



## **Mental Health and Khat Peer Education Project Report October 2010 – March 2011**

### **Introduction**

In 2009, the Somali Mental Health Network (SMHN) members were asked to identify gaps in mental health services. They overwhelmingly agreed that khat misuse is the most critical mental health issue for the Somali community. This, coupled with the stigma associated with being the recipient of mental health care, plus the lack of clear referral pathways and the lack of appropriate services have complicated the community's access to mental health services.

In order to get the widest community input on issues regarding culturally appropriate ways in which to tackle the mental health and khat problems, a consultation meeting was held on 5 November 2009. The meeting was well attended by community leaders and mafresh (khat house) owners. They raised numerous concerns regarding the link between khat and mental health, and the cultural and social barriers to acquiring comprehensive mental health services such as counselling and substance misuse services.

It was suggested by the community that people with both mental health and khat misuse problems often do not seek help from mainstream mental health services for three main reasons: (1) the general stigma associated with mental health, due to myths and misinformation; (2) although there is a correlation between khat misuse and mental health problems, people are often either not aware of the effects or they are in denial of their khat misuse; (3) the professional help available is inappropriate or inadequate, which results in people receiving unsuitable assistance. In addition, GPs may address the dependency, rather than the patient's mental health. This approach can also result in mistrust between health professionals and the community.

### **Project Outline**

In order to tackle the issue of khat usage and its impact on mental health, a proposal for the Mental Health and Khat Peer Education Project (the Project) was developed. For the Project to succeed, it was understood that working in partnership with the Somali community groups, khat houses and Somali cafes was crucial. The aim of the Project was to tackle the various mental health issues related to khat misuse through community engagement, and to encourage the community to seek assistance in addressing barriers to accessing mental health services. The Project thereby also intended to increase the number of people accessing substance misuse and mental health services. Public education and a greater understanding of khat misuse were also paramount for the Project's success. The community was the key component of the Project, as their involvement was needed to help de-stigmatise those using mental health services, as well as their families.

The duration of the Project was six months, and started in October 2010. The Project was designed to provide information to the community, improve access to mental health services, and raise awareness of available mental health services and their referral pathways. A key goal was to encourage people to seek professional help and promote intervention services at the earliest possible juncture. The Project sought to address barriers in accessing mental health services and the substance misuse services, raise awareness on issues regarding the link between mental health and khat misuse, and to established links with mafresh owners and khat users to provide information on mental wellbeing.

### **The stages of the Project were:**

- Recruitment of two Somali community organisations to host the Project.
- Host organisations to recruit two Project Mentors and four Peer Educators, with the support of a Project Coordinator at Voluntary Action Camden (VAC).
- Training provided by VAC for the Project Mentors and Peer Educators, including Introduction to Peer Support, Mental Health First Aid, and Substance Misuse training.
- Project Mentors and Peer Educators to carry an agreed work plan, with support of host organisations and Project Coordinator, including the following:
  - 40 workshops, each lasting 2 hours (with an extra hour for preparation, late arrivals, etc.), to be run by the Project Mentors and Peer Educators over a 10 week period (4 workshops per week).
  - Each Peer Educator to participate in four workshops (12 hours per week) over 10 weeks.
  - New Roots (drug and alcohol service), part of Foundation 66, to provide support in delivering workshops as often as possible.
  - Project Mentors Peer Educators to promote, and refer people to, New Roots' satellite service (drugs support service), addressing the stigma related to drug services among the Somali community. The Somali community does not consider khat as a drug, therefore would not seek advice from drug services.
  - 6 to 10 participants to be recruited from target groups (mafreshes, cafes, youth clubs and community organisations) for each workshop.
  - Monitoring and evaluation of each workshop to be undertaken.
  - Publicity and handouts to be prepared.

Please see the Project Proposal document for more details.

### **Recruitment Process**

An initial objective of the Project was to identify and recruit two host community organisations. Invitations to submit bids for the Project were sent out to all Somali community organisations. The selected organisations would be responsible for recruiting, supporting and supervising two Project Mentors and four Peer Educators. The British Somali Community and Somali Community Centre were selected to host the Project.

The Project Mentor posts for both organisations were advertised through networks, community groups, and the wider Camden Somali community. Host organisations were informed about the tight time constraints, and were provided a deadline for recruitment of the Project Mentors and Peer Educators. The recruitment was scheduled to finish by Friday 3 December 2010, and the training for the group was due to start on Monday 6 December 2010. It took until 23 December 2010 for all Project staff to be recruited by both organisations, at which point training commenced.

Subsequently, the Somali Community Centre pulled out of the Project. During the initial stages of the Project the organisation was having difficulty in recruiting the Project Mentor and Peer Educators, due to lack of staff capacity to undertake this work. During the recruitment process the Somali Community Centre acknowledged their capacity limitations, and came to the conclusion that they could not give the input required to complete this Project successfully. Due to time constraints, it was not possible to recruit an organisation to replace the Somali Community Centre, and the British Somali Community agreed to host the entire Project. The Project staff recruited by the Somali Community Centre agreed to work for the British Somali Community. In total, two Project Mentors (both men) and three Peer Educators (all women) were recruited for the Project.

The Project Mentors were paid for their work, whilst the Peer Educators received incentives. They counted the number of hours that they worked on the Project, and exchanged the hours for credits with Camden Shares, a time-banking initiative. For example, hours spent working on the Project could be exchanged for the same number of hours of driving lessons. The opportunities available from Camden Shares were explained in detail to the Peer Educators towards the end of the Project as it was not possible to arrange a meeting to discuss this earlier in the Project.

## **Training**

The Project Mentors and Peer Educators successfully completed the following courses:

- Module 1: Introduction to Peer Education
- Module 2 & 3: Peer Education
- Module 2 of Substance Misuse & Cultural Awareness of Khat
- Religious and Cultural Perspectives on Mental Health
- Mental Health First Aid (Accredited)

To ensure that all staff completed their training, considerable logistical coordination between the trainers and the staff team was required.

## **Project Activities, Outcomes and Challenges**

### **1. Outreach work undertaken**

The Project team started their work by undertaking outreach work and establishing links with the mafresh owners. This took much longer than expected. The allocated time for outreach work was one week, but it took four weeks. This was due to delays in identifying and securing workshop venues at mafreshes and Somali cafes. Negotiations were required to obtain consent to hold sessions on the mafresh premises. This meant that the start date for the workshops was delayed.

### **2. Workshops carried out**

Each workshop lasted for two hours and followed the following format:

- a) Introduction of the Mentors; aims and objectives of the Project
- b) Information about khat misuse
- c) The link between khat misuse and mental health

- d) Discussion; question and answer session
- e) Information on how to get help
- f) Evaluation forms

Both Project Mentors had been trained on mental health and substance misuse topics. Leaflets and background information on mental health were provided to them by VAC. Both Mentors had experience in delivering workshops on substance misuse on behalf of Foundation 66.

The workshops carried out were as follows:

- i. Kentish Town Somali Internet Café, 23 February 2011  
This was the first workshop. It was very interesting and was attended by 7 people. A young man who attended the session shared his experience and said he had tried various other substances, as well as khat. He talked about the pressure he was under and said he had to support his family in Somalia. He had arrived in the UK as an unaccompanied minor. He had to survive without his family and didn't know anywhere else to go to socialise and feel at home other than at the Somali cafes, where khat is readily available. He also explained how difficult it is to talk about depression and the pressure to stay strong. One of the questions he asked the group was if anyone else had ever experienced feelings of depression. One of the team members responded that depression is more common than people think and anybody can become depressed. This was an eye opener and he then proceeded to ask all kinds of additional questions which made the session more interactive and thus very worthwhile for both the participants, Peer Educators, and the Project Mentor.
- ii. Malden Café, 4 and 12 March 2011  
Two workshops were held at the Malden Cafe. Both sessions were well attended: one workshop by 20 people (19 men and 1 woman), and 19 at the other. They found the sessions both useful and informative. The café owner and participants requested to have a session on a Saturday which they said would be attended by more khat users. A session was therefore also held on a Saturday which the participants found useful and they expressed hope that the Project would be continued.
- iii. Cromer Internet Somali Café, 9 March 2011  
This workshop was well attended by 23 participants. The discussion was interactive, and the VAC Community Development Worker (CDW) for Mental Health also contributed the session. A discussion followed on depression with the mentor focusing on khat misuse and harm reduction. After talking about signs and symptoms of depression, one of the participants came forth to share his story and talked about his son, a young man in his 20's, suffering from mental illness. The family had taken him to see faith healers but there had been no change. The participant sought information about services that could assess him, and how to provide him with appropriate professional help. The CDW informed him about early intervention services.
- iv. Kentish Town Mafresh, 18 March 2011  
This workshop was attended by 13 people. Khat users at the mafresh did not want any women present, which meant that the Peer Educators and the Director of the British Somali Community (host organisation) could not attend the session. The two male Project Mentors delivered the session. They also provided verbal feedback rather

than using the evaluation form, as the workshop participants were concerned about anonymity, despite the Mentors having explained the purpose of the evaluation forms.

v. Iftiin Express Internet Cafe Kilburn, 25 March 2011

This workshop was well attended by 15 men. One of the attendees shared his experience with khat, and how it affected his health. This made the session more relevant and inspirational. It appears that, as result of khat misuse, he now suffers from various physical illnesses such as high blood pressure and strokes. He said that he succeeded in stopping using khat without professional help, but warned young people about its potential for harm. Another participant also shared his experiences and hidden health problems related to khat misuse. Participants overwhelmingly agreed that there is a need for a Project like this in the community, and they hoped the Project would be extended.

vi. Queens Crescent Café, 26 March 2011

This workshop was well attended by 21 participants, who took part in an interactive session. The participants talked about other health problems which can be linked to spending time at a mafresh, for example hygiene issues (e.g. sharing cutlery/crockery, lack of cleanliness, lack of ventilation) and possible spread of infectious disease such as TB. In addition, they also talked about the effect that khat has on the community, socially, economically and on the community's mental wellbeing as a whole. They all agreed that this was much needed Project and they hoped it would continue.

vii. Canlouse Park (Youth Club), 27 March 2011

30 participants attended this workshop. This was a one-hour session before a football game started. It was not possible to collect evaluation forms as participants did not have enough time to do them. One of the participants said that he had done research on the topic while doing his degree and was willing to volunteer and work with and support the Project if it continued.

viii. Charlie Ratchford Resource Centre 29 March 2011

This was the last workshop, aimed at women, which the Director of the British Somali Community helped to organise. 7 people attended and a minimum of 10 had been expected. The low numbers were due to miscommunication of the time of the workshop.

The total number of participants who attended these sessions was 155.

The Project team delivered 9 workshops. The Project had initially planned to carry out 40 sessions. This was not possible due to time constraints and various other challenges faced by the team, as described.

Women were asked, by mafresh users and the owner, not to attend one of the mafreshes used for workshops. Furthermore, some of the mafresh users objected to khat workshops taking place at the mafreshes and did not want to take part in the workshops. The mafresh users (a) did not appreciate someone coming to invade their space and lecturing them about the harm caused by khat, (b) thinking that the mentors were taking advantage of them and getting paid to lecture them, and (c) were not ready to hear any negative information about khat and were in denial about effect it could have on their mental health.

From discussions at the workshops, it was clear that, although members of the Somali community are aware that their GP is the first point of contact and the gateway to health services, many do not trust them and are reluctant to talk to them about mental health or substance misuse/dependency problems. There is a lack of understanding of GPs roles, confidentiality issues, recognition of the importance of mental health, the fear of being sectioned when disclosing a mental health problem, etc.

The workshops were largely informal, which at certain times created difficulties in making progress with participants on the issue of mental health and khat misuse. Participants needed time to reflect and consider the information they were given before they were able to request support or referral into services.

### **3. Problems in the wider Somali community identified**

One of the main outcomes of this Project is the recognition of the Somali community that there is a need for an increased educational awareness of the problem of khat misuse in the wider Somali community. A primary contributor to mental health problems resulting from khat misuse is the lack of information on how and where to access appropriate services.

There is a need for a creative strategy to tackle this problem. In terms of taking action to address these issues, the community needs to move from this stage of pre-contemplation, to contemplation, preparation, and finally to take action. The Project has excellent potential, which can be seen from the fact that this pilot reached 155 people within 2 months. Therefore, it is likely that this number could be increased significantly if the Project was able to run for a longer time.

Khat is in wide use across all ages, regardless of gender, with young people being most at risk if they continue to use khat for a significant length of time. The Project did not effectively reach out to women and youth. Both are at risk and awareness workshops are definitely needed.

### **4. Prevalence of khat misuse and mental health problems confirmed**

The Project has provided many insights into the role that the Somali community organisations, Somali cafes and mafreshes play in the Somali community. By working with these important venues, the prevalence of khat misuse and the link with mental health problems, and social and economic problems, has been highlighted.

### **5. Development of Project Mentors and Peer Educators**

The Project Mentors and Peer Educators were able to develop skills, knowledge and experience through their involvement with the Project. They undertook several training courses (as listed above on page 3 of this report) and gained direct experience of organising and running workshops.

Whilst the Project Mentors and Peer Educators received valuable input from the host organisation and Project coordinator at VAC throughout the Project's duration, it became apparent that more direct supervision and clear guidance was required. In addition, they needed to have clearly established goals and expected outcomes for each workshop. The host organisation was expected to provide one-to-one supervision every two weeks to monitor suitability to continue with the programme, ensure the Peer Educators have

sufficient skills and knowledge to deliver workshops, reinforce motivation, ensure good practice and compliance with host organisation's policies and procedures, and promote opportunities for personal development.

The original Project plan included inviting mental health professionals and experts from substance misuse services, such as Foundation 66/New Roots, to contribute to the workshops. This was not possible, as the sessions were not properly planned. This could be overcome with better supervision of the Project Mentors and Peer Educators and more thorough planning of workshop schedule and contents.

Although the host organisation had agreed to carry out the tasks referred to above, due to the time scale and the organisation's capacity, there were limitations to what could be achieved. Funding for capacity building and support for the organisation was also needed.

## **6. Evaluation forms obtained**

41 evaluation forms were completed by workshop participants, out of the 155 who took part.

The Project findings support the view that the Somali community has a strong belief in verbal communication, and word of mouth is the most trusted method of communication. This was evident from the number workshop evaluation forms completed (41 out of 155), and the responses within the evaluation forms. Only a small minority of workshop participants were willing to complete the forms, as they preferred to give verbal feedback. There is perception within the Somali community that it is "safe" to provide verbal feedback, rather than having their views formally recorded. Furthermore, the participants did not find written literature, such as leaflets, useful. Their preference would be to obtain information and verbally. There is also an issue of English illiteracy within the Somali community.

On reviewing the evaluation forms that were completed at the workshops, it is clear from the answers given that the majority of participants who completed them did not understand them. Any relevant information has been extracted from the evaluation forms and included in this report. The evaluation forms which were collected from the Queens Crescent Café, on 26 March are the most useful, and the participants at this particular workshop appear to have had a greater understanding of the questions than participants at the other workshops. Therefore, the evaluation forms from the Queens Crescent Café have been summarised in the **appended document**, "Summary of Evaluation Forms from Queens Crescent Café Workshop".

## **Recommendations**

1. Establishing links with and securing workshop venues took much longer than expected (4 weeks instead of 1 week).

***Recommendation: approximately one month should be allocated to establishing links with, and securing venues for, workshops to take place at before recommencement of the Project.***

2. Women were asked, by mafresh users and the owner, not to attend one of the mafreshes used for workshops. Furthermore, some of the mafresh users objected to khat workshops taking place at the mafreshes and did not want to take part in the workshops.

**Recommendation: Workshops should therefore be held at Somali cafes rather than at mafreshes, as the cafes are close in proximity to the mafreshes, are more accessible for women but will still be accessed by the men, khat users often spend time socialising at Somali cafes, there will be fewer obstacles and objections from the café users, and there will be greater participation in workshops.**

3. The use of khat is affecting the whole Somali community, so there is a need to educate the community on the problem of khat misuse, and how they can help collectively and with their individual family members and friends.

**Recommendation: Further educational work needs to be done with the wider Somali community around the issue of khat misuse and the link with mental health. This should include working with family and friends of khat users and young people, who will potentially be future khat users.**

4. A student who was studying khat for his degree expressed an interest in volunteering to work with the Project team.

**Recommendation: Given that there was a lot of work involved and the team had to work beyond their capacity at times, it would be helpful to recruit students with an interest in this area of work to volunteer to support the Project team.**

5. The Peer Educators counted the number of hours that they worked on the Project, and exchanged the hours for credits with Camden Shares, a time-banking initiative.

**Recommendation: The options available from Camden Shares need to be explained to the Peer Educators at the outset of the Project, in order to incentivise them.**

6. Workshop participants were not willing to complete written evaluation forms, as they prefer to communicate verbally. Written leaflets/pieces of information are not a good method of communicating with the Somali community.

**Recommendation: An alternative method to written evaluation forms should be used to collect feedback from the Project. Examples of alternative methods include: evaluation questions asked, with answers being written up on a flipchart; at the end of the workshop, go round the room and ask everyone one thing they liked and one thing that could be changed about the workshop, with contemporaneous notes being taken; using coloured pieces of card to “vote” for your answer to the questions being asked, with a record being made of how many responses were in each colour; etc.**

7. The Project has highlighted the prevalence of khat misuse and the link with mental health problems.

**Recommendation: There is a need for ongoing work with the Somali community regarding khat misuse and the link with mental health.**

8. More direct supervision and clear guidance was required for the Project Mentors and Peer Educators, with clear workshop plans provided.

**Recommendation: The role of the host community organisation in this Project has been crucial and needs to be part of the future plans. However, a Project coordinator**

**at VAC should have closer involvement in the day-to-day running of the Project, providing one-to-one supervision for the Peer Educators and Project Mentors. Further funding should be sought to allow a Somali community organisation to provide the time required to contribute effectively to the Project, and also to fund capacity building and support for the Somali community organisation.**

9. Many members of the Somali community do not trust their GP and are reluctant to talk to them about mental health or substance misuse/dependency problems. They also do not accept that khat is a drug.

***Recommendation: The Project has the potential to break down barriers such as the lack of understanding of GPs roles, confidentiality issues, recognition of the importance of mental health, the fear of being sectioned when disclosing a mental health problem, etc., by providing community based training and workshops dealing with these issues. The Project could also bridge the gap between mental health and substance misuse services and the community, and encourage accessing drug support services for khat misuse problems.***

10. Participants needed time to reflect and consider the information before they were able to request support or referral into services.

***Recommendation: There is a need for an introductory session to be held in every workshop venue, and then to invite people to attend more structured “follow-up” workshops at that same venue. This would allow participants to contemplate the issues and think of how they want to go forwards, so when they attend the more structured follow-up workshops, they would be better placed to request signposting/help from other appropriate services.***

## **Summary**

Overall the Mental Health and Khat Peer Education Project has been a success, and with sufficient time and resources, and if the recommendations set out above are taken on board, it has the potential to achieve even greater outcomes.

## **Feedback from Host Organisation: The British Somali Community**

### **Challenges**

- The Project time frame was very short which affected the Project in terms of recruitment, planning ahead and scheduling sessions on time.
- Due to recruitment difficulties and lack of clear incentives for the Peer Educator posts, the time scale for the recruitment lapsed. This delayed the training, which started on 23 December 2010.
- A study exploring the attitude and behaviour of the mafresh khat users was needed prior to conducting sessions.
- More education and training sessions on outreach and one-to-one sessions were needed to help with establishing links with mafreshes and khat-users.
- The stigma attached to the use of khat has been underestimated, as most khat mis-users were considering themselves to be criminals or invalid people.

### **Evaluation: Verbal Feedback from Participants**

Feedback was taken verbally at the workshops and the following information was obtained:

- The Project was generally seen by the Somali community as important, and very much needed in the community. However, the capacity and the time of the Project could not adequately address the significance and importance of the link between mental health and khat usage.
- Many people who the team met, although not all were khat users, were happy to contribute positively in addressing the issue, because they said that it has reached a point where you can usually find one or two khat users in every Somali family.
- 85% of the workshop participants showed concerns with the issue of khat usage and its mental health link in the Somali community, in particular amongst men and young people.
- Workshop participants felt that there was a lack of action to seek solutions, and that khat misuse was not an issue that would concern the authorities because it is deemed to affect only one single minority community.
- Several workshop participants believe that the issue of khat misuse is affecting 75% of the Somali familial relationships, thus directly contributing to the difficulties with Somali young people.
- It was highlighted that the number of women whose health is affected due to the misuse of khat is steadily growing. However, it is not as visible because women do not attend mafreshes or use khat in public locations.
- 65% believe that khat misuse has a link with mental health issues, and other illnesses such as diabetes and liver dysfunction.
- 100% of Mafresh users are concerned about the mafreshes poor hygiene and lack of licence. This affects their health more than chewing khat, as well as increasing the stigma. A public health project is needed to improve the conditions of the mafreshes, employing a culturally-sensitive approach.

### **Conclusion**

The Project was exciting, challenging and addressed a very important issue. There is a lot to be learned from this Project, which will enable greater success for similar projects in future. For the British Somali Community, the Project established a model process template for productive implementation that we will be able to share with others.