# Understanding barriers to accessing psychotherapy, and the potential of CBT to address these: A qualitative study of Sunni Muslims in Saudi Arabia and the United Kingdom.

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health services<sup>1</sup>.

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Three Imams of mosques in London, and three in Riyadh were contacted by phone to support recruitment

Interested Imams asked to place poster advertising the study in their mosques

Twenty-three interviews conducted with participants from Riyadh (SA) and London (UK)

METHOD

Adult Sunni
Muslims contacted
the researcher who
sends information
about the study
with inclusion

Before interview participants provided demographic information and use of mental health services

Thematic analysis⁵

used to analyse

data. Rigour

enhanced through

disconfirming case

analysis

Recruitment continued until data saturation achieved<sup>4</sup>

about the study with inclusion criteria

Those interested sent Study Information Sheet and asked to complete Consent Form

### STUDY OBJECTIVES

INTRODUCTION

Barriers such as stigma and lack of acceptable services exist that

prevent black and minority ethnic (BME) communities accessing mental

In addition to barriers facing BME communities, specific barriers such as

Whilst limited research has been undertaken to examine barriers faced by

Muslim societies when accessing evidence-based psychological therapies,

differences that may exist between sub-cultures of Muslims and sects has

Islamic beliefs and cultural sensitivity are also experienced by Muslims<sup>2</sup>.

- Appreciate barriers that prevent Sunni Muslims from accessing psychotherapy in Saudi Arabia (SA) and the UK.
- Evaluate the extent to which barriers vary between Sunni Muslims in SA and the UK.
- Examine potential for CBT to address barriers for Sunni Muslims in SA and the UK.
- Explore suitable adaptations to CBT to improve engagement if CBT has potential to represent an acceptable intervention.

#### RESULTS

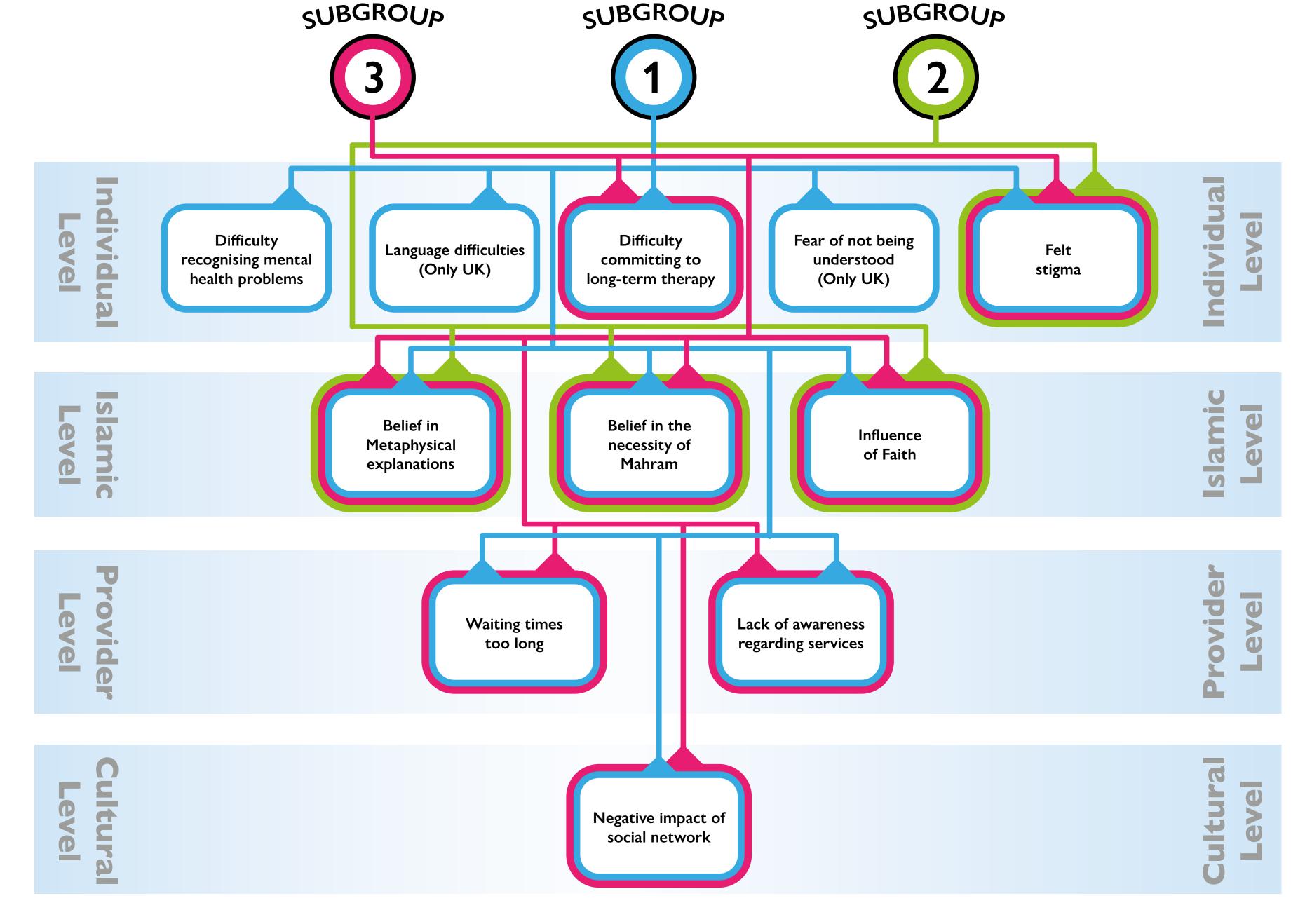
#### Three participant subgroups emerged:

**Subgroup 1:** Willing to accept psychotherapy for mental health difficulties but only when combined with Islamic treatment (UK and SA).

Subgroup 2: Only accepted 'spiritual treatment' addressed by reading the Qur'an, ruqyah (UK).

**Subgroup 3:** Only wanted psychotherapy if seeking help for a mental health difficulty (SA).

Specific barriers to accessing psychotherapy for Sunni Muslims in the UK and SA were identified across four levels. These differed across the three subgroups.



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#### **IMPLICATIONS**

- Results reinforce the importance of cultural sensitivity<sup>6</sup> when developing and delivering psychotherapy for Sunni Muslims.
- Despite different acceptance of psychological therapy, several barriers appeared in all sub-groups (e.g. the Islamic level barriers).
- For Sunni Muslims willing to accept psychological explanations to mental health difficulties it is important to combine teachings from Islam with CBT.
- It may be important to recognise different attitudes and beliefs held by different Muslims sects.
- CBT may help address several barriers for Sunni Muslims willing to accept psychological explanations
- Low-intensity CBT<sup>7</sup> may be especially suitable to address barriers:
  - Ability to receive support flexibility and reduce challenges associated with mahram
  - Short waiting times where LI CBT implemented within a stepped care service delivery model (e.g. IAPT)
  - Fewer number of treatment/support sessions.
  - Greater potential to reduce felt stigma given flexibility to receive treatment over the telephone or teleconference.

#### References

¹Memon A, Taylor K, Mohebati L, et al. Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ Open.* 2016; 6(11): e012337. ²Weatherhead S, Daiches A. Muslim views on mental health and psychotherapy. *Psychol Psychother.* 2010; 83(1):75-89. ³Van Bruinessen M. Kurds, Turks and the Alevi revival in Turkey. *MER.* 1996; 200: 7-10. ⁴Saunders B, Sim J, Kingstone T, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant.* 2018; 52(4):1893-907. ⁵Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006; 3(2): 77-101. 'Rathod S, Phiri P, Naeem F. An evidence-based framework to culturally adapt cognitive behaviour therapy. *Cogn Behav Ther.* 2019; 12:e10. <sup>7</sup>Farrand P. Low-Intensity Cognitive Behavioural Therapy: Revolution not evolution. In: P. Farrand (Ed.) *Low-Intensity CBT Skills and Interventions: A Practitioners' Manual.* London: SAGE; 2020.