

FAITH-CENTRIC MENTAL HEALTH IN ACTION

CAPACITY BUILDING REPORT

JULY 2025

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MUSLIM MIND
COLLABORATIVE

FOREWORD

SABAH GILANI OBE

Founder

MUSLIM MIND COLLABORATIVE



When we launched the Muslim Mind Collaborative in 2021, it was with a clear yet urgent intention: to bridge the gap between mental health services and the lived realities of Muslim communities in the UK.

Four years on, this report marks a significant milestone, not just for MMC as a platform, but for the many voices, organisations, and service users who have shaped this work from the ground up.

This Capacity Building Report is more than a record of achievement—it is a testament to the power of partnership, the resilience of our members, and the growing movement towards culturally and faith-sensitive care. The case studies featured here reflect the breadth of work taking place across the sector, often under-resourced yet deeply impactful, led by organisations committed to meaningful inclusion and equity.

As CEO of the Better Community Business Network (BCBN), I’m deeply proud of the role we’ve played in incubating the Muslim Mind Collaborative (MMC). From the outset, our vision was clear: to lay strong foundations for an initiative that would bridge communities and systems, amplifying the voices of Muslims often left out of mental health conversations. Through strategic oversight, infrastructure support, and our commitment to faith- and culturally competent care, BCBN helped seed a platform rooted in equity, collaboration, and long-term impact.

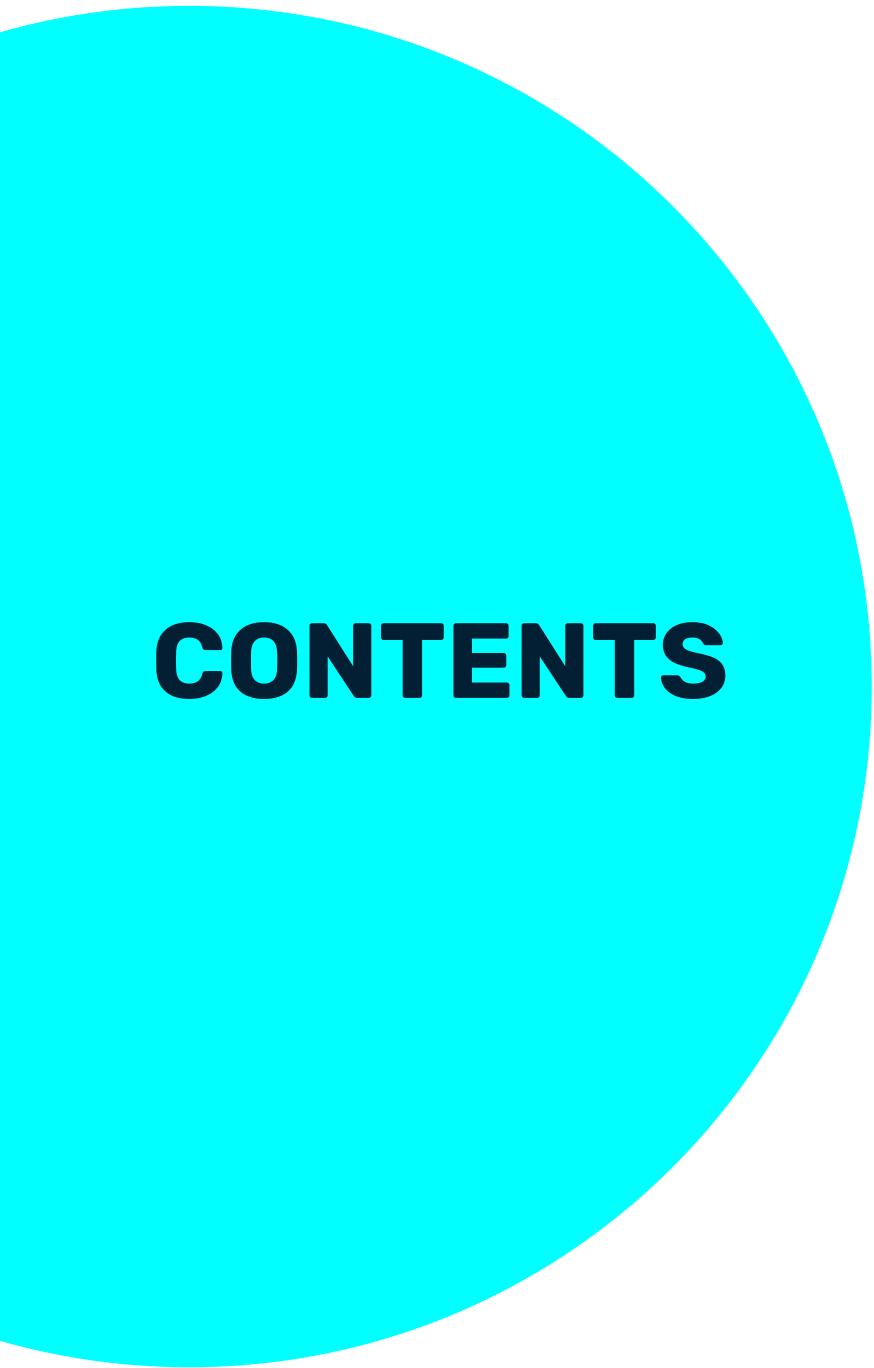
I want to express my deepest gratitude to Mind UK for their strategic partnership and shared commitment to this vision. Their support, particularly in championing training, resourcing, and Local Mind engagement, has helped unlock vital spaces for collaboration. This report reflects that spirit of trust and co-creation.

As part of our next chapter, MMC is developing a series of modular training programmes for Local Minds, charities, and wider health systems. These will focus on faith literacy, Islamic psychology, trauma-informed care, inclusive research methods, and community engagement. For MMC members, this represents a new opportunity to co-deliver, shape practice, and embed faith equity at the heart of system transformation.

As we look ahead, we do so with a renewed sense of purpose. This report calls for deeper, more sustainable partnerships, bold policy shifts, and investment in faith-informed care. It reminds us that equity is not a tick-box, but a practice rooted in listening, learning, and acting together.

To our MMC members, thank you for walking this journey with us. Your reflections, feedback, and lived experiences are not just heard—they

shape everything we do. We hope this report serves as both a reflection of your impact and a tool to strengthen your voice, within your organisations, across the sector, and at the policy table. Together, we are redefining what equity looks like in mental health care.



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EXECUTIVE SUMMARY

This Capacity Building report draws on nine interviews conducted with Muslim Mind Collaborative members in relation to their practice. The objective was to identify models of good practice from members who volunteered, particularly in relation to faith-centric models of working with Muslim communities in the field of mental health. These are intended for wider dissemination as a means of sharing this good practice.

An online survey for all other members was also disseminated; however, due to a low return rate, the responses have been incorporated into some of the concluding reflections at the end of this report.

Each of the case studies has been broken down into what the member organisation's predominant activities are, their flagship projects which are aligned with being faith-centric, and the specific challenges faced in the sector.

Further learning in terms of what faith-centric practice looks like across the case studies, the value MMC brings to these organisations, and potential areas for capacity building are also included.

It is evident that the MMC holds a unique platform, bringing together a range of stakeholders who deeply value the networks, knowledge exchange, and collaborations it has facilitated. Without this, members have expressed that some of their work would likely have been impacted due to a lack of specialist knowledge or access to networks. Member organisations also feel there is capacity to build on this further in the areas of knowledge exchange, facilitating collaborations, and sustainability.

MMC's strongest asset is in supporting its members to develop collaborations and benefit from the networks it can provide, alongside access to specialist

knowledge created through the richness of its members. Where individual projects are undertaken, ensuring they meet gaps identified by member organisations, are addressed in a collaborative and sustainable manner, and have full-scale evaluations embedded into them, will take MMC from strength to strength. Recommendations have therefore been made in relation to developing long-term strategic growth through specific projects, as well as adjustments to some overall core processes.

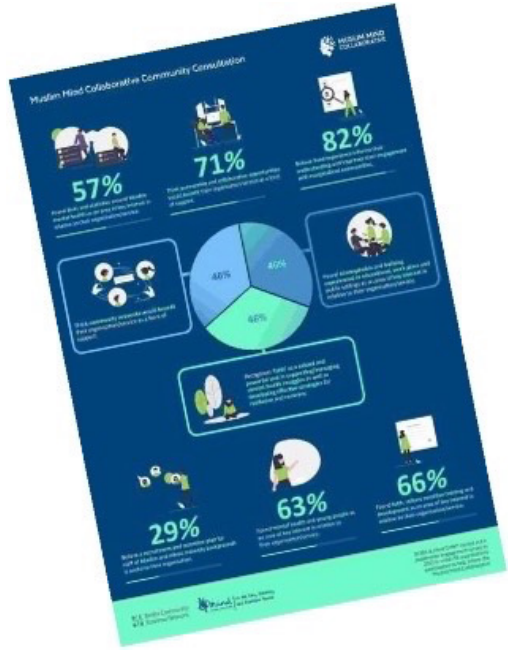
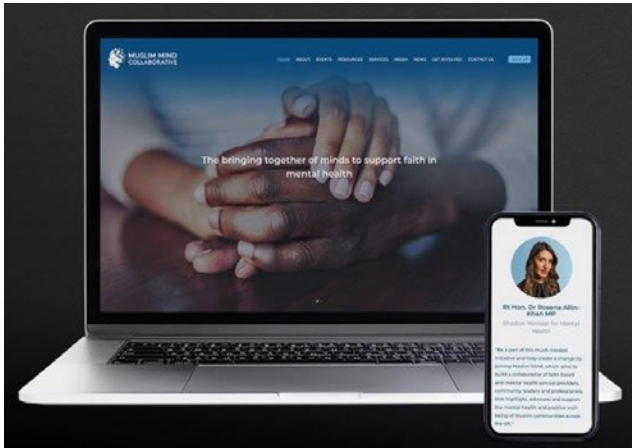
MMC would like to thank all members who actively contributed to this and looks forward to working with all members to build on this piece of work.



BUILDING THE CASE:

IMPACT, POLICY, AND FAITH IN PRACTICE

MMC ACHIEVEMENTS



2022

Expanding Our Reach:

Launched the MMC website and platform, connecting 50 member services across the sector to foster collaboration and knowledge sharing.

Highlighting Key Research:

Promoted the [Hidden Survivors Report](#), which revealed that 90% of Muslim service users prioritise faith and cultural sensitivity in mental health care, reinforcing MMC's commitment to faith and culturally competent services.

Facilitating Dialogue:

Hosted [Time to Talk Day](#), creating an open forum to discuss and support faith-sensitive approaches to mental health care.

Collaborative

Partnered with member services to co-design impactful resources and campaigns, including the [Kidscape Anti-Bullying Campaign](#), addressing bullying through inclusive strategies.

Impact:

Launching the Muslim in Mind

Podcast: [Raising Awareness of Mental Health Challenges](#), featuring insights from service providers and experts addressing the unique needs of Muslim communities.

2023



Addressing the Care System Crisis: Co-authored [Muslim Heritage Children in Care: Supporting Identity and Wellbeing](#) with My Family Group, shedding light on the urgent mental health challenges faced by children in care and promoting culturally sensitive solutions.

Engaging Public Health: Partnered with the NHS Muslim Network to discuss [Mental Health and Islamophobia](#), fostering dialogue on inclusive approaches to care.

Empowering Schools: Launched the [Value Every Mind](#) school programme, developing faith and culture-sensitive resources, equipping over 70 Place2Be practitioners with the [tools to support Muslim students' mental health](#).

Valuing Every Mind Roundtable: Hosted a high-impact session on [Mental Health in Schools at the Festival of Education](#), reaching thousands of educators and advocating for inclusive mental health practices.

Thought Leadership in Education: Published an article in Schools Week titled [The 'Muslim problem' is actually an opportunity for schools](#), encouraging schools to adopt a positive, inclusive approach to Muslim students.

Workplace Advocacy: Participated in the [This Can Happen Global Faith and Mental Health Conference](#), championing faith inclusivity in professional spaces.

2024



Partnerships and Advocacy:

Hosted three Membership Advisory Group (MAG) meetings and launched capacity-building workshops to help members utilise faith data for better outcomes.

Resources and Training:

Developed culturally sensitive [resources](#), delivered webinars to support member organisations, and trained 120+ Local Mind staff on “Islam, Muslims, and Mental Health” to enhance cultural competence.

Awareness and Engagement:

Led campaigns during [Islamophobia Awareness Month](#) and [The Great Big Green Week](#), participated in AMHP panels on [Islamophobia](#), and launched the [Muslim Women Talk Ramadan Podcast](#). (2 Seasons)

Published Policy Brief:

This [brief](#) underscored the urgent need for culturally and faith-sensitive care, calling on policymakers to eliminate disparities and improve access to services for Muslim communities.

Capacity Building workshops:

These [workshops](#) provided a safe space for third sector organisations providing mental health support within Muslim communities.

2025



Mental Wellbeing in Muslim Schools

Let's talk stress, anxiety & practical coping tools

Half-day workshops empowering Staff, Parents & Students For Muslim schools & students age 11-16 Workshops run until December 2025

Supported by AMS The Reflection project

FAITH-SENSITIVE SCHOOL-BASED MENTAL HEALTH PROGRAMMES

Value Every Mind: A creative wellbeing programme in UK Muslim schools, promoting mental health awareness, helping students manage stress, and engaging parents in supporting their child's wellbeing.

Resilient Mind (Luton): Supports over 2,200 students across Luton with faith- and culture-sensitive tools to build emotional resilience, leadership, and inclusive school environments.

EVIDENCE-BASED ADVOCACY FOR SYSTEMIC CHANGE

Caring for Every Child: Co-produced a landmark national report along with The Reflection Project and Muslim Researchers Network on faith-sensitive mental health provision for Muslim children and young people. The findings are now shaping conversations in policy, education, and health sectors.

Written Evidence to Parliament (2025): Submitted formal recommendations to the Joint Committee on the Draft Mental Health Bill, advocating for culturally competent, faith-literate mental health services across the UK.

NATIONAL AWARENESS & PUBLIC ENGAGEMENT CAMPAIGNS

Mental Health Awareness Week: Led a national awareness campaign spotlighting the need for faith-sensitive mental health support. Shared key statistics, community insights, and evidence to raise understanding of the specific barriers faced by Muslim communities.

The Great Big Green Week: Mobilised Muslim youth and community groups to explore the intersections of faith, mental wellbeing, and climate justice, elevating holistic and inclusive wellbeing narratives.

RECOMMENDATIONS
FROM LATEST
POLICY BRIEF

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.

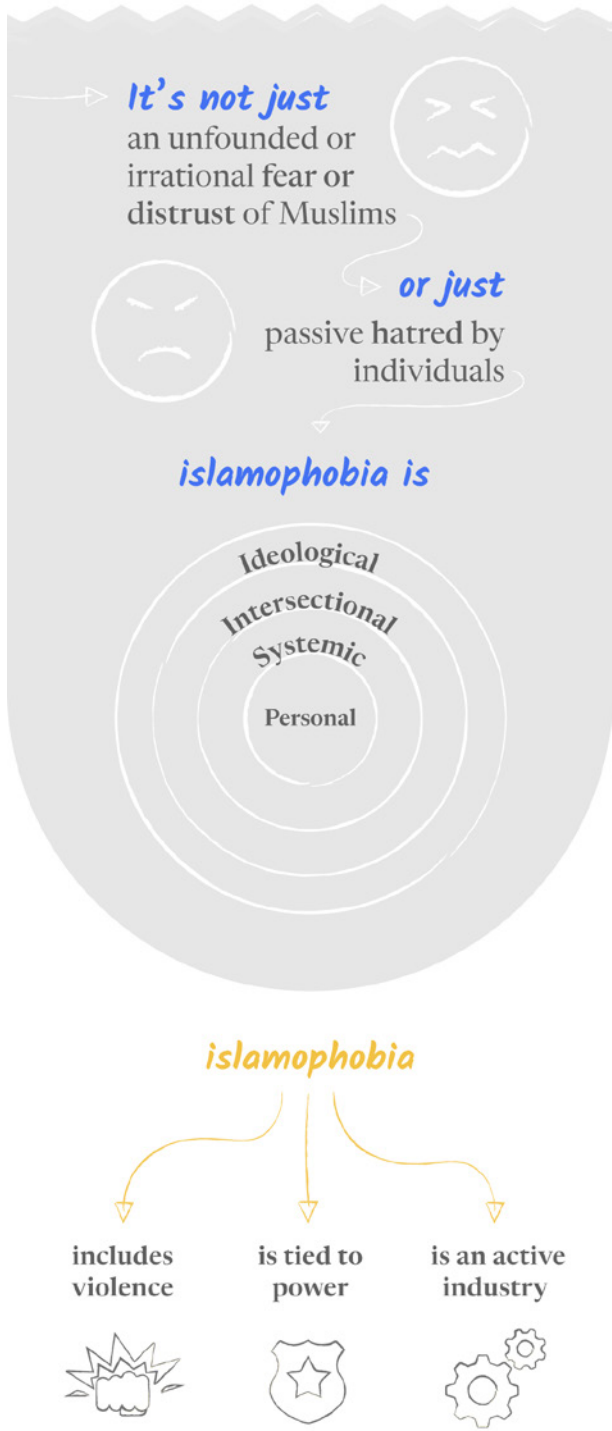
Engaging with community leaders and organisations such as Muslim Charities Forum, Better Community Business Network (BCBN), British Islamic Medical Association amongst many others will also be crucial in understanding and addressing the concerns of the affected communities. It is essential to involve 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.

What's
Islamophobia
anyway?



Picture Credit: Islam Awareness (Muslim Association of Canada)

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.

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.

To learn more about how we are advocating for faith-sensitive mental health practices and the integration of cultural competencies in policy, explore our work on Faith Equity in Mental Health and our recent submissions to the Mental Health Bill [here](#).

4. IMPROVE DATA COLLECTION

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

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.

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

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.

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.

maslaha

HOW PREVENT IMPACTS YOUR STUDENTS?

Muslim children are disproportionately affected by Prevent referrals – in 2015/2016 nearly 1,500 Muslim children were referred, but only 108 were deemed to require counter radicalisation support. If a child is referred to Prevent they can stay on the database for 6 years.

For more information:
✉ info@maslaha.org
✉ @maslaha
📍 @maslaha_uk
🌐 maslaha.org

"Schools aren't safe spaces for me, I know I can't speak freely because teachers will judge me and they might get the police involved. And when the police have been involved I worry about my family and how stressed they would be, so I have to hide it from them too. It feels so lonely, it makes me so confused and worried. I just don't know what's the right thing to do."

Picture Credit: Maslaha

WHAT EMBEDDING FAITH-CENTRIC MODELS INTO PRACTICE LOOKS LIKE

The case studies were approached with no definitive framework of what being faith-centric might entail. Instead, this was ascertained from the case studies themselves, and demonstrated that being faith-centric extended beyond traditional expectations around faith and religion. It meant adopting a holistic and flexible approach to members’ core activities, alongside how they worked.

Key elements of being faith-centric, as identified within the case studies, included the following:

- Listening to their client base regarding what they needed and how these needs could best be met.
- Working in collaboration with others—sometimes extending to the client group, and sometimes including wider community stakeholders, including religious leaders.

- Working with what is meaningful to client groups, as opposed to what practitioners assumed was needed or meaningful.
- Inclusion of faith cultures within baseline service provision—such as food, appropriate activities/interventions, and resources.
- Conducting frequent needs assessments—often informal, alongside more formal, structured, and research-based assessments.
- Ensuring accessibility within baseline service provision, including considerations of language and timings (e.g., Fridays and Ramadan, and the subsequent impacts).
- Ensuring appropriate staff demographic representation so that provision, such as language, could be offered as standard, alongside the inclusion of a broad range of cultures.

- Multi-disciplinary approaches to practice—spanning work with theologians, academics, and practitioners.
- Adaptation of interventions using Islamic psychology tools and principles.
- Partnering with faith organisations or other organisations with specialist knowledge to enhance service provision.
- Acting as advocates on behalf of clients to ensure their voices were heard and their specific needs conveyed at higher levels within society.
- Flexibility in service provision as standard practice.
- Learning from MMC and its members—taking this learning away (often extended to sharing with colleagues) and then considering how it could be implemented.

Being faith-centric therefore encompassed much more than simply considering religion and cultural background. It included a transformative working method that centred client voices at all times—particularly within baseline service provision—allowing more nuanced needs to be considered thereafter.

CASE STUDIES

1. INSPIRITED MINDS
2. BRADFORD DISTRICT AND CRAVEN MIND
3. SUFFOLK MIND
4. MUSLIM YOUTH HELPLINE
5. HERTFORDSHIRE MIND NETWORK
6. HEALTHWATCH ESSEX
7. THE FOR BABY'S SAKE TRUST
8. THE REFLECTION PROJECT
9. ASSOCIATION OF MENTAL HEALTH PROVIDERS



CASE STUDY 1

INSPIRITED MINDS

WHAT WE DO

We offer a wide range of services to the community, with a predominant focus on Muslim communities. This includes:

1. One-to-one affordable counselling services with a broad range of therapists, covering family therapy, couples therapy, and individual therapy.
2. Community outreach work involving the design of workshops and interventions for various groups, including young people, adults, and community/faith leaders. These extend beyond mental health alone, depending on the needs of the community and the background of the audience.

3. Training provision for organisations that have frequent contact with Muslim communities—e.g. grassroots groups, universities, mosques, and the NHS—alongside a wide range of in-house training focused on developing the appropriate expertise to support Muslim communities.

We primarily support adults but have recently begun expanding our work to include young people. Our work is centrally focused on embedding culturally appropriate services across all of our projects through the inclusion of Islamic psychology and Islamic epistemologies, tailored to the needs of our clients. In doing so, we aim to enhance the overall efficacy of our support.

We are proud to offer flexibility in our service provision and also support external bodies across the NHS, third sector, and academia. Additionally, we are guided by an advisory body comprising scholars, academics, and practitioners who help shape our future direction in a holistic manner.

inspirited
minds



OUR FLAGSHIP PROJECTS

COMPASS WELLBEING PROJECT

This project supports 16–25-year-olds with their mental health through faith-centric interventions delivered via workshops and six-week support groups. Workshop topics have included Understanding Muslim Mental Health and Understanding Low Mood & Anxiety. Young people have reported how transformative it is to have mental health destigmatised in an accessible way and to learn coping strategies that align with their worldviews and religious beliefs. The project involves collaboration with grassroots organisations and is delivered both online and in person, often incorporating food and broader community support.

ISLAMIC RELIEF PROJECT

Similar to the Compass Wellbeing Project, this initiative addresses community needs through tailored mental health workshops for Muslim communities, but with a broader age range. In addition to similar workshop content, the project has delivered support groups on ROCD, depression, trauma, anxiety, and more. These sessions have been developed for both online and in-person delivery, in collaboration with grassroots communities and charities. This work has led to a comprehensive set of culturally sensitive adapted therapies that can be readily integrated into diverse service provisions.

ADAPTING PRACTICES FOR MUSLIM CLIENTS

Our “Adapting Practices” training supports therapists and professionals in improving their work with Muslim clients. Delivered successfully to several NHS services in London, the training has been well-received, with organisations expressing interest in including it within their Equality, Diversity, and Inclusion frameworks.

The course provides an overview of Islam, the history of psychology, and overlaps between secular psychological theories and Islamic teachings (Qur’an and Sunnah). It covers concepts such as Qadr, shame, forgiveness, and hijab, and offers strategies for making services more inclusive. The training also includes guidance on referral pathways and therapeutic services outside the clinician’s remit.

MUSLIM MENTAL HEALTH AND WELLBEING FIRST AID FOR FAITH & COMMUNITY LEADERS

We have pioneered mental health and wellbeing first aid training tailored for faith and community leaders. The training equips them to recognise individuals in need, provide initial support, and connect them with appropriate resources. This addresses research highlighting that younger people from BAME backgrounds often seek formal mental health support, while older generations tend to turn to traditional sources (Choudhury, 2018).

Our training enhances community understanding by identifying mental health signs specific to Muslim populations and offering faith-informed support strategies grounded in the Qur'an and Sunnah. Follow-up support is provided for one year, along with community engagement through workshops and events.



WOMEN’S MENTAL HEALTH RESEARCH PROJECT

This large-scale research study, funded by the NIHR and conducted with a broad range of academic partners (University of Hertfordshire), evaluates outcomes for Muslim women aged 16–18 who receive tailored Islamic CBT for low mood and depression. Taking place in Birmingham and London, the project is structured as a randomised controlled trial with 60 participants, comparing the effectiveness of secular Western CBT with culturally adapted Islamic CBT interventions aligned with participants’ beliefs and worldviews.

“For us, the collaborative has been a really good space to learn what other organisations are doing and how we can use that for the benefit of our membership as well.”

IMAM AND FAITH COMMUNITIES PROJECT

This project focuses on developing training for Imams that centres on good practice and equips them with therapeutic tools to support their communities. The training addresses recurring themes and stigma related to mental health and encourages a more therapeutic, informed, and sustainable community response. Building networks across boroughs and institutions has fostered a collaborative approach and enabled the creation of preventative, holistic strategies for long-term community wellbeing.

THE CHALLENGES WE FACE

- Embedding long-term sustainability: Encouraging external bodies (e.g. NHS, universities, charities) to integrate our work into ongoing service provision rather than engaging on a short-term, project basis.
- **Tackling Islamophobia:** Addressing the structural and interpersonal effects of Islamophobia on mental health access and outcomes.
- **Reducing mental health stigma:** Supporting the normalisation of therapy and help-seeking within Muslim communities.
- **Expanding awareness:** Increasing visibility of our services through outreach and partnerships to enhance community and institutional engagement.



<https://inspiritedminds.org.uk/>





CASE STUDY 2

BRADFORD DISTRICT AND CRAVEN MIND

WHAT WE DO

We provide a broad range of mental health services for all ages and demographic groups across our district.

OUR FLAGSHIP PROJECTS

HOPE AND LIGHT

This is a brand-new programme serving the ethnically and culturally diverse communities in Bradford and Craven. More specifically, we support the severe mental health needs of people from Eastern European, Black African, Black Caribbean, and South Asian communities. While we lead this, it is delivered in collaboration and partnership with local VCS organisations. We provide direct support to people within these communities while also tackling racial inequity in mental health both regionally and nationally. Additionally, we aim to influence policy and lobby for race equity in mental health.

We place specific value on connecting with faith-based organisations. This allows us to support individuals in ways that are meaningful to them and to build on the existing community resources we collectively hold.

Engagement work has shown that people want faith to be part of the conversation around their challenges. They have told us that spirituality and holistic support are important to them; aligning our services with this allows us to provide more accessible and culturally appropriate care.



RAMADHAN IFTARS 2025 IN COLLABORATION WITH IHSAAN (BRADFORD)

In partnership with Ihsaan, we will host weekly iftars during Ramadhan 2025. Each will take place at a different mosque or madrasa, where we will explore mental health topics relevant to Muslim communities through the lens of Islamic psychology. We are specifically selecting venues where individuals and communities may be more isolated. The four topics to be covered include:

- OCD and negative thoughts (waswasa)
- Self-care or being selfish? Nurturing the soul versus feeding the nafs – how Islam, faith and spirituality can support wellbeing
- Managing sadness within Islamic frameworks
- Self-love: caring for yourself with attention to spiritual tools, therapy, and medication



CULTURALLY-ADAPTIVE BEHAVIOUR THERAPY

Developed by the University of Leeds, and in particular Ghazala Mir, this approach adapts behavioural activation therapy for the Muslim community. We are currently training people from the voluntary sector and talking therapies services to deliver this culturally-adaptive model. From April 2025, individuals will be able to access six weeks of structured 1-to-1 guided self-help within VCS organisations, with an option for two additional sessions, or they may be referred through IAPT to access this therapy within NHS services.

We know from our diverse communities that while people may self-refer, they do not always complete the sessions, often because their cultural needs are not met. This programme was created to address that gap.

DROP-IN SERVICE

We also hold regular drop-in sessions in mosques and churches through our broader organisational outreach. These provide consistent opportunities for development workers to support early detection of psychosis and offer initial support. We aim to expand this model to other places of worship.



THE CHALLENGES WE FACE

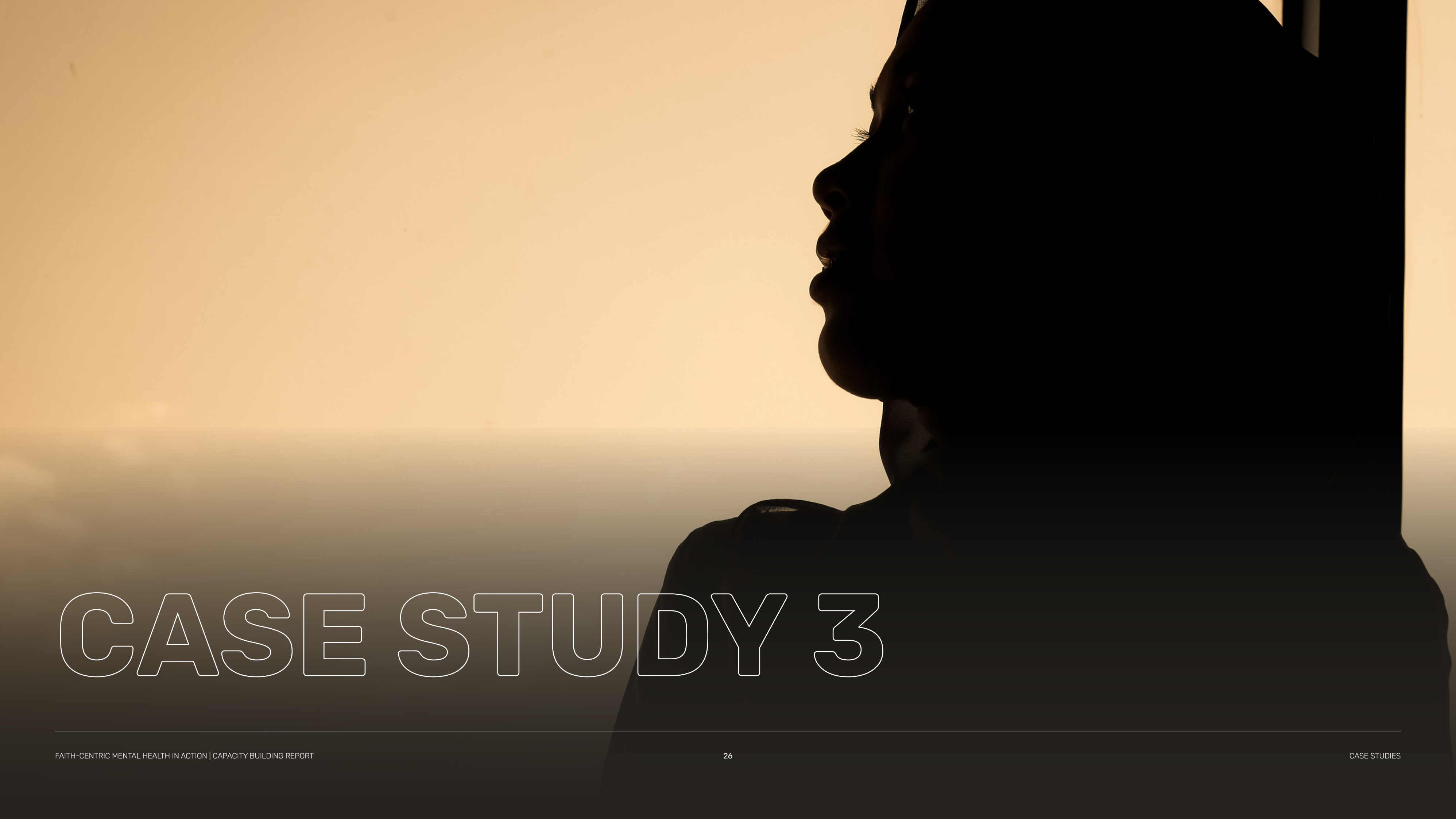
- Developing stronger links with faith-based communities, particularly through mosques, madrasas, and imams. This can be especially challenging when female service users reach out, particularly in male-dominated environments or where organisations are already resource-stretched.
- Financial constraints: Our limited funding determines what services we are able to offer and to whom.
- Breaking down barriers in mental health understanding. Many individuals from ethnic minorities may present with physical symptoms instead of identifying psychological distress.
- Building relationships and trust with older community members to ensure inclusivity and access to support.

Trust-building requires time and investment in long-term sustainability. However, the fast-paced nature of the

sector often limits what we can realistically achieve. Ideally, systems should support the kind of long-term, sustainable work that is truly needed.

 <https://www.mindinbradford.org.uk/>





CASE STUDY 3

SUFFOLK MIND

WHAT WE DO

Suffolk Mind is a local Mind association and part of the Mind Federation. We provide a broad range of mental health services for all age groups and demographics within our district. Within the education sector, we specifically oversee the development and implementation of our approach to mental health, drawing on both Human Givens and traditional psychological theories. We produce resources, deliver training, and aim to influence and inform strategy at both a local and, in some contexts, a national level.



OUR FLAGSHIP PROJECTS

THE QUR'AN AND EMOTIONAL HEALTH BOOKLET

This booklet was produced at the request of Ipswich Mosque. It is a small resource designed for discreet use, allowing individuals to pick it up and take it away. It includes information drawn from the Qur'an and Hadith, highlighting the importance of addressing emotional needs. The booklet covers self-help and management techniques, the role of attention and its impact on thinking, reframing techniques, the nafs, and guidance for dealing with life's challenges.

Due to popular demand, we subsequently produced adapted versions for Rochdale and District, Bedford and Newton Kings, Bradford, City and Hackney, Newham and Tower Hamlets, Newport (Wales), Stratford, and other branches of Mind. We also created an e-version, now available on our


website. To date, it has been downloaded across the UK and in several international locations. The booklet has been translated into both Arabic and Urdu.

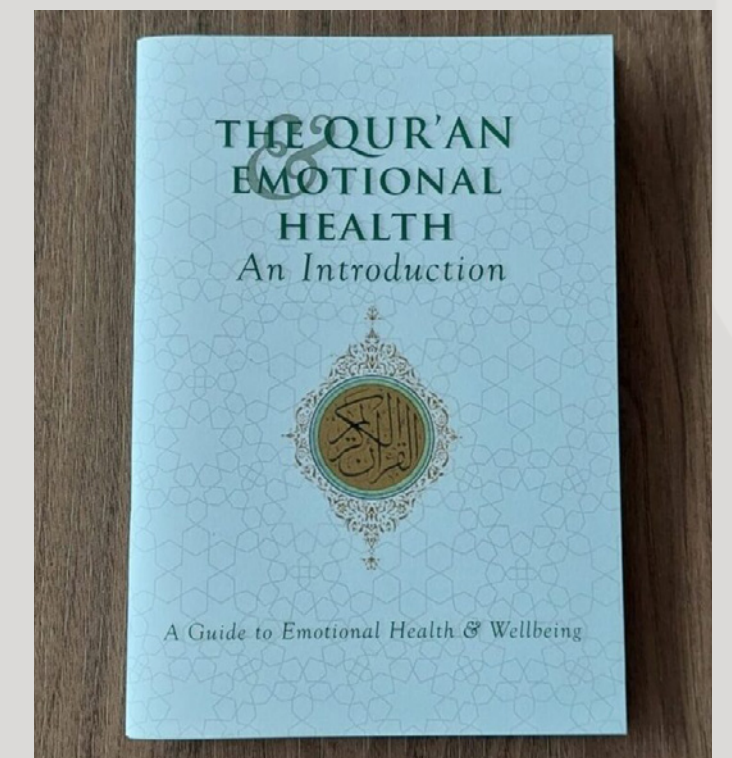
Following the Christchurch mosque shootings in New Zealand, the Ministry of Health approached us to request a customised version to support individuals affected by the tragedy. We were able to accommodate this request.

We have also delivered talks on the content of the booklet to a range of groups, including local restaurant employees and delivery staff.

THE CHALLENGES WE FACE

- Securing funding and resources to update the booklet and expand its distribution.
- Ensuring culturally appropriate mental health resources are available and accessible, particularly in terms of language.

 <https://www.suffolkmind.org.uk/product/the-quran-emotional-health/>





CASE STUDY 4

MUSLIM YOUTH HELPLINE



WHAT WE DO

We are a national helpline providing emotional support, operating daily from 4:00 PM to 10:00 PM. Our aim is to fill a gap in support for young Muslims in the UK. Initially, we began as a London-centric model offering simple counselling services, but have since expanded significantly. We now have three full-time paid staff and 97 volunteers running the helpline across the UK. Our client base ranges in age from 7 to 57.

Beyond the helpline, we offer signposting and referral services. We also develop resources and deliver training to mainstream support services, enabling them to better understand the specific issues affecting young Muslims and how best to support them.

OUR FLAGSHIP PROJECTS

THE HELPLINE

Our non-judgemental helpline supports Muslim individuals with a wide range of concerns. These include mental health issues such as depression, stress, low mood, and navigating diagnoses like ADHD, psychosis, or eating disorders. We also receive many enquiries related to family dynamics, religious identity, and feelings of guilt related to religion and lifestyle choices. Additionally, we handle conversations around substance misuse and addiction. Being an accessible, culturally competent service during times of crisis is critical. Protecting client anonymity and allowing the client to lead the conversation are central to our approach. We are witnessing significant growth in demand for faith and culturally sensitive services—and a growth in

the number of practitioners from faith backgrounds—which is incredibly important for our client base. Importantly, we only raise matters of faith if the client introduces them, to ensure we do not impose and the client feels safe and empowered to steer the discussion. We do not offer direct advice but provide guidance and emotional support. The immediate, emergency support we offer—without waiting times—is a vital part of our service.

I think the ongoing meetings that they (MMC) have, you know, every couple of months, are helpful because it's good to see who's in the room and think about how we can collaborate and learn from each other about what we're all doing."



OUR TRAINING MODULE – VOLUNTEER TRAINING

This module equips volunteers to manage helpline conversations with sensitivity and awareness. It includes focus on language and terminology, cultural awareness, and reflecting on personal biases that may influence interactions. This ensures volunteers are prepared to support a diverse range of clients effectively.

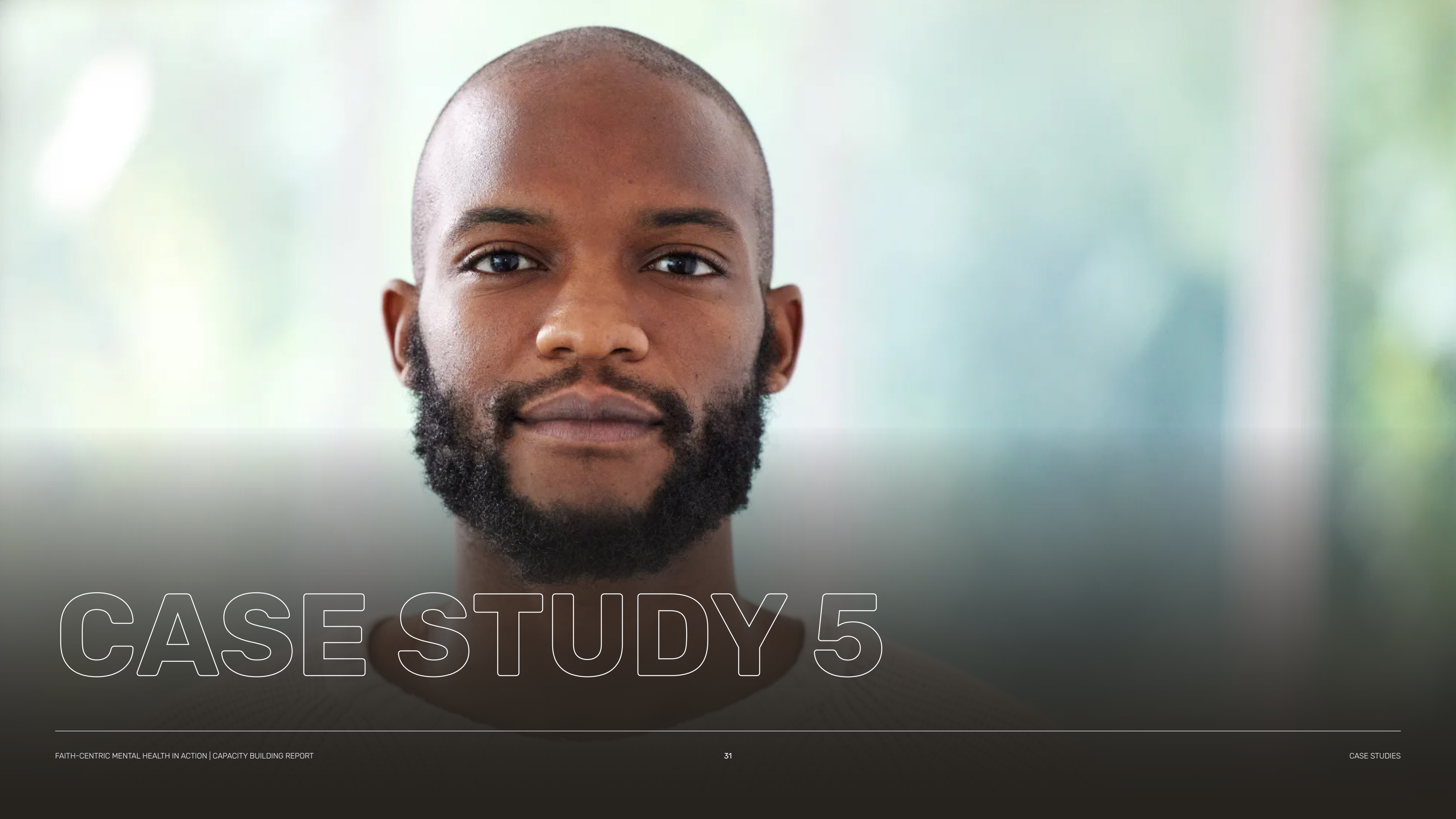
THE CHALLENGES WE FACE

- We often face waiting lists for our counselling services, compounded by barriers such as fees, which can hinder access.
- Funding is rarely stable. Even when operating well, we plan on the basis that funding may not be available in six months. This constant uncertainty is one of our most pressing challenges.
- Sustaining the model amid growing demand is difficult. While the public increasingly recognises the need for our work—and many see themselves or loved ones in our clients—we still face challenges in raising the visibility and importance of our work within both the general public and Muslim communities.
- Funding grants are often inaccessible due to our niche—focusing on mental health within a faith-specific helpline—which limits the pool of suitable opportunities.
- As a small organisation where individuals often take on multiple roles, finding time to attend MAG (Muslim Advisory Group) meetings is difficult, which in turn limits our ability to fully benefit from these networks.



<https://myh.org.uk/>





CASE STUDY 5

HERTFORDSHIRE MIND NETWORK



WHAT WE DO

We provide a wide range of mental health services, with a particular focus on refugee and asylum-seeking communities—though not limited to these groups. Examples of our services include advocacy for our service users and support with essential items such as laptops, mobile phones, SIM cards, and bus passes. We also collaborate with other charitable organisations, such as Sebby’s Corner, which provides children’s items including brand new clothing, toys, bottles, and car seats. Wherever possible, we work in partnership with smaller charities. We also engage in educational work to ensure we understand the needs of the diverse communities we support. Our aim is to establish as many preventative measures as possible to avert a mental health crisis later on.

OUR FLAGSHIP PROJECTS

FLOURISH PROJECT

The Flourish Project supports refugees and asylum seekers with mental health and well-being. It began in July 2022 in response to the war between Russia and Ukraine, and later expanded to other population groups to ensure inclusivity—particularly those not being reached through existing services. By November 2024, we had engaged over 7,000 individuals in group settings and 700–800 in one-to-one sessions.

Through Flourish, we provide up to 10 sessions of mental health and practical well-being support for all ethnicities and backgrounds, as long as the individual is an asylum seeker or refugee aged 16 or above. However, we remain flexible with session limits due to the complex needs and trauma experienced by these communities.

Originally, the service was available only to those aged 18+, but following national discussions around age assessments, we lowered the age threshold to 16+. This shift taught us valuable lessons about cultural and religious diversity, unconscious bias, and stigma—lessons that have shaped our ongoing work. We hosted four culturally sensitive events for separated migrant children, considering language, food, and games. Over 120 people attended. Our team members collectively speak several languages.

We began with two outreach workers and one group coordinator. We now have ten outreach workers and are actively seeking to recruit a youth coordinator in addition to the existing group coordinator. We use trauma-informed translation services and provide videophone support where needed. Clinical supervision is also offered to staff to support them in their roles.



PEER SUPPORT / OUTREACH GROUPS

These take place every Tuesday across the county—sometimes serving up to 100 people in one day. We have seven wellbeing centres county-wide and also meet service users within their communities. These sessions include drop-in support focused on anxiety, depression, adjusting to life in the UK, accessing legal aid, navigating the benefits system, and similar challenges.

We also operate at hotel sites in partnership with others. At times, we advocate on behalf of service users, including challenging professionals, to ensure voices are heard and equity is maintained.

Support also includes access to food bank and supermarket vouchers, made available through grants. On one occasion, we secured funding to partner with a small charity, Herts Welcomes Refugees, to create cooking groups. This initiative was deeply impactful, allowing people to cook their own food rather than rely on repetitive fast food. These weekly cooking sessions boosted individuals’ well-being and mental health, restoring a sense of autonomy. Participants cooked and shared a variety of international dishes, building bonds through food and community.

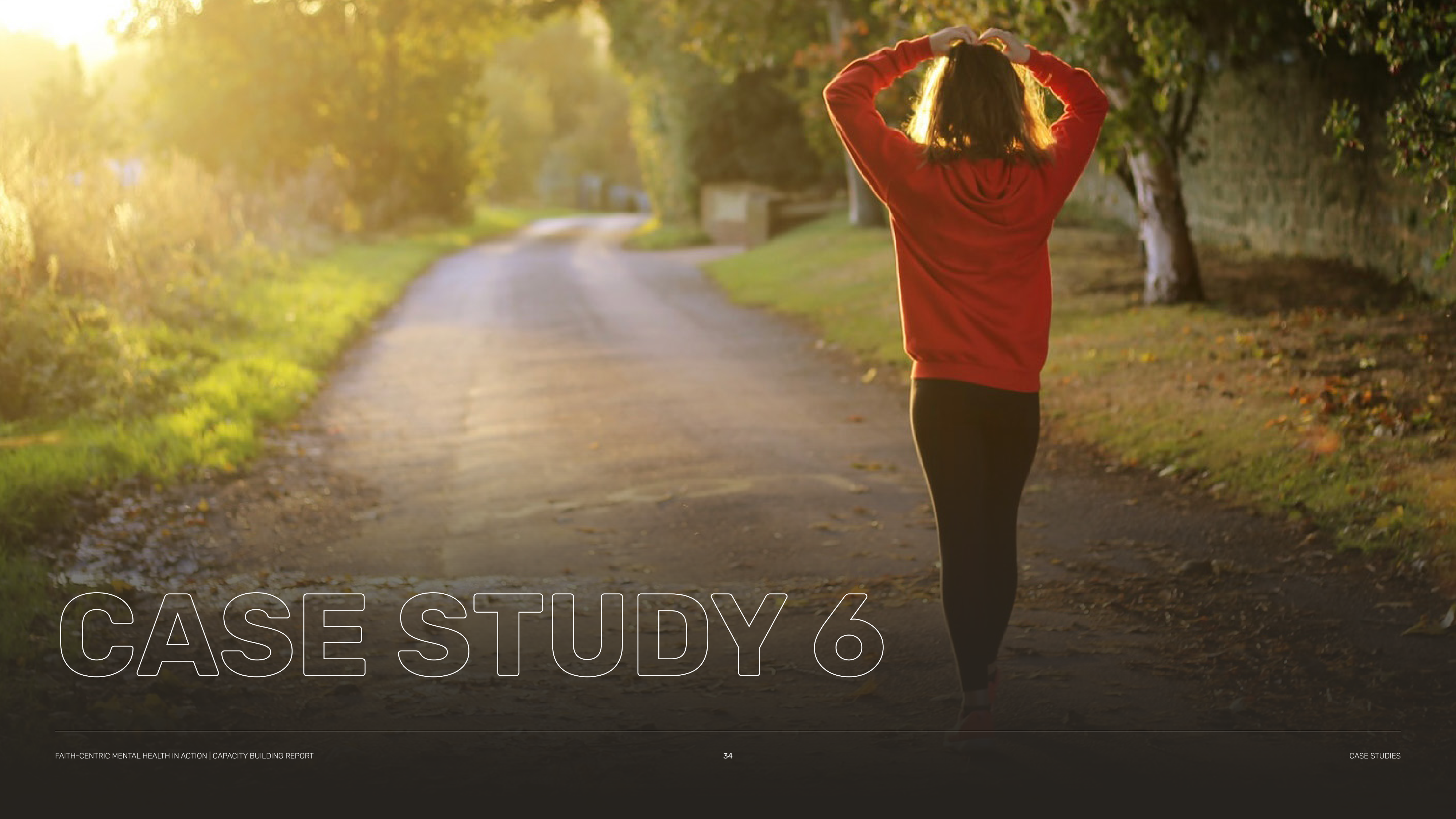
As part of our outreach, we are insured to transport individuals in our cars. We accompany them to GP appointments, go for walks with them, and provide support in other everyday contexts—activities that have proven to be transformative.

THE CHALLENGES WE FACE

- Data sharing barriers: Particularly in hotel settings, we often encounter difficulties in obtaining data from other organisations, even when we have signed consent from service users. While other organisations expect data from us, they are often unwilling to reciprocate.
- Challenging stigma: Refugee and asylum-seeking communities face harmful stigma and misunderstandings, which can exacerbate mental health issues and hinder integration.
- Language barriers: Translation challenges occasionally lead to distress or miscommunication. We hold translation services accountable and seek clarification to ensure accuracy and minimise harm.

- Agency awareness and sensitivity: It is essential that agencies understand the sensitivities of the population we serve. For example, we advocate that police visiting our service users do not wear uniforms, to avoid triggering distress or mistrust.

 <https://www.hertsmindnetwork.org/>



CASE STUDY 6

HEALTHWATCH ESSEX

WHAT WE DO

We are an independent organisation established in 2012 under the Health and Social Care Act. We use the lived experiences of local Essex residents to help influence positive change within local services and policy. There are over 150 local Healthwatch organisations across England, alongside the umbrella organisation, Healthwatch England.

Our goal is to ensure the needs of local communities are heard. We also offer opportunities for community members to engage with wider initiatives, and individuals or groups can approach us directly for help and guidance.

OUR FLAGSHIP PROJECTS

HIDDEN VOICES NETWORK

This initiative involves long-term engagement with community groups whose voices are often excluded from health and social care decision-making. We aim to include diverse faith and ethnic groups, including the Muslim community, within this work. We are also working with refugee and asylum-seeking communities to ensure their needs are identified and addressed.



ESSEX FAITH COVENANT

We are part of this network, which facilitates engagement with various faith groups. As part of this work, for World Mental Health Day 2024, we recorded three videos featuring five individuals from different faith backgrounds. These videos are freely accessible and designed to support people across faith communities.

CARERS VOICES


Through this initiative, we engage with unpaid carers to ensure their perspectives are acknowledged. One group we've worked with is the Bangladeshi Women's Association, a local community group. Caring responsibilities often come with significant mental health pressures, including stress and anxiety. We have supported carers through mental health resources, as well as more general information and guidance.

“There’s a fair bit of stigma involved in talking about mental health within faith groups, so being a member of MMC has really helped us shape the language that we use and how we approach faith communities.”

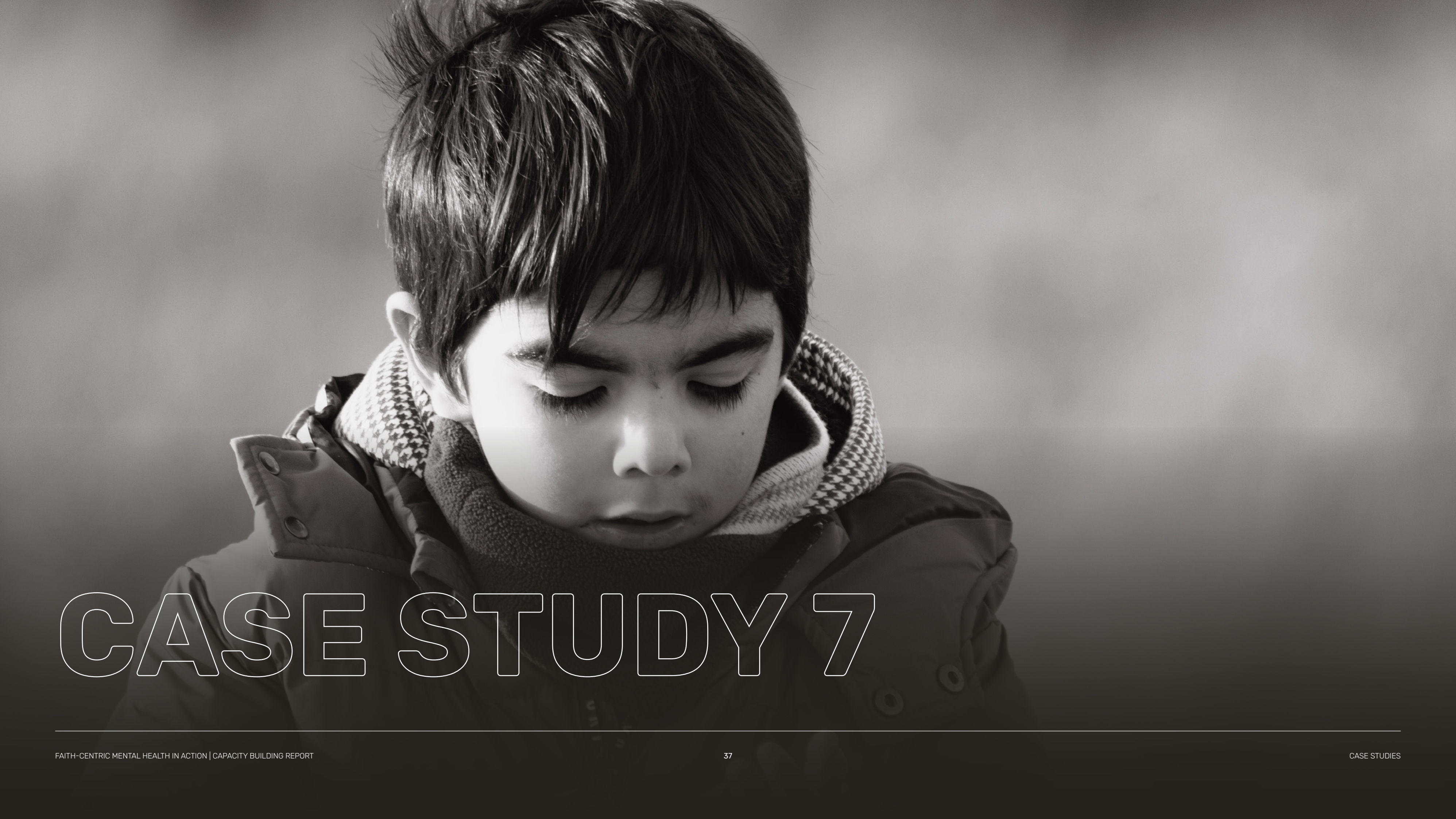
THE CHALLENGES WE FACE

A key challenge is building and maintaining trust with the communities we work with. Often, external agencies engage briefly with communities and then leave, creating a sense of distrust and unease—especially when there is no feedback or follow-up.

Our aim is to provide long-term collaboration and visible, sustained support.

 [Healthwatch Essex YouTube Playlist](#)
– [Faith and Mental Health Videos](#)





CASE STUDY 7

THE FOR BABY'S SAKE TRUST

WHAT WE DO

The For Baby's Sake Trust offers whole-family therapeutic support to co-parents where there is a pregnancy and a history of domestic abuse. The charity's mission is to break intergenerational cycles of domestic abuse and give babies the best start in life. We are unique in that we work with both parents individually through separate therapeutic practitioners—supporting both those who have experienced abuse and those who have used abusive behaviours.

Our approach keeps the baby at the centre of the intervention. We work with parents on attachment and attunement to their baby, closely following the baby's developmental timeline. As such, our work is also a parent-child intervention. Pregnancy is a particularly high-risk time for domestic abuse, with 30% of abuse beginning during pregnancy. This makes timely intervention crucial.

Our objective is not to keep parents together—approximately 50% of our couples safely separate during their engagement with us. Separation is a particularly dangerous time in the context of domestic abuse, so our work focuses on addressing root causes of harmful behaviour. Approximately 70% of the parents we support have experienced four or more adverse childhood experiences.

Most of our referrals come from social care and safeguarding midwives. We always ensure a minimum multidisciplinary team is involved in support around each family.

We began piloting in Hertfordshire and London and have since expanded across the East of England (including Hertfordshire, Bedfordshire, and Essex), London, and Blackpool. We are also about to launch a new team in the North East of England.



Graphic Credit: For Baby's Sake



OUR FLAGSHIP PROJECTS

WORKING WITH FAMILIES HOLISTICALLY

In certain regions, we support a higher proportion of Muslim families due to local demographics. Our involvement with the Muslim Mind Collaborative (MMC) has enabled us to reflect deeply on what true inclusivity means in practice. Being part of MMC is invaluable in helping us understand and support campaigns relevant to Muslim communities, such as addressing Islamophobia in schools.

We avoid assumptions and strive to learn about the wide diversity of practices across Muslim communities. This informs how we design safe spaces and ensure our services are welcoming to all families. We work collaboratively with families, intentionally avoiding preconceived notions, and focus on building trust—especially important given our close work

with statutory agencies such as social care, housing, probation, and police. Many families are understandably wary of such agencies, and we work to overcome those barriers.

We also provide support in tackling shame and stigma around domestic abuse and mental health. Our approach is to learn

together—gaining insight into how different challenges affect specific communities and identifying what has worked well, so we can build upon those successes.

Our goal is to work with communities directly, offering guidance to parents, encouraging open discussion, and challenging myths and stigmas

surrounding domestic abuse. With support from MMC, we’ve connected with a Muslim mothers’ group and are exploring collaborative projects with them. These connections allow us to share expertise and insights in both directions.




FOR MY FUTURE

This is a newly launched programme, currently being piloted in Hertfordshire. It supports care-experienced young people aged 16 to 25 in developing healthy relationships and emotional wellbeing. This group is significantly represented within our For Baby’s Sake cohort—up to 25% of our parents in some areas have care experience.

This programme is co-developed with care-experienced young people and aims to intervene earlier, offering support before pregnancy or parenting begins. We recognise the additional barriers this population faces in accessing emotional and mental health support, and we are working to dismantle those barriers.

THE CHALLENGES WE FACE

- Engagement with care-experienced Muslim young people: Building relationships with organisations working with this group would be especially beneficial.
- Training and resources: A practical guide or further training on engaging with Muslim communities—particularly on sensitive issues like domestic abuse—would be highly valuable. While this may seem basic, it can significantly enhance our impact and reduce barriers.
- Challenging stereotypes: We are eager to contribute to dismantling stereotypes that can exist among professionals and which can inhibit effective practice.
- Structural collaboration: We would welcome opportunities to collaborate on broader structural challenges. Approaching these issues collectively, with shared insights and expertise, would be powerful.
- Cultural appropriateness of assessment tools: We seek greater understanding of the tools and scales used for assessing issues such as parent-child attachment and whether these are appropriate across diverse communities.
- Engaging fathers: We aim to strengthen our work in engaging men and fathers across all communities, particularly during pregnancy and early parenting, and in discussions around domestic abuse.

 <https://forbabyssake.org.uk/>





CASE STUDY 8

THE REFLECTION PROJECT

WHAT WE DO

We provide free, faith-sensitive mental health support for children from Muslim backgrounds. This includes individual psychotherapy, workshops for parents, and a range of outreach activities.

Our services are informed by two pilot projects: one conducted in partnership with Al-Manaar Muslim Cultural Heritage Centre in West London, and another in Barnet working with Somali communities in North London. These pilots highlighted the significant need for culturally and faith-informed mental health support for Muslim children, and the importance of therapists who are equipped to work within a faith-sensitive framework.

The Reflection project

OUR FLAGSHIP PROJECTS

ACCESSIBLE CLINICAL SERVICES FOR MUSLIM CYP (AGED 2–25)

Our therapeutic services cater to children and young people aged 2 to 25 and include work with parents as well as a perinatal project. These services are often delivered in collaboration with community organisations such as mosques, schools, and community centres. At times, we also partner with other charities and collaborate directly with schools.

We do not have our own therapy rooms; instead, we work with partner organisations or identify alternative venues that are trusted and familiar to the communities we serve. This approach supports greater access and ensures a sense of community ownership over the service.

We accept referrals from social care, GPs, CAMHS, schools, and self-referrals. Some of these referral partners also help us secure therapy venues, which is key to maintaining sustainability and accessibility.

A central objective of our service is to promote the broader network of support necessary for mental health interventions to be effective. Our role often extends beyond the 50 minutes of therapy, with the aim of equipping the young person with enduring support through community and family connections.



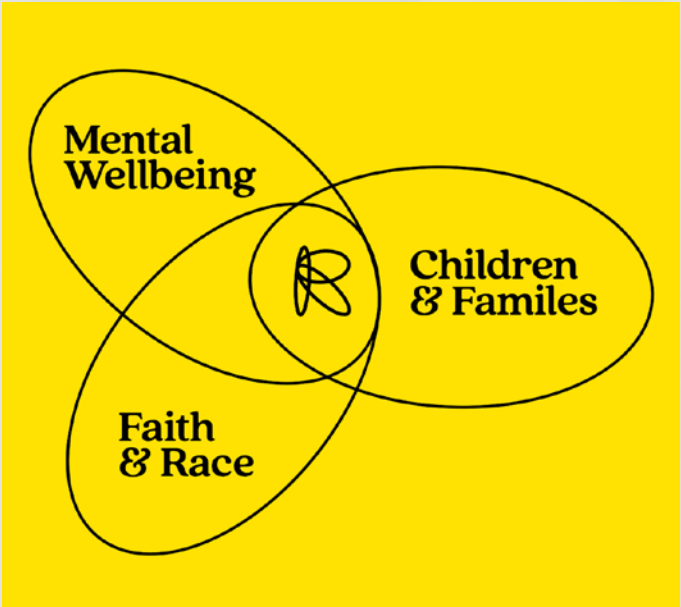
"It really helps when it's not you on your own or a charity on its own, but it's a group. So when there's research, for example, or the schools toolkit, I've used that so much and been able to share it with schools that we've been working with. It helps to show that there are others out there who think this is important and relevant, and the opportunity to be part of it."

“TRAINING OPPORTUNITIES FOR MUSLIM THERAPISTS

We also support therapists with complementary training that enhances their mainstream education. This includes engagement with resources from the field of Islamic psychology. We collaborate with the two primary providers of NHS-accredited child psychotherapy training to offer placements for Master’s students and doctoral candidates. There is a notable scarcity of training opportunities specific to child therapy for Muslim practitioners. We are therefore proud to be contributing positively in this area. Our first Muslim trainee is due to begin their doctoral placement, and we have also contributed to teaching resources and reading lists used in the training of future child and adolescent psychotherapists.

OUTREACH WORK

Our outreach efforts involve both mainstream mental health services and Muslim community organisations. We publish a bi-monthly Working with Muslims bulletin, which focuses specifically on children. It includes updates on events, relevant research, participant recruitment, and useful resources for practitioners working with Muslim families across the UK. The bulletin fosters dialogue and increases awareness about the role of faith in child and adolescent mental health.



THE CHALLENGES WE FACE

- Data collection: CAMHS generally do not collect data on service users’ faith backgrounds, which makes it difficult to articulate the specific needs of Muslim children at both service and policy levels. As a result, we must carefully frame our communications—highlighting both the systemic need (e.g., the overrepresentation of Muslim children in poverty in the UK) and the specific requests for support coming from communities themselves.
- Funding: There is an urgent need for sustainable, long-term funding models. Project-based short-term funding limits our ability to grow and to cover overheads. Much of our core work continues due to the voluntary commitment of staff.
- Visibility and recognition: We require more effective ways to demonstrate the impact of our work and to raise awareness of our services.
- Emergency support gaps: We do not currently have capacity to deliver emergency services, yet some clients come to us with urgent needs. It is not always practical or safe to signpost them elsewhere or to turn them away.
- Systemic barriers in workforce development: Muslim individuals pursuing training in child therapy face numerous systemic challenges, including racism and discrimination. These barriers limit the talent pool we can draw upon and affect our ability to provide representative and culturally appropriate services.

 <https://thereflexionproject.org/>



CASE STUDY 9

ASSOCIATION OF MENTAL HEALTH PROVIDERS

WHAT WE DO

We are a national organisation and the only representative body for voluntary community social enterprise (VCSE) sector providers of mental health services in England and Wales. This sector is also known as the third sector or mental health charities. We specifically focus on the part of the sector delivering mental health services, but also engage more broadly with other sector organisations, such as housing services that include a mental health service component. We have just over 300 members. Across the wider VCSE sector, we support over 8 million people in England and Wales, highlighting the significant role the VCSE sector plays within the broader mental health system alongside the NHS as a delivery partner.

Our purpose is to represent and provide a network for organisations delivering mental health services. There is also an element of

peer support for member organisations—offering opportunities to learn from one another and share the challenges they face. These networks foster collaboration at local, regional, and national levels. This creates a unifying voice for the entire VCSE sector, with the potential to influence and inform national policy and explore how this can drive change in practice and service delivery within communities.

Within our membership, many services specifically support Muslim communities. Some of these organisations do not solely focus on mental health but offer wider services. These services support Muslims from diverse backgrounds and are not just faith-based but also culturally appropriate. Our flagship projects have highlighted the importance of faith-based and culturally appropriate services led by and supporting these communities.



Tackling inequalities faced by minority groups in mental health through the Personalised Care Programme

Association of Mental Health Providers
and the
Race Equality Foundation

OUR FLAGSHIP PROJECTS

SUPPORTING MEMBER ORGANISATIONS

Our primary support is directed towards VCSE organisations rather than directly to communities. We provide a wide range of support covering various aspects of the VCSE sector. We have established several networks targeting different organisational functions to enhance this support.

CEO NETWORK

One such network focuses on leadership within provider organisations, offering a space for leaders to share challenges and build peer support within the VCSE. While challenges may differ, there are common themes across organisations. This network provides opportunities to learn from one another and influence our strategic work by sharing priorities as service providers. We use this feedback to act as a conduit between the sector and government.

Other networks cover areas such as business development, lived experience, communications, human resources, and communities.

MINORITISED COMMUNITIES

This network emerged in recent years in response to challenges following COVID-19 and the cost-of-living crisis. Its focus is more on the workforce rather than those being supported. It provides a safe space for employees from racialised communities to share their experiences of working within predominantly white and female VCSE organisations.

RESPONDING TO COVID-19

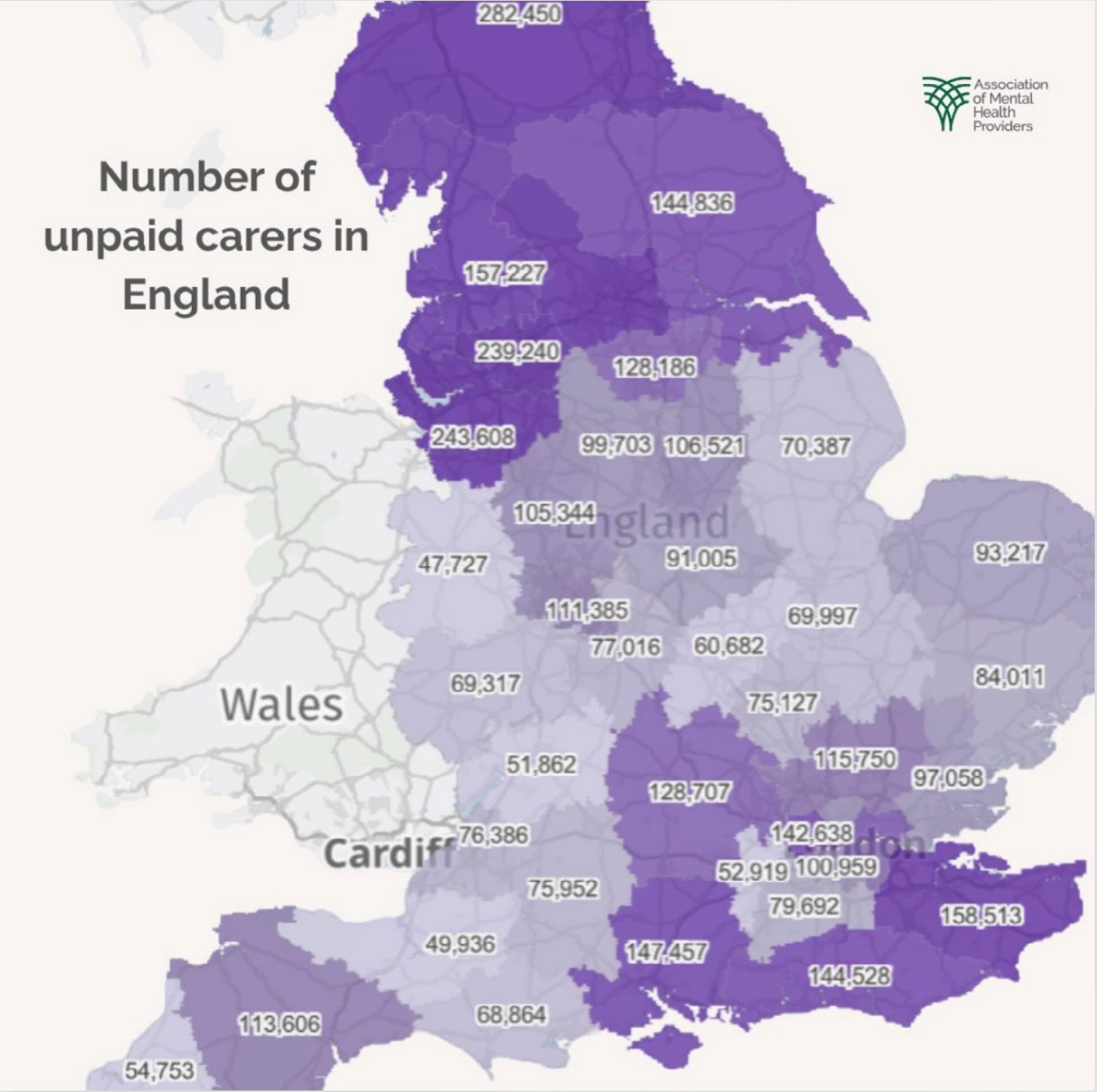
During the pandemic, we played a vital role in supporting the sustainability of the VCSE sector, particularly smaller organisations serving communities disproportionately affected by COVID. We provided financial support, in-kind volunteer assistance, and partnered with the corporate sector to bring skilled volunteers into these organisations. These volunteers offered expertise in areas such as HR and legal support, which smaller organisations often lack.

**POLICY
REPRESENTATION**

At the national level, we use intelligence gathered from our members—including case studies and stories—to inform government work. We participate in numerous task forces and national groups, such as the Advancing Mental Health Equalities Task Force led by NHS England, to address inequalities within services, particularly racial inequalities. We also advocate for the inclusion of Muslim communities, as a marginalised group, in policy development through these task forces and government consultations. This helps ensure social determinants impacting these communities are considered at higher levels.

**MENTAL HEALTH DATA
OBSERVATORY**

We developed the first mental health data observatory, which maps services provided nationwide, pinpointed by postcode, alongside census data. This analysis includes details on deprivation, gender, age, caring responsibilities, ethnicity, and faith. By comparing this with the services offered by our members, we identify service availability, demand, needs, and gaps within localities. The first mapping exercise, published in 2022, serves as a resource for government partners to demonstrate specific needs, aid forecasting, and guide commissioning decisions based on population demographics. A more recent publication focuses on social care workforce data, although ethnicity data remains incomplete.



THE CHALLENGES WE FACE

Specialist organisations serving minoritised communities tend to be grassroots and local. Even national organisations of this kind are usually small and face similar funding challenges. There is a risk that these groups may be absorbed by larger national organisations, which often have more funding and platforms but are not always equipped to provide specialist, culturally appropriate support. This could lead to dilution of culturally or faith-based services. This risk is heightened by changes such as national insurance contribution increases and rising national living wages.

Grassroots organisations typically do not hold the same level of NHS or local authority contracts as larger bodies. They often rely on grassroots fundraising to continue delivering services tailored to specific community needs, which impacts sustainability.

When representing these organisations at the policy level, we emphasize the disproportionate impact on Muslim communities or specific subsets thereof, such as Pakistani or Bangladeshi groups. These communities are more likely to live in areas of deprivation, which affects mental health outcomes.

It is essential that national policy and service provision reflect these differing needs. The sector faces ongoing challenges around sustainability, especially due to reliance on grant funding rather than commissioning, and the limitations of current philanthropy models.

Sometimes member services are unable to engage fully due to high demand and stretched resources. We strive to remain flexible by sharing regular bulletins and recording meetings or training sessions when possible.

 <https://amhp.org.uk/>



VALUE, GROWTH, AND STRATEGIC VISION

THE VALUE MMC BRINGS TO ITS MEMBERS

The following reflections, drawn from the case studies, highlight the value that MMC brings. Many of these insights are shared across the members featured in the case studies.

MMC offers valuable, unique networking opportunities with groups who may not always be present in other spaces. Alongside this is the opportunity to share good practice and learn from fellow members. This information is often taken away and used to inform practice and the knowledge base when working with Muslim communities. Hearing from people on the ground about specific issues communities face allows other organisations to anticipate these challenges, sometimes ahead of time. This provides the added advantage of incorporating these issues earlier into planning, thereby adapting the organisation’s methods of operation.

MMC helps shape the language used, particularly in how organisations approach faith communities. This is significant given the stigma that exists around mental health.

The newsletter has been reported as incredibly helpful and an easy-to-share resource within member organisations, thereby extending MMC’s benefits further. Information sharing via MMC has been reported as highly significant, forming a foundational base of learning for member organisations. Additionally, MMC MAG meetings are viewed as opportunities for both professional and personal development.

MMC’s flexible membership approach allows colleagues to attend MMC MAG meetings, share their work, and benefit from wider input. This increases MMC’s visibility among staff within member organisations.

MMC is seen as very approachable for expert advice, including guidance on building trusted relationships with Muslim communities. This support comes both from MMC activities and fellow members.

“MMC is about community and thinking together.”

Seeing what other providers are doing offers valuable learning opportunities for members. It helps them understand what works and how to navigate organisational and service provision challenges. Showcasing the strengths of individual strands of work with like-minded organisations means that benefits can extend beyond current networks. Engaging with like-minded people offers a supportive space that is not always easy to find, especially when services are often overstretched and busy. Building alliances through MMC enables members to pool

resources for mutual benefit, despite budget constraints. This is significant given the impact many smaller specialist organisations have in the field.

The learning MMC offers through its projects and meetings can be taken back both within organisations and into personal lives, particularly in addressing misconceptions. This is powerful as MMC members have access to diverse networks across various demographic groups.

MMC holds a unique position within Muslim communities. Consequently, MMC has facilitated constructive connections with others who have become project partners and collaborators—groups that might not otherwise have connected due to operating in different spaces. Such collaborations enhance the services organisations offer. Without introductions from MMC, a trusted organisation, these partnerships may not be feasible.

“MMC’s support has been really significant in helping us develop. Apart from Sabah’s amazing responsiveness and networking skills, just knowing that there is a group of organisations which get the importance of mental health and faith has been hugely encouraging, especially when many mainstream organisations dismiss the significance of faith identity.”

Some members have been with MMC since its inception. Due to MMC’s value, trustworthiness, and transparency, membership commitment has grown over time. This membership is not only about benefiting from MMC networks but also about sharing a vision and work ethic. Even organisations without specific expertise in working with Muslim communities recognize that their skills are valued by MMC and its network.

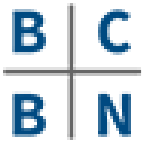
Muslim organisations have reported feeling isolated when working from a faith-based lens in mental health. MMC enables them to connect with mainstream organisations where their approach is valued, called upon, and more widely shared. Recognition of different identities and their implications for practice has been both refreshing and beneficial.

Current MMC outputs, particularly the Muslim Mental Health in Schools toolkit,

have been very beneficial for dissemination within member networks and project partners, as well as feeding into policy and government consultations.

The MMC conference was found to be excellent for bringing together third sector organisations, academics, and early career researchers, providing insights into others’ work. The workshops, in particular, were valued as opportunities to hear diverse input and contribute.

The disproportionate impact on Muslim communities post-Covid, and during the cost-of-living crisis, has highlighted the need to work with marginalised and Muslim communities—especially considering the subsequent mental health impacts. This has increased recognition of the need for a collaborative space fostering mutual participation and collaboration. MMC platforms are considered to effectively facilitate and meet these sector needs.



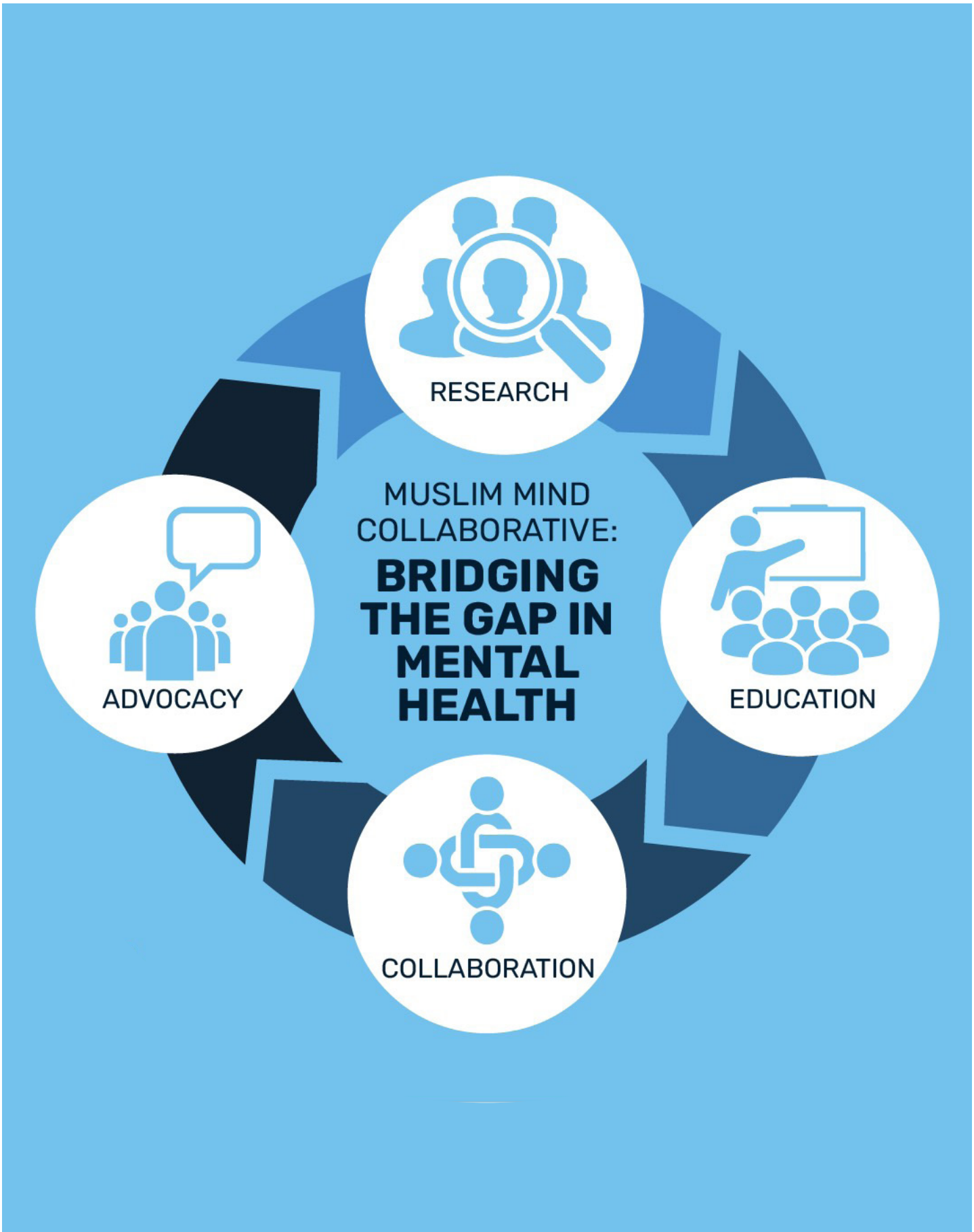
ENGAGING AND EMPOWERING THROUGH OUR NEWSLETTERS

At the heart of our capacity-building efforts, the MMC newsletters play a pivotal role in connecting, informing, and empowering our members. Through regular updates, we ensure that our network is equipped with the latest insights, practical tools, and policy developments that impact Muslim communities and mental health.

Each edition offers a comprehensive overview of key topics, including:

- The integration of faith-sensitive practices within mainstream services.
- Updates on policy changes and their implications for Muslim communities, such as our contributions to the Mental Health Bill.
- Stories of success and resilience from our members and partners, showcasing the positive impact of culturally competent care.
- New training resources and educational materials to build capacity and improve service delivery at every level.

By consistently sharing these valuable resources, our newsletters serve as a crucial bridge between the work we do and the wider mental health sector, reinforcing our mission to create an inclusive, culturally-aware, and faith-sensitive mental health system. These communications not only keep our members informed but also inspire action, collaboration, and continued growth in the sector.



POTENTIAL AREAS FOR FURTHER MMC DEVELOPMENT

The following are potential areas identified where MMC could enhance its value to its membership and beyond. They broadly fall into the categories of knowledge exchange, facilitating collaborations, and sustainability

KNOWLEDGE EXCHANGE

- Facilitate access to Islamic scholars and academics who can support work around mental health. This includes forging better links with mosques and religious institutions as a means of increasing connectivity and visibility within Muslim communities.
- Increase access across communities to specialist knowledge and research outputs, such as the Supporting Muslims in Schools project.
- Increase access to learning and training opportunities, which are used on wider platforms for information sharing, addressing misconceptions, and informing policy and government consultations.
- Share learning and resources, particularly around successes and what has worked less well, so members can avoid re-inventing initiatives that have already been tried and tested.

- Support with terminology for engaging with different faith groups.
- Partnership work with specific service providers, such as police officers. Some specific areas would benefit tremendously from MMC input.
- Facilitate conversations with specific groups such as Black youth or Muslim mothers or fathers as examples. This provides opportunities for service providers to listen to the people their services are designed to support
- Provide more information and training on approaches to specifically supporting people of the Muslim faith. One suggestion included ‘An Idiot’s Guide to Working with Muslims.’ More information was deemed never to be too much information.

FACILITATING COLLABORATIONS

- Facilitate and initiate joint collaboratives, particularly with larger organisations, in a structured and established manner.
- Provide scope for introductions to other branches of larger MMC member organisations to extend MMC’s reach.
- Support specific research projects that members are conducting. For example, facilitating access to information from those working with Muslim communities more widely around specific services or needs.
- Suggest a specific conference around trauma and violence, with potential to also explore more themed conferences, facilitating topics that would showcase MMC members and their work.

SUSTAINABILITY

- When specific issues arise outside of the MAG meetings, facilitate additional meetings for particular groups relevant to those conversations. Pooling resources in this manner would support more effective, joint working and reduce individual loads.
- Conduct more research around Muslim mental health, as this is vital to feeding into member workstreams and providing greater structural support.
- Increase visibility in Muslim communities of the work non-Muslim-based organisations are doing with Muslim communities.
- Offer structured peer support for those driving this work, given the significant individual load.
- Provide a platform where MMC can actively support recruitment efforts, such as for employment or research purposes.
- There is scope for MMC to produce more policy papers to ensure that the excellent work occurring receives greater recognition and input into higher-level decisions. This could also impact funding models. Funding has been raised as a significant issue, with all models being short-term and project-based. This leaves organisations in difficulty when funding ends or funders pause funding while reviewing processes.
- Showcase the work of excellent faith-centric projects and collaborations, regardless of MMC membership. By showcasing them, MMC positions itself as a leader in sharing good practice in faith-centric work. Furthermore, it may encourage others to consider replicating some of that good practice through collaborations or adapted forms.
- Ensure all members are clearly listed on the website so others can view the networks and explore opportunities for mutual support, resource sharing, or specialist input requests. This requires named points of contact within organisations to facilitate ease of connection.
- To increase accessibility, send out MAG dates earlier and avoid changes where possible.
- When toolkits are created, reach out to members to consider how such projects can be maximised by drawing on collective resources and expertise. For example, adding an evaluation element which can then be disseminated. Evaluation is central to credibility and potentially securing long-term sustainability of projects. It also adds rigour that enhances external representation and credibly demonstrates impact.

RECOMMENDATIONS

Given the findings of the case studies and the strengths of MMC, the following are a series of recommendations for MMC capacity building. These draw on ensuring specific projects are pursued, mostly leveraging the existing richness of resources among MMC members (minus funding in some cases), that fill specific gaps as well as create long-term strategic growth.

1. Mapping exercise of all MMC members on the website – a directory through which they can be contacted.
2. Building on this – develop case studies on all MMC members in order to showcase and platform their work.
3. Develop a dedicated schedule of training offered by MMC members for co-members.
4. Identify and support the scale-up of good models of practice. For example, what small-scale projects are working well and how they can be replicated in other geographical areas or with other population groups.
5. Develop a strategy to facilitate conversations between different agencies such as police and mental health services. MMC members can be called upon to support with introductions and contribute to these conversations.
6. Call-out exercise for MMC members to propose specific collaborative projects they want to work on and what they are looking for in partners who may want to collaborate with them.
7. Develop a tracking mechanism to record and showcase all collaborations that occur through MMC members or introductions.
8. Develop a funding page on the website where members can refer to when seeking future funding. This would focus on funding pots that are more regular and expected to occur annually. Further to this, consider provision to support funding applications.

The following are specific projects and collaborations that have been put forward:

- Partner with Suffolk Mind to update their booklet on Quran and Emotional Wellbeing.
- Develop a specific training toolkit to support mental health organisations (and those working in related fields such as health visitors and midwives) when working with Muslim communities.
- Consider holding an annual conference in a thematic manner.
- Work with AMHP to map out data that is missing in relation to Muslim communities and mental health.
- Conduct a long-term longitudinal mixed-methods study on Muslim mental health, utilising both academic partners and MMC mental health providers. Secure grant funding collaboratively for this

THANK YOU TO OUR MEMBERS

This report wouldn't exist without the powerful contributions, case studies, and reflections from our MMC members.

You are redefining what inclusive, faith-literate mental health care looks like, from grassroots to policy influence.

Your work is shaping systems, challenging stigma, and placing Muslim communities at the heart of service transformation.

JOIN OUR COLLABORATIVE

Are you a mental health service or practitioner working with Muslim communities?

We welcome you to join the Muslim Mind Collaborative, a free platform for:

- Peer learning and knowledge exchange
- Collaborative campaigns
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Together, we can embed faith equity across the sector.



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