

*Equally Connected** Report 8

Group work with Arabic-speaking women in Edinburgh

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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 (BME) 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 BME communities within Edinburgh and the Lothians.

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1. Introduction

As detailed in our earlier report, in terms of health relatively little is known about the various Arabic-speaking communities in Edinburgh.¹ Furthermore, concern had been expressed by partner agencies about potential levels of depression and isolation amongst Arabic-speaking women. Equally Connected (EC) was therefore very interested in learning more about the attitudes and opinions held around mental wellbeing. In the second large event targeted at Arabic-speaking women, hosted by EC, MEHIS and Saheliya, the participating women had selected and prioritised activities that they thought would be beneficial if a regular group could be started. Some of the preferred activities included exercise, healthy eating, relaxation and parenting.

2. Background

Changes in both partner organisations meant that key Arabic-speaking workers would not be available to run, in conjunction with EC, the programme. In the meantime, a mothers and toddlers group targeting local Arabic-speaking women in the Gorgie area had been started Health All Round (HAR). HAR and EC had similar interest in promoting wellbeing through different interactive avenues. For HAR it was particularly important to raise social capital with the women, by encouraging them to try different new activities in their local community, providing opportunities for the women to practice their English skills thereby increasing social interaction. This notion fitted well with the ethos and action research aims of EC. It has been evidenced elsewhere that mental wellbeing is increased with the level of social capital and integration.² Arguably, this can be particularly true for people who need to tackle language barriers and cultural differences.

3. The group

The group was mainly made up of women Libyan origin. This was not the initial intention but news spread quickly by word of mouth among this group living locally in Gorgie. Most of the women were relatively new to Edinburgh, often the wives of international students and with several young children. Most weeks three members of staff were present - the BME project worker from HAR and from EC a community development worker and volunteer community development assistant. In addition, several sessions were facilitated by external staff, knowledgeable about the chosen subject area, and childcare was also provided by an external organisation.

¹ Equally Connected (2010) *Report 3*

² For example – Berkman & Glass (2000) *Social integration, social networks, social support, and health*. In Berkman & Kawachi (eds.) *Social Epidemiology*. Cambell, C & McLean, C (2002) *Ethnic identity, social capital and health inequalities: factors shaping African-Caribbean participation in local community networks*. *Social science & medicine*, 55 (4). Pp 643-657

3.1 Planning, promotion and attendance

A draft programme was prepared by EC and HAR, initially six weekly sessions over January and February 2011, due to the popularity of the group the programme was extended until the end of March. The HAR worker, an Arabic-speaker, would also call the women each week to encourage attendance. There was an average attendance of 10 women per week, but sometimes many more than that. Although the original HAR aim was to do some activities in the local community, the main venue remained at HAR premises which is already familiar to the women. One of the rooms here was also reserved as a crèche so that the mothers could fully concentrate on the session activities.

3.2. Sessions

Session	Activity	Facilitator	Attendance
1	Main activity: Jewellery making. Other activities: introductions, ice-breakers	Free-lance jewellery maker	12
2	Main activity : Introduction to confidence building and assertiveness	Staff	15
3	Main activity: Introduction to complementary therapies and reflexology. Tasters - reflexology and shoulder/back massages	reflexologist	12
4	Main activity: Contraception	Caledonia Youth	10
5	Cancelled: informal discussion	Staff	6
6	Main activity: outing to indoor softplay family area	Staff	9
7	Main activity: Introduction to art therapy and face-painting for children	Staff	3
8	Main activities: relationship maps and outing to local park	Staff	9
9	Main activity: Healthy eating	Dietician	12
10	Main activity: Community Conversation, other activities: final session pampering and socialising	Arabic-speaking facilitator, staff	14

Session one.

The first session that was meant to be a calming but interesting activity and we expected about eight women to turn up. We were pleased when twelve women with children showed up. After introductions, to staff and other participants, we went over the programme and the women were very enthusiastic about the coming weeks. The main activity was a good start as it also allowed time for the

women to speak to each other in a relaxed way, as their children were all in the crèche.

Session two:

This session was also very well-received. The facilitator did well in helping the women to link the session into their own daily lives. This was done by simply asking the women of their own definitions and understandings of confidence and relating it to familiar situations. Some of the discussions and statements that came across begin to give a broader insight into some of the dilemmas that the women face on a daily basis (translated by the HAR worker):

'I'm afraid of making mistakes. The society and the community is harsh and they don't allow mistakes. They might accept very small mistakes but if it's anything bigger, we get judged harshly.'

'I feel unable to speak English because I am afraid of making mistakes'

The women also found that the introduction to assertiveness useful in their daily lives as many struggled to say 'No'. This especially came about in a discussion about social pressures to maintain culture and traditions here, in the same way as they would in their home countries even though the social structures are very different. The facilitator offered some techniques to help the women in difficult situations. The women were keen to build on this by having a future session on self-esteem, boundaries and personal space. The facilitator, another member of HAR staff, also offered one to one support if some women felt uncomfortable in a large group.

Session three:

The introduction to complementary therapies appeared to be a real eye-opener for many of the women. A reflexologist gave a brief introduction and there was an open discussion about the benefits of complementary therapies and its links to mental wellbeing. At the same time two other therapists offered short tasters in a separate room. Only two women had tried complementary therapies previously and that had been at our Arabic-speaking women's events in 2010. The tasters were enjoyed by most women and enquiries were made about costs and locations of getting more complementary therapy. As one woman said, *"really beautiful and relaxing. I felt my soul was light and flying"*.

However, there were mixed feelings about the reflexology as it was not 'deep massage' that could be felt in the same way as the back and shoulder massage tasters - *'It was nice but the therapist was doing more ruminating than massaging. Thanks for her time and effort anyway'*

After this session the women were visibly more appreciative of the importance of looking after yourself and giving yourself the time and space to promote wellbeing.

Session four:

For this session some women had chosen not to come along as they did not find the topic (contraception) relevant for them. But the turnout was still very positive. As the guest facilitators talked and showed the women different kinds of contraception they were breaking down myths and addressing worries on their way. The women opened up quickly and asked lots of questions. A very open and informal discussion about various myths, often from other community members, and false information took place along other topics relating to sexual health. The openness of the women demonstrated a need for women to come together and be given the opportunity to ask questions in a safe and informal space. As one woman said, *'Thank you very much for offering this valuable and important information'*. It was clear that others shared these sentiments and afterwards some women signed up for the C Card service available at HAR.

Session five:

During this week the political situation in Libya grew very tense and violence had become widespread. Staff decided to cancel the planned session but at the same time to keep the time free as a drop in if any women decided to come. Perhaps surprisingly, six women eventually attended. When calling them earlier in the week, the HAR worker had not expected anyone to show up. Many of the women had expressed that it would be wrong for them to go out to do activities for themselves when their families and fellow citizens were suffering in Libya. The women who did come also admitted to feeling very guilty about doing something for themselves but at the same time they were clearly in distress, many had not been able to contact their families. They had just been staying at home following the news, neglecting their daily chores and some had not even felt able to get dressed. They then felt even more guilty as their children were distressed seeing the images on TV, hearing their parents and noticing the changes in the homes. At times, the women had been feeling so low that they felt they could not play with their children. The discussion in the room became very heated at times as the women clearly and openly showing their emotions. At the end some of the women asked if the programme for the following week could be something fun and relaxing to take their minds off the problems in Libya. Since at home they felt the news was on 24/7 and if they talk about Libya every time they meet this could make them feel even worse. Though a few women still felt that doing something fun was highly inappropriate, others were convinced to come along and participate the week after.

Session six:

Nine women and their children participated in this session where it was decided that we would go out to show them a local indoor play area for children and families. Though many of the women live locally they had never been to this centre before. Though some women were still feeling guilty about being there, this quickly faded as they began to enjoy themselves as much as their children.

It seemed to be a much-needed break from the worries and focus on the situation in Libya. Many of the women enquired about prices and opening times and showed a genuine interest in using this place more with their husbands and older children. The women also appreciated that they spent valuable time with the children that day

Session seven:

As events escalated in their home country, the attendance was very low. Since the fifth session they had wanted to take the programme week by week and not plan ahead as they felt it was an additional pressure. They often just wanted to get together and talk through their emotions and what they had heard from back home - from families and neighbours. It seemed to be a good chance just to offload. An art therapist for session 7 and there was a short and informal talk about art therapy. At the same time children were having their faces painted and the women had some henna designs done on their hands.

Session eight:

This session was planned to explore if their awareness of local services had changed in the sessions to date. The EC worker displayed a drawing of how you can start to make connections and networks in a new place and it was hoped that the women would complete their own sheets in small groups. At first the women were reluctant to fill in their own sheets but happily shared their experiences. As wives of students there is a great deal of potential for loneliness and boredom, but once the ladies had made contact with other community members and been introduced to their new surroundings the situation became less daunting. The main barrier it seemed was language, as this could frustrate or sometimes hinder them in many ways. One woman shared details about a place where she had got a lot of information at her husband's university, including a specific group for student's wives. This was new information to a lot of the women. So in this way the women began to share their knowledge of local services, about everything from how to register with a GP to shopping - everyone learned something new. Another woman shared her initial frustration with the transport system as she kept getting lost and did not have the language skills to find her way home, this led to her husband telling her to stay indoors. She recalled that it was very frustrating for her and made her feel very down as this in turn meant she was not able to extend her relationships with other places and people. This session highlights the need for small community groups like this to share important information, as well as building up the relationships of service users to their new local settings.

Session nine:

This very engaging session was a great success with the group participants. After a general introduction to healthy eating for families, there were samples of healthy snacks and foods that many had not tried previously. This was accompanied by an informal discussion with lots of questions about child

nutrition and healthy foods. There seemed to be a lot of myths around different types of food and their health benefits, or lack of in some cases, that the facilitator was able to dismiss. The feedback was very positive - *'the session was very useful and I personally learnt new ways of preparing healthy food for myself and my child'*

4. Community Conversation

For the tenth and final session it was decided to use the Community Conversation tool, developed as part of the Mosaics of Meaning³ initiative, to encourage discussion in more detail about mental health and wellbeing within the community. Throughout the programme mental wellbeing was always part of the discussion so it was hoped they would be open in this session too.

4.1 Preparations

Since the events in Libya started the crèche workers had been cancelled, this was both for practical reasons but also at the women's request as they now found the session was now the only time they had to properly engage with their children. As this would be the last session we turned it into a small event, with complementary therapists and nice food would be offered after the Conversation. For this session though it was thought that having children in the room would be disturbing so crèche workers were booked.

Since the English skills of some women were still quite limited, we thought it best that the conversation be carried out in Arabic. It was agreed that an external person would do this and the other workers to be observers and support the conversation in other ways. The external facilitator was given the 'manual' to prepare, translate and familiarise herself with it in advance. Given the women's anxieties about the situation in their home countries some parts of the conversation had to be changed and adapted.

4.2 Conversation

In the introduction the purpose of the session was explained, and the definition of mental health from the World Health Organisation was given.

(picture of flipchart)

As many of the women had been feeling distressed for a while, the facilitator simply asked 'How are you today?' for the women to share their feelings. Some of the answers are listed:

"not stable", "not part of the reality", "I can't be bothered", "bad", "I'm ignoring everyday life", "I'm still in shock from the situation", "I'm afraid of dying, and for my children to die".

³ Glasgow Anti Stigma Partnership, (2007) Mosaics of Meaning

When then asked if they were given a present would it change how they feel, many immediately agreed with a statement that one participant gave:

"I would be happy, but then I would have to get back to reality of what is happening in our country".

It became clear from the very beginning that the underlying theme of the discussion would be about their mental wellbeing in relation to what was happening in Libya.

4.3 What is mental health?

When asked to give their own definitions of mental wellbeing the answers were:

"A BIG sadness", "fear", "anger", "depression", "optimism", "sleepless", "worry", "stress", "nightmares", "trauma".

From the answers given only one is more positive and the rest had a negative association with the words mental health. This was discussed a bit as the group revisited the WHO definition.

4.4 What affects our mental health?

The group was very engaging and all contributed well during this discussion, and several factors were mentioned as having a significant effect on mental health: *Atmosphere, friends, community, memories, racism, faith, language barrier, health, weather, boredom/lack of appropriate leisure activities, money, everything that affects family stability.*

The group was also quick to agree that although it is argued that everything affects mental health, and you can fluctuate between good and bad, that your mental health would be much better if you had no language barriers and if we all spoke a common language you'd have high self-esteem.

4.6 What are mental health problems?

Before explaining that we would look at different mental health issues, we asked the group to contribute their thoughts to what they thought mental health problems are. Their answers included - depression, shock, nervous breakdown, betrayal, not being able to focus, panic and failure.

Due to time constraints, the main mental health issues of stress, anxiety and depression, and how they make you think, feel and behave were not examined in depth. In a previous community conversation carried out by EC with another group it was clear that the differences between feeling and thinking caused some confusion⁴. Therefore the facilitator went over the issues in detail and

⁴ See Equally Connected (2011) *Report 12*

CBT-type tool was used to explain a vicious circle and how the feeling, thinking and behaviour interact and how it is important to break the circle. The participants were very happy with this and asked lots of questions.

4.7 Coping

It was felt that because of the current situation in Libya, it was inappropriate and insensitive to talk about recovery. Instead, we explored coping mechanisms - to find out more about how they coped with being away from home in a situation like this. The main message that came through was that the women really wanted to do something tangible to feel like that they were helping, and if they failed to do so it caused them great distress. Some of their coping strategies included: *hope, phone calls, keep in touch with other Libyans living locally, an urge to show the real picture of what is going on in Libya, praying, crying.*

Some of these strategies are very different but nevertheless the women believed that they helped them cope:

- *" do something! Take action like fundraising"*
- *"Just stay optimistic"*
- *"It is God's will"*

4.8 Stigma

To finish off the conversation we spent some time discussing mental wellbeing in the community. Now the women knew each other quite well and all had experienced distress, we asked why people don't talk about mental health? Some of the responses were:

- *"Because it is an illness"*
- *"here is a lack of understanding from the community"*
- *"If you talk about it they will call you crazy!"*
- *"Not culturally acceptable"*
- *"Overprotection for girls in the community - husbands with mental health problems are rejected"*

The women all seemed to agree that everyone can suffer from stress, anxiety and depression, but in terms of addressing stigma it is clear it takes time within communities to change strongly held cultural perceptions about some things. Even as the conversation developed a change in attitudes was evident as by the end some women were starting to think about mental health in a more positive way. Some of the quotes below show that conversations like these are effective ways to generate more open discussions about about mental wellbeing.

- *" today's talk was very useful and came at the right time. I personally was very comforted by it"*

- *"A very important subject and I would like us to focus more on such topics because they can help us to build up our self confidence and adapt to the situation in a foreign country"*
- *"Today's talk made me feel more relaxed and helped me to change my bad mood a little. Many thanks"*

4.9 Lunch and Complementary therapies and mini-evaluation

As the women were very keen to discuss and ask questions during the conversation, there was little time for a full evaluation as the therapists were ready long before the conversation had finished. It was agreed that one by one participants would leave the discussion for 10 minutes to have their taster treat. To our surprise some women were so into the conversation that they did not want to leave the room for their therapy. Afterwards there was a nice buzz in the room as we had our 'indoor picnic'.

As a quick overall evaluation of the ten weeks all the women wrote down their thoughts on the entire programme. Some of the responses can be seen below:

- *"Thanks for offering us a lot of valuable information. We really benefited from it"*
- *"I can't express how grateful I am for everything you have offered. Very valuable information and this great opportunity to meet up every week"*

After the Easter holidays the group will return to being a Mother and Toddler groups but HAR has a much better idea of what sort of information and activities the women would like and will try to accommodate that in other ways. For example, a women's confidence-building class is planned in for the summer and three Arabic-speaking women are already attending the generic confidence-building class, something the Manager said would have been unthinkable last year.

5. Learning and Conclusions

A lot of learning was generated from doing regular group work with this particular group of women. Many challenges had to be overcome and much had to be adapted to suit the situation of the women. However, the attendance alone, during a very difficult time, illustrates a need to carry on this kind of work with this group of women and others. We are also aware that a Sudanese group of women are now also meeting at HAR on a regular basis, organised by a Sudanese volunteer. More generally, Arabic-speaking women are also increasingly accessing HAR's generic services and activities.

It is clear from participants' comments that they welcomed the chance to openly discuss, reflect and learn about mental wellbeing in a positive and non-threatening way. They also had the opportunity to share their views on the causes of stress, anxiety and depression. Although many of the activities did take place at HAR, not in the local area as originally anticipated, we still

managed to raise awareness of local services which in turn fosters social integration and social capital.