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## HIDDEN SURVIVORS

UNCOVERING THE MENTAL HEALTH  
STRUGGLES OF YOUNG BRITISH MUSLIMS

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# **HIDDEN SURVIVORS**

UNCOVERING THE MENTAL HEALTH  
STRUGGLES OF YOUNG BRITISH MUSLIMS

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## Introduction

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In 2009, the then Labour government put out for consultation its new vision for improving mental health, 'New Horizons: Towards a shared vision for mental health'. In it, it set forth a vision for how services would look a decade into the future: 'In 2020 all individuals will be treated with respect in an inclusive society, whatever their age, background or circumstances...Services will be attuned to the needs and wishes of individuals and communities and will actively promote equality. Inequalities for black and minority ethnic groups in access to and experience of mental health care will have disappeared.'

A decade on, we have seen a concerted effort to place a greater onus on mental health and wellbeing alongside physical health in indicators on the health of the nation. The 'parity of esteem' established in the 2011 Coalition Government's mental health strategy, 'No Health Without Mental Health', has enhanced consideration of and attentiveness to mental health in wider strategies for improving health and tackling health inequalities.

Moreover, research over the past decade has increasingly identified the particular problems facing young people in Britain when it comes to mental health and wellbeing. The Government Green Paper, 'Transforming Children and Young People's Mental Health Provision' is indicative of a greater policy focus on the building of resilience and mental health literacy among young people to ensure healthy lives in adolescence and beyond.

Against this backdrop of heightened interest in the mental health of young Britons and an enhanced drive to address and tackle health inequalities, and a decade on from the 2009 consultation with its lofty vision of services attuned to the needs wishes of individuals and communities, we are confronted with a lacunae that has a particular effect on young Britons of Muslim background: the deficient consideration of religion in policy discourse, policy initiatives, policy shifts and policy implementation.

While we have been able to identify copious references to race in the policy literature on mental health, with growing awareness of the availability, impact and consequences of service provision for individuals and groups defined by race, references to religion are, by comparison, meagre and sparse. Though we now arguably are more aware of the intersectional nature of identities and impacts of inequality, as experience and outcome, the focus in the area of mental health has been slow to adapt to the growing diversity of the British population and the needs of young Britons of Muslim background who suffer from low levels of wellbeing and poor mental health. As the Covid-19 pandemic has raged through Britain's ethnic minority communities with disproportionately high deaths rates and negative economic impact felt by British Muslims, the neglect of ethnicity and religion in policy discourse and practice is, rightly, under renewed scrutiny.

This report is principally based on the views and experiences of young British Muslims who have accessed mental health services. It provides a unique insight into types of mental health difficulties they experience, the role of faith and community - both positive and negative, the prevalence, or otherwise, of access to mental health services that are culturally competent and religiously literate, and their assessment, as service users, of the quality of services received and its effect on recovery and outcomes.

We welcome the commitment in the Conservative Party election manifesto to "treat mental health with the same urgency as physical health", thereby reaffirming the stances taken by preceding governments. We also take this opportunity to reinforce the significance of the promise to give greater control over their treatment to sufferers of mental health problems so that they may "receive the dignity and respect they deserve".

This report is a contribution to the “greater control” of treatments to Muslim mental health service users in the hope that the experiences they have shared in the course of the conference and survey on which this report is based, may yield positive changes in the dignity and respect afforded to them by statutory services, mental health practitioners and, importantly, from within Muslim communities. We hope it will serve as a useful reminder that mental health problems affect people of all backgrounds and a ‘one size fits all’ approach to services is neither befitting nor beneficial for the individuals and their families who seek mental health support. In the context of underlying health inequalities and disparities evident in the impact of Covid-19 on ethnic minorities, this report highlights the need to address the causes of poor health outcomes among minority ethnic groups by tackling structural racism and negative experiences that deter Muslims from accessing services, as well the importance of faith and culturally sensitive services to improve health outcomes.

Mental health policy in the UK has taken the pattern of decennial development, with consultations and plans devised in 1999, 2009 and 2019, with the publication of the Green Paper on improving mental health provision for children and young people. More recently, the Government has announced its intention to reform mental health legislation with a new Mental Health Bill expected in 2022. Other changes due to get underway include the introduction of a Patient and Carers Race Equality Framework and “culturally appropriate advocates,” to ensure ethnic minorities get the support and care they deserve, and the development of a Patient and Carers Race Equality Standard by the National Collaborating Centre for Mental Health (NCCMH). These are hugely important and welcome shifts in policy and practice. Reflecting on what has passed before and what must change in the future is essential if policy is to keep abreast of the increased prevalence of low mental health and wellbeing among different groups of young people in society, among them young British Muslims. We present these recommendations as vital steps towards change that is long overdue.

## Executive Summary

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- The most common mental health struggles faced by young Muslims were anxiety (53.8%), depression (49.4%) and stress (48.6%).
- More than half of young people who have experienced mental health struggles say they have turned to friends, (52%), followed by family (30%) and seeking help through therapy (20%). Nearly one in five, (18%), said they had turned to no one when undergoing difficulties. The importance of mental health literacy within Muslim communities cannot be emphasised enough particularly in relation to peer and family support when it comes to signposting and referring for help.
- Nearly one in five young Muslims said they had harboured suicidal thoughts “many times” (19%). An almost equal number said they had done so “sometimes” (18%) and about a quarter said they had “occasionally” experienced suicidal thoughts, (24%).
- Faith plays a positive role in supporting mental wellbeing among young Muslims with the majority of participants, (59%), agreeing that it does.
- More than half of young Muslims are likely turn to faith when experiencing mental health struggles with more young Muslim men saying they are likely to do so, (61%), compared to young Muslim females, (56%).
- For young Muslims who have experienced counselling or therapy, the figures are marginally higher with (63%) saying they would be likely to turn to faith when experiencing mental health struggles.
- Nearly two in five young Muslims say they would prefer to see a Muslim counsellor or therapist, (39.5%). Among those who have experienced counselling, this rises to more than one in two, with (55%) of service users saying they would prefer to see a Muslim counsellor or therapist. There is a strong association between experiencing counselling and preferring to see a Muslim counsellor or therapist with a correlation coefficient of  $r=0.997^*$ .
- Three in five young Muslims, (61%), say it is important to them that mental health services display cultural/faith sensitivity. Among those who have experienced counselling, there is a much higher tendency to attach such importance with nearly (90%) saying it was important that mental health services are culturally/faith sensitive.
- For young Muslims who have experienced counselling or therapy, there is a statistically significant association between being a service user and (a) the important attached to mental health services being culturally/faith sensitive (b) believing faith has a positive role in supporting mental wellbeing with a correlation coefficient in both cases of  $r=0.997$ .
- Experiencing mental health struggles and a belief that faith has a positive role in supporting mental wellbeing bears out the strong tendency among young Muslims who view faith as a benevolent tool with a statistically significant association of  $r=0.91$ .
- Turning to faith when experiencing mental health struggles and the belief that faith has a positive role in supporting mental wellbeing, shows a further statistically significant correlation of  $r=1.0$ .
- Faith is seen by young Muslims as a protective factor helping with mental health struggles with religious practice and spiritual beliefs offering a wide range of supportive instruments. For example, through actions such as prayer and stories of the prophets from Islamic sources.

\*The coefficient numbers (r) indicated denote the strength of association between two variables measured on a 0-1 scale where zero indicates a very weak association and one, a very strong association. For all the correlations tested in this study, statistically significant correlations were found with the correlation coefficients bearing nearer to 1.

- Guilt was the most common reason cited by young Muslims for faith not helping with both self-induced (shame, ingratitude) and externally directed (blame, censure) guilt having a negative impact on mental health.
- Faith as a risk factor can manifest in external contexts with overt displays of hostility and prejudice to Islam and Muslims and institutional racism playing a part in aggravating mental health challenges faced by young Muslims. Insidious forms of unconscious bias and pejorative value judgements can leave young Muslims feeling ridiculed for their belief in God or having faith and relying on it as a coping mechanism. Greater reflexivity is needed to help to identify, address and challenge the ways in which Muslim identity is problematised in treatment rooms, as much as in wider society, and the (un)intended consequences of this on young Muslims' mental health.

This report tells a story of hidden survivors and missed opportunities across an array of sectors that have bearing on the mental health of young Muslims in the UK. The sectors range from the private - family and parenting, to the communal - religious communities and faith leaders, and to the public - statutory services, mental health practitioners and wider society.

Young Muslims account for half of the British Muslim population with those aged 25 and under making up (50%) of the faith group. The missed opportunities found in this report have huge implications for a significant proportion of the British Muslim population and deserve greater attention within Muslim communities. Families, faith leaders, community advocates and religious scholars all have a role to play in addressing the myriad of problems facing young Muslims and championing their needs through mental health literacy, political advocacy and familial and social support.

Religious literacy and cultural competency can make a positive contribution to the treatment of mental health problems. Embedding religious literacy and cultural competency within mental health service provision is of vital importance so that young people can feel understood, respected, accepted, and cared for when seeking help or accessing support.

Faith and spiritual beliefs play an important and positive role in helping young people deal with mental health struggles. Supporting them by normalising the use of a repertoire of religious tools to address mental health struggles should be intrinsic to the implementation of a "person-centred approach" to mental health.

Training, professional development and religious literacy programmes run by specialist providers, such as those offered by the Department of Psychology at University of East London, are fundamental to robustly and holistically examining why, how and when faith can support young people in their mental wellbeing and mental health.

A stated preference for counselling administered by a counsellor or therapist of Muslim background should be seen as an affirmation of the need for better training and inclusion of Muslim professionals working in the mental health sector. Diversity is about more than meeting equality targets, it is about placing the needs of service users at the heart of service commissioning, development and delivery. Organisations like the Muslim Counsellors' and Psychotherapists' Network (MCAPN) can play an important role in facilitating dialogical encounters and exchanges between Muslims working in mental health services and Islamic counselling practices as a means to improve religious literacy in mainstream mental health services.

A more sophisticated discourse on faith and mental health is a necessity not just in the mental health sector but also, crucially, within Muslim communities. Such a discourse should clearly delineate religion from 'culture'. It should also seek to understand culture within British Muslim contexts as a plural phenomenon encapsulating the wide range of ethnicities and nationalities that make up Britain's Muslim communities.

Cultural beliefs and attitudes can both inform and exacerbate mental health problems, and hinder timely access to treatment and services. A more honest dialogue about cultural beliefs and their impact on the mental health of young Muslims is needed if we are to put young people first and build networks of nurture that support them to lead healthy lives.

Challenging the cultural and social stigma attached to mental health in Muslim communities requires the use of those spaces and places where religious nurture takes place. Mosques as community resources for the promulgation of learning are instrumental to the raising of mental health awareness and mental health literacy in Muslim communities.

Mental health literacy in Muslim communities should get creative and be more expansive drawing on the wealth of information and references in Islamic sources to build a reliable and formidable discourse on human flourishing in Islam. Muslims need to “get their theology talking to science” when it comes to mental health.

Increasing numbers of young Muslims enter British higher education each year and it is vital that universities implement their duty of care in a manner commensurate with the religiously diverse nature of the student population. Mental health support services provided by university institutions must have due regard for faith and cultural sensitivity to ensure Muslim students have access to services that are appropriate to their needs.

Mental health support in the workplace is essential for business and employees alike and toolkits, such as the Mental Health and Race Toolkit by the City Mental Health Alliance can help businesses support their ethnic minority employees to thrive in the workplace.

Government plans to introduce a Patient and Carers Race Equality Framework, Race Equality Standard and “culturally appropriate advocates” should take due consideration of religion as well as race when it comes to reforming mental health services to ensure that they are better designed to deliver an outstanding quality of care to Britain’s diverse population.



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