

*Equally Connected** Report 3

Arabic-speaking Women's Events

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**Equally Connected* is an action research project using community development approaches, including the creative arts, to learn from Black and minority ethnic communities about:

- attitudes to, and experiences of, mental health
- what helps maintain well-being
- effective ways of challenging stigma and discrimination

This evidence will be used to improve understanding and help ensure that services and systems of care (such as the Integrated Care Pathway (ICP) for people with depression) are designed to meet the needs of the diverse Black and minority ethnic communities within Edinburgh and the Lothians.

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1. Introduction

This report gives an overview of two events for Arabic-speaking women living in Edinburgh. The events were organised by Equally Connected in collaboration with MEHIP (Minority Ethnic Health Inclusion Project) and Saheliya on 24th March and 8th June 2010. The events were designed to give Arabic-speaking women opportunities to socialise whilst getting information about health services and time to explore issues connected to mental wellbeing.

2. Background

During initial scoping by Equally Connected staff, concerns were frequently raised by partner agencies about the health and wellbeing of Arabic-speaking women. There are several Arabic-speaking communities in Edinburgh and they have settled here for various reasons. MEHIP and Saheliya had done a little work with women in some of the communities but both agreed much more work needed to be done in this area. It was thought that the core issues affecting their mental health were likely to be interconnected - language barriers, low self-esteem and limited awareness of services and isolation.

There are no accurate figures but the largest communities were thought to be the Saudi, Libyan and Sudanese communities. In many cases the Saudi women followed a spouse who had come to study, the same for the Libyan community, but also many of these men have now found work or have other reasons to stay. The Saudi community have regular male gatherings once a week, which is well-attended. Sometimes the women also gather but that was thought to be much more irregular. There is a Saudi school for children in Gracemount, where many community members live. Also the Libyan community has a weekend school for children in Wester Hailes. In both communities, it was thought that the women would like to be more proactive but language barriers prevented this often leading to other issues such as depression.

The Sudanese community also have their own active organisation, arranging social gatherings and other activities for families. Some women in this community were thought to be struggling with additional issues, such as poverty, and specific gender control issues. In addition, some came as asylum seekers and experienced different types of trauma based on displacement and conflict. Also female genital mutilation was thought to be an issue affecting some Sudanese women¹. In the past partner agencies reported they found this group of women difficult to reach.

In addition, there are smaller groups of Algerians and Iraqis, many of them students. Some of the women attend regular groups at the mosque to minimise exclusion, whereas others are very isolated and rarely have the confidence to leave their homes.

In 2009 a regular Arabic-speaking group had been part of Saheliya's community development programme but due to a fall in numbers, and changes in finance and capacity, this group had stopped running. But with the anticipated demand from the women, and a great learning

¹ Dignity Alert Research Forum

opportunity for Equally Connected, it was suggested that we jointly try to revive the regular group. In partnership we agreed to hold two social events to bring the women together and assess interest in establishing a regular group. For this reason also it was decided to hold the first event at Saheliya's new premises, as the group could continue to meet there.

3. 24th March event

3.1 Planning in Partnership

Several planning meetings took place to arrange dates, discuss the budget, possible activities and the programme. With the previous knowledge that Saheliya and MEHIP staff had about the likely likes and dislikes of the women it was relatively easy to identify activities that matched our limited budget. Also these planning meetings were an important opportunity for us to identify, and try to overcome, potential barriers that the women might face in attending the event.

Activities

Since the event would have a strong social focus, the number of activities was restricted. It was assumed that the women would simply enjoy being in a safe, comfortable space with other women from their own background and in similar situations. Also since this would be a first time for many of them to meet, we avoided activities that would put anyone on the spot. However, the event also needed to have a wellbeing focus addressing both mental and physical needs. In terms of physical wellbeing, MEHIP agreed to host a stall on healthy eating with information and offered mini health checks.

In terms of mental health other methods were used - to reduce social isolation the women had a space to socialise. We also offered opportunities to try out complimentary therapies to alleviate stress and tensions. To gather research evidence we used large colourful posters with translated questions about mental health on the walls around the room and the women were encouraged to express their opinions whenever they wanted to.

In addition to the above activities we also asked a Tai Chi instructor give a taster session and last, but not least, we offered a henna painting stall as this type of feminine expression is popular among women of the different Arabic-speaking communities.

Overcoming Barriers

We wanted to make sure that as many women as possible could attend so we spent a lot of time and effort trying to anticipate and overcome barriers that might prevent women from attending. One of the biggest barriers we identified was transport. Using public transport in Edinburgh can be a daunting task for many and this discourages the women from going anywhere on their own. We were also aware of stories about women being asked to take their veil off by bus drivers, for example. The bus network is complex and many struggle to communicate with the drivers due to language issues. On top of that, many of the younger women have very young children, making it even more difficult to access public transport, due to a lack of space for multiple buggies.

To address this issue we decided to offer two pick up points in the city - at Springwell House in Gorgie and in the Gilmerton area, where large taxis would transport the women to the event. On the flyer we also encouraged women who needed help, in terms of transportation, to contact us.

The second barrier was communication. The majority of the women have limited English language skills so the flyer, to advertise the event, was in Arabic, the health question posters were also translated and we had additional Arabic-speaking staff present at the event. Saheliya and MEHIP staff translated and disseminated the flyer and Saheliya also contributed two Arabic-speaking mental health care trainees on the day. In total we hoped that four Arabic speaking staff would suffice.

The third barrier was childcare. Knowing that the majority of the women have small children, we knew childcare would have to be provided to enable the women to participate in other activities. The new Saheliya premises already have a play area and access to childcare workers, so this was also promoted on the flyer. In addition, we had a face-painting stall for the children.

3.2. The Event

Saheliya and MEHIP distributed the flyers to individuals they were in contact with, including the various community associations and schools and the flyer was also displayed in public places frequently used by our target group. All this was followed up by phone calls to encourage attendance.

The event was scheduled to run from 11am to 2pm. The plan was for women to complete a registration form at the entrance where they would also be encouraged to sign up for complementary therapy tasters during the day, and given coloured dots to respond to the Poster Questions when they had time. Then the women would be welcomed and free to socialise, participate in activities, have a healthy lunch and visit the various stalls. The Tai Chi session was scheduled for after lunch. The variety of activities worked very well, many of the activities were completely new to the women but all were popular. Throughout the day, the atmosphere was relaxed and positive.

Turnout

We had hoped for approximately 20 women, but were positively surprised that over 50 women attended. Many of the women had heard about the event by word of mouth, either from workers or friends. One woman noted '*I never realised that there were so many Arab women in Edinburgh.*' Our attempts to provide transport had worked well but this still only accounted for about 20 women, the rest had found the motivation to come on their own or with friends. It seemed that our attempt to reach as many as possible had been successful. This did however bring about other difficulties (see section 3.5).

Childcare

It was very useful to have the childcare workers and the play area on-site. Due to the high turnout we secured additional help from a social work placement student at Saheliya. The face painting was very popular among both children and parents, with the artist struggling to paint all the children. The layout of the play area and the amount of children did raise other issues that are discussed later.

Health and Henna Stalls

The health stall was very popular, and the women were eager to ask questions and have their health checked. This brought about much discussion about healthy eating, exercise and wellbeing among the women. The stall would have been more effective if an Arabic-speaking person had been present at all times.

The henna stall was so popular that one of the Arabic-speaking participants volunteered to help as well. Without a booking form, it did cause a bit of chaos in the beginning but eventually a sheet was created so that the women could sign up at different times.

Tai Chi

The Tai Chi taster session was attended by about 80% of participants. Some of the women commented that they were surprised that it was so gentle and yet powerful. Although the overall layout of the rooms caused some difficulties, the space used for Tai Chi was good because it was away from the children; hence giving it the peace and quiet that was required.

Complementary therapies

These tasters of reflexology and shoulder massage were also very popular. Due to the high turnout we shortened the time per woman so that more could have a try, and tried to get another therapist at short notice, but this still left a few unable to have a taster. Some of the women were not familiar with the therapies and were initially reluctant to sign up, but as word quickly spread from the ones that had already tried it more and more became interested in signing up.

3.3 Poster Health Questions

In order to get some insight into different attitudes towards, and understanding of, mental health and wellbeing, large colourful posters were designed, asking three different mental health related questions. As the women arrived they were given coloured dots and asked, in their own time, to visit the posters and put a dot on their preferences. This method was chosen because it was very visual and seemed to be a 'light' way of raising issues about mental health. Also it was a way of allowing people to remain anonymous in a new environment.

The three questions were: 1) What can affect your mental health? 2) When upset, what do you do to make yourself happy again?, 3) When you are feeling low and depressed, who do you/would you go to for help?. With the help of one of Saheliya's mental health care trainees, these questions were translated into Arabic. The wording was slightly changed as it was argued that some words, such as 'mental health', have negative connotations when directly translated into Arabic. After

the event the dots were counted, whilst not all the women visited the posters, it still gives us an indication of attitudes towards mental health.

3.3.1 What are the things that can affect our happiness/mental health?

Death/bereavement	7
Money	2
Weather	4
Exercise	4
Faith	2
Loneliness/isolation	11
Family	4
Work	1



The top-scorer was 'loneliness/isolation', followed by 'bereavement'. In line with our initial scoping work with the Arabic-speaking communities, the women confirmed isolation as a major factor affecting their mental health. The image of "loneliness" showed a woman sitting alone on a bench in an empty park. When mingling in the crowd, many women also shared their feelings of how happy they were to get out of their homes and go somewhere to socialise with people they could identify with. The mobility of those women seemed to be largely affected by issues of confidence and language barriers.

3.3.2 When you are unhappy / depressed how do you make yourself feel better?

Sleep	6
Prayer	10
Children	2
Cooking	3
Speaking on the phone	7

Shopping	2
Screaming/crying	6
Being with friends	5
Exercise	7
Relaxation/hot bath	2



The top-scorer was 'prayer' followed by 'speaking on the phone' and 'exercise'. Regarding 'prayer' as a means to tackle negative mental health, it is interesting to note that many thought it would have a powerful effect, but spirituality and religion are rarely mentioned in both mainstream and BME mental health forums. Arguably this identified a need for services acknowledging that spirituality can have a positive impact in the attempt to achieve recovery with some service users, as well as a possible way of maintaining a healthy mental wellbeing. It is however worth mentioning that 'speaking on the phone', 'exercise', 'sleep', 'screaming/crying' also scored quite highly. Using 'sleep' as a way of handling low feelings may indicate the presence of a depression.² At the beginning of the event, the 'screaming/crying' option was just 'screaming' and did not receive much attention, however a few women asked why crying was not listed as an option. When 'crying' was added, people started to place their dots on it.

5.3 When feeling anxious, low and frustrated beyond your coping, where do / would you go for help?

Visit GP	0
Deal with it in my own way	8
Friends/family	14
I don't know	9

²Depression Alliance Scotland: http://www.dascot.org/depression/about_depression.htm#symptoms.



Here the top-scorer was 'friends/family', followed by 'I don't know'. We are aware that often the ways to help people with mental health issues, can only be accessed via the GP, for example exercise referral schemes or guided self-help. With this in mind, it is very interesting that not a single woman said she would go to their GP according to the poster results. Instead, the majority said they would turn to 'friends/family' for support. It arguably shows the importance of taking the cultural values of the extended family into consideration, and maybe more so it also portrays a need for better dissemination of mental health information into communities. For example, could Mental Health First Aid be delivered at community level? It is worrying that there were many dots on 'I don't know', as this may indicate that the women would suffer in silence; also the option of 'deal with it in my own way' could indicate something similar. In discussion one woman commented on this poster '*Why would I go to the GP? When you go to the GP they do not even look at you or listen to you, they do not have time for you. Why should I then go with my most personal problem to them?*'

3.4. Evaluation

Besides the constant praise, big smiles and expressions of happiness in evidence throughout the day, the formal evaluation was also very positive. Learning from previous experience we decided to use a visual sliding scale to evaluate the event. Food, venue, therapies and health information were listed (and translated) on the Evaluation chart. The therapies seemed to be the most successful activities, but overall the feedback was very positive. Only two people placed their dots in the 'not so great' end when asked about the food, otherwise the other things evaluated were mostly on the 'great' side.



3.5. Lessons

- Partnership - in our opinion this event proves how useful and successful working in partnership can be. The combined hard work, creative ways of thinking and the sharing of roles undoubtedly had a very positive impact on the event. Also it must be noted that the flexibility and willingness of the trainees, the social work student and even participants (e.g. the 'volunteer' henna artist) to help out proved essential in keeping the event together when numbers turned out to be so high. There were also offers of help from other participants, as one woman said *'it was such a great day. If you do something like this again, we're quite happy to help.'*
- Plan B - we very quickly realised that we had not in our wildest dreams expected such a large turnout and consequently there was not a well-thought out 'plan B'.
- Registration -the registration had its shortcomings due to the women often arriving in large groups. With only one worker registering the women, it was difficult to keep track even with additional workers 'recruited' to help with registration. Some did not know their full contact details and, at times, it was difficult to know who had registered and who had not. In addition to name, address and 'where did you hear about the event' on the form, we feel that it would have improved our information gathering if we had added 'age' and 'ethnicity'. For example judging by appearance, which is not good practice, it appeared that only two Sudanese women attended the event. Furthermore. it is now clear that, after talking to the crèche workers, having a separate sheet for registering children and giving them name badges would have eased some of the difficulties the crèche workers encountered.
- Using a similar 'sign up' system, to the one we used for complementary therapies, for health checks and the henna painting would have prevented some queuing.

- Communication - again due to the high turnout our estimate for the number of Arabic speakers was insufficient. As the posters were all translated into Arabic, it would have been useful to also give a description of the complementary therapies and have the labels at the health stall translated. As mentioned earlier it would have been helpful to have at least one Arabic-speaking worker at the health stall. When wishing to make announcements, find mothers, or find the next on the list to try therapy, it would have been useful to have a loud speaker. Also the crèche workers had some difficulties communicating with the children.
- Venue -the venue was in some senses good for an event like this in that was spacious but on the day we found a lot of the space could not be used properly as it was carpeted and had furniture which was difficult to move. This meant the open part of the room quickly became overcrowded and the larger, carpeted part of the room remained empty, although we did manage to use it for Tai Chi. In addition to this, the open part of the room also had the play area at one end behind a glass wall. It was not large enough to accommodate all the children and because the children could see their mothers they kept running in and out thus making the open area even more overcrowded.
- The two smaller therapy rooms also had glass walls - this was good in that women who weren't familiar with the therapies could see what was happening but it was negative in that some women felt exhibited during the sessions. Also greater privacy at the health check point would have been better (the banners/boards we originally planned to use in this area had to be moved to the glass wall by the crèche).
- Another downside of the venue was that the main area was upstairs which was not that accessible for those with buggies or mobility issues. In addition, it meant that workers had to carry heavy furniture and buggies up and down the stairs during the whole event.

3.6 Way forward

The success of this first event clearly emphasised that there was a need in these communities, in terms of understanding, preventing and tackling mental health issues. Issues such as isolation, language barriers and depression were raised and discussed throughout the day and validated by the use of the Poster Questions. It is clear that picking up on mental health issues in this creative way can be both informative and non-threatening. We found that there was huge scope to follow up work and it is important that the women themselves are part of the planning process, taking ownership of the group and programme. With this mind, a further session was arranged for the women to share their thoughts and opinions on 'what next'? As one participant said to a MEHIP worker *'you took me out of my misery'*.

4. 8th June event

As the first event had been so successful and there was interest in creating a regular group, we wanted the women to take some ownership of the programme by prioritising activities and discussing the practicalities of when/where/what time, and so on. We were also keen to design a programme to address the main findings from the Poster Questions, in a way that would promote happiness and good health. Whilst there are factors that cannot be changed such as weather and bereavement, we wanted the women to start thinking about coping strategies:

Example 1

Loneliness What can <i>we</i> do about it	How would that help?
We could get together and go for a walk.	We take a break from our daily activities and spend time in the company of others to reduce loneliness.

Example 2

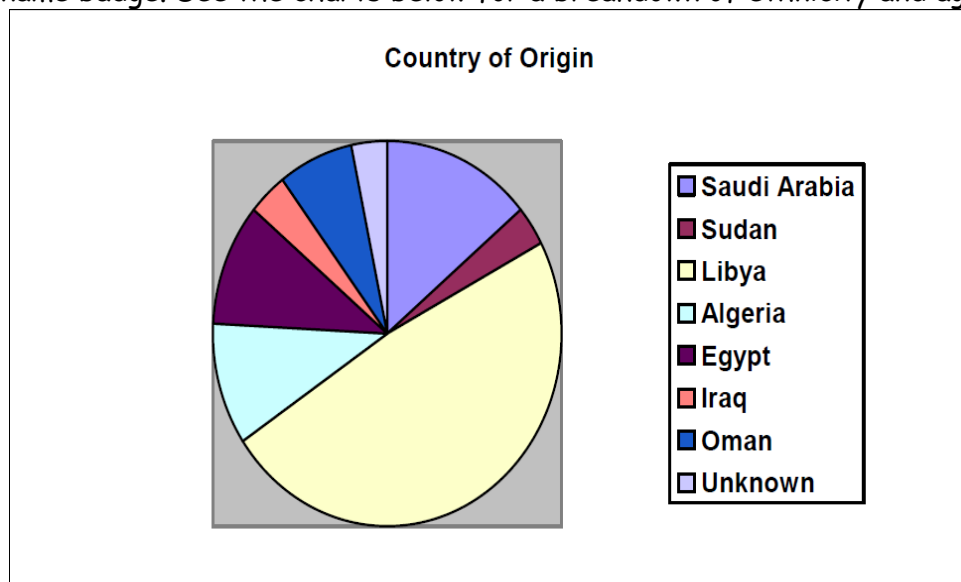
Screaming/crying when unhappy What can <i>we</i> do about it	How would that help?
Learn relaxation techniques	Learn other ways to express our feelings and deal with our emotions that can reduce stress and increase happiness.

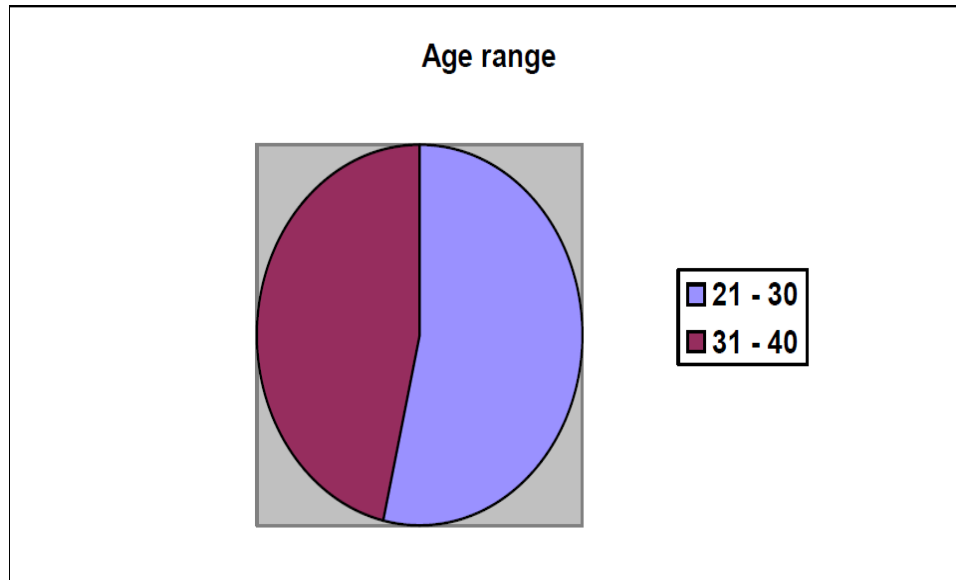
4.1 The event

The Follow Up event took place at Springwell House, where MEHIP is based, in Gorgie, Edinburgh on June 8th 2010. The venue is very familiar to many of the women with several living nearby. Reflecting on the learning from the previous event, five crèche workers were employed to take care of the children and two additional Arabic-speakers were recruited to assist with communication and group work.

Turnout

On a very wet and rainy day, we had doubts about the turnout but, to our surprise, 29 women showed up and, even more surprisingly, the majority had not been at the previous event in March. Registration was done as the women dropped off their children at the crèche - names, contact numbers, age, and country of origin were recorded. Again, learning from the March event, we gave all children a name badge. See the charts below for a breakdown of ethnicity and age.





4.2 Ice-breaker

At the previous event we were very aware that the women tended to sit with women from their country of origin and did not mix very much. Although there was some hesitation during the planning process about the wisdom of trying to mix the groups, we eventually decided to use an ice-breaker which had been successful with several other Equally Connected groups. A translated and culturally relevant 'Human Bingo' was used to encourage the women mix at the start of the event. As we had hoped, this icebreaker worked extremely well in terms of getting the women out of their comfort zone as they mingled and talked to one another whilst trying to complete the Bingo sheet. They also learned each other's names and there was an element of competition that kept them very motivated.

4.3 Group work - card exercise

In order to prioritise possible activities for the regular programme we split the women into four groups of 6/7 women (3 Arabic-speaking and 1 English-speaking group). In advance we had translated and written different health and wellbeing activities on coloured cards (e.g. aromatherapy, exercise, healthy foods for body and mind, relaxation methods, etc). Each group was given nine cards: five with pre-suggested activities and four blank cards for the participants to write their own suggestions. In terms of coming up with different activities connected to mental health and wellbeing, the women had no hesitation in adding their own suggestions. Some of these suggestions were recurring in more than one group - for example weight loss.

Planning team suggestions	Participant Suggestions
First Aid	Weight loss
Aromatherapy	Beauty sessions - hair and skin
Tai-Chi	Sharing experiences with others
Confidence building	Time for myself away from children

Links between physical and emotional health	Dancing
Enjoying your children	Have celebrations/gatherings using outdoor space
Coping with stress	Swimming
Healthy eating	Culturally sensitive career advice
Art therapy	Dealing with children

Each group was then asked to rank the cards in a diamond or pyramid shape, with the most useful and interesting activities (in terms of promoting wellbeing) at the top. Then slowly, whilst discussing and asking why, participants were asked to start taking cards away until only two were left. The two cards left should be one prepared card and one new. The groups were then asked to pin their two cards on the wall so the other groups could see. During lunch, each woman was asked to pick her two favourites by sticking a star on the chosen cards. The activities with most stars would then form the basis of the programme. The results are below:

- 1) Exercise/swimming/walking 11 votes
- 2) Massage 9 votes
- 3) Time management 9 votes
- 4) Coping with Stress 8 votes
- 5) Diet/Losing weight 7 votes
- 6) Dealing with children 7 votes
- 7) Relaxation 3 votes



4.4 Practicalities

After lunch the women went back into their groups and discussed the practicalities involved in meeting more regularly in the future.

	Group 1	Group 2	Group 3	Group 4
When	July	After Ramadan (majority)	Summer Holidays (Ramadan ok as well)	mid-September (Ramadan not suitable)
Where	Springwell House preferred, but Saheliya can be negotiated	Saheliya (transport required for first time) or Gilmerton Community centre	Local: Gorgie/Dalry/S lateford	Saheliya (If help with transport is provided)
Times	Around 1.00pm	11 - 1 for 2/3 hr	12.30-2.30	10.30-12.00
Child Care	Under 5s crèche	Crèche	crèche	No comment
Refreshments	Tea, coffee, biscuits	Tea, coffee, milk and sugar	No comment	No comment
Frequency	Once a week	Once a week	Once a week	Once a week
Days	Any day	Any day	Mon, Wed, Thurs	Mon, Tues, Thurs

There was a divide between women who were willing and able to start the programme during the summer and those who did not find this option suitable. The group facilitators noted that many of the women who wanted to start the programme right away only had toddlers, and would therefore not be inconvenienced by childcare needs for older children during the school holidays. The women were also divided about whether or not to run the programme during Ramadan, some seeing it as a break whereas others thought this was a time for spiritual devotion only. All groups wanted sessions to be once a week and Monday and Thursday seemed to be acceptable days for all groups.

5. Next steps

The content of this report was used to inform the future programme of work with Arabic-speaking women, see **Equally Connected Report 8** for further details.