



# Barriers to Seeking Mental Health Support

*in the Muslim Community*



RESEARCH REPORT 2020

This report is brought to you by



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# INTRODUCTION

Muslims within the United Kingdom make up approximately 5.3% of the total population, making it the second largest religion in the country (Office for National Statistics, 2018). Close to half of the UK population have considered themselves to have suffered from a diagnosable mental health disorder at one point in their lives (Mental Health Foundation, 2016), and Muslims remain widely underrepresented within mental health statistics.

The most prevalent of these disorders include depression and anxiety, with 1 in 6 individuals reporting suffering from symptoms of these mental disorders at some point in their life. Statistics have also revealed that 1 in 8 individuals are actively receiving treatment for mental health conditions (Baker, 2020). Regardless of these numbers, previous literature has reported that many Muslims experiencing mental health issues would prefer to go to a family member as opposed to seeking out formal medical treatment (Aloud & Rathur, 2009). In another study consisting of 459 participants, approximately 16% of the participants stated they wanted to seek help through counselling. However, only 11% are reported to have gone through counselling sessions (Khan, 2006). This demonstrates the reduced uptake of mental health treatment within Muslim communities, and displays important issues regarding mental health stigma which will be discussed further in this report.

Important issues in the Muslim community regarding mental health include stigmatisation around the topic generally, misconceptions around mental health and difficulties in communicating with mental health service providers (Ahmad et al., 2016; Al-Adawi et al., 2002; Aloud & Rathur, 2009; Ciftci et al., 2012; Khalifa et al., 2011). In a review looking at the mental health issues specifically present in American Muslims, it was reported that many Muslims faced the following barriers when trying to access support for mental health (Basit & Hamid, 2010), such as:



Misconceptions around mental illnesses and not knowing the prevalence of these illnesses in Muslim communities



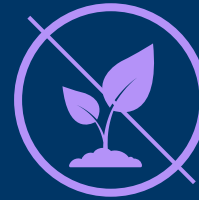
Language barriers



Preferences to seek help from traditional healers as opposed to medically-trained health workers



Stigma of discussing mental health and the associated family honour ramifications



Lack of exposure to the concept of counselling and psychotherapy

Several studies have uncovered the perceived, existing barriers ethnic minorities may face when seeking out support from mental health services in the UK. These include: disinclination in accessing mental health services due to discrimination, general stigma surrounding mental health, language barriers and the lack of culturally-specific services available (Ali et al., 2017; Jason, 2018; Memon et al., 2016; Pilkington et al., 2012; Salaheddin & Mason, 2016). Although the findings of these studies have highlighted the factors that may be blocking ethnic minority individuals from making use of mental health services, perceived barriers specifically faced by Muslims residing in the UK have not been previously identified.

It appears that the relationship between service users and mental health professionals influence whether individuals seek support from mental health services. This has been attributed to a lack of cultural understanding, including suspicion and mistrust of therapy options. Under this theme, Memon et al. (2016) discovered further barriers, including inadequate communication between those seeking help and mental health providers, alongside discrimination and an imbalance of authority between service users and professionals.

This means that mental health services need to address the issue of mistrust in mental health services within the Muslim community (Amri & Bemak, 2013), including looking to recruit mental health professionals from minority groups (Ragavan, 2018) to break the barrier of representation, diversifying the 'face' of services. Religious leaders have also been found to play a prominent role in maintaining the mental health of their community members (Ghorbani et al., 2000; Leavey, 2008). Therefore, Mosques and Imams may be instrumental in providing mental health support and spiritual guidance to those within the Muslim community. For example, in a cross-sectional study by Abu-Ras, Gheith and Cournos (2008) which surveyed 22 Imams to observe the role they play in the promotion of mental health, the results demonstrated that despite receiving no formal mental health training, many worshippers still turned to Imams for support. This shows that individuals may seek mental health support from alternative but known avenues which already exist in the community that are perceived to be more fitting with their religious beliefs.

Given the existing evidence indicating that Muslims are less likely to seek out mental health support, this study aims to specifically uncover the perceived barriers Muslims face when accessing these services. It is expected that similar barriers will be identified, as those reported by Basit and Hamid (2010). We believe identifying these factors can lead to notable improvements in the mental health services available, especially for Muslim recipients, whilst allowing us to gain an understanding as to why there are statistical inequalities within the Muslim community and their treatment for mental health.

# METHODOLOGY

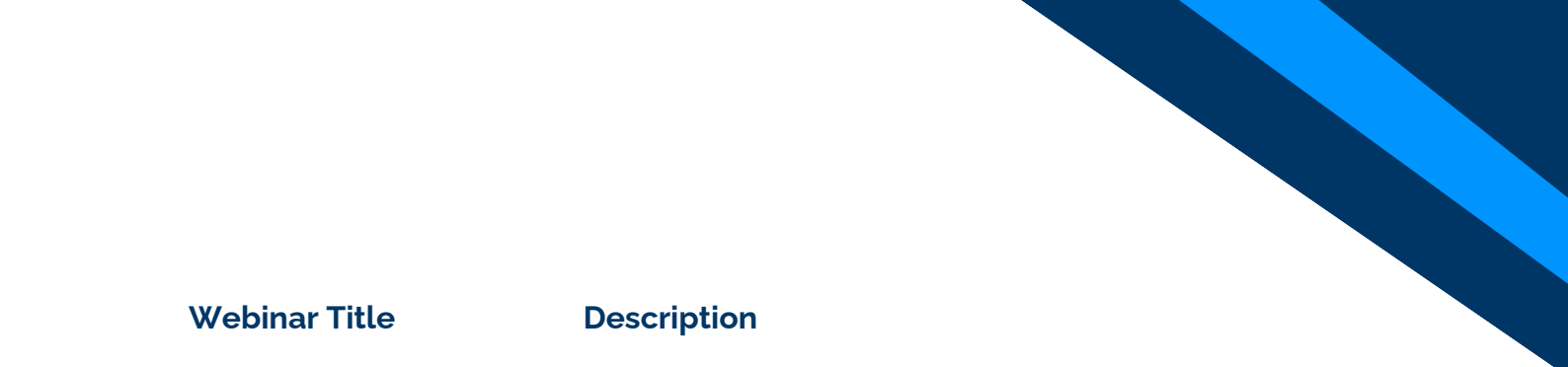
## Participants

Data for this project was collected over a period of 4 weeks. People attending the Inspired Minds (IM) 'Muslim Minds: COVID19' webinars were invited to take part in a study looking at the barriers faced by Muslims while accessing mental health services, as well as the impact of IM webinars in reducing these identified barriers. Individuals were emailed and verbally reminded to complete pre and post-webinar questionnaires.

While completing the post-webinar questionnaire, participants were given the option to volunteer for an interview to further investigate barriers faced by Muslims in relation to mental health. Demographic details relating to the total and analysed number of respondents are presented in Table A.

## Materials & Procedures

Invitations for the 'Muslim Minds: COVID19' webinars were advertised on Eventbrite with a description of the content that would be presented in each webinar. These events were also promoted on the IM website and via other social media platforms (e.g. Instagram and Twitter). The webinar sessions took place over a period of 4 weeks during the month of Ramadan in 2020. Each webinar lasted for 1.5 hours covering a variety of topics relating to mental health within Islam. More information on each webinar can be found on the next page.



Webinar Title		Description
1.	Heartfulness and Mindfulness: Like the Prophet Muhammad (ﷺ) by Sheikh Saeed Nasser	Introduce attendees to the concept of heartfulness; how mindfulness was embedded within the Prophet's routine, and how the Sunnah (Prophetic way of life) can be utilised to reflect on and cope with current world events.
2.	Emotional Intelligence by Khaleel Kassim	How Muslims can emulate the Emotional Intelligence of the Prophet (ﷺ) and the importance of choosing positivity when faced with difficult times.
3.	Qur'an and Mental health with Imam Jamal Mohammed	Explore the relationship between the Qur'an and mental health, and how to apply this to current events; for example, Ayah (Qur'anic verses) were presented specifically in relation to the benefit of mental health and wellbeing.
4.	Lived Experiences with Wajid Houque and Fathima Hameed	Wajid and Fathima reflected on their personal lived experiences of mental health and how creative coping methods played a role in their journey.

*Pre-Questionnaire*

Part one of this study required participants to complete two customised questionnaires regarding the webinars and their current levels of awareness of mental health. The first questionnaire was e-mailed to participants before each webinar. In this bespoke questionnaire, participants were asked to provide demographic information i.e. gender, age and ethnicity, followed by prompts regarding what they hope to learn, how many webinars they have attended to date and how they heard of the webinar. This was obtained through multiple-choice questions and text box responses.

Part two of this pre-webinar questionnaire consisted of a 6-item questionnaire measuring the participant's understanding of mental health generally and within the context of Islam. Each qualitative prompt needed to be scored, ranging from 1 (strongly disagree) to 10 (strongly agree). Prompt examples included: "I have a good understanding of mental health" and "Mental health issues should be given more time in mosques".

The post-webinar questionnaire was also e-mailed to participants. Participants were asked to disclose demographic details if they had not done so in the pre-questionnaire, and how they had heard of the webinars. Thereafter, they were asked to complete 6 questions that measured their understanding of mental health, noting their opinions on mental health issues being discussed in mosques, alongside feedback questions about the webinars. In this second part, participants were also encouraged to share their input as to which topics should be discussed in future webinars (e.g. postnatal depression, anger issues, suicidal issues etc).

# RESULTS

## Pre- & Post- Questionnaire Results

The pre-webinar and post-webinar questionnaire responses were evaluated using a repeated measures t-test to examine whether IM webinars influence how people perceive their understanding of mental health, and barriers they may face when trying to access mental health support. The results revealed a significant difference in individuals' understanding of mental health and support services pre ( $M = 40.39$ ,  $SD = 5.79$ ) and post ( $M = 42.71$ ,  $SD = 4.27$ ) webinars,  $t(27) = -3.27$ ,  $p < 0.005$ . It was found that 'The Muslim Minds: Covid19 webinars' were identified as being effective in informing the public of avenues in which people could access mental health support and gain a better understanding of mental health, in accordance with Islamic principles.

## Findings from Thematic analysis

The qualitative data from the nine interviews conducted were analysed using Thematic Analysis with a deductive approach being utilised to identify the coding categories (Braun & Clarke, 2006). The qualitative data looked at the impact of the webinar, accessing mental health support and possible new solutions. Following the thematic analysis of the data collected, 2 main themes outlined in Table B were identified: (1) barriers faced by the UK Muslim population in seeking mental health support and (2) solutions to barriers faced by Muslims seeking mental health support. These were then sorted into separate categories as demonstrated below.



**Table A - Demographics of participants completing pre and post-webinar questionnaires**

Variable	Pre-Webinar Questionnaire	Post-Webinar Questionnaire
n	86 (%)	75 (%)
Gender		
Female	64 (74.4)	15 (20.0)
Male	17 (19	3 (4.0)
Age		
Under 17	6 (7.0)	-
18-22	17 (19.8)	2 (2.7)
23-27	20 (23.3)	8 (10.7)
28-32	9 (10.5)	2 (2.7)
33-40	8 (9.3)	2 (2.7)
41-50	17 (19.8)	4 (5.3)
50 and above	4 (4.7)	-
Ethnic Group		
White-British	1 (1.2)	-
Any other White background	2 (3.5)	-

Asian/ Asian British - Indian	13 (15.1)	3 (4.0)
Asian/ Asian British - Pakistani	26 (30.2)	5 (6.7)
Asian/ Asian British - Bangladeshi	10 (11.6)	-
Any other Asian background	2 (2.3)	2 (2.7)
Black/ Black British African	7 (8.1)	2 (2.7)
Any other Black background	2 (2.3)	-
Any other mixed background		2 (2.7)
Other ethnic groups - Arab	12 (14.0)	3 (4.0)
Any other ethnic group	3 (3.5)	1 (1.3)
Prefer not to say	7 (8.1)	-

### *Barriers to Seeking Support for Mental Health*

Five categories were identified by participants when seeking support for mental health. Participants described the barriers as being:

- (a) discrimination from health professionals,
- (b) stigma within the Muslim community,
- (c) ignorance and lack of knowledge,
- (d) lack of family support and
- (e) gender disparity.

Participants also provided additional detail regarding the different barriers which prevented them from seeking mental health support, primarily racial bias from counsellors and therapists and a language barrier which could potentially lead to miscommunication:

***"Therapists are not BAME sensitive and have biases". (Participant 3)***

**Table B - Themes arisen from interviews**

Themes	Categories
<b>Barriers to Seeking Support</b>	Discrimination from Health Professionals
	Stigma within the Muslim Community
	Ignorance and Lack of Knowledge
	Lack of Family Support
	Gender Disparity
<b>Solutions to Tackle the Barriers</b>	Targeting Young Muslims
	Utilising Mosques
	Offering More Talks on Mental Health
	Discussing Mental Health within the Muslim Community
	Taking a Holistic Approach by linking Iman to Mental Health

***"[There is a] lack of understanding from therapists". (Participant 2)***

Participants also referred to a stigma associated with mental health and stated that it is considered taboo to seek support for mental health issues within the Muslim community:

***"[There is] societal stigma for accessing [support] in the first place". (Participant 2)***

Ignorance and a lack of knowledge regarding mental health were also identified as a barrier by several participants:

***"Denial of mental health issues as a health condition". (Participant 2)***

***“On a personal level, there is a lack of education and awareness from parents”. (Participant 3)***

A lack of family support has also prevented Muslims from accessing support

***“Limited support from family and friends”. (Participant 5)***

Participants also articulated gender disparity as a prominent obstacle in accessing support. Specifically, it was stated that being a Muslim woman presented greater stigma in seeking support compared to their male counterparts:

***“Choosing where to go, women’s organisations”. (Participant 1)***

### *Solutions to Tackle the Barriers*

The participants discussed different approaches which could be used to overcome barriers for UK Muslims seeking mental health support, in particular, five categories were identified:

- (a) approaches aimed at helping young Muslims, specifically
- (b) utilising mosques,
- (c) offering more talks on mental health,
- (d) discussing mental health more within the Muslim community; and
- (e) taking a holistic approach by using faith-based strategies to better mental health.

Reaching out to young Muslims via schools and colleges was stated as a potential solution which could help tackle the stigma of mental health at an earlier stage in life:

***“BAME [pupils] in schools and colleges should be targeted”. (Participant 4)***

***“High schools/colleges - targeting early teens as they are most vulnerable”.  
(Participant 5)***

There is also a need for mosques to play a greater role in increasing awareness and reducing the stigma relating to mental health issues within the Muslim community, with Imams leading on this by becoming more educated on various topics:

***“Mosques are key; they need to start addressing newer and contextual issues for the Muslim ummah”. (Participant 2)***

***“Khutbahs need to be tailored/oriented more around mental health. Mental health is important for physical and emotional health, which ultimately affects spiritual health which is what mosques are for”. (Participant 7)***

***“We need to normalise mental health within the mosques”. (Participant 8)***

However, there may be issues with relying solely on mosques in improving mental health service accessibility for the UK Muslim population:

***“Mosques may not be the best way forward for mental health support as they will push dogmatic themes and tend to be male-dominated”. (Participant 4)***

Increasing the number of talks on mental health would also normalise the topic within the Muslim population:

***“Increase the number of speakers to help people get better and be creative with story-telling”. (Participant 9)***

***“More talks should be given by well-known speakers (Mufti Menk, etc)”. (Participant 6)***

Discussing mental health within the community would normalise it and enable Muslims to seek support:

***“Mental health should be discussed in community centres and at events”. (Participant 7)***

***“Peer support in communities”. (Participant 1)***

Taking a more holistic approach in linking Iman (faith) to mental health, such as using examples from the Prophet Muhammed (ﷺ) and his companions, was discussed by several participants:

***“BAME [pupils] in schools and colleges should be targeted”. (Participant 4)***

***“High schools/colleges - targeting early teens as they are most vulnerable”. (Participant 5)***

There is also a need for mosques to play a greater role in increasing awareness and reducing the stigma relating to mental health issues within the Muslim community, with Imams leading on this by becoming more educated on various topics:

***“Holistic approach between Iman and scientific/biological side – backed from a religious point of view”. (Participant 6)***

***“Linking mindfulness to Islam”. (Participant 8)***

# DISCUSSION

The present study was designed to gain an understanding of the perceived barriers UK-based Muslims faced when accessing mental health support. In doing so, the research sought to observe if webinars held by Inspired Minds could increase the awareness and understanding of mental health and help resolve the barriers discouraging Muslims from seeking support in the first place. The research also aimed to recognise the challenges faced when people, from Muslim backgrounds, sought mental health support and whether these challenges aligned with previous relevant research.

The findings showed that the Inspired Minds webinars had an overall positive effect on helping people become aware of the mental health support available. It also demonstrated the significance of providing resources that enable the public to improve their understanding of mental health, as this will influence overcoming barriers. It can therefore be suggested that webinars conducted by Inspired Minds had a positive effect on reducing barriers Muslims face to obtaining support, as it encouraged participants to reflect on the connection between Islam and mental health.

Relevant mental health research has shown that many Muslims still have deep concerns about modern psychiatric treatment and prefer to seek assistance from traditional spiritual leaders (Basit & Hamid, 2010). Therefore, as indicated by some of the participants, using well-known speakers within the Muslim community could play a role in addressing barriers to mental health treatment. Furthermore, using mosques to normalise mental health problems, including educating Imams and beginning to address mental health problems through the use of faith-tailored Khutbahs (sermons). Abu-Ras et al., (2008) found that Imams have a crucial role in promoting mental health as a topic, and being someone that individuals could turn to for both religious guidance and counselling. Imams can also educate mental health professionals on how to incorporate religion into an individual's treatment plan. Thus, it is critical for mental health professionals to be able to provide service users the option of integrating religious beliefs into their therapy.

Stigma is well-recognised as a factor in determining the utilisation of mental health services. Consistent with the literature, stigma was often discussed as a barrier hindering the seeking of mental health support (Al-Adawi et al., 2002; Aloud & Rathur, 2009). Within this overarching theme, participants also discussed the lack of education and acceptance of mental health problems within the broader Muslim community (Ahmad et al., 2016). This may help to explain why many Muslims prefer to seek help from within their family or community (Aloud & Rathur, 2009). Psychoeducation is, therefore, a priority when providing mental health support. The relationship between service users and mental health professionals is also a key factor in the overall experience of service accessibility (Memon et al., 2016).

Participants discussed how practitioners in mental health often have cultural prejudices alongside a broader lack of awareness and understanding of an individual's religion, which forms a major barrier to seeking support for mental health. Appropriate services need to consider providing a holistic approach, taking into consideration both the cultural and religious beliefs of a service user into the therapeutic work provided (Amri & Bemak, 2013).

A possible explanation for difficulties faced by Muslims in seeking support is an under-representation of Muslims in the mental health field (Ragavan, 2018), including the inability to find a Muslim therapist in the UK National Healthcare Service and government approved statutory services, as highlighted by participants. Language barriers and lack of support from family and friends were also common obstacles discussed within the participant group. As hypothesised, Basit and Hamid's (2010) review of barriers faced by Muslims specifically are aligned to those identified within this research. The barriers identified could explain the lack of under-representation of Muslims within the mental health statistics (Mental Health Foundation, 2016), and further validate the need for additional work to ensure this minority group is able to access mental health support. It also indicates that these obstacles are still prevalent, despite a 10-year difference between both studies

## **Strengths and Limitations**

Whilst the present study contributes to this area of research, some limitations must be considered. In particular, there may have been a sampling bias. For instance, the study only includes those that would have been aware of Inspired Minds. The low response rate is another limitation, with a significant decline in responses for the post-webinar questionnaire compared to the number of responses collated from the pre-webinar questionnaire. Additionally, only a small number of participants agreed to be interviewed. Consequently, this limited the generalisability of the current results.

The participant pool consisted of over 50% of those hailing from a South Asian background, meaning that it is not necessarily representative of the UK Muslim population which consists of a myriad of ethnic groups. Within the Muslim community, there is an array of different cultures which, in itself, are associated with additional and more unique barriers (Ciftci, 2012). South Asians, however, make up 68% of the largest Muslim community in the UK (Ali, 2015), and so it can be argued that this research is somewhat representative in that regard. In addition, as most mental health research on Muslims is conducted on participants from a South Asian background, this is also in line with previous research (Ali et al., 2017; Khalifa et al., 2011; Pilkington et al., 2012).

This research has provided both valuable qualitative and quantitative evidence that helps to explain why individuals within the UK Muslim community may not seek support for their mental health.

Although certain limitations are present due to the small sample size, the recruited participants are from minority communities and thus contribute to the often underrepresented demographic of mental health services and research (Mental Health Foundation, 2016), particularly, to UK research as many studies conducted in this area are carried out in the US or the Middle East (Al-Adawi et al., 2002; Basit & Hamid, 2010).

## Implications

This study provides further insights into the barriers Muslims may experience when seeking help for their mental health. Our results helped identify barriers that are present when seeking mental health support. This information could be used to build tailored training to help practitioners in mental health deliver effective cultural care, which could minimise mistrust across ethnic service users. It also calls for policymakers to continue developing guidelines that will enable a framework which better meets the needs of this population. Specifically:

### 1. Psychoeducation

Psychoeducation could be effective in reducing the stigma attached to mental health. Possible strategies can include providing mental health support in statutory and non-statutory services in a wide range of settings such as educational institutions, Muslim community centres, Muslim charities and mosques.

### 2. Islamic knowledge

The pre and post-webinar data highlights that the use of Islamic knowledge to promote mental health somewhat encourages people to adopt a more 'open' mindset in seeking support. Clinicians should also be open to the prospect of incorporating religious perspectives for service users, who consider it as an integral part of their treatment and recovery.



### 3. Cultural Sensitivity

Hiring culturally-sensitive mental health professionals who can regularly communicate with members of the Muslim community may potentially encourage individuals from Muslim backgrounds to obtain access to experts with whom they could trust and identify, and reduce the possible stigma associated with mental health as a whole.

To be able to provide a more in-depth insight into the barriers to mental health support, potential studies should undertake similar research but on a larger scale. Future research should also consider analysing gender and age groups to see if the barriers would differ, depending on an individual's demographic. Additionally, research where religious leaders and mental health professionals work collaboratively should be explored to see whether this helps to increase service accessibility.

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# About Inspired Minds

Inspired Minds (IM) is an Islamic grassroots charity that raises awareness and provides support, from a faith-based and culturally-sensitive perspective, to those affected by mental health challenges.

Anchored to our organisation is our vision of a society where people experiencing mental health challenges are validated and empowered to live fulfilling lives.

To bridge the gap in the understanding of mental health within and between our communities, we:

- Provide vital support and counselling services for both Muslim and non-Muslim clientele alike; recognising cultural, spiritual and Islamic needs
- Actively raise awareness on a variety of issues experienced within our communities, which is informed by the field-based research that we conduct to further our understanding

You can find out more about us via our website and social media links.

**We hope that together we can  
Prioritise Mental Health and Wellbeing.**