



Islamic Social Services  
ASSOCIATION

# INSTITUTE FOR MUSLIM MENTAL HEALTH CANADA-IMMH THE CENTRE OF WELLNESS, RESILIENCY, AND HEALING



## CONFERENCE REPORT

We humbly acknowledge that we are gathered on Treaty 1 Territory - the traditional territory of the Anishinaabe, Cree, Oji-Cree, Dakota and Dene Peoples and the homeland of the Metis Nation.

THE TWO-DAY CONFERENCE WAS CONVENED WITH THE FINANCIAL SUPPORT OF:



TD **READY**  
COMMITMENT



# **Institute for Canadian Muslim Mental Health Inaugural Conference Report**

The Institute for Muslim Mental Health-Canada is a not-for-profit institute, Initiated by Islamic Social Services Association (ISSA) in collaboration with Muslims Social Workers, Mental Health Professionals, Imams, Practitioners, and Agencies across Canada.

## **About Islamic Social Services Association**

ISSA is a not-for-profit social service organization that offers comprehensive social, family, and mental health supports that are culturally & spiritually relevant. ISSA offers anti-racism and anti-Islamophobia training, and sector-specific support systems navigation. ISSA has decades of experience in helping Muslims with their needs and challenges and has partners and resources from across Canada, the United States, and Europe that will be helpful in building the Institute for Muslim Mental Health-Canada.

ISSA serves the needs of the diverse communities that make up Manitoba's Muslim population. The Manitoba Muslim population consists of over 50 distinct cultural groups with many of its clients being recent immigrants to Canada or refugees. The vast majority of the population ISSA provides services to are visible minorities.

ISSA continued its work through the pandemic but had to shift most of its direct communication to online or over the phone and postponed large gatherings and events. However, the core client-based assistance remained the same as pre-pandemic levels of client participation. Looking more in-depth at ISSA's client numbers, ISSA has been tracking client caseloads for the past fifteen years and has experienced a steady rise of new clients over time. However, ISSA has not been able to expand mental health support to meet the growing need of Canadian Muslims in light of COVID-19 social isolation compounded by Islamophobia violence, and trauma. ISSA is hoping to assist in developing the Institute for Muslim Mental Health-Canada.

## **The Need for the Institute for Muslim Mental Health-Canada**

For Muslims to have access to mental health support that is delivered in a culturally and spiritually safe setting is a resource for both Muslim and other social work and mental health providers and agencies.

Expanding access to culturally relevant mental health services will help level the playing field when it comes to accessing mental health support. ISSA's vision is specifically targeted at expanding access to culturally competent, diversity literate, trauma-informed, and spiritually resilient mental health support for the Canadian, Muslim community, which may otherwise face barriers to accessing such services.

For decades Canadian Muslims, who provide social and mental health services, have been raising deep concerns over the lack of a cohesive, professionally researched, and collaborative national strategy, to centralize resources and expertise that can be harnessed for services and program development, research, best practices, and professional development training.

One year of consultations with professionals, Imams, and practitioners across Canada and the USA has built consensus for an Institute that will incorporate the:

### **Centre of Excellence and Wellbeing:**

Trauma-informed Community and Family health and healing to include best practices and spiritually infused therapeutic programming.

It would prioritize healing and resiliency against the many social and family challenges Muslims face.

### **Knowledge Hub:**

Research, Data Gathering. Initiating Research on Issues of Concern. Accreditation of Institute curriculum. Bi-Annual Conference. Professional Development Workshops. Training for volunteer helpers and mental health First Responders.

## **College For Islamophobia Study:**

Anti-Islamophobia Workshops, Sector-specific Training. Develop a model for Mental Health Triage on the Impacts of Islamophobia violence. Develop a how-to toolkit for victims of hate crimes. Train volunteers to help with Systems Navigation. Empowering Diaspora suffering from vicarious trauma by building spiritual and emotional resiliency.

It is important to note that support for victims of hate doesn't fit the remit of present-day victim services programs offered by police and others. Canadian Muslim's experience of hate against them, their race, their faith, and their culture produce a legacy of trauma, grief, suppressed anger, and internalizing of negative stereotypes.

The impact on victims and the communities they are a part of (in this case Canadian Muslims especially women and children) are devastating and is leading to internalized and intergenerational trauma.

Additionally, the social restrictions during the COVID-19 pandemic coupled with the escalation of Islamophobia and violent attacks against Canadian Muslims, have strained the Canadian Muslim population disproportionately since 9/11 and have resulted in community-wide fear and trauma.

Many members of the community suffer from social isolation and alienation at the best of times and have suffered far more recently, and others have had to confront deep-seated trauma due to personal or vicariously experienced islamophobia. The combination has led to an increase in demand for mental health and family /social support.

It is imperative for Muslims to receive timely help and a safe space to voice their anxiety and receive support in addressing fears and grief in the form of culturally safe and spiritually compatible services.

# **IMMH-Canada**

**Vision** for the Institute is to provide safe psycho-social supports that are culturally compatible and spiritually infused to meet the specific needs of the Canadian Muslim population.

**Goal** is to sustain and expand counseling and wrap-around support and trauma-informed programming nationally in collaboration with Muslim professionals in the field of social work and mental health to meet the growing needs and demands for their services. The proposed project will enhance and expand capacity. Two specific priorities assessed are that the Institute address developing community-based mental health support and campus-based support.

## **Mandate:**

1. Conduct and gather research and statistics on the psychological, economic, and social impact of Islamophobia on Canadian Muslims, inclusive of the intersectionality of gender, age, race, socio-economic, special needs, and resident status.
2. To help and facilitate systems navigations with various social institutions including justice, policing, and court systems.
3. To facilitate and advocate for the reporting of hate crimes, hate speech religious profiling, and discrimination at schools, work-place, businesses and public service sectors, health, and social services.
4. To establish a hub for research, a clearinghouse of information, best practices, and service models from across North America, Europe, Australia, and New Zealand to develop and sustain a Canadian model.

## **IMMH Inaugural Conference Objectives**

In response to the critical need for Muslim mental health support, a conference was organized to develop sustainable solutions and strategies and develop a systematic/systemic roadmap to respond to the above-mentioned challenges as a team and lay the foundation for the Institute for Muslim Mental Health and well-being.

This conference is a vision for both current and future generations and an opportunity to share, and exchange the knowledge of the many stakeholders who have been involved in Muslim social and mental health, to give them a platform to collaborate.

Through the conference, stakeholders were given the opportunity to exchange ideas, share best practices and research, and present ideas for service delivery, client advocacy, and sector-specific training.

The conference allowed stakeholders to exchange ideas on how to build capacity and help foster resilience within the community and raise awareness in wider society through the training of volunteers, practitioners, and professionals.

The Conference's goal was to provide a space to exchange knowledge that would ensure that the Institute for Muslim Mental Health-Canada could be developed in an evidence-based and culturally relevant way.

A call was put out to Muslim social services organizations, Muslim mental health professionals, practitioners, Imams, activists, and Muslims with lived experiences to be able to provide their expertise. Those invited to the conference would serve as a team of founders of the Canadian Muslim Mental Health Centre.

## Conference Format

The conference was held November 12-13, 2022 in Winnipeg, MB Canada at the Hilton Winnipeg Airport Suites. It consisted of two full days of conference proceedings including speakers, presentations, discussions, collaborative planning, and shared meals.

The conference was well attended and succeeded in its goal of bringing diverse stakeholders within the Muslim community together to collaboratively work towards developing the Institute for Muslim Mental Health-Canada. The conference had 40 attendees. Attendees and speakers came from across Canada and the United States. Representation included Muslim social work and mental health agencies, physicians, psychiatrists, social workers, psychologists, counselors, activists, Imams, and practitioners.

Through the diversity of the participants and the topics discussed at the conference, **many common themes and needs were identified.**

At the conclusion of the conference, A final group discussion was held to identify the priorities of needs for the Institute based on the themes of the conference. This discussion also gave the opportunity for interested stakeholders to volunteer themselves and their organizations to partner with them and to work collaboratively.

Overall ISSA views the conference as a success as it did indeed bring stakeholders together to collaborate and share their ideas, thoughts, evidence, research, and best practices that are critical to inform and operations and programming of the Institute.

## **Day 1: November 12, 2022**

### **Opening Presentation**

Welcome and Introduction: Vision/Mandate Institute for Muslim Mental Health-

Shahina Siddiqui opened the conference by sharing the results of year-long consultations and interviews. The vision and mandate of the Institute for Muslim Mental Health. She shared the strategic and business plan developed by Capacity Builders Calgary

### **Session 01: Untangled: Laying the Foundation- Dr. Omar Reda**

Dr. Reda is a psychiatrist and a trauma expert. He told the attendees of the conference that his dream. His presentation focused on trauma and how workers who work with those who are traumatized have difficulty coping with the work they do.

Looking first at trauma, Dr. Reda explained some common traumas that people experience in the United States and Canada are sexual abuse, emotional and physical neglect, and domestic violence. He also pointed out that the systems in which people live and interact can have a traumatizing impact on people.

Dr. Reda also explained some of the different ways people can move forward from the trauma they have experienced. For one he said that in order to heal trauma it must be brought into the light so it can be named and addressed. This can happen individually but it can also be a communal affair so Muslims are able to lean on one another for support. To assist that, community psychoeducation is important because it normalizes conversations about trauma, and cultural resources can assist in healing as well. This healing from the community and in interpersonal relationships is crucial as Dr. Reda also said that most healing happens outside of the therapy room.

Other things Dr. Reda mentioned as being important parts of recovery include survivors finding meaning in their trauma stories, finding closure, finding forgiveness, expressing feelings, using self-care, emotional coping techniques, medication, and psychotherapy.

Dr. Reda also spoke of the potential issues that workers may face from their work helping those who have experienced trauma. He spoke on compassion fatigue which he said was being tired from caring for others. This comes from being traumatized by listening to the stories of others. Dr. Reda also recommended that workers know their adverse childhood experiences so they can be careful to not be triggered when talking about the trauma of others. This triggering and hearing about traumatizing experiences can lead to burnout which results in workers leaving the profession because they can no longer cope with the mental distress of their work. Dr. Reda said that burnout is caregiver PTSD which is a moral disorder coming from caring for others. This burnout can be addressed in a few ways though. Burnout comes from workers not taking care of themselves and Reda stressed the importance of actually doing so. He pointed out that while many workers say they don't have time to take care of themselves. The facet is that if they do not do so then the people around them will also suffer.

Dr. Reda concluded his presentation with some recommendations for moving forward when working with Muslims who have been traumatized. To start, addressing the stigma that is present in the Muslim community about trauma is a start. Capacity building, clinical resources, therapeutic resources, and community resources should all be used to assist in the recovery process as well. Non-clinical resources were also recommended and included things like going for a walk, sharing a meal with others, playing a sport, engaging with others, and being with others whom we have relationships with.

## **Session 02: Trauma, Vicarious Trauma, PTS, PTSD: (War, Racism, Diaspora Stress, Hate, Grief, Trauma Informed Care)**

**Dr. Andrew McLean**

Dr. Andrew McLean spoke at the conference on the different risks associated with working in the caring professions. He started by stressing the many challenges people face while performing their work involving caring for people. He began by discussing compassion fatigue which he defined as emotional residue that builds up over time.

He also pointed out that many professionals such as veterinarians are not given self-care training to help to address the issue even though they are people who deal with raw emotions every day.

A concept related to compassion fatigue is secondary trauma which he said was exposure to trauma. It could be the family members of someone who has experienced trauma or it can be the caregivers. The common theme is that people are exposed to trauma on a regular basis while not having experienced it. Vicarious trauma has a similar effect in that it is when people are affected by the trauma of others. They see the world, and it can have an effect on them spiritually as well. It is a type of moral injury where people are injured without being directly harmed, or involved in an incident. Often in these situations, those affected aren't given the tools they need in order to be able to function in their job or daily life.

For care providers, this can manifest in them not being able to provide the care they were trained for or would like to. McLean also spoke on posttraumatic stress disorder which could show up months or even years after trauma is finished, and can also manifest in people who did not directly experience trauma. Even simply witnessing or hearing about the trauma can cause intrusive symptoms like flashbacks and can be affected by other symptoms such as avoidance, or negative changes in thinking.

Dr. McLean also discussed the issue of burnout among care-providing professionals. McLean said that burnout is a systems issue rather than a problem with individual workers. It is often the worker who is leaving who is blamed for walking out on the job but McLean stated that it is more hospital leadership that is at fault. This happens when leaders don't do their jobs resulting in workers suffering and leaving their position. When this happens eventually the hospital can't get new workers and patient care suffers.

A protective factor against burnout that McLean identified was for workers to search out and acknowledge the reasons they got into the job in the first place. More protective factors he identified included being aware of the ways workers can be affected by trauma, pointing out if someone is affected, having good supervision, and building up people's resilience.

### **Dr. McLean and Dr. Reda's conversation**

Dr. Reda and Dr. McLean engaged in a conversation on trauma and systemic issues within the mental health field. Dr. Reda started by asking Dr. McLean to define trauma. Dr. McLean said that trauma is the traumatic event that happens to a person, and the stress response to that can change people both cognitively and emotionally. This stress has an impact on the body, and in some people, it will go away on its own, and in some, it will be long-lasting.

Dr. Reda then spoke on systemic issues within the mental health field. He spoke of institutions not being willing to change the ways they do things, and that intercultural racism is still very prevalent. He also spoke on the severe lack of resources in the field. He gave an example of how new services are frequently flooded with requests for assistance as the ones already in place are very inadequate.

Dr. McLean agreed with this. He spoke on how There is a need to figure out different ways of doing things to help people's needs be met such as peer groups, non-traditional therapies, training of non-professionals, and faith groups as ideas. He stressed that these new ideas need to be able to alleviate the stressors that people face.

Dr. Reda mentioned that most healing happened outside of medication and psychotherapy so more biopsychosocial healing was a good idea. He cautioned that there may be instances where Imams and therapists could alienate one another.

McLean finished off by pointing out that it is important for both Imams and therapists to follow their training when assisting people.



## **Conversation Cafe 01**

### **What is needed for mental health services in the Muslim community?**

In the first conversation café, attendees were split into four smaller groups, each with a facilitator to lead the discussion. Each was given the prompt: "What are the needs the Institute for Muslim Mental Health-Canada should address" Given the diverse attendees each group had its own ideas on what the institute could do. However, there were some common themes that also emerged from the conversation café listed below:

Those who are assisting with the healing of others. For both those who would work at the Institute and for Imams and helpers in the community, it was acknowledged that they need to be able to access and engage in self-care to assist them to avoid burning out due to the intense pressures their work puts on them.

The way in which they conduct their healing was also mentioned. It was pointed out that healers need to be able to keep an open mind in the work they do. For example, the Qur'an cannot be the only healing tool used, and more secular options and methods should be employed as well. Additionally, in the healing work done, healers need to be able to take a holistic approach and unlearn ingrained behaviours that can be detrimental to the healing process. Finally, leadership in the Institute was discussed.

It was brought up that leadership must be accountable for the work that is done. Additionally, there should be time for engagement and team building as well as supervision for staff.

The Muslim community was another area of interest in the conversations. It was mentioned that healing should not be done in isolation as it is more of a community affair. The fact that relationships are a paramount part of the healing work was brought up in multiple groups.

Additionally, it was emphasized that a sense of comfort and connection should be fostered with clients of the Institute. This sense of connection was identified to be important as there can still be toxic responses to certain issues within the Muslim community, and this toxicity can cause some Muslims to experience isolation due to a lack of compassion.

Another common theme was the need for the Institute for Muslim Mental Health must offer services in a culturally and spiritually competent way. It was identified that the Muslim community is very diverse and that services and care should be flexible to provide different responses depending on the individual particular context. It was suggested an increase in Muslim social workers, having services in appropriate languages for clients, and services provided to be integrated within a spiritual perspective.

There were many different ideas on the different kinds of services the centre should provide. Of all of the services discussed, trauma support was the most common.

This was mentioned throughout the conference that the Canadian Muslim population is more likely to experience trauma than the general Canadian population due to their unique experiences of war, conflict, racism, hate-related violence, Islamophobia, and diaspora stress.

It was frequently mentioned that trauma can be crucial or contextual to people's identity. A suggested way of addressing trauma was for workers at the Centre to engage in trauma-informed practice, which could assist the practitioner in addressing the trauma in the most relevant way.

Also, identified was intergeneration trauma including the need to address the source of the trauma and the feelings the trauma brings up. Institute care providers would also need to be able to explore trauma with those they are working with as people can be traumatized and not even know that they are experiencing trauma.

Another service identified for the institute is, suicide prevention by 3 of the 4 cafés as essential for the Institute to address.

The fact that more advocacy is needed for Muslim clients was also raised in three of the four discussions.

Therapy programs for anti-Muslim discrimination were mentioned as well as providing space for clients to help themselves or others in the form of self-help or peer support.

Creating a space for Muslims to feel safe and share was mentioned a number of times. This would include encouraging people to be comfortable with expressing their feelings and assisting Muslim men to become more comfortable with their feelings.

Social issues highlighted include divorce, substance use/addiction, identity issues, refugee mental health, women's rights, and education. It was said the Institute could adopt practices that are researched based and considered best practices, as well as take a harm reduction approach.

Of all the things mentioned, outreach was one of the most common. There was a sense that many in the Muslim community are not aware of the different programs and supports that could assist them with the issues they are going through. The need to reach more people was suggested to be addressed through additional commercials and advertising.

The need to assist caregivers of those struggling with mental health was another common theme. Building caregiver capacity was suggested as well as providing space for caregivers to share what they are feeling or going through.

Finally, the need for a resource database was identified by multiple groups. This could take the form of academic and peer-reviewed data.

Suggestions on where to find this data include The Journal of Muslim mental health, the certificate program in Muslim Psychiatry, Dr. Ramia Awad, The Hurma Project, The Yaqeen Institute, and the Sakeenah Project.

## **Session 03: Impact of Islamophobia on the Mental Health of Muslim Youth**

**Presenter: Emad Alarashi**

Emad Alarashi from the Khalil Centre spoke about the impact of islamophobia on Muslim youth. Alarashi is a psychotherapist and acts as a manager at Khalil. Khalil Centre provides professional psychology through Islamic principles to its clients and has been operating in the United States for 10 years and for 3 years in Toronto. Alarashi said that the spiritual lens they work with is one of the main reasons Muslims access the Khalil Center.

Alarashi spoke on some of the main drivers of Islamophobia and identified the media specifically as one of the most significant sources of it. He said that the impacts of the media have shifted how they portray Muslims. The dominant representation of Muslim youth includes that they are portrayed as a contaminating force, as enemies of the nation, and as barbarous, this portrayal of Islam in the media is the stark opposite of what youth know of their religion and its teachings. He emphasized Islamophobia can have far-reaching impacts on those who are affected by it depending on their age. Islamophobia affects all Muslims but those who are most affected are the Muslims who are the most visible.

There are also different standards for how Muslims are treated compared to the general Canadian population. For example, if a white person commits a crime it will be seen as an individual act but if the same is done by a Muslim Islam becomes the defining context. Youth are negatively impacted by the media's double standard which is compromising their self-image. With social media, the impact of Islamophobia on youth is significant.

Islamophobia can impact Muslim youth in a variety of different ways. Islamophobia can have a generational impact on Muslim youth which does not follow any sort of specific timeline. It affects the mental health of Muslim youth including causing low self-esteem, exclusion, isolation, and questioning of their identities which is an overarching theme. Questioning what their role or place is in Canada following 9/11 can be difficult for all Muslims, however, for youth, it is particularly hard.

Alarashi also posed a few questions to think about in which direction the Muslim community can go toward healing its youth. For one, how do you provide them an opportunity and a space to do this work? How do you empower them and help them deal with it? He also asked what is the Muslim community doing to highlight the impact of Islamophobia and if it's not being done, then, why not?

## **Session 04: The Central Role of Religiosity and Psycho/Spiritual Variables on Mental Health for Canadian Muslims**

### **Dr. Farah Islam**

Dr. Farah Islam gave a presentation on the central role of psycho/spiritual variables on mental health for Muslims in Canada. She is the director of the psycho-spiritual studies department at the Yaqeen Institute for Islamic Research. She said Yaqeen is all about knowledge translation and has done many studies in the past in addition to the one she will present the results.

Speaking generally about mental health, Islam said it is generally looked at through the biopsychosocial lens. Since the Qur'an is intended to provide contentment, peace, and serenity, this begs the question "What about the role of faith?"

Yaqeen conducted a study of over 300 Muslims from across Canada measuring faith and mental health to see what kind of connection between the two there is. Islam acknowledged that faith is difficult to measure, and explained they had done so by surveying for spiritual behaviors, belief in Allah, attitude towards Allah, attitude towards divine decree, prayer frequency, connection to the Muslim community, contribution to the community, religious doubt, and measures that took away from the faith.

Mental health was explored by measuring psychopathology, and other elements such as life satisfaction.

Yaqeen's findings revealed 21% of respondents were flagged for depressive disorders, and 27% were flagged for anxiety disorders. It is important to note that this study took place during COVID so these numbers may be slightly elevated.

There were five different mental health outcome measures looked at and Yaqeen made sure to try and understand the outcomes of other variables on these outcomes such as age, gender, marital status, and social determinants of health.

What they found was that religiosity was a strong predictor across all variables for positive mental health outcomes. Additionally, they found that the strongest predictor for psychopathology was uncertainty intolerance. They affirmed that religiosity plays a central role in Muslim mental health and psychopathology.

Dr. Islam concluded by asking what this research means for those providing front-line services to Muslims.

She said that in order to ensure the mental health and spiritual well-being of those we work with, collaboration is what is needed. That means collaboration between spiritual care and mental health care. She also recommended that because religiosity was the strongest predictor for positive mental health outcomes it should be explored as an intervention. This could be through spiritual care workers, or through an Imam.

Her final recommendation was that workers use a bio-psycho/social-spiritual model of Mental health when working with Muslims.

She also mentioned that Yaqeen is currently doing another study focused on young Muslims ages 12 and over.

## **Session 05: Coping with Islamophobia in the Canadian Medical Field**

### **Dr. Katherine Bullock**

Dr. Katherine Bullock presented and discussed the results of a study of how Muslim Doctors in Canada deal with Islamophobia while on the job. She partnered with the Muslim Medical Association of Canada to conduct this research.

Bullock discussed what her reasons were for conducting the study. She and some of her colleagues had experienced Islamophobia discrimination and this is something that stuck with her given how upsetting the situation was. Sometime later there was a Canadian doctor who was publicly critical of a campaign celebrating diversity that featured a woman with a hijab in the marketing. People reached out to Bullock for a response on this. At the same time, she was already planning on writing a chapter on hate and Islamophobia in a book on gender and Islamophobia. This was when she decided to conduct a study to learn more about how Muslim doctors cope with Islamophobia.

Before conducting her study, Bullock reviewed the available literature and found 28 studies on how Muslims cope with racism. Of those, the majority are from the United States with only three in the Canadian context. In these studies, there was a common theme of positive and negative coping strategies Muslims employ to cope with racism.

In Bullock's study, there were 6 main coping strategies used by Muslim doctors for dealing with Islamophobia. There were both positive and negative coping strategies.

1. Positive coping: Peer support. This was when the Muslim would talk to family, friends, or co-workers about what had happened
2. Negative coping: Avoidance. The individual would try to avoid being around the one who is being discriminatory. This could be done in a number of ways such as taking the day off or avoiding the individual
3. Positive coping: Faith. The individual would find solace in prayer or belief in God
4. Positive coping: Advocacy. The individual would engage in advocacy work at their place of employment or otherwise. For example, being part of antiracism communities at work, organizing conferences, or writing letters to the editor
5. Positive coping: Collegial feedback. This was done by talking to the person who said something racist to them. It was noted that this was not common.
6. Positive coping: Official reporting. This was where the individual would go through official channels in their employment to report the racism. However, it was noted that almost no one did this.

There were a number of ways Bullock discussed that Muslims were affected by the racism they are experiencing. Bullock pointed out that racism takes a toll and that Muslims are struggling because of it. In the study, she had expected to find a lot of the Islamophobia would come from patients but instead much of it came from coworkers or supervisors. The medical field in Canada is secular which in the Canadian context also means anti-religious. This can lead to Muslim doctors feeling as though they need to choose between their faith and their jobs. This can lead to Muslim doctors trying to fly under the radar by not saying anything in the face of Islamophobia, hunkering down and accepting it, and not taking any action about it. There is also intense fear of retaliation from colleagues. For example, simply requesting time off to go pray is something Muslim doctors are afraid of doing.

Bullock finished the presentation by discussing why the topic is important. She pointed out that Muslims do not experience racism at work as an isolated experience. It's a continual and unfortunate part of the Muslim life experience in Canada. It has health effects such as anxiety or PTSD so there is a need for therapies specifically designed to address racism directly.

## **Session 06: Spiritual Counselling, Self Care** **Shahina Siddiqui, Imam Abd Alfatah Twakkal**

Shahina's opening to spiritual counseling started with the terrorist attacks on Sept 11, 2001, the impact on how Canadian Muslims were treated and stigmatized, and the Islamophobia that grew from this.

She shared the psychological, cognitive, and physical impacts of hate on the physical, mental, and social health and well-being of Muslims. She emphasized that these impacts have only gotten more severe and entrenched with the ever-increasing rise of islamophobia.

Regarding 9/11 Shahina identified how the Muslim community faced immediate backlash following the attack on the twin towers. Following this the attacks there were many conspiracy theories about Muslims, news coverage was constantly negative about Islam and Muslims and the public absorbed these stereotypes and biases.

Muslims were consistently demonized and threatened in much the same way as Jews were in pre-Nazi Germany. This constant barrage of stereotypes, propaganda, anger, and fear is a recipe for a deadly cocktail of backlash.

The events of 9/11 exacerbated already existing Islamophobia to as yet unseen levels. The hatred expressed against Muslims came from the fear of Muslims that many were more than willing to lean into. Shahina pointed out how Islamophobia is religious bigotry which can be harder for those discriminated against to process and respond to.

Siddiqui also outlined many of the impacts Islamophobia has on the Muslim population. Islamophobia takes many forms as well, for example, there is religious Islamophobia, gendered Islamophobia, and Geopolitical Islamophobia. Following 9/11 there was an immediate sense of othering and insecurity among Canadian Muslims.

Shahina shared how Muslim youth were feeling unsafe in their schools and being seen as the “other”. The sense of belonging is critically amplified by the constant assaults from law enforcement, media, politicians, supremacists, and neo-Nazis.

While this is difficult to deal with and process, even more, difficult for Muslims is the Islamophobic hate that comes from unexpected sources like one’s own neighbors.

This constant hate directed at the Muslim community has left Muslim leaders and activists in battle-fatigued mode and less willing to engage by withdrawing emotionally, physically, and intellectually, and will participate in life in a reduced capacity, if not isolating themselves altogether.

Islamophobia can also lead to Muslims bending over backward to accommodate it such as Muslims making fun of their own religion in public but privately feeling intense grief over what they have done.

Siddiqui also identified how spiritual counseling can assist those impacted by Islamophobia. One thing counselors can help people with is to proactively unpack the language of Islamophobia and encourage critical thinking skills. She emphasized that spiritual resilience acts as a buffer for Muslims between the hate directed at them and their ability to distance themselves from it.

Siddiqui also shared that the counselor should attempt to assess the person’s spiritual strengths and weaknesses and work accordingly to build a relationship and engage with the clients at their level of spirituality. In this process, counselors should be mindful of their own relationship with Allah and not impose their own spiritual biases or judgments.

In conclusion, Siddiqui also advised that spiritual counselors as well as Muslims generally need to understand the roots and stratagems of Islamophobia to be well-informed, and self-aware and build emotional psychological, and intellectual resistance to Islamophobia.

## **Spiritual Counseling Imam Abd Alfatah Twakkal**

Tawakul pointed out that there is a difference between being religious and being spiritual. While outward manifestations of religion are easier to identify, more internal and personal manifestations such as one’s relationship with Allah are harder to judge.

For spiritual counseling, the focus should be on helping the individual understand for themselves what is going on internally. It is about their relationship with Allah, and cannot be about passing judgment.

Twakkal went on to explain that counseling must have the correct orientation in order to be successful. The primary direction to orient oneself for the counselor is peace which has a sacredness to it.

Another way the counselor and client need to focus on orientation is by finding a sense of direction. This is where the counselor assists the client to find direction, but the client must be the one who identifies the direction as they will ultimately be the one to make the change. Twakkal said that assisting the client to change their perception of events can be helpful.

The counselor's role is someone who helps the individual with the healing potential that is within them already. This can be done by motivating, facilitating empowerment, and emancipation. Twakkal went on to say that the process of spiritual counseling is evolutionary and that building a relationship with Allah is key.

Additionally, the effectiveness of spiritual counseling is highly dependent on instilling a sense of hope for change to be possible within the client. The effectiveness of spiritual counseling is highly dependent on a hopeful and grateful perspective. In conclusion, Twakkal shared some spiritual concepts that enhance healing.

## **Conversation Cafe 02- Spiritual Counselling**

For the second Conversation Cafe, attendees were split into four groups and they were asked to discuss spiritual counseling. There were some common themes that were brought up in the.

There were conversations on the broader picture of spiritual counseling in Canada. For example, it was pointed out that there is no code of ethics for spiritual counseling for Imams which could lead to issues at some point. Additionally, something that was discussed was that the Institute for Muslim Mental Health-Canada would need to decide what kind of practitioners they were wanting to provide their counseling. Would they be an Islamic psychotherapist who approaches the situation with beliefs rooted in Islam or a Muslim psychotherapist who provides non-Islamic counseling?

It was pointed out in one of the groups that there are benefits to using Muslim history for the benefit of spiritual counseling. It was stated by multiple groups that this counseling would need to be accessible to those who need it most. There was also the suggestion that if resources were available, the Institute could be used to benefit communities outside of the Muslim community as well.

The next common theme across the conversations centered on what the counseling itself should be like. It was said that healing spiritual counseling needs to be blended with traditional counseling. This counseling needs to be holistic in nature and facilitate an open conversation about the client's thoughts and feelings.

The counselor should not discount the experiences of the individual and it would not be the counselor's role to claim to have all the solutions for the client. Instead, the ways the counselor could help would be to meet the client where they are and assist them with capacity building, inform them of resources, bring up past successes, and focus on human values.

Finally, the third common theme from the conversations was about what the counselor should be like. It was said in multiple groups that most Imams aren't actually qualified for spiritual counseling and they may have a lack of knowledge or understanding in the area. It was suggested that training could be provided for Imams to help address this issue. In addition to training in spiritual counseling, courses on self-care should be provided to imams.

On the other hand, for spiritual counseling done by those who are not Imams, it was said that there could be benefits to increasing literacy in tradition to assist with spiritual counseling. Beyond training, it was said that counselors need to be authentic in the work they do and practice having empathic detachment in their sessions.

It was stressed in one group that counselors need to listen to their clients so that they can understand rather than listen for the sake of listening.

## **Day 02, November 13, 2022**

### **Session 01: Muslims and Mental Health Research - Naseeha Helpline: Shakil Mirza**

Shakil Mirza gave a presentation on what the Naseeha helpline was and presented the results of a survey Naseeha had conducted on pornography usage and patterns among Muslims. He explained that Naseeha Helpline is available 7 days a week to answer calls from both Muslims and non-Muslims and acts as a bridge for those going through challenges in their life. They are a safe space and provide workshops to youth, web therapy sessions, and texting mental health support.

Naseeha has answered 15,000 calls since its founding in 2006 and they have grown significantly since 2015. They started a webchat service in 2019 and have had 2,800 texts answered in that time. In January 2021 they started providing web therapy, matching Muslims with Muslim therapists who provide assistance pro bono.

There have been Approximately 500 people served through this service.

Their mission is that they want to be the first point of contact for their clients, assist in empowering them, establish clear action plans, and increase public awareness. Using analytics, they shift what they are doing to where it is needed most and are always doing program evaluations for improvement.

Looking at the way they provide assistance, their counseling is anonymous and non-judgemental. It is peer support, meaning the volunteers they have working for them are not necessarily registered therapists or social workers, but they can be. In-person training for their counselors is provided to ensure the quality of service. The counseling is done under a prophetic counseling model so a high-level overview of Islam is incorporated into what they do.

Mizra finished explaining about Naseeha by explaining they had to implement a call policy as they had regular frequent callers who were not in crisis and simply wanted someone to talk to. While Naseeha attempted to accommodate this they were having difficulty responding to all of the calls they were receiving so had to implement a 1 call per week policy. Since implementing this their ability to answer calls went up to 80%.

In the final part of the presentation, Mizra presented research Naseeha had conducted on pornography use and addiction among Muslim youth. They conducted the study through a survey and its purpose was to understand the prevalence of pornography consumption and the barriers Muslims face in accessing support.

It was an online survey spread over social media platforms, email, and MSA groups, and it ended up with 201 usable responses. Both men and women were surveyed and the age range was from 16-39, with most respondents being between 19-29. Of those who responded 59% identified religion as a 'Very Important' part of their lives, 33% reported it as 'Important', and 8% identified religion as either 'not important or not very important.'

The survey found there were notable gender differences in the perception and consumption of pornography. Overall more male respondents than female respondents reported using pornography. The frequency of use was along similar lines with males being much more likely to be more frequent users than females. Reasons for use differed greatly as well with males most frequently using it to get rid of sexual urges. A large number of females also reported use to get rid of sexual urges but even more reported using it for pleasure. Other reasons included coping with stress which showed similar results for males and females, and boredom with females reporting more use for this reason.

The results on feelings about pornography. 75% of the participants who considered a religion, 'important' or 'very important' felt ashamed for using pornography. 51% of consumers had tried to stop but did not know how. 58% of consumers would like to stop if there were proper support. Finally, 63% of female consumers were able to avoid pornography when the urge arose compared to males at 45%.

The authors of the study drew a few conclusions from these results. First, despite the fact that pornography is taboo in the Muslim community, its use is troubling. Second, due to the insufficient support and lack of resources catering to Muslims, most are unaware of how to find help with this addiction when they want to recover.

## **Session2: Muslims and Mental Health Research ABRAR Trauma and Mental Health Services**

**Presenters: Abrar Mechmechia, Amira Abutaa, Shabnam Mahboobi**

ABRAR Trauma and Mental Health Services provide as well as the findings from a study on mental health during and after the pandemic. ABRAR was described as an organization that is dedicated to providing affordable and trauma-informed, art-based, and culturally sensitive support for diverse newcomers and immigrant populations. Professionals with lived experiences make up the passionate team of workers who provide care to the clients of Abrar. Their vision is to create client-centered and culturally appropriate safe spaces that ensure healing and growth using trauma-informed approaches so their clients can thrive. Their organization is for everyone but has a specific focus on refugees and newcomers integrating into the West.

ABRAR provides a variety of different services to its clients. One of the services Abrar provides for their clients is a trauma-informed early intervention support group for newcomers. This was intended to assist Afghan women to be able to integrate into Canadian society with ease. They have had 2 sessions so far and Abrar feels they have been successful. The fact that participants in session 2 were in tears was an example of progress being made as many Afghans are closed off and mental health is not something they want to talk about. This is why the program was branded as more of a well-being and community group rather than mental health.

Abrar then went on to speak about a national mental health campaign focusing on marginalized groups both during and after the pandemic. In order to do the campaign, research was done, three conferences were held, and an art event was held. Their campaign found that during the pandemic the accessibility of mental health services was an issue. Looking at the specific ways this manifested, youth found them inaccessible in general, and there was reporting of language and financial barriers.

These findings came from a sample of mostly immigrants and refugees. An additional issue was the fact that youth sometimes felt worse after mental health care and related this to not feeling heard by those they were working with and a general lack of understanding about where they come from or what they need. Another issue that was identified by the campaign was a stigma, both from service providers and from within the family.

The first recommendation was to contribute to the growth and movement of culture, specifically with care providers trained in culture specificity.

The second recommendation was to increase the affordability and availability of care. The final recommendation was to assist in working towards reducing the stigma associated with mental health care.

### **Session 03: Muslim Youth - Gender Identity and Orientation**

**Presenter: Hira Rashid**

Rashid began her presentation on queer Muslim youth by acknowledging that this was a difficult subject to bring up within the Muslim community. Even though it is a difficult conversation she emphasized that there is a need to have it since there are queer Muslim youth who are in crisis.

To illustrate this point, she provided statistics from Statistics Canada that said there are 1 million queer-identifying people with one-third of those being under 25. Rashid said that there is a lot of overlap between the two communities.

Rashid then went on to discuss the factors that cause queerness, Hira began by pointing out two common misconceptions, 1) that there is a specific gene causing people to become gay, and 2) it is due to some sort of sexual abuse in their childhood. She then provided more credible information on the causes of queerness from a twin study done in 2008 where it was concluded that homosexual behavior is largely shaped by a combination of genetic and random environmental factors.

Rashid then went on to discuss some of the challenges for youth who are both queer and Muslim. Rashid explained that queer racialized youth are four times more likely to die by suicide than the general Canadian population and there is at least one attempt every 4-5 seconds. One of the factors that contribute to this is the fact that queer Muslim youth face discrimination from Islamophobia and homophobia from those outside the Muslim community, but also from within the community as well. Muslim youth are alone because they feel that there is nowhere they can go for help.

The next part of the presentation focused on things that can be done to help queer Muslim youth. Rashid started by sharing the 2 things she always says to queer Muslim youth she meets with. She tells them that Allah created you exactly how they intended so how could he hate something that he created?

The second thing she tells them is that their existence is not haram. These two simple sentences can be enough for the youth she is speaking to put down their walls and open up. Rashid then went on to discuss some other things that are needed when working with queer Muslim youth. She identified that there is a need to provide safe spaces for the youth both in person and online where they are free to talk, explore, and think.

She also stressed the importance of addressing safety within the family and screening for mental health. The final thing she emphasized is needed is to bring them back to Islam in a compassionate way with professionals and give them a sense of peace and belonging.

Rashid finished her presentation by discussing some case studies of queer Muslim youth she has worked with. She gave the example of a young man who was queer and was accidentally outed to his parents. They did not take this well and after they found out they took him to their home country and used physical violence to change him. He was married off to a woman and died by suicide a year later. The second example she gave was a young queer woman she had worked with who was so scared about her parents finding out about her sexuality that she lied to get placed into child protective services. This girl had significant issues and engaged in reckless behavior, and substance use, and had seven suicide attempts. After she was counseled and assured that her existence was not haram or evil, she opened up about her struggles with sexuality she agreed to go back home. While the girl's parents may have had some trouble understanding it was emphasized to them to love their child. With the girl back home with her family she improved greatly and the issues she was experiencing before gradually ended.

## **Muslim Youth - Gender Identity and Orientation**

### **jeewan chanicka**

chanicka joined the conference virtually and shared his experiences and challenges as a queer Muslim man. He told the conference attendees that a few weeks ago he made the decision to come out publicly and he wants to share his journey that brought him to this place.

jeewan converted to Islam at 11 years old and had known he was queer since he was 10 years old which was not easy for him. This is because he thought that he understood Islam and who he was were not compatible. He said that he thought he was bad and going to hell. He wanted to know what he had done wrong. jeewan said he had spent many years going through depression, being quite unwell, and ending up in the hospital. He said he had prayed for his life to be taken and nearly ended his life at the age of 14 as it seemed to be the only way forward for him.

At the age of 18, he moved to Toronto and became deeply engaged in the Muslim communities. He did not find support and continued to hide his queerness for years. He spoke at length about how he tried to reconcile his queerness and his Islamic faith and the inadequate replies he was given by those he spoke to. He shared about speaking at conferences across North America and posing questions "If Islam is perfect and there is a solution to all things, what is the answer to this?". A few people he asked responded to him with responses such as "make dua (supplication) be patient, and fast." but the issue was, these things didn't last and the issue continued breaking him down. Another answer he was given by scholars he discussed his situation with was "Just get married." jeewan said that he was in fact married at one point and says he could function within his Marriage and it was fine for him, but it did not resolve the core issue. He said that it's not a problem that can be fixed because his orientation is a reality of who he is and not a problem that can be fixed.

jeewan said he has now started to realize there is a better way for him. However, for many people's experience in order to survive and do well as queer Muslims, they had to distance themselves from the community.

jeewan shared that in his experience with Muslims is that they will make allowances for many things but being Queer is one of the things they cannot tolerate and thus the ones who hold onto their 'Muslimness' often don't engage with the larger community. jeewan spoke of how he knew that when he came out he would not be able to set foot in a Mosque in the greater Toronto area again and this was very difficult for him. He had people in his life who recommended he not speak of his queer identity publicly but jeewan said he wanted to share it because it mattered, much like those he was talking to would share that they were Muslim.

jeewan said that in the last 30 years, he has worked with so many children he has helped walk back from taking their lives. Many would be negatively impacted by depression, or have unhealthy coping strategies such as drug addiction, or engaging in risky behaviors. Looking at his personal experience, jeewan remembers saying recently that "My indigeneity saved me from my Muslimness" He explained that he was able to fall back on his indigenous ancestry-Elders helped him navigate through where he couldn't find answers within the Muslim community.

He gave a few examples of negative interactions he has seen or heard about queer folks from some within the Muslim community. He spoke on the shootings in Orlando some years back and how he had spoken to the Council of Imams and asked them to say something regarding queer-identifying people but received pushback for this. He spoke on his difficulty finding anyone who is both queer and Muslim who has reconciled their two identities. He spoke of queer Muslims struggling for acceptance who would ask him things like "Where can I get a Quran? Where can I get a prayer mat? And is there safe space for me to go to pray?"

Even with all of the negative experiences he has had with some in the Muslim community, jeewan said there are also Muslims who are a great support to him.

## **Session 4: Muslim Youth - Addictions**

### **Hira Rashid**

Rashid began her presentation on addictions within the Muslim community by showing us a picture of her family. In the picture, everyone was smiling and happy. She then told the conference that 37 days after that picture was taken her elder brother attempted suicide. Hira then spoke about how she had seen her brother fall into addiction after he has prescribed benzodiazepine. However, her brother did not agree with this and at one point nearly killed himself by injecting it. He was hospitalized and it was Hira who brought him out, took him home to their parents, and explained the situation. Hira reported it was difficult for her parents to understand this. She then went on to share that 3 months after that incident her younger brother who was living with mental health concerns took 47 of his depression pills and was hospitalized. However, Rashid did say at the end of her presentation that both her elder and younger brothers went to treatment and are now one year sober. They got the intervention they needed.

Hira explained that addiction is a rampant issue and crisis, especially within the Muslim community. She explained how she had started a program at a local center to talk about addictions. It was to educate families on what addiction looked like in the Muslim community.

She then shared some general information on addiction. She provided her view of addiction which was a condition where a person is dependent on a substance or activity with the two main subtypes being drugs and alcohol, and process addictions such as shopping, gambling, or sex. The focus for her presentation was drugs and alcohol. She explained the process of addiction which she explained as how in the brain there is a chemical called dopamine which is a neural chemical responsible for behavior, actions, and cognition. When a person does something good that is beneficial for their survival the brain releases a little dopamine. When someone does drugs they override this natural function and the brain releases a lot of dopamine. The brain gets physically rewired to think that the drug is what is needed for survival. This is why in her addictions program, they emphasize that addiction is not a choice and that it isn't as simple as just stopping.

However, this isn't something the general Muslim population is usually aware of. Rashid gave an example of when she has worked at food kitchens in areas there is a lot of homelessness. She would commonly encounter Muslims there and once she talked to them she learned they were coming to the kitchens because they couldn't get help from the Muslim community because they are told they are committing a sin and needed to get clean.

Instead of this sobriety approach, Rashid gave a number of alternatives to help Muslims who are living with addiction. She emphasized that they need compassionate care, empathy, and support. Another important thing to know is that people won't be able to escape addiction simply by others telling them they should. Instead, it is something they will need to make the decision to change for themselves, and those who would like to help can help them to come to this realization. Other recommendations she made included more resources and treatment provided from a Muslim perspective, spiritual advisors who can speak to them about addiction, Muslim-friendly detox spaces, collaborating with already existing addictions programs, and community intervention and care.

## **Session 05: Social Work and Mental Health: Family Challenges/Breakdown**

### **Dr. Aneesah Nadir, MSW, PhD**

Dr. Aneesah Nadir attended the conference virtually and gave a presentation on family breakdown and what can be done to address it. She gave a few definitions of family breakdown. One said it is all events including marital discord that leads to one parent leaving the home which also includes disputes or difficulties resulting from separation. The next is when communication breaks down and family members do not listen to one another. They cannot or do not want to discuss their concerns with one another, they no longer have a loving concern for one another, and family problem-solving is not used. This definition also says that anger is high enough that physical or emotional harm exists or is likely to occur as another part of a family breakdown. Dr. Nadir then included a definition of a broken family from Dr. Frank Anderson saying a broken family is where relationships are unhealthy or severed within the family unit. This can occur both within situations of divorce but also when families are in contact or are estranged from one another.

Dr. Nadir went on to explain that there are many different causes for family breakdown. Some of these include challenges the family faces, adverse childhood experiences faced by family members, or family dynamics that are not working. Some of the challenges include poverty, substance use, incarceration, institutional racism or Islamophobia, and spiritual challenges. These challenges can have an impact on the mental health of family members which can exacerbate other problems or maladaptive family dynamics within the family. Issues within families that can cause breakdown include parental arguing, new step-siblings, mental illnesses or disabilities, domestic violence, cultural or generational differences, bereavement, and abuse or neglect. Some of these factors are adverse childhood experiences which can have far-reaching effects on those afflicted and can result in family breakdown. These effects can include physical health challenges, impact on who people are, their choice of spouse, and their compatibility with their spouses. Finally, family dynamics are also an element that can cause or contribute to family breakdown. For example, if members are self-centered, self-absorbing, discouraging, narcissistic, have an unchecked ego, shame or guilt trip one another, are hateful, miserly, or engage in passive-aggressive communication.

Following speaking on the causes of family breakdowns, Dr. Nadir also shared some of the ways that families experiencing family breakdowns can be helped. There were examples of protective factors given that are exemplified by the prophet's family life such as being empathetic, understanding, encouraging, supportive, nurturing, forgiving, generous, respectful, compassionate, or loving. In addition to fostering these protective factors, Dr. Nadir also provided examples of traits healthy families have such as spiritual cohesion, improved communication skills, problem-solving and conflict-resolution skills, and spending quality time with one another. In order to address a family breakdown, Dr. Nadir also provided six steps that can assist in preventing it before it even gets started.

1. Before people get married, engage and encourage community members in premarital education that includes studying the married and family life of the prophet
2. Individual counseling and therapy
3. Premarital counseling and therapy
4. Vet prospects for marriage to determine compatibility
5. Choose wisely
6. Take parenting, family, life, and marriage education ongoing for continuing education and improvement

## **Session 6: Domestic/ Intimate partner violence: Moral, ethical, and social concerns Dr. Farah Abbasi**

Dr. Farah Abbasi presented on domestic or intimate partner violence and how it is a moral, ethical, and social failure when DV occurs. She focuses on this for her presentation since in Muslim cultures, it is still largely hidden. She said that domestic violence is unconsciously and involuntarily normalized and it is important to understand what it is, what the causes are, and what the Islamic perspective is.

Abbasi provided a definition for domestic violence from the United States Department of Justice. It was defined as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain control over another intimate partner.” Abbasi stressed that domestic violence isn’t necessarily between spouses or partners but can be anyone in the private sphere be they related by intimacy, blood, or law. Abuse isn’t necessarily only when one person inflicts physical violence on another; it can be verbal, mental, sexual, emotional, social, spiritual, and economic abuse. Additionally, there can be many different issues facing the individual suffering from abuse as it can cause fear and harm to the body, mind, and spirit. While women are more commonly victims of domestic violence, it happens to men as well.

As mentioned, domestic or intimate partner violence is something that needs to be addressed within the Muslim community. However, it is not a problem inherent to Muslims. Abbasi provided information stating that the amount of abuse within Muslim communities and the wider community is similar, and being part of a religious community or not also has similar rates.

Abbasi went on to speak on parts of Islamic religious beliefs that stand in contrast to Muslim men inflicting violence on women in their families. For one thing, Islam recognizes a women’s full personhood and gives her rights to own property, to set strict conditions in a pre-nuptial agreement, and right to divorce her husband. She observed that the very idea of marriage in Islam should preclude domestic violence as marriage in the Islamic context is a means to establishing tranquility, protection, peace, and comfort. According to Abbasi, under Islam God gave women the ability to have children, and men were created to support this process.

Men are to be guardians, to protect and provide for their women, not to control them because the Quran addresses both men and women. Both are required to follow the same laws. Both must live by the same standards. In other words, if the Quran is God's words and God addresses both men and women equally, then both are the same in God's eyes." However, there are some verses in Islamic scripture that some have mistakenly taken as allowing physical discipline toward their wives when in conflict.

Abbasi discussed one of the most "contentious" verses in the Quran that some have interpreted to give validation to men's use of domestic violence against women. The verse "men are the protectors and maintainers of women because Allah has given them one more (strength) than the other and because they support them from their means. Therefore, the righteous women are devoutly obedient and guard in (the husband's) absence what Allah would have them guard. As to those women on whose part ye fear disloyalty and ill-conduct, admonish them (first), (next) refuse to share their beds, (and last) strike them (lightly); but if they return to obedience, seek not against them means (of annoyance): for Allah is most high, great (above you all)" For one thing the Surah says men are protectors and maintainers and importantly, it does not say controllers. This is also speaking specifically about if a woman is being disloyal so it is not applicable in all situations. Additionally, when looking at the steps to take if disloyalty is feared, the steps promote working things out well before striking the other person. Additionally, the steps promote de-escalation as there is time in the steps before striking where the mind can become clear of anger so more level heads can prevail.

She also shared other Islamic verses that pushed back against men inflicting violence on women. For one the prophet Muhammad (pbuh) condemned violence against women, by saying "how loathsome (Ajeeb) it is that one of you should hit his wife as a slave is hit, and then sleep with her at the end of the day." Another thing Abbasi pointed out was that under Islam an abused wife can claim compensation under ta'zir (discretionary corporal punishment). Additionally, Abbasi brought up a verse that seemingly says Muslim men may beat their wives, and is used by abusers as justification for their actions. She points out that the words in the text "beat her" can also be translated into other words such as "leave her" and even the scholars who use the translation "beat her" say that this is meant to be symbolic and can leave no mark or injury.

## **Session 7: Friday Sermon Series - Preventing and Responding to Domestic Violence**

### **Imam Abd Alfatah Twakkal**

Imam Abd Alfatah Twakkal gave a presentation on a sermon series he wrote in response to the prevalence of domestic violence many Muslim women experience. He added that men need to speak more about this issue and the most powerful way they can do this is from the Nimbah of Allah. He said that this is something that must be talked about even if it is difficult. This series is a series of seven sermons. It focuses on the most important aspects of domestic violence for the Muslim community to be aware of. Twakkal informed the attendees of the conference that these sermons will be released in a digital format and that he can be contacted if anyone would like a copy of them.

Twakkal gave a brief overview of each of the seven sermons in the series.

- The first sermon centered on human dignity and the sanctity of human beings. This dealt with the actions of individuals and with an understanding of the dignity from Allah that is imbued in people's very creation.
- The second sermon was about establishing and maintaining healthy relationships.
- The third sermon went into detail on the various forms of domestic violence. This is because there is a lack of understanding of domestic violence and many believe it is only when people raise a hand against another person. The information Twakkal provided said that physical violence is only 10% of the problem, with spiritual, sexual, emotional, verbal, abuse by proxy, economic, and financial abuse all being issues of domestic violence as well. Twakkal gave an example of a Hadith saying that Allah is gentle, he loves gentleness, and he gives with gentleness. He says that this is a foundational hadith and essential to day-to-day life. In addition to this, he spoke on who is helped by addressing domestic violence concerns. Helping those who are victims is essential but helping those who are the ones perpetrating it is important as well. Helping the perpetrator is necessary as what they have done is something that will weigh heavily on their scales on the day of judgment. It will remain there until they are helped.

- The fourth sermon is on understanding the impact domestic violence has on households. Examples Twakkal gave on this include creating an atmosphere of fear, feeling resentment, feeling hatred, and feeling pain from the harsh words of verbal abuse. Physical and mental health issues were another potential impact. The final example given was for spiritual abuse which is when Hadiths or verses from the Qu'ran are used to bludgeon people and justify their abuse.
- The fifth sermon is on myths versus facts about domestic violence. An example Twakkal gave is that women have the right to divorce themselves from their husbands. A common theme throughout this section was the responsibility a person has for those under them.
- The sixth sermon addresses misconceptions related to abuse and perceived justifications for abuse and domestic violence. One of the most important parts of this section was for those hearing the sermon to know and understand that there is no verse in the Quran, and not a single hadith of the prophet that sanctions justifies, condones or allows any form of domestic violence (physical, emotional, verbal, sexual, financial, etc.) which is categorically prohibited and is Islamically forbidden. The sermon included several religious passages from Qu'ran and Hadiths that backed up this point.
- The seventh sermon centered on how to address and respond to domestic violence when it occurs. Suggestions provided in this sermon included gaining and spreading awareness about domestic violence, being proactive in cases of suspected violence, strengthening people's relationship with Allah, and having resources on hand to assist in cases of domestic violence.

## **NISA Helpline Lunch Session Day 2**

### **Brenda Viera and Team**

NISA Helpline sent three members to the Mental Health conference and two of them gave a presentation on what NISA Helpline was. It was explained as an organization founded by Muslim women, that is both servicing and run by Muslim women. It is a registered charity that runs a free and anonymous phone line that runs from 10 am-10 pm EST daily. Their main approach to their work is peer-to-peer counseling given by facilitators from all sorts of backgrounds. NISA Helpline's mission is to champion the well-being of Muslim women in North America. The majority of calls they receive do come from Canada and the United States but they do answer calls from all over the world.

One of the main reasons Muslim women call the NISA Helpline is to speak to a Muslim woman who will understand the cultural nuances, as well as the challenges and successes of being a Muslim woman in North America. Looking at how NISA provides their direct support, active listening is one of the main things they provide, as well as non-judgemental service, and linking their callers to other resources that could assist them. This is facilitated and enhanced by Nisa providing a lot of training and development for its call takers which is largely cognitive in nature. Additionally, to ensure they are training on the issues call takers will regularly be working with, Nisa reviews the data that is collected from calls to see what the most pressing issues are and conduct their training accordingly. They provided some examples of common concerns they heard between January-July 2022 including depression, relationship support, and emotional support. There has been an increase in calls since their inception and an even bigger increase during the pandemic, with Nisa seeing a 150-200% increase in the number of calls they received. This shook up their services and they have had to amp up and adjust to this.

The second part of what Nisa Helpline does is public education. Nisa takes data they collect from their calls and works to do more preventative and proactive public education. Nisa holds workshops, develops toolkits that are informed by the workshops, and shares these toolkits publicly on their website for free so others can use them and run their own workshops on the same topic.

The presenters also outlined a few projects Nisa Helpline is involved in. The first they gave information on was Arap which was an action plan antiracism project with a focus on Muslim women and youth in marginalized areas. The idea was to provide them with toolkits with learning and education so they are available when needed. The next project they explained was called Support Sisters which was focused on development for Nisa Helpline team members. The project was intended to provide a platform for the team members to support one another, be able to express themselves and cope, heal, and meet together. The next project they brought up was called Educate to Illuminate and was being done in partnership with Human Concern International. Its purpose is to bring educational awareness of the right language for mental health to Imams, the public, community leaders, and internal Nisa Helpline staff. The next project was done under Bell Lets Talk and was focused on wellness journeys and having public workshops to make them available.

## **Session 08:**

### **Role of Imam: Mental Health and Social Work Imam Yasin Dwyer**

Imam Dwyer works with an organization called the Muslim Chaplaincy of Toronto. He went into a discussion of TAQWA which Dwyer said should be cultivated by worshiping Allah. He explained that Taqwa is consciousness, divine mindfulness, awareness, love, and fear of Allah (God). Muslims are supposed to be introspective and continually ask themselves “What is my intention? What is my goal? What is my purpose?” This introspection is important for Muslims as all deeds are judged by their intention.

Dwyer then told a parable to illustrate his point where he told a story of a man who was very pious. The people of the pious man’s village started worshiping a tree, and as the man knew the first commandment was to worship only One God, he planned to chop down that tree. He got his axe and on the way to the tree, he encountered a stranger. The stranger did not want him to chop down the tree so they fought. The pious man subdued the stranger and the stranger asked to make a deal. He said he would give the pious man a silver coin every day for the rest of his life if he didn’t chop down the tree. The stranger entreated the pious man to think of all the good he could do with the coins! The pious man agreed to the terms. He helped others with the coins, and the stranger kept providing them.

One day the coin wasn't there so the pious man got his axe and went back towards the tree. He again encountered the stranger. They fought again and this time the stranger subdued the pious man. The pious man looked to the heavens and asks why he has lost. The stranger explains this because before when they fought, the pious man fought for Allah, and the second time he was fighting for the coins. Therefore, all deeds are based on intentions.

Dwyer spoke about many of the ideals Muslims should strive for. He shared- how the goal for Muslims is to please Allah the Creator and have no purpose other than to worship him. He spoke on how Muslims work to try and cultivate the best and most beautiful, most exalted prophetic image.

He added that at his workplace, they have a motto "Come as you are to Islam as it is." Referring to the sacred law and theology. Muslims must strive to carry themselves with prophetic understanding, empathy, and mercy.

## **Dr. Mahdi Qasqas**

Imam Qasqas started off his presentation by clarifying that he is not an Imam. He said that he just dressed like one and looks like one on paper. Qasqas identified himself as a psychologist and social worker. He then went on and discussed the difficulty of being an Imam where they are expected to be experts and be able to help with anything at a moment's notice. He jokingly said that a Canadian Imam is an employee that is underpaid, unappreciated, and asked to do things that social workers, politicians, and psychologists won't touch. He went on to say that Imams are expected to give a statement on people's issues or problems and have a solution for them all in one day. In that way, he spoke about how the expectations for Imams are too high. He also pointed out that Imams are held to an unreasonable standard, saying Imams are called bad if they try and set some boundaries or take days off. He also mentioned how people who go to work and are constantly overworked and overwhelmed are definitely in need of treatment themselves.

Qasqas also spoke about the importance of connection and cultural relevance when trying to help people. He said that if a person is able to adapt to another person who is coming to them for help and be able to adapt to their comforts, culture, and religion then they will have better therapeutic outcomes than a professional with a title who does not adapt. Adapting could come in the form of cultural adaptation which he identified as taking works from literature and also asking the client what works for them.

Qasqas also spoke on the issues of professionals in treatment. Qasqas went on to say that the idea of a professional is overgeneralized and that a profession simply means there is a regulatory body in place to protect its members. He pointed out that the Masjids don't protect their members in this way, but they should.

## **Imam Mohamad Abdelsatar**

Imam Mohamad Abdelsatar spoke briefly on some of the challenges that Imams face as they try to do their work. Abdelsatar spoke about the challenges he has faced as an Imam. He said that he loves his work and he loves to teach, and speak, but at times it gets to be too much and the ask is difficult to accommodate.

He explained how the expectation for Imams is that they need to be ready to listen to and counsel people whenever they call and this poses difficulties and barriers for the Imams to practice self-care.

In addition, most Imams do not have qualifications in counseling. There are programs available but many Imams do not take part in these and even if they do they can only offer emotional support and provide spiritual counseling but not therapy.

Abdelsatar also shared how being an Imam can be very difficult socially as well. In the Muslim community, there are many opportunities for families to socialize with each other but most Imam's families are restrained from integrating into social groups of friends, especially in small communities. They are expected to be neutral and not offend anyone with their opinions and thoughts. He also shared that Imams can become antisocial after working through all they have to deal with and it can impact their family life.

## Session 09

### Organization Development: Key Consensus

In the final event of the conference, all conference attendees and speakers gathered in a circle to discuss and plan the future of the Institute for Muslim Mental Health-Canada.

This allowed the opportunity to work together and figure things out both personally and organizationally regarding who would be able to contribute to the new institute. In this way, all conference attendees are the founders and now felt that had a responsibility and ownership of the institute that will benefit the lives of Canadian Muslims for years to come. This sharing and collaboration will ensure that the institute would be accessible across Canada and draw from across the wide spectrum of mental health/ social work professionals, practitioners, and Imams.

While initiated by Islamic Social Services Association – the Institute is a shared service and not the ownership of ISSA. The Institute for Muslim Mental Health-Canada will be serving across Canada and will be based in Winnipeg Manitoba.

ISSA has applied for a 5-year grant for the institute from the federal government and other foundations. Staffing includes- Director and 3 staff. ISSA will be the organizer till the staff is in place similar to the setup that they did with the Canadian Muslims Women's Institute. What the organizers of the conference were looking for were organizations and individuals to lend their excellence and knowledge to build and run the Institute. The main goals for the institute were for it to be the Centre of Excellence, Knowledge Hub, and College for addressing the mental health impacts of Islamophobia.

The Institute is envisioned to be a licensing or regulatory body

The Centre of Excellence will focus on wellness, well-being, and empowering resiliency of Canadian Muslims. To respond holistically, professionally, and in a timely manner to the Muslim community for the various social and family challenges they are facing.

The Institute's knowledge Hub will promote gathering and initiate research that will be accessible and will be a database for professionals and academia. The Hub will best practice knowledge, conduct research, and act as a database for Muslim-specific resources and information.

Centre for Islamophobia Studies, the Institute's Islamophobia Studies will hold training and workshops, addressing sector-specific Islamophobia and caring for the Muslim community, addressing the mental health impacts of Islamophobia on Muslims via we hate speech and hate crimes. Monitor and Confront Islamophobia when the human rights of Canadian Muslims are compromised within government apparatus such as the Intelligence Services, Security Services, CRA, Justice System, Immigration, and Policing.

- Network development. It was observed that this conference had already attendees had already the process. It was also suggested that people could coordinate with one another, meet virtually, and even meet regularly in the interest of building up the mental health institute. Two more suggestions for network development were the institute could have contact lists for those interested to offer mentorship to youth entering the field of Social work and mental health and wanting to help the community
- Professional development - It was suggested that care and development for imams, staff, school teachers, and spiritual counselors be offered.
- It was also stressed that this training should be research-informed to hold up to the standards of excellence the institute is striving for.
- Community Safety - Another suggestion was that part of the base structure of the institute be focused on community safety as it is a significant concern for Muslims.
- This would include safety from Islamophobia and discrimination, as well as internal safety from perpetrators to the vulnerable population within the community centers, mosques, and schools.
- Social Media - It was brought up that youth are a difficult demographic to reach with programs and services. In order to address this.

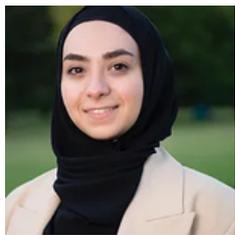
- It was suggested the institute explore using social media or an app for outreach. It was suggested this would be very important for outreach and it could foster a community around the institute as well.
- Accessibility - Concerns about accessibility were brought up as well. It was noted that Muslims all over Canada are in need of support so it is good that this will be a national institute.
- However, it was noted that it needs to be accessible in its services for those living with disabilities and special needs

**Closing Words: Mr. El Tassi, OC,OM, LLD.**

Mr. Eltassi Chair Islamic Social Services Association gave the closing remarks. He said he was very hopeful for the future of the Institute and that it will fill a gap in culturally and spiritually competent mental health services for Muslims and will help with the well-being of Canadian Muslims and generations to come. ISSA is dear to him and the work it does is very close to his heart. He finished his talk with a prayer for the success of the Institute.

# PRESENTERS AND ATTENDEES

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## Abrar Mechmechia

Abrar is a mental health counsellor and a member with CCPA (Canadian Counselling and Psychotherapy Association) with a passion for empowering marginalized youth and women. Abrar was born in Hamilton and raised in Aleppo, Syria.

When the civil war broke out, Abrar remained in Syria to volunteer and work with SOS, UNICEF, and UNHCR to provide children with trauma-informed mental health care. She is the Founder of ABRAR Trauma and Mental Health Services.

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## Abier Albarbary

A Registered Psychotherapist and Pastoral Counselor; she is the first Muslim student to graduate from the University of Toronto's Masters Program for Pastoral Studies (2014). This degree allowed her to combine Islamic Theology and Psycho-

therapeutic counseling, a marriage of areas that are vital to her career. Her long standing role as a psychological consultant, researcher, educator and counselor began around September 2001 (aka 9/11), when the divide between the West and East was peaking with hate crimes internationally. With over 20 years of experience in psycho-education, psychotherapy and support groups for Muslims and non-Muslims, both in North America and in the Middle East. Finding the Balanced Way between divergent cultures is the motto she prescribes to. Her efforts have increased to help raise awareness around issues concerning Muslim families, women and youth in public spaces within multicultural contexts. .

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## Imam Abd Alfatah Twakkal

Imam Abd Alfatah Twakkal was born and raised in Calgary, Canada. He holds a BA Honours in Religious Studies, a BSc in Zoology, and a Master's degree in Islamic Studies. Imam Twakkal has been engaged for several years in many aspects of

interfaith dialogue, the media, youth and family counseling and outreach. He lives in London, Ontario where he served as the Imam of the London Muslim Mosque for four years and its Director of Community Outreach and Engagement until June of 2018. He has been serving as the Muslim Chaplain for the London Police Services since July of 2019 and also volunteers as a chaplain and spiritual care worker with the Elgin-Middlesex Detention Centre and the London Health Sciences Centre. In January of 2022, he was appointed as the first Muslim Chaplain for the RCMP "O" Division.

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## Aisha Awan

Cst. Aisha Awan is a member of the Royal Canadian Mounted Police (RCMP), currently posted to 'D' Division (Manitoba). She was born in Pakistan and raised in Winnipeg, MB where her family maintained a strong foundation with the local Muslim community. Cst. Awan has been with the RCMP for over 12 years, first serving in an administrative capacity in a variety of units including Criminal Operations and Federal Policing. In 2017, she attended to the RCMP training academy known as Depot and graduated as an operational general duty member. Cst. Awan has since served in rural, urban and Indigenous communities in Manitoba, working on a wide range of investigations and initiatives including Mental Health and Equity, Diversity, and Inclusion (EDI) committees.

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## Amira Abutaa

Amira Abutaa is a passionate advocate and mental health professional. She is currently working as a Youth Counselor at Abrar Trauma and Mental Health Services. Amira provides services through one-on-one counselling, group counselling and workshop

facilitation, both online and in-person. She completed her undergraduate degree at the University of Toronto in Women and Gender Studies, Sociology and Psychology in 2018. In 2021, she completed the Addictions and Mental Health post-graduate certificate program at Humber college, and is currently a member of the Canadian Counselling Psychotherapy Association.

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## Athir Jisrawi

Athir Jisrawi, MA, RP(Qualifying), has been with Nisa Helpline since 2016 when she joined as a volunteer peer counselor. Currently, she is a Training Coordinator with the Nisa Helpline frontline services team, providing ongoing training and development for peer and mental health counselors. Athir is also a clinical counselor practicing community mental health, primarily focusing on violence and abuse prevention. Her approach to counseling is person-centered, trauma-informed, and anti-oppressive

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## Badiah Abdelnabi

Badiah Abdelnabi, Regional Manager of Nisa Homes Windsor, and the Lead for the Childcare Program, overseeing the childcare workers for Nisa Homes locations. I am a registered Early Childhood Educator.

I have been with Nisa Homes for three years. passionate about dispelling the myth and stigma of Mental health in our community and bringing awareness and education regarding DV and the effects of it on the whole family unit, especially the children.

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## Brenda Viera

Brenda Viera has been with Nisa Helpline since 2019. She started as a peer counselor and then moved into the admin role and has held this position for two years. She looks with optimism to the

future of Islamic Mental Health initiatives.

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## Emad Alarashi, MSW

Emad Alarashi is a Registered Social Worker (RSW) with the Ontario College of Social Workers and Social Service Workers (OCSWSSW). He holds a Masters of Social Work degree from University of Toronto Factor-Inwentash Faculty specializing in

Human Services Management and Leadership. Emad has ten years of experience working with diverse communities including those who identify as racialized, visible minority, newcomers, and marginalized populations and within Neighborhood Improvement Areas (NIAs) in the Greater Toronto Area. Emad works from a culturally safe, strength-based, anti-oppressive, anti-racism, human rights, and intersectionality framework to engage with and support communities' capacities.

# PRESENTERS AND ATTENDEES



## Farah Islam, PhD

Farah Islam, PhD, is a mental health advocate, educator, and researcher. Dr. Islam holds an Honors Bachelor's of Science in Neuroscience (University of Toronto), a Master's in Neuroscience and a Ph.D. in Epidemiology (York University).

She explores mental health and service access in Canada's racialized and immigrant populations using mixed methods research and orients her research and community work around breaking down the barriers of mental health stigma. Dr. Islam joined Yaqeen as a senior fellow and is now the Director of Psychospiritual Studies. She is a student in the Scholar of Islamic Sciences 'alimiyyah program at Mathabah Institute. Dr. Islam has taught courses in Muslim mental health at the University of Toronto, Islamic Online University, and the Islamic Institute of Toronto.



## Dr. Farha Abbasi

Dr. Farha Abbasi is an Assistant Professor in the Department of Psychiatry at Michigan State University and core faculty member of the Muslim Studies Program. Her areas of interest are cultural psychiatry and teaching medical students how to provide

culturally appropriate care to Muslim patients. She works directly with Muslim American community to encourage integration rather than isolation from mainstream society. She is the founding director of the Annual Muslim Mental Health Conference.



## Hanadil Ahmed

Hanadil started off as a volunteer for Nisa Helpline in the Research and Development department and is currently serving as Chair for the Foundation. Women's well-being drives Hanadil to advocate for women's right to live fulfilling and dignified

lives. She is the chair of Nisa Foundation.



## Ibrahim Mohammad

Ibrahim Mohammad is a fourth year medical student at the University of Ottawa. He has extensive experience in community organizing, particularly through his involvement with the Justice for Soli movement since its inception.

He is currently the Mental Health Programs Consultant with the Muslim Medical Association of Canada, and he is currently working on multiple research projects addressing Muslim mental health, including one focusing on Islamophobia within psychiatric education.

## Ismail Adigun

Adigun Ismail is a seasoned auditor and a qualified anti-money laundry specialist with deep knowledge and experience in Audit, Internal Control and Compliance. He worked in various banking departments (Audit, Investigation and Inspection, Internal Control and Compliance department) before migrating to Canada. Ismail had his 1st degree at University of Ilorin and 2nd degree at Obafemi Awolowo University, Ile-Ife with a Master's in Business Administration. He is a member of Al-Haqq Muslim group of Canada.



## Jeewan Chanicka

Jeewan Chanicka is a global education leader, recognized provincially, nationally and internationally for his work in curriculum, innovation, anti-racism, human rights and social justice. In the education sphere, Jeewan has many years of experience as a support

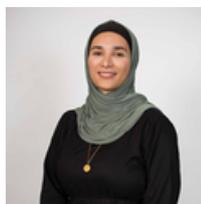
worker, teacher, administrator, principal and superintendent and prior to that in the social and community work sphere. He is currently the Director of Education at the Waterloo Region District School Board, one of Ontario's larger school districts. Jeewan has been a speaker and leader in a variety of organizations especially those focused on youth- including MYNA, MAC, MAC Youth, ISSRA, ISSRA Youth, TARIC Youth, Islamic Foundation and its youth circles, MSA, NCCM (formerly CAIR Can), CMCLA as well as a variety of smaller organizations and groups. He has run youth camps and halaqas for approximately 20 years.



## Katherine Bullock, PhD

Katherine Bullock, PhD, is a TV host for Sound Vision Foundation's Canadian Muslim News and Director of Special Programs. She taught various courses on Islamic politics, Islamic civilisation, and media representation of Muslims for over

twenty years at the Department of Political Science, Katherine Bullock, PhD, is a TV host for Sound Vision Foundation's Canadian Muslim News and Director of Special Programs. She taught various courses on Islamic politics, Islamic civilisation, and media representation of Muslims for over twenty years at the Department of Political Science, University of Toronto, and Cal State, Fresno. Her research focuses on Muslims in Canada, their history, contemporary lived experiences, political and civic engagement, debates on the veil, media representations of Islam and Muslims. She is President of Compass Books. Her own books include Muslim Women Activists in North America: Speaking for Ourselves, and Rethinking Muslim Women and the Veil: Challenging Historical and Modern Stereotypes.



## Leen Yaghi

After earning my degree in Biotechnology, I entered the non-profit world to explore my passion for supporting underprivileged and marginalized individuals. Currently I am the Calgary regional manager for Nisa Homes. Outside of work I usually spend my

time in the outdoors.



## Lobna Mahdi

Lobna Mahdi is the Program Manager of Community Services at the National Zakat Foundation. She holds an MA degree in Adult Education and Community Development as well as a BSc in Equity Studies and Psychology, both from the

University of Toronto.

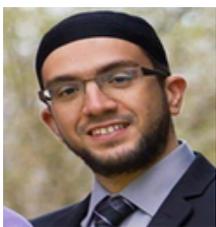
# PRESENTERS AND ATTENDEES



## Mahdi Qasqas, PhD

I am always a father of four and a Psychologist. But only sometimes, unnecessarily referred to as Dr. Mahdi Qasqas, as I have a PhD in Social Work from the University of Calgary. I am intrigued by three simple questions:

who helps the helpers, why do they do it, and how? I started my trajectory over 20 years ago and now my research, training, and passion orbit around helping the helpers; with an emphasis on the supervision of future mental health professionals, including imams who are transitioning into regulated mental health professions. Although my specialization is in what some refer to as Islamic Psychology and Muslim mental health, my focus lies more in perhaps Islamic Industrial and Organizational Psychology.



## Imam Mohamed Moustafa Abdelsatar, PhD

The Imam of the (IAOS) Islamic Association of Saskatchewan, Regina since November 2013. RCMP Chaplain since April 2019. High school teacher. Graduated with honors from Al-Azhar University university in Cairo, Egypt.

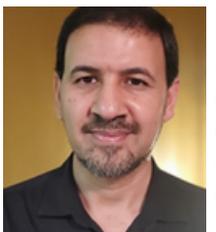
Completed a PhD in Islamic Studies from the GTF in the USA in 2017. Currently completing a second MA at the University of Regina, Canada. Represent the Muslim community on TV, radio and News. Has been featured on Huda TV in the 30-episod series "O you who believe" in Ramadan of 2021.



## Naheed Amjad-Minhas, MPhil.

Naheed Amjad-Minhas was born and raised in Pakistan. She moved to Canada in 2002. She holds an MS in General Psychology and an M Phil in Applied Psychology from Pakistan and carries a wealth of experience in working with immigrant, newcomer, and

refugee families experiencing violence. Naheed has been involved with IFSSA since 2011 and is currently their Programs Lead. Naheed sits as chair of the Immigrant Family Violence Prevention Committee since 2017. In 2018, Naheed was the recipient of the Peace in Families Award for her outstanding work in ending family violence. She is the recipient of the Inspiration Award, 2022 by the Government of Alberta in the category of innovation. She is an Advanced Grief Recovery Method Specialist and supports those who are grieving any loss in their lives.



## Dr. Omar Reda

Omar Reda is a board-certified psychiatrist, Harvard-trained trauma expert, the founder of Untangled and The Wounded Healer models of care, and the author of many books about healing trauma.

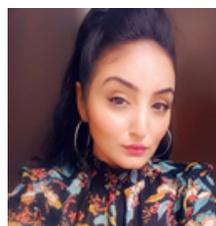
## Maryam Einshouka

Maryam is graduated from medical school of Cairo University in Egypt. She completed a Master's of Health Science (MHSc) with Epidemiology specialization from Lakehead University, Thunder Bay, ON. Currently, she is completing a post-graduate degree in Psychotherapy at the Toronto Centre for Counselling and Psychotherapy Education, is an intern Psychotherapist at Canadian Muslim Counselling, and is a research fellow at Thunder Bay Regional Health Science Centre (TBRHSC).



## Samira Laouni

Samira Laouni, a long-time Quebec activist since her arrival in Canada in 1998 is originally from Morocco and lived in France for more than a decade. She holds a doctorate in International Economics and a DESS in International Trade and Marketing from the Sorbonne. She is also a graduate of the Ecole Nationale d'Administration Publique of the city of Quebec with a certificate in political studies. Her activism is as varied as it is extensive with the aim of improving communication and thus minimizing confrontation between minority and majority Quebecers. She is the founder and president-director of C.O.R. (communication, ouverture, rapprochement interculturel). As a feminist, she has been active for many years within the Fédération des femmes of Quebec, pushing for equality between men and women, as well as members of the majority and minority populations.



## Shabnam Mahboobi

Shabnam Mahboobi is the Project Lead for Dil Ba Dil at ABRAR Trauma & Mental Health Services. She arrived in Canada in the early 2000s with her family. She graduated with honors with a Bachelor of Science specializing in Kinesiology.

In addition to working in Operations by trade, Shab is a poet, published author, mental health and human rights advocate, public speaker and spoken word artist. Shab has been publishing her poetry online since 2019 and has competed in several slams, been a performer and panelist on several platforms including podcasts, radio shows and online events like In This Together Conference for mental health. In 2019 she joined ABRAR as a volunteer in order to help newcomer communities.



## Shaheen AuckbarAllee

Professional, Passionate, and Driven in helping others achieve their success story. She's been in the HR corporate world for over 15 years. She focused her studies in HR Management and Business. She's taught numerous motivational and

and personal development workshops and loves to support women conceptualize their vision and inspire progress. She manages a community via Facebook; called together we support and uplift. She currently works with Nisa Helpline as their Service Delivery Manager and Consultant to the Being ME team. Her modo, "Let's make your struggles a source of strength as you step into your best-self and elevate your passion into success!"



## Shakil Mirza

Shakil Mirza holds a bachelors in Psychology from York University and Masters in Public Health from Queens University, his extensive experience in research, mental health and health policy have tremendously contributed to Naseeha's education and training departments. As a shift and program manager at Naseeha, Shakil helps lead major projects and overseas peer-support counsellors on the helpline. Shakil ensures peer support counsellors are well-supported and addresses any challenges that arise with daily operations of the helpline. Aside from his meaningful contributions at work, Shakil enjoys listening to self-development podcasts, exploring new cafés and playing basketball.

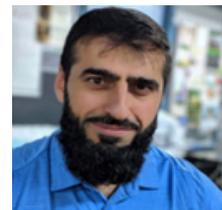
# PRESENTERS AND ATTENDEES



## Tanweer Ebrahim

Tanweer is one of the pioneers in community service. Her latest role for the last 8 years with Nisa Helpline has been exemplary in the growth of this essential support service for vulnerable women in the community. Nisa Helpline, under her direction, now serves

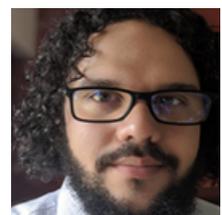
thousands of women across North America, with up to 500 calls received every month. Tanweer has empowered Muslim women in the community with her encouragement, her leadership, her intervention and support in distressed women's lives. Her efforts have been acknowledged and appreciated by other organisations and political figures. She has been a wonderful face portraying the beauty of Islam through her work and passion at every opportunity along her journey.



## Tariq Tyab

Tariq Tyab has 25 years' experience in community service. He has built interfaith bridges and helped empower IBPOC communities. Tariq is co-founder of the first Faith Based Community Convener for Anti-

Racism Initiatives in the Province of British Columbia, Foundation for a Path Forward. He is also co-founder of the Muslim Food Bank and Community Services, the Muslim Care Centre and Islam Unravelling. Tariq is a former executive with the BC Muslim Association.



## Yusuf Siraj

Yusuf Siraj has 10 years experience supporting IBPOC student, faith, and community organizations. He is co-founder of the first Faith Based Community Convener for Anti-Racism Initiatives in the Province of British Columbia Foundation for a Path

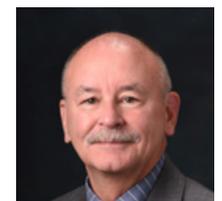
Forward as well as a former executive with the BC Muslim Association and a co-founder of the Muslim Care Centre.



## Zainab Manjra

My passion for serving and empowering women and girls has become my mission and goal. I'm always looking to identify needs in the community and networking to fill those needs. I've been with Nisa for over six years in different capacities, bringing my education and interest in psychology and experience in the business world to serve the unique needs of Muslim women.

I dedicate my free time to studying the Qur'an and spending time in nature with my husband and kids.



## Dr. Andrew McLean

Dr. McLean is Clinical Professor and Chair of the Department of Psychiatry and Behavioral Science at UND School of Medicine and Health Sciences.

He obtained his medical degree from the University of North Dakota School of Medicine,

completed a Psychiatry Residency at the University of Wisconsin and an M.P.H. degree from the University of Minnesota. He has received the American Psychiatric Association Bruno Lima award for outstanding contributions to Disaster Psychiatry, and has been conferred with numerous teaching excellence awards, as well as distinguished alumnus recognition. Dr. McLean has an interest in collaborative models of care, as well as individual and community resilience.



## Hira Rashid

Hira Rashid is a Pakistani-Canadian Muslim social worker. She has attained her Bachelors of Social Work and is pursuing her Masters in Intergenerational Trauma in South Asian

Diaspora Families. She has worked in the field for over 10 years and has worked with various vulnerable communities such as Black/Indigenous and communities of colour, refugees, immigrants, LGBTQ, people with addictions, domestic violence survivors, and children. Hira works for the Ministry of Child and Family Development and sits on the Multicultural Advisory council for British Columbia. Hira created an online support service called Himmat, Taqat, Sabr (Courage, Strength & Patience) for South Asian and Muslim youth and families who are facing turmoil. Her goal is to create safe space for people from all walks of life and follow her mother and grandmother's values that all individuals are human before they are anything else and thus deserve respect and decency.



## Dr. Aneesah Nadir

Dr. Aneesah Nadir, M.S.W., Ph.D. is an incredibly accomplished academic and social justice advocate who emphasizes in culturally competent social work, family and relationship work for Muslims in America. After teaching Social Work at Arizona State

University for 17 years, Dr. Nadir began serving as the President of the Islamic Social Services Association - USA. Dr. Nadir is a leader in the burgeoning field of Muslim mental health care with publications on cross-cultural understandings of spirituality and family.



## Asmaa Ellithy

Asmaa Ellithy, Casework supervisor at National Zakat Foundation, with five years of experience as a senior caseworker. Currently overseeing the Zakat distribution department of the organization.

Passionate about creating a change and having an impact on the Canadian Muslim Society.



## Imam Yasin Dwyer

“Imam Yasin Dwyer was born to parents of Jamaican heritage in Winnipeg. He is the executive director of Muslim Chaplaincy of Toronto. Before joining Muslim Chaplaincy of Toronto, he was a part of the multi-faith chaplaincy team at Queen’s University in

Kingston, Ontario. Imam Yasin has lectured extensively on topics such as religion and the arts, Black Canadian culture and the history of Muslims in the West. As well as working alongside many non-profit organizations in Canada, Imam Yasin was the first full-time Muslim chaplain to work with the Correctional Service of Canada, a position he held for 12 years. He is also a board member of the Montreal-based Silk Road Institute.”





## Shahina Siddiqui Conference Chair



Shahina Siddiqui is the co-founder of Islamic Social Services Association (ISSA) of USA and Canada and serves as the volunteer executive director of ISSA Canada. She has been widely recognized for her work in antiracism advocacy, social justice and combatting extremism and Islamophobia. For over two decades, Shahina has worked to highlight the growth and impact of Islamophobia by way of her writings, community organizing, media engagement, public speaking and training various sectors of service providers on Islam and Muslims. She has developed a professional, sector specific training on Islamophobia, Islam and Muslims and regularly conducts Anti Racism Training. She has produced booklets on all the sectors directly serving the Muslim community.

She is a recipient of many local and national awards including, of the Queen Elizabeth Diamond Jubilee Medal (2013), the Canadian Red Cross Humanitarian of the Year (2016), and an Honourary Doctorate of Laws, University of Manitoba (2019).

Now a grandmother of three, she continues to strive for a hate free Canada.

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## CONTACT ISSA:

### Shahina Siddiqui

Volunteer Executive Director  
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Phone: 204-944-1560

### Sarah Parkar

Executive Assistant  
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## PARTNERS:



Department of Psychiatry  
Muslim Mental Health Consortium  
MICHIGAN STATE UNIVERSITY

MUSLIM RESOURCE CENTRE  
for Social Support and Integration

SOUND VISION



Canadian Council of Muslim Women (CCMW)  
Le conseil canadien des femmes musulmanes (CCFM)