



THE **1928**
INSTITUTE

DIGEST OF THE
**MENTAL HEALTH
WORKSHOP**

COMMISSIONED BY BANGLADESHI WOMEN'S ASSOCIATION ESSEX

MAY 2022

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IMPROVING MENTAL HEALTHCARE FOR THE BANGLADESHI MUSLIM COMMUNITY



Jahanara Loqueman

“My daughter was born on 21 May 1967, a beautiful girl, quiet and very intelligent. She was well known in our community, and was well loved and respected. She went to school in Colchester, and then to the University of East Anglia, but within three months of arriving there the student in the next room tragically passed away. My daughter could not cope so my husband brought her back home and we took her to a consultant psychiatrist from Pakistan who we have known for a long time and who understands our culture and religion. She advised us to change my daughter’s university, so she moved to study closer to home. She successfully finished her degree in language and linguistics in 1991, and then a PGCE course to become a teacher.

My daughter taught in high schools in Tower Hamlets and Hackney. In 1996 she took a break to study for a PhD in Education in Asian children but became ill again when she could not cope after her landlady died after a heart transplant, so she returned to teaching again.

She always wanted to get married and settle down. She went to Bangladesh and found a suitable boy, a college lecturer. She was very happy but adapting to the culture, language and social life in Bangladesh was challenging. At first her husband could not come to England with her due to bureaucracy at the Home Office, who decided that her wages were not high enough to maintain her husband, but she was eventually able to obtain a spouse visa for him. Her in-laws wanted her to move to London, to get a higher paid job, and to start a family. Around this time she was also very upset at the loss of her uncle.

My daughter became ill again, so I took her to the GP and asked them to refer her to a consultant, but the GP only offered counselling in the surgery. She had two sessions, and was hesitant to say whether it was helping her yet. She told her father she felt no one would understand her. Then one morning in August in 2000 at the age of 33 she was she gone forever.

My daughter’s wish was: “you can do something for Bangladeshi community if you try mum”, so in 2001 I founded the Bangladeshi Women’s Association Essex.

This is a very personal tragedy that I find difficult talking about. I want to highlight the importance of accessing services in mental health. They should be easy to access, culturally sensitive and professionals that understand our culture and religion”

Mrs Jahanara Loqueman
FOUNDER, BANGLADESHI WOMEN’S ASSOCIATION ESSEX



Solma Ahmed

Mental Health can kill. It killed my cousin 20 years ago. It stopped my dad from functioning properly. However, we did not understand or recognised this killer disease. Even when we did, we were ashamed to talk about it. The stigma attached to mental health issues is a silent killer. The system also let us down. My father suffered from anxiety and panic attacks after the restaurant he used to work for was attacked by immigration officers in the late 1970s. He never recovered. I saw the impact but neither my family nor doctors recognised his illness. My cousin on the other hand suffered from depression but she was only offered tablets to control her depression, even when the family asked for a culturally and religiously aware service. She was a highly educated, articulated, beautiful teacher in her 30s. So the system let her and my father down. They both died in year 2000, my cousin killed herself and my father from a heart condition. I miss them both and wish I was wiser to understand mental health issues.

Recently, I went through depression during Covid, as did many others from my community. Again, I could not access services that met my needs. The online system of booking an appointment was useless even for me, an educated woman who knows things or two about the digital world. In the end I settled with family helping me through this very difficult time. This is the tip of the iceberg. We began to see cases of desperation, maybe because of Covid people felt more able to talk.

This is why we thought we should break the stigma around mental health and start debating, recognising, understanding what's happening in our minds. So, we embarked on holding a two-day event in March 2022. Day 1 was about engaging with people from the Muslim community with Islamic professionals to break down some the myths, stigma and barriers to mental health, and to let the community open up a discussion. Day 2 focused on health professionals understanding what's happening for the Muslim community and how they can help us to improve mental health services.

This report from the workshop is our attempt to explain what's going on in the community and how the health system can support us in moving forward with mental health issues.

Solma Ahmed

**PROJECT CO-ORDINATOR, BANGLADESHI
WOMEN'S ASSOCIATION ESSEX**

BACKGROUND

Overview

The 2-day workshop took place in Colchester, Essex on the 30-31st March 2022. The aim was to facilitate the Muslim community to understand and express their mental healthcare needs.

The workshop was designed and delivered by The 1928 Institute and commissioned by the Bangladeshi Women's Association Essex.

Bangladeshi Women's Association Essex

The Bangladeshi Women's Association Essex (BWAE) aims to improve the quality of life for Bangladeshi women and their families living in Colchester and the surrounding areas. There is inadequate provision for the culturally specific needs of the community in Colchester. BWAE was set up to serve the local community and improve access to services and social welfare.

BWAE are passionate about mental health and supporting the needs of their community which is why they commissioned this workshop. The Director and Chairperson, Mrs Jahanara Loqueman, tragically lost her daughter to suicide in 2000. Jahanara's daughter had been receiving counseling from a trainee counselor at a GP surgery who had no experience with diverse communities. BWAE knew this difficult subject had to be tackled head-on and by the community themselves, so commissioned this workshop.



Kiran Kaur Manku, The 1928 Institute

The 1928 Institute

The 1928 Institute is a University of Oxford spin-out and community organisation for British Indians. It is led by academics and is a platform for debate, dialogue, and critical research.

In the COVID-19 & Health report, they found 76% of British Indians face barriers to accessing mental healthcare. This was presented to Parliamentarians and senior NHS staff. This led to joining the Patient and Carers Race Equality Framework (PCREF) and being commissioned by NHS England

to investigate how mental healthcare can be improved for British South Asians. The bespoke research, comprised of focus groups with 86 British Indians, is informing a national organisational competency framework tool for all NHS Mental Health Trusts. Outcomes of the PCREF have been hailed by the Race and Health Observatory to achieve real change for racialised communities. Key findings from the report include:

- 93% feel the clinical approach to mental health by the NHS is alienating. Participants called for a multidimensional approach, including values, spiritual philosophies, and history
- 86% faced discrimination and 81% experienced shame or stigma in accessing NHS mental healthcare
- 92% are concerned that NHS staff, particularly GPs, overlook physical symptoms of mental health or psychosomatic disorders
- Over 95% want professionals to embody the 3C's: curiosity, compassion, and cultural nuance
- 97% of men highlighted the topic of suicide when speaking about men's health.

You can read the full report [here](#).

BWAE saw similarities in our findings and wanted to provide space for the community to talk about mental health. We designed the workshop to build capacity within the community on day 1 and then facilitate dialogue between the community, decision-makers, and practitioners on day 2.



Participants at the workshop

DAY 1 - COMMUNITY ENGAGEMENT

Participants

Over 70 participants joined the workshop on day 1. Most participants were from the local Muslim community, including the local mosque committee. Participants included 12 local healthcare professionals including, the Chief Executive Officer of Mid and North East Essex Mind, Healthwatch Essex, regional NHS practitioners, and national healthcare practitioners.



Gulamabbas Lakha,
Shaykh & tutor in psychology of Religion

Overview

- The workshop opened with an informative session on mental health and emerging research on the experiences and needs of the British South Asian population.
- Kiran Kaur Manku presented the 1928 Institute mental health report which features regional barriers to accessing

mental healthcare, experiences of the community in NHS services, and community recommendations. The participants found the research striking and supported the recommendations.

- Sidra Naeem discussed Muslim perspectives of mental health and stimulated a discussion on stigma. Participants highlighted the need to move beyond stigmatising perspectives and proactively thought of ways to address this.
- Nikhwat Khan Marawat shared his personal experiences of mental health and showcased the Mindful Muslims program which is funded by Public Health England. The community opened up about an urgent need for appropriate bereavement counseling.
- Gulamabbas Lakha applied a psychotherapy lens to Muslim concepts and rituals. The community found this session extremely insightful, and it stimulated discussion about therapy not only to treat mental ill-health but also as a mechanism to support a healthy mind.
- The structured discussion facilitated the community to engage with the information presented and provoked thought on how to address the community's needs. It was an emotional session with Jahanara Loqueman, chairperson of Bangladeshi Women's Association Essex, sharing her personal experience.

Key messages from the community

NHS Healthcare:

- A seat at the table - the community is available and willing to express their needs and want to be heard
- Training for mental healthcare professionals in the 3C's: compassion, curiosity, and cultural nuance - therapists that are professionals who empathise with the community's issues
- Being "matched" to a healthcare professional of the same faith or culture is not always helpful - the community shared examples where trust had been violated or sessions cut short
- GPs to be more flexible and not rely on arbitrary measures - take time to discuss mental health concerns, rather than just using scales such as "have you had suicidal thoughts in the last 10 days"
- Improve trust with mental health professionals - many community members expressed a lack of faith that their GP would take them seriously

Provision within the community:

- Support and signposting - signposting to mental healthcare professionals that is accessible to all e.g. via Imams, community centres, and community groups
- Spaces to talk about mental health - provide spaces to talk openly and without prejudice
- Regular events - like this workshop to build capacity and awareness within the community about mental health and resources available



Cllr Robert Davidson,
Mayor of Colchester



Rufia Ashraf,
Mayor of Northampton

DAY 2 - DIALOGUE

Participants

Over 60 participants joined the workshop on day 2. There were more healthcare practitioners and policymakers than the previous day, as this day was structured to facilitate dialogue with the community and key stakeholders. The age range of community members was from 16 to 80 years old, whilst the practitioners and decision-makers came from Essex, London, and Northhampton.

Overview

- Day 2 focused on facilitating dialogue between the community and policymakers and practitioners. The day began with a summary of the previous day about the research, what mental health looks like in the local community, and are the perceived local challenges and needs.
- Apsana Begum MP shared personal and policy insights on mental health. She spoke passionately about the need to ensure services are designed with the local community in mind. The community was particularly supportive of her idea of having counselors in schools, and the need to ensure therapists understand intergenerational trauma such as that stemming from rapes during the Bangladeshi Liberation War.
- Councillor Robert Davidson, the Mayor of Colchester, spoke about the need to help others and improve mental healthcare given the pandemic. Many participants

raised the fact that the pandemic has been challenging for their mental health and they are concerned about close family or friends going through bereavement.

- Councillor Rufia Ashraf, the Mayor of Northampton, drew upon the values of the Bangladeshi community and how the community is a resource for practitioners to work with.
- The dialogue and roundtable discussions focused on how the community can get involved in mental healthcare policy and practice, how to improve mental healthcare treatment, and how to improve access to good mental healthcare.



Salma Ahmed, Solma Ahmed with Apsana Begum MP

Key messages from the community

All the key messages from Day 1 were reiterated, in addition to the following:

NHS Healthcare:

- Offer both therapy and medication - the community spoke about GPs being too quick to prescribe medicine and give labels, making them feel isolated and uncomfortable going back to access healthcare
- Language barriers - many community members called for interpreters that are understanding
- Online self-referrals are inaccessible - the community called for an alternative platform to self-refer such as a peer support program or trained community members to assist with referrals
- Collaboration - the community and practitioners want to work together

to ensure good practice, this includes commissioning and recruiting community members

Provision within the community:

- Training for Imams - community members often share their mental health concerns with Imams but they feel unable to provide assistance, they urgently called for training
- Specialists in schools - many shared examples of challenges and bullying at school and asked for culturally-appropriate mental health specialists to be immediately accessible within schools
- Community knowledge hubs - accessible knowledge on mental health services and related issues, including power of attorney, consent procedures to share care information and decision-making with family members, in places of worship and community centers



Sidra Naeem,
Chaplain & secretary of Essex, Mind and Spirit

NHS LEADERS' REFLECTIONS ON THIS REPORT

"This report is an important contribution to our ICS's work to tackle inequalities in health and care. It provides us with a range of recommendations that can make a tangible difference to mental health support for Muslim communities. One of the recommendations refers to training our workforce in 3C's – compassion, curiosity and cultural nuance. I believe these attributes should guide all of us in health and care. We should all show compassion to those who

experience discrimination and disadvantage, curiosity about each other's lives, values and challenges, and cultural nuance to recognise that everyone in every community is unique. one size will never fit all. Our Integrated Care Board, which will come into being on 1 July 2022, will commit to ensuring that we take forward these recommendations and incorporate the 3Cs into our values and in our practice."

Dr Ed Garratt

**CHIEF EXECUTIVE, NHS IPSWICH & EAST SUFFOLK CCG, NORTH EAST ESSEX CCG, WEST SUFFOLK CCG
CHIEF EXECUTIVE (DESIGNATE), SUFFOLK & NORTH EAST ESSEX INTEGRATED CARE BOARD**



Participants at the workshop with Apsana Begum MP

“At East Suffolk and North Essex NHS Foundation Trust (ESNEFT) we are committed to delivering safe, compassionate care that looks at the whole person, that moves away from a traditional approach to caring for a person's physical health in isolation to their mental health, every contact, by every health professional should seek to understand and as you state in your introduction, to be curious to understand where a person is coming from, what is happening in their world as well as their health and the context of where that is happening.

However we are on a journey and we certainly do not get this right all the time or provide all our staff with the necessary skills to be able

Rebecca Pulford

**ASSOCIATE DIRECTOR OF NURSING: INTEGRATED PATHWAYS
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST**

“North East Essex CCG within the Suffolk and North East Essex ICS footprint has proactively responded to the inequalities that exist in our population and which have been brought to light via the Covid-19 pandemic. Our ICS now has our local campaign for Black, Asian and ethnic minority communities #WhatAreWeMissing.

We are committed to use our Public Health prevalence and needs assessment data to target our resources to ensure that our mental health transformation initiatives respond to deprivation and the clear link to inequalities.

We have established working with the Voluntary, Community and Social Enterprise sector through the North East Essex Alliance ‘Feel Well Domain’ and as part of our dedicated approach for Mental Health have supported to date Refugee Action Colchester, Together We Grow, Age Well East, Colchester and Clacton Crisis Café, Community 360, CVS Tendring, Harwich Suicide Group and the Tendering Mental Health Hub.

Eugene Staunton

**DEPUTY DIRECTOR OF MENTAL HEALTH TRANSFORMATION
IPSWICH AND EAST SUFFOLK CCG, NORTH EAST ESSEX CCG, WEST SUFFOLK CCG**

to support holistic, joined up physical and mental health care so we can signpost to our expert mental health colleagues and voluntary organisations when a person really needs it. We are good at recognising mental health crisis within our hospitals but we need to go a step further and identify when someone needs help way before crisis hits.

At ESNEFT we have a wonderful opportunity to think how we train our international nurses, therapist and doctors, many who come from India and Bangladesh and understand the cultural nuances of your community and we would welcome working closer with you to develop that training.”

In partnership with the Regional NHS Mental Health Team, NHS England and NHS Improvement, the East of England Local Government Association, the Strategic Migration Partnership is providing cultural awareness information, guidance and advice for perinatal mental healthcare professionals to create and embed effective perinatal continuity of care pathways for all communities across the East of England. This provides an opportunity to attend cultural awareness training sessions as part of the regional equalities workstream in Perinatal Mental Health.

We are working to identify system-wide top priorities, population experiences, inequalities in young people, employment and specific protected characteristics. We are seeking community collaboration with Councils/other local government bodies to engage with disadvantaged groups.”





THE **1928**
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