

Beyond Stigma: Muslim women's views and experiences on mental health

October 2020

Findings Report

The Think Tank Programme

The programme is aimed at enabling Muslim women to represent their lived experiences and needs within research policy and practice. MWC endeavours, through this programme, to ensure that Muslim women of all backgrounds can seriously influence policy and decision making at all levels. Muslim women have been used by researchers when it has suited their research projects and government agendas, regurgitating the tired and reductive narratives about 'the Muslim woman'. Women we have worked with over the years have increasingly expressed their frustration with being used as 'subjects' for research agendas framed by others and now want their unmediated voices to be heard.

We aim to enrich and correct the knowledge landscape by ensuring that new relevant research is produced directly by Muslim women on issues that they feel are important to them & their communities, building trust between communities and research institutes. The evidence, recommendations and solutions generated by them will be used to show how the government and both the public and private sectors can help create conditions that allow Muslim women to thrive.

Through creating an army of community researchers who themselves have full awareness of the issues within their communities, women are being empowered to be authors of solutions that bring about societal change. We are creating a legacy of future leaders, community researchers and advocates who will inspire others around them. The findings will be available on our website, through social media outlets, and will also be shared with local authorities and government departments.

What This Study Covers

This study examines the experiences and views of 50 Muslim women from Bradford aged between 20 and 67 on mental health issues. The Think Tank community research teams identified this as an under-researched topic, needing urgent attention based on their lived experience of attitudes and perceptions of mental health.

The Muslim women included in the study were identified through the formal and informal networks of the researchers and were asked a range of questions about the impact of stigmatisation on their lives. Many women were forthcoming in speaking of their mental health issues, and 4 in 10 stated they are users of mental health services.



Key Findings

Mental Health: Women's Experiences

- ▶ 3 in 4 women spoke openly in the study about experiencing mental health issues and receiving positive support, and 1 in 3 said that it was relatively easy to share their experiences with confidantes.
- ▶ 3 in 5 women, however, either experienced or were concerned that their families would not understand their mental health issues, and about half felt the same about work colleagues.
- ▶ And 3 in 5 felt that specifically admitting having depression was difficult.

Women's Perceptions of Mental Health

- ▶ Half the women understood mental health in terms of 'emotional and mental wellbeing'.
- ▶ 3 in 5 women believed the community would not be understanding of their mental health needs.
- ▶ 1 in 5 expressed concerns about health professionals not always being understanding about their mental health issues.

Networks of Support

- ▶ 7 in 10 women expressed readiness to support their partner/ friend/ family member if they had a mental health issue.
- ▶ 2 in 5 felt very strongly that talking, having open discussions, safe spaces to speak out about experiences of mental health issues was very important.
- ▶ And all women were of the view that faith leaders need to challenge stereotypes far more strongly and help the community become more understanding and supportive.



Key Recommendations

- 🕋 Culturally-sensitive targeted support for Muslim women experiencing mental health issues by statutory sector commissioners, specialist mental health charities and other funding providers.
- 🕋 Training local professional counsellors in culturally & religiously appropriate counselling on mental health & wellbeing.
- 🕋 Collaborative working with Muslim institutions and mosques to:
 - i) increase mental health literacy among Islamic professionals and leaders through tailored training provided in institutions of Islamic education and community centres; and
 - ii) develop religiously-informed counselling from an Islamic principles perspective and make it more widely available through mainstream counselling services.
- 🕋 Incorporate services that provide general and religious advice and awareness for Muslim women and their families through supporting the first women-governed mosque initiative of the MWC.

Findings Expanded

What women in the study understood by the term 'mental health'

Half the participants mentioned 'emotional and mental wellbeing' in their response to what they understood mental health to be. This suggests they understood the term to mean a balance that could potentially affect emotional and mental health issues. One of the women elaborated that mental health is:

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The way you think, behave, feel. With good mental health you can tackle problems and life stresses. With poor mental health everything gets to you, little things get blown out of proportion. Not able to cope. if you have positive thinking you think positive.

”

7 participants perceived the term to mean mental ill-health; they mentioned specific mental health conditions such as anxiety, depression, stress, bipolar disorder, schizophrenia, psychosis and PTSD.

How participants felt when their partner/family member/friend shared they had mental health issues

7 in 10 women expressed a readiness to help their partner/ friend/ family member if they had a mental health issue. One participant further commented, "I'd definitely help them, as mental health... depression is absolutely normal!"

1 in 5 of these women suggested helping by encouraging/supporting them in seeking professional help.

A small number (4 women), however, felt helpless and said they did not know what to do:

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When it affected my partner I was distraught, I didn't know what to do, didn't understand and wasn't aware- had to deal with it. It drains you and worries you, the more awareness you have the more you can understand.

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How easy participants felt it was for women to share they felt depressed

3 in 4 women spoke openly in the study about experiencing mental health issues and receiving positive support, and 1 in 3 said that it was relatively easy to share their experiences with confidantes. Some women explained that this depended on the existence of a good support system in place and others indicated that this is due to the gendered perceptions of mental health:

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Easier for women to talk about it [depression], as it's expected of women to be 'weaker'. Rejecting what makes you human is considered strong, which is really bizarre to me. Because of this stereotype women are considered over-dramatic. I think it's a lot easier for women to open up to other women. This has always been my experience.

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3 in 5 women felt that specifically admitting having depression was difficult because they would be perceived as 'not managing' or feared family members would judge them. As one woman put it: "It's very hard, there is fear of being laughed at, called 'mad' and not taken seriously and dismissed as 'is it a real illness?'"

Another woman opened up about being "scared to share with my in-laws when younger, as they would have dismissed it. Don't know how much things have moved on, maybe [disclosing] to sisters and mum is easier, but not to others".

Quarter of the women shared their mental health problems with friends and third with family members (e.g. partner, parents, siblings, cousins and aunts), and only a few with health professionals. Overall their experience had been positive in getting the support they needed:

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I opened up to aunts, I was scared as my issues started in my early teens- felt like I needed to hide it initially, as nobody mentioned mental health at secondary school. Now [that] I'm older, and there's more exposure, I feel comfortable talking about it. They asked why I didn't talk to them earlier, they were upset I'd gone through it alone, but appreciated me speaking up.

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Opening up to work colleagues about mental health issues

Participants told us that power and authority played a role in how a disclosure about mental health issues was dealt with by colleagues and managers.

Half the women felt work colleagues would not be/had not been supportive on learning they had mental health issues. 6 women said they felt being open about it would impact how their colleagues/manager viewed their ability to do their job. Others felt it would affect them being taken seriously, trusted at work, or given a promotion. One woman explained the lack of understanding in professional contexts as follows: "In a corporate world, it would definitely be used against you, but in the voluntary sector, I think they would be more understanding". Another commented "Managers would pass you up for promotion".



Of the participants felt work colleagues would not be/had not been supportive on learning they had mental health issues



Support from Faith Leaders

1 in 10 women mentioned religious perspectives which could undermine Muslim women who had mental health issues such as being judged as lacking in faith or punished by God, or becoming a victim of black magic. And 1 in 10 women felt it would affect the marriage prospects of young women.

All women felt there was a role to be played by faith leaders, who yield influence and respect amongst their communities. Faith leaders, many women said, should lead the challenge on stereotypes and misinformation regarding black magic, possession, and the evil eye, and instead educate and encourage individuals to talk about their experiences and seek help where necessary.

More than half of the women wanted faith leaders to actively increase awareness, knowledge and understanding of mental health issues in the community, and many said mosques should become a community resource assisting people with seeking help.

One woman spoke very candidly about how much fund-raising mosques were able to do and how this money should be invested in the community on issues such as mental health. She gave the example of Gurdwaras which provide support and a care package for those suffering from mental health problems, suggesting that mosques should also look into this model for the benefit of the communities they serve.



Developing The Think Tank Programme

We recruited women from the community through our various networks and partners in the Bradford area, such as the Women's Health Network, voluntary organisations such as Sharing Voices and Womenzone Community Centre, and MWC's social media platforms. The response was overwhelming, reassuring us that there is a dire need for this ground-up approach to research. We selected women between the ages of 18 and 55, who are mostly of Pakistani background. The women have come from different professional fields, including law, community outreach, interfaith work, mental health, activism, civil service, journalism, education and media.

Over a period of 3 months, the women attended a training and development programme with six modules covering a broad range of transferable skills, such as confidence building, communication skills, critical thinking, debating skills, verbal reasoning and basic research skills. In addition, there were two academic modules on developing interview schedules, conducting fieldwork, and applying research ethics, such as obtaining consent and maintaining anonymity and confidentiality.

This training and capacity building were overseen by a Project Coordinator, who designed and delivered the Think Tank programme, facilitated the process and offered a constant point of reference and guidance during fieldwork preparation and implementation. The programme also facilitated the emergence of a personal network of intellectual and emotional support between the women on the Think Tank programme, that would prove crucial during the fieldwork stage.



Conducting The Research

On completion of the training, the second phase of the programme focussed on the research. The women who completed the training programme then carried out the interviews for the four research studies. The group identified a list of key research areas emerging from their lived experiences, some of these areas were difficult and rarely addressed in research. This was then narrowed down to a shortlist of four. The women decided to implement four concurrent studies, organising themselves into smaller community research teams and conducting a minimum of 50 interviews in each of the areas identified. The MWC Think Tank project team provided support with research design and implementation.

The subsequent interview stage lasted for six weeks during which the community researchers were remarkably successful in gaining access and trust within the communities they approached. A wide range of views was captured in all of the studies, as many of the women interviewed shared genuine personal experiences on many sensitive topics.

The process of writing-up reports involved consulting the women researchers and was supported by Dr Shuruq Naguib (Lancaster University) and Dr Ghalia Sarmani (University of Central Lancashire).



Muslim Women's Council

MWC is unique in its local, national, and international reach. We deliver services to the most marginalised members of our communities; the homeless, the excluded and disadvantaged. Our initiatives have addressed community issues ranging from mental health, child sexual exploitation and food poverty.

At the other end of the spectrum, we provide thought leadership and we facilitate and enable change. For example, we have initiated a project to transform and lead discourse on women's access to, presence in, and involvement in Mosques. This initiative has gained national and international support and has been reported globally.

Looking ahead in a context of political turbulence and uncertainty, we have prioritised empowering Muslim women to narrate their lived experiences and make an intervention into policies impacting their lives.

Acknowledgements

We would like to thank our funders The National Lottery Community Fund Lived Experience Leaders Pilot Programme, the Smallwood Trust & Welcome Trust for believing in our vision and supporting us to achieve it.

We wish to convey our sincere thanks to our community research teams for their sustained commitment, passionate dedication and insightful input into developing the research themes and questions and implementing four cogent and timely studies. We would like to express sincerest gratitude to all our interviewees, without whom this would not have been possible.



"The Muslim Women's Council core team provided highly professional support to the Think Tank project, with excellent administrative and research coordination throughout the process.

The final reports are the fruits of genuine and outstanding commitment to the vision of community-based research and to the process of co-production with the women researchers."

Dr Shuruq Naguib (Chair, Muslim Women's Council)

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The community says things like 'She is weak, lacks Imaan, someone's done something on her, she's putting it on, faking it, nothing wrong with her

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[I was] scared to tell neighbours I was dealing with mental health issues for fear of them stopping their children coming over to play with my kids.

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“

I didn't know I was suffering till my daughter in law saw the signs and took me to my GP to diagnose. All my kids are very supportive.

”

“

I opened up to aunties, I was scared as my issues started in my early teens- felt like I needed to hide it initially as nobody mentioned mental health at secondary school. Now I'm older and there's more exposure I feel comfortable talking about it. They asked why I didn't talk to them earlier, they were upset I'd gone through it alone but appreciated me speaking up

”

Case Study



Ostracised, blamed and ridiculed

Noreen*, now aged 35, had been married at a young age to Asif* from Pakistan. It was an arranged marriage but not forced. Prior to marriage there was no indication that Asif suffered from any mental illness.

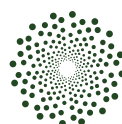
When Asif arrived in the UK, the situation quickly started to unravel and he began to act in a strange manner. He was eventually sectioned under the Mental Health Act and detained for a few months.

Noreen was made to assume the role of carer for her husband for many years and was subjected to physical, emotional and sexual abuse.

They had two children. Bringing up the children and caring for her husband who suffered long periods of ill health was taking its toll on Noreen. Despite reaching out to family for help, she received no support. At one stage, she even requested a separation, but no help given. Eventually, Noreen took a stand for herself and separated from her husband, filing for divorce, but this was a long process.

Noreen is now living as a single parent. Despite being ostracised by her community, she has found solace in her faith. She describes her experience as being left with low self-esteem, lack of confidence and financial difficulties. Noreen told us about how many people refused to help her, blamed her for her husband falling ill, and even now she is often ridiculed as a terrible woman for leaving her husband when he was in need.

**Names and identifying details have been changed to protect the privacy of individuals.*



**MUSLIM
WOMEN'S
COUNCIL**



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