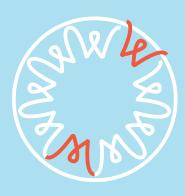
## **CMW Why We Exist**



<sup>Centre for</sup> Muslim Wellbeing

## The need in Muslim communities

Muslims face a number of challenges in managing their wellbeing – both within the community as well as within the broader service landscape

Across Australia, Muslim communities face a number of challenges that impact their wellbeing. Like other culturally and linguistically diverse (CALD) groups, many experience social exclusion as a result of language barriers, racism and anti-Muslim sentiment and fragmentation within the community and service landscape.

Mental ill health in particular is a key factor influencing wellbeing in Muslim communities. Though there is little formal research on the prevalence of mental health across these communities, anecdotal evidence tells us that Muslims experience mental illness at the same rate or higher than the broader Australian community.

As has been the case in many communities, these issues have only been amplified by COVID-19. For example:

- Calls to Beyond Blue doubled between June to July as the second lockdown was introduced, and Victorians now account for half of all calls to the mental health organisation.
- Mental health amongst young people (18-25 years) has been disproportionately affected by COVID-19. Headspace has seen a 30-40% increase in demand for online or phone services during the pandemic.
- The University of Sydney forecasts that suicide rates in Australia could rise by more than 13.7% over the next five years as a result of COVID-19 impacts. In spite of the Muslim community being more likely to experience incidences of mental ill health,

there is a strong stigma associated with seeking support within the community which means that Muslims tend to only access services at points of crisis.

In addition, many mental health providers in Australia lack the cultural awareness to deliver culturally appropriate supports to the Muslim community. This means that there is less incentive for Muslim's to access support through these services.

## Barriers within the Community

Religious and cultural beliefs, lack of understanding and stigma around mental health

- There are low levels of mental health literacy across Muslim communities
- There is denial and stigma around mental health across Muslim communities from various cultural backgrounds
- Explanatory models of mental illness do not necessarily conform to Western concepts
- There is also fear and stigma around seeking out professional support services

Lack of knowledge of and/or trust in support services

- Many Muslims lack an understanding of the support services available in the community and where to find them
- There is a lack of respect for psychiatrists and psychologists, and a lack of trust in mainstream mental health services
- There is a preference for traditional and cultural sources of help, including family, religious leaders and traditional healers

Challenges navigating the system and accessing services

- For some Muslims, language barriers prevent them from finding information on mental health and available support services
- In addition, there is a lack of information on Muslim mental health and mental health services available
- The cost of private services, lack of private health insurance and the cost of interpreters create financial barriers to accessing services
- There are long waiting lists and delays in accessing public support services and specialists

Lack of availability of culturally safe and responsive services

- The service system has not evolved and adapted to meet the diverse needs of multicultural Australia including the diverse needs of Muslims from various cultural backgrounds
- Mainstream service providers lack the language and/or cultural competency to deliver culturally responsive mental health services
- The Western model of wellbeing does not address the religio-cultural aspects of Muslim wellbeing and identity
- There is an undersupply of bilingual / bicultural service providers

Lack of research to understand the size and scale of the issue or 'what works'

- There is a lack of research on the issues that contribute to poor wellbeing for Muslims in Australia because these issues are poorly understood, they therefore remain largely under-addressed.
- There is a lack of research on the risk and protective factors for Muslim wellbeing
- There is lack of evidence for 'what works' to improve the wellbeing of Muslims in Australia

These barriers can often inhibit help-seeking and uptake of early intervention support services. Again, using the CALD community as a proxy for the experience of Muslims in Australia, research on the utilisation of mental health services in CALD communities indicates that people from CALD backgrounds:

- Are under-represented in mental health service access and utilisation figures, for both community and voluntary inpatient services
- Typically present late to mental health services and are therefore generally more unwell and have longer inpatient stays than the mainstream population
- Are over-represented in involuntary admissions to mental health services, indicating a delay in accessing services until crisis point

In addition to mental health challenges, social isolation is a growing challenge facing Muslims across the country. In a climate of growing anti-Muslim sentiment, there continue to be negative sentiments towards Muslims living in Australia, often isolating them from the broader Australian community. Such social isolation and loneliness can impact a person's physical and mental health and has been linked to mental illness, emotional distress, and suicide