the Mental Health Foundation

A User-Led Research Project into Mosque

Exploring the benefits that Muslim men with severe mental health problems find from attending Mosque

Supported by the Strategies for Living Project

Hanif Bobat

the Mental Health Foundation

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The *Strategies for Living* project is a user-led programme of work based at the Mental Health Foundation and funded by the Community Fund. It aims to document and disseminate people's strategies for living with mental distress through a UK network of research and training, conferences, newsletters, and publications.

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1 FOREWORD

It is an honour and a delight to introduce the contents of this publication, a written report of one of a group of six local user-led research projects supported by the Mental Health Foundation's *Strategies for Living* Project between 1998 and 2000.

The supported projects form a small but important cluster of local user-led research in mental health, an approach to research which although relatively new is now fast gaining ground in the UK and elsewhere.

The focus of many of the projects is on alternative and self-help approaches to mental health, a focus that developed out of service users' interests and concerns as expressed through the earlier *Knowing Our Own Minds* survey[1] and through UK-wide consultation with user groups. They are complementary to the UK-wide *Strategies for Living* study in which 71 people with mental health problems were interviewed about their strategies for coping with distress.[2]

Each of these reports demonstrates a unique development in mental health research that is articulated, designed and carried out by people with personal experience of mental or emotional distress.

The projects, distributed around England and Wales, were supported through small grants (for costs), training in research skills and ongoing support to the researchers during the main period of research. The combination of topics and research approaches has been highly innovative, and has had the advantage of being independent of existing statutory mental health services and thus the particular agendas attached to those services.

Two projects looked at complementary therapies: auricular (ear) acupuncture for women with long-term mental health problems; and people attending a local day centre learning to give and receive massage in a group setting. One project explored the role of attending mosque in the lives of Muslim men with a diagnosis of severe mental health problems. Two more focused on settings where peer support is an important element of the experience: voluntary sector drop-ins; and the impact of user group involvement on group members. The sixth project gathered views from local service users about their interests in alternatives to mainstream mental health provision, and took place alongside the development of a handbook of local services and support.

The findings, reflecting an holistic approach, are very relevant to people's everyday lives. Some resonate across the projects – for example, the importance of acceptance; the ability to take control; and a sense of belonging. They offer additional support to the directions for mental health services suggested by the findings of the UK *Strategies for Living* research: putting values such as the quality of interpersonal relationships and acceptance, at the core of health and social care.

The findings also give further indications of the services and supports valued by people experiencing mental or emotional distress. These are explored further in the pages of this report and in *Doing Research Ourselves*[3], which reports on the process of the Research Support Project in supporting the six projects, as well as bringing together key findings from individual projects.

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1 Faulkner, A. (1997) *Knowing Our Own Minds.* Mental Health Foundation: London.
2 Faulkner, A. and Layzell, S. (2000) *Strategies for Living: A Report of User-led Research into People's Strategies for Living with Mental Distress,* London, Mental Health Foundation.
3 For further details of the individual project reports, contact The Mental Health Foundation on 020 7535 7441

Together the projects provide evidence to support the need for availability and for the development of flexible and welcoming choices in mental health services: choices that include alternative and complementary therapies, open access drop-ins, and self help approaches. They underline the importance of services being aware of, and sensitive to, people's religious and spiritual beliefs and practices. They highlight the role played by independent user groups, not only in having a positive influence on mental health services but also in potentially empowering their members.

They also show that user-led research can encompass different methods and include varying degrees of involvement by research participants. They highlight the popularity of an holistic approach in research that is guided by the people on whom it has a direct impact, and show the value of adopting a person-centred approach that is responsive to individuals and their particular needs.

Finally, the process of putting words onto paper in an attempt to describe very complex and sensitive human interactions can be deeply challenging. When those interactions have occurred in the context of something known as 'research', I know only too well from my personal experience the fears that can take hold about the need to have a degree of technical expertise and to 'get it right'. Add to this the many roles that the researchers were juggling during the time of the projects – and the reality that their time was unpaid – and the congratulations I offer to the author(s) of this report can be seen to be heartily deserved.

Vicky Nicholls
Strategies for Living Project
February 2001

2 INTRODUCTION

Knowing Our Own Minds[1], the Mental Health Foundation's report (1997) of a survey of how people in emotional distress take control of their lives, included a summary of religious and spiritual beliefs.

"one of the interesting things about religious or spiritual beliefs is that it is an area largely overlooked in relation to consideration of mental health services."

I hope this particular pilot research will begin to highlight Muslim service users' interaction with their own religious and spiritual belief systems.

ISLAM – A BRIEF INTRODUCTION

Islam is much maligned in the west for historical and political reasons. While the media latch on to isolated controversial practices most people remain ignorant of the main essence of Islam and the beliefs of a sizeable section of the Muslim communities of Britain.

The term religiosity from an Islamic point of view is related to religious faith, practice, knowledge, and general code of conduct. The basic articles of Islamic faith are:

- belief in the unity of Allah;
- belief in the Prophet hood of Muhammad (peace be upon him) and in the guidance which he exemplified and
- belief in the life after death and in man's accountability before God on the Day of judgement.

The ritualistic aspects of Islam include Prayer (salaat or salaah); fasting (sawm); charity (zakaat); and pilgrimage (hajj).

The knowledge about the teachings of Islam has been presented in its original form in the revealed book of God; The Holy Qu'ran. Detailed accounts of the prophet's life and his teachings are recorded in the form of Hadiths. Islam is a comprehensive way of life and in it includes the whole of the human existence: emotions, thoughts, actions, worship, economic dealings, social relationships, and spiritual aspirations.

RESEARCH CONTEXT

In the West for a long time religion has been the staple diet of sociologists, anthropologists and philosophers. Following the legacy of Freud, psychologists and psychiatrists have largely neglected this important area of human experience.

Several reasons can be suggested for this fact: for example, the non-empirical nature of religion and its tendency to induce negative psychological states such as guilt, rate highly as explanations. The past few years however have witnessed an outpouring of articles in the psychological and psychiatric literature relating to religion and mental health.

1 Faulkner, A. (1997) *Knowing Our Own Minds.* Mental Health Foundation: London.

Some psychologists (e.g. Brown[2]) have viewed religion as an important governing force around which the life of its adherents revolves. Yinger[3] defines religion as a system of beliefs and practices by means of which people can solve their problems. Religiosity has also been defined as a power beyond oneself whereby one seeks to satisfy emotional needs and gain stability in life, and which is expressed in acts of worship and service.

In contrast to the views on negative emotional states, much recent literature has indicated that generally measures of religious activity go along with measures of positive mental health (Bergin[4], Loewenthal[5], Dien[6], Worthington et al[7]). It has also been stated that next to families, religious institutions are the most universal of all groups that provide support.

A major critique of most of the religion and mental health research is that it has been carried out in predominantly Judaeo-Christian (Western) settings. There has been little work done looking at Buddhism, Hinduism and Islam and their relation to mental health, although there are a number of useful papers dealing with the prescriptive teachings of these traditions in relation to mental health (Bhugra[8]). Psychiatrists have argued these faiths are too prescriptive. There is also a lack of Islamic literature in the west on the subject of Islam and its interface with mental health.

However, one study among 64 patients in Pakistan showed that depressive illness is encountered much less in the Muslim population during the month of Ramadan. Further, the author indicates that sleep deprivation during Sehri time (early morning rising) coupled with specific tasks i.e. Tahajjad (pre-dawn) prayers and other religious rituals, are responsible for this reduced incidence of depression[9].

What research there is in the area of religion and mental health, such as that referred to above, tends to have been led by academics and professionals. However, there is another way of looking at research, one that is led by people with experience of mental health problems and reflects their concerns. This project is an example of such research.

3 AIM OF RESEARCH

The aim of this research was to find out what benefits do Muslim men with severe mental health problems find from attending mosque.

The type of questions I set out to explore were:

- What is it about a mosque that service users find helpful?
- Are there any particular aspects while inside the mosque that they find useful or helpful ?
- Is the ritual act in preparing to go to the mosque helpful in any way?

2 Brown, L.B. (1987) *The Psychology of Religious Belief,* Academic Press: London.
3 Yinger, J.M. (1970) *The Scientific Study of Religion.* Macmillan: New York.
4 Bergin, A.E. (1983) 'Religiosity and Mental Health: a Critical Re-evaluation and Meta-analysis', Professional Psychology: Research & Practice, 14, 170-184
5 Loewenthal, K.M. (1995) *Mental Health and Religion,* Chapman & Hall: London.
6 Dein, S. (1996) 'Religion and Mental Health', British Medical Anthropology Review, 3, 40-49.
7 Worthington, E.L. (1996) 'Empirical Research on Religion and Psychotherapeutic Processes and Outcomes', Psychological Bulletin, 119, 445-487.
8 Bhugra, D. (1996) *Psychiatry and Religion,* Routledge: London.
9 Sharif, Dr. Muhammad FRCP (UK) DPM (year) 'Tahajjad (Pre-Dawn Prayers) Therapy in Depressive Illness', Allama Iqbal Medical College, Lahore, Pakistan.

4 METHOD

The first stage was spent on background research on available literature on religion and mental health. A lot of available material was from a Judaeo-Christian perspective, and literature on mental health from an Islamic perspective was not easily found in British universities or in British psychiatric or psychology journals. After a lot of international networking some material was found (some papers and journals from Pakistan, Malaysia, Iran and the United States which were useful, are included at the end for others to refer to).

I identified individuals who could be part of this research from 'Awaaz', a South Asian Mental Health project in North Manchester. Over a period of several weeks I talked to them about the proposed work, found a lot of enthusiasm and realised that it wouldn't be an easy or clear cut theme. Some participants were hesitant to be labelled or categorised as coming under 'severe' or chronic mental health sufferers. The issue about who was a 'regular' attendant to a mosque and who was not were debated at length: how frequently does an individual need to attend the mosque to be eligible for this research? It was decided that even someone who attended the mosque once a week (i.e. not very often from a Muslim perspective) was suitable.

The advantage I had with the participants was, that as a community mental health worker I had established a very positive and therapeutic relationship with them and identified as one of them. I thus had a dual role as researcher and support worker. We had shared experiences, including of living in the same Asian sub-continent of origin, and a shared Islamic faith, that meant people were more able to talk openly.

All participants had accessed primary and secondary mental health services and were currently members of AWAAZ drop-in and regular attendees to other services, i.e. group therapy and faith/Islamic counselling.

I managed to identify four participants and initially started with three questions. It very soon emerged that this format was not very helpful as participants did not answer the questions directly as asked in a manner required. All participants, including myself agreed that a better way forward would be 'group discussions' on the same questions. There was a lot of narrative material coming from the participants.

A total of six group sessions were held. Each lasted for approximately 90 minutes. The group sessions were carried out over a period of six months at monthly intervals. Additionally I spent an hour with each participant on a one-to-one basis. The one to one sessions were about the individual personal experiences of each participant and were unstructured.

The format of the group sessions was unstructured and the sessions were tape recorded. Most participants spoke Urdu with a little English thrown in, and one spoke English and Gujarati. After the sessions, a contact who spoke several Asian languages assisted in interpreting parts of the tapes that were expressed in, for example, Punjabi or local dialects. There were many discussions on Islam in general and participants had their own cultural and traditional way of interpreting some rituals and behaviour regarding different schools of Islamic thought.

5 FINDINGS

There were some common themes which participants spoke about and expressed. Attending the mosque was not restricted just to going and praying, but also seen as a venue where participants met other Muslims (i.e. sense of brotherhood) and sharing a common view of the belief systems that Islam means.

One issue that emerged from the group discussions was that it was difficult to separate 'mosque' from religion. For a Muslim the two are intertwined – or synonymous. The connection between a masjid (mosque) and participants' belief in Islam could not be separated.

MOSQUE AS A 'COMMUNITY CENTRE'

The mosque is the most important institution in Islam after the home and work place. It is the most frequented place for many Muslims daily. Some attend it once, some twice and some thrice and five times during a 24 hour period.

In the mosque one rekindles one's spirituality, strengthens his relationship with his Creator, meets fellow Muslim brothers and renews his sense of belonging. One participant, for example, spoke of the "immeasurable" support and spiritual renewal he experienced in the mosque. Another felt that regularly attending the mosque and meeting others who shared a similar faith was supportive. The consensus was that the experience was helpful.

SENSE OF PEACE

Both during the group sessions and in one-to-one meetings, participants described feeling at peace in the masjid (mosque) – also more relaxed. Two people said that as soon as they entered the mosque a feeling of serenity, calmness, and a sense of being in the House of Allah brought about recognition of the Creator. Most participants tried to put aside the mundane day-to-day tasks and anxieties while in the mosque, to experience a temporary sense of peace.

PREPARATION

Ritual cleansing before entering the masjid can be a way of putting away the materialistic life and connecting with the Creator. Participants highlighted this ritual practice of washing hands, feet and face before entering the masjid as "refreshing and feeling clean and pure".

PRAYER AS THERAPY

Masjid was described as a place for contemplation, spirituality, and humility. While in masjid the listening of reciting from the Holy Quran was described as soothing to the mind and heart (I call it "therapeutic" for the soul). One participant said that the practice of chanting – internally repeating or

whispering – certain short words or verses in continuing repetition was helpful and calming for him. The physical ritual aspect of prayer (Wudu) was found to be calming by one person.

Participants mentioned Sufism in relation to masjid as a place where one does meditation. Sufism can be thought of as the higher levels of reaching the Creator, with various ways of interpreting this (see appendix for further information).

ATTENDING MOSQUE AND HEALTH

Some of the participants continued to attend the masjid when severely distressed. One participant, for example, said that it was important for him to remember Allah when he was unwell, and that this helped him to cope much better. He also commented that it is equally important to remember Allah when prospering. He felt that most people attend the m osque when they need help or are in trouble.

STIGMA

One participant expressed his concern about the lack of sensitivity by some brothers who found out that he suffers from a mental health problem. The word "Pagal" had been uttered in whispers which was very hurtful and completely against the teachings and practices of Islam. This was one reason why this participant felt unaccepted and stigmatised. In the one-to-one session he strongly felt the need to educate those who came to the mosque on issues of tackling the stigma associated with mental health problems.

HOLY DAYS AND RAMADAN

Attending the masjid on Fridays was especially important, because it involved listening to the sermon and an opportunity to hear stories of the Prophet and Islamic history. This was helpful to many to re-learn the basic principles and be reminded again of the importance of daily prayers, and significance of the history of Islam. For some this was the only contact with their Creator and it was seen as a special time where one touched base and for a little while detached from the worldly life.

During the month of Ramadan most members increased the amount of time spent in the masjid. As this month is the most auspicious at least one person regularly prayed in the early hours before dawn. This particular prayer is known as Tahajjad (Pre-dawn prayers).

The month of Ramadan was felt by all to be a very auspicious month full of 'barkat' – mercy, and participants developed a greater sense of kindness, patience and perseverance. One person reduced his medication during this period, which he attributed to Ramadan. This reduced level continued after Ramadan was over.

6 CONCLUSION

Findings indicate that attendance at a Mosque or place of worship is beneficial and therapeutic to Muslims in times of distress and emotional conflict with themselves. As a coping strategy it is very crucial for outsiders to understand that for many Muslims prayers are a great source of relief and the mosque a place of sanctuary.

The Mosque is an important institution in Islam. The findings from the research reinforce the idea of Mosque as a place where Muslims rekindle their spirituality, strengthen their relationship with the Almighty Creator, meet fellow Muslim brothers and sisters and renew a sense of belonging.

7 DISCUSSION

The findings relate to the experiences of a small group of men. The themes however are universal. The importance of prayer, for example, highlights the significance of religious practice and its meaning to Muslims. A Muslim is distinguished from non-Muslims by his or her observance of the prayers while attending a mosque; it is as if they are in direct communications with their creator. Prayer for Muslims can be conceived of as a form of refreshment and moral/spiritual renewal: restful and deeply enriching.

Carrying out the research highlighted some of the complexities of trying to understand individuals' beliefs. As a fellow Muslim, even I sometimes had difficulty in understanding some of the explanations of participants. This did lead me to question the potential for misunderstanding in clinical settings, and the subsequent appropriateness of some interventions.

Although this was a small piece of research, the area investigated was innovative, and the findings indicate that further research carried out by people with experience of mental health problems could be of much interest. For example, the finding that one person was able to reduce his medication during Ramadan could be significant, and the relationship between Ramadan and wellbeing needs to be explored with a larger sample of people.

This particular study concentrated on men: it would be beneficial to carry out further research that looked into the needs and experiences of Muslim women too.

10 Dr. Osama Mohammad Al-Radi 'The role of the Mosque in Mental Health' M.D. Saudi Arabia.

ISLAMIC THERAPIES

The research findings are interesting in the light of a method being facilitated in Saudi Arabia by Dr. Osama[10] with Muslim patients/users, as one of several therapies. He has called this "mosque therapy". Central to the idea of *"mosque therapy"* is the role of a mosque in supporting individuals who are suffering from emotional or psychological, mental health issues. Since a Muslim goes to the mosque for prayers at some stage in a day, he/she becomes part of a group there and offers prayers in a group. This gives a measure of social support in case of personal or other difficulties. This Islamic group therapy is comparable to the concept of group therapy in the west.

There is also Tahajjad Therapy, an innovative form of psychotherapy, which has its roots in the Qu'ranic Teachings. It would be useful to further explore the benefits of such approaches in the West.

8 RECOMMENDATIONS

- Statutory mental health services in partnership with the voluntary sector and established research organisations must support further work in this area as indicated by Copsey[11].
- The training of front line staff in cultural awareness and issues related to mental health/religious or spiritual matters is needed.
- Resources need to be allocated to establish departments across the UK within existing mental health services, that are sensitive to faith communities, looking at issues of religion and spirituality.
- Mental health services need to develop effective links with well-informed individuals and organisations who have a good understanding of mental and emotional health issues and Islam.
- Local faith organisations need to be proactive in identifying capacity-building methods, in order to be able to support people experiencing mental or emotional health issues.

11 Copsey, N. (1998). *Keeping Faith: The Provision of Community Health Services within a Multi Faith Context,* Sainsbury Centre for Mental Health: London.

9 REFLECTION

Religion and its interface with mental health is a subject that I became interested in after I went through a period of manic-depression which I still challenge as a mis-diagnosis on the part of the psychiatrist who treated me. I went through a phase when my thoughts and actions were religious /delusion-oriented. This was in 1982 and I have not 'relapsed' since. I am certain I have developed my own coping strategies to deal with my manic behaviour ever since without it affecting my lifestyle.

I first got involved in the *Strategies for Living* Project when Jim Green came up to Manchester to talk to Asian users in 1998 and subsequently was invited to be part of the steering group. Soon after the small research grants were announced and one of the areas being looked at was religious and spiritual beliefs. Here was an opportunity not to be missed which gave me a platform to start doing user-led research which not many institutions or universities are keen to support or even acknowledge.

This was challenging and a new area for me to research as not much research on Islam and mental health was done in the U.K. Also to be able to carry this out with the support of a dedicated team at the Mental Health Foundation was fantastic!

Having succeeded at the first stage of my application, being short-listed, I was excited and nervous. A feeling of not being confident to do it kept me thinking – I had doubts about my ability to complete the work. During the period of research I learnt new skills of interviewing individuals and facilitating small focus groups, also I have become a better listener when other participants are expressing themselves. The biggest plus is the ability to put all this together.

There have been times when I felt low, and wished I never started this as it meant many evenings reading, writing, thinking with all the other responsibilities of being a parent and paying a mortgage! What kept me going was the ethos of the project and the commitment: I felt the work might inform future developments for the improvement of mental health services and understanding of this huge important area.

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Mental Health Project

10 ACKNOWLEDGEMENTS

Sincere thanks to:

Strategies for Living project staff,
Vicky Nicholls,
Alison Faulkner,
Dr. Afzal Javed
Altaf Ramtoola – Project Manager "AWAAZ", and
To all who participated and contributed.

JAZAK-ALLAH. *(thanks in Islam)*

11 APPENDIX: INFORMATION ON ISLAM

THE MOSQUE

The significance of ritual washing of the face, forearms, head and feet with clean water before entering the Mosque for prayers, guarantees a refreshing psychological effect on the believer. It can give believers a sense of moral purification as well as physical cleanliness – as they feel and believe that Allah forgives their sins after performing ablution. It helps the individual to – even be it for a short period – put behind their mundane worries and become more concentrated in preparing for the act of worship.

Mosque is seen as a place for the regeneration of our spiritual power through prayers, the remembrance of Allah by reading the Quran and making du'a (Supplication).

Mosque is a place where Angels frequent most, where peace and tranquillity grace/dwell with those present in there. As Mosque is aloof from the hustle and bustle of the streets there is a sense of sanctity and reverence found in it. It replaces the worry and trouble of daily life. If the mind is troubled outside, inside the mosque it is hopefully at peace. The mind is in communication with the ultimate source of comfort and spiritual joy.

Within Islamic belief there is never a moment when a believer is not in the presence of his creator. This realisation in the mind that all actions are being recorded or seen by the Almighty can act as a "shield" which protects one from all "DISEASES OF THE SOUL".

By offering prayers five times in the mosque a Muslim feels in close intimate contact with God from whom he may ask for purification and forgiveness for whatever sins committed before. Thus he feels relieved of this burden of sins by the grace of God. In Islam the relationship between an individual and God is a direct and personal one, no intermediate agent is required. Therefore guilt feelings and self-reproach can be greatly reduced in this direct relationship. In addition attending the mosque five times in a day strengthens the social and community relationships between the Muslims (if someone is not seen or does not attend mosque others enquire about his/her health and wellbeing.)

The various body movements that one follows while praying acts as a physical form of exercise. Some of the postures that one has to follow are similar to yoga movements.

Tahajjad (pre-dawn) prayers are recommended for all Muslims and a verse in the Quran says:

> *"Verily in the remembrance of Allah do hearts find rest and contentment"*
>
> Chapter xiii verse 28.

SUFISM

Sufism traces its origins back to the Quranic revelation and the Sunnah (norm) of the Prophet. If we examine a typical silsilah, or chain of transmission of a Sufi order we note that the Divine Name ALLAH comes first, followed by the name of the archangel Gabriel (or jibra'il, in Arabic), after which comes that of Muhammad, and then the name of one or another of his companions, and so on through a series of different names until we reach the latest teacher of Sufism of our day. The silsilah really indicates that the ultimate origin and root of the path (tariqah) is to be found in the Divinity, who revealed it to the Messenger through the archangel of Revelation, Gabriel, the personification of the revelatory function of the Spirit.

Because the path traced out by the Prophet has a transcendent spiritual inception, it cannot but manifest itself in the Quran and in the Sunnah, the two foundations of the Islamic religion. These two are also the foundations for the Law (Shari'ah) of Islam, which has to do with the domain of action, whereas the path is concerned with the life of contemplation. That both the Law and the path should repose on the same Quran and Sunnah simply shows that we can look at the Islamic message from two different but complementary perspectives, the exoteric and the esoteric. The latter is the spiritual or mystical content of the doctrine of Divine Unity (tawhid), and the former is the literal or even the purely dogmatic affirmation that God is one.

QURANIC VERSES AND MENTAL WELLBEING

Islam apart from catering to the spiritual needs of an individual goes a step further and lays down guidelines pertaining to man's daily life.

These guidelines are found in the form of verses in the Holy Quran and as Hadiths. The firm belief in the Oneness/Unity of God and that Muhammad (PBUH) is the Prophet of God; the acts of Prayers (Salaah) five times a day; fasting during the month of Ramadan; charity (Zakat); and the pilgrimage to Makka (Hajj) are the five Pillars upon which Islam is built.

The Quran and Hadiths can be seen as having their various Verses veritable answers to the host of functional disorders in psychiatry! For example, many individuals need psychological help when they are not able to cope with the stresses in their lives e.g. loss of job or wealth, or bereavement etc.

Allah Says in the following verse in the Quran:

> *"Be Sure We Shall test you with Something of fear and hunger, some loss in wealth or lives or the fruits (of your toil) but give glad tidings to those who patiently persevere"*
>
> Chapter 2 verses 155.

> *"Seek Allah's help in patient perseverance and Prayer, and truly it is hard save for the humble minded who know that they will have to meet their Lord"*
>
> Chapter 11 verses 45.

12 FURTHER READING

Dr.Muhammad Ajmal 'Muslim Contribution to Psychotherapy',
National Institute of Psychology, Islamabad, Pakistan.

Dr.I.Haider 'Role of Religion in Psychiatry', Head of Dept.of Psychiatry, Lahore.

Dr Afzal Javed (2000) 'Rehabilitation Psychiatry: Description of a Pioneering Facility in Pakistan', International Journal of Rehabilitation Research, vol 23 no 4.

Mental Health Religion and Culture vol.1 no.1 1998 (whole volume).

Muslim Psychological Conference Papers-Lahore 1996 & 1998.

Seyyed Hossein Nasr (ed) 'Islamic Spirituality', 1989.

Dr. Azhar Ali Rizvi 'Muslim Traditions in Psychotherapy and Modern Trends',
Director of Institute of Muslim Psychology, Institute of Islamic Culture,
Lahore, Pakistan.

Notes

(inside back cover)

SOME PLACES TO LOOK FOR HELP ...

African-Caribbean Mental Health Association
49 Effra Road, Suite 37
London SW2 1BZ
020 7737 3603
e-mail: acmha1@aol.com

The British Association for Counselling
1 Regent Place, Rugby
Warwickshire CV21 2PJ
0870 4435252
e-mail: bac@bac.co.uk
www.bac.co.uk

Depression Alliance
35 Westminster Bridge Road
London SE1 7JB
Helpline: 020 7633 9929
e-mail: hq@depressionalliance.org
www.depressionalliance.org

Hearing Voices Network
91 Oldham Street
Manchester M4 1LW
0161 834 5768
e-mail: hearingvoices@care4free.net

Manic Depression Fellowship
Castleworks, 21 St Georges Road
London SE1 6ES
020 7793 2600
e-mail: mdf@mdf.org.uk

MIND (National Association for Mental Health)
Granta House, 15-19 The Broadway
London E15 4BQ
020 8519 2122
Information line: 0845 766 0163
www.mind.org.uk

Mind Cymru
3rd Floor, Quebec House
Castlebridge, Castlebridge Road East
Cardiff CF1 9AB
02920 395123

National Schizophrenia Fellowship
30 Tabernacle Street, London EC2A 4DD
Advice line: 020 8974 6814
e-mail: info@london.nsf.org.uk
www.nsf.org.uk

The Samaritans
10 The Grove, Slough SL1 1QP
Helpline: 0845 7909090

Scottish Association for Mental Health
Cumbrae House
15 Carlton Court
Glasgow G5 9JP
0141 568 7000
e-mail: enquire@samh.org.uk

UK Advocacy Network
14-18 West Bar Green
Sheffield S1 2DA
0114 272 8171
e-mail: ukan2can-online.org.uk

UKPPG (UK Psychiatric Pharmacy Group Medical Helpline)
South London and Maudsley NHS Trust
Denmark Hill, London SE5 8AZ
020 7919 2999

The Mental Health Foundation is the UK's leading charity working for the needs of people with mental health problems and those with learning disabilities. We aim to improve people's lives, reduce stigma surrounding the issues and to promote understanding. We fund research and help develop community services. We provide information for the general public and health and social care professionals. We aim to maximise expertise and resources by creating partnerships between ourselves and others including service users, Government, health and social services.

For further information on this report or any of the Foundation's work please contact:
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Strategies for Living **is a user-led programme of work undertaken by The Mental Health Foundation and funded by the Community Fund.**

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ISBN: 1 903645 19 0
Price: £5.00 (£3.00 for service users and survivors)

Registered charity number 801130
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