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### **SKIP: Emotional Wellbeing Interventions**

Since 2008, I have volunteered with a student led charity known as SKIP (Students for Kids International Projects). As a first year medical student, I attended an information evening at Hull York Medical School where I heard about a volunteering project with a community in Tanzania. I signed up and the following summer worked alongside a local NGO (Non-Governmental Organisation) called MYODA to run health promotion sessions, sexual health education and disability awareness groups.

SKIP's vision is two-fold – firstly, for all children to be cared for and supported in accessing the basic rights of health, welfare and education within their communities by developing sustainable community based projects aimed at improving the health, education and welfare of children. Secondly, to develop globally aware students who can advocate for local and international health progress as future professionals. We currently have SKIP branches in 11 UK universities, each of which partners with a local NGO in their project country.

Little did I know that my decision to volunteer that summer would have a massive impact on the next decade of my life. Fast-forward to 2019, I am now a SKIP Trustee, currently involved in the development of an emotional wellbeing intervention.

The idea of developing the intervention came from SKIP Newcastle volunteers in Cambodia who conducted some research into mental health issues over summer 2018. The volunteers organised a meeting at the local health centre where they spoke to the centre director and a local midwife. In this meeting, they discussed local healthcare provision, local understanding of distress and stigma issues. They found that people in the local community did not really seek medical help for stress or feeling sad, but tended to seek support from their family. Both professionals felt that talking about mental health with the community would be well received. The volunteers also met with a member of the American Peace Corps who had been living with the community for 2 years. They felt that stress in the local community was amplified by financial concerns, alcohol, political instability and historical national trauma related to Khmer Rouge.

After these meetings, SKIP volunteers led 2 focus groups in the community, with 72 attendees (55 women & 17 men). Attendees were given written questions; those unable to read were offered the chance to speak to the volunteers separately. Over 68% of attendees could identify members of their community who felt sad or stressed. There were lots of different issues that resulted in these emotions including difficulties with family life (domestic violence, infidelity, arranged marriage and bereavement), financial stress, physical ill-health, loneliness, alcohol excess and alcohol related violence, as well as erratic weather such as flooding. Adults felt that children were affected by hunger, exams, bullying and not having enough money. When asked what people do when they feel sad or stressed, people said they found people to talk to in the community, read a book, went for a walk and watched comedy.

Reflecting on the impact of these emotions on functioning, people identified that it makes it harder to go to work and has an impact on family and friends. The consensus of the focus groups was that implementing emotional wellbeing lessons in local schools would be welcomed and seen as beneficial.

On their return from summer project, SKIP Newcastle agreed to collaborate with another branch, SKIP Glasgow and some members of the National Committee to form a small working group. In this group, we identified a few initial tasks which were distributed throughout the team – this included gathering background information on Cambodia using the WHO Mental Health Atlas, a literature search on interventions already existing in Cambodia and a more general literature search looking for layperson led interventions. From our research, we identified 6 NGO's working in this field in Cambodia, the largest being TPO (Transcultural Psychosocial Organisation).

After the initial focus on Cambodia, which helped us determine the need, we began to generalise the research to other project countries. Since all SKIP interventions have to be evidence based, our next step was to develop research tools. We created a standardised needs assessment tool to gather information about the local community, resources and language/terminology used to communicate distress within the community. The idea being that branches should complete this tool before developing the intervention with their partner NGO to ensure it matches the needs of the community.

At this stage, we began to have discussions about appropriate language for this intervention. We eventually decided to avoid using any medical, westernised terminology (such as mental health or depression) focusing instead on

emotions and individual experiences. Terminology will be adapted following initial research, depending on the project country, by doing this, it is hoped that the interventions will be more acceptable and understandable to the local community.

As a group, we spent some time creating lesson plans targeted at different age ranges; from junior school age to adult. The first couple of lessons are based around the theme 'About Me', to create a safe space to share information and talk about emotions. Activities include making an 'All About Me' flower or poster. The next few lessons cover 'Understanding Emotions' focusing on happy, sad, anger, worry and stress. Activities involve exploring emotions creatively through art and music, thinking about what these emotions might look like in other people through roleplay and for older children/adults, explaining the flight, fight or freeze model through scenarios.

The final couple of lessons focus on 'Looking after Yourself' – thinking about self-care and sources of support. Activities include thinking about helpful and unhelpful coping strategies (including alcohol and drugs), learning basic relaxation/mindfulness exercises and for the older children/adults, talking about stigma surrounding worry and stress. To assess the effectiveness of these lessons, volunteers will conduct Monitoring & Evaluation exercises; these might take the form of short quizzes, focus groups and informal feedback.

Finally, in order for these interventions to be delivered successfully, project volunteers will need to be trained by our branch committees. Before they travel, volunteers will have time to test and adapt lesson plans depending on

their project country and available resources. To encourage a greater understanding of empathy, we are using a training technique based on 'A Secret History' (Knapp et al, *'Adapting a perinatal empathic training method from South Africa to Germany'*, Pilot and Feasibility Studies, 4, 2018). In this method, groups are split in half – one half acting as the SKIP volunteer whilst the other is the community member. The purpose of the role play is to explore a scenario where a person experiences distress and consider what both parties feelings and needs might be as the scenario evolves. The activity concludes with a discussion around individual reactions to stress including stress buckets and different techniques to express empathy. Once they arrive on project, volunteers will also need to train translators so the lessons can be delivered effectively.

We hope that over the next few years, this intervention will continue to evolve and adapt to local needs. The process of creating the intervention has been a learning curve and I am sure over the next few years, we will continue to face barriers. To increase the chances of the intervention being successful, we will have to ensure we work alongside our partner organisations and communities. In the last couple of months, 2 other branches have expressed interest in conducting needs assessments in their communities; and we hope the interventions will continue to expand over the next few years.

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