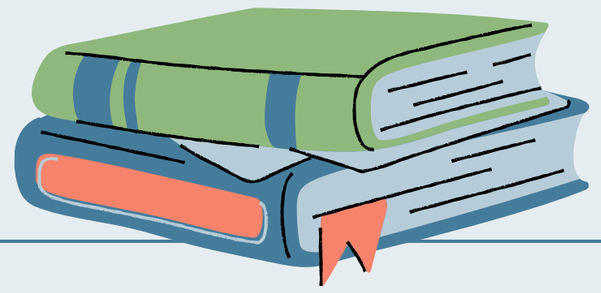
Faith-Informed Inclusion Health in Justice: A Pilot Supporting Muslim Prisoners' Mental Health

"Seeing the Imam with the mental health team makes it easier to trust." - Voice from the Pilot

Authors and Acknowledgements
Pilot designed and ran by Yahya Delair, Claire Dewar, Imam Muhammad Zaman Co-produced with Muslim prisoners, and Rethink Mental Illness staff.
contact: Yahya.delair@rethink.org



Background

Muslim prisoners face unique barriers to mental health care, including stigma, mistrust, and limited staff faith literacy. These factors contribute to disengagement and poorer outcomes. True Inclusion Health requires recognising **faith and culture** as determinants of wellbeing [1].

The Pilot Approach

Co-produced by Muslim prisoners, Imams, clinicians, and Rethink Mental Illness. Key features include:

- **"Health of the Mind" psychoeducation booklet,** embedding Islamic principles into wellbeing education.
- **Joint delivery** by the Imam and mental health staff, modelling collaboration and trust.
- **Workforce faith literacy** training to improve cultural confidence and reduce stigma.
- Ongoing **co-production** to ensure credibility, ownership, and lived experience alignment [3].

Participants

- **20 Muslim men,** aged 18–63.
- Ethnically diverse: South Asian, Arab, Black, White, Albanian, Syrian, Sudanese, and mixed heritage.
- Languages included English, Urdu, and Arabic.
- Participants included those with prior trauma, current diagnoses, or no previous service contact.
- Sessions were voluntary, confidential, and tailored to faith and mental health sensitivities.

Strategic Significance

- Strengthens **equitable access** within justice settings.
- Provides a **blueprint for relational, humane, and culturally competent care.**
- Aligns with Rethink's **Inclusivity Strategy** and wider ambitions for Inclusion Health.
- Demonstrates how faith can act as a **bridge, not a barrier**, to engagement.

Emerging Insights (Ongoing Research)

- 📈 **Increased engagement:** participants are more willing to access mental health support when faith is included.
- 🤝 **Trust-building:** joint delivery (Imam + MH team) rapidly reduced barriers between Muslim prisoners and non-Muslim staff.
- 🕌 **Faith as an enabler:** Islamically authentic framing makes mental health less taboo and encourages openness [2].
- 👥 **Co-production impact:** Muslim prisoners' involvement in designing interventions boosted credibility and trust.
- 📑 **Preferred format:** group-based, Islamically grounded sessions seen as safe, normalising, and a gateway to one-to-one care

Next Steps

- Continue evidence-gathering and evaluation.
- Expand peer mentorship and faith-sensitive workshops.
- Develop neurodiverse-friendly materials to widen accessibility.
- Embed chaplain–therapist partnerships across more prisons.

Related literature
[1] Luchenski, S., et al. (2018). What works in inclusion health: overview of effective interventions for marginalised and excluded populations. The Lancet, 391(10117), 266–280.
[2] Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012.
[3] Ahmed, S., & Amer, M. M. (2012). Counseling Muslims: Handbook of mental health issues and interventions. Routledge.

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