vey, because 19 percent of mosques do not have imams (17). The comprehensive questionnaire—which included 79-items, a vignette, multiple Likert scales, and open-ended questions—may have been a barrier to imams whose primary language is not English and to imams who are overburdened with obligations. Other imams may have thought that a survey about mental health issues was not relevant to their role as a religious leader.

The sociopolitical climate in the United States also could have been a significant factor in lowering the response rate. During the time that we conducted our survey, the United States had embarked on a war against a Muslim country, Iraq, and the government had enhanced its surveillance of imams' sermons and mosques' activities. Some imams expressed their concern about our intentions for conducting this survey. Such concern may have also reduced our return rate.

Despite the low return rate of this anonymous survey, it elicited responses from a group of imams who are ethnically, professionally, and religiously diverse and who lead a variety of Muslim congregations throughout the United States, similar to the larger Mosque in America study, which was conducted before September 11, 2001.

Conclusions

Further studies are required to confirm our results and to describe the degree to which imams use community mental health resources. Also, future surveys to comprehensively assess needs should elicit the perspectives of Muslim congregants, especially women and persons who come from different cultures than their imams, to ascertain if their counseling needs are being met. We recognize the need to foster communication and trust between Muslim religious leaders and mental health professionals to improve access to religiously and culturally appropriate psychiatric services. As mental health professionals have done with other clergy (15, 18), they could collaborate with imams through outreach services to help fulfill a potentially vital role in improving access to appropriate mental health and social services for minority Muslim communities where there currently appear to be unmet psychosocial needs. ♦

Acknowledgments

Funding and resources were provided by the Payne Whitney Clinic psychiatry residency training program of the department of psychiatry at New York–Presbyterian Hospital, Weill Medical College of Cornell University. Dr. Milstein's work was supported by a grant from the social sciences division of The City College of The City University of New York.

References

1. Mental Health: A Report of the Surgeon General. Rockville, Md, Department of Health and Human Services, US Public Health Service, Office of the Surgeon General, 1999
2. Mental Health Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, Md, Center for Mental Health Services, 2001
3. Nimer M: The North American Muslim Resource Guide: Muslim Community Life in the United States and Canada. New York, Routledge, 2002
4. Christie-Smith D, von Brook P: Highlights of the 2001 Institute on Psychiatric Services. Psychiatric Services 53:32–36, 2002
5. Veroff J, Kulka R, Douvan E: Mental Health in America: Patterns of Help-Seeking from 1957–1976. New York, Basic Books, 1981
6. Larson DB, Hohmann AA, Kessler LG, et al: The couch and the cloth: the need for linkage. Hospital and Community Psychiatry 39:1064–1069, 1988
7. Piedmont EB: Referrals and reciprocity: psychiatrists, general practitioners, and clergymen. Journal of Health and Social Behavior 9:29–41, 1968
8. Schindler F, Berren MR, Hannah MT, et al: How the public perceives psychiatrists, psychologists, nonpsychiatric physicians, and members of the clergy. Professional Psychology: Research and Practice 18:371–376, 1987
9. Young JL, Griffith EEH, Williams DR: The integral role of pastoral counseling by African-American clergy in community mental health. Psychiatric Services 54:688–692, 2003
10. Wang PS, Berglund PA, Kessler RC: Patterns and correlates of contacting clergy for mental disorders in the United States. Health Services Research 38:647–673, 2003
11. Domino G: Clergy's knowledge of psychopathology. Journal of Psychology and Theology 18:32–39, 1990
12. Weaver AJ: Has there been a failure to prepare and support parish-based clergy in their role as frontline community mental health workers? A review. Journal of Pastoral Care 49:129–147, 1995
13. Weaver AJ, Koenig HG, Ochberg FM: Posttraumatic stress, mental health professionals, and the clergy: a need for collaboration, training, and research. Journal of Traumatic Stress 9:847–855, 1996
14. Milstein G, Midlarsky E, Link BG, et al: Assessing problems with religious content: a comparison of rabbis and psychologists. Journal of Nervous and Mental Disease 188:608–615, 2000
15. McMinn MR, Aikins DC, Lish RA: Basic and advanced competence in collaborating with clergy. Professional Psychology: Research and Practice 34:197–202, 2003
16. Haddad YY, Lummis AT: Islamic Values in the United States: A Comparative Study. New York, Oxford University Press, 1987
17. Bagby I, Perl P, Foehle B: The Mosque in America: A National Portrait: A Report From the Mosque Study Project. Washington, DC, Council on American-Islamic Relations, 2001
18. Milstein G: Clergy and psychiatrists: opportunities for expert dialogue. Psychiatric Times 20:36–39, 2003

Correction

In the brief report "Reactions of Staff Members to the Relocation of a Psychiatric Department to a New Building" by Kagan et al., in the June 2004 issue (pages 717–719), there is an alignment error in Table 1 (page 718). The values in the last row of the table should appear one place to the left.