

**MUSLIM WOMEN'S NETWORK UK  
WRITTEN EVIDENCE:**

**INQUIRY INTO POLICING AND MENTAL HEALTH**

**7<sup>th</sup> May 2014**

**Introduction**

1. Muslim Women's Network was formally established in 2003 with the support of the Women's National Commission (WNC), to give independent advice to government on issues relating to Muslim women and public policy. In 2007, Muslim Women's Network decided to establish itself as an independent organisation to ensure its autonomy from Government. We renamed the group 'Muslim Women's Network UK' (MWNUK) and became a Community Interest Company in 2008. In December 2013 we formally became a registered charity<sup>1</sup>.
2. Our aim is to gather and share information relevant to the lives of Muslim women and girls in order to influence policy and public attitudes, to raise the profile of issues of concern to Muslim women and to strengthen Muslim women's ability to bring about effective changes in their lives.
3. At the time of writing, MWNUK has a membership of 500 that includes individuals and organisations with a collective reach of tens of thousands of women. Our membership is diverse in terms of ethnicity, age, religious backgrounds, lifestyles, sexual orientation and geographic location. Members are also from a range of employment sectors including: higher and further education; voluntary sector and support services including services workers; health and legal professionals; the police and criminal justice sectors; and local and central government. Our members are mainly Muslim women living and working in the UK while our non-Muslim members work with or on behalf of Muslim women.
4. Changing attitudes to mental health is one of our seven current priority areas, with a particular focus of raising awareness and effecting changes within the Muslim and BME (Black Minority Ethnic) communities. As the only national Muslim women's organisation in the UK we are very aware of the particular issues involved such as stigma, a lack of understanding as well as denial. We are also aware of the problems faced by mental health sufferers from such communities when dealing with police and health care professionals. In turn we work upon raising awareness of mental health matters through a range of activities such as holding workshops and speaking at events, working at a grassroots level with sufferers themselves and through projects focused upon assisting and empowering mental health sufferers. Our AGM this year is based on the theme of Muslim women and mental health and we are also currently

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<sup>1</sup> Charity Registration Number: 1155092

raising funds to publish an anthology, which contains a collection of short stories and poetry written by mental health sufferers and victims of violence.

## **Evidence**

5. The concern for MWNUK has consistently been that whilst mental health is a complex issue prevalent within a wide cross-section of communities of varying faiths and ethnicities, there are particular hurdles and barriers faced by sufferers within the Muslim and BME communities which need to be considered.
6. There have also been various instances of failures in approach and understanding by police when dealing with sufferers, which has caused more harm than good. In turn, better training and guidance from a faith and cultural perspective is required together with a multi-agency approach in order to address the issues in an effective manner.
7. In turn, we aim to combat such notions through better awareness and understanding and wish to raise the particular issues in this regard within the Evidence.

## **What groups might have particular mental health needs when they come into contact with the police? For example, people with autism or Asperger's syndrome.**

8. A substantial amount of our work is focused upon issues of violence against women and girls; mental health matters are a frequent occurrence within such case studies. As well as being a result of VAWG, it can also be the other way round. A particular issue we have uncovered is a lack of understanding within Muslim and/or BME communities combined with a belief that the cause of such issues is related to spirit possession; this means that instead of seeking the requisite professional help, those suffering are isolated and generally hidden from the outside world thus adding to their vulnerability and opening them up to abuse. Moreover, there is a pattern of reliance on "healers", spiritual or otherwise, who exploit such individuals and their families for monetary gain, and can also take advantage of a situation, such as inflicting sexual abuse. MWNUK is looking into this serious issue and hope to report further on the matter in due course.
9. What has been further highlighted by case studies however, are the inadequate responses of the police when dealing with such victims. One especially alarming example which was uncovered through our report 'Unheard Voices'<sup>2</sup>, was that of a 30 year old woman with learning difficulties who was being sexually exploited by men and moved across three different regions. The police stated they were unable to do anything because the victim had informed them she was complying through her own free will. This was despite the fact that her learning difficulties were clearly evident; a mental health assessment was not even considered.
10. Moreover, it appears that Muslim and BME women are in particularly danger of having their mental health difficulties being used against them. Within one case study

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<sup>2</sup> Published in September 2013.

the victim of domestic abuse was threatened with arrest by police officers for being hysterical and the fact that being beaten by her brother in law may have caused such behaviour was not considered; in fact it appeared the police officers had a level of sympathy for the perpetrator, helped by the fact he was able to speak to them in fluent English whilst her distressed state and language barriers made her come across as incoherent – and therefore to blame. In fact, it appears that suggesting a woman has mental health issues appears to be an easy way to defend oneself and place the blame on the victim; for example, where a woman made a complaint against her employers, she was accused as such and the police threatened to arrest and charge her for harassment instead.

11. Such examples force us to question whether there are in fact specific stereotypes of women at play? And also of BME women? We must also question whether even in cases where the individuals are suffering from mental health issues, is a threat of arrest really an appropriate response?
12. We would also like to highlight the particular vulnerabilities of Muslim and BME individuals who suffer from the likes of bipolar disorder, schizophrenia, autism or Asperger's syndrome. We are sure that concerns will be raised for police to exercise caution with regard to all such sufferers, but we are concerned that stereotypical notions of Muslim and BME individuals, including of being terrorists and extremists as well as other racial stereotypes, has led to both physical and emotional mistreatment of sufferers. We refer to the recent case of Faruk Ali for example, a man with severe autism who was beaten in the street by two Bedfordshire police officers because he allegedly "looked suspicious"<sup>3</sup>. We must also highlight the fear of members of such communities when they hear of the case of Talha Ahsan, a Muslim and BME man with Asperger's Syndrome who was extradited to USA, when compared to Gary McKinnon whose extradition was halted due to suffering from the very same mental health diagnosis<sup>4</sup>. We hope it is appreciated that this only assists in further isolating sufferers within the Muslim and BME communities, with family members restricting movements outside the home in a bid to protect them from police themselves.
13. We also know that women are not immune to such negative stereotypes with one case study of a Muslim, BME woman suffering from OCD raising suspicions for walking back and forth from the same shelf at a superstore; incidentally her visit was part of a therapy exercise where she was working on being able to move away from disorganised shelves.
14. Moreover, the stigma and generally dismissive attitudes prevalent within such communities can mean that many conditions go undiagnosed and it is vital that police

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<sup>3</sup> <http://www.bbc.co.uk/news/uk-england-beds-bucks-herts-26443846>

<sup>4</sup> [http://www.huffingtonpost.co.uk/alex-macdonald/gary-mckinnon-talha-ahsan-aspergers-syndrome\\_b\\_1969748.html](http://www.huffingtonpost.co.uk/alex-macdonald/gary-mckinnon-talha-ahsan-aspergers-syndrome_b_1969748.html)

are aware of this aspect for they may be the first opportunity presented for the individual to receive a diagnosis and in turn, professional help.

15. We therefore ask that the particular health needs of members of the Muslim and BME communities are given appropriate consideration with proper training focused on identification and useful responses, addressing stereotypes and understanding the particular issues of concern to Muslim and BME individuals.

**What impact does the policing of individuals with mental health problems have on front-line police resources?**

16. Naturally, policing of individuals with mental health problems takes up resources especially where an assessment becomes necessary or any crimes need to be investigated. We suggest however, that better training combined with addressing stereotypes as mentioned above, would allow for better management and in turn reduce the burden. We also believe better reliance on a multi-agency approach would assist both the police in terms of its resources as well as the individual concerned for whom the ordeal may be especially distressing.
17. We have an example of a case where a Muslim and BME teenager was beaten by a gang; the police stated they were unable to rely on his evidence due to him having been diagnosed with bi-polar disorder. His mental health deteriorated and some time later when he hurt a female family member due to a hallucination the police decided he would be charged and pursued the line that his actions were due to his cultural upbringing than as a result of his mental health issues. On both occasions the police made the decisions without seeking further assessments or medical advice, and in the latter occasion despite ample evidence being provided by the family and medical professionals the police and CPS continued the case to Court. It caused a severe breakdown to the point of long term hospitalisation and the family had no option but to accept the charge and sentence in a bid to end the ordeal. The police and CPS wasted ample time and resources due to their approach with their only gain being that a victim of crime was hurt further.
18. It is vital therefore that the practices of police across the country are reviewed with a multi-agency approach considered by which to not only reduce the burden on resources but also help those in need. It would assist to remember that those suffering are more likely to become victims than perpetrators and consider this as a starting point, rather than to criminalise.

**What examples of best practice are there in effective working between the agencies responsible for mental health? And what have been the results for those who suffer mental health problems, the police and health care providers? How have local initiatives, including the street triage pilots, improved effective working between mental health nurses and the police?**

19. All examples of best practices have one common theme – recognising the help that is needed. The mental health service in Winson Green prison, the street triage pilots in

Southampton and the court liaison and diversion services are all examples where there has been a recognition that help is required and in turn measures have been put in place to assist. In fact outside of such schemes, a simple acknowledgement by police of the individual's situation and that there will be at least an attempt to help has been brought up as an effective way of assisting those with mental health problems, particularly for Muslim and BME individuals who may not have been diagnosed yet or had to deal with stigma.

20. The natural results of such local initiatives include a better coordinated and strategic response when dealing with individuals with mental health issues, allow for early assessment and better access to help and assistance as well as deterring individuals from the criminal justice system and reducing the burden on resources. Most importantly, it assists those suffering from mental health problems to acquire help and regain control of their lives sooner and sometimes quicker.
21. However, the key words in this discussion have been local initiatives, as opposed to national. In turn, examples of bad practices are also prevalent and it appears to be very much a matter of luck as to whether proper help and assistance will be forthcoming. We ask therefore that focus is placed on a national scale so as to ensure that all police staff have the requisite knowledge and training to deal with individuals with mental health issues.

**What improvements could be made to the training and guidance available to police staff that regularly come into contact those with mental health problems?**

22. As stated above, we would suggest firstly focusing on training and guidance on a national scale rather than local in order to ensure that police across the board are aware of their expectations as well as of appropriate courses of action. Most importantly, it is vital that attitudes towards mental health are addressed. As recently as Monday 5<sup>th</sup> May 2014, we came across a tweet with a picture of a police officer with ice cream on his clothing and the caption "warning do not get close to people with mental health problems when they are eating ice cream"; the account (@BristolUniCops) is managed by a police officer and PCSO who are a part of the Avon & Somerset Constabulary. We have noted that an apology has been made in relation to this tweet but the fact that it was deemed acceptable in the first place highlights a deeper attitudinal problem within the police service that requires immediate addressing.
23. We also suggest that training and guidance include greater awareness of the particular issues faced by Muslim and BME men and women as well as consider developing culturally sensitive approaches by which to assist without adversely affecting individuals further. For example, where individuals are to be returned home it may assist to call relatives or friends to the station or hospital rather than to escort the individual home themselves as to do so would draw attention and potentially criminalise the individual in the eyes of the community. Acknowledgment in this way also assists in reassuring those suffering and family members of support and in turn makes them more likely to seek assistance in the future. We have noted that a recently published police and mental health guide does not include specific cultural or faith

related information which we consider relevant; in turn we would be happy to assist with the drafting of guidance on this point.<sup>5</sup>

24. We also wish to raise the point that training and guidance raising awareness of the particular vulnerabilities of BME and Muslim individuals suffering from mental health issues is not just for police but across the board for all agencies involved. Moreover, it does not follow that by virtue of their professional credentials that mental health professionals will possess the knowledge and understanding to deal with Muslim and BME individuals and in turn we suggest that responsibility is taken by all agencies to be better equipped to make assessments rather than assume another may assist.

**What more could be done to reduce the number of people who die or suffer serious injury during and immediately following police custody?**

25. For this, we suggest a national review is undertaken of police practices in terms of control and restraint as well as level of force used, or should be used, together with discussions with mental health professionals in order to agree upon appropriate procedures. We of course appreciate that a standard procedure will not be fit for all circumstances however we believe that this will act as a starting point by which to allow police officers to better assess the situation and seek help from mental health professionals, including Approved Mental Health Professionals and Home Treatment Teams.
26. We also suggest that injuries, whether deemed serious or otherwise, related to an individual suffering from mental health issues be reviewed so as to assist in increasing awareness and formulating best practices.

**Should s136 of the Mental Health Act 1983 be reformed? And if so, how?**

27. Generally, we do not feel that s136 on the face of it requires reforming and it is indeed a useful means by which to allow proper assessment of an individual in a safe environment.
28. However, we would like a review into its use amidst concerns of the section being relied upon too candidly in some cases, due to a lack of proper training and understanding. We would welcome any insights in this regard.

**Final Comments**

29. As a point of clarification, we must explain that our comments and examples have been limited to Muslim and/or BME individuals due to the nature of our organisation and its work. As a national Muslim women's organisation our work predominantly deals with Muslim and BME women albeit we also work with individuals of other faiths and ethnicities are therefore also aware of issues of relevance to other communities. In turn we wish to clarify that where we ask for faith and cultural

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<sup>5</sup> [http://www.mentalhealthtoday.co.uk/policing\\_and\\_mental\\_health\\_guide\\_launched.aspx](http://www.mentalhealthtoday.co.uk/policing_and_mental_health_guide_launched.aspx)

awareness as well as training and support we do so on behalf of individuals of all race, ethnicity, religion and faith.

30. As a national women's organisation committed to changing attitudes to mental health, Muslim Women's Network UK would like to express its willingness to assist through training, support, information or advice or any other means in order to ensure due care and assistance is provided to those in need.
31. We would like to thank you for providing us with the opportunity to respond to your Inquiry and hope that our evidence proves to be helpful in your considerations.

**On behalf of Muslim Women's Network UK,**

**Nazmin Akthar  
Vice-Chair**

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