



SAHARA GROUP

for Women

Pilot programme
November 2006 to
February 2007

A report
by Saroj Sharma

Group facilitator/
Counsellor for diverse
cultures

DEPARTMENT OF PSYCHOLOGICAL THERAPIES

Building psychological resilience in vulnerable Asian Women

SAHARA GROUP FOR ASIAN WOMEN

INTRODUCTION

Silence can sometimes hurt or even kill. Asian women who suffer from depression know this painful silence intimately. But dealing with depression for Asian women can be as difficult as depression itself.

While identifying the exact cause of depression is difficult, there are many factors in Asian women's lives that make them especially susceptible to depression. Research shows that anxiety, low self esteem, social isolation, family and extended family pressures, problem with adaptation, racism, and discrimination, and language barriers may contribute to depression and prevent women from seeking medical or talking therapies services.

According to the Department of Health (1999) a National Service Framework for mental health, half of all women will be affected by depression at some period during their lives with low self esteem being identified as a risk factor for not only depression, but also for victimization by others, suicide attempts and suicide. Women identified at high risk of experiencing poor mental health and well-being includes:-

- Women who are experiencing domestic violence
- Women who have re-occurring depression and anxiety states
- Women from minority ethnic community

This course will develop an intervention aimed at Asian women, which will

1. Explore where they are, where they want to be
Provide them an understanding, how to cope with their feelings
Explore how their current strategies may not work for them and look at new ways

Course Aims:-

2. To promote positive mental health in women who have been identified at increased risk of developing a mental health problem

Course Objectives:

3. To develop and run a course for Asian women that develops emotional resilience

To offer additional support and from other health professionals in areas that needs awareness

To signpost and provide information to Asian women for the future

This training course has been adapted for South Asian women in Telford and Wrekin area. It comes from a programme developed by the Telford and Wrekin Primary Care Trust 'Something More'. This was a response to the tasks identified in the Mental Health Promotion Strategy (2003).

A pilot course was run between April and July 2004 with local women who had been referred by their support workers. Several agencies came forward.

In November 2004 a group of local professionals were trained to run the programme across Telford.

I was one of several professionals who identified a gap in services for the Asian community. I worked with Health Promotions to secure funding to run a pilot course for Asian women that addressed issues of culture and language. I was an observer on the programme and looked at ways of adapting the course in Panjabi/Urdu for the 12 weeks of its duration. This greatly helped me to share ideas and observe the dynamics between the facilitators and the group.

Running the Programme

The following guidelines helped me to identify the women who might benefit most from the course.

Hope for change

A willingness to share sensitive and difficult experiences

The ability to learn from one and another

Social support and some common ground to work with

A sense of togetherness

Looking at the criteria for the group

Age – consideration was given to the age of those women who would be eligible. All were mothers, and their ages ranged from the late twenties to middle age.

Language – This was very important to bear in mind. Women who attended the group were able to understand and speak both Urdu or Panjabi.

Culture – Women of Pakistani and Indian descent found similarities and differences amongst themselves. This proved to be a helpful and engaging point of discussion.

Setting

Careful consideration was given to choosing a location for the programme. Places that might offer a religion or culture were avoided in favour of a learning space, which are understood to be a ‘safe place’ in the community.

Transport

Transport was another obstacle that had to be overcome. This is one of the barriers that prevent Asian women from engaging with services. In fact, the highest cost to this pilot programme was providing transport. For some women transport was necessary, as they were on Incapacity or Disability Living Allowance. We found that this also held the group together.

Resources

- Magazines – Asiana, Eastern Eye, cuttings were used to create personal collages as a form of expression
- Box of art materials , sequins, glitter, buttons
- Flip chart was used most weeks
- Selection of cards – to enable the group to express how and what they felt
- Collection of stones, leaves, to enable the group to express their feelings
- Artefacts – appropriate to their cultures
- Games – snakes and ladders, playing cards – another way of talking, listening and hearing through fun (some women had never played games of this nature)

Commencement of the Group

12 women were chosen to attend the group bearing in mind all the points above. It was decided that a mixed group of Indian and Pakistani women would be of value to opening up past historical prejudices. This would be helpful for learning and support for one another.

Leegomery Community Centre was chosen for the venue. The community centre is set in nice surrounds with lots of trees, plenty of parking spaces and a local shop. The building has a warm and inviting feel, the Community Centre Manager was very accommodating and obliging.

The group ran for 12 weeks beginning November 2006. It finished in February 2007 and closed during Christmas and half term breaks to coincide with the school holidays. We also had two breaks due to double booking of the room. The breaks in my opinion are not helpful as the flow of the group was broken and did not help the group to get well.

Constant continuity is very important to helping the learning and healing process. Transport was also another factor that did not flow easy. On occasions the taxis were late on arriving and collecting, which disrupted the start and finishing of the group.

Facilitators

There were two facilitators, and one volunteer. All three spoke Hindi and Panjabi. These two languages were common to all the women, except one woman who was from Bangladesh. This woman had heard of the group commencing and came along of her own accord to see what the group was about.

Difficulties arose when one facilitator went on holiday for three weeks. The group was well underway when the facilitator came. She decided not to come back to the group as this would cause disruption. The volunteer remained with the group for six weeks and announced she was being assessed for her own course work which fell on the same day.

I was left to manage the group on my own which proved to be frustrating, and without support for myself. Another volunteer was sought for the last remaining few weeks.

Two workers are essential to run a group, for a number of reasons.

1. Support and help in the group
2. Planning and structuring the group
3. Helping to facilitate the group
4. Managing conflict within the group

Outcomes

Referrals to the group were women to come from Pakistan and India. This proved to work well initially, as there were similarities from both groups of women. The group dynamics changed when three of the Pakistani women shared that they were pregnant and the attendance of these women began to 'drop off' due to various reasons, i.e. not feeling well, hospital appointments, morning sickness. This stirred up resentment of not utilizing spaces that could have been taken up by other women.

Even though it experienced some initial difficulties, the group shared some very personal intimate information about themselves openly to the group. The group provided a safe space for them to disclose their feelings. Discussion took place around – what it was like coming over from India and Pakistan, expectations they had, what skills and aspirations they had, what brought them to England. Several themes emerged over the weeks –

1. How little opportunity was available to them to go to school and read and write. Some women talked about being withdrawn after compulsory education as their roles in their lives was to be trained to be wives and mothers. Other women who went on to further education reflected how there seem to be an openness within them.
2. On one occasion the group was asked to bring in some personal item of their own that they had made. The wealth of creativity they brought was amazing, embroidered handkerchief, hand fan, knitted garments, the stories that went along with these items was enthralling which gave value to their experience and to be heard.
3. Ideas were emerging from the group as to their future. Two women from Priorslee area were interested in starting a group, as they were aware of several women who were alone and isolated. Enquiries were made and funding has been given by St Georges and Priorslee Parish Council for the women to meet once a week for six weeks.
4. It was suggested that as the group and brought in their work of art, perhaps some members might want to meet to utilize these skills.

A visitor had been arranged to talk to the group about being a volunteer in the community. This proved worthwhile as this might not be something immediately helpful to the women in the group, they may have family members who might take that opportunity.

Evaluation from Group Members

Group members have filled in evaluation forms in their own language which will be translated into English. Audio recordings have been done of their thoughts on the group.

Recommendations

As you can see, many outcomes have been achieved in a short space of time and with a small number of women. I see this as empowering the women to being able to talk about their experiences and reflections, being heard, listened and valued by each member.

Group work is helpful in offering early intervention as a preventative to mental health services. This provides people with support within the community without a label.

Talking to each other and in groups normalizes their issues offering them hope and empowerment.

I would recommend that groups such as the Sahara Group should be ongoing and funding should be set aside for providing the needs of the community which would be beneficial to the NHS in the long term.

Saroj Sharma
Sahara Group Organiser/Facilitator
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