

## *Equally Connected\** Report 9

### Bangladeshi Wellbeing Day

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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.



## 1. Introduction

The Bangladeshi Wellbeing Event was held on the 19<sup>th</sup> of January 2011 at the Minority Ethnic Carers of Older People's Project (MECOPP). The 3 organisations involved in the planning and delivery of the event were MECOPP, Equally Connected (based at Health in Mind) and Minority Ethnic Health Inclusion Service (MEHIS). The event was intended for adults from the Bangladeshi community living in Edinburgh.

## 2. Purpose of the event

### 2.1 Context and Rationale

The main purpose of the event was to improve awareness of BME health-related services which are available to, but not always well-utilised by, the Bangladeshi community. MEHIS and MECOPP staff working with the community felt many members of the community are often quite isolated, either because of work or gender for example, and this sometimes results in them being quite inward-looking and largely unaware of possible sources of support and information. There was particular concern about men working in the restaurant industry, sometimes unofficially, who have little access to any services.

Isolation can also arise because of language difficulties, some educated members of the Bangladeshi community can speak reasonable Hindi or Urdu but many others

cannot. This can limit communication with other South Asian communities living in Edinburgh, thereby further compounding the isolation many in the Bangladeshi community already experience.

Previous health research has indicated there is a high incidence of certain lifelong medical conditions such as coronary heart disease and diabetes amongst the South Asians (including the Bangladeshi population). During a series of sessions run by MECOPP in late 2010/early 2011, including discussions about diabetes with Bangladeshi community members, it emerged that it would be useful to have a general health and wellbeing day where other organisations could also make themselves more known. The need to further explore issues relating to mental health and wellbeing was also recognised and Equally Connected was approached to join the planning group.

To address these issues, and improve engagement with the Bangladeshi community, a day event was organised with a programme which promoted the theme of health and wellbeing. A colourful, translated, flyer was developed to promote the event and disseminated by MECOPP and MEHIS staff already working in the community. The event was attended by around 25 people. Registration information was gathered at the start, however, some people arrived later and some left early without fully completing the registration form.

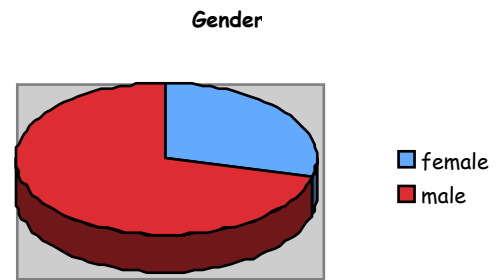
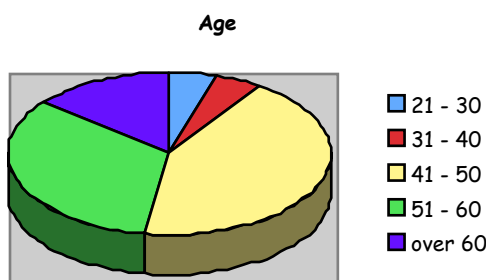
## **2.2. Aims**

1. To promote and explain roles of MECOPP and MEHIS and Equally Connected to minority ethnic carers and people with health care needs
2. To target potential beneficiaries for the Keep Well programme.
3. To facilitate expression of the key needs and issues regarding health and social care
4. To promote health and wellbeing and information on how to access health and care services in the community
5. To promote further events such as planned stroke information session

As well meeting these aims, we also wanted the atmosphere to be relaxed, where people could obtain health information, try new activities and enjoy the company of other community members.

## **2.3 Monitoring information**

As noted earlier, not all who attended completed the registration form. In total, 21 people registered. The age and gender breakdown is detailed below:



The majority of people lived in Edinburgh and one person had travelled from Midlothian. Just over half (11) of those present identified as being a carer.

### 3. Content

#### 3.1. Summary of the programme

The programme for the day consisted of registration at the start followed by a welcome speech and an ice-breaker activity in which people were asked to speak to the person next to them and share one thing they liked and disliked. The purpose of having an ice-breaker was to help participants feel at ease and encourage interaction.

Refreshments were provided from the start of the event. A representative from each organisation then gave a short introduction to their organisation's role and the services they offer. A short presentation was also given by the British Red Cross about the First Aid training they provide for BME groups.

This was followed by an interactive group-based exercise to ascertain participants' views on health issues (more in section 3.2.). After the exercise, attendees reconvened in the main room and had an opportunity to browse around the information stalls. A healthy eating demonstration and mini-health checks were also offered throughout the day. In line with the wellbeing theme of the event, complementary therapy taster sessions (massage and reflexology) were provided by male and female therapists after lunch. Towards the end of the day, there was another chance for people to browse the information stalls, ask questions and discuss any issues in an informal setting. When leaving, participants were asked to evaluate and give feedback about aspects of the day such as content, the venue and food.

#### 3.2. Description of the exercise on health issues

During the group-based exercise participants were asked 'what harms our health' and 'what helps our health'? Recognising cultural norms and sensibilities, which may have been present within the target audience, it was decided during the planning stage to separate the groups based on gender. This was done to ensure that participation would not be hindered due to any reservations held by the participants about discussing health issues in the presence of the opposite sex. The participants were divided into three groups: 2 male and 1 female.



## 4. Findings

### 4.1. Group exercise on what helps and harms our health?

#### Female group

##### *What harms our health?*

- Working excessive hours and not getting enough rest as a result
- Money worries
- Over eating
- Chewing paan
- Alcohol abuse
- General anxiety/tension
- Gambling
- Passive smoking
- Social restriction - not being able to talk to people because of how it will be interpreted and what implications it might have.
- Laziness is not good for health
- Excessive spicy food and oil is not good for your health

##### *What is good for our health?*

- Playing cards/board games
- Being busy
- Healthy eating
- Physical exercise

- Women have to do a lot of work and have too many responsibilities, such as cooking and looking after their children and husbands. Women have very little quality time for themselves.
- Playing cards can be relaxing but when it becomes an addiction as gambling can be, this is not good for your health.
- Any kind of physical exercise is good for health.
- Good neighbours and a good environment are very important for good physical and mental health.
- Reading namaz is good for both physical and mental health
- Educated Bangladeshi Muslims seem to do namaz and prayer regularly. When they do this, they have good understanding of what they are doing and they also tend to eat well.
- Loneliness and isolation are detrimental to mental health so they can lead to health problems [physical health problems] as well.
- Reading can be very relaxing so as a result, it can be good for health.

Participants in this group felt that relationships, expectations of them from family members and isolation were the most significant issues that affected their health and wellbeing. They expressed feelings of isolation and noted that they feel very insecure at times. They also identified a lack of confidence which they said stems from difficulties with the English. Due to this, they expressed that they spend much time on the phone with others who speak their first language.

#### Male group 1

##### *What harms our health?*

- Over eating
- Smoking
- Too much sleep
- Too little sleep
- Depression due to various factors

##### *What helps our health?*

- A pleasant walk
- Discipline in life
- Healthy diet/Balanced diet (vegetable and fruit)
- Being active (physically and mentally)
- Music
- Meditation/praying
- Allowing more time with family
- Satisfaction in oneself

## Male group 2

### *What harms our health?*

- Too much fatty food
- Money
- Smoking
- Drinking
- Over eating
- Lack of exercise
- Dress (appearance)
- Family environment
- Weather
- Accommodation
- Family expectations/obligations
- Unemployment
- Politics

### *What helps our health?*

- Balanced diet
- Walking/exercise
- Limit
- Sleeping well
- Being happy and laughing
- Friends and family
- Making money/good finance
- Holidays

In the male groups, most agreed that a balanced diet and regular physical exercise helps one to keep healthy. A few specific comments were also made about maintaining good health:

- *'Spending more time with friends and family gives satisfaction, feel secure and feel merry.'*
- *'Music is soothing so it helps when relaxing our bodies and minds and increases our capacity to think healthily and remain active.'*
- *'Pray - by doing this people can express their frustration, anything they have done and any blunders from the past. They can ask for forgiveness so afterwards, they feel more relaxed.'*
- *'Satisfaction in oneself - one participant mentioned that when we accomplish any task with great success, we feel very satisfied and that keeps our*

*motivation levels up. Failure often causes stress and it becomes serious when they cannot manage to cope with failure. So satisfaction is the key to remaining healthy'.*

- *'Debts, financial crises, family issues and stress at workplaces cause a lot of stress and that has impact on mental wellbeing'.*

#### **4.1.2 Summary and observations**

There were some factors which were common to all three groups. For example, healthy eating and being physically active was thought by all to have a positive affect on health. It is interesting to note that loneliness and isolation were also commonly thought of as negatively affecting health. All three groups also recognised that being in a positive environment and finding time for relaxation and enjoyment had a very positive impact on health and mental wellbeing.

In summary, participants seemed to have a good awareness of what affects our health but there was also a sense that their lives are often too busy in order to find time for activities they enjoy or healthy activities more generally. The female group, in particular, felt there was a language barrier which was harmful to their self-confidence and in turn, their happiness. They also spoke at length about the burdens resulting from too many expectations and responsibilities placed upon them by family. The men seemed to be more concerned by financial worries but they too expressed the need to do things like pray. They acknowledged that spending time with family is good for our health but also recognised, similar to the women, that competing family responsibilities and obligations can also be damaging for your health.

#### **4.2.1 Results from the poster questions**

As mentioned earlier Equally Connected was particularly interested in the factors impacting on mental health and used three poster questions (again translated) on their stall to gather views on these issues. Participants could provide their answers anonymously by selecting from a range of possible answers and were free to select more than one answer if they wanted to. The poster questions provide a 'snapshot' but enable views on a sensitive, and often stigmatised, area to be explored. The results are as follows:

*Q1. If you were feeling stressed where would you go, what would you do?*

- Sort it out (fix it) myself **x9**
- Go to a GP **x2**
- Speak to Friends or Family **x6**
- Other **x2**

*Q2. Which of the following affects your mental health?*

- Relationships **x4**
- Death or Bereavement **0**
- How others see us **x6**
- Religion **0**
- Money **x3**
- Drugs **0**
- Other **x1**
- Physical health **x6**
- Alcohol **0**
- Isolation **x7**
- Weather **x3**

*Q3. How do you look after your mental health?*

- Do exercise **x4**
- Relax **0**
- Smoke **x3**
- Scream **0**
- Other **x1**
- Pray **x5**
- Go for a drive **x4**
- Sleep **x4**
- Phone a friend **x4**

#### **4.2.2. Summary and observations**

Interestingly, it seems that people are reluctant to consult a GP when feeling stressed (Q.1). It seems that most people prefer to address the issues by themselves or would prefer to speak to friends and family about their worries. Informal discussions during the day and comments from staff working with the community suggest reasons for the relative reluctance to go to the GP may involve, amongst others, cultural taboos, a lack of awareness about the services offered by GPs, language difficulties and perceived discrimination. Similarly, comments were made about the limited time available with GPs and their abilities to relate to patients from BME backgrounds with specific language needs. It would have been useful if those choosing 'other' had given specific examples.

In Q2 most participants chose isolation, echoing the findings from the focus groups. 'How others see us' and physical health also scored highly. This again shows

that as well as keeping well physically, people did recognise the significance of isolation on our mental health, perhaps showing an understanding of the link between mental health and physical health. But this area requires further exploration.

The significance of religious expression as a way of looking after your mental health is reflected in Q3, with praying being the most common choice. Dealing with problems individually is reflected by activities such as sleeping and going for a drive also being popular, however, phoning a friend was also equally popular (again echoing comments made by the women's group about the time they spend on the phone in their first language). Interestingly, relax was not chosen by anyone.

#### 4.3.1. Evaluation

Most people completed the Evaluation poster as they left the event. Participants were asked to rank key aspects of the day:

- **Venue** - 19 people thought it was great.
- **Food** -20 people thought it was great; 2 people thought that the food was not so good.
- **Talks/Stall information** - 19 people thought the talks and stall information were great.
- **'Healthy Body' activity** - 21 people regarded the activity as great; 1 person was undecided.
- **Complimentary Therapies** - 19 people thought the complimentary therapies were great.



We also asked what participants would do differently if organising a similar event in the future. Suggestions included:

- Separate room for Blood Pressure checks (confidential)
- Need similar event for younger people
- Better parking
- More food
- More awareness about mental health and stigma
- Health information in easy to use language (x3)
- More events like this on a regular basis (x6)
- More info about walking
- Head massage, (1<sup>st</sup> time to try, very relaxing and calming) - male
- How to reduce tension
- More health checks
- Sometimes women only events are better but at least we had a separate room, very important
- More attendance
- We liked sitting separately from the men and discussing about health, usually very hard to do that for us. We felt more comfortable together with the women (x4)
- Provide talks in written format in Bengali (to read later) (x4)
- More variety of massage (x5 men, for many first time tried it)
- *"Didn't know before how relaxing it could be", perfect for me in my job at restaurant"*
- Overall, for women some like the massage, others were reluctant. A good day but would be better if it was for women only.

#### **4.3.2. Summary and observations**

From these results, we can see that the participants were keen to have more events of this type on a regular basis. It was encouraging to learn that the therapies offered were new to many people and were very popular (especially amongst men). There was further evidence here that women appreciated the privacy to discuss sensitive matters without men being present. Again, language barriers were noted and several participants wanted the written health information materials to be in simpler language and/or provided in Bengali so that they could refer to them later.

Interestingly, in the women's group, the blood pressure of a 54 year old woman was taken before and after her massage taster. Before it was 139/84 and after it had dropped to 130/79, the Keep Well nurse present commented *"wow, medication is not that good!"*. It would be useful to follow up this small 'experiment'.

## **5. Concluding remarks**

This event provided a good opportunity for people from the Bangladeshi community and several services/projects to engage with each other. It was successful in helping to disseminate health information to the target population and useful for the organisers to learn about potential gaps in services as well as what is currently working well. Our initial concerns about levels of isolation were confirmed and we gained a useful insight into other issues affecting health and wellbeing.

Throughout the day, it was noted by both participants and staff that there was reluctance by many of the older women to engage fully in activities that meant sitting in the same room as the men. From the start of the event, women sat towards the back of the room and were less vocal while several men interacted with the representatives of each organisation during the initial speeches and after the focus group the women did not want to re-join the larger group in the main room. In any potential future events, it would be worthwhile having a whole event or the majority of the event in same sex format. Although this was more cited as an issue by women, it may also encourage some of the quieter men to speak out and perhaps allow any relevant male-specific issues to be discussed.

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