Mental Health in Coptic Orthodox Communities: Needs Assessment

Marina Zaky

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LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Department of Counseling and Family Sciences

Mental Health in Coptic Orthodox Communities:
Needs Assessment

by

Marina Zaky

A Project submitted in partial satisfaction of
the requirements for the degree
Doctor of Marital and Family Therapy

September 2022
Each person whose signature appears below certifies that this doctoral project in his/her opinion is adequate, in scope and quality, as a doctoral project for the degree Doctor of Marital and Family Therapy.

Dr. Heather Beeson, Professor of Marital and Family Therapy

Dr. Nichola Seaton Ribadu, Professor of Marital and Family Therapy

Father James Soliman, Community Expert Clergy Member
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KEY TERMS AND DEFINITIONS

Stigma: General negative perceptions surrounding a topic, in this case mental health.

Religiosity: One’s level of spirituality; the connection one has to the faith.

Marriageability: One’s qualifications for marriage within the community; the likelihood that one would be sought after for marriage.

Mental health (treatment and diagnosis): Seeking treatment with a therapist or psychiatrist for lower or higher level diagnoses.

Gap in services: Lack of representation and catered services for Coptic Orthodox individuals within the field of mental health.

Field of mental health: The therapeutic realm which centers on treatment for mental health diagnoses.

Diocese: Regional grouping of churches that is determined by the location of the church and the presiding bishops. The Los Angeles Diocese, as it is mentioned throughout the study, is the grouping of Coptic Orthodox churches that are located in the Southern California and Hawaii regions.
ABSTRACT OF THE DOCTORAL PROJECT

Mental Health in Coptic Orthodox Communities:
Needs Assessment

by

Marina Zaky

Doctor of Marital and Family Therapy,
Department of Counseling and Family Sciences
Loma Linda University, September 2022
Dr. Heather Beeson, Chairperson

In order to better understand the contributing factors to low visibility and an overall lack of representation of Coptic Orthodox individuals within the field of mental health, a needs assessment was conducted. Previous research studies have focused on the low visibility of the Coptic Orthodox population within the field of mental health but have focused primarily on stigma, without determining other needs and contributing factors. This needs assessment utilized the Delphi method of data collection in order to conceptualize the needs of the community from the perspectives of experts within the group. An extensive literature review was completed in order to consider the existing sources which have addressed this problem or ones similar. Recruitment emails were sent to a sample of thirty clergy members from the Los Angeles region of Coptic Orthodox churches. Three rounds of surveys were administered to the sample over a period of three months. Thematic analysis was conducted after each survey round. Results indicated community expert agreement that mental health needs within the community have grown in recent years and that professional treatment, increased mental health awareness and education within the community, and destigmatization of the field are needed.
CHAPTER ONE

EXECUTIVE SUMMARY AND PURPOSE OF THE PROJECT

The field of mental health has recently made great strides in increasing its efficacy in cultural competence and understanding of the different approaches needed in order to acknowledge different perspectives and practices in cultural minority groups. While this is a positive change, a group has seemingly gone unnoticed throughout this transition. The Coptic Orthodox Christian community is one in which members are present across the globe yet their presence remains to be generally unnoticed within the dominant discourse (Hulsman, 2012). Along with this, the representation of this group within the field of mental health remains to be almost invisible, with a general lack of representation, catered services, and literature which centers on the Coptic Orthodox community (Atta-Alla, 2012).

In working towards better representation of this community, it is important to regard the existing literature which seeks to explain the problem and its perpetuation. The literature review helped to identify several themes of contributing factors to the overall problem as well as the identification of existing attempts for solutions. Some of the themes which emerged include: lack of knowledge and education of mental health within the community, unprocessed trauma, intergenerational gaps in experience, discrimination experience by the community, internalized stigma surrounding the field, family of origin influences, pressure of maintaining reputation, and religiosity. The general lack of knowledge and education surrounding mental health within the community lend to the stigmatization of the field as it remains unknown and taboo (Aziz, 2018). Additionally, the identification of themes such as unprocessed trauma, discrimination, and pressure of maintaining reputation and high religiosity sheds light on some of the pressing needs which are
present within the community. Many of the existing programs for attempted solutions sought to address the issues of mental health underrepresentation yet remain relatively unknown and unacknowledged within the communities. This is an indication that more needs are present within the community and suggests that different approaches to meeting these needs must be taken.

Introduction of Need and Statement of the Problem

The Coptic Orthodox Christian church is one of the oldest churches and is the main form of Christianity in Egypt, which is the country in which the religion was founded, yet the members of the church remain in the minority in almost every capacity in which they are present. This includes mental health diagnosis, treatment, and the field in general despite a growing number of Coptic professionals within the discipline.

Despite the fact that the Coptic Orthodox population makes up around twenty-five million members worldwide, with about twelve million of those individuals residing in Egypt, Copts are widely unacknowledged globally (Hulsman, 2012). In fact, there are ongoing discussions which claim that Coptic numbers in the Egyptian census continue to be underreported over decades and that the lack of representation of Copts as an independent group worldwide contributes to the low visibility of this population (Hulsman, 2012). The contributing factors to the lack of reports and recognition relates to the continued persecution of Copts, which will be discussed a bit more in-depth later in this paper. Because this is a group which has widely been killed and mistreated on the basis of religion, the members are less likely to fight for representation and are more likely to assimilate into a more vague self-description of being Christian (Botros, 2006).
The problem with the minimization of the presence of Coptic Orthodox Christians worldwide is that the specified experiences and traditions of the group also become downplayed (Botros, 2006). The aforementioned persecution of this group has led to widespread emigration which, as we will discuss later in the paper, has led to tightly-knit communities around the world (Khoury, 2016). With the cultural influences of the traditional and conservative Egyptian culture to which many Copts prescribe, the Orthodox religious values which shape their lives, and the differences in experiences with members of the population living in such different dominant cultures, the Coptic Orthodox community needs better representation (Youssef & Deane, 2013).

**Lack of Literature**

A simple search of literature surrounding the topic of mental health in Coptic Orthodox Christian communities results in a list of sources which range in topics that are somewhat focused on the mental health needs of Coptic Orthodox Christians. The issue, however, is that the Coptic Orthodox population tends to be lumped together with other cultural and religious groups that may be similar, but lack some of the distinctive characteristics and experiences which set Coptic needs aside from the rest (Atta-Alla, 2012).

Coptic Orthodox Christians have different experiences than the other groups with which they tend to be grouped, such as Arabs. Different religions, cultural values, and even spoken dialects of the same language are just a few indicators of the stark differences between these different populations that are being grouped on the simple basis of existing within the same general region and speaking Arabic. In fact, many
Coptic Orthodox individuals do not identify as Arab at all (Khoury, 2016). The push for cultural awareness within the field of mental health has led to a step in the right direction in terms of research, with an effort being made to shed light on these cultural groups. It is time to refine this approach, with the acknowledgment that catering services to a group of individuals that have vague similarities will miss the mark in terms of meeting the specific needs of individuals within the group.

**Lack of Catered Services and Low Visibility of Copts within Mental Health**

It is clear that the Coptic Orthodox population is minimized worldwide despite the large number of Copts that are present (Hulsman, 2012). In terms of the field of mental health, the lack of acknowledgment and representation of this group is reflected through the scarcity in literature which centers specifically on Coptic Orthodox populations and their experience with mental health. There are programs which have sought to address the needs which exist within the community as we will see later in the paper, but they are not present within the mainstream consciousness of the group nor are they approaching the community in a way which takes into account the stigma which contributes to underreporting of mental health needs within the community.

In order for these potential solutions to be effective, the nature of mental health need within the Coptic Orthodox community must be clearly defined. This can only be determined through an increase in research and literature which primarily focuses on Coptic Orthodox individuals. It is not sufficient for literature to group Copts with other similar cultural groups, as mentioned above. This is not to say that the existing literature that will be discussed within the literature review does not begin to address the problem;
there simply needs to be an increase in the focused literature in order to further refine the needs of the group.

**Goals and Purpose**

The purpose of this project is to conduct a needs assessment which centers on the mental health needs of Coptic Orthodox individuals who are living in the United States. The results of this needs assessment will provide a foundation for future programs and services which cater to the needs which will be determined. Considering the existing literature and programs which have attempted to resolve the issue will give a general outline of potential needs to be addressed within the research portion of this project which will offer a deeper understanding of the current needs within the community from the perspectives of community experts.
CHAPTER TWO

PROBLEM STATEMENT AND LITERATURE REVIEW

The problem of underrepresentation of Coptic Orthodox Christians is one which is intensely prevalent within the community though it is rarely spoken of within the general community. This is a problem which tends to remain within the conversations of mental health professionals coming from the community and this is shown through the research which is only conducted by Coptic mental health providers (Atta-Alla, 2012). As will be discussed within the needs section, there is a dire need for mental health treatment which is present and perpetuated within the community and it is unfortunately continuing to grow as stigma remains within the community.

Needs Associated with the Problem

The Coptic Orthodox community is one which has many needs for mental health which remain unmet as a result of the general hesitation towards the seeking of mental health. There are several areas of need which are remaining disregarded or not receiving the kind of help that is truly needed.

Coptic Orthodox Christians continue to be one of the most highly persecuted religious groups with martyrs, or those who are killed on the grounds of the religion to which they prescribe, having been crowned just last year (Meshreki, 2007). This group is one which exists all around the world due to large numbers of immigration, particularly to the United States, and the majority of Copts who have immigrated would explain their reasoning for leaving their home country as escaping religious persecution and a desire
for better opportunity, treatment, and basic safety (Valtolina & Barachetti, 2020). Many individuals are all too familiar with stories of church bombings, mass killings, and other forms of religious persecution within the community and there are many Copts living in the United States who experienced prejudice and discrimination firsthand on the simple basis of religion (Morgan, 2019). This lends to the notion that Copts, especially those which were faced head-on with these occurrences, have a level of unprocessed trauma which has never fully been discussed as the issue of religious persecution is so normalized and considered to be a regular part of being Coptic.

On a similar note, there is also a certain level of survivor’s guilt which exists among Coptic individuals which may have an effect on mental wellbeing along with playing a role in the perpetuation of stigma towards mental health treatment. Many Copts who were born here or came at a very young age have not necessarily experienced the trauma which their friends and family in Egypt might have and so they are constantly reminded of the luckiness of their unfamiliarity through the prevalent discourse present within the church (Abdelsayed et al., 2013). As it stands, individuals within the community who are living in the United States, where they may freely practice their religion and are not constantly fearing for their lives, are not comfortable seeking treatment for health issues which are not as visible as something medical (Boulos, 2012).

One of the main practices of the Coptic Orthodox Christian church is confession. In confession, individuals choose a member of the clergy as their father of confession and regularly meet with him to discuss their sins, struggles, and anything else with which they may need spiritual guidance (Meshreki, 2007). Many Copts will describe this practice as therapeutic in that their father of confession keeps whatever is discussed completely
confidential, since this conversation is seen as one between the person and God with the priest as a mediator; because of this, people feel free to discuss any problems which they are experiencing (Chaze et al., 2015). In fact, a good number of Coptic individuals will claim that they do not see the point in seeking therapy when they can simply discuss their struggles with their father of confession and it is for this reason that seeking therapy is often seen as an act of low religiosity (Aziz, 2018).

The Coptic faith does not allow divorce except in extenuating circumstances such as adultery (Salama et al., 2019). This indicates a need for couples’ therapy which has a basis of this knowledge so that the therapist may develop a treatment plan which may cater to the beliefs of the couple (Atta-Alla, 2009). Along with this, the expectations of the community which are grounded in cultural and religious influences are great. Reputation is greatly emphasized and high productivity in terms of academics, career path, virtue, social circles, church service, and basically all other areas of life is expected (Khoury, 2016).

Due to the collectivistic nature of the group, communities are tightly-knit which means that any misstep in terms of meeting these expectations, particularly when it comes to abandoned virtue or academic/career success, means scandal which quickly becomes known within the community (Khoury, 2016). There is a high amount of internal stress and external pressure which is prevalent within the community and suggestive of a need for mental health treatment.

Coptic Orthodox Christians, though significant in overall numbers, are spread around the world which contributes to their low visibility. Although the existing communities are strong in their collectivistic nature, the small numbers make for
susceptibility to dominant norms which may cause distress in terms of intergenerational gaps in experience which will be discussed later. In considering this through the lens of the Minority Stress Model from a cultural standpoint, it is clear that low social support, prejudice, and discrimination have a direct correlation with mental health need for treatment (Wei et al., 2008). The effects of this minority status will be discussed throughout the paper as it creates more than one area of mental health need for the members of this population.

**Programs Addressing the Problem**

There are several programs and resources which are geared towards addressing and solving the problem of underrepresentation of Coptic Orthodox individuals within the field of mental health. Each of these programs is available through a simple internet search and each website has a fairly straightforward layout in which the prospective individual may find the services they desire.

One of these resources is the Orthodox Christian Counseling Institute (OCCI). This resource is interesting in that it targets the general population of Orthodox Christians in the United States, primarily in Illinois and Indiana, and not specifically one branch of Orthodox. The aim of this resource is to provide Orthodox Christians with providers and office locations of mental health professionals who are also Orthodox Christians in Illinois and Indiana (Orthodox Christian Counseling Institute, 2021). The website also provides resources and podcasts geared towards Orthodox Christians as well as a national directory of mental health providers who are Orthodox (Orthodox Christian Counseling Institute, 2021). This resource is important in that it shows a general attempt towards a
broad solution and it is another illustration of the blatant underrepresentation of Coptic Orthodox (Hakim-Larson et al., 2007).

The next resource which was found as a means of addressing the problem is found on the Coptic Orthodox Diocese of Los Angeles website. This is the main website for the diocese, or regional district, of the Coptic Orthodox population living in Southern California and Hawaii and is a sort of one-stop-shop for diocese news, church service opportunities, Sunday School curriculum, clergy directory, and other information pertaining to the diocese and the faith in general (LA Copts, 2020). There is a section which is dedicated to mental health resources and it can be reached through a link found on the homepage of the website. In this section, individuals may find a phone number which can direct them to mental health services, case management, and any other community resources they may need (LA Copts, 2020). This is, perhaps, the most limited of the resources which were found as attempted solutions to the issue though it is the most mainstream in terms of presentation to the general Coptic population living in Southern California and Hawaii which happens to be the largest diocese in the United States.

Another resource which addresses the problem is the Coptic Medical Association of North America. This website, which provides information, resources, and other information pertaining to general medical resources for Coptic Orthodox individuals touches upon all aspects of health, including a section focused on mental health (CMANA America, 2021). There are informational articles which guide individuals in how to find mental health providers, how to manage emotional distress through current events, links to podcasts and psycho-educational articles, and other resources of this sort
which are geared toward Coptic individuals (CMANA America, 2021). There are also videos which include both clergy members and mental health providers discussing mental health topics as they relate to faith and reinforcing the importance of mental health in general.

One more resource which serves as an attempted solution in considering the problem at hand is a subdivision of the Santa Verena Charity called Coptic Integrated Family Services (CIFS). This is a project which is based within the greater Los Angeles and surrounding areas and aims to normalize mental health and to bring services to underserved Coptic communities in this region (Coptic Integrated Family Services, 2017). This is the only resource which explicitly states one of its goals as destigmatization, education, and normalization of mental health within the community, but other goals mentioned ultimately boil down to a desire to integrate mental health services with the foundation of Coptic Orthodox (Coptic Integrated Family Services, 2017). This website provides resources including anger management, parenting classes, counseling, coping skills training, and community outreach. There are also methods of contact, including a phone number and email address, for those who wish to utilize these services and resources and for those who would like to become involved (Coptic Integrated Family Services, 2017).

**Gap in Services**

Despite a growing number of programs, resources, and literature which aim to address the problem of underrepresentation of Coptic Orthodox Christians within the field of mental health, there is still a gap in terms of what is available and needs being
met. The majority of the literature that exists does discuss the problem of underrepresentation due to stigma within the community and the areas of cultural influence which are perpetuating the issue and need for mental health services; however, there is no solution presented.

In attempting to fill this gap and searching for existing programs which have sought to address this problem, it was simple enough to find a list of resources available. Some resources were more established and detailed than others, but the same glaring issue was present in considering each of them and that was that they are not well-known within the community. These resources are not common knowledge to members of the Coptic Orthodox church who are not directly involved with these resources or the field of mental health in general. These resources, few of which seek to de-stigmatize mental health within the community, do not consider the hesitation of Coptic individuals to seek these resources on their own accord.

It seems that they have neglected to take into account that much of the stigma towards mental health that is present within the community is internalized which means that individuals are not likely to search for Coptic resources should they pursue mental health services in the first place (Aziz, 2018). This only perpetuates the gap in services since much of the attention of mental health professionals within the field who wish to give back to the community is going to these established resources as they exist rather than working to reform them in a way which will normalize them within the population.

Efforts to modify these existing programs can include a shift in focus which emphasizes de-stigmatization and normalization of mental health as a foundation for each resource, bringing the resources to church events, Sunday School classes, servants’
classes, etc., and collaboration with clergy members and other leaders within the church. Educational workshops and presentations could also serve to normalize mental health and to make it seem less intimidating and taboo.

Coptic Orthodox Christians who are living in the United States are part of a sort of double minority in the sense that they are a minority with regards to the surrounding dominant culture as well as a minority within their own culture. The population is relatively unknown to the mainstream consciousness and especially within the field of mental health. There is a significant lack of research and statistics that pertain to mental health data of the Coptic community. The small amount of data which is available surrounding this population was conducted by individuals who come from the community which furthers the point that there is an obtrusive absence of Coptic Orthodox focused studies in mainstream research. The majority of the population identifies as Egyptian and those who are Coptic Orthodox but not Egyptian are typically married or related to someone who is or have close friends who are (Abdelsayed et al, 2013). Mental health remains a taboo subject within the Middle Eastern culture and, as a result, is stigmatized and dealt with as something to be hidden as much as possible from the community (Aziz, 2018).

The lack of representation within the field of mental health is not necessarily for lack of need, but, perhaps more appropriately stated, for lack of participation, support, and reporting (Aziz, 2018). In looking at the scarce data surrounding this population and other cultures which are similar, we find that the need for individual, couple, and family mental health services is in keeping with other populations in which the field of mental health is more commonly utilized (Khoury, 2016). The family of origin, in terms of relational dynamics and the effects of familial influence on later world perspectives sheds light on the need for utilization of mental health services for this population, particularly
family-based therapy, and yet there is an evident lack of services that cater to this population (Hakim-Larson, 2007). There are also questions of acculturation stress, general relational dynamics, and pressure to uphold a positive reputation which will be discussed throughout this review as other contributing factors to the presenting issue of a clear lack of treatment which caters to this group.

The aim of this study is to determine the mental health needs of the population of Coptic Orthodox Christians who are living in the United States in order to find the most effective method of de-stigmatization of mental health, program building, and refinement of existing resources. The main point of this literature review is to determine the factors which are perpetuating the stigmatization of mental health within the community and contributing to the underrepresentation of Coptic Orthodox individuals within the field in terms of research, data, and services which are catered to the population. This will be done through a discussion of existing literature which touches upon the mental health needs of this population as determined by current literature and existing programs which seek to address these deficiencies.

Factors Contributing to the Problem

Lack of Knowledge/education

The field of mental health is one which remains ambiguous within the Coptic Orthodox community. As mentioned above, the majority of the individuals within the population are of Egyptian descent and due to this vast majority of the community belonging to a culture which is part of the Middle Eastern/North African (MENA) region,
there are many cultural influences within the church community whose influences are not taken into account (Youssef & Deane, 2013). As a result of this, mental health is stigmatized due to cultural influences pertaining to lack of education towards the field and perpetuation of stereotypes and severe cases of treatment (Aziz, 2018).

The education system in Egypt is one which is directive and straightforward in terms of what is communicated to the students as important. Education in Egypt emphasizes practical application of learned material, which tends to focus on one’s chosen profession (Atta-Alla, 2012). From early adolescence, students in Egypt make a choice of the direction that their education will take based on the field which they have chosen for work in the future. Mental health and its importance is not typically included into this algorithm for learning (Atta-Alla, 2012). The many components of the field, especially in terms of mental health diagnosis are not emphasized in a way which de-stigmatizes and normalizes the experience of these things. This lends to ideas of severe psychosis, mental disturbance, and volatility in relationships being understood as the only reasons for seeking mental health treatment without consideration of lower-level diagnoses or the utilization of services for general wellbeing (Atta-Alla, 2012). This perspective contributes to the stigmatization of the field of mental health in the sense that it lends to the belief that anyone who uses these services must be seriously disturbed.

**Unprocessed trauma**

As a population, the Coptic Orthodox community is one which has historically been persecuted and faces continued persecution. In fact, martyrs were crowned as recently as last year. This reality lends to Coptic individuals who live in Egypt being in a
constant state of hypervigilance, as they could easily become the next targets for religious persecution (Valtolina & Barachetti, 2020). The Coptic church teaches its members to be unafraid of martyrdom; in fact, martyrdom is seen as a high honor of unabashedly defending one’s faith and ceasing to renounce it to the point of death (Meshreki, 2007). It is seen as an expected trial of being a member of the faith. Aside from the fear that one will be killed on the basis of religion, there is the added layer of guilt associated with feeling that fear and straying from the expectation of fearlessness.

Along with this, the majority of Coptic individuals who live in the United States stating the driving force behind their immigration as the desire for better religious treatment and safety (Valtolina & Barachetti, 2020). This semblance of unprocessed trauma is one of the more glaring examples of a need for better representation within the mental health field. This unprocessed trauma may also be contributing to a lack of trust of the other, or individuals who do not belong to the Coptic community which could be one explanation for the lack of representation.

Aside from the emotional disturbance of belonging to a population which is repeatedly targeted and killed on the basis of their faith stands the notion of survivor’s guilt. This idea of feeling a sort of contrition for simply surviving instead of other members of the population is an experience which typically affects the older generation of Coptic Orthodox individuals though it potentially has an effect on anyone within the community, even those individuals who were born in the United States and are typically more far-removed than the members of the population who live in Egypt (Abdelsayed et al., 2013). This survivor’s guilt maintains the issue at hand in that individuals within the community may hesitate to seek therapeutic services as a result for feeling guilty for
simply surviving. Individuals within the community may view seeking mental health services as being ungrateful for the existence which they have kept over someone who was not as fortunate (Morgan, 2019). They may be motivated to minimize negative feelings and experiences in comparison to the atrocities which the martyrs have faced.

**Intergenerational gap in experience**

The experiences and perspectives of the older generation of Coptic Orthodox individuals is stark in contrast to the experiences and perspectives of their children and the younger generation overall. The majority of older individuals within the community are first-generation immigrants, meaning that they grew up and lived a portion of their lives in another country, which in this case is Egypt (Boulos, 2012). Many younger individuals within the population are second or even third generation.

The importance in identifying this distinction is that the first generation individuals have generally experienced discrimination more directly and have been closer to the persecution targeting the community while the second generation individuals remain more far-removed, having only heard of these occurrences and very rarely knowing any of the victims personally (Boulos, 2012). Individuals in the older generations recognize the sacrifices that they have made in order for their children to be further removed from the direct stressors associated with living in their homeland; this, along with having received an education which does not emphasize the importance of mental health may lead older individuals to see non-severe diagnoses as the individual being ungrateful for the opportunities which they have been given.
Likewise, younger individuals within the community who have not experienced the same discrimination and stressors as their parents and grandparents may not understand the emphasis that the older generations place on these experiences; they may see it as dwelling on experiences which are far removed from real life. This area of the gap in experience between generations relates to the unprocessed trauma mentioned above, especially pertaining to the nature of mental health need for each generation relating to the minimization of need for treatment.

Another area of the gap in experience between generations has to do with general perspectives towards mental health services and the field as a whole. Because first-generation individuals have typically lived their formative years in a society where mental health is not openly discussed and utilization of mental health services is not understood as a normal sector of healthcare, their outlook tends to be quite different from second-generation individuals who have lived in a culture where mental health and its facets are part of mainstream society (Boulos, 2012).

This intergenerational gap in perspective opens the door for disagreements within familial units regarding the importance of mental health and when to seek it. Whether it is through the minimization of mental health need through invalidation or avoidance, it is clear that there is a discrepancy in understanding between the generations which indicates a need for family-based treatment which caters to this population.

**Discrimination**

Discrimination is something which is well-known and understood within the community of Coptic Orthodox Christians due to their minority position in their country
of origin, Egypt, as well as within other countries in which Coptic communities exist. It is something which individuals within the community have faced and continue to face in different capacities as they remain a persecuted and, yet, relatively unknown population around the world (Walter, 2011). Individuals within the dominant general population consistently face a lack of knowledge and awareness towards the Coptic Orthodox community which opens the door for prejudice and discrimination. This is particularly concerning treatment of Middle Eastern individuals in general after the 9/11 terrorist attacks in the United States.

After this event, Coptic Orthodox individuals were grouped into a large, multicultural population of individuals who held any resemblance to the individuals who committed the heinous attacks (Amer et al., 2008). This resulted in a situation in which Coptic individuals faced prejudice and discrimination in their country of origin due to their faith and then faced similar treatment in the countries which they chose for refuge simply due to mistaken anger towards their cultural identity (Morgan, 2019). This continued discrimination contributes to the maintenance of the issue in that Coptic individuals are facing stressors which could be causing emotional disturbance that could benefit from mental health treatment but are hesitant to trust individuals who may exhibit these misdirected prejudices.

**Internalized stigma**

Internalized stigma, or the subconscious absorption of majority reservations, is a contributing factor to the presenting issue. This is one which mainly affects second-generation individuals within the community who agree with the ideals of the mainstream
society in which they have grown but still hold reservations instilled in them by the traditional community to which they belong (Chaze et al., 2015). This kind of stigma manifests through small microaggressions towards seeking mental health treatment, hesitation or refusal to seek personal treatment when needed, and judgment of the legitimacy of the field when it is directed towards them or anyone who is within their immediate circle of interaction.

The close-knit nature of the group allows for these messages to be instilled into the minds of members of the group from a young age and from multiple sources, ranging from their family of origin to extended family to Sunday school teachers, respected elders, friends, and other members of the church (Chaze et al., 2015). These messages directly correlate with the norms and practices of the community, because the general understanding of the status quo is a result of the messages which have been engrained into the consciousness of the population.

**Family of origin**

One’s immediate family with whom they were raised can have a large effect on their thought process, interactional dynamics, and overall perspectives later in life. This can be a positive or negative impact, in general terms. When relating to the field of mental health and the general stigma which exists in the Coptic Orthodox community, one’s family of origin can have a direct correlation with their hesitation to seek treatment as well as a contributing factor to their overall need for mental health treatment and services (Salama et al., 2019). The way in which mental health is discussed within the family may have an effect on one’s perspective of the field of mental health; they may
understand mental health treatment as a positive experience or they may have internalized or externalized stigma regarding the field.

**Reputation**

The Coptic Orthodox community is a minority in its country of origin, Egypt, as well as in the United States. Due to this minority status of the population, the communities tend to be closely-knit. Egyptian families tend to be large and individuals within the community lean more towards marrying those of their same background and ethnicity. This results in extensive webs in which most individuals within the community have some relation or some mutual relationships (Hakim-Larson et al., 2007). With the tightly-knit nature of the communities as well as the network of individuals who know each other comes the issue of reputation.

As Coptic Orthodox individuals tend to belong to a traditional and conservative culture, there are expectations which come along with this. Scandal is a word which is utilized fairly commonly pertaining to personal events within the community (Khoury, 2016). An individual not attending college, conceiving a child out of wedlock, or being arrested for something such as substance abuse would send shockwaves through the community as news travels fairly quickly through the integrated web of familiarity between the individuals of the population. An experience in a mental health institution or a couple seeking marital therapy falls into this category of notoriety and disgrace (Khoury, 2016).

This emphasis placed on one’s ability to keep these disreputable occurrences under-wraps is engrained into Coptic individuals from an early age, usually stemming
from their family of origin typically because the impression of scandal imprints on the family and close friends of the individual as well (Salama et al., 2019). It is here that we note the interlacing of the contributing factors which maintain the issue being discussed. A task of the family of origin is to teach the individual how to downplay and conceal negative occurrences which might bring shame to the family. Everyone is aware that these events happen; however, the goal is to communicate to the rest of the community that they do not (Amer et al., 2008).

Reputation plays a large role within the population. In terms of marriageability, one’s reputation is greatly considered. Along with education, status within the community in terms of church service and social standing, and status of the family, one’s reputation may be the hard limit which ends the potential for marriage (Salama et al., 2019). Marriage is emphasized in the church as an important event in one’s life in which they become one with another individual. The Coptic Orthodox church only accepts divorce in extraneous circumstances and, as a result, marriage is taken very seriously (Abdelsayed, 2013). If someone has a history with mental health treatment and does not disclose this to their partner prior to marriage, it can be grounds for an annulment which, though not quite as severe as divorce in terms of. As a result, someone who is experiencing mild mood disturbances or anxiety might be unwilling to seek treatment as it could affect their reputation and their overall marriageability (Meshreki, 2007).

**Religiosity**

Religiosity and spirituality are emphasized within the Coptic Orthodox community. The community emphasizes church service through participation in activities...
such as Sunday school, bible study, hymn recitation, deaconship, etc. Individuals within the community are also expected to continuously work on their spirituality by praying daily, being consistent with reading and studying the Holy scriptures, and regularly confessing with priests.

Confession is a spiritual activity which is important within the community as members of the congregation believe that through this method of acknowledging ways in which they have strayed from the teachings and expectations of the church in front of a priest, that their sins are forgiven in heaven (Meshreki, 2007). This is a conversation which is between the individual, the priest whom they’ve chosen to be their father of confession, and God; because of this, any confession is kept completely confidential by the priest. In these conversations, the father of confession may offer spiritual advice to the person regarding ways to manage their struggles. This practice is seen by many individuals within the congregation as therapeutic. In fact, many Coptic individuals state that they do not see the point in seeking therapy when they can simply talk to a priest or their father of confession about any struggle with which they might need advice or help (Aziz, 2018).

A distinct part of religiosity within the Coptic Orthodox community is the belief that God’s will is in every aspect of life. Individuals within the congregation are taught to put everything into God’s hands and to trust that, through his will, that events will happen in the way in which they are meant to happen. This includes negative events and things which typically cause psychological stress. Consequently, for someone to seek therapy for an occurrence which is causing them stress or emotional disturbance may easily be
construed as a lack of faith that God will move them through the situation (Meshreki, 2007).

Existing Programs for Attempted Solutions

There are several resources that exist which have attempted to address and find solutions for the issue of underrepresentation of the Coptic Orthodox population within the field of mental health. Upon completing a preliminary internet search to find resources which are catered to addressing the mental health needs of Coptic Orthodox individuals, we found several websites which provided mental health resources and directories for treatment, as mentioned above.

Each of these resources provides a step in the right direction for solving the overall issue of underrepresentation of Coptic Orthodox individuals within the field of mental health. With all of the resources, however, lies the glaring issue of general awareness of the existence of these resources. Much of the literature determined that individuals within the population are not likely to seek mental health help due to stigma and fear of rejection from the community (Aziz, 2018; Boulos, 2012, Chaze et al., 2015, Khoury, 2016). With all of these resources existing primarily online, it is unlikely that individuals within the community will seek them out, even in cases of psychological distress.

Along with this, it is important to mention that the majority of these existing programs do not specifically address the mental health needs of Coptic Orthodox individuals. The Coptic Medical Association of North America and the subdivision of the Santa Verena Charity entitled Coptic Integrated Family Services (CIFS) are the only two
resources which provide mental health resources and psycho-education to the Coptic Orthodox population specifically. Although the Coptic Orthodox Diocese of Los Angeles website does also provide resources to this specific population, the information that is provided on the website is extremely limited.

With regards to this study, the needs that emerge from the responses of the participants will help to determine potential needs that are not being met by these programs which may lead to future program evaluations or program developments which could better meet the needs of the community.

**Theoretical Literature**

Although research regarding the Coptic Orthodox community is scarce and projects, or programs, which are centered on de-stigmatization are almost non-existent, there is literature pertaining to the utilization of Cognitive Behavioral Therapy with Egyptian individuals as well as those who are of Arab and Middle Eastern descent. These research articles discuss the implications and methodology of utilizing Cognitive Behavioral Therapy with these cultural populations in which mental health diagnosis and treatment tends to be a taboo topic.

It is through this preliminary research that we learn the effects of implementing the Cognitive Behavioral therapeutic approach with underserved populations, primarily those in which cultural factors are potentially a reason for the lack of representation. Baland Jalal, Sherine W. Samir, and Devon E. Hinton, in their article “Adaptation of CBT for Traumatized Egyptians: Examples from Culturally Adapted CBT (CA-CBT)” discuss how different Cognitive Behavioral interventions, such as reframing and
decatastrophizing as well as mindfulness meditation and normalization of experience have a positive impact on Egyptian individuals who have experienced trauma (Jalal et al., 2017). Though the population in this study consisted of Islamic Egyptians who have had different experiences than my target population of Coptic Orthodox Egyptians, it was interesting to see the cultural considerations as well as the application of interventions to religious beliefs in order to provide psychoeducation and a basis for reframing negative thoughts and experiences. The methodology described in this study as well as the effectiveness which was displayed through the results will be useful in applying these interventions to my target population due to the fact that the population in the study is very similar to mine.

Another study, implemented by Shadi Beshai, Keith S. Dobson, Ashraf Adel, and Niveen Hanna discusses a cross-cultural comparison of the effects of the Cognitive model on depressive symptoms. The study was centered in measuring the frequency and level of severity of dysfunctional thoughts in terms of depressive symptoms and thinking through methods of using the Beck Depression Inventory and the Psychiatric Diagnostic Screening Questionnaire (Beshai et al., 2016). The results showed that the Egyptian participants who were experiencing depressive symptoms were exhibiting higher levels of dysfunctional thinking, negative self-perception, and negative thoughts about the future. This pertains to my population in that it outlines the need for mental health, which was described above, as well as potential areas to touch upon throughout the evaluation in terms of a needs assessment.

In “Arab Culture and Mental Healthcare”, the author discusses the importance of modification of certain interventions within the approach of Cognitive Behavioral
Therapy when working with sensitive populations, such as Arabs due to the fact that they are inclined to approach the therapeutic process with skepticism and are not likely to complete expected tasks which are common within the modality, such as homework (El-Islam, 2008). Fakhr El-Islam brings up the importance of identifying socially-constructed meaning which may be playing a role within the mindset of the individual who is seeking treatment due to the collectivistic nature and cultural factors within Arab groups (El-Islam, 2008). This brings up the importance of considering the construction of meaning and the importance of social discourses on the perspectives of families and individuals when approaching underserved populations such as Arabs and Coptic Orthodox Christians even when utilizing a modern approach such as Cognitive Behavioral Therapy.

Communities which are similar to this and closely-knit will tend to have a sort of groupthink consciousness in terms of what is acceptable and what is not allowed. It is important to keep in mind that many of the biases and reservations toward the field of mental health which may be identified through this theoretical conceptualization will be grounded in a desire to belong and to avoid backlash from the community.

Ahmed M Abdel-Khalek, in his study “Associations between religiosity, mental health, and subjective wellbeing among Arabic samples from Egypt and Kuwait, discusses the results from self-rating scales pertaining to physical and mental health, overall happiness, self-esteem, and general wellbeing and satisfaction on two different, yet fairly similar, cultural groups from Egypt and Kuwait. This is helpful in considering the general wellbeing of my target population of Coptic Orthodox Christians because the study is relying on self-reports of general wellbeing and this study will focus on
understanding self-reported perceptions of mental health through the theoretical lens of Cognitive Behavioral Therapy.

In “Counseling and Psychotherapy in Egypt”, we are given a general history of the field of mental health which currently exists in Egypt as well as current practices, research, and challenges which arise in terms of representation and participation in treatment. Although the treatment which is discussed within this article is centered on a population which is different than my targeted population, since I will primarily be focused on Coptic Orthodox individuals who are currently living within the United States, it will provide insights into the perceptions which we will be analyzing. In taking the Cognitive Behavioral Therapy lens into consideration, we may find that many of the core beliefs and maladaptive schemas which are perpetuating the underrepresentation and lack of participation of Coptic Orthodox individuals within the field of mental health may be rooted in dominant discourses regarding the topic in Egypt.

On a similar note, we are given more insight to these potential dominant discourses and reservations regarding mental health in Egypt by Moustafa I. Soueif in his firsthand account of experiences with mental health practice with this general cultural group in “Practicing Clinical Psychology in the Egyptian Cultural Context: Some Personal Experiences.” This is helpful in that this individual describes the direct effects of these discourses which may still be having an effect on these cultural groups and that is including my targeted population of Coptic Orthodox individuals.
Discussion

In considering the literature surrounding the relationship between Coptic Orthodox Christians and the field of mental health, it is clear that despite this problem having been approached at different angles in the past, that a need within the community still exists. The literature discusses the reservations and perspectives of individuals within the community which have been perpetuated by the themes listed above but does not outline attempts for solutions to the problem of underrepresentation and stigma regarding mental health. Additionally, the literature surrounding this population is fairly scarce. As mentioned above, the majority of studies which have been conducted pertaining to this population have been led by individuals who come from the community. This is indicative of the general lack of acknowledgment and awareness of the population within mainstream research and alludes to a need for better representation within the field of mental health research.

The attempts at solutions are well-intentioned with some of them mentioning the desire to normalize the utilization of mental health services and to de-stigmatize the experience overall. Though meaning well and addressing important areas of need within the community, they remain relatively unknown to the general population of Coptic Orthodox individuals. One would need to actively search for Coptic-based mental health resources in order to find these attempts for solution. Furthermore, most of the websites and programs discussed above briefly mentioned the services provided for different mental health needs but neglected to describe symptoms of these mental health needs. Essentially, the individual seeking mental health services would have to actively search
for these resources and would also have to have an understanding of what the services mentioned on the website were attempting to support and solve.

This is not to mention that stigma, and internalized stigma, are still playing a role within the population. The resources that were found and discussed all involved contacting someone to inquire about the services and resources provided. Of course, those which provided a directory and informational articles and podcasts provided alternative methods of normalizing the services provided but it is safe to gather than an individual who is already hesitant to seek mental health services will be even more hesitant to contact an unknown individual by email or phone to simply be directed to the help which they seek. Simply put, the structure of the resources requires a large amount of active effort from the individuals who may not even be aware that the resources exist in the first place.

This relates to my project in that I would like to assess the needs of the community as they persist with these existing programs in order to identify the gaps which are present. This will be done so that solutions might be made to maximize the effectiveness of these existing approaches. My aim is to de-stigmatize the field of mental health within the Coptic orthodox community. To have found existing programs which have similar goals and which have begun working in the right direction is a positive discovery. The goal here is to conduct a needs assessment within the community to ensure that these programs are catering to the actual, and not assumed, needs of the community. We will also find ways to bring these resources to the general consciousness of the community; this could be done through psycho-educational groups at churches,
informational events, and through integrative work with clergy members and church servants.

Figure 1. Mind Map.

Note: This mental map serves as a visual representation of the themes that have emerged through the literature review.
CHAPTER THREE
CONCEPTUAL FRAMEWORK

The Coptic Orthodox community is one which is a sort of double minority in the sense that it is a minority in regards to the surrounding dominant culture as well as one within its original culture in Egypt. In terms of the mainstream consciousness, this group remains relatively unknown, especially pertaining to the field of mental health and research. The majority of individuals within the community identify as Egyptian and those who do not identify as such are typically married or related to someone who is or have close friends who are (Abdelsayed et al., 2013). Because of this cultural dominance within the community, there are many influences within the community which come from the culture. One of these influences is that mental health is a taboo subject. Because of this general hesitation, mental health is stigmatized within the Coptic Orthodox community and is seen as something that should be kept within the immediate family (Aziz, 2018).

Theoretical Conceptualization

Cognitive Behavioral Therapy (CBT) is a modern theoretical approach which links thoughts, feelings, and actions through mutual causality. This approach will be used to conceptualize the issue of stigma surrounding mental health treatment within the Coptic Orthodox community especially pertaining to the perpetuation of these hesitations. As discussed above, there are many factors present within the community which contribute to the stigma surrounding mental health.
Cognitive distortions, or thought-errors pertaining to external processes, such as mind-reading, catastrophizing, and should-statements may be contributing to the lack of representation of Coptic individuals within the field of mental health (Hinton & Patel, 2017). As the community is tightly-knit and reputation is important to the majority, cognitive distortions pertaining to the social repercussions of seeking therapy are clearly playing a role in hesitation toward seeking therapy. Along with this, core beliefs which are built within the family and community through Sunday school and church activities are engrained into the minds of the individuals within the community. As the stigma surrounding mental health is common throughout the population, core beliefs, or ways of understanding the world, pertaining to mental health as a taboo, are easily built and spread throughout.

Social Constructivism is a theoretical approach which is grounded in assumptions about how individuals create meaning through their environment and interactions. This approach will be used to conceptualize the issue of mental health stigma within the Coptic Orthodox community. This theory is especially helpful in facilitating understanding as to how this stigma has come to be so deeply embedded within the community. Considering the contributing factors to the problem, Social Constructivism explains how the individuals within the community have created this meaning regarding mental health simply based on the discourse which is present within the population.

Constructivism is based on the importance of social interactions as well as objects in the creation of understanding and meaning in one’s world (Kim, 2001). With regards to the meaning which has been created pertaining to mental health within the Coptic Orthodox community, it can be understood that the directive education and lack of
discussion of the components of mental health which many older individuals within the population received in their youth were objects which created this meaning that mental health issues are something to be hidden. The lack of recognition of lower level diagnoses and the hyper-focus on individuals within the community with higher level diagnoses such as psychosis and severe mental disturbance is another object in which the community has created meaning that mental illness is dangerous and severe. Because the community is tightly-knit, meaning is easily created and shared quickly.

**Practice Implications**

In utilizing Cognitive Behavioral Therapy and Social Constructivism to conceptualize the persistent stigma surrounding mental health which exists in the Coptic Orthodox community, we find that these frameworks can be applied to individual, family, and community levels. This will be helpful to efforts to de-stigmatize mental health within the community as many of these interventions will need to begin at the community level and then trickle down to individual and family systems as the members of the community begin to accept these practices.

In practice, Cognitive Behavioral Therapy (CBT) will work in terms of identifying core beliefs, reframing cognitive distortions, and building new schemas. According to CBT, core beliefs are deeply rooted thoughts which determine how individuals make sense of the world around them (Padesky, 1994). These beliefs can be related to anything from one’s self-perception to the way in which they view interactions, cultural practices, and rules of the community around them. In establishing programs that are meant to decrease mental health stigma within the Coptic community, CBT will be
helpful in helping individuals to understand that the foundations of many of these internal processes are not grounded in truth.

Reframing schemas regarding mental health through psychoeducation, normalization of the experience of seeking treatment, and discussion of the many components of mental health will help to fight the stigma. Because this is a needs assessment, however, the project will primarily be focused on identifying the potential schemas which have been reinforced throughout the community and intergenerationally. The needs assessment will implement, through some psychoeducation, the discussion of cognitive distortions, reframe schemas, and will open the door for the future ability to teach individuals and families within the community certain practices such as de-catastrophizing.

In utilizing Social Constructivism, many conversations will be facilitated in terms of practice implications for working to destigmatize mental health within the Coptic Orthodox community. Because Social Constructivism has influenced other theoretical perspectives, the possibilities for intervention are wide. The basis of these practice implications will be validation of perspective and normalization of experience. There will be a level of psychoeducation here as well, which will help individuals to see the external components which have contributed to their construction of meaning. Along with this, the clergy members that are involved in the study will have the opportunity to tell their stories and experiences regarding their perspectives on how the individuals within their congregations view and discuss mental health, their experiences with different feelings, emotions, and discrimination, and their understanding of what the field of mental health in general entails.
Social Constructivism in practice with the needs assessment will shape the way in which questions will be asked within each round of questions. Each round of questions will seek to uncover the meanings that the clergy members have created surrounding mental health as well as the meanings which they have adopted through observations of the individuals within the community. Through the separate rounds of questions in which the phrasing becomes more and more refined, the facilitation and creation of new meaning will become possible since the participants will have the opportunity to see how the group is answering and will be able to shift their answers as they see fit. The participants will have the opportunity to understand the effects that their environment has had on their perspectives as well as the potential that much of this meaning is not necessarily grounded in accuracy. They will be able to understand that knowledge, learning, and even reality itself are all grounded in Constructivism and that these meanings can be changed (Kim, 2001).

Ethical Issues

As Cognitive Behavioral Therapy is a modern theoretical perspective, it can be understood that the approach is limited in multiple ways, especially in terms of social justice and ethical issues. Cognitive Behavioral Therapy tends to be limited in the sense that it centers on the present and is primarily focused on the cognitive and emotional processes of the individual (Hays, 2009). With regards to the topic of mental health stigma within the Coptic Orthodox community, this can be extremely limiting in the sense that much of this issue is centered on external influences which have been translated into internalized prejudice.
In order to overcome these limitations, the traditional form of CBT must be interlaced with cultural competence. In “culturally responsive CBT” the needs of the individual and family are assessed with a culturally competent lens, culturally-based strengths and supportive factors are identified, internal and external contributing factors to the problem are discussed, and experiences of oppression are validated (Hays, 2009). In this integration, the previous limitations discussed above become manageable and social justice implications become realistic. In terms of the topic of mental health stigma within the Coptic community, this addition to the traditional practice of CBT helps the individuals, families, and community as a whole to process the external factors which have contributed to internalized and externalized stigma through a discussion of their experiences and cultural values. This is especially important in managing the unprocessed trauma which is a contributing factor to the perpetuation of mental health stigma within the community.

With regards to Social Constructivism, the social justice and ethical implications are more direct considering that the theory is grounded in cultural effects on one’s outlook and general understanding of the world around them. Meaning is subjective within Social Constructivism and, as such, cultural competence is emphasized within the approach (Garneau & Pepin, 2015). This promotes reflection of cultural experience and the validation that one’s cultural knowledge and reality is reality to them and is the means by which they have understood their environment.

Constructivism promotes social justice and has great ethical implications in that the client is the expert of their experience; they have created their own meaning by their
lived knowledge and relations. In working with this sensitive population, an approach such as this is important in that it emphasizes validation and is non-pathologizing.

**Relevant Concepts Pertaining to Research**

Core beliefs are the dominant ideas which individuals maintain surrounding themselves, their surroundings in terms of individuals around them, and the world in general (Padesky, 1994). These beliefs shape the way in which a person views the world and can be accurate or inaccurate but have very real effects on one’s thoughts, feelings, and behaviors towards certain situations either way. Negative, or maladaptive schemas are core beliefs which are enduring and have a negative influence on one’s thoughts, feelings, and behavior (Padesky, 1994). These beliefs tend to be grounded in false perceptions and are nourished and intensified through interpretations of situations which are grounded in the schemas. This means that two individuals with different backgrounds will tend to experience the same situation in very different ways simply based on possessing different core beliefs.

Understanding these ways of viewing the world is important to this research in that determining which potential core beliefs, and even maladaptive schemas may be at play in terms of perpetuating stigma towards mental health will be helpful in guiding the direction in which the program will be centered. Perhaps the core beliefs are based in a lack of knowledge regarding the field, so the program will work to provide psychoeducation to congregations. If the beliefs have to do with mental health treatment being seen as having low religiosity, the program will ensure a connection with clergy members in order to bridge the gap between faith and treatment. Based on the literature
and preliminary observation of the community, hypotheses have been built with regards to the thought processes which are currently perpetuating this issue. However, a theoretical conceptualization in terms of utilizing a Cognitive Behavioral approach will ensure that the program will be built with the right intentions and the most room for efficacy.

Cognitive distortions are flawed thinking styles in which individuals understand certain interactions and situations, both past, present, and future with a veil of misinterpretation grounded in automatic negative thoughts, maladaptive schemas, and anxious thought processes (Yurica & DiTomasso, 2005). These patterns of unhelpful thinking include false expectations for the future, anxious thoughts about others’ perceptions or judgment from others, negative self-perception or uncertainty of personal ability, and added self-pressure towards general performance of basic tasks and daily activities (Yurica & DiTomasso, 2005). Cognitive distortions can be the root of anxiety and triggers to negative thoughts, feelings, and actions. Cognitive distortions are common, though they tend to be grounded in negative core beliefs or false understanding about oneself, other individuals, and the world in general.

Building a foundation of understanding towards cognitive distortions and their effects on one’s psyche is important in that much of the personal hesitation which is present within the community towards seeking mental health treatment may be perpetuated by these unhelpful thinking styles. General perceptions toward the nature of the field of mental health and its importance may be grounded in false core beliefs or maladaptive schemas, but actual hesitation toward seeking treatment or disclosing past experiences with seeking treatment may be grounded in cognitive distortions. It is
possible and fairly safe to assume, based on the mental health stigma outlined in the literature (Atta-Alla, 2012; Aziz, 2018; Boulos, 2012; Chaze et al., 2015; Khoury, 2016; Soueif, 2001), that the general reservations toward seeking treatment that a Coptic Orthodox individual may possess are fueled by their fear that they will face backlash, judgment, or ostracization from the community. It is important to understand the cognitive distortions which are at play in order to determine the method to effectively challenge these thought processes and present individuals within the community with evidence to combat these unhelpful thinking patterns.

Research Topic

The literature which has been discussed with regards to these theoretical approaches and their relation to the Coptic Orthodox population through studies which have centered on similar populations will inform this study. Through the literature, we have determined that individuals in similar cultural groups tend to exhibit thought errors at higher rates along with socially-constructed meanings which emerge from the collectivistic nature of traditional cultures (Beshai et al., 2016; El-Islam, 2008). This will be helpful in conducting a needs assessment which centers on the potential mental health needs of the population in terms of identifying areas in which individuals within the community may need catered services.

Considering Cognitive Behavioral Therapy and Social Constructionism within the context of this project will be a helpful tool in determining the language to be included into the measure that will be distributed to the participants. As the questions become more refined, language pertaining to schemas and socially-constructed meanings can be
included in order to determine if these are contributing factors to the overall need. Additionally, considering the results of the study in conjunction with these studies will inform future research approaches as well as potential catered services.

**Theoretical Implications**

Through considering the literature which identifies the mental health needs that are present within the Coptic Orthodox community and understanding the results of several research studies which consider the effects of the utilization of Cognitive Behavioral Therapy on populations which are extremely similar to this target group, it is clear that this modern theoretical approach is a viable option in terms of conceptualization of the research topic. In asking about the perspectives toward the field which the individuals within the community currently have, we open the door to understanding the nature of reservations which may be present and perpetuating the persistent underrepresentation of this group of individuals and families within the field of mental health.

Utilizing Cognitive Behavioral Therapy in order to conceptualize this research question will be helpful in that the modality is centered on understanding the basic foundational beliefs as well as unhelpful thinking styles which perpetuate subsequent thoughts, feelings, and actions in certain situations and regarding certain topics. This approach will aid in explaining how these beliefs may have come about, how they continue to endure even with a wider acceptance of mental health discussions within the dominant discourse just outside of the community, and how cognitive distortions serve to keep individuals from seeking treatment for fear of rejection and judgment from others in
the community. After determining these perceptions from a Cognitive Behavioral therapeutic lens, we will move to the next phase of identifying methods in which to manage these reservations. Cognitive Behavioral Therapy interventions will be utilized in the next phase as well so that unhelpful thinking styles, unfounded core beliefs and maladaptive schemas, and general hesitation due to fear of backlash may be addressed with methods of reframing, de-catastrophizing, and challenging of anxious thinking styles.

It is important to continuously gather information pertaining to the utilization of Cognitive Behavioral Therapy with underserved populations so that the methods of action may be continuously refined in order to most effectively meet the needs of the population. It is through the literature that we found the interventions and assessment tools which were most effective for populations similar to that of Coptic Orthodox Christians. We also found the importance of considering similar populations, with many of the studies having utilized studies which targeted Latino populations in order to inform their approaches to addressing need. It is clear that a continuous consumption of knowledge regarding these conceptualizations will be important in combatting the presenting issues at hand.
CHAPTER FOUR
METHODOLOGY

In conducting a needs assessment of a population and subsequent program design, it is important to have a plan which is well thought-out before conducting data collection in order to avoid sampling errors and to ensure that the data which is collected is reliable. This helps the observer to determine the needs of the population so that a program which meets these needs can be built.

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<td>Lack of representation/acknowledgement of Coptic Orthodox Christians within the field of mental health; underserved needs</td>
<td>*Stigma (internalized and externalized) surrounding mental health treatment within the Coptic community</td>
<td>*Literature review of existing sources which touch upon mental health and Coptic Orthodox</td>
<td>*General understanding within the Coptic community of mental health needs</td>
</tr>
<tr>
<td></td>
<td>*Coptic Orthodox as a minority within a minority (small population of Egyptians) which lends to less visibility</td>
<td>*Questionnaire measure administered to thirty clergy members, with a minimum of fifteen participants, to determine needs of the community</td>
<td>*Higher level of research and representation of Coptic individuals within the field</td>
</tr>
<tr>
<td></td>
<td>*Lack of mental health education within the community</td>
<td>*Needs report based on perspective of community experts</td>
<td>*Higher likelihood that individuals, couples, and families will seek professional help for personal issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Less ostracization of individuals who seek mental health treatment</td>
</tr>
</tbody>
</table>

Figure 2. Logic Model Overview.

Note: This outline represents an overview of the problems, contributing factors, recourse inputs, and process goals of the presented project.
Figure 3. Logic Model Outcomes.

Note: This outlines the short-term, mid-term, and long-term outcome goals of the presented project.

As shown within the logic model, there is a clear issue of underrepresentation of Coptic Orthodox individuals within the field of mental health. There are many contributing factors to this issue that emerged throughout the literature review including internalized and externalized stigma, a general lack of knowledge and education pertaining to mental health, intergenerational gaps in experience, pressure from the community, and others. The goal here is to facilitate change through an understanding of the needs within the community. In order for second order change to occur, the problem
must be directly addressed. To seek mental health treatment is to be seen as having low religiosity (Aziz, 2018). Because of this, there needs to be an integration between faith and mental health. To achieve this, the mental health professionals of the field need to reach out to clergy members in order to approach the issue together.

Through this study, the aim is to identify the specific needs of the community in order to create a foundation of knowledge for future mental health services which better cater to the community. This information will lay the groundwork for programs and future studies which promote a more widespread general understanding and de-stigmatization of mental health diagnosis and treatment within the Coptic Orthodox community. With this higher level of acceptance within the community, another goal would be a higher likelihood of Coptic individuals seeking mental health treatment when needed which would ultimately lead to a more realistic presence of Copts within the mental health field. This presence relates the another process goal of more representation, acknowledgment, and discussion of the mental needs of this community as well as less fear of community rejection for individuals who do decide to seek treatment.

This study is the first step on a lengthier path of general de-stigmatization and normalization of mental health treatment within the Coptic Orthodox community. The expected outcomes which are shorter term would be the identification of the mental health needs that are present within the community as well as bridging the gap between the church and the mental health field by joining forces with clergy members to determine these needs. The next step following this determination would be the evaluation of the existing programs which have already attempted to solve this issue of underrepresentation and stigma in order to identify the reasons which they have not
combatted the perpetuation of this problem. Additionally, this would lend to the potential
development of new programs which serve the purpose of de-stigmatization and
psychoeducation within the community. In the longer term, the ultimate goal would be
more positive general perceptions within the community toward the field of mental
health, better representation and an increase in research and catered mental health
services for Copts, and less stigmatization and rejection of individuals who seek
treatment.

**Description of Target Population**

The target population on which I will be focusing is Coptic Orthodox Christians
who are living in the United States, within the region of Southern California in the Los
Angeles region. As mentioned earlier in the discussion, the population of Coptic
Orthodox consists of individuals who are predominantly Egyptian or of Egyptian descent.
Of course, there are outliers to this majority who have either converted or fall into
another category; however, most individuals within the community have some relation to
the culture. This is shown through the integration of culture into church practices (Chaze
et al., 2015). Oftentimes, certain practices within the community which are typically
considered to be church practices are actually based on cultural influence.

The Coptic Orthodox population is one which is devout in their beliefs and
practices as well as one which is tight-knit and collectivistic (Aziz, 2018). Due to this
closeness within the community, any activities or events which occur to an individual or
family are quickly realized throughout the community. There exists a general stigma, or
reservation, towards the field of mental health treatment within the community due to a
number of factors ranging from cultural beliefs regarding diagnosis, ideas of low religiosity in seeking treatment, availability of clergy for personal help, and the general hiding of psychological distress in order to avoid stigma (Aziz, 2018). This is the source of my interest in this population: the sheer underrepresentation within the field of mental health. I would like to perform a needs assessment to fully understand these contributing factors to the overall stigma as well as pinpoint possible program needs and ideas for de-stigmatization.

**Exclusionary and Inclusionary Criteria**

Though the primary interest for this needs assessment is the Coptic Orthodox Community in general, there will be inclusionary and exclusionary criteria in order to lend to better refinement of the population and the subsequent plan for a program. The inclusionary criteria that will be part of the needs assessment will be Coptic Orthodox priests who are Egyptian, meaning they have grown up within the community, and living in Northern America in the Los Angeles region of Southern California. The reason for this criteria is that the aim is to see the effects of cultural beliefs on stigma towards mental health and we anticipate that this specified group of individuals has an interesting perspective to offer in that they have grown up within the community, felt the effects of the stigma which is present, but also have a more outside perspective in that they are experts within the community. They are somewhat removed from the community with this position of being an authority figure which lends to their credibility in determining the needs of the community.
The individuals who participate in the collection measures must identify as Egyptian/Egyptian-American, must be clergy members of the church, and must have been a clergy member for at least five years. The reason behind this inclusionary criteria is, similarly to the reasoning behind the other criteria mentioned, in the interest of gaining knowledge from individuals who have had both an inside and outside perspective of the community that lends to their expert status.

The exclusionary criteria that will be included as part of this needs assessment will be that the participant will not be a retired priest, but actively serving in a congregation within the Los Angeles diocese, or the Los Angeles region of Southern California. This is because the perspectives that are included within the study will ideally be based on present needs, as the potential mental health needs of the community may have shifted with time, particularly in the age of social media.

Another exclusionary criterion will be that the clergy member will not be an archdeacon or bishop, but a priest within the church. This is included because the priest is considered to be the leader of the congregation, which gives them enough removal from the congregation to be able to speak to the needs from an expert standpoint, but not so much removal from the congregation that they do not see interactions and needs of the members regularly. Along with this, priests within the church take confession from individuals and families while archdeacons do not and bishops typically take confessions from priests (Meshreki, 2007). This will also provide for a more specified perspective of potential needs within the community.

Another addition to the exclusionary criteria within the needs assessment will be that the priest’s congregation must be a Coptic Orthodox church within the Los Angeles
region of Southern California and not an American Coptic Orthodox church. There are several Coptic Orthodox churches across the United States that operate in English and Coptic languages only, rather than the typical English, Arabic, and Coptic languages. This is done in the effort to allow converts to better assimilate and to better embrace second-generation individuals within the community (LA Copts, 2020). The reasoning behind this criterion is the aim of understanding the needs of the majority of the community, with the potential cultural effects on their perspectives. Because the American Coptic Orthodox churches are relatively new, these populations are somewhat of a minority within the community and have potentially different experiences that could benefit from another targeted study in the future.

One more exclusionary criterion that will be included within the needs assessment will be priests with congregations of less than fifty individuals. The participating clergy members will have to have congregations of more than fifty individuals. Because the perspectives need to speak to the needs of the Coptic population that is living in the Los Angeles region of Southern California, we will need to focus on the larger churches that have a larger variety of individuals and potential needs.

**Data Collection**

I will be using a Delphi method of data collection. The reason for this is that there is not a sufficient amount of literature to truly speak to the mental health needs of this population. Much of the literature that is available is focused on statistical data which speaks to mental health needs of individuals within the community without considering
the best approaches to meeting these needs. Utilizing the Delphi approach will allow for a refined determination of the needs of this population.

For the main aspect of data collection, I will be utilizing a short questionnaire that will be given to all of the respondents who agree to participate out of the thirty potential participants who will be recruited. Individuals will answer questions which begin as open-ended and then become more close-ended with each round of implementation. These questions will be centered on the perspectives and experiences of individuals within the community. I am centering the assessment on English-speaking clergy members, and will provide the questionnaire in English. We will reach out to thirty individuals in order to allow for attrition and to ensure that an N of minimum fifteen participants will be met.

From this first round of data collection, the results of the questionnaire will be aggregated and presented to the panel (Linstone & Turoff, 2002). We will adjust and implement the questionnaire twice more, each time aggregating the results and presenting them to the panel in order to allow them to adjust their answers as they see fit, based on the responses of the general group (Linstone & Turoff, 2002). We will do this in order to reach a group consensus with results that each member of the panel agrees accurately represents the needs of the population.

**Instruments and Procedures**

I will be creating my own measures to use for the needs assessment. I will be doing this mainly because this is not an assessment which has been generally done from
the perspective that I am choosing to take, so there are not many measures to choose
from.

There is a study, however, with an existing measure that was conducted utilizing a
similar methodology to that which I’ve outlined within this study that is worth
mentioning, which is very similar in topic to mine, was conducted by Sandy Guergues
Aziz in 2018. Aziz utilized the heuristic phenomenological approach in interviewing six
Coptic Orthodox parishioners in order to determine their experiences with and
perspectives of the relationship between their religious orientation and views on
psychological distress help seeking (Aziz, 2018). Through her research, she found that
several individuals within the community that have experienced psychological distress
are reluctant to share their experiences due to stigmatization with other themes relating
stigma to religiosity having emerged as well (Aziz, 2018).

The results of this study have laid a helpful framework to the goals which I have
determined, but the measure included is primed for qualitative interviews which center
more on determining stigma within the community rather than defining the needs for
mental health which may be present. I am looking to find a specific relationship between
cultural beliefs and stigma regarding mental health treatment and, because my question is
specific, I would like to ensure that the questions are worded in a way that won’t be
confused with another topic or correlation.

A needs assessment that was centered on the Coptic Orthodox population was
conducted in 2005. This project was centered on determining some of the most dire
mental health needs of the community. The assessment centered on adolescent and adult
members of three churches within the Los Angeles Diocese. The results of this study
indicated needs within the community pertaining to depression, abuse, stress/anxiety, relationship distress, addiction, and self-identity issues (Holy Virgin Mary, 2005). These needs were present in differing levels based on general demographics such as age group and gender (Holt Virgin Mary, 2005). This study will serve as a general foundation for the questions that will be included into the measure which I will be building.

Although this study is focused on a different sample of the population, it helped to identify some of the mental health needs within the Coptic Orthodox population in the Los Angeles Diocese. Because of this, the questions that will be included into the measure will be built with a consideration of the needs assessment that was conducted in 2005. The results that come out of my study will serve a different purpose of identifying needs of the community from the perspective of community experts and it will also be an update to the prior needs assessment as a significant amount of time has passed since it was last conducted.

Some examples of the questions that will be included in the questionnaire are ones which pertain to experience and perspective. In utilizing the Delphi method, the questions will begin as open-ended and will become more targeted through each round of questionnaire administration to the participants (Turoff & Linstone, 2002). Some examples of the first round of questions are “what is your experience with congregation members seeking mental health services?”, “what services, if any, are you aware of that exist for the mental health needs of the congregation?”, “how would you approach a congregation member that tells you they feel they may have depression?” and other open-ended questions similar to this.
After the first round of questions, the questionnaire will shift to ask more close-ended questions which center more on the themes which are determined through each round. The specificity of the questions will be done in the effort to fully specify the needs which emerge from the responses. For example, if themes of stigma emerge from the responses, a sample question might be “do you believe that the integration of destigmatization efforts into mental health approaches would better reach individuals within the congregation?”. In utilizing specific language within the questions, we will increase the likelihood that equally specific needs will be determined. This would lay a solid groundwork for future attempts to solve the lack of representation of Coptic Orthodox individuals within the field of mental health.

**Sampling Methodology**

The sampling methodology, in terms of choosing the sample, will focus on a sample of thirty clergy members from churches within the Los Angeles Coptic Orthodox Diocese. This is the largest Coptic diocese in North America and the densest population of Coptic Orthodox individuals outside of Egypt. Aside from the convenience of focusing on churches in the Los Angeles area, which will be geographically close enough for me to be directly involved with the data collection in terms of communicating with priests and visiting the churches, this dense of a population will prove to be helpful in providing a wide range of perspectives for the results.

Through the Delphi approach, approximately thirty clergy members, experts within the Coptic Orthodox community, will be recruited for the sample to allow for attrition and a robust sample size. I will initially communicate with one priest within the
diocese in order to obtain a list of possible participants, especially since the focus will be on a specific subset of the population. I will choose participants based on priests who meet the inclusion criteria which I mentioned above and who are willing to participate in multiple rounds of questionnaires. The sample will otherwise be randomized in terms of who is chosen as a participant. I have chosen this method because it will provide a sharpened viewpoint of the needs within the community. By including thirty individual clergy members from different churches within the diocese and ensuring that the chosen sample is based on inclusionary and exclusionary criteria, we will decrease the chances of sampling bias.

**Data Analyzation Method**

In order to analyze the data that will be collected from the questionnaire, I will first look at the percentages of answers for each question. For administration of the questionnaire, I will utilize the Qualtrics service since that will make the method of data analyzation easier and less susceptible to human error. As such, I will be able to gather the response numbers from the system. After finding the overall results, I will input the numbers into SPSS in order to be able to make visual representations of the numbers from the respondents. This will also allow for better organization and order since the questionnaire will be administered multiple times in order to hone in on the specific needs which result from the outcomes of the questionnaire.

Because we are utilizing the Delphi method for this needs assessment, we will need a general consensus from the responses to determine the general validity of the responses. After the first round of responses, we will qualitatively code the responses in
order to determine potential themes that have come from the results. We will compare these themes with the descriptive statistics which emerge from the responses, such as the levels of agreement with the overall determination of need. We will then refine the questions as needed in order to allow the results to be as specific as possible.

After each round of data analysis, we will present the results to the participants in order to allow them to see how the group is responding. We are planning to administer the questionnaire three times total, each time allowing the participants to shift their answers as they see fit. If a general consensus is reached sooner or later than this, we will modify the amount of times that the questionnaire will be administered in order to ensure that a general consensus has been reached. The Delphi method states that questionnaire rounds may be repeated as needed to reach a general consensus (Turoff & Linstone, 2002). The general consensus, for the efforts of this study, will be defined as 80% agreement in responses. This will give us a sense of the overall needs of the population and will help us to see if the needs are stagnant across the responses received from the participants.

**Data Collection Timeframe**

The timeframe for data collection will be three months because the questionnaire will be administered at different times and we will need time in between each round to be able to present the aggregated data to the participants. As mentioned above, I will be in contact with priests who meet my general inclusionary criteria and who are willing to take the questionnaire on three separate occasions. We will give each participant about one week for each round of collection to be able to complete the short survey. We will
take one week each round to analyze the data with another week to present the data to the participants.

**Data Security**

I will provide a general informed consent to each participant which outlines the confidentiality and anonymity of the survey. Because I will be working with priests who may not have previously participated in research, I will explain this to them as well through the informed consent. There will be a short written statement which explains this before the participants are able to begin the questionnaire. In order to begin answering the questions, the participants will provide informed consent by clicking “I agree to participate.” This will ensure that we receive consent from the participants while maintaining their anonymity. The team which will be analyzing the data will consist of individuals who are removed from the participant population in order to maintain comfort of the participants as well as overall anonymity of responses.

**Discussion**

Ultimately, the integrity of the participants will be the foundation in terms of data collection. The timeframe is set but will seek to ensure the overall comfort of the participants as well as provide them with ample time to complete the questionnaire to the best of their knowledge. Although the sample will be small, this will allow for a refined and specified determination of the mental health needs of the Coptic Orthodox population.
ABOUT THIS STUDY

The Coptic population holds a significant presence around the world, with around 25 million members worldwide and about 12 million of those individuals living in Egypt alone, yet the population remains generally unacknowledged globally. The problem with this minimization of their presence is that the specified experiences and traditions of the group also become downplayed. We noticed a problem: Coptic Orthodox individuals are widely underrepresented within the field of mental health. This problem is prevalent despite the fact that it is not regularly discussed within the general community. The needs that are associated with this problem are that the individuals within the community are in dire need of mental health treatment, but the literature and existing programs which have attempted to solve this problem have not reached the consciousness of the general community. It is clear that there are present mental health needs within the community that are not being met. This study was built to determine the specific needs that are present as well as the best proposed solutions to the problem. The goal here is to conduct a needs assessment within the community to ensure that these programs are catering to the actual, and not assumed, needs of the community.

WHY IS THIS IMPORTANT?

- Community need for mental health is present
- There is no mental health treatment catered to this community
- Clergy members are being given the responsibility of mental health professionals
ABOUT THIS STUDY

**Purpose:** To conduct a needs assessment that is specifically focused on understanding the mental health needs of Coptic Orthodox individuals who are living in the United States in the Los Angeles region of churches, from the perspective of experts within the community and informed by existing literature on the topic.

**Goal:** To link the findings from this needs assessment to the existing literature on the subject in order to identify solutions to the problem and implement efforts to congregations within the Los Angeles Diocese of Coptic Orthodox churches.
UNPROCESSED TRAUMA

The literature indicates that unprocessed trauma is playing a role in the mental health needs of the Coptic Orthodox community. Coptic Orthodox Christians continue to be one of the most highly persecuted religious groups with martyrs, or individuals who are killed on the grounds of religion, being crowned just last year (Meshrek, 2007). These occurrences have become normalized within the community. As a result, individuals within the community may be motivated to minimize negative feelings and experiences in comparison to the atrocities which the martyrs have faced. Although this theme did not emerge through this study, it is important to keep in mind as we continue assessing and addressing the mental health needs of this community.

LACK OF EDUCATION

The education system in Egypt, where a large number of Coptic individuals were raised and spent their school age years, is one which is directive and straightforward in terms of what is communicated to the students as important. Mental health is typically not communicated as one of these things. The many components of the field, especially in terms of mental health diagnosis are not emphasized in a way which de-stigmatizes and normalizes the experience of these things. This lends to ideas of severe psychosis, mental disturbance, and volatility in relationships being understood as the only reasons for seeking mental health treatment without consideration of lower-level diagnoses or the utilization of services for general wellbeing (Atta-Alla, 2012). Study results were consistent in stating that better education and awareness would help in increasing visibility and acceptance of the mental health field.
DISCRIMINATION

Discrimination is another source for mental health need which emerged through the literature and basically relates to the straightforward discrimination exhibited by some individuals belonging to the dominant population within the Coptic country of origin and the general lack of knowledge and awareness of the Coptic Orthodox population exhibited by the dominant populations globally which opens the door to prejudice and discrimination, which is particularly concerning treatment of Middle Eastern individuals in general after the 9/11 terrorist attacks in the United States as Copts were grouped into a large, multi-cultural population of individuals who held any resemblance to the individuals who committed the heinous attacks (Amer et al., 2008). While results of this study did not specifically name discrimination as a contributing factor, it is an area to be explored in further research.

INTERNALIZED STIGMA

Internalized stigma is another contributing factor to low visibility that is indicated through the literature. Internalized stigma, or the subconscious absorption of majority reservations, is a contributing factor to the presenting issue which mainly affects second-generation individuals within the community who agree with the ideals of the mainstream society in which they have grown but still hold reservations instilled in them by the traditional community to which they belong (Chaze et al., 2015). This kind of stigma manifests through small microaggressions towards seeking mental health treatment, hesitation or refusal to seek personal treatment when needed, and judgment of the legitimacy of the field when it is directed towards them or anyone who is within their immediate circle of interaction. The results of this study did not explicitly mention internalized stigma but did mention hesitation as a result of general stigma which lends to potential internalization.
LITERATURE

REPUTATION

Reputation plays a large role within the population. In terms of marriageability, one’s reputation is greatly considered. Along with education, status within the community in terms of church service and social standing, and status of the family, one’s reputation may be the hard limit which ends the potential for marriage (Salama et al., 2019). Scandal is a word which is utilized fairly commonly pertaining to personal events within the community (Khoury, 2016). An individual not attending college, conceiving a child out of wedlock, or being arrested for something such as substance abuse would send shockwaves through the community as news travels fairly quickly through the integrated web of familiarity between the individuals of the population. An experience in a mental health institution or a couple seeking marital therapy falls into this category of notoriety and disgrace (Khoury, 2016). The results were in alignment with the literature and spoke to hesitation and desire to keep personal matters private to the family and clergy members.

RELIGIOSITY

Religiosity and spirituality are emphasized within the Coptic Orthodox community. Confession is a spiritual activity which is important within the community as members of the congregation believe that through this method of acknowledging ways in which they have strayed from the teachings and expectations of the church in front of a priest, that their sins are forgiven in heaven (Meshreki, 2007). This practice is seen by many individuals within the congregation as therapeutic. In fact, many Coptic individuals state that they do not see the point in seeking therapy when they can simply talk to a priest or their father of confession about any struggle with which they might need advice or help (Aziz, 2018). A distinct part of religiosity within the Coptic Orthodox community is the belief that God’s will is in every aspect of life. This includes negative events and things which typically cause psychological stress. Consequently, for someone to seek therapy for an occurrence which is causing them stress or emotional disturbance may easily be construed as a lack of faith that God will move them through the situation (Meshreki, 2007). Results indicated a reliance on clergy for providing solutions and resources for personal, relational, and mental issues.
FAMILY OF ORIGIN

Family of origin, or family with which they were raised can have a direct correlation with their hesitation to seek treatment as well as a contributing factor to their overall need for mental health treatment and services (Salama et al., 2019). The way in which mental health is discussed within the family may have an effect on one’s perspective of the field of mental health; they may understand mental health treatment as a positive experience or they may have internalized or externalized stigma regarding the field. Seeking mental health treatment can be seen as a behavior which may reflect negatively on the family (Khoury, 2016). The results also indicate issues within the family as potential needs for treatment including parenting and marital issues. The results discuss the presence and persistence of family issues without present solutions.

ACCULTURATION

Intergenerational gaps in experience as contributing factors to mental health needs as well as hesitation toward seeking treatment were identified throughout the literature. A majority of older individuals within the community are first-generation immigrants, meaning that they grew up and lived a portion of their lives in another country, which in this case is Egypt, while many younger individuals within the population are second or even third generation. With the older generation having spent their formative years in a setting which does not emphasize the importance of lower level diagnoses and the younger generation growing up surrounded by these messages but in a setting in which mental health treatment is becoming more and more normalized and is more widely accepted, it opens the door for disagreements within familial units regarding the importance of mental health and when to seek it. Whether it is through the minimization of mental health need through invalidation or avoidance. It is clear that there is a discrepancy in understanding between the generations which indicates a need for family-based treatment which caters to this population. Results indicated acculturation stress, as well as the disconnect between generations, as areas of mental health need within the community to be addressed.
EXISTING ATTEMPTS FOR SOLUTION

Orthodox Christian Counseling Institute (OCCI):

GOALS/PURPOSE

PROVIDING ORTHODOX CHRISTIANS WITH RESOURCES TO MENTAL HEALTH PROFESSIONALS WHO ARE ORTHODOX IN THE ILLINOIS AND INDIANA AREAS

STRENGTHS

• SHEDDING LIGHT ON ORTHODOX MENTAL HEALTH NEEDS
• NATIONAL DIRECTORY OF ORTHODOX PROVIDERS
• ESTABLISHED AND DETAILED WEBSITE WITH PODCASTS

AREAS OF GROWTH

• BROAD ATTEMPT FOR SOLUTION
• DOES NOT ADDRESS COPTIC ORTHODOX SPECIFICALLY
• DOES NOT PROVIDE EDUCATION
EXISTING ATTEMPTS FOR SOLUTION

Coptic Orthodox Diocese of Los Angeles website

GOALS/PURPOSE
SECTION OF THE DIOCESE WEBSITE THAT IS DEDICATED TO MENTAL HEALTH RESOURCES AND INCLUDES A PHONE NUMBER THAT CAN PROVIDE LINKS TO MENTAL HEALTH SERVICES, CASE MANAGEMENT, AND OTHER COMMUNITY RESOURCES

STRENGTHS
- TARGETS COPTIC COMMUNITY DIRECTLY
- MENTIONS DE-STIGMATIZATION
- DIRECTLY LINKED TO THE MAIN INFORMATION HUB FOR THE LA DIOCESE

AREAS OF GROWTH
- LIMITED INFORMATION
- NOT WELL-KNOWN WITHIN THE COMMUNITY
- NOT REGULARLY OR RECENTLY UPDATED
EXISTING ATTEMPTS FOR SOLUTION

Coptic Medical Association of North America (CMANA)

GOALS/PURPOSE

WEBSITE TARGETING COPTIC ORTHODOX INDIVIDUALS THAT PROVIDES INFORMATION AND RESOURCES PERTAINING TO ALL ASPECTS OF HEALTH, INCLUDING MENTAL HEALTH

STRENGTHS

- INFORMATION ON HOW TO FIND MENTAL HEALTH PROVIDERS
- LINKS TO PODCASTS AND INFORMATIONAL ARTICLES
- VIDEOS INCLUDING CLERGY MEMBERS DISCUSSING MENTAL HEALTH TOPICS

AREAS OF GROWTH

- NOT WELL-KNOWN WITHIN THE COMMUNITY
- NOT INTERACTIVE
- NOT REGULARLY UPDATED
EXISTING ATTEMPTS FOR SOLUTION

Coptic Integrated Family Services (CIFS)

GOALS/PURPOSE

PROJECT BASED IN THE GREATER LOS ANGELES AREA AND SURROUNDING AREAS WHICH SEeks TO NORMALIZE AND DE-STIGMATIZE MENTAL HEALTH SERVICES WITHIN THE COPTIC ORTHODOX COMMUNITY

STRENGTHS

● INTEGRATING MENTAL HEALTH SERVICES WITH COPTIC FAITH
● METHODS OF CONTACT PROVIDED ON WEBSITE
● WEBSITE THAT PROVIDES RESOURCES INCLUDING ANGER MANAGEMENT, PARENTING CLASSES, COUNSELING, COPING SKILLS, AND COMMUNITY OUTREACH

AREAS OF GROWTH

● NOT WELL-KNOWN WITHIN THE COMMUNITY
● CONTACT IS NOT ANONYMOUS FOR THOSE WHO ARE HESITANT
● NOT INTERACTIVE
DELPHI METHOD

For this study, we utilized a Delphi methodology to gather information. The reason for this is that there is not a sufficient amount of literature to truly speak to the mental health needs of this population. Much of the literature that is available is focused on statistical data which speaks to mental health needs of individuals within the community without considering the best approaches to meeting these needs. Utilizing the Delphi approach allowed for a refined determination of the needs of this population. The Delphi method consists of a series of short surveys which are administered to community experts in order to gain an understanding of their perspectives of the needs that are present within the community as well as a discussion of potential solutions that could be proposed to help to solve the issue. The purpose of the Delphi method in this context is to determine the mental health needs of the Coptic Orthodox community from the perspectives of the defined community experts. The benefit of utilizing the Delphi method to gather information is that the results will indicate the perspectives of community experts rather than outside sources who are observing the community. This means that the perspectives will be indicative of years of experience, observation, and firsthand management and detection of the issue that is being discussed.
DELPHI METHOD

Participant Selection

ROUND 1
Implement survey with broad topics to sample of thirty clergy members

ROUND 2
Implement 5-point Likert scale survey based on results of first round.

ROUND 3
Implement 5-point Likert scale survey based on results of second round.

General responses pertaining to present needs of community

Thematic analysis and identification of main themes

Build second survey based on themes gathered from first round

Data analysis and determination of agreement level

Build third survey based on results from second round

Data analysis and situation of results in existing literature
COMMUNITY EXPERTS

The experts of the Coptic Orthodox community were determined as Coptic Orthodox clergy members, or priests, who identify as Egyptian and who are serving the Los Angeles region of Southern California, otherwise known as the Los Angeles Diocese. The criteria for participation also included having been a clergy member for at least five years, being an actively serving priest who is not retired, and having a congregation of at least fifty individuals. The reasoning behind this criteria is that currently serving Coptic priests with years of experience and larger congregations will have a deeper variety in their perspective of the potential needs that are present within the community. Another factor that was included into the criteria was that the priest would not be leading an American Coptic Orthodox church. The reason for this additional criterion is that the research team wanted to understand the cultural components that may be playing a role into the underrepresentation of Copts in the field of mental health. Future research centering on the Coptic Orthodox community would hopefully be able to include a wider variety of participants.

PARTICIPANT DEMOGRAPHICS

COUNTRY OF ORIGIN

EDUCATIONAL BACKGROUND

LENGTH OF PRIESTHOOD

United States 10%
London 10%
Egypt 80%

Other 27.3%
Engineering 18.2%
Medicine 36.4%

Finance 18.2%

21-25 years 27.3%
16-20 years 27.3%
5-10 years 27.3%
11-15 years 18.2%
For this study, we used a Delphi method of data collection. The reason for this is that there was not a sufficient amount of literature to truly speak to the mental health needs of this population. Much of the literature that was available was focused on statistical data which speaks to mental health needs of individuals within the community without considering the best approaches to meeting these needs. Utilizing the Delphi approach allowed for a refined determination of the needs of this population. For the main aspect of data collection, we utilized three short questionnaires that were sent to thirty clergy members within the community. For the first survey, the experts answered open-ended, broad questions surrounding the general mental health needs of the Coptic Orthodox community. For the second and third surveys, individuals rated their agreement with close-ended statements on a scale ranging from “strongly agree to “strongly disagree”. All of the included questions centered on the perspectives and experiences of individuals within the community. The assessment was centered on English-speaking clergy members and the questionnaire was provided in English. The results from the first round were compiled and then presented to the experts; this was done twice more to allow the participants to adjust their answers as seen fit, based on the responses of the overall group (Linstone & Turoff, 2002). This was done to reach a group consensus with results that each member of the panel agreed accurately represented the needs of the population. We created our own surveys for the purposes of this questionnaire, because we had specific questions pertaining to finding the specific relationship between cultural beliefs and stigma regarding mental health treatment relating to the Coptic Orthodox population in the United States.
STUDY METHOD

It is important to note that the original study method did not include sending each round of surveys to the entire group of thirty clergy members that were recruited. Because of a low response rate to the initial recruitment emails, the research team made changes to the methodology that included sending each survey to the entire group. This was necessary in continuing the study and ensuring that a proper response rate would be achieved. However, this is a limitation to the results of the study because the research team does not have the ability to determine whether the same participants responded to each survey, or if it was a different sample of community experts for each survey since all surveys were anonymous.

KEY POINTS TO METHODOLOGY:

- EACH SURVEY ROUND WAS COMPLETELY ANONYMOUS THROUGH THE SURVEY PLATFORM

- THE SURVEY WAS SENT TO THE ENTIRE SAMPLE OF THIRTY CLERGY MEMBERS

- BECAUSE THE SURVEY WAS COMPLETELY ANONYMOUS, THERE IS NO WAY TO DETERMINE THAT THE SAME RESPONDENTS PARTICIPATED IN EACH ROUND
SURVEY 1

QUESTIONS

- To what extent do you believe that mental health treatment is needed within the Coptic Orthodox community?

- What is your perspective on the general discourse (discussions) surrounding mental health treatment and diagnosis within your congregation?

- Have you noticed any issues surrounding mental health diagnosis and treatment within the community? If yes, please explain.

- If you have noticed any mental health needs within your congregation, what ways would you see that they would be best addressed?

- What are some potential needs for mental health treatment that you have noticed within your congregation? What are some ways that mental health has been addressed within the community?

RESULTS

- Need for mental health treatment (ranging from "somewhat" to "high")
- Need for decreased mental health stigma,
- Need for professional treatment and diagnosis
- Relational and family issues
- Acculturation issues
- Need for increased mental health awareness and education
- Need for resource referrals
SURVEY 1 RESULTS

- The third survey was sent to thirty clergy members in the Los Angeles Diocese
- The survey received eight responses
- The results were completely anonymous
- Several themes were identified

**Table 1.** Themes obtained after the first Delphi round.

<table>
<thead>
<tr>
<th>Themes</th>
<th>N</th>
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<tbody>
<tr>
<td>Need for mental health treatment (ranging from “somewhat” to “high”)</td>
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<tr>
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<td>4</td>
</tr>
<tr>
<td>Need for resource referrals</td>
<td>6</td>
</tr>
</tbody>
</table>

*Note.* Themes obtained from thematic analysis for responses to round 1 survey from 9 participants.
SURVEY 2

QUESTIONS

• There is a high need for mental health treatment within the Coptic Orthodox community.
• There has been a decrease in stigma (taboo, hesitation) regarding mental health within the Coptic Orthodox community.
• Stigma creates a barrier in seeking mental health treatment.
• There is still hesitation towards seeking and discussing treatment and diagnosis.
• There has been a recent increase in mental health need within the Coptic Orthodox community.
• There are needs for family and relational supports related to mental health.
• There is an array of mental health needs present within the Coptic Orthodox community (e.g. depression, anxiety, substance abuse, etc.)
• There is a need for professional mental health treatment within the Coptic Orthodox community.
• Members of the Coptic Orthodox community would benefit from educational seminars that increase knowledge and awareness of mental health needs.
• Members of the community would benefit from discussions regarding mental health needs, treatment, and referrals.
• I would feel comfortable referring members of my congregation to mental health services.
• I feel that a Coptic mental health professional, or one that is familiar with the community, would be best equipped to help members of my congregation.

RESULTS

• Need for mental health (pertaining to mood disorders, substance abuse, family and relational issues) within the Coptic Orthodox community that has recently increased
• Barriers toward seeking mental health having been affected by stigma
• Persistent hesitation toward seeking treatment
• Need for mental health seminars, education, and discussion within the Coptic Orthodox community
• Need for resource referrals and visibility of Coptic mental health providers
SURVEY 2 RESULTS

- The third survey was sent to thirty clergy members in the Los Angeles Diocese
- The survey received six responses
- The results were completely anonymous
SURVEY 3

QUESTIONS

- While discussions around mental health are becoming more common, stigma remains a barrier to seeking mental health treatment within the Coptic Orthodox community.
- There is stigma that is unique to the Coptic Orthodox community regarding mental health.
- Decreasing stigma would increase the likelihood for Coptic individuals seeking mental health treatment.
- One way to reduce stigma within the Coptic Orthodox community is through increased discussions surrounding mental health.

RESULTS

- Need for mental health education discussions and seminars.
- Need for normalization of treatment and diagnosis.
- Need for resource referrals and mental health education encouraged by leaders of the community.
SURVEY 3
RESULTS

- The third survey was sent to thirty clergy members in the Los Angeles Diocese
- The survey received four responses
- The results were completely anonymous
- The results were unanimous agreement besides one question

Round 3 Survey Results

- While discussions around mental health are becoming more common, stigma remains a barrier to seeking mental health treatment within the Coptic Orthodox community.
- There is stigma that is unique to the Coptic Orthodox community regarding mental health.
- Decreasing stigma would increase the likelihood for Coptic individuals seeking mental health treatment.
- One way to reduce stigma within the Coptic Orthodox community is through increased discussions surrounding mental health.
CONNECTIONS TO EXISTING RESEARCH

STUDY RESULTS SUPPORTED BY LITERATURE

• Need for professional mental health treatment and decreased stigma
• Tendency to keep mental health matters private to family and clergy
• Acculturation issues as contributing factors to mental health need and low visibility in the field
• Relational and family issues as playing a role in mental health need and general stigma pertaining to the field
• Stigma as a barrier to seeking mental health treatment

STUDY SUPPLEMENTS TO EXISTING KNOWLEDGE

• Specific needs for mental health treatment (mood disorders, substance abuse, family and relational issues outside of intergenerational gaps in experience)
• Mental health need has increased in recent years
• Need for resource referrals

REMAINING GAPS IN LITERATURE/NEED FOR CONTINUED RESEARCH

• Literature identified stigma as internalized and results of the survey did not make this specification
• Unprocessed trauma and discrimination were identified in the literature and were not discovered in the study results
FINDINGS

There are several mental health needs which have been identified through existing literature and the results of this study. Some potential solutions have been discussed and are compiled into a recommendation for a mental health program to be implemented into churches located within the Los Angeles Diocese. As the program grows and successfully normalizes mental health within the Coptic Orthodox community, it will grow to other congregations across the United States in order to decrease mental health stigma for the entire Coptic Orthodox community that is located in the United States.

RECOMMENDATIONS

01 Mental health seminars that will be offered once a month and will travel to different churches in the Diocese to provide mental health education and coping strategies.

02 Adult and youth discussions that will be integrated into Sunday School and Adult meetings once per month to allow congregates to ask questions and discuss different mental health issues.

03 An alliance to be built between the faith and the field of mental health through clergy involvement and guidance for the success of the program.
MENTAL HEALTH SEMINARS

Monthly seminars that focus on providing mental health education in terms of common mental health issues, ways to cope with these issues, and how to find needed resources will be offered to Coptic Orthodox churches within the Los Angeles Diocese as part of the program. Each seminar will center on a mental health topic or issue. A mental health professional will provide an educational component and a clergy member will provide a brief sermon discussing the relation of faith to the topic that was discussed. Each seminar will also begin and end with an opening prayer. Topics will include anxiety, depression, family/parenting issues, marital issues, and other similar topics.

RESEARCH-SUPPORTED GOALS

Below are the literature and study findings which support the purpose of the inclusion of mental health seminars in the proposed program:

- Connecting mental health to the faith by including clergy members

- Bringing mental health education to the Coptic Orthodox community

- Providing resource referrals and discussing how to seek treatment and support

- Connecting the Diocese by travelling to different churches

- Streaming and advertising through social media websites
ADULT & YOUTH DISCUSSIONS

Monthly discussions that will surround topics of mental health and relational issues. Each month, one Sunday School lesson and one Adult meeting will be dedicated to discussing experiences with different mental health topics. Mental health professionals will be able to answer anonymous questions and facilitate general group discussions with separated age groups. Topics will be age-appropriate and the discussions will be interactive, encouraging participation and question asking. An anonymous texting service will allow individuals to send questions before the discussion begins and paper will be provided for hand-written anonymous questions.

RESEARCH-SUPPORTED GOALS

Below are the literature and study findings which support the purpose of the inclusion of Adult and Youth discussions in the proposed program:

• Normalizing mental health discussions within the Coptic Orthodox community

• Allowing for mental health discussions in church settings

• Allowing for question asking without fear of judgment through anonymous questions

• Addressing need for increased education and awareness surrounding mental health subjects

• Implementing mental health awareness for all age groups
FAITH ALLIANCE

Active recruitment of clergy members within the Los Angeles Diocese for involvement within the program. An active stream of communication between program facilitators and clergy members will ensure that the program is addressing the present needs of the community as well as conveying to members of the community that mental health topics and discussions can be appropriate and accepted within the church. Integration of the program into common social practices at church in order to indicate that mental health awareness is accepted by leaders of the community.

RESEARCH-SUPPORTED GOALS

Below are the literature and study findings which support the purpose of the emphasis of an alliance between faith and mental health in the proposed program:

• Integration of the faith into topics of mental health

• Connecting the faith to coping with mental health issues so that it is seen as a source of strength and not guilt for seeking treatment

• Giving congregates the opportunity to understand connections between the faith and mental health

• Addressing hesitation and fear that seeking treatment or discussing mental health will mean that one has little faith

• Lessening stigma surrounding mental health experiences through show of acceptance within the church from community leaders
BRINGING IT FORWARD

In order to address the mental health issues that are present within the community and to normalize mental health discussions, we must build an alliance between the church and the field of mental health.

HOW TO DISCUSS WITH CONGREGATES:

01 Advertise and discuss mental health seminars in order to allow congregates to prepare to attend.

02 Provide resource referrals (to be provided by program facilitators) to congregates who need professional mental health treatment.

03 Acknowledge common occurrence of struggles with mental health issues and experiences in order to normalize these issues as they occur.
HOW TO ADVERTISE

In order to maintain an alliance between the church and the proposed program, it would be beneficial for community leaders to advertise the components of the program and to show support.

HOW TO DO THIS:

- Remain in communication with program facilitators for upcoming mental health seminars and discussions.
- Post information pertaining to upcoming program events and resources on Facebook and WhatsApp church group pages.
- Communicate upcoming program events and resources to church servants to be communicated to congregates during meetings and in church newsletter.
PROVIDING REFERRALS

Results of this study indicated a need for resource referrals. Program facilitators will aid clergy members in providing resources to congregates outside of the program activities in order to maximize support.

HOW TO DO THIS:

01 Obtain resource referral list from program facilitators to be given to congregates who request or exhibit need for resources.

02 Explain to congregates that this is a list of contacts that can provide professional support to supplement the spiritual guidance that you are able to give.

03 Communicate with program facilitators about continued needs within the community and update resource list as necessary.
NORMALIZING EXPERIENCES

Results of the study indicated a need for normalization of mental health experiences in order to de-stigmatize these topics. Clergy members may aid in this by facilitating discussions pertaining to these experiences and the general topic.

HOW TO DO THIS:

01 Mention specific mental health needs that you have observed rather than referring to them in general or non-specific terms as this could lend to the idea that these topics are not appropriate for discussion.

02 Approach mental health issues that are brought to you by congregates as experiences rather than problems to be solved.

03 Discuss resources, referrals, and topics relating to mental health in general conversations that are not centered on mental health so that it becomes normal to mention these topics.
NEXT STEPS

- Inviting discussions of mental health to meetings and other church gatherings
- Normalizing experiences with mental health issues
- Program implementation into churches
CHAPTER SIX
SUMMARY AND APPLICATIONS

Introduction

The primary research team employed three short surveys to a sample of thirty clergy members in the Coptic Orthodox Los Angeles Diocese. The contact information for the clergy members was found on the Los Angeles Diocese website clergy directory. Individuals were chosen at random based on meeting inclusionary criteria. A preliminary recruitment email was sent to the clergy members in order to garner interest and to explain the survey.

There were necessary changes made to the methodology that will be discussed in a following section. The changes made were compulsory to the continuance of the study as well as the timeline framework. Each round of surveys was concluded with thematic analysis of the collected responses. The research team halted distribution of the surveys once a general consensus pertaining to mental health needs of the Coptic Orthodox community was reached within the sampling pool.

Survey Application: Round One

The first round of surveys was administered to a sample of thirty Coptic Orthodox priests from the Los Angeles Diocese, as mentioned above. This survey served as an introduction to the study as well as the topic of assessing the mental health needs that may be present within the Coptic Orthodox community. As such, the approach of the survey was general and broad in order to best understand the perspectives of the participants as they stood currently.
A brief demographic questionnaire was included before the beginning of the survey and after the informed consent in order to give the research team an idea of the individualities of the participants. This mainly served the purpose of ensuring that the participants met the inclusionary criteria that was outlined for the sample. Although this criteria was mentioned within the recruitment email, the research team wanted to take an extra precaution to confirm that the sampling demographic was that which was outlined.

Another reason behind the inclusion of questions surrounding the demographics of the respondents was for the purpose of discerning potential contributing factors to perspectives in future studies of similar nature. If this study were to be replicated with a different target sampling demographic of community experts in Coptic Orthodox populations, it would be beneficial to have an understanding of the demographics that were involved in order to monitor changes in perspectives that could be based on experiences of the participants.

The survey questions sought to gain a general understanding of the present mental health needs that may be present in Coptic Orthodox communities. As mentioned, the topics that were included in this initial survey were purposefully made to be broad and overarching in order to align with the Delphi methodology in allowing the community experts to have the freedom to speak from their expertise and adept observations and perspectives of the needs of the community.

The study sought to answer the main question of what the mental health needs and contributing factors to the low visibility of the Coptic Orthodox Community within the field of mental health could be from the perspectives of community experts. In order to reach a conclusion to this question, the initial survey included five broad questions pertaining to the topic of mental health need in Coptic Orthodox Communities in the United States:
• To what extent do you believe that mental health treatment is needed within the Coptic Orthodox community?

• What is your perspective on the general discourse (discussions) surrounding mental health treatment and diagnosis within your congregation?

• Have you noticed any issues surrounding mental health diagnosis and treatment within the community? If yes, please explain.

• If you have noticed any mental health needs within your congregation, what ways would you see that they would be best addressed?

• What are some potential needs for mental health treatment that you have noticed within your congregation? What are some ways that mental health has been addressed within the community?
Round One Results and Themes

Table 1. Themes obtained after the first Delphi round.

<table>
<thead>
<tr>
<th>Themes</th>
<th>N</th>
</tr>
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<tbody>
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<td>Need for resource referrals</td>
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</tbody>
</table>

Note. Themes obtained from thematic analysis for responses to round 1 survey from 9 participants.

Following the conclusion of round one of surveys, a thematic analysis was conducted in order to understand the main ideas that were emerging from the perspectives of the participants. There were eight total respondents who participated in this round of surveys. There was total agreement that mental health treatment is needed within the Coptic Orthodox community (see Table 1). There was also total agreement that issues surrounding mental health treatment and diagnosis are present within the community, with five individuals indicating reluctance and
hesitation toward seeking treatment, one respondent adding that mood disorders have increased in recent years, and one respondent adding that family and parenting issues are also present (see Table 1).

Four respondents stated that discussions surrounding mental health within the community have improved in comparison to the past, one respondent indicated the availability of mental health assistance from within the community, and four individuals stated that the general discourse regarding this subject needs improvement. Seven participants stated a willingness to refer congregates to professional treatment in the case of indicated mental health need while one participant indicated referrals to servants and clergy members. There were several needs which were identified through the analysis of the first survey which were:

- Need for mental health treatment (ranging from “somewhat” to “high”)
- Need for decreased mental health stigma, despite recent steps in that direction
- Need for professional treatment and diagnosis
- Relational and family issues
- Acculturation issues
- Need for increased mental health awareness and education
- Need for resource referrals

The needs that were identified through thematic analysis of the first round of surveys were in accordance with the conclusions that were gained from the literature review. The themes were relevant to the idea that there is a need for mental health treatment within the Coptic Orthodox community that is not being met through current efforts. A potential contributing factor was uncovered through the theme of acculturation issues that was determined through the results. The themes that were phone were indicative of a persistent need for resource referrals, professional
treatment and diagnosis, and better mental health education despite a move towards mental health de-stigmatization within the community.

Survey Application: Round Two

The second round of surveys was administered to the same sample of thirty clergy members from the Los Angeles Diocese. This survey served the purpose of narrowing the themes that were gathered from the round one survey results. While the results from the first survey did indicate a steady decrease in stigma and hesitations regarding mental health within the Coptic Orthodox community, there was a general consensus that a higher level of acceptance and normalization of treatment, diagnosis, and general mental health awareness was needed within the community.

The survey questions of round two sought to answer the question of which mental health needs were present within the Coptic Orthodox community with the knowledge that was gained from the first survey. While the existence of a need was determined in round one, the question still remained of which specific mental health issues were occurring, what the actual contributing factors to the invisibility of this population within the field are, and the best potential solutions to this persistent issue which was agreed upon by the sample.

The questions that were included within the second survey were intentionally less broad in order to gain a deeper understanding of the questions that were still remaining. While the sample did agree that a need for mental health treatment exists within the Coptic Orthodox community, there was still not a clear consensus on the presence of stigma, the decrease of stigma, the specific mental health needs that are present, as well as the emphasis placed on the need for professional mental health services. In order to gain a clearer understanding of the needs that were described by
the sample, twelve questions which were asked on a Likert scale ranging from “strongly agree” to “strongly disagree” were included within the second survey:

- There is a high need for mental health treatment within the Coptic Orthodox community.
- There has been a decrease in stigma (taboo, hesitation) regarding mental health within the Coptic Orthodox community.
- Stigma creates a barrier in seeking mental health treatment.
- There is still hesitation towards seeking and discussing treatment and diagnosis.
- There has been a recent increase in mental health need within the Coptic Orthodox community.
- There are needs for family and relational supports related to mental health.
- There is an array of mental health needs present within the Coptic Orthodox community (e.g. depression, anxiety, substance abuse, etc.)
- There is a need for professional mental health treatment within the Coptic Orthodox community.
- Members of the Coptic Orthodox community would benefit from educational seminars that increase knowledge and awareness of mental health needs.
- Members of the community would benefit from discussions regarding mental health needs, treatment, and referrals.
- I would feel comfortable referring members of my congregation to mental health services.
- I feel that a Coptic mental health professional, or one that is familiar with the community, would be best equipped to help members of my congregation.
Round Two Results and Analysis

Table 2. Likert scale results obtained from second Delphi round.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that a Coptic mental health professional, or one that is familiar with the community, would be best equipped to help members of my congregation.</td>
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<td>Members of the community would benefit from discussions regarding mental health needs, treatment, and referrals.</td>
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<tr>
<td>There is a need for professional mental health treatment within the Coptic Orthodox community.</td>
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<td>There is an array of mental health needs present within the Coptic Orthodox community (e.g., depression, anxiety, substance abuse, etc.).</td>
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<tr>
<td>There is a high need for mental health treatment within the Coptic Orthodox community.</td>
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</tbody>
</table>

Note. Assessment of agreement with statements obtained from previous survey results from 6 participants.

Following the conclusion of the administration of the round two survey, an analysis of the Likert scale data was completed in order to understand the reported level of agreement with the above statements. This survey received six total responses. Throughout the analysis, it was determined that the respondents expressed agreement with all of the statements besides one (see Table 2). The statement which received mixed results, with two out of six responses stating
“somewhat disagree”, was the statement which indicated that “there has been a decrease in stigma (taboo, hesitation) regarding mental health within the Coptic Orthodox community” (see Table 2). The mixed results in response to this question were indicative of different perspectives on the level of stigma that persists within the community.

The other themes that were presented received total agreement from all six participants. In keeping with the Delphi methodology of the study, the research team concurred that it would be suitable to cease questions regarding the themes that were agreed upon during this round. Because the participants reached a consensus regarding these topics, the needs determined through these statements were accepted. These needs include:

- Need for mental health (pertaining to mood disorders, substance abuse, family and relational issues) within the Coptic Orthodox community that has recently increased
- Barriers toward seeking mental health having been affected by stigma
- Persistent hesitation toward seeking treatment
- Need for mental health seminars, education, and discussion within the Coptic Orthodox community
- Need for resource referrals and visibility of Coptic mental health providers

**Survey Application: Round Three**

The third round of surveys administered to the sample of thirty clergy members from the Los Angeles Diocese. This survey served the purpose of understanding the differences in responses that were determined through the results from the round two survey. Because the consensus was not reached for one question which centered on the idea that stigma had decreased within the
in recent years, the research team centered the questions in the third survey on the topic of stigma.

The questions that were included within the third survey sought to break down the expert perspectives on the presence of stigma as well as the potential role that it is playing with regards to the low visibility of the Coptic Orthodox community within the field of mental health. Because the majority of the sample did agree that there was a decrease in stigma, or taboo/hesitation, surrounding mental health treatment and diagnosis while two respondents disagreed with this statement, the question of the role of stigma continued.

The intention of the third survey that was implemented was to break down the reported perspectives on stigma. As such, the statements were written as direct and specific in order to garner the clearest understanding of the present perspectives. With the goal of gaining a deeper understanding of the effects and persistence of stigma surrounding mental health within the Coptic Orthodox community, four questions which were asked on a Likert scale were included within the survey:

• While discussions around mental health are becoming more common, stigma remains a barrier to seeking mental health treatment within the Coptic Orthodox community
• There is stigma that is unique to the Coptic Orthodox community regarding mental health
• Decreasing stigma would increase the likelihood for Coptic individuals seeking mental health treatment
• One way to reduce stigma within the Coptic Orthodox community is through increased discussions surrounding mental health
Round Three Results and Analysis

Table 3. Likert scale results obtained from third Delphi round.

Note. Assessment of agreement with statements obtained from previous survey results from 4 participants.

Following the implementation of the third survey, an analysis of the Likert scale data was completed in order to gain an understanding of the present perspectives regarding the existence and persistence of stigma within the Coptic Orthodox community. This survey received four total responses. The analysis indicated total agreement from all respondents with all statements except for one respondent who indicated “somewhat disagree” with the statement that “there is stigma that
is unique to the Coptic Orthodox community regarding mental health” (see Table 3). This mixed result indicates some disagreement that some of the stigma which is present within the community regarding mental health is specific to the Coptic Orthodox population.

Despite this indication of some disagreement with the specified statement, the results of the third survey indicate total agreement that stigma is a barrier to Coptic Orthodox individuals seeking mental health treatment (see Table 3). This denotes a community expert identified need for de-stigmatization of mental health in terms of education, diagnosis, and treatment. This overall need can be broken down into the following:

- Need for mental health education discussions and seminars
- Need for normalization of treatment and diagnosis
- Need for resource referrals and mental health education encouraged by leaders of the community

**Limitations**

There were three limitations which arose during this study. These limitations were pertaining to accessibility to the population, the definition of an expert within the Coptic Orthodox community, and the repercussions of the necessary changes to the methodology that were made during the recruitment period. These were limitations to the ease of flow of data collection which could be ameliorated in further research. These limitations did not threaten the integrity of the study overall.
Accessibility of Population

The first limitation was concerning the accessibility of the research team to the targeted sample population. It was initially decided by the research team that the best method of communication with the intended sample would be through email. Because of a lack of responses to the initial recruitment email, necessary changes to the methodology were made in order to garner a higher response rate as well as increased credibility and overall trustworthiness regarding participation in the study.

Recommendation

In consideration of this limitation, it would be recommended to take into account other possible methods of communication. Possible alternative methods of recruitment contact include phone calls and text messages. These methods of communication are provided similarly to the email addresses in that phone numbers of community leaders are available through directories on public Diocese websites.

Definition of Community Experts

Another limitation that was found through the study was the definition of community expert within the Coptic Orthodox community. For the purposes and Delphi methodology of this study, “community expert” was defined as a practicing clergy member within the Coptic Orthodox church. In considering the rationale for inclusionary and exclusionary criteria for participation, it may be important to note that other individuals within the community may hold expert viewpoints and observations of general need and dynamics as well.
Recommendation

In order to avoid recruitment limitations and to allow for a larger sample N, it is recommended to consider alternative definitions of a community expert within the Coptic Orthodox population. Individuals within the community, such as head deacons and head church servants who have years of experience with their service may hold perspectives that could prove valuable to further research. Additionally, the growing number of mental health professionals within the community may serve as a beneficial asset in determining perceived mental health needs that might not otherwise be detectable by individuals who do not have knowledge and understanding of mental health issues.

Changes to Methodology

The initial recruitment email was sent to thirty clergy members with the request that individuals who wished to participate in the study reply to the email to indicate willingness to participate. This request was included in order to avoid sending subsequent emails regarding participation to those who were not interested in participating. This request also served the purpose of narrowing down the sampling pool so that the team could ensure that those who were participating in the successive rounds of surveys would be the same individuals who had demonstrated their perspectives in the initial survey.

Because of the nature of the Delphi methodology that was used for the study, it would be ideal to keep a level of uniformity in terms of responses from the sampling pool. In essence, because each round of surveys is based on a thematic analysis of the previous round, it is best to have the same individuals responding to the surveys each round in order to reach the consensus that the most accurate conclusions have been gathered from the responses.
Due to a lack of responses to the initial emails, the research team made two necessary amendments to the methodology. The first of these changes was to allow a second member of the research team, an individual who is an expert within the community and has direct access to the community, to resend the initial recruitment email to the sampling pool. The intention behind this change was to increase familiarity and approachability of the study with the sampling pool so that a level of credibility could be achieved and potentially garner responses.

The second amendment to the methodology was that the subsequent emails to the initial recruitment email would be sent to the entire sampling pool rather than those who had responded expressing interest. Essentially, each round of surveys would be sent to the entire sample whether or not they had expressed interest in participating or had participated at all. This was done with the intention of increasing efficiency in order to remain consistent with the timeline that was outlined within the methodology while also protecting the anonymity of the individuals who did participate in the study.

These changes to the methodology were a limiting factor to the reliability of the study. Because the survey was sent to the initial recruitment sample, it could not be determined that the responses in each round were consistent. In the original methodology, the interested parties from the initial recruitment sample would indicate their willingness to participate and the anonymous responses would be gathered from the same sample of individuals. In the new methodology, each round of surveys was sent to the initial recruitment pool. This means that different individuals may have responded to different surveys, some individuals who responded to the first survey might not have responded to later surveys, and vice versa.
**Recommendation**

It is important to consider the methodology as it pertains to the target population. The accessibility to this population is limited and, as such, a flexible communication methodology is imperative to ensuring a higher reliability and avoiding necessity for future changes.

**Literature Discussion**

This study was conducted as a result of a lack of existing literature focusing specifically on the Coptic Orthodox community. There were several important themes that were identified through the literature review, as stated through the literature review discussion. Through this identification, it was also found that several existing programs are centered on this population and are attempting to solve the problem of low visibility of Coptic Orthodox individuals within the field of mental health. However, the problem was still persisting as the previous attempts for solution were not existing within the general consciousness of the population. As such, this needs assessment sought to determine the specific needs of this population as well as potential solutions moving forward.

**Results and Gap in Literature**

The results of this study were in alignment with the themes which emerged from the literature review. The needs that were identified through each round of surveys were supported by literature findings and were supplemental to filling some of the indicated gaps in the existing literature.

The first survey indicated agreement that there is a present need for professional mental health treatment and diagnosis within the Coptic Orthodox community and that this need is in tandem with the need for decreased mental health stigma and a general desire to keep mental health
matters private to family and clergy members (Youssef & Deane, 2013; Aziz, 2018; Atta-Alla, 2012, Chaze et al., 2015). Acculturation issues and relational and family issues are identified as needs through the first survey and solidify the literature indications that these issues are contributing factors to general needs for mental health within the community (Salama et al., 2019, Boulos, 2012). These themes are supported by the findings that were identified through the literature review and are taken one step further in the results from the first survey which indicate a need for resource referrals for the identified issues.

The second survey provided similar results that narrowed some of the specific needs that were previously mentioned. To supplement the literature, the study results for the second survey provided specific needs for mental health including mood disorder, substance abuse, and family and relational issues. Another supplement to the literature was that respondents were in agreement that these needs had increased in recent years. The results of the second survey identified stigma as a barrier toward seeking mental health treatment which is supported by literature findings (Chaze et al., 2015; Hakim-Larson et al., 2007; Khoury, 2016; Amer et al., 2008; Abdelsayed, 2013; Meshreki, 2007). It is important to note, however, that the literature explicitly states the contributing factor of stigma as more internalized while the results of this study do not specifically indicate this.

The third survey was in keeping with the rest of the results and solidifies the situation of this study in the literature as an identification of the specific mental health needs which are present within the Coptic Orthodox community, and which are perpetuated by the presence of stigma and hesitation toward seeking treatment. It is noted that the themes of unprocessed trauma and discrimination were not identified as contributing factors or needs throughout the needs assessment, despite their relevance in the literature. This is an indication of a gap in the literature and implies a
need for continued research pertaining to the needs and contributing factors to the low visibility of the Coptic Orthodox population within the field of mental health.

**Future Needs**

The results of this needs assessment have spoken to the mental health needs that are present within the Coptic Orthodox population but the work is not finished. It is clear that supplementary research must continue to explore the specific mental health needs of the population as well as the best methods in maximizing the benefits of resources and treatment to the community. The study has given a general overview of the present needs and has provided several connections to existing literature but available literature which centers on the relationship between this community and mental health continues to be scarce.

Moving forward, it is important to understand the diversity that is present within this population. Although this study is centered on gaining an understanding of the general overview of mental health need that is present within the Coptic Orthodox community, the literature review indicates several issues which are related to more specified differences between age groups and different experiences based on gender, phase of life, and other demographics. In truly understanding the contributing factors to the low visibility of Copts within the field of mental health, it is important to acknowledge and explore the different areas in which need is present.

**Program Recommendation**

The results of this study in conjunction with the supporting literature indicate a need for direct efforts to normalize mental health discussions and education within the Coptic Orthodox community. As discussed through the results of the study, there are several areas of mental health
need which are present within the Coptic Orthodox community, yet hesitation toward treatment and a general disconnect in understanding serves as a hindrance to actual solutions. Participants signified the benefit of increased mental health education and the normalization of diagnosis and treatment within the community as potential solutions to the issue of underrepresentation of Copts within the mental health field.

As a result of the needs that were identified through the literature review as well as the needs assessment, it is recommended that a catered program be built in order to address the mental health issues that are existing within the Coptic Orthodox community while working to educate and de-stigmatize diagnoses and the potential for seeking treatment.

The proposed program is designed to address the issues of stigma and underrepresentation of the Coptic Orthodox population within the mental health field. With psychoeducation and an emphasis on normalization of experience, the program will bridge the gap between faith and mental health within the community by recruiting clergy members for involvement. Clergy members within the Los Angeles Diocese will indicate interest in their church’s participation within the program. This program will also recruit mental health professionals who identify as members of the Coptic Orthodox church to build the discussion and lecture material for the program as well as participate in the various aspects that will be described.

**Mental Health Seminars**

According to the perspectives of the experts within the Coptic Orthodox community as well as the available literature surrounding this population, mental health seminars would be a beneficial practice to implement. Monthly mental health seminars will be offered at churches within
the Los Angeles Diocese. These seminars will be psychoeducational in nature and will offer topics ranging from mood disorders to parenting to relational issues.

The purpose of these seminars will be to educate the Coptic Orthodox population on common mental health issues as well as methods for coping with these difficulties and how to find resources as needed. These seminars will travel to different churches within the Los Angeles Diocese and the schedule will be advertised through clergy members and church servants as well as online through social media websites.

In order to bridge the gap between religiosity and mental health, as was discovered within the literature, clergy members will be involved as well. The implementors of the program will be working closely with clergy members within the Los Angeles Diocese to bring the seminars to different churches within the Diocese. Each seminar will be led by a Coptic mental health professional and a clergy member and will begin with an opening prayer. The mental health professional will present the material pertaining to the topic that has been designated for that seminar and the clergy member will give a brief sermon at the end in order to speak to the relation of the faith to the topic which has been discussed.

**Adult and Youth Discussions**

A recurring theme within the results of this study as well as the existing literature that is centered on normalizing mental health treatment and diagnosis within Coptic Orthodox communities is the identification of a need for increased education and awareness surrounding this subject. This issue will be addressed through the implementation of monthly discussions that will center on topics of mental health, including relational issues.
A common practice within Coptic Orthodox churches within the Los Angeles Diocese is weekly Sunday School meetings as well as youth, young adult, and adult meetings, respectively. These meetings are typically spiritual in nature and seek to educate congregations on Holy Scripture as well as life applications of spiritual beliefs and concepts. The proposed program would implement discussions centering on age-specific topics relating to mental health into the meetings that were mentioned. These discussions will be more interactive and less focused on education, unlike the mental health seminars. One Sunday each month will be dedicated to these discussions. Instead of a Sunday School lesson or an Adult meeting, mental health professionals will be available to answer questions and facilitate general discussions with the separated age groups. The professional will give a short introduction to the age-specific topics that will be discussed and will move into facilitating the discussions.

In order to maximize the questions that are asked within these interactive discussions, an anonymous texting service will be utilized for individuals to send in anonymous questions pertaining to the mental health topics. There will also be paper provided for hand-written anonymous questions that will be gathered by the discussions facilitators.

**Faith Alliance with Mental Health**

In order for the identified issue of low visibility of Coptic Orthodox individuals within the field of mental health to be successfully resolved, it is essential that the gap between the field and the faith becomes mended. As described above, the program will be integrated into social practices that typically occur at church and will recruit clergy members to become involved. Clergy involvement will be an important aspect of the program because it will indicate an acceptance of mental health topics and discussions from the leaders of the community.
Clergy involvement will also allow for an integration of the faith into topics of mental health and coping. Hesitations as a result of stigma and fear of low religiosity will be lessened with clergy involvement within the program and will be discussed through the implemented sermons. This will also give congregates the opportunity to understand the connection between faith and mental health as well as address any negative feelings and experiences pertaining to guilt surrounding mental health issues and their relation to God’s will.
REFERENCES


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APPENDIX A

EVALUATION MEASURE

Demographic questions:

1. What country were you born in?

2. How long have you been a priest?

3. What is the approximate size of your congregation?

4. Have you ever been part of another diocese outside of Los Angeles?

5. What is your educational background?

Questions:

Please answer all the questions to the best of your knowledge. The questions will vary in format. Some of the questions will be multiple choice and will be answered with a single selection. For these questions, a space will be provided to allow for you to expand on your response and the reasoning behind your chosen answer.

1. To what extent do you believe that mental health treatment is needed within the Coptic Orthodox community?

2. What is your perspective on the general discourse (discussions) surrounding mental health treatment and diagnosis within your congregation?

3. Have you noticed any issues surrounding mental health diagnosis and treatment within the community? If yes, please explain.

4. If you have noticed any mental health needs within your congregation, what ways would you see they would be best addressed?

5. What are some potential needs for mental health treatment that you have noticed within your congregation? What are some ways that mental health has been addressed within the community?