This document has been compiled from information obtained from a wide variety of sources, and is subject to change without notice. Madina Village Community Services Ltd (MVCS) has used its best endeavours to ensure that the Information is correct and current at the time of publication but takes no responsibility for any error, omission or defect therein.

To the extent permitted by law, MVCS and its officers, employees, agents and consultants exclude all liability for any loss or damage (including indirect, special or consequential loss or damage) arising from the use of, or reliance on, the Information whether or not caused by any negligent act or omission. If any law prohibits the exclusion of such liability, MVCS limits its liability to the extent permitted by law, to the resupply of the Information.

MVCS does not have the authority, capability or intention to issue religious rulings. The organisation’s goal is to make information available to the wider community, thereby allowing members of the community to:
• prepare their personal views on important health issues that may affect their own lives, or the lives of people under their care
• make the ‘right’ decision at critical moments in life.

Readers should rely on their own enquiries in making decisions touching their own or any other person’s interest.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFACE</td>
<td>1</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>PART 1 - Islamic Values and Health Care</td>
<td>5</td>
</tr>
<tr>
<td>1.1 Religious observance</td>
<td>6</td>
</tr>
<tr>
<td>1.2 Medical examination</td>
<td>11</td>
</tr>
<tr>
<td>1.3 Administration of medicines</td>
<td>11</td>
</tr>
<tr>
<td>1.4 Sexual and reproductive health</td>
<td>12</td>
</tr>
<tr>
<td>1.5 Transplants and organ donations</td>
<td>15</td>
</tr>
<tr>
<td>1.6 Death and dying</td>
<td>16</td>
</tr>
<tr>
<td>1.7 Special care groups</td>
<td>19</td>
</tr>
<tr>
<td>1.8 Visiting arrangements</td>
<td>20</td>
</tr>
<tr>
<td>PART 2 - Mental Health / Cognitive Dysfunction Patients</td>
<td>21</td>
</tr>
<tr>
<td>2.1 Mental health and muslim patients</td>
<td>22</td>
</tr>
<tr>
<td>2.2 Mental state assessments</td>
<td>24</td>
</tr>
<tr>
<td>2.3 Delusional beliefs incorporating religious themes</td>
<td>26</td>
</tr>
<tr>
<td>2.4 Refugees and asylum seekers</td>
<td>27</td>
</tr>
<tr>
<td>2.5 Gender and sexuality issues</td>
<td>28</td>
</tr>
<tr>
<td>2.6 Involuntary patients detained in Public Hospitals</td>
<td>29</td>
</tr>
<tr>
<td>APPENDICES - Additional Resources</td>
<td>31</td>
</tr>
<tr>
<td>A1 Islamic and multicultural organisations</td>
<td>32</td>
</tr>
<tr>
<td>A2 Halal information</td>
<td>33</td>
</tr>
<tr>
<td>A3 Communication</td>
<td>35</td>
</tr>
<tr>
<td>A4 Patient rights</td>
<td>37</td>
</tr>
<tr>
<td>A5 What is Islam?</td>
<td>39</td>
</tr>
<tr>
<td>A6 Detention procedures</td>
<td>41</td>
</tr>
</tbody>
</table>
PREFACE

In 2010, Queensland Health and the Islamic Council of Queensland published the second edition of the Health Care Providers’ Handbook on Muslim Patients as a quick-reference tool for health workers when caring for Muslim patients (Division of the Chief Health Officer, Queensland Health, Brisbane 2010). The handbook aimed to help health care providers in Queensland understand the religious beliefs and practices of Muslims that could affect health care, and provided health care advice and resources.

This first edition of the Western Australian Health Care Providers’ Handbook on Muslim Patients updates and expands on the topics covered in the Queensland handbook. The handbook consists of:

- Part 1 - Islamic Values and Health Care
- Part 2 - Mental Health / Cognitive Dysfunction Patients, and
- Appendices - Additional Resources

The handbook provides practical advice and information for health care providers, and is designed to answer some of the common questions about Muslim patients and the religious practices of Islam which affect health care. The handbook also provides links to further information and contacts within Western Australia.

The publication of the first edition of the Western Australia Health Care Providers’ Handbook on Muslim Patients was initiated by Madina Village Community Services Ltd (MVCS), and is written with the help and guidance of:

- Dr. Zarrin S Siddiqui MBBS, MCPS (Psychiatry), Med. Senior Vice President (Ethnic Communities Council WA) & Associate Professor (UWA)
- Dr. Ahmed Munib MBBS, MPhil (Psych), PhD (UniMelb), FRANZCP. Consultant Psychiatrist & Clinical Associate Professor (UWA); Armadale Health Service (Adult Mental Health Leschen Unit/Mead Centre), South Metropolitan Health Services, Department of Health WA
- Muslim Women’s Support Centre of WA
- Sheikh Faizel Gaffoor (President of Jamiatul Ulama WA), and
Who is Allah? (1)
Very often one will hear the Arabic word “Allah” being used in regards to Islam. The word “Allah” is simply the Arabic word for the Almighty God, and is the same word used by Arabic speaking Christians and Jews. If one were to pick up an Arabic translation of the Bible, one would see the word “Allah” being use where the word “God” is used in English.

For various reasons, some non-Muslims mistakenly believe that Muslims worship a different God than the God of Moses, Abraham and Jesus. This is certainly not the case, since the Pure Monotheism of Islam calls all people to the worship of the God of Noah, Abraham, Moses, Jesus and all of the other prophets.

(1) http://islam-australia.com. Also refer to Appendix A5
INTRODUCTION

Muslims form the second largest religious group in the world. Islam is the dominant faith in many countries of the Middle East, Africa and Asia, and there are minority Muslim communities throughout the rest of the world. Islam is a universal religion comprising all nationalities of the world, and makes no distinction based on gender, colour, race or ethnicity. One must not confuse ethnic traditions and customs with Islam.

Western Australia is a culturally and religiously diverse state with 31 per cent born overseas, compared with the Australian average of 27 per cent. Western Australia also has the fastest growing population of all the states and territories with 60 per cent of the increase coming from overseas migration. Western Australia’s population comes from more than 200 countries, speaks more than 270 languages and identifies with more than 100 faiths. (2)

Figures from the 2011 Census show there are now more than 39,000 Muslims living in Western Australia (1.75 per cent of the population), however the true figure could be significantly higher.

The increasing cultural, linguistic and religious diversity in the Western Australia population means that to be safe, health services need to be culturally appropriate and responsive. Research indicates a strong link between cultural incompetence, and poor quality health outcomes and significant risks. (3)

Health care providers need to be prepared to work in such an increasingly diverse environment. Cross-cultural capabilities including cultural understanding, contextual understanding, communication, collaboration and self-reflection may be required to provide culturally appropriate, responsive and safe health care. This handbook aims to support health care providers by building their knowledge of the needs of Muslim patients.

(2) Office of Multicultural Interests, Department of Local Government (2012) The Economic and Social Contribution of Migrants to Western Australia - Summary Report
PART 1 - ISLAMIC VALUES AND HEALTH CARE
1.1 RELIGIOUS OBSERVANCE

Islam places the responsibility of practising religion on the individual and, as a result, it is important that health care providers discuss religious observance needs with each patient.

Personal level of adherence

- Islam is a universal religion which is practiced in almost all countries around the world. A follower of Islam is called a Muslim.
- As Islam places responsibility on the individual to practice his or her religion, there are personal and cultural variations that make it difficult to provide definitive rules and regulations that apply to all Muslim patients. A Muslim from West Africa may have a slightly different way of observing Islam when compared to a Muslim from Bosnia, Indonesia or Iran. Because of these personal and cultural variations, it is important that health care providers consult the patient about their personal level of religious observance. However, Muslim patients should not be regarded as a ‘special’ group that requires unrealistic additional attention from health care providers. Nonetheless, Muslims would be appreciative of care workers showing awareness of their specific personal needs.
- Due to the Islamic belief that all events, including health events, are at the will of Allah, Muslim patients may be more likely to display acceptance of difficult circumstances and be compliant with the instructions of health care providers.

Preservation of life

- Although there are many variations in how Islam is practiced, there is one requirement that is common to all Muslims – the preservation of life overrides all guidelines, rules and restrictions.
- While health care providers should endeavour to provide treatment that does not conflict with religious practices, in life threatening situations, Islam allows exceptions to its rules.
Hygiene
• Islam places great emphasis on hygiene, in both physical and spiritual terms.
• Muslim patients will generally want water for washing before and after meals.
• Washing with water is also required after urination or defecation. Toilets should be equipped with a small water container or jug to assist with washing.
• A full bath is required after seminal discharge or after menstruation and post-natal bleeding.
• A beaker of water should be made available to a bedbound Muslim patient whenever they use a bed pan. It is of important that patients are given the necessary assistance to clean themselves after clearing their bowels (even in a pan). Bed-bound patients may require portable hand washing facilities.

Ablution and prayer
• Before prayer, a Muslim is required to perform ablution with water.
• If ablution with water is not medically advisable or possible, an alternative method of purification, called Tayammum, can be performed. In Tayammum, the patient strikes the palms of both hands on any unbaked earthly matter (e.g. stone or sand) and symbolically washes in two simple steps (hands and face).
• Muslims are required to pray five times a day. Those who are cognitively incapacitated and impaired in their consciousness are exempted. Women who are experiencing peri-natal discharge and during menstruation are also exempted.
• Prayers are said while facing Mecca, which in Western Australia, is located approximately west-northwest.
• Prayers are usually performed on a prayer mat and include various movements such as bowing, prostrating and sitting. It is not necessary for an ill patient to make all of the usual prayer movements. Therefore, prayers can be performed in bed or while seated.
• Those who are not physically or medically restricted to bed could be provided with a space to pray in a secluded, clean and quiet place. A hospital multi-faith room may be used.
Dress

- Islam requires both men and women to dress modestly either in public or in the presence of non-family members of the opposite gender. For Muslim men, this usually means keeping the area between the navel and the knees covered, and for Muslim women, only the face, hands and feet are usually left exposed.
- This standard may not be followed by all Muslims, as there are differences in individual interpretation.
- The requirement for modesty can affect health care as some patients may be reluctant to expose their bodies for examination or to expose areas not directly affected.
- Some female patients may prefer a family member to be present during an examination.

Dietary needs

- Muslims are required to follow a halal diet. Halal means lawful and is used to designate food which is permitted in Islam. Those which are prohibited for Muslims are called haram.
- Not permitted: pork and any other by-product (e.g. bacon, ham, gelatine), meat and derivatives not slaughtered according to Islamic obligations, alcohol, illicit substances, recreational drugs (either synthetic or organic), non-medicinal chemical or herbal agents with hallucinogenic properties.
- Permitted: meat and derivatives of animals that have been slaughtered according to Islamic obligations, seafood, dairy products, eggs, vegetarian foods.
- Patients can request halal food in most of Western Australia’s major metropolitan hospitals. Where halal menu options are available, patients may need reassurance that the food is halal and can be confidently consumed.
- While most prohibited foods are easy to identify, there are some foods which are usually halal that may contain ingredients and additives that can make them haram. For example, foods made with vanilla essence are considered prohibited because vanilla essence contains alcohol. Other foods such as ice cream may contain pork by-products such as gelatine, which is haram.
- Utensils which have been used in the preparation of pork products or non-halal dishes should not be used to prepare food for a Muslim patient.
• Muslims will prefer to use their right hand for eating and drinking. If health care providers are required to feed a Muslim patient, the use of the right hand is preferred if they are required to touch the food, but either hand is acceptable if utensils are used.
• To cater for halal food consumers, food labelling is now increasingly making the Muslim consumer aware of the product’s halal status.
• Individual Muslims vary in how strictly they adhere to rules of halal and haram, including using products such as toothpaste, shampoo, cosmetics, soaps, detergents, and deodorants that may contain haram ingredients.

A table outlining halal and haram food and ingredients is located in Appendix A2.

Islamic celebration
• The two major festivals in the Islamic calendar are Id al-Fitr and Id al-Adha. Like festivals in other religions, these are a time for family reunion and special religious services. Muslim patients may wish to visit their homes during these times.
• The holy month of Ramadan is the ninth month in the Islamic year, which follows a lunar calendar. Ramadan is a spiritual month during which Muslims are required to fast from dawn to dusk.
• During Ramadan dental care would preferably be carried out after dawn, however this may not always be possible. In an emergency medical situation regarding dental care, Islam makes allowances for the person to make up their missed fasts after Ramadan.
• Friday is a significant day to Muslims and a special prayer is performed at noon.
• Clinical staff might experience a surge of visitors on these days.
• Some patients might experience sadness on these days if they feel isolated and receive no visitors or family members.

Fasting
• Fasting is an integral part of Islam and is seen as a means of purifying the body and the soul. While fasting during the month of Ramadan is compulsory for all healthy, adult Muslims, Islam also prescribes other days which Muslims may choose to observe a voluntary fast.
• During Ramadan, Muslims are not permitted to eat or drink anything
(including water), or be involved in marital relations from dawn until dusk. It is a practice for Muslims to consume a pre-dawn meal before fasting during the day.

- Fasting is compulsory for every adult Muslim during the month of Ramadan. However, the young, old or sick are excused from fasting if it could be detrimental to their health. Pregnant, breastfeeding or menstruating women, people who are experiencing a temporary illness and travellers are exempted from fasting, but must make up for the fast at a later date.
- A person experiencing an ongoing illness is exempted from fasting and may offer fidyah (provide a meal to the poor) as an alternative.
- A fasting person may take the following medications/treatments without breaking their fast:
  - injections and blood tests
  - medications absorbed through the skin
  - rinsing the mouth (as long as no liquid is swallowed).
- The following will break the fast:
  - ear and nose drops
  - suppositories and pessaries.
- A person who wishes to discontinue the use of inhaled medications during day time should always first discuss the associated risks with a medical specialist.
- Diabetes Australia has a comprehensive guide for health care workers on fasting and diabetes titled Diabetes and fasting for Muslims: A resource for health professionals.


**Chaplaincy services**

- Chaplaincy services for Muslim patients are generally available in hospitals in Western Australia.
- If suitable chaplaincy services are not available, the Islamic Council of Western Australia can assist health care providers with locating appropriate services. See Appendix A1 for contact details.
1.2 MEDICAL EXAMINATION

- Modesty is very important in Islam and Muslim men and women do not feel comfortable to expose their bodies to a stranger.
- Some Muslim patients may not wish to have physical contact with, or expose their bodies to, the opposite gender. This may include shaking hands and unnecessary physical contact.
- Muslims (both men and women) may be accustomed to being examined by a health care provider of their own gender, and if possible, this should be arranged. In the event of this not being possible, health care providers should show sensitivity and understanding for modesty concerns. Women may be especially reluctant to be examined by a male health care provider for sexual or reproductive health matters. This may also extend to male interpreters being present during consultations.
- Health care providers should explain the need for more invasive examinations, particularly when the request for a same-sex clinician cannot be accommodated.
- A beard is considered a very important religious symbol to the Muslim male patient. Like any other patient, permission must be obtained to shave any part of the beard, which should be done by a man.
- Some Muslim women may never have had a Pap smear or mammogram, and may not understand the importance of these investigations. They may avoid these services due to reluctance to undress in front of a health care provider, even when the provider is female.

1.3 ADMINISTRATION OF MEDICINES

- Some medicines may not be suitable for Muslim patients because they contain alcohol or are of porcine or non halal origin.
- Health care providers should be encouraged to inform patients about the origins of their proposed medication if it is derived from animals and no suitable synthetic alternative exists.
- The manufacturer’s ‘product information’ gives details about the composition of the medicine (i.e. listing the active and inactive constituents/ingredients) and provides a description of how the medicine was produced (e.g. whether manufacture of the product included exposure to animal derived materials such as porcine, bovine,
equine, hamster, murine and others). If no alternative is available, these medications may be used in order to preserve or enhance life.

- Patients or their carers can request to speak to a clinical pharmacist or a health professional by contacting the State Drug Information Pharmacist on (08) 9346 2923.
- The left hand is considered unclean, so it is preferred that the right hand be used for feeding or administering medications.

1.4 SEXUAL AND REPRODUCTIVE HEALTH

Contraception

- Muslims are permitted to use temporary contraceptive methods under certain conditions if both the husband and wife agree (the rhythm method and coitus interruptus contraception are acceptable).
- Permanent forms of contraception are only permissible under specific circumstances, examples include tubal ligation, hysterectomy, oophorectomy and vasectomy. These procedures may be permissible if additional pregnancies place the woman's health at risk. Procedures that potentially compromise fertility should be carefully discussed with the patient and approached with sensitivity.

Maternity services

- Soon after birth of a child, a Muslim father or an older member of the family recites a prayer call into the baby’s right ear followed by a second prayer call into the left ear. This will not take more than five minutes and, unless the newborn requires immediate medical attention, health care providers should allow this to take place.
- Another practice which is performed shortly after birth involves placing a chewed/softened date on the palate of the infant. If dates are not available, honey or something sweet is sometimes used as a substitute. However, this should be done with the advice of the medical practitioner, given a potential choking risk in the neonate. Health care providers should advise parents during antenatal check-ups that feeding honey to infants below the age of 12 months is not recommended in Australia due to the risk of infant botulism.
- Muslims are required to bury the placenta (which is considered part of the human body and therefore sacred) after birth. If there are clinical
reasons for not providing the placenta to the parents, this should be explained.

- A foetus after the age of 120 days is regarded as a viable baby. If a miscarriage, an intra-uterine death after 120 days, or stillbirth occurs, Muslim parents may wish to perform funeral washing and prayers and bury the baby.
- The removal of the new-born’s hair soon after birth is practised by many Muslims. This is usually done seven days after birth. This can be performed at a later date (after every next seven days) if the baby requires a prolonged stay in hospital.
- All other obligation for newborns can be delayed and are usually performed at home. For babies requiring a prolonged stay in hospital, communication with the parents about other obligations and practices is important.

Breastfeeding
- Islam encourages mothers to breastfeed their children for two years.
- At King Edward Memorial/Princess Margaret Hospitals, Pasteurised Donor Human Milk (PDHM) is available as a feeding choice for infants less than 34 weeks post-conception age, whose mothers are unable to provide sufficient breast milk for adequate nutrition. Within Islam, the relationship between the milk donor and a donor milk receiving child is considered to be like mother and child, but the relationship between the child and its biological mother is not changed. The donor’s biological children are also considered brother or sister to the breastfed child. As milk donors are anonymous, using donor milk could create potential complications in relation to Islamic marriage law and wills.

Embryo experimentation and stem cell research
- Embryo experimentation, genetic testing and stem cell research are acceptable in Islam under certain conditions.
- Stem cell research may only be conducted on stem cells that are derived from frozen embryos that were created for the purpose of in vitro fertilisation and would otherwise have been destroyed, or adults.
- Genetic testing is acceptable for therapeutic purposes only.
Abortion
• Within Islam, a foetus is considered alive after 120 days gestation. Abortion is not permitted after this time unless the pregnancy constitutes a serious threat to the life of the mother.
• Abortion may be permitted prior to 120 days under certain circumstances. For example, when there is a serious health risk for the mother, or when pregnancy has occurred as a result of rape.
• Abortion is not permitted on the basis of family planning.

Assisted reproductive technologies
• The use of assisted reproductive technologies is generally permitted in Islam. However, there are some techniques and practices that are not permitted:
  • the use of donor sperm is strictly prohibited
  • the use of sperm that has been cryopreserved is prohibited if the father has died
  • surrogacy is not permitted.
1.5 TRANSPLANTS AND ORGAN DONATIONS

- There are strong views among Muslims about the permissibility of transplants and organ donation. Some Muslims view these procedures as acceptable and others believe they are unacceptable.
- Shari’ah (Revealed Islamic Law) is silent on the issue of organ transplantation, therefore Muslims seek guidance from the science of Islamic Jurisprudence. It is on this basis that permissibility may be argued on the ground of necessity for the betterment and preservation of human life. (4) However, there are certain principles which could restrict this permissibility, for example the method to pronounce the actual moment of death, the requirement for witnesses, and the validity to include donations in a will. (5)
- The general consensus is that receiving blood transfusion is permissible if there is a medical need and necessity for it. Blood donation is permissible if it does not pose any risk to the life or health of the donor.

(4) In Singapore, a 2007 religious ruling accepted a ‘presumed consent or opt-out system’ for its Muslims
1.6 DEATH AND DYING

Coma

- If a patient is in a coma, it is preferred that the patient be turned to face Mecca (in Western Australia, west-northwest), with the right shoulder also being towards Mecca. It is common for Muslims to recite the Qur’an or prayers in front of the patient or in a room close by.

End of life

- The preservation of life is considered paramount in Islam. However, Islam recognises that death is an inevitable part of human existence. Muslims believe that death has been predestined by Allah and will often be accepting of death and illness.
- Islam does not require treatment to be provided if it merely prolongs the final stages of a terminal illness. Under these circumstances it is permitted to disconnect life supporting systems even though some organs continue to function automatically (e.g. the heart) under the effect of the supporting devices.
- Health care providers should discuss advanced care planning and end of life issues with patients and their families.
- In medically-futile situations such as brain death, where life support equipment is used to prolong organ functions, the condition needs to be carefully explained to the family to ensure there is no confusion between ‘do not resuscitate’ orders and euthanasia.
- If death appears imminent, a Muslim patient’s family may wish to perform certain customary religious obligations.
- There is no elaborate or complicated ritual to be performed at the death bed. The simple practice which Muslims follow is to sit near the bed of the patient and read some verses from the Qur’an and pray for the peaceful departure of the soul.
- When dying, a Muslim patient may prefer to face Mecca (in Western Australia, west-northwest).
- If the patient is in a state of consciousness, they may wish to recite the Shahadah (declaration of faith) and pass away while reciting these words.
- If the patient’s family is not present, health care providers should contact the Islamic Council of Western Australia who can arrange for an appropriate person to attend.
Deceased patients

- The eyes should be closed and the lower jaw should be bandaged to the head to stop a gaping mouth. The body is then straightened and the feet are tied together.
- The whole body and face of a deceased person should be covered by a sheet.
- If possible, health care providers should handle the body of a deceased Muslim as little as possible.
- Muslims believe that the body ‘feels’ any pressure that is applied after death. Muslims also believe that the soul remains close to the body until burial.
- If possible, the body should only be handled by a person of the same sex.
- Religious icons should not be placed on the body.
- If possible, the body should not be washed. Relatives or people from the Muslim community will wish to make arrangements for the washing, shrouding and burial according to Islamic requirements. If no relatives are available, health care providers should contact the Islamic Council of Western Australia.
- Relatives may want the face (or the whole body if possible) of their deceased family member to be turned towards Mecca (in Western Australia – west-northwest).
- Muslim burials are performed as soon as possible after death, sometimes on the same day.

Autopsy

- Islam forbids the disfigurement of dead bodies and, on these grounds, some Muslims may not wish for an autopsy to be performed.
- However, if an autopsy is required under Western Australia statutory laws, it is permitted.
- Muslim burials are usually performed as soon as possible after death, sometimes on the same day, and autopsy may affect this practice.
- Health care providers should consult with the family of a deceased Muslim before proceeding with an autopsy.
Suicide and euthanasia
• Islam considers human life sacred and death is perceived as predestined by Allah, therefore suicide and euthanasia are forbidden.
• Muslims disapprove of any medical care that may hasten the death of a patient, even for humane reasons. However, if a patient is suffering from a terminal condition and has been assessed as having no hope of recovery, it is permitted to stop medical treatment.

Grieving and bereavement
• In Islam, public grief is allowed for only three days (except that a widow may grieve for 4 months and 10 days). This period allows for non-family members to visit and offer their condolences. After that period, the family is left to grieve privately.
• Chaplains and/or social workers can provide advice to health care providers regarding culturally appropriate bereavement support for families.
1.7 SPECIAL CARE GROUPS

Children
- Circumcision is performed on all male children. The timing of this varies but it must be completed before puberty.
- Female genital mutilation (female circumcision) is considered mutilation. It is not mandated or condoned by Islam and is illegal in Western Australia. It comprises all procedures involving partial or total removal of the female external genitalia, or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons.

Elderly
- About 8 per cent of the Muslim population in Western Australia is aged 55+ years.
- Islam emphasises respect for all older people, with children having a special responsibility towards their parents.
- It is considered a family or communal obligation and a virtue to care for the elderly, even for extended family members, and the suggestion of a nursing home may appear insulting to some. Health care providers should take this into account when developing care plans.
- Many of the aged are in need of health and welfare services, but are not accessing them because of poor English, lack of mobility and lack of knowledge of the services.
- Games and activities which increase the physical and mental well-being are encouraged.

People in rural and remote areas
- Western Australia has several towns and regions with a substantial Muslim population including Port Hedland, Geraldton, Katanning, Cocos Islands and Christmas Island.
Refugees and asylum seekers
- Refer to Section 2.4.

Tourists from overseas
- Consulates or High Commissions should be able to assist in cases of an emergency. In Perth these include: Bangladesh, India, Indonesia, Malaysia, Pakistan, Philippines, Sri Lanka and Turkey.
- Family members may request repatriation of a deceased person to the country of origin.

1.8 VISITING ARRANGEMENTS

Visiting patients
- Visiting the sick is an important part of a Muslim’s duties and is required by Islam.
- It is considered a communal obligation and a virtue to visit the sick.
- When a person is sick, it is usual for the family to notify all relatives. The sick person is usually happy to receive many visitors. Muslim patients may have large numbers of visitors, including those from outside their immediate family.
- Health care providers should discuss with the patient, or their family, the possibility of large numbers of visitors and the impact this may have on rest or care requirements, or other patients.

Home visits
- If a home visit is required, it is advisable for health care providers to be modestly dressed to avoid embarrassment.
- A female patient may not feel comfortable letting a male health care provider into her home while alone. Similarly a male patient may not feel comfortable letting a female health care provider into his home while alone.
- As Muslims often pray on carpeted areas, health care providers should ask if shoes should be removed before entering a carpeted area. As this may not be possible for Workplace Health and Safety reasons, alternatives should be explored (e.g. wearing plastic shoe covers, bringing an alternative pair of shoes that have not been worn outside since being cleaned).
PART 2 - MENTAL HEALTH / COGNITIVE DYSFUNCTION PATIENTS

Prepared by Dr Ahmed Munib (Consultant Psychiatrist) for MVCS
2.1 MENTAL HEALTH AND MUSLIM PATIENTS

Islamic view on mental health
- Islam recognises that mental health is an integral component of an individual’s psychosocial functioning, productivity and interactivity during their day to day lives, no less important than physical health.
- As such, mental stability is essential for ensuring optimal health and well-being, and necessary for a Muslim person to sustain his or her religious and spiritual obligations and exert primary responsibilities as a meaningful member of the wider community.
- Due to the unique nature of psychiatric illnesses and the wide-ranging impact on personal, professional and family lives, certain considerations are significant for a Health Care provider to be aware of. Such awareness and knowledge is intended to avert potential cross-cultural misperceptions and to ensure optimal professional service delivery, when a mentally ill Muslim patient requires relevant psychiatric intervention, either in an inpatient hospital environment or as a community client.
- Clients may prefer a holistic approach on their path to recovery, and may wish to perform certain forms of spiritual treatment complementary to conventional treatment, such as drinking zam-zam water, and reading the Qur’an.

Obligations
- An adult Muslim person diagnosed with cognitive dysfunction (eg dementia, delirium, autism, intellectual disability, organic brain disorder etc) and major mental illness (eg Schizophrenia, Schizo-affective Disorder, Bipolar Affective Disorder, Delusional Disorder or unspecified psychosis etc), which temporarily or permanently compromises decision-making capacity, and significantly impairs insight and judgement, is absolved from the expected obligatory requirements in Islam.
- Mentally impaired persons are exempted from the compulsory prayers (Salah) five times daily, fasting during the month of Ramadan, mandatory charity (zakat) or performing the pilgrimage (Hajj) to Mecca.
• However, if the individual achieves satisfactory remission and recovers from their psychiatric condition in response to treatment or appropriate intervention, with adequate restoration of insight, judgement, cognition, functioning and rational decision-making ability, all the Islamic obligations become re-applicable, subject to relapse-free stability.

Illicit substances and accountability
• Usage of illicit substances, recreational drugs (either synthetic or organic), non-medicinal chemical or herbal agents with hallucinogenic properties, and alcohol consumption, are strictly prohibited (haram) in Islam.
• In Islam, individuals who deliberately expose themselves to such substances are fully responsible and accountable for their actions and potential ramifications.
• Moral culpability and behavioural accountability also applies in regards to forensic consequences, if an individual intentionally and wilfully acts in a manner placing themselves or other community members at risk.

Medication & therapy
• Islam recognises that mental illnesses, as with physical/medical illnesses are entirely according to Allah’s will, whereby affected individuals are not to be stigmatised or discriminated against, and deserving of compassion and care.
• There are generally no stipulated barriers or prohibitions from an Islamic perspective in seeking modern psychiatric intervention, although some Muslim patients may require assurance and information that any prescribed psychiatric medications (particularly anti-psychotic depot injections) do not contain non-halal preservatives or ingredients.
• There are also no restrictions in undergoing modern Electroconvulsive Therapy (ECT) under general anaesthesia for Muslim patients affected by severe mental illness, although substantial psycho-education, explanation and reassurance is generally required around the specifics of the actual procedure, and to allay concerns around stigma and confidentiality.
2.2 MENTAL STATE ASSESSMENTS

Stigma

- As with many cultures and ethnic communities from non-English speaking backgrounds, discussion about mental health issues is often associated with stigma, avoidance, reticence, reluctance and even concealment.
- This is particularly pertinent when acute psychiatric disorders require urgent crisis intervention and involuntary treatment by public mental health services under the Mental Health Act of Western Australia.
- In such circumstances, engagement with families and carers is invaluable and may significantly facilitate clinical prognosis and enhance recovery.
- Self-referrals by Muslim clients and families to community mental health services are somewhat uncommon and are usually initiated by the client’s General Practitioner or an external agency such as the client’s employer or educational institution, where identified symptoms of mental instability may have become noticeable.
- A Muslim client experiencing symptoms of anxiety or depression or associated concerns may not necessarily express complaints from a psychological context, but prefer to somatise and camouflage them as physical ailments. For example, a female Muslim patient affected by a major depressive disorder may highlight non-organic symptoms of headache or physical discomfort as opposed to describing low mood, reduced motivation, diminished self-worth, poor self-esteem etc. Biological symptoms such as sleep disturbances, weight loss or inability to function in day to day activities can then be explored, which obliquely suggest the presence of underlying mental health issues for further diagnostic clarification.

Assessment strategies

- An assessing clinician should approach psychiatric examination of a Muslim client with empathy and awareness of cultural norms, acknowledging particular sensitivities regarding female patients and privacy.
- An appropriate strategy is to initially inquire about the client’s day-to-day social and occupational functioning to establish rapport and trust, and obtain collateral information from a family member or at least a reliable acquaintance, in addition to clinical records from any other health professionals previously involved.
• This will supplement a formal mental state examination which may be conducted by a trained mental health clinician and/or doctor in a community clinic.

• Female clients may prefer to engage with a female clinician and may request that a male relative (eg father, brother, husband) accompany them during the appointment.

• This also applies during mutually agreed and permitted home visits, which should be effective in terms of reassurance and discussion around proposed clinical intervention and confidentiality.

Life events affecting outpatient care
• It may be noted that certain life events (such as recent death in the family) may discourage a Muslim client from attending outpatient appointments at a community clinic or hospital.

• A female client, who has experienced bereavement due to the death of her spouse, will be observing a specific period (Iddyat) of avoiding external personal contact for up to 4 months, during which time a home visit by a female community clinician may be negotiated and conducted.
2.3 DELUSIONAL BELIEFS INCORPORATING RELIGIOUS THEMES

Delusional beliefs

- Patients with mental illness affected by an acute psychotic disorder may often exhibit disorganized behaviour, disrupted thought content and erratic mood in the context of intense religiosity and delusional beliefs.
- Paranoid and grandiose delusional ideations may involve distorted Islamic themes and abnormal identification with individuals cited in Islamic scripture and theology.
- It is essential to explore collateral information and history from family members and acquaintances regarding the duration, onset, extent and functional impact of such symptoms to determine appropriate clinical intervention and compliant treatment.

Confidentiality

- A Muslim person affected by psychosocial stressors contributing to anxiety, depression and mental instability may also be reluctant to confide in a non-Muslim Health care worker and/or doctor, psychiatrist or psychologist.
- This also applies for family members, who may perceive that their concerns, particularly where religiosity is involved, may not be fully comprehended or acknowledged by a non-Muslim clinician, and hence may prefer to consult with an Islamic clergy (Imam) or even leave the core mental health issues unaddressed and unresolved.
- In such circumstances, reassurance and psycho-education for the client and family members is imperative, primarily to reinforce the therapeutic alliance and ensure prompt and timely treatment.
- Public mental health services may also consider exploring the availability of a Muslim psychiatrist and/or doctor from another area within WA Health to provide a comprehensive second opinion, although this option may be somewhat limited in terms of availability and feasibility.
Jinn

- A Muslim mental health client professing belief in Jinn requires careful consideration and assessment.
- Jinn are recognised in Islam as sentient, metaphysical beings occupying a parallel plane of existence, concurrent yet separate from Humans and Angels, and their presence is mentioned in the Islamic Holy Book, the Qur’an.
- Consequently, belief in Jinn does not by itself imply a delusional belief and may often be cited as a coping mechanism and a cultural explanatory model of mental illness for Muslim clients and families.
- However, in circumstances where a Muslim patient alludes to being influenced by Jinn with intention to harm others or themselves, comprehensive psychiatric examination is imperative to exclude concrete psychotic symptoms such as passivity phenomena or delusions of control.
- This is also relevant in cases where no psychosis is identified and the client’s portrayal of a Jinn encounter is more suggestive of a Conversion Disorder with dissociative symptoms.

2.4 REFUGEES AND ASYLUM SEEKERS

- Refugees and asylum seekers are vulnerable to mental health concerns, particularly in view of traumatic life events, and adverse experiences in relocating to Australia.
- This may involve acute adjustment stress and severe anxiety due to uncertainty about immigration status and separation from family members, self-harm and suicidal behaviour, as well as pronounced mood instability and psychotic presentations.
- Special psychiatric consideration is required by appropriately skilled clinicians in assessing such clients and in providing suitable clinical care and psychological support.
- An accredited interpreter proficient in the client/patient’s native language is essential to ensure effective communication with mental health service providers, with assurance about confidentiality.
2.5 GENDER AND SEXUALITY ISSUES

Islamic view on homosexuality and same-sex relationships

• Islam recognises that marriage is a mutually consented and religious union between a man and woman.
• Islam supports and advocates for peaceful co-existence within society and encourages Muslims to respect all individuals irrespective of gender, creed, caste, ethnicity, sexuality or socio-economic status, without discrimination.

Counselling

• In circumstances where gender identity and sexuality issues concerning a Muslim person are impacting on mental health and well-being, patients and family members may prefer to consult with a relevant agency for support and counselling.
• The role of a Health Care Worker and/or Mental Health Clinician in such situations should ideally be supportive and non-judgemental. Culturally appropriate counselling options may be confidentially explored and discussed with the client and family members.
2.6 INVOLUNTARY PATIENTS DETAINED IN PUBLIC HOSPITALS

Considerations for inpatients

- Inpatients in a psychiatric ward may have practical expectations regarding personal space and privacy to offer daily prayers, halal hospital diet, and reasonable opportunity to recite the Qur’an in a relatively undisturbed environment, in addition to visits by family members.
- The only separate male and female locked wards for involuntarily detained patients in Western Australia are at Graylands Hospital. As all other public hospital psychiatric wards state-wide are male/female mixed gender arrangements, female patients are more likely to advocate for a female inpatient nurse. Such requests should be clearly discussed and negotiated with the treating team and inpatient staff, to avert any misunderstandings, while respecting the patient’s religious obligations and following hospital guidelines, policies and protocols.
- Family meetings are usually periodically arranged by the respective treating team and the presence of a Social Worker alongside medical and nursing staff is generally beneficial in providing a holistic approach towards treatment and recovery.
- To support communication between patients, families and medical staff, information on Western Australia’s detention procedures has been included in Appendix A6.
APPENDICES - ADDITIONAL RESOURCES
## A1 ISLAMIC AND MULTICULTURAL ORGANISATIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact details</th>
<th>Focus area(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Health – Cultural Diversity Unit (CDU)</strong></td>
<td>Email: <a href="mailto:CulturalDiversity@health.wa.gov.au">CulturalDiversity@health.wa.gov.au</a></td>
<td>Accessibility, safety and quality of health care services and programs provided by WA Health to all Western Australians, including people from Culturally and Linguistically Diverse backgrounds</td>
</tr>
<tr>
<td><strong>Ethnic Communities Council WA (ECCWA)</strong></td>
<td>Ph: 08 9227 5322 Email: <a href="mailto:eccwa.info@gmail.com">eccwa.info@gmail.com</a></td>
<td>The peak body for ethnic and multicultural organisations in Western Australia</td>
</tr>
<tr>
<td><strong>Smile of Hope Inc</strong></td>
<td>Email: <a href="mailto:smileofhopeinc@gmail.com">smileofhopeinc@gmail.com</a></td>
<td>Female Hospital Muslim Chaplain</td>
</tr>
<tr>
<td><strong>Independent Living Centre - Multicultural Aged Care Service (ILC MACS)</strong></td>
<td>Ph: 08 9381 0660 Email: <a href="mailto:ilcmacs@ilc.com.au">ilcmacs@ilc.com.au</a></td>
<td>Partners in Culturally Appropriate care (PICAC) organisation for Western Australia</td>
</tr>
<tr>
<td><strong>Islamic Council of Western Australia (ICWA)</strong></td>
<td>Ph: 08 9362 2210 Email: <a href="mailto:info@islamiccouncilwa.com.au">info@islamiccouncilwa.com.au</a></td>
<td>The peak body for Islamic societies in Western Australia</td>
</tr>
<tr>
<td><strong>Muslim Theological Council (Jamiatul Ulama)</strong></td>
<td><a href="http://www.jamiat.com.au">www.jamiat.com.au</a></td>
<td>Islamic Theological and Advisory Council in Western Australia</td>
</tr>
<tr>
<td><strong>Multicultural Mental Health Services</strong></td>
<td>Ph: 08 9375 2224 Email: <a href="mailto:maitri@mscwa.com.au">maitri@mscwa.com.au</a></td>
<td>Mental health needs of people from Culturally and Linguistically Diverse backgrounds by adopting cultural factors in the management of the condition</td>
</tr>
<tr>
<td><strong>South Metropolitan Area Multicultural Mental Health Services</strong></td>
<td>Ph: 08 6466 7848</td>
<td>Quality comprehensive mental health services in the south metropolitan area</td>
</tr>
<tr>
<td><strong>WA Transcultural Mental Health Service (WATMHC)</strong></td>
<td>Ph: 08 9224 1760</td>
<td>Special mental health needs of Culturally and Linguistically Diverse communities around WA</td>
</tr>
</tbody>
</table>
A2 HALAL INFORMATION

<table>
<thead>
<tr>
<th>Halal (approved)</th>
<th>Haram (prohibited)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meat and substitutes</strong></td>
<td></td>
</tr>
<tr>
<td>• Chicken, beef and lamb</td>
<td>• Pork and all pig products (bacon, ham, salami etc)</td>
</tr>
<tr>
<td>slaughtered according to Islamic dietary law</td>
<td>• Foods containing blood or blood products</td>
</tr>
<tr>
<td>• All seafood</td>
<td>• Meat from animals not slaughtered according to Islamic</td>
</tr>
<tr>
<td>• Eggs</td>
<td>dietary law</td>
</tr>
<tr>
<td>• Dried beans, lentils and nuts</td>
<td></td>
</tr>
<tr>
<td><strong>Milk and milk products</strong></td>
<td></td>
</tr>
<tr>
<td>• Milk, yoghurt, cheese, coconut milk</td>
<td>• Cheese, yoghurt and ice-cream made with animal fat,</td>
</tr>
<tr>
<td>• Ice-cream made with halal-approved gelatine or</td>
<td>rennet or non-halal gelatine</td>
</tr>
<tr>
<td>without animal fat and rennet (e.g. tofu ice cream,</td>
<td></td>
</tr>
<tr>
<td>sorbet or gelatine)</td>
<td></td>
</tr>
<tr>
<td><strong>Fruit and vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>• All fruits and vegetables</td>
<td>• Any fruits or vegetables prepared using animal fats</td>
</tr>
<tr>
<td>• All breakfast cereals</td>
<td>or alcohol</td>
</tr>
<tr>
<td>• Bread, cakes and biscuits</td>
<td>• Pasta sauce made with wine or other alcohol</td>
</tr>
<tr>
<td>• Rice and pasta</td>
<td>• Rice, bread, cakes and biscuits made with animal fats</td>
</tr>
<tr>
<td><strong>Bread and cereals</strong></td>
<td></td>
</tr>
<tr>
<td>• Butter, vegetable margarine</td>
<td>• Lard, dripping, suet and other animal fats</td>
</tr>
<tr>
<td>• All vegetable oils</td>
<td>• Any foods made using animal fats</td>
</tr>
<tr>
<td>• Mayonnaise</td>
<td></td>
</tr>
<tr>
<td>Halal (approved)</td>
<td>Haram (prohibited)</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Beverages</td>
<td></td>
</tr>
<tr>
<td>• Tea and coffee</td>
<td>• Alcohol</td>
</tr>
<tr>
<td>• Water, cordial and fruit juice</td>
<td>• Beverages with alcohol content (e.g. bitters, vanilla essence)</td>
</tr>
<tr>
<td>• Soft drinks, mineral and soda water</td>
<td></td>
</tr>
<tr>
<td>Soups</td>
<td></td>
</tr>
<tr>
<td>• All soups made with vegetables and/or halal meat</td>
<td>• Any soups made with pork, ham bone stock or non-halal meats</td>
</tr>
<tr>
<td>Desserts</td>
<td></td>
</tr>
<tr>
<td>• All desserts made without alcohol, lard, dripping, suet or animal fats</td>
<td>• All desserts made with alcohol, lard, dripping and other animal fats</td>
</tr>
<tr>
<td>• Desserts made with alcohol-free vanilla flavour or powder, or halal-approved gelatine</td>
<td>• Desserts containing gelatine or vanilla essence</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>• Spices, pickles and chutney</td>
<td>• Gelatine, lipase, pepsin</td>
</tr>
<tr>
<td>• Jam, honey and sugar</td>
<td></td>
</tr>
</tbody>
</table>

E-numbers

All E-numbers below unless identified as having a vegetable origin:

A3 COMMUNICATION

Staff resources
The 2011 Census shows that the majority of Western Australia’s Muslim population has come from a non-English speaking country. Western Australia health staff should be aware that many Muslim patients may not be proficient in English nor Arabic.

Some helpful staff resources available online are:

- To support communication between patients, families and medical staff, information on Western Australia’s detention procedures has been included in Appendix A6.
- Ward Communication Tool (Queensland Health) – a booklet which features 30 words commonly used in health care, translated in 30 languages, with an accompanying graphic (example included below): http://www.health.qld.gov.au/multicultural/support_tools/WCT.pdf
- Community Profiles (Queensland Health) a practical tool that assists health care providers to better understand the health beliefs, pre-migration experiences, communication preferences and other aspects of their patients’ culture: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp
Interpreter services
All Western Australia public hospital patients have the right to been given information about their condition in a language they understand. A patient who needs help in talking to health professionals, who are responsible for his or her health care, can request a professional interpreter. (6)

Friends or family should only be used in an emergency, and people under 18 years of age should never be used as interpreters under any circumstances.

Health staff and patients can request interpreters through Translating and Interpreting Service (TIS) National:

TIS National:
• is an interpreting service, provided by the Department of Immigration and Citizenship, for people who do not speak English and for the English speakers who need to communicate with them.
• has access to over 1,900 contracted interpreters across Australia, speaking more than 170 languages and dialects.
• is available 24 hours a day, seven days a week for any person or organisation in Australia requiring interpreting services. It provides immediate telephone interpreting services, as well as pre-booked telephone and on-site interpreting.
• can be requested to provide a male or female interpreter in sensitive or gender-specific interpreting assignments, such as dealing with urinary or gynaecological matters.

Information on TIS charges is available on: http://www.tisnational.gov.au/Agencies/Charges-and-free-services

(6) Department of Health (2012) The Western Australian Public Patients’ Hospital Charter
A4 PATIENT RIGHTS

Charter
The Department of Health has implemented a charter which specifies the key rights of patients and consumers when seeking or receiving healthcare services in public hospitals: http://www.health.wa.gov.au/docreg/education/population/10280_public_patient_charter.pdf

According to the charter, all patients in Western Australian public hospitals have a number of fundamental rights:

• Choose to receive free public hospital services as a public patient, or to choose to be treated as a private patient in a public hospital with an associated cost
• Receive treatment based on your health needs, and, if you need to wait for this treatment, to be told how long you can expect to wait
• Have access to a range of public hospital services regardless of where you live
• Have access to an interpreter
• Agree or refuse to participate in medical/nursing student training or medical research
• Be treated with respect, dignity and consideration for your privacy and special needs
• Be accompanied by a family member, friend, carer or person of your choice where appropriate
• Receive safe and high quality health care provided with professional care, skill and competence
• Receive a clear explanation of any proposed treatment, including possible risks and alternatives, before agreeing or refusing to have the treatment
• Seek a second opinion
• Be given information about your continuing health care before you leave the hospital and to have your contact details kept up to date
• Apply for access to your medical records under the Freedom of Information (FoI) Act 1992 and to have personal information kept confidential
• Compliment, comment or complain about the health care you receive, and to be given information about how to lodge a complaint, without compromising your health care.
These rights apply to patients from all cultures and faiths in the health care setting. Patients should however tell hospital staff of any special needs they have.

**Legal support**
- Family members and carers for Muslim psychiatric patients, particularly when involuntary, may be encouraged to pursue support and assistance from the Mental Health Law Centre and the State Administrative Tribunal.
- The State Administrative Tribunal is authorized in establishing Guardianship and Administrative Orders for mentally ill patients in Western Australia, where family members and carers are concerned about impaired decision-making capacity regarding financial, accommodation and legal matters.

**Culturally compliant clinical services**
- Involvement of Multicultural Mental Health Services, as a supportive component of the Western Australia Department of Health for public mental health patients, can offer assistance and guidance in ensuring culturally appropriate clinical services for relevant Muslim clients. See Appendix A1 for contact details.
A5 WHAT IS ISLAM?

• Islam means maintaining peace with oneself by submission to the will of Allah (Islam = “to submit”).

• Muslims believe that all prophets from Adam to Jesus preached Islam. The preaching was completed by the Prophet Muhammad about 600 years after Jesus. Prophet Muhammad is considered the last prophet of Islam, and “the seal” of the prophets.

• The Qur’an (Koran) is the Muslim Holy Book. It was revealed in Arabic, and has remained unchanged for 14 centuries. The Qur’an concentrates on the belief in one God (monotheism). The seven articles of Islamic faith are:
  • Allah is God Almighty
  • Angels are spiritual beings created by Allah that obey his will
  • Books: The Psalms of David, Book of Moses (Torah), Bible and Qu’ran are all books of Allah. The Qur’an is the final, complete and incorruptible book of Allah
  • Prophets: There is a chain of prophets starting with Adam and including Noah, Abraham, Ishmael, Isaac, Jacob, Job, Moses, Aaron, David, Solomon, Jonah, John the Baptist, and Jesus and Muhammad. Allah’s final message to man, a reconfirmation of the eternal message and a summing-up of all that has gone before, was revealed to Prophet Muhammad through the Archangel Gabriel
  • Last day: Muslims believe that there will be a last day when all the dead are resurrected and all the souls are judged by Allah
  • Fate: Allah created everything with foreknowledge of its fate. The decree of what is Good and what is Evil has been predestined by Allah
  • Life after death: After death, the good will live in heaven with Allah, while the evil are punished in hell.

• The Five Pillars of Islam are:
  • The Shahadha or Declaration: belief in One God (Allah) and in Prophet Muhammad as the last messenger of Allah. One becomes a Muslim by saying and believing the Shahadha.
  • Salah or prayers: there are five obligatory daily prayers, which are fixed sets of standing, bowings, prostrations and sittings in worship of Allah. Prayers consist of recitation in Arabic of prescribed texts
at dawn, noon, mid-afternoon, sunset and nightfall. The direction of these prayers is the Kaaba in Mecca (eg, west-northwest from Perth). It is necessary to be in a state of cleanliness or ablution (Wudhu) which means that the person and place of prayer must be free of all impurities before one can perform the Salah. A person performing the Salah must not be disturbed. No-one should come in front of people at prayer, or attempt to talk to them. Prayers are often performed on a special prayer mat, but a clean sheet or towel will suffice.

- **Ramadan**: the month in which the Qur’an was revealed to Muhammad, and so Muslims dedicate Ramadan to fasting and spiritual concerns. Ramadan is the ninth month of the Muslim calendar, which is based on the lunar cycle and does not correspond with the Western calendar. Fasting in Ramadan (from sunrise until sunset) is compulsory for all healthy, adult Muslims on reaching puberty. It is a total fast, with abstinence from food, drink, foul language and sexual relations. Exempted from fasting are pregnant, lactating or menstruating women, the sick and travellers. Those people who miss the fast make up for it when they are able.

- **Zakat**: the compulsory annual excise of 2.5% of accumulated wealth. This levy is used entirely for the needy.

- **Hajj**: the great pilgrimage to the Kaaba in Mecca is something that every Muslim must try to do at least once in life when health and financial conditions allow to do so.

- **Islamic slaughtering**: involves the invoking of Allah’s name during the slaughter, in remembrance that the animal is a creature of Allah.
A6 DETENTION PROCEDURES

- The Mental Health Act of Western Australia 1996 permits an authorized practitioner (e.g., registered mental health nurse, medical doctor) utilizing specific “Forms” to detain (not arrest) a mentally ill patient in an authorized public hospital:
  - Form 1 allows up to 24 hours involuntary detention for review by a psychiatrist (medical practitioner with specialist qualifications in Psychiatry).
  - Form 3 facilitates police transport for an involuntary patient to an authorized hospital.
  - Form 4 permits detention for up to 72 hours in an authorized hospital.
  - Form 6 will allow further detention up to 28 days.
  - Form 7 permits transfer of an involuntary patient from one authorized hospital to another.
  - Form 8 cancels involuntary status and allows the patient to become a voluntary patient or discharged from hospital detention (at the discretion of the psychiatrist).
  - Form 9 allows up to 6 months detention, if clinically deemed necessary by the treating psychiatrist.
  - Form 10 allows the patient to be released from hospital detention on a Community Treatment Order, but requires 3 monthly review.
  - Form 11 executes cancellation or revoking of a Community Treatment Order (by the treating psychiatrist). The patient may need to be re-hospitalised involuntarily if he/she is non-compliant with prescribed treatment. The psychiatrist may also serve a Notice of Breach of Community Treatment Order (Form 13) and/or an Order to Attend for Treatment (Form 14), as a caution to the patient, prior to revoking the Community Treatment Order.
  - Form 12 allows extension of a Community Treatment Order for another 3 months (subject to clinical prognosis).
  - All involuntary patients, either inpatient or outpatient, will undergo an independent Mental Health Review Board Hearing to review the requirement for the involuntary order.
• Such Hearings generally involve the patient and carers/family members, alongside members of the treating team.
• For patients from culturally and linguistically diverse backgrounds, formal interpreting services in the preferred language of communication can be arranged via the treating public Health Service.
• Relevant agencies that can provide support and information in such situations are the Office of the Chief Psychiatrist, the Mental Health Review Board, the Mental Health Law Centre and the Council of Official Visitors, as well as the Mental Health Commission of Western Australia.
ANTIBACTERIAL & ANTIMICROBIAL

Fewster's Farm Honey

100% PURE ORGANIC Jarrah honey
Produced and packed by the Beekeeper

Some of the uses of Jarrah honey

- As an antioxidant drink. Put a spoonful of Jarrah in a cup of hot water or turn your favorite tea into a yummy high energy low GI drink.
- As a wound dressing. Apply directly to the wound or ulcer to aid in healing. This works on humans and animals and is best applied as raw honey daily.
- As a aid to relieve burns including sunburn.
- As a lozenge. Consume to ease the pain of a sore throat, an ulcer, bad breath and Helicobacter pylori. TIP: roll a teaspoon of honey in your mouth and hold for as long as possible. Easy for children too.

The Fewsters Farm story

Fewsters Farm Honey has been gathered from the ancient forests and bushlands of Western Australia for over a century. Established in 1898 by original Brothers John and Robert, Fewsters is still a family business today and is owned and operated by Kim Fewster.

How to buy

Now available from Coles in WA, good organic stores nationally or direct from Fewsters Farm Honey. Also available in Japan, Singapore and the USA.

DID YOU KNOW?

Jarrah is lower GI than most honey. Great option for diabetes or those watching their weight.

Antimicrobial test results

Fewsters Farm Jarrah honey has been tested in New Zealand for antimicrobial properties and is greater 2012 test results PA=38.1) than most Manuka honey. And it tastes fantastic!

For more information or to order contact Fewsters Farm Honey:

Telephone +61 8 9571 4012 Fax +61 8 9571 4271
Email info@fewstersfarmhoney.com.au
www.fewstersfarmhoney.com.au

887 Brand Highway, Muchea, Western Australia 6501

Organic Food Chain Group (OFCG)

Fewster Honey is transported straight from the hive to the customer. The honey is not heat treated, drop filtering or cold pasteurized, no sealants, no artificial colours and no added sugar. The honey is not heat treated, drop filtering or cold pasteurized, no sealants, no artificial colours and no added sugar. The honey is not heat treated, drop filtering or cold pasteurized, no sealants, no artificial colours and no added sugar. The honey is not heat treated, drop filtering or cold pasteurized, no sealants, no artificial colours and no added sugar.

madina village
Community Services