Mental Health, Religion & Culture

ISSN: 1367-4676 (Print) 1469-9737 (Online) Journal homepage: http://www.tandfonline.com/loi/cmhr20

The faith community and mental health resilience amongst Australian Ismaili Muslim youth

Karim Mitha & Shelina Adatia

To cite this article: Karim Mitha & Shelina Adatia (2016) The faith community and mental health resilience amongst Australian Ismaili Muslim youth, Mental Health, Religion & Culture, 19:2, 192-207, DOI: 10.1080/13674676.2016.1144732

To link to this article: https://doi.org/10.1080/13674676.2016.1144732

Published online: 28 Mar 2016.

Submit your article to this journal

Article views: 292

View related articles

View Crossmark data

Citing articles: 2 View citing articles

Full Terms & Conditions of access and use can be found at
http://www.tandfonline.com/action/journalInformation?journalCode=cmhr20

MENTAL HEALTH, RELIGION & CULTURE, 2016
VOL. 19, NO. 2, 192–207
http://dx.doi.org/10.1080/13674676.2016.1144732

Routledge
Taylor & Francis Group

The faith community and mental health resilience amongst Australian Ismaili Muslim youth

Karim Mitha[a,b] and Shelina Adatia[c]

[a]Edinburgh Migration, Ethnicity, and Health Research Group (EMEHRG), Centre for Population Health Sciences, Old Medical School, Teviot Place, University of Edinburgh, Edinburgh, UK; [b]Alwaleed Centre for the Study of Islam in the Contemporary World, 16 George Square, University of Edinburgh, Edinburgh, UK; [c]ITREB Canada, 4480 Cote-De-Liesse, Mont Royal, Quebec, Canada

ABSTRACT
The religio-cultural community of minority ethnic migrants can strongly affect post-migration adaptation. Whilst religion itself may influence resilience, the social support network it provides may also play a role. Extant literature on resilience and migrant communities has largely focused on refugees whilst the experience of younger voluntary migrants and second-generation immigrants, who may experience "acculturative stress", has been overlooked. This study examines 18–25 year old diasporic and post-diasporic Ismaili Muslim youth in Australia. Of the 11 youth respondents, five were Australian-born/raised ("post-diasporic") and six were recent immigrants ("diasporic"). Five community leaders were also interviewed for triangulation. Respondents were obtained using purposive and convenience sampling in two Australian cities. Results demonstrate how faith engagement and civic participation were utilised in developing resilience when facing mental health stressors encountered during the migratory and acculturative processes.

ARTICLE HISTORY
Received 5 September 2015
Revised 17 January 2016
Accepted 18 January 2016

KEYWORDS
Resilience; mental health; Australia; Muslim; religion; South Asian; immigrants

Introduction

The impact of the post-migratory experience on young voluntary migrants' mental health has often been overlooked. As mental health conditions often first manifest in adolescence (Patel, Flisher, Hetrick, & McGorry, 2007), it is important to examine youth resilience strategies. Migrants from faith-based communities may encounter particular stressors given their religio-cultural background and acculturative differences. This study examines recent immigrant and second-generation Ismaili Muslim youth in Australia and the role of their faith-based community in developing mental health resilience. It uses the terms "diasporic" and "post-diasporic" (Mukadam & Mawani, 2006) to refer to recent immigrants and second-generation youth respectively to acknowledge that second-generation youth are not "immigrants" as such.

Mental health in migrant communities

As described by the "healthy immigrant effect" (Ali, 2002; Asanin-Dean & Wilson, 2010; Fang & Goldner, 2011), voluntary migrants are often considered healthier than the host

CONTACT Karim Mitha k.mitha@sms.ed.ac.uk
© 2016 Taylor & Francis

population. Yet, no consideration is given to their mental health (Ali, 2002; Asanin-Dean & Wilson, 2010). This is troubling as the migratory process can involve various stressors affecting mental health. Additionally, Ali (2002) suggests that with greater length of residence in the host country, migrants' physical and mental health outcomes match those of the host population.

Migrants may experience isolation and alienation due to loss of kinship and social support (Fang & Goldner, 2011; Jibeen & Khalid, 2010; Khawaja, 2007). Practical challenges of language, work, study, and family obligations may cause additional stress (Bhugra, 2004; Jibeen & Khalid, 2010; Khawaja, 2007). Moreover, shifts in socio-economic status, non-recognition of foreign credentials, and uncertainties in immigration status may lead to depression (Ahmed & Reddy, 2007; Fang & Goldner, 2011; Pumariega, Rothe, & Pumariega, 2005). Recent migrants are often at risk of depression, anxiety, and post-traumatic stress (Khawaja, 2007; Pumariega et al., 2005).

Jibeen and Khalid (2010) suggest migration can lead to "acculturative stress" which can impact mental health. This may be in addition to feelings of marginalisation and discrimination (Bhugra, 2004; Pumariega et al., 2005); nevertheless, the extent to which this manifests in psychiatric conditions is unknown. Ali (2002) suggests prevalence of depression in African and Asian migrants may be influenced by resilience or their conceptualisations of mental health and illness.

Acculturative impacts on mental health

Whilst older migrants may settle into "ethnic enclaves", this self-marginalisation is not always possible for post-diasporic youth who balance expectations of traditional and host cultures (Bhugra, 2004; Pumariega et al., 2005). The effect of "acculturative stress" may result in loneliness, alienation, loss of identity, and mental health challenges (Jibeen & Khalid, 2010). Bhugra (2004) states that ethnic minority individuals born in Britain, or who had migrated before the age of 11, had an increased likelihood of common mental disorders. Whilst an estimated 27% of Australian youth aged 18–24 have a diagnosable mental health condition (Patel et al., 2007), little research has examined whether this is also reflected amongst ethnic minority youth. As South Asian communities are less likely to access mental health services (Khan, 2006), examining resilience strategies and the influence of religio-cultural variables of these youth on their acculturation and mental health is critical.

Religion as resiliency for mental well-being

Although resilience may be thought of as a "defence mechanism" to overcome adversity (Davydov, Stewart, Ritchie, & Chaudieu, 2010), it may also be viewed in terms of mental health promotion. Resilience goes beyond coping and managing stressors to overcoming challenges and formulating protection against negative life events. Understanding resilience is important when developing interventions and resources for mental distress (Davydov et al., 2010).

As approximately 25% of Australia's population is foreign-born (Khawaja, 2008), understanding immigrants' challenges and resiliencies is essential. This is particularly true for Muslim migrant communities for whom scant attention has been paid to their mental

health (Khawaja, 2007, 2008). Kalek, Mak, and Khawaja (2010) suggest discrimination, race riots, and resistance to mosque construction in Australia may lead to an already marginalised community becoming more insular.

The role of religion in mental health has been discussed in the literature. It may provide a sense of place and belonging and facilitate the creation of community (Ahmad, Cameron, & Stewart, 2005). Religious behaviours themselves may act as a form of resilience (Davydov et al., 2010). Indeed, Moreira-Almeida, Neto, and Koenig (2006) suggest increased involvement in religious behaviours is associated with positive mental health outcomes. For South Asian Muslims, religion may provide a sense of meaning and comfort whilst discouraging suicide ideation (Haque, 2004). Although an externalising locus of control can be viewed negatively (i.e., Dein, 2010), Bhugra (2004) argues the opposite claiming it encourages acceptance of one's condition and leads to developing coping strategies. For Muslims, these include visiting a religious healer or spiritual/community leader, seeking guidance through prayer, or reading the *Qur'an/*religious texts (Haque, 2004).

The literature is contradictory regarding the effect of acculturation on Muslim migrant mental health. In the USA, Khuwaja, Selwyn, Kapadia, McCurdy, and Khuwaja (2007) found greater acculturated Pakistani Ismaili Muslim females experienced less depression. This was contrary to Asvat and Malcarne (2008) who suggested greater acculturated Muslim youth and those with an ethno-cultural "mismatch" with their parents experienced greater mental distress. In Australia, Khawaja (2007) and Kalek et al. (2010) suggested greater acculturation may lead to depression in Muslim migrants. Despite these results, little research has examined *resilience strategies* of Muslim youth and none in the Ismaili Muslim community.

The Ismaili community in Australia

The Shi'a Imami Nizari Ismaili Muslims, known as the Ismailis, are a diverse, multi-ethnic community residing in 25 countries worldwide and constitute the second largest branch of Shi'a Islam (Daftary, 1998). They affirm temporal and spiritual leadership to Aga Khan IV, their 49th *Imam* (leader), and trace this authority in direct lineal descent from the Prophet Muhammad (Daftary, 1998).

Initial Ismaili migration to Australia occurred in the 1970s with Ismailis now settled in Sydney, Melbourne, Perth, Adelaide, and Brisbane. The population is largely comprised of East African families of South Asian descent and recent migrant families directly from the Indian subcontinent. Community self-estimates report approximately 2000 Ismailis across the five cities and, similar to global Muslim demographics, a large proportion are "youth" (i.e., under 25). Given the community's geographic and social isolation from global Ismaili and larger Muslim communities, examining specific challenges to their mental health and resiliencies becomes pertinent. This community, like other global Ismaili communities, organises intra-community social services and programming. These are largely beneficiary-driven, run by volunteers, and overseen by religious leaders appointed by the Aga Khan. The community believes these social structures lead to greater resilience but there has been no empirical investigation to back this claim.

This research, therefore, examines the role of the faith community in developing mental health resilience amongst diasporic and post-diasporic Ismaili Muslim youth in Australia.

Specifically, it discusses mental health stressors experienced by these youth and the mechanisms employed in developing resilience. Moreover, it examines whether intrinsic religious factors, communal support, or extant social support factors influence resilience strategies.

Methods

Participants

Respondents were obtained from Ismaili youth aged 18–25 who attended *jamatkhanas* (houses of worship) in two Australian cities with large Ismaili populations. Questionnaires examining well-being, mental health stressors, and utilisation of and receptivity to community-based services were distributed to youth across these centres. Thirty-four youth responded and completed the questionnaire and 11 informants were then selected for follow-up qualitative interviews following typical and deviant case sampling (Palys, 2008). Denscombe (2007) explains this can reflect variant views of the population of interest. This paper examines the qualitative data generated from the study. The mean age of interviewees was 21.1 years (s.d. = 2.0) and there was no statistically significant difference between the age of those interviewed and those not. Seven men and four women were interviewed. Five respondents were Australian-born/raised (i.e., "post-diasporic"), according to the classification by Asanin-Dean and Wilson (2010), whilst six were recent immigrants (i.e., "diasporic"). Interviews were also conducted with five community leaders (three women, two men) for triangulation. For anonymity, informants whose responses were used herein are noted with pseudonyms. Although the small sample size may limit generalisability (Denscombe, 2007), the intent was to achieve a meaningful understanding of youth experiences in a particular religio-cultural community and the significance they attached to these experiences. The novel nature of the study may have implications for understanding mental health challenges and youth resiliencies in other migrant communities.

Procedure

A semi-structured interview schedule was used involving 10 exploratory, open-ended questions examining youth's ethno-cultural heritage, experiences as young Australian Ismaili Muslims, stressors to their mental health, and the role of religion in their lives. Explanatory probes were used to enable participant elaboration. All interviews were conducted at the *jamatkhana* in a classroom or meeting room, with the exception of four conducted at a local café based on participant preference. Interviews lasted approximately 45 minutes. Informed, oral consent was obtained and interviews were digitally recorded and/or transcribed *verbatim*.

Analytic approach

Data were analysed using a qualitative inductive thematic approach. This approach is useful in health research (Asanin-Dean & Wilson, 2010) and in examining under-researched populations (Khawaja, 2007). Transcripts were read repeatedly for data familiarisation and

uploaded onto NVivo 10, a qualitative analysis software package enabling transcript cross-comparison. Preliminary impressions and interpretations were coded inductively from individual transcripts and used to generate themes within each informant "category" (i.e., recent immigrant, Australian-born/raised, leadership). Overarching themes were then developed across all categories. These superordinate themes are analysed herein. Ellipses in quotes indicate additional material from the participant's response was omitted, whilst material in square brackets signifies clarification.

Findings and analysis

Questionnaire data showed 75% of respondents believed they faced particular mental health challenges. The qualitative data presented herein elaborate on this within the context of two superordinate themes linked to community and religion.

Religious community as strength

Respondents felt their faith-based community offered a dual means of developing resilience. Faheem, a diasporic youth, states:

> the Ismaili religion is not just the religious aspect but the social aspect as well.

This implies respondents construct a dual meaning of religion: engaging in "the religious aspect" through faith-based practices and "the social aspect" through community-making. The social role of the religious community will be examined first.

Providing a sense of belonging

Participants reflected on how involvement in the Australian Ismaili Muslim context caused a reformulation of their sense of belonging and understanding of community. Amjad, a diasporic youth, observes:

> sometimes they miss their families. When I came [to] this country … the second day I was crying and now after six months I was [still] crying. I haven't been back.

For Amjad, the migratory process resulted in feelings of isolation, sadness and a longing for those "back home". This aspect of being emotionally and physically separated from one's background is common for migrant communities. The Ismaili community leaders acknowledged this reality. One leader, Fayyaz, said one way to overcome this would be

> if we had … a greater sense of … community, a greater sense of belonging.

Whilst Fayyaz's quote reflects the leadership's view of a need for communal togetherness, youth themselves felt differently. Faheem said for many migrants a common issue was

> trying to find your own people, which was very easy over here, there being a big Ismaili … community … you find a lot of people that you somehow know … I don't think it [feeling isolated] was an issue … your own people means … people from back home, from that society, people who you could relate to.

Faheem suggests finding people from "back home" facilitates community-making due to a shared ethno-cultural background and identifying with people with similar customs and

values to ease transition into the new host society. Whilst the leadership perceived youth do not feel a sense of community, Faheem shows how the *presence* of an Ismaili community and locating fellow compatriots enables youth to respond to feelings of anxiety, depression, and loneliness. The ability to find one's "own people" facilitates the building of social networks and, as Faheem indicates, youth themselves are actively engaged in community-making:

> youth … interact all the time … we had the Fusion Night … where … locals … international students … We all got together and participated, performed dances … plays, skits … there [are also] sporting activities where … youth come together and … different things which … provide a chance … to interact … youth here are very social … as far as interacting together, that's taken care of.

Whilst the leadership expressed concern over the youths' sense of belonging, Faheem's examples highlight their ability to devise various means of engagement, skills development, and community-building. His statement regarding social bonds being created and sustained attests to the community's role in providing a sense of belonging for its youth.

Providing social support

Whilst the presence of an Ismaili community helped establish a sense of belonging in a foreign land, respondents also spoke of the community's capacity building. Saleem, a diasporic youth, related some challenges:

> The ones without a lot of money have to work a lot and are under too much mental pressure. They have to look for a job, account for their own expenses … [university] fees and stuff. Some … have to send money back to India [or Pakistan]. In the initial stages, some people lose it … and … they go back. I've seen people [with] … financial issues … and social issues … no family, no friends in the initial stages … too much pressure … they left their studies … they couldn't cope and went back. It is difficult to find a job … some of the employers … discriminate … You wouldn't see it on papers, but it's there.

Saleem's examples indicate how constant financial pressures, social isolation, and expectations from family "back home" are realities for recent migrants. His friends being "unable to cope" or achieve expectations due to perceived discrimination, and even "losing it" shows that consequences of migration can cause extreme mental distress. Saleem's account of his compatriot's experiences demonstrates how individual pressure and psychosocial baggage of familial and societal expectations from one's country of origin can precipitate mental distress. Although the Australian Ismaili community recognises this, Ali, a post-diasporic youth, states:

> There's no channel at all to go if you have a problem, but people do help out when they can … You can't just turn to a board and say "my son's having an issue and how can you help" kinda thing.

By saying "you can't just turn to a board", Ali recognises that though there are extant Ismaili institutional support structures, their level of support may be limited. Inherent in his response is that one cannot simply use institutional bodies to *solve* problems, but rather as a form of *support* through various circumstances. His statement that "people do help out when they can" simultaneously dichotomises the capacity of the Australian

Ismaili community's institutional body and Australian Ismailis themselves, whilst recognising the capability of beneficence on an individual level. This was echoed by other respondents who spoke about community members advising them on regulations for international students, assisting them in finding accommodation, providing practical advice about daily living and work in Australia, etc. This showcased a snowball effect within the community regarding advice and support to new entrants based on their prior experience. The effectiveness of the community's formal institutional services is limited by its small population across a vast area. Community leaders note there has been:

> a very transient population and … difficult history of settlement. (Munira)

As such, the leadership historically focused on settlement issues and only "after [19]95 [when] the jamat (congregation) settled" (Munira) was a greater emphasis placed on other social needs. Nevertheless, whilst uptake of community services is low amongst youth, its presence was seen as important. Though there is contention as to whether religious or community leaders should be the "first port of call" for welfare concerns, the availability of multiple avenues of support led Amjad to note "Ismailis are very lucky."

One community-led initiative was an annual residential youth camp. Its aim is to create engagement, build social support and community, address faith-based issues, and develop "soft" skills such as team-building and leadership. The camps started in 1990, but only recently resumed after a five-year break due to logistical issues. Youth wholeheartedly praised the camps and its aims. Ali explained:

> The camps are more focused here on inspiring the youth as opposed to teaching them … it's more about inspiring … helping them grow … the camp is a big thing for me … being part of something big.

It was evident the youth see these camps as a means of active engagement with each other and their religio-cultural community and important to enhancing their faith identity. The camps facilitate building social networks and a peer-based social support system. Ali's statement that the camps are for "inspiring the youth" and "being part of something big" indicate they play a central role in community-building and developing a sense of belonging which is vital for a small, disparate community.

Empowerment through service

Although the community leadership felt that youth were disengaged, youth themselves expressed active agency and engagement. Peer involvement played an important role. Saleem, a diasporic youth, explains:

> I … did … REC (religious education centre) teachers programme. I just wanted to serve … a lot of people approached me from *khane* (jamatkhana) and encouraged me to join.

Saleem's quote demonstrates that youth engagement is intrinsically and extrinsically motivated. For Saleem, extrinsic motivation to engage with his community came from peer involvement and encouragement. The role of positive peer influence was repeatedly echoed by respondents. Many post-diasporic youth related how they became acquaintances and friends with diasporic youth and encouraged their participation in social and voluntary programmes.

Youth were enthusiastic about the active roles they played:

> One of the main things that makes me really want to do things is … that … youth are given a lot of responsibility. It's not just … 'you guys are part of this team' but we are being given actual roles … actually being given responsibility and that makes me feel like … trust is being put into me so I'm able to … contribute. (Annie; a post-diasporic youth)

This demonstrates youths' enthusiasm about their involvement stems from a perception of opportunities for active engagement wherein "actual roles" act as positive reinforcement to deliver to the best of their ability. The fact youth feel engaged and heard counters the prevalent perception amongst the leadership that they are disengaged and disconnected. Instead, youth feel their involvement is beyond tokenism, and they can be real agents of change in their community. Recent migrants felt that the small *jamat* in Australia offered them a greater opportunity for involvement than in their home countries. Post-diasporic youth felt similarly and mentioned the chance to steer community programming in a direction to best meet their needs and interests.

Intrinsic motivation for youth engagement was ensconced within a religious paradigm:

> Hazar Imam (the Aga Khan) says do *khidmat* (service). Do *khidmat* of our *jamat*. If I do *khidmat* for other people, in [the] future, their kids [are] gonna help me … if possible … do your voluntary work outside the community as well, so maybe they can recognize that you belong to [the] Muslim community. (Amjad)

The notion of *khidmat* is heavily imbued within the Islamic ethos. This takes on a prominent role for Ismailis who consider the giving back of time in a voluntary capacity equally important to monetary charitable giving (Jaffer, 2012). Youth spoke of their desire to give back their time and knowledge in voluntary service as part and parcel of being an Ismaili. For Amjad, the centrality of the *Imam* and his guidance to his followers play a central role in his decision to partake in *khidmat*. Amjad's aim to volunteer outside the Ismaili community and being recognised as belonging to the Muslim community signify acting as an "ambassador of faith". Youth gave examples of efforts to engage with the larger Australian culture such as the national tree-planting day in Sydney to promote reforestation and healthier parks. Participation and involvement with local communities enable youth to be active contributors and citizens and to chip away at xenophobic and discriminatory attitudes towards Muslim migrant communities. This aligns with the Aga Khan's guidance on pluralism (AKDN, 2010) and it was this steer from the *Imam* which factored strongly in the desire for youth to be active members of their community. For Australian Ismaili youth, the ability to serve gives a sense of empowerment, encouraging them to express themselves, while building confidence. The religious significance of *khidmat* also demonstrates the importance of religious behaviours as resilience.

Religion as meaning-making

Faith practices also played an important role for Australian Ismaili youth in developing resilience strategies.

Religion as (an)other way of life

Respondents spoke of using their faith as an alternate and distinct means of relating to the world. Annie states:

> It's … like two different lives. We have the school and we have the … *jamatkhana* so I think we have two different ways to … shine and … two different ways to have confidence in ourselves.

Although Islam is typically considered a way of life, youth here tended to dichotomise their lives into two components: the school-life/secular and the *jamatkhana/*religious. This can be understood through the Islamic concepts of *din* and *dunya*, the spiritual (inner)/*batin* and temporal (worldly)*/zahir*. Whilst Islam acknowledges a distinction between the material and spiritual, they are considered interconnected and complementary processes through which one can manifest service to God (Haque, 2004). It is clear youth dichotomised these aspects into two, perhaps complementary, halves that make up the totality of their lives. They spoke of needing to "keep a balance" (Ali) between these two "lives". From a resilience perspective, this distinction of creating two separate life-worlds enables an opportunity to find alternate means of resource-creation and internal coping. Annie spoke of it affording "two different ways to have confidence" which suggests that if problems were encountered in one of their "lives", they would turn to the other as resilience. Rather than experiencing potential negative effects of creating a "fractured world", Annie's statement indicates youth view this dichotomisation as positive and enabling inner fortitude.

Developing "God-consciousness"

Youth also spoke of the positive impacts of faith-based behaviours and practices. The term "God-consciousness" is used as youth not only spoke of developing meaning through prescriptive ritualistic religious practice but also through informal religious behaviours. Annie's quote elucidates how youth engage with and employ "God-conscious" behaviours:

> My religion is … something that I have faith in. It gives me hope … if I have nothing else to turn to … I have turned to it before … like when I have an exam I sit down and [say] Ya Ali, Ya Ali, Ya Ali (O Ali). It just becomes so natural … a part of your life.

Annie's quote demonstrates the importance of faith in her life, both her religious affiliation and the spiritualistic aspect of religion. To her, faith is a constant enabling her to conquer adversity. Annie also alludes to the role of religious practice itself. She discusses integrating small acts of worship into her everyday life; for instance, reciting *dhikr tasbih* (remembrance of God) before an exam. Many respondents also spoke of informal religious practices as important; for example, performing *bandagi* (meditation), *dhikr*, reading speeches and sermons of the Aga Khan, etc. Many youth related how they, or close affiliations, used informal faith strategies whilst encountering challenges to their mental health. Annie saying these strategies "become part of your life" demonstrates these behaviours are ingrained, can be carried outside the formal religious space, and have become part and parcel of her well-being and everyday functioning.

Sense of place and meaning

Youth felt religious space itself was important and carried multiple meanings:

> JK (*jamatkhana*) is not just the place where you come and pray. That is one aspect, where an individual comes in for the well-being of his soul … besides that … also a social bond that we

> have when we come to khane … you come to this hub where you connect with your own people and people you know … (Faheem)

This quote demonstrates youth see *jamatkhana* as a religious and social space essential to establishing community. It enabled performing religious worship within a "sacred space" distinct from the outside world. Interestingly, none of the youth discussed actual ritualistic practices within *jamatkhana* but instead focused on the *capability* of such a space to facilitate engagement in religious behaviours. This suggests youth see the spiritual dimension of *jamatkhana* as most important which would explain why Faheem referred to it as a place where "an individual comes in for the well-being of his soul", implying a place to facilitate reflective contemplation and communication with the Divine and not simply ritualistic religious practice. Respondents also recognised the role of the *jamatkhana* as a social space, facilitating establishing networks. Faheem alludes to this, referring to the *jamatkhana* as a place where he can "connect with [his] own people and people you know". This dual function of the *jamatkhana* as a place which facilitates religious activity, enhancing religious faith and identity, and enabling community-making through social bonds plays an important role for these youth. For them, the *jamatkhana* was vital to their psychosocial well-being, enabling them to develop a "separate" world to escape from life's stressors, gain solace and comfort through spiritual and religious reflection, and develop social support networks.

Discussion

This study examined strategies youth in an ethno-religious minority migrant community use in developing resilience against mental health challenges from the migratory and acculturative processes. Though it involved a relatively small sample size within a specific religious community, findings could have larger theoretical generalisability for other Muslim and minority ethnic communities.

Little research has examined the impacts of mental health after the post-migratory process (Watters, 2001), and less on youth from ethnic minority migrant communities. Despite the role of community in providing social support against mental distress (Bhugra, 2004; Patel et al., 2007), examination of the link with resilience has been lacking, particularly in Muslim migrant communities (Khawaja, 2008; Moosa-Mitha, 2009). Although the role of acculturative stress on mental health is known, little research has examined this from the perspective of the acculturating diasporic and post-diasporic youth themselves (Asvat & Malcarne, 2008; Jibeen & Khalid, 2010; Kalek et al., 2010).

Whilst this study did not directly examine mental health status amongst these youth, they acknowledged facing numerous mental health stressors. Many recent immigrants spoke about challenges in balancing work/study life with obligations and expectations "back home" and financial pressures – aligning with previous research concerning migrant communities (Ahmed & Reddy, 2007; Bhugra, 2004; Fang & Goldner, 2011; Jibeen & Khalid, 2010; Khawaja, 2007; Watters, 2001). They also spoke about difficulties in progressing socio-economically due to perceived discrimination, which accords with perceptions of older, settled, Muslim migrants in Australia (Kalek et al., 2010). Some youth stated feelings of despondence and isolation being away from the "homeland", which is a common theme for migrants (Jibeen & Khalid, 2010; Watters, 2001). For

some, these stressors resulted in poor mental health outcomes, including depression and anxiety; however, what was important was how, and whether, they developed resilience. Whilst none of the post-diasporic youth interviewed expressed personal mental distress, some acknowledged individuals within their social networks had undergone that experience. Perhaps this awareness enabled them to devise their own forms of resilience.

The religious community as social support has been discussed extensively in the literature (Asvat & Malcarne, 2008; Moreira-Almeida, Neto, & Koenig, 2006). Whilst the leaders here perceived a lack of community amongst youth, the youth felt their faith community was important in developing a sense of belonging. It enabled an opportunity to find people they could relate to and provided a means of broadening their social networks and strengthening peer bonds. Respondents spoke about integrating new individuals into their social worlds through various community activities. Sports tournaments, fusion nights, and the camps enabled youth to come together, find opportunities to "fit in", strengthen social bonds, and build resilience through security of identity, feeling a sense of belonging, and developing a social support network. This sense of belonging provided within a faith community aligns with previous research with other, older migrant Muslim communities (Kalek et al., 2010).

Youth discussed how the community, both as a collective institution and individual members, were a resource in providing practical support where possible. This could serve as a social safety net mitigating the development of mental health conditions from migration (Asanin-Dean & Wilson, 2010). Conversely, this may create dependency and reliance on the ethnic community – essentially creating an ethnic enclave (Kalek et al., 2010; Pumariega et al., 2005). Whilst ethnic enclaves are often due to the need to identify with a group of people with similar values and customs to ease transition into a new society, Pumariega et al. (2005) suggest these can lead to youth defining their identity vis-à-vis the majority culture and developing maladaptive and antagonistic coping strategies. This was not found with Australian Ismaili youth. This could be due to the dichotomisation of their religious and secular lives which offered two ways of building confidence and resilience. In contrast to the clustered communities Ismailis often live in within the Indo-Pak subcontinent and in the diaspora (Mawani, 2006), the small and dispersed nature of the Australian Ismaili community meant youth had to develop other means of community.

Whilst some members of the community leadership felt Ismailis had insular tendencies, this was not echoed by the youth. Many spoke favourably of the community's efforts for practical support and inter-community engagement. What is striking is how civic participation acted as a form of resilience. Moosa-Mitha (2009) suggests faith communities are often more likely to engage in civic participation, and this study shows that not only applies within the Australian context but also mirrors other global Ismaili communities with their focus on volunteerism and establishing inter-community links (Jaffer, 2012). Dumont and Provost (1999) believe community involvement can act as a protective factor against mental health stressors and Moosa-Mitha (2009) argues this enables feelings of inclusion amongst youth. Moosa-Mitha (2009) discusses how volunteerism amongst Canadian Muslim youth was linked to themes of "visibility" and "voice" and important to youth resiliency. For Australian Ismaili youth, there are echoes of "visibility" – youth felt they were acknowledged as active members of the Ismaili community, and through local, external, community events such as the tree-planting initiative, they also felt they

were seen, and identified, as Australian Muslims and part of the Australian culture. This notion of pluralism plays an important role in developing resiliency as it counters against stressors of migration, acculturation, loneliness, and discrimination. Whilst Moosa-Mitha (2009) suggests the theme of "voice" and acknowledging youth's role in society was a form of resiliency, for Australian Ismaili youth it appears a theme of "agency" is more applicable. They did not seem content to simply have a say but wanted to be *actively* engaged and have opportunities to contribute. Youth spoke at length on programmes that were catered to and often run by them. These provided opportunities to address challenges they faced in a manner conducive to their needs. There was a clear sense of being active participants in their societies and wanting to be acknowledged as both youth and Australian Ismailis. It was not enough to participate and be heard but to actually be agents of change, running and organising community programming to engage with issues they faced, develop skills, and showcase talents. Their framing their involvement within a religious context aligns with Moosa-Mitha (2009) in that for Ismailis, their faith plays a central role in developing resilience.

Faith-based activities, or "God-consciousness", was also an important factor in the development of resilience. Whilst ritualistic and liturgical practices themselves did not seem particularly significant in their resilience or feelings of inclusion, unlike Mawani's (2006) finding for Ismaili youth in Mumbai and Toronto, youth here found strength in *faith-inspired* strategies including meditation *(bandagi), dhikr* (Ahmed & Reddy, 2007; Haque, 2004), and reading sermons of the Aga Khan. Drawing strength from "God-consciousness" follows from Moreira-Almeida et al. (2006) who note the role of religion in imbuing meaning and purpose in one's life and with extant research on Muslims showing they actively use faith-based practices when engaging with mental health difficulties (Ahmed & Reddy, 2007; Haque, 2004; Walpole, McMillan, House, Cottrell, & Mir, 2012). Whilst youth readily acknowledged facing mental health stressors, they spoke of being "lucky" as Ismailis to have faith-inspired strategies and institutional-based activities such as youth camps. These strategies enabled using religious-based guidance in coping. Although Moreira-Almeida et al. (2006) suggest greater levels of religious involvement is linked with better psychological well-being, most studies on religion and mental health examine this through religious attendance and prescriptive practice. In Islam, the role of congregational prayer is important with the *masjid*/mosque/*jamatkhana* being a hub for religious and socio-cultural activity (Jiwani, 2006; Lotfi, 2001). For Muslims in Western contexts, the mosque is often a hub for community life (Jiwani, 2006; Lotfi, 2001). Many are specifically constructed around the concept of community-building with classrooms, libraries, meeting rooms, gardens, and a formal social space (Jiwani, 2006). For Ismailis, purpose-built *jamatkhanas* and Ismaili Centres are spaces to build resiliency as a collective and engage with the external community.

Whilst Islam is viewed as a total way of life, youth here dichotomised religious and secular aspects of their life viewing them as distinct, but complementary, aspects of a whole. Though compartmentalisation of the self has been suggested to impact psychological coherence (Jaspal & Cinnirella, 2010), these youth explained dichotomisation affords "two different ways to shine … and have confidence" and is thus a positive mechanism to develop resilience against adversity. This finding is surprising and whilst Breakwell (2001) suggests identity threats from migration and acculturation can result in various coping strategies, further studies could examine the impact this has on identity.

Limitations and future direction

Whilst this study has shown many positive aspects in how these youth construct resilience, it is important to acknowledge limitations which could be addressed in further research. For instance, whilst these youth were quite involved with their faith community, and saw their involvement as addressing their needs in a faith and culturally sensitive manner, there was reticence in using community resources for direct mental health concerns. Given the community has also experienced a number of suicides, further studies could examine the role of shame and stigma in addressing mental health concerns in faith communities. The importance respondents attached to their faith in developing resilience strategies could also be situationally determined. Many of the interviews were conducted on mosque premises which may have unconsciously prompted youth to deliver faith-positive answers. Nevertheless, the mosque was stated as the preferred location for interviews for many respondents. As the youth camps were seen as an environment to discuss sensitive issues, further studies could examine how informal and semi-formal settings facilitate discussion of sensitive topics.

Although youth here expressed the importance of the *jamatkhana* as facilitating spiritualistic activity and social and spiritual bonding, solely relying on congregational attendance and engagement as a measure of resilience and religiosity may be limiting. Given respondents acknowledged many youth do not regularly attend *jamatkhana*, it is important to examine how *faith-inspired* strategies may influence resilience development. Youth camps, for instance, were considered a positive reinforcer for social support, building peer networks, and identity. Youth saw the camps as an opportunity to create a semi-formal space to bond, address socio-cultural issues, and enhance faith identity (Haji, 2011). The ability to grow through understanding each other's experiences would undoubtedly enable them to build personal resilience. Additionally, the community's size may result in the inability to be entirely self-sufficient and thus avoid the development of an adversarial youth subculture. Further research is needed on other Muslim migrant communities with larger populations to see if adversarial identities may be used as a negative form of resilience.

It is important to stress the perception amongst community leadership of a "lost generation" of youth. They attributed this to many factors, including the time when the youth camps were stopped due to logistical issues and other competing priorities. Youth themselves acknowledged some of their peers did not attend *jamatkhana*, and whilst this study makes no comment on the extent to which "non-attendees" are engaged with their faith community, further studies could examine how resilience strategies employed by these youth do, or do not, apply to youth who are not active participants in congregational worship. It could be the transitory nature of the community until fairly recently resulted in institutional capacity being divested to issues of migration leading youth to develop their own self-sufficiency and resiliencies. Despite the unwillingness to use faith-based services for mental health directly, the *presence* and opportunity for active engagement enables youth to develop their own resiliencies to address problems as they see fit.

Implications and concluding remarks

It is clear the faith-based community of Australian Ismaili Muslim youth enables them to employ a number of strategies in developing resilience – both through the community

itself and their individual faith activities. The faith community guides how respondents situate themselves as young Australian Ismaili youth in a differing socio-cultural context, and enables feelings of intra- and inter-community inclusion. This has broader implications on how faith communities can facilitate development of resilience strategies for migrants. The psychosocial support through community involvement and faith strategies themselves offer avenues of resilience. Through the development of social networks and self-actualisation, this involvement can bring a sense of meaning and purpose which can be vital when encountering stresses to mental health from migration and acculturation.

Acknowledgements

Research for this study was conducted whilst the authors were at The Institute of Ismaili Studies, 210 Euston Road, London, NW1 6DA. The authors would like to thank Rusi Jaspal and Zuleikha Haji for their comments on an earlier draft of this paper.

Funding

This work was supported by a travel grant from The Institute of Ismaili Studies.

ORCID

Karim Mitha http://orcid.org/0000-0003-2538-5130

References

Ahmad, F., Cameron, J. I., & Stewart, D. E. (2005). A tailored intervention to promote breast cancer screening among South Asian immigrant women. *Social Science & Medicine*, *60*, 575–586. doi:10.1016/j.socscimed.2004.05.018

Ahmed, S., & Reddy, L. A. (2007). Understanding the mental health needs of American Muslims: Recommendations and considerations for practice. *Journal of Multicultural Counselling and Development*, *35*(4), 207–218. doi:10.1002/j.2161-1912.2007.tb00061.x

AKDN. (2010). *Lecture by His Highness the Aga Khan: The LaFontaine-Baldwin lecture*. Toronto, Canada. Retrieved from http://www.akdn.org/Content/1018

Ali, J. (2002). Mental health of Canada's immigrants. *Health Reports, 13* (Suppl.), 1–11.

Asanin-Dean, J., & Wilson, K. (2010). "My health has improved because I always have everything I need here … ": A qualitative exploration of health improvement and decline among immigrants. *Social Science and Medicine*, *70*(8), 1219–1228. doi:10.1016/j.socscimed.2010.01.009

Asvat, Y., & Malcarne, V. L. (2008). Acculturation and depressive symptoms in Muslim university students: Personal–family acculturation match. *International Journal of Psychology*, *43*(2), 114–124. doi:10.1080/00207590601126668

Bhugra, D. (2004). Migration and mental health. *Acta Psychiatrica Scandinavica*, *109*(4), 243–258. doi:10.1046/j.0001-690X.2003.00246.x

Breakwell, G. M. (2001). Social representational constraints upon identity processes. In K. Deux & G. Philogene (Eds.), *Represention of the social: Bridging theoretical traditions* (pp. 271–284). Oxford: Blackwell.

Daftary, F. (1998). *A short history of the Ismailis: Traditions of a Muslim community*. Edinburgh: Edinburgh University Press.

Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, *30*(5), 479–495. doi:10.1016/j.cpr.2010.03.003

Dein, S. (2010). Religion, spirituality, and mental health: Theoretical and clinical perspectives. *Psychiatric Times*, *27*(1), 28–35.

Denscombe, M. (2007). *The good research guide for small scale social research projects*. Berkshire: Open University Press.

Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence*, *28*(3), 343–363. doi:10.1023/A:1021637011732

Fang, M. L., & Goldner, E. M. (2011). Transitioning into the Canadian workplace: Challenges of immigrants and its effect on mental health. *Canadian Journal of Humanities and Social Science*, *2*(1), 93–102.

Haji, Z. (2011). *The role of the curriculum as a mediating agency at Horizons Al-Ummah camp in Canada* (Unpublished Master's dissertation). The Institute of Ismaili Studies, London.

Haque, A. (2004). Religion and mental health: The case of American Muslims. *Journal of Religion and Health*, *43*(1), 45–58. doi:10.1023/B:JORH.0000009755.25256.71

Jaffer, M. (2012). "Volunteerism in Canada". Canada. Parliament. Senate. *Edited Hansard*, *148*(116). 41st Parliament, 1st Session. Retrieved from http://www.parl.gc.ca/Content/Sen/Chamber/411/Debates/116db_2012-11-06-e.htm#37

Jaspal, R., & Cinnirella, M. (2010). Coping with potentially incompatible identities: Accounts of religious, ethnic, and sexual identities from British Pakistani men who identify as Muslim and gay. *British Journal of Social Psychology*, *49*(4), 849–870. doi:10.1348/014466609X485025

Jibeen, T., & Khalid, R. (2010). Development and preliminary validation of Multidimensional Acculturative Stress Scale for Pakistani immigrants in Toronto, Canada. *International Journal of Intercultural Relations*, *34*(3), 233–243. doi:10.1016/j.ijintrel.2009.09.006

Jiwani, K. (2006). *Muslim spaces of piety and worship*. London: The Institute of Ismaili Studies.

Kalek, S., Mak, A. S., & Khawaja, N. G. (2010). Intergroup relations and Muslims' mental health in Western Societies: Australia as a case study. *Journal of Muslim Mental Health*, *5*(2), 160–193. doi:10.1080/15564908.2010.487722

Khan, Z. (2006). Attitudes toward counseling and alternative support among Muslims in Toledo, Ohio. *Journal of Muslim Mental Health*, *1*(1), 21–42. doi:10.1080/15564900600654278

Khawaja, N. G. (2007). The predictors of psychological distress among Muslim migrants in Australia. *Journal of Muslim Mental Health*, *2*, 39–56. doi:10.1080/15564900701238526

Khawaja, N. G. (2008). An investigation of the factor structure and psychometric properties of the COPE Scale with a Muslim migrant population in Australia. *Journal of Muslim Mental Health*, *3*, 177–191. doi:10.1080/15564900802487584

Khuwaja, S. A., Selwyn, B. J., Kapadia, A., McCurdy, S., & Khuwaja, A. (2007). Pakistani Ismaili Muslim adolescent females living in the United States of America: Stresses associated with the process of adaptation to US culture. *Journal of Immigrant and Minority Health*, *9*(1), 35–42. doi:10.1007/s10903-006-9013-y

Lotfi, A. (2001). Creating Muslim space in the USA: Masjid and Islamic centers. *Islam and Christian-Muslim Relations*, *12*(2), 235–254. doi:10.1080/09596410120051791

Mawani, S. (2006). *The construction of identities amongst young adult Nizari Ismaili Muslims in Toronto and Mumbai* (Unpublished PhD thesis). School of Oriental and African Studies, University of London.

Moosa-Mitha, M. (2009). Social citizenship rights of Canadian Muslim youth: Youth resiliencies and the claims for social inclusion. *Arab Studies Quarterly*, *31*(1–2), 121–140.

Moreira-Almeida, A., Neto, F. L., & Koenig, H. G. (2006). Religiousness and mental health: A review. *Revista Brasileira de Psiquiatria*, *28*(3), 242–250. doi:10.1590/S1516-44462006005000006

Mukadam, A., & Mawani, S. (2006). Post-diasporic Indian communities: A new generation. In S. Coleman & P. Collins (Eds.), *Locating the field: Metaphors of space, place and context in anthropology* (pp. 105–127). London: Berg.

Palys, T. (2008). Purposive sampling. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 697–698). Thousand Oaks, CA: Sage.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet*, *369*(9569), 1302–1313. doi:10.1016/S0140-6736(07)60368-7

Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, *41*(5), 581–597. doi:10.1007/s10597-005-6363-1

Walpole, S. C., McMillan, D., House, A., Cottrell, D., & Mir, G. (2012). Interventions for treating depression in Muslim patients: A systematic review. *Journal of Affective Disorders*, *145*(1), 11–20. doi:10.1016/j.jad.2012.06.035

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science & Medicine*, *52*(11), 1709–1718. doi:10.1016/S0277-9536(00)00284-7