

Rt Hon. Steve Barclay MP  
Secretary of State for Health and Social Care  
Department of Health and Social Care  
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7<sup>th</sup> July 2022

This letter was prepared by the Muslim Mind Collaborative (MMC), a collective which aims to widen the parameters of the agenda on mental health to consider the needs of faith communities. [MMC](#) was formed as a result of years of [research](#) and community consultations conducted into the mental health and wellbeing of British Muslims and drawing on academia, statutory services, community practitioners, faith leaders, faith-led and psychotherapy services, our partners in the children's care sector and those with lived experiences. It presents an authentic and credible voice in mental health.

MMC welcomes the [Government's call for evidence](#) to inform its ten-year plan to improve mental health in England. We wholeheartedly agree that mental health should achieve parity with physical health, and are encouraged to see the Government embark upon a long-term, sustainable strategy to achieve this. In particular, we are pleased to see the Government rightly acknowledge the need to support communities at greatest risk.

It is in keeping with this key focus on those at greatest risk that MMC submits its contribution to this call for evidence. A recent report into the mental-health struggles of young British Muslims undertaken by Better Community Business Network (BCBN) revealed that four in five young Muslim people said they had suffered mental health struggles, with 64% of survey participants in the study disclosing they had experienced suicidal thoughts. It also found that Muslim young people are three times more likely to look for support from friends than accessing services, with roughly the same amount of young people then not getting access to therapy. Three in five young Muslims, (61%), say it is important to them that mental health services display cultural/ faith sensitivity.<sup>1</sup> These are staggering figures which underscore the importance of centring faith in understanding and improving mental health and mental health services in England at all levels while still recognising the salience of faith in young people's lives.

MMC argues that a mental health plan which accounts for the diversity of experience amongst young people in England, and which includes a focus on faith and intersectionality, is key to achieving equitable outcomes in mental well-being.

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<sup>1</sup> *Hidden Survivors: uncovering mental health struggles of young British Muslims*, BCBN report  
[www.bcbn.org.uk/Hidden\\_Survivors\\_Full\\_Report.pdf](http://www.bcbn.org.uk/Hidden_Survivors_Full_Report.pdf)

## **Diverse Experiences Require Diverse Responses**

The MMC encourage the Government to promote positive mental well-being by taking a multi-pronged approach to promote mental welfare in England. Acknowledging diversity of experience should be at the forefront of efforts in the drive for positive mental well-being, and to level-up mental health. This includes paying attention to both individual needs and community context, and will undoubtedly involve recognising important aspects of identity, including faith.

As well as being a protected characteristic, faith can be used as a tool to leverage better mental well-being in many instances and MMC would be pleased to see the Government acknowledging the role this plays in resilience and mental health. Understanding the nuanced impression faith makes in modern British life when it comes to seeking and receiving mental care is critical to an inclusive approach to promoting positive mental well-being.

Equally important, is a frank and open understanding of how faith intersects with other aspects of identity and experience, including culture, class, employment, and the complexity of experience this creates. Client focused care which is not based on one ideology and accounts for this multiplicity of experience is integral to positive mental-well-being in England.

## **Addressing Root Causes**

Mental health issues are compounded amongst Muslim communities who face greater barriers to health, education, employment and housing. The latest research shows that approximately 50% of Muslims in Britain live in poverty.<sup>2</sup> With the links between economic insecurity and mental ill-health well documented, the Government must ensure wider contributing factors, and a faith-sensitive picture of mental health, is part of their plan to ensure good mental health outcomes for those most impacted.

Training, interventions, education and awareness raising programmes must not fall into a 'one size fits all' approach. The need to acknowledge the barriers faced by many in seeking support for their mental health, as well as the dynamics of relationships, and especially for young people who experience adverse childhood experiences and attachment disruptions.

## **Early Intervention**

If pandemic figures demonstrate one in five Britons experienced some form of depression as early as 2021, it is clear a cultural shift on a grassroots level is necessary to stem the flow of mental ill-health. This will need to include increased social connection and support for positive and healthy relationships.

The work to prevent the onset of mental health conditions must exist outside of the NHS and be faith- and culture- sensitive to be truly effective. This should include a focus on providing IAPT programmes, peer support via community faith settings and wellbeing services to ensure equitable access to support services.

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<sup>2</sup> *Muslims in Numbers*, MCB Report [https://mcb.org.uk/wp-content/uploads/2016/01/BMINBriefing7\\_Jan16.pdf](https://mcb.org.uk/wp-content/uploads/2016/01/BMINBriefing7_Jan16.pdf)

As well as signposting, a drive to ensure diverse communities are educated, well-informed, and possess the language to talk about mental health, through targeted interventions as well as public-health campaigns, is key to ensuring early detection amongst the public. Prevention is envisaged through investing in communities and their resources, inclusive of creating access to opportunities across the population groups, and by ensuring basic living conditions and needs are met.

Furthermore, mental health services must expand and increase to ensure they are reaching children, young people and families at an early stage, before unhelpful ways of coping become entrenched, and to offer accessible and appropriate support. This can be achieved through well-designed, effectively delivered specialist training for professionals so that they can deliver capacity-building psycho-education and support at an early stage.

### **Destigmatise and Grass-roots Investment**

For some communities who might anticipate not being understood by, or prejudice from, mainstream mental health support providers, efforts need to be made at a local community level to build bridges to mainstream support at the same time as encourage the development of locally based faith- and culture- sensitive services. These will be more effective in engaging families who might not otherwise seek help, and will help parents to better understand and support their children's mental health, as well enable them to feel more confident about seeking professional help if necessary. Key working links should also be built between mental health trusts, general practitioners and community and faith leaders.

If community mental health resources are developed and supported at the same time, mainstream services will be able to refer appropriate referrals and so reduce the pressure and waiting times, and provide local options for families to encourage access. This will also allow for more trainee placements at a local level, therefore contributing to the training of a more diverse and diversity-aware workforce.

MMC members also expressed a need to remove any profiteering from mental ill health in the public sector - to put people before profit.

### **Research and Data Collection**

Research and data collection is key to ensuring the best outcomes for those with mental health conditions. Surveys and research of client needs and follow-up plans should be part of efforts to do this, as should further research into the barriers to seeking help for marginalised communities.

MMC looks forward to providing further lived-experience, professional and academic insight and expertise to ensure the Government achieves its aim to address health disparities across the country and to improve the mental wellbeing of the nation by 2030.

### **Muslim Mind Collaborative Members Signatories:**

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