

How to provide culturally sensitive care to Arab American patients

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Since September 11, 2001, many Arab Americans have faced increased discrimination, which puts them at greater risk for depression and low self-esteem.¹ Children and adolescents in particular have been the victims of teasing and taunts. Many Muslim Arab Americans turned to their imams—a mosque’s spiritual leader—rather than a mental health clinician to help them deal with the national tragedy and the fallout that followed.²

Arab Americans may struggle to bridge their personal identity with their cultural one. Traditional Arab values stress the importance of family—both immediate and extended—loyalty to parents, religious adherence, and respect for elders and authority. Adapting those values to typical American values can cause dissonance as Arab Americans grapple to find a balance between renouncing their Arab culture in hopes of fitting in and feeling like outcasts in the country they call home.

Understanding cultural nuances

Be aware of the stigma of mental illness within Arab American communities. Unlike diabetes or heart disease, psychiatric disorders can carry a negative connotation for many Arab Americans.³ They may view mental illness as a personal shortcoming or ascribe their symptoms to supernatural spirits. The fear of being discriminated against for being culturally different *and* mentally ill may delay or prevent individuals from seeking care.

Understanding these dynamics, as well as Arab American culture, is the first step

to evaluating these patients. Being aware of cultural nuances also is important. Patients may say they don’t smoke, but some prodding may reveal that they use a tobacco water pipe, or hookah.

Be cognizant of any preconceived notions that can seep into an assessment. It’s easy to assume that Arab American patients fall into stereotypical gender roles or are unhappy with what may be perceived as inadequate assimilation. Conversely, a patient’s appearance, devotion to cultural and religious values, and family support may lead to an assumption that the patient does not abuse substances or engage in high-risk behavior.

In addition, note that Arab Americans tend to present their mental illness as somatic complaints, which may make them more comfortable seeing a primary care physician than a psychiatrist.

Adjusting treatment

Many Arab Americans’ first choice is to seek support from family, friends, and religious leaders.⁴ A patient may need to be convinced to take psychotropics the same as they would other medications. Therefore, it may be necessary to involve family members to ensure treatment compliance. Clinicians may need to spend


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more time with Arab American patients, which can help the clinician grasp the complexity of their issues and allow patients to feel that they're being cared for by a clinician who respects their cultural and religious beliefs. In conjunction, these steps will help you provide culturally sensitive care that best addresses Arab Americans' mental health needs.

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