

**Muslim Women's Network (UK)
Counselling Service Evaluation Report
2019-2021**



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Executive Summary

Since 2016, Muslim Women's Network UK (MWN UK) has run a faith and culturally sensitive counselling service. The service is free to clients and currently staffed by a team of 5 counsellors. This report presents the results of a mixed-method evaluation that explored how the counselling service operated in 2019-21. The report considers the difference the counselling service makes to its users, examines its performance and recommends service improvements. Client and counsellor voices have been centred to emphasize the experience, outcomes and provision of counselling.

The counselling service makes an incredible difference in client's lives by equipping them with culturally relevant and actionable tools to tackle their mental health issues. It provides access for those who are overlooked and underserved by mainstream mental health services. It is staffed by dedicated and skilled counselling staff who have deep contextual knowledge about their clients socio-cultural and religious background. Clients are incredibly satisfied with the service they receive. Ongoing budget restraints mean management trade-offs between maximising client reach and providing services that have the best outcomes for clients and working conditions for counsellors. The programme is limited by its short-term intervention focus, prolonged waiting lists and limited assessment capacity. Improved working conditions for counsellors would also contribute to better performance. Implementing meaningful change in MWN's counselling service provision and expanding its reach will depend on sustainably increasing the programme budget.

Evaluation Findings

Evaluation findings speak to three thematic areas: demand for MWN's services, counselling outcomes for clients and whether the programme's is fit for purpose.

1. Demand for MWN's services:

- There is a strong and rising demand for MWN's faith and culturally sensitive counselling service.
- MWN clients have negative experiences with mainstream health services and struggle to build authentic therapeutic relationships due to a lack of cultural context on the part of mental health professionals.
- They value MWN counsellors' ability to combine Western psychological modalities with their knowledge of both cultural and Islamic precepts and norms to provide a bespoke counselling approach.

2. Counselling outcomes for clients:

- The majority of MWN counselling clients experienced a considerable reduction in levels of anxiety and depression.
- During the evaluation period, approximately half of clients were severely depressed and/or anxious at the beginning of the counselling process and only 10% of clients were still suffering the same symptoms at its conclusion.
- Clients felt empowered with frameworks, perspectives, tools and scripts to tackle difficult situations. Their relationships also improved as a result of counselling.

3. Is the programme fit for purpose?:

- The programme's biggest **success** is building a service that clients were very satisfied with and would happily recommend to family and friends. The MWN has a team committed counsellors who see it as an honour to do this work. The team are highly skilled and able to address client issues in a practical way in a safe and non-judgemental space.
- The key **challenge** MWN faces is an on-going funding shortfall that inhibits performance. At the most basic level, it means that the service cannot scale up to keep up with client demand nor

invest in programme performance. Additionally, the Covid-19 pandemic had negative impacts on clients' mental health and increased pressures on staff.

- The fundamental **limitations** of the programme are the inadequacy of its short-term intervention approach of only 6 sessions coupled with prolonged waiting times to receive counselling. Additionally, while MWN has a strong client assessment system in place, the tools need augmentation. Finally, while counsellors MWN's professionalism and care for its staff, do not feel adequately recompensed for the job they do.

Key Recommendations

Based on findings, recommendations focus on four areas: enhancing client experience and outcomes, improving work conditions for counsellors, re-building programme tools and expanding service provision.

1. **Enhancing client experience and outcomes:** Both counsellor and clients recommend a minimum 8-session offering. Additionally, pre and post counselling check-in calls would enhance the service for clients. Other recommendations include: an introductory session prior to the commencement of counselling, a waiting list information and resource package and a sliding scale payment option subsidised by MWN for those clients who would like to carry on sessions with their counsellor.
2. **Improving work conditions for counsellors:** The MWN counselling team are incredibly committed to the work. However, they urgently need enhanced remuneration that is closer to industry rates and clinical supervision paid for by MWN. They have also requested further professional training and a platform to engage with their fellow counsellors.
3. **Increasing programme capacity and re-building programme tools:** In order to meet demand and reduce waiting times, MWN urgently needs to hire additional counsellors or increase the hours worked by current counsellors. Client assessment outcomes need to be widened in order to capture the full impact of counselling beyond reduced anxiety and depression. Key wellbeing indicators can include: coping, confidence, sociability, decision-making and relationships.
4. **Expanding service provision:** Views were elicited from evaluation participants on what additional services would be beneficial for prospective and current clients. While these would be valuable additions to the core service being provided, they should be considered only after the recommendations above have been implemented. Expanded services could include: specialised counselling, workshops, peer support, a coaching service and in-person peer support.

"I am who I am because of who I became during my sessions" said one client, reflecting on the profound impact the service had on her. There is a great demand for this service from clients, and a strong will to meet that demand from both counsellors and management. The service gives voice and space to those who can go unheard. It makes a tangible and long-lasting difference in women's lives, providing them with actionable tools and coping skills. It is a vital project, and it needs continued support to keep making a difference.

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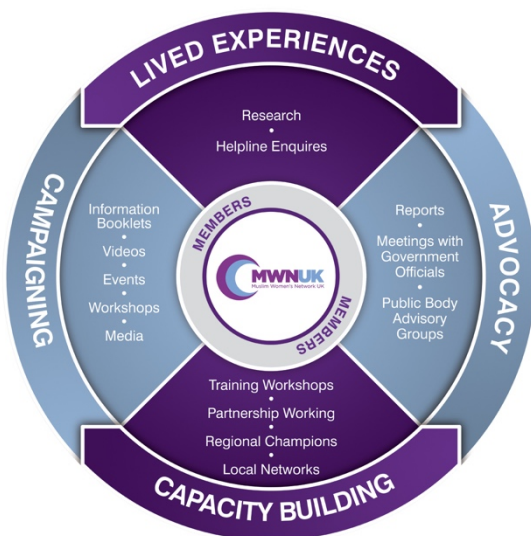


1. Overview

***"We have to show them that they matter, that their feelings are important, to habituate them to what therapy is. They come from a hierarchy where their needs are placed last and they don't have a voice. The issues are incredibly complex, and we have to be innovative in our approach and adaptive to the client, in a very short time. We do a lot, honestly. A lot."* (MWN Counsellor)**

***"I am who I am because of who I became during my sessions."* (MWN client)**

Muslim Women's Network (UK) is a national Muslim women's charity working towards social justice and equality for Muslim women. They work on gathering evidence about the key issues affecting Muslim women and girls in order to improve their rights through campaigning and advocacy.



On identifying policy and practice gaps, MWN engage with decision makers, government and public bodies to bring about systemic changes. They also focus on informing women of their rights and provides support via capacity building, community networks and online resources. They offer direct assistance via their national telephone Helpline service. The Helpline is a faith and culturally sensitive service that offers confidential information, support, guidance and inter-agency referrals for callers facing a range of issues including domestic violence, current and historic abuse, marital difficulties, homelessness and religious issues.

While the Helpline focuses on short-term assistance for immediate crises and issues, callers expressed the need for

further help regarding the mental health issues they were facing. These demands echoed the gap in mainstream mental health services that adequately served the needs of minority women, especially Muslims (Sadiq 2019). In 2015 MWN received £7,500 in funding from the West Midlands Police and Crime Commissioner's Victims Fund to create a specialist culturally sensitive counselling service for Black, Asian and Minority Ethnic (BAME) women. The project's aims were to provide a free and accessible faith and culturally sensitive counselling service for women who are or have been victims of crime, both reported and unreported. The service aimed to provide a safe space to begin the journey of healing and enable clients to face the future more equipped with tools to cope with trauma. It also wanted to gauge the demand for a faith and culturally sensitive service among BAME women, both in-person and virtually and identify the types of issues clients were facing. A 2016 pilot evaluation revealed that there was a need for a faith and culturally sensitive counselling service, with 91% of clients feeling that this aspect was important to them (Bell 2016). Many clients lauded the flexibility of the service in addressing individual needs and reported that they had acquired coping skills and tools to make better decision. The team rapidly established a professional counselling service with a good reputation amongst clients and referring organisations such as Birmingham Women's Aid.

The service has gone from strength-to-strength, despite a backdrop of the Covid-19 pandemic and soaring mental health referral rates during the current evaluation period of 2019-21. 2021 saw a record 4.3 million referrals to mental health services amid a growing mental health crisis across the country (Royal College of Psychiatrists 2022). Covid restrictions have meant that the service operates virtually, with counsellors conducting sessions via the telephone or on meeting software such as Zoom. This shift was conducted quickly and with as little disruption as possible to clients.

MWN provides a unique wraparound service:

Helpline → Advice, information, resources, referrals to services and a case worker to guide the client

Counselling → Empathetic & non-judgemental talking therapy

Helpline → Client can reach out again for help if necessary

1.1 MWN Counselling Service: Context, Purpose and Process

"This service saved me. It showed me how to take control of things, be a better person for myself and my children. I owe it my life." (MWN Client)

The counselling service has operated since 2016, receiving an increasing number of referrals and serving more clients each year. The service's goals are to help the client to explore feelings and emotions in an empathetic, open and non-judgemental environment that will help the client (**Figure 1**). The clients are referred by their Helpline case worker or can self-refer by calling the Helpline directly and requesting the service (**Figure 2**). Between 5-8% of Helpline callers require counselling. The service offers a short-term talking therapy intervention of 6 sessions to those clients who express a willingness to make meaningful changes in their lives and commit to 45 minutes once a week. More complex cases and those deemed unsuitable for the MWN service are referred to NHS primary and mental health services for longer term therapy. MWN does not take on clients who have had counselling in the last 3 months. Clients are informed that the service is free and appraised of the Confidentiality and Cancellation Policies.

Figure 1. Goals and Objectives of Counselling

- Assistance and exploration through talking therapy
- Increasing Self-Awareness
- Helping you to help yourself
- Aiding you to reach your greatest potential

Source: MWN UK Counselling Handbook



Figure 2. How do clients find MWN Counselling Services?

Internet Search	40.3%
Referred by another organisation	21.4%
Have called Helpline previously	13.0%
Family/Friend	7.5%
Other (MWN staff, colleague, etc)	17.8%
-----	100.0%

The process of initial triage to ensure the client's suitability for counselling, their level of urgency, wait listing and being allocated to a counsellor is outlined in the MWN Counselling Handbook. This is made available to all counsellors and available upon request. It details how to set up a counselling agreement with the client, complete depression and anxiety questionnaires with them and complete the allotted set of 6 sessions. Counsellors are allowed to request further sessions if required, to be allocated as the discretion of the Manager. At the completion of the allocated sessions, the case is assigned as "closed". The Handbook also sets out record keeping requirements on the MWN database, procedures for clients not attending sessions, counsellor invoicing, client assessments and the complaints process. At the conclusion of counselling, the client is welcome to call the Helpline again if the need arises and many clients stay in contact with MWN for on-going help and support.

Table 1: MWN Counselling Service Clients by Numbers

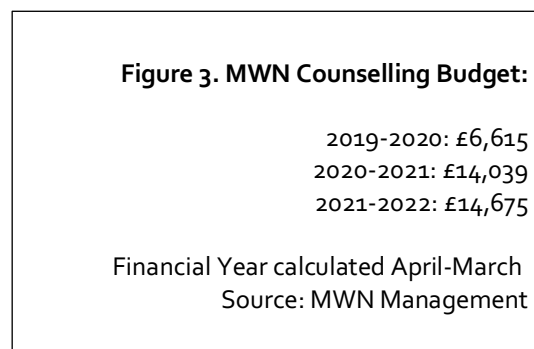
	2019	2020	2021
Clients Referred	65	113	129
Clients Counselling	38	70	94
Total Sessions	193	370	508

Average # of sessions per client	5	5.3	5.4
Average wait times for counselling	6.5 weeks	7 weeks	9.2 weeks

The counselling service has 5 counsellors who work on a part-time freelance basis. They are all highly qualified and experienced and many have a background in social services, the NHS and community health provision. They use an

integrative theoretical approach in their work, incorporating a blend of theory and practice from the main counselling modalities: Humanistic, Psychodynamic and Cognitive Behavioural Therapy. Many of them also have qualifications in Islamic Counselling and integrate this approach into the therapeutic process if it is desired by and benefits the client. The service is managed by the Helpline Manager. In an effort to increase accessibility, counselling is currently provided in Urdu, Punjabi, Mirpuri and Sylheti Bengali in addition to English. The demand for counselling service has steadily risen, as can be seen in the number of referrals between 2019-21 (**Table 1**). MWN has also increased capacity to match, counselling three times the number of clients in 2021 as compared to 2019. Unfortunately, this increasing demand has also meant that waiting times have increased over this period. Due to overwhelming demand and the lack of funding capacity, MWN had to suspend referrals between November 2021 until April 2022.

During the evaluation period the counselling service was funded by the Comic Relief Tampon Tax Grant and also the National Lottery Reaching Communities Grant. In 2020-21, MWN received additional funding from the Home Office, West Midlands Police Crime Commissioner, the Eveson Trust and the Grimmitt Trust. The budget is detailed in **Figure 3**.



1.2 Aims of Evaluation

This evaluation examines how the demand for the counselling service, its impact on service users and the project's internal functionality have evolved since 2016. It sets out to understand the service by going beyond the metrics and examining how the service works for all stakeholders: clients, counsellors and management.



Find out: What difference does the counselling service make to service users and how can it improve for both clients and staff?

The evaluation is guided by the following questions:

1. Is there an ongoing demand for cultural and faith sensitive counselling services?
2. What outcomes did the counselling service achieve for its clients?
3. What have been the successes, challenges and limitations of the counselling service?
4. How can the service improve for both clients and staff?

1.3 Methodology

This evaluation uses quantitative client and programme data from 2019-21 and in-depth qualitative consultation with clients, counsellors and MWN management staff. It combines outcomes and process-based evaluation methodology to examine both project outcomes and internal procedures. It was conducted between January-May 2022. **Figure 4** provides further details. For the years 2019-21, MWN provided data on client referrals, numbers of counselling sessions, demographic information regarding the clients and client depression and anxiety scores prior to and after counselling. In addition, the evaluator carried out in-depth qualitative interviews with all the counsellors and staff linked to the Counselling

Service. The qualitative interview questions for counsellors are guided by the evaluation research questions which were devised in consultation with MWN management.

Figure 4. Methods used:

- Discussions with senior management
- Desk review of project documents
- Quantitative data analysis
- Qualitative data analysis:
 - Counsellor Interviews x 6
 - Life coach interview x 1
 - Client interview x 4
 - Manager interview x 1

The clients interviewed were chosen randomly from a list of those who had completed counselling between 2019-21. They were contacted prior to the interview to have the process explained to them and to gain consent. The client interviews use MWN’s post-counselling Feedback Forms as an interview guide (Muslim Women’s Network UK 2020). This tested the Feedback Form’s efficacy in capturing the kind of information that would be useful to evaluate both the quality of the counselling service and the outcomes of counselling for clients. All interviewees were asked to sign consent forms prior to the interviews that detailed data collection, storage and analysis protocols (Appendix A). The overall findings have been analysed to identify common themes. Initials have been changed and quote attributions randomised to protect client and counsellor privacy.

1.4 Client Issues

"These women often have layers upon layers of abuse and trauma, deep integrated issues that they have carried since they were children and often never even acknowledged, let alone dealt with. And our hard task is to figure out how do we actually help them in six sessions ...?" (MWN Counsellor)

The clients who call the Helpline for a referral to the Counselling Service often present with a complex combination of historical and current issues, even if there may be a single catalyst triggering their current mental health crisis. These issues are often deep-seated and difficult to disentangle, making them better suited to longer term counselling. As MWN’s counselling service is a short-term therapeutic intervention, Helpline workers use the triage steps to decide client suitability. Subsequently, the assigned counsellor, working with the client, will negotiate how best to address these issues. MWN gathers data on the three most common issues clients present with and this data is collapsed and presented in **Figure 5**.

Figure 5:

Top 10 Presenting Issues:

- Mental Health & Feelings
- Domestic Abuse
- Isolation / Loneliness
- Relationships
- Marriage
- Suicide/ Self-Harm
- Faith & Spirituality
- Children /Custody
- Divorce

Other issues: rape, sexual assault, adult survivors of sexual abuse

Source: MWN Client Data, 2019-21

This data is in line with the general literature around issues faced by South Asian, specifically Muslim women in the U.K. They exist in a space where their gender intersects with their national, ethnic and religious identity, making them vulnerable (Perry 2014). Research among community service providers, voluntary organisations and religious leaders in the UK on the issues Muslims sought help for highlighted anxiety, depression, domestic violence, conduct disorders and sexual and identity issues (Maynard 2008). This review also reported high levels of gender-based violence, domestic abuse and relationship issues. For women, there is incredible pressure from both the family and wider community to adhere to traditional gender roles, especially after marriage (Thompson and Bhugra 2000). Within some Muslim communities, multigenerational family residences with in-laws and extended relatives are common, making autonomy and decision-making difficult for women. These living arrangements and

being away from families of origin who may even be in another country can become lonely and isolated. This can lead to feelings of ‘entrapment’ and higher rates of depression, especially in Pakistani and Punjabi women compared to white women (Anand and Cochrane 2005). The notion of preserving izzat (family honour and prestige) pressures Muslim women into hiding their psychological distress from both family members and other social contacts (Gunasinghe, Hatch, and Lawrence 2019). Pakistani and Bangladeshi women also show higher levels of depression compared to other South Asian groups (Fazil and Cochrane 2003). Previous studies have highlighted higher levels of suicidal ideation amongst Muslim women in the

UK, with younger women being more vulnerable (Bhugra and Desai 2002). The historically low rates of employment among Pakistani and Bangladeshi women have also been linked to lower socio-economic status and poorer mental health outcomes (Fazil and Cochrane 2003). Sadiq’s research on Muslim women and their experiences in mental health services reports that for many Muslim women, faith is an integral component of identity and can be source of both spiritual anguish and coping mechanisms (Sadiq 2019). As reported by clients in this evaluation, their identity as Muslims equipped them with great inner strength in the face of adversity. This has also been previously reported by Mirza (Mirza 2013). As with any research, we have to be wary of over generalising whole communities of women without noting the variation among them.

The high and growing demand for the service among a population with a historically low uptake of mental health services and higher than average propensity towards mental health distress demonstrates the need for this service.

Client voices:

“My main issue was with my spouse. There was there was psychological and emotional kind of, you know, abuse going on. It took me ten years to talk to someone. I kind of took a stand. He was, very taken aback and shocked to realise that there was even a problem. It was how he was raised, how I was raised. To just go on ... But I separated from him because I needed to save myself.” (R, MWN client)

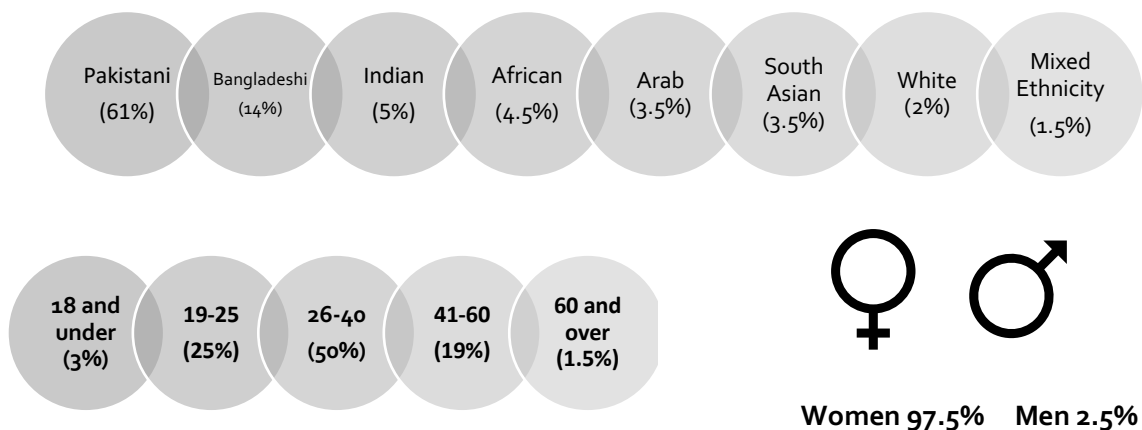
“I couldn’t take it anymore with my in-laws. I was so lonely, I wanted to be gone. I needed to find a way to move forward, to try and gain my confidence, make decisions by myself, find the best way to approach my husband about this situation without him getting angry. I needed to speak to someone, I was so depressed.” (T, MWN client)

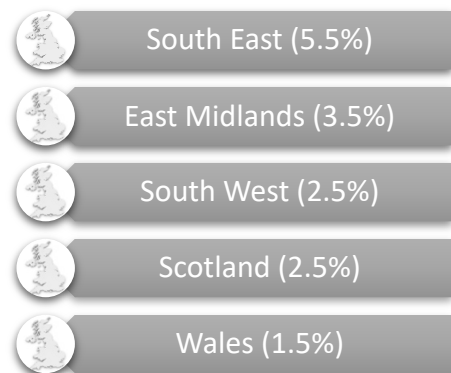
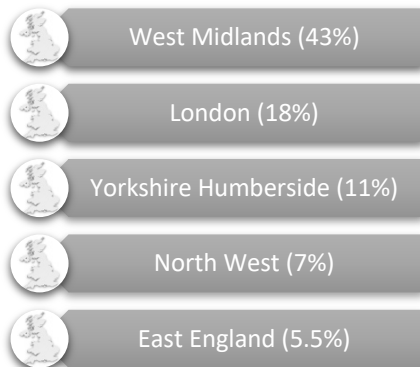
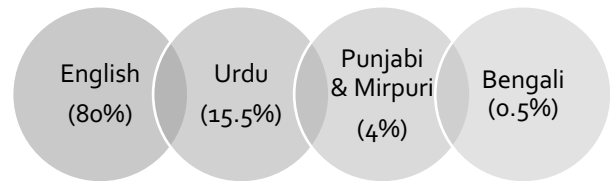
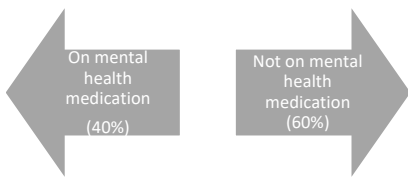
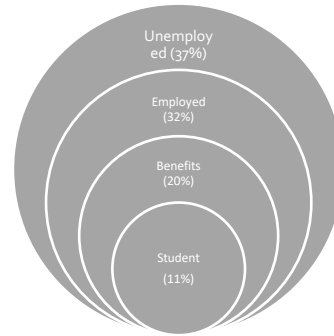
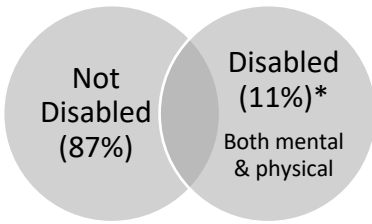
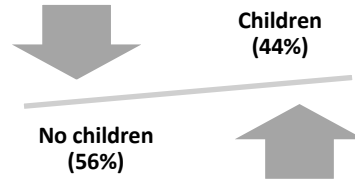
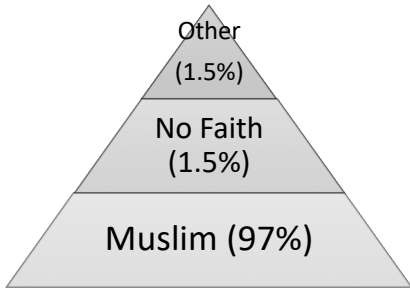
“I realised how much of my own childhood trauma I have, you know, bought into my relationships. My self-worth was very low. And that’s affected my boundaries. I don’t have any. In our culture, you’re not taught to as a girl. And I was so anxious, all the time. (F, MWN client)

1.5 Counselling Service User Profile (2019-21)

During this time, MWN received **307 referrals** and counselled **202 clients**. They offered a **total of 1071 sessions** during this time, with most clients undergoing approximately **5 sessions**. **Figure 6** provides a snapshot of MWN clients.

Figure 6. Counselling Service Clients:





Source: MWN Counselling Data 2019-2021







As expected, the clients are overwhelmingly Muslim and female, with half of them aged between 26-40 years old. This is to be expected because many of the referrals came through clients initially calling the Helpline and/or seeking specialist mental health care suited their needs online. A quarter of the clients are 19-25 years old, and 20% are between 40-60. The majority of clients who avail of the service are at the time of their lives most impacted by marriage, relationships and familial disharmony. This is also the age where there the greatest pressures on Muslim women to conform to cultural and familial expectations (Bhardwaj 2001; Gunasinghe, Hatch, and Lawrence 2019). Research has shown that women between 15-35 are 2-3 times more vulnerable to suicide and self-harm than their non-Asian counterparts (Bhugra and Desai 2002). Just less than half of them have children. 37% of the clients are unemployed or solely engaged in caregiving activities in the home, while 32% are employed outside the home. One-fifth of the callers are on benefits due to being a low-income bracket. The majority of clients are from the West Midlands, the locality that

MWN is based in Birmingham is the local authority with the largest Muslim population (280,000 in 2022). Given that one of the key ways for clients for find the service is online, it makes sense that 20% are from London, where there is also a large Muslim population (D. Clark 2019). The clients are most likely to be of Pakistani heritage, which is the largest Muslim ethnic group in the West Midlands area and in the U.K. In addition, 86.6% of the clients are British, while 7% have insecure immigration status and a further 6% are unable to say. An overwhelming percentage (98%) identify as heterosexual. While 80% of the client were English speakers, one fifth of them preferred to conduct the counselling in Urdu, Punjabi or Mirpuri. One-tenth of the clients described themselves as either mentally or physically disabled and 40% were already on medication for mental health related issues such as anxiety and depression. Across all three years, the majority of clients were British citizens (86.6%) with 6.9% having insecure immigration status.



2. MWN's USP: Re-evaluating the Demand for Faith and Culturally Sensitive Services

This service was set up on the belief that there is a need for specialist counselling provision in a faith and culturally sensitive manner. The 2016 evaluation affirmed this demand through both a review of the external literature and an examination of the MWN pilot project. It concluded that the strong uptake of the service and the feedback from both clients and counsellors revealed that the service filled a gap in mainstream mental health services. This section of the evaluation examines whether this demand still exists and highlights client and counsellor experiences in mainstream mental health. It also evaluates client satisfaction with the faith and culturally sensitive aspect of MWN's counselling service. The main findings are:

-  Muslim women face cultural stigma around mental health
-  Muslim women face high barriers to accessing mental health care
-  Experience negative experiences in mainstream mental health services
-  Growing demand for faith and culturally sensitive counselling services
-  High level of satisfaction MWN's service
-  Demand for combining counselling modalities with faith-led approaches

2.1 Cultural Stigma, high barriers to seeking support and negative experiences in mainstream services.

Muslim women are far less likely to seek mental health support in mainstream settings such as primary care via their General Practitioner (GP) or self-referral via the National Health Service (NHS) (N. Patel 2000). A recent review of the NHS-Improving Access to Psychological Therapies (IAPT) service showed that even if they do seek help, they are the least likely of all faith groups to move on to reliable recovery and experience reliable improvement (Baker 2021). MWN data shows that 40% of counselling clients were on mental health medication at the time of counselling, suggesting that medication rather than talk therapy is the go-to modality for mainstream services. Why is this? Our data highlights these four interconnected reasons as to why, and shows us how important being culturally understood, supported and matched to the counsellor is essential for MWN clients (Table 2).

Table 2: Cultural Stigma & Mainstream Mental Health Services

These four interconnected reasons lead to a demand for a faith and culturally sensitive counselling service and explain why so few Muslim women attend mainstream services.

Deep cultural stigma and lack of knowledge prevents help-seeking

Mental health struggles are shameful	Women are raised to not bring dishonour to the family and the community. Mental health issues are surrounded by shame, fear and secrecy. Many are unable to acknowledge these struggles, let alone seek help. (Ali 2020)
Pressured by gendered expectations	Women put family approval before their own desires and felt it was important to fulfil roles and expectations e.g., being a good mother and wife (Gilbert, Gilbert, and Sanghera 2004). Families can be an isolating force.
Poor knowledge of services	Clients often do not understand how counselling works nor what services are available to them.
Limits help-seeking behaviour	Pressure to deal with issues solely via familial and religious coping, e.g., prayer, speaking to religious leaders, etc (Sheikh and Furnham n.d.). General scepticism regarding counselling (Moller, Burgess, and Jogiyat 2016).

Muslim women overlooked by mainstream services

Inadequate mental health services	Multiple studies show that current mental health provision in the U.K. fails minority populations, especially Muslims (Baker 2021).
Muslim women “fall through the cracks”	“I think a lot of the time it’s because a lot of the women don’t have a voice and so few of us are listening out for them.” (MWN counsellor)

High barriers to accessing services

Poor knowledge	Mental health education is lacking in Muslims communities, as well as very little awareness regarding services for both clients and providers
Lack of trust between clients and health services	Muslims feel that they are already under social scrutiny due to their religion and ethnicity. They cannot bring their whole selves to mental health professionals for fear they will be judged for their cultural and religious practices (C. J. Patel and Shikongo 2006). All those interviewed expressed reservations about, unwillingness to approach or negative experiences of mainstream services.
Long waiting times	NHS England wait times over three months at minimum, over 1.5 million people on waitlist (NHS Digital 2021).
High cost of private counselling	Finances are a huge barrier to accessing mental health services as private counselling is incredibly expensive. Women are also afraid of being seen in mental health settings by other members of the community.

Negative experiences in mainstream services

Subject to racism	Many Muslim women report racist attitudes and behaviours from primary and secondary healthcare providers and don’t feel safe seeking mental health help.
“My old counsellor never really “saw” all of me”	Clients reported that previous mental health professionals they had contact with were unable to understand the cultural, familial or faith context of their lives and did not empathise or provide culturally appropriate tools.

Mismatch between service provision and client need

Evidence from literature and evaluation show that primary care professionals pushed medication over counselling referrals. Cognitive Behavioural Therapy (CBT) offered more than appropriate talking therapies (NHS Digital 2018).

Poor outcomes for Muslim clients

Research shows that Muslims are less likely to recover in generalised settings compared to other ethnic and religious groups. No institutional steps taken to redress this (Baker 2021).

Client Voices:

"I have had counselling previously with a non-Muslim counsellor and I did not feel seen or heard. I felt they did not understand how things affected me, given my life circumstances. I did call a non-Muslim helpline and it was a waste of time. Their view of stuff is completely different, it seemed like they were reading off a prepared script. The way their viewed things was very individualistic, telling me to only take care of myself." (T, MWN client)

"And the counsellor ever that I was speaking to through Mind, didn't get the issues that I was talking about. Religious, spiritual things, even just general cultural aspects that I didn't feel comfortable discussing. Whereas the counsellor with your service was absolutely in tune with all aspects from the Western concepts to the Eastern concepts. Also, religious concepts, so I thought it was really beneficial." (H, MWN client)

"Despite NICE guidelines about community engagement and seeing where the gaps in services are and how they affect the community, there is a lack of willingness within mainstream services to actually engage with Muslims or BAME in way that would be meaningful. There is no follow up on community initiatives that were successful, e.g., knowledge creating and involvement at mosque, getting NHS services out on local radio stations, community workshops, BAME specific material during Covid-19, etc" (D, MWN client)

"I would be worried I wouldn't get the right advice, if that makes sense. Would I get the cultural understanding? It would be almost as though they think that you're being weird. They don't understand our cultural norms. Yeah, I think I would be so worried all the time." (K, MWN client)

"The reason why I didn't tell my in laws was again, because of the dynamics behind it. They would label me as crazy. But I am only this way because of them. I'm stuck with nowhere to go, who could I talk to?" (T, MWN Client)

2.2 Growing demand and appreciation for MWN's Service

"We don't impose faith on them, we are very aware that not everyone wants an Islamic perspective, maybe the just want someone culturally similar. But you cannot dictate what clients bring into the therapeutic alliance, so you meet the client where they are." (MWN Counselling Manager)

This evaluation finds a high and growing demand for the counselling service over the years 2019-21. The clients and counsellors we spoke to all spoke at length about how important this aspect of the service

was to them and how it contributed to the overall impact of the service (**Table 3**). They were all happy to recommend it to friends and family.

Table 3. Faith and Cultural Sensitivity in Practice

The faith and cultural sensitivity aspect of MWN's counselling service was profoundly important to clients.

Clients demand a faith and culturally sensitive counselling service

Vital to share background	Clients notes how having a common ethnic, cultural and religious background help them connect with the counsellor.
Empathy from counsellors	Counsellors able to empathise as members of the same community, having had similar experiences as non-white Muslim women.
Demand in wider community	MWN counsellors note that there is a demand for this specialist service in the community, their private practice and MWN clients.

Clients appreciate MWN counsellors' experience and knowledge

Context	Clients appreciated counsellors understanding how religion, ethnicity, race and culture interact. Can immediately focus on issues instead of establishing context over many sessions.
Religious knowledge & perspectives	Clients lauded counsellor's knowledge of Islamic precepts and practice, ability to frame issues in a religious rubric.
Complex family structures	Clients felt comfortable that counsellors understood their familial structures and intergenerational complexities.

Counsellors offer culturally and religiously appropriate tools

Integration of modalities	Counselling in a Muslim framework, integrating client's spiritual, cognitive and behavioural aspects. Provided great therapeutic benefits.
Actionable tools	Counsellors offered tools and solutions that were applicable to the client's needs.
Different from previous experiences	Clients felt MWN counselling far more suited to their needs than previous experience with non-ethnically matched therapists.
Happy to recommend service	All clients interviewed said they would happily recommend the service to friends and family. Three of them had already done so.

Clients all reiterated that the counsellor's knowledge of their cultural-religious context facilitated a deeper therapeutic relationship and faster focus on issues. Our findings chime with previous research on the Muslims and the counselling process. Previous research suggest that Muslims are more likely to be sceptical of counselling compared to other faith groups (Moller, Burgess, and Jogiyat 2016). Perceptions of a counsellor's faith and cultural knowledge and sensitivity could impact on a client's feelings about the counsellor's credibility, the overall experience and the therapeutic relationship (Owen et al. 2011; Vasquez 2007). Studies suggest that clients who are religious are more comfortable with counsellors of a similar background (Mayers et al. 2007). Sadiq argues that as religion plays such a large role in the world view and lives of many Muslim women, their relationship with God and spirituality can be a key component of both mental health troubles and healing (Sadiq 2019). She notes that spirituality was not a part of the therapeutic process with most non-Muslim counsellors. When it was integrated into the counselling process, it aided healing. MWN counsellors echoed this perspective, choosing the perspectives and

modalities that best suited their client's needs. These included Islamic precepts and rubrics that are not usually part of a non-Muslim counsellor's tool box.

Some aspects of integrating aspects of faith into counselling are explored below:

- A few counsellors are trained in Islamic counselling via bodies such as the Alif Institute and Latif Project. These courses are Counselling & Psychotherapy Central Awarding Body (CPCAB) and British Association for Counselling & Psychotherapy (BACP).
- Counsellors can explain counselling in a Muslim framework, e.g., the Prophet had people confess their troubles to him and he helped them.
- Counsellors talk about integrating religion into the therapeutic process:
 - "I pick the approach that will best benefit the client, and sometimes that includes Islamic counselling."
 - "People want us to help with disentangle what is Islamic edict and what are cultural norms."
 - "I tell clients that there is an Islamic duty to care for ourselves, what we are given by Allah."
 - "The faith and culture aspects are incredibly important, because when you want to help someone recover you have to work with them in a holistic way."
 - "The best results are when I combine my 'Western' tools and training with my Islamic knowledge."

Client & Counsellor Voices:

"She completely understood the cultural aspects of my life, understood the dynamics of in-laws and that it was a normal cultural issue. It was a relief to hear that from a third person." (F, MWN Client)

"The counsellor sharing my cultural background made me feel less alone, her sharing some of her own experiences with similar issues gave me hope that things could get better" (MWN Client)

"Importance of using language and terminology that is resonant with clients, identifiable with the most important value system they have, i.e., their faith. This helps shifts to happen, lands at their very core" (MWN Counsellor)

So, it was again, very helpful that that I was I was comfortable to talk about these things without being called crazy. Because if I was to speak to a Western therapist, they probably put me into, like, awkward." (D, MWN Client)

"In Islam, we talk about *sabr* (patience and forbearance). I tell my clients, if you are being abused, the *sabr* isn't to stay there and take the abuser. It is to get up and leave, to stay away and protect yourself and your children. Afterwards is the bit where you need *sabr*. because you're going to have community members, family members, everyone telling you to come back. Every week I'll find examples of our Prophet (pbuh), who never raised his hand on any of his wives. Suffering abuse is not Islamic, it's about community and shame. I try and communicate that very gently and clearly." (MWN Counsellor)

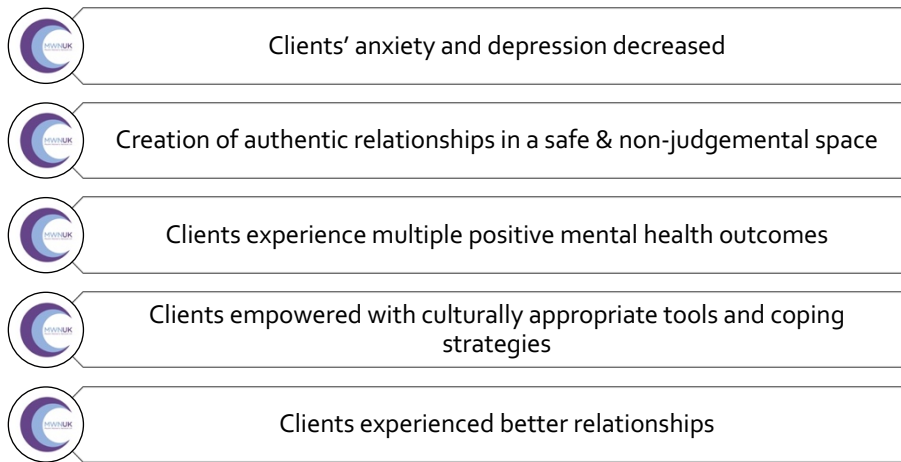
"9 times out of 10 she understood exactly what I was talking about and where I was coming in relation to my family, or my faith." (F, MWN Client)

"A lot of people don't understand faith and how it can work, the best recovery I have had is when I integrate faith into the CBT or talking therapy. This is true of both my private and MWN practices." (MWN counsellor)



3. The Difference Made: Impact of Counselling Service on Clients

The evaluation interviews with clients revealed the lasting changes they had made in lives after counselling. We cannot extrapolate from these clients to all MWN counselling clients. There will be variations in outcomes for clients based on a complex set of contextual and mental health factors. However, in conjunction with the depression and anxiety scores, this evaluation shows that counselling had profound positive outcomes for clients. These ranged across the spectrum of psychological health, breaking stigma, problem solving and familial relationships. This section of the evaluation examines the outcomes clients experienced during and after counselling. These outcomes can be thematically broken down into these four main areas.



3.1 Evaluating counselling impact

To examine the direct impacts of counselling is a very complex process requiring multiple detailed data points across a long period of time (Breedvelt et al. 2020). The validated measurement tools are varied, complex and require training in administering and analysing (Barbalat, van den Bergh, and Kossakowski 2019). MWN's counselling service is a short-term intervention run by a small charity with limited resources. The counsellors work for a very limited number of sessions with a client base mostly unfamiliar with counselling. To gather detailed data across multiple axes would be an undue burden on both clients and counsellors. However, both the management and counsellors felt that it was vital to collect data on how clients felt prior to and after counselling.

MWN collects this data via established measurements of anxiety and depression used by in NHS primary and secondary care, namely the Patient Health Questionnaire 9 (PHQ9) – Depression and the Generalised Anxiety Disorder Questionnaire-7 (GAD-7) (see **Fig 7 & 8** for details). The validity and reliability of these measures are well established, and they are frequently used in initial client screening and also as an

Figure 7: Patient Health Questionnaire (PHQ)-9 – Depression

This questionnaire has 9 questions and is designed to be easily administered in a conversational format. It asks the client to evaluate their feelings over the last two weeks and is scored out of 27. MWN counsellors use this in the first and final session. The questions include:

- How often have you been bothered by feeling down, depressed or hopeless?
- How often have you been bothered by feeling tired or having little energy?
- How often have you been bothered by feeling bad about yourself, or that you are a failure, or have yourself or your family down?

Source: Patient.info

outcome measure (Richardson et al. 2017; Spritzer et al. 2006). Despite studies showing that these measures do not always capture the interplay of contextual and temporal factors that contribute to changes in mental health, they are a pragmatic and easily comparable tool. In order to gather more nuanced feedback on client outcomes, we undertook client self-assessment interviews based on MWN’s developed but not yet implemented post-counselling feedback form.

Figure 8: Generalised Anxiety Disorder (GAD)-7

There are 7 questions and a higher score means a higher level of anxiety. The questions include:

- How often have you been bothered by not being able to stop or control worrying?
- How often have you been bothered by worrying too much about different things?
- How often do you feel as if something awful might happen?

Source: Patient.info

This feedback form asks clients to evaluate their counselling outcomes and psychological health. They also report how satisfied they are with the service overall and their relationship with the counsellor. The client comments any service improvements they would like and is asked whether they would recommend the service to friends and family. It is designed to be administered by an MWN staff member after the client has completed their counselling. This form has informed the service evaluation in this and following sections.

3.2 Client anxiety and depression decreased

Completing counselling with MWN lead to a reduction in depression and anxiety for clients. Between 2019-21, at the conclusion of counselling there has been a dramatic reduction in the percentage of those who are severely depressed and incredibly anxious. These results are impressive given how few of them clients have previous experience of counselling and the limited number of sessions. These results are comparable to highly performing NHS IAPT services (D. Clark 2019). The findings for depression and anxiety outcomes are summarised in **Figures 9** and 10.

Figure 9:

Depression Outcomes	Positive given limited number of sessions
Half of clients presented with severe depression ■	Across all three years, approximately half of clients were severely depressed at the beginning of the counselling process. Consistent with NHS intake data in England (NHS England South East 2022).
Post-counselling one-third of clients had no or mild depression ✓	Across all three years, after completing counselling only 10% of clients were still severely depressed. The majority of clients had experienced positive outcomes. This is comparable to recovery results for NHS IAPT (D. M. Clark 2019).
Some clients unable to assess ✗	Across all three years a third of clients were unable to assess their mental state at the conclusion of counselling, indicating that the assessment protocols needed revision.
Counselling staff performance consistent ✓	Despite counselling three times as many clients at the end of the evaluation period as at the beginning, the positive outcomes remained the same.

Figure 10:

MWN Counselling helped clients ease their anxiety

Anxiety Outcomes

Half of clients presented with severe anxiety	■	Across all three years, clients had high levels of anxiety at the beginning of the counselling process, reporting that it often interfered with daily activities. Consistent with NHS intake data for England (NHS England South East 2022).
Quarter of clients presented with moderate anxiety	✓	Across all three years, an additional ~25% of clients reported that anxiety was a constant presence in their life.
Post-counselling ~40% of clients had no to mild anxiety	✓	Across all three years, nearly half the clients had benefitted from counselling to the extent that their anxiety did not impact their day-to-day life. This is just below NHS-IAPT recovery rates which are 50.8% (NHS Digital 2018).
Counselling staff performance consistent	✓	These reductions were consistent across all three years despite the threefold increase in clients and addition of new counsellors.

3.3 Creation of authentic relationships in a safe and non-judgemental space

Clients interviewed truly felt seen and heard by the MWN counsellors. All except one client felt that they were able to establish a strong therapeutic bond with their counsellor. Despite many clients have no previous experience of counselling and a poor understanding of what it entailed at the start of their sessions, they reported that the counsellors created a safe and non-judgemental space. This was true even for the client who felt that their counsellor did not fully understand the client’s circumstances. The clients appreciated that even though the sessions were in English, they could talk about socio-cultural concepts in other languages.

Client voices:

“Definitely. Because she, she understood the terminologies that my in-laws would use in their lab? Yeah, I'm just that can take a toll on my mental health. Just things like that. So honestly, that was really helpful that she was. I'm not saying that it wouldn't help. But it just added that extra thing”. (H)

“For the first time I had space to think about how things affected me, and to question what a better life might look like.” (R, MWN Client)

“I felt like she genuinely cared. I was able to discuss things about myself that I probably wouldn't have felt safe discussing, in a normal setting with just another counsellor. And I felt like the counsellor was really receptive. And if there wasn't something that she understood, she would make the effort to, at least share empathy. And so that safe, that felt really safe for me, because I felt like I was talking to somebody I can trust.” (H, MWN Client)

3.4 Clients experience multiple positive mental health outcomes, empowering tools and improved relationships

The clients interviewed for this evaluation all said that the counselling had changed their life. **They reported feeling profound shifts in perspective and taking life-changing action.** Table 4 highlights these positive outcomes and client perspectives.

Table 4: Positive Counselling Outcomes for Clients

Shifting negative perspectives around mental health	
Lessen cultural stigma regarding help-seeking	"I have the confidence to seek help. There's nothing embarrassing or shameful about it. If this what you need that you do, forget about what people say or anything like all that nonsense." (F, MWN Client)
Enabled them to seek help in the future	Half the clients we spoke to went onto private counselling. "MWN made me realise that I needed counselling to carry on. I am still receiving counselling from another provider, and its vital to me carrying on." (T, MWN Client)
Changed attitudes towards medication	"After working with my counsellor, I went on anti-anxiety medication. I knew it might help but I resisted it. She worked with me to overcome that." (H, MWN Client)
Empowered with tools to create shifts and make change	
Ability to identify negative patters	"I am able to confidently say something's not right. It's not changed my life, but it's changed how I view it and deal with it." (R, MWN Client)
Tools to leave harmful situations	"My husband, parents and in-laws were surprised that after 11 years I took this step for myself, I told family what was going on in my marriage. I put my foot down and asked for a change, asked for respect, asked for a separation." (F, MWN Client)
Scripts and guides to address change	"My counsellor understood that I needed baby steps, scripts and role-plays of how to approach difficult conversations as I have never done it before." (R, MWN Client)
Improved relationships with self, family members and community	
Ability to set boundaries	"I had always accepted everything. Everything was always my fault. No one respected me. No one taught me what boundaries were before my counsellor." (T, MWN Client)
Able to model positive self-care and wellbeing	"I was finally able to tell my husband that we needed to go to counselling together, and that I needed a break. I had to show my kids that I can break too." (R, MWN Client)
Breaking generational patters	"I realised that my husband and I had so much to deal with from our childhoods and we had to do better for our children. I had to be the one who starts because no one else understood that it was wrong." (F, MWN Client)







4. Is the Counselling Service Fit for Purpose: Evaluating Performance and Process

The counselling service was set up to meet an existing demand for mental health support from an underserved population. During the evaluation period, the number of clients seen, sessions offered and counsellors employed increased to a growing demand for the service. Covid-19 restrictions dictated the service transform from an in-person to online/telephone, including for the management team. The team have managed to more than double the funding budget in order to meet client demand. Overall, it has been a transformational time for the Counselling Service. The sections above address the demand for the service and its well-regarded aspects. In addition to noting some additional successes, this section focuses on the challenges faced and limitations experienced.

"I think it's difficult because they're, they're trying to do so much. They've almost got a wraparound service. So, you come to the Helpline. You have counselling, you can then end up with a support worker, and be signposted to other organisations, lead legal teams, etc. sharia councils, things like that. It's an ambitious approach for a small organisation" (MWN Counsellor)

4.1 Programme Successes: High Client Satisfaction and Highly Dedicated Counsellors

-  Client satisfaction with service very high, with a few exceptions
-  Counsellors able to listen, identify problem and provide actionable tools
-  Counsellors are skilled and highly motivated
-  MWN's free service widens access to mental health services

These are explored further in **Table 5** below, followed by client experiences.

Table 5. Internal Successes: Counsellors & Management

Clients overall very satisfied with quality of counsellors and service	
High praise for commitment	Clients felt counsellors genuinely wanted to help them change behaviours and improve their lives.
Appreciated counsellors' flexibility	Clients felt counsellors tried as much as possible to accommodate their needs and contexts, understanding that scheduling and attending could be difficult.

Some clients not well-matched with counsellors	One particular client expressed dissatisfaction with the counsellor assigned to them, but did not feel they had any recourse to changing them.
Prefer solution-focused approaches	Clients favoured counsellors who used a structured, goal-lead approach to the sessions.

Highly motivated counsellors

View work as religious and communal duty	A majority of counsellors spoke of how they feel “called” to do this work with MWN as a way of giving back to their communities. They see it as a privilege.
Armed with extensive experience	Almost all counsellors have long-term experience working with the BAME and Muslim demographic they counsel, either in mainstream health settings, social work, charity work, etc.
Vital to give clients space & voice	Counsellors feel affinity with clients. They are ignored by mainstream services, so it is vital they are listened to by MWN counselling.
Counsellors praise MWN	Overall, counsellors are mostly happy with MWN as an organisation and praise its mission, management and organisation.

Free service provision essential

Widens access to mental health services	All clients reported that they would not be able to afford the service if it required payment. At the time of referral, clients had financial difficulties and could not afford private therapy.
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Client and Counsellor Voices:

“As an organisation, MWN has good organisational skills, compared to some Muslim organisations that I have worked for. On the whole they are good at meeting their goals. Six years ago, not many organisations were working to empower Muslim women, like with the Helpline and resources. They work to provide for women who don’t have anything, no one to turn to, a safe space.” (MWN Counsellor)

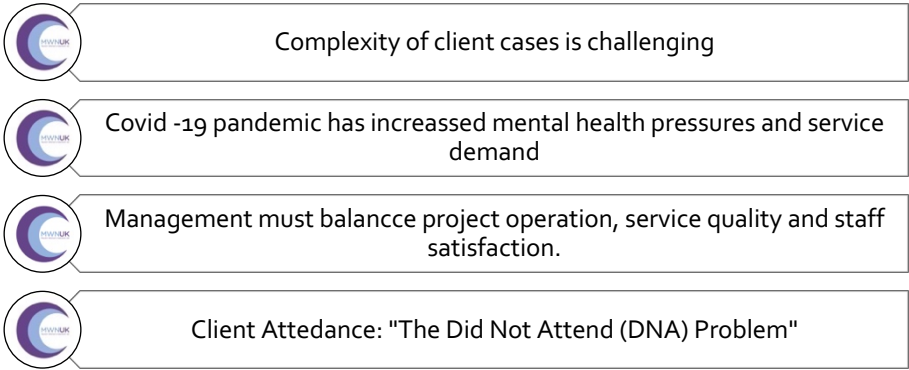
“MWN are the most supportive and lovely organisation, they make sure we are taking time off and taking care of ourselves.” (MWN Counsellor)

“My counsellor was so flexible. She had children has a child of similar age; she got it. If I couldn't do something, then we couldn't do it. She gave me lots of option. I had to find a time where no one was there or they wouldn't be able to hear. Yeah. So that was a bit difficult trying to find a suitable time, and she worked with me.” (H, MWN Client)

“There was a financial abuse situation going on with me, so if I had to pay it, I wouldn't pay for it, I wouldn't be able to afford it. Women generally will suffer more financially, especially in the Asian community. The fact that this was a free service, helped me so much, I cannot tell you.” (R, MWN Client)

"I was given homework, things to implement. And then I reported how those how homework went. On my next session I was given strategies to implement and we would always review. This was really, really helpful, especially with my immediate anxieties." (H, MWN Client)

4.2 Programme Challenges:



MWN’s success within its limited means is laudable, but there were critical challenges over the evaluation period affecting the project and staff performance. These are both contextual, such as the Covid-19 pandemic or internal, like the pressures of project operation on staff and management. This section explores these challenges in further detail.

4.2a Complexity of client cases is challenging

All the 6 counsellors and the life coach consulted for this evaluation expressed how complex the cases they deal with at MWN are. MWN’s counselling services are intended as a short-term intervention with the goal of providing coping strategies and mental health tools, and clients are assessed on this basis. However, counsellors note that even clients with seemingly simple presenting issues will have layered and complex factors impacting their mental health that become apparent in the course of a few sessions. Counselling may bring up clients’ historical abuse and trauma (Mind 2020). In some cases, clients themselves have not acknowledged this, let alone faced it. The counsellors’ mentioned that these cases were often more complicated than those in their day jobs within mainstream services. They were wary of beginning to address complex issues in the six allotted sessions without helping clients work through the resultant trauma over the course of a longer-term counselling approach. Even though counsellors are allowed to ask MWN for further sessions, they understand that this cannot be in all the cases they deem it necessary.

Counsellor Voices:

"It’s such a limited number of sessions, especially for the complicated cases. I sometimes get them to look at how can I do things differently? You can't change people, but you can change the way you react to them and change happens. I ask the client how you can change what you're doing, try to empower them to work differently with whatever the issue is that they've got to deal with." (MWN counsellor)

"For example, if a woman calls the Helpline asking for help regarding getting a divorce, it’s not just that. There are so many questions for us: Has the person been forced into that marriage? Is there a risk of honour-based violence if they leave? Did they face abuse and rape within the marriage? Was this marriage legally registered? And all of this factors into the counselling, of course." (MWN Helpline and Counselling Manager)

4.2b Covid-19 pandemic has increased mental health pressures and service demand

The Covid-19 pandemic and its impact has seen a mental health crisis in the UK. In England, a record number of referrals were made and hundreds of thousands joined waiting lists for mental health services (NHS England South East 2022; Royal College of Psychiatrists 2022). Mental health inequalities were exacerbated, with many vulnerable populations, including women, suffering worse outcomes. Economic instability, pressures of lockdown and problems of familial proximity all had enduring effects on people’s mental health (Marisa C. Dias and Bunn 2021). Below are some of the pressures that the pandemic brought to bear on clients and counsellors alike:

At MWN, the Covid-19 pandemic brought incredible challenges for staff and management:

- There was a two-fold increase in demand for counselling (MWN Data, 2019-21)
- Pressures on counsellors increased both at home and at work
- Counsellors had to switch to providing all sessions virtually or over the telephone
- Already complex cases became even more complex due to lockdown pressures
- Management had to rapidly switch to remote operations for counsellors and staff

Domestic Violence During the Covid-19 pandemic and beyond

The increase in domestic violence and demand for domestic violence service during the pandemic has been well documented (Stripe 2021). The domestic violence charity Refuge reported a 61% increase in logged calls and contacts and a sevenfold increase in visits to specialist domestic violence websites between April 2020 and February 2021 (Refuge 2021). They reported that 72% of these were from women. MWN itself reported a doubling in referrals, with domestic violence being the second most common referral issue. Counsellors have commented on domestic violence as a key client issue, and noted how this has become more pervasive during lockdown. In addition to violence from partners, clients reported violent outburst from others in their home including their grown children.

As seen in **Table 6**, Covid brought many increased mental health pressures and some unforeseen benefits for clients:

Table 6. Covid-19 Impact on Clients

Pressures due to lockdown	
Challenges of proximity	Being in a confined space over a long time with too many family members made clients feel pressurised and multiplied pre-existing problems
Forced to face issues	Clients had to face underlying issues which were exacerbated, had to face each other after conflict, nowhere to go to cool off
Lack of coping strategies	Being unable to cope with conflict in a healthy way leads to violence and high-pressure arguments
Covid-19 specific circumstances that increased mental health stress	
Financial stress	Clients and their families faced loss of work, lower incomes due to working fewer hours and being put on extended furlough

Adult children moving back home	Those away working or at university came back to live at home, putting a strain on all family members. Adult children report feeling claustrophobic and like they have to hide their lives from parents.
Increased health anxiety	Many clients and counsellors report increased anxiety around health and the pressures of trying to not contract Covid-19. Those with existing anxiety had conditions exacerbated.
Bereavement due to loss	Muslims in England were disproportionately affected by both hospitalisation and death. Pakistanis and Bangladeshis twice as likely to die (Khan 2021).

Unexpected mental health benefits of the pandemic

Limited community engagement	For many clients it allowed a break from burdensome roles and expectations within an extended family structure
Respite from social obligations	Women were able to focus on their immediate families, as they were not expected to host community members and guests in their homes
Able to reconnect	For some it was a positive opportunity to connect deeply with spouses, family members and their own spirituality

Counsellor Voice:

“Covid was so tough for us all. So hard for the clients. I comforted clients who had suffered bereavements by talking about how being a Muslim is seeing life like a long journey with many tests. Covid is a such a test. It is hard for clients to lose people in this way, all the while being in lockdown with all their family. Where do you even go for comfort? I try to bring the client back to their present life, how can we get through today, how can we approach things?” (MWN counsellor)

4.2c Management must balance project operation, service quality and staff satisfaction:

Operating an effective, efficient and high-performing programme in a charity is a tall order. The constraints of funding, limited staff resources and the need to “make a little go a long way” are well-documented (Stuart 2022). Covid-19 has made this even harder, with only half of charities surveyed by the Charities Aid Foundation predicting a return to pre-pandemic funding levels (Ferrell-Schweppenstedde 2021). Across interviews with MWN counselling staff and management, this evaluation noted the following:

- Management dedicated to maximising the benefits of the service to clients and looking for ways to increase client numbers
- Counsellors have good overall relationship with management and respect for MWN as an organisation
- Management respects autonomy and professionalism of counsellors
- Management and counsellors have adapted very well to new modes of working during Covid-19
- Managing the Helpline and the Counselling Service gives the Manager additional context regarding client needs

However,

- Management is keenly aware of budgetary limitations and impact on service provision
- As of first quarter of 2021, service is over budget no new clients can be allocated to counsellors, even if they have the capacity
- Pressure on current management to constantly balance client needs and programme efficiency
- Management notes that counsellors can be focused solely on client work and not see the big picture

4.2d Client Attendance: The Did Not Attend (DNA) Problem

"Six missed sessions whole another person we could have helped." (MWN Counselling Manager)

Whether there is a problem with there being too many DNAs depends on whether we are talking to management or counsellors (see Fig 11). **Overall, the percentage of DNAs at MWN is higher than those within mainstream counselling services.** The two longest-serving counsellors at MWN report that DNAs

were a problem in the early years of the service, when many of those offered counselling did not understand what counselling entailed and did not want to commit to the process. Currently, most counsellors agreed that clients appreciate the service, as they understand how long waitlists are and how expensive private counselling is. However, the Manager feels that they have to constantly remind counsellors of the huge wait list and of the need to be strict. From a programme perspective, even this percentage of DNAs mean resources could have been better used.

Non-attendance can be a problem for counselling services large and small, in both the charity and NHS sectors. It contributes to escalating costs and waiting times. A study reported 8.9% DNAs for an NHS IAPT service in London (Binnie and Boden 2016). Research highlights that DNAs in psychiatric services can be up to double the average for general outpatient health services (20% vs 10%) (Department of Health 2012; NHS Digital 2013). Community-level factors most associated with non-attendance were low socio-economic status, low education and high levels of deprivation. At the individual level, factors most often quoted were forgetting, being too unwell to attend, experiencing high levels of mental distress, having other priorities or dissatisfaction with the service.

Figure 11

Do Not Attends		Positive given limited number of sessions
13.6 % of sessions are DNAs	■	This is slightly higher than in comparable NHS settings. However, given that most clients are not used to counselling and they have an average of 5 sessions in total, the problem is not as severe as it appears.
Counsellors felt DNAs were not a problem	✓	They felt clients were committed and DNAs were rare. They noted that clients' lives were complex and chaotic, attendance could be difficult. Counsellors aware that DNAs are a financial burden, resulting in higher programme costs and longer waiting times.
Clients think that the policy is too strict	✗	Some clients felt that policy was too strict and they were being penalised for events outside their control. After waiting so long, they felt entitled to their 6 allotted sessions.
Management reports some counsellors not addressing the issue adequately	✗	Management felt that some counsellors did not apply the policy strictly enough, did not take into accounts how much DNAs impact the service budget.

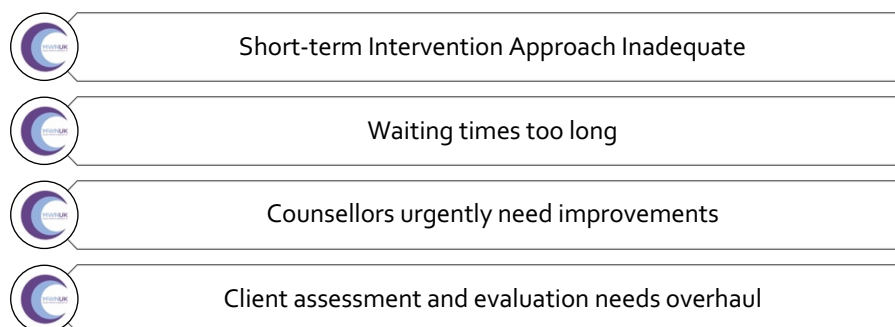
Client, Counsellor and Management Voices:

“The one time when I missed my session had to do with the circumstances that I was in. I had a child and I couldn’t rely on my in-laws for childcare at the last minute. My mother-in-law knew I had a meeting and went out at the time. The other time, it was childcare as well. I couldn’t tell my family what I was doing. If it's to do as the situation that you're in, it's kind of out of your hands. It kind of feels like you are being penalised for the situation that you're in.” (F, MWN Client)

“Attitudes to counselling have changed, people understand how much counselling can help them. They know there are getting something for free that people pay a lot for! But there will always be some who see it as a priority and some who see it as a place to talk and offload not as a place of change. You can’t always see those people coming, so there may be DNAs.” (MWN Counsellor)

“I understand that its harder for the counsellor, as they have a relationship with the client, but for me it has to be different. We are a culturally sensitive organisation and we are aware that there’s extended family, responsibilities, but we still have to balance it out. I get really upset because I sometimes feel that the process isn’t followed, and would the counsellors be as lenient with their own business? It really hurts the bottom line.” (MWN Counselling Service Manager)

4.3 Programme Limitations:



The counselling service is a professional and highly-regarded service providing urgent mental health care to those who might otherwise not have access. They have a highly committed team motivated to delivering the best service possible. However, our evaluation highlighted limitations and the need for improvement across key areas of client provision, staff conditions, impact assessment and programme evaluation. This section details these below, while the recommendations are offered in the next chapter.

4.3a Short-term Intervention Approach Inadequate

MWN clients are offered 6 sessions as standard. Currently, on average clients complete 6 sessions each. Counsellors can request more sessions if required and these are approved at the discretion of the Counselling Manager. The latter makes this decision based on the budget, the number of clients currently in counselling and how many extra sessions are required. **Table 7** summarises the evaluation findings regarding how clients, counsellors and management feel about the current system.

The counselling service is faced with the question: Does it want to remain a short-term intervention focused on expanding access to more clients, or will they consider moving to a hybrid-model where longer-term counselling can be built into client offerings from the beginning? While the key stakeholders of clients and counsellors understand the budgetary limitations, they feel that the current offering impacts quality of care provided and limits the beneficial outcomes of the

counselling. Both clients and counsellors request an initial offering of 8-10 sessions. Both these sets of stakeholders trust that this will not be taken advantage of and only the required number of sessions will be used. The management have to decide whether they will do this.

Table 7. Short-term Intervention: Inadequate & Budget-Limited

All clients interviewed feel number of sessions is inadequate	
Creates anxiety	Clients felt pressured because they knew they had to get the most out of a limited number of sessions
Takes time to be open and honest	By the time they had developed a relationship with the counsellor that enabled them to fully explore issues, the sessions were nearly finished
Needed active guidance	Clients report feeling sessions were wasted unless counsellor worked towards solutions, at times being unable to explore issues deeply
Counsellors feel limited by 6 session offering	
Pressured to limit approach	Counsellors address only what they feel they can limit to 6 sessions. Report not tackling deeper, more long-term issues even if needed
Sympathetic to budgetary limitations	All counsellors understood that the session offering is constrained by limited funds and only request extra session when necessary
Request more sessions offered	All counsellors but one wanted an initial offering of 8-10 sessions
Management balancing limited budget and rising referrals	
Feel current offering is adequate	6 sessions are a compromise given the demand for referrals and waiting lists. Waiting list closed in late 2021 to due funding crisis.
High approval rate for extra session requests	Works towards approving requests for extra sessions, and feels that they are generous in approach.
Appropriate for short-term intervention	The current system addresses the stated programme goals. Needs more funding to keep current offering in place, let alone expand.

Client Voices:

"I don't think it's enough at all. If someone's suffering, it will take them a few sessions to actually open up properly. I was more anxious about being able to express myself properly in the time I had, rather than rather than sticking to what I wanted to help with. I couldn't say what I wanted to help with, I had to learn to explain what I was actually going through. It felt like, it just went really quickly." (T, MWM client)

“Six sessions bring pressure as a therapist: if someone want to work with historical issues you don’t have time to build a timeline or a narrative, to understand those critical moments in their life that shaped their belief system. People don’t really open up and talk so early, we need time to build a rapport with them. Would be nice to have that space.” (MWN Counsellor)

“There are those exceptional cases that need extra sessions, and I am happy to approve those. We need to understand that our service is short term. 10 sessions seem quite reasonable. But in terms of the funding we have, the number of referrals we get, if we give everybody 10 sessions our wait list increases. We've actually had to close the wait list. This is where the triage is important. If somebody doesn't even know what counselling is, then maybe they need to go away and think about it because not everybody’s ready. This can result in a lot of DNAs.” (MWN Counselling Manager)

4.3b Waiting times are too long

The above section laid out how waiting times are directly linked to budget and counsellor availability. All stakeholders agree that current wait times are too long. Counsellors have a limited number of MWN clients that they can take on at any given time. The more session each client receives, the longer it takes to complete that client’s counselling. This directly impacts how soon clients on the wait list are offered a place. The rise in referrals in 2020-21 and the growing number of clients receiving an extended number of sessions put intense pressure on MWN waitlists in late 2021. As the counselling programme ran out of funds, MWN closed waitlist. Current clients carried on their counselling as usual. However, those waitlisted clients who require counselling in the short-term for time sensitive mental health distress.

It is clear that it is not possible to lower waiting times without increasing the counsellor capacity. **It is vital that MWN secure substantial additional funding to ensure that current standard of service continues.** Without a funding injection, the growing demand will lead to ever lengthening waitlists.

4.3c Counsellors urgently need improvements

The engine of this MWN service is the counsellors who provide it. This evaluation learnt that clients are very satisfied with the quality of the service provided. The counsellors are skilled, motivated and dedicated to their job. As previously discussed, for many helping women via the MWN service is a way of giving back to their community. Overall, the counsellors report being happy with MWN and with the service they are able to provide. However, problems in the way the service currently operates impacts their employment experience and hinders them from taking MWN more clients. These are explored in **Table 8** below.

Table 8: Counsellors Need Improvements

Low pay rate limits counsellors’ capacity	
Counsellors paid at 1/3 rd private practice rate	All counsellors request a higher pay hourly pay rate. They understand MWN’s funding constrains, but note that the low level of compensation compared to industry standards prevents them from taking on more MWN clients. They are giving up private clients to do with work.
Complex cases	Feel pay rise is warranted given the complexity of the caseload and the limited sessions they have to work with.

Would like to take on more clients	All counsellors want to take on more MWN client because they are dedicated to this work and their clients, but have to balance their own finances.
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Urgent need for counsellor supervision

All request supervision	All counsellors forcefully demanded clinical supervision. Industry standard practice dictates that counsellors have supervision in order to ensure safety and quality care for clients. Currently MWN counsellors pay for the supervision of MWN clients “out of pocket” and all find this unacceptable in the long-term.
Request unactioned since 2016	This recommendation has not been implemented since it was made in the 2016 Evaluation.
Group or individual supervision	Counsellors suggested a group clinical supervisor if on-going individual supervision was too expensive for MWN.
Supervision cost and logistics for MWN	Management notes that each counsellor only sees a handful of MWN clients alongside their private practice. Understandably, MWN should not be paying for supervision regarding those clients. Discussion between the parties can lead to a compromise on the issue.

Additional improvements requested

Opportunities for team building and collective engagement	Counsellors do not feel connected to others counsellors at MWN. They work with clients in isolation. Would like scope to connect, learn from and support each other. Counsellors feel that institutional knowledge is being lost.
Continued professional development	Counsellors would like help and funding in accessing further training in specialist areas relevant to MWN’s client base, e.g. pre and post-natal counselling due to the lack of culturally sensitive support for racialised minority women highlighted in recent reports.
Faster invoice payment	Half of counsellors interviewed complained that the invoicing system lagged in approving payments. They noted that the payment cycle can take up to 30 days and this is too long.
Improved client dashboard	Two counsellors reported not liking the dashboard design, saying it was clunky and not interactive enough. Two others thought the referral needed more details prior to starting counselling.

Counsellor Voices:

“In terms of what they can do better for us counsellors, well, they're tough clients. Having a space to discuss that, to share that, to gain learning from it. They need to provide that time and space and a clinical supervisor. Because there is learning that is not is not being amalgamated. We need to be able to learn from each other. I have to pay for my own personal clinical supervisor. But if we had one from MWN, even if that's once every couple of months would be a start.” (MWN Counsellor)

So, we have different strengths and qualities to enhance the work that we do with our clients. At the moment, we're working in isolation, and not really benefiting each other. The type of cases that are coming through we, if we had group supervision, we would have a structure to say this is happening at this particular time. And this is what we're recognising is coming up, this is what we're struggling with. Now we are just struggling by ourselves and we can't help each other. This is fundamental, I think." (MWN Counsellor)

"We need an in-house supervisor that can support us all, this is really important. We are a team in a sense, but we're not working to empower one another and help the service grow or support one another." (MWN Counsellor)

4.3d Client assessment and programme evaluation needs overhaul

Client assessment, stakeholder feedback and programme evaluation are key components of understanding if and how the counselling service is meeting its objectives. Perhaps even more importantly, these tools are ways of understanding what aspects of the programme are not working and need improvement. This evaluation has used both quantitative data collected by MWN and qualitative interviews conducted for the purposes of this evaluation. The quantitative data on client demographics was amassed at the point of referral triage. The data on client anxiety and depression scores was collected during the client's first and last sessions by the counsellor. The qualitative data for clients was gathered using a post-counselling feedback form designed by MWN but not yet in regular use. The analysis in **Figures 11** and **12** tackle client assessment via anxiety and depression scored, as well as the feedback forms. It is drawn from conversations with the management, counsellors and clients, as well the evaluator's opinions. The recommendations for how these assessment methods can be enhanced are both below and in the final chapter. Overall, there is a need for more detailed assessment.

Figure 12.

PH9-Depression & GAD-7		Only fulfils the need for initial outcome metrics
Widely-used & comparable measures	✓	Both counsellors and management agree on the need for metrics. Agree that these are commonly used and comparable to other mental health services.
Counsellors find collecting data stressful	✗	Counsellors feel pressured because the majority of clients do not understand the measures or being asked to report their feelings. Data takes a long time to collect and counsellors need to explain them extensively to the clients.
Request additional time to collect data	✓	Counsellors request additional time to collect data that does not impinge on session time, at least for the assessment at the commencement of counselling
Recommend additional data items	✓	Both counsellors and evaluator feel this set of measures does not capture the richness of client outcomes. Additional items for client assessment are suggested in the next chapter.

Currently MWN does not regularly capture pre- or post-counselling in-depth data on client perceptions. Items that reflect client's coping skills, sociability, confidence and family relationships should be added to assessment measures.

Figure 13.

MWN Counselling Evaluation Form	Requires changes and additional items, should be implemented immediately at the conclusion of counselling
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Ordering of questions does not flow	✘	The evaluation should start with asking clients about the counselling environment and the quality/effectiveness of the counsellor, before addressing the faith and cultural aspects of the counselling/counsellor.
Repetitive questions	✘	The questions on being listened to, creation of safe and trusting space and the counsellor being non-judgemental are all in the same vein. Can be limited to one or two.
Good assessment items on satisfaction	✓	Question on satisfaction with number of sessions, overall satisfaction and willingness to recommend are good, should be placed at the end of the form. Last question can request suggestions.
Not enough space for client to elaborate after each item	✘	Client should be provided opportunity to elaborate organically after each question.



5. Recommendations

This evaluation has discussed aspects of the counselling service from both a client and programme-focused lens. **Table 9** summarises key recommendations across key areas such as counselling provision and follow-up, client assessment, service expansion and counsellor experience. The key to all of these improvements is to secure additional funding that is stable over the new few years. As noted, MWN had done a lot with little, but in order for the service to further professionalise, perform and improve, it will need a considerable budget increase.

Table 9. Client, Counsellor and Programme Recommendations

5.1 Enhancing Client Experience and Outcomes	
Waitlist package	Create a package sign posting information about counselling, resources and services clients can access while waiting for counselling.
Well-being calls	Helpline workers can call waitlisted clients to check in and provide support.
Pre-counselling session	Does not count towards client's set of sessions. Would introduce clients to counselling process, talks through counselling agreement, addressed general queries and includes assessment.
Offer 8 sessions	Current offering inadequate, 8 sessions agreed on by majority of counsellors.
Create well-being assessment tool	Develop in consultation with counsellors, include items on affect, mental state, coping skills, etc. See section below.
Post-counselling feedback call within one week	Call clients in the days after they complete counselling to gather the most accurate outcomes and feedback. Lessens pressure on counsellors to gather data, allows for focus on issues.
Offer sliding scale paid option	Clients expressed desire to carry on counselling but could not afford private rates. Sliding-scale options subsidised by MWN would be welcome.
Post-counselling exit call from Helpline	Would bring a sense of completion to clients and provide follow up information for management.
5.2 Improving Counsellor Working Conditions	
Increase hourly pay	Immediate pay increase will enable counsellors to take on more MWN clients, and to feel more valued. Complexity of case load and rising costs require increased compensation.
In-house clinical supervision	Essential to provide counsellors with immediate in-house clinical supervision, either in a group or individual format.
Counsellor platform	Create space and events for counsellors to connect, engage on client issues, share best practices and upskill, e.g., via an Intra web or Slack channels, and in person.

Professional training	Provide counsellors opportunity to take up further training and courses on mental health issues experienced by MWN clients.
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5.3 Programme-wide changes & Re-building programme tools

Secure additional funding	MWN requires access to new funding sources. Securing consistent funding will allow for the service to continue delivering at current capacity and implement improvements.
Additional counsellors	Urgently need to employ additional counsellors and to expand hours current counsellors work to meet demand.
Re-format qualitative feedback	Re-order questions, delete repetitive questions, focus on quality questions and allow for clients to provide additional feedback. See recommendations on page 26.
Well-being assessment tool	Collect information both pre- and post-counselling on additional items as well PH-9 and GAD-7 assessment. These can include: <ul style="list-style-type: none"> ▪ Coping Strategies ▪ Confidence ▪ Decision-Making ▪ Hope ▪ Feeling listened to ▪ Safety ▪ Trust ▪ Sociability ▪ Relationships
Awareness campaign	<p>Social media campaign to publicise MWN’s work and services, as many potential clients are unaware of service and could benefit from them.</p> <p>Views were elicited from evaluation participants on what additional services would be beneficial for prospective and current clients. While these would be valuable add-ons to the core service being provided, they should be considered only after the recommendations above have been implemented.</p>

5.4 Service Expansion Options

Male Counsellors	Counsellors and clients both highlighted demand for faith and culturally sensitive service from men. MWN should bring in at least one male counselling staff member.
Expand language offerings	There is a demand for counselling in Arabic from clients and MWN should engage an Arabic speaking counsellor.
Specialised Counselling Offerings	<p>Demand exists amongst clients for the following specialised offerings, either in a group or individual setting:</p> <ul style="list-style-type: none"> ▪ Pregnancy & Post-Natal Depression ▪ Domestic Violence & Coercive Control ▪ Abuse (Current &/or Historical) ▪ Counselling for Youth ▪ Relationship Counselling ▪ Family & Group Counselling/Mediation

Workshops	<p>Creating more mental health awareness in specific areas should be a priority, as there is a lack of knowledge impacting mental health distress and limiting health seeking. These could include:</p> <ul style="list-style-type: none"> ▪ General Mental Health Awareness ▪ Islamic Approaches & Tools for Mental Health ▪ Expectations Around Marriage, In-Laws and Relationships ▪ Parenting & Breaking Generational Cycles ▪ Inter-generational Living in Today's World ▪ What it means to be Young Muslim in the UK
Integrative Coaching Programme	<p>Life coaching either in a 1-1 or group setting to help clients overcome blocks, make change and move forward from difficult situations. Can be offered via existing Life Coach. Coaching can appear more accessible than counselling.</p>
Consulting Service	<p>Particularly for women and families dealing with Social Care agencies/settings and Public Law childcare proceedings. Referred via Helpline.</p>
Peer support	<p>Counselling clients would benefit from in-person facilitated peer support groups where they can discuss experiences and provide mutual assistance.</p>
Opportunities for in-person connections	<p>Create opportunities for connections and knowledge-sharing amongst clients, MWN staff and wider community, e.g., coffee mornings, themed social gathering and drop-in sessions.</p>



6. Summary and Conclusion

This report evaluates the MWN Counselling Service between the years 2019-21. It looks at how the service has performed since a pilot evaluation in 2016 reported that MWN had developed a professional, impactful and well-regarded counselling service on very limited resources. Centring stakeholder voices, **it examines whether MWN meets its goal of providing a quality faith and culturally sensitive counselling service that helps clients to improve their lives.**

“I am who I am because of who I became during my sessions” said one client, reflecting on the profound impact the service had on her. There is a great demand for this service from clients, and a strong will to meet that demand from both counsellors and management. The service gives voice and space to those who can go unheard. It makes a tangible and long-lasting difference in women’s lives, providing them with actionable tools and coping skills. It is a vital project, and it needs continued support to keep making a difference.

This report reveals that there continues to be great demand for a faith and culturally sensitive service, and that this has steadily risen over the years. Muslim women, including the MWN clients interviewed feel overlooked by mainstream mental health services and report high barriers to access. When they do avail of them, many experience racism, a lack of cultural context on the part of mental health professionals and an inability to build authentic therapeutic relationships. **MWN clients are incredibly appreciative of the faith and culturally sensitive aspect of the service and report that it’s vital to them.** Clients appreciate MWN counsellors’ ability to combine Western psychological modalities with their knowledge of both cultural and Islamic precepts and norms to provide a bespoke counselling approach. It is essential that the service continues to be free of cost, as it widens access to those who would not be able to afford private counselling

MWN’s services have created positive outcomes for clients, most notably a reduction in levels of anxiety and depression. Between 2019-21, approximately half of clients were severely depressed at the beginning of the counselling process. After completing counselling only 10% of clients were still severely depressed and the majority of clients had experienced positive outcomes. During the same period, clients had high levels of anxiety at the beginning of the counselling process, reporting that it often interfered with daily activities. Across all three years, nearly half the clients had benefitted from counselling to the extent that their anxiety did not impact their day-to-day life. These reductions were consistent across all three years despite the threefold increase in clients and addition of new counsellors.

Clients also report that counselling helped them unlearn negative stereotypes around mental health and embrace help seeking. They described how the sessions empowered them with frameworks, perspectives, tools and scripts to tackle difficult situations. Clients told us that their sessions helped them learn how to set boundaries, model positive self-care and recalibrate family relationships.

The Counselling Service has had incredible successes over the evaluation period. **Clients were very satisfied with the quality of the counsellors and services.** They felt counsellors genuinely wanted to help them change behaviours and improve their lives. Counsellors were understanding of client needs and contexts, working with clients to make sure the counselling fitted into their lives and schedules as much as possible. The engine of MWN’s success and client’s outcomes are the MWN counsellors. **MWN has gathered a counselling team who are highly regarded by their clients.** Many of the counsellors see their work with MWN as a duty towards their faith and community, describing it as a “calling”. The team are highly skilled and able to address client issues in a practical way while still offering a safe and non-judgemental space.

In addition to its' achievement and positive outcomes, MWN's counselling programme has experience a fair number of challenges and limitations that impact performance. Covid-19 had a **negative impact on clients' mental health and created additional pressures on staff**. The Covid-19 pandemic created unprecedented mental health pressures for clients who experienced increased anxiety, depression and a myriad of problems that resulted from being in lockdown with their families, both nuclear and extended. An already complex case load was now even more so. MWN had to move into a virtual service provision model with the least disruption to clients and counsellors.

The MWN management have to utilise their limited resources in the most efficient way for the programme while providing an adaptable service to clients who are in incredibly difficult situations. **MWN's ongoing funding limitations inhibit performance**. There is a constant juggling on the management's part between maximising client reach with providing services that have the best outcomes for clients and working conditions for counsellors. The battle between responding to client needs in a flexible manner and reducing the number of missed client counselling sessions is an example of this. Ultimately, the programme will need to find a sustainable model for funding operations.

Both clients and counsellors agree that the current short-term intervention model of 6 sessions is inadequate. Despite the ability to request more sessions, clients and counselling staff feel pressured to achieve outcomes and limit the issues they tackle during sessions. They also request more support for clients while they are on the wait list and a post-counselling follow up procedure. **The waiting list for counselling is currently too long**. Funding limitations and client demand has meant that MWN had to stop taking referrals in late 2021. Over the evaluation period, the waiting time for clients increased from 6 to nine weeks. **While MWN has strong client assessment in place, the system needs to be augmented**. The way clients' mental health is assessed pre and post counselling could be more robust and multi-faceted in order to capture broader metrics than only depression and anxiety. This would allow MWN to truly understand the client outcomes associated with counselling. On-going internal programme evaluation is made more difficult by the fact that there is no system in place to gather feedback once clients complete their sessions. **Counsellors praised MWN's professionalism and care for its staff, but urgently wanted improvements**. They do not feel adequately recompensed for the job they do. have asked for increased remuneration, clinical supervision and a platform to engage with their fellow counsellors.

The recommendations made in this evaluation focus on four areas: enhancing client experience and outcomes, improving work conditions for counsellors, re-building programme tools and expanding service provision.

1. **Enhancing client experience and outcomes:** Both counsellor and clients recommend a minimum 8-session offering. Additionally, pre and post counselling check-in calls would enhance the service for clients. Other recommendations include: an introductory session prior to the commencement of counselling, a waiting list information and resource package and a sliding scale payment option subsidised by MWN for those clients who would like to carry on sessions with their counsellor.
2. **Improving work conditions for counsellors:** The MWN counselling team are incredibly committed to the work. However, they urgently need enhanced remuneration that is closer to industry rates and clinical supervision paid for by MWN. They have also requested further professional training and a platform to engage with their fellow counsellors.
3. **Increasing programme capacity and re-building programme tools:** In order to meet demand and reduce waiting times, MWN urgently needs to hire additional counsellors or increase the hours worked by current counsellors. Client assessment outcomes need to be widened in order to capture the full impact of counselling beyond reduced anxiety and

depression. Key wellbeing indicators can include: coping, confidence, sociability, decision-making and relationships.

4. **Expanding service provision:** Views were elicited from evaluation participants on what additional services would be beneficial for prospective and current clients. While these would be valuable add-ons to the core service being provided, they should be considered only after the recommendations above have been implemented. Expanded services could include: specialised counselling, workshops, peer support, a coaching service and in-person peer support.

ASMA CASE STUDY: "Counselling has made so much difference that I cannot put a price on it ..."

Asma was suffering a crisis and a complicated set of issues when she came to MWN counselling. She was experiencing high levels of anxiety and severe depression. She felt trapped by her circumstances and unable to make change in her life. Two out of her four children were suffering from complex mental health issues that caused disruption to the home. As a result of these, her husband of 28 years had abandoned the family and remarried without Asma's consent. Asma's 20-year-old daughter, a heavy drug user, also suffered from severe OCD, spending up to 16 hours in the family bathroom. Her teenage son had to be sectioned after he became incredibly violent and his drug use spiralled out of control. He would call Asma repeatedly throughout the day, shouting abuse and threatening further violence. The disruption in the home deeply impacted the other children, creating tension and anxiety.

The counsellor Asma worked with made her realise she could create boundaries and put in place strategies to deal with her situation. She helped Asma reframe how she perceived her own and her families' behaviour. Through her sessions, Asma realised that no matter what her husband or children said to her, taking abusive behaviour did not make her a good mother. She was able to feel less guilt and shame around her adult daughter and teenage son's actions, noting that their decisions were not hers. She also realised that she was not to blame for her daughter's mental illness or her son's addiction. The counselling enabled Asma to choose what kinds of behaviours she would allow while being more understanding of her children's illnesses. She put in place a once-a-day call system with her son, and she would end the call immediately if he became abusive. In regard to her daughter, counselling enabled her to recognise gaslighting and escalation tactics. Asma was able to take charge of conversations, be heard and tolerate the discomfort of her daughter's anger. She told us about how counselling helped make vital changes:

"Without counselling I wouldn't be where I am now, 100% and I wouldn't have been able to afford private counselling, I still can't. More people need to do this kind of thing, like, it has made so much difference that I cannot put a price on it. Things wouldn't have gotten better if I didn't get counselling, because I didn't have control over my own life and the situations in it. Even the Helpline is absolutely wonderful. Sometimes I call the Helpline because I have no one in my life who I can talk to about these things and they always listen, I feel like they really care. The counsellor helped me put down boundaries and strategies in place to help me deal with the situation, things that I would not have in a million years been able to do on my own. I don't get drawn into my kids' framework of the situation, I have to think about my other children and the impact on them. Like, with my daughter, if she wants to run away, I let her go. Let her face the consequences of her actions. I would previously keep calling her and chasing her, I don't anymore. I tell her that it's her own actions, and that she can't keep blaming everyone else. Look, I still get drawn in, I still struggle, but now I can see when I am being drawn in and I have a framework to cope."

References

- Ali, Irum. 2020. 'Young Muslims and Well-Being'. In *The Inner Lives of Troubled Young Muslims: Well-Being in the Age of Islamicist Terrorism and Anti-Muslim Hatred*, London: BMSDemocracy, 51–87.
- Anand, Aradhana S., and Raymond Cochrane. 2005. 'The Mental Health Status of South Asian Women in Britain: A Review of the UK Literature'. *Psychology and Developing Societies* 17(2): 195–214.
- Baker, Carl. 2021. *Mental Health Statistics (England)*. House of Commons. <https://researchbriefings.files.parliament.uk/documents/SNo6988/SNo6988.pdf> (April 5, 2022).
- Barbalat, Guillaume, Don van den Bergh, and Jolanda Jacqueline Kossakowski. 2019. 'Outcome Measurement in Mental Health Services: Insights from Symptom Networks'. *BMC Psychiatry* 19(1): 202.
- Bell, Christine. 2016. *MWN UK Counselling Service Evaluation 2016*. Centre for Facilitation: MWN UK. <https://www.mwnuk.co.uk/resourcesDetail.php?id=177>.
- Bhardwaj, Anita. 2001. 'Growing Up Young, Asian and Female in Britain: A Report on Self-Harm and Suicide'. *Feminist Review* 68: 52–67.
- Bhugra, Dinesh, and Manisha Desai. 2002. 'Attempted Suicide in South Asian Women'. *Advances in Psychiatric Treatment* 8(6): 418–23.
- Binnie, James, and Zoë Boden. 2016. 'Non-Attendance at Psychological Therapy Appointments'. *Mental Health Review Journal* 21: 231–48.
- Breedvelt, Josefine J F et al. 2020. 'A Systematic Review of Mental Health Measurement Scales for Evaluating the Effects of Mental Health Prevention Interventions'. *European Journal of Public Health* 30(3): 510–16.
- Clark, D. 2019. *Estimated Muslim Population of England and Wales in 2016, by Local Authority*. United Kingdom: Statista. <https://www.statista.com/statistics/870608/leading-cities-by-muslim-population-england/> (April 4, 2022).
- Clark, David M. 2019. 'IAPT at 10: Achievements and Challenges'. <https://www.england.nhs.uk/blog/iapt-at-10-achievements-and-challenges/> (May 6, 2022).
- Department of Health. 2012. 'NHS Inpatient and Outpatient Waiting Events'. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_118945.
- Fazil, Qulsom, and Cochrane. 2003. 'The Prevalence of Depression in Pakistani Women Living in the West Midlands'. *Pakistani Journal of Women's Studies* 10: 21–30.
- Ferrell-Schweppenstedde, Daniel. 2021. 'Key Challenges and Opportunities Facing the Charity Sector'. <https://www.cafonline.org/charities/adaptability/charity-landscape/challenges-and-opportunities-facing-charity-sector> (May 20, 2022).
- Gilbert, Paul, Jean Gilbert, and Jasvinder Sanghera. 2004. 'A Focus Group Exploration of the Impact of Izzat, Shame, Subordination and Entrapment on Mental Health and Service Use in South Asian Women Living in Derby'. *Mental Health, Religion & Culture* 7(2): 109–30.

- Gunasinghe, Cerisse, Stephani L. Hatch, and Jane Lawrence. 2019. 'Young Muslim Pakistani Women's Lived Experiences of Izzat, Mental Health, and Well-Being'. *Qualitative Health Research* 29(5): 747–57.
- Khan, Aina. 2021. 'British South Asians Suffer Heavy Toll as Coronavirus Surges'. *Al Jazeera*. <https://www.aljazeera.com/features/2021/3/2/in-the-uk-muslims-funeral-customs-have-been-upended-by-covid> (May 17, 2022).
- Marisa C. Dias, and Sarah Bunn. 2021. *Mental Health Impacts of the COVID-19 Pandemic on Adults*. . Postnote. <https://researchbriefings.files.parliament.uk/documents/POST-PN-0648/POST-PN-0648.pdf>.
- Mayers, C., G. Leavey, C. Vallianatou, and C. Barker. 2007. 'How Clients with Religious or Spiritual Beliefs Experience Psychological Help-Seeking and Therapy: A Qualitative Study.' *Clinical Psychology & Psychotherapy* 14(4): 317–27.
- Maynard, Stephen. 2008. *Muslim Mental Health: A Scoping Paper on Theoretical Models, Practice and Related Mental Health Concerns in Muslim Communities*. Stephen Maynard & Associates. <https://www.scribd.com/document/90324305/Muslim-Mental-Health-Stephen-Maynard> (April 5, 2022).
- Mind. 2020. *Mental Health Act*. Mind. <https://www.mind.org.uk/about-us/our-policy-work/mental-health-act-review/>.
- Mirza, Heidi Safia. 2013. "'A Second Skin": Embodied Intersectionality, Transnationalism and Narratives of Identity and Belonging among Muslim Women in Britain'. *Gender, Culture and Work in Global Cities* 36: 5–15.
- Moller, Naomi Petra, Victoria Burgess, and Zainab Jogiyat. 2016. 'Barriers to Counselling Experienced by British South Asian Women: A Thematic Analysis Exploration'. *Cancer Prevention Research* 16: 201–10.
- Muslim Women's Network UK. 2020. 'Muslim Women's Network UK Counselling Handbook'.
- NHS Digital. 2013. 'Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatients and Accident and Emergency Data - April 2012 to September 2012'. <https://digital.nhs.uk/data-and-information/publications/statistical/provisional-monthly-hospital-episode-statistics-for-admitted-patient-care-outpatient-and-emergency-data/provisional-monthly-hospital-episode-statistics-for-admitted-patient-care-outpatients-and-accident-and-emergency-data-april-2012-to-september-2012>.
- . 2018. 'More than Half of Patients Who Finished Psychological Therapy Recovered in 2017-18'. <https://digital.nhs.uk/news/2018/more-than-half-of-patients-who-finished-psychological-therapy-recovered-in-2017-18>.
- . 2021. *Psychological Therapies, Annual Report on the Use of IAPT Services, 2020-21*. England: NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2020-21> (April 2, 2022).
- NHS England South East. 2022. 'NHS Talking Therapies in the South East Helps People with Depression or Anxiety Feel Heard and Understood'. *NHS England South East*. <https://www.england.nhs.uk/south-east/2022/03/25/nhs-talking-therapies-in-the-south-east-helps-people-with-depression-or-anxiety-feel-heard-and-understood/> (May 7, 2022).
- Owen, J. J., K. Tao, M. M. Leach, and E. Rodolfa. 2011. 'Clients' Perceptions of Their Psychotherapists' Multicultural Orientation.' *Psychotherapy* 48(3): 274–82.

- Patel, Cynthia Joan, and Armas E. E. Shikongo. 2006. 'Handling Spirituality/Religion in Professional Training: Experiences of a Sample of Muslim Psychology Students'. *Journal of Religion and Health* 45(1): 93–112.
- Patel, Nimisha, ed. 2000. *Clinical Psychology, 'Race' and Culture: A Training Manual*. Leicester: BPS Books.
- Perry, Barbara. 2014. 'Gendered Islamophobia: Hate Crime against Muslim Women'. *Social Identities* 20(1): 74–89.
- Refuge. 2021. 'A Year of Lockdown: Refuge Releases New Figures Showing Dramatic Increase in Activity'. Presented at the London. <https://refuge.org.uk/news/a-year-of-lockdown/> (May 9, 2022).
- Richardson, Thomas, Miles Wrightman, Mma Yeebo, and Anna Lisicka. 2017. 'Reliability and Score Ranges of the PHQ-9 and GAD-7 in a Primary and Secondary Care Mental Health Service'. *Journal of Psychosocial Rehabilitation and Mental Health* 4(2): 237–40.
- Royal College of Psychiatrists. 2022. 'Record 4.3 Million Referrals to Specialist Mental Health Services in 2021'. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/03/15/record-4.3-million-referrals-to-specialist-mental-health-services-in-2021> (May 1, 2022).
- Sadiq, Nadia. 2019. 'Understanding Muslim Women Clients of Counselling: An Interpretive Phenomenological Analysis'. University of the West of England. <https://uwe-repository.worktribe.com/output/846566> (May 1, 2022).
- Sheikh, S., and A. Furnham. 'A Cross-Cultural Study of Mental Health Beliefs and Attitudes towards Seeking Professional Help.' *Social Psychiatry and Psychiatric Epidemiology* 35(7): 326–34.
- Spritzer, R.L., K. Kroenke, J. B. Williams, and B. Lowe. 2006. 'A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7'. *Archives of Internal Medicine* 166(10): 1092–97.
- Stripe, Nick. 2021. 'Domestic Abuse during the Coronavirus (COVID-19) Pandemic, England and Wales: November 2020'. *Census 2021 Data and Analysis*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domestic-abuseduringthecoronaviruscovid19pandemicenglandandwales/november2020#main-points>.
- Stuart, Paul. 2022. 'How Does a Small Charity Have a Big Impact?' <https://www.bond.org.uk/news/2022/05/how-does-a-small-charity-have-a-big-impact>.
- Thompson, Neil, and Dinesh Bhugra. 2000. 'Rates of Deliberate Self-Harm in Asians: Findings and Models'. *International Review of Psychiatry* 12(1): 37–43.
- Vasquez, Melba. 2007. 'Cultural Difference and the Therapeutic Alliance: An Evidence-Based Analysis'. *American Psychologist*: 878–85.

Appendix A:

Muslim Women's Network (MWNUK): Counselling Evaluation Interview Information Sheet

Thank you for agreeing to be interviewed for MWNUK's Counselling Evaluation 2019-2021, carried out by Inclusive Growth Consulting.

The purpose of this form is to provide you with information regarding the evaluation research process and interview. Once you are familiar with the information on this sheet and have asked any questions you may have, you will be asked to sign this form & give consent over email.

Evaluator:	Dr Irum Ali Co-Founder, Inclusive Growth Consulting Ltd irum.ali@inclusivegrowth.co
What is the goal of this evaluation?	It aims to assess the status of programme delivery, challenges addressed, limitations, outcomes achieved and scope for service improvement from an organisational perspective. It will also evaluate the how the project has affected service users via both quantitative and qualitative analysis.
Why have I been chosen?	I am interviewing Counsellors, the Helpline Manager and various other MWN staff, as well as Service Users in order to evaluate the service from both an organisational and experiential lens.
Do I have to take part?	Taking part in this research project is entirely voluntary.
Will I be recorded and how will the recordings be used?	The interview will take place over Zoom and will be recorded. This will be uploaded to an AI transcription service, such as Otter ai. This recording and its transcription will be for data analysis purposes and only accessed by myself. If any portion of the interview is quoted in the findings of this evaluation, this will be done anonymously with identifying details obscured.
How will information I provide be kept secure?	By taking part in this interview, you consent to your data being stored and used only for the purposes of this evaluation. Data will be stored in a password protected folder. Please contact me if you have any concerns regarding this.

Data Protection Privacy Notice

The data provided via the interview will be processed for the purposes outlined in this Information Sheet. The legal basis that would be used to process any personal data under data protection legislation is consent. You can provide your consent for the use of your personal data in this project by completing the consent form that has been provided for you.

Copyright Notice

The consent form asks you to waive copyright so that the Evaluator, Inclusive Growth Consulting and MWN can edit, anonymously quote, disseminate and publish your contribution to this research project in the manner described to you by the Evaluator during the consent process.

Thank you for reading this information sheet and for considering taking part in this research study.

Consent Form for MWN Counselling Evaluation 2019-2021

Please complete this form after you have read the Information Sheet and/or discussed the equivalent details with the Evaluator

Please tick the appropriate boxes	Yes	No
I have read and understood the project information sheet and have been able to ask questions about the project		
I agree to take part in the project and understand that taking part involves participating in a recorded semi-structured interview via Zoom		
I agree that my interview can be recorded		
I understand that I can refuse to answer questions. I understand that my taking part is voluntary and that I can withdraw from the study at any time by notifying the Evaluator involved		
I understand information I provide will be stored securely in a password protected folder and only accessed by the Evaluator		
I agree to waive copyright and other intellectual property rights in the material I contribute to the project		
I agree to the contents of the interview to be anonymously quoted in the findings		

Research Participant Declaration

Name of Participant [printed]

Signature

Date

I have accurately shared the terms of participation according to this information sheet with the potential participant and to the best of my ability, ensured that that participant understands the terms.

Name of Researcher [printed]

Signature

Date

Please ensure a copy of this document is retained safely for future reference.