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Islamic Counselling outperforms CBT when working with anxiety and depression: the evidence from therapeutic work with Muslims.

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Abstract

Over the last 15 years, Islamic Counselling (the Dharamsi Maynard Model) has developed an evidence base regarding work with Muslims experiencing common mental health problems. This includes qualitative research, and quantitative evaluations of both long-term impact and immediate outcomes. Following the BIMA 2025 abstract competition, this paper presents an overview of the evidence base.

Introduction

Islamic Counselling (The Dharamsi Maynard Model) was first developed in 1996, with the first professional counsellors entering training with the turn of the century. Since then, Islamic counsellors and Islamic psychotherapists have been working with Muslims and other clients, addressing common mental health problems and working in conjunction with secondary mental health teams to support people living with serious mental health problems.

For 15 years, Islamic counsellors have worked providing these services through The Lateef Project, a voluntary sector primary mental health care provider which aims to address clients' common mental health problems through this model. In addition, it addresses the systemic mental health inequalities of Muslims through influencing or enabling better therapeutic practice for Muslims. During this time, The Lateef Project has commissioned independent qualitative analysis of Islamic Counselling, long-term quantitative analysis of the impact of Islamic Counselling, and an evaluation of the immediate therapeutic outcomes of Islamic Counselling. Though most of this evidence is presented in other peer-reviewed publications, it has not been brought together cohesively.

The objective of this paper is to set out the evidence to date supporting this model of Islamic Counselling, enabling this Islamic psychological therapeutic approach to be considered in relation to Occidental therapeutic practice, (generally understood as Western therapeutic practice, this change of terminology is employed to decentre current normative thinking). This is specifically concerning the outcomes experienced by Muslims living with common mental health problems.

Understanding that Islamic Counselling is ontologically and epistemologically more aligned with the faith-based understandings of self and reality of the global majority than many secular therapeutic approaches, it is hoped that future research will present the benefits of Islamic Counselling not only to Muslims, but to clients in general, and to mental health practice.

Qualitative evidence of Islamic Counselling, client experience

In 2021, Agata Podstepska, an MSc Psychology student from the University of Westminster, carried out a qualitative study of the experience of 9 Muslim clients (7 female, 2 male) concerning Islamic Counselling. The following are some of the key findings.

Clients considered the centrality of their faith as a definitional core to their sense of self and well-being, and so central to the therapeutic process.
"…for most Muslims, their faith is a huge part of who they are, a huge part of their identity and how they frame everything that they do in this life. - Participant 4

"that's my identity, like that is who I am, you know, Islam is part of me." - Participant 7

"But at least I knew that she would know where I'm coming from. And she would know that my beliefs are important to me, and that she wouldn't question my beliefs… so I wouldn't feel attacked." - Participant 4

In this context, clients also reported their experience of engaging with generic CBT, for example:

"… a lot of the issues that I have in my life are very much related to Islamic, you know, concepts of Islamic way of life…that one time that I did do counselling with a non-Muslim, for CBT, I actually stopped…I just wasn't finding that was benefiting me… I found that I was having to explain more when I was talking about Islamic things. So like, for example, my prayers I would have to explain it to her even before we get to it…. And I just felt that she just, she just didn't understand it."
Participant 3

Podstepska noted that:

"Not only do clients work to resolve their mental health difficulties, but they also benefit from the spiritual aspect of the process, which in turn, can help them improve their faith and relationship with God… Islamic counselling can also allow clients to discover "answers" by providing the space to explore issues from both psychological and spiritual perspectives without judgement or directly providing Islamic advice."

As indicated here:

"… questioning it, saying okay, so which part of that is from the culture and which part of that is from this Islamic culture...And then which part of it is the truest form of Islam that the prophet (saw) actually taught… Islam promotes freedom for women and so for you to actually ask questions and explore that is what Islam actually promotes." - Participant 1

"… there's things… your core level, which you want to get Islamic counselling for, and then there's other things like, insecurities, for example, which you could possibly, you know, have normal counselling for." - Participant 9
With this, clients found the process of Islamic Counselling valuable:
"I'm not going to say this lightly, but honestly, it's changed my life for me, it's completely, like, changed how I see stuff, how I look at everything and it's just, it was just a nice environment to be in" - Participant 5

"I'm definitely feeling a lot more positive, yeah, a lot happier and feel like I've kind of accepted things more and I feel like I'm in a much better position in my relationships"- Participant 8

Long-term quantitative outcomes-based research on Islamic Counselling

In 2011, The Lateef Project conducted an independent long-term evaluation of the impact of Islamic Counselling on Muslim NHS patients' use of secondary care. This was one year before and one year post first Islamic Counselling intervention. The focus of this study was a significant number of Muslim NHS patients who were presenting at primary care with long-term physical conditions or medically unexplained symptoms (MUS), and common mental health problems. They were frequent returners to primary care. As these patients also often attended secondary care, the question was whether Islamic Counselling impacted patient use of primary or secondary care. There were 2 hypotheses:

WORKING HYPOTHESIS 1
The consultation rate within primary care would increase or be contained.

WORKING HYPOTHESIS 2
The attendance rate within secondary care would significantly reduce.

The results of this study concerning hypothesis 1. Analysis through tracking of patient EMIS numbers by quarter showed that, regarding primary care consultation rates for the patients in the 2011 cohort, though a small number of patients showed a dramatic reduction in their use of primary care, there was an overall increase.

TOTAL LATEEF COHORT

YEAR	2011	2012	2013
ATTENDANCE	2582	3028	3127

Concerning hypothesis 2, tracking appointment/ attendance/admission rates for the cohort of patients by quarter (3 months) in 2011 before the Islamic Counselling intervention in comparison with quarterly intervals in 2013 (one year before and one year post) provided the following outcomes. Using t-testing (at a p-value of 0.05), the results presented in the following tables are all significant (S Maynard, 2023a).

Table 1: Attendance rate at secondary care one year before and one year post-intervention.
TOTAL LATEEF COHORT (1) – N = 83

BEFORE		**AFTER**	
			PERCENTAGE CHANGE
ELECTIVE ADMISSIONS	21	6	71% REDUCTION
NON-ELECTIVE ADMISSIONS	50	16	68% REDUCTION
OUTPATIENTS	299	22	92% REDUCTION
ACCIDENT AND EMERGENCY	73	33	55% REDUCTION
ALL ACTIVITY	**443**	**77**	**82% REDUCTION**

Within this cohort, a second cohort of patients who received Islamic Counselling was identified. These were patients who had attended secondary care five or more times in the year before the Islamic Counselling intervention. These figures further demonstrated a reduction in secondary care use.

Table 2: Attendance rate at secondary care, one year before and one year post-intervention, second sub-cohort of 32 patients with attendance at secondary care five or more times.

BEFORE		**AFTER**	
			PERCENTAGE CHANGE
ELECTIVE ADMISSIONS	11	1	91% REDUCTION
NON-ELECTIVE ADMISSIONS	44	7	84% REDUCTION
OUTPATIENTS	234	11	95% REDUCTION
ACCIDENT AND EMERGENCY	44	11	75% REDUCTION
ALL ACTIVITY	**331**	**30**	**91% REDUCTION**

Further analysis was carried out by NHS CENTRAL MIDLANDS in 2014 of NHS patients who had experienced Islamic Counselling; this time, the parameters were three years before and three years post-intervention. Again, this analysis looked at patient use of secondary care; however, in addition, it also assessed the relative costs involved. The results of this work are presented in the following tables (S Maynard, 2023b).

Table 3: Attendance rate and costs at secondary care three years before intervention.

Activity Before Intervention		
Dataset	Sum of Activity	Sum of Cost
ACCIDENT AND EMERGENCY	139	£13,134
INPATIENT	161	£216,326
OUTPATIENT	722	£81,133
Grand Total	**1022**	**£310,593**

Table 4: Attendance rate and costs at secondary care three years post-intervention.

Activity After Intervention		
Dataset	Sum of Activity	Sum of Cost
ACCIDENT AND EMERGENCY	87	£8,398
INPATIENT	67	£79,457
OUTPATIENT	427	£49,482
Grand Total	**581**	**£137,336**

Table 5: The difference in terms of activity and related cost three years before and three years post Islamic Counselling intervention.

Difference		
Dataset	% Difference in Activity	%Difference in Cost
ACCIDENT AND EMERGENCY	37%	36%
INPATIENT	58%	63%
OUTPATIENT	41%	39%
Grand Total	**43%**	**56%**

Tracking patient activity and related cost, over the period post intervention the evaluation found secondary care activity was reduced by 441 events, this was

accompanied by a reduction in related secondary care spending of £173,257.

Immediate outcomes: a quantitative evaluation of Islamic Counselling

In March 2025, Abdul Rauf, Noor and Maynard published further evidence of the efficacy of Islamic Counselling when used with Muslims experiencing common mental health presentations of anxiety and depression (Abdul Rauf, Noor, Maynard 2025). This was an evaluation of immediate outcomes identified by pre- and post-intervention client assessment scores regarding anxiety and depression. In 2022/23, 76 Muslims were engaged in a limited programme of Islamic Counselling across Hackney, Newham, and Tower Hamlets. 66 completed a course of up to 8 sessions of Islamic Counselling (a dropout rate of 10%).

All participants completed GAD7 and PHQ9 assessments at the beginning and end of the intervention; 52 participants completed their final assessments within the funding time frame. Of this group of 52, 51 participants exhibited caseness regarding anxiety, and 51 participants exhibited caseness regarding depression (hence 50, 96% presented with both conditions). 50 of the participants presented in one of the 2 upper thresholds in at least one condition.

A comparison of GAD7 and PHQ9 assessment scores before and after intervention was completed, and the difference when t-tested, was found to be significant.

Islamic Counselling was provided by bilingual counsellors in English, Sylheti, Turkish and Urdu. A maximum of 6 sessions in English, Sylheti and Turkish were given. Due to the limited fluency of the Islamic Counsellor who spoke Urdu, 2 additional sessions were available to Urdu-speaking clients.

The control group for this study was the post-CBT outcomes for the CCG, which includes these three boroughs, noting that across the CCG, most NHS patients receiving treatment would not be Muslim and so would not experience the mental health inequalities Muslims experience.

The following tables present some of the outcomes of this evaluation.

Table 6: Average PHQ9 scores across the three boroughs before and after Islamic Counselling.

	Pre intervention average PHQ9 score	Post intervention average PHQ9 score
Newham	15	9
Hackney	15	11
Tower Hamlets	15	8
Overall	15	9

Table 7: Average GAD7 scores across the three boroughs before and after Islamic Counselling.

	Pre intervention average PHQ9 score	Post intervention average PHQ9 score
Newham	14	8
Hackney	14	9
Tower Hamlets	13	8
Overall	14	8

The study shows that within the sample of clients who received Islamic Counselling, within 8 sessions, the symptomatology of 82% of clients with anxiety was reduced by a threshold or more. The study further shows that for clients experiencing depression upon completion of the Islamic Counselling intervention 67% of clients experienced a reduction in their symptomatology of at least one threshold as evidenced by GAD7 and PHQ9 assessments.

Following the intervention, 3 clients who previously presented with anxiety were below the threshold for caseness, 8 clients who previously presented with depression were below the threshold for caseness, and 2 clients were below the threshold for caseness concerning both conditions.

By comparison, the data from the control group for that period showed that for the people who demonstrated caseness and completed a course of CBT for anxiety, 60% showed improvement, while for those whose condition was identified as depression, 61% showed improvement.
Comparison of the immediate outcomes for Muslim clients experiencing Islamic Counselling as opposed to CBT with presentations of anxiety and depression shows that Islamic Counselling outperforms CBT.

Considering the significance of the evidence supporting Islamic Counselling

Since records have been kept regarding faith and mental health in the UK, there has been evidence of Muslim mental health inequalities (Health and Social Care Information Centre, 2016, and Moller, NP, Ryans, G., Rollings, J, 2018).In addressing these inequalities, qualitative and long-term quantitativedata presentedabove show positive outputs and outcomes concerning Muslim mental health. The 2025 Shafan Azhar et al large cohort study of over 70,000 NHS Talking Therapies for anxiety and depression patients across faiths, with 10350 participating Muslims, found:

1. Muslims were most likely to live in deprived neighbourhoods and be unemployed; 3895 Muslim patients (37.6%) were living in the most deprived quintile of areas in England.
2. Muslim patients also had the highest average depression (PHQ-9), anxiety (GAD-7), and impairments in social functioning (WSAS) scores before treatment.
3. Muslim patients were least likely to improve, with the lowest likelihood of reliable recovery regardless of adjustment for potential confounders, although adjustment reduced inequalities in outcomes. They also showed the second lowest likelihood of reliable improvement as demonstrated by a final score reduction of 4 or more points or 6 or more points in the GAD7 or PHQ9 assessments respectively.

Set against the above, in the Abdul Rauf, Noor and Maynard evaluation:

1. Islamic Counselling has been successfully employed in boroughs with some of the highest levels of deprivation in London. Prevalence of common mental health conditions is greater in areas of poverty,TTad intervention outcomes are also known to be reduced relative to poverty (Delgardiloet al 2018).
2. The Muslims given Islamic Counselling first presented with higher-than-average anxiety scores and an elevated level of comorbidity for anxiety and depression.
3. In these contexts, Muslims who received Islamic Counselling demonstrated reliable improvement rates significantly above improvement or reliable improvement rates in TTad patients across the CCG following CBT,Muslim or otherwise.

Discussion

This paper presents the clinical evidence supporting Islamic Counselling to date; an Islamic Psychological therapeutic intervention based on an Islamic ontology and epistemology. Within contemporary Occidental mental health theories and practice, mental illness is the primary focus, defined and diagnosed across a variety of presentations seen to be either common or severe. These presentations are generally understood in terms of the impact they have on the functionality of the individual and, by implication, are framed individually. Seen in an individual context, mental health problems are generally considered regarding the biology of the person, or the immediate socialising, (their development in terms of family relationships, their adult interpersonal relationships, their interactions with peers or their immediate social interactions in other contexts such as work). These are not seen, in a systemic context, faith or otherwise (e.g. as a response to increasing and pervasive Islamophobia or other forms of systemic oppression, sociopolitical or geopolitical stressors).

With the movement of significant populations of people from the African, Asian and South American contexts into the frame of reference of Occidental mental health for almost a century it has become necessary in mental health to consider that 84% of the global population follow a faith, as in live by a cognitive schema that contextualises their experiential reality including sense of self. Both Cushman's Constructing the Self Constructing America 1995 and Beshara's Decolonial Psychoanalysis 2019 present the limitations of current Occidental framing of mental health and well-being, contextualising them in American and European narratives, which are specific to the cultural context of the people they reflect. With this, most Occidental psychotherapeutic theory, including CBT, is secular, conforming with 'modern' perceptions of the postmodern European/ American self.

Recent UK, research has often addressed the difference of Muslims to explain why secular practice is less effective or explored adaptations of Occidental interventions to address differences regarding Muslim engagement with mental health provision and outcomes.

Though some of the adaptations of contemporary Occidental therapeutic interventions or even the adoption of spiritual practices into the canon of secular therapeutic practice (such as mindfulness) have improved practice, these developments omit an axiomatic question:

For people of faith, are therapeutic interventions that are based in and reflective of their ontology and epistemology, more effective than secular, or secular adapted interventions?

Islam developed Maristans, hospitals addressing mental health in the 8th century. There is a thousand years of Islamic knowledge of psychospiritual and psychological well-being ignored or overlooked in current Occidental mental health practice.

Islamic Counselling is neither based on the Skinner therapeutic model (Skinner Kaplick 2017), nor a derivative of person-centred counselling (Skinner 2021). Islamic Counselling, the Dharamsi Maynard model is based on the teachings of the Shadhili tradition of Tasawwuf.

It is relational and a contemporary Islamic Psychological therapeutic approach. The development of Islamic Counsellors emphasises the state of being of the Islamic Counsellor, being both in submission in the therapeutic process, and in service of the client (service to Allah through service to the highest of his creation). It is based on the Quran, Hadith, and Sunna, as well as the teachings of classical scholars including Al-Ghazali, Ibn Sina and Al-Miskawayh. Islamic Counselling's theoretical basis and related practice are integral to the above evidence.

The evidence of Islamic Counselling demonstrates its effectiveness in addressing complex common mental health presentations, discussed further in the original publications (Maynard 2023a, Maynard 2023b, Abdul Rauf Noor & Maynard 2025).

The Muslim community in the UK continues to grow, and simultaneously, so do psychological stressors experienced by UK Muslims. In this context, Islamic Counselling presents a way of addressing perhaps not only Muslim mental health, but mental health, and the provision of related services in a way that addresses the lived psychospiritual, socioeconomic, and sociopolitical realities of marginalised communities here, which maybe reflective of global majority clients.

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