

BME Women's Group Project was an attempt to identify and work with women from Minority Ethnic (ME) background based on people's mental health and wellbeing.

# Report

BME Women's Group  
Year 3



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## *Abbreviations*

<b>BME</b>	<i>Black and Minority Ethnic</i>
<b>CD</b>	<i>Community Development</i>
<b>ME</b>	<i>Minority Ethnic</i>
<b>MH</b>	<i>Mental Health</i>
<b>VOX</b>	<i>Voices of eXperience</i>

**BME Women's Group Project** is a 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 issues affecting people's lives

## *Introduction*

This report intends to give an overview and analysis of the third year of the BME Women's Group Project and its process.

For the purpose of outlining the progress of the project, brief background information is given followed by the aim and objectives of the project. An outline and analysis of the process of running the project is given with respect to what, why and how we ran the project. Finally, the outcome of this project, followed by summary of work and exploration of possible ways forward will be elucidated.

## *Background - Aim and objectives*

Initially, the aim of the project in general was to identify and work with diverse women from Minority Ethnic backgrounds, invite them to join an informal activity sessions and to facilitate engagement amongst them in conversations / discussions and other relevant activities, through the VOX and to help BME women to have a voice in Mental Health (MH) and feel they have heard more than before.

This was to help women to participate in social affairs, identify issues affecting their lives and their mental health and wellbeing, and exchange experiences / information / ideas. Moreover, through the process and the sessions helping them to raise their awareness and increase their knowledge on MH

issues and understand the impact of such issues on their overall health and wellbeing. The idea was that as well as the group improving their own mental health and wellbeing, they could also find out more about available services or groups / organisations for continued help and support. Additionally, the establishment of the project involved a combination of perspectives such as mental health promotion, community involvement and development

Hence, the first and second year of the project led to the development of action plan for the third year of the project. According to the devolved action plan, the project continued its work to assist BME women. Moreover, the project continued its collaboration with Saheliya (BME service user community organisation) in this process. Saheliya is a mental health and wellbeing support organisation for BME women in Glasgow and Edinburgh. This ongoing cooperation helped maintaining strong partnerships with health and community planning supports, building the capacity of partners to contribute to and develop mental health improvement actions, and embedding initiatives into sustainable mainstream programmes in process of helping people who needed support.

Therefore to achieve community empowerment, the continuation of the project's principles and efforts to attain desired outcomes, the third year of the work started by;

- Updating Saheliya - meeting with key contacts
- Assessing the group strengths
- Putting strengths into action
- Designing focus group methodology to develop detailed project plan
- Planning the workshops and artworks
- Reflecting and monitoring
- Planning the evaluation

### *Analysing process of running the project*

The project continued its cooperation amongst Voices of eXperience (VOX) and Saheliya as well as assisting volunteers followed by having five focus group sessions with ME women to hear from women's issues and at the same time to raise their awareness about MH issues and to take a step forward in recovery through group activities.

Initial session was to discuss with the group about the theme that they want to concentrate over the next four sessions. This was to ensure that the group identifies the issues and priorities and to address shared concerns through collective activity. Through discussion about group interest, participants asked to concentrate on “Depression” as a theme over the next sessions. Moreover, participants were asked what artwork they would like to present in the art and film festival 2015, and the group decided to make a banner by writhing sentence/sentences at each session representing the group, Mental Health, depression and Recovery.

*Planning the next 4 workshops;* throughout the next 4 sessions, group discussion continued about the agreed and main theme (Mental Health and Depression) and we concentrated on **Family; work; Social and Environment; Culture and Religion** respectively at each session and participants were asked colour-coded questions (Table 2). The utilised activates provided the opportunity for interaction and discussion with group members followed by reflection and action to plan for the next step of work. The sessions designed to help the group members to understand the impact of depression on their overall health and wellbeing as well as working for change by encouraging them to focus on how they could help themselves as a first step in seeking help towards improving wellbeing.



The table below (table 1) shows date and time of the focus group sessions, number of participants as well as different types of activities over each session.

*Table 1;*

<i>Date</i>	<i>Time</i>	<i>Topic</i>	<i>Number of Participants</i>	<i>Activity</i>	<i>What we did?</i>
21.08.2014	11:00 - 13:00	Discussion about group interest and the theme that they want to concentrate over the next 4 sessions	8	Group discussion & writing on flipchart paper	Group agreed to have their sessions about <b>Mental Health and Depression</b>
28.08.2014	11:00 - 13:00	Group Discussion about agreed theme, which is ' <b>Mental Health and Depression</b> ' concentrate on <u><b>Family</b></u>	8	Group discussion & writing –  <u><b>Artwork</b></u> ; make a banner by writhing a sentence at each session representing the group, Mental Health, Depression and Recovery	Various questions were asked and participants responses were accurately recorded (table 2- The outcomes of discussion)
04.09.2014	11:00 - 13:00	Group Discussion about agreed theme, which is 'Mental Health and Depression' concentrate on <u><b>Work</b></u>	10	Group discussion & writing –  <u><b>Artwork</b></u> ; make a banner by writhing a sentence at each session representing the group, Mental Health, Depression and Recovery	Various questions were asked and participants responses were accurately recorded (table 2- The outcomes of discussion)
11.09.2014	11:00 - 13:00	Group Discussion about agreed theme, which is 'Mental Health and Depression' concentrate on <u><b>Society/ Social &amp; Environment</b></u>	11	Group discussion & writing –  <u><b>Artwork</b></u> ; make a banner by writhing a sentence at each session representing the group, Mental Health, Depression and Recovery	Various questions were asked and participants responses were accurately recorded (table 2- The outcomes of discussion)
18.09.2014	11:00 - 13:00	Group Discussion about agreed theme, which is ' <b>Mental Health and Depression</b> ' concentrate on <u><b>Culture &amp; Religion</b></u>	8	Group discussion & writing –  <u><b>Artwork</b></u> ; make a banner by writhing a sentence at each session representing the group, Mental Health, Depression and Recovery	Various questions were asked and participants responses were accurately recorded (table 2- The outcomes of discussion)

## *The outcomes of group discussions*

*Table 2;*

	<i>Questions</i>	<i>Answers</i>
<i>Family</i>	<p>I. Have you ever experienced depression? What depression is experienced by you and why?</p> <p>II. How do these experiences impact on people's overall mental health and wellbeing?</p> <p>III. Do you think BME people are treated differently in their families because they have a mental health problem?</p> <p>IV. What can be done to reduce the stigma associated with depression? How families could help people in this respect?</p>	<p>I. Yes - Housing issues, Relationships, Gender inequality, Lack of support, Isolation, Money, Children.</p> <p>II. Isolation, Lack of sleep, Learning difficulties, Anxiety, Not telling anyone, lack of understanding, Fear, Lack of trust, Eating disorder, Lack of sleep.</p> <p>III. Discrimination, domestic abuse.</p> <p>IV. Socialising, Community Support, Raise awareness, training and education.</p>
<i>Work</i>	<p>I. Have you ever experienced depression? What depression is experienced by you and why?</p> <p>II. How do these experiences impact on people's overall mental health and wellbeing?</p> <p>III. Do you think BME people are treated differently in work environment because they have a mental health problem?</p> <p>IV. What can be done to reduce the stigma associated with depression? How employers could help people in this respect?</p>	<p>I. Yes - Children and lack of flexibility at work, language problem/ language barriers, differences in culture, making CV, dress and appearance, lack of support at work, job centre issue, minimum wage (cover living cost), fear, pressure, lack of understanding, looking for work, application not being processed because of your name.</p> <p>II. Bullied, oppressed, racism, job interview (being Muslim and wearing Hijab in interview), feeling worry, isolation, eating disorder.</p> <p>III. Depends on the work-place, Afraid of you.</p> <p>IV. Working voluntarily to get experience and to move forward, pre-employability workshops, confidence building workshops, education (formal and informal), training employers about diversity of cultures, talking about problems, awareness raising, community and group work.</p>

<p><i>Society/ Social &amp; Environment</i></p>	<p>I. Have you ever experienced depression? What depression is experienced by you and why?</p> <p>II. How do these experiences impact on people's overall mental health and wellbeing?</p> <p>III. Do you think BME people are treated differently in society because they have a mental health problem?</p> <p>IV. What can be done to reduce the stigma associated with depression? How Society/ Social Environment could help people in this respect?</p>	<p>I. Yes - Lack of understanding, New life, Don't know where to do and how to seek help, New language, Home office and immigration, New society, weather, not having a friend to help, food and its labels (Halal food),struggling with life, fear of the new place.</p> <p>II. Lack of sleep, Lack of support, psychological problems, Emotional problems, Homesick, Lack of confidence, Worrying, Isolation.</p> <p>III. Ignorance, Discrimination, Appearance and jobless.</p> <p>IV. Sharing experience, Think positive, Be patient, Be strong, Outings, Making friends.</p>
<p><i>Culture &amp; Religion</i></p>	<p>I. Have you ever experienced depression? What depression is experienced by you and why?</p> <p>II. How do these experiences impact on people's overall mental health and wellbeing?</p> <p>III. Do you think BME people are treated differently in their communities because they have a mental health problem?</p> <p>IV. What can be done to reduce the cultural and religious stigma associated with depression?</p>	<p>I. Yes - Domestic abuse, Forced marriage, Decision making, Education, Religion.</p> <p>II. Feeling sad, Disappointment, Lack of support, fear of family / partner, Lack of confidence, Restriction, Feeling stressed, Stigma.</p> <p>III. Yes, they are more restricted in doing social and community activities.</p> <p>IV. Providing information, Reading books, Motivating other people, Community activities, Sign posting, Try to learn more.</p>





Furthermore, to make a unified piece of art within the group to exhibit over the Art and Film Festival the group equipped with different art materials such as glue, fabric, ribbon etc. at each session. Followed by group's interest the decision made to shape a banner by writhing sentence/sentences at each session representing the group, Mental Health, Depression and Recovery.

Employing art activity at sessions had a 'positive' impact on the feelings of the group members and 'transformed' their perspective as they created their own art and craft which not only had value for them but also had meaning for others. This was a way of enhancing self-confidence as members created something through personal thinking and reflecting that they could share it with the wider community.

Therefore, the process of creating art and subsequent discussions helped the participants to feel less isolated and enhanced their feeling of importance. This is because, they get the chance to express themselves, building on their experiences, as well as having a chance to produce something that they could share with the wider community.

It should be noted that, by having asset based approaches and Community Development, the whole project was based on the group members' needs and interests and to find out what was important for the group members and what they wanted to achieve as the project progressed.



**Evaluating** each session at the end helped to find out about the needs of the group members and to get a better idea of how to direct the project and also to reassure the members about the effectiveness and usefulness of their ideas and suggestions with emphasis on having cooperative and supportive environment. The development of the women’s group had numerous positive outcomes in recovery process.

### **Recovery process - Recovery from Depression**

*Group members said recovery is;*

Session (Family) – “Socialisation, Being Active, Eating Healthy foods, Being realistic, Self-control, Mindfulness”.

Session (Work) – “Education, Sport and exercise, Get the right support”.

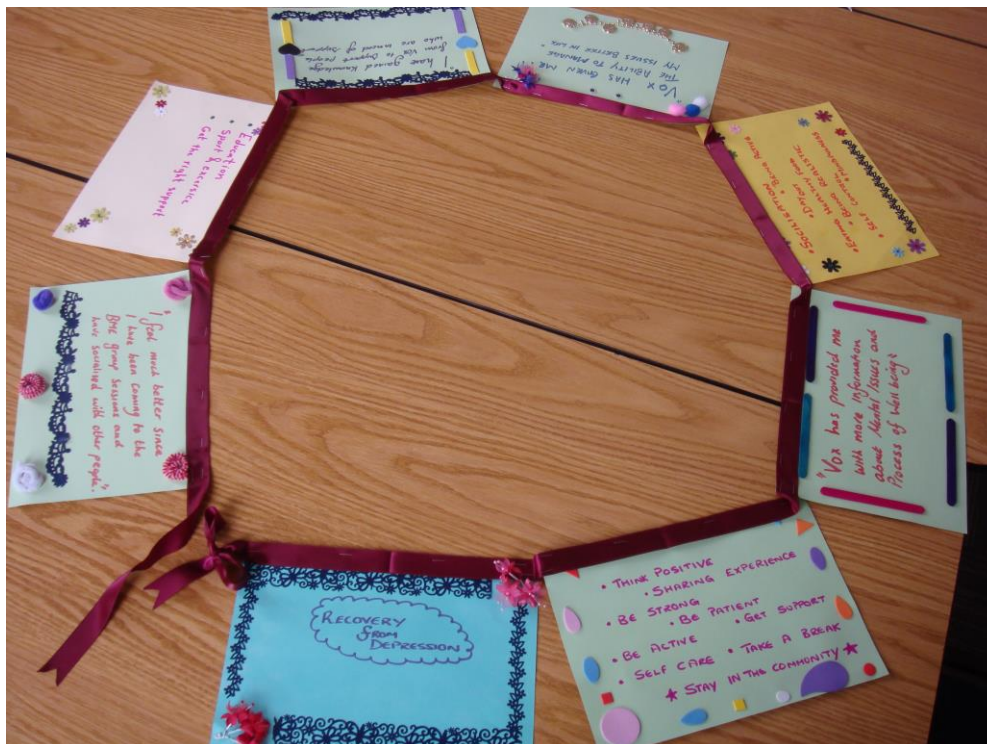
Session (Social and Environment) – “ Think positive, Sharing experiences, Be Strong, Be patient, Be active, Get support, Self-care, Take a break, Stay in the community”

Session (Culture and Religion) – “VOX has given me the ability to manage my issues better in life”.

“VOX has provided me with more information about mental issues and process of wellbeing”.

“I have gained knowledge from VOX to support people who are in need of support”.

“I feel much better since I have been coming to the BME sessions and have socialised with other people”.



*In summary;* Group activities shaped the whole aspect of the women's group and fulfilled the expected outcomes of the project.

These sessions were processes of listening, observation, reflection, action and evaluation. Regarding the BME Women's group, the meetings had a social component and were a suitable means of identifying issues affecting the members as well as sharing information and making positive contribution towards change in group members' emotional wellbeing. Moreover, sessions and group activities helped participants to realise their strengths to deal with their MH issues and to think positively to find solution for problems. The issue of wellbeing came through in the process of group activities/art activities and as their views were listened to with due consideration to diversity and human rights. The project provided an opportunity to move from individualistic health education to a community development-led health promotion. It helped in building their confidence & self-esteem, reducing women's isolation, building a social and support network, raising awareness about mental wellbeing and the services and resources available to BME women.

The project also made a difference to the VOX and its wider membership network. For instance, the project had aspects that informed the VOX's members through the updates in the diversity newsletter and helped raise awareness through some of the artistic work that group members had produced which are going to share with wider communities in Glasgow over the Art and Film Festival.

The project helped to develop partnership between VOX and other community organisations. The project helped to gain access to interest women from ME background to voluntarily help further development of the project. These are seen as the strength of the project. Moreover, the project provided BME women the opportunity to participate in social activities and talk about the strains, stresses and hardships in their lives as well as trying to explore the reasons behind those issues and effecting change in group members' attitudes towards their emotional wellbeing.

The project was another step in supporting public mental health movement, driven by community development principles, values, theories and practices. A number of principles shaped all aspects of

the project including the importance of valuing different perspectives and working through enabling the voices of those who were most marginalised to be heard. The project was taken a step further by developing sustainable partnership with ‘Saheliya’, a local community organisation that tackles mental health stigma and discrimination.

The work has shown it is possible to tackle the complexities involved in the process of enabling the views and experiences of BME community members being heard whilst ensuring the programme addresses inequalities in mental health and promotes community empowerment and social justice.

Moreover, the success of the project has shown that by expanding the scope of the project in future and getting access to more women who are in need of support, we can increase recovery potential by helping people and providing opportunities for community members to learn something new, improve self-confidence, being active, and reduce isolation, etc.