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# MENTAL HEALTH IN UK MUSLIM COMMUNITIES: A CALL TO ACTION

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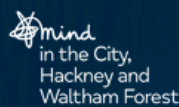
The Muslim Mind Collaborative (MMC) has been formed as a result of years of research and community consultations conducted into the mental health and wellbeing of British Muslims and drawing on academia, statutory services, community practitioners, faith leaders, faith-led and psychotherapy services and those with lived experiences. Our aim is to widen the parameters of the agenda on mental health to consider the needs of faith.

MMC is dedicated to making mental health services accessible to Muslim communities in the UK. As one of the fastest-growing religious groups, Muslims face significant mental health inequalities compounded by barriers to health, education, employment, and housing. This policy brief outlines the urgent need for culturally and faith-sensitive mental health services and calls for government action to address the specific challenges faced by Muslim communities.

## Supporters



Children & Young People's  
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# The Mental Health Crisis in Muslim Communities

## Demographic Overview



Muslims constitute  
**3.9 million**  
people in England and Wales,  
representing  
**6.5%**  
of the population. <sup>1</sup>



By 2050 Muslim population  
would be 10% of overall  
population

- Muslims are currently the **second largest faith group** in England and Wales and also possess the **youngest age profile**. <sup>2</sup>
- 61% of Muslims in England and Wales live in the lowest 40% of areas in the country ranked by deprivation score, with **economic insecurity** closely linked to mental ill-health. <sup>3</sup>
- Muslims from black and minority ethnic backgrounds are more susceptible to mental illnesses such as **anxiety disorders** and **psychosis**. <sup>4</sup>



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# Why We Must Act Now: Essential Statistics and Insights

## 1. The Impact of Islamophobia and Racism on Mental Health:

The recent surge in anti-Muslim hatred, with incidents **increasing by 365%** since October 2023, underscores the urgent need to combat Islamophobia. <sup>5</sup>

This sharp rise has led to a **tripling of anti-Muslim incidents** in the past few months. <sup>6</sup> Such **hostile environments** not only marginalise Muslim communities but also have severe mental health repercussions.



Over **70%** of Muslims struggling with mental health issues have also experienced Islamophobia, exacerbating conditions like chronic stress, anxiety, and depression. <sup>7</sup>





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Events like the August 2024 riots following the Southport stabbing demonstrate how localised incidents can spiral into **widespread violence** when exploited by extremist actors. These incidents, set against the backdrop of rising **far-right extremism** and the mainstreaming of **anti-Muslim rhetoric** create toxic environments that increase fear, anger, and division, further heightening distrust of mainstream support services.<sup>8</sup>

According to the latest Muslim Census survey, an alarming **92% of respondents now feel significantly less safe after the recent riots across the UK.**



**1 in 6**

Muslims have personally encountered an Islamophobic or racist incident in the week following the event.<sup>9</sup>

The portrayal of **Muslims in the media** often perpetuates harmful stereotypes, reinforcing feelings of marginalisation and misunderstanding. This narrative fuels a **cycle of exclusion** and mental distress, making it imperative for the government to take decisive action against Islamophobia, both online and offline.



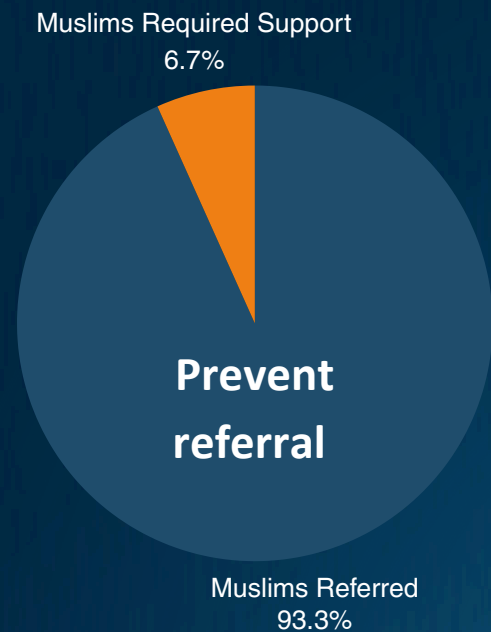
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## 2. Racism and Discrimination:

Racialised communities face various forms of discrimination, ranging from subtle **micro-aggressions** to explicit hurtful words. Exposure to racism can be **stressful** and negatively affect overall health and mental well-being. It may increase the likelihood of experiencing mental health problems like **psychosis and depression**.

A recent study by Centre for Mental Health highlights clear connections between racism and its effects, particularly on parenting and parent-child relationships. The findings reveal that parents' experiences of racism can significantly impact their children's well-being, and the reverse is also true, emphasising the intergenerational consequences of racism in the UK. <sup>10</sup>

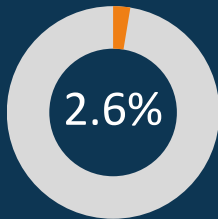
Muslim children are disproportionately impacted by being referred to the prevent programme — **nearly 1,500 Muslim children were referred** in 2015/2016, yet only 108 required counter-radicalisation support. This process can leave innocent children and families feeling **criminalised and stigmatised**, with a child potentially remaining on the Prevent database for up to six years. <sup>11</sup>



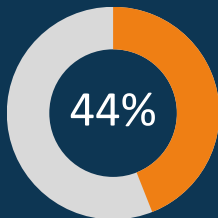


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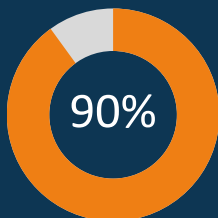
### 3. Lack of Culturally and Faith-Sensitive Support:



In 2021-2022, only 2.6% of Muslims referred to NHS Talking Therapies completed their treatment course. <sup>12</sup>



44% of Muslims feel that faith-related issues are not adequately addressed through mainstream counselling. <sup>13</sup>



90% of service users prioritise faith and cultural sensitivity in their mental health support. <sup>7</sup>

Muslim young people are **three times more likely** to seek support from friends rather than accessing professional services. <sup>7</sup>





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#### 4. Socioeconomic Disadvantages and Mental Health Inequities:

Muslims face some of the worst outcomes in **employment**, **health**, and **education**.



**40%** of England's Muslim population **lives in the most deprived local authority districts**.<sup>12</sup>

**Employment rates** for Muslims aged 16-64 stand at 51.4%, compared to 70.9% of the overall population.<sup>14</sup>



Nearly a third of Muslims (32.7%) live in overcrowded homes, compared to 8.4% of the general population.<sup>12</sup>

Black and minority ethnic (BAME) people are 40% more likely to access mental health services through the **criminal justice system** compared to white individuals.<sup>15</sup>



Young people from **racialised communities** are exposed to several risk factors linked to mental health problems, such as, exclusion from school, being involved in care, criminal justice system and being homeless.





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## 5. Challenges for Young Muslims:

Young Muslims, who make up nearly half (48.3%) of the British Muslim population, face significant challenges that adversely affect their mental well-being. <sup>7</sup>



Since October 7, 2023, 1 in 3 British Muslims have expressed unease or discomfort about their safety.



60% believe that anti-Muslim hate in British society has increased over the past year. <sup>16</sup>

Additionally, over a quarter (27%) of British Muslims have experienced an **anti-Muslim hate incident** within the past year. <sup>16</sup> This **climate of fear** and discrimination particularly impacts Muslim youth, making them increasingly vulnerable to **abuse, bullying, and social exclusion**, which in turn heightens their risk of developing serious mental health issues.

Despite these challenges, young Muslims continue to face barriers in accessing mental health services. Although 19% of Muslim youth report experiencing **suicidal** thoughts, their access to Child and Adolescent Mental Health Services (CAMHS) remains critically low. <sup>7</sup> The pressure to achieve academic success, combined with the **trauma** of discrimination and isolation, exacerbates the mental health struggles faced by this demographic.



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## 6. Policy and Funding Gaps

Mental health services for ethnic and religious minorities, particularly within the Muslim community, often suffer from **chronic underfunding**, leading to limited resources and a scarcity of specialised programs tailored to their needs. Many community organisations that provide vital mental health support face significant challenges due to insecure and unstable funding, making it difficult to sustain essential services. **Current policies fail to adequately address the unique challenges faced by these communities**, and numerous barriers—including a lack of awareness about available services—continue to hinder ethnically minoritised individuals from accessing the mental health care they urgently need.

## 7. Stigma Surrounding Mental Health within Muslim Communities

Muslims encounter significant barriers when seeking mental health support. These include **stigma, discrimination**, and a lack of faith-responsive services. Additionally, Muslims experienced **lower recovery rates** compared to other religious groups.



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# Our Asks to the Government:

## 1. Combat Islamophobia/anti-Muslim hate

To combat this pervasive issue, it is essential for the government to urgently recognise and address the specific nature of the threat faced by Muslim communities. This includes officially recognising a working definition of **Islamophobia**, and embedding it within government policies and local authority frameworks. This recognition is a critical step in guiding effective policies to **combat discrimination** and ensuring that Islamophobia is taken seriously at all levels of governance.

- **Engaging with community leaders and organisations such as [Muslim Charities Forum](#), [Better Community Business Network \(BCBN\)](#), [British Islamic Medical Association](#)** amongst many others will also be crucial in understanding and addressing the concerns of the affected communities. It is essential to involve Muslim communities and prioritise the voices of Muslim-led organisations in decision-making processes and the design of policies and services.
- **Promoting media literacy and enforcing greater regulation** of both social and traditional media are key steps toward fostering a more informed public discourse. By challenging harmful stereotypes and ensuring that diverse perspectives are represented in the media, we can begin to dismantle the toxic narratives that fuel Islamophobia.
- As stated in the [Black Mental Health Manifesto \(2024\)](#), we also call on the Labour Party to take immediate action by appointing a Cabinet-level minister for anti-racism and ending harmful hostile environment policies. **[Islamophobia awareness workshops should be implemented in schools and workplaces, training educators and employers to recognise and address Islamophobia effectively.](#)**



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*Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness.* <sup>17</sup>

APPG definition of Islamophobia, endorsed by Muslim Council of Britain.

(The [Muslim Council of Britain](#) (MCB) is a national representative Muslim umbrella body with over 500 affiliated national, regional and local organisations, including mosques, charities and schools.)

## 2. Implement Culturally and Faith-Sensitive Mental Health Services

To ensure that mental health services are culturally sensitive and inclusive, we call the government to provide healthcare professionals with **training on cultural competence**, particularly regarding the specific needs of the Muslim community. Integrating **faith-based counselling services** into the NHS and other healthcare providers can offer a more holistic approach to mental health, one that respects and incorporates religious beliefs and practices.

It is essential that mental health professionals receive specialised training to deliver capacity-building psychoeducation and culturally appropriate support at an early stage, particularly for young Muslims who are disproportionately impacted by Islamophobia and socioeconomic disadvantages. It is equally important that the children's mental health workforce receive training on faith and culture sensitivity, including education on **unconscious bias** and **Islamophobia**. This would enhance support for those in acute services by helping therapists understand how these issues can strain the therapeutic relationship and reduce the effectiveness of treatment. Additionally, developing referral lists that take faith into account is crucial, especially considering that 90% of young service users have expressed the importance of faith and culturally sensitive mental health support.



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Finally, [NHS England's Patient and Carer Race Equality Framework \(PCREF\)](#), the organisation's first anti-racism framework for mental health providers, could be expanded to include specific actions and measures to improve access to faith-sensitive support, in addition to culturally and racially sensitive services.

### 3. Mental Health in Policy and Legislation

While we welcome the government's focus on reducing waiting times, it is crucial that community mental health resources are simultaneously developed and supported.

This dual approach would enable mainstream services to manage referrals more effectively, reduce pressure and waiting times, and offer local options for families, thereby **encouraging greater access**. The success of such an approach is already evident in [The Reflection Project](#) projects in North Kensington and Barnet, which also contribute to the training of a more diverse and culturally aware workforce by providing more trainee placements at a local level. Additionally, faith and culture-sensitive training should be adopted across NHS and public services, aligning with the new **Mental Health Bill**.

We urge the inclusion of the principles—choice and autonomy, least restriction, therapeutic benefit, and recognition of the person as an individual—directly into the Mental Health Bill. This is essential for holding inpatient units accountable and **addressing the disproportionate and negative experiences of racialised communities in mental health care**.



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#### 4. Improve Data Collection within Mental Health Services

It is essential that data collection includes **faith and religion metrics** to accurately understand the disproportionate impacts on Muslim communities. Funding should be allocated with sensitivity, acknowledging the **intersectionality of Muslim identities** and addressing the specific needs of these communities. Additionally, targeted surveys and research are needed to identify the barriers that marginalised communities, particularly Muslim-heritage families, face when accessing services like CAMHS. Finally, improving data collection on religion and faith will provide better insights into the challenges faced by these communities,

#### 5. Increase Funding and Research for Muslim Mental Health Services

We call on the government to fund **community-led research** to better understand the mental health needs of the Muslim population in the UK and to develop evidence-based interventions. It is also crucial to establish sustainable funding streams for community groups working in Muslim mental health, allowing them autonomy in service design and delivery. Additionally, we urge the government to allocate more **funding to Muslim organisations** to help address the long waiting times for NHS services, following the example of grant-giving organisations like [All Ways Network](#) and [BCBN](#), which directs funding to Muslim community organisations.



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## 6. The New Children's Bill

The New Children's Wellbeing Bill should also incorporate measures to enhance the wellbeing of Muslim and other marginalised children, promoting **culturally tailored support and resources** to ensure their needs are met effectively.

## 7. Promote Education

We urge the government to enhance signposting and education efforts to ensure that diverse communities are **well-informed, educated, and equipped** with the language to discuss mental health openly. This should be achieved through targeted interventions and public health campaigns focused on early detection. In addition, the government must invest in community resources and **prevention strategies** by creating access to opportunities across different population groups and ensuring that basic living conditions and needs are met—especially considering that 40% of England's Muslim population lives in the most deprived areas.

## 8. Early Intervention in Mental Health

While we welcome the initiative to provide young people with **access to specialist mental health professionals** in schools and the establishment of Young Futures hubs, these efforts must prioritise a **holistic approach** to mental health and wellbeing to be truly effective. Services need to expand their reach to children, young people, and families at the earliest stages. This will ensure that support is both accessible and proactive, addressing issues before they become deeply entrenched.



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## 9. Address Hostile Policies Affecting Muslim Communities

In our pursuit of a fair and inclusive society, it is essential to recognise and address policies that **disproportionately impact Muslim communities**. To foster greater understanding, promote social cohesion, and mitigate the harmful effects of these policies, we urge the government to critically assess those affecting **refugee and asylum-seeking migrant** communities from Muslim-majority countries. These policies often create **barriers to integration, exacerbate vulnerability, and perpetuate marginalisation**.

We also call for a critical review of **discriminatory policies**, such as Prevent, which disproportionately target Muslim communities and contribute to further **polarisation**. It is crucial for the government to actively listen to Muslim communities and those with lived experiences, adopting language and approaches that demonstrate genuine support and commitment to marginalised groups.

By adopting a fair and equitable approach, we can ensure that these communities receive the support they need to **rebuild their lives**. This includes access to mental health services, education, and employment opportunities.

Addressing the mental health crisis in Muslim communities requires a comprehensive and inclusive approach. By implementing the recommendations outlined in this document, the government can ensure that mental health services are accessible, culturally sensitive, and effective in promoting the well-being of Muslim communities across the UK. Muslim Mind Collaborative urges the government to take immediate action to address these pressing issues and foster a more inclusive and cohesive society for all.





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