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Islamophobia and its Impact on Mental Health

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For Muslims, navigating Islamophobia is often an accepted part of daily life, whether it be in the form of vulnerability to abuse on the street, stereotypes in mainstream media, online trolls, or Prime Ministers commenting on Muslim women's dress.(1) However, despite widespread acknowledgement of the functioning of Islamophobia, there remains a severe lack of research surrounding its impacts on Muslim communities in terms of mental health and wellbeing.

What is Islamophobia?

Since its entry into mainstream vocabulary with the publication of the Runnymede Trust's 1997 report *Islamophobia: A Challenge for Us All,(2)*the term 'Islamophobia' has been widely used but has yet to reach a unified consensus in terms of its definition. Part of the difficulty in defining the phenomenon is due to the broad range of activities, statements, policies, and acts that are captured under its banner. Ultimately, Islamophobia functions as a mechanism for excluding or restricting Muslims' participation in political, economic, social, cultural, and public life on an equal footing with their non-Muslim counterparts. The result is a broad spectrum of social, political, and economic processes and phenomena that act to disrupt Muslims' access to equal opportunities, freedoms, and treatment across society. In this way, Islamophobia functions, reproduces, and is manifest as a form of racism and follows the same logics as other forms of racism.

As such, Islamophobia encompasses far more than simply hate crime. In reality, such occurrences are merely symptomatic of underlying socio-political conditions that create an environment that is hostile to Muslim identities within public spaces, and result in a vast array of barriers for Muslim communities, whether that be in the form of employment discrimination, discriminatory applications of police powers, challenges to learning and education, obstacles to political or public engagement, or the impacts of unconscious biases amongst healthcare practitioners.

Muslim Engagement and Development (MEND) have produced explanatory guidelines in this regard which outline examples of how Islamophobia can manifest in daily life. As but one example drawn from these guidelines, MEND states that Islamophobia can be witnessed in "applying ethnocentric approaches to the treatment of Muslims (judging another culture solely by the values and standards of one's own culture)"(3) This can be seen within healthcare, for instance, when Muslim women may be assumed to be vulnerable to domestic abuse or being forced to have multiple children due to the unconscious bias of healthcare practitioners on the basis that the patient chooses to wear a hijab. This will inevitably impact the treatment that such women receive and the way that they interact with healthcare services.

The many faces of Islamophobia

When approaching Islamophobia, it is essential that we capture it as a holistic phenomenon in all its forms. In other words, we must examine its structural forms across society, for to limit an understanding only to overt forms of verbal or physical abuse in public spaces provides only superficial insights that cannot result in any meaningful conclusions.

In understanding the broad spectrum of Islamophobia's manifestations, it is useful to examine three intersecting primary sources:

Private Islamophobia: As explained by Khaled Beydoun, private Islamophobia can largely be considered the Islamophobia promoted, perpetuated, and fuelled by private actors,(4) be it individuals or informal and formal groups and organisations, such as the English Defence League, Britain First, and Pegida UK.

Structural Islamophobia: At the other end of the spectrum, structural Islamophobia should be understood as anti-Muslim bias and racism that is perpetuated, authorised, and maintained by the state through legislation and policies that intentionally or unintentionally operationalise the subordinating, restricting, or disadvantaging of Muslims, often through methods of securitisation or the enforcement of orientalist tropes and narratives.

Media Islamophobia: Media Islamophobia is often the bridge between private and structural forms of Islamophobia, with the media acting as both a conduit for and mobiliser of the private Islamophobia found within public opinion to place pressure on the state to enact restrictive policies against Muslims, whilst also acting as a medium through which the state may legitimise and promote such policies to the general public.

In the UK context, an examination of structural Islamophobia in the present moment will necessarily involve scrutiny of the current Conservative Government. However, it is also important to note that no legislation or policies are created in a vacuum and that many of these policies are the product of a trajectory of political machinations over the last several decades. For the purposes of this discussion, there are four key areas in need of acknowledgement:

- Public pronouncements of Islamophobia from Government officials,
- Government disengagement with Muslim organisations and voices,
- Government engagement with anti-Muslim organisations,
- The securitisation of Muslim identities.

Public pronouncements of Islamophobia from Government officials

In recent years, there has been a wide range of evidence detailing Islamophobia in the Conservative Party brought forward by organisations including the Muslim Council of Britain,(5) Hope Not Hate,(6) and MEND,(7) all of which document incidents of Islamophobia emanating from Conservative cabinet members, members of Parliament, councillors, and party candidates. The Islamophobic biases of these individuals can only influence and shape public policy agendas, thereby entrenching structural Islamophobia within UK policy frameworks.

Government disengagement with Muslim organisations and voices

Rather than engaging with a broad spectrum of Muslim organisations and voices, the Government has traditionally insisted on dealing with a handpicked minority of Muslim voices and organisations who already support their policy positions, particularly on issues such as counter-terror, media regulation, and Palestine. As such, this policy of disengagement actively underpins the functioning of structural Islamophobia as it excludes representative Muslim voices from socio-political life and legitimises the continuation of policies that are detrimental to the interests of Muslim communities.

Government engagement with anti-Muslim organisations

In the UK, the normalisation of anti-Muslim rhetoric has been given legitimacy by self-declared ‘experts’ and think-tanks, such as the Henry Jackson Society,(8) the Quilliam Foundation,(9) and Policy Exchange,(10) which claim a monopoly on what is considered ‘valid analysis’ among policy circles. However, the political agendas espoused by such organisations serves only to entrench anti-Muslim biases and discriminatory approaches within UK policy development. Consequently, the shaping of structural Islamophobia is a two-sided coin of governmental disengagement from mainstream Muslim voices on the one hand, and its reliance upon think-tanks and ‘experts’ who promote anti-Muslim agendas on the other.

The securitisation of Muslim identities

It is through the influence of the aforementioned think-tanks and 'experts' that Muslims have become subsumed within the narrative of security throughout governmental policies. This securitisation of Muslim identities has led to a series of questionable counter-terror legislation and public policies which disproportionately impact Muslim communities.(11) One of the most damaging constructs within this process of securitisation is the concept of ‘extremism’, ‘British Values’ and ‘non-violent

extremism' – all of which remain ill-defined within current Government policy but which function as emotive buzzwords within political discourse to silence and de-legitimise the voices of Muslim political opponents. Consequently, in deploying notions of 'non-violent extremism', Muslim individuals and organisations are frequently demonised for using entirely democratic methods to advocate for causes that disrupt the dominant political ideology.

What does racism and Islamophobia look like in the NHS?

As of September 2019, from data from NHS trusts and Clinical Commissioning Groups in England, we see that 124,715 doctors were employed in the NHS, of which nearly 13,000 were Muslim, comprising approximately 10% of the total medical workforce, and approximately 17% of those doctors where the religion was declared.(12) For a community that makes up 5% of the national population, Muslims are clearly over-represented in the medical workforce.

Despite this representation, racism and Islamophobia have been well recognised in the NHS. In the 2020 NHS Staff Survey, ethnic background was the most commonly cited reason for discrimination with 48% of staff who claimed to be discriminated citing this reason. Additionally, 69% of BAME staff reported that the organisation provides equal opportunities, contrasted with 87% of white staff.(13)Meanwhile, BAME doctors have being discriminated against whilst applying for senior job roles according to a report by the Royal College of Physicians, which found that 29% of white respondents were offered a post after being shortlisted for the first time, compared with just 12% of BAME respondents. The report stated, "We have analysed the data from the past 8 years of surveys and have found consistent evidence of trainees from BAME backgrounds being less successful at consultant interview. This is despite adjustment for potential confounding factors."(14)Furthermore, Black doctors have been previously shown to be paid less than their white counterparts.(15)

During Covid-19, these inequalities have persisted with Muslim doctors having reported difficulty with accessing PPE due to keeping beards for religious reasons(16)and twice as many BAME doctors feeling pressurised to work with inadequate PPE than their white counterparts.(17) Furthermore, Covid-19 has highlighted numerous ethnic disparities, with worse morbidity and mortality rates(18) and a report from Public Health England concluding that racism may have contributed to these outcomes.(19)

One of the best examples of structural Islamophobia in the NHS is the PREVENT programme. Numerous extensive studies and reports have concluded that the strategy should be repealed due to concerns surrounding its disproportionate targeting of Muslims, racial bias in official training materials, and evidence that referrals are damaging to people's mental health.(20) Ultimately, the structurally Islamophobic underpinnings of the strategy mean that it should have no place in the NHS.(21)

Islamophobia and mental health

While there is growing interest in the impacts of racial discrimination on mental health, the impacts of Islamophobia remain virtually unexplored within research. Pascoe and Richman undertook a meta-analysis on the effects of perceived discrimination on mental and physical health and found significant negative effects on both fronts.(22)Similarly, meta-analysis by Paradies et al found that racism was a significant determinant of mental health across a range of diagnoses including depression and anxiety.(23)

Of particular import is a large longitudinal survey conducted by Wallace et al which found similar negative effects on psychological wellbeing for various ethnic groups in the UK, but also a cumulative effect for those people who had experienced discrimination on more than one occasion, with this cumulative effect being more pronounced in Pakistani and Bangladeshi groups,(24) which in light of the fact that these communities in the UK are overwhelmingly Muslim, indicates that Islamophobia may be a contributing factor to increased negative impacts amongst these communities.

Understanding the impacts of Islamophobia on mental health is essential for the development of policies to support effected communities. This is especially important considering the challenges that many British Muslims already face in terms of their access to healthcare and mental health services on account of their ethnic identities. Indeed, research has demonstrated that BAME people are more likely to experience structural racism within mental health services in the NHS in a variety of ways, including the lack of cultural competence, overinflation of risk assessments and more coercive care.(25) This is likely to compound help-seeking behaviours amongst such communities.

Conclusions

In 2018, The Royal College of Psychiatrists issued a position statement on racism and mental health outlining a number of recommendations to tackle this area.(26) This position was reaffirmed in 2020 (27) . However, as the Covid pandemic has shown, structural racism remains a significant problem not only within the NHS, thus dedicated progress is required to address structural inequalities across society.

While recognising the challenges posed by structural inequalities including Islamophobia and addressing them at a governmental and policy level is essential to successful outcomes, the mental health impacts of structural Islamophobia within existing policies are poorly understood. However, there is currently great potential for further research in this area. Victim support services such as MEND's Islamophobia Response Unit (IRU) are building an ever-increasing presence within Muslim communities as demand for these services grow. As such, services such as the IRU currently hold hundreds of cases studies and a wealth of data that is in need of analysis. These grassroots organisations are therefore valuable potential partners in participatory research. One can only hope that research practitioners emerge with a thirst to tackle this under-explored area of mental health.

Conflict of interest:

Both authors are employed by MEND, Muslim Engagement and Development which is an NGO tackling Islamophobia in the UK

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