



Stanford
MEDICINE

Muslim Mental Health &
Islamic Psychology Lab
Psychiatry and Behavioral Sciences



Understanding Stanford Muslim Student Mental Health Challenges & Needs

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in collaboration with

The Markaz Resource Center at Stanford &

The Stanford Muslim Mental Health and Islamic Psychology Lab

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INTRODUCTION

As university students and religious and cultural minorities living in the United States, Muslim students face several layers of mental health stress, often related to discrimination and treatment inaccessibility due to lack of specialized clinical accommodations (Samari et al., 2018; Padela, et al., 2011). A recent survey of Muslim American college students showed that COVID-19 has intensified anxieties and noted that spiritual practices played an important role in how Muslim students coped. The Center For Islam In The Contemporary World (CICW) conducted this research and generally recommended additional investment in mental health resources for Muslim students. However, there is no current research, to the best of our knowledge, on how these students view university psychological services and their specific needs for adequate mental health treatment (Duric, Sinanovic, & Turdiev, 2020).

Given that Muslim college students' mental health issues and experiences with institutional services remain largely unexamined, it is important to understand Stanford Muslims students' mental health struggles in relation to their faith and cultural identity. The Stanford Muslim Student Mental Health Initiative (Stanford MMHI) aims to do just this. A community-driven research & advocacy project launched by the two authors of this report, Stanford MMHI has partnered with the Stanford Muslim Mental Health & Islamic Psychology Lab and the Markaz Resource Center for research guidance/mentorship and programming implementation.

The Stanford MMHI research study helps corroborate personal anecdotes about mental health experiences on campus and examines whether the concerns and gaps in mental health care extend to the Stanford Muslim community more generally. Through focus group discussions (FGDs), students were asked to reflect on their mental health struggles, experiences with psychological services at Stanford, specific needs in the clinical setting, as well as their attitudes and other campus resources. The findings of this research endeavor will then be utilized to devise evidence-based programming and identify resources at Stanford University to ensure the health and wellness of this oft-marginalized population.

RESEARCH QUESTIONS

To gain a full understanding of Stanford Muslim student mental health, our specific research questions were:

1. What are Stanford Muslims students' unique mental health struggles in relation to their faith and cultural identity, both generally and in the context of COVID-19?
2. What are Stanford Muslim students' attitudes towards psychological support services offered at Stanford?

STUDY METHODOLOGY

We submitted the proposal for this study to the Stanford Psychiatry Department Trainee Grant and gained approval in Summer 2020. After receiving the financial support to conduct our study, we outlined our study plan. We decided to conduct focus group discussions (FGDs) in order to gain rich qualitative data on students' experiences. We asked open-ended questions, such as asking students to describe the mental health of Muslim students on campus, allowing participants to share as much or as little as they wished. Since we hypothesized that mental health was a topic that was not discussed much within the Muslim community, we proposed group discussions would help stimulate the conversations and allow students to respond to their peers' perspectives. A survey, on the other hand, would not have been able to provide as rich perspectives on students' attitudes towards this topic.

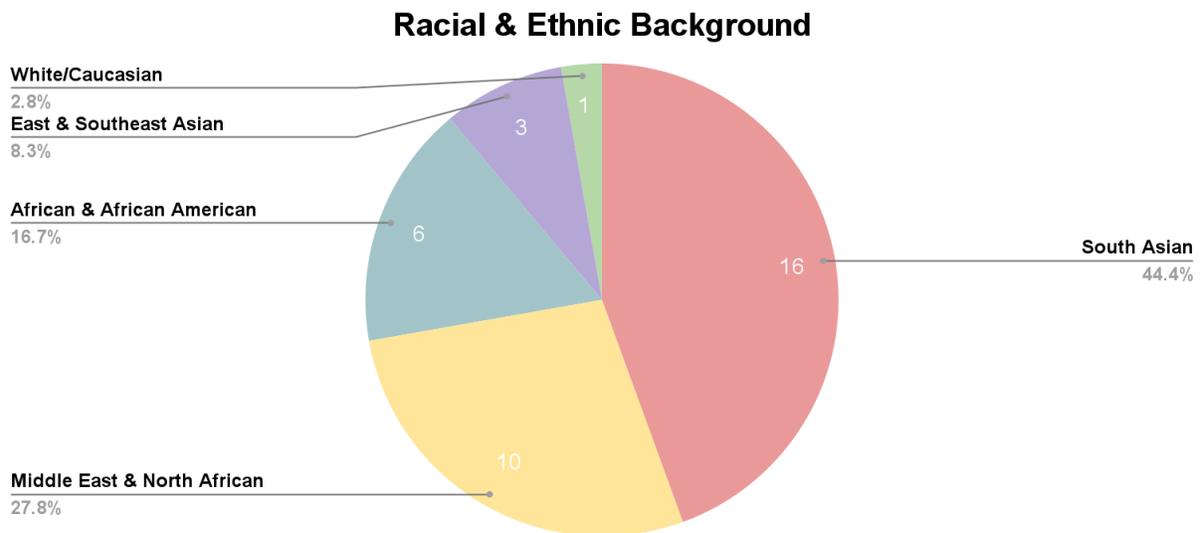
We developed our protocol questions with feedback from members the Stanford Muslim Mental Health & Islamic Psychology Lab. We also conducted two pilot focus groups with nine Stanford students (who were not involved in the IRB-approved study) so that we could perfect our focus group questions. Following the completion of our protocol, the study was approved by the Stanford Institutional Review Board (IRB) & Institutional Research & Decision Support (IRDS) offices in December 2020.

After gaining approval, the study was conducted over the course of six months. During this period, we advertised our study on around thirty different Stanford mailing lists (academic, cultural, religious, etc.) and recruited 64 students on a rolling basis (while

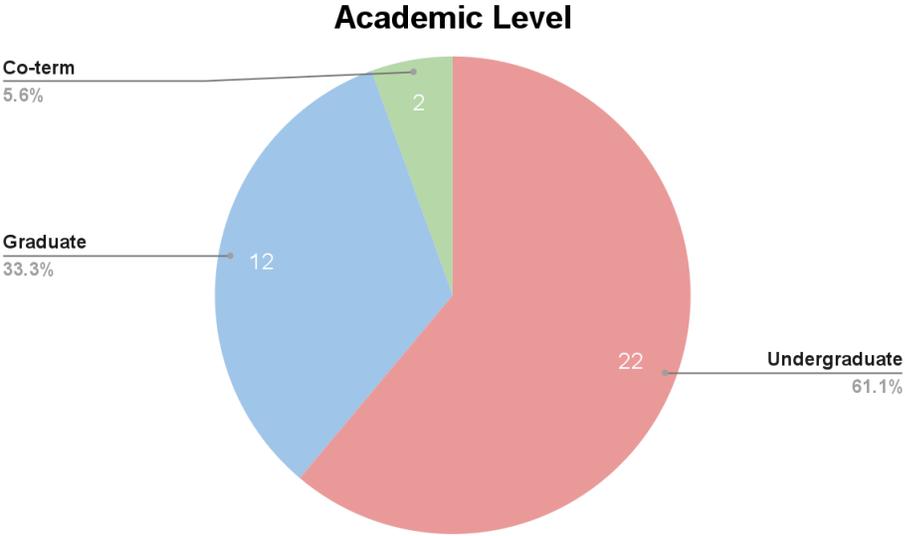
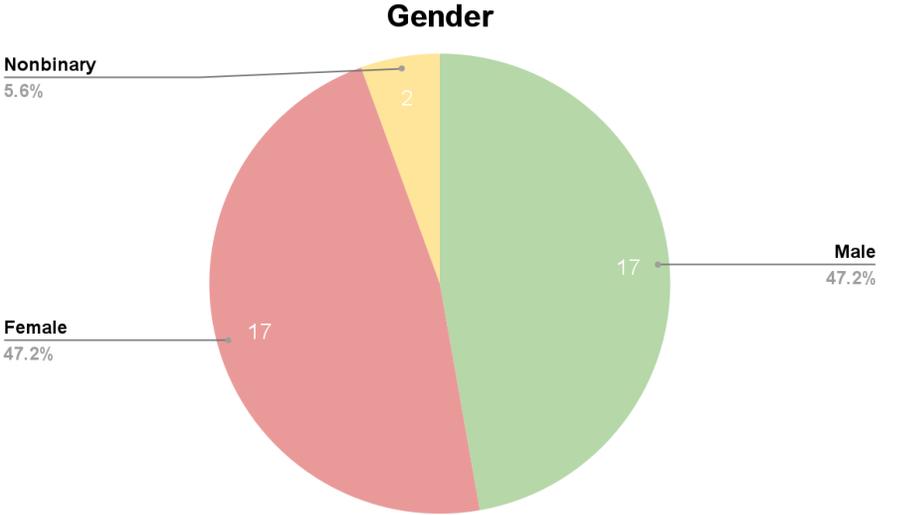
simultaneously conducting focus groups). Our eligibility criteria included an age of 18 years or older, enrollment as a full-time Stanford student in any undergraduate or graduate programs (or recent Stanford alumni, i.e., graduates of 2020 and 2019), and self-identification as Muslim. From the 64 students recruited, around ten were ineligible to participate (non-Stanford students or below 18 years old). From the remaining students that we contacted, a total of 36 participants signed the IRB & HIPAA consent forms and participated in the study.

Sample

We recruited a representative sample of 36 participants from the Muslim student body to ensure consideration of diverse races, genders, academic levels, nationalities, and religiosity levels. Students represented South Asian, Middle Eastern/North African, East Asian/Southeast Asian, and African/African American backgrounds (including one Caucasian student and two biracial students). We also had seven international students in our study.

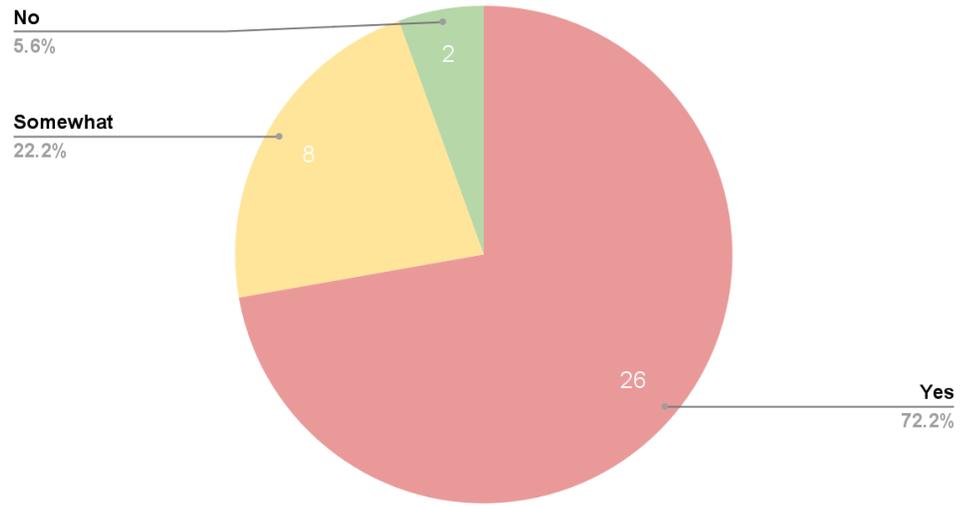


Our sample represented students from all academic levels and genders.

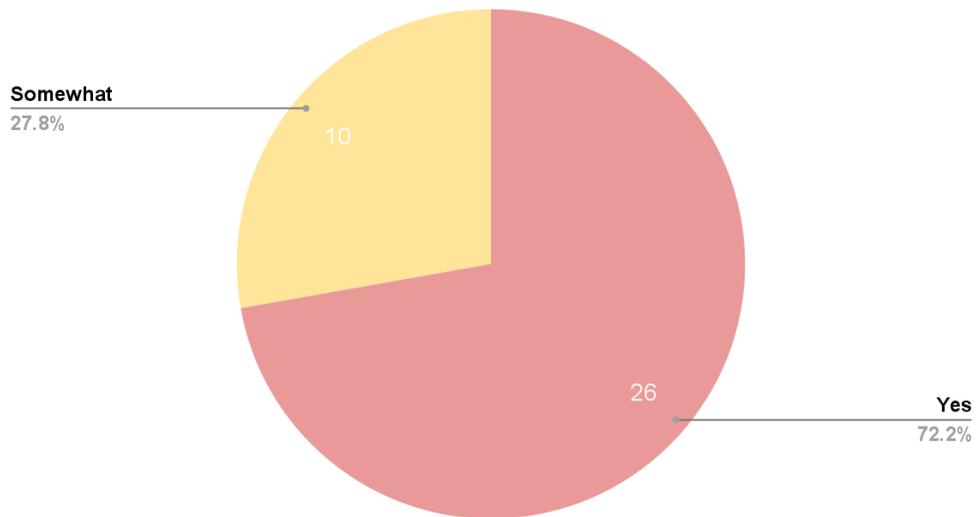


We also ensured representation of the spectrum of cultural and religiosity-levels in the Muslim community.

Do you identify as a religiously-oriented Muslim?



Do you identify as a culturally-oriented Muslim?



The diverse demographics of our participants in each of the aforementioned categories increases the generalizability of our study to the broader Stanford community, as these discussions include narratives of individuals with distinct life experiences and perceptions about Stanford.

Procedure

The FGDs ranged from groups of five students to individual one-on-one interviews (which often occurred when there were no-shows). Depending on how many participants were in a focus group, the length of the focus groups ranged from twenty minutes to two hours. We had five female facilitators lead the various FGDs, most focus groups having 1-2 facilitators. Four of the facilitators were Muslim and one was a non-Muslim who was trained at Stanford in intergroup communication and facilitation. Through open-ended questions, students reflected on their mental health struggles, experiences with psychological services on campus, and mental health needs that were not currently met.

After completing all of the focus groups, we transcribed our data and used the coding software, Dedoose, to analyze our findings. We developed codes that reflected our research questions and major themes that we encountered in preliminary data analyses. Then we conducted interrater-reliability for our coding process and our three raters received scores of 0.83, 0.78, and 0.73 (referring to how closely the codes we determined matched the codes we separately assigned). Once we coded our data, we analyzed each code, and developed sub-themes, which ultimately formed the following Findings section of our report.

FINDINGS

This section is divided into two main parts. In Part I, we discuss the mental health challenges faced by Muslim students at Stanford; in Part II, we elaborate on their specific attitudes toward and experiences with campus resources. All names used in this report are pseudonyms with identifying information having been removed.

PART I: MENTAL HEALTH CHALLENGES

Stanford Muslim students not only experience the challenges of an average Stanford student i.e. financial, academic and interpersonal, but also face an additional layer of challenges that are unique to their Muslim identity and on-campus experiences. We hope that this report will shed light on the mental health struggles that stem from 1) experiencing mental health stigma within the community, 2) navigating Muslim identity on campus and 3) acknowledging the nuanced role that spirituality plays in their lives.

1. Mental Health Stigma

During these focus groups, we heard countless accounts about the prevalence and adverse effects of mental health stigma in students' lives. Many participants commented on how conversations about mental health were not very prominent in the Muslim community. Six different students brought up the fact that people, both at Stanford and in general, tended to keep discussions about psychological struggles to a minimum and often preferred to downplay emotions. A junior, Maymoona, pointed out that talking about mental health requires vulnerability from individuals, which can keep them from sharing. She went on to say that, "it's hard enough to talk to my mom about these things, but then, like, the idea of talking to a stranger seems even worse." Three of these students expressed a similar discomfort at the idea of talking to a stranger. They talked about how people want to be assured that the vulnerability will not be exploited or used against them; in other words, they need a safe space before they can confide in another person.

Familial opinions and perspectives on mental health also seemed to contribute to the stigma experienced by Muslim students. Some participants mentioned that certain family members saw mental health struggles as a weakness of faith or a lack of trust in God, which in turn was viewed as an indication that one was not a good Muslim. A few participants brought up how their family believed that praying, reciting the Quran and becoming more religious would solve everything and be the cure to one's mental health issues. Hence, these families might not be as receptive to their child seeking out professional care.

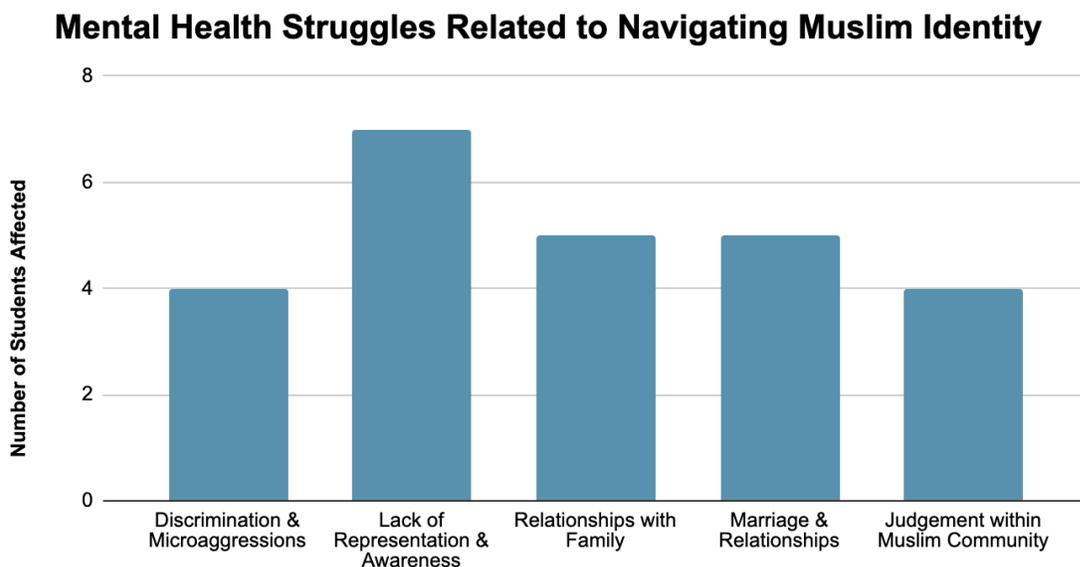
At the same time, there was some variance in how Muslim family members viewed mental health. For example, one student mentioned that her parents were open-minded about her seeking therapy but did not approve of her getting diagnosed or receiving medication. This is an important nuance to be aware of because it influences how a student chooses to respond to or counter their family's perception of psychological services before seeking support, if at all.

This stigma and inability to reach out for help was also often exacerbated by stereotypes associated with other identities a person may hold. For instance, Atif, another student at Stanford, shared how it was hard for him to discuss mental health concerns as a male since most of the male figures in his life avoided that conversation. Students provided another important reason for why it can be hard to overcome stigma: they talked about not having the right vocabulary to talk about mental health, especially if they did not grow up conversing about it. The aforementioned factors helped qualify the claim that stigma can arise and be maintained through many different sources.

Although many students disclosed several instances of mental health stigmatization, our focus group discussions also carried a more hopeful tone on certain instances. Two students felt that mental health was not as stigmatized within the Stanford Muslim community when compared to the general public. "I've heard and given several khutbahs (sermons) about mental health at Stanford and depression at Stanford", stated Fasi, while another student said that seeking out resources was less stereotyped on campus as opposed to back home.

2. Navigating Muslim Identity

Moving next to Muslim students' lives on campus, many of them reported facing struggles within the Muslim community, as well as with the broader Stanford community that left them distressed. For example, Khadijah is a freshman who recounted a conversation with her RA after having experienced a Islamophobic incident. She shared, "It was really helpful to talk about it [the incident] with [my RA], but I just feel like there was so many parts where she didn't get it...there is not a lot of full depth for understanding, where I'm coming from...as a Muslim American woman..." There were also other incidents shared by different students that shined light on the kind of challenges experienced by Muslim students as they navigated their way through the campus in general. These included **discrimination and microgressions, lack of campus representation and an insufficient understanding of the Islamic faith, and intra-Muslim challenges**, each of which will be explored more in this section.



2a. Discrimination & Microaggressions

Four students mentioned experiencing episodes of anti-Muslim discrimination and microaggressions that affected their mental health. While one student spoke more broadly about feeling bias against Muslims or noticing differences in behavior when others interacted with them, the other three students mentioned more explicit instances. Khadijah, mentioned

earlier, said that she was not able to sleep at night on multiple occasions after hearing repeated offensive comments from an individual even though the comments were not directed towards her. Rashid, a graduate student, mentioned how his PI questioned his practice of fasting in Ramadan and made hurtful comments about the practice itself, saying that the practice was "unhealthy and illogical." Lastly, Badr, an international student, talked about experiencing a cross-cultural misunderstanding with another student who got offended and complained about him. This was an extremely difficult situation for him because he worried that it would have risked his position as a Stanford student.

2b. Lack of Muslim Representation and Awareness of the Islamic Faith on Campus

Around seven students voiced concerns about inadequate Muslim representation. For example, Hussein, a graduate student alum from the School of Education, was frustrated by the lack of acknowledgement of the month of Ramadan. Other students, especially graduate students, mentioned that it was "isolating" being the only Muslim in their entire department. In addition, many other students expressed a desire for more Muslim representation in all offices, including CAPS, which we will expand on in the "Recommendations" section.

Similarly, students expressed discomfort at having to explain their religion and spiritual practices to non-Muslims due to insufficient knowledge about the Islamic faith. This was difficult for them because they tried to be careful about what they said in an attempt to not reinforce negative stereotypes. Ghulab, another participant in the study, said, "I find at times...I have to minimize myself and minimize my faith or minimize who I am in order to not stand out as much." These worries were further compounded when students experienced undesirable living situations, feeling uncomfortable while praying, practicing spirituality or voicing their discomfort around alcohol use with roommates or peers who they felt might judge them. At the same time, students valued Stanford's religious accommodations; for example Fatih, a student who converted to Islam, praised Stanford's *halal* dining accommodations, saying that it is "one less thing Muslim students have to worry about."

2c. Intra-Muslim Challenges

Along with voicing concerns about their interactions within the general community Stanford Muslim students at Stanford also reported experiencing stressors arising from their relationships with other Muslims. These issues ranged from **complicated relationships with family, concerns surrounding romantic relationships**, and **expectations/judgement from the community**.

Relationship with Family

In a prior section, we touched upon how familial opinions on mental health can impact the level of stigma experienced by a Muslim student. Now, we will go into the extent to which familial relationships more generally affect student mental health. A few students highlighted good relationships with their families and mentioned that they enjoyed being able to return home when things went virtual after COVID. However, a couple of other participants admitted to feeling like their independence was limited at home and how they struggled to establish healthy boundaries with their family members.

On a similar note, three students reported how family expectations regarding academics and romantic relationships, specifically marriage, hindered their mental health. Basma, a freshman, who spoke about academics, felt like the general academic struggles of a college student were compounded for Muslim students as they tried to meet high family expectations. Additionally, a few students also talked about their parents' "unrealistic" expectations around relationships with the opposite gender, romantic or otherwise. Bushra, an upperclassman, spoke about her parents wanting her to get married quickly, despite her being a young undergraduate student. Another student, Bilal, expressed frustration at his parents wanting him to not interact closely with the opposite gender, considering it to be an "unrealistic expectation" his parents placed on him.

Marriage and Relationships

Stress related to relationships and marriage came up more generally as well. This was a concern raised by both undergraduate and graduate students but was more prevalent within the latter group. They recounted occasions where they had felt pressured to find a spouse and also reported noticing a general expectation within the Muslim community to get married quickly. Relatedly, some students who *were* willing to get married reported how difficult it was to find a compatible partner given people's differing levels of religiosity and cultural beliefs. Students also mentioned gender differences when it came to such expectations. Bushra, mentioned earlier, complained about how family and community members seemed to expect women to get married earlier. Jannat, a female graduate student, added to Bushra's points, saying that families and the Muslim community typically did not award them the same leniency given to men when it comes to engaging in romantic relationships.

Judgement within Muslim Community

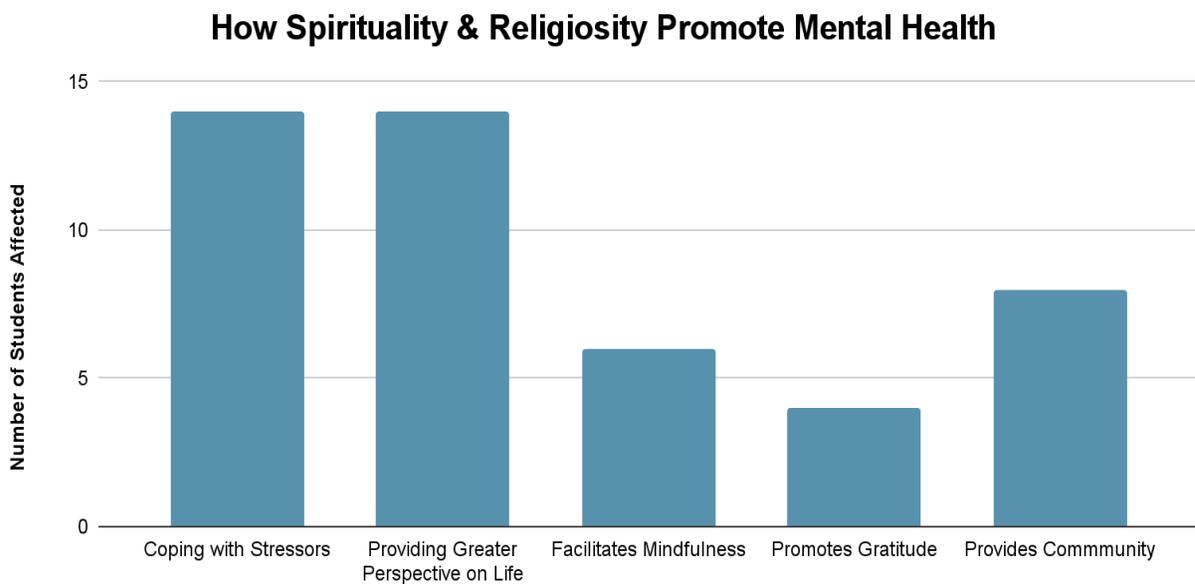
Community members also seemed to have a broader impact on the mental health of Muslim students. Five students mentioned the role of community expectations with one student expressing fears and worries about being judged based on their level of apparent religiosity. Other students also noticed when people commented on or spread rumors about community members' religiosity levels. For example, girls often felt they were judged for what they chose to wear. Students shared other divisive issues related to gender. Lamees, a graduate student, brought up an event idea of hosting a queer imam that was proposed years prior. She stated that this became a point of contention in the Muslim community since some students appreciated the support for the queer Muslim community while others considered it against Islamic values. Lamees felt strongly that this was an important event and was disappointed about the tension that ensued in the Muslim community for weeks after.

3. Role of Spirituality & Religiosity

During these focus groups, Muslim students were also asked to reflect on the extent to which spirituality and religious practice impacted their mental health. Interestingly, spirituality and religiosity had the potential to both promote and hinder mental health in a variety of ways.

3a. Promoting Mental Health

Many students commented on how spirituality and religious practice helped them cope with stressors, influenced their perspective on life, facilitated mindfulness, allowed for gratitude and provided a community.



Firstly, around fourteen students mentioned at length how prayer and their relationship with God helped them cope with stressors. They discussed feeling calm and peaceful in times of distress through prayer and Quranic recitation. Some of them also said that adhering to the Islamic perspective on coming to terms with hardships helped them immensely. Specifically, they found comfort in knowing that everything happens for a reason and that "with hardship comes ease," a Quranic verse. For some students, the five daily prayers served as opportunities to pause and reflect on priorities, such as relationship to God.

Such rituals were also helpful in providing a routine and a 'day to day sense of purpose' as was reported by five different students. They also served as a baseline of minimal requirements to complete in a day thus, fulfilling these obligations served as encouragement and provided motivation throughout the day. Other practices, such as reciting or listening to the Quran and reciting God's names were also mentioned as important mindfulness practices. Similarly, four students said that the Islamic faith helped them practice gratitude and maintain a positive attitude. Counting blessings made it easier for them to be content and satisfied with life.

Fourteen students also mentioned that faith positively affected their perspective on life and enabled them to focus on curating a meaningful life. Islam served as a source of guidance for many students with one student, Shagufta, saying that her faith was the most "foundational way of framing [her] world." Islamic values also allowed individuals to prioritize what was important and focus on what they could control. For example, Rajab explained how, by reminding himself to prioritize his relationship with God over materialistic gains, he is often able to reorient himself and stop worrying about financial and professional uncertainties.

An additional eight students valued the religious community that the Islamic faith provided them with. They talked about how it was nice to share their Muslim identity with other Muslims on campus they could relate to. Having a religious community helped students engage in religious activities and connect with spirituality which in turn allowed them to get through difficult times. Multiple students said having a friend group that they could engage in religious activities with was incredibly important to their mental health and they would not be as happy without a community to rely on as they strengthened their spiritual connection.

3b. Hindering Mental Health

On the other hand, there were also times when religiosity and spirituality had adverse effects on students' mental health. Students cited reasons such as **faith-related guilt, judgment & pressure** and **cultural influences** that seeped into their relationship with their religion and caused them distress.

Specifically, twelve students mentioned that faith-based guilt played a role in hindering their mental health. Some of them talked about a vicious cycle where feeling sad made them feel like they were not being grateful to God, which in turn led to "lower religious self-worth" further exacerbating the feelings of sadness. Additionally, students said that lack of spiritual practice, missing prayers for whatever reason, or lack of involvement with the religious community occasionally led to guilt and low self-worth as well.

Furthermore, two students cited judgment from non-Muslims around religiosity as a hindrance to their mental health. Laylah, a sophomore, shared feelings of isolation and lack of understanding from her non-Muslims peers, especially in the Bay Area where "making fun of religion is very fashionable" and peers are unable to understand how important faith was to her. Fatih, who we introduced earlier, mentioned feeling conflict between values in Islam and the values of western society and ideology which made it difficult for him to practice spirituality. As a convert, he also mentioned that the values of Islam conflicted with his non-Muslim family's values and this was also detrimental to his mental health.

A couple of students brought up other struggles, including negative cultural influences on Islam, such as misogyny and sexism in the community, as well as some intra-Muslim community judgement, taking a toll on their mental health. Additionally, a couple of other students also mentioned spirituality hindering mental health when finding certain values of Islam contradicting personal values, such as those on LGBTQ issues.

PART II: CAMPUS RESOURCES

After understanding how Muslim students' mental health is influenced by mental health stigma, navigating Muslim identity, and their relationship with spirituality/religiosity,, we can now divert our attention to addressing the needs of this population. To start, we will explore students' own attitudes towards and experiences with existing mental health resources.

Positive Attitudes and Experiences Towards Existing Resources

Many participants reported having personally benefited from campus services or knew people who had. For example, the Markaz Resource Center came up multiple times as both a resource that had been used by individuals and one that they had heard praise about from others. Haya talked about how much she enjoyed being a part of the Markaz 'Buddy program' which connected frosh to upper class mentors. There was a general appreciation for how Markaz events and programming helped create a sense of community and belonging, which, in turn, bolstered wellbeing. Students also mentioned student groups such as the Muslim Student Union when talking about the beneficial impact of established support structures on mental health. Four participants also mentioned how Markaz facilitated mental health by developing wellbeing resources such as bringing in a CAPS counselor and creating resource/access guides. Another participant mentioned that the Markaz, Muslim Student Union and other community centers often helped make CAPS & Vaden more accessible by advertising more tailored resources to the specific community groups they cater to.

Some students also expressed an appreciation for the Muslim-tailored support services that were offered by professionals. For example, Dr Rania Awaad's one-on-one sessions with community members were greatly appreciated. Dr. Awaad is a practicing Psychiatrist at the Stanford University School of Medicine and Director of Muslim Mental Health & Islamic Psychology Lab who also has a background in traditional Islamic studies. These sessions were very broad in nature and students could come in to talk about any and all worries and concerns that they had. Students who used the sessions for mental health purposes found them useful because they served as an avenue to talk about mental health and religious struggles simultaneously. Some individuals who had not utilized this resource still spoke highly of it because they believed it helped combat the stigma around mental health in the Muslim community, since Dr. Awaad was both a mental health professional and a religious scholar. It is noteworthy that more than ten participants stated that they saw Dr. Awaad as a source of pride for the community and someone who could be reached out to if need be. Some of them said that having casual conversations with her during events made the idea of accessing mental health resources less intimidating.

In addition, our study also demonstrates that some students appreciate the existence of the more general campus resources and may even show a preference for non-Muslim counselors. 6 people reported having positive experiences with CAPS counselors especially when the therapist was able to relate to and connect with another identity of the student. For example, one Black male participant found a Black female counselor helpful while another student who identified as South Asian felt very comfortable with her South Asian therapist. Quite similarly, many students also shared the belief that generally increasing diversity in counselors would be immensely helpful.

Students made note of other resources that had proven to be helpful in the past, one of which was mental health coaching through Well-Being @ Stanford. Qayyimah, a senior, commented on how this service had been rather beneficial especially at a time when it was hard to establish a connection with CAPS due to long wait times. A few others brought up the Bridge Peer Counseling Center by stating that there seemed to be less of a power dynamic there because it was a peer-to-peer exchange. A current Bridge staffer mentioned that a lot of her friends utilized the resource since it was anonymous, free and had low stakes. As mentioned earlier, Fatih appreciated Stanford Dining's Halal accommodations: even though this is not necessarily a mental health resource, according to him it helped foster belonging at Stanford.

Negative Attitudes and Experiences with Existing Resources

Although many Muslim students appreciated the presence of current campus resources, it soon became clear that these services were not sufficient in meeting their mental health needs. For example, some students reported positive experiences with CAPS, while others were frustrated when CAPS therapists did not understand the nuances of their religious identity and its relation to their struggles. They reported counselors often not understanding the Muslim perspective, leading to students having to spend entire the session explaining their cultural and religious context, often feeling exhausted by the end. Some students also had a general mistrust of purely Western psychology, which became a barrier to accessing

resources, as they required an integration of Islamic psychology in mental health care. Qayyimah also shared that she left a CAPS session feeling more ashamed after talking to a counselor about religion and shame.

Moreover, many of the students who had experience with CAPS also complained about the fact that CAPS counselors did not have enough availability or time slots. They expressed concerns about how their problems were sometimes more urgent and had actually subsided by the time they were able to meet with a therapist. A couple of participants also disliked the fact that students could only get eight sessions with CAPS before care was moved off-campus. They saw these temporary relationships with care providers as additional sources of instability which, according to them, were not ideal for student wellness.

Even students who did not have any personal experience using CAPS had some reservations about their services. They brought up its inaccessibility by commenting on the cap of number of visits, lack of long term care and the long waiting times experienced by their friends. A few participants, especially the frosh and sophomores, held the belief that mental health resources were not well advertised and that the difference in levels of confidentiality between the services was not made clear.

Furthermore, four students mentioned how being oblivious to the benefits of therapy served as a barrier to access. Contributing to this, one student mentioned not being aware of peers using resources and thus not knowing how therapy worked. This concern around inaccessibility was further exacerbated by the cost of therapy, especially for graduate students who were not always on Stanford's health insurance. Students on this insurance also confessed to being unclear about how it worked while those with other insurances expressed similar confusions. All these factors led at least one student to assume therapy as a resource that is only to be availed in extreme situations such as if one is severely depressed. Two students also expressed concerns about confidentiality with CAPS and worried that their family would learn about their therapy appointments.

When it came to Muslim-specific resources, such as a Muslim identifying counselor, some students greatly benefited after utilizing them while others were more hesitant to do so.

Two participants mentioned not wanting to go to a Muslim counselor out of fear of being judged because of differing religiosity levels. Two more admitted to finding it difficult to be completely honest with a Muslim mental health provider. Lamees was one of these students and she said, referring to a one-on-one session she had with Dr. Awaad, "I have so much subconscious guarding of what I share...if I'm trying to be like as open and honest probably for me and my own like mental health might not be the best to choose Muslim mental health providers in the future." This demonstrates the heterogeneity in preferences of Muslim students since this desire to steer clear of Muslim counselors stands in contrast to many other students' preference for a therapist who *did* identify as Muslim and understood that shared context.

In a similar vein, although many students were immensely pleased to have Dr. Rania Awaad as a resource, quite a few reported hesitancy in approaching her for a number of reasons, such as her busy schedule. One student expressed this concern of overburdening Dr. Awaad by saying, "...I always feel like she's doing this halaqa and she has this lab and she has this work it's like why would she make time?" Two other students pointed out another important consideration by admitting that they did not feel comfortable confiding in Dr. Awaad because of perceived differences in levels of religiosity. They expressed a desire for having more Muslim counselors who covered a greater portion of the religiosity spectrum. Another point was raised about how it was not enough to only have one seemingly independent Muslim provider since it prevented the passage of knowledge and successful continuation of a helpful resource. It is noteworthy that the students did **not** associate Dr. Awaad as an institutional resource (via ORSL or CAPS), but instead considered her support as something she was offering as an individual "out of the goodness of her heart" because she personally cared about serving the Muslim community. All of this helps establish a strong argument for the creation of institutionalized positions for Muslim psychologists that convey the permanency of these roles on campus.

Given what we know about students' mental health experiences and preferences for support services, we will next provide recommendations for improvements to existing resources and suggestions for new resources.

RECOMMENDATIONS

Toward the end of the focus group, students were asked to propose mental health resources, services, and programming at Stanford without thinking about logistical or financial limitations. Based on their feedback, in this section we propose the following recommendations. These are Stanford-specific but other institutions can certainly model their own resources after them:

1. **Continued Support for Existing Resources:** In general, students appreciate the range of resources offered to them at Stanford and expressed a need for continued institutional support for them. More specifically, students noted that positive and even casual experiences with certain campus resources directly or indirectly facilitated their mental well-being. These included interactions with Stanford's Chaplain and Chaplain Affiliate, Dr. Amina Darwish and Dr. Rania Awaad, respectively. Nine students also noted the importance of cultivating the Muslim community on campus. Students appreciated engagement with the Markaz Resource Center, especially through community-building programming, such as the Frosh Buddy Program and Afternoon Chai, as well as through targeted programming for marginalized identities (such as Queer Muslim events). Students emphasized that Stanford should continue to support and enhance these resources.
2. **Mental Health Community Programming:** While current efforts to build community are appreciated, there was a desire to invest resources in programming explicitly geared toward community mental health. For example, twelve students wanted to participate in events that shine light on issues related to Muslim identity and mental health, such as cultural/identity conflicts, social struggles, and the role of spirituality/religiosity on one's wellbeing. Similarly, other students suggested having

regular community mental health check-ins and many more expressed a desire for group therapy for the Muslim community. Two of these students also expressed a desire to have an anonymous space for these conversations, although they were unsure what that would look like. They noted it would be beneficial in ensuring that the space was non-judgmental and it would help decrease subconscious guarding.

3. **Suggestions for CAPS:** Two students said that they were satisfied using CAPS but they wished that they could have unlimited CAPS sessions. To them, the idea of reaching a limit on sessions and then having to restart with another long-term counselor seemed like a difficult process because students would have to re-explain everything. Another student, Layla, suggested that Stanford CAPS adopt a system that she learned about from Emory University in which each student is given a set number of appointments with a therapist each month. In her opinion, this system would make services more accessible to students who otherwise face some barrier to accessing mental health resources.
4. **Clear Resource Navigation:** Five students mentioned wanting to have a clear resource book for receiving mental health support with logistical details such as accessing sessions, cost, insurance procedures and time/session restraints explained adequately. One student suggested that it may be beneficial to have someone help find you potential therapists based on your needs and insurance as it was difficult for a student to do that on their own when going through a distressing time. For dissemination of information, they suggested introducing these resources during various new student orientation (NSO) events at the beginning of the year.
5. **Muslim-Specific Mental Health Resources:** Almost half of the students in the study spoke about the importance of a Muslim-specific mental health resource. Around 13 students specifically suggested a Muslim therapist. Four of these students said that simply the Muslim identity is not enough for a therapist; they should ideally be trained in Islamic psychology so they can help students reconcile issues related to faith hindering mental health. Additionally, many other students noted the importance of

recognizing the spectrum of religiosity that students adhered to. Noting the difficulty associated with hiring several Muslim therapists to cover this spectrum, five participants suggested ways of meeting Muslim students' needs without necessarily having several Muslim psychologists. They believed that this need could potentially be fulfilled by a **general increase in diversity of therapists** to account for the other identities held by Muslim students. The second suggestion was a **training program for non-Muslim therapists to understand the needs of the Muslim community better**. Lastly, Stanford could also facilitate the process of **connecting with off-campus Islamic mental health resources** thus enabling students to find ideal matches.

CONCLUSION

Our study shows that Stanford Muslim students are a diverse community with a range of mental health experiences and needs. While Stanford has provided some support to address these needs and is starting to become a safe haven for some Muslim students, there is still a clear gap in resources that can effectively improve Muslim students' well-being. We hope our range of recommendations can be a starting point for Stanford to institutionalize long-term change that promotes wellness for all students.

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