers who worked with such groups (Abdul-Hamid, 2019).

Mental Health Services and Barriers
Historically, mental health services in the Middle East have been subsumed under the general health system, often overlooked or underfunded (Al-Krenawi & Graham, 2000; Al-Krenawi *et al.*, 2009; Mohit, 2001). In contrast, Arab patients in North America and Western nations have more direct access to specialized mental health services, which can aid in improving their overall mental well-being (Al-Krenawi & Graham, 2000; Al-Krenawi *et al.*, 2009; Mohit, 2001).

In the Middle East, mental health services are often informal systems, with the biomedical model focusing primarily on physical health taking precedence (Al-Krenawi *et al.*, 2000). Patients and their families typically opt for traditional or informal systems initially, seeking modern mental health treatment options only when the informal approaches do not yield desired results (Al-Krenawi *et al.*, 2000).

Countries in the Arabian Gulf region, such as Qatar, are undergoing major reconsiderations to make mental health a national health priority (Baobaid *et al.*, 2018; Fakhr El-Islam, 2008; Ghuloum, 2013). These efforts include hospital-based reforms, therapeutic approaches to diagnosing and treating mental illness, and public education initiatives. Qatar, in particular, has launched a new national mental health strategy, aiming to develop comprehensive mental health services across the lifespan, from prevention and early detection to treatment and rehabilitation (Abou-Saleh & Ibrahim, 2013).

However, mental health services in the broader Middle East region remain limited and centered primarily on psychiatry services introduced in the 1970s (Fakhr El-Islam, 2017). Traditional societies in the region may question the value of Western-style treatments, and healthcare providers often struggle to balance institutional knowledge with deeply rooted tribal and religious traditions (Al-Krenawi & Graham, 2000; Gearing *et al*., 2012). Mental health professionals in the Middle East face challenges in providing services, as they must navigate between their Western-based training and the cultural traditions deeply ingrained in the communities they serve (Gearing *et al*., 2012). Increasing accessibility to services alone is insufficient; mental health professionals must actively collaborate with traditional healers and adapt family-based approaches to gradually introduce evidence-based interventions (Al-Krenawi & Graham, 2000; Gearing *et al*., 2012; Yahia, 2012).

The lack of education and training in mental health programs is a pervasive issue across the Middle East (Mowafi, 2011; Yahia, 2012). Not only do mental healthcare providers lack adequate training, but the general population often lacks a comprehensive understanding of mental health, leading to the neglect of their own needs and those of individuals suffering from mental illnesses (Mowafi, 2011). Furthermore, the stigma associated with revealing mental illness diagnoses continues to shroud mental health services in the Arab world (Mowafi, 2011; Okasha *et al*., 2012; Yahia, 2012).

When speaking of the field of mental health, dealing with patients' moderate to severe mental illnesses is extremely difficult, due to the limited resources and knowledge in the region. The topic of mental illness is prominent and culturally sensitive in the Middle East as it is often associated with stigma and tied to cultural norms that act as barriers to openness and coping with new approaches to mental health care that are in opposition to current methods in the region (Jefee-Bahloul, 2014).

While the overall system of mental health has undergone significant improvements in the past few years, the burden of mental disorders is expected to rise as people in the region are living longer (Charara *et al*., 2017; Fakhr El-Islam, 2017). Moreover, the ongoing violence and conflict in the region will significantly contribute to increasing the prevalence of mental disorders (Charara *et al*., 2017). When speaking of specific mental health services in the region, Okasha *et al*., (2012) found that psychiatric services override the need for any other mental health services. The study also found that only two countries in the Middle East, Lebanon and Iraq, have conducted national studies regarding mental health and the overall burden it is

creating on populations living in those two countries (Okasha *et al*., 2012).

Findings from those two national studies concluded that although recent years have brought significant changes in the field of mental health for nations in the West, the Middle East, however, is still struggling in the implementation process of those significant changes even though countries have agreed in principle to integrate those new changes to the mental health delivery system (Okasha *et al*., 2012). The authors tied the ongoing exposure to wars, conflicts and terrorism to the current behavioral and mental disorders populations in the region are struggling with nowadays. The study concluded that mental health education is below the recommended requirements and budget. It was also clear that the budget allowed for mental health is far below the total health budget in the region (Okasha *et al*., 2012).

Barriers to Culturally Empowering Services
Cultural norms and gender dynamics can pose significant barriers to accessing and receiving culturally empowering mental health services in the Middle East. According to research, patients may have difficulty accepting instructions from doctors of the opposite sex, which can negatively impact the therapeutic relationship (Al-Krenawi *et al*., 2000; Al-Krenawi *et al.*, 2009; Mohit, 2001). Cultural norms dictate that disclosure to a doctor of the opposite sex is unusual within many Middle Eastern communities, potentially exacerbating mental health challenges due to a lack of open communication and trust.

Similar barriers are faced by Middle Eastern immigrant and refugee populations residing in host countries (Eldeeb, 2017; Morgan, 2015; Pocock, 2017). Factors such as war, stigmatization, gender-based violence, depression, language barriers, financial constraints, and issues related to sexual orientation and gender identity can contribute to mental health challenges among these populations (Eldeeb, 2017; Morgan, 2015; Pocock, 2017). Fear of stigmatization and language barriers often prevent individuals from disclosing mental health concerns or seeking professional help (Eldeeb, 2017).

Since populations of the Middle East depend heavily on family support, past research by Donnelly *et al*., (2015, 2018) found that Middle Eastern individuals' mental health suffers when their family support is absent. The studies also found that there is a significant knowledge gap between healthcare professionals and mental health services. Authors of those studies found that healthcare providers lack understanding of factors that contribute to basic mental illnesses in the region, such as depression, and they cannot explain those terms to their clients (Donnelly *et al*., 2015, 2018). According to Donnelly *et al*., (2015, 2018), higher numbers of

Middle Eastern men shared their mental illness experiences than women. This calls for a gender-based approach to public awareness and knowledge to reduce the misconceptions associated with mental illnesses in the Middle East.

Additionally, the delivery of mental health services for refugee populations within the Middle East is hindered by numerous barriers, including a shortage of healthcare providers and limited access to evidence-based interventions, which are currently provided primarily by elite healthcare professionals (Sijbrandij *et al.*, 2017). Addressing these barriers may require investing in alternative approaches to provide accessible and culturally responsive mental healthcare services to the entire population.

Finally, Pooremamali *et al.*, (2012) found that Middle Eastern patients are searching for a state of union with the therapist. In other words, patients are looking for a therapist who is a blood relative or have a family connection with them. This can confuse therapists as in their professional role; they will come over boundary issues, which are the result of such connections.

The Gap in Knowledge
The knowledge gap regarding mental illness in the Middle East is significant, with far more research being conducted in Western nations (Koenig *et al.*, 2012; Scull *et al.*, 2014). The term "mental health" is relatively new in the region, and existing laws often fail to adequately protect the rights of individuals suffering from mental illness, leading to stigmatization, isolation, and potential discrimination in various aspects of daily life, such as education, employment, and social gatherings (Koenig *et al.*, 2012; Scull *et al.*, 2014).

One contributing factor to the current stigma and poor education surrounding mental health in the Middle East is the severe shortage of physicians and experts in the field (Mowafi, 2011). Ongoing conflicts and wars in the region have led to the targeting and displacement of skilled professionals, exacerbating the shortage of mental health providers (Mowafi, 2011). In conflict zones like Iraq, large numbers of internally displaced individuals are unable to receive adequate physical and mental healthcare services due to these shortages (Mowafi, 2011).

The knowledge gap and lack of mental health education also negatively impact Middle Eastern migrant groups in host countries like Canada, potentially creating barriers to their settlement process (Koenig *et al.*, 2012; Scull *et al.*, 2014). Arriving with limited understanding of mental health concepts, these individuals may be at higher risk of developing mental health concerns due to the challenges associated with the migration process and journey.

In her systematic review of spirituality and health in the Middle East, Weathers (2018) showed that the Middle East shares similar perspectives with the West in following research models in the area of health in general. However, the major divisions in the research are part of the religious beliefs as emerging terms that are non-religious are not being used or utilized (Weathers, 2018). These beliefs are somewhat normal to understand as cultural differences between the East and the West are far more complicated to narrow in the meantime since populations in the Middle East are not as accepting of many cultural, religious, and moral beliefs issues like the West.

Future Recommendations and Implications
Addressing the challenges and barriers surrounding mental health in the Middle East will require a multifaceted approach involving various stakeholders, policymakers, and community members. Several recommendations and potential implications emerge from the literature:

The road to improving mental health practices and services in the Middle East is long and winding, fraught with obstacles deeply rooted in centuries of cultural traditions, religious beliefs, and societal norms. However, the time for change is upon us, a clarion call that can no longer be ignored. As the region grapples with the lingering effects of conflicts, displacement, and the ever-increasing burden of mental disorders, the need for comprehensive and culturally responsive solutions has never been more pressing.

This pivotal juncture demands a collective effort, a symphony of voices from every corner of society–policymakers, healthcare professionals, religious leaders, traditional healers, and the communities themselves. Only through a harmonious collaboration that respects the rich tapestry of the Middle East's heritage while embracing evidence-based approaches can we forge a path towards a future where mental well-being is celebrated, not stigmatized. The following recommendations and implications offer a roadmap, a beacon of hope, for those who dare to envision a Middle East where mental health is no longer a taboo subject but a fundamental human right, accessible to all.

E-Mental Health Interventions
Sijbrandij *et al.*, (2017) highlighted the potential of e-mental health interventions to reach refugee populations in the Middle East, overcoming barriers such as stigma, location, and cultural background. These interventions, delivered through digital platforms and mobile technologies, can provide accessible mental healthcare services regardless of age, gender, or ethnicity. Implementing e-mental health solutions in the Middle East could be an appealing

approach, given the region's rapid adoption of the internet and social media across various age groups.

The use of e-mental health interventions offers a promising avenue for addressing the challenges of stigma, geographical barriers, and cultural factors that often hinder access to traditional mental health services. By leveraging digital platforms and mobile technologies, these interventions can reach individuals who may be reluctant to seek in-person support due to societal stigma or cultural norms. Additionally, e-mental health solutions can transcend physical boundaries, making mental healthcare accessible to those living in remote or conflict-affected areas where traditional services may be limited or non-existent.

Furthermore, the increasing adoption of internet and social media usage across different age groups in the Middle East presents an opportunity to tailor e-mental health interventions to specific demographics. For instance, mobile applications or online platforms could be designed to engage younger populations, leveraging their familiarity with digital technologies to foster mental health awareness and provide accessible support services.

However, it is crucial to consider potential barriers to the successful implementation of e-mental health interventions, such as digital literacy levels, access to reliable internet connectivity, and the need for culturally sensitive content and interfaces. Collaboration with local communities, healthcare providers, and policymakers will be essential in addressing these challenges and ensuring the effective integration of e-mental health solutions within the broader mental healthcare landscape of the Middle East.

Mental Health Reforms and National Strategies

Several countries in the Middle East, particularly those not affected by ongoing conflicts or wars, are undergoing mental health reforms and developing national strategies to address growing mental health concerns (Fakhr El-Islam, 2008; Ghuloum, 2013; Baobaid *et al*., 2018). For instance, Qatar has launched a comprehensive national mental health strategy that aims to develop mental health services across the lifespan, from prevention and early detection to treatment and rehabilitation (Abou-Saleh & Ibrahim, 2013). This strategy also includes drafting mental health legislation to organize care, protect patient rights, and provide methods for treatment in mental health institutions (Abou-Saleh & Ibrahim, 2013).

The development of national mental health strategies and legislative frameworks is a critical step towards prioritizing mental health as a public health issue within the Middle East region. By establishing comprehensive plans and policies, governments can demonstrate their commitment to addressing the growing mental health needs of their populations and allocate the necessary resources for effective implementation.

Qatar's pioneering national mental health strategy serves as a model for other nations in the region, highlighting the importance of a lifespan approach that encompasses prevention, early intervention, treatment, and rehabilitation services. Additionally, the inclusion of mental health legislation is crucial in protecting the rights of individuals with mental illness, ensuring access to appropriate care, and mitigating the potential for discrimination or stigmatization.

Since the launch of Qatar's national mental health strategy, collaborative efforts involving leaders, decision-makers, professionals, patients, relatives, and civil society have been undertaken to achieve a shared vision of accessible and high-quality mental health services (Sharkey, 2017). Policies, legislative frameworks, and the integration of mental health into primary healthcare have been established, along with public education initiatives and ongoing monitoring and research (Sharkey, 2017). However, continued efforts are needed to ensure the effective implementation and evaluation of these initiatives (Sharkey, 2017).

The successful implementation of national mental health strategies hinges on sustained commitment, collaboration among various stakeholders, and a willingness to adapt and refine these initiatives based on ongoing monitoring and evaluation. By involving healthcare professionals, patients, families, and civil society organizations, governments can ensure that these strategies are responsive to the unique cultural and social contexts of their respective populations.

Collaboration with Traditional Healers and Family-Based Approaches

As traditional healing practices and family-based approaches hold significant cultural significance in the Middle East, mental health professionals must actively collaborate with traditional healers and adapt their interventions to incorporate these cultural elements (Al-Krenawi & Graham, 2000; Gearing *et al*., 2012; Yahia, 2012). By partnering with traditional healers and involving families in the treatment process, evidence-based mental health interventions can be gradually introduced and accepted within the cultural context of Middle Eastern communities.

The deeply rooted cultural traditions and beliefs surrounding mental health in the Middle East cannot be overlooked or dismissed when introducing Western-based mental health interventions. Traditional healers and family-based approaches hold substantial influence and trust within many Middle Eastern communities, and their involvement is crucial in fostering acceptance and adherence to evidence-based treatments.

Collaborative efforts between mental health professionals and traditional healers can take various forms, such as joint training programs, regular consultations, or the establishment of referral systems. By working together, traditional healers can gain insights into evidence-based practices, while mental health professionals can learn about culturally significant healing methods and belief systems. This exchange of knowledge and expertise can lead to the development of culturally responsive interventions that integrate the strengths of both traditional and modern approaches.

Moreover, the involvement of families in the treatment process is essential in the Middle Eastern context, where family support and dynamics play a vital role in individual well-being. Mental health professionals should strive to educate and engage family members, recognizing their influence and potential to facilitate or hinder the success of interventions. By acknowledging the importance of family-based approaches, mental health services can become more aligned with the cultural values and norms of Middle Eastern communities, increasing their acceptance and effectiveness.

Public Education and Awareness Campaigns

Addressing the stigma and misconceptions surrounding mental health in the Middle East will require widespread public education and awareness campaigns. Researchers have suggested employing modern teaching methods and introducing updated curricula to educate both the general public and graduating professionals in the field of mental health (Yahia, 2012; Sewilam *et al.*, 2015). These efforts should target families, engage religious leaders, involve traditional healers, and reach younger generations to foster a deeper understanding and acceptance of mental health issues (Sewilam *et al.*, 2015). According to Donnelly *et al.*, (2015, 2018), higher numbers of Middle Eastern men shared their mental illness experiences than women. This calls for a gender-based approach to public awareness and knowledge to reduce the misconceptions associated with mental illnesses in the Middle East.

Public education and awareness campaigns are essential in addressing the deep-rooted stigma and misconceptions surrounding mental health in the Middle East. These campaigns should adopt a multifaceted approach, targeting various segments of society, including the general public, families, religious leaders, traditional healers, and younger generations. By employing modern teaching methods and introducing updated curricula, these campaigns can effectively disseminate accurate information about mental health, challenge long-held misconceptions, and promote a more nuanced understanding of mental illness. Engaging religious leaders and traditional healers can be particularly impactful, as they hold significant influence and respect within their communities. Their involvement can help bridge the gap between traditional beliefs and evidence-based approaches, fostering greater acceptance and understanding.

Moreover, targeting younger generations through educational initiatives and awareness programs can have a profound impact on shaping future attitudes and behaviors towards mental health. By fostering a deeper understanding and acceptance from an early age, these efforts can help break the cycles of stigma and discrimination that have persisted across generations. It is also crucial to adopt a gender-based approach when designing public awareness campaigns, as research suggests that Middle Eastern men are more likely to share their mental illness experiences compared to women (Donnelly *et al.*, 2015, 2018). Tailoring campaign messages and strategies to address the unique cultural and societal factors that contribute to this disparity can help create a more inclusive and supportive environment for both men and women to seek help and discuss their mental health challenges openly.

Culturally Responsive Services and Training

To better serve Middle Eastern populations, both within the region and in host countries like Canada, mental health organizations and service providers must prioritize cultural responsiveness and ongoing training. Challenging power dynamics, racism, and institutional barriers is crucial to creating inclusive and empowering environments for culturally diverse groups (Ochocka *et al.*, 2010; Janzen *et al.*, 2010). Healthcare providers should receive specialized training to develop therapeutic relationships and effectively engage with Middle Eastern clients and their families, acknowledging and respecting cultural norms and beliefs (Donnelly *et al.*, 2018).

Providing culturally responsive mental health services is essential for effectively supporting Middle Eastern populations, both within the region and in diaspora communities abroad. Cultural competence goes beyond simply being aware of cultural differences; it necessitates a deep understanding and respect for the unique beliefs, values, and traditions that shape an individual's worldview and lived experiences.

Mental health organizations and service providers must actively challenge power dynamics, racism, and institutional barriers that may impede the delivery of culturally responsive care. This requires an ongoing commitment to self-reflection, critical analysis of systemic biases, and a willingness to dismantle structures that perpetuate inequalities and marginalization.

Specialized training programs for healthcare providers are crucial in developing the skills and knowledge necessary to effectively engage with Middle Eastern clients and their families. These training

initiatives should cover topics such as cultural humility, cross-cultural communication, and the integration of traditional healing practices and belief systems into evidence-based interventions.

Furthermore, fostering therapeutic relationships that acknowledge and respect cultural norms and beliefs is essential for building trust and rapport with Middle Eastern clients. Healthcare providers must be attuned to the unique family dynamics, gender roles, and societal expectations that may influence an individual's help-seeking behavior and willingness to disclose mental health challenges. By prioritizing cultural responsiveness and providing ongoing training, mental health organizations can create inclusive and empowering environments that validate and celebrate the rich diversity of Middle Eastern populations. This, in turn, can enhance the effectiveness of mental health services, increase accessibility, and promote better outcomes for individuals and communities seeking support.

Government and Policy Support

Achieving sustainable change in mental health practices and services in the Middle East will require strong government support and policy initiatives. Policymakers must demonstrate a firm commitment to reinforcing and funding accessible, culturally responsive mental health support (Janzen *et al.*, 2010). This may involve revising existing laws to protect the rights of individuals with mental illness, allocating resources for mental health education and awareness campaigns, and investing in the development of a skilled mental health workforce.

Sustainable progress in mental health practices and services within the Middle East region hinges on robust government support and policy initiatives. Policymakers play a pivotal role in shaping the landscape of mental healthcare by enacting laws, allocating resources, and setting strategic priorities that align with the unique cultural and social contexts of their respective nations. Revising existing laws to protect the rights of individuals with mental illness is a critical step in promoting inclusivity, reducing stigma, and preventing discrimination. By enshrining these protections in legislation, governments can ensure that individuals with mental health challenges have equal access to education, employment, and other fundamental rights, without fear of marginalization or prejudice.

Moreover, allocating dedicated resources for mental health education and awareness campaigns is essential in addressing the deep-rooted stigma and misconceptions surrounding mental illness in the Middle East. These campaigns can empower communities with accurate information, challenge harmful stereotypes, and foster a more inclusive and supportive environment for those seeking help.

Investing in the development of a skilled mental health workforce is another crucial aspect of government support. By prioritizing the training and retention of mental health professionals, policymakers can ensure that culturally responsive and evidence-based interventions are accessible to individuals and communities across the region. This may involve collaborating with educational institutions, providing incentives for healthcare professionals, and promoting ongoing professional development opportunities.

Furthermore, governments should actively engage with diverse stakeholders, including healthcare providers, civil society organizations, and community leaders, to develop comprehensive mental health strategies that address the unique needs and challenges of their populations. These strategies should prioritize accessibility, cultural responsiveness, and the integration of mental health services into broader healthcare systems. By demonstrating a firm commitment to mental health through robust policies, legislative frameworks, and resource allocation, governments in the Middle East can catalyze positive change and create a supportive environment that promotes mental well-being for all individuals and communities.

DISCUSSION

The examination of mental health in the Middle East through this analytical literature review has revealed several key insights and implications. First and foremost, it is evident that the region's approach to mental health and well-being has been profoundly shaped by its rich historical and cultural context, intricately intertwined with the teachings and traditions of the major monotheistic religions that originated in the area.

Religion and spirituality play a central role in theoretical frameworks and understanding of mental health in the Middle East (Fakhr El-Islam, 2015). There is a strong emphasis on aligning mental health beliefs and practices with religious teachings. Individuals often seek social approval by framing their mental health experiences through a religious lens (Fakhr El-Islam, 2015). Additionally, service providers like psychiatrists are expected to have in-depth knowledge of their patients' religious beliefs to provide culturally appropriate care (Fakhr El-Islam, 2015). However, this religious influence can also perpetuate certain misconceptions, such as attributing mental illness to supernatural forces like evil spirits or black magic (Fakhr El-Islam, 2015).

The stigma surrounding mental illness remains a pervasive issue across the Middle East, deeply rooted in cultural norms and lack of knowledge (Fakhr El-Islam, 2017). Families may be reluctant to openly discuss mental health challenges due to fears of social ostracization and breaching familial trust (Ahmed &

Reddy, 2007; O'Mahony & Donnelly, 2007; Abdul-Hamid, 2019). Mental health literacy among the general public and healthcare providers is often inadequate, leading to an overreliance on traditional healing practices that may deter individuals from seeking evidence-based treatments (Fakhr El-Islam, 2017; Yahia, 2012).

Access to comprehensive and culturally responsive mental health services remains a significant barrier in many parts of the Middle East. Countries like Lebanon and Iraq are among the few that have conducted national studies to assess the burden of mental illness on their populations (Okasha *et al.*, 2012). However, the region as a whole continues to grapple with limited resources, inadequate mental health budgets, and a shortage of skilled professionals (Jefee-Bahloul, 2014; Mowafi, 2011; Okasha *et al.*, 2012). The ongoing conflicts and violence further exacerbate the prevalence of mental disorders, creating an urgent need for accessible and effective interventions (Charara *et al.*, 2017).

Moreover, cultural norms and gender dynamics can pose significant challenges in delivering culturally empowering mental health services. Patients may have difficulty engaging with healthcare providers of the opposite gender due to cultural expectations and norms surrounding disclosure (Al-Krenawi *et al.*, 2000; Al-Krenawi *et al.*, 2009; Mohit, 2001). There is also a notable gender disparity, with fewer women openly sharing their mental health experiences compared to men in the Middle East (Donnelly *et al.*, 2015, 2018). Additionally, patients may prefer therapists with familial or cultural connections, potentially leading to boundary issues for professional healthcare providers (Pooremamali *et al.*, 2012).

Addressing the multifaceted challenges surrounding mental health in the Middle East will require a comprehensive and collaborative approach. Public education and awareness campaigns targeting families, religious leaders, and younger generations are crucial in combating stigma and fostering a deeper understanding of mental health issues (Sewilam *et al.*, 2015). Gender-based approaches to increasing mental health literacy are also needed to address the observed disparities and reduce misconceptions (Donnelly *et al.*, 2015, 2018).

Furthermore, bridging the knowledge gap through continued research efforts and international collaborations is essential. While the Middle East shares some similarities with Western research models in health (Weathers, 2018), cultural and religious differences must be acknowledged and navigated to advance mental health research in the region effectively.

Ultimately, sustainable progress in mental health practices and services will require a firm commitment from governments and policymakers to reinforce and fund culturally responsive support systems. This may involve revising existing laws, allocating resources for mental health initiatives, and investing in the development of a skilled, culturally competent workforce across the healthcare sector.

CONCLUSION

Mental health in the Middle East is a complex and multifaceted issue deeply rooted in the region's rich history, cultural traditions, and religious beliefs. This analytical literature review has explored the historical perspectives on mental health practices, the current challenges and barriers faced by individuals and communities, and potential future implications and recommendations for addressing these issues. The historical development of mental health practices in the Middle East serves as a testament to the region's rich cultural heritage and the profound influence of religious traditions on societal norms and healthcare approaches. From the ancient civilizations that attributed mental illness to supernatural forces, to the establishment of pioneering psychiatric hospitals during the Islamic Golden Age, and the eventual integration of Western medicine, the Middle East's journey with mental health has been intricate and multifaceted.

While progress has been made, particularly in recent years with nations like Qatar spearheading mental health reforms and national strategies, the region continues to grapple with significant challenges. Deeply rooted stigmas, lack of culturally responsive services, and knowledge gaps persist, impacting not only local populations but also Middle Eastern immigrant and refugee communities in host countries.

To forge a path towards comprehensive and inclusive mental health care, a multifaceted approach involving collaboration, public education, policy reforms, and cross-cultural understanding is paramount. By acknowledging the historical and cultural context, while embracing evidence-based interventions and fostering greater acceptance and awareness, the Middle East can pave the way for a future where mental well-being is prioritized and accessible to all individuals, regardless of their background or circumstances.

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