

ISLAM, MENTAL HEALTH AND BEING A MUSLIM IN THE WEST

Ahmed Hankir¹, Frederick R. Carrick^{2,3} & Rashid Zaman^{4,5}

¹Bedfordshire Centre for Mental Health Research in Association with Cambridge University, Cambridge, UK

²Carrick Institute, Department of Neurology, Cape Canaveral, FL, USA

³Harvard Medical School, GCSRT, Boston, MA, USA

⁴Department of Psychiatry, University of Cambridge, Cambridge, UK

⁵East London Partnership Foundation Trust, Bedfordshire Centre for Mental Health, Bedford, UK

SUMMARY

The allegation that, 'Being Muslim means that you cannot be British' is often made. In view of this, we conducted a small survey (n=75) utilising purposive sampling on Muslims residing in the United Kingdom. Participants were recruited in a King's College London Islamic Society event in November 2014 in Guy's Hospital, London. 75/75 (100%) of the participants recruited responded. 69/75 (94%) of respondents either disagreed or strongly disagreed that, 'Being Muslim means that you cannot be British' (75/75 (100%) Muslim participants, 43/75 (57.3%) female participants, 32/75 (42.7%) male participants, mean Age 20.5 years, (Std. Dev. ±2.5)).

This paper broadly seeks to answer two related questions. Firstly, 'What is the relationship between Islam and the West?' and secondly, 'What is the relationship between Islam and mental health?' In relation to the former, the rise of radicalization over recent years and the Islamophobia that has ensued have brought Islam and Muslims under intense scrutiny. Hence we feel it is both timely and important to offer a brief background of Islam and its relevance to the Western world. In relation to the latter, for many people religion and mental health are deeply and intimately intertwined. For example, religion can enable a person to develop mental health resilience and Islam has been reported to be a protective factor against suicidal behaviour. We conclude our paper by illustrating how the two questions are interrelated. We do so by offering an autobiographical narrative from a Muslim healthcare professional residing in the UK who developed a mental health problem precipitated by war in the country of his origin. His narrative includes descriptions of the role Islam that played in his recovery as well as his attempts to reconcile seemingly disparate aspects of his identity.

Key words: Islam – soul - religious experience - autobiographical narrative – West - mental health

* * * * *

BACKGROUND

'The whole world is in chess. Any move can be the death of you. Do anything except for remain where you started and you can't be sure of your end. None of us are sure of our end really or what hand will guide us there. A king may move a man and a father may claim a son. That man can also move himself and only then does that man truly begin to play his own game. Remember howsoever you are played or by whom your soul remains in your keeping alone even though those who presume to play you be kings or men of power. When you stand before God you cannot say, 'But I was told by other to do thus' or 'that virtue was not convenient at the time' this will not suffice...'

King Baldwin 'the leper' of Jerusalem
circa 1200 A.D.

From the epic motion picture *The Kingdom of Heaven*

Islam, together with Judaism and Christianity, falls under the umbrella of the Abrahamic religions. Muslims, Christians and Jews all believe in - and indeed revere - the blessed prophet Abraham (or Ibrahim as the name is transliterated from the Arabic language in the Holy Quran). In fact, the second longest Surat (chapter) in the Holy Quran - Surat Aali Imran - is devoted

almost entirely to the blessed prophet Abraham (may God be pleased with him) and his family.

There is also considerable overlap between Islam and Christianity and the Holy Quran contains a Surat about Mary (may God be pleased with her) the mother of Jesus who Muslims have a great love and respect for (the two most admired women in Islam are Khadija (may God be pleased with her) the first wife of the blessed prophet Mohammed Peace Be Upon Him (PBUH) and Mary (may God be pleased with her)). So even though the above epigraph is derived from a dialogue between a Christian ruler and his knight (inspired by Christian ideology) it, nonetheless, deeply resonates with the primary author (AH) - an individual who strives to adhere to the Islamic faith as best as he can- and his understanding of what it means to be a practicing and sincere Muslim.

Ulamma or scholars of Islam posit that Islam is more than just a religion but a complete way of life that should govern a person's existence 24 hours a day, 7 days a week, 365 days a year up until an individual's final breath (and even after one's death one can continue to accrue rewards or punishment for the enduring effects of the deeds that they have done on Earth i.e. an erudite academic may continue to receive reward for the knowledge created as a result of his or her research since it can continue to be used for the

benefit of humankind and bequeathed to future generations).

Islam literally means peace through the voluntary submission of your will to Allah. In essence, a Muslim is an individual who glorifies Allah in the manner that was prescribed by Him and is someone who is able to emancipate oneself from the urge to commit sin, be that adultery or finding faults in others.

A person who describes oneself as a Muslim must abide by the Five Pillars of Islam, which are as follows:

- The shahadah (i.e. the declaration that there is no Deity worthy of worship save Allah and that Mohammed (PBUH) is the messenger and the last prophet of Allah);
- Prayer (which must be offered five times per day);
- Fasting during the holy month of Ramadan;
- Zakat or almsgiving to the poor and destitute;
- Pilgrimage for those who are able to (Muslims from all over the world travel to the holy place of worship in Mecca in the Arabian Peninsula which was first constructed and consecrated by God through His vicegerent on earth the prophet Ibrahim).

JIHAD

'Regard the Frank! Behold with what obstinacy they fight for their religion while we the Muslims show no enthusiasm for waging holy war...'

Saladin circa 1200 A.D.

Excerpt derived from Amin Maalouf's book *'The Crusades through Arab Eyes'*

Jihad is a term that has entered colloquial parlance in the West and its meaning has been altered beyond recognition (to the extent that there are perverse and vulgar representations and interpretations of this word). The term Jihad has the capacity to evoke uncomfortable feelings, thoughts and emotions although it shouldn't if it is used in the correct context and properly understood. Jihad means 'to struggle' and that can occur on many different levels within an individual or between individuals, groups and indeed states.

When a nation is under attack by a brutal and savage force that has invaded them it is only natural for human beings who belong to that state to want to defend themselves and their land (indeed with any form of occupation there will invariably be some form of resistance). The key term here is defence. When under attack we, as human beings, mount self-defence and this is only natural. To be on the offensive, however, would be tantamount to being the aggressor and no peaceful ideology promulgates this. Indeed, Islam unambiguously prohibits violence and the killing of innocent civilians. War itself should only ever be a final resort if all diplomatic efforts have failed. Indeed, there are strict terms of engagement that must be abided by i.e. it is forbidden to kill non-combatants or to raze homes and prisoners of war must be treated with mercy and compassion.

We would like to take this opportunity to clearly express that we, the authors, condemn the terrorist acts that have taken place over recent years in Nigeria, Iraq, Afghanistan, Australia, USA, Canada and France. We share a deep concern about the youth from the UK who call themselves Muslims and who are joining the so-called 'Islamic State' to engage in battle with them. We would like to make it absolutely and explicitly clear that we as Muslims residing in the UK do not 'quietly condone' terrorism in any of its many forms (i.e. the so-called 'Islamic State') but rather we loudly and categorically condemn these barbaric and abhorrent terrorist acts. The primary author (AH) actually cried when he discovered that the British humanitarian, Alan Henning was beheaded by his captor 'Jihadi John' in Syria. We offer our deepest and sincerest condolences to the loved ones of Alan Henning and we regard and revere him as a hero who selflessly served the most impoverished and destitute people in our world today).

A CONFLICT WITH ONE'S OWN 'SOUL'

On an individual level, a person may have a conflict with one's own 'soul'. Take for example a man who has migrated from a Muslim majority country to a Western destination culture where prostitution and alcohol consumption are both rife and legal. That very man must, if he cares to abide by the tenets of Islam, attempt to resist these temptations which are seemingly ubiquitous. Despite the fact that he may be a devout individual he is, after all, a human being and as such it is only natural for him to have a desire to succumb to the temptation. He may not be able to resist this powerful urge and by capitulating to it be engulfed by remorse and pathos for (in his perception) betraying his faith. A possible consequence of this is the development of suicidal ideation and behaviour in the context of a severe depressive illness (Hankir et al. 2014). However, Islam would be a protective factor in this scenario for Muslims are forbidden to take their lives with their own hands. Indeed, the lowest rates of suicide are in Islamic people (Shah 2010) Islam, above and beyond being a protective factor against suicide for the individual, is also a protective factor for society against suicide. Contrary to folklore, Islam prohibits all of forms of suicide, including 'suicide bombers', which, as will be enumerated below, is one of the gravest sins an individual can commit since it invariably results in the deaths of innocent people. There is no glory in being a 'suicide bomber' if anything such acts are deemed cowardly and cruel.

To be able to resist temptation (i.e. fornication) and not to be satisfied with immediate gratification is empowering and Muslims believe that the reward that they will receive from Allah in the hereafter will be far greater than any ephemeral pleasure on earth. However as will be illustrated below God, in His infinite wisdom, knows and understands what He created. Man is fallible and as such he is prone to committing sin. Providing an

individual repents for their wrongdoing Allah, the most Merciful, will forgive that person (indeed God will forgive humankind for all the sins that they commit (see below) except shirk or polytheism).

THE NOBLE CHARACTER OF THE BLESSED PROPHET MOHAMMED (PBUH)

The 20th century U.S. statesman Abraham Lincoln wisely proclaimed that anyone can confront adversity and that this, as a leader, should be easy to overcome. However, a true test of a man's character, according to one of the greatest presidents in U.S. history, is when you give that man power.

Volumes of books have been written by Ulema (muslim scholars) that contain detailed descriptions of the blessed prophet Mohammed's (PBUH) noble character and the exemplary way that he would conduct himself when with other people across the different strata of society (from powerless slaves to powerful rulers). The prophet Mohammed (PBUH) was able to win 'the hearts and minds' of a legion of people (in life and after death). Indeed this may very well be one of the reasons as to why the name Mohammed is the most common name in the world. Much in the same way that the 20th century British poet Rudyard Kipling espoused through verse, the blessed prophet Mohammed (PBUH) was able to, *'Talk to crowds and keep his virtue and walk with kings and not lose that common touch...'*

Below are a few paragraphs that contain some examples of how the prophet Mohammed (PBUH) behaved with his fellow human beings (regardless if they were Muslim, Christian or Jew) and how he has influenced the primary author's modus operandi even centuries after his demise.

Prior to proceeding it is important to mention that Muslims refer to two main sources for Islamic knowledge namely the Holy Quran and the Sunna or the life of the prophet Mohammed (PBUH) (and his example). Muslims love the blessed prophet Mohammed (PBUH) so much so that they strive to emulate him as best as they can (i.e. pray as the prophet prayed, eat as he ate (Hankir et al. 2015), sleep as the prophet slept and treat their kith and kin with kindness as the prophet Mohammed (PBUH) did). Muslims yearn to imitate the prophet Mohammed's (PBUH) actions and august character and they pray to Allah that their hearts possess pure and sincere intentions as the prophet Mohammed's (PBUH) heart possessed.

It was narrated that Mohammed (PBUH) would not pass by a single person in the marketplace in Mekkah in the Arabian Peninsula without smiling at them first (it was as if a gentle smile would constantly be adorning his serene face). Whenever I am (AH) on duty at the coalface of clinical medicine, I attempt to imitate the blessed prophet Mohammed (PBUH) and smile at other

members of the multi-disciplinary healthcare workforce (janitors, clinical support workers, nurses, trainees and consultants) and patients alike. This would invariably elicit colleagues and patients to smile back at me. It is a subtle kindness that does, in my opinion, promote camaraderie and cooperation.

The science of human communication instructs us that body language and how someone speaks can be more important than what is actually being said (this is not to negate the importance of calibrating one's words carefully and indeed one must be vigilant with the words that one utters lest they come across as disrespectful or offensive to other people, particularly to older people). The prophet Mohammed (PBUH) was a mildly mannered and softly spoken man. He would do his utmost to avoid arguments (even when he was right) and whenever he was compelled to debate with someone he would never insult that person. Indeed he would remain stoic whenever people attempted to provoke him. This was a frequent occurrence when the prophet Mohammed (PBUH) first announced that Allah had chosen for him to be a prophet, however, whenever he was taunted he would always meet such ridicule with good grace.

We are often confronted by patients in the Emergency Department in hospitals who are intoxicated and who are accompanied by Police Officers. These people tend to hurl abusive and disparaging remarks however as professionals we are expected not to retaliate and, much in the same way that the blessed prophet Mohammed (PBUH) met hostility, meet these challenges with equanimity as the prophet did. Indeed, the twentieth century Canadian physician and father of modern medicine, Sir William Osler composed a famous essay on the importance of equanimity when practicing medicine and his treatise overlaps with the teachings of the blessed prophet Mohammed (PBUH).

When it was first revealed to the prophet Mohammed (PBUH) that he had been selected by Allah to be His final messenger to humankind the news was conveyed to Mohammed (PBUH) through the Angel Gabriel. Mohammed (PBUH) was terrified by the experience and sought solace from his spouse Khadija (may Allah be pleased with her). When the prophet communicated to his wife the cause of his distress of mind Khadija (may Allah be pleased with her) comforted her husband and assured him that no harm would come to him. She began to list his many virtues, one of which was that the prophet Mohammed (PBUH) always made his guests feel welcome. On a personal (AH) note, one of the most unpleasant sensations I have experienced in my life was when I was made to feel as if I was an intruder in someone's home even though I was invited. I feel as though whenever I do have a guest in my own home it is incumbent upon me to make my guest feel welcome (much in the same way that the blessed prophet Mohammed (PBUH) always made his guests feel welcome with hospitality, generosity and kindness).

‘Being Muslim means that you cannot be British’

The authors argue that Muslims residing in the UK are often accused of not respecting British values and that being a Muslim is not ‘compatible’ with being British. The rise of radicalization since Western military intervention in Muslim majority countries (i.e. Afghanistan and Iraq) has resulted in an increase in Islamophobia in the UK. An overwhelming majority of Muslims in the UK categorically condemn terrorism. As it is well documented, Muslims are often the victims of terrorist attacks (both directly i.e. a large number of people who are killed by terrorism are Muslim) and indirectly (i.e. the backlash that subsequently follows terrorism such as Islamophobia).

All of the above can have profound effects on a Muslim person’s identity (and mental health) and the general public’s understanding of what it means to be a Muslim in the Western world. Terrorists seek to cause division between people (Bhui 2014) and so it is crucial to counter terrorism by debunking any myths that arise about what Islam is about and what it is not about (i.e. the Quran clearly and explicitly states that, ‘If you were to kill one person it is as if you killed the whole of humankind’). The aim of Islam is to promote cohesion of a community which can be achieved through peaceful co-existence.

The primary author (AH) was invited by King’s College London Islamic Society (KCL ISoc) to deliver a lecture in November 2014. AH took this as an opportunity to recruit participants for a survey that the authors created. Paper questionnaires were hand distributed to participants who attended the talk (n= 75). Participants were invited to respond to the construct, ‘Being Muslim means that you cannot be British’ by selecting one of five items which were on Likert-type scale listed below:

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Participants were asked to provide the following information: religion, age, gender, nationality and ethnicity (see table 1).

Participant demographics

We collated the paper questionnaires and then manually duplicated the data onto an electronic Microsoft Excel spreadsheet. We then imported the Excel spreadsheet onto the statistical software package Stata IC 13.1 to calculate and summarize descriptive statistics (see tables 1 and 2).

75/75 (100%) of participants responded and 75/75 (100%) of the participants were Muslim of which 43/75 (57.3%) of participants were female and 32/75 (42.7%) were male. The mean Age of participants was 20.5 years, (Std. Dev. ±2.5).

Table 1. Ethnicity of respondents

Ethnicity	Freq.	Percent	Cum.
Afghanistan	2	2.67	2.67
Algeria	1	1.33	4.00
America	1	1.33	5.33
Egypt	1	1.33	6.67
England	47	62.67	69.33
Finland	1	1.33	70.67
Germany	1	1.33	72.00
India	2	2.67	74.67
Jordan	1	1.33	76.00
Malaysia	1	1.33	77.33
Oman	1	1.33	78.67
Pakistan	3	4.00	82.67
Poland	1	1.33	84.00
Somalia	1	1.33	85.33
Sudan	1	1.33	86.67
UK	10	13.33	100.00
Total	75	100.00	

Table 2. Participant nationalities

Nationality	Freq.	Percent	Cum.
Afghan	1	1.33	1.33
Austrian	1	1.33	2.67
Bahraini	1	1.33	4.00
British	59	78.67	82.67
British/Pakistani	2	2.67	85.33
British/Somalian	1	1.33	86.67
British/Sri Lankan	1	1.33	88.00
British/Turkish	1	1.33	89.33
Egypt	1	1.33	90.67
English	1	1.33	92.00
English/Algerian	1	1.33	93.33
Finnish	1	1.33	94.67
German	1	1.33	96.00
Malaysian	1	1.33	97.33
Polish	1	1.33	98.67
Somalian	1	1.33	100.00
Total	75	100.00	

RESULTS

69/75 (94%) of respondents either disagreed or strongly disagreed with the statement, ‘Being Muslim means that you cannot be British’ (see Table 3 and Figure 1).

Table 3. Results on the construct, ‘Being Muslim means that you cannot be British’

Being Muslim means that you cannot be British	Freq.	Percent	Cum.
Disagree	29	38.67	38.67
Neither agree nor disagree	6	8.00	46.67
Strongly disagree	40	53.33	100.00
Total	75	100.00	

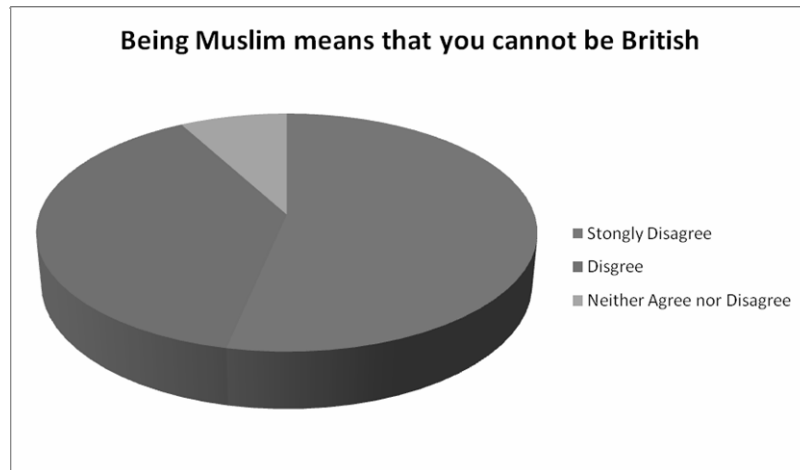


Figure 1. Graphic representation of the results on the construct, 'Being Muslim means that you cannot be British'

FIRST PERSON NARRATIVE ON ISLAM AND THE RELIGIOUS EXPERIENCE

Below is an autobiographical narrative by AH describing and discussing his personal experiences with profound oscillations in his mood and the roles that psychosocial, cultural and religious factors played in disease detection, progression, treatment and outcome.

I (AH) have decided to Come Out Proud (COP) as a Muslim healthcare professional that has had first-hand experience of a mental health problem. Disclosure or concealment of a mental health problem can be a difficult decision to make. Corrigan et al conducted a meta-analysis of outcome studies challenging the public stigma attached to mental illness and concluded that social contact was more effective than education at reducing discrimination in adults (Corrigan 2012). In other words people who have a mental illness also have the power to reduce the stigma attached to it. We do have a precedent; we know that COP reduced the discrimination attached to homosexuality (Corrigan 2009) (regardless if one believes that homosexuality is sinful or not).

Although, I do not dispute the plethora of evidence that supports the efficacy of pharmacotherapy (Poo 2014) and psychotherapy in the treatment of common mental disorders, the Holy Quran and the Hadith (i.e. the sayings of the blessed prophet Mohammed (PBUH)) played the most important role in my recovery from a devastating mood disorder. For example, the aftermath of mania is invariably melancholia. When a person develops mania that individual can become dis-inhibited and hence behave in an uncharacteristic and unsavoury way (i.e. they may engage in 'amorous activity').

Muslims believe that intimate relations before marriage is not permissible and hence when an individual who has experienced a manic episode recovers from it they may, quite acutely, realize that they committed a Haram (or sinful) act as a result of being dis-inhibited and consequently be consumed by guilt (as mentioned above). However Islam teaches us that, *'If you come to Allah with a mountain of sins, He (Allah) will come to*

you with a mountain of forgiveness. So repent to Allah with earnestness and He, Allah (the most Merciful) will forgive you...' and so this is an example of how Islam can help you to 'short circuit' negative cognitive schema, nihilistic thinking and ruminations (i.e. excessive guilt) which are part and parcel of depressive illness.

BEING A MUSLIM AND THE HUMAN CONDITION

'What does being a Muslim really tell the human being about oneself?' I (AH) can certainly comment on behalf of myself and about how Islam has shaped my worldview and how integral Islam is for my own mental health.

Chapter 59, Verse 19 (59:19) of the Holy Quran states, *'How can a man know himself if he does not know his Lord?'* So, it can be argued, that in order to develop an insight into your own 'soul' it is a pre-requisite to learn about the Creator by reading scripture (i.e. the Holy Quran). Conversely, Ulema also report that, *'Whoever does not know himself does not know his Lord.'* Hence in Islam, Muslims are encouraged to engage in introspection and to reflect on their thoughts, behaviour and character so that they develop a deeper understanding of their Lord.

Muslims believe that the prophet Mohammed (PBUH) during his lifetime (circa 600 A.D.) ascended from Jerusalem to the heavens where he toured the seven stages of heaven and led the other prophets in prayer (including Jesus, Ibrahim, Moses and Noah). In Islam this ascent by the prophet Mohammed (PBUH) is known as Al-Miraj or the Night Journey. He the prophet Mohammed (PBUH) was then raised to the highest heaven and it was there that prayer was prescribed to him and those who follow him. As enumerated above, one of the Five Pillars of Islam is that we pray five times per day. We, as adherents of the Islamic faith, actually believe that the first question that God asks us on the Day of Judgement - when we have an audience with Him - relates to our prayers. So to pray gives Muslims a noble sense of purpose (i.e. we are able to

answer the question, ‘What is the meaning of life?’ and that can, certainly in my (AH) humble opinion, be the antidote to an ‘empty’ and forlorn soul.)

On a psychological level praying five times a day gives me (AH) a sense of discipline. This can be paramount for people who have a mood disorder since they may be completely lacking structure in their lives (i.e. poor sleep hygiene in the form of irregular sleeping patterns). Praying also helps me to exert some control over the milder oscillations in my mood. Maintaining a balanced state of mood is, figuratively speaking, similar to holding the chain of an anchor with one hand and the string of a kite in the other whilst on a boat on the sea. If you loosen your grip of the string you will sink into the murky depths of a depressive illness whereas if you let go of the chain you will ‘take off’ with the flights of fancy so typical of mania. Prayer, for me at least, helps me to establish equilibrium. Indeed, I do not actually take medication to control the oscillations in my mood and I do feel that prayer is a form of treatment (and meditation) that has kept me mentally resilient for the last ten years. I have been in full remission ever since embracing my faith and I have not relapsed throughout this period.

The act of prayer itself is not a time consuming process at all for it only takes between 5-10 minutes to complete (if that). Although Muslims receive more reward for praying in congregation and in mosques, Muslims can pray anywhere in the world (so long as the environment is clean). God, in His infinite compassion and mercy, provides dispensation for those who are not able to pray i.e. those who are physically less able such as older people. Women during menstruation are also exempt from prayer during that period. There is something liberating about the movements associated with prayer, the humility that is required to bow down and prostrate to your Creator. Placing your forehead on the ground is symbolic of our submission to our creator and how much we both love and fear him (Muslims believe that they must both love and fear their Lord and indeed this would be in keeping with the principles of the 16th Century Italian polymath Niccolo Machiavelli who stated in his magnum opus *The Prince* that, ‘*It is better to be loved than to be feared, if you cannot have both...*’)

When I (AH) experienced an episode of elated mood back in 2006, I felt that I had a ‘religious experience’. I remember waking up one morning to discover that my hometown in Lebanon was bombed and numerous innocent civilians were killed overnight. The psychological trauma was so overwhelming (and I was so sensitized to the events) that I remember crying inconsolably when I was attempting to fathom the magnitude of the conflict. However it was during this time (when I was in New York City of all cities) that I placed myself in the shoes of one of the blessed prophet Mohammed’s (PBUH) companions none other than Utbah during the famous battle of Uhud.

The Battle of Uhud is a battle that the Muslims suffered severe losses against the Qureysh (the tribe that the Prophet Mohammed (PBUH) is from and who rejected that he was a prophet. The Qureysh initiated a brutal campaign to persecute the blessed prophet Mohammed (PBUH) and his followers). Utbah is regarded by many scholars to be the hero of the Battle of Uhud. He actually used his body as a human shield to protect the person of the prophet Mohammed (PBUH) when he was under attack. I (AH) felt that in a way I was under attack for no apparent reason much in the same way that the prophet Mohammed (PBUH) was being attacked for no apparent reason other than to deliver the peaceful message of Islam and to selflessly share its treasure. Something extraordinary then ensued: I actually found myself re-enacting the scene in the Battle of Uhud when the prophet Mohammed (PBUH) was under attack himself (I recall warding off would-be assailants and literally yelling ‘leave him alone!’ as if I were there in person in the Arabian Peninsula all those centuries ago). It was then that I felt that Allah was smiling at me. At that precise moment I felt nearer to Allah and that He, in His infinite mercy, had planted in my heart the seeds of Sakinah (tranquillity).

It was a most profound experience and whatever mental distress I was under at the time literally transformed into unalloyed peace of mind (even happiness). I realize that some kind of physiological process had taken place in my body and brain influencing my state of mind (perhaps release of endogenous endorphins into my bloodstream) but I think it would be an oversimplification to reduce the experience to merely a ‘scientific’ phenomenon.

CONCLUSION

In this paper we have offered a brief overview of Islam and what it means to be a Muslim in the West. We have also provided data from a short survey conducted on Muslims residing in Britain in relation to identity. We hope that this has made it clear that Muslims, more than anything, want to be included in British society and to contribute to its betterment. Moreover, being a Muslim and adhering to British values is not dichotomous at all but rather there is considerable overlap between the two. Encouraging communication and facilitating contact we feel is an effective way to promote cohesion between different members of a community, (i.e. Muslim, Christians, atheists and Jews and others).

We have also illustrated how religion and mental health are deeply and intimately intertwined. We feel that a holistic approach taking into consideration a person’s religious beliefs is the best and most effective way of addressing mental health. Islam, as a way life, has conferred protection against developing mental illness for a countless number of Muslims by offering them a community that they can integrate with (which

is crucial since social exclusion is a major issue for people who have mental health problems (Evans-Lacko 2014)) and can also give them structure and purpose for living.

Whether you have a ‘spiritual’ side or not, we urge all mental healthcare providers to develop cultural and religious competency which includes developing an awareness of the deep affection that a Muslim might have towards Islam and how this way of life can play an important role towards their recovery from mental illness.

As for the primary author (AH), although he did not participate in the survey himself, he would like to take this opportunity to proudly, emphatically and unapologetically state the following: ‘I am a Muslim and I am British.’

Acknowledgements:

We would like to acknowledge Hassan Awan (Academic Clinical Fellow in General Practice, University of Central Lancashire, UK) and Awadalla Youssef (Rector of the Open School for Arabic and Islamic Studies, Manchester, UK) who kindly reviewed the this paper

Conflict of interest: None to declare.

References

1. Bhui K, Warfa N, Jones E: *Is violent radicalisation associated with poverty, migration, poor self-reported health and common mental disorders?* *PLoS One* 2014; 9:e90718.
2. Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rüsch N: *Challenging the public stigma of mental illness: a meta-analysis of outcome studies.* *Psychiatr Serv* 2012; 63:963-73.
3. Corrigan PW, Larson JE, Hautamaki J et al.: *What lessons do coming out as gay men or lesbians have for people stigmatized by mental illness?* *Community Ment Health J* 2009; 45:366-74.
4. Evans-Lacko S, Courtin E, Fiorillo A et al.: *The state of the art in European research on reducing social exclusion and stigma related to mental health: A systematic mapping of the literature* *European Psychiatry* 2014; 29:381–389.
5. Hankir A, Hankir M, Zaman R: *Should Ramadan be prescribed after Christmas? Obesity in the healthcare profession and the health benefits of fasting.* *BMJ Case Rep* 2014; doi:10.1136/bcr-2013- 202704.
6. Hankir A, Zaman R: *Jung’s archetype, ‘The Wounded Healer’, mental illness in the medical profession and the role of the health humanities in psychiatry.* *BMJ Case Rep.* 2013 Jul 12; 2013; pii: bcr2013009990. doi: 10.1136/bcr-2013-009990.
7. Poo SX, Agius M: *Atypical Anti-Psychotics in Adult Bipolar Disorder: Current Evidence and Updates in the NICE guidelines.* *Psychiatr Danub* 2014; 26(Suppl 1):322-9.
8. Shah A, Chandia M: *The relationship between suicide and Islam: a cross-national study.* *J Inj Violence Res* 2010; 2:93-7.

Correspondence:

Ahmed Hankir, MD, Research Fellow
Bedfordshire Centre for Mental Health Research in Association with Cambridge University
Cambridge, UK
E-mail: ahmedzakaria@doctors.org.uk