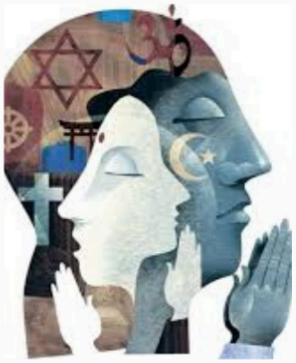
AMERICAN MUSLIM SENIOR SOCIETY (AMSS)

DIVERSITY, INCLUSION & PARTNERSHIP THROUGH ACTION

SUPPORTING MUSLIM OLDER COMMUNITIES:

A GUIDE FOR IMAMS, COMMUNITY LEADERS, AND SERVICE PROVIDERS

A FAITH-INTEGRATED OLDER MUSLIM ADULT MENTAL HEALTH TOOLKIT



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ACKNOWLEDGMENTS

The **American Muslim Senior Society (AMSS)** extends its sincere gratitude to our sponsor and the many partnering county and community public and private organizations, faith and business communities, AMSS Board of Directors and Mental Health Advisory Board, Consortium of Islamic Centers, Stakeholders Advisory Council, AMSS Ambassadors, and staff and volunteers whose expertise, dedication, and collaboration made the development of this Mental Health Toolkit possible. Their commitment to advancing culturally and faith-responsive mental health care for older adults has been invaluable.

WHO WE ARE

American Muslim Senior Society (AMSS)

AMSS is a non-profit organization providing multi-cultural senior services to persons from all backgrounds, in collaboration with interfaith, multi-cultural, and intergenerational groups, and in partnerships across faith, business, government, and healthcare sectors.

AMSS fills gaps in community services for underserved communities through its many programs, including a peer-to-peer Ambassador Network, Halal Meals-on-Wheels, CNA workforce development, and culturally sensitivity training for healthcare providers.

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Tool 1: Reference Table for Assessing Older Muslim Adult Needs

Use this reference table to evaluate an older Muslim Adult's immediate needs based on behavioral observations.

Observed Behaviors	**Primary Diagnostic Consideration**	**Immediate On-Site Action Steps**
• Repeatedly forgets what year it is • Asks the same question every few minutes • Becomes disoriented or lost in the mosque	**Cognitive Decline / Dementia**	• Speak in clear, short, simple sentences. • Do not argue, correct, or quiz their memory. • Calmly reorient them and notify their family.
• Stops attending daily prayers • Neglects personal hygiene and clothing • Constantly complains of unexplained body pain	**Late-Life Depression**	• Secure a private space. • Validate their pain. • Propose the Holistic Triad to the elder and family.
• Paces continuously in the prayer hall • Expresses constant,	**Anxiety Disorder**	• Guide them through slow, rhythmic breathing. • Ground them by reciting

fixated fear of the future • Shows intense restlessness or agitation		calming verses of Quran. • Screen for somatic masking and refer to care.
• Explicitly states they wish they were dead • Completely refuses life-saving food or medicine • Exhibits acute paranoia or hallucinations	**Acute Mental Health Crisis**	• **Do not leave the individual alone.** • Disengage from confrontation or logical debates. • Activate emergency crisis protocols immediately.

Tool 2: Resource Integration Sheet

Facilitator Notice: Keep printed, updated copies of this page in your main intake binder. Fill in the localized sections below before starting your community sessions.

1. **auntbertha.com** (now officially known as **findhelp**) is a nationwide online platform and searchable database designed to connect people with free or reduced-cost social services. The platform allows individuals and professionals to instantly find local resources by entering a zip code.

Key Features

- **Categories of Help:** Users can find assistance for food, housing, medical care, transportation, job training, legal aid, and financial support.
- **National Reach:** The directory covers hundreds of programs in every ZIP code across the United States.
- **Free and Anonymous:** Searching for resources is completely free, does not require an account, and is open to anyone.

How It Works

1. **Search:** Go to findhelp and enter your zip code.
2. **Filter:** Narrow down the results by specific needs, age groups, or languages spoken.

3. **Connect:** The platform provides direct contact information, website links, and hours of operation for local nonprofits, charities, and government programs.

2. Directory of Culturally Sensitive Institutions

- **Naseeha Mental Health Helpline:** Provides a toll-free, confidential 24/7 hotline (1-866-NASEEHA) offering support and local resource referrals for individuals dealing with loneliness, isolation, and family difficulties.
- **The Khalil Center**: A psychological clinic utilizing models deeply rooted in Islamic principles. Offers clinical evaluations, therapy, and community support.
    - *Application*: Use for elders experiencing deep spiritual guilt or seeking faith-integrated psychotherapy.
- **Therapy for Muslims**: A nationwide web directory designed to locate qualified, culturally sensitive mental health clinicians across various states.
    - *Application*: Use this database to match families with therapists who speak their language and understand their cultural background.
- **Ruh Care**: An international online therapy platform that connects users with licensed, faith-sensitive Muslim therapists.
    - *Application*: Excellent for homebound elders or families living in rural areas with limited local resources.

Immigrant & Migrant Resources

- Informed Immigrant**:** Provides a digital hub linking to comprehensive mental health guidance and the Immigration Advocates Network legal services directory for state-by-state assistance.
- The Coalition for Immigrant Mental Health**:** An organization working to ensure fair, equal, and culturally accessible mental health services for refugees and immigrants, free from fear and stigma.

National & General Helplines

- **National Suicide and Crisis Lifeline**: Call or text **988** (Available 24/7, free, and confidential across the United States).
- **The Trevor Project / Specialized Crisis Support**: Text **HOME** to **741741** to connect with the Crisis Text Line.
- **NAMI (National Alliance on Mental Illness) HelpLine**: Call **1-800-950-NAMI (6264)** for information, resource referrals, and support.

3. Clinical Guideline Documentation & Toolkits

- The Family & Youth Institute (The FYI)**:** A Toolkit Directory.
    - *Application:* Provides an essential Elder Care Toolkit that assists family members in navigating cognitive changes in aging parents, sharing caretaking responsibilities, and avoiding caregiver burnout.

- **British Board of Scholars & Imams (BBSI) Mental Health Toolkit**: A structured manual for faith leaders that outlines protocols for managing mental illness within a mosque setting.
    - *Application*: Keep printed copies in the main administrative offices for immediate triage support.
- **American Psychiatric Association (APA): Working with Muslim Patients**: An institutional guide designed to help clinicians provide culturally competent psychiatric care.
    - *Application*: Use this guide to train hospital staff, volunteers, and clinical workers on the religious values and needs of Muslim patients.
- **Maristan**: An organization providing research-backed suicide response guidelines and mental health training tailored for Muslim leaders.
    - *Application*: Use these materials to establish clear emergency protocols for acute self-harm crises.
- **Islam and Mental Disorders of Older Adults Guide**: A specialized research text focusing on culturally informed dementia caregiving.
    - *Application*: Share these resources with assisted living staff and volunteers to improve care for Muslim residents dealing with cognitive decline.

4. National Crisis and Support Services

- https://www.bbsi.org.uk/wp-content/uploads/2021/03/Mental-Health-Toolkit.pdf **-FOR IMAMS**
- The American Psychiatric Association: Use the American Psychiatric Association: Working with Muslim Patients guide, which outlines institutional and clinical support for Muslim Americans. **-FOR SERVICE PROVIDERS**
- Community Crisis Response: Include materials from MARISTAN, which offers research-backed suicide response and mental health training for Muslim leaders.
- Professional Directories: Train staff and ambassadors to use the Therapy for Muslims directory to locate culturally competent clinicians.
- Caregiver Resources: Consider integrating culturally informed dementia caregiving research (such as the Islam and Mental Disorders of Older Adults Guide) into the toolkit to guide assisted living staff and volunteers.

5. Medical Care and Mental Health Resources

- **Muslim Community Center Medical Clinic-**Provides compassionate and high-quality medical care to uninsured, indigent adult residents of our community regardless of race, religion, ethnicity, gender, or national origin. Visit Online for Resources
- **ICM Cares Clinic** - Offering primary care services for those ages 14+. Services include general wellness, diabetes care, women's health, & managing chronic illness. View Online for Resources
- **Montgomery Cares Clinics-**The Montgomery Cares clinics are geographically

located throughout Montgomery County to provide access for residents. Visit Online for Resources

- **African American Health Initiative-**Strives to eliminate health disparities and improve the number and quality of years of life for African Americans and people of African descent in Montgomery County, MD. Visit Online for Resources
- **Asian American Health Initiative (MCDHHS) Senior Wellness Initiative-**The Asian American Health Initiative (AAHI), a part of the Montgomery County Department of Health and Human Services, aims to improve the health and wellness of Asian American communities in Montgomery County by applying equity, community engagement, and data-driven approaches. AAHI's Senior Wellness Initiative responds to the health and wellness needs of Asian American seniors by offering community programming, health education and wellness workshops, multilingual resources, and service referrals. Visit Online for Resources
- **Holy Cross Health Centers-**Holy Cross Health Center serves community members who are uninsured or Maryland Medicaid patients enrolled in the HealthChoice program through Maryland Physicians Care.
    - Holy Cross Health Center - Aspen Hill - Visit Online for Resources
    - Holy Cross Health Center - Gaithersburg - Visit Online for Resources
    - Holy Cross Health Center - Silver Spring - Visit Online for Resources

- **Holy Cross Health Partners-**Board-certified practitioners in internal medicine, family medicine, and geriatric medicine provide a complete range of primary care services for adults and children.
    - Holy Cross Health Partners - Kensington - Visit Online for Resources
    - Holy Cross Health Partners - Asbury Methodist Village - Visit Online for Resources
    - Holy Cross Health Partners - Progressive Medical Care - Visit Online for Resources

6. Mental Health

- **American Muslim Health Professionals** American Muslim Health Professionals: A Vital Community
- **Montgomery County Adult Behavioral Health Program-**The Adult Mental Health Program is an outpatient mental health program which provides services, including individual and group psychotherapy, office based case management, and psychiatric medication monitoring to low-income residents of Montgomery County who are experiencing mental illness. Call: 240-777-1770 or Visit Online for Resources
- **Mental Health Services for Seniors and Persons with Disabilities-**To access support from mental health services in Montgomery County Call: 240-777-3990
- **Mental Health Services – JSSA -**Therapists, psychologists, and

psychiatrists can help people manage mental health issues and find a renewed sense of well-being. **Call and ask about an initial screening.** Available in Montgomery County, MD; 240-500-5772

- **The Imago Center of Washington DC-**The Imago Center of Washington DC offers online therapeutic services as well as in face-to-face sessions. Call: 202-670-5065 or Visit Online for Resources

7. Maintaining Your Mental Health

- Montgomery County 24-hour Crisis Center Hotline: 240-777-4000. Visit Online for Resources
- EveryMind Montgomery County Call/Text Hotline: 301-738-2255. Visit Online for Resources
- National Alliance on Mental Illness (NAMI), Montgomery County chapter. Visit Online for Resources
- Child Trends, a resource to support children's emotional well-being during COVID-19. Visit Online for Resources
- CaringMatters, is a resource to help families cope with grief and loss. Visit Online for Resources·
- **Latino Health Initiative Asthma Program-**LHI's Asthma Management Program provides free workshops for Parents and Caregivers in Spanish to help families with young children manage their children's asthma-related symptoms. Call: 240-777-3384 or Visit Online for Resources
- **Diabetes**
  - **African American Health Program: Diabetes Resources** - View Online for Resources
  - **Holy Cross Health's Diabetes Prevention and Education Programs** -HCH provides multidisciplinary instruction in diabetes management and instruction. Visit Online for Resources
- **Dental**
  - **Montgomery County Dental Programs-**Apply for services through OESS offices with the application for Montgomery County Safety-Net Programs. Visit Online for Resources
  - **MCC Clinics Dental Services -** Visit Online for Resources
  - **Other dental programs** - Dental Resource List from the Immigration Resource Center. Visit Online for Resources

- **Cancer**
  - **African American Health Program: Cancer Resources** - View Online for Resources
  - **International Early Lung Cancer Action Program (I-ELCAP)** Screening for smokers/ex-smokers. Visit Online for Resources

- **COVID - 19 Vaccine and Treatment**
  - **Vaccine Information**

- § MCC Medical Clinic - Visit Online for Resources
- § Latino Health Initiative - Visit Online for Resources
- § African American Health Program - Visit Online for Resources

- **Montgomery County COVID - 19 Resources**

  Latest news, vaccine information, face covering guidance, food assistance resources and more in regard to COVID- 19. Learn more about CDC COVID-19 Community Levels and actions to take. Visit Online for Resources

- **Memory Loss & Dementia**
  - **Alzheimer's Association Resources-**Leads the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. Visit Online for Resources
  - **Holy Cross Medical Adult Day Center-**The center provides senior health services by a full-time RN—a geriatric nurse with special expertise in caring for seniors with a variety of health problems including Alzheimer's disease and other dementias. Visit Online for Resources
  - **Jewish Council for the Aging Adult Day Care**: Kensington Clubs for Early Stage Memory Loss
- **Vision and Hearing**
  - **MCC Clinic - Phone number 301-384-2166.** Visit Online for Resources
  - **Durable medical (ie. wheelchair or walker)**
  - **St Andrew Apostle Catholic Church** Visit Online for Resources

8. Exercise

- **SeniorFit-**Thousands of area seniors are getting—and staying—healthy through Holy Cross Health's award-winning Senior Fit program. Established in 1995, the program is the largest of its kind in the region. Today, the program has grown to serve more than 1,200 seniors 55 and older throughout Montgomery and Prince George's counties. Visit Online for Resources
- **Holy Cross Community Fitness Program-**A variety of courses for people of every age to continue exercising as they age. Visit Online for Resources

- **Montgomery County's Rec Room-**This virtual recreation hub provides DIY arts & crafts, fitness videos, virtual classes and tours, and fun ideas for any age. For help navigating the site, call the Seniors Team at 240-777-4925 or Visit Online for Resources

- **Senior Sneaker' Exercise Program-**Montgomery County Recreation's popular Senior Sneaker Program helps adults age 55 and older have access to quality exercise/weight rooms across the county at a very affordable $50 annual membership charge. For this low fee, members can use the exercise/weight rooms during regular hours at any of our community recreation centers. Visit Online for Resources
- **Indoor Walking Program-**Many County Recreation Centers offer indoor walking programs that can help get you moving even in the heat of summer and the cold of winter. Visit Online for Resources

9. Spirituality

- **Montgomery County Faith Community Advisory Council**

  (Resource for referral to different faith communities) Faith community leaders and decision-makers were invited to listen, learn, and discuss the redevelopment potential of their properties. Faith communities with excess land, underutilized structures, or declining income will have the opportunity to imagine new possibilities while continuing to serve their members. Visit Online for Resources
- **Holy Cross Faith Community Nurse Program**
  Spiritually focused health promotion programs centers on the belief that healing integrates the intentional care of the body, mind, and spirit. We invite faith communities throughout the area to join Holy Cross Health in its mission to be a compassionate and transforming healing presence. Visit Online for Resources

- **Interfaith Community Dialogues**

  AMSS held virtual dialogues during the pandemic to discuss its impact on the community. Visit AMSS online webinars
- **Consortium of Islamic Centers** Visit Online for Resources

10. Halal Food and Security

- **Halal Meals on Wheels-**Comprehensive Social Outreach and Support model program conducted by teams of AMSS multi-cultural Health and Long-Term Care Outreach Ambassadors. Since COVID-19, AMSS has formed Rapid Response Ambassadors Teams to meet the multitude of emergency requests for food, shelter, medical and financial support, and the increased isolation of our vulnerable diverse members. Call 301-327-8626 or Visit Online for Resources

- **Dry goods and fresh produce pick-ups** (see list of your local Islamic Centers) Appendix I
- **Manna Food Center-**Strives to be a place where all people at all times have access to safe, sufficient, nutritious food in order to lead fulfilling lives and contribute to making Montgomery County, Maryland a place where all live in dignity. Visit Online for Resources
- **Montgomery County Food Resources-**List of resources throughout Montgomery County such as food giveaway events, food access call center, SNAP or Supplemental Nutrition Assistance Program, and Meals for Children among other information. Visit Online for Resources
- **Montgomery County Food Council** - The Montgomery County Food Council is a nonprofit organization that serves as the primary connection point for businesses, nonprofits, government agencies, and residents around food system issues in our County. View Online for Resources
- Food Assistance Resource Map in Montgomery County, MD
- Manna Food Center (Montgomery County, MD)
- Nourish Now: Ending Hunger Through Food Recovery in Montgomery County, MD and Greater Washington, DC

11. Planning for Aging

- **Aging and Disability Resources-**Information and assistance for seniors, people with disabilities, and/or caregivers. Call 240-777-3000 or View Online for Resources
- **Holy Cross Health Senior Health and Wellness-**Holy Cross Health's senior health services aren't simply here for you when you're ill—we've developed programs to help you keep your mind and body fit—and live a vibrant, healthy life as you grow older. Visit Resources Online
- **JSSA Disability Employment Services-**Help for people with disabilities, including autism, find and keep fulfilling jobs. Call 240-800-JSSA (5772) Available in Montgomery County, MD. https://www.jssa.org/services/disability-employment/
- **Transportation, Jewish Council for the Aging of Greater Washington,** 12320 Parklawn Drive, Rockville, MD 20852, 301-255-4200 Provides transportation resources for non-emergency medical appointments and senior centers Service area: Montgomery County and Prince George's County, MD
- **Senior HelpLine, Jewish Council for the Aging of Greater Washington**: 240-290-3311; 12320 Parklawn Drive, Rockville, MD 20852; Housing, home care, recreation, and more. https://accessjca.org/ Email: SeniorHelpLine@AccessJCA.org

12. Home Health

- **Care Plus** - Home care services dependent on the quality of care that is provided consisting of talented and compassionate caregivers committed to providing home care, flex care & skilled nursing, end of life and programming services. Visit Online for Resources
- **Advanced Nursing + Home Support** - Home care services provide expert and professional care to individuals to thrive in place and live with dignity, fulfillment, and purpose. Visit Online for Resources

13. Care Coordination - Case Work - Case Management

- **Montgomery County's Caregiver Program-**Highlights practical support for caregivers such as access to County resources, telephone and virtual support, wellness activities, and lifelong learning opportunities. Visit Online for Resources
- **Montgomery County's Caregiver Webpage-**Through this website, you can access an extensive online resource guide for caregivers including senior nutrition programs, links to helpful organizations, a caregiving blog, and more. Visit Online for Resources
- **Montgomery County's Aging and Disability Services** - 240-777-3000
- **Maryland Commission on Caregiving-**The Maryland Commission on Caregiving Commission advocates for the needs of informal caregivers. The commission maintains an extensive list of resources for family caregivers on its website. Visit Online for Resources
- **Holy Cross Hospital Caregiver Resources-**Holy Cross maintains information about support groups and a caregiver resource hotline. Holy Cross also maintains a health information library that provides caregivers access to books, DVDs, audiotapes, and videotapes on caregiver issues and health-related topics, as well as pamphlets, AARP publications, and reprints of health-related articles. Visit Online for Resource
- **National Alliance for Caregiving-**The National Alliance for Caregiving (NAC) is a non-profit coalition of national organizations focusing on advancing family caregiving through research, innovation, and advocacy. NAC conducts research, does policy analysis, develops national best-practice programs, and works to increase public awareness of family caregiving issues. NAC maintains a list of resources for Caregivers. Visit Online for Resources
- **Assisted Living in Maryland-**A directory of 597 assisted living facilities in the state of Maryland to start that process. Locate information about amenities, the size of the facility, pricing, health insurance, and more using the tool below. Visit Online for Resources

14. End of Life

- **Hospice Care-Montgomery Hospice** - Skilled nurses and therapists provide care and support for people who are experiencing serious and life-threatening

illnesses. 301-921-4400 Visit Online for Resources

- **Holy Cross Home Care and Hospice** - Skilled nurses and therapists will partner with you, your physician, and your caregiver to create a personalized care plan for this phase of your healthcare journey. Visit Online for Resources
- **JSSA Hospice Services** - An interdisciplinary team guides you and your family through end-of-life care with compassion and respect. Call the 24/7 hospice hotline. No referral needed. 240-800-5772. https://www.jssa.org/services/hospice/

- **Grief Support- Montgomery Hospice** - Skilled counselors and therapists provide support for people who have experienced the loss of a loved one. Visit Online for Resources
- **Holy Cross Caregiver Resources and Support Groups-**A wealth of information and supportive services for caregivers. If you're living with aging parents or caring for a loved one or friend, the center is your go-to resource for support, education, and the latest on healthy aging, and disease diagnosis and treatment. Visit Online for Resources

Local Emergency & Referral Registry (Customize Locally)

- **Our Local Area Mobile Crisis Response Team**:

  _____

- **Nearest Hospital Emergency Room with Geriatric Psychiatry**:

  _____

- **Trusted Culturally Competent Counseling Agencies Nearby**:

  _____

- **Local Senior Transit and Social Support Services**:

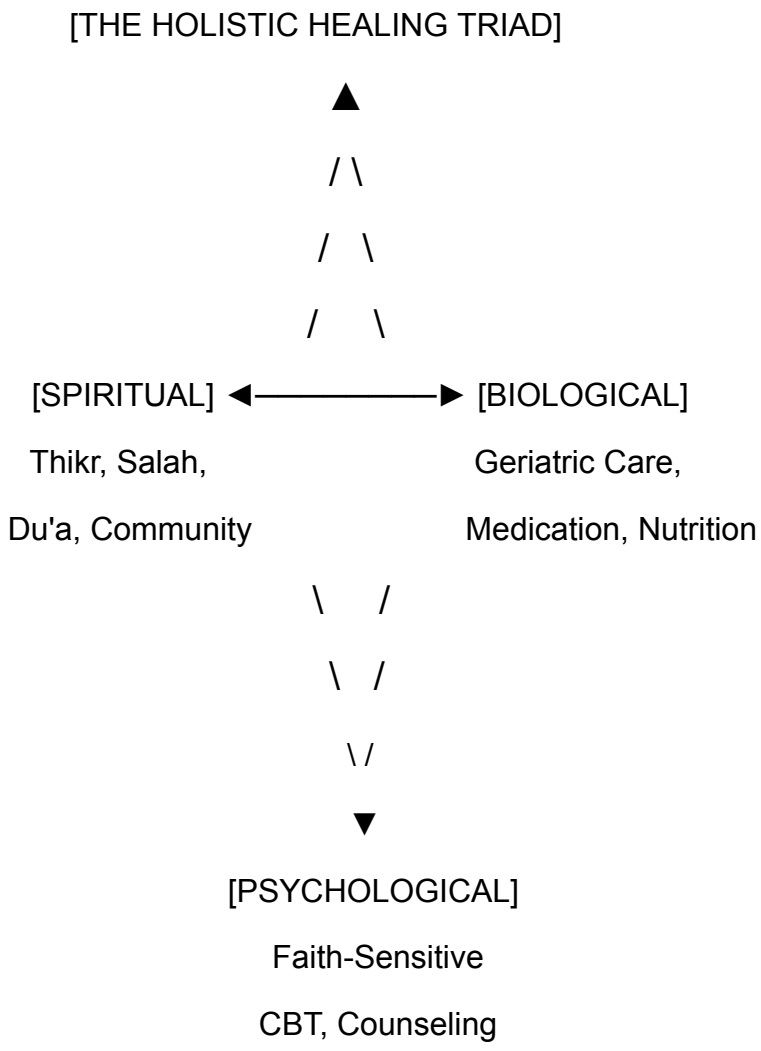
  _____

Tool 3: Tables and Figures

Foundations: The Holistic Healing Triad

In Islam, mental health is viewed as an amanah (a trust) from Allah, requiring a balance of spiritual, biological, and psychological care. This toolkit encourages a "Holistic Healing Triad" that integrates traditional spiritual practices with modern behavioral science.

- **Spiritual Practices:** Utilizing *dhikr* (remembrance), *shukr* (gratitude), and *fikr* (reflection) as tools for resilience.
- **Professional Intervention:** Recognizing that clinical support is a valid and necessary component of a believer's well-being.
- **Stigma Reduction:** Emphasizing that mental health challenges are not a sign of weak faith or a lack of favor with God.



Using this BioPsychoSocial Model aids in promoting a healthy, balanced individual emphasizing the mind-body-soul (aql-nafs-roh) connection in Islam.

Adapted MHFA: The ALGEE Action Plan

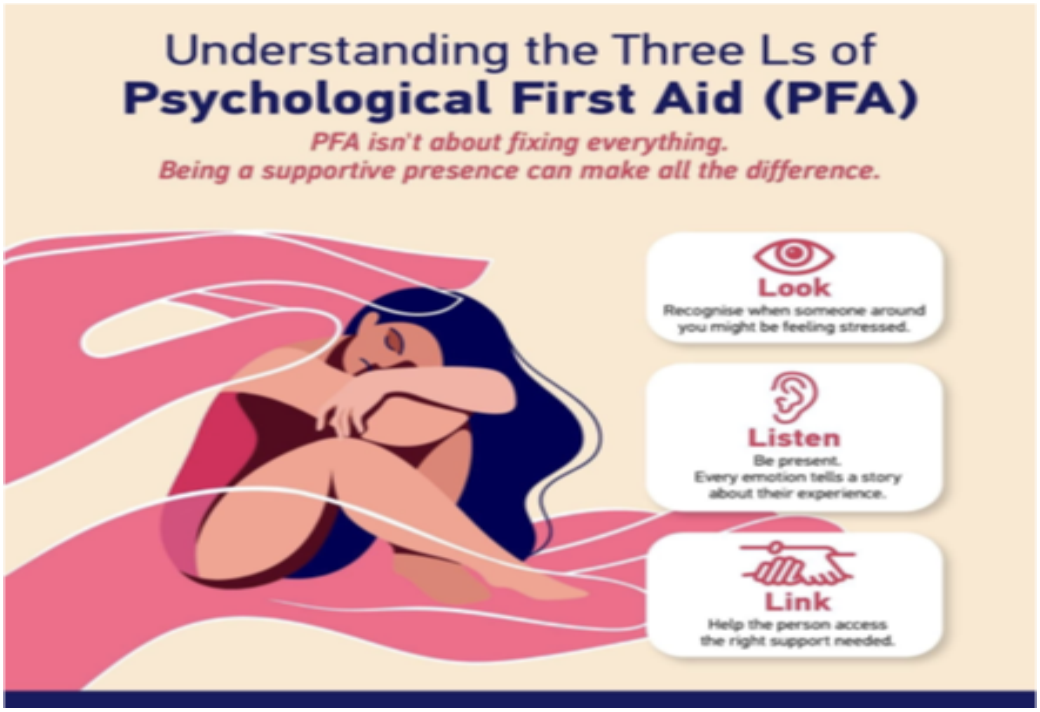
The ALGEE action plan is a five-step framework designed to assist individuals experiencing a mental health challenge or crisis.

Step	Action	Practical Tip for Imams
A	**Approach & Assess**	Choose a private, quiet space to ensure confidentiality (*amanah*).
L	**Listen Non-judgmentally**	Use active listening and empathy; avoid giving immediate "religious prescriptions".
G	**Give Reassurance**	Offer hope and factual information rather than judgment.
E	**Encourage Prof. Help**	Link the individual to specialized Muslim mental health clinics like the Khalil Center.
E	**Encourage Supports**	Suggest self-help strategies and community social support.

Psychological First Aid: Look, Listen, Link

Psychological First Aid (PFA) provides immediate support during or after a crisis.

- **LOOK:** Identify safety risks, immediate basic needs, and individuals showing signs of severe distress.
- **LISTEN:** Approach individuals calmly, introduce yourself, and ask about their needs and concerns without forcing them to talk.
- **LINK:** Provide practical assistance and connect people to their social supports and appropriate professional services.



PFA Action Plan: How to Help

When administering PFA to someone experiencing distress, trauma, or a crisis event, you should act through a spiritually grounded and practical approach:

1. **Assess Basic Needs and Safety:** Ensure the person is safe from physical harm and assist with immediate, tangible needs (e.g., water, shelter, safety from social media misinformation).
2. **Practice Active and Non-Judgmental Listening:** Provide a compassionate, non-intrusive presence. Allow them to express their emotions and fears without

shame.

3. **Provide Spiritual Normalization:** Remind the person that prophets and righteous figures in the Quran experienced profound grief and distress. Validate their humanity and clarify that emotional struggle does not mean their faith (*Iman*) is weak.
4. **Connect with Social and Spiritual Support:** Link the individual to their community. This can mean encouraging communal prayer, contacting family, or—when necessary—referring them to culturally sensitive mental health professionals or crisis services.
5. **Dealing with Resistance**: When older Muslim adults or their families reject help due to fear of shame or stigma (*Aib*), address their concerns directly. Frame seeking medical care as a structural obligation under Islamic law to preserve life and health.

Islamic Approach to Uncertainty Towards Mental Illness: The 3 Keys to Happiness

1. **Shukr (Gratitude)**: Actively focusing on remaining blessings (*"If you are grateful, I will surely increase you"* - Quran 14:7) to reframe cognitive distortions.
2. **Rida (Contentment)**: Accepting the reality of God's decree (*Qadr*) for events outside of human control, which reduces existential anxiety.
3. **Istighfar (Seeking Forgiveness)**: A psychological release mechanism that relieves internal guilt, helps process regret, and offers a fresh emotional start.

References: 1-https://sakeenainstitute.com/trauma-healing-in-islam-faith-based-recovery/

2-https://yaqeeninstitute.org/read/paper/perspectives-on-islamic-psychology-healing-of-emotions-in-the-quran

3- https://pmc.ncbi.nlm.nih.gov/articles/PMC8136181/

4-https://www.palestinercs.org/en/Article/11126/Psychological-First-Aid-Offering-Hope-Through-a-Scientific-Approach

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Tool 4: Roles and Examples

INTEGRATED PFA-MHFA FRAMEWORK WITH ISLAMIC PRINCIPLES

Step 1: PREPARE ──► Look & Listen (Assess Environment)

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Step 2: ENGAGE ──► Approach & Connect (Observe and Listen

Nonjudgementally)

|

Step 3: STABILIZE ─► Validate & Support (Somatic Care & Active Sabr)

|

Step 4: LINK ──► Encourage & Connect (The Holistic Healing Triad; Nafs; and Keys to Happiness)

ROLE AND STEPS

Step 1: PREPARE (Environmental Assessment)

Before speaking with an older Muslim adult, assess the situation for immediate safety, privacy, and cultural comfort.

- **Clinical Objective**: Identify acute medical issues or safety risks before starting psychological interventions.
- **Cultural Objective**: Protect the elder's *Haya* (privacy) and ensure they do not feel put on display or publicly shamed.

Implementation Actions

- **Secure a Neutral Space**: Do not hold sensitive conversations in open mosque hallways or crowded community spaces. Move to a private office or a quiet corner.
- **Check Physical Comfort**: Ensure the older Muslim adult is seated comfortably. Have water available. Check if they have eaten or taken their routine medications.
- **Identify Chaperone Needs**: Respect cultural boundaries regarding gender and family hierarchy. Determine if a trusted family member should be present to offer comfort, or if the older Muslim adult prefers a completely confidential one-on-one space.

Step 2: ENGAGE (Approach and Connect)

Initiate contact using respectful language that honors the older Muslim adult's life experiences and communal status.

- **Clinical Objective**: Establish rapport to lower defensive barriers and reduce anxiety.

- **Cultural Objective**: Practice *Birr al-Walidain* (honoring older Muslims) to show that you view them as a valued community member, not a patient or a burden.

Communication Scripts

❌ **What NOT to Say (The Confrontational Approach)**

> *"Uncle, people are noticing you look very depressed and aren't acting right. Are you having mental health issues?"*

- **Why it fails**: This direct approach triggers immediate defensive reactions, family shame (*Aib*), and social withdrawal.

What TO Say (The Honor-First Approach)

> *"Assalamu Alaikum, Uncle. It is an honor to sit with you. You are an elder of our community, and your well-being matters deeply to all of us. I noticed you missed the last few community gatherings, and I wanted to check in to see how you are feeling and how we can support you."*

- **Why it works**: This frames the interaction around communal care and respect, removing the immediate fear of judgment or stigma.

Step 3: STABILIZE (Validate and Support)

Listen without judgment, address physical complaints carefully, and introduce balanced spiritual coping mechanisms.

- **Clinical Objective**: Calm acute distress, ground the individual in the present, and screen for systemic changes.
- **Cultural Objective**: Navigate "Somatic Masking" (presenting emotional distress as physical pain) and encourage *Active Sabr* rather than passive resignation.

Communication Scripts

❌ **What NOT to Say (The Dismissive/Spiritual-Only Approach)**

> *"There is nothing physically wrong with your stomach, Uncle. This is just stress. You need to pray more, read more Quran, and have a stronger Sabr."*

- **Why it fails**: This dismisses their real physical pain, implies their faith is weak, and can worsen feelings of guilt or spiritual failure.

What TO Say (The Faith-Integrated Validation Approach)

> *"I hear how much pain your body is carrying, and we take that pain seriously. Our mind and body are completely connected as an Amanah (trust) from Allah. When our heart carries heavy burdens, grief, or constant worry, it often speaks to us through physical pain in the stomach or the head. Experiencing this distress is not a punishment or a sign of weak faith. True Sabr means seeking healing for your physical body and your heart at the same time."*

- **Why it works**: This validates their physical symptoms, frames the mind-body connection through an Islamic lens, and unlinks suffering from spiritual inadequacy.

Step 4: LINK (Encourage and Connect)

Connect the older Muslim with appropriate resources using a holistic, three-part framework.

- **Clinical Objective**: Facilitate safe referrals to medical and psychological professionals.
- **Cultural Objective**: Frame medical care as a practical way to fulfill Islamic commands to preserve health.

Communication Scripts

❌ What NOT to Say (The Direct Clinical Referral)

> *"You are showing signs of late-life depression and need to see a psychiatrist immediately for therapy and medication."*

- **Why it fails**: The immediate introduction of psychiatric terms can cause the older Muslims to shut down due to fear of the "crazy" stigma.

What TO Say (The Holistic Triad Framing)

> *"To help you feel better, our tradition teaches us to seek balance in three ways. First, spiritually, we will keep making Du'a and seeking comfort in Thikr. Second, biologically, we should have a medical doctor check your physical health and pain. Third, psychologically, I want to connect you with a professional counselor who understands our values. They can provide a safe space to talk through this grief and give your heart relief. This holistic approach honors the complete health that Allah gave you."*

- **Why it works**: This normalizes counseling by placing it alongside routine medical care and spiritual practice, making it more acceptable to the older Muslim and their family.

Tool 5: Crisis vs. Non-Crisis

Crisis vs. Non-Crisis Situations

- **Non-Crisis**: Gradual changes in personality, low mood, occasional forgetfulness, or expressions of loneliness.
    - *Action*: Schedule a supportive conversation; connect them with community resources or counseling.
- **Crisis**: Statements of wanting to die, refusing to eat or take life-saving medication, severe confusion, wandering outside the home at night, or acute paranoia/hallucinations.
    - *Action*: Immediate medical or psychiatric intervention; contact crisis lines or emergency services. Do not leave the individual alone.

[TRIAGE QUESTIONS TO ASK]

Is there immediate, acute danger to life, safety, or bodily integrity? IF YES ──► ACTIVATE CRISIS PROTOCOL (Immediate containment & emergency triage)

IF NO ──► ACTIVATE NON-CRISIS PROTOCOL (De-escalation, support, & outpatient linkage).

Tool 6: Community Engagement

Community Engagement Approach- Use community-level approaches to build resilience and address isolation (in addition to the PFA-MHFA model):

- Provide mosque-based support by leveraging community hubs and resources where members can come and have safe discussion groups and classes in their place of worship.
- Promote intergenerational engagement by facilitating programs where older adults can interact and mentor youth, sharing their stories, skills, and life experiences to reduce elder social isolation and depression/anxiety.
- Provide resources for older Muslim needs as requested.
- ***De-stigmatize mental health by normalizing the conversation- If we do not talk about it, we cannot address it!***

Figure 1: Approach to fostering community engagement.

(Resource: https://www.cureus.com/articles/179706-changing-a-community-a-holistic-view-of-the-fundamental-human-needs-and-their-public-health-impacts#!/)

Tool 7: Case Studies for Practice Application

CASE STUDY 1: UNCLE IBRAHIM (THE WITHDRAWN OLDER MUSLIM)

Focus Areas: *Somatic Masking, Late-Life Depression, Spiritual Guilt, The Holistic Triad.*

📄 Case Narrative

Uncle Ibrahim (74) is a recently widowed migrant who lives with his adult son's family. For the past 40 years, he was a fixture at the mosque, attending almost every congregational prayer. Over the last two months, he has stopped coming entirely.

When a community service provider visits the home, Uncle Ibrahim is sitting in a dark room, unwashed, and wearing thin, stained clothes. He complains of continuous, severe stomach pain and constant headaches, stating: *"Doctors cannot find anything because this is not a medical issue. Allah is displeased with me for my past shortcomings, and my wife was taken away as a punishment. I am just waiting for my time to end."* His son adds that medical workups show no physical cause for the stomach pain.

✏️ Participant Worksheet & Analysis Challenge

Q1: Diagnostic Screening (Use Tool 1 & Section 3)

Identify **two clear clinical warning signs** and **one cultural/theological challenge** present in this case.

- *Clinical Sign 1*: _____
- *Clinical Sign 2*: _____
- *Cultural/Theological Challenge*: _____

Q2: Reframing the Stigma (Use Step 3 Scripts)

Draft an exact script responding to Uncle Ibrahim's claim that *"Allah is punishing me."* Avoid telling him to "just pray more."

Your Script:
" _____

_____ *"*

Q3: Constructing the Triad Referral (Use Step 4 Framework)

How will you pitch the **Psychological Circle** of the Holistic Healing Triad to Uncle Ibrahim so he does not feel shamed by the "madness" stigma?

Your Strategy:

_____

_____

CASE STUDY 2: AUNTIE AMINA (THE FORGETFUL MATRIARCH)

Focus Areas: *Cognitive Decline vs. Normal Aging, Safety Risks, Dignity Protection (Haya).*

📄 Case Narrative

Auntie Amina (79) lives with her daughter. She attends a weekly women's Quran halaqah at the mosque. Recently, the halaqah leader notices that Auntie Amina asks the exact same question about the verse under discussion four or five times within a 30-minute window, completely forgetting she just asked it.

Yesterday, Auntie Amina became deeply distressed in the mosque lobby. She could not find her shoes, began weeping, and insisted she was stranded because she didn't know what year it was or how to get home. A well-meaning volunteer publicly scolded her, saying: *"Auntie, stop crying, you are embarrassing yourself. Just sit down and remember Allah, your memory is fine, you are just getting old."*

✏️ Participant Worksheet & Analysis Challenge

Q1: Cognitive Evaluation (Use Section 2: Chart)

Based on the behaviors listed in the narrative, is Auntie Amina experiencing **Normal Aging** or **Cognitive Decline**? Cite two pieces of behavioral evidence from the text to justify your answer.

- Normal Aging [ ] Cognitive Decline / Dementia
- *Evidence 1*:

  _____
- *Evidence 2*:

  _____

Q2: Critiquing the Response & Protecting *Haya*

What did the volunteer do wrong regarding the cultural principle of *Haya* (modesty/dignity)? How would you handle her public distress differently using **Step 1 (PREPARE)** of the adapted framework?

Your Plan:

_____

Q3: Family Triage Action Step

Auntie Amina's daughter is terrified of community gossip and refuses to take her mother to a neurologist. What faith-integrated line would you use to convince the daughter that a medical evaluation is a religious necessity?

Your Script:

"_____

_____

_____"

CASE STUDY 1 ANSWER KEY: UNCLE IBRAHIM

Core Focus: *Late-Life Depression, Somatic Masking, and Spiritual Guilt Reframing.*

Q1: Diagnostic Screening

- **Clinical Sign 1**: **Severe Social/Religious Withdrawal**. Pervasive change in baseline functioning (stopping attendance at the mosque completely after 40 years).
- **Clinical Sign 2**: **Severe Self-Neglect & Somatic Masking**. Sitting in a dark room, unwashed, wearing stained clothing, combined with persistent stomach pain and headaches that have no medical explanation.
- **Cultural/Theological Challenge**: Existential guilt and self-blame. Interpreting the loss of his wife as a divine punishment (*"Allah is displeased with me"*), leading to a passive desire for death (*"waiting for my time to end"*).

Q2: Reframing the Stigma

- **Optimal Response Elements**: The facilitator should ensure the participant's script validates the grief, aggressively unties illness from divine punishment, and references prophetic models.
- **Model Script**:
  "Uncle Ibrahim, I hear how much pain your heart and your body are in right now, and we take your pain very seriously. Please know that your sadness is not a punishment from Allah, nor is it a sign of weak faith. The year the Prophet (PBUH) lost his beloved wife, Khadijah, was so filled with profound sorrow that it was officially called the 'Year of Grief.' Allah does not look down on your tears. Your mind and body are an Amanah (trust) from Him, and when the heart carries heavy grief, it often speaks to us through physical pain like stomach aches. True Sabr does not mean suffering in the dark; it means taking practical steps to heal both your body and your heart."

Q3: Constructing the Triad Referral

- **Optimal Strategy**: Present therapy as a structured, private resource to process grief and honor his marriage, rather than a treatment for "mental illness."
- **Key Framing**: *“Uncle, you carried a beautiful life with your wife for decades. Processing a loss this deep requires special tools. I want to introduce you to a counselor who specializes in helping elders navigate grief. This is confidential, respectful, and a way to help you find the strength to care for the body Allah entrusted to you, so you can return to your place of honor in our congregation.”*

CASE STUDY 2 ANSWER KEY: AUNTIE AMINA

Core Focus: *Cognitive Decline Identification, Protecting Dignity (Haya), and Overcoming Family Denial.*

Q1: Cognitive Evaluation

- **Assessment**: **[X] Cognitive Decline / Dementia**
- **Evidence 1**: Severe short-term memory fragmentation (asking the exact same question 4 to 5 times within a 30-minute window, with zero recall of the previous answers).
- **Evidence 2**: Complete disorientation to time, place, and identity (not knowing what year it was, getting lost in a completely familiar mosque lobby, and failing to recognize how to return home).

Q2: Critiquing the Response & Protecting *Haya*

- **The Volunteer's Failures**: The volunteer publicly shamed her (*"you are embarrassing yourself"*), dismissed a serious neurodegenerative issue as simple aging (*"you are just getting old"*), and forced spiritual bypass (*"just sit down and remember Allah"*), which increases panic during a dementia crisis.
- **The Correct PFA-MHFA Protocol (Step 1: PREPARE & STABILIZE)**:
    1. **Move to Privacy**: Immediately shield Auntie Amina from public view to protect her *Haya*. Move her gently to a quiet office.
    2. **De-escalate & Ground**: Do not argue with her or test her memory. Say: *"Auntie, you are safe here with me at the mosque. I have your shoes right here. Let's sit down and have some water."*
    3. **Coordinate**: Quietly locate her daughter without making a public announcement over the mosque microphone.

Q3: Family Triage Action Step

- **Model Script**:
  "I know how deeply you love your mother and want to protect her dignity from community gossip. But we must look at this through the lens of our religion. Her brain is experiencing a physical, medical change, just like diabetes or high blood pressure. Leaving this unexamined places her in direct physical danger—she could wander or hurt herself. Seeking a professional neurological evaluation is not a matter of family shame (Aib); it is a strict religious obligation under the Islamic legal rule of 'Hifdh al-Nafs' (the preservation of human life). Doing this is how you truly honor her."

Appendix A

For Service Providers: Basic Overview of Islamic Principles

To provide effective care, healthcare professionals must be aware of the basic beliefs that shape a Muslim patient's worldview, daily routines, decisions, and family expectations.

Core Religious Beliefs

"Islam" means "submission" to the will of God. Muslims affirm the oneness of God (Allah) and view Muhammad as the last Prophet of God.

The Holy Qur'an is considered a sacred scripture and the central religious text of Islam.

Islamic theology centers on **Tawhid**—the absolute oneness of God. For an elderly Muslim, every event in life, including aging, illness, and recovery, occurs within the realm of divine will.

Aging is not viewed as a period of decline to be feared, but as a dignified stage of life marked by spiritual maturity. The Quran explicitly commands Muslims to show deep honor and gentleness to their parents as they reach old age.

The Five Pillars of Islam

The daily life of an observant Muslim is structured around five core pillars:

- Declaration of Faith (Shahada) --> Constant source of comfort.
- Daily Prayers (Salat)--> Occurs 5 times daily; requires physical mobility & washing ritual.
- Obligatory Charity (Zakat)--> Financial duty to give to those who are less fortunate.
- Fasting Ramadan (Seeyam) --> One lunar month; major impacts on nutrition & medication schedules.
- Pilgrimage to Mecca (Hajj) --> Once-in-a-lifetime journey; a spiritual reset for Muslims; an important goal for elderly Muslims.

Modesty (Hayaa)

Modesty is an essential spiritual component for both men and women. It dictates clothing choices, physical boundaries, and social interactions. Expressions of modesty vary widely across cultures and individuals' practices. *Be mindful of various customs and styles, including clothing and modesty norms.*

- **The Hijab and Abaya**: Muslim women wear a headscarf (hijab) and loose clothing (abaya) to cover their hair, neck, and bodies in public. Some Muslim women may wear a

face veil, commonly referred to as a niqab. *Not all Muslim women wear the hijab. This does not mean they do not follow modesty guidelines.*
- **Male Modesty**: Men also observe modesty, typically covering the area from the navel to the knee at all times. Many Muslim men and boys grow beards for religious reasons.

Family Dynamics, Communication, and Decision Making

Muslim culture tends to support family involvement in the care, treatment, and decision-making of an individual. ***When extended family involvement is the norm, a family systems approach can facilitate a stronger therapeutic alliance among the service providers, community leaders, the older Muslim adult, and the family.***

During the assessment process, a multigenerational genogram may help professionals conceptualize the roles and relationships of extended family members. Inquire about preferences for decision-making and family involvement.

- **Collective Dynamics**: Expect children, spouses, and extended family members to be actively involved in decisions. ***Ask if the older Muslim adult wants their family to be involved first.***
- **Spiritual Collaborations**: Work alongside local faith leaders (Imams). They act as vital mediators when navigating complex decisions.

The Body as a Divine Trust (Amanah)

In Islam, an individual is required to take care of their mind and body; it is a sacred trust (**Amanah**) given to them by Allah (God).

- **Clinical Mandate**: Because the body is a trust, neglecting one's health, refusing necessary treatment, or engaging in self-harm is religiously impermissible.
- **Preservation of Life**: The preservation of human life (**Hifz al-Nafs**) is one of the highest objectives of Islam.

The Spiritual Perception of Illness

Illness is never viewed as a punishment from God. Instead, it is seen as a spiritual trial, an avenue for patience (*Sabr*), and a means of purifying sins.

- **The Hadith Perspective**: Prophet Muhammad stated that for every illness, God has created a cure. It is also believed that even the prick of a thorn gets rid of sins.
- **End-of-Life Comfort**: This perspective provides older patients with profound psychological resilience during chronic pain or terminal diagnoses, as they believe their illness is spiritually meaningful.
- **Mental Health:** Some Muslims, especially immigrants, often view mental health problems as religious issues that result from a lack of sufficient faith in God. As a result, someone who views depression as a religious failure may reject therapy or treatment with antidepressants or other psychotropic drugs. This can be a significant barrier to treatment for common illnesses such as anxiety, depression, postpartum depression, or

schizophrenia. ***Describing mental health issues like common physical ailments may facilitate greater compliance when drugs are part of the treatment plan.***

Appendix B

A Deeper Dive into Geriatric and Caregiver Support

Dementia & Delirium

- **Religious Exemptions:** Islamic jurisprudence (*fiqh*) exempts individuals with advanced cognitive decline from specific religious obligations (like daily prayers and fasting) when the mind is no longer the basis for obligation.
- **Adapting Practices:** Encourage families to adapt religious practices. Practices can include playing recorded Qur'anic recitations, streaming Friday sermons (*Khutbah*), or guiding older Muslims through simplified, repetitive acts of remembrance (*dhikr*).
- **Behavioral Symptoms:** Address common challenges like wandering or agitation by implementing PFA-MHFA techniques. Avoid blame which can cause unnecessary distress.
- **Delirium distinction:** Train caregivers and staff to quickly distinguish rapid-onset delirium from progressive dementia, specifically looking for acute medical triggers like urinary tract infections or medication interactions. [13]

Frailty & Rehabilitation

- **Rehabilitation Goals:** Adapt rehabilitation for frail older adults by setting functional, manageable goals aimed at maintaining mobility and preventing falls.
- **Multidisciplinary Approach:** Highlight the role of physical therapists, geriatricians, and dietitians in managing frailty to help older adults safely preserve their independence at home. [14, 17]

Advance Care Planning (ACP)

- **End-of-Life Wishes:** Discuss end-of-life care, artificial nutrition, and resuscitation, as these decisions must align directly with Islamic principles. Advance care should be documented while the older Muslim adult still has decision-making capacity.
- **Role of Religious Authority:** Advocate for including trusted Imams or local religious leaders in ACP discussions if the family desires spiritual guidance on navigating medical treatments. [20]

- Information about **end-of-life care** may be found in the booklet ***"In Times of Sorrow: A Handbook on Death and Burial in the Community"*** by Imam Faizul R Khan.

- Memory Care Guide for Muslim Seniors can be found here: https://www.memorycare.com/resources/memory-care-guide-for-muslim-seniors

Caregiver Support for Muslims

- **Islamic Framework of Care:** Discuss how the religious imperative of filial piety (*birr al-walidayn*) provides immense motivation for Muslim caregivers, though it can sometimes lead them to independent burdens without seeking outside help.

- **Advocate for Cultural Competency:** Address practical caregiving needs in clinical settings, such as prioritizing gender-concordant care (same-sex clinicians), maintaining modesty (*haya*), and ensuring hospital or facility rooms provide quiet space and orientation for daily prayers.
- **Preventing Burnout:** Build caregiver resilience by encouraging self care. Highlight the importance of establishing support networks through local mosques and community centers to reduce isolation and guilt. [4, 6, 20, 21, 22, 23]

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