

Living Life to the Full: A Pilot Program in the Somali Community

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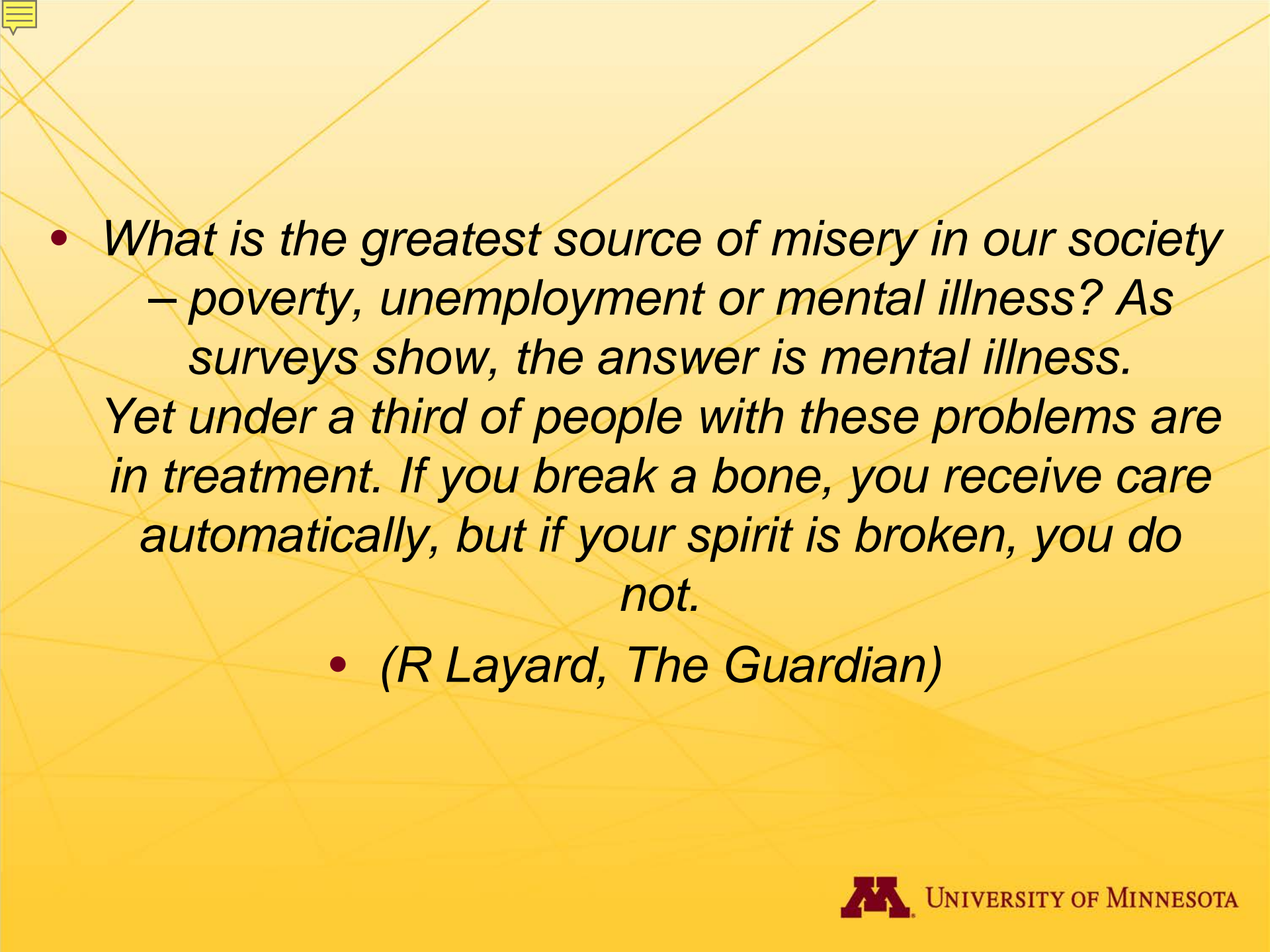


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Objectives for Today

- Background
- What is Living Life to the Full?
- LLTTF in the Somali community



- 
- *What is the greatest source of misery in our society – poverty, unemployment or mental illness? As surveys show, the answer is mental illness. Yet under a third of people with these problems are in treatment. If you break a bone, you receive care automatically, but if your spirit is broken, you do not.*
 - *(R Layard, The Guardian)*



- *Can we afford the cost of it? Well, actually, it would cost us nothing because it would save more than it costs. The gross cost of treatment is only £650 on average, and set against this there are massive savings – on benefits, lost taxes and even physical healthcare.*
 - *(R. Layard, The Guardian)*



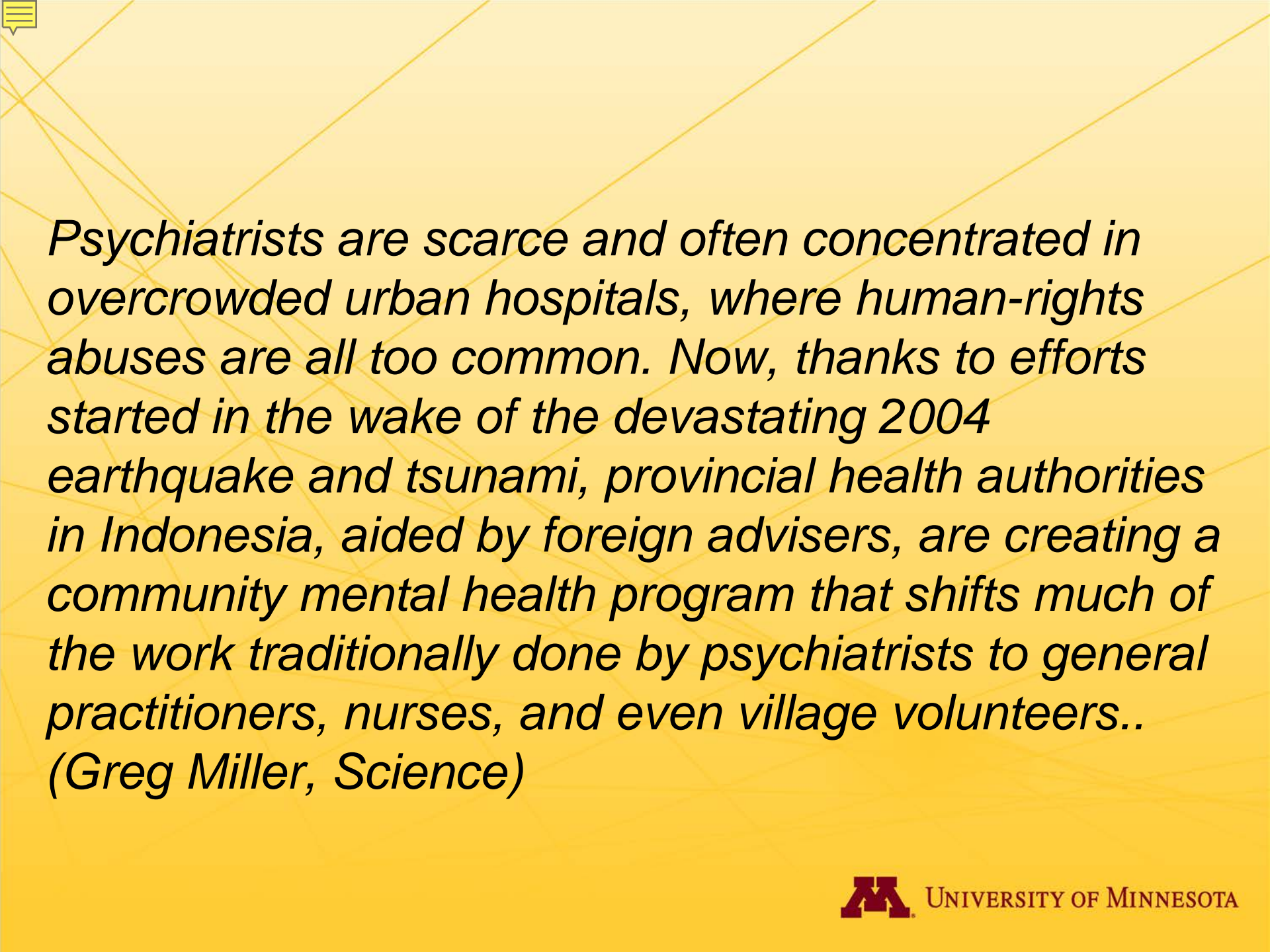
Reform in mental health

- Library prescribing programs
- Stress talks
- New access to therapy in primary care
- Online CBT
- Brief therapies
- Peer support
- Investment in new roles and methods
- Addressing stigma



- Went from a biomedical illness model, where you identify what is wrong, diagnose and fix...to...
- A public health model of mental wellbeing, where you prevent ill health and promote positive mental health as something we all have and can all build.





Psychiatrists are scarce and often concentrated in overcrowded urban hospitals, where human-rights abuses are all too common. Now, thanks to efforts started in the wake of the devastating 2004 earthquake and tsunami, provincial health authorities in Indonesia, aided by foreign advisers, are creating a community mental health program that shifts much of the work traditionally done by psychiatrists to general practitioners, nurses, and even village volunteers..
(Greg Miller, Science)




The results of the few studies of whether nonpsychiatrists can provide adequate psychiatric care are encouraging, but scaling up to the real world is no small challenge. If these projects succeed, they could be a model for other developing countries, where mental illness is an enormous, if largely underappreciated, cause of disability and financial hardship. (Greg Miller, Science)




How about closer to home?

- Behavioral health disorders are costly and major depressive disorder alone is estimated to have an economic burden in the US of \$210.5 billion dollars
- Mental illness is projected to be the world's leading cause of disability by 2020



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- National Association for State Health Policy (NASHP) assessed topics raised in Governors' State of the State addresses in 2017. Forty-two of 46 governors mentioned health topics, and of these, behavioral health and healthcare costs were by far the most commonly mentioned topics



- 
- 33 out of 48 community health boards reported to the Minnesota Department of Health that mental or behavioral health was a priority issue identified through their community health assessment and planning process
 - The Minnesota Hospital Association reviewed 87 Community Health Needs Assessments from Minnesota hospitals and health systems and found that 47 included mental health as a priority

- Are we in a public health crisis about mental health, right here and right now?
- Why are the ‘solutions’ for developing countries not solution in the US context?
- What can we learn from the experiences of others to diversify roles and give as many opportunities to build positive mental health and wellbeing as possible?



“Helping you to help yourself”

- Living Life to the Full
- Dr Chris Williams and team
- Online, in person and group modalities
- Can be delivered by anyone with skills in facilitation
- Is an evidence based CBT program



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LIVING LIFE TO THE FULL

helping you to help yourself

Canadian Mental Health Association
British Columbia
Mental health for all

Association canadienne pour la santé mentale
Colombie-Britannique
La santé mentale pour tous

► Français

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Living Life to the Full is designed by Dr. Chris Williams, an expert in cognitive behavioural therapy, and a Professor of Psychiatry at the University of Glasgow.

[» read more](#)



Find a Course

Be inspired to live life to the full! Find out what courses are available in your community!

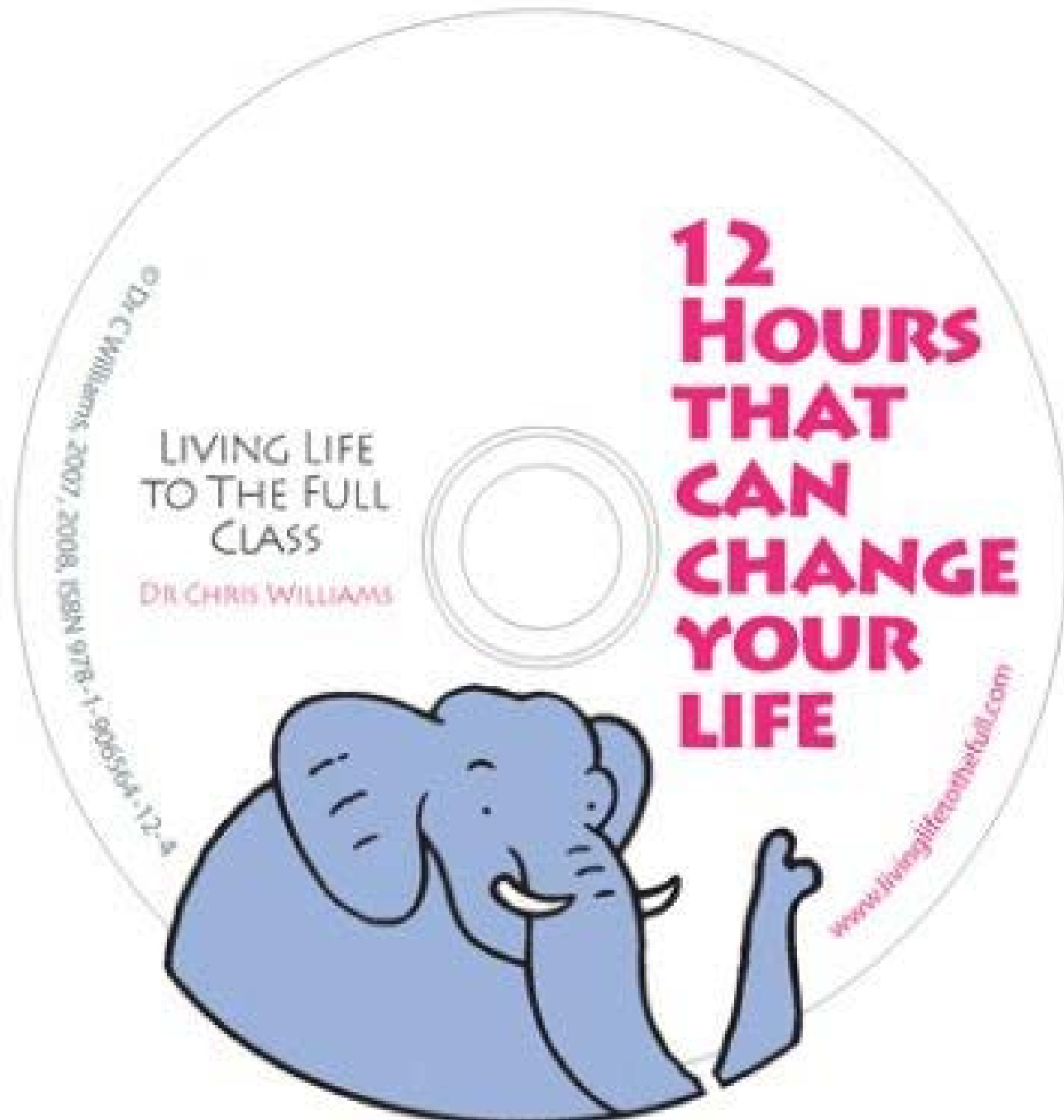
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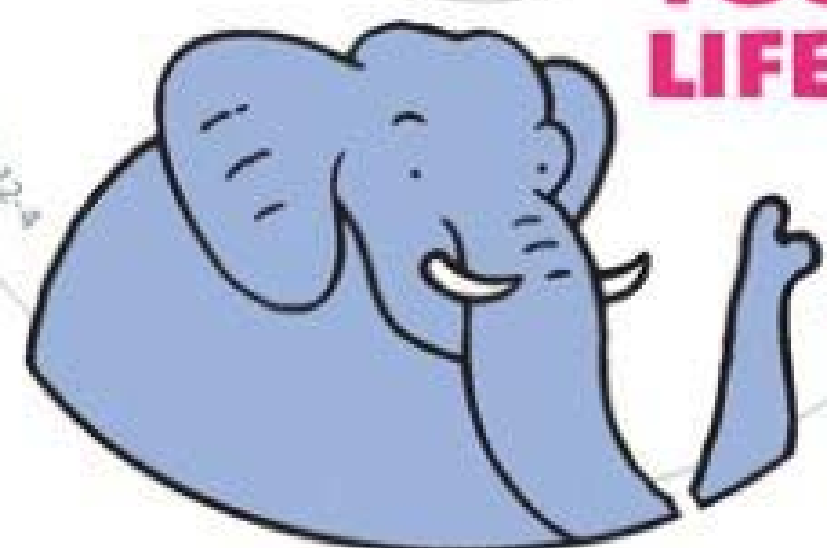
ENJOY YOUR BABY



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LIVING LIFE
TO THE FULL
CLASS
DR CHRIS WILLIAMS

12 HOURS THAT CAN CHANGE YOUR LIFE



www.livinglifetothefull.com

- 1: Why do I feel so bad?
- 2: I can't be bothered doing anything
3. Why does everything always go wrong?
- 4: I'm not good enough: (low confidence)
- 5: How to fix almost everything
- 6: The things you do that mess you up
- 7: Are you strong enough to keep your temper?
- 8 : 10 things you can do to help you feel happier straight away

LLTTF.com



**Living Life to the Full Groups
for Somali women, by Somali
women**



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Acknowledgements

- Program in Health Disparities Small Grant Program
- UCare Research Grant
- Community and academic partners





Why?



- Much awareness of challenges
- Little awareness of diagnoses
- High stigma
- Distrustful relationship with health system



- *In our culture when someone has a mental disorder, the society victimizes the person – by calling them names and making it hard for them to assimilate in the society. **We tend to isolate them from the rest of the community therefore making their mental health problems worse. We even tie them down; call them names and people shy away from the “crazy people”.** Unfortunately as Somalis we don't associate with them. We hope that the abuse on the “crazy people” is stopped in our community because it hinders their recovery and success in overcoming the disease. (Focus group with men and women – woman participant)*



Building and sustaining partnerships

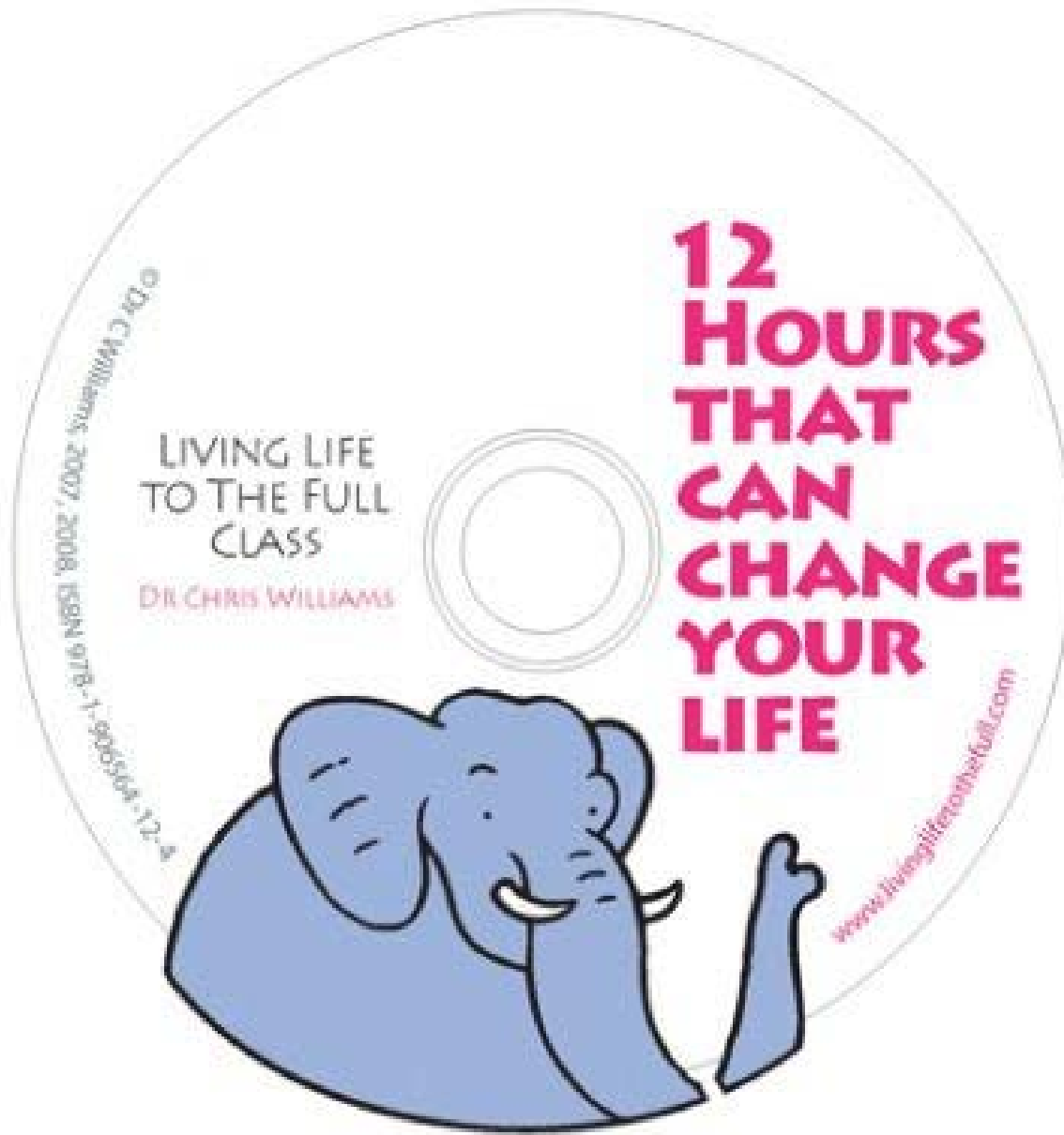
- Identification of the issue
- Community member input on the issue
- What do we do now? What can we do differently?
- Equal stakeholders in developing and exploring ideas
- Sharing learning back to the community
- A values based approach



My Core Values

- A cultural assets based approach is essential
- We must explore the cultural construction of barriers
- Culture and community can be placed at the center of work together
- Interventions can be successfully shared with community members
- Wellness is something we all want, that is not the case for illness
- There is no '*the* community'
- We all bring cultural values and assets into our partnership
- There is more than enough 'work' to share and we can 'give psychology away'



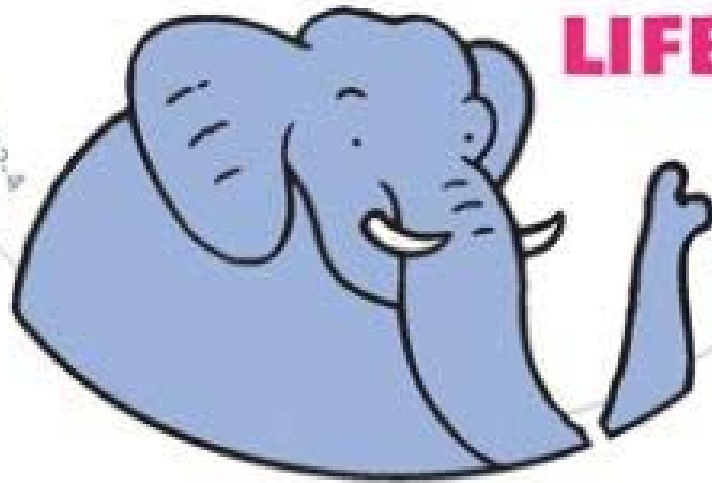


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BAD THOUGHT SPOTTER

UNHELPFUL THINKING STYLES

ARE YOU YOUR OWN WORST CRITIC?

Do you always se to be beating you up about somethi

DO YOU FOCUS ON THE BAD STUFF?

As if you were loo at the world throu darkened glasses

DO YOU HAVE A GLOOMY VIEW OF THE FUTURE?

Expecting everyth to turn out badly?

ARE YOU JUMPING TO THE WORST CONCLUSIONS?

It's called 'catastrophising'

DO YOU ASSUME THAT OTHERS SEE YOU BADLY?

When you haven't checked whether it's true, it's called 'Mind Reading'

DO YOU TAKE RESPONSIBILITY FOR EVERYTHING?

Including things th aren't your fault

ARE YOU ALWAYS SAYING THINGS LIKE 'SHOULD' 'OUGHT TO' 'GOT TO'?

Setting impossible standards for you

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FARAXSANOW, SI FIICAN U SEEXO, WAX BADAN QABO OO KALSOONI BADAN DAREEN

8

cashar oo xiisa badan

Barnaamijkaani waxa uu ka kooban yahay, sid-deed cashar, oo kiiiba 90daqiiqo yahay oo wax weyn ka beddeli doona noloshada.

Gargaarka buug yar oo BILAASH ah iyo tababar uu bixineyo qof xirtadi ahi, waxa ay kuu sahi doonaan in aad is marmusho markii aad yare quus noqoto, aad murugooto ama aad dareento rajo xumo, waxana aad garan doontaa xirfado kuu sahi doona in aad mushkiladeaha xafiso.

Waxa kale oo aad la kulmi doontaa dad cusub wax badan oo ku farxad geliyana wax aad sameyn doontaa!

12 SAACADOOD OO NOLOSHAADA WAX KA BEDDELI DOONTA

Dhammaanteen sidaa ayaan isku sheegnay marka ayaan faraxsanayn. Casharkani waxa uu kaa caawin doonaa sidii aad

Ma doonaysaa in aad ogaato waxa ku dhiba? Casharkan, waxa uu kaa caawin doonaa in aad fahamto dareemada iyo sida loo xakameeyo!

12 SAACADOOD OO NOLOSHAADA WAX KA BEDDELI DOONTA

LA IGUMAR KHAS IN AA SAM

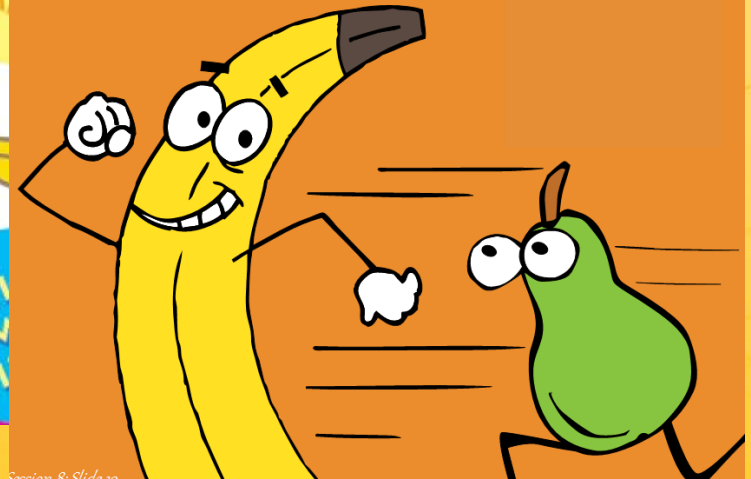


MAXAY MAR WALBA WAX KASTAAYI U KHALDAMAAN?

Haddii aad sidaa ku fikirto, casharkani waxa uu ku bari doonaa sidii aad u xallin lahayd sida aad u fikirto oo aad si xun u fikirka u joojin lahayd.

ANI N FI

SAMEE!



Section 8, Slide 10



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Test delivery

- 1. **Adapt** an evidence based intervention for use with Somali women to address mental health needs and promote mental wellbeing.
- 2. **Test** the feasibility and acceptability of implementing an evidence based peer delivered mental health intervention for Somali women in Minnesota.
- 3. **Assess** the impact of the intervention on the mental health of Somali women who receive the training.



- *The training was great, what I gained from the training was: not to keep thoughts that are bothering you in your head, but take it and put it in front of you. This course changed how I act towards my kids, and it taught me to positive and redirect my actions. I use the paper example where you step on you problems like small piece of paper, and I did twice so far” (Peer educator)*



Assess

- Interviews or focus groups with trainers (three times)
- Pre and post mood scales for participants
- Attendance / adherence
- Focus groups with participants



Solving problems:

- *One thing I learned from this lessons is, how to solve your problems. Sometimes you will have lots of problems that cause you to go out of your way, but I learned from this course how to handle them by solving the smallest and make enough room for the biggest so its handleable. That was very important in my case. (Participant)*



Confidence:

- *Self confidence. I learned how to gain confidence. How to be confident about yourself; your physical appearance, how to reach your target and make your goal. You have to believe in yourself and believe everything is within your reach. (Participant)*



Taking small steps:

- *I personally liked the part that teaches you how to simplify when you have handful of issues. You don't fix all at the same time. You fix them one by one till you fix them all. You don't have to put them all in your head and cause yourself to give up, which leads to a negative result, then you meet STRESS.
(Participant)*



Impact on others:

- *Children grow differently. So parents must be prepared to deal with them. These lessons taught us how to handle our children. What to expect from them. I actually share these lessons with a friend of mine. She benefited from these lessons much more than me. She has few more children than I do. (Participant)*



Addressing stigma:

- *Many people have mental issues in this country. They are part of the functioning society. They walk, drive, work beside you, but you can't notice their mental health issue. Back home, we used to stone our crazy ones on the streets. Calling them crazies and that used to make them even crazier. At first, when I came here, I couldn't see crazies running around the streets. Now I see that they're hidden from us by medication. (Participant)*



Peer educators:

- *We prefer to take it from a member of our community. We feel more comfortable with each other, and we understand each other. With foreigners, we might not be as open as we are with each other. It is better for us to learn from one of our own. (Participant)*



BEFORE WE GOT GOING

HAPPINESS

TICK

TENSION OR ANXIETY

TICK



HAPPINESS

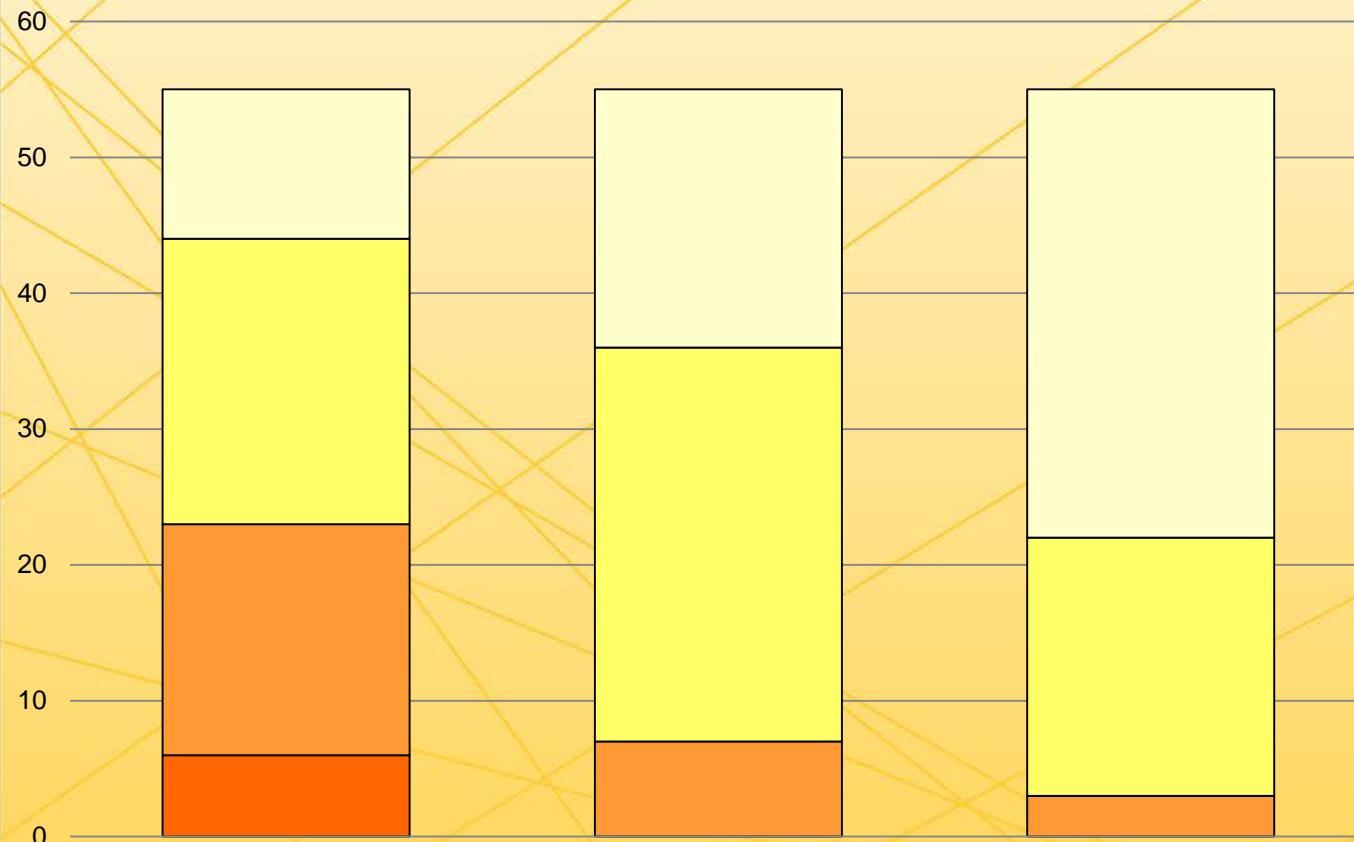
TICK

TENSION OR ANXIETY

TICK

AFTER WE GOT GOING

Rate Your Happiness



Session 1

Session 4

Session 8

1 2 3 4 5

BEFORE WE GOT GOING

HAPPINESS



TENSION OR ANXIETY



HAPPINESS



TENSION OR ANXIETY



AFTER WE GOT GOING

What: Discussion

- Do you agree that we are in a public health crisis now?
- What are your experiences in your own community – have you seen approaches like this?
- What gets in the way of doing this kind of work and how can you overcome that?
- What is one thing you can do to help do something different in your community?



Thank you!

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