INPLASY PROTOCOL

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Interventions using the Qur'an to protect and promote mental health: A systematic scoping review

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Review question / Objective: The aim of the study is to to identify interventions using the Qur'an to support mental health in Muslims. The question is How do interventions use the Qur'an to reduce psychological distress and promote mental health and wellbeing in Muslims?

Eligibility criteria: Inclusion criteria: Evidence up to 31/03/22; Intervention studies; RCTs, quasi-experimental, longitudinal, cross-sectional and qualitative studies in English, French, or Arabic; Adults ≥18 years, Pregnant females attaining marriageable age ≥14; Studies focusing on the Qur'an, hadith and/or surah as a primary mental health intervention or Studies focusing on the Qur'an, hadith and/or surah as an additional form of therapy for mental health interventions. Exclusion criteria: Commentaries, narratives, editorial communications, opinion pieces, conference papers, government reports, guidance documents, book reviews, theses and dissertations, systematic, scoping, rapid and literature reviews, case studies; evidence in languages other than English, French or Arabic; Other types of studies focusing on children or adolescents; Studies excluding interventions using the Qur'an, hadith or surah or failing to differentiate between these areas and other interventions; Studies mentioning Qur'an, hadith or surah as an afterthought in the discussion.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 July 2022 and was last updated on 12 July 2022 (registration number INPLASY202270065).

INTRODUCTION

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psychological distress and promote mental health and wellbeing in Muslims?

Background: Mental health is relevant to all Sustainable Development Goals (SDG), specifically Goal 3, which aims by 2030 to promote health, mental health and wellbeing globally (Ryan et al. 2018). Promotion and prevention are key and the World Health Organization's 2013-2030 mental health action plan (MHAP) recognizes the essential role of mental health for improving health and wellbeing for all people and working towards achieving equity in quality of life (World Health Organization 2013; 2021). The Qur'an is the quintessential authoritative scripture for practicing Muslims around the world for seeking medical solutions and guidance for health problems (Aboul-Enein, 2016; Al-Jibaly, 1998; Yousofi, 2011). Within the West, the primary goal of psychosocial interventions is to facilitate skill development and enable the patient to take control of their mental health recovery (Patel et al., 2018). Enabling diverse patients to take control can involve modifying therapies to incorporate cultural beliefs and practices, by moving away from Western-centric orientations and aiming to increase acceptability and feasibility. This is termed cultural adaptation which is 'the systematic modification of an evidence-based treatment (EBT) or intervention (EBI) protocol to consider language, culture, and context in such a way that it is compatible with the individual's cultural patterns, meanings, and values' (Bernal, et al., 2009, pp. 361-362). With the global growth of Islam, research suggests that there is a need for mental health services that are designed to accommodate and address the beliefs, attitudes and needs of diverse Muslim patients (Sabry & Vohra, 2013). Although Muslim beliefs and ethnic sub-cultures are heterogeneous, they are frequently perceived as an homogenous group who are often negatively stereotyped and as a result may experience discrimination within healthcare services (Jamal & Naber, 2008; Jasinskaja-Lahti, Liebkind, & Perhoniemi, 2006; Rassool, 2016; Whidden, 2001). In contrast to the Cartesian divide frequently used in Western mental health, for Muslims, religion, physical and mental health are intimately intertwined, with Islam viewed as a protective factor for mental health (Hankir, Carrick, & Zaman, 2015). In contrast, other research suggests that being an observant Muslim poses health risks (Al-Kaabi et al., 2004; Leiper, Molla, & Molla, 2003; Phromin, 2002).

Rationale: Treatment of mild to moderate psychological distress and interventions which aid psychosocial resilience are frequently biomedical, involving pharmacological interventions. For some countries, especially those categorised as Low to Medium Economic Development (LED, MED) access to pharmacological interventions and healthcare professionals may be limited and people often depend on local healers. There is some evidence to suggest that religious involvement generally correlates with better mental health for depression, a limited amount of evidence for stress-related disorders and insufficient evidence for bipolar disorder, psychosis and schizophrenia, but nothing specifically for Islam or for interventions using the Qur'an (Bonelli & Koenig 2013). The contrasting views in the academic literature suggest that this area is under-researched and under-theorised.

METHODS

Strategy of data synthesis: Databases to be used are: PubMed (via MEDLINE); PsycInfo (via OvidSP); Web of Science; ASSIA; CINAHL; SCOPUS; the first 10 pages of Google Scholar. Other searching includes hand-searching references from emergent evidence and journals not appearing in the academic databases. Search terms are: Holy Quran OR Noble Quran OR Quran OR Koran OR Qur'an OR Islam OR Muslim OR Moslem OR surah AND mental health* OR mental disorder OR mental illness OR mental wellbeing OR psychosocial OR psychosocial resilience OR psychological distress.

Eligibility criteria: Inclusion criteria: Evidence up to 31/03/22; Intervention studies; RCTs, quasi-experimental,

longitudinal, cross-sectional and qualitative studies in English, French, or Arabic; Adults ≥18 years, Pregnant females attaining marriageable age ≥14; Studies focusing on the Qur'an, hadith and/or surah as a primary mental health intervention or Studies focusing on the Qur'an, hadith and/or surah as an additional form of therapy for mental health interventions. Exclusion criteria: Commentaries, narratives, editorial communications, opinion pieces, conference papers, government reports, guidance documents, book reviews, theses and dissertations, systematic, scoping, rapid and literature reviews, case studies; evidence in languages other than English, French or Arabic; Other types of studies focusing on children or adolescents; Studies excluding interventions using the Qur'an, hadith or surah or failing to differentiate between these areas and other interventions; Studies mentioning Qur'an, hadith or surah as an afterthought in the discussion.

Source of evidence screening and selection: Screening will take place in two stages. For stage 1, two authors (BAE, JO) will independently screen titles and abstracts. Stage 2 screening will take place for all full text articles, with researchers recording reasons for exclusion and resolving all conflicts at Stages 1 and 2 through discussion and involvement of a third reviewer (JB). The authors will independently screen grey literature sources. The authors will extract information from published literature using a data extraction form (piloted on 10 publications before finalising). Three of the authors (B.A-E, JO and J.B.) will extract data from the relevant articles and one author (B.A-E) will utilize Rayyan QCRI software to set keywords (e.g., Quran, mental health) for inclusion.

Data management: Endnote and EXCEL spreadsheets will record retrieved evidence once duplicates are removed.

Reporting results / Analysis of the evidence: The study will report the evidence relevant to interventions using the Quran to support mental health, according to the reporting guidelines from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), specifically the extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018; Peters, Marnie, Tricco et al., 2020; Page et al., 2021). Descriptive statistics (Research design, sample size, measures and country) will describe key characteristics of documents containing evidence on the Quran and mental health. A narrative synthesis will collected similar information identified the scope of the evidence garnered from the literature (Pawson, 2002).

Presentation of the results: A PRISMA ScR flowchart will be used to summarise results. Data will be charted by J.O and B.A-E, and tabulated with details of the author and publication date, aim, research design, measures used, sample size, percentage female, age range, country, results and outcomes.

Language restriction: English, Arabic, French.

Country(ies) involved: United Kingdom, United States of America, Egypt.

Keywords: Qur'an; Mental Health; Islam; Muslim, cultural congruence.

Dissemination plans: The final review will be published in an international journal: Journal of Mental Health or Psychology, Religion and Spirituality.

Contributions of each author:
Author 1 - Janine Owens - designed study, drew up eligibility criteria, searched for evidence, extracted data, analysed results, drafted the manuscript.
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Author 2 - G. Hussein Rassool - searched for evidence, extracted data, analysed results, drafted and commented on the manuscript.
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Author 5 - Basil H Aboul-Enein - conceived idea for the study, searched for evidence, extracted data, assisted with analysis, commented on draft.
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