How We FEEL MATTERS
Prepared for:
The Black and Ethnic Minority Women’s Health Sub-group
Women’s Health Working Group
of the Glasgow Healthy City Partnership

Ex Anima

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ACKNOWLEDGEMENTS
The Black and Ethnic Minority Women’s Health Sub-group members would like to thank the Health
Education Board for Scotland, the Greater Glasgow Primary Care NHS Trust, the Greater Glasgow
NHS Board for financial assistance towards the development and evaluation of the multicultural
‘mental health awareness poster’.

Gratitude is also extended to Helen McLean, the community artist and all the women who participated
in the discussions – without them, this initiative would not have been possible.

Sincere thanks to the following organisations in extending their full cooperation and support for this
project:
♦ Maryhill Community Project
♦ Darnley Street Family Centre
♦ Mel-Milaap Elderly Day Care Centre
♦ Shanti Bhavan
♦ Glasgow Association for Mental Health
♦ Muslim House
♦ Meridian

The Black and Ethnic Minority Women’s Health Sub Group would like to thank everyone who was
involved in the different phases of this project.

Published by Glasgow Healthy City Partnership
March 2003

ISBN: 1 899670 12 2
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THE BLACK AND ETHNIC MINORITY SUB-GROUP - WHO ARE THEY?

The Black and Ethnic Minority Women’s Health Sub-group of the Glasgow Healthy City Partnership’s Women’s Health Working Group was formed in 1993. This Sub-group comprises of women from the voluntary, statutory sectors as well as representation from women from the communities. It aims to:

♦ Provide a forum for voluntary and statutory bodies to raise, discuss and highlight health issues
♦ Contribute to the development of models of good practice
♦ Influence policy and decision makers
♦ Encourage research work into the needs of women from the black and minority ethnic communities

Over the years, the Black and Ethnic Minority Women’s Health Sub-group has been involved in a wide spectrum of initiatives and events. One of its key roles is to identify areas of concern or gaps in relation to the health of black and minority ethnic women in Glasgow, and endeavour to tackle these where possible. A long-term aim of the Sub-group is therefore to improve the health and mental well-being of women from the black and minority ethnic communities in Glasgow.

As the name implies, this Group is not ‘self-standing’, it is part of a wider alliance – The Women’s Health Working Group, which in turn is a Sub-group of Glasgow Healthy City Partnership. Hence, the Black and Ethnic Minority Women’s Sub-group recognises that it is one part of the process of tackling health inequalities across Glasgow. Furthermore, its strength lies in the fact that its membership comprises of the statutory and voluntary sectors as well as women from the communities.

The Black and Ethnic Minority Women’s Sub-group (which will be referred to as the ‘Sub-group’ from now on) has inherited some principles from its ‘parent project’. Firstly, the importance of not defining health in physical dimensions; thus the following World Health Organisation definition of health (WHO, 1986) has been adopted:

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity….the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief or economic and social conditions.”

Secondly, the work of the Sub-group is underpinned by the principles of Community Development, which essentially advocates community participation and empowerment. The Community Health Exchange project (CHEX) provides a more analytical definition of the process of community development:

♦ Promoting learning, knowledge, skills, confidence and the ability to act collectively.
♦ Taking positive action to address inequalities in power, access and participation.
♦ Strengthening organisation, networking and leadership with and between communities.
♦ Working for change through increased local democracy, participation and involvement in public affairs.

The Sub-group’s work therefore encompasses all the above key factors.
EXECUTIVE SUMMARY

Objective: To evaluate the process of production of the multicultural mental health awareness poster.

Design: A cross-sectional qualitative evaluation consisting of focus group discussions was undertaken.

Methodology: Women from community groups representing seven black and minority ethnic and majority backgrounds, namely Arabic, African, Caribbean, Chinese, Indian (Hindu and Sikh), Pakistani and Scottish origin participated in the evaluation discussions. They were the participants who had been involved in the first series of group discussions and were invited to participate in a second round of focus group discussions to look at the community development approach employed in the poster production process.

Results:
The evaluation of the poster production process revealed that:

- The women were not immediately able to identify the fact that the poster represented ‘mental health’.
- The time gap that had taken place for the evaluation to be carried out about one year after the launch, had not helped in keeping the momentum of the project.
- The women had not been consulted on the final design of the poster and that caused difficulties in incorporating all the images or text that the seven groups would have liked to see in the poster.
- In terms of the consultation process, this was clearly an innovative one whereby women, who were normally not accustomed to being heard, were involved in defining for themselves what the term ‘mental health’ meant to them.
- The multicultural aspect of the poster was clearly appreciated and women from all backgrounds found the images positive.
- They found the use of the ethnic minority languages in the poster empowering and helping to reaffirm their identity in a mainstream poster.
- They felt that the discussions had contributed to bringing openness (regarding mental health) to the group and they were able to share their expectations and ambitions in life with each other.

Conclusion:

- ‘Mental health’ is a taboo subject within all sections of the communities, with varying degrees of sensitivity.
- Mental Health policies, strategies and awareness raising campaigns will benefit from involving and listening to the women and communities as a whole.
- There is a need to recognise that women contextualise the term ‘mental health’ in relation to their life experiences and interpret it in their own community languages and cultures.
- A holistic approach is recommended by the groups taking into account the medicalisation of the term ‘mental health’ and taboos associated with it.
- A strong sense of Scottish (Glaswegian) identity was a theme across all the groups involved in the discussions, which is an important consideration for future projects/campaigns. Often black and minority ethnic groups are considered as the ‘outsiders’ with very different needs, thus a failure to acknowledge the common problems of all communities. (It is most probably not them but the professionals who perceive them to be an entity outwith the mainstream Scottish communities).
Mental Health education and promotion initiatives should be developed with a recognition of both positive and negative aspects of mental health as recognised by the minority and majority ethnic groups to foster mutual respect within groups, an essential prerequisite to living in a pluralist society.

MENTAL HEALTH – TOWARDS A COMMON UNDERSTANDING

Those working in the field of ‘mental health’ are too aware of the complexities associated with this term. As reinforced by Naidoo and Wills (1998), the concept of ‘mental health’ is less well understood than the concept of mental illness; therefore, there is no widely accepted definition. Some definitions are provided below:

“Mental Health is the emotional resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others’ dignity and worth” (HEA, 1996)

“Mental health is the capacity to live to the full in ways that enable us to realise our own natural potentialities, and that unite us rather than divide us from all the other human beings who make up the world.” (Guntrip, 1964)

Perhaps what the above definitions do not clearly state is the extent to which external factors in the environment impact on one’s mental health. The WHO Ottawa Charter (1986), explicitly acknowledges the influence of public policy and the environment on the mental health of communities. Unfortunately, in relation to women from black and minority ethnic communities, dealing with racism and sexism, at a personal and institutional level is intrinsically a part of their life.

RAISING AWARENESS OF MENTAL HEALTH – THE ‘POSTER’ PROJECT

RATIONALE

It has been well documented that when communities take some level of ‘ownership’ of initiatives, these initiatives are more likely to be effective in achieving their aims. Based on similar principles, Webb-Johnson (1993, 1991) highlighted the importance of considering the black and minority ethnic communities’ concepts of mental health before designing and developing services for/with them.

The Sub-group also took cognisance of the fact that ‘mental health’ may hold different meanings for different groups, depending on their ethnicity. Often the dominant cultures impose what ‘mental health’ is, and other cultures that do not conform to this, are labelled as ‘peculiar’ ‘different’ or ‘abnormal’ (Webb-Johnson, 1991).

Members of the Sub-group therefore thought it was imperative that different cultural and religious approaches to mental health and wellbeing are not only explored, but also validated through the production of a poster that captures a multicultural perspective of ‘mental health’.

The ‘15 Years of Women’s Health (1983-1998)’ event presented an invaluable opportunity for women from all walks of life, across Glasgow to be involved in this celebration. The Sub-group members therefore seized this opportunity to engage with women from various black and minority ethnic communities, with the purpose of developing an all encompassing multi-cultural mental health awareness poster.
AIM
To enable women to develop and evaluate a poster that portrays positive multi-ethnic and multi-cultural images relating to mental health and wellbeing, using a community development approach. The whole process aimed to:

- Provoke discussion and thus raise awareness of the term ‘mental health’
- Empower the women involved.
- Value the lay perspective, encourage participation and integrate this into the development of the poster.
- Promote multiculturalism by bringing together the different minority and majority ethnic groups’ perspectives.

As this project was essentially carried out in two parts, namely the development of the poster and the evaluation of the poster, the methodology employed for each phase of the project is distinct and therefore will be dealt with separately in this report, as will the findings.

METHODOLOGY - DEVELOPMENT OF THE POSTER
Proposal Development
The proposal was based on the framework offered in two key papers on mental health:

1. The proposal was based on the framework offered in two key papers on mental health, (MacDonald, O’Hara, (1998) and Loeh, Markham, Naidoo, Wills, (1998)). Figure one highlights a number of factors affecting mental health – by increasing the elements above the dotted line and decreasing the elements below this line, mental health is enhanced or improved. The interplay of all these elements must also be noted.

Figure 1
A Map of Elements of Mental Health, its Promotion and Demotion

Source: MacDonald & O’Hara (1998)
2. A checklist (Appendix One) to ensure that a community development approach was being used throughout the process was utilised (Loeh, Markham, Naidoo, Wills, 1998).

3. The ‘Time for Action’ Seminar on mental health issues and the black and minority ethnic communities held in 1997 (Black and Ethnic Minority Women’s Health Sub-group, 1997).

**Collecting Information**

The main method of collecting information about ‘mental health’ from women, was through the use of ‘active participatory group discussions’. An experienced female community artist who had carried out similar work with groups around mental health issues was employed. The Sub-group arranged focus group discussions through existing women’s groups with women of the following origins: White Scottish, Pakistani, Indian (Hindu/Sikh), Chinese, African, Caribbean and Arab.

The artist visited the women in *their* environment so that they were in familiar surroundings. The seven groups that she visited were from geographically diverse areas of Glasgow as well as representing a wide age range, from 16 to 70 years old.

The groups were solely discussion based, lasting approximately two hours, with no art workshops. To ensure consistency across all groups, a general approach was adopted and is outlined below in Table One.

**Table 1**

| a) | Initially the group was presented with the term ‘mental health’ |
| b) | Explanation was given as to why this information was being gathered (‘15 year of Women’s Health Celebration Anniversary” with a specific focus on Women’s Mental Health in Scotland). |
| c) | Responses to the term ‘mental health’ were recorded, leading to discussion. |
| d) | Present the term ‘heavy hearted’ and record responses. |

An A4 sheet was then given to women with the following questions (the artist was sensitive to the fact that not all women could write and women may choose not to answer certain questions):

- Describe your status? Mother, sister, aunt etc..
- Nationality
- Religion
- Daily routine (Favourite: clothes, food, music, jewellery, film, T.V. programme
- Ambition (If you could go anywhere in the world where would you go? Describe what you would like to do?)
**FINDINGS (A)**

In response to the term ‘mental health’, similar responses were given by the groups, including terms such as ‘disease, isolation, sick in the head, hospital-lunatic, not normal and fear’. Furthermore, the artist noted that with the exception of the Chinese language (Cantonese or Haka), the term ‘mental health’ translated “badly into Urdu, Punjabi, Arabic, Gaelic and English.”

The artist discovered that when she used the term ‘heavy hearted’, the general response was ‘softer’ and included responses such as “lonely, isolated, unable to express yourself, language problems, financial problems, depressed, sad, not coping, dispirited…”

Based on the information provided by the artist, Table two provides a summary of findings specific to each group.

**Table 2**

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikh Women’s Group</td>
<td>The age group was generally 60+. Initially the group found it difficult to grasp what the workshop was about. (This was the first focus group that was held). However, once the discussion started the women felt that for the older generation, loneliness can be a key factor impinging on mental health. They identified their roots, however maintained a strong pride in their Glaswegian identity.</td>
</tr>
<tr>
<td>African/Caribbean Women’s Group</td>
<td>The group comprised of women who were mostly working and were mothers. Religion and identity was perceived to be diverse in the group. There was awareness of how black people had been excluded in the past. Red, green, yellow and gold were colours that the group identified with.</td>
</tr>
<tr>
<td>Chinese Women’s Group</td>
<td>Group was specifically for women who suffered from mental health problems. They were in their late 30s to 50s. Most of the women worked in family businesses. They women were all from Hong Kong. The colours red and green and the symbols of the lotus flower and the dragon were identified as being significant to them.</td>
</tr>
<tr>
<td>Pakistani Women’s Group</td>
<td>Age range of group members was 20s to 50s, and mostly were second generation. Most identified strongly with being Scottish. Most were full-time mothers. Red and gold were identified as prominent colours, and lively patterns with a mix between Celtic and Asian patterns. The group felt that the term ‘mental health’ was a ‘taboo word in their community.’</td>
</tr>
<tr>
<td>Arabic Women’s Group</td>
<td>Had a strong Muslim identity, with one woman commenting that mental health problems should be dealt with through one’s faith, rather than through an organisation. Gold and Islamic designs was a preference.</td>
</tr>
<tr>
<td>Indian Women’s Group</td>
<td>The women were generally from professional backgrounds. They stated their identity was rooted in India. Their chosen colour was gold along with other strong bright colours and patterns.</td>
</tr>
</tbody>
</table>

*Please note that the white Scottish women who took part in this initiative were members of the above groups.*
As part of her speech at the 15 years of Women’s Health Event, the artist commented that: “Many of the women expressed pride and attachment to the city that had become their home, though their roots were elsewhere. From the ‘Golden Tartan Heart’ the hands as petals radiate and glow. In full bloom each hand represents the diverse backgrounds of the women who make up the city.”

Armed with the above information and with the knowledge that “the groups shared one main identity, a strong affinity in general with Glasgow and in particular ‘Irn Bru’”, the artist was in a position to commence the development of the poster.

THE FINAL PRODUCT

The artist developed three posters, based on the general themes emerging from the discussion groups. Unfortunately, financial and time constraints did not permit the draft posters to be taken back to the groups for a decision on which one of the three posters should be adopted. The Sub-group members and health professionals with a background in mental health made the final selection. The main message in the poster ‘How we feel matters’ and the four positive words ‘listening’, ‘talking’, ‘supporting’ and ‘sharing’ were included in the poster after lengthy discussions. The term ‘mental health’ was deliberately left out as it was found to be too clinical. It was also decided that the messages would be translated into the various community languages, as a way of showing respect to the diverse cultures that are part of Scotland.

The languages were:

- Urdu
- Hindi
- Punjabi
- Chinese
- Arabic
- Gaelic

The poster was officially launched at the International Women’s Day (8th March) 1999 celebrations, held at the Glasgow City Chambers. The event was successful in attracting 150 women, including those that had been involved in the development of the poster.

It had been verbally agreed with the Health Education Board for Scotland (HEBS), Greater Glasgow NHS Board and Greater Glasgow Primary Care NHS Trust that they would be involved in the distribution of the poster. Unfortunately, HEBS was not able to do so; however there was some information published in their newsletter, informing their readers about the poster. The poster was therefore sent to appropriate voluntary and statutory organisations across the Greater Glasgow area and community groups, but not to the Health Boards across Scotland as initially intended. The poster was circulated to the General Practitioners across Glasgow as part of the October Mental Health Awareness Week, presented at two international conferences, and reported in professional newsletters. It has also been used in England as a tool to facilitate focus groups in a research project on postnatal depression affecting Asian women.

METHODOLOGY - THE EVALUATION OF THE PROCESS OF PRODUCTION OF THE POSTER

The evaluation of this process was carried out by some of the Sub-group members, approximately 6-8 months later. The delay in the evaluation process was primarily due to internal changes within the Sub-group (e.g. restructuring) and other work commitments.

The poster, was taken to the groups that had been involved in the initial discussions. A protocol (Appendix 2) and a set of exploratory questions (Appendix 3) were developed to aid discussion in the focus groups.
FINDINGS (B)
Four focus groups were held in total, with the African, Arabic, Pakistani, Sikh and Hindu women. It is worth noting that in the evaluation process, there were fewer numbers for example the Chinese women were not part of this process. Also in certain cases due to the number of people participating the focus groups were not held separately for each ethnic minority group but were combined together.

The main findings of the evaluation of the multicultural mental health poster are outlined below.

♦ Comments about the design of the poster
  ▶ In general, there was lack of clarity about what the poster depicted. In other words, there was consensus that the ‘purpose of the poster was unclear’ and there was the feeling that a lot of what the women had said during the poster development stages had been lost.
  ▶ The many hands on the poster were perceived as ‘sharing –less depression, less worry’, ‘talking about your problems.’ (Sikh Women’s Group, Mel Milaap Anderston Elderly Day Care Centre)
  ▶ The poster depicted ‘different cultures – heart is one.’ (Indian Women’s Group Shanti Bhavan Centre)
  ▶ Women in the group described the poster as ‘interaction of Scottish culture’, showing ‘unity.’ (Indian Women’s Group Shanti Bhavan Centre)
  ▶ The poster represented ‘multiculturalism’ rather than health: “It is multiracial community, rather than health”. (Arab and African Women’s Group)
  ▶ Other comments included: “it is feminine/colourful – but you need to appeal to men as well”, “women being united”, “work it out yourself type of poster” (Arab and African Women’s Group)
  ▶ “A lot of other things were discussed, bangles, with this design the women’s health issues get ignored in the mehndi design. The tartan is also not clear.” (Pakistani Women’s Group Darnley Street Family Centre)

♦ Issues raised about mental health
  ▶ It was also felt that people are reluctant to talk about mental health:
    “Our people do not talk about mental health! Hide it…our feelings….feel people spread rumours….disgrace.” (Sikh Women’s Group, Mel Milaap Anderston Elderly Day Care Centre)
  ▶ Description of mental health included: ‘feelings’, ‘looney bin (initially)’, ‘many different aspects’ (Indian Women’s Group Shanti Bhavan Centre)
  ▶ Some women highlighted that after the poster, they felt “more comfortable about mental health” (Sikh Women’s Group, Mel Milaap Anderston Elderly Day Care Centre)
  ▶ Some women felt that the multi-cultural image of the poster gave them a “sense of unity and relief (we are not alone)” (Indian Women’s Group Shanti Bhavan Centre)
  ▶ “looking after yourself and knowing what is important”, “taking time for yourself” (Arab and African Women’s Group)
Involvement Process

- Some women also stated that they would have welcomed more involvement e.g. ‘having an artistic input’, ‘would have liked to have seen the final draft.’ and some sort of ‘follow-up after the discussion sessions’. (Indian Women’s Group Shanti Bhavan Centre)

Other Issues raised

- "Timescale needs to be shorter for consultation" (Sikh Women's Group, Mel Milaap Anderson Elderly Day Care Centre)
- "Poster is not enough to educate on the issue of mental health" (Indian Women's Group Shanti Bhavan Centre)
- Education around mental health is required
- Issues around mental health should be explained in schools

Broadly speaking, the poster brought out the view that it is important to share experiences and support one another, and one consequence of this would be around promoting positive mental health. There was also the suggestion that the poster should serve some practical purpose, for example provide relevant phone numbers/addresses to enable people to contact organisations if support is needed.

CONCLUSION

In achieving the four broad aims the project had outlined in its initial proposal it succeeded in achieving most of them. It very succinctly provoked and encouraged discussion around the term ‘mental health’. The women groups were empowered by being involved in the consultation process and this would have been further strengthened had they been part of the final designing stages of the poster.

Care was taken so as not to emphasise the medical model of mental health, by valuing the lay perspective and encouraging participation. This needs to be further explored as some of the women did identify the need for clearer terms as ‘mental health’ to be presented on a poster, along with the image of ‘a heavy heart’ and ‘how we feel matters’.

Multiculturalism was promoted by bringing together the different minority and majority ethnic groups’ perspectives during the consultation and evaluation. The poster is a reflection of the multicultural communities living in Glasgow. It might not be able to reflect the ideas and needs of every member of the minority and the majority ethnic communities, however it certainly has tried to take a small step towards it.

LIMITATIONS

- The artist’s own values and beliefs may impinge on how the cultural information from the groups was interpreted and/or selected, thus this should be an issue that should be discussed at the early stages of such initiatives. This would apply to the Sub-group members coordinating the project and other health professionals as well.

- Not all the women who had an input into the designing of the poster were involved in the evaluation process (e.g. Chinese women). This prevented the evaluation process from being as thorough as it should have been.
Although a community development approach was employed and women were involved in the various processes, they were not consulted in the final stages and this limited the project in being wholly representative of their voices. It was intended that there would be two series of focus group discussions with the women’s groups, so that they would be involved in the final design/draft of the poster. This did not happen due to financial and time constraints.

The project was coordinated by the Sub-group members as no Project Co-ordinator had been employed. This involved extra time commitment for the members directly involved (in addition to their current work commitments). It is advised that future projects take cognisance of this and incorporate the time and finance commitments required from the funding bodies.

RECOMMENDATIONS

- A ‘Training’ Pack should be developed around the poster which describes the process of involving women from black and minority ethnic communities in discussions around mental health. This would include using the poster as a tool to get people talking in a group setting to specifically raising awareness regarding mental health issues. This could be done as a ‘stand alone’ pack or as part of another Pack.

- The ‘Ten elements of Mental Health, its Promotion and Demotion: Implication for Practice’ should be used in developing initiatives for any given community/communities with regards to mental health as it looks at social participation/exclusion issues and provides a more holistic framework.

- It is imperative that women / communities are involved throughout the entire project development process; for example in this case, the selection of the final design for the poster, involvement in giving presentations and in the evaluation process.

- In future, this type of process could be used as a tool to tackle other ‘taboo’ issues in the communities e.g. domestic violence, drug and alcohol misuse.

- A distribution strategy should be developed, in tandem, so as to ensure that any documents, posters, leaflets etc. that are produced, are distributed widely.

- Whilst the focus of this initiative was more on the process than the poster, the poster should serve some practical purpose – for example provide contact details of relevant support organisations.

- Education around mental health issues is required at all levels and schools could be targeted so that existing ‘taboos’ around mental health could be challenged at an early stage.
REFERENCES


**APPENDIX ONE - PROMOTING MENTAL HEALTH – A CHECKLIST.**

Empowerment: Does the Programme increase opportunities for empowerment through:

<table>
<thead>
<tr>
<th>Trust building?</th>
<th>How and to what degree? What are the constraints?</th>
<th>Do participants have access to full information about aims and objectives, anticipated outcomes, their role in the programme?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-cultural Working?</td>
<td>How and to what degree? What are the constraints?</td>
<td>How are the needs of different cultural groups reflected and respected in the way the programme is organised? Is there active research into cultural issues in the locality?</td>
</tr>
<tr>
<td>Working in partnership?</td>
<td>How and to what degree? What are the constraints?</td>
<td>Is there a possibility for establishing the programme jointly with another group/organisation who may reflect the interests of the target/user group? Is the target/user group actively involved in the process?</td>
</tr>
<tr>
<td>User involvement and participation?</td>
<td>How and to what degree? What are the constraints?</td>
<td>Are programme participants encouraged to give their views on its contents and organisation and are those views respected? Are participants satisfied with their level of involvement?</td>
</tr>
<tr>
<td>Gaining access to knowledge and information?</td>
<td>How and to what degree? What are the constraints?</td>
<td>Are there opportunities for participants to gain more information and a greater understanding of the programme?</td>
</tr>
<tr>
<td>Promoting Equality?</td>
<td>How and to what degree? What are the constraints?</td>
<td>Is the principle of equity reflected in the way the programme is organised – is it equally accessible to all; is it located where it is most needed; is the training appropriate for the greatest number of people?</td>
</tr>
<tr>
<td>Addressing Gender Issues?</td>
<td>How and to what degree? What are the constraints?</td>
<td>Do gender issues influence the programme/activity itself and/or its content?</td>
</tr>
<tr>
<td>Consciousness-raising?</td>
<td>How? Where?</td>
<td>How are issues presented? What is included and what is excluded and why?</td>
</tr>
<tr>
<td>Question</td>
<td>How?</td>
<td>Where?</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Development of life-skills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging existing patterns of decision-making?</td>
<td>How?</td>
<td>Where?</td>
</tr>
<tr>
<td>Creating supportive networks?</td>
<td>How?</td>
<td>Where?</td>
</tr>
<tr>
<td>Addressing underlying feelings of powerlessness</td>
<td>How?</td>
<td></td>
</tr>
<tr>
<td>Will the way in which the programme is carried out leave the people,</td>
<td>How?</td>
<td></td>
</tr>
<tr>
<td>networks, community groups, setting etc. 'empowered' as well as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>achieving the programme objectives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledging that people are the ‘experts’ about their own lives and</td>
<td>How?</td>
<td></td>
</tr>
<tr>
<td>experiences and is there recognition of their skills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing confidentiality where this is appropriate?</td>
<td>How?</td>
<td></td>
</tr>
</tbody>
</table>

Source: Loeh, Markham, Naidoo, Wills, 1998
APPENDIX TWO

Mental Health Awareness Poster Evaluation
Protocol For The Focus Group Interview:

♦ Thank them for assisting with the evaluation
♦ Introduce yourself and explain the research already carried out
♦ Describe the purpose of the group discussion.
♦ Tell them that you want to find out what they think about the process of designing and developing the poster.
♦ Tell them that everyone has a point of view and each person has the right to express an opinion.
♦ That there are no right or wrong answers
♦ That you want to hear what everyone has to say
♦ That the conversations are confidential and no-one would be identified
♦ Tell that you wish to tape the interview and ask if anyone objects.
♦ Ask their names and ask permission to write them down for the purposes of the interview only
♦ Tell them you will be taking notes throughout the session.
♦ Remember to encourage and provide positive feedback throughout the session.
♦ Thank them at the end of the session
APPENDIX THREE

Evaluation of the Multicultural Mental Health Poster
(set of questions to aid discussion)

Q1. What do you think of the poster?
Does it raise issues of:
Probe: Multiculturalism
Design
Women’s Issues

Q2. Do you think the poster reflects your ideas?
Probe

Q3. So what do you think of when you hear the term mental health?
Probe

Note all terms used

Q4. Do you feel comfortable with the term mental health?
Probe

Look out for reasons

Q5. Do you feel more comfortable with the term mental health now?
Probe

Q6. Do you feel that you can talk about these issues more comfortably now?
Probe

Q7. Do you think the process of designing the poster worked?
Probe

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