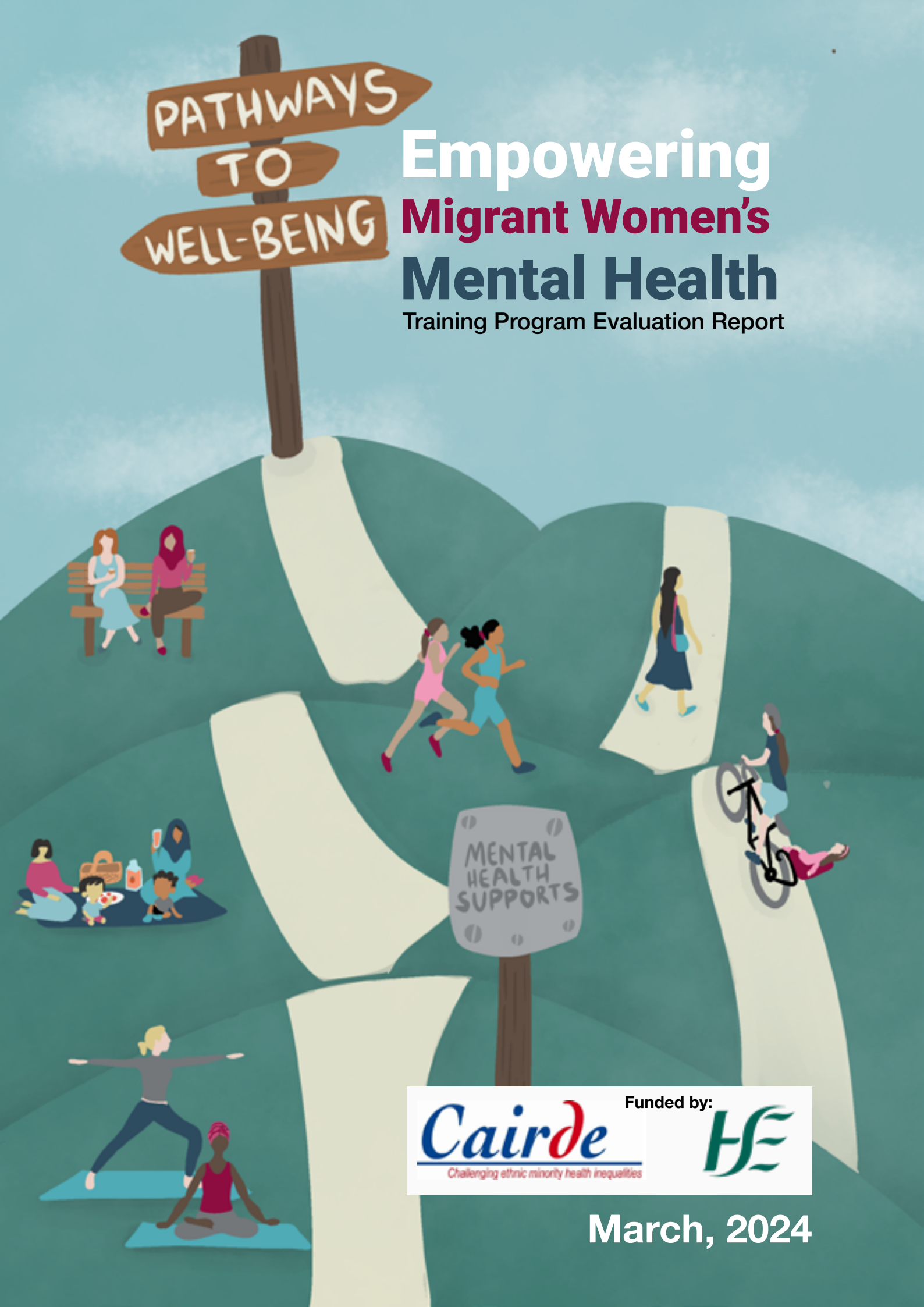


# Empowering Migrant Women's Mental Health

## Training Program Evaluation Report

Funded by:

Cairde
Challenging ethnic minority health inequalities

HSE

March, 2024

Cairde is a national organisation working to tackle health inequalities among minority ethnic communities by improving their access to health services and their participation in health planning and delivery.

Cairde operates two Health Information & Advocacy Centres.

Cairde's Balbriggan is a well-established hub for migrant support and signposting to key services, as well as host of regular activities including art and crafts, cooking and baking, sewing, gardening, yoga and mindfulness, self advocacy, physical exercise, community development, health knowledge courses and workshops.

Cairde's 'Be Aware. Be Well. Migrant Mental Health Initiative' aims to improve mental health outcomes for ethnic minorities in Ireland with emphasis on strengthening community based mental health promotion, equitable access to and quality of mental health services, and inclusive mental health policy.

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## SUMMARY


Cairde, recognizing the pressing need for culturally accessible mental health interventions both locally and nationally, has designed and implemented a community-based program tailored for minority ethnic and migrant women: *'Pathways to Wellbeing: Empowering Migrant Women's Mental Health.'*

This innovative intervention stands out for its holistic approach to mental health and well-being, utilizing culturally adapted, evidence-informed interventions rooted in Positive Psychology, Lifestyle Medicine, stress and trauma healing practices, and health habit formation models. This strategic blend specifically addresses the unique challenges of ethnic minority and migrant communities, offering information and creating a supportive environment for sustainable behavioural change, with benefits that extend beyond the individual level.

The program was hosted and coordinated by Cairde centre in Balbriggan. It targeted 15 females from diverse ethnic backgrounds, seeking to enhance their mental health and well-being. Its structure included a triad of psychoeducation by health and mental health professionals, individual support from Cairde, and a research component by an external evaluator.

Utilizing pre- and post-intervention focus groups, weekly reflection surveys, and the Mental Health Continuum Short Form (MHC-SF), the program demonstrated a significant impact. This was evident in the positive shifts observed in mental health measures, sustained participant engagement, and the incorporation of diverse health and well-being practices.

Participants' initial motivations to take part in the program were both personal and community-driven, focusing on improving mental health and well-being, tackling cultural taboos, and addressing challenges specific to migrant women. Throughout the program, participants actively integrated numerous practices into their daily routines, such as breathing exercises, physical activities for stress management, and healthy eating. Women reported experiencing a broad range of positive changes, including increased self-awareness, more energy, enhanced control over their own thoughts and emotions, improved boundary setting, better family dynamics, and some improved sleep. Recognizing personal limitations emerged as a crucial step in reducing unrealistic expectations, enhancing self-compassion, and self- appreciation for achievements. Key factors facilitating these changes during the program included promoting consistent attendance, regular practice of the strategies learned, and fostering a reflective and supportive environment. Moreover, by creating a non-judgmental atmosphere, the program successfully challenged cultural taboos related to mental health, thereby empowering participants to offer support to each other and others within their community and to seek professional support when necessary.

Recommendations for future programming include maintaining the key strengths of the content, such as the holistic approach to mental health, encouraging reflection and regular practice, and challenging mental health stigma. Additionally, there is a need for prioritizing cultural adaptations like creating safe environments, fostering diversity among tutors, and encouraging community engagement.

Proposed enhancements include an even greater focus on migrant-specific issues, focusing on both individuals and communities, measuring the sustainability of health gains, effectively utilizing individual support, and providing continuous group

support. Considering a potential national rollout, the program suggests replicating key intervention strengths, adapting to diverse contexts, and providing comprehensive training for facilitators to ensure culturally sensitive and supportive delivery.

In conclusion, Cairde's intervention effectively meets the urgent need for culturally relevant mental health initiatives, demonstrating success in fostering positive changes in mental health and well-being among ethnic minority and migrant women. The recommendations offer a strategic framework to address this imperative need, providing valuable insights for the development of future mental health initiatives in diverse communities.



## THE NEED

The necessity for addressing mental health challenges within ethnic minority communities, coupled with disparities in accessing and the quality of mental healthcare services, including mental health promotion, is well-documented.

### Factors influencing migrant mental health

Various factors influencing mental health are also identified. Cairde reports, including Bojarczuk et al. (2015) in their review of the health and social science literature in Ireland and internationally highlight the following:

1. **Socio-structural factors:** These encompass increased exposure to health risk behaviors and inequitable access to essential services such as housing, health, welfare, education, and employment opportunities.

2. **Endurance of hostility and rejection:** Ethnic minority populations often face racial discrimination and oppressive systems.

3. **Inequitable access to mental healthcare:** This includes fewer pathways to care involving general practitioners, resulting in complex and aversive care pathways, increased use of emergency services, involvement with law enforcement, and involuntary admissions.

The 2023 WHO report on the mental health needs of refugees and migrants examined various patterns of risk and protective factors, as well as facilitators and barriers to mental health care across different levels. Subsequently, it identified five interconnected themes that are applicable to refugee and migrant populations, regardless of their specific group, context, or stage of the migration process. These themes have significant implications for both policy and practice in addressing mental health issues among refugees and migrants.

1. **Self-identity and Community Support:** Being part of a community with a shared background and attending school, strong family and community bonds foster mental well-being and are associated with lower rates of mental disorders.

2. **Basic Needs and Security:** Insecurity in legal status, housing access, experiences of racism and discrimination links to mental health issues.

3. **Cultural Concepts of Mental Health and Stigma:** Mental health treatments may clash with cultural beliefs, leading to stigma. Offering support beyond traditional healthcare and aligning therapists with cultural backgrounds can help.

4. **Exposure to Adversity and Trauma:** Migration exposes individuals to trauma, increasing mental health risks. For example, extended detention is associated with increased rates of depression and PTSD.

5. **Navigating Mental Health and Services:** Refugees and migrants often do not prioritize their mental health because they are not aware of the services available free of charge or do not accept health care due to language barriers and concerns around confidentiality. Proactive engagement and practical assistance can enhance accessibility and integration and offer choices about the delivery of mental health services.

## Migrant women mental health

Migrant women face distinct challenges related to social isolation, postnatal depression, access barriers to mental healthcare, and cultural adjustments. Interventions targeting these challenges are crucial, as highlighted by studies emphasizing the intertwining nature of social isolation and loneliness among migrant mothers (Lim et al., 2022).

Vulnerable migrant women, particularly, face heightened susceptibility to postnatal depression and other mental health concerns. Appearing in early in motherhood, these issues can persist for an extended duration due to women's limited familiarity with healthcare systems and reluctance to disclose due to concerns about their immigration status contribute to the potential invisibility of these issues within maternity services. Even five years later, they remain significantly less inclined to seek assistance for anxiety or depression. (Moore et al., 2019; Firth & Haith-Cooper, 2018).

Lane et al (2010) found that structural inequality and ageing for migrant women adds particular constraints in improving their wellbeing - although they are all active agents in their own lives, and many women have found ways to negotiate their lives under pressure and build personal resilience, the result of so much time spent experiencing structural inequality means that they are unable to live the lives that they feel they deserve in their old age, and this has significant impacts on mental health and wellbeing.

## Awareness, Acceptability, and Accommodations

Simkhada et al. (2021) found that factors reducing the likelihood that a person from a minority ethnic or migrant background would seek support for mental health difficulties were: (1) stigma and fear; (2) gender; (3) language; (4) tradition and culture; (5) family involvement; and (6) lack of cultural awareness in health workers. They recommended early intervention as health policy to address these issues.

Early intervention is particularly important as, internationally, when ethnic minorities do engage with mental health services, they experience poorer quality of care, relatively poorer outcomes and are less satisfied with the care received. They are between 40%–80% more likely to prematurely disengage from treatment and are less likely to receive regular outpatient care after discharge. Indications also suggest that they are also less likely to experience symptom remission and to improve their recovery, global functioning to return to work (Maura et al. 2017).

Three lenses are used to examine the overlapping systemic, cultural, socio-demographic, and socio-structural factors which determine ethnic minority populations inequitable pathways to and experiences of mental healthcare. These are Awareness, Acceptability, and Accommodations.

**Awareness:** Lower levels of mental health literacy and higher levels of mental health stigma can contribute to inequitable delays in accessing mental health care. Ethnic minority populations may feel uncertainty about what kind of support they could receive in mental health services and may face difficulties in navigating an unfamiliar mental health care systems and may lack the knowledge about their legal entitlements to accessing mental health care.



**Acceptability and Accommodations:** Language and cultural adaptability are two key factors determining the acceptability of services to ethnic minority users. Individuals provided with limited linguistic accommodations when attending MHS often experiencing difficulties in accessing an interpreter and appropriate translated materials. In addition, it is well acknowledged that using an interpreter can create emotional and psychological barriers for service users, particularly where interpreters are from the same ethnic or national background. In terms of cultural adaptability, mental health service provision predominantly operates from a biomedical, ethnocentric, and global north knowledge about mental health and distress, and as a result there is often an under-provision of culturally appropriate care, and therefore limited integration of indigenous, spiritual and/or psychosocial knowledges about mental distress.

## Capacity building

A series of studies by Cairde has identified several ongoing significant mental health and wellbeing needs of ethnic minority populations in Ireland. The report 'Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations' proposed that future programmes build ethnic minority communities' capacity to address mental health needs.

The Cairde 2015 report (Bojarczuk et al., 2015) on barriers to accessing mental health services concluded:

> *"Community participation is integral to the process of addressing the barriers identified. The capacity to meaningfully engage in the process of identifying and analysing their own needs should be built into ethnic minority communities to develop their own mental health agendas and strategies to address social determinants of mental health.*
>
> *The findings of this consultation also demonstrate that communities experiencing multiple forms of disadvantage and disempowerment need to address mental health stigma from within their own sociocultural context. This means that existing anti-stigma campaigns and mental health initiatives do not reach minority ethnic communities and that understanding, and awareness need to be fostered at a community level. National anti-stigma campaigns and initiatives must also move away from Westernised medical concepts of mental health illness and develop new approaches to target minority ethnic groups by placing greater emphasis on positive dialogue with communities, families, spiritual and religious leaders and youth groups. This would require developing new models of engagement to create more effective partnerships with ethnic minority communities regarding mental health."*

# ABOUT THE PROJECT

In 2022 Cairde received funding from HSE Social Inclusion Dublin North City & County to develop and deliver health promotion programmes for Roma and minority ethnic community in Balbriggan.

Throughout the consultation process with attendees of Cairde Balbriggan HIAC, it became apparent that women were contending with a range of mental health and wellbeing concerns. These included the strains of daily life, familial and community challenges, health issues, migration-related stressors, feelings of isolation, mental health struggles, and past traumas. Additionally, there were concerns regarding the accessibility and relevance of existing mental health support services. Women expressed a need for a program to assist them in managing their own, their family and community mental health issues.

To respond to these needs Cairde decided to develop a training program that builds on the body of work carried out at Cairde Balbriggan office and by 'Be Aware. Be Well. Migrant Mental Health Initiative' including the community resource pack: 'Pathways to Being Well' and Mental Health & Wellbeing Peer Support.

## Project Objectives

**Pathways to Wellbeing: Empowering Migrant Women's Mental Health training program** was initiated to empower participants with the knowledge and skills necessary to manage and enhance their mental health and overall well-being.

Cairde aimed to develop and test a model for a mental health and well-being training program catered to migrant and refugee populations that:

Meets the needs and incorporates the awareness of factors influencing migrant women's mental health.

Aligns with relevant policies and plans.

Is evidence informed.

Is culturally adapted.

*Figure 1. Building blocks of Cairde's mental health and well-being training program*



## Alignment with Policy and practice

### Alignment with Irish policy priorities

Current Irish policy priorities include the provision of psychosocial support, which is community based, peer-led, culturally responsive, and partnership brokering, in addition to being holistic, preventative, and recovery enhancing in orientation.

Therefore, Cairde's training program fits well with:

- The mental health focused policies 'Sharing the Vision; A Mental Health Policy for Everyone', 'Connecting for Life' and 'Stronger Together: The HSE Mental Health Promotion Plan 2022-2027';
- The broader health and service provision policies of 'Sláintecare' and 'Healthy Ireland 2013-2025' and;
- With population specific policies such as the 'Intercultural Health Strategy 2018-2023'.

### Alignment with globally recognised practices

Globally, there is consensus that the provision of culturally responsive care and resolution of the inequitable access to and quality of mental healthcare experienced by ethnic minorities, is dependent upon mental health services working in partnership with ethnic minority communities, and through roles such as mental health advocates, peer support workers, and cultural brokers.

The 2023 WHO's report on migrant and refugee mental health recommends to:

> *...strengthen community capacity for and access to mental health care by providing information about services, providing psychoeducation, mobilizing communities to support themselves, proactively engaging with migrant groups and providing community-based referral pathways.*

## Evidence-informed and culturally adapted interventions

To meet the objectives the training program's content draws from emerging discipline of lifestyle medicine, positive psychology, and the science of and best practice in stress management and trauma healing. Interventions rooted in these disciplines have demonstrated a significant reduction in mental health issues, an enhancement of coping skills, the cultivation of resilience, the development and maintenance of healthy lifestyle habits and an overall improvement in well-being—across mental, physical, social, and spiritual dimensions.

### Positive Psychology

Positive Psychology is the scientific study of human flourishing, and an applied approach to optimal functioning of individuals, communities, and organisations (Gable & Haidt, 2005, Sheldon & King, 2001).

Keyes (2002) describes mental health as a continuum where flourishing is the presence of mental health and languishing is the absence of mental health is characterized. On this continuum people with mental health/flourishing have high levels of well-being,

meaning that they often experience positive emotions and function well both from a psychological and social perspective. Importantly, Keyes recognizes that individuals can simultaneously experience mental health and mental illness to varying degrees, as they are two separate dimensions. Therefore, Keyes emphasizes the importance of addressing mental health not only by reducing mental illness symptoms but also by promoting positive mental health and flourishing (Westerhof and Keyes, 2010).

To achieve this, Cairde intended to introduce the training participants to Positive Psychology Interventions (PPIs) that are applied to improve wellbeing and helping people to flourish. These interventions include practising gratitude, self- compassion, savouring positive moments, strengthening relationships, strengths, growth mindset, engaging in post-traumatic growth. Evidence indicates that PPIs reduce mental health issues and increase wellbeing in both clinical and non-clinical populations.

One systemic review demonstrated an amplified reduction in depressive symptoms among ethnic minority groups (Carr et al., 2021). Further, the “Mosaic”, positive psychology informed program tailored for Syrian refugees, concluded that encouraging individuals to set goals, regain a sense of life purpose, develop personal agency are key elements needed for refugees to adapt and build their lives in a new country. Findings suggest “Mosaic” positively contributed short- and long-term to the social and economic participation of Syrian refugees (Muller-Dugic et al., 2023).

## Lifestyle Medicine

Furthermore, there’s preliminary evidence showing that psychological flourishing can be cultivated and enhanced by behaviours related to diet, physical activity, sleep, substance use, stress management, social connections (Burke & Dunne, 2022). These are the six pillars of Lifestyle Medicine which is the science and application of healthy lifestyle as interventions for the promotion of health and wellbeing, and the prevention and treatment of lifestyle-related disease (ACLM, 2024); including mental health issues, and suicide (Burke et al., 2022).

There is some research exploring the effectiveness of application of the LM tenants on migrant and refugees’ mental health. For example, Soltani (2021) found the multifaceted role of food in recent migrant women lives. It is a source of nutrition and a tool for maintaining cultural identity and belonging. Further, some women noted that overeating helps them to cope with the stress and psychological demands of migration. Importantly, women acknowledged that improved knowledge and skills are the key to start eating in a healthy way.

Social connectedness can be restored and fostered via activities, such as mother-and-baby exercise classes. Witcomb & Harding (2018) and Currie (2018) studies shown these classes can reduce depression and anxiety. Where the social support is absent, the effects of isolation persist and impact on women in a wide variety of ways. Further, Giusta & Kambhampati (2006) and Jayaweera (2014) found that positive experience during settlement and satisfaction with the new environment for migrant women’s overall well-being.

## Stress and trauma

Cakir & Guneri (2011) reveal the role of psychological distress, education level, and social support in empowering migrant women, emphasizing distress as a risk factor for empowerment in the migration context. Migrants and refugees have higher exposure



of traumatic stress, face acculturation and minority stress as well as stresses related to lower-socioeconomic status and immigration status.

A range of evidence informed tools can be used to learn to cope with adversity, manage stress, heal trauma, and build resilience with efficacy shown in the refugee populations. Cairde decided to use a model developed by the Center for Mind and Body Medicine (CMBM). Numerous studies showed that CMBM group model has repeatedly reduced the percentage of children and adults who qualify as having Post-Traumatic Stress Disorder (PTSD) by 80% or more, with gains holding at 3- and 10-month follow ups. Statistically significant decreases in depression, hopelessness, anxiety, anger and sleep disturbance, and increases in mindfulness, self-efficacy, and quality of life were also shown (CMBM, 2024).

## Healthy lifestyle behaviours

As migrants do not benefit to the same extend as the host population from mental health promotion initiatives, therefore this program hoped to support the participants in establishing lasting change. Research suggests that merely providing advice is less effective. Instead, a combination of education and personalized support has shown greater efficacy (Mosalman Haghighi et al., 2018). Hence the program intended to place substantial emphasis on developing and sustaining healthy habits, by introducing participants to the Tiny Habits model (Fogg, 2019). It also provided the participants with an opportunity to engage with Cairde’s Peer Support volunteers.

## Cultural adaptations

Finally, according to Arundell et al. (2021), evidence-informed culturally adapted psychological interventions consistently offer advantages over non-adapted interventions.

These adaptations cover diverse aspects including translation, the intervention’s provider, considerations of faith, and culture-specific modifications within organizations such as altering delivery length or timing. Such adaptations play a vital role in ensuring accessibility and acceptability for individuals with varying cultural needs. Additionally, as highlighted in the study by Lee et al. (2013), newly arrived culturally and linguistically diverse women expressed a preference for interactive talks or presentations as their primary mode of receiving information, complemented by written materials for support.

Therefore, in this program Cairde decided to encompass interventions with proven efficacy within minority ethnic groups where possible and to utilise the favoured methods of receiving health and well-being information among participants, considering group make-up, timing and space, namely Cairde Balbriggan office.

# IMPLEMENTATION

## Host organisation

The programme was delivered by Cairde's local office in Balbriggan. It is a well-established hub for migrant support and signposting to key services, as well as host of regular activities for migrant women including arts and crafts, English language and literacy classes, computer classes, health knowledge courses (e.g. nutrition and diet), and activities such as gardening, yoga and mindfulness. The Cairde office in Balbriggan also includes dedicated space for group activities available on a full-time basis to Cairde, which was used to deliver this programme.

The programme was coordinated by 2 staff employed by Cairde in wide-ranging project management, health advocacy and support roles, bringing their existing experience and expertise to the design and implementation of this programme, as well as knowledge of the local area and the range of mental health and wellbeing needs amongst users of Cairde's services and the wider local community.

## Target population

The target group was 15 females, from mixed ethnic / national backgrounds and immigration status and experiences, living in Balbriggan area, seeking to improve their mental health and wellbeing.

The intervention is aimed at the individual, although there may be additional results which affect the participants at the level of the participant group, given their proximity in residence and participation in other activities.

## Training program structure

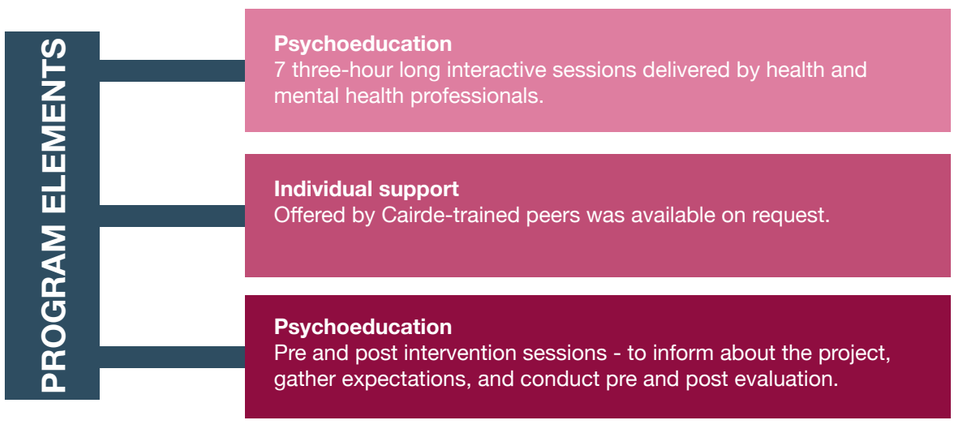


*Figure 2. Three pillars of the training program*



## Tutors

Three tutors were engaged to deliver the content of the programme relating to their areas of expertise:

- Heidi Jackson – Faculty and Mind Body Skills Group Facilitator, Centre for Mind Body Medicine Ireland
- Ruth Kelly – Positive Health Coach
- Ejiro Ogbevoen – Psychotherapist, Black Therapists Ireland

## Training program content

All sessions aimed at:

- Consolidating knowledge
- Encouraging the regular practice
- Forming alliances and seeking support from peers
- Raising self-awareness

| Day | Tutor | Session Descriptor |
|---|---|---|
| 1 | Heidi Jackson | The session offered an opportunity for both information and practical application of stress reduction and trauma healing techniques, including:<br>• Breathing and meditation (Soft Belly Breathing)<br>• Shaking and dancing<br>• Drawings – "I'm now," "I'm with my biggest issues," "I'm with my biggest issue solved." |
| 2 | Heidi Jackson | The session aimed at encouraging self-awareness on the effects and practice of the techniques learned on Day 1 as well as providing more information about stress and traumatic stress and learning new technique: Autogenic Training. |
| 3 | Ruth Kelly | The session aimed at helping to build and sustain new habits. It also introduced the Lifestyle Medicine as a framework for wholistic approach to health & wellbeing.<br>• Health enhancing lifestyle behaviours - Lifestyle medicine model and its 6 pillars: exercise, nutrition, sleep, social connection, stress management and avoidance of abusive substances.<br>• Discuss the benefits of exercise and current level of physical activity of the participants.<br>• BJ Fogg's method of Tiny Habits - Introduce the concept and encourage the participants to commit to developing a tiny positive habit. |

| | | |
|---|---|---|
| 4 | Ruth Kelly | The session aimed at exploring nutrition and healthy eating, the role of positive emotions and introduced the concept of coaching.<br>• Coaching as a way of getting support with health enhancing lifestyle changes.<br>• Nutrition – including brain/gut connection and testing healthy snacks<br>• Positive emotions - Introducing the concept of of Broaden and Build and the power of celebrating little wins as appreciating micro moments of joy. |
| 5 | Ruth Kelly | The session aimed at explored the following:<br>• Sleep<br>• The concept of Growth mindset.<br>• Tiny positive habit – discuss the progress and barriers, motivate. |
| 6 | Ejiro Ogbevoen | The session aimed at raising self-awareness and self-esteem, applying acceptance and positive lenses to life experiences, and dealing with cross cultural issues, including parenting.<br>• Mindful Breath<br>• Introduction to counselling and psychotherapy<br>• Importance of self-care, with focus on the internal experience - how we think of ourselves, how we feel within, and the actions we take to self-support.<br>• Power of attention on what is good, and present in our experience.<br>• Letting go of things that cannot be changed, keep going, supporting, and trusting self.<br>• Challenges of parenting, offering supportive perspectives, encouraging participants to trust themselves, as they guide their children. |
| 7 | Ruth Kelly | The session aimed at introducing the following:<br>• Self-compassion<br>• Tiny positive habit – discuss the progress and barriers, motivate. |

*Table 1. Daily schedule for training program*



# EVALUATION

Lucy Michael Research, Training and Consultancy (LMRTC) is a research and advisory consultancy with deep expertise in inclusion and equality. It is experienced in working to produce effective policy outcomes addressing a range of equality and human rights concerns, from the workplace and education to policing, and assisting statutory institutions and civil society in combating discrimination across multiple and intersecting equality grounds.

## Evaluation process

An evaluation was commissioned prior to the commencement of the programme, and the evaluation team briefed to create an evaluation process design, agreed prior to commencement. The evaluation activities were designed to measure insofar as possible the impact of the intervention on the participants' sense of their own mental health and wellbeing.

**The evaluation included four methods of data collection:**

| 1. The Mental Health Continuum Short Form (MHC-SF) | 2. Focus groups pre- and post-activity | 3. Weekly participant reflection surveys | 4. Observation |
|---|---|---|---|
| The MHC-SF questionnaire was administered at 3 points: before the commencement of the programme, at the programme mid-point and after the completion of the programme. | A pre-activity focus group and drawing activity, and a post-activity focus group and drawing activity, both led by the evaluation team. | Weekly questionnaires were administered, collected, and stored by the programme coordinator using assigned participant numbers for confidentiality. | The evaluation team also attended a session later during the programme to further familiarise with the context of delivery and the response of participants to the content and context of the programme, and the administration of evaluation activities. |

*Figure 3. Four methods of data collection for the evaluation process*

## Data Collection

### 1. The Mental Health Continuum Short Form (MHC-SF)

The Mental Health Continuum Short Form (MHC-SF) is implemented here as a measure of emotional, social, and psychological wellbeing (Keyes, 2009). This has been selected for its high level of reliability over a short time.

The short form of the MHC has shown excellent internal consistency (> .80) and discriminant validity in adolescents (ages12-18) and adults in the U.S., in the Netherlands, and in South Africa (Keyes, 2005b, 2006; Keyes et al., 2008; Lamers et al., 2011; Westerhof & Keyes, 2009). This is based on 4-week test-retest reliability. The short form of the Mental Health Continuum (MHC-SF) is derived from the long form (MHC-LF), which measures emotional well-being, the six dimensions of Ryff's (1989) model of psychological well-being, and the five dimensions of Keyes' (1998) model of social well-being. The MHC-LF form measures of social and psychological well-being have been validated and used in hundreds of studies over the past two decades. The MHC-SF measures three levels of positive mental health: flourishing, moderate and languishing mental health.

The MHC-SF consists of 14 items that were chosen as the most prototypical items representing the construct definition for each facet of well-being. Three items (happy, interested in life, and satisfied) represent emotional well-being, six items (one item from each of the 6 dimensions) represent psychological well-being, and five items (one item from each of the 5 dimensions) represent social well-being. The response option measures the frequency with which Participants experienced each symptom of positive mental health, and thereby provided a clear standard for the assessment and a categorization of levels of positive mental health that are similar to the standard used to assess and diagnosis major depressive episodes (see Keyes, 2002, 2005, 2007).

Feedback forms, which give a snapshot in time about how people feel and whether they enjoyed and valued the intervention. What this doesn't measure, is the impact it had on the individual's behaviour, and if they have made a positive shift as a result of taking part. Measuring behaviour change helps to demonstrate where a health and wellbeing strategy was effective and to improve initiatives as a result.

### 3. Focus groups pre- and post-activity

Focus groups provide an opportunity to gather in-depth, qualitative data. Participants can express their thoughts, feelings, and experiences in their own words, allowing researchers to gain a nuanced understanding of their perspectives. This is particularly valuable in exploring complex topics such as mental health, where individual experiences vary widely. Utilizing focus groups in the evaluation of a mental health education programme for ethnic minority and migrant women offers a nuanced understanding of their experiences and perspectives. In the context of this specific demographic, focus groups provide a robust platform for gathering qualitative data, allowing participants to share their insights in a supportive, communal setting. The pre-activity focus group, which explored motivation to participate and activities for health, was particularly relevant in understanding the initial attitudes and expectations of the participants. This approach allowed for the identification of specific cultural and contextual factors that may influence engagement with mental health education. The interactive nature of focus groups leverages group dynamics. Participants can build on each other's responses, challenge or validate opinions, and generate a broader range of insights through discussion. This is especially beneficial in multicultural settings, where shared experiences and diverse perspectives can emerge and be explored collaboratively. Focus groups can help researchers understand group norms and collective attitudes within a specific community. The appropriateness of focus groups is heightened in the case of ethnic minority and migrant women due to the communal nature of these sessions. These women may share common experiences and challenges related to their background, making a focus group an ideal setting for open dialogue and the exchange of diverse perspectives. The interactive and participatory nature of focus groups facilitates a deeper exploration of cultural nuances that may impact mental health awareness and intervention.

The post-activity focus group further enhances the robustness of the evaluation by delving into participants' experiences during the programme and their perceptions of self-growth. This approach captures the nuanced transformations and developments that may have occurred, providing valuable qualitative insights into the program's impact. The emphasis on self-growth is particularly relevant in mental health education, where individual experiences and perceptions play a crucial role in determining the efficacy of the intervention.

## Indicators

The key indicators of success in this programme will be:

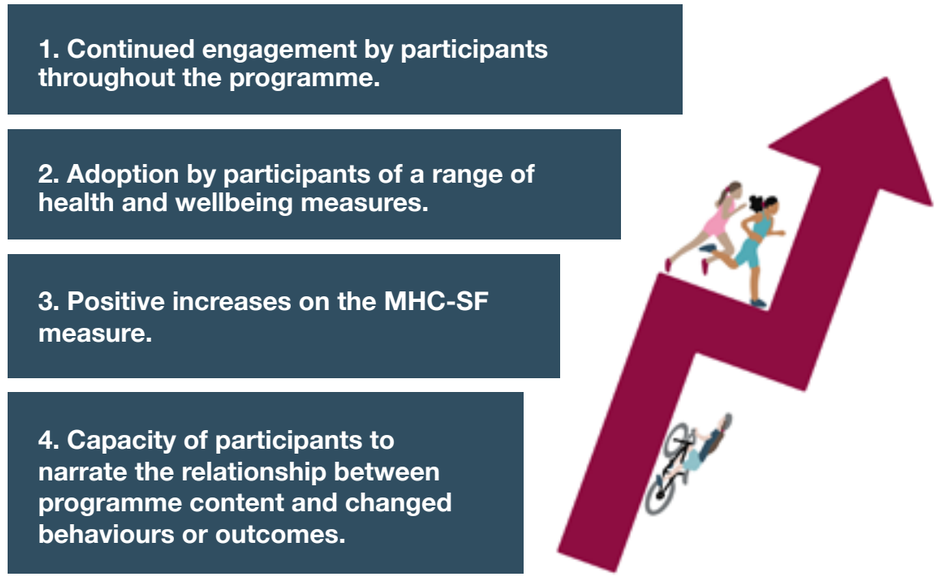


*Figure 4. Key Indicators of success in the training program*

# RESULTS

**Motivations for taking the programme:**

- To help other
- To relax
- Break the isolation
- Learn how to support myself
- Being a migrant women
- Mental health stigma
- Carer's stress
- Motherhood stresses
- Absence of extended family

## Pre-activity focus group

A focus group was held with 10 participants, and questions concerned motivation to participate, and activities currently done to improve wellbeing.

Three of the participants named helping others as well as themselves as their main motivations for joining the programme, and 4 others mentioned helping others as an anticipated benefit of the programme.

> *"I would like to learn more about mental health, help my community and anyone I can support. And learn life skills for myself."*

Four of the participants talked about how hard they found it to relax even during enjoyable activities for themselves.

For one participant, the isolation she experienced during Covid, having moved away from the town to a new area, heightened her awareness of a need to learn to support herself better. Another spoke about having experienced poor mental health but decided *"It's never too late to learn. If I know in future, I can help other people and can improve my Wellness and be healthy."*

Issues related to being a migrant woman were raised early. Firstly, in respect of cultural perceptions of persons admitting to poor mental health, "as an African, you think a person is mad", participants spoke about the benefit of coming together as a group to learn about mental health and wellbeing.

> *"When I begin to attend class, and accept it: How do I cope saying I'm OK? But knowing I'm not OK"*
>
> *"I wasn't coping trying to be a super mommy. You're trying to do everything. Sometimes we should care about our well-being. Mental health goes hand in hand. You take solace in food, eat too much, harm ourselves. And go back to depression in and out. It is a joy to be here to talk about it, especially with Africans, there's not many places to do that. The first thing is to admit it, then accept it, then look towards getting out of it. We get too busy and can't let it out. But here we feel like family. We feel free."*
>
> *"I've been looking forward to this for a long time. I've suffered a long time."*

However, regardless of cultural or ethnic background, participants observed that the stigma of admitting to poor mental health is common in Irish society too.

> *"We're afraid to admit it in case we are judged."*

Secondly, participants noted that for migrant women, there are particular stresses



that come with having continued relationships with family overseas. Learning to look after one's own needs was a priority mentioned by nearly all of the participants.

> *"News from Africa, illness in the family, people requesting money, etc., it's all stressful."*
>
> *"I can't run away in my mind even here [in Cairde], I think of what I have to do when I'm finished - maybe I will come to relax."*

Motherhood was a particular stress point for most participants, and there was significant anxiety expressed by several participants about feeling responsibility for carrying all the family's burdens, especially in the absence of extended family.

> *"When we have teens, it's hard."*
>
> *"My children are grown. I'm free from them and I'm still bombarded with their issues. … I forget to look after myself minding others. It's hard. Without outside influence I forget, even though I do my walks etc. It's a journey. I've got to be careful."*

Morning drop-offs at school cause stress for participants, and feelings of isolation directly after this are elevated.

**Existing strategies to stay well:**

- Quiet time
- Fun
- Exercise
- Meditation
- Time with family and friends
- Listening to music, singing, dancing
- Creating, Painting
- Baking
- Reading
- Gardening
- Knitting
- Watching videos and movies
- Listening to podcasts

Participants were asked what they currently do to stay well and maintain good mental health. Almost all named some form of quiet time, fun or exercise that they enjoyed, but only a minority were able to confirm that they did these regularly enough to feel ongoing benefits. Instead, many of these are adopted at 'breaking point' or 'when everything feels too much', rather than prioritised in everyday life.

Their answers included: *"Meditation, using my phone at night in bed, taking a 10-minute walk, listening to a podcast, like slimming world."*

> *"Listening to music during my housework, sitting with kids watching cartoons, and going out with friends."*
>
> *"I play jokes with the kids, exercise, gym, yoga, Pilates and do dance classes at home, I like to create and bake."*
>
> *"I watch detective movies, see friends, and talk with my parents."*
>
> *"I use the app halo. I watch YouTube while cooking, I like singing and dancing, exercise for 10 minutes. I like an evening walk but I can't do it with the kids, I miss it because it calms me, especially walking in trees or at the beach, hearing the sea, it calms your soul."*
>
> *"Painting helped me deal with my fear."*

The three women who scored more highly on the MHC-SF at this evaluation point prioritised both fun and exercise, and scheduled more opportunities for these activities, so that even when things were busy, they did not miss out on some positive activities each week. They also were able to narrate points which made them commit to this for their own wellbeing.

> *"I drop the kids off in the morning, then I feel down. When the sun comes up late in winter, I sit in it for 30 minutes."*
>
> *"I like 15-20 minutes at the beach, all my life I do this, I take a bath – I Imagine I'm in a waterfall and dream, I read books, growing up my Dad travelled in his books, and I want to travel."*
>
> *"It is therapy for me to sit in the garden and do knitting. Since covid I meet friends with cake on Thursdays. This makes my brain relax. For my body, walking."*
>
> *"I was doing everything until I had a back injury, then I had to delegate. The GP said take one hour a week away. I had to work out how to leave my kids for even that hour."*
>
> *"It is my responsibility to fix my life, all of it makes your brain dizzy."*

## Weekly reflection surveys

Each week the participants were asked to complete a short number of questions reflecting on the session contents and their application between sessions, as well as several other questions varied through the programme to explore their experiences. These are produced in summary below.

### Week 1

Participants were asked *"What do you think may change for you as a result of this programme?"* The most common themes of response to this question surrounded self-care, relaxation and emotional regulation. Participant #3 mentioned looking forward to being *"more relaxed, positive energy, positive feeling,"* while Participant #5 wished to *"relax more and take it easy."*

Participants were asked *"What do you think you will have to do to make this programme work well for you?"* Consistent practice was referenced most. Participant #16 stated *"by applying whatever I learn from the programme in my life and helping others in my community and helping friends and family,"* while Participant #1 envisioned that they would *"do the tasks 2 times a day."*

Participants were asked *"What did you learn today that you will definitely use in the next few weeks?"* Breathing and meditation techniques were overwhelmingly the most referenced. Participant #8 mentions *"learning to keep it simple, breath is important, keeping to 5 minutes at a time more beneficial than not at all"* and Participant #11 wanted *"to do the breath in and out every morning and see how it will work for me."*



Participants were asked *"What did you learn today that you might use in the next few weeks?"* Self-supportive actions were a common theme to these responses. Participant #2 mentions they might *"treat myself as I treat my best friend"* and Participant #3 references *"learning how to support myself."*

### Week 2

Participants were asked *"What did you learn today that you will definitely use in the next few weeks?"* The majority of responses included shaking, meditation, and mindfulness techniques. Participant #8 mentions *"deep meditation for night / sleep"*, and Participant #16 was interested in exploring *"biofeedback and autogenics techniques,"* stating that *"It is very helpful in stress management."*

Participants were asked *"What did you learn today that you might use in the next few weeks?"* Dancing, shaking, and expressive movements were common themes for responses. Participant #1 mentions they may *"shake to music I like for 5 minutes,"*, while Participant #8 mentions "I will dance more to keep feeling lighter/fun."

Participants also responded to a survey specifically on their health. (See appendix) Eleven participants responded to this survey. Eight of these gave answers to questions 1-3 with an average above 5, and three with answers below 5. In response to the question *"In general, how would you say your health is?"*, seven responded with a rating of 7 or above. In response to the question *"How satisfied are you with your current physical health?"*, five responded with a rating of 7 or above. Compared to others of same age and sex, seven respondents rated their health 7 or above. Three participants said the meals and snacks were good for their health 'often', one said 'regularly' and seven said 'sometimes'. Three participants said they enough exercise to keep their body healthy 'often', one said 'regularly', six said 'sometimes' and one said 'rarely'.

Participants were asked *"Do you want to make any comment about your overall health?"* Five responded. Participant #11 mentioned *"trying so hard to keep healthy and fit for myself and for my age,"* while Participant #16 states they are *"doing well, keeping a good state of mind, staying positive at all times, only struggling to keep my exercise regularly."*

### Week 3

Participants were asked *"What did you use from last week's session, and how well did it work?"* Participants specified breathing techniques the most, with Participant #5 stating *"I used breath a few times a day, specially when the traffic light red. Its very good,"* and Participant #8 doing *"a lot of deep breathing."*

Participants were asked *"What did you learn today?"* Exercise and health were represented in many answers to this question. Participant #7 mentions *"I learnt to exercise more, cut back on sugary foods and treats,"* and Participant #16 states

> *"I learn a lot about exercise and appreciate the information more, most importantly the benefit of squatting to the brain and I promise myself to be committed to squatting as my daily exercise."*

Participants were asked *"How do you plan to use any part of what you learned today?"* Exercise was once again a primary response, with Participant #11 mentioning they will

incorporate the information *"by walking and eating healthily doing more of squatting when standing alone."* Setting goals and habits was also important, with Participant 8 stating they plan to *"mindfully keep it simple and make tiny step towards a more healthier me and grow older in a better way."*

### Break

In the following week, an International Women's Day activity was held. The Day's activity was well attended by participants from this programme, and they commented positively on it when they returned to the formal programme.

### Week 4

Participants were asked *"Thinking about the sessions you attended before the mid-term break, what have been the top TWO things you learned which have been helpful for you?"* All Participants mentioned exercise. Participant #1 mentioned squats and limiting sugar, stating *"squats each time I go toilet, sugar I learned how bad it is for our health, exercises, how it helps to age well. Start small and build up."* Participant #11 mentioned *"knowing that one minute of work out is very good, standing on one leg is very good for me at work so that I wouldn't be sitting all day."*

Participants were asked *"What did you learn today that you will definitely use in the next few weeks?"* Health and wellness were mentioned frequently. Participant #1 mentioned the importance of

> *"set meal times, drink lots of water, 20 mins walk a day, healthy food, exercise."*

Participant #11 stated,

> *"I have to learn to eat healthy food is very important and more veg and fruit to our eating and cooking and take more water cut back on sugar and take more exercise."*

Participants were asked "What did you learn today that you might use in the next few weeks?" Eating healthfully was important to Participants, with Participant #11 planning to

> *"take more water and add more healthy food to our table and I will try to do more of work out, and try to cut back sugar."*

Participant #5 planned to *"eat and drink more healthy food."*

### Week 5

At this mid-point, participants were asked to reflect on the 14 areas mentioned in the MHC-SF

1. Feeling happy
2. Feeling interested in life
3. Feeling satisfied with life
4. Feeling that you had something important to contribute to society
5. Feeling that you belonged to a community (like a social group or your neighbourhood)
6. Feeling that our society is a good place, or is becoming a better place, for all people
7. Feeling that people are basically good
8. Feeling that the way our society works makes sense to you
9. Feeling that you liked most parts of your personality
10. Feeling good at managing the responsibilities of your daily life
11. Feeling that you had warm and trusting relationships with others
12. Feeling that you had experiences that challenged you to grow and become a better person
13. Feeling confident to think or express your own ideas and opinions
14. Feeling that your life has a sense of direction or meaning to it

#### *Reflecting on improvement*

Participants were asked *"Which ONE of the 14 areas, do you think has most improved since you began this programme?"* Twelve participants responded. Four participants indicated 1 *"Feeling happy"*, three participants indicated 12 *"Feeling that you had experiences that challenged you to grow and become a better person"*, and other participants indicated improvement in areas 2, 4, 7, 8, 9 and 14 (one response each).

#### *Identifying areas for future progress and means to achieve it*

Participants were asked *"Which TWO of the 14 areas do you think you need to improve in most now?"* Four participants selected *"Feeling good at managing the responsibilities of your daily life."* Three participants selected *"Feeling that you had something important to contribute to society."* Two participants selected #2 *"Feeling interested in life"*, #12 *"Feeling that you had experiences that challenged you to grow and become a better person"* and #5 *"Feeling that you belonged to a community (like a social group or your neighbourhood)."* One participant each also selected #7 *"Feeling that people are basically good"*, #9 *"Feeling that you liked most parts of your personality"* and #13 *"Feeling confident to think or express your own ideas and opinions."*

Participants were asked *"What would help you to start that in the next 2 weeks?"* Self-improvement and growth was key to these answers. Participant #8 plans to

> *"Apply for more colleges/classes in creative writing, etc., Ask for help to get art portfolio, join more groups."*

Participant #16 emphasized

> *"Staying positive about whatever I set my mind on and carrying It out to achieve it, and feeling good about my decision and becoming a better person by managing all the responsibilities of my daily life, exercising well and healthy eating habit".*

### Week 6

Participants were asked seven questions. As in previous weeks, they were asked *"What did you learn today that you think will be most useful to you?"*. Participant #1 mentioned the importance of self-focus, stating, *"I learned to put myself in a*

*circle, put everyone and everything out, connect to me only."* Similarly, Participant #3 emphasized the need to *"learn to be positive how to care myself, deep breathing moment."*

They were also asked, *"Did you learn anything today that you think will be challenging to do for yourself? What was that?"* Difficulty with positivity and acceptance was a common theme. Participant #4 mentioned the challenge to *"look for future and don't look back"*. Participant #6 expressed the difficulty to *"accept things, even though is not the way I want it to be."*

As a means of orienting participants towards their progress over the programme, they were asked *"We are nearing the end of the programme. How are you feeling about that?"* Appreciation was a common theme, along with learning. There were no negative comments about the programme.

> *"sad for I love the programme and I learned so much"*
>
> *"its really useful for me and I keep trying to do what I learnt"*
> *"very happy "*
>
> *"I will miss this programme"*
>
> *"very happy, more positive for life"*
>
> *"I feel more relaxed and racing thoughts disappeared"*
>
> *"I learn so many things in this programme, how to control my anger, give more time to myself, I appreciate myself."*
>
> *"it was amazing"*

Several participants expressed concern about what they would do to replace the programme in their lives and maintain the positive results.

> *"I feel I could really benefit from keeping the mindful workshops going / keep the glass half full"*
>
> *"I think to have something to replace it that will keep us moving and thinking positive to continue for a change tomorrow"*
>
> *"I am going to miss the class and meeting other mothers. I have learned a lot and I will take them all on board. I am going to miss looking forward to learning new things about life."*

Participants were asked *"Have you noticed a change in your mood since you started the programme?"* Thirteen Participants reported a positive change in their mood since starting the programme, and nine provided more detail about this.

> *"yes I feel relax and how to balance my life"*
>
> *"my mood have really gone like normal since I started this programme"*
>
> *"differently because I am bringing what I have to learn on board for me to use around me"*
>
> *"yes the programme has been very helpful for me to manage my stress and my health"*
>
> *Three of these mentioned specific techniques associated with improving mood:*
>
> *"yes I give some time to breathing shaking walking and to keep in my self."*
>
> *"yes I meditate more, ground myself, eat healthier, more stronger in my self worth"*
>
> *"yes I have learned to be more kind to me and honour all my achievements"*

Participants were also asked if they thought the change in their mood was noticeable to others. *"Has someone close to you noticed a change [in your mood since you started the programme]? Who? How did they describe it?"* Most participants reported that their family members noticed a change in their mood. Participant #3 mentioned, *"yes my family when I talk to them or advise them."* The children of Participant #9 noticed that she *"reduce[d] my anger, I'm not nervous as usual".*
Turning to general health, participants were asked, *"Have you noticed a change in your health since you started the programme?"* Twelve participants responded positively, none negatively and only one left the answer blank. Participant #4 and Participant #6 both mentioned having *"more energy"* since starting the programme. Similarly, Participant #8 reported an increase in energy: *"yes because of my growing confidence, I am more energised, balanced."*

Four other participants referred to changes in mental health and stress levels, two directly relating to the breathing techniques that were used regularly through the programme:

> *"my mental is much more better than ever. Thanks so much."*
>
> *"yes I feel relaxed, changed happy with all my friend in programme is good for me "*
>
> *"my stress level is down, the breathing change a lot of my condition"*
>
> *"yes using the breathing exercise and staying happy and managing myself well given my daily routine"*

Participants were also asked *"Has someone close to you noticed a change [in your health since you started the programme]? Who? How did they describe it?"* Five Participants reported that their friends, family members or work colleagues noticed a change in their health. One was unsure, and the remaining participants did not answer.

## Post-activity focus group

The final focus group was held a week after the last content delivery. It was well attended, and participants were enthusiastic to share their experiences of the programme.

**Content takeaways**

- Breathing techniques for calmness
- Breaking problems down into smaller components
- Shaking and dancing for better mood
- Squats to improve memory
- Healthy eating
- Drawings for ‘me time’
- Growth mindset
- Self-appreciation for tiny achievements
- Focusing on the good
- Feeling self-worth
- Regular practice

Participants were asked which techniques or knowledge they used from the course, and how these helped to improve their mental health and wellbeing. Breathing techniques were helpful for calmness and particularly positively affected peaceful management of family relations, while outdoor activities, like walking on the beach, helped to overcome anger. Dealing with problems by breaking them down into smaller components was helpful for addressing overwhelm and avoiding panic and self-blame.

> *“You step back, take a deep breath and deal with each component separately”.*
>
> *“A tiny achievement is better than nothing”.*

Shaking and dancing techniques were popular amongst the group to *“fill the waiting time during the daily chores”*, and to put more fun into everyday life. Participants described how this *“changes your mood and helps to release sticking thoughts”* and *“better manage your problem.”* Squats were another popular technique adopted for everyday movement, *“doing at any time, after prayer, between house chores, etc.”* They were attracted to the connection between doing squats and improving memory. Participants noticed that after adopting the practice, they found felt worse on days they did not do them, and this was a good indicator for them that the technique was helping them in ways they could not immediately see. These were related too to reduced stress and *“managing crises in a better mood.”*

Healthy eating techniques were adopted by drinking more water, reducing junk food at home, and reducing sugar/chocolate/ biscuits/ sugar-added juice. Participants were almost all trying to eat more fresh vegetables and fruit, and some reported family-wide decisions to eat better as a result of their changes.

Other activities adopted by the participants included drawing*, “I spent some time on me”,* and another reports regularly doing the soft belly exercise *“I feel weightless”.*

Participants found that the growth mindset was a useful frame for their experiences in the course and a direction forward afterwards. They commented on *“self-worth”*, *“self-perception”* and *“self-appreciation for tiny achievements”*. One participant commented on how she felt calmer when she could *“remember good things about people, even if they treat you badly.”*



**Delivery highlights**

- Different tutors from varied backgrounds
- Migrant tutors
- Variety of physical and mental activities
- Developing social networks
- Mutual understanding
- No judgement

Having a range of different tutors on the programme was appreciated by participants, who liked the variety of presentation types, personalities, and content across the programme. The variety of physical and mental activities in the sessions helped to keep it interesting. Having tutors from a variety of backgrounds was also seen as a positive because:

> *“It makes you learn different cultures, different ideas.”*
>
> *“Ejiro has been in our shoes, she knows where we come from, what we are going through.”*

Participants described a range of facilitating factors which helped them to engage fully with the programme content and implement these on an ongoing basis. Developing social networks within the local community was a positive booster, as was being with other participants from similar ethnic or language backgrounds and in the same situation as migrants or mothers, or both. ‘Mutual understanding’, ‘no judgement’, and opportunities to reflect on their own challenges meant that participants described feeling very positive about their engagement, including “being excited about the class from the night before”. Having a trainer of migrant background was also seen as a strong positive factor, and participants said they would welcome more discussion of the challenges of being migrants in the context of mental health and wellbeing.

**Cultural adaptations / acceptability**

- Support for those with limited English capacity
- Use of trusted community space
- Presence of trusted community workers
- Encouraging attendance

Most participants were fluent or nearly fluent in English and found that they were able to manage the content of the programme well. One participant who did not have strong skills in English was assisted throughout the programme by her friend and other programme participants. She was satisfied that the programme had the same value for her as for others because she was able to access that assistance.

The importance of the setting at Cairde was a point very strongly made by the group as as whole. Most participants trusted that the programme would be useful because of their experience either of other programmes at Cairde or their experience of consulting with the Advocacy Officer at Cairde. Participants trust the Cairde building as a place to easily share their problems and get help without judgment. The Advocacy Officer who acted as a facilitator for the programme played a key role in supporting the participants to engage on an ongoing basis, through sending reminders, encouraging attendance and being helpful during the programme. This ongoing contact was important to participants because it helped to keep the programme as a priority for each of them despite busy lives, particularly because at least half of the participants said they found it difficult prior to taking the programme to delimit other people’s interruption of their priorities and personal time.

*"She had to remind us, send texts, she was the person we can relate to."*

*"Very helpful, we are comfortable with her. She has listening, she has the time to accommodate us, help us. Always encouraged us to come. She knew us. She knew people who were not going to come out. She sometimes calls us personally to come out."*

Participants felt strongly that the space provided by the programme, and the supportive environment established by Cairde staff and the trainers, was key to ensuring their full engagement in the programme and led to the progress they saw. Common themes were 'non-judgemental', 'trust', and 'familiarity'.

*"Here you will feel comfortable like to talk more than, like, if you have a family sometimes if you tell them, like, they don't have knowledge for that kind of things. They will tell you something or they will judge you the way they think about it. Maybe it wasn't supposed to be like that."*

*"I think we trust this building. We trust each other. This is what I believe. And we trust this building. It gives us a chance to speak out. It gives us a chance to become who we are, like the majority of us are who we are because of this building. My story in this country started in this building. Okay, so I'm free to talk about anything here."*

*"When you have a friend that is going through you tell them, we bring the person home because we call this place home, you need to come here. I know that was that I brought a friend here because she finds it difficult to come out for whatever reason, she is coming."*

*"We're just comfortable around each other. We don't really see we don't see where each other is coming from, we see as individual. Yes so regardless of your nationality – it is not hiding anything. We're just comfortable with each other and we have a comfortable environment. Even if you don't come for months. When you come around we feel as if it has been every day. You haven't shown your face, everybody greets you as if you were here yesterday. If it's not doing the class we are doing, you have to come on Friday you meet another set of people."*

**Changes experienced**

- Habits stacking
- Creating "me time"
- Acknowledging diversity of the participants
- Change takes time
- Coaching approach

Participants commented on the power of hooking habits to everyday routines (habit stacking) in particular. One participant commented on the importance of prayer as *"me time"* and several others commented on using this as a transition time into something healthy like stretches or squatting exercises and deep breathing, and even celebration moments (alone or with their children). This point highlights the value of acknowledging diversity within the delivery of the programme, given the various religious practices of the group (and none), and the relationship of prayer practice to daily routines.



## Commonly experienced changes

Participants noted changes in a wide range of areas because of the changes they made throughout the programme. Commonly experienced changes included:

- Improved emotional regulation, such as less anxiety, ability to manage one's temper, stopping racing thoughts, feeling more self-worth, and enjoying better self-awareness.
- Acknowledging and reducing perfectionist tendencies
- Prioritising one's own needs to serve others better. In particular this created better family relationships, which participants described as *"less shouting at"*, "less strict with" and "more respectful relationships with" children, so that "Everybody is happier at home".
- More confidence in setting boundaries around availability to support others. *"I've stopped giving a chance to others to abuse me"*.
- Increased knowledge about and better management of healthy eating, including managing diabetes with healthy food, and understanding how children copy and learn healthy eating patterns.
- Acknowledging one's own limitations (in terms of energy, time, own problems, etc.) to reduce unrealistic expectations and shame – have more self-compassion.
- Better sleep patterns (only some of group).

## Process of change

Participants described most of these changes as feeling 'gradual and slow'. Although change seemed possible in the first week of the programme, most described observing actual change in the third week.

The first changes started to become visible for most participants around week 3, as they began to implement the practices in their everyday lives and feel the benefits more consistently particularly around increased ability to manage stress.

*"You want to put it in practice. Each week we come to class we are asked how did you do, what did you do during your week? We just want to see what you have done during the week."*

One participant explained:

*"I noted changes when I could use them in practice, for example, by setting boundaries in my friendship relationship."*

However, for those who had never been exposed to this kind of information before or had an interest in it, the content of the programme prompted a sense of immediate change.

*"For me, from the first week when Heydi started with the shaking, it started to build, for me I had no idea about these people, this topic, mental health, even for us, first week was something new."*

*"It started from first day for me. Exercise, I do breathe, I do worksheet, I do it every day. 5 minutes, I relax. This course reminds you, change your life, its not one day, like your family and yourself it's cultural."*

### Sustainable changes

Participants were asked 'which changes feel sustainable over the long term?'. Answers included:

- Healthy eating
- Stress management
- Appreciate your small achievements
- Prioritise your own needs
- Stop negative stigma about mental health issues (taboo in some cultures)
- More use of counselling services in the future

### Overcoming stigma of mental health

The programme was agreed by all participants to help overcome mental health stigma. The participants noted that among some cultures, discussions of mental health problems or mental illness are taboo due to a cultural perspective that mental illnesses signify being 'crazy' or 'mad,' thereby preventing families from seeking help because of fear of bringing shame on the family.

> *"It's a taboo, it's evil, like even like a sexual disease."*

The programme helped participants overcome the stigma of mental health issues.

> *"If we have a good lecturer, a good speaker, it becomes relaxing to talk abut this, now we know that mental health is different that what we think it used to be. So now we find it so easy to talk about, not the height of mental heath issue, but minor issues before it gets advanced to that level, there are minor issues we can talk through. If you find a place to discuss it, it will become that people are more relaxed to talk about it. We don't like to let you know, its getting worse, but sometimes we can talk, check the box. Maybe you need me. That's not easy to say you know, before to the people around you."*

### Improving access to mental health supports

All of the participants also said that as a result of the programme they would be more likely to use counselling services and encourage others to do so. They also felt that the programme enabled them to help others efficiently.

> *"Yes, because every time she goes, she says yes try it."*
>
> *"2020, 2021, I would say was worst year for me, why not go to counselling? Why would I go? I said my mummy died at 53, I have 8-10 years to go, but when I had this struggle and I heard other people talking, I wish I went, I never thought the difference that counselling would make. Now I can imagine going."*
>
> *"I have a friend every time I say I am tired, she say why not try counselling? Even in Africa to say if you are going to counselling, you are mad. There are things we need to talk about. Even at home, that a husband threatens them, it makes them sick and they are bottling it up, not talking to anyone, and it makes them sick."*



However, none of the participants of the focus group had made use of the external Peer Support Volunteers that were available to them. Although the external Peer Support Volunteers were available to speak confidentially with participants, the absence of personal introductions to them made it harder to see what their role was or to feel confident asking for their help. There was confusion about the nature of their role and how it fit alongside the formal programme, especially since the programme offered so much opportunity for peer support within the group. It may be that with a less cohesive group, there would have been more uptake of the mentors. Nonetheless, there is an important point made by participants about this aspect of the programme in relation to confusion about their role.

> *"I have a friend every time I say I am tired, she say why not try counselling? Even in Africa to say if you are going to counselling, you are mad. There are things we need to talk about. Even at home, that a husband threatens them, it makes them sick and they are bottling it up, not talking to anyone, and it makes them sick."*
>
> *"To talk about what? Counselling? There's confusion about the role of those persons."*
>
> *"No-one contacted them. They did not know them because they did not come to the course."*
>
> *"It would have been helpful, depends on the situation. Better if they come and talk to us, then you feel comfortable, then I know who I can go to. Introduce themselves, everyone is different."*

## Sharing the knowledge

Most of the participants had told other people in their lives about taking part in the programme and were excited to share what they were learning with others. For some, this information was shared with people who were already confidantes about personal problems or wellbeing issues. Two participants gave specific examples of other people who they discussed the programme content within depth.

> *"I told my friend – she said that is what I am telling you!"*
>
> *"My friend always ask what did you do today? Give me your handouts, she cannot be here with a baby, but she wants to know."*

Most participants had shared information about the programme content with their families because their practice of healthy eating and exercise required adaptation of family routines to accommodate them. Overall, families and friends were supportive of their participation and practice.

There is no embarrassment or concern expressed around this information because the participants see the programme as preventative and at least half of the participants have framed their participation as 'do then help', in learning how to support themselves better first and then share their experience and knowledge to help other women in the community.

## Sustainability and future considerations

All the participants were interested to continue their exploration of mental health, and some particularly mentioned the cultural issues which prevent people of similar ethnic or cultural backgrounds for taking up mental health supports. The following interaction was part of this discussion:

> *1: "Yes because clearly most people are not addressing it. And given our own background, where we come from, from Africa, we always talk about the culture. So if it can be lighting it, helping us to speak out. And seek help if there is a need for it."*
>
> *2: "Not only from Africa, from other countries."*
>
> *3: "What I'm saying is that other people knows how important it is to speak out but it is Africans who see the taboo to speak, mental health will be beyond what we see to do. Well, if you can be educated more on that, people will feel relaxed when they talk about what they're going through or what their partner is going through. Sometimes it's not even the mothers or the wives that have an issue, it's the man at home that is having the problems. And they're passing it on to the woman and to the children. … But I know personally that Africans will struggle to talk about this."*

The group indicated collectively that they would like to keep meeting after the programme. They see opportunities to bring on another group of women, and to tell another group to come on this programme if it is offered again. While the social interaction is crucial, committing to a programme regularly needs something more substantial.

> *"We like the chatting, talking, drinking tea. Asking what you doing, how are you feeling?"*
>
> *"If there is something extremely interesting, that keeps us coming, it would be good like this, rather than just come and sit and just chat. The mental health was very very good, so if there is another idea that keeps us busy and thinking."*
>
> *"Once a month is better than nothing, twice is good enough. But you tend to forget sometimes, then you're not really connected to it like this. Every week, we don't forget to come back. We're eager to come back."*

Timetabling should involve consultation with potential participants before finalisation.

The group expressed interest in activities which would include new experiences and different ideas, more subjects beyond mental health, with regular sessions (preferably weekly, although once a month is better than nothing).

> *"New experiences, people that have experienced different ideas, sometimes we know what is good for our bodies, but hear from people who have experienced that or work on that, to give you the reason why it's important, to keep it important. So we can support [each other] if we know that."*



## MHC-SF Results

Each of the 14 items on the MHC-SF can be scored between 0 and 5, which means that the total score on the scale can range from 0 to 70 points. Higher scores indicate a higher level of emotional wellbeing. But it is not just the overall score that matters, but also how you can determine if someone is flourishing, languishing, or being something in between.

To be diagnosed with flourishing mental health, individuals must experience 'every day' or 'almost every day' at least one of the three signs of hedonic well–being and at least six of the eleven signs of positive functioning during the past month. Individuals who exhibit low levels (i.e., 'never' or 'once or twice' during the past month) on at least one measure of hedonic well–being and low levels on at least six measures of positive functioning are diagnosed with languishing mental health. Individuals who are neither flourishing nor languishing are diagnosed with moderate mental health.

The MHC-SF contains 3 dimensions of well-being

| **Hedonic — emotional well-being** | **Eudaimonic — social well-being** | **Eudaimonic — psychological well-being** |
|---|---|---|
| happy (Item 1)<br>interested in life (Item 2)<br>satisfied with life (Item 3) | Social Contribution (Item 4)<br>Social Integration (Item 5)<br>Social Actualization (i.e., Social Growth) (Item 6)<br>Social Acceptance (Item 7)<br>Social Coherence (i.e., Social Interest) (Item 8) | Self Acceptance (Item 9)<br>Environmental Mastery (Item 10)<br>Positive Relations with Others (Item 11)<br>Personal Growth (Item 12)<br>Autonomy (Item 13)<br>Purpose in Life (Item 14) |

The MHC-SF was administered prior to the beginning of the programme, mid-programme and at the end of the programme. Participant availability affected the response rate on this element of the evaluation.

Responses were available at all three measurement points for 6 participants, and at two measurement points for a further 5 participants.

| Participant number | MHC-SF 1 | MHC-SF 2 | MHC-SF 3 | +/- |
|---|---|---|---|---|
| 1 | 22 | - | 46 | +22 |
| 2 | 41 | - | 54 | +13 |
| 3 | 37 | 42 | - | +5 |
| 4 | 34 | 53 | 53 | +19 |
| 5 | 61 | 66 | 64 | +3 |
| 6 | 44 | 53 | 66 | +22 |
| 8 | 46 | 57 | - | +11 |

| | | | | |
|---|---|---|---|---|
| 9 | 29 | 49 | 57 | +28 |
| 11 | 47 | 53 | 58 | +11 |
| 16 | 55 | 62 | 65 | +10 |
| 17 | 48 | - | 58 | +10 |
| 18 | | | 36.5 | - |

*Table 2. MHC-SF Responses for participants*

Every participant demonstrated progress between the start and completion of the programme according to the MHC-SF results. Only two participants increased their rating by less than 10 points across the programme. On the whole, the MHC-SF scores reflected the self-reported progress by participants in the weekly questionnaires and in the final focus group.

The highest scored MHC-SF questionnaires at the end of the programme belonged to participant #16, who started with an overall score of 55, increased most in the emotional wellbeing dimension, and completed with a score of 65 overall, and to participant #6, who started with an overall score of 44, increased most in the psychological wellbeing dimension, and completed with a score of 66 overall. Participant #5, who started with the highest score of 61, showed a one point gain in each of the 3 dimensions, scoring 64 by the completion of the programme.

### Interest and direction in life

The areas which scored most highly on average at the outset of the programme were

2. Feeling interested in life
14. Feeling that your life has a sense of direction or meaning to it

Both increased across the programme, so that they also scored most highly on average at the completion of the programme, but the majority of this gain was in the second half of the programme. “5. Feeling that you belong in a community” also increased in the second half of the programme.

### Early gains

In the first half of the programme, the highest average increases were observed in respect of the following areas of wellbeing.

1. Feeling happy
6. Feeling that our society is a good place, or is becoming a better place, for all people
8. Feeling that the way our society works makes sense to you
11. Feeling that you had warm and trusting relationships with others
12. Feeling that you had experiences that challenged you to grow and become a better person



### Relating to others in society

At the outset, four areas of wellbeing ranked much lower on average than others:

6. Feeling that our society is a good place, or is becoming a better place, for all people
7. Feeling that people are basically good
8. Feeling that the way our society works makes sense to you
11. Feeling that you had warm and trusting relationships with others

All of these refer to relationships with others in society.

At the end of the programme, the average score for all of these had risen by at least one full point. The two lowest scores (under 4) were:

7. Feeling that people are basically good
8. Feeling that the way our society works makes sense to you

The most significant improvement across the whole of the progwramme, with a 1.5 point increase each, were in respect of:

6. Feeling that our society is a good place, or is becoming a better place, for all people
8. Feeling that the way our society works makes sense to you

Despite the high increase in respect of “8. Feeling that the way our society works makes sense to you”, it remained from the outset to the completion of the programme the area least expressed by participants in their lives.

### Relating to others in society

The lowest scores across the first two measurement points related to items 6, 7, 8 and 11. All of these refer to relationships with others in society. By the final measurement point, the most significant improvement was in response to item 6 (social actualisation). The least improved of these was item 7 (social acceptance). The lowest range of scores across all three measurement points was for “Feeling that the way our society works makes sense to you” (Item 8: social coherence). It should be remembered that such an intervention for migrant women in particular is in the context of outsider identifications, both by the external society and by the self. Item 5 (feeling that you belong in a community) increased by an average of 1 point between the mid-point and final point of measurement, but not in the first six weeks of the programme. This finding suggests that the feeling of community takes time to emerge, and this has implications for short-term interventions which seek to replicate these results.

Two participants showed an increase of 5 points or more in all 3 dimensions of well-being. For both, the group setting and repeated interactions with a trusted group played a significant role in their increased sense of wellbeing and their motivation to maintain positive mental health into the future.

Participant #1's score increased across the programme overall from 22 to 46, increasing most significantly in the dimension of social wellbeing (an increase of 14 points). She explained her low starting point in terms of her feelings of extreme isolation.  Participant #1's mental health was classified as languishing at the outset, but flourishing by the completion of the programme.

Participant #4 score increased across the programme overall from 34 to 53, increasing most significantly in the dimensions of emotional and psychological wellbeing (an increase of 7 points each). She explained that she did not have many trusting relationships outside her immediate family. Participant #4 was classified only slightly above languishing at the outset, but flourishing by the completion of the programme.

### The role of consistency

The 5 participants with the most gains across the programme were also those who participated most frequently in the written reflection tasks each week, suggesting that consistent reflection may be related to their progress, although there is no causation identified in respect of the evaluation exercises. Consistency is also reflected in the content of the written reflections. They were the participants most likely to reference 'practicing' techniques, to use numeric references in their answers, to provide context for where, when and how they use the techniques learned in the course, including references to habit stacking for effectiveness, and they were also the most likely to use the programme terminology in describing their new practices. This is not related to education or literacy level, which is highly variant amongst these participants. It was also not related to the dimension in which they made the most improvement across the programme.



## CONCLUSIONS

There is a great deal of evidence, on an ongoing basis through the programme, of participant satisfaction with the program's content, delivery, accessibility, and cultural relevance. Knowledge and Awareness about mental health, coping mechanisms, and available support services were increased across the participant group. The evaluation established strong evidence of participants adopting healthier habits or coping strategies, such as seeking professional help, practicing self-care, or utilizing community resources.

The setting of the programme, being a place that is valued by minority ethnic and migrant women in Balbriggan, the targeting of minority ethnic and migrant women in recruitment, numbers registering and efforts to maintain good attendance amongst this group by the facilitators all speak to strong community engagement. The qualitative data from the weekly reflections and post-activity focus group both reference the value of having culturally sensitive and relevant programme materials, activities, and facilitators that can work well with ethnic minority and migrant communities.

Although it was not possible to measure or predict long-term impact within this evaluation, this programme did monitor sustained changes in mental health behaviours and outcomes over the period of the programme, and participants were able to recognise and identify facilitating factors for sustainable change during the programme and reflect on these at the programme end. There is clear progress across the programme in participants' perceived sense of empowerment, self-efficacy, and confidence in managing their mental health concerns after participating in the program.

This evaluation has sought to establish causal attribution1 between the programme and resulting changes reported by participants. Causal attribution does not require that changes are produced solely or wholly by the programme. Rather, this evaluation takes into consideration that other causes may also have been involved (external factors), for example, other programmes in which participants participate, or contextual factors in the lives of participants. These are accounted for in the above analysis. The personal stories and testimonials have helped to understand the individual impact of the programme on participants' lives in that wider context. To this end, we selected 4 key indicators of success:

1. Positive increases on the MHC-SF measure
2. Continued engagement by participants throughout the programme
3. Adoption by participants of a range of health and wellbeing measures
4. Capacity of participants to narrate the relationship between programme content and changed behaviours or outcomes.

### Indicator 1: Positive Increases on the MHC-SF Measure

The Mental Health Continuum Short Form (MHC-SF) evaluations demonstrated significant positive shifts in participants' emotional, social, and psychological wellbeing throughout the program. Participants consistently engaged in the program, showcasing progress across dimensions. The indicators for flourishing mental health were met for all participants who completed the final MHC-SF, highlighting the program's efficacy in fostering positive mental health outcomes.

Noteworthy improvements were seen in areas such as happiness, sense of direction, societal trust, relationship warmth, and personal growth. The role of consistency in engagement and reflection emerged as a potential factor contributing to participants' substantial progress, surpassing educational or literacy levels.
Participants who engaged consistently in written reflections displayed significant progress, employing learned techniques effectively and articulating their experiences using programme terminology. Participants shared narratives connecting programme elements to their improved emotional state, enhanced societal perceptions, and expanded personal growth. Participants demonstrated improved behaviour, such as setting healthier boundaries, managing anger, and fostering better family relationships. Participants reported positive shifts in emotional well-being, reduced anxiety, better self-worth, and improved self-perception.

Overall, the programme effectively facilitated a transformative journey for participants, leading to flourishing mental health states overall.

## Indicator 2: Continued Engagement by Participants Throughout the Programme

Participants were engaged and actively involved in the final focus group, expressing eagerness to share their experiences. Participants discussed various techniques adopted from the programme and their impact on daily life, showcasing sustained engagement. Participants appreciated the variety of tutors, presentation styles, and activities, contributing to sustained interest and engagement.

MHC-SF responses over time also demonstrate engagement. Availability affected response rates, yet 6 participants provided responses at all three measurement points, while 5 participants responded at two points, indicating sustained participation. Each participant demonstrated progress across the programme according to MHC-SF results, indicating consistent engagement and improvement.

## Indicator 3: Adoption by Participants of a Range of Health and Wellbeing Measures

Participants embraced various techniques like breathing exercises, outdoor activities, shaking and dancing, squats, healthy eating, drawing, and soft belly exercises. Participants incorporated these practices into their daily routines, linking them to improvements in mood, stress management, and overall wellbeing.

The MHC-SF measures emotional, social, and psychological wellbeing, showing progress across these dimensions throughout the program. Participants exhibited notable progress in specific areas, such as feeling happy, a sense of direction, societal improvement, trust in relationships, and personal growth.

## Indicator 4: Capacity of Participants to Narrate the Relationship Between Programme Content and Changed Behaviours or Outcomes

Participants linked programme content to behavioural changes, citing examples of using techniques to manage stress, set boundaries, practice self-care, and improve family dynamics. Participants expressed how the programme helped break cultural taboos surrounding mental health discussions, enabling them to seek help and support others. Participants shared narratives connecting programme elements to their improved emotional state, enhanced societal perceptions, and expanded personal growth. Participants who engaged consistently in written reflections displayed significant progress, employing learned techniques effectively and articulating their experiences using programme terminology.



## Overall Summary:

Participants actively engaged with the program, adopting various techniques and practices into their daily lives, resulting in observable changes in behaviour and emotional well-being. They attributed these changes directly to the program's content and structure, emphasizing the importance of a supportive environment and diverse cultural representation among tutors. Additionally, the programme was successful in addressing mental health stigma within the ethnic and migrant communities, encouraging participants to seek counselling services and support others in their community.

The evidence underscores the program's effectiveness in fostering long-term sustainable changes in mental health and wellbeing among ethnic minority and migrant women, emphasizing the importance of continued community support and engagement beyond the program's duration.

## RECOMMENDATIONS

The programme exhibits considerable success in improving the mental health and overall wellbeing of ethnic minority and migrant women. Through its holistic integrative approach addressing emotional, psychological, social and physical aspects of wellness, it has yielded tangible positive outcomes, as seen in participants improved mental health indicators and self-reported advancements in various dimensions of their lives. The program's focus on community engagement, mutual support, and cultural relevance has created a conducive environment for participants, making it relevant and impactful within their specific contexts.

With its demonstrated effectiveness and adaptability, the programme holds promise for replication, capacity for scalability and cultural adaptation. Its success in a particular cultural setting suggest that it could be beneficial when extended to other similar communities. Replicating the programme offers the opportunity to positively impact mental health challenges among ethnic minority and migrant populations, potentially enriching the overall wellness and quality of life for a broader range of individuals.

Based on the comprehensive evaluation and success indicators observed in the programme for ethnic minority and migrant women, several recommendations can be made for future programming:

| **1. Preservation and replication of the key content strengths, including holistic approach to mental health, reflective learning, regular practice encouragement and addressing mental health stigma.** |
|---|
| • Retain the holistic, multifaceted approach to mental health and wellbeing, encompassing emotional, psychological, social, and physical dimensions, as this appears to be effective in fostering holistic improvements. Continue the application of Lifestyle Medicine Pillars, Positive Psychology approaches, and stress management and trauma healing techniques.<br>• Encourage participants to engage consistently in reflection tasks as it appears to correlate with positive progress, regardless of educational or literacy levels.<br>• Encourage regular practice of learned techniques and healthy habit formation for sustained personal development and improved health.<br>• Maintain the program's focus on addressing mental health stigma prevalent in certain cultural contexts, facilitating open discussions and normalizing conversations around mental wellbeing |
| **2. Preservation and replication of key delivery model strengths in line with the cultural adaptation concept including safe environment creation, diverse tutors and community engagement.** |
| • Emphasize the importance of fostering a safe, welcoming, supportive, and non-judgmental environment, encouraging mutual understanding, and creating a space where participants feel comfortable sharing their experiences.<br>• Maintain a diverse tutor set to cater to various backgrounds and learning styles, ensuring a range of physical, mental, and social activities to keep the program engaging.<br>• Emphasize the importance of and facilitate community engagement, peer support, and social connections for participant progress and sense of belonging.<br>• Maintain cultural adaptations by tailoring program content and delivery to diverse contexts, including setting in migrant-friendly spaces, having trainers from diverse backgrounds, offering suitable timing, providing language support, and using preferred information retention methods to enhance accessibility, accommodation, and acceptability. |
| **3. Considerations for enhancement encompass increasing focus on issues specific to migrants, focusing on both individuals and communities, measuring the sustainability of health gains, effectively utilizing individual support, and providing continuous group support.** |
| • Increase focus on the migrant specific issues experienced in the context of mental health and wellbeing.<br>• Promote both individual and community-focused approaches.<br>• Facilitate the use of individual support by embedding peer support or coaching in program delivery schedule.<br>• Create opportunities for ongoing meetups of the participants to facilitate continuous peer support, personal development, and social connectivity.<br>• Long-term monitoring by establishing mechanisms for assessing sustained changes in mental health behaviours and outcomes post-program. |
| **4. Considerations for a national rollout should encompass replication of key program content and delivery models strengths, adaptability to diverse contexts and the provision of training and support for facilitators.** |
| • Preservation and replication of key strengths of the content and delivery model<br>• Provide comprehensive training for trainers to ensure they understand the cultural nuances, deliver the content, and can foster a similar supportive environment as witnessed in the successful program. |

*Table 3. Recommendations for future programming*

## Recommendations Summary:

The program, tailored for ethnic minority and migrant women, has demonstrated significant success in enhancing mental health and overall well-being.

Recommendations for future programming include preserving and replicating key content strengths, emphasizing a holistic approach to mental health, encouraging consistent engagement and reflection, and addressing mental health stigma. Additionally, preserving and replicating delivery model strengths, such as creating a supportive environment, fostering community engagement, and cultural adaptation, is crucial. Suggestions for enhancement involve long-term monitoring, effective use of individual support, and continuous group support. Considerations for a national rollout include replicating key program strengths, adapting to diverse contexts, and providing comprehensive training for facilitators to ensure cultural understanding and supportive delivery.



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## Appendix: Questions in Mental Health Continuum Short Form (MHC-SF)

Emotional well-being

How often in the past month did you feel . . .
1. happy
2. interested in life?
3. satisfied with your life?

Positive functioning

How often† during the past month did you feel . . .
4. that you had something important to contribute to society? (social contribution)
5. that you belonged to a community (like a social group, your neighbourhood, your city, your school)? (social integration)
6. that our society is becoming a better place for people like you? (social growth)
7. that people are basically good? (social acceptance)
8. that the way our society works makes sense to you? (social coherence)
9. that you liked most parts of your personality? (self-acceptance)
10. good at managing the responsibilities of your daily life? (environmental mastery)
11. that you had warm and trusting relationships with others? (positive relationship with others)
12. that you had experiences that challenged you to grow and become a better person? (personal growth)
13. confident to think or express your own ideas and opinions? (autonomy)
14. that your life has a sense of direction or meaning to it? (purpose in life)

† every day, almost every day, about 2 or 3 times a week, about once a week, once or twice, or never

Flourishing requires a response of "almost every day" or "every day" to 1 or more of the 3 emotional well-being questions, and to 6 or more of the 11 positive functioning questions.

Languishing requires a response of "once or twice" or "never" to 1 or more of the 3 emotional well-being questions, and to 6 or more of the 11 positive functioning questions.

Moderate mental health refers to those who are neither flourishing or languishing.

Source: Keyes CLM. Overview of the Mental Health Continuum Short Form (MHC-SF). Available at: http://www.aacu. org/bringing_theory/documents/ MHC-SFBriefintroduciont9.18.203.pdf

## Appendix: Ethical Considerations and Protocols

General
The research undertaken for this evaluation followed the Code of Ethics for Research of the British Sociological Association (as adopted by the Sociological Association of Ireland). Ethical responsibilities apply throughout the research process, and their application is an ongoing matter of judgment and good research practice. This relates to a range of questions, including

The needs of participants
ensuring ongoing assent or consent
handling relationships that develop during the research process
unanticipated, distressing emotions
unexpected revelations

Informed Consent

In ensuring that there is informed consent during the collection of data, the research team put in place mechanisms of assuring the ongoing assent or consent status of participants; reminding participants of their right to withdraw from the study at any time; ensuring a sensitive and tactful completion of the research process; and making participants aware of their right to check how they are represented in transcripts/field notes.

Briefings about the research aims and governance were shared with all participants. Informed consent was sought from all participants, and confidentiality ensured in the research process. The British Sociological Association defines informed consent as 'the condition in which participants understand and agree to their participation without any duress, prior to the research getting underway'.

We undertake particularly to ensure that people in vulnerable positions and who need additional support in the English language are as fully informed as is possible about the nature of the specific research project in which they are invited to be involved as well as the uses to which their involvement may be put. All participants were aged 18 or over.  Consent was secured from each participant at time of participation.

Voluntary participation and withdrawal of consent

Participants are free to leave the research at any time and to withdraw their data. Process consent acknowledges not only that research participants have the right to express their autonomy by withdrawing at any time; but that consent should be negotiated on an ongoing basis, and not be assumed on the basis of initial consent only. They were asked to sign a consent form upon participating in the project, and were advised of the process whereby they can later rescind consent if needed. Their participation in the programme was not conditional upon their participation in all of the evaluation research elements.

Anonymity

The presentation of data has been arranged in such a way as to protect the individual identities of participants. Where participants may be identifiable by virtue of their identity or role, efforts have been made to reduce individual signifiers.

Data protection

We follow a robust set of policies in the collection and management of data, in correspondence with clients, stakeholders and research participants. Data is stored securely and confidentially and protocols for destruction and transfer of data are in place.

Promoting the wellbeing of those participating, involved in or affected by the research process

Promoting wellbeing is attained by upholding the rights of participants and the values and principles that flow from or are a consequence of these rights; including the values of dignity, autonomy, equality and diversity. These values will be upheld throughout the research process how this will be done will be consciously considered at the design and planning stages as well as throughout the research process.



## Appendix: Consent Form

Evaluation:

Cairde Balbriggan Wellness and Mental Wellbeing Programme for Women

Research Purpose

This research examines the effectiveness of the Cairde programme for increasing Wellness and Mental Wellbeing of its participants.

We may undertake individual interviews and focus groups with participants in the programme, and collect data using questionnaires or other methods. You are not under any obligation to participate in focus groups or interviews, but when you do, this consent form will apply.

You will be informed every time data is collected from you for the purposes of the evaluation.

Data protection/Participant rights

Any individual interviews or focus groups will be recorded to ensure the accurate representation of your experiences. The recording will be destroyed after the report is written. You can stop the interview at any time to take a break or to ask questions. The recording will begin again when and if you agree.

Confidentiality and anonymity

Your personal details will not be shared with any person or used for any purpose outside of this research. Your name or other identifying details will not be published in the research.

Further questions

At any time, you can request additional information about the storage or use of your data by email at: enquiries@lucymichael.ie. Please do not hesitate to contact us.

Consent Form

Please sign below if you understand and agree to the following:

I consent to the recording of survey data / focus groups/interviews and allow Lucy Michael Research Training & Consultancy to keep the data for up to 6 months.
I understand that my data will be anonymised, and personal details will be confidential.
I understand how my information will be collected, stored and used.

Signature

Name Date


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