

MUSLIM YOUTH :
WHAT'S
THE ISSUE?

2019

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Introduction

As an organisation started by young British Muslims, the Muslim Youth Helpline (MYH), has always ensured our services fit the needs of our users. When embarking on developing our next strategy we committed to our on going desire to allocate resources based on proven need. We sought real data from public health and academic resources to help us map out the needs of young British Muslims. Unfortunately, we found that currently no such research exists and so we set about answering these questions ourselves.

Our Research Intern Jamilla Hekmoun set out a clear question for our project: 'What is the state of mental health among young British Muslims in the UK?' With this as our core aim, we developed a survey, spread it as far and wide as we could on social media and via our network of contacts, and received over 1,000 responses.

We hope that by generating this data we can help provide a benchmark for future research. We call on future mental health surveys to build on these findings.

This project design and data collection was conducted by Jamilla Hekmoun with the support of Rabia Bashir. Jamilla's hard work was built upon by several volunteers who generously gave their time and expertise to make this report happen. Thank you to Dr Issrah Jawad, Dr Aalaa Jawad and Dr Mohammed Jawad for their analysis and to Robi Chowdhury for design.

Most importantly, thank you to the 16-30 year old British Muslims who spoke their truth and shared their stories with us.

MYH will use this report to inform our work, and will conduct a study at appropriate intervals to try and track changes in the population we serve. We hope this report provides some insight into the state of young Muslims' mental health.

Muslim Youth Helpline is always open to collaboration. If we can help with our insights in any way, or for further questions or insight on this report, please do get in touch at info@myh.org.uk. You can also reach out on Twitter @muslimyouthhelp or LinkedIn.

Executive Summary

The results of this study are intriguing and sometimes shocking. Key results are shared on this page for ease of access. Please see the main text for direct quotes and qualitative data.

1077 number of respondents.

1064 number of respondents included in male / female results breakdown. The remaining 13 identified as 'other'.

32% had suffered through suicidal thoughts.

63% have suffered from anxiety.

1/4 of respondents have had identity struggles.

1/2 of respondents went to friends for help the last time they had an issue.

40% of men said they spoke to nobody about their last issue.

52% have suffered through depression.

Over a third **(37%)** of younger respondents (16-22 year olds) went to **nobody** for support the last time they had an issue.

This was significantly more than their older counterparts, of whom **29%** kept their issue to themselves.

When asked 'do you feel you have enough easy access to help when you need it?', more than **40%** answered 'no, not really'.

Background

The Pew Research Centre reports that as of 2010, one fifth of the global 1.6 billion Muslim community resides in a non-Muslim majority country ^[1]. Uniquely the Muslim community in the UK is a significantly younger one, with the 2011 census data showing that the average age of the British Muslim population is 25 years, compared to 40 years in the general population ^[2].

It is widely recognised that mental health problems are responsible for the greatest proportion of ill health in the 10-18 age range ^[3]. The World Health Organization (WHO) defines mental health as not simply the absence of disorder but 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'^[4].

As this generation of younger Muslims make their way to adulthood they are faced with all the same challenges of growing up as their peers, combined with the added complexity of their unique cultural and contextual factors ^[5]. The British Child and Adolescent Mental Health Surveys in 1999 and 2004 found that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder ^[6]. With such a significant incidence in the formative years of these young people's lives it is not surprising that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18 ^[7].

The long lasting effects of poorly treated mental health disorders and its significant impact on adult mental health has led to the development of many advocacy groups and support services ^[3] but unfortunately, there remains an average of a 10 year delay before young people are able to access effective services and up to 75% of young people are still not receiving treatment ^[8].

Whilst all these statistics remain relevant to the wider population, what of the mental health of young Muslims in the UK? The unfortunate answer is we simply do not know. We have found no published data addressing the incidence of mental health amongst this community in the UK. And this reflects a wider research gap. The Chief Medical Officer in her 2012 report on young people's health stated that despite the censuses showing a further increase in the diversity of black and minority ethnic (BME) groups in the UK there remains relatively little research on the relationship between ethnicity and child mental health ^[3]. This was further reiterated in the work of Dogra et al. ^[9] who highlight that without better evidence on the prevalence of child mental health problems, service utilisation and identification of service barriers in BME communities it is not possible to influence policy and practice so that evidence based and appropriate services can be designed and offered to these populations.

Data used to describe the mental health of the Muslim youth in the UK is often extrapolated from wider research into BME communities. Over the past decade a concerted effort has been made to produce more research with a focus on the BME community with major reports having been produced by multiple organisations such as MIND ^[10], The Lankelly Chase Foundation ^[11], The Mental Health Foundation ^[12] and The Kings Fund ^[13].

This body of research continues to grow because there is a deepening understanding of the impact of ethnicity on access to and experiences of mental health services. It has been repeatedly shown that rates of access to secondary mental health services for BME groups are lower than their Caucasian counterparts ^[14]. South Asians are the least likely to be referred to specialist services, even in regions like Birmingham where they form the BME group most frequently consulting primary care providers ^[15]. Black ethnic groups have been repeatedly shown to be the most likely to engage with mental health services in an acute setting in A&E as the first point of contact rather than primary care ^[15]. The impact of this research has been the attempts to integrate report recommendations into mainstream practice. This has resulted in initiatives which seek to address the barriers that these communities face and provide a more culturally sensitive service ^[16,17,18].

Whilst the gap in BME research is slowly being corrected, there remains a great deficit of research regarding religion and mental health. The existing literature shows that in the UK some Muslims can experience a higher prevalence of common mental health disorders, which are more chronic than in the general population ^[19,20]. Additionally, they found that there was a positive impact on rates of improvement when treatment was sensitive to the patient's religion ^[20]

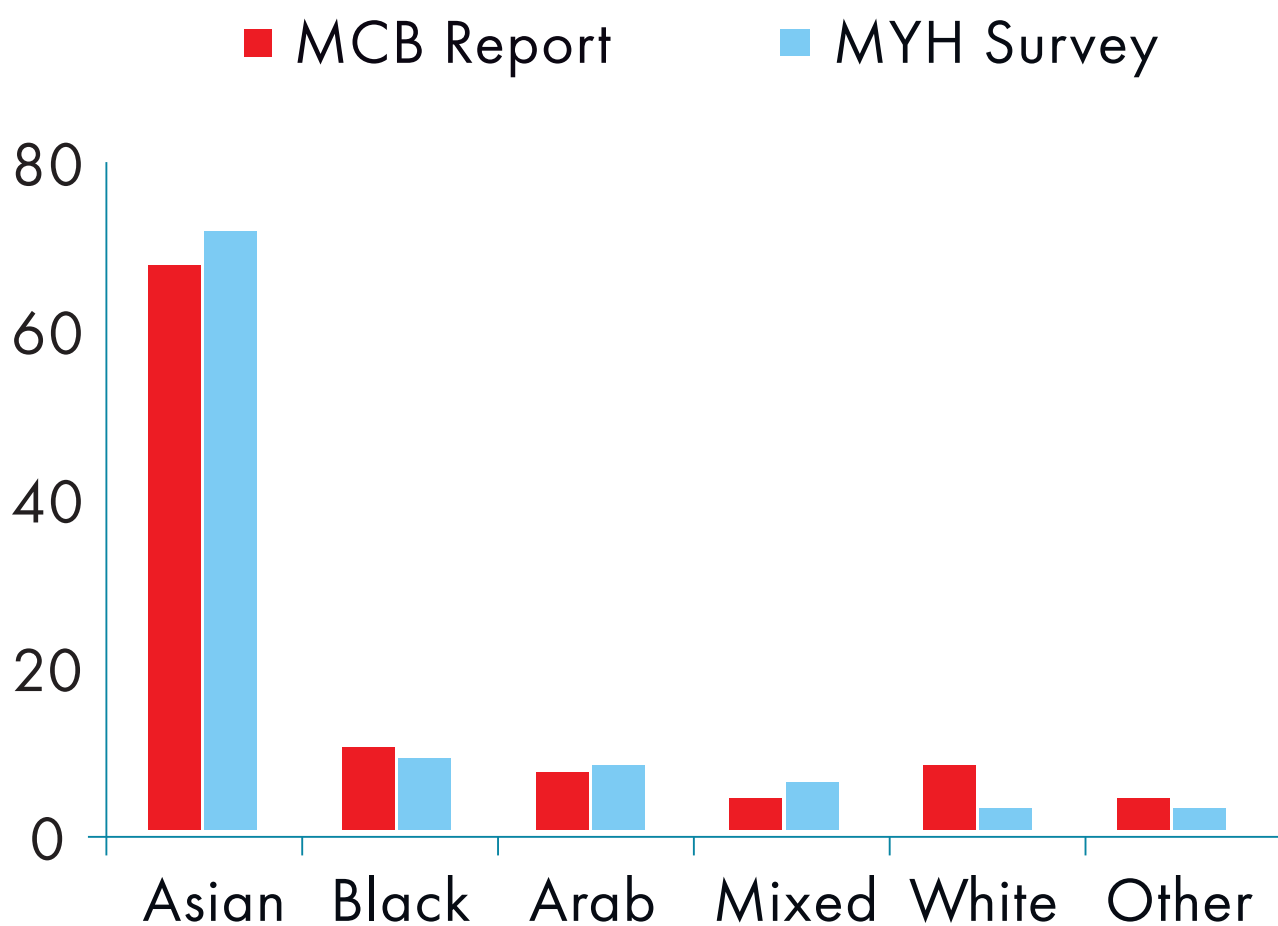
Muslims are less inclined, compared to other religious groups, to seek mental health services because they highlight a preference for help with a religious underpinning ^[21]. The link between Islamophobia and Muslims' mental health has also been recognised. Muslims do not openly discuss their fears and concerns regarding mental health because of potential Islamophobia, so they are less likely to seek mental health services ^[22]. In general, there is a fear held by many Muslims of being "doubly stigmatised", both by the Muslim community for having a mental illness and by the rest of the population for being non-white and Muslim ^[23].

With this report, MYH hopes to mobilise an effort to generate more research looking at Muslims and mental health, specifically young people. Using an anonymous questionnaire widely disseminated on social media, we asked young people about their experiences of mental health, services and their ideas about barriers for young Muslims with mental health concerns.

MYH is proud to conduct a survey of this magnitude and hopes the results will encourage discussion, mobilise change and inspire further research in this crucial area.

Results

The Muslim Council of Britain authored 'A Demographic, Socio-economic and Health profile of Muslims in Britain drawing on the 2011 Census', mapping among other things the ethnic spread of Muslims in Britain. The MYH survey had 1071 respondents with an ethnic spread reflective of the UK as can be seen in the graph below.

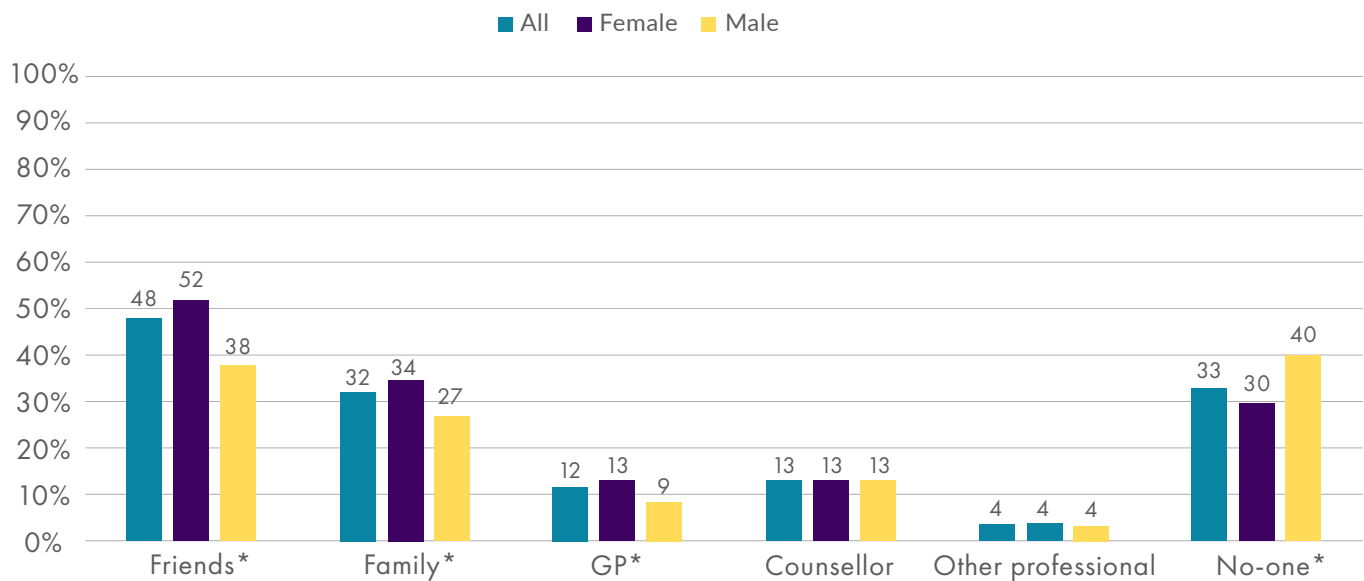


One of the key focuses of our survey was to assess how accessible help was for young Muslims in the UK and their experience of support services.

We asked our respondents, **WHEN YOU LAST HAD AN ISSUE WHO DID YOU TALK TO ABOUT IT?**

As the graph below demonstrates there was statistically significant difference ($p < 0.05$) between who men and women reached out to and most alarming was the fact that 40.2% of men said they talked to nobody. This pattern was also seen in younger respondents who were statistically less likely to speak to family or their GP and statistically more likely to speak to nobody compared to their older peers.

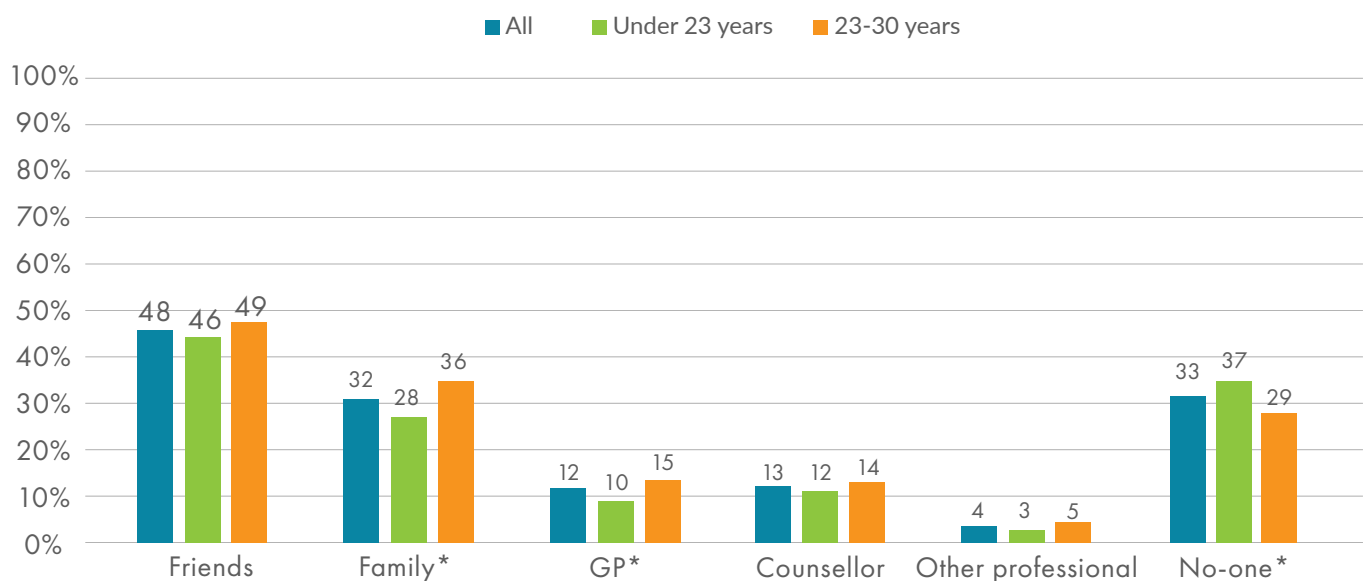
When you last had an issue, who did you talk to about it?



*statistically significant difference between males and females

N=1064

When you last had an issue, who did you talk to about it?



*statistically significant difference between older and younger age groups

N=1064

When we asked about their experience of getting help, 59 respondents gave an average score of 5.5/10 for their encounter.

Many respondents had abbreviated answers which covered a range from very helpful, good, ok, average, or bad. Multiple responses were positive about the help received from friends. However, difficulty accessing health services was a recurrent theme, and the majority had a negative experience of health care services.

- “Widely varied: - friends are very supportive - family try to be supportive but lack the education/understanding - counselling/professional services are difficult to access due to long waiting lists and high demand (but helpful once access gained)” (Pakistani male aged 19-22, South East)
- “Poor. It took 5 GP appointments to be heard as I was told it was “normal”. I was then diagnosed with trauma and OCD.” (White British female aged 27-30, North West)
- “No really helpful. The process of accessing mental health support is really long and it puts you off from seeking help” (Black African female aged 23-26, North West)
- “Very useful. It’s always good to have help from a third party professional who makes no judgement of a situation but just listens and allows you to express your thought process.” (Arab female aged 23-30, South East)

Some responses refer to the need to access private care and the financial issues associated with that.

- “It helped me short term but discontinued due to monetary issues and not being able to afford it.” (Pakistani female aged 23-26, South East)

Discussing with family was generally seen as a positive but restricted

- “but for me it is only okay as a short term solution, as my sibling is unable to do anything to actually help me. My problems affect my sibling and it often results in my sibling breaking down so I have to keep it to myself.” (Pakistani female aged 27-30, London)
- “Respondents who did not obtain help reported ongoing difficulties” above the Around a 0 because dealing it with myself just made things far worse” (Pakistani female age 19-22, Yorkshire & Humber)

Our first qualitative question was asking respondents if they felt they had enough easy access to help when they needed it.

- Awareness of where to access help was generally restricted to general practice, counselling, and family and friends, with few mentions of a helpline. There was a recurring theme whereby responses referred to friends and family as their main access to help who were overwhelmingly portrayed as a positive source of support
 - “My friends and family are always there to help me and support me whatever, whenever.” (Bangladeshi, male aged 19-22, London)
 - “Hard to speak up about something you are most likely to be judged for” (Indian Female aged 16-18, North West)

For many respondents this was an opportunity to voice their concerns about the barriers that existed to accessing care. Many highlighted the delay in access to professional services from GPs and therapists due to waiting lists. A few commented on the poor cultural sensitivity of such services. School students tended to find access to services in school more positive than others. Financial barriers were reiterated with many finding care unaffordable.

- “Access is technically relatively easy but once you get into the system, you often are met with dead ends” (Pakistani female aged 19-22, London)
- “Professional help is often needed and the way the NHS/ system is set up in the UK it is incredibly difficult to have access to real mental health care (i.e private) if we cannot afford it. The NHS offers limited bouts of therapy after waiting for half a year.” (Other Mixed Female aged 23-26, London)

43 respondents explicitly mentioned taboo and stigma as a barrier to access, with the minority stating that it can be overcome to seek help. A few responses also highlighted feeling embarrassed to seek help.

- “Difficult to open up with family in a culture with very strict customs and an attitude where mental health and relationship problems are seen as a taboo and shouldn't be addressed, due to fear of how you're perceived by the community and wider family” (Bangladeshi male aged 19-22, East of England)
- “It's hard being a Muslim and suffering from anything like this, people just say to pray but it's not as easy as that” (Bangladeshi female aged 19-22, East Midlands)

With the knowledge that our respondents identified themselves as Muslims we asked if they felt that [services were sensitive to their faith/religious needs?](#)

- The overwhelming majority of responses did not feel services are sensitive to their needs, and many responses were unsure or didn't know.
- “That's the issue- it's hard to find Muslim friendly counselling services. Especially with help with relationships. Sometimes it's incredibly difficult to confide in someone who is not of your faith as the advice isn't tailored to our needs. My mum had a counsellor who was vaguely/liberal Jewish. And she found some solace in that at least.” (Pakistani female aged 23-26, London)
- “Not sure as I haven't had much experience with the services but judging from other people's experiences, they are not too supportive of religious needs or principles” (Pakistani female aged 19-22, London)

MYH felt it would be valuable to know what additional sources of support young Muslims would consider utilising. We asked, [are there any other sources of support you would use? Why/Why not?](#)

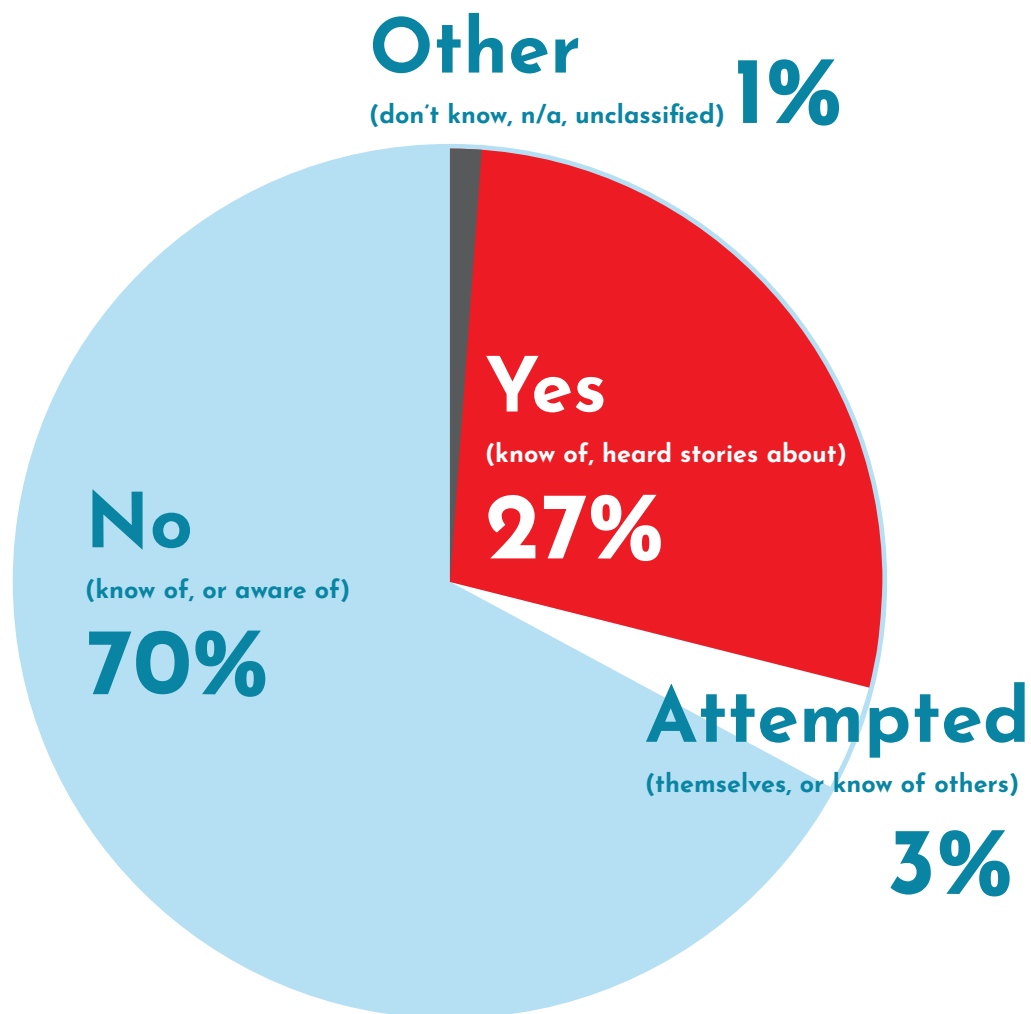
- Popular sources included health services and counsellors, family & friends, and internet resources (including forums and blogs). Religious scholars were also briefly referred to. Many responses were unsure of other sources or would not seek other sources. Many responses also indicated they would be uncomfortable seeking help.
- “Online advice, because there's so much experience available” (Arab male aged 23-26, East Midlands)
- “No Wouldn't feel comfortable/secure approaching anyone/anything else except those I know and trust” (Pakistani female aged 23-26, West Midlands)
- Helpline was mentioned by a few
- “Calling a line (something like childline) if you don't want anybody to know it's you or if you feel to uncomfortable talking to friends or a psychiatrist.” (Pakistani female aged 19-22, Scotland)

Suicide

We asked, Do you know any British Muslims who have taken their own life?

The majority of respondents (70%) did not know anyone who had taken their own life. A few responses classified suicide as 'against the religion'.

- "No I think being a Muslim stops you as it's haram to take your own life but I know many who used to self harm or still self harm and have suicidal thoughts including myself" (Bangladeshi female 19-22, East Midlands)



Over a quarter of respondents (27%) knew someone who had taken their own life directly, or had heard about someone, and a small proportion knew of someone, or had they themselves, attempted suicide.

- "Yes. We have this massive cultural barrier on certain issues like sexuality and gender that have driven many (one individual of which I was related to) to commit suicide because they genuinely see no alternative or they fear the consequences of informing their family/close companions about the true extent of their issues and suffering." (Pakistani female aged 23-26, London)

Conclusions

This survey was conducted mostly on social media, and so will not be completely representative of all Muslims in the UK. With reference to the sample size, we were astounded by the scale of response from young people. At MYH we feel this reflects the fact that young Muslims are desperate for a voice and that the recognition that their mental health is important is deeply desired.

- “I think it would be very beneficial for the Muslim community to advertise services available for people to use to tackle mental health. I think it is extremely important for people to know that these services are available as it would help those who feel like they don't have support from home or friends to have a space where they're able to share their issues and understand the different ways to tackle these issues, according to the Sunnah” (Bangladeshi female aged 19-22, London)

The helpline has long campaigned for the recognition that young Muslims deal with the same issues as their UK peers including taboo areas that are often not discussed or acknowledged within the community. This survey confirms that issues that affect young people, will impact everyone regardless of their faith. We had honest and heartfelt responses about sensitive areas such as homosexuality and pornography which indicate that these simply cannot be ignored by our faith and ethnic communities. By providing a judgement free space we were able to draw out some of these stories.

One of the things we found most interesting is the complex paradigms in which young Muslims find themselves. Like their peers, they deal with all the usual taboos associated with mental health and seeking help which so often forms an internal barrier for young people during their formative experiences of accessing help. However, in addition they report the burden of the external barrier of seeking faith and cultural sensitive advice which from their perspective was often paired with judgement or not available at all. The impact of this conflict is what we feel leads to 33% of young people choosing not to access any support at all.

- “I think it's great that there's help dedicated to British Muslims as people may not understand the struggles we face being in the middle of two cultures. We try to hold on to the values our parents instill but integrate into the society we are raised in. It's so hard to find a balance” (Pakistani female aged 23-26, South East)

Many observations in the survey matched up with general trends seen in the UK population, including the idea that young men seek help far less than young women⁽²⁾, that people did not access care⁽³⁾ and that informal support from family and friends was sought far more often than professional services⁽⁶⁾.

Despite the difficulty faith and cultural presented when accessing care, many also spoke of the positive impact it had for them.

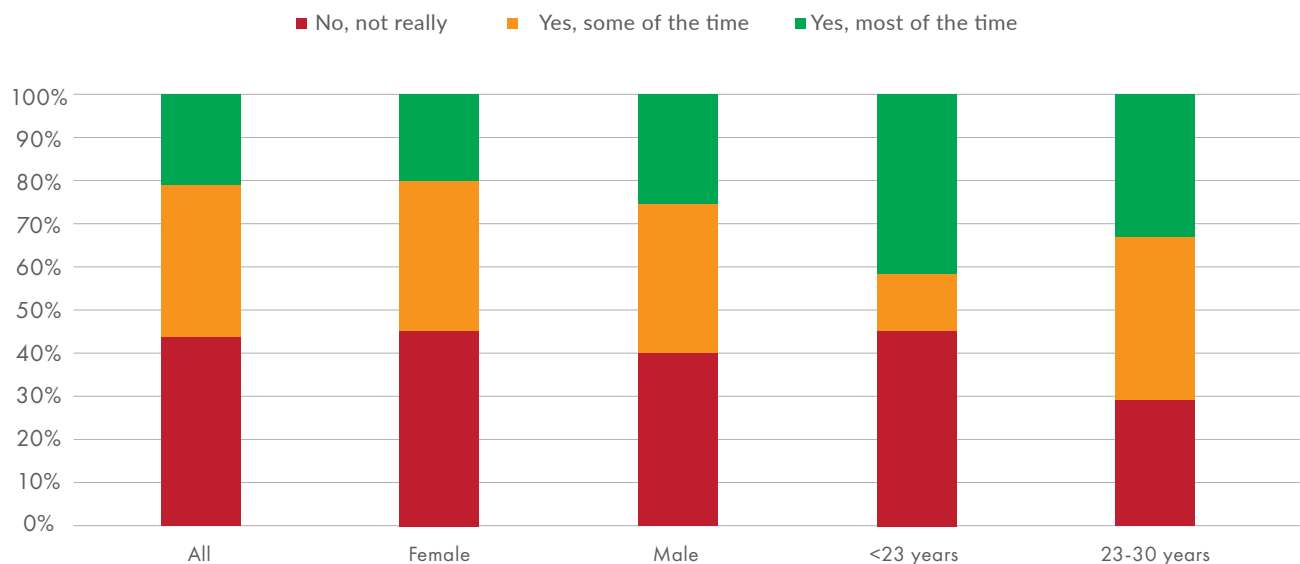
- “I can instantly make Du'a or stop what I'm doing to pray. Then I feel hopeful which helps with my issues” (Black African female aged 23-26, London)
- “Despite how busy my family and friends are, when it comes to support they are always there for me” (Arab male aged 19-22, London)

Finally, both our literature review and the survey responses illustrate a need for further research. We call on future mental health surveys to build on these findings. Most poignant is that young people themselves asked for this:

- “Please continue to campaign for mental health services targeted at Muslims. There is so much taboo. Only recently did I learn that my dad is taken anti-depressants for years. If he was more open then it might have encouraged me to be more open. Sayyeds need to talk about it on the pulpit and not talk about it as though it is an uncommon mysterious issue” (Arab female aged 23-26, London)

Appendix: Additional Results

Do you feel have you enough easy access to help when you need it?



When you last had an issue,
who did you talk to about it?

Female

Friends



Family



GP



Male

No-one



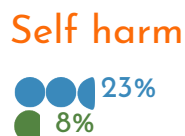
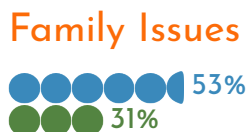
40.2% | of men

said they talked to
nobody about their
last issue

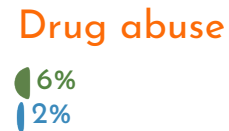
The question we asked was: **DO YOU NOW OR HAVE YOU EVER SUFFERED FROM ONE OF THE FOLLOWING?**

This infographic showcases issues where there is a statistically significant difference between men and women.

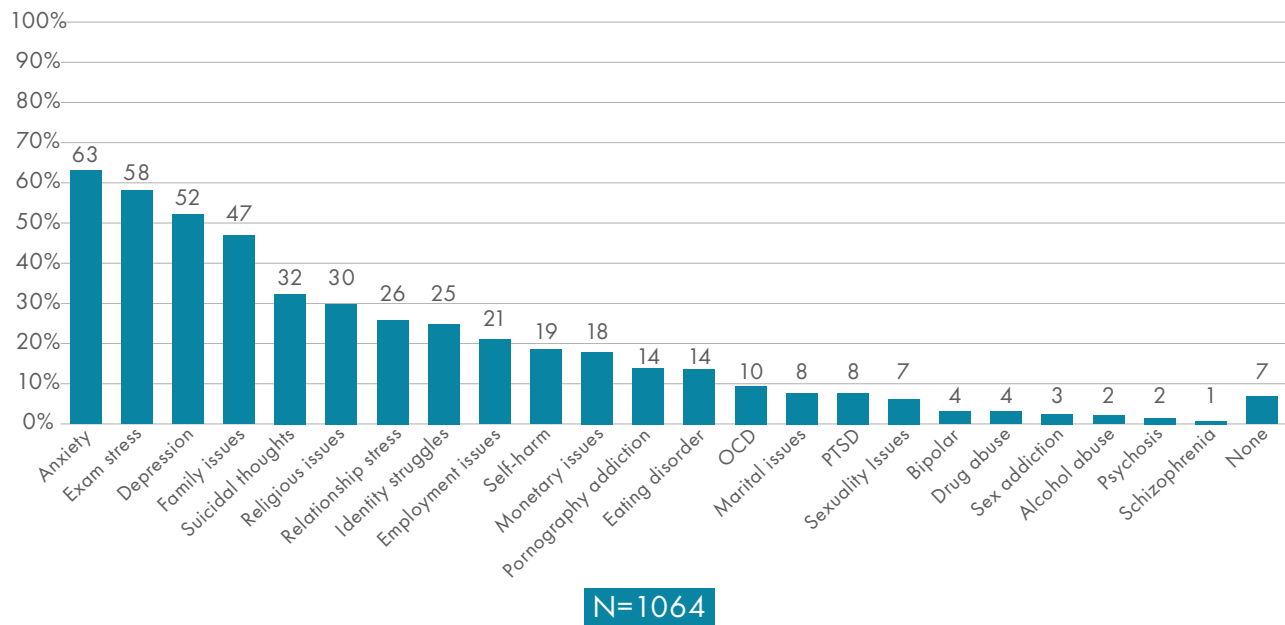
Issues more prevalent for women



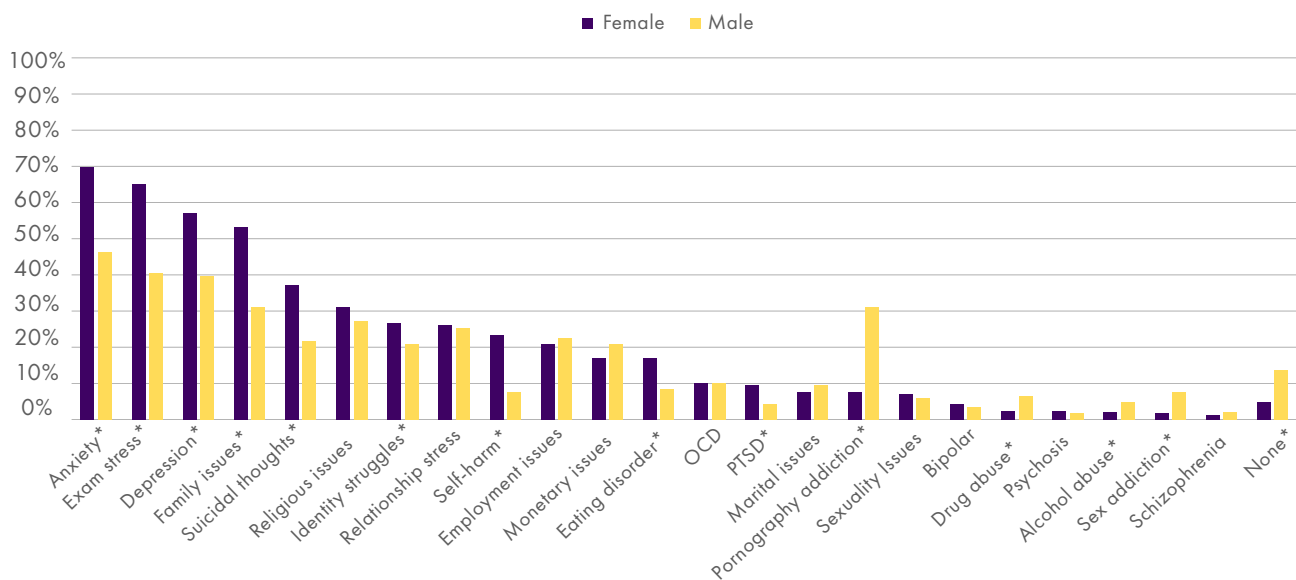
Issues more prevalent for men



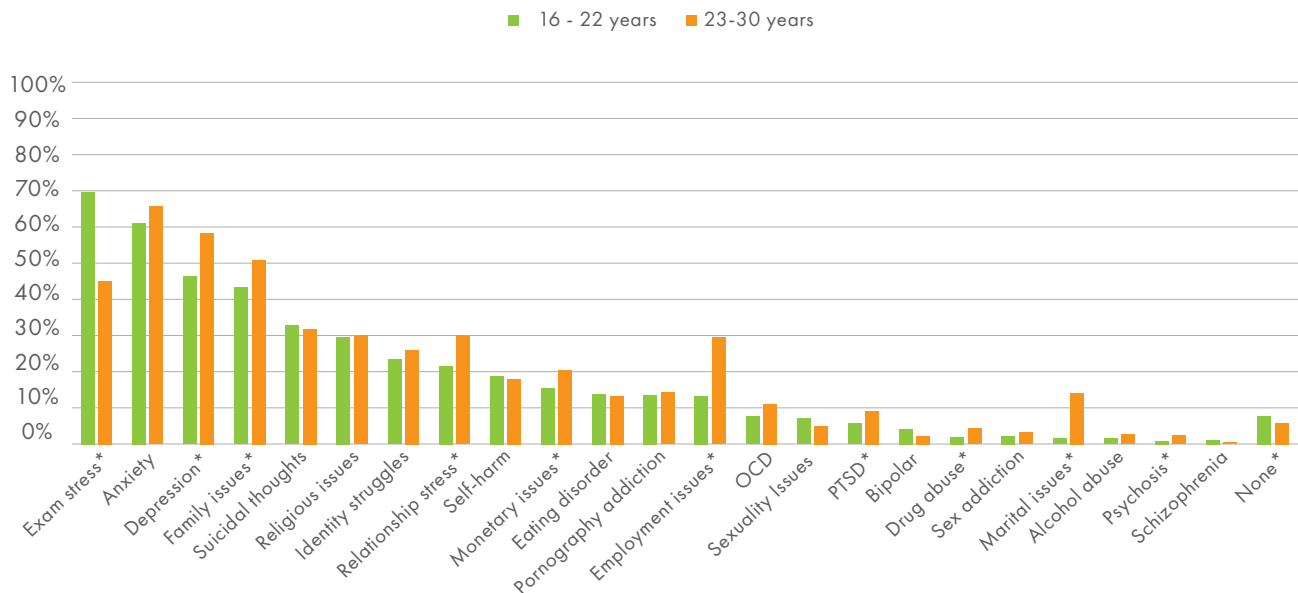
Ever suffered from:



Ever suffered from:



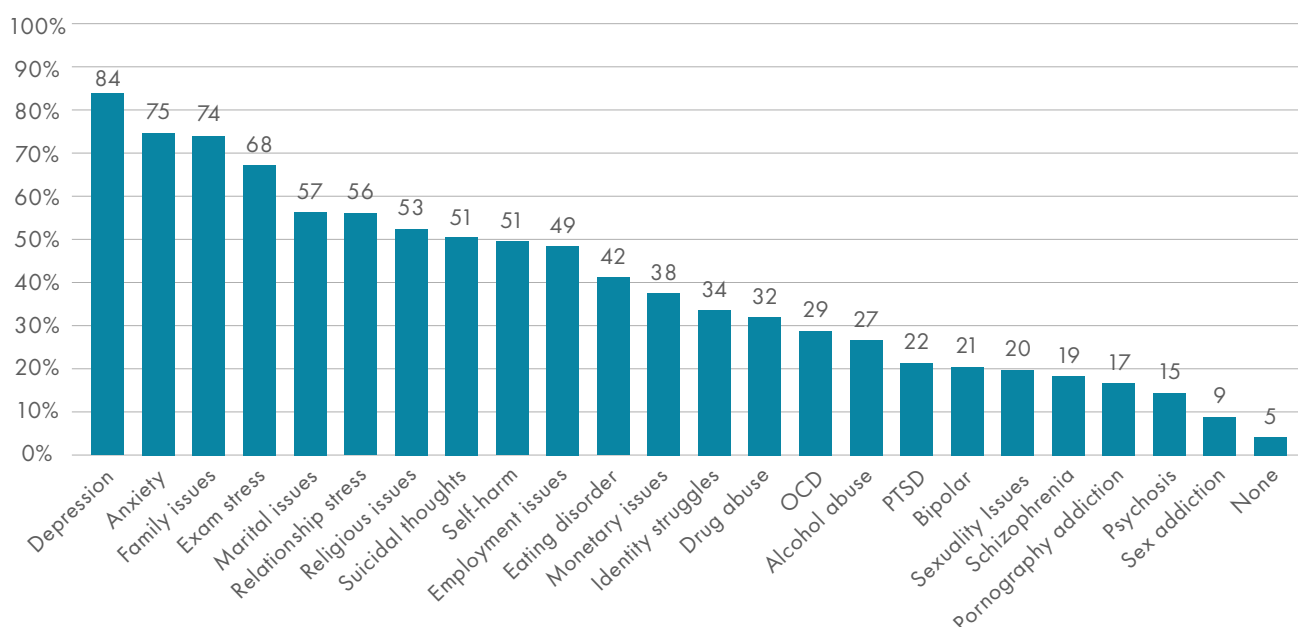
Ever suffered from:



*statistically significant difference between older and younger age groups

N=1064

Knowing someone who ever suffered from:



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