2024

FAITH IN MENTAL HEALTH

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WOOLF INSTITUTE

Executive Summary

The Faith in Mental Health project was a dual research and public engagement project to study mental health provision for Muslim communities.

This report outlines findings from a two-year research project conducted by the Woolf Institute. It aimed to help bridge the gap between mainstream mental health care and Muslim communities through recognising the significant work being done by faith-based organisations. Within the report we share responses from participants and provide positive examples of best practice through case studies.

Muslim communities are often labelled as 'hard to reach', especially when trying to engage them in mainstream mental health care. Academic literature has cited different reasons for this, among them. stigma surrounding mental health is a popular argument for the underuse of support services in Muslim communities. However, this report suggests that while stigma is still present in some areas of Muslim communities, it is not the only factor that prevents individuals from accessing mental health care. Many Muslims actively seek out therapy or counselling but find that their faith is routinely ignored, and is sometimes viewed as a negative influence that should be abandoned. As a result, many Muslims, including those working in mental health care, feel that current statutory services do not recognise a large component of their identity and thus do not address their needs.

In this report we offer recommendations for how different agencies can utilise the learnings from this study. Our recommendations focus on providing religiously sensitive mental health care for Muslim communities. We propose leveraging expertise from Muslim-facing grassroots organisations, and for more religious literacy training for practitioners, particularly in areas with significant Muslim populations, to ensure a deeper understanding of the nuanced needs of Muslim patients.

Our recommendations are:

For the NHS:

- Where available, offer the option of religiously literate therapists or counsellors
- Collect more data about religious affiliation

For community groups and voluntary mental health organisations

- More knowledge and transparency around what therapy involves
- Use more well-being language

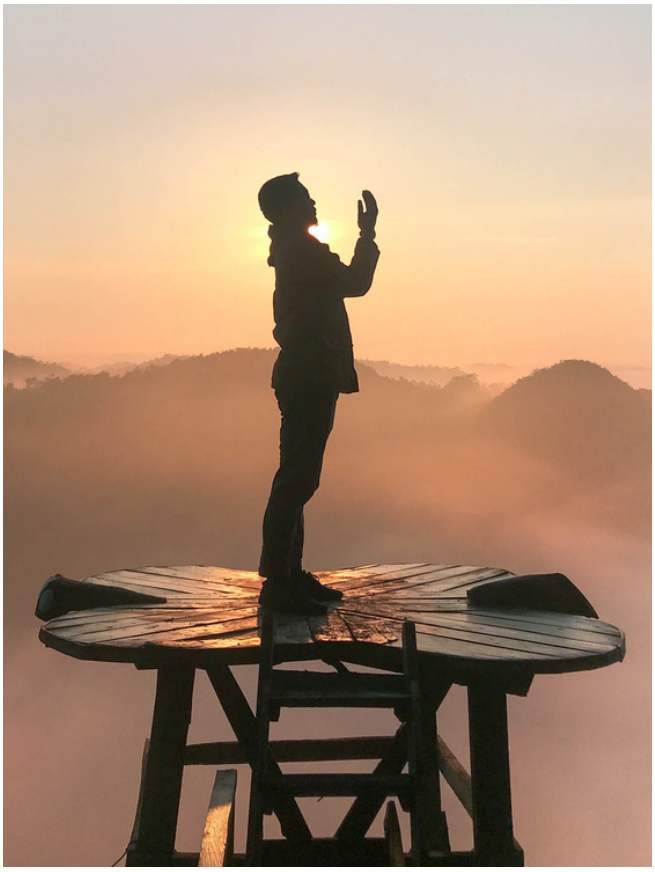
For Integrated Care Boards

- Create signposting resources for practitioners
- Offer a voucher system to allow more options for mental health care

Introduction

The Woolf Institute's Faith in Mental Health (FiMH) project began in June 2022 and set out with three objectives:

- to understand Muslim faith and mental health
- to help bridge Muslim communities and mental health services
- to encourage religious and mental health literacy



This report outlines findings from the two-year study which explored issues concerning mental health service provision and British Muslim communities. It offers some recommendations about how the NHS and other statutory or mainstream mental health providers can work with Muslim-led charities and organisations to offer more religiously sensitive services to increase their engagement with Muslim communities.[1]

An initial review of the field of mental health and Muslims revealed that much research has commented on the existence of stigma surrounding mental health in Muslim communities. However, little was found regarding the experiences of Muslim clients when accessing mental health care. The scarce collection of anecdotal accounts painted a dire picture of engagement between statutory mental health services and Muslim communities. The review also retuned a plethora of information and analyses of psychology in Islamic thinking, from the religion's primary sources to the philosophies of its 'Golden Age' scholars, and to more contemporary theory around Islamic psychology. This was surprising given the substantial number of studies on religious and community stigma in Muslim communities. As such, a secondary aim of this study was to understand whether stigma is being addressed in the community.

Following the literature review, the project continued with a roundtable discussion in August 2022. This discussion brought together individuals working in mental health, and those working within Muslim communities, including Muslim-facing charities, researchers, policy advisors and faith leaders. The purpose of this roundtable was to ascertain how the

1. Throughout this report we use 'mainstream' to refer to both statutory, or NHS, and voluntary mental health services that are public facing and not catered to a specific group.

FiMH project could contribute to existing research, while also positively impacting communities. Throughout the discussion it became evident that much was being done to combat the well-documented stigma of mental health in Muslim communities, so the conversation moved towards the theme of collaboration. Consequently, this roundtable, and the earlier literature review, formed the basis of a pilot study outlining the key themes that the larger FiMH project would examine (Abrar and Hargreaves, 2024).

After completing the pilot study, it was clear that there are many Muslim-led organisations offering well-being and mental health care at discounted rates, and sometimes without charge, to their local community. In some cases, they had collaborated with mainstream mental health providers like NHS Trusts or charities, leading to increased engagement. As a result, the FiMH study focuses on identifying and amplifying such examples. In doing so, we argue for an asset-based, collaborative approach to allow for more religiously sensitive provision options. This means utilising and working with the vast expertise and many grassroots organisations that already exist within Muslim communities to co-create mental health services that meet their needs. It is hoped that this report will offer insights into how more mainstream services can develop partnerships with community organisations in their area to promote more joined-up working in mental health care. In doing so, we believe, and our case studies show, that stigma around mental health can be addressed and religious literacy within statutory services can be increased.

To gather this data, we interviewed 37 participants from across England and Wales with varying involvement in Muslim mental health provision. Our participants were from a range of occupations including NHS and private therapists, counsellors, mental health charity employees, policy and service designers, and community organisations. England and Wales formed the basis of our participant recruitment pool given that data about mental health in these countries is often reported together. Although healthcare in Wales is devolved and NHS Wales does not follow the same structure as NHS England, this parallel data allows for comparison. As such, this report details responses from participants across England and Wales.

Key Findings

After analysing participant's responses, four key themes were found: policy gaps, knowledge gaps, collaboration, and next steps. Overall, there was a sentiment of disconnection between NHS and voluntary mental health services, specifically those offered by Muslim-led charities and organisations. While participants recognised the value of working collaboratively, they felt there were little NHS guidelines about how to go about this and which organisations can be approached. Participants also reported a general lack of religious literacy on the side of statutory services and feelings of mistrust from Muslim communities. The report outlines each of the key themes using participant responses. It also uses case studies to showcase examples of Muslim-led organisations and mainstream mental health services, both statutory and voluntary, working together to provide better care for Muslim clients.

Policy Gaps

> *"Essentially policy is a road map for practice on a national and a local level"*
>
> [Mental health charity staff member]

This theme refers to discrepancies and inadequacies in policies and regulations that govern the provision of mental health care services, both at national and local levels. These gaps can manifest in various forms, for example, lack of governmental focus on mental health provision, insufficient funding for mental health programmes, and a paucity of holistic care, including support catered to faith belief. Addressing these policy gaps is crucial to ensure that individuals experiencing mental health concerns receive the support, treatment, and resources they need for management and recovery.

Throughout fieldwork it became increasingly evident that policy surrounding mental health is unclear at national and local levels. Generally, in the UK mental health services can be accessed at primary (through a GP), secondary (community mental health teams), and tertiary (inpatient or specialist care) levels however, the quality and accessibility of services

at these levels can differ across geographical locations. According to our participants, the governments of England and Wales have acknowledged the need for mental health services within healthcare. In 2003, Wales introduced Local Health Boards (LHBs) as administrative units of NHS Wales which were subsequently merged with local NHS Trusts in 2009 to cover seven broad areas across Wales. In the Mental Health (Wales) Measure of 2010 the National Assembly for Wales placed legal duties on these LHBs and local authorities to assess and treat mental health issues.[2] NHS England has recently adjusted its structure. In July 2022, Integrated Care Systems (ICSs) were established to replace the former Clinical Commissioning Groups (CCGs). Like Wales' LHBs, the ICSs cover larger areas than the previous CCGs, and are responsible for planning and funding health and care services in that area, including mental health. We note these organisational structures to illustrate that mental health is included in government healthcare plannings, however respondents of this study stated that it is not standardised across the countries, or even across NHS Trusts.

> ***"one of the most recent examples which has been very disappointing for us is that many of the existing national strategies on mental health came to an end … so politicians decided that they would develop a 10-year mental health plan, from prevention to crisis, and that it would cover all ages. About 3 weeks ago, they decided to just dump that, despite having consulted extensively with communities and the sector"***
>
> **[Mental health charity Associate Director]**

Mental health is often cited in government health care policies, but changes in its commitments to mental health provision have caused uncertainty among practitioners, charities and advocates. In January 2023 the Department for Health and Social Care announced it would be replacing its previous commitment to a 10-year cross-government mental health plan with a 'Major Conditions Strategy.' The Major Conditions Strategy aims to improve outcomes over five years and broadly focuses on several different health conditions, including 'mental ill-health'.[3] Around 28,000 people contributed to the original 10-year plan, sharing their insights, expertise, and lived experiences, so the decision to replace this garnered major concerns and frustration from across the field of mental health. Since this new shorter strategy seeks to address various conditions, questions were raised as to how funding will be allocated for each of them. The Strategy highlights intentions to utilise community support for health, including mental health, through its ICSs, however little has been said about how this will be done, or how organisations can contribute to this.

On a more local level, NHS Trusts often do not have standardised policies about working with communities. Subsequently, some NHS Trusts have good relations with their local communities and local voluntary organisations, while others have not engaged with any. We spoke to NHS practitioners in various roles who expressed that there are very few, and often no, guidelines about which external organisations they can work with. In cases where practitioners were not Muslim, they were usually unaware of Muslim mental health organisations working in their locations, or nationally, that Muslim patients could be referred to for further support

2. https://nwssp.nhs.wales/a-wp/governance-e-manual/putting-the-citizen-first/mental-health/
3. https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2

Knowledge Gaps

Case Study:
Green Lane Mosque, Birmingham

Green Lane Masjid (GLM) and Community Centre is a mosque based in the centre of Birmingham. There is a sizable Muslim population in Birmingham, so many organisations in the area have noted the need for religiously literate services, including mental health. GLM works with many secular and statutory organisations to provide this.

GLM is a good example of a Muslim organisation offering holistic support and working with mainstream mental health services in their area. It has a strong focus on youth development and engagement. The mosque runs a variety of programmes for young people, including Islamic studies classes, sports activities, and leadership training. These initiatives aim to provide young people with positive role models and opportunities for personal growth and development.

Wikipedia

'Knowledge gaps' collectively describes responses from participants that suggested a lack of understanding or information about a topic. Recognising and addressing these gaps is vital to improving mental health services and increasing engagement from Muslim communities. Participants of this study reported a lack of recognition of the role that faith plays in people's lives, and therefore its protective factors. Without this understanding, practitioners are unable to provide holistic care for Muslims who feel their faith is a fundamental part of their identity. Additionally, participants identified the need for more mental health literacy to empower individuals to access care. The lack of knowledge about mental health within some Muslim communities can prevent individuals from approaching services as they may be deemed as unsuitable or unnecessary. There is often stigma attached to these views, especially around more severe mental illnesses, like psychoses, which further makes people hesitant to access mental health care.

Religious literacy in healthcare enables the provision of holistic care that considers a patient's religious beliefs and values. It is often related to better outcomes for patients who identify faith as being a significant part of their life. It was discussed extensively among participants and was described as a factor that would help ensure Muslim patients feel more comfortable when seeking support. It is important to differentiate between religious and cultural competency. Religious competency includes having knowledge about basic Muslim beliefs and how these may be relevant to the patient. On the other hand, cultural competency involves being aware of the ethnic background and social contexts that the patient experiences. Though they are different, religious and cultural ideas often overlap, especially among migrant Muslim communities. So, while it is essential that practitioners are religiously literate, it is also helpful to be aware of cultural differences that may impact how someone observes their faith or thinks about mental health.

Participants of this study continuously referred to concerns from some Muslims that felt mental health practitioners would dismiss their religion, or even view it negatively. This is not unique to Muslim communities, individuals from all faith backgrounds have reported feeling reduced to their symptoms and their beliefs being disregarded as irrelevant. However, because of this, many Muslims are hesitant to access statutory mental health care due to a fear of their faith being misunderstood, or, more adversely, used against them. A greater understanding of religious beliefs would help service users feel comfortable to discuss their faith in mental health care and equip practitioners with enough information to offer appropriate treatment that accounts for faith beliefs. For example, a volunteer at a mental health organisation reported that Muslim patients often have to teach therapists about why their beliefs are important or why they simply *"can't just take off their hijab."*

"I think that mental health terminology doesn't fit well in Muslim communities, you have to use other terminology like well-being or self-care and then they're like oh that sounds more acceptable"

[Peer Designer from Peterborough]

Cultural literacy is equally as important – several participants noted language as a factor that can prevent many Muslims from accessing mental health care. A GP in London noted the barriers that elderly migrant Muslims face because English is their second language. Not only does this make it difficult to communicate their experiences and symptoms, but also presents challenges for practitioners in communicating treatment options. Facilitating translators would aid this and allow patients to describe symptoms and worries in a way that makes sense to them. Another participant, a psychotherapist, introduced the notions of 'cultural closeness' and 'cultural distance' – the idea that practitioners should consider and be aware of clients' normative cultural and religious practices to determine what their underlying concerns are. Integral to this is the understanding that a patient may not have the language to explain their mental health or may not recognise they are experiencing mental ill-health. This was reiterated by another GP who suggested that Muslim patients can sometimes experience "psychosomatic", or physical, symptoms that stem from mental health issues, so it is crucial to be aware of the ways in which Muslim patients can experience symptoms.

While all participants emphasised the need for religious literacy in mental health care, many participants working in NHS settings were concerned about the lack of information or training available for this. It is widely acknowledged that health care resources are scarce, however several participants noted the value of existing chaplaincy staff in delivering religious literacy training. A participant recounted a time they were able to offer insight into beliefs that are commonly held among Muslims to help psychologists assess whether a patient's beliefs were normative or of concern:

"I was able to facilitate discussion, [and] provide context to the healthcare professional, in this case psychologists, that these are some of the mainstream, deeply held beliefs"

[NHS Chaplain & Imam]

Green Lane Mosque is a positive example of a Muslim-led organisation providing religiously and culturally sensitive support for their community. The mosque recognises the importance of addressing mental health issues within their community and has established helping services and resources to support individuals experiencing mental health concerns. They provide counselling services, support groups, educational workshops, and referrals to mental health professionals as needed. GLM provides a holistic approach that acknowledges people's faith.

Their mental health work is grounded in Islamic teachings and principles, promoting holistic well-being and emphasising the importance of seeking help and support when facing mental health challenges. The mosque aims to reduce stigma surrounding mental health by offering a safe and welcoming space for individuals to discuss their struggles and seek assistance.

We spoke to two individuals at GLM who, at the time of interviews, were working at the mosque. One spoke about how the COVID pandemic increased the need for mental health support at the mosque. GLM met this need by setting up a helpline, 'Here4U', which was designed to provide emotional support to their community during this time. The helpline was managed by qualified counsellor and listeners, and offered listening and signposting services.

Mosques are often the first place that Muslims seek help for their mental health, and they deal with problems ranging from financial support to bereavement. As such, many of GLM's staff members take on an indirect counsellor role, and so ensuring they themselves have access to mental health support is essential for them to be able to offer help to the community. Consequently, GLM offers this support for their staff by providing resources and helping sessions to their colleagues. One staff member said:

"we had a programme called Supporting Colleague Mental Health … We provided [a] toolkit for line managers to be able to support their colleagues … So, it was about listening better, having better empathic conversations, how to take a break, work related stress, how to work well in a hybrid fashion. Because we saw a lot of people who were working in a hybrid manner. They kind of seemed to be very stressed as well"

Other mosques can learn from GLM's by:

- Establishing mental health programmes to meet the needs of their communities
- Providing mental health training for mosque staff, such as mental health first aid
- Providing specialised Muslim mental health support for staff members

Collaboration

This theme explores the importance of collaboration between statutory and voluntary services, the benefits it brings, and strategies that can foster successful partnerships. We use the example of a collaboration between CPSL Mind and The Lantern Initiative to illustrate its value and what it entails.

Case Study:
CPSL Mind & The Lantern Initiative, Peterborough

Cambridgeshire, Peterborough and South Lincolnshire Mind (CPSL Mind) is a mental health charity offering an extensive range of services for its local communities. The Lantern Initiative is a grassroots, Muslim-led mental health charity founded in 2015, based in Leicester and Peterborough. It aims to increase awareness of mental health in Muslim communities through providing educational workshops and events to reduce stigma.

Collaboration was an overarching theme throughout analysis. Statutory and voluntary mental health agencies play vital roles in addressing the diverse needs of individuals and communities, making collaboration between the two increasingly essential. Combining their unique strengths and resources could better serve the most vulnerable and marginalised populations.

Throughout the FiMH project, we came across many Muslim-led organisations that offer mental health care that is catered to Muslim needs. Some of these focused on cultural needs, like addressing mental health ignorance and stigma, while others established free or discounted services with religiously literate counsellors or therapists trained in Islamic Psychology. In contrast, when interviewing NHS practitioners, or mainstream mental health charities, religious literacy was usually reported as lacking. This led to questions as to why there is a dearth of religious literacy in mainstream services. After speaking with Muslim-led grassroots organisations it is clear that they are filling a gap in provision and offering holistic mental health care for Muslim communities.

Participants in this study called for an asset-based approach to collaboration. They emphasised the need for statutory mental health providers to engage with existing Muslim organisations who have credibility in the community and to utilise their expertise to improve mental health care for Muslims.

> ***"there is a need for the NHS to engage with, listen to, find the expertise which is within the context, the community"***
> **[Islamic Counsellor]**

Respondents also highlighted the values of collaborative work in mental health. While Muslims are often described as a 'hard to reach' community, participants suggested that this is not true and Muslim communities have not been engaged in appropriate ways that account for their unique needs. It is therefore vital that mainstream or statutory providers are aware of how to engage Muslim communities. This can often be difficult if individuals have had negative experiences in mainstream care as trust has been lost, and it is no longer viewed as a safe or helpful space. Trust is an essential component in mental health provision and, as we mentioned earlier, many Muslims are hesitant to access mainstream services because they do not trust that their beliefs will be accepted or tolerated in their treatment.

To overcome these challenges, participants recommended working with Muslim-led organisations that are trusted in their local community. Organisations like charities, community groups, and mosques can act as gatekeepers to help understand what Muslim communities need in mental health care, as well as vouch for the credibility of the services provided. There are various practicalities to be aware of when establishing such collaborations, whether statutory or private, mainstream or specialist, This is especially true when one organisations is more established, or larger, than the other. Participants noted that it is necessary to clearly set out expectations and responsibilities when working in partnership. The case study of CPSL Mind and The Lantern Initiative is an example of successful collaboration and the efficacy of co-production. The partnership between the charities showcases how different organisations can work together to create better service provision for Muslim communities. It also highlights the work necessary to collaborate successfully.

CPSL Mind offers a course for new mothers focusing on the five ways to well-being called 'Connecting Mums'. After observing that the service was not attracting Muslim mums, a collaboration between CPSL Mind and The Lantern Initiative was established in 2021 to offer a more religiously sensitive course for Muslim mums. The collaboration used peer designers who were Muslim women with lived experiences of perinatal mental health challenges to collect data about the needs of new Muslim mothers. CPSL Mind and The Lantern Initiative has since published an evaluation of its service which revealed that the co-designed service was successful in engaging Muslim women in Peterborough. It also emphasised the value of the collaboration in bringing about this increased reach.

"I think you just have to be ready and open to listen and learn because you'll find things that you didn't expect to find. So just having that open and honest approach to learning is, I think, the way to go, because we were all on a huge learning journey while we were doing it."

[Peer Designer in Peterborough]

CPSL Mind staff and peer designers noted the value of working with a Muslim-facing charity when engaging a 'hard to reach' community. Due to the expertise of The Lantern Initiative and the trust they had already established within the Peterborough Muslim community, CPSL Mind was able utilise this to offer a service that was designed in consultation with the community. Participants from both charities also reiterated that collaboration must be reciprocal, in other words, it must be mutually beneficial. In this case study, CPSL Mind was able to engage a community that it had previously not accessed, while The Lantern Initiative was able to further establish their profile in Peterborough. For both organisations, this collaboration led to further partnerships with other agencies aimed at offering more holistic and religiously or culturally sensitive support, suggesting that there is increasing acknowledgement of the benefits of collaborative working.

"it's that link with grassroots organisations, that link we had with [The] Lantern Initiative it's so valuable, having their knowledge, having the trust that the community already had in them, and their knowledge of how that community works … so I think that is where that's an invaluable partnership and I think doing any work, looking at any different community that you want to access, it's about what's already in there that you can build on and how to get that trust and confidence"

[Manager at CPSL Mind]

Other organisations can learn from this by:

- Being aware of what is already available and working within Muslim communities
- Being open to working with other mental health organisations
- Being willing to learn from each other
- Consulting the target community to learn about their needs

Next Steps: Integrated Care Boards

Case Study:
Mindworks UK, London

Mindworks UK is a Muslim-led mental health organisation based in London. Among other things, they offer faith-based counselling, workshops, coaching, and training. They are showcased as an example of a voluntary organisation who are able to effectively navigate and collaborate with Integrated Care Boards (ICBs). MindworksUK are members of other umbrella groups such as the Muslim Mental Health Alliance, and are committed to engaging in partnerships with other organisations.

This theme comments on how we can utilise the new NHS England structure to establish collaboration. An Integrated Care Board (ICB) is a governing body responsible for overseeing and coordinating the delivery of health and social care services within a specific region or locality. It brings together various stakeholders, including representatives from health and social care organisations, to collectively plan, commission, and manage services that address the needs of the population. They are imperative to ensuring good governance of mental health services. ICBs replaced Clinical Commissioning Groups (CCGs) in 2022. The main function of these boards includes assessing the healthcare needs of the local population, developing a commissioning plan to address those needs, and contracting with healthcare providers such as hospitals, community services, and mental health services to deliver the necessary care. They also monitor the quality and effectiveness of the services they commission and work to improve health outcomes for the population they serve.

The NHS currently faces a plethora of limitations and challenges. Despite increased recognition of mental health issues and efforts to improve overall provision, the NHS still struggles with long waiting times, limited resources, and a lack of specialised services that are culturally and religiously appropriate. These limitations not only hinder timely access to mental health support but also contribute to a significant gap in the quality and effectiveness of treatments. Many participants discussed that the NHS was not particularly equipped for mental health services that incorporate religious and cultural differences. However, it is hoped that the new ICB system will be able to address some of these concerns through its emphasis on working with the community.

A lack of information about ICBs and other NHS systems was a recurring theme in this study with many unsure how to navigate these bodies. Many participants stated they were unsure how to effectively engage with ICBs, and that ICBs were not actively engaging with voluntary groups. Nonetheless, Mindworks UK has maintained good connections with their local ICB. A staff member said:

> ***"It's around knowing who is in your community and establishing those relationships. Because that partnership existed when there was CCGs, that's kind of carried on and on. And I've been saying this like for the last couple of days with clients and things, because relationships can't live on emptiness"***

The staff member detailed the value of voluntary organisations establishing relationships with other groups working in their community, and maintaining those relationships into the new ICB system. She also mentioned the importance of these relationships being ones of depth to ensure a long-lasting partnership.

Map of Integrated Care Boards NHS England

After asking what advice they would give to other organisations wishing to connect with their local ICB, a Mindworks UK staff member said:

> ***"I would always say, research all the organisations that come into health and social care and welfare, and counselling, children services, adult services, within their borough. Then, look at who are the key people within the ICB and attend all their meetings. Get to know your community, and that is not just the people that live there, but the organisations as well, the businesses as well, because these are the connections that you really need."***

Other mental health providers can learn from this by:

- Contacting their local ICB to introduce themselves and their work
- Attending any community meetings set by the ICB to engage with the system
- Establishing relationships with other community groups in the area

Conclusion

This report has further reiterated that mental health provision for Muslim communities is a crucial issue and should be given the attention it deserves. Stigma surrounding mental health in Muslim communities often prevents individuals from seeking help, resulting in unaddressed mental health issues. Participants of this study acknowledged this and suggested ways to address stigma in Muslim communities, mainly through more education and outreach from Muslim-facing organisations and leaders, and mental health professionals. They also highlighted the legacy of psychological thinking present throughout Islamic history and stated that outreach in Muslim communities should incorporate this to combat the idea that mental health care is not compatible with Islam.

Additionally, this report has emphasised the necessity of increasing religious literacy among mental health practitioners, particularly those working in public services. Though participants acknowledged stigma as a barrier preventing many Muslims from accessing care, they also noted the potential protective factors of faith as helpful. As such, they called for more religious literacy so that practitioners can identify the role that religion plays in a patient's life, and utilise this in their treatment. Participants felt it was crucial that this training be delivered by people with knowledge Islam and mental health – chaplaincy teams could be best suited for this because of their familiarity with both aspects.

Participants outlined the need for an asset-based approach to collaborative working by drawing on the vast expertise and action that already exists within Muslim communities. Our case studies show the value of working collaboratively, both with the community and with other organisations. So-designing services with the intended users will ensure that they meet their unique needs and are appropriate, leading to more engagement. Only through collaboration and understanding can we create inclusive, safe, and supportive environments for individuals dealing with mental health issues in Muslim communities.

Muslim communities are often described as being 'hard to reach', especially in relation to their underuse of public services like mental health care. However, participants and case studies in this report suggest that underuse of public mental health services is often due to them not meeting the needs of Muslim communities, as well as fear from Muslim patients that their Islamic beliefs will be viewed negatively. By addressing the lack of religious literacy in public mental health services and building trust within Muslim communities through collaboration, effective interventions can be developed to ensure that Muslim individuals receive the necessary support and care they require.

Policy Recommendations

In this section, we provide recommendations based on the research and findings. These recommendations are aimed at addressing the gaps, challenges, and opportunities identified, and offer practical solutions for various stakeholders involved. They are designed to guide policymakers, industry professionals, and individuals towards making informed decisions, implementing effective strategies, and maximizing positive outcomes in their respective fields.

Recommendations for the NHS

- **Where available, offer the option of religiously literate therapists or counsellors**

  In the Major Campaigns Strategy, the government expressed its intention to drive prevention at the local level to allow local services to address the needs of different communities. We argue that utilising existing expertise in Muslim communities, including Muslim-facing grassroots and voluntary organisations, is a way to offer more religiously sensitive mental health care for Muslim patients who want this.

  Additionally, we recommend that NHS staff do mandatory religious literacy training, such as the MOOC (Massive Open Online Course) developed by Cardiff University Islam-UK Centre[4] or through the chaplaincy team. This would ensure that at the very least, counsellors and therapists have an overall understanding of Islamic beliefs and Muslim mental health experiences. This would be especially important for areas with high levels of Muslim populations.

- **Better collection of data relating to religion**

  For further research into faith and mental health to have meaningful impact, it is imperative that the NHS seeks to obtain data on the religion of its patients, while also meeting its data privacy requirements. Currently, the NHS collects minimal data on religion, at least in its data that is publicly available. In order to appropriately assess the impact of its services on different communities, it is important to collect this data.

Recommendations for community groups and voluntary mental health organisations

- **Continue to offer more mental health literacy for communities; including more knowledge and transparency around what therapy involves**

  This study has noted that some Muslims may be hesitant to approach mental health care because they are not aware of what it involves. We recommend providing more information about what happens in therapy sessions and what mental health services offer. With this, participants explained the importance of emphasising the cultural and religious competency of individual practitioners to encourage people to attend services. This should include if therapists are culturally and religiously aware, as well as their qualifications and professional membership. Often there can be mistrust of public services, so reassuring communities of practitioners' competencies will help to dispel this.

4. https://www.futurelearn.com/courses/understanding-mental-health-in-muslim-communities

- **Adjust terminology when addressing stigma**

  Participants of this study indicated that the language used around mental health can deter people from partaking in discussions because of the stigma attached to it. Instead, they suggested adopting terminology associated with well-being and self-care as this is often more palatable to those who fear stigma around mental ill-health.

Recommendations for ICBs

- **Signposting resources for GPs and NHS Trusts**

  Throughout fieldwork, we found that health professionals did not know what was available in their areas, or how to contact or refer to the organisations. We recommend creating resources to help practitioners be able to refer patients to other services that can support them in their community. Given the NHS' duty of care to patients, the organisations that are used must be appropriate for patients to be referred on to. According to our participants, there are currently no guidelines about which community organisations patients can be referred to. As such it is pivotal to this recommendation that standardised guidelines be created about this. Due diligence must be taken to ensure organisations are equipped and reliable. For example, one criterion may be that the organisation should be an approved member of the British Association for Counselling and Psychotherapy (BACP). Thought must also be given to how many will be included, what the vetting process will be, and how it will be kept up to date. We suggest that vetting includes whether the individual is registered with the BACP, or if the organisation is registered with the charity commission or any other regulatory body. We recommend that ICBs create, distribute, and maintain these resources.

- **Apply a voucher system to mental health provision**

  Utilising a voucher system would allow clients to access services they feel are suitable for them. Participants mentioned how this is used for other healthcare services within the NHS, for example, a voucher system is offered for opticians services, or to obtain a wheelchair. By using a voucher system, patients would be able to find a counsellor or therapists that fits their needs.

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