



EQUI

Beyond the Clinic: Faith and Young People's Mental Health

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Foreword



This latest report from Equi is both timely and necessary. At a time when young people's mental health is under increasing strain, it offers a clear evidence base for an urgent national conversation, reminding

us that our beliefs remain powerful, and too often overlooked, sources of resilience, belonging and meaning in modern Britain, for those of all faiths and none.

Drawing on national polling and in-depth interviews with over 30 practitioners, faith leaders and youth workers, Equi makes a compelling case for why faith must be taken seriously within our mental health framework. As statutory services face growing pressure and waiting lists remain far too long, it highlights the vital role faith communities already play in supporting young people, through preventative approaches that help avoid crisis point, thereby saving public services valuable time and resources.

The findings are clear: for many young people, faith is not just peripheral to their lives, it is central to how they understand themselves and navigate hardship. Equi's polling shows that four in five young people draw on faith-based, spiritual or reflective practices to cope with stress, while over 40% say they would have sought support earlier if services better understood their faith background. Yet mainstream provision too often fails to account for this dimension of identity. Where faith is ignored or

misunderstood, we risk creating barriers to access and undermining trust in services that are meant to support those most in need.

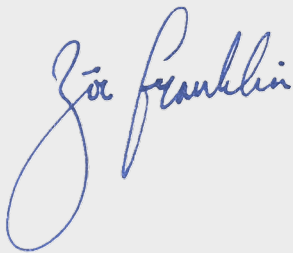
Importantly, it points to reputable models and systems that already provide a foundation for improving outcomes and delivering more holistic care. The examples of chaplaincy services, community partnerships and adapted psychological approaches show what can be achieved when we recognise the full picture of a young person's identity in their care journey. They also show that faith-literate support is not an abstract ideal, but something already being delivered in practice, often in ways that complement statutory provision and reach young people earlier.

As Chair of the APPG on Faith and Society, and through my wider work in Parliament, I have seen first-hand the contribution faith communities make to public life. They provide trusted spaces, mobilise volunteers, convene across generations and offer a depth of pastoral support that cannot easily be replicated elsewhere. Too often, that contribution is treated as peripheral to public life rather than part of the social infrastructure that helps people through difficult times. The importance of these assets is reflected in youth mental health support, too.

The scale of that contribution also comes through clearly. The six faith-led charities highlighted here have reached at least 224,000 people since their establishment, while saving the NHS an estimated £95 million. This is a conservative estimate, with the full scale of the contribution likely much higher. That is why the way forward set out here matters: recognising faith as a protective factor in youth mental health, equipping services and community

partners for more faith-literate support and investing in evidence, prevention and young people's futures. Taken together, these are practical steps towards earlier support, better outcomes for young people and greater long-term benefits for both public services and the public purse.

Young people deserve support that sees them in full: their experiences, their identities and, for many, their faith. This report shows how we can move closer to that goal, and why doing so matters not only for young people of faith, but for the strength and responsiveness of our mental health system as a whole.



Zöe Franklin MP

Chair, All Party Parliamentary Group
on Faith and Society

Executive Summary

A key pillar of British society, the National Health Service (NHS) is under strain. Learning from our communities, who can provide alternative sources of support, can help lead to better health outcomes whilst also saving significant costs to the state.

Contrary to common beliefs about the shrinking role of faith in British society, this report highlights an ongoing need to incorporate faith-literate approaches into young people's mental health care. Regardless of their faith or beliefs, 67% of young people polled agreed that acknowledging faith can improve wellbeing support. A further 60% would like to see more mental health services that understand or apply faith-sensitive approaches. In this research, young people's views on the role of faith in mental health care are explored, supplemented by health experts across the country, with their long experience of providing inclusive mental health support that caters to Britain's diverse communities. There is a strong call for more faith-literate NHS offerings.

Drawing on national polling of 1,200 young people aged 16-24¹ and interviews with 32 experts including clinical psychologists, academic experts, youth workers, faith leaders and policymakers, this report examines the mental health experiences of young people aged under 25, with a focus on young British Muslims. It explores how their relationship with faith impacts mental health and discusses the impact faith communities can have on young people's mental health.

Faith communities can play a significant role in providing mental health support, especially for young people. Spiritual practices such as mindfulness often already resonate or provide tools

within modern mental health practice, fostering resilience and purpose. Faith-based groups can act as vital partners in public health. Across the country, faith-based organisations and religious leaders are stepping up to provide faith-sensitive, tailored mental health support where statutory services often struggle to do so. Their work is a lifeline to many. Our calculations in this report show that the work of just six of these organisations has reached 224,000 individuals since inception, saving the NHS an estimated £95 million each year.²

In 2023, one in five people aged 8-25 in England had a probable mental disorder.³ Mental ill health cost England £300 billion in 2022.⁴ For young people aged 20 and under, this cost amounted to £18.8 billion.⁵ For the UK as a whole, this number is even higher. The rise of social media, long-term effects of the COVID-19 pandemic and the subsequent cost-of-living crisis are just some of the reasons behind the rise in depression, anxiety and low mood amongst young people in the UK.

Statutory services are often over-stretched and struggling to keep up with this growing crisis.⁶ In a recent independent review of the NHS, mental health was identified as a key area of concern.⁷ Waiting times often stretch beyond a year⁸ and services are often unequipped to tackle the unique needs of what has been called a "lost generation".⁹

The report examines the added value of faith-sensitive approaches existing alongside conventional mental healthcare, which often fails to recognise the full potential of faith-literate approaches. The report discusses how modern mental health and wellbeing practices can be complemented with approaches practised by

Muslim communities, before exploring the role that their faith plays in how young people deal with their mental health. It brings to light the benefit that faith-literate practices can bring about in early intervention, helping to address health inequalities and reach better health outcomes, offsetting costs for public health services.

Faith-literate public health is not a nice-to-have, it is a must for a more cost-effective and impactful modern health service. The evidence presented is clear: faith-sensitive mental health support leads to better outcomes for young people with mental health issues, saving the public purse and strengthening the NHS. We all stand to benefit from better integrated mental health services, which can benefit young people of all faiths and none.

Key Findings

- **Faith is a powerful protective factor for young people's mental wellbeing.** Faith can offer young people meaning, belonging and coping mechanisms during periods of distress. Faith can also act as a protective factor against self-harm and suicide. Four in five of all respondents aged 16-24 reported using faith-based, spiritual or reflective practices to cope with stress, according to Equi's nationwide polling. 73% of those with a faith said that their faith gives them a sense of belonging and strength in difficult times.
- **A lack of faith-sensitive mental health support has led to a gap in trust in statutory services and lower access rates.** Over 40% of young people aged 16-24 surveyed told us they would be more likely to seek mental health support earlier if they felt their faith background was understood by services. This points to a significant missed opportunity in prevention, presenting a chance for statutory services to reduce crisis-point interventions and work more effectively with faith-based organisations on early intervention

- **The six faith-led charities in the UK highlighted in this report have reached at least 224,000 people since their establishment, saving the NHS an estimated £95 million.** Faith-based charities are providing support that reduces costs for the NHS and they increase the quantity of timely counselling available to those who need it most.

- **Faith leaders and faith-based organisations are a trusted and accessible pillar of care** for young people seeking mental health support. 39% of young British Muslims have spoken to someone who gives faith-based advice about their mental health. Two thirds of young British Muslim respondents feel confident that their local faith community would support them if they were struggling with their mental health.

- **Despite the powerful potential of faith in supporting more holistic approaches to mental wellbeing, mainstream services often lack faith literacy.** Gaps in awareness and training mean that when mainstream provision fails to account for faith identity, it can unintentionally act as a barrier to early intervention rather than a pathway to support. Only 2.6% of Muslims completed their NHS Talking Therapies in 2021-22, the lowest completion rates compared to other faith groups. Faith-literate approaches present a vital opportunity for addressing health inequalities, improving uptake and outcomes.¹⁰

- **There is a key opportunity for faith-literate mental health care and more effective collaboration with faith communities.** By collaborating and building a network of community and faith-based organisations, mental health services stand to benefit from expanded reach into communities often incorrectly perceived as 'hard to reach'. There is the potential to extend therapeutic and mental wellbeing support services past the clinic, into the heart of our communities, in line with place-

driven care approaches. This will lead to better health outcomes and cost savings for the NHS.

Policy Recommendations at a Glance

Recognise faith as a protective factor in youth mental health

1. The Department of Health and Social Care (DHSC) should formally embed faith literacy into national mental health policy and inequality reduction programmes.
2. The National Institute for Health and Care Excellence (NICE) should strengthen clinical guidance to include faith-sensitive assessment and care planning.

Equip services and community partners for faith-literate support

3. Integrated Care Partnerships should identify faith-literate youth mental health support as a priority within Integrated Care Strategies.
4. DHSC should work with professional bodies and ICBs to develop practical faith literacy guidance for frontline youth mental health staff.

Invest in evidence, prevention and young people's futures

5. The National Institute for Health and Care Research (NIHR), working with DHSC and NHS England, should commission a dedicated research programme on faith, access and outcomes in children and young people's mental health.



Introduction

Young people's mental health in the UK has been steadily deteriorating.¹¹ Between 2016 and 2024, monthly referrals for children and young people's mental health services in England tripled.¹² In 2023, 1 in 5 people aged 8–25 had a probable mental disorder in England.¹³ Just over half of young people aged 17–24 who had a concern about their mental health reported seeking help.¹⁴ Recent statistics also show that, contrary to a common focus on older citizens, young people aged 16–25 are the loneliest generation,¹⁵ with up to 72% reporting that loneliness impacts their mental health.¹⁶

The mental health crisis bears a significant social and economic cost for the country. Untreated mental health difficulties in early life often worsen over time, impacting not only education, employment prospects and relationships, but also placing long-term strain on the NHS and public services. In 2022, young people's mental ill health (aged 20 and under) in England cost £18.8 billion.¹⁷ People living with serious mental illnesses also have a significantly lower life expectancy, typically dying 15–20 years earlier than the rest of the population.¹⁸ The majority (75%) of mental disorders emerge

by age 24, when most young adults have joined or seek to join the workforce.¹⁹ Mental ill health has been one of the most significant drivers in the rise of economic inactivity since the pandemic, with almost one million young people not in education, employment or training (NEET) in November 2025.²⁰ It is often a vicious circle: mental ill health leads to unemployment and prolonged economic inactivity can contribute to poor mental health.²¹ Tayeeba Ahmed, a youth worker and community consultant based in South London, links this rise to what experts refer to as “passive suicide”, where young people exhibit “emotional and physical exhaustion”, causing a complete withdrawal from education, social life and other activities.

“The cost [of passive suicide] is quite scary in terms of an overall lack of motivation to actually go and pursue their passions or find careers, which would then knock on economically. Who are going to be our lawyers and doctors?”

Tayeeba Ahmed
Founder, 24/8 Impact



Open and curious discussion around faith, identity and culture stand to benefit both health practitioners and the young people affected. These benefits extend to people of all backgrounds, as insights into identity, beliefs and culture can help support mental health provision regardless of faith. If more holistic, tailored and personalised

care is made available to all, this will improve health outcomes, address key health inequalities and save significant costs to the NHS. The services provided by just six Muslim-led charities whose work we highlight in this report make health and care cost savings worth approximately £95 million per year, our estimates show:

Name of organisation	Location	Reach	Cost savings to the NHS - per year
British Islamic Medical Association (BIMA) Mindsavers	National and online	Since September 2024, BIMA's Mindsavers workshops in mosques across the country have reached over 1,550 participants, providing them with tools for mental wellbeing through a spiritual lens. Total reach since inception: 1,550 people	£6,584,400
Inspirited Minds (IM)	London and online	Founded in 2014, IM supports more than 900 service users each year through face-to-face and online faith-sensitive therapy and counselling services in multiple languages. Total reach since inception: 10,800 people	£4,779,000
Maryam Support Line (MSL)	Online	Founded in July 2024, MSL is a helpline providing a safe, non-judgemental and confidential space for Muslim women. They received over 3,000 calls since establishment. Total reach since inception: 3,000 people	£10,620,000
Muslim Mind Collaborative (MMC)	National	Launched in 2021, MMC aims to widen the agenda on mental health to include the needs of faith. Working with schools across the country, MMC has engaged with over 3,000 students through workshops and assemblies. Total reach since inception: 3,000 people	£3,186,000
Muslim Youth Helpline (MYH)	National and online	Since 2001, MYH has provided faith- and culturally-sensitive emotional support for young people across the UK, reaching 15,113 in 2023 alone . Total reach since inception: 205,546 people	£43,657,970 ²³
Rosebuds Sisters	National	Founded in 2011, Rosebuds is an initiative providing social and spiritual spaces for Muslim women across the UK and internationally. With over 50 groups across the UK, Rosebuds currently supports over 5,000 women. Total reach since inception: no available data	£26,550,000
Total		223,896	£95 million (95,377,370)

Table 1: The location, number of people reached and the total health and care cost savings for six featured Muslim-led charities.²⁴

Young People, Mental Health and the NHS

Reasons for Deteriorating Mental Health

There are several factors contributing to the overall decline in mental health in the UK, both for young people and the wider population.

1. COVID-19: Research has shown the adverse impact of the COVID-19 pandemic on young people who experienced lockdowns, making them more likely to experience depression, social, emotional and behavioural difficulties and worsening general mental wellbeing.²⁵ Feelings of insecurity and uncertainty spurred anxiety and, for many young people, caused “an existential crisis” whose effects continue to linger today.²⁶

2. Financial worries: Financial insecurity, from austerity measures to the more recent cost of living crisis, has contributed to this growing mental health crisis.²⁷ In 2025, almost half of low-income families reported that the cost of living crisis had a negative impact on their mental health.²⁸ Only one third of those impacted had accessed mental health services in 2023.²⁹ Stephen Abdullah Maynard (chair of The Lateef Project, which provides faith-informed counselling) highlights that the credit crisis and following economic, housing and employment crises have caused a “breakdown in the social contract”, alienating young people from the state and causing stress over increased responsibilities.

3. Social media: Addiction and excessive use of technology pose an equally serious threat to young people’s mental wellbeing. Debating the Children’s Wellbeing and Schools Bill, Baroness Hilary Cass

(paediatrician and previous Senior Advisor for Children and Young People at Health Education England) has pointed to smart devices impacting children’s mental health, sleep, educational attainment and attention span. This risks “losing a generation to poor mental health and to even more young adults being unable to contribute to the workforce”, posing “not just a moral problem, but an economic timebomb that we can ill afford”.³⁰

4. Political factors: Politics on both a societal and global scale has also adversely affected young people’s mental health. Studies have shown that the majority of young people worry about issues such as war, climate change and polarisation.³¹ This anxiety has led to further disillusionment with adults, with only 7% believing that the government will make the right decisions for their future.³²

5. Stigma towards mental ill health: In 2024, Mind found that stigma and public attitudes towards mental ill health are also deteriorating after years of improvement, with mental health knowledge scores dropping below 2009 baseline levels for the first time.³³ Fear of stigma and judgement amongst peers in educational institutions and workplaces leads to reluctance in being forthcoming or seeking support, preventing early intervention and worsening mental health issues.

Young people, who are uniquely impacted by these factors, often have distinct ways of dealing with them. One counsellor interviewed for this report pointed to the fact that many young people “live very much separate lives” and have different support

systems, often relying more on friends for support than family. Mohammed Kalam (Health and Wellbeing Manager at Legacy West Midlands, a Muslim-led community charity based in Birmingham) described how young people's needs frequently change at a rate of "100 miles per hour", requiring constant reassessment of support approaches. Many young people are not equipped with the tools or experience to articulate their stress or mental health problems.³⁴ However, this does not mean that they are not receptive to support: Yahya Delair (a mental health specialist and youth worker) describes the age group 16-25 as generally the "most inquisitive and receptive" to mental health support.

Young British Muslims' Experiences

Young Muslims make up a strong and active part of Britain's youth. Nearly half of the UK's Muslims are under the age of 24,³⁵ while 10% of all school-age children (aged 5 to 15) are Muslim.³⁶ A recent study by Goldsmiths University, in partnership with Here for Youth, found that young people in Britain are aspirational and engaged, yet often marginalised.³⁷ For many of them, faith serves as a

source of strength and identity.³⁸ As Khalida Haque (counselling psychotherapist, clinical supervisor and chair of the Tower Hamlets Mental Health Alliance) explains, for them, faith "isn't a lifestyle choice" but a core tenet of their identity which frequently shapes their civic enthusiasm.

For Muslim youth, factors contributing to mental ill health are often intensified. Census data found that Muslim low-income households were disproportionately impacted by the cost-of-living crisis,³⁹ with close to 40% of Muslims living in the most deprived areas in England and Wales.⁴⁰ Research has shown that those in lower socioeconomic groups are "much more likely than those in the highest to report feeling anxious, worried, stressed, or hopeless about their financial situation".⁴¹ Economic inequalities often make young British Muslims prone to increased mental health pressures and stress.

Many of our interviewees pointed to the role of identity and belonging in building a particularly complex relationship with mental health for young British Muslims relative to their counterparts. This



complexity is often neglected by practitioners.⁴² Sarah Gulamhusein (Counselling and Psychotherapy Service Manager at Inspired Minds, a Muslim-led mental health charity) says that young Muslims are often particularly affected by a lack of faith-sensitive mental health support.

In an increasingly polarised environment, anti-Muslim hatred and racism have a further significant impact on young British Muslims' mental health. Religious hate crimes targeted at Muslims surged after the Southport riots of 2024.⁴³ The Muslim Youth Helpline reported a 38% increase in calls citing concerns or incidents related to Islamophobia over the last two years.⁴⁴ Global and political issues often acutely affect young British Muslims, including conflict in the Middle East.⁴⁵ At home, Abdullah Maynard contends that debates on Brexit, migration and terrorism often project responsibility onto British Muslims as a "scapegoated community", whether implicitly or explicitly. Young people are aware of this and live with "increased stress" as a result, but cannot necessarily articulate this stress, which then often adversely affects their mental wellbeing.⁴⁶

NHS Services: How do They Meet Young People's Needs?

"How do mental health services meet the individual? Quite often, they don't."

Abdullah Maynard

Chairperson, The Lateef Project

For years, the NHS has been facing increased financial and logistical strains and over-stretched resources. In 2024, the way Child and Adolescent Mental Health Services (CAMHS) and other mental health services in the NHS are currently operating was identified as a key area of concern in an independent review of the NHS by Lord Darzi.⁴⁷ As

referrals have increased, so have waiting times. Children and young people face higher thresholds for admission to mental health services. Needs across the country often exceed the availability of high-quality mental health support for young people.⁴⁸

Between 2016 and 2024, the number of monthly referrals to CAMHS tripled.⁴⁹ However, last year, almost half of referrals were turned away and re-referred to GPs due to high thresholds for admission.⁵⁰ Some of these cases require re-referrals to CAMHS from their GP, increasing logistical burdens on primary healthcare workers and delaying the young person's care. More than 340,000 children and young people were on waiting lists for mental health services in 2024, a third of whom had been waiting for over a year: an especially significant amount of time for young people undergoing major life changes.⁵¹



**When you experienced poor mental health, did you seek professional help
(for example, from a GP, counsellor, or therapist)?**

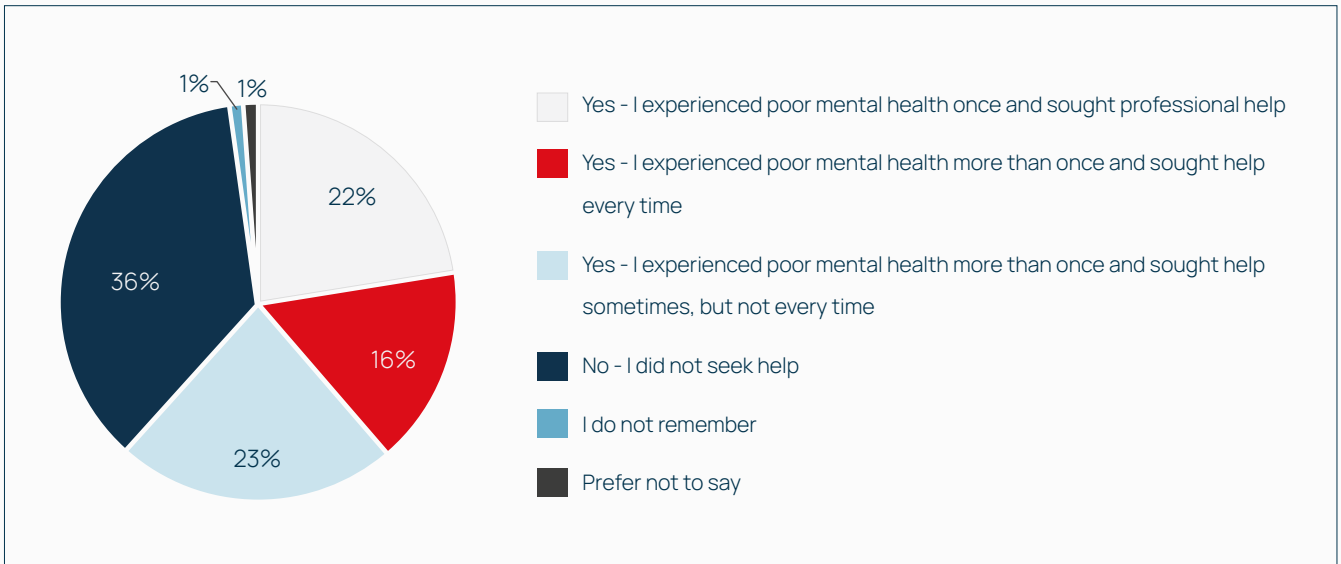


Figure 1: This data is based on a poll commissioned by Equi and conducted by Mortar Research.

Equi's national polling found that over one third of young people aged 16-24 who experienced poor mental health did not seek professional help, including from a GP, counsellor or therapist. By the time many of these young people do reach the care they need, they have often reached crisis point, needing emergency support.⁵² Since 2023, this has spurred the government to introduce funding for early intervention strategies such as Early Support Hubs, which offer one-to-one sessions, group support and workshops to help those struggling with mental health and issues such as anxiety, stress and low mood.⁵³ These Hubs have been hailed by top child and adolescent psychiatrists as an investment that is key in alleviating part of the burden on children and young people's mental health services and which will save the NHS money in the long run.⁵⁴ However, NHS mental health services have also faced funding cuts of around £300 million in 2025/26.⁵⁵

“There are the right services, it's just the timing of them and being able to get them into those services at the right time.”

Khalida Haque

Chair, Tower Hamlets Mental Health Alliance

In 2025, Mind found that 33% of those accessing GP support reported that it didn't meet their needs, a 6% rise from 6 years prior.⁵⁶ In contrast, 77% of those seeking support from voluntary or third sector services felt that their needs were met.⁵⁷ In this vein, there is ample opportunity for collaboration, partnership and scaling to foster more inclusive, sensitive care for young people of all faiths and none, within regional integrated care systems.

Young British Muslims and Mental Health Services

Between over-stretched mental health services, investments in some areas and funding cuts in others, young British Muslims face a uniquely difficult disparity between the issues they are facing and levels of access to services.

Muslims often present the lowest rates of access, completion and recovery in mental health services. As Dr Jamilla Hekmoun (Chair of the Muslim Mental Health Alliance and author of the Woolf Institute's "Faith in Mental Health" report) explains, many British Muslims may be short on time due to work, family and community responsibilities, which means that complicated referral processes as well as waiting lists can discourage help-seeking. "It puts you off a bit. [...] Maybe it means that people want to try other options. Maybe it means that people just think, 'I'll try and sort this out myself. I'll try and live with it.'"

In 2021-2022, only 2.6% of Muslims referred to NHS Talking Therapies in England finished their course of treatment, indicating a significant opportunity for improvement of mental health services for Muslims.⁵⁸ Studies such as the "Faith in Mental Health" report by the Woolf Institute have highlighted the barriers that Muslims face in accessing mental health services, including stigma and lack of faith literacy or sensitivity.⁵⁹

Latife Eskisan (a clinical psychologist whose research focuses on the experiences of young British Muslims in CAMHS) found that four out of five young Muslims had overwhelmingly negative experiences in the service, largely due to faith and cultural insensitivity. As she explains, "by not providing religiously attuned responsive services in the first place, it might be recreating traumatic experiences, therefore perpetuating that cycle of mental health problems, rather than aiding to remedy it or alleviating that psychological distress."

"Even if they do jump through all of the hurdles to get any sort of support, their faith can't be talked about, and actually, even worse than that, a lot of young people tell me that their faith and their culture are often positioned as the root of their problem."

Rehana Faisal

Chair, The Raise Up Foundation

While statutory services struggle to provide young people the support needed, faith communities across the country step in to offer assistance to those suffering from mental ill health. In that there is learning for all of us.



The Role of Individual Faith in Mental Wellbeing

What Does Faith Offer in the Way of Mental Health?

Faith can play an important role in supporting mental wellbeing by offering meaning, structure and practices that help individuals navigate distress and uncertainty. Across interviews conducted as part of our research, participants consistently described faith as a source of comfort, resilience and belonging. Our national polling found that four in five young people aged 16-24 who identified with a faith said that it had a positive impact on their mental health.

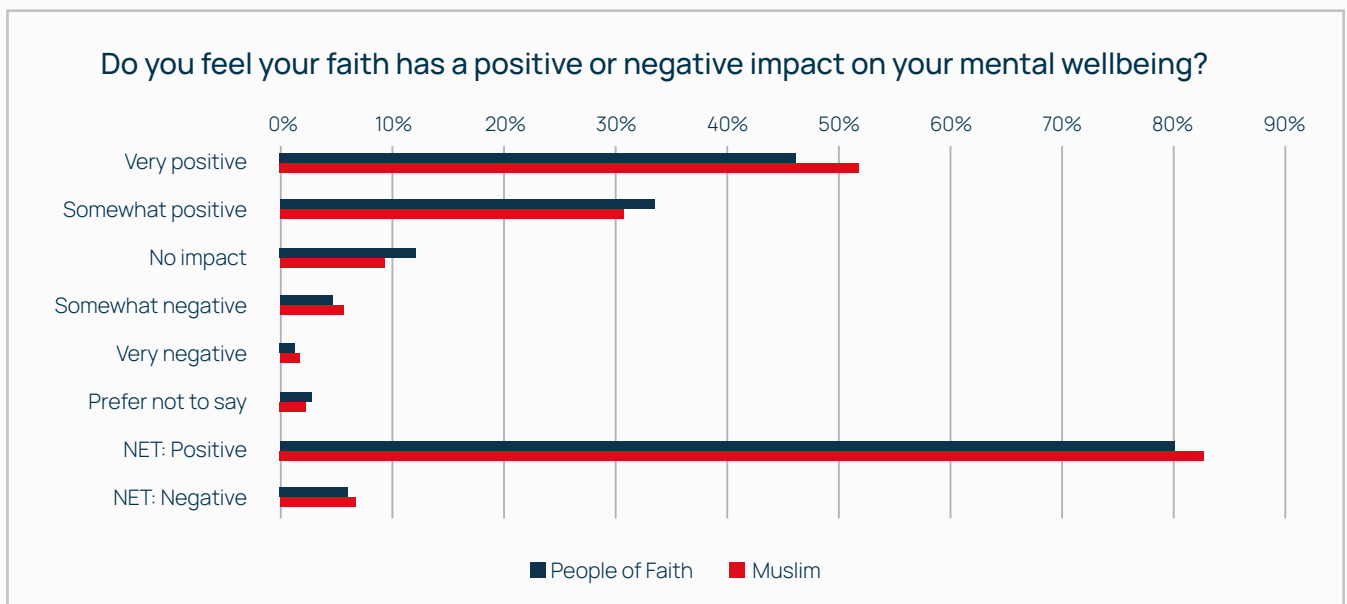


Figure 2: This data is based on a poll commissioned by Equi and conducted by Mortar Research.

“Faith is an overarching thing. It’s not just to do with beliefs and values, it’s to do with everything: your identity as a person.”

Sarah Gulamhusein

Counselling and Psychotherapy Service Manager, Inspired Minds

Faith can support mental wellbeing at an individual level. This includes Islamic beliefs and practices that can positively shape mental wellbeing through fostering emotional regulation, resilience and hope.

Identity and Purpose

Faith is often a deeply personal experience. Young people have diverse, individual experiences with faith and spirituality, each with varying personal significance.

Experts working with young people and faith communities highlight identity formation as one of the most significant ways in which faith supports mental wellbeing. Faith can offer a deep sense of purpose by situating the self within a broader moral and spiritual framework. Lateef Project chair Abdullah Maynard describes this as an understanding of the self “in relation to the divine,” rooted in the belief that “I am here and I exist because of my responsibility in creation to worship”.

“Faith in general offers so much grounding and purpose.”

Imam Abdul Muhit

London Colney Islamic Centre

Similarly, Professor Christopher Baker (William Temple Professor of Religion and Public Life at the Faiths and Civil Society Unit, Goldsmiths, University of London) emphasised that faith provides a “strong sense of moral purpose”, helping individuals find meaning beyond immediate circumstances. It also offers a broader vision which encourages social action and doing good, with Professor Baker highlighting that, across all faith traditions, “faith groups usually start with the bigger picture - or the biggest picture - which is the dignity of every human being.”

This broader vision can be especially beneficial in giving young people a sense of control in the face of external issues that they feel affect their day-to-day life, such as global conflict or the climate crisis. As Rehana Faisal (chair of Luton-based

charity The Raise Up Foundation) explains, faith can provide inspiration and empower young people to take action, tackling issues that affect them. Faisal demonstrates that, in instances where young people at Raise Up have taken initiative to campaign or organise events where they can voice their concerns, they “feel heard and they’re left with such a positive [impact] in terms of their mental health and well-being”.

“Our religion prescribes us to look for active solutions – not just to believe but to believe and do good. We are a very action-based religion.”

Tayeeba Ahmed

Founder, 24/8 Impact

Faith-inspired action can also manifest as selflessness, charity and volunteering. Research has shown that religious causes are the most important motivations to donate in the UK,⁶⁰ with Muslims donating up to four times the national average.⁶¹ Psychologically, this can provide feelings of “achievement, recognition, stability and freedom from anxiety”.⁶² One university chaplain also highlighted that “social good” practices which are often encouraged in religious teachings, such as visiting the sick, can inspire gratitude and appreciation for one’s own circumstances.

Crucially, faith brings what Professor Baker calls “spiritual capital” to the table: “This is what we most admire about faith, its ability to produce huge motivation based on belief in values.” This motivation is especially valuable in volunteering and peer support.⁶³

Community and Belonging

Shared beliefs, rituals and communal spaces often foster inclusion and connection. In turn,

they mitigate isolation and loneliness which can contribute to poor mental health.⁶⁴ Equi's national polling uncovered that 73% of those young people aged 16-24 who identified with a faith agreed that their faith gives them a sense of belonging and strength in difficult times. This number rose to 78% with young Muslims in the same age range.

“I think there’s huge amounts of peer-to-peer solidarity in the frameworks that young people, and Muslim young people, have forged for themselves.”

Professor Christopher Baker
*William Temple Professor of Religion and Public Life,
 Goldsmiths, University of London*

Faith often has community elements “built in by default”, as explained by Sarah Alshamari from the Muslim Lived Experience Network. Practices such as congregational prayer or attending sermons bring people together in physical spaces, whilst teachings such as maintaining family ties are often key in building cohesive communities.⁶⁵ Rubbia Ali (a trainee clinical psychologist) further points to the collective nature of how faith communities operate, from experiences such as grief to celebration and sharing food.

Resilience, Connection and Understanding

In a fast-paced world, faith often provides meaning and a framework for making sense of life's experiences, especially for young people. Maaria Mahmood (Interim CEO of The Reflection Project) found that young people's faith background often provides them with the “tools and the articulation to speak about big topics such as life and death” despite their age, something which she claims frequently surprises mainstream support services she interacts with. Similarly, Shamila Sadiq (psychotherapist and counsellor) explains that

exposure to the question of faith encourages reflection and contemplation, making young people, and young Muslims in particular, “a lot more reflective and curious sometimes than young people that don't have any faith.”

“With hardship comes ease”

Quran 94: 5

Faith can also play a role in minimising excessive fear of death, where beliefs in God and a hereafter can offer comfort and a framework for understanding what happens after death.⁶⁶ Whilst this can also be the case for atheists,⁶⁷ Sadiq, amongst others, stressed that faith can be a strong protective factor against suicide and self-harm.⁶⁸ This is due to faith-based prohibitions, combined with teachings on the sanctity of life and personal accountability, which can act as deterrents to self-harm. The belief that “with hardship comes ease” (Quran 94: 5) can help build resilience and hope for relief.

“Sometimes, with young people that don't have any faith, there's an element of, ‘I'm just going to end [my life] because it's not worth it, because nobody cares’. I don't really hear that kind of talk as much from Muslim young people. It's been really rare where I've heard a Muslim young person to get to that point.”

Shamila Sadiq

Psychotherapist and Counsellor

In addition to mitigating distress, faith can act as a strong motivator for young people, especially in times of difficulty. Clinical psychologist Latife Eskisan explains that for most of the young people she has worked with, during their time in CAMHS, “what kept them going was God”. Another counsellor and psychotherapist with experience working with

young people reflects that, for many of her clients, “religion has always been that thing that they’ve told me kept them ‘holding on’.”

Faith is also often described as a “grounding” factor.⁶⁹ This is partly due to scripture which one can refer to when seeking answers. In Islam, this primarily comes in the form of the Quran and the Sunnah (Prophetic tradition). Multiple contributors to this report explained the importance of scripture, referring to Quranic chapters which detail the stories of various prophets and explore topics such as illness, loss and hardship which allow individuals to situate their own experiences within familiar narratives.

Alongside this, numerous Prophetic sayings (Hadiths) address everyday human concerns in a practical and accessible way, from financial insecurity and unemployment, to anxiety, grief and interpersonal difficulty. These references offer guidance that speaks directly to the realities of daily life and are useful for Imam Abdul Muhit (Head Imam at the London Colney Islamic Centre) to refer congregants to.

Through the above beliefs and frameworks, faith provides a form of resilience. Equi’s national polling measured how faith helped young people to better respond to stress. Our research found uniquely high levels of resilience in Muslim respondents: 78% of young Muslims aged 16-24 said that their faith gives them strength and belonging in difficult times, compared with 65% of young people of other faiths. Professor Ghazala Mir (Professor of Health Equity and Inclusion at the University of Leeds) points to the concept of “positive religious coping”, which allows individuals to frame difficulties in a way that is meaningful and constructive. This can include interpreting adversity as a test, rather than a punishment.

Mental Health in Islam: An Established Tradition in Line with Modern Psychology

“[Mental health] is not a foreign thing. Some people think it’s a Western invention, when in fact some of the first mental health hospitals in the world were in Baghdad, in Cairo. If we look at examples of the Prophet [Muhammad], he showed his emotions, he cried. We have different examples of different prophets who speak about times when they felt lonely or sad or anxious. And while people previously might not have said, ‘this is an example of anxiety’, those kinds of representations exist within our traditions.”

Dr Jamilla Hekmoun

Chair, Muslim Mental Health Alliance

Mental wellbeing is deeply embedded within Islamic traditions and scripture. Therapeutic spaces were well established in Islamic tradition and architecture, especially during the Islamic Golden Age from the 8th to 14th century, when Islamic teachings were seen as complementary to healing.⁷⁰

Almost four in five respondents to Equi’s national poll reported using faith-based, spiritual or reflective practices to cope with stress, regardless of faith. Research participants that we interviewed outlined numerous practices and beliefs found within Islamic traditions that are especially conducive to mental wellbeing.

These practices include gratitude (Shukr in the Islamic tradition), which is shown to enhance emotional and social wellbeing, improve sleep quality, lower depression risks and can even extend

lives.⁷¹ As one university chaplain explains: “the Quran says, ‘do count the graces of God upon you’. [...] When faced with one challenge in life, if you break down the 100 good things you have, it will give you the power to continue.”

“If you are grateful, I will surely increase you [in favour].”

Quran (14:7)

Other concepts include trust in or reliance on God (Tawakkul in Arabic). British Muslim faith leaders such as Imam Abdul Muhit point to the positive influence that reliance on a higher being can have in terms of offering a coping mechanism during “stress and levels of uncertainty and anxiety”. The concept of Tawakkul ties in with other widely accepted psychological concepts such as acceptance (Ridha) which, for Muslims, hinges on the belief in fate or destiny (Qadr), a key pillar of Islamic belief. Established psychological approaches such as Acceptance and Commitment Therapy (ACT), which encourages mindfulness and acceptance,⁷² can be linked to belief in Qadr, as highlighted by Khalida Haque (psychotherapist and Chair of the Tower

Hamlets Mental Health Alliance). Elsewhere, Professor Ghazala Mir argues that Islamic teachings which highlight that “small actions will be valued by Allah” are especially useful for building consistency and resilience.

These beliefs are complemented by practices which further inspire reflection, mindfulness and can act as therapeutic outlets. Practices that are often particularly helpful include Dua (or supplication to God), Wudu (the practice of ritual ablution before prayer which includes the washing of several parts of the body including the hands, face and feet), Salah (the daily prayers) and reciting from the Quran.

“For [less severe] issues, practices like prayer, meditation, reflection, simple acts of talking and having someone listen to you can be really, really helpful to kind of mitigate those symptoms that some callers feel.”

Lizzamah Akinlade

Founder and Director, Maryam Support Line



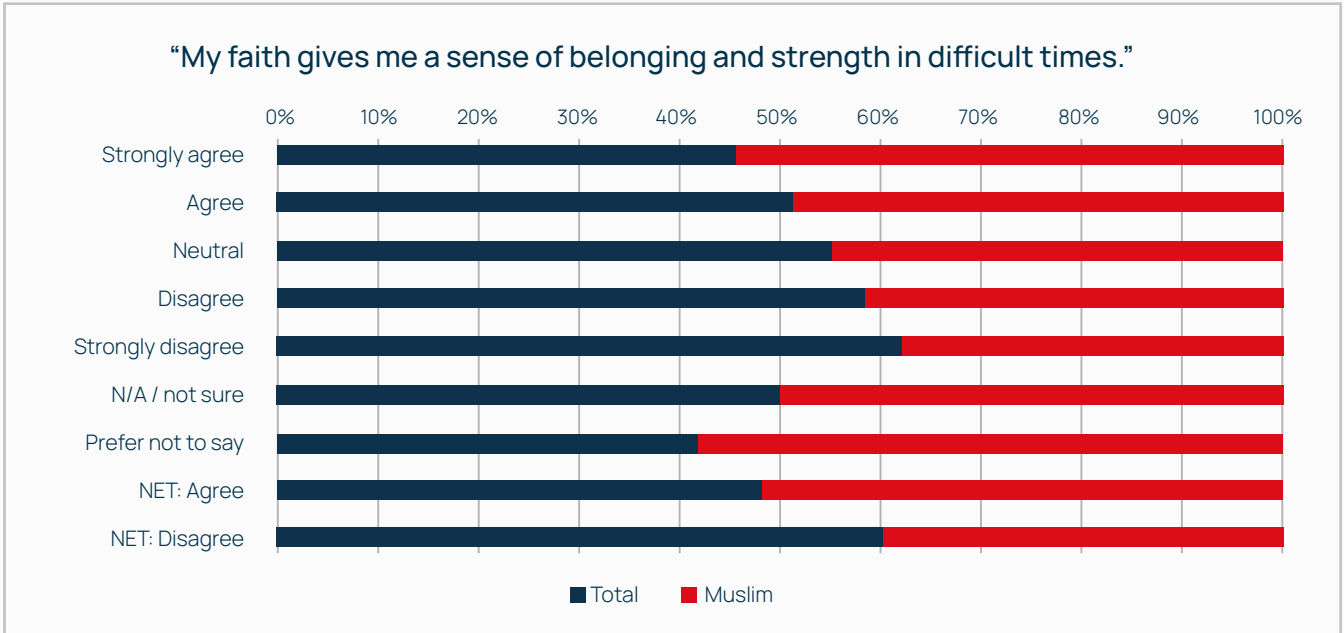
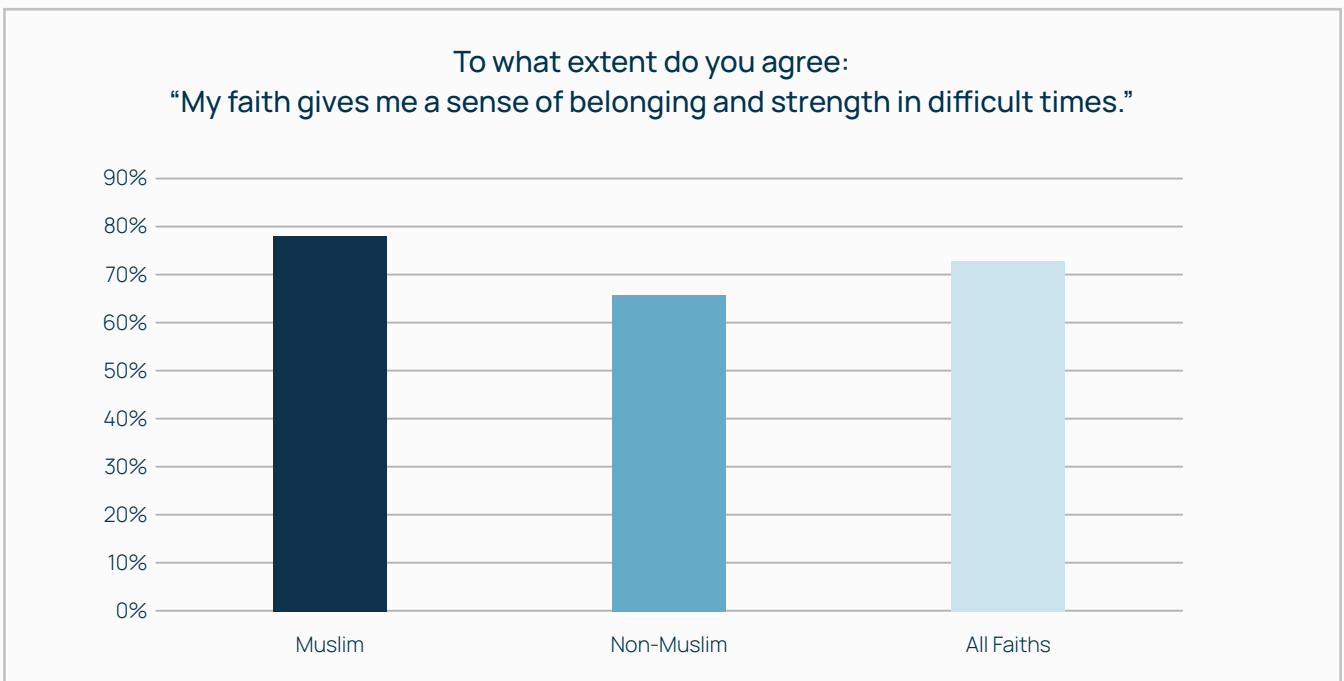


Figure 3: This data is based on a poll commissioned by Equi and conducted by Mortar Research.



Key Gaps in the Mainstream Sector

Faith can play a powerful role in maintaining wellbeing. There is a key opportunity for mainstream mental health support services to unlock the potential of incorporating faith as a protective factor. Equi polling found that understanding faith background has a significant impact on help-seeking. 41% of participants reported that they would have been more likely to seek professional help earlier if they had known health care providers would understand their faith background. This number rose to 44% with Muslim respondents, highlighting a missed opportunity for earlier intervention and more holistic care for young people across the board.

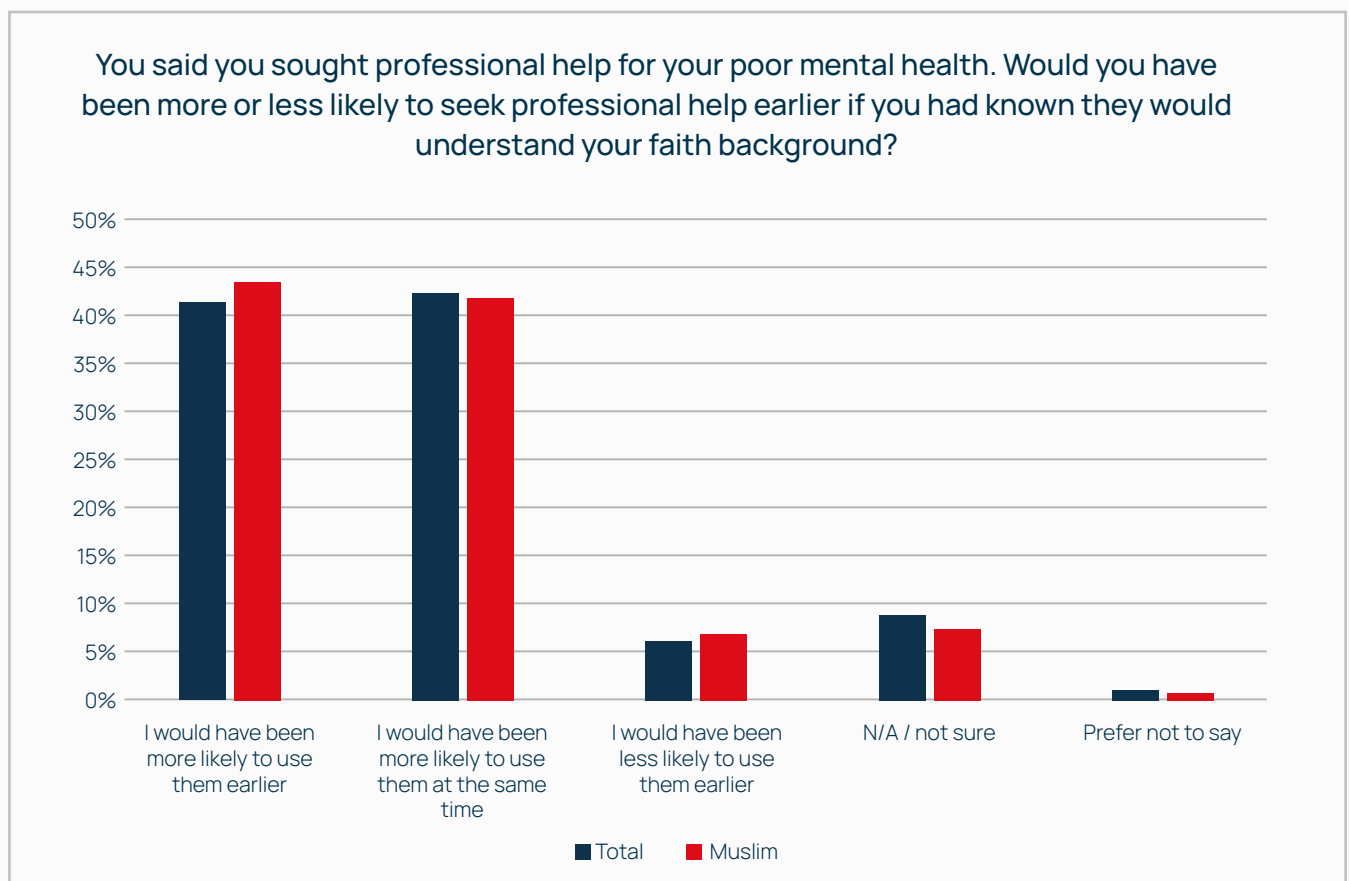


Figure 4: This data was commissioned by Equi and conducted by Mortar Research.

Limits of a One-Size-Fits-All Approach in Mental Health Care

For many young people across the UK, faith is an inseparable part of their identity, shaping thoughts and behaviours. The majority of interviewees pointed to the limitations of universalised approaches due to the deeply personal nature of mental wellbeing and how protective factors and identity markers, including faith, can vary widely.⁷³

Statutory services provided by the NHS, such as CAMHS, utilise evidence-based psychological approaches, most notably Cognitive Behavioural Therapy (CBT). This usually lasts between five and 15 sessions, either through guided self-help, one-to-one sessions with a therapist or in a group.⁷⁴ An approach like CBT looks at thoughts, feelings and behaviours, which can help the service user feel more in control and gain perspective.

However, some practitioners have cautioned that CBT can be applied in inappropriate ways in some cases. Respondents told us this was due to its nature as a “manualised” approach (or rigid, with little flexibility).⁷⁵ For instance, Latife Eskisan recounted one research participant’s experience of a CAMHS therapist using CBT to ineffectively tackle feelings of anxiety following the 2024 summer riots (which expressly targeted Muslims and other minorities): “There is evidence from my research to suggest you can’t just challenge anxious thoughts or mythologise anxious thoughts when the anxiety is real, when there’s a lived reality of Islamophobic threats for Muslims in Britain, and that the fact that it’s intensifying.” While CBT, along with other approaches, may be useful in addressing issues such as anxiety or invasive thoughts, this should be approached with a sensitivity that considers the young person’s faith background and reality.

This is just one example of mental health

practitioners applying universal approaches to young people where tailored, holistic support might be more appropriate. Often, the weaknesses of mainstream approaches stem from a lack of faith literacy, which can manifest in multiple ways.

“The issue is when your worldview dominates the worldview of the person in front of you and you don’t have enough humility, or you don’t have the training to equip you, to be able to support someone else’s worldview.”

Rubbia Ali

Trainee Clinical Psychologist



Gaps in Faith Literacy Among Practitioners

Faith illiteracy means that practitioners may treat young Muslims as a single, uniform group, overlooking important nuances within a highly diverse community. Misunderstandings of what faith identity can mean for young people can add barriers to and discourage help-seeking.⁷⁶ As a worst-case scenario, if all of the 1.3 million Muslims under the age of 25 in the UK had a common mental health condition, in part due to the inability of services in reaching them, the health and care costs would be approximately £6.9 billion a year.⁷⁷

As Dr Jamilla Hekmoun describes, Muslim service users often feel they bear the responsibility of explaining their identity or educating the mental health practitioner on their faith background: “What people do want is a therapist or counsellor who they don’t have to give an RE lesson to every time they’re in the therapy room. If someone is saying that Ramadan is an issue for them or it helps them, that’s not something that they should have to explain to a therapist.”

Experts and participants also recounted experiences with faith being “pathologised” within mainstream mental health support services.⁷⁸ This means that even if a service user expresses the importance of faith to their personal wellbeing, practitioners may position their faith to be the cause of their mental health struggles. Pathologisation of faith can erode trust in services, discouraging young people from engaging with meaningful therapeutic work. According to Khalida Haque (psychotherapist and Chair of the Tower Hamlets Mental Health Alliance) it can also push service users to explore other routes such as private therapy (often from a Muslim therapist) or natural remedies. These routes, however, are often less readily available to young people, leaving a gap in the support required for their wellbeing.

Faith illiteracy can also manifest on a more practical level. Latife Eskisan highlighted how, during their time in CAMHS, the majority of her participants did not feel their “basic religious needs” were met, including accommodating for a prayer space or halal dietary requirements. This failure to accommodate religious practices or beliefs had a further negative impact on their experiences.

Part of the explanation for faith illiteracy lies in the fact that faith has long been neglected in the formal education and professional training of clinical psychologists and other mental health practitioners. While learning about concepts and differences such as race, ethnicity, class and gender has become compulsory in many Equality, Diversity and Inclusion (EDI) trainings across various sectors, faith is often excluded.

“Mental health practitioners are not trained to understand faith communities, never mind Muslim communities. To this day, there is not a single resource available on how to work with faith communities or understand faith communities that is part of the core reading for institutions.”

Yahya Delair

Associate Lecturer, University of Exeter and Anti-Racism Equality, Diversity and Inclusion Consultant, University of Northumbria

A lack of structured training to support faith literacy among practitioners can lead to biases, which participants highlighted as a key potential barrier to forming meaningful therapeutic relationships. Rubbia Ali notes that unaddressed biases and assumptions can be especially dangerous for young people, as they are often less assertive than adults. As Dr Jamilla Hekmoun explains, the power imbalance which exists in the therapeutic relationship is in favour of the practitioner, often

meaning that young Muslims are “subconsciously wanting to meet the expectations of the therapist or the counsellor”. Many young Muslims encounter biases, which are reflected in distorted views portraying their faith as troublesome or even a security concern.⁷⁹

“The world is diverse and people are different. They believe different things. They feel different things. They have different moral frameworks. [As part of] therapeutic work, you have to be able to embrace the reality of the person you’re working with. But how can you do that if you’re not even open to [considering their faith]?”

Abdullah Maynard

Chair, The Lateef Project

Without training on faith-sensitive approaches to care, practitioners can be hesitant to engage with faith in their work. This “awkwardness” surrounding faith is highlighted by Dr Rachel Abedi, who explains it may come from an ignorance on how to respond to issues related to faith.

“To understand that context [of their faith] and be able to weave it into your conversation can make the client feel like, ‘I’ve come to the right place. This person understands me’. And that sigh of relief is so important.”

Sarah Gulamhusein

*Counselling and Psychotherapy Service Manager,
Inspired Minds*

Lack of faith literacy risks neglecting a core part of young people’s identity. It reflects a serious lack of understanding of the deeply ingrained nature of faith in their lives, seeing faith simply as an “add-on”

rather than a useful and holistic way of coping with struggles or maintaining mental wellbeing.⁸⁰ Despite how powerful faith can be in forming young people’s identity and maintaining their mental wellbeing, many are having to “leave their identity at the door” when seeking support from statutory services due to faith illiteracy.⁸¹



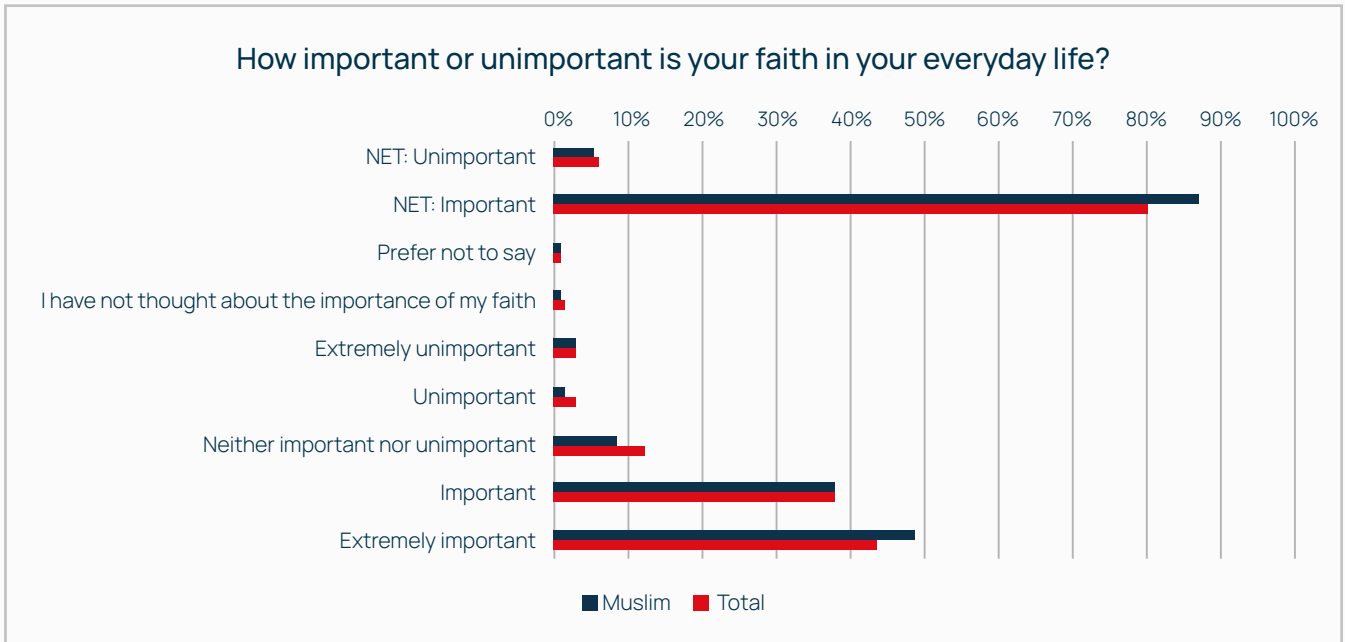


Figure 5: This data was commissioned by Equi and conducted by Mortar Research.

Perhaps most critically, faith illiteracy in mental health support can result in a trade-off that may jeopardise young people’s mental wellbeing. As Abdullah Maynard argues, young Muslims are often put in a position where they feel they have to choose “between being Muslim or having therapy”. Equi’s polling shows that faith is considered extremely important to almost half of young people aged 16-24. If an integral part of young people’s identity is not incorporated into mental health support, interventions which could otherwise be more meaningful risk being reduced to shallow efforts which miss out on the potential of engaging all elements of young people’s identities.

Promoting Faith Literacy through Training and Reflective Practice

Muslim academics and mental health specialists have looked at ways to remedy feelings of apprehension of faith-sensitive approaches. Professor Ghazala Mir, for example, has previously provided “scripts” upon request from practitioners,

who expressed a desire to approach clients or service users from Muslim backgrounds without the fear of “preaching, imposing or patronising” them.

“As a clinical psychologist, I did not get a training on faith or Islam. [We] need to have more training on that, because the way the [dominant] framework has shaped spirituality is that it’s a nuisance, it’s negatively influencing someone’s mental health. We need to see that there are protective factors and spirituality is one of them.”

Dr Farhana Maleque

Clinical Psychologist, East London NHS Foundation Trust

Above all, there is a need for effective training for mental health practitioners and NHS staff to inform faith literacy and encourage faith-sensitive approaches within mainstream services. This type of approach can take several forms. Professor

Mir has developed an evidence-based, culturally adapted version of an established approach called Behavioural Therapy for Muslims (BA-M).⁸² She explains that BA-M has various benefits, including its nature as a “top-up” training for established methods: training for BA-M only takes a few days, making it an accessible and feasible option for professionals.

NHS professionals and local authorities also stress the importance of making use of existing resources to encourage faith-literate approaches to mental health care. Spiritual Care Teams, chaplains and Lived Experience Practitioners can provide profound insight into how faith can complement and encourage mental healing both within the NHS and throughout aftercare. However, these resources are often under-utilised.

“There’s an awareness issue about the whole [chaplaincy] service and what they do. [...] People don’t necessarily realise that chaplains are there to support staff as well as patients. I think it’s a goldmine and people aren’t aware of it.”

Emma Easton

*Deputy Director of Experience and Partnerships,
NHS England*

Emma Easton (Deputy Director of Experience and Partnerships at NHS England) explains that chaplaincy services often face a lack of awareness regarding their universality for all patients and staff, or even their existence. The Spiritual Care Team at Black Country Healthcare NHS Foundation Trust similarly explained that barriers and limitations



regarding their capacity and outreach mean that they are often reliant on CAMHS and other mental health staff for referrals, which may not always be sufficient: “We need staff to be culturally aware enough to know when it might be useful to make a referral.”

Training is vital to ensuring that faith-literate services and teams within the NHS, where they exist, are most effectively utilised by both patients and staff. Faith and cultural sensitivity or awareness trainings can have several effective elements.

Sarah Alshamari is Co-Founder and Co-Director of The Muslim Lived Experience Network, a group of NHS Lived Experience and peer support practitioners who draw on lived experiences. They provide therapeutic support and seek to strategically inform mental health service reform. As part of this, the Network provides training within the NHS, where mental health support providers can engage in a meaningful way with Muslim Lived Experience practitioners and confront any existing biases. For Alshamari, this has proved especially useful as it offers “a space for [practitioners] to connect with Muslims and to ask the questions that aren't really appropriate for them to ask their service users”.

Joe Merriman (Service Lead for Mental Health and Wellbeing Team at Birmingham City Council) explains that an effective training session should be adaptable to real life, practical and relevant examples. Drawing on his team's experience with Cultural Humility and Safety Training, he stresses the importance of providing a non-judgemental environment where assumptions and biases can be constructively challenged. Professor Ghazala Mir further stresses the need for “reflexivity” within training as an important tool for therapists, where they need to be constantly thinking about, ‘how am I reacting to this person in front of me? What are my own biases?’”.

“Chaplaincy and spiritual support are key to improving people’s experience and outcomes.”

Emma Easton

Deputy Director of Experience and Partnerships, NHS England

Apart from providing training and support for staff, which ensures holistic support for young people of all backgrounds, chaplaincy services are especially important for creating positive healing experiences for young people themselves in CAMHS and other mental health services. Mohammed Kalam (Health and Wellbeing Manager at Legacy West Midlands) highlights the “universal values of respect” which make chaplains approachable and open to those who would prefer their support. One of Latife Eskisan’s research participants found it especially “therapeutic” to have a brief visit from an imam, who spoke about prophetic stories referring to anxiety and showed him the ablution and prayer area in the ward.

“Often our role is helping interpret situations and normalising exploring someone’s beliefs and spirituality as part of who they are.”

Emma Louis

Spiritual Care Team Lead, Black Country Healthcare Trust

Chaplaincy and faith-sensitive care can be vital to all patients moving on from traumatic experiences, not just those in mental health services or wards. Feroza Isakjee (Chaplain and Spiritual Care Co-ordinator at Black Country Healthcare NHS Foundation Trust) draws on an example of a patient whose experience with abortion had led to “religious guilt and shame” which was “stopping them from moving forward”. Being able to sensitively integrate the patient's faith into their care plan and address these issues was

“very significant in terms of their overall support in terms of their mental health” and informed more holistic healing.

Strategy

The under-utilisation of chaplaincies and Spiritual Care Teams in particular is indicative of a wider, structural issue that is not limited to hospitals or trusts, but a policy-level conversation in which faith can be a “blind spot”.⁸³

“The public sector tends to call faith by proxy terms: a culture, ethnicity. As long as we don’t have a grown-up conversation about religion and faith, we’re not going to produce services that are adequate to fulfil the needs of young people for whom faith identity is a key part of who they are – or indeed anybody.”

Professor Christopher Baker

*William Temple Professor of Religion and Public Life,
Goldsmiths, University of London*

Key initiatives and research within the NHS, focused on addressing health inequalities, already provide a framework for actionable change. The NHS Race and Health Observatory’s report on Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT), for example, identifies how improvements for minoritised mental health can be achieved through meeting the aims of Patient and Carer Race Equality Framework (PCREF).⁸⁴ The report recommends doing so through community engagement, providing culturally-sensitive care and workplace training and recruitment. Faith and religion is also addressed as a protected characteristic in the NHS’s EDI Improvement Plan, in the context of the NHS workforce, referring to it as an “often overlooked area in the NHS”.⁸⁵ While the right of NHS staff to religious expression is emphasised,

there is less explicit guidance on how religion and belief should be incorporated into treatment or care pathways, or how staff could draw on their own faith if appropriate. The localised nature of NHS trusts also means that goals, strategies and outcomes regarding diversity and inclusion can vary widely between trusts.

Failing to include faith and belief in policy-wide conversations has a trickle-down effect which directly impacts the effectiveness of faith-sensitive approaches. Practitioners often feel limitations on what can be addressed in terms of faith, leading to an awkwardness or apprehension for both the practitioner and the patient. This is not just limited to non-Muslim professionals. As Aamer Chaudhry (CEO of Muslim Youth Helpline) recounts, Muslim mental health professionals working in statutory services often report feeling “handcuffed” when helping service users from a Muslim or faith background, despite the benefit they feel they could bring by exploring how the patient’s faith could support their healing.

“In assessments or care plans, everything is mentioned: from the person’s mental health, physical health, medication that they’re on, their relationship with their family, their friends, their housing situation, their financial situation. But nothing on faith or spirituality, which is so strange because purpose is what keeps a lot of us well and helps us to recover.”

Sarah Alshamari

Co-Founder and Co-Director, The Muslim Lived Experience Network

Crucially, EDI initiatives and strategies often fail to provide incentives for NHS trusts or other bodies to pursue or attain targets for so-called ‘hard to reach’ or underrepresented groups. Considering

the financial state of many of these trusts and wider public services today, Professor Ghazala Mir argues that national strategies can even have the opposite effect to incentivising outreach: “Even though Bradford [for example] has a very significant Muslim population, there’s a disincentive to them to engaging with that population and getting recovery rates because national policy and national monitoring doesn’t reward services for doing that. And it doesn’t penalise them for not doing it.”

Similarly, although research informs the evidence-based approaches that are utilised by mainstream services, there is little research conducted or funded on how adapted approaches can accommodate for faith, or how faith can drive psychological approaches.⁸⁶ As Khalida Haque explains, it is important to accept that being aware of faith as a potential healing and protective factor will be a “long-term return on investment”, where the impact

of early intervention can become evident through decreased readmissions (especially to A&E) and CAMHS referrals.

The NHS’s 10 Year Health Plan for England published in 2025 pushes for an increased focus on “personalised, patient-centred care”, giving the patient more agency in the care they receive, including involvement in their community.⁸⁷ Making care more tailored and personal should consider faith’s role for patients and communities at both a strategic and local level. As the Plan outlines, neighbourhood services should be designed in a way that reflects local need. This Neighbourhood Health Service should identify faith-based organisations as key partners in delivery. As experts have pointed out, there is often no clear strategy on how plans like this will be achieved.⁸⁸ More accountability is needed with regards to EDI programmes and statements.⁸⁹



The impact of Prevent

Lack of faith literacy can damage the levels of trust that young people have in services. This lack of trust acts as another barrier to young people accessing mental health support. Equi's polling found that only half of young Muslims aged 16-24 reported having trust that NHS or public mental health services understand their faith background.

This institutional trust deficit can partly be explained by the widely debated Prevent policy. MedAct, a health justice organisation, reported a skewed application of this counter-terrorism measure within the NHS: Muslims were reported to Prevent eight times more than non-Muslims and those with mental health conditions were disproportionately referred. The report also found that Prevent had a damaging impact on both mental and physical health.⁹⁰

In the absence of widespread faith literacy training, Dr Rachel Abedi argues that Prevent has become one of the most prominent mandatory frameworks through which NHS mental health staff encounter religion, shaping engagement through a securitised rather than therapeutic lens. This can further contribute to an already rocky terrain for open and honest dialogue between young people and mental health workers, potentially influencing biases and assumptions.

For young people in particular, Prevent can create a fear of expression. Concern on the limitations and "self-policing"⁹¹ that Prevent can place on young people's help-seeking can also extend to parents, straining relations and levels of trust between parents, young people, and institutions such as schools and CAMHS. Policies which can securitise young people and the role that faith plays in their lives can therefore have an impact on help-seeking, access levels and retention, preventing a fully effective and earlier intervention before crisis.

"Some policies within the health service, like Prevent, actually make people feel scared to even approach them. Or, if they do approach, then they are actually at risk."

Professor Ghazala Mir

Professor of Health Equity and Inclusion, University of Leeds

Over 40% of young people aged 16-24 surveyed told us they would be more likely to seek mental health support earlier if they felt their faith background was understood by services. A lack of faith-literate approaches has implications which can stretch from delayed help-seeking, to ineffective treatment, to as far as young people being re-traumatised by therapeutic services, creating further mental health difficulties and costs for services.⁹²

Our findings show that current gaps in mainstream provision are not always for a lack of available solutions, but rather, a failure to consistently utilise the existing tools and resources for integrating faith-literate practices into care provision. This includes underused NHS assets such as chaplaincies and lived experience and peer support practitioners. Where faith literacy training is implemented effectively, it draws on the expertise of these key resources, building confidence to engage with faith and equipping practitioners to deliver more personalised, holistic care. This points to a clear opportunity to address key barriers and support young people more effectively, leading to better health outcomes and cost savings to the NHS.

Faith Communities' Contributions to Young People's Mental Wellbeing

Faith-based organisations and leaders are stepping in to fill gaps left by statutory services.⁹³ They often prevent deterioration in mental health for young people and avoid crisis where mainstream provision has fallen short. Like providers from other faith backgrounds, Muslim-led organisations across the country help to support mental wellbeing for young people of all faiths and none. The unique nature of faith-based organisations means they often have particularly good reach and are able to fill gaps in mental health support for young people. The lessons that can be drawn from community-led models provide insights not just for faith communities, but for wider policymaking and mainstream services. Crucially, in addition to yielding better health outcomes, they save the NHS millions. The six case studies highlighted in this report alone produce cost-savings of £95 million per year.

“If you’re part of the community, you know how to serve your community. It almost doesn’t make sense trying to push so much funding into NHS services [...] when community services can do quite a lot with a little.”

Sarah Alshamari

Co-Founder and Co-Director, The Muslim Lived Experience Network

What Faith-Based Organisations Can Offer in the Way of Service Provision

Faith groups have long been recognised as “anchors of the community”.⁹⁴ Their unique ability to provide impactful services, both in healthcare and beyond can be attributed to reasons such as their longevity



(often spanning generations), consistency, reliability, convening power, volunteer and space capacity and their ability to provide pastoral and spiritual care.⁹⁵ Crucially, faith groups and communities often operate based on “values rather than a budget”,⁹⁶ allowing for flexibility and acting as a key motivator in Voluntary, Community and Social Enterprise (VCSE) work. This “agility”, as described by Emma Easton (Deputy Director of Experience and Partnerships at NHS England), can mean that faith-based organisations are able to respond to areas of need faster and more effectively, especially when less reliant on statutory funding.

According to Professor Christopher Baker (Goldsmiths University), faith-centred spaces often emerge as “a reaction to the requirement or the desire to have a faith-literate safe space”. When it comes to mental health, these spaces often provide people with “a sense of confidence in who they are” which can “address some of the mental health issues that people will be facing” regarding identity and expression. Above all, they effectively tap into the support mechanisms, frameworks and community-centred civic spaces that faith groups can provide for young people across the UK, of all backgrounds. One example of this was the COVID-19 vaccination programme when places of worship and faith communities were key in delivering vaccinations and messaging within faith settings.⁹⁷

Finally, faith communities can often identify issues and levels of need within communities before statutory services do.⁹⁸ This “richness of insights” from faith communities is useful for the NHS in informing effective strategies in identifying which communities are “being left behind” and where there is increased need.⁹⁹ Faith groups’ deep understanding of their communities is essential for early intervention and prevention, a primary focus of the NHS across the next decade.¹⁰⁰

Key Contributions of Muslim-Led Mental Health Charities and Faith-Literate Initiatives

Inaction on mental health is not an option. A major 2015 study suggested that the impact of mental health problems in childhood costs the UK £550 billion in lost earnings across their lifetimes.¹⁰¹ In 2022 alone, the provision of health and care services for people with mental health difficulties totalled £60 billion in England.¹⁰² But Muslim-led initiatives are providing services that will save the taxpayer money through volunteer-led initiatives and by preventing crisis interventions, thereby mitigating the long-term impact of ill mental health. Muslim-led charities, mosques, counselling services and mental health initiatives are no exception to the profound value added by faith communities to supporting young people’s wellbeing around the UK. They educate communities, create resources for both mainstream services and the wider public, embody a personalised and client-led approach to care, achieve and advocate for early intervention and address the unique needs of youth across the country.

Creating Resources and Informing Best Practices Beyond Faith

Drawing on their wide and varied experiences with the community and their needs, as well as the underlying belief that the adaptability of faith-literate approaches can be of benefit to young people of all faiths and none, Muslim-led organisations and Muslim experts are creating vital resources to inform major mental health organisations and charities as well as mainstream services on how to best adapt mental health approaches for a diverse array of clients.

Case study: Inspired Minds

Founded in 2014, Inspired Minds (IM) is a grassroots faith-based mental health charity that aims to raise awareness, combat stigma and provide culturally and faith-sensitive accessible support to those experiencing mental health challenges. IM was established in response to research that found that fear of cultural misunderstanding was preventing Muslims from accessing help from mainstream mental health services. By providing faith-sensitive services and training within Muslim communities to decrease the stigma surrounding mental health, IM aims to bridge this gap in mental health services.

IM offers a range of therapies and counselling services, including support from practitioners that have undergone additional training in Islamic and spiritual psychological therapies. This enables them to integrate faith-based approaches into their mental health support. IM uses Islam as a tool within the counselling services they offer, but also as a tool to educate and change the stigma surrounding mental health in the Muslim community. Over 10 years, IM have supported over 2,000 people.¹⁰³ If this support equated to only the equivalent of a one-hour session with a therapist per person supported, IM would have saved the NHS £52,000.¹⁰⁴ If each person had the equivalent of 8 one-hour therapy sessions (the minimum number usually delivered through the NHS), IM saved the NHS £416,000.¹⁰⁵

Inspired Minds (IM), a mental health charity providing faith-sensitive services in person and online, have curated resources such as leaflets, journals and booklets to help people improve their mental health and wellbeing. These are described as bearing “Muslims in mind” but “ideal to make any setting more diverse and accessible and provide resources to those who are hard to reach/access.”¹⁰⁶ In addition to resources that can be made available to Muslim patients or clients, IM have also developed trainings such as “Muslim Mental Health First Aid for Imams and Community Leaders” and “Enhancing and Adapting Practices for the

Muslim Community”.¹⁰⁷ The former targets faith and community leaders, seeking to equip them with necessary and essential skills to identify mental health issues and signpost community members to appropriate sources of support, while the latter is available to organisations and teams across and beyond the mental health sector.¹⁰⁸ Recently, IM’s adapted approaches also featured in a pilot study trialling faith-based culturally adapted intervention for depression in young Muslim women, highlighting the key role that faith-led community initiatives are playing in informing evidence-based approaches and research.¹⁰⁹



Case study: Muslim Mind Collaborative

Launched in 2021 by Sabah Gilani OBE, the Muslim Mind Collaborative (MMC) is an initiative aiming to widen the agenda on mental health to include the needs of faith. Formed as a result of research into the mental health of British Muslims drawing on statutory services, lived experience, academia and faith perspectives, the MMC aims to improve faith literacy in mental health services, identify and support funding gaps and enhance mental health services. In 2024, MMC delivered training on “Islam, Muslims, and Mental Health” to over 120 local Mind staff, improving cultural competency in mental health care. Both nationally and in Luton, MMC have engaged with over 3,000 students.

MMC’s ‘Value Every Mind’ initiative addresses the anxiety and stigma associated with mental health amongst British Muslims. The initiative focuses on schools, with a programme tailored to students, parents and educators. In addition to educating on mental health awareness and recognition, the programme includes workshops that include faith-informed wellbeing strategies that allow for creative expression and emotional regulation and sessions catered to parents and carers that explore identifying mental health struggles in children.

In a step towards systemic change, MMC’s ‘Resilient Mind’ programme is addressing the urgent wellbeing needs of young Muslims in Luton, through a culturally sensitive lens. Tailored to the lived experience of the community, the programme serves over 2,200 students and aims to build emotional resilience and develop a safe, inclusive and school culture through curriculum, staff training and building a supportive school culture.

The Muslim Mind Collaborative (MMC) use a similarly multi-faceted approach to employ expertise in a number of ways, including directly delivering mental health awareness initiatives and support for young Muslims in schools across towns such as Luton. They work in collaboration with major mental health organisations and local branches of charities such as Rethink Mental Illness and Mind, and publish research. Throughout their training for Local Minds, teachers or NHS services, MMC report seeing “an enhanced broader understanding of students’ needs”, “greater confidence when working with Muslim clients” and “consistently higher engagement, improved retention and stronger community relationships” as a direct result of MMC’s work. Maslaha, an initiative which seeks to address inequalities for Muslim communities in multiple areas including health, has also addressed young Muslims’ mental wellbeing in schools. Creating multiple resources, including for teachers on

practical steps to adopt an “anti-racist approach to children’s mental health” as well as “centring Muslim girls’ wellbeing in schools”, Maslaha presents their community experience for the benefit of schoolchildren’s wellbeing across the UK.¹¹⁰

Knowledge-exchange between Muslim-led organisations or experts and other major services has previously inspired an expansion of resources available for different faiths beyond Islam. Good Thinking, a digital wellbeing platform launched in 2017 which provided free NHS-approved wellbeing tools and resources,¹¹¹ collaborated with Dr Imrana Siddiqui to develop faith-sensitive resources relevant to Islam. Drawing on the NHS’s 5 Steps to Mental Wellbeing,¹¹² Dr Siddiqui developed an adapted version aimed at Muslim audiences, drawing on religious sources such as the Quran and the Prophetic tradition (Sunnah). The resource’s popularity encouraged the platform to similarly

expand to other religions. “Because it was really successful and people found it really relevant, they have developed it for everyone - the six major religions, plus Humanism. So even if you’re not from a faith background, it can be relevant”, explains Dr Siddiqui. Another NHS Quality Improvement project which Dr Siddiqui was involved with trained Talking Therapies staff in adapted behavioural activation for Muslims (BA-M), inspiring interest in and an exploration of comparable initiatives in churches and gurdwaras.¹¹³

“Giving practitioners permission to be creative and use their lived experience is very helpful. There’s nothing here that can’t be replicated in a way that’s adapted for other faith groups and even non-faith groups.”

Dr Imrana Siddiqui

Mental Health Team Lead, British Islamic Medical Association

By creating relevant resources for practitioners and the public alike, as well as participating in empirical and published research, Muslim-led organisations are therefore extending their expertise and knowledge of communities across the UK for the benefit of all faiths and none.

Personalised Mental Health Care

Effective, faith-literate approaches to mental health are often framed by underlying values that are applicable to all faiths and none. Muslim-led organisations have long been implementing a client-led approach to mental health care.

While services and support are faith-literate, the involvement of faith is guided by the service user or client through mutual consent, as explained by Sarah Gulamhusein. Sometimes, young people may not necessarily be seeking faith-based advice, but they remain appreciative of the context and nuance that faith-led organisations can provide.



“We could rebrand as the Faith Youth Helpline, because, actually, we’re not giving Islamic guidance. We are giving culturally sensitive faith-based guidance. We are listening to issues from a faith-based lens. It wouldn’t be alien for somebody to call us and say, ‘I think God hates me’. Whichever religious practice you adhere to, I think we are probably better equipped than others to deal with that sentiment. [...] It’s a faith-sensitive service that doesn’t exist within the NHS.”

Aamer Chaudhry

CEO, Muslim Youth Helpline

For Abdullah Maynard, faith-inspired approaches are often holistic by design and are therefore frequently particularly well-suited to complementing more traditional paradigms.¹¹⁴ This comprehensiveness can benefit users of all backgrounds, not just people of Muslim faith. For example, one Muslim clinical psychologist described how inviting a Christian service user to discuss their faith within their care plan helped make psychological approaches more relatable. By adapting and framing concepts in ways that acknowledged the service user’s beliefs, the client felt understood and became more open in sharing personal experiences that had previously been withheld.

The role of faith in a young person’s life can fluctuate over time. Abdullah Maynard explains that even those who no longer practice faith can find validation and a safe space in the faith- and culturally-literate support that the Lateef Project, an Islamic counselling service, provides.¹¹⁵ He gives a striking example of a Baha’i client who chose The Lateef Project despite facing persecution in Iran due to their faith, as they found that “the service that could hold their reality was not a secular, limited frame.”

Muslim-led counselling services often show great agility in adapting mainstream mental health approaches in a way that incorporates faith and key tenets of belief. This allows practitioners and experts to engage an important element of the service user’s support system and protective factors, while referring to or drawing on established and empirical theories in psychology. Faith-sensitive approaches are meant to complement, not replace, conventional interventions.

“It’s not either-or in terms of cognitive behavioural therapy and integrating other things that support people [such as faith].”

Khalida Haque

Independent Chair, Tower Hamlets Mental Health Alliance

There is particular potential to complement faith with CBT.¹¹⁶ The core principles of CBT, which engage with and target thoughts and behaviours, align with several Islamic teachings which practitioners can include in CBT.¹¹⁷ For example, the Hadith (saying of the Prophet) that encourages “that which is done consistently, even if it is little”,¹¹⁸ complements small, consistent actions that are often used to address depression.¹¹⁹



Case study: The Reflection Project

Founded by Dr. Rachel Abedi, The Reflection Project (TRP) provides mental health support to young people and families of Muslim-heritage. It currently offers free therapy in five London boroughs to young people of Muslim-heritage aged 2-25, as well as support to parents/carers and professionals. TRP is working towards a vision where every young Muslim in the UK can feel heard through accessible faith-sensitive therapy.

TRP provides an alternative to mainstream mental health services, offering 1:1 sessions with Muslim-heritage therapists that can provide faith-sensitive support to young people that might experience a range of barriers including racism, stigma, cultural gaps in understanding and socioeconomic barriers, when accessing mainstream services. Beyond the direct therapy services they provide, TRP offers training to mainstream services, including faith-sensitivity training, workshops focusing on recognising and dismantling biases and equipping practitioners and providers with the toolkits they need to provide culturally and religiously competent care.

Central to the work of TRP is collaboration with local services and communities. Working in partnership with community centres such as the Al-Manaar Muslim Cultural Heritage Centre in Kensington, TRP has been able to develop relationships within communities that are most in-need of the services they offer and deliver these services in spaces that are already trusted by the community. Similarly, in forming connections with public sector services, organisations and charities, TRP has been able to shape and inform other services to provide faith-sensitive care.

In 2025 alone, TRP delivered 750 free psychotherapy sessions to 80 children aged 2-15 in London.¹²⁰ The provision of this service has saved the NHS £19,500.¹²¹

The Reflection Project, a charity providing faith-sensitive therapy for young Muslims in the UK, draws on existing mindfulness techniques such as mobilising physical senses and breathing exercises while incorporating elements of Islamic faith to increase their relatability to young service users. These techniques include a “sensory tasbeeh”, a collection of prayer beads with different textures and shapes, which can help with “recurring thoughts”.¹²² Young people can use them for a traditional purpose (for example, Dhikr, or remembrance of God), should they want to, but “if they’re not in a place where they can even manage that, they can just feel the bead and that has a helpful effect in terms of anxiety in the moment.”¹²³

The British Islamic Medical Association (BIMA) seeks to similarly empower young Muslims with self-care

tools tailored to their faith through their Mindsavers programme. Tapping into popular and universal mental wellbeing techniques, such as breathing exercises and journalling, the Mindsavers workshop explores how established Islamic practices can be conducive to mental wellbeing. Dr Imrana Siddiqui explains how the programme uses the concept of “Sujood grounding”, where the prostration position in prayer (Sujood) is presented through the lens of scientific, physical and spiritual benefits. Another example is that of gratitude journalling (“Shukr journalling”). For Dr Siddiqui, these elements have been extremely helpful for attendees of the workshop: “It’s already embedded in our faith. We are helping people understand that this will also help your wellbeing.” Through these workshops and techniques, Muslim-led mental health initiatives encourage mindfulness, an important and evidence-

based part of mental healthcare which can be helpful for young people of all faiths and none.

Dr Farhana Maleque, a clinical psychologist and youth worker, demonstrates how Carl Jung's humanistic psychology (which invites spirituality rather than denying it as a delusion) sits squarely with many Muslim-led organisations' attitude to healing.¹²⁴ By inviting the young person to incorporate faith into their journey with mental wellbeing, Muslim-led counselling services and helplines are able to personalise mental health support, allowing for a more meaningful and inclusive approach which is not provided by mainstream services.

Early Intervention, Trust and Understanding

One of the most important additions that Muslim-led organisations are uniquely able to offer in terms of supporting young people's mental health is early intervention. Much like other faith groups and communities, Muslim mental health



professionals and organisations are working to create a more nuanced understanding of mental health for general audiences. Raising awareness and providing people with the information required to identify early warning signs, understand coping strategies and managing difficulties is known as psychoeducation,¹²⁵ which can play a significant role in preventing, or at the very least containing deterioration, in the face of a national mental health crisis.¹²⁶

Case study: Mindsavers (BIMA)

Delivered by BIMA, Mindsavers is an interactive, faith-based workshop providing knowledge about mental health and psychoeducation in mosques and community centres. Developed in collaboration with mental health professionals, scholars, academics and individuals with lived experience, Mindsavers is in its second year of running, and aims to raise awareness of mental health issues, reduce the stigma surrounding mental health in Muslim communities and educate about their prevention and recovery. Delivered within the community by BIMA health professionals, Mindsavers approaches mental health from a place of cultural sensitivity, providing a level of trust and cultural and faith-literacy to members of the community that might not be felt in mainstream services.

Often involving small group work, the workshops aim to develop community capital surrounding mental health issues, establishing community centres and mosques as safe places for those struggling with mental health issues. Mindsavers blends Islamic principles with contemporary mental health education, developing mindfulness techniques that incorporate spiritual and mental benefits that are specifically catered to Muslims. Having had two successful years of in-person Mindsavers workshops, BIMA has now established a virtual event to increase the accessibility of the acclaimed workshop. In 2025, BIMA ran 44 workshops across the country with the help of 300 volunteers, reaching over 1,000 participants.

The NHS's 10 Year Health Plan for England highlights a shift from responding to sickness to prevention, with a key focus on young people, particularly with regards to mental health. According to Dr Imrana Siddiqui, there is a disparity in representation in early intervention spaces, with Black and South Asian communities especially being underrepresented except at the later acute or forensic end of admissions. Mindsavers' work, which trains people to "recognise their symptoms and seek help early", therefore taps into the widespread networks of British Muslim communities and houses of worship to educate the community and generate long-term cost savings for the NHS.¹²⁷

“A lot of community work is preventing crisis. It’s about destigmatizing, removing the clinical aspects of mental health experiences and humanising it a little bit and offering hope.”

Sarah Alshamari

Co-Founder and Co-Director, The Muslim Lived Experience Network



Community and faith-led organisations hold a unique advantage in that they are able to use their social insights and community standing to provide specialised and tailored psychoeducation and early intervention efforts for so-called 'hard to reach' communities (including young people).¹²⁸ By doing so, they are addressing a stark gap in institutional access and trust that is otherwise present in mainstream services.

Case study: Maryam Support Line

Founded in July 2024, Maryam Support Line is a helpline for Muslim women, dedicated to providing a safe, non-judgemental and confidential space where Muslim women can voice their emotions, feel heard and access emotional support and resources to further address their needs and struggles. Born from the personal experiences of its founder, Lizzamah Akinlade and her need for a service that did not exist within mainstream helplines or resources, the Maryam Support Line aims to fill the gap in spaces for Muslim women to access not only emotional support, but culturally sensitive and faith-based advice, as well as spiritual guidance from an Islamic perspective. Entirely volunteer-led, Maryam Support Line received more than 500 calls within its first three months of operation and over 2,000 calls in its first year. The helpline is now able to provide support in more than 12 languages to callers in the UK and beyond. Often utilising Islamic spiritual guidance and teaching in their support, the Support Line helps Muslim women who are struggling with a range of issues interpret their struggles using Quranic examples and the life and struggles of the Prophet, as well as mindfulness through practices such as Salah (prayer) and Dhikr (remembrance of God).

Beyond its helpline services, Maryam Support Line also hosts an online community for Muslim women globally to access support and community from women who share a similar faith or cultural background.

Case Study: Legacy West Midlands

Legacy West Midlands (LWM) is a Muslim-led community charity based in Birmingham that offers a range of activities free of charge in spaces open to people of all faiths and none. One of its four key priorities is wellbeing,¹³¹ providing high quality services that are free at the point of access. Their football and badminton sessions are frequented by over 100 young people aged 13-18 each week.¹³² Health and Wellbeing Manager Mohammed Kalam highlights the importance of providing these activities for both young people and their parents.

Muslim-Led Youth Services

“Youth services work because of the incredible people who work in them, whether they are paid or volunteer youth workers, mentors, sport coaches, faith leaders, community leaders, outdoor educators and many more.”

*Youth Matters:
Your National Youth Strategy*¹²⁹

Alongside formal Muslim-led therapeutic support, youth-focused services contribute significantly to young people's mental wellbeing. Their success is often due to the holistic approach to wellbeing which centres prevention and early intervention. Rather than solely addressing symptoms at crisis point, youth groups are often able to address the root causes of poor mental wellbeing, such as isolation, financial stress, politics and a lack of

purpose. This includes support with budgeting, employment (such as CV workshops or feedback sessions), university applications and subsidised meals accompanied with activities.¹³⁰

Spiritual initiatives for young people can also act as non-traditional therapeutic spaces in which young people are able to express difficulties to trusted adults or peers, without the stigma often attached to mental health help-seeking.¹³³ Tayeeba Ahmed likens her local mosque's Halaqa (or faith-based discussion circle), where young women can attend short talks on spiritual topics, to a therapy session due to the comfort found in the Quranic stories. Rosebuds Sisters, an initiative founded by Aysha Boshier, also holds Halaqas and other social events for young women across the UK and similarly provides an outlet for mutual sharing of experiences and knowledge exchange. This initiative supports an impressive number of women, with over 100 people in each of the 50 groups around the country.

Rosebuds Sisters

Established in Bedford in 2011, Rosebuds Sisters is a volunteer-run initiative which has since grown into a franchise with over 50 branches across the UK and beyond. Through wellbeing workshops to social events and spiritual circles, Rosebuds engage young Muslim women from all walks of life by creating safe and welcoming spaces.

Each community is led by a Rosebuds Leader, who makes an effort to build rapport with local Mind branches, signposting and utilising mental health resources to support their communities. Rosebuds have been recognised for their impactful community work through various awards, collaboration and recognition from local authorities.

Peer-to-peer support is therefore a defining strength of youth groups, allowing young people to share experiences, normalise struggles and feel understood by others with similar backgrounds or challenges. This support also extends to volunteers, exemplified by the Raise Up Foundation (a Luton-based charity working primarily with young people). Rehana Faisal, Chair, describes volunteers and youth workers at The Raise Up Foundation as “role models and sounding boards” for young service users. Similarly, the makeup of the Muslim Youth Helpline’s volunteer body (which mainly consists of Muslims under 30) constitutes a key reason behind calls to the Helpline, regardless of faith background.¹³⁴

Case Study: Muslim Youth Helpline¹³⁵

Operating since 2001, the Muslim Youth Helpline (MYH) is the foremost helpline of its kind. They provide faith- and culturally sensitive emotional support to young people across the country. In their latest impact report, MYH listed mental health as one of their top concerns, noting that young people tended to reach out to them while awaiting a diagnosis or after a diagnosis while they await support. The impact of long waiting lists is felt acutely by young people during these stages. In their calls, MYH both listen to young people and signpost them to specialist services.

Volunteer hours spent on the phone by the team at MYH total 10,500, worth over £85,000.¹³⁶ Yet these efforts are provided for free for the benefit of young people’s mental health. In addition to this selfless contribution of volunteers, they have worked to take 10% more helpline enquiries in 2024 than they did the previous year. Year-on-year, MYH has managed to support more and more young people.

Faith-based and Muslim-led youth services often tap into young people’s interests and hobbies as an engagement tool.¹³⁷ Dr Farhana Maleque finds that, in her youth work, young people are “often at an age where they want to have fun, be creative and not have a structured type of therapy”. At London Colney Islamic Centre, the “Pray and Play” programme, combining congregational prayer and a short spiritual reminder followed by sports, is also enjoyed by young attendees. They see the mosque as a community hub and a place to connect with peers and role models.¹³⁸

“If we’re to improve support and reduce the number of children struggling with mental health problems, we need to be much more creative about how and where that support is provided and recognise the positive role community and faith-based organisations can play.”

Connie Muttock

Head of Policy at Centre for Young Lives

“Youth centres are providing that change of behaviour. It’s a different strategic approach [...] not one where you sit in a white room on a chair and talk about your change of behaviour. But rather, let’s just do the change of behaviour.”

Yahya Delair

Associate Lecturer, University of Exeter and Anti-Racism Equality, Diversity and Inclusion Consultant, University of Northumbria

Recognising the various pressures and concerns that young people face daily, youth services empower young people to cope with their immediate contexts and futures, remedying some of the core reasons for deteriorating mental health today. Initiatives like The Raise Up Foundation’s “Listening Spaces” are held reactively in response to events which affect the community, such as youth violence or global wars,¹³⁹ while London Colney Islamic Centre regularly gives teen mosque attendees the opportunity to anonymously share questions,

thoughts and concerns on their lives and contexts in a session titled “Your World”.¹⁴⁰

“It is a community space. It’s not an institutional space; people feel safe to come and say the things that they’re saying out loud without fear of judgement.”

Rehana Faisal

Chair, The Raise Up Foundation

Muslim-led youth charities often act as a bridge between institutions and parents. Lingering stigmas or misinformation surrounding mental health can mean that parents are unsure how to seek help, or reluctant to do so, including articulating their children’s concerns in a way that meets CAMHS thresholds.¹⁴¹ As Joe Merriman (Service Lead for Mental Health and Wellbeing at Birmingham City Council) explains, faith-based initiatives often help to win over parents who may have more trust in religious leaders than statutory services.

Case Study: Great Minds

Great Minds is an initiative pioneered by Yaseen Youth, a not-for-profit established in 2016 and based in North West London. The initiative recognised a need for a safe space for young Muslims at the Yaseen Youth centre to confidently speak to qualified individuals whenever they feel the need to.

Through advice, mentoring and counselling services offered both online and in-person, Great Minds builds on Yaseen Youth’s established rapport with young people to provide them with holistic wellbeing support. Talks on topics such as depression through a spiritual lens supplement other engagement tools like sports and trips offered for young people.

Since 2022, Great Minds has supported between 20 to 30 young people a year through long- and short-term work, delivering around 570 counselling sessions a year.¹⁴² The provision of this service has saved the NHS an estimated £14,820 annually.¹⁴³



Finally, by working in collaboration with schools, youth and faith-based organisations are able to reach young people earlier, provide culturally relevant mental health education and support staff with appropriate signposting. Schools are key spaces for prevention and early intervention if open discussions around faith and wellbeing are held.

“With the right training and resources, teachers can recognise distress earlier, respond more effectively and create environments where conversations about mental health feel safe and normalised.”

Asima Bashir

Coordinator, Muslim Mind Collaborative

The Reflection Project, who offer their service in primary and secondary schools, found that holding therapy sessions in schools – a familiar and accessible space – has helped develop trust and confidence in young people.¹⁴⁴ Schools often appreciate external work of this kind, as students “feel like they’ve been heard, they feel seen, acknowledged and that we’re in their corner.”¹⁴⁵

The Role of Formal Faith Leaders

As pillars of British Muslim communities, Imams are seen as trusted and knowledgeable sources

of support and guidance for many members of the community. Imams are also often the first port of call for young people. On an almost daily basis, Imam Abdul Muhit has observed that many young people approach Imams who they feel are relatable before turning to other professionals.

“For young Muslim girls, the mosque is a very important hub for them to have a space to feel more secure, to express concerns. A lot of them bring different problems and issues that they’re going through, and it’s lovely to have a space where we can all talk together.”

Tayeeba Ahmed

Founder, 24/8 Impact

Clinical psychologist and youth worker Dr Farhana Maleque explains that many Muslim faith leaders working on youth projects work with young people in a more “relational, conversational” way, which makes confiding in them feel less pressured.

Imams can also support young people’s wellbeing indirectly. Dr Maleque’s research on Imams explored how their recurring role in family mediation in British Muslim communities can be helpful for creating more stable home environments for young people and addressing concerns within the family.

When delivering BIMA's Mindsavers programme in mosques across the UK, Dr Imrana Siddiqui found that it was especially useful having Imams attend as this empowered faith leaders to mention mental wellbeing in other sermons and lectures, therefore tackling stigma and inspiring congregants to be more open to sharing experiences.

Mosques as institutions are central to local communities across the country and are also playing a role in supporting mental wellbeing for young people. Yahya Delair, for example, has trained some mosques to develop a form of assessment to identify symptoms early on, understand what constitutes a risk or concern and how to navigate mental health difficulties such as feeling suicidal. This allows mosques to contribute significantly to early intervention and prevention.

For many young people, mosques are seen as safe spaces which allow for trusted and open discussion.¹⁴⁶ Muslim-led organisations tap into these existing networks to support young people, working directly with mosques to provide faith-literate therapy sessions,¹⁴⁷ or accepting referrals to youth programmes.¹⁴⁸

“Imams take a huge proportion of that emotional burden or emotional responsibility in the UK to support the Muslim community, yet they don’t receive adequate funding, adequate training or adequate social support to maintain that.”

Dr Farhana Maleque

Clinical Psychologist, East London NHS Foundation Trust

Muslim-led and faith-sensitive initiatives are able to provide targeted and effective support because of the connected nature of the communities they operate in. As Rubbia Ali explains, while therapeutic techniques can be valuable, holistic healing is

significantly strengthened when individuals are held within a supportive community. Faith-sensitive mental health charities and Muslim-led organisations are therefore uniquely positioned to work within these realities, tapping into existing networks and relationships to provide continuity of care, trusted and tailored support and holistic interventions that statutory services alone often struggle to deliver.



Policy Recommendations

Recognising faith as a protective factor in youth mental health

1. The Department of Health and Social Care (DHSC) should formally embed faith literacy into national mental health policy and inequality reduction programmes. This includes integrating faith-related protective factors into the Major Conditions Strategy, the Mental Health Implementation Plan, and national guidance on access, experience and outcomes for children and young people.

2. The National Institute for Health and Care Excellence (NICE) should strengthen clinical guidance to include faith-sensitive assessment and care planning. NICE should update relevant guidelines to reflect the evidence that faith and belief can influence coping, help-seeking and recovery. DHSC should ensure these updates are reflected in national implementation guidance for local systems.

Equip services and community partners for faith-literate support

3. Integrated Care Partnerships should identify faith-literate youth mental health support as a priority within Integrated Care Strategies. Integrated Care Boards, working with local authorities, should commission sustained early intervention partnerships with trusted community and faith-based organisations in areas of high need, ensuring these partnerships are embedded rather than ad hoc, as part of a more joined-up, cross-society approach to improving young people's mental health.

4. DHSC should work with professional bodies and ICBs to develop practical faith literacy guidance for frontline youth mental health staff.

This should include:

- Concise, practice-ready guidance for clinicians and youth workers
- Reciprocal training between statutory services and trusted faith-based organisations
- Clear expectations for how faith identity should be explored in assessment, care planning and early intervention

Invest in evidence, prevention and young people's futures

5. The National Institute for Health and Care Research (NIHR), working with DHSC and NHS England, should commission a dedicated research programme on faith, access and outcomes in children and young people's mental health.

This should include:

- Robust analysis of how faith identity influences help-seeking, engagement and recovery
- Evaluation of faith-literate models of early intervention and community partnership
- Longitudinal research on outcomes for young people from diverse faith backgrounds
- Evidence on cost-effectiveness to inform future commissioning and workforce planning

This programme would provide the national evidence base needed to reduce inequalities, strengthen early intervention, and support a more personalised, whole-person approach to youth mental health.

Conclusion

Faith remains a central source of meaning, resilience and support for many young people in the UK. It shapes how mental health is understood, expressed and managed. When health systems fail to recognise this, they risk overlooking powerful protective factors which could help address key health inequalities. This is not just about faith alone, but rather about the missed opportunities of broader, holistic, values-driven and patient-centred care. It is a matter not only of inclusion but also cost-effectiveness; a complementary approach which can save stretched public services money. Early intervention and prevention are universally accepted principles of high-quality health care. They help address health issues early on, intervening before ill mental health escalates. The findings of our research are stark: 44% of young British Muslims said they would have been more likely to seek professional help for mental ill health earlier if they had known that practitioners would understand their faith background. If young people feel understood, they are more likely to ask for help earlier on, before the cost to the individual and society gets much higher.

At a time when statutory services are under unprecedented strain, Muslim-led organisations and mental health specialists on the ground are already delivering. Their work is in line with many of the priorities set out in the NHS 10 Year Health Plan for England, such as the importance of personalised, patient-centred care within neighbourhoods and communities and prevention. Faith communities are supporting early intervention, continuity of care and engagement beyond clinical settings in a number of ways. These include faith-sensitive care, practitioner training, publicly available resources and trusted community spaces. In addition to providing

excellent care and improving health outcomes, they save the NHS money. We estimate that just the six Muslim-led charities we have highlighted in this report make cost savings worth approximately £95 million, having supported around 224,000 people since inception.

Learning from existing values-driven practice allows services to build a more holistic understanding of young people's wellbeing. Faith-literate approaches can help deliver more personalised care that reflects how young people understand themselves and their wellbeing. This enables services to incorporate all elements of a young person's identity, regardless of their background. This benefits young people of all faiths and none. By strengthening and improving collaboration with Muslim-led and faith-based organisations across local systems, policymakers and the NHS can extend the reach and effectiveness of mental health support beyond immediate interventions.

As the NHS shifts from crisis response towards prevention and community-based support, faith can no longer remain ignored as a key part of the solution. Partnerships with faith-based organisations offer a practical route towards more inclusive mental health provision - one that aligns with national strategy, strengthens neighbourhood-level care and helps ensure that young people are not left having to choose between who they are and the support they need. There is much to learn from diverse faith communities across the country. Faith-literate mental health support stands to benefit us all. Together, we can build stronger, more effective and cost-efficient mental health provision for young people all over the UK.

Appendix: Methodology

1. Calculation for the number of people reached by the six highlighted charities

Most of the numbers for the reach of these organisations were taken from interviews with their leaders. Those that were taken from elsewhere have accompanying references.

Name of organisation	Reach
British Islamic Medical Association (BIMA) Mindsavers	Since September 2024, BIMA's Mindsavers workshops in mosques across the country have reached over 1,550 participants, providing them with tools for mental wellbeing through a spiritual lens. Total reach since inception: 1,550 people
Inspired Minds (IM)	Founded in 2014, IM supports more than 900 service users each year through face-to-face and online faith-sensitive therapy and counselling services in multiple languages. The total number of people reached since inception will be 900 multiplied by the number of years they have operated (12), which equals 10,800. Total reach since inception: 10,800 people
Maryam Support Line (MSL)	Founded in July 2024, MSL is a helpline providing a safe, non-judgemental and confidential space for Muslim women. They received over 3,000 calls since establishment. Total reach since inception: 3,000 people
Muslim Mind Collaborative (MMC)	Launched in 2021, MMC aims to widen the agenda on mental health to include the needs of faith. Working with schools across the country, MMC has engaged with over 3,000 students through workshops and assemblies. Total reach since inception: 3,000 people
Muslim Youth Helpline (MYH)	Since 2001, MYH has provided faith- and culturally-sensitive emotional support for young people across the UK, reaching 15,113 in 2023 alone . ¹⁴⁹ Based on MYH Impact Reports, we estimated that the following numbers of people were reached each year: 2001-2019: 7,000 each year (133,000 in total) 2020: 7,000 ¹⁵⁰ 2021: 7,991 ¹⁵¹ 2022: 12,442 ¹⁵² 2023: 15,113 2024: 15,000 2025: 15,000 * There is no data available for pre-2020, 2024 and 2025, so we assume the number of calls remained the same from 2001 to 2020 (7,000 per year) as well as from 2023 (15,000 per year). Although there has been an increase in the number year-on-year where data is available, we have included the same number based on the last available data to err on the side of caution.* Total reach since inception: 205,546 people
Rosebuds Sisters	Founded in 2011, Rosebuds is an initiative providing social and spiritual spaces for Muslim women across the UK and internationally. With over 50 groups across the UK, Rosebuds currently supports over 5,000 women. Total reach since inception: no available data

2. Calculation for the potential savings in health costs by six highlighted charities per year

20% of adults in England are believed to have a common mental health condition.¹⁵³ With a population of around 56.5 million people,¹⁵⁴ this equates to 11.3 million people in England with a mental health condition. The estimated cost of health and care provision for mental health in England is £60 billion a year.¹⁵⁵ This means that each person with a common mental health condition has an associated health and care cost of around £5,310 per year (60 billion divided by 11.3 million). If we multiply this figure (5,310) by the number of people reached by each charity each year (figures in the section above; where unavailable, the yearly average reach was calculated), this gives us the potential cost savings in health and care costs per year.

2.a. Calculation for the potential savings in health costs by the Muslim Youth Helpline per year

As shown in the table in section 1 of the Appendix, the Muslim Youth Helpline has reached a total of 205,546 people since its inception. So the average number of people reached each year (25 years, from 2001 to end of 2025) is 8,221.84. Multiplying this by the cost of a mental health condition per person per year (£5,310) provides the health and care cost saving of £43,657,970.

3. Calculation for the estimated health and care cost of all Muslims aged under 25 having a common mental health condition

There are approximately 1.3 million Muslims under the age of 25 in the UK.¹⁵⁶ The health and care costs per person in England were estimated in the section above to be £5,310. If we multiply this by the number of Muslims aged under 25, the total cost would be £6.9 billion.

4. Calculation for health and care cost savings by the work of Inspired Minds

The hourly wage of an NHS mental health therapist is approximately £26.¹⁵⁷ Multiplying this by the number of people supported (2,000) gives the figure for savings for the NHS of £52,000 in therapist wages. If each person had the equivalent of 8 one-hour therapy sessions (the minimum number usually delivered through the NHS),¹⁵⁸ Inspired Minds saved the NHS £416,000 (2,000 people having 8 sessions would be 16,000 sessions in total, multiplied by 26 to estimate the cost of these sessions).

5. Calculation for health and care cost savings by the work of The Reflection Project

The hourly wage of an NHS mental health therapist is approximately £26.¹⁵⁹ Multiplying this by the number of sessions delivered by The Reflection Project in 2025 (750) gives the figure for savings for the NHS of £19,500 in therapist wages.

6. Calculation for health and care cost savings by the work of Great Minds

The hourly wage of an NHS mental health therapist is approximately £26.¹⁶⁰ Multiplying this by the number of sessions delivered a year by Great Minds (570) gives the figure for savings for the NHS of £14,820 in therapist wages annually.

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