

CARING FOR EVERY CHILD

Faith-Sensitive Mental Health Support for Muslim Children & Young People



Insights and Shared Actions
from the Nurturing Minds Conference,
Newnham College, University of Cambridge
May 2025

MRN

MUSLIM RESEARCHERS' NETWORK



MRN RESEARCH
COMMUNITY
PSYCHOLOGY, MENTAL
HEALTH & ISLAM

IN PARTNERSHIP WITH

The
Reflection
project

SUPPORTED BY



MUSLIM MIND
COLLABORATIVE

FOREWORD

DR AALIYAH SHAIKH

Founder

THE PSYCHOLOGY, MENTAL
HEALTH AND ISLAM
RESEARCH COMMUNITY
@MUSLIM RESEARCHERS
NETWORK

“When is the best time to make a difference in a child’s life?” I often begin with this question, as what happens at the start of life can leave a lasting impact on lifelong development and overall health. [Why is it that “73% of Asian or Asian British babies face a higher risk of neonatal death compared to White babies?”](#) These stark and painful statistics, – and there are many more – tell a story of a broader landscape that covers psycho-social issues, intergenerational trauma, systemic inequities and structural issues that contribute to harm, and the wider determinants of health.

It was both an honour and deeply meaningful for me to co-organise and speak at the Nurturing Minds conference at Cambridge University. Returning to the university where I pursued my Master’s degree in Psychotherapeutic Counselling (Children and Adolescents) was especially poignant, as I spoke about ‘Early Life Trauma and Development’, as part of the wider discussion around the Health and Wellbeing of Muslim Children and Young People. Having worked in this field for over two decades, as well as having lived experience of much of what I now professionally engage with, I’ve witnessed a shifting landscape: one where conversations around mental health have grown yet remain incomplete.

Too often still, our understanding is limited by clinical labels, superficial and poorly created frameworks, language and diagnostics that are outdated, and disconnected from the heart of lived experience.

This Insights report summarises key information as points of action to be taken forward by respective stakeholders and those invested in the betterment of quality mental health care for Muslim communities in Britain. The age-old adage that “It takes a village to raise a child” is critical here in understanding the need for systemic change, in a way that goes beyond merely expecting individuals to focus on popularised trends of self-care and quick fixes.

The deeper structural issues must be addressed, and this requires both collective action from within the Muslim community and collaboration with allies from wider society for meaningful and sustainable change. We can achieve this through creating well-resourced, financially invested in, services, support, and connections that humanise care, challenge systemic harm, and build a future rooted in understanding, compassion, and justice for young people that centres cultural safety, and a God-centred (faith-based) approach which serves the next generation’s needs and leads to the advancing and implementation of trauma-informed mental health care and welfare for the wellbeing of all of society.

My hope is that this report acts as a springboard leading to a collective movement through action, actual change, with measurable health and wellbeing outcomes for the next generation of Muslims. It is something I feel personally invested in and committed to: affecting change and bringing about a trauma-informed society, and ask you to join the movement!

The conference and report reflect a hopeful vision: Together, we can build frameworks rooted in understanding, integrity, health and social justice.

FOREWORD

DR RACHEL ABEDI

Director

THE REFLECTION PROJECT

My intention in suggesting a conference focussing on Muslim children's mental health was to bring much-needed focus to this area. Through my work with The Reflection Project I was aware of some great work being carried out around the UK by inspiring individuals and organisations. However I could see the need to pool research, experience and ideas for best practice, as we are so much stronger and creative when thinking together.

The Muslim Researchers Network, in particular their Psychology, Mental Health and Islam group, were keen to collaborate. The conference was organised on an entirely voluntary basis, was the first event of its kind in the UK, and a resounding success, with almost 100 students, researchers and practitioners attending. We would like to make this an annual event, with both Muslim and non-Muslim participants from a wide variety of child mental healthcare services, to further enrich the discussion and to ensure that faith identity becomes firmly part of the conversation in improving child mental healthcare and outcomes.



BACKGROUND: THE NURTURING MINDS CONFERENCE

Held on 3rd May 2025 at Newnham College, University of Cambridge, Nurturing Minds was the first national conference dedicated to improving mental healthcare for Muslim children and young people. Organised by a cross-sector team of researchers and practitioners—with support from the Cambridge University Islamic Society—the event brought together professionals, educators, community leaders, and students united in their commitment to embedding faith-sensitive approaches in youth mental health services.

The programme featured original research presentations, a sector-spanning panel discussion, and a collaborative workshop facilitated by the Muslim Mind Collaborative (MMC). This report captures the workshop's key outcomes, enriched by real-time reflections and lived experience insights gathered through [Mentimeter](#). Together, they offer a roadmap for action rooted in shared knowledge, community voice, and system-wide collaboration.



EMBEDDING
FAITH-SENSITIVE
SUPPORT:
SECTOR PRIORITIES
FOR MUSLIM CYP

1. SCHOOLS & EDUCATION

KEY PRIORITIES FOR ACTION:

- ▼ Muslim Mind Collaborative - Student Advisory Group for Resilient Mind Project.
- › **Strengthen partnerships** between schools and Muslim community organisations to foster trust, share resources, and promote holistic care.
- › **Implement peer mentoring** and coaching programmes that provide safe, relatable spaces for Muslim CYP to express themselves and seek support.
- › **Promote faith and culturally relevant materials** such as those produced by MMC that reflect the lived realities of Muslim students.





2. NHS & CLINICAL SERVICES (E.G. CAMHS)

RECOMMENDATIONS FOR INCLUSIVE, FAITH-SENSITIVE CLINICAL CARE:

- › **Prioritise community representation** in the workforce – young people thrive when they see themselves reflected in those who support them.
- › **Blend clinical methods with creative engagement**— using art, storytelling, and community-based practices to increase accessibility.
- › **Reframe the narrative** from “serving minorities” to building community-informed solutions for all.
- › **Commission trusted community organisations / individuals** and embed their work into care pathways.
- › **Invest in leadership and faith and culturally aware training** for clinicians, with updated curricula that reflect the needs of Muslim CYP and their families.
- › **A system wide strategy to improve statutory mental health provision** for Muslim children and young people concerning psychological and psychospiritual well-being. Joined up working of researchers and practitioners to make the case to NICE for improved services in the NHS.

◀ *BIMA presented a seminar on 30th July at Queen Elizabeth University Hospital in Glasgow, engaging board members from NHS Greater Glasgow and Clyde and NHS Lanarkshire on Islam and Muslim communities.*



3. MOSQUES & MUSLIM COMMUNITY SETTINGS

OPPORTUNITIES FOR FAITH SPACES TO SUPPORT MENTAL HEALTH:

- › **Develop mosque-led engagement strategies**—including wellbeing services and financial aid mechanisms to support those in crisis.
- › **Integrate mental health education** into madrasa settings through PSHE-style content and age-appropriate discussions.
- › **Increase awareness of how politics, faith, and mental health intersect**, especially in Friday sermons and youth talks.
- › **Discussing topics** (e.g. addiction, domestic violence) through sensitive, compassionate outreach.
- › **Learn from and replicate faith-based initiatives** that already model good practice in mental health and wellbeing.

◀ *Pupils from Beddington Infants' School enjoy a mosque tour to learn about faith, community, and culture*



4. WORKING WITH PARENTS & CARERS

STRATEGIES TO BETTER SUPPORT FAMILIES:

- › **Build individualised trust**—acknowledging differences in cultural background, parenting style, and generational experience.
- › **Use spiritual conversation as a soft entry point**, gradually introducing Islamic mental health frameworks where appropriate.
- › **Be explicit about safety and support** in practitioner interactions, using body language and language that is non-judgemental and affirming.

◀ *NSPCC and Approachable Parenting host an engaging workshop for parents and carers, supporting family wellbeing and positive parenting*

BLACK AND ASIAN WOMEN HAVE HIGHER RISK OF DYING IN PREGNANCY

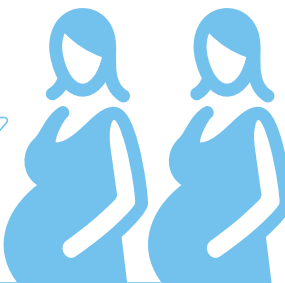
WHITE

7/100,000



ASIAN

2X
13/100,000



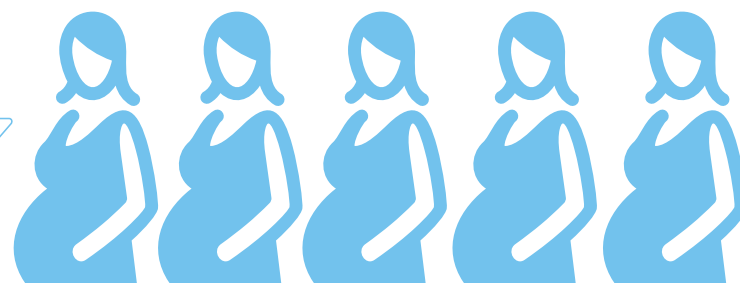
MIXED ETHNICITY

3X
23/100,000



BLACK

5X
38/100,000



5. PERINATAL & UNDER-5S

KEY THEMES FOR EARLY YEARS SUPPORT:

◀ Public Health England research reveals that women from BAME backgrounds are at a disproportionately higher risk of maternal mortality.

- › **Make maternal mental health visible in mosques**, enabling parents to feel seen, supported, and less isolated.
- › **Provide faith and culturally aware training** for healthcare and early years professionals to address Muslim families' specific needs.
- › **Push for systemic reform**—representation in leadership and policy spaces is key to lasting change.
- › **Equip imams with tools and resources** to support family wellbeing and signpost mental health support, without requiring formal counselling roles.
- › **Actively involve fathers** in early childhood support through culturally responsive outreach and education.
- › **Expand the idea of “community as the village”**—build networks that extend beyond extended families to offer consistent, grassroots support.
- › **Integrate peer support models into formal service design**—not as an add-on, but as a core element.
- › **Break down silos through cross-sector collaboration**—health, education, and faith institutions must work together, not apart.

REFLECTIONS FROM THE FIELD: WHAT PARTICIPANTS SHARED

In addition to structured group discussions, participants contributed anonymous reflections via Mentimeter, offering valuable insight into barriers, unmet needs, and emerging good practice in supporting Muslim CYP.

KEY BARRIERS IDENTIFIED

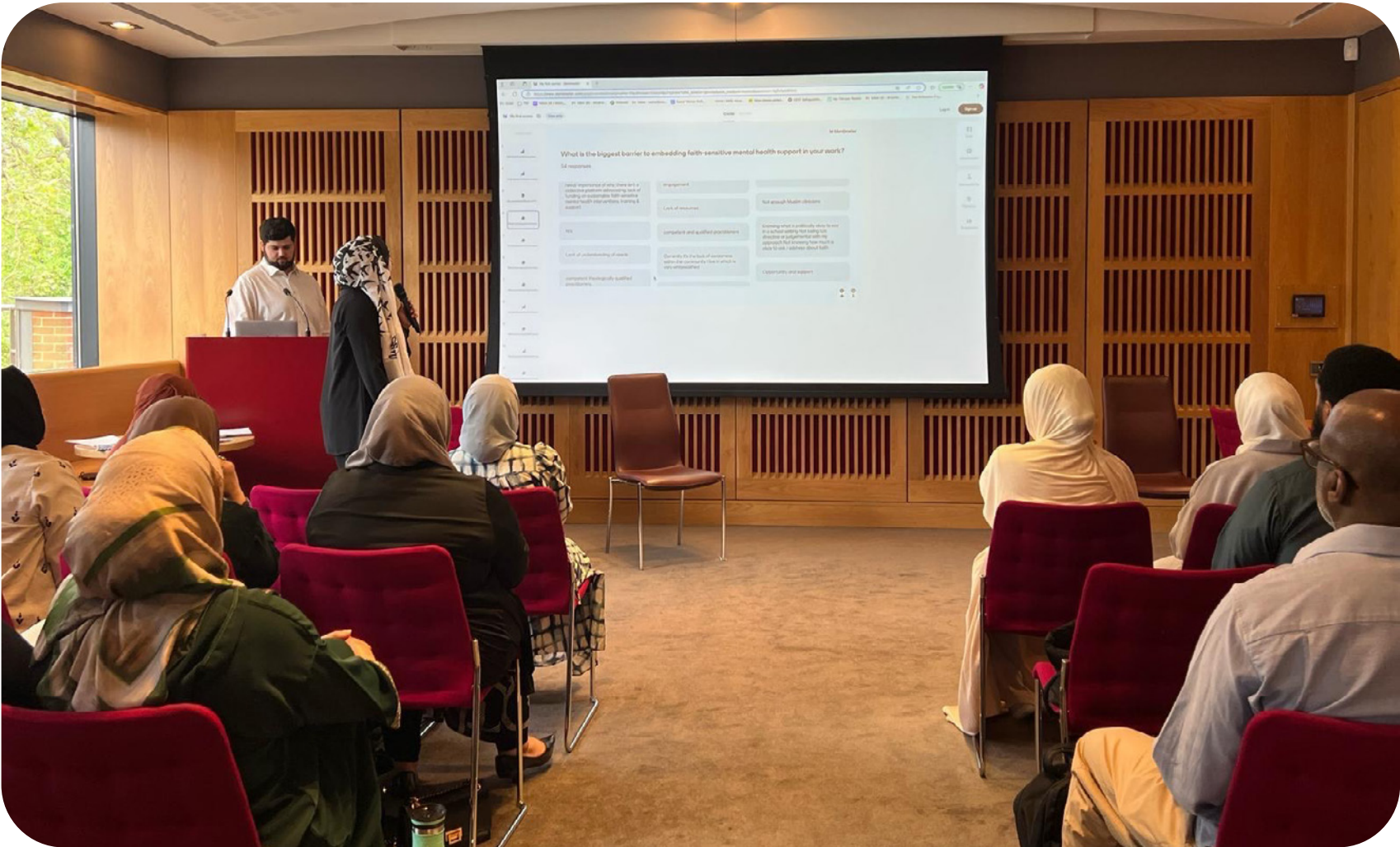
- › Limited cultural and faith literacy across statutory services.
- › Shortage of Muslim professionals in clinical and leadership roles.
- › Discomfort addressing faith in secular contexts, particularly in CAMHS.
- › Mental health stigma persists in parts of the community—but participants also noted a growing openness in families and organisations to talk about wellbeing.
- › Fragmentation between schools, healthcare and community support.

UNMET NEEDS

- › Visual, multilingual, and identity-affirming resources for Muslim CYP.
- › Greater access to trained, relatable Muslim therapists.
- › Family engagement strategies that address generational and cultural dynamics.
- › Recognition of Islamic counselling models in mainstream systems.

WHAT’S WORKING WELL

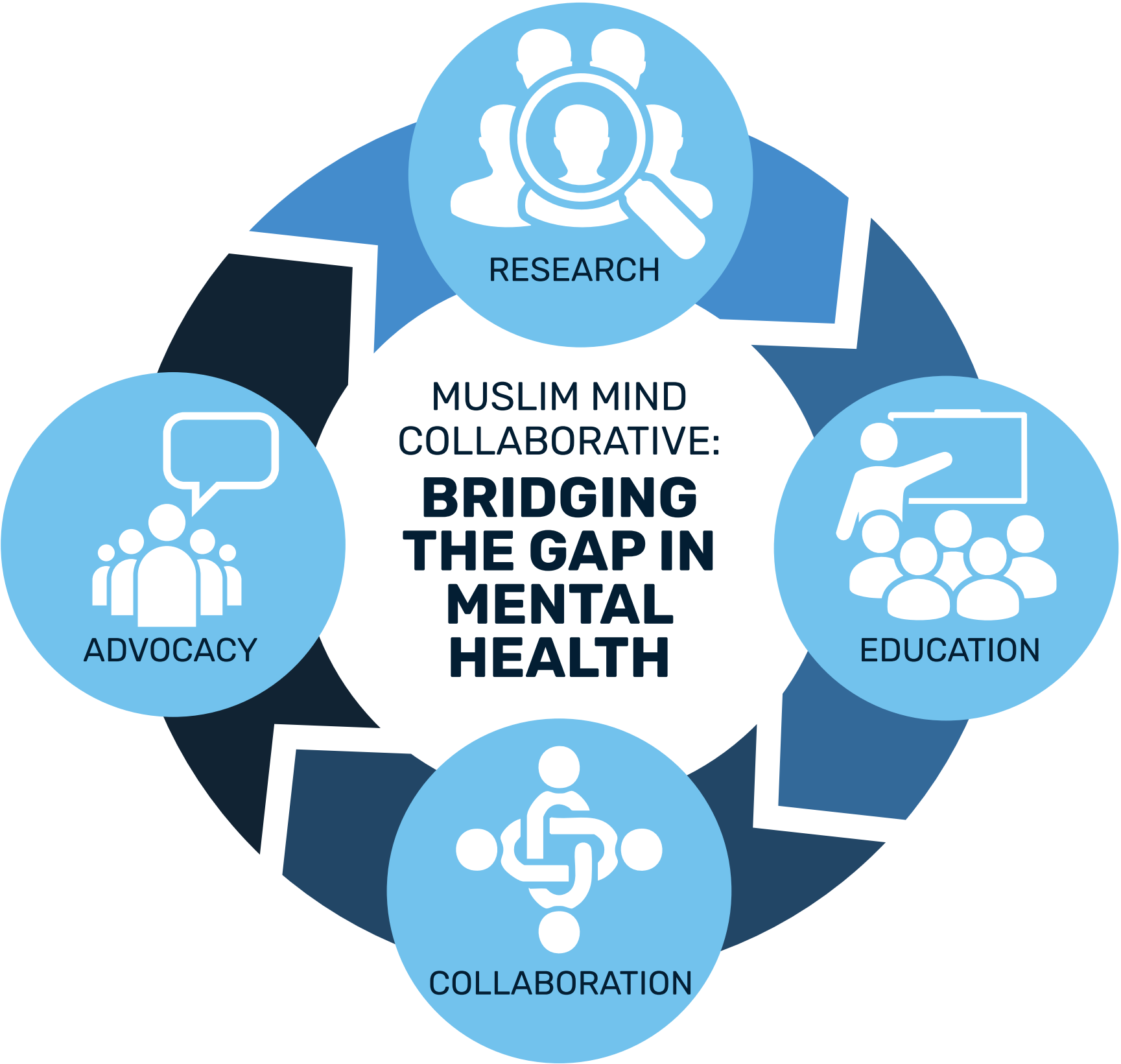
- › Culturally adapted therapies (e.g., Islamic CBT, art, storytelling).
- › Peer-led mentoring and inclusive school interventions.
- › Mosque-community partnerships improving local access and trust.
- › Early intervention initiatives rooted in Islamic principles and values.



CONCLUSION

The findings in this report highlight an urgent and growing recognition: that mental health support for Muslim children and young people must be rooted in cultural understanding, community trust, and faith sensitivity. From early years to education, mosques to clinical care, the call for more inclusive, collaborative, and spiritually aware approaches is clear.

We invite all stakeholders—community leaders, practitioners, educators, commissioners, and researchers—to join the Muslim Mind Collaborative in forming a dedicated **Steering Group on Muslim CYP Mental Health.** Together, we can co-design faith-literate frameworks, share learning across sectors, and advocate for meaningful, system-wide change that honours the diverse needs of our children and young people.



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- › All speakers, panellists, and research presenters for their generous knowledge sharing.

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Muslim Mind Collaborative team:

- › Sabah Gilani OBE.
- › Asima Bashir.



CONTRIBUTING RESEARCH & SECTOR EXPERTISE/
CONTRIBUTORS:

The following organisations and researchers contributed research and applied insights that significantly informed the themes, recommendations, and sector priorities captured in this report. Their expertise provided evidence, lived context, and strategic framing relevant across multiple domains of mental health provision for Muslim children and young people.

RESEARCH
PRESENTATIONS:

- > **Muslim Youth: What’s the Issue?** – Jamilla Hekmoun Muslim Youth Helpline (MYH) Contributor: Researcher & Community Advocate.
- > **Perinatal Muslim Mental Health** – Dr Aaliyah Shaikh Trauma-Informed Educator | Therapist | Psychology Research Consultant. Spotlighted resource: Academic paper:
 - » [Thesis \(2023\)](#)
 - » [PhD recommendations:](#)
 - » [Services & mentoring](#)
 - » [Journal article](#)

PANEL SPEAKERS

- > **Dr Rachel Abedi** – [The Reflection Project](#) » [Research](#)
- > **Hadil Nour** – [Muslim Youth Helpline](#)
- > **Stephen Abdullah Maynard** - [The Lateef Project](#)
- > **Safiyah Khan** – [Inspirited Minds](#)

WORKSHOP
FACILITATORS

- > **Sabah Gilani** – [Muslim Mind Collaborative](#)
- > **Sarah Alshamari** – [Muslim Lived Experience Network \(MLXN\)](#)

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