

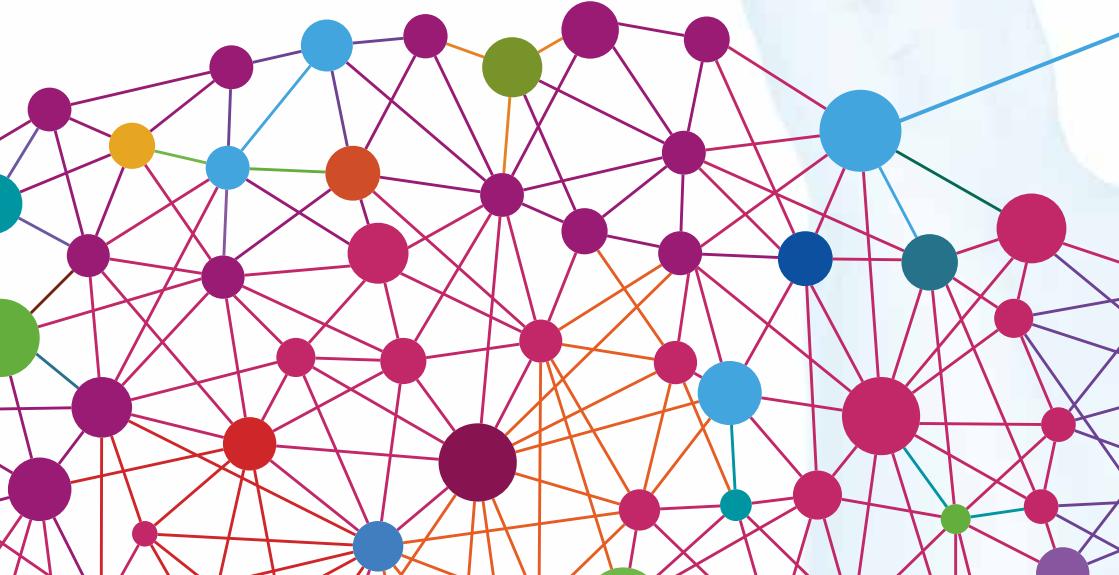


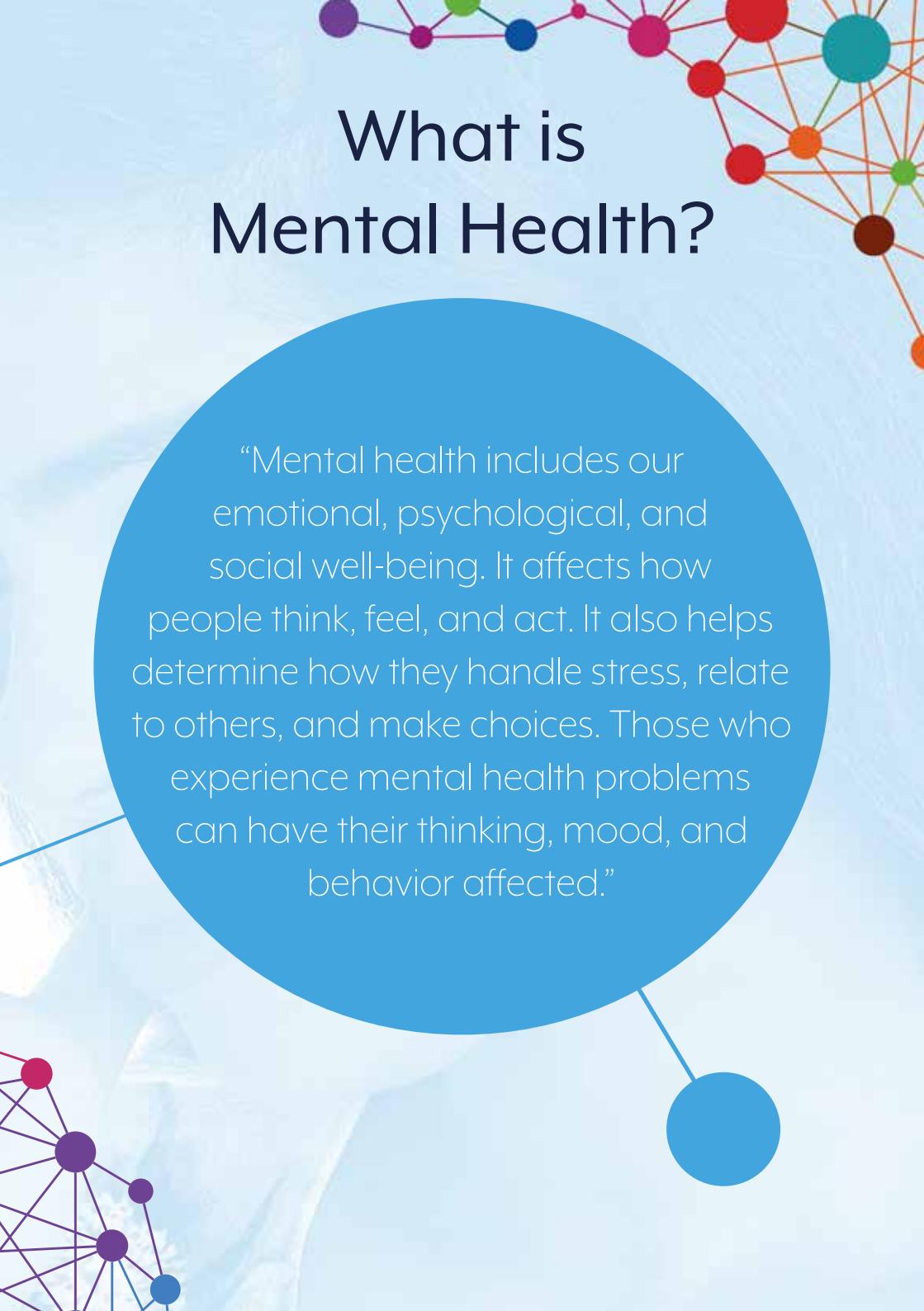
A black silhouette of a person's head and shoulders is positioned in the center. The person is holding a smartphone in their right hand, which displays a vibrant, colorful network graph consisting of numerous small circles connected by lines. The background is white and features several other network graphs in various colors (orange, red, green, blue, purple) scattered across the top and bottom edges.

Mental Health & Muslim Communities

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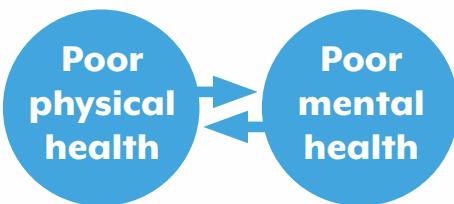




What is Mental Health?

“Mental health includes our emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how they handle stress, relate to others, and make choices. Those who experience mental health problems can have their thinking, mood, and behavior affected.”

Facts and Statistics



can lead to an increased risk of developing **mental health** problems

can negatively impact on **physical health**, leading to an increased risk of some conditions



1 in 4 people will experience a mental health problem in any given year ¹

Lay people and the public often do not give mental illness the same importance as physical illness – but **mental illness is real**

A range of problems or issues can trigger poor mental health

e.g. domestic / sexual abuse, bereavement, financial worries, relationships, sexuality, physical health, abuse of drugs / alcohol etc.

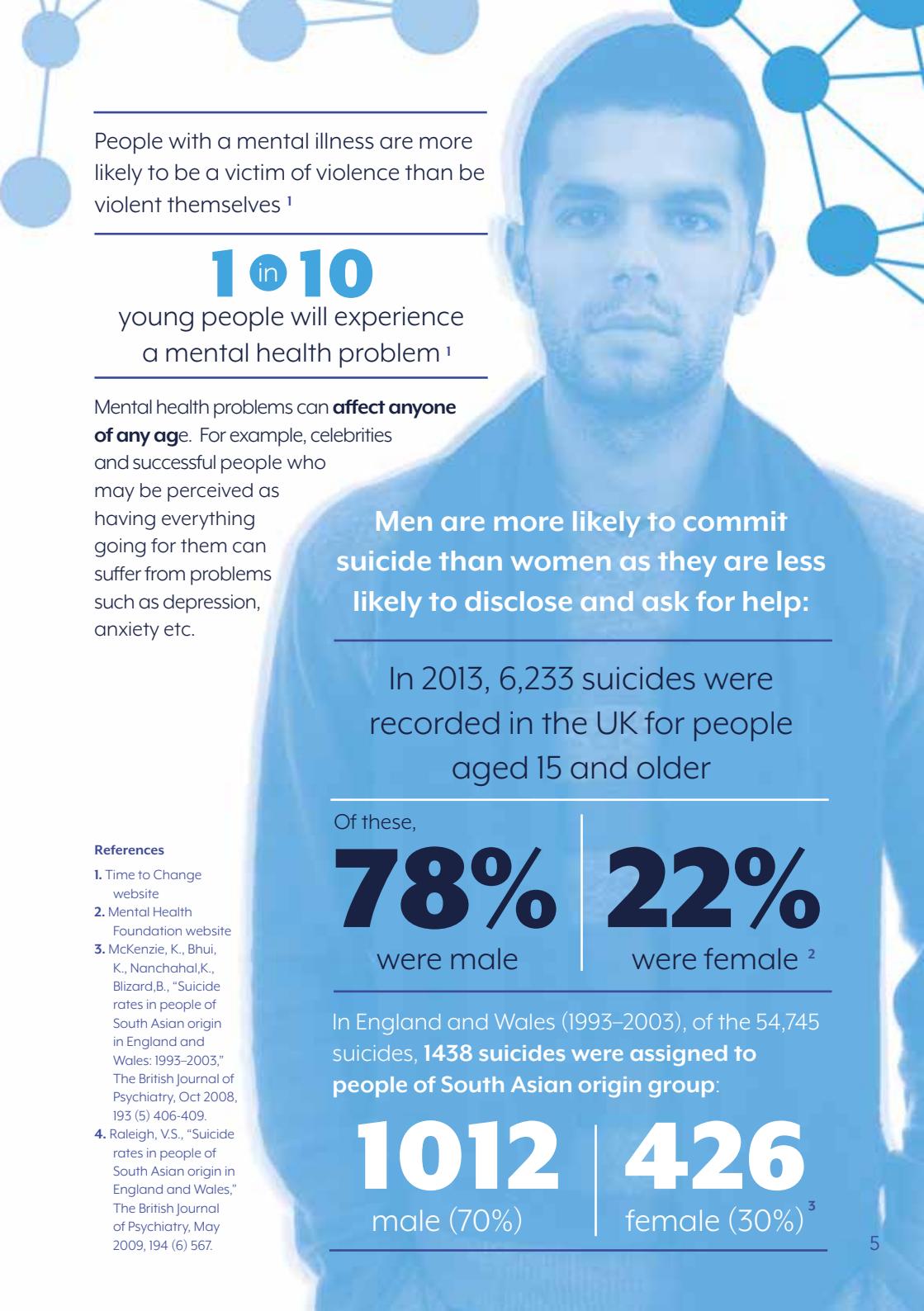
A large blue silhouette of a woman's head and shoulders. Inside the head, the text "South Asian women between the ages of 25-39" is written. Behind the head, there is a network of smaller blue circles connected by lines, suggesting a social or support network.

90%

of people with mental health problems experience stigma and discrimination ¹

The higher suicide rates amongst Asian women is more likely as a result of abusive cultural practices within families and the culture of shame and honour and ostracisation which prevents women asking for help.

are two to three times more vulnerable to suicide and self-harm than their non-Asian counterparts ⁴



People with a mental illness are more likely to be a victim of violence than be violent themselves¹

1 in 10

young people will experience a mental health problem¹

Mental health problems can **affect anyone of any age**. For example, celebrities and successful people who may be perceived as having everything going for them can suffer from problems such as depression, anxiety etc.

Men are more likely to commit suicide than women as they are less likely to disclose and ask for help:

In 2013, 6,233 suicides were recorded in the UK for people aged 15 and older

Of these,

78% | **22%**
were male | were female²

In England and Wales (1993–2003), of the 54,745 suicides, **1438 suicides were assigned to people of South Asian origin group:**

1012 | **426**
male (70%) | female (30%)³

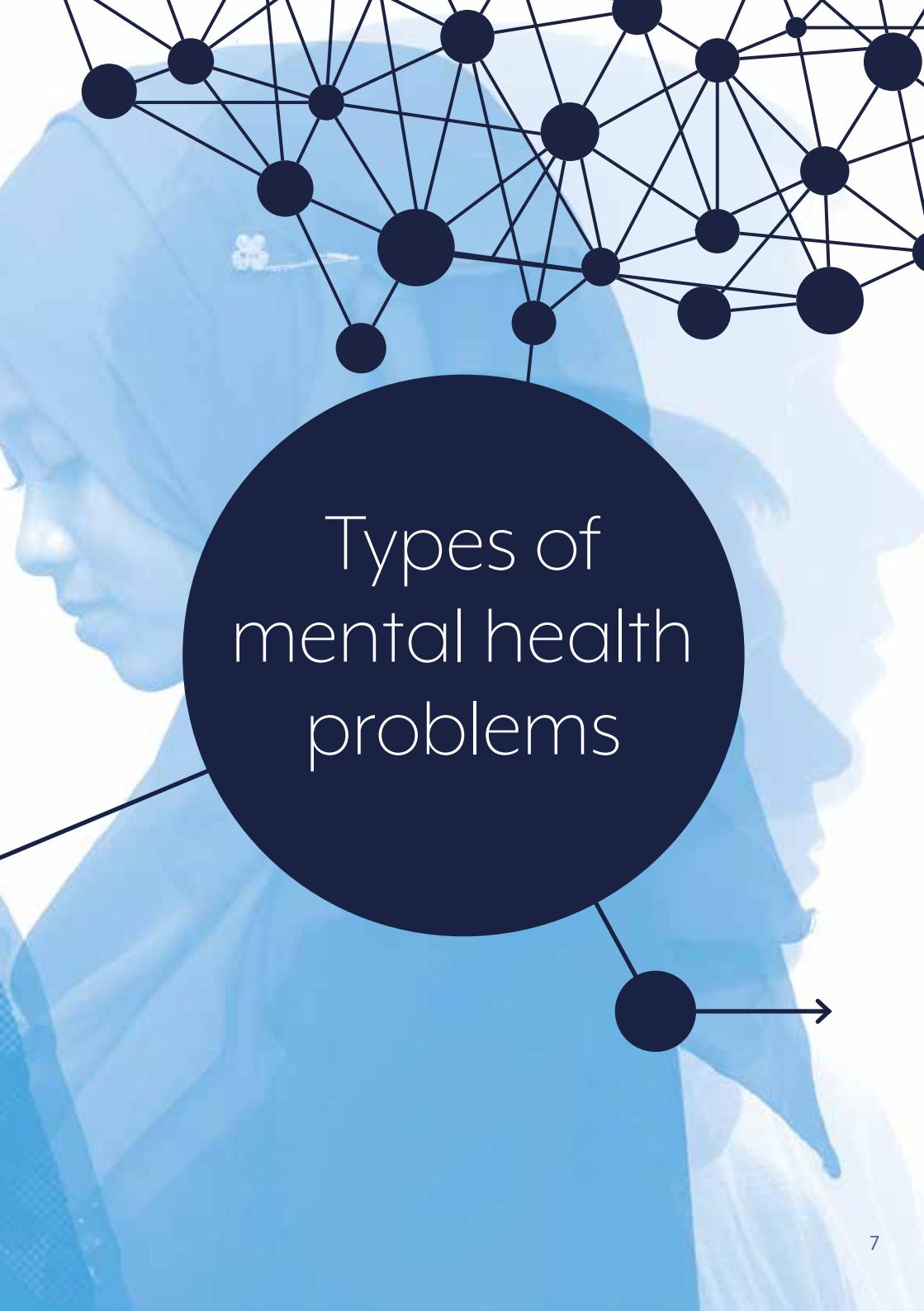
References

1. Time to Change website
2. Mental Health Foundation website
3. McKenzie, K., Bhui, K., Nanchahal,K., Blizzard,B., "Suicide rates in people of South Asian origin in England and Wales: 1993–2003," The British Journal of Psychiatry, Oct 2008, 193 (5) 406-409.
4. Raleigh, V.S., "Suicide rates in people of South Asian origin in England and Wales," The British Journal of Psychiatry, May 2009, 194 (6) 567.

General Warning Signs

Here are some general signs and if several of these are noticed, then medical help should be sought.

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your kids or getting to work or school



Types of mental health problems



Anxiety

Many people will feel anxious or worried at some point in their life such as just before a job interview or an exam etc. However, some people have a long-term condition where they feel anxious about a wide range of issues. Anxiety can occur along with other mental or physical illnesses.

Symptoms

People often experience a range of symptoms when they feel anxious or stressed, which can interfere with your normal day-to-day activities. These include:

- Increased heart rate
- Increased muscle tension
- Weakness in legs
- Tingling in the hands and feet
- Hyperventilation (over breathing)
- Dizziness
- Difficulty in breathing
- Wanting to use the toilet more often
- Feeling sick
- Tight band across the chest area
- Tension headaches
- Hot flushes
- Increased perspiration
- Dry mouth
- Shaking
- Choking sensations
- Palpitations



There are different types of anxiety disorder such as generalized anxiety disorder, panic disorder, phobias, post-traumatic stress disorder and obsessive compulsive disorder.

● Generalised Anxiety Disorder

People with generalized anxiety disorder (GAD) go through the day filled with exaggerated worry and tension, even though there is little or nothing to provoke it. They anticipate disaster and are overly concerned about health issues, money, family problems, or difficulties at work. Sometimes just the thought of getting through the day produces anxiety.

● Panic Disorder

When the feelings of distress overwhelm you, you can experience a panic attack. A panic attack is an exaggeration of the body's normal response to fear, stress or excitement. It is the rapid build-up of overwhelming sensations, such as a pounding heartbeat, feeling faint, sweating, nausea, chest pains, breathing discomfort, feelings of losing control, shaky limbs and legs turning to jelly.

● Phobias

A phobia is an intense, irrational fear of something that poses little or no actual danger. Some of the more common specific phobias are centered around closed-in places, heights, escalators, tunnels, highway driving, water, flying, dogs. People with social phobia have an intense, persistent, and chronic fear of being watched and judged by others and of doing things that will embarrass them.

● Post Traumatic Stress Disorder (PTSD)

PTSD develops after a terrifying ordeal that has involved physical harm or the threat of physical harm. It can result from a variety of traumatic incidents, such as mugging, rape, torture, being kidnapped or held captive, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters such as floods or earthquakes. People suffering from PTSD will try and avoid situations that remind them of the original incident. Most people with PTSD repeatedly relive the trauma in their thoughts during the day and in nightmares when they sleep. These are called flashbacks.

● Obsessive Compulsive Disorder

People with OCD have persistent, upsetting thoughts (obsessions) and use rituals (compulsions) to control the anxiety these thoughts produce. Most of the time, the rituals end up controlling them. Common rituals are a need to repeatedly check things, touch things (especially in a particular sequence), or count things.

Depression

Depression is feeling persistently sad for weeks or months, rather than just a few days with physical symptoms that could include:

- Feelings of worthlessness, or excessive or inappropriate guilt
- Low self esteem
- Loss of interest in activities usually enjoyed
- Feeling tearful
- Disturbed sleep e.g. sleeping too much or not being able to sleep
- Loss of libido
- Poor concentration
- Change of appetite e.g. not eating properly and losing weight or comfort eating and gaining weight
- Agitation
- Moving slowly
- Recurrent thoughts of death
- Headaches, chest pains or palpitations

Prenatal and Postnatal Depression

Having a baby is a big life event. It is not uncommon for women to get depressed during pregnancy (prenatal depression) and after pregnancy (post natal depression).

Bipolar Disorder

This is also known as manic depression and is characterised by extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression). The manic phase of bipolar disorder may include: feeling very happy, talking very quickly, feeling full of energy, being easily distracted, being delusional etc.

Schizophrenia

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations.

Contrary to public perception, schizophrenia is not split personality or multiple personality.

The vast majority of people with schizophrenia are not violent and do not pose a danger to others. It is a long-term mental health condition that causes a range of different psychological symptoms, including:

- **Hallucinations** - hearing or seeing things that do not exist
- **Delusions** - unusual beliefs not based on reality which often contradict the evidence
- **Muddled thoughts** - these are based on the hallucinations or delusions

Sometimes, people in an acute phase of the illness may need to be admitted to hospital under the Mental Health Act for their own, or other people's, safety. Some people think that people who hear voices are dangerous, but actually voices are more likely to suggest that the person harms themselves than someone else.

Self Harm

Self harm is when someone injures themselves on purpose. There are many different ways in which people may injure themselves, examples include:

- Self wounding e.g. cutting, burning, pinching, pulling hair head, banging, punching walls, punching self etc. and also preventing wounds from healing
- Self poisoning
- Eating disorders
- Abusing drugs and alcohol
- Attempted suicide and suicide

A person will harm himself or herself to manage or control negative feelings and will therefore often do so during times of anger, distress, fear, worry, depression or low self-esteem. Self-harming is therefore a method of coping with difficult emotions. Self-harm can also be used as a form of self-punishment for something someone has done. People of all ages and social, cultural and ethnic backgrounds self harm.

Self Wounding

Most people who self-injure are not trying to get attention as most will try to keep what they are doing secret. Many people who self-harm suffer from anxiety, depression, or a previous trauma and use self injury to cope. The severity of wounds has very little to do with how much someone is suffering. Don't assume that because the wounds or injuries are minor, there's nothing to worry about.

Warning signs a person is cutting or self-injuring



- Unexplained wounds or scars from cuts, bruises, or burns, usually on the wrists, arms, thighs, or chest
- Blood stains on clothing, towels, or bedding; blood-soaked tissues
- Sharp objects or cutting instruments, such as razors, knives, needles, glass shards, or bottle caps in the person's belongings
- Frequent "accidents". Someone who self-harms may claim to be clumsy or have many mishaps in order to explain away injuries
- Covering up. A person who self-injures may insist on wearing long sleeves or long pants, even in hot weather
- Needing to be alone for long periods of time, especially in the bedroom or bathroom.
- Isolation and irritability.

If people who self harm or cut begin understanding why they are carrying out these actions, it can be a vital first step towards their recovery. As self-harm is most often a way of dealing with emotional pain, it is important to identify what feelings make them want to cut or hurt themselves e.g. is it sadness, anger, shame, loneliness, guilt or emptiness?

Once the feelings that trigger the need to self-injure are recognised, individuals can start developing healthier alternatives.

Eating Disorders

Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviours that can affect them physically, psychologically and socially.

Causes of eating disorders are complex and can include:

- Social pressure to be thin
- Family history of eating disorders, depression or substance misuse
- Being criticised for their eating habits, body shape or weight
- Being overly concerned with being slim
- Having an obsessive personality, an anxiety disorder, low self-esteem or being a perfectionist
- Particular experiences, such as sexual or emotional abuse or the death of someone special
- Difficult relationships with family members or friends
- Stressful situations, for example problems at work, school or university



The most common eating disorders are bulimia, anorexia and binge eating.

● **Anorexia Nervosa**

Anorexia is when someone tries to keep their weight as low as possible, for example by starving themselves or exercising excessively. Individuals suffering from anorexia usually do not allow themselves to eat enough food to get the energy and nutrition they need to stay physically healthy. It is often connected to very low self-esteem, negative self-image and feelings of intense distress.

Someone suffering from anorexia is likely to: reduce their food intake or stop eating altogether; count calories obsessively; hide food or secretly throw it away; use drugs that reduce appetite or speed up digestion; be obsessed with losing weight; make themselves sick or using laxatives; exercising compulsively; wear baggy clothes to cover up weight loss and keep warm. This can result in: substantial weight loss, feeling weak, feeling cold, hair thinning and falling out, irregular periods or periods stopping.

● **Bulimia Nervosa**

Bulimia when individuals try to control their weight by eating large amounts of food all in one go (binge eating) and then deliberately being sick or using laxatives to empty their bowels (purging). As the person's weight will usually stays roughly the same, others are less likely to notice the illness.

● **Binge Eating Disorder**

Binge eating disorder is individuals can't stop themselves from over eating even if you want to. It is therefore sometimes described as having a food addiction or compulsive eating. Some people rely on food for emotional support or to mask difficult feelings.

Examples of noticeable behaviours include: eating large amounts at once (binging); hiding how much food is being eaten; regularly eating unhealthy food; eating until the person feels uncomfortably full or sick; eating for comfort when feeling stressed, upset or unhappy. This can result in being overweight and having associated health problems.

Suicide

Suicide is the act of intentionally causing one's own death. A person may have suicidal thoughts while experiencing mental health problems with a diagnosis of depression, borderline personality disorder, or psychotic disorders such as schizophrenia or bipolar disorder.

Suicidal thoughts are often the result of feeling like not being able to cope when faced with what seems to be an overwhelming life situation e.g. abuse, bullying, financial worries, relationships, cultural / religious pressures etc. Most people who commit suicide don't want to die, they just want to stop hurting or want to escape from their situation.

Recognising Warning Signs



Be concerned if someone:

- Says there is no reason to live
- Talks about wanting to die
- Talks about being a burden to others
- Says how they may kill themselves
e.g. thinking of taking pills
- Mentions that they have attempted suicide before
- Sounds as if they feel hopeless, helpless and worthless
- Talks of being trapped and saying there is no way out
- Says there is no point in carrying on
- Says they are visiting people to say goodbye / giving away possessions

Islam and Suicide

Committing suicide is considered a sin in Islam. Some scholars are rigid on their views on this matter and stating there are no exceptions to this rule. However, in Islam Muslims are only held responsible for sins committed in a sound state of mind. Those who commit suicide are often suffering from severe depression or other mental health issue, which means their reasoning, is impaired. Some religious scholars therefore believe those who are not of sound mind and commit suicide would be excused from committing the sin of suicide because of their mental health. No one truly knows the state of a person's mental health at the moment of suicide; only God can know this. God will therefore forgive if he chooses.

Unfortunately many Muslims do judge those who have committed suicide and even go as far as accusing them of being outside the folds of Islam and stating that an Islamic funeral prayer should not be performed. Such comments can add further stress on families who have to deal with the trauma of losing a loved one. It is also important to remember that only the denial of the essential articles of faith (and not suicide) that takes a person outside the folds of Islam. So even if a person has committed suicide the Islamic funeral rites should be performed as normal.

Instead of blaming and criticising those who have committed suicide, Muslim communities should be debating why so many Muslim men and women are choosing to end their lives. What kind of turmoil they are going through and how are families and communities contributing to this hopelessness.



Dementia

Dementia is a decline in mental ability, which affects memory, thinking, problem solving, concentration and perception. People with dementia can therefore become confused.

- Dementia occurs as a result of the death of brain cells or damage in parts of the brain that deal with our thought processes.
- Some forms of dementia, such as Alzheimer's disease, are degenerative. That is, they get worse over time. Other forms of dementia, such as vascular dementia, may be non-degenerative and may not get worse over time.
- Unfortunately, most types of dementia cannot be cured although some psychological treatments and drugs that can help people in the early stages of dementia.



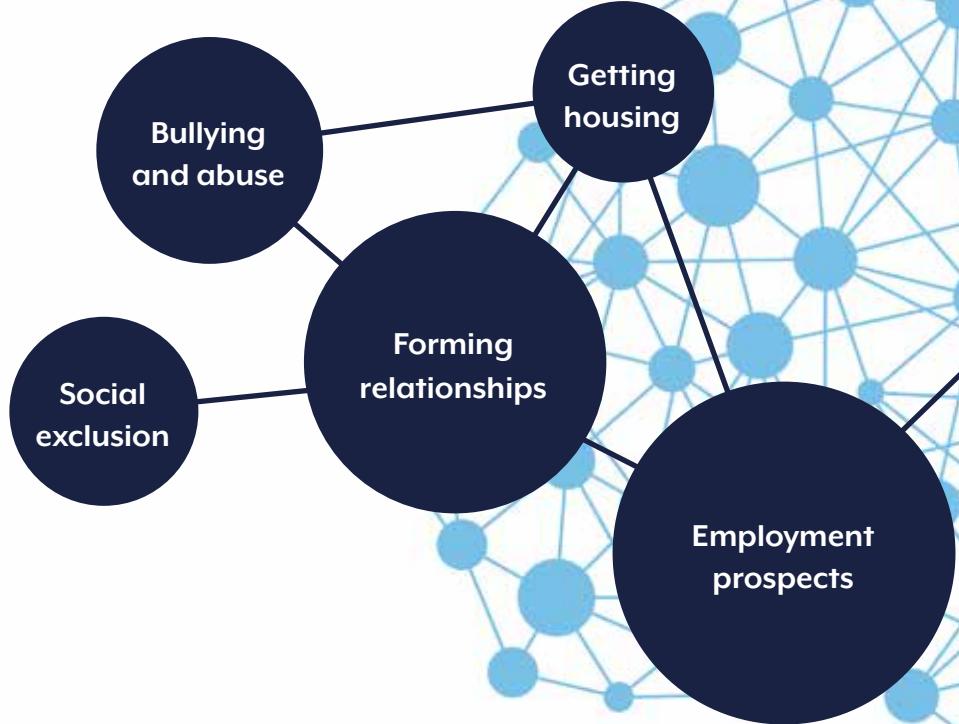
Those who have dementia and are from black and minority ethnic groups often struggle to access services. This also includes their carers. They may confuse the symptoms of dementia with 'normal ageing' and therefore not seek the support that is available or be unaware of services.

If you are looking
after someone with dementia
you may be entitled to
specialist help. You can find
out more from your GP or
citizen's advice bureau.

Mental Health (Effects and Stigma)

Mental illness has wide-reaching effects on people's education, employment, physical health, and relationships. There is also a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives. This can make their difficulties worse and make it harder to recover.

Discrimination can include:



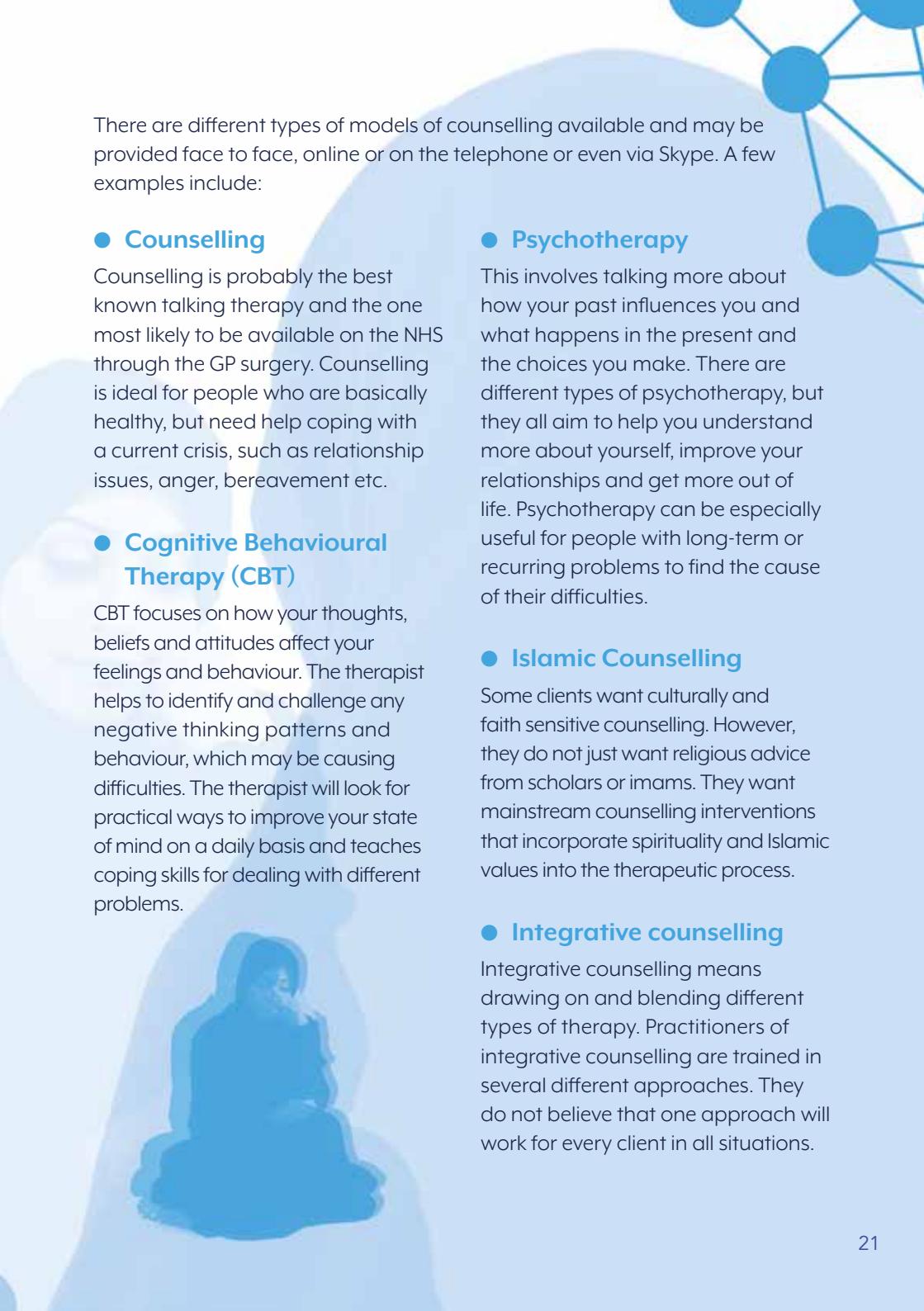
In Asian communities mental illness is a taboo subject not discussed openly due to preserve family reputation, to prevent community gossip, to prevent prospects of marriage from being damaged and the fact that it is not a well understood issue and often blamed on possession and black magic.

Treatment

You should speak to your GP if you are worried about your mental health or that of a family member. The doctor may then prescribe drug treatments and / or make a referral to a specialist health professional or counselling. As emotional and physical health are linked, the doctor may ask you to change your diet e.g. eating healthy food and alter your lifestyle e.g. taking regular exercise.

People with mental health problems often find the following techniques and coping strategies useful:





There are different types of models of counselling available and may be provided face to face, online or on the telephone or even via Skype. A few examples include:

● **Counselling**

Counselling is probably the best known talking therapy and the one most likely to be available on the NHS through the GP surgery. Counselling is ideal for people who are basically healthy, but need help coping with a current crisis, such as relationship issues, anger, bereavement etc.

● **Cognitive Behavioural Therapy (CBT)**

CBT focuses on how your thoughts, beliefs and attitudes affect your feelings and behaviour. The therapist helps to identify and challenge any negative thinking patterns and behaviour, which may be causing difficulties. The therapist will look for practical ways to improve your state of mind on a daily basis and teaches coping skills for dealing with different problems.

● **Psychotherapy**

This involves talking more about how your past influences you and what happens in the present and the choices you make. There are different types of psychotherapy, but they all aim to help you understand more about yourself, improve your relationships and get more out of life. Psychotherapy can be especially useful for people with long-term or recurring problems to find the cause of their difficulties.

● **Islamic Counselling**

Some clients want culturally and faith sensitive counselling. However, they do not just want religious advice from scholars or imams. They want mainstream counselling interventions that incorporate spirituality and Islamic values into the therapeutic process.

● **Integrative counselling**

Integrative counselling means drawing on and blending different types of therapy. Practitioners of integrative counselling are trained in several different approaches. They do not believe that one approach will work for every client in all situations.

Causes of Mental Health Problems in Asian / Muslim Women

What Can Make Mental Health Worse

Mental health problems are often a result of struggling with emotional problems and feeling there is no one to turn to with whom problems can be shared because:

- There is expectation from community, family and friends to suffer in silence despite the enormity of problems
- To speak out against abuse and suffering and to report to the police is viewed as bringing shame on to the family
- Women are often blamed for any problems within the family regardless of who is culpable
- Gossip that may result if help is sought from the GP particularly if the GP or staff at the surgery are from the same community
- Language barriers preventing access to services
- Social isolation
- Lack of culturally sensitive services especially counselling services



Problems that can cause mental illness

- Bullying at school
- Racism / discrimination
- Sexual abuse (including child sexual abuse and marital rape)
- Domestic violence
- Forced marriage
- Female genital mutilation
- Inequality / oppression in the family;
- Emotional abuse
- Lack of financial control
- Lack of power and control over their lives
- Migration and loss of culture and family
- Problems with in-laws
- Marital problems
- Children (including pressure to have sons)
- Health
- Perception of bringing shame and dishonor to the family
- Polygyny
- Religious pressures
- Being carers for family members
- Cultural pressures.

Cultural and Religious Beliefs

Mental illness is a taboo subject in Asian / Muslim communities, meaning there is little open discussion about mental health problems. This is due to the culture of hiding all types of problems to prevent bringing shame and protecting the reputation of the family.

Also many do not believe that a mental health problem is a medical condition that can be managed and treated professionally. There can be a heavy reliance on self-administered therapy such as praying and relying on God to heal or to visit a spiritual healer.

WARNING

There are many Spiritual healers and 'pirs' who advertise their services on media and through word of mouth. They claim to remove jinn, provide amulets (taweez) for problems such as infertility, marital problems, children not getting married etc. However, most are fraudsters who exploit people's superstitions and beliefs to make money. Some also sexually abuse their clients. Many vulnerable women are falling prey to such fraudsters.

Examples of unethical practices that some people have experienced:

- Telling women who are unable to get pregnant, who want their husbands to come back after a relationship breakdown, who believe they are possessed by a 'jinn' etc., that they need to have sex with them in order for their issues to be resolved
- Asking families to leave unmarried women including children alone with them in a room and not to disturb them and to ignore any noise as the so called 'jinn' will scream / shout during the process of exorcism. They use this cover to sexually abuse and rape women and children

Many of who had bad experiences may be too embarrassed to come forward and ask for help. You can always contact our helpline on 0800 999 786 / 0303 999 786 and tell us.

Advice on Spiritual Healers

- Also contact a medical professional – this should be done first not to delay medical help
- The individual should not be left alone with the spiritual healers regardless of excuses they make
- Healing must not involve any physical abuse, force, beating etc.
- Do not disclose any information about your income, savings or wealth even in any informal conversations as they may be 'fishing' for information to determine how much money they can defraud during future visits
- Do not part with large sums of money

While religious beliefs and spirituality can have a positive influence on mental well-being, professional medical help also needs to be sought. Also a person's spirituality can vary throughout their life and pressurising individuals to follow religious practices when they don't want to can add to the problem.

CASE STUDY

Naila Mumtaz

After an arranged marriage, Naila Mumtaz had moved to the UK from Pakistan in 2008. She was killed during attempts to render her unconscious as family members attempted to drive out a harmful "jinn" spirit.

Paramedics found her body at the family home in Birmingham on 8th July 2009. She was pregnant at the time of her death. The family claimed her wounds were self-inflicted. Her husband, and both of his parents as well as his brother in law were convicted of her murder.



Mental health and Islam



History

The history of psychology was shaped by Ancient Greek wisdom for many centuries, until the Islamic scholars developed their own ideas and a new Islamic psychology emerged, which would later influence Europe.

Directly or indirectly, many Muslim scholars such as Al-Ghazali, Ibn-Sina and Ibn-Rushd contributed in the field of psychology especially mental health. Muslim scholars developed many psychological theories and practices that underpin modern techniques today. However, in schools and universities today, only European scholars are taught even though they developed their theories many years later than the Muslim scholars. The names are generally misrepresented e.g. Ibn-Sina (980–1037) is referred to as Avicenna and Ibn-Rushd (1126–1198) is referred to as Averroes so students tend to believe they are Latin, Greek or European scholars.

Al-Ghazali (1058–1111) divided illness into two; physical and spiritual. Islamic scholars were also instrumental in equating mental illness with physical ailments, understanding that mind and body shared a tangible link.

They also removed the ideas of demons and witchcraft that were associated with mental illnesses, which were prevalent amongst Europeans in the Medieval Period.

It is important to note that although the scholars of the past did not deny the existence of the supernatural and Jinn, they made it clear that mental illness could be treated with natural remedies e.g. therapy and medication.

However, now beliefs that mental health problems are caused by Jinn, the evil eye (intentional or not) and black magic are strongly engrained in Asian and Muslim communities. This results in many families and individuals not seeking help for psychological problems. Some may first contact a religious figure and ask them to perform a 'ruqyah'. If that fails then some may finally seek from a medical professional.



It's not uncommon to blame jinn possession when people have illnesses like schizophrenia or epileptic seizures. Such ignorance has resulted in families committing abuse and violence against the unwell person e.g. families and so called 'spiritual healers' try to beat the jinn out of the person.

Belief in the world of the unseen (al-Ghayb) e.g. jinn is an important part of Islamic teaching, as affirmed in various texts of the Quran and Sunna. However, it remains contentious the degree to which they influence the human world. Most mental health problems are therefore unlikely to be the result of supernatural forces. Even when they are the cause of mental illness, scholars of the past have recommended interventions such as therapies and medication.

Note: Spirit possession features in other faiths and cultures too.

RUQYAH

This is using the Quran as a source of healing, which involves recitation of the Quran, seeking the refuge in Allah, remembrance and supplications. It is commonly used to treat evil eye, jinn possession, and black magic. For example, some people believe that if the Quran is recited over a person believed to be possessed by jinn, the individual will react negatively e.g. shouts, become agitated, aggressive etc. People will continue with this course of treatment until they believe that the 'jinn' has left the body of the person. The practice is therefore also referred to as exorcism in Islam.

HIJAMA

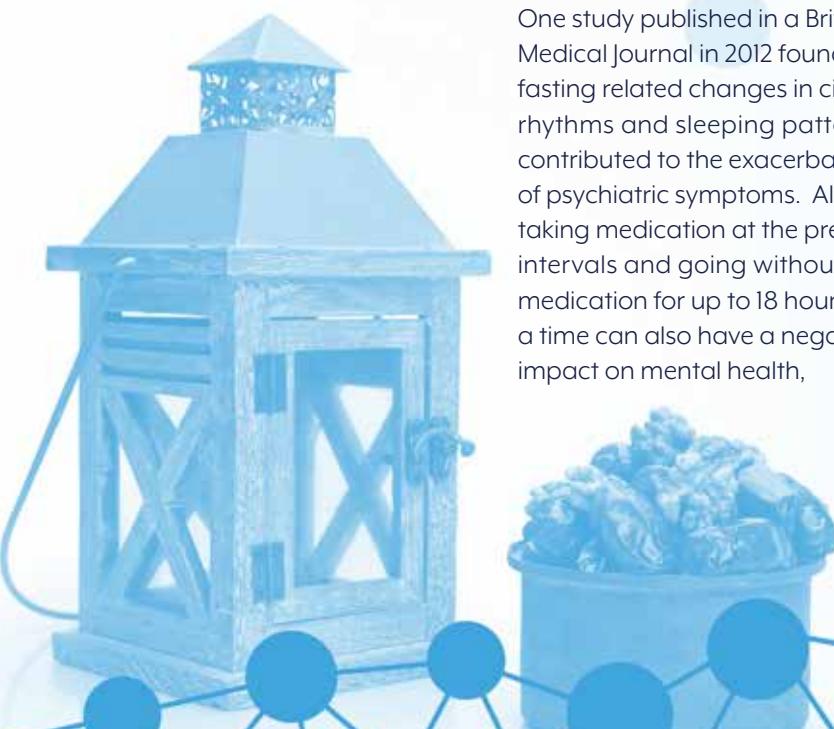
The Arabic term for wet cupping (medicinal bleeding), where blood is drawn by vacuum from a small skin incision for therapeutic purposes.

Warning - *Hijama is an unregulated practice which means that some performing the procedure are inexperienced and do not have any background in health, including treatment being carried out in unhygienic circumstances.*

Ramadan

(Reconciling Mental Health with Religious Belief)

The vast majority of Islamic scholars agree that fasting is not obligatory to those who are pregnant, elderly or sick. Although this should mean that those suffering with mental illness do not have to fast, many do end up fasting. This results in making their illness worse causing more harm. Due to the lack of discussion even religious scholars who do not understand mental health give the wrong advice even considering those with mental illness not to be sick enough not to fast. Due to these attitudes even those who do not fast end up feeling guilty for not fasting, which can cause further anxiety.



One study published in a British Medical Journal in 2012 found that fasting related changes in circadian rhythms and sleeping patterns contributed to the exacerbation of psychiatric symptoms. Also not taking medication at the prescribed intervals and going without medication for up to 18 hours at a time can also have a negative impact on mental health,

Anorexia Nervosa

Some individuals who suffer from anorexia nervosa use Ramadan to hide their eating disorder as they are expected to go through long periods of not eating, which can be their health in serious danger. Family and friends should look out for this. Others who have been diagnosed with the condition and have since been treated for it and have managed it are often expected to be fit enough to fast. However, fasting during Ramadan can act as a trigger for the illness to creep back. So careful consideration should be given to whether fasting is appropriate. Some may choose to do shortened fast to participate with family and friends. No one has the right to judge another person's practice of his or her faith.



Anxiety

Nabila suffered from anxiety and would get panic attacks. When she contacted her GP, she was advised not to fast. However, Nabila felt she was committing a sin for not fasting and felt guilty. She then sought advice from a local imam who advised her that she should be fasting. However, during the first few fasts her anxiety got worse and she started having more panic attacks.

She then got additional opinions on the issue and was advised that she should not fast until she was well enough to do so because poor mental health is also an illness just as physical illness.



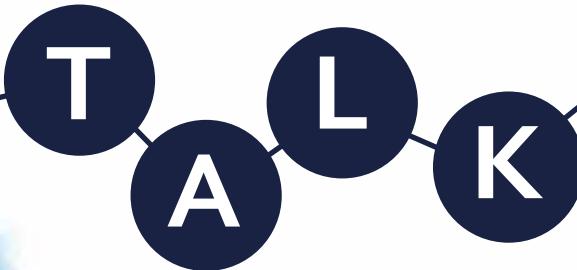
How to Help

The person you care for may have very challenging and complex behaviour. This can cause a lot of stress between you and the person you are caring for.

Be patient – getting better can take time.

What NOT to say

- Get over it
- Change your attitude
- You are not the only one - there are people worse than you
- You have so much to be thankful for
- It will pass
- You are not trying
- Try and get out more
- It's all in your head
- You are lazy
- Don't use this as an excuse
- Just pray and be patient



T **TALK** to them - ask how they are and ask them if they want to talk about how they are feeling. Talk to them the same way you did before - this lets them know your feelings about them or respect for them hasn't changed.

A **ASK** how you can help - offer them support such as help with shopping, accompanying them to an appointment or exercising with them etc.

L **LISTEN** and be open minded - don't be judgemental

K **KNOWLEDGE** - Learn about the mental health problem

Where to get help

Muslim Women's Network Helpline

www.mwnhelpline.co.uk

0800 999 5786 / 0303 999 5786

MIND

www.mind.org.uk

0300 123 3393

A confidential freephone helpline giving a safe place to talk if you, or someone you know, is in distress. Also give information about mental health and local services

Rethink Mental Illness

www.rethink.org

0300 5000 927

Samaritans

www.samaritans.org

116 123

(Free phone 24hrs)

Cruse Bereavement

www.cruse.org.uk

0808 808 1677

Provides support after the death of someone close



**Don't suffer
in silence**
Please tell someone

Muslim Women's Network UK
www.mwnuk.co.uk

