

Cross-Cultural Cooking Exchange for Migrant Women:

Boosting Engagement in Mental Health Research

Exploring Mental Health and Emotional Wellbeing Issues

I liked being part of this mental health research project. I felt part of a group, we had some tears, and some laughter together. We learnt about Mental Health and how cooking as a group activity can improve your mood. I would do something like this again, please let me know if you have other activities in the future.



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Summary

Objective

The primary objective of this project was **to boost women's engagement in Mental Health Research**. We believed the most culturally appropriate method was practical and demonstrative; involving women in a piece of mental health research to show how easy and non-threatening it can be, illustrate the social and emotional rewards of participation and take discussions wider from that starting point.

Activities

We used collaborative, collective cooking activities, over 4 weekly sessions, to facilitate memory sharing, emotion-led storytelling and cultural exchange between 8 Arabic and Cantonese speaking women living in Brighton. The relaxed and safe environment encouraged open discussion about emotional wellbeing and mental health, and fostered positive social connections.

Working with community chefs, the participants chose culturally meaningful recipes and worked in mixed language pairs to cook these together and share their memories and stories.

Culturally appropriate and accessible translated resources about emotional wellbeing and mental health, in print and video format, were sourced, curated, discussed and analysed by the groups.

Participants created posters to illustrate what they had done and learnt. These have been disseminated and distributed within their communities.

Aims

- Increase the likelihood of women's engagement in Mental Health Research
- Study the impact of "connecting" and "giving" on the participants' emotional wellbeing
- Increase participants' knowledge of mental health and emotional wellbeing
- Breakdown cultural stigmas of acknowledging and discussing mental health

Impact

Participants reported

- wanting to engage with other Mental Health Research Projects
- improved emotional wellbeing; feeling more connected, included, informed and open
- wanting to join more social groups and activities
- more confidence to mix with people from other cultural/language communities
- increased knowledge of mental health and emotional wellbeing
- practically applying and using the information to monitor and boost their wellbeing
- feeling comfortable to discuss mental health issues in this setting
- sharing their knowledge and experience with the wider community

Key to achieving these impacts

- Culturally rooted, activity based, engagement methods
- Capitalising on existing relationships and the shared identity of researchers and participants
- Designing a culturally sensitive and appropriate project
- Delivering a fully accessible project with extensive language support

Research Background

Chinese and Arabic cultures do not traditionally share the British attitudes to, understanding of, or treatment of mental health conditions, especially non-acute anxiety/mood disorders. Mental ill health can be seen as a personal failing, or attributed to non-biological causes such as God, the supernatural or life circumstances. Mental ill health can therefore trigger personal, familial or societal embarrassment and shame leading to social isolation, prejudice and discrimination which also prevent people from seeking appropriate medical help.

“We don’t talk much about it, there is a fear of being judged”

A workshop of Community Interpreters for [SPFT Change the Language](#) found that there are many words and phrases with no direct translation, that commonly used terminology is not recognised and that mental health is highly stigmatised.

“What is anxiety disorder? What is depression? I often hear people talking about them, but I can’t really figure them out”

[Racial Disparities in Mental Health; Literature and Evidence Review 2022](#) states that lack of knowledge and cultural attitudes are a barrier to accessing treatment, exacerbating an ethnic bias in diagnosing emotional problems, making it less likely to be referred to talking therapies.

Cooking was chosen because it is universal, yet culturally specific and creative. We had both attended community cooking activities with [Network for International Women](#) and [The World Food Project](#) which beautifully brought people together. For displaced people, food and cooking are an important link to home and identity - we have heard mental health practitioners advising migrant patients to maintain cultural practices, particularly around food, to improve their wellbeing.

“Food and recipes are a real heritage. I want to teach my children so don’t miss out because they cannot go visit and learn it over there.”

Key memories involve food because of its use in bringing people together and celebrating rites of passage. The word “company” comes from the Latin “com panis” meaning “together with bread” and originally described people gathering to eat, trade, and share stories.

“I can remember the smell of food in the street, coming from every house when we are celebrating religious occasions, marriage, birth or other things. They were special moments.”

Consultation with British Association of Counselling and Psychotherapy (BACP) member and therapist [Charlotte Hastings](#) of [Therapy Kitchen](#) emphasised the therapeutic properties of food which is associated with love and nourishment for body and soul.

In our experience, few research projects are accessible to migrants who require additional support to fully understand and express themselves in English. The resourcing required in terms of money and time are under-estimated and attempts at inclusion are not extensive enough, lacking practical provisions at key stages of the research cycle.

Research Design

Approach

We were keen to design a study that demonstrated how easy and non-threatening participation in mental health research could be whilst also showing the social and emotional rewards of participation.

We used the [NHS England Guide: Increasing Diversity in Research Participation](#) as a checklist to ensure we had considered the relevant accessibility issues itemised under the three primary reasons for under-representation; **Language Barriers, Accessibility, Mistrust**.

All communication with participants was in their preferred languages through translation and in conversation with Bilingual Community Researchers.

We took a team work approach to the design and delivery of the Participatory Action Research. We collaborated extensively with community partners

- [Sussex Interpreting Services](#) (our VCSE host organisation) which provided administrative, logistical and project management support
- [The World Food Project](#) which provided Chinese and Arabic cooks for consultancy services and leadership of the cooking sessions
- [Brighton and Hove Food Partnership](#) where we delivered the cooking sessions in the welcoming and well appointed [Community Kitchen](#)
- Participants who steered the direction of the study; designing the menus, sharing their stories, directing conversations, choosing and providing feedback on resources, designing presentation materials, disseminating and distributing findings

Design

Week 1

introductions, rapport building, choosing recipes, mono-culture story/memory sharing, completing the temperature check measure, guided conversation and impact questionnaire



Week 2

Chinese cooking and cross-cultural story/memory sharing, eating together, analysing mental health resources and completing the temperature check measure



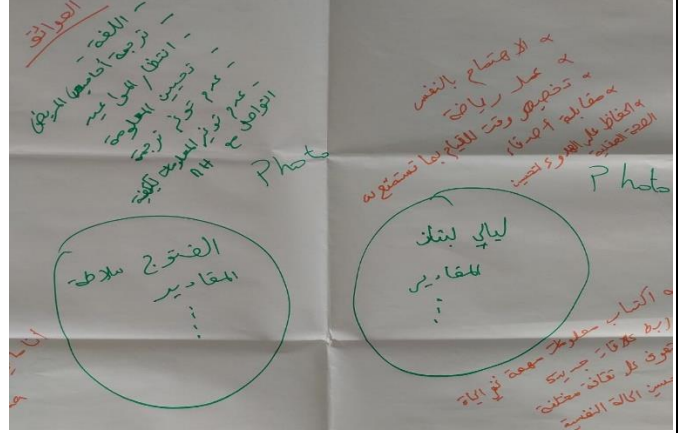
Week 3

Arabic cooking and cross-cultural story/memory sharing, eating together, analysing mental health resources and completing the temperature check measure



Week 4

Designing presentation and dissemination materials, completing the temperature check measure, guided conversation and impact questionnaire



Setting

In [Community Base](#) “A Hub for Charities and Community Groups in Brighton & Hove”. It is centrally located, easily accessible by bus from across the city, known to participants as the home of SIS offices. The [Community Kitchen](#) is on the ground floor.

Participants

4 women from each language group were recruited. The inclusion criteria was kept as simple as possible; gender, language spoken and availability to attend the sessions.

All the women were aged 40-60, with children living at home, 6 married, 2 single parents. All, except one with young children, have previously or are currently attending ESOL classes, most are not in work one from each group work in schools as cleaners. Social activities for participants tend to be restricted to their language/cultural community and/or limited interactions with other school parents.

The Cantonese-speaking women all originated from Hong Kong and have lived in Brighton for 2 to 4 years in financially stable households. They all finished secondary education some went on to further/higher education.

The Arabic-speaking women are from different countries (Morocco, Syria, Egypt, Syrian Kurdistan) which have differing cultures and dialects. They have lived in Brighton for between 1 and 10 years with most suffering from the cost-of-living-crisis. Two of the women had poor education provision resulting in some literacy issues.

Recruitment

Participants were all existing SIS Service Users who had received interpreting or bilingual social prescribing support. They were known to be articulate and confident to give their opinions whilst also potentially benefiting from the project - the Arabic-speaking women in particular have reported stress and anxiety symptoms because of financial, health and family issues exacerbated by financial pressures, language barriers and traumatic refugee experiences.

The established relationship of trust between SIS and the women meant they were open to suggested involvement. However, there was still the need for extensive discussion to build confidence and encourage involvement.

Participants were first approached via an introductory phone call to gauge interest and availability. This was followed up with a translated invitation sent by WhatsApp, a further clarification phone call, and then sent the full translated PIL and consent form. A final phone call confirmed attendance and acted as a reminder of place and time.

Data Collections Methods

A variety of methods were used during face to face interactions with participants.

- **Test-retest “temperature check” question** “How are feeling on a scale of 1-10?” completed anonymously at the beginning and end of each session to measure immediate impact of the session on emotional wellbeing
- **A test-retest questionnaire of scaled impact questions** completed anonymously at the beginning and end of the project (sessions 1 &4) to help quantify the impact of the project on socialisation, activation and confidence.
- **Focus group guided conversations** used at each session to gather qualitative insights about pre-existing knowledge, culturally specific taboos and stigma, feedback on accessible resources, details about impact on emotional wellbeing, attitudes to mental health research. Conversations were recorded, coded and analysed.

Data Analysis

Quantitative data was collated and we found the average, using two methods to help verify;

- Mean - adding all values and dividing by the number of values
- Median - the middle value of the data set when put in order from least to greatest

There are no outliers in the data set that might skew the results.

Qualitative data via guided conversations were recorded and analysed for themes. Conversations were mostly conducted in Arabic and Cantonese.

Ethical Considerations

Informed consent was secured through translated information. Some participants had minimal literacy skills and required information to be conveyed verbally and sense checked frequently.

Confidentiality and Anonymity was covered in the PIL including use of identifying information, photographs, quotes and audio-recordings.

NIHR consider payment for participation as good practice and offer [guidance](#). Participants were rewarded with a £50 voucher. Full consideration was given to whether this might be form an undue inducement or bias the data. The amount was considered appropriate given there were other rewards for participation. A monetary reward helped foster a positive research experience, acted as a token of gratitude and ensured participants were able to cover out of pocket expenses and buy ingredients to replicate the recipes.

The test-retest temperature check assisted with our duty of care to participants, helping to identify any immediate wellbeing issues. If participants felt uncomfortable or upset during discussions they were encouraged to divulge any concerns and seek appropriate support. **“Managing Emotional Wellbeing & Disclosures in Community Led Research Engagement Projects”** training was provided by Professor Kathryn Greenwood of University of Sussex.

Researcher Positionality and Reflexivity

We have been working for many years as SIS linguists; Community Interpreters, Bilingual Social Prescribing Link-workers and Bilingual Advocates. This involves daily interaction with community members and frequent meetings with other linguists who share our background and community. We are active members of culturally specific groups such as B&H Network for International Women and the Chinese Church.

Our background has the enabled us to design a culturally relevant study which incorporated our local knowledge, benefited from trusted relationships, and helped us to interpret findings with a deeper understanding of context.

We were particularly mindful of any pre-conceptions we had about the skills/abilities of the participants or their opinions about the topic.

- Working with another researcher from a different community gave an alternate perspective and could challenge assumptions.
- We acknowledged and discussed our biases, opinions and expectations in advance helping us to promote impartiality in our analysis of the qualitative data. We intentionally looked for data that challenged our initial assumptions.
- The use of quantitative measures helped with verification, objectivity and increased confidence in our conclusions.
- We took an asset-based approach to participants, recognising them as co-learners and equal partners

Methodology Limitations

Collecting the full temperature check data was challenging at some sessions because participants needed to leave early.

We have questioned whether the scaled impact questions were quite the right ones to ask – we would review these if the study were replicated in future.

Transcripts of the guided conversations are not available because of software limitations so formal coding wasn't possible but key themes could be identified and direct quotes used for illustrative purposes.

Fewer translated resources about mental health and emotional wellbeing were found for Cantonese

speakers than Arabic; Cantonese speakers read Traditional Chinese, whilst most resources are available in Simplified Chinese which is the text of mainland China and read by Mandarin speakers. Some of this can be read by Cantonese speakers.

Details of other Mental Health Research Projects that are currently being conducted, were not made available until after the project was finished and therefore couldn't be presented to the participants for consideration and comment.

Outcomes and Impact

Increase the likelihood of women's engagement in Mental Health Research

Data was collected via a Guided Conversation (session 4) and other observations throughout

This was the first time most participants had contributed to any kind of research, they all confirmed they'd be interesting in taking part again.

"Of course, I would like to do this activity again, I liked everything we did from the idea of cooking together, making new friends, sharing stories and creating our poster"

We presented information about [OUTSIDE 2: Outdoor swimming as a nature based intervention for depression](#). Although none of the participants were interested in the this study (most were put off by the cold water and weren't confident of their swimming skills) they recognised that an outdoor, group activity might boost their emotional wellbeing.

The design of the project exemplified best practice in engaging migrants with language needs who need additional support to understand and express themselves in English.

"Before getting involved in this project, I thought Mental Health Research was a big thing, at a very high level, but this project has helped to show me that it is quite easy to get involved"

Engaging SIS linguists, who are active in the community, to deliver the project worked as a trusted bridge for the participants.

"I would join another project but I would like to have someone to go with me, I wouldn't feel confident to go alone"

The recruitment of participants through outreach and a gradual, stepped approach (verbal introduction, translated invite, clarification discussion, translated PIL, confirmation conversation) built understanding and confidence in the process.

Participants shared that they'd felt worried about attending the first session, because it was their first experience taking part in community research. Additional elements of the research design reduced anxiety and helped participants to overcome concerns, enjoy the experience and feel comfortable discussing personal topics.

- Ice-breaker activity which involved learning silly things they had in common
- Safe and welcoming kitchen environment
- Chefs who were also from their language communities

"At first I was nervous, but I found it much easier than expected after the warm-up activity, we laughed a lot"

An environment away from a community based setting and relaxed atmosphere created by the project helped participants feel comfortable discussing personal topics around mental health

“This is a safe space and it’s good to talk about these things and understand more but I wouldn’t bring this up in other environments where our community meet like the church or mosque.”

The format of Community Participatory Action Research gave participants the opportunity to help lead and direct what was done and have some control.

“Thank you for bringing us together, we feel valuable that we can choose what to cook in this project and create posters to show what we have done”

The chance to give their opinions, and be recognised as experts, was a unique experience for participants.

“This project showed our voices and ideas are valued”

We took an asset-based approach, recognising and harnessing participants other skills and experience

“I was really excited to use my background in graphic design to create the Chinese poster. The colours, tone, fonts and decorative elements reflect a vintage and nostalgic style. I included a “Do & Don’t” section which is often seen on a traditional Chinese calendar.”

Taking food home with them to share with their families was a great conversation starter and prompted participants to talk about what they were doing.

Study the impact of “connecting” and “giving” on the participants’ emotional wellbeing

Data was collected via a Test-retest “temperature check” question (every session), a test-retest impact questionnaire (sessions 1 & 4) and guided conversations throughout.

See page 44 for collated quantitative results

The temperature check question indicated a clear positive impact for all participants at all sessions in relation to “How are you feeling?”

The biggest positive impact resulted from the collective cooking (sessions 2 & 3) and both groups finished with a perfect 10 out of 10 score after the session cooking the dish they had chosen. The participants were very excited about cooking together and the experience clearly didn’t disappoint.

“I am excited to start cooking in a group. I am sure it will be enjoyable.”

“This is my first time doing a group activity. Thank you for inviting me because I don’t go anywhere. I am looking forward to the cooking activity.”

The conversations in session 1 (sharing memories associated with food) were more emotionally charged than anticipated. Particularly for the Arabic speaking refugee women, their feelings of loss were very heightened and there were a lot of tears. Although distressed, participants also reported feelings of solidarity in recognition of their shared experience which was cathartic. There was still a small positive impact on wellbeing shown through the temperature check question.

“It felt meaningful to connect with other women, especially when we realised we had similar life experiences.”

“My story with food is a happy one as I was always beside my mother when she was cooking for the family, I learnt how to cook and host from her but unfortunately, I feel lonely here without her and the rest of my family. The separation is hard, but thank God I have my children with me despite everything that happened back in my country.”

“I miss my family, I remember being with them on different occasions. We used to cook, eat and laugh together a lot.”

“I love food and I love cooking but it is difficult to find the right ingredients here, especially seasonal and fresh ingredients.”

“When I miss the food from my country, I go to restaurants that prepare traditional dishes but it’s never the same”

“I really have some bad days where I just want to stay in bed. When I think about my family and the situation back in my country but what to do, I have nothing to do.”

The participants enjoyed mixing with people from other culture/language groups and communicated effectively despite the language barrier. They used their limited English, gestures, body language,

digital translation tools, interpreting support from the researchers and chefs, photographs and pictures. Communication flowed fairly naturally using these creative approaches.

“Even though we couldn’t speak the same language, we could cook and laugh together.”

“I enjoyed cooking with the other group; we interacted well despite the difference in our languages.”

Several women formed new friendships during the sessions and exchanged contact details to stay in touch.

There was huge enjoyment in learning about a new culture.

“Wow, this recipe [for Hong Kong Pineapple Buns] is exactly like in our country, we call it “Ghros” or “Brioche”, the only difference is that we add some seeds and orange blossom water for flavouring.”

“I already learnt a lot from the other ladies because we don’t come from the same culture and food is different in every country.”

Participants reported feeling more confident about socialising and wished to do more activities but the impact questionnaire gave a mixed result and did not verify the qualitative feedback. The lack of congruence between data sources has prompted us to reflect on whether we had chosen the right questions to ask in the impact questionnaire.

Increase participants' knowledge of mental health and emotional wellbeing

Data was collected via guided conversations which helped participants analyse culturally appropriate and accessible translated resources

See page 45 for details of resources curated and analysed.

Participants didn't know much about mental health and emotional wellbeing at the start of the project.

"I never heard about mental health services, maybe I can talk to my GP about my low mood"

"I don't know where to find information because I don't speak and read English."

Participants associated mental health mainly with negative emotions such as depression, anxiety, sadness, and feeling tearful.

"I don't know the difference between Mental Health and Emotional Wellbeing. Mental Health in my country is something bad."

Participants were particularly interested in the resources about the **5 Ways to Wellbeing** which were seen as easy to understand, accessible, practical, and empowering. They were thrilled to see their own self-help strategies recommended by professionals which was a confidence boost.

"I learnt that being out and doing something with other people can only be beneficial and improve my mood. I love it."

"It was so interesting to learn that I can support my physical health by taking care of my wellbeing."

Participants have been using some of the practical resources in their everyday life. A wider understanding of symptoms of stress and anxiety facilitated a participant to make a checklist for self-assessment of their emotional wellbeing and then take steps, if needed, to de-stress using other techniques presented in the project e.g. meditation, mindfulness, breathing exercises or self-referral to GP or support services.

"I loved the video about breathing techniques. I started doing them at home and I can say, it does help to relax"

The videos about **Talking Therapies**, **Looking After Yourself**, and **Breathing Techniques** were particularly popular because they overcame any literacy issues and it made it more likely the participants would share them with friends, family or community members using WhatsApp.

Some participants were interested to learn that the GP was not the only point of entry for professional help and support. They now know about self-referral options and Mental Health Support Services provided by UOK which has a website that can be translated (Arabic only).

Breakdown cultural stigmas of acknowledging and discussing mental health

Data was collected via guided conversations (sessions 1 and 4)

Participants agreed that there is a stigma attached to acknowledging and discussing mental health.

“Even if I’m not feeling great, if someone ask me about it, I would say ‘I am fine’.”

“I don’t even talk about it to my husband. I need to stay strong, I cannot show my vulnerability.”

They also recognised a distinct generational divide

“There is a change in the culture and the understanding. Nowadays, the younger generations are much more open about their mental health. They can talk about it in school, at work. It’s okay now to go and see a specialist. For my generation and the older generation it is a taboo.”

“Compared with their parents’ generation, young people are more able to open up about their emotional struggles with family or friends. Our parents’ generation would typically keep such feelings inside for fear of being judged or seen as weak or incapable.”

The Chinese speaking group also reflected that British societal norms of regular, small, warm, social interactions even with strangers e.g. saying thank you to the bus driver, contributed to a positive environment for emotional wellbeing.

“In Hong Kong’s current social and political climate people are very reserved, even neighbours no longer greet each other. I have noticed an improvement in my family relationships here.”

They recognised British culture as much more open about discussing emotions and mental health.

“I hope that living in the UK, my children will benefit from more education and guidance in this area than would have happened if we’d stayed in Hong Kong”

The relaxed atmosphere created by the project helped participants feel comfortable discussing personal topics around mental health

“This is a safe space and it’s good to talk about these things and understand more but I wouldn’t bring this up in other environments where our community meet like the church or mosque.”

The posters each group created about the project (see page 46) include a section about mental health and emotional wellbeing which they hope will encourage discussions about this topic.

“I’m very proud to have learnt new things on this course and am looking forward to sharing this with my family and friends”

If funding can be identified we would like to organise a community event to present the project, its findings and encourage more discussions with attendees.

Corroboration of Impact

The overarching objective of the [Sussex Research Engagement Network](#) is to **increase diversity, inclusion and participation in health and care research, and build long-lasting, trusting relationships with communities.**

This project aimed, more specifically, **to boost women's engagement in Mental Health Research.** It was very gratifying that all of the participants have said they would be interested in participating in other Mental Health Research. We have collated all their contact details and have permission to reach out by WhatsApp message or phone call about studies. However, in practice, we are not confident that engaging with other studies will be possible.

[NHS England Good Practice Guide: Increasing Diversity in Research Participation](#) highlights three primary reasons for under-representation; **Language Barriers, Accessibility, Mistrust** Our study both corroborated these findings and demonstrated how they can be overcome by;

- Choosing culturally rooted, activity based, engagement methods
- Capitalising on existing relationships of trust and the shared identity with the researchers
- Designing a culturally sensitive and appropriate project
- Delivering a fully accessible project with extensive language support

Unfortunately we have not yet been made aware of any suitable studies, that have made similar provision for overcoming these barriers for people with language needs, we have therefore not been able to recommend them to our participants.

We are looking for studies that specifically express a wish to recruit participants from ethnic/culturally diverse communities to indicate consideration has been given to cultural competence.

A mention of other languages, interpreting or translation is crucial because “*participants must be competent in English*” tends to be the default inclusion criteria unless otherwise stated. At the very least we hope to see a reference such as “*please let us know if you would like this information in other languages*”.

Even if translated information were made available, simply signposting our participants to studies would be inadequate for them to effectively engage. From the current research opportunities being promoted by SPFT, we've identified some immediate accessibility issues;

- information about studies has been circulated digitally and we aren't aware of other formats
- studies relate to specific mental health conditions which may need explaining
- registering interest in the study is by email or phone call in English
- out of date or ineffective weblink / QR code

A collaborative partnership between researchers and SIS would be needed to reach suitable potential participants, boost trust/confidence, ensure full understanding and support applications.

If language has not been considered at the design phase there is unlikely to be sufficient resources to involve people with language needs e.g. a study that involves 11 x 1 hour therapy sessions would require an interpreter to be booked for each session at a cost of both money and time.

We will continue to scope the environment for opportunities and advocate for people with language needs.

Appendices

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Cross Cultural Cooking Exchange

We are looking for **Arabic and Cantonese speaking women** who live in or near Brighton and Hove to take part in a research project.

We will use collective cooking of traditional dishes to study the relationship between food, memories, story-telling and emotional wellbeing. This project is about raising awareness of Mental Health and Emotional Wellbeing through a **fun activity of cooking and sharing food with women from another cultural background.**

There are 4 sessions and you must be able to attend all of them, please check the dates and times carefully.

All sessions are at **Community Base, 113 Queens Rd, Brighton, BN1 3XG**

Friday 6 th June	9:30am – 12pm	Conference Room, 5 th floor
Friday 13 th June	9:30am – 2pm	The Community Kitchen, ground floor
Friday 20 th June	9:30am – 2pm	The Community Kitchen, ground floor
Friday 27 th June	9:30am – 12pm	Conference Room, 5 th floor

Benefits of taking part in this project

- fun, group activity
- cooking and eating together
- cultural exchange and sharing stories
- £50 supermarket voucher at the end of the project
- take part in research and improve your knowledge about Mental Health and Wellbeing

If you want more information or would like to take part contact Laura by WhatsApp, SMS or email in your preferred language: 07593 446810 laura@sussexinterpreting.org.uk

Please let us know in advance if you have any allergies or other dietary requirements

跨文化煮食交流

我們正在尋找居住於布賴頓及霍夫或其周邊地區的**隨地你誠双膚查詳**女性，參與一項研究項目。

我們將透過一齊烹煮傳統菜餚，研究食物、回憶、故事分享與情緒健康之間的關聯。此項目旨在透過**艇養双舉修桌巧后齐墻胎啖皆灯惺刈亭凜找皆朋趙洽蜀**，提升對精神健康和情緒健康的認識。

項目共有四次活動，參加者必須能夠出席所有活動，請仔細查看日期和時間。

所有活動均於 **Community Base, 113 Queens Rd, Brighton, BN1 3XG** 舉行

6月6日（星期五）上午 9:30 至中午 12:00，5樓會議室

6月13日（星期五）上午 9:30 至下午 2:00，地面層社區廚房

6月20日（星期五）上午 9:30 至下午 2:00，地面層社區廚房

27月6日（星期五）上午 9:30 至中午 12:00，5樓會議室

參舉武預盱皆尅虛 <

- 享受有趣的小組活動
- 一同烹飪及共享餐點
- 文化交流與故事分享
- 項目結束時獲得 £50 超市禮券
- 參與研究並提升對精神健康與情緒健康的認識

如果你想了解更多資訊，或者想參加，請透過 WhatsApp、SMS 或電郵，並可使用你首選的語言聯絡 Laura： 07593 446810 laura@sussexinterpreting.org.uk

如有任何過敏或其他飲食要求，請提前告知我們

تبادل فنون الطهي بين الثقافات المختلفة

إننا نبحث عن السيدات الناطقات باللغة العربية والكانتونية التي يعشن في مدينة "برايتون وهوف" أو بالقرب من هنا، للمشاركة في مشروع بحثي.

سوف نستخدم الطبخ الجماعي للأطباق التقليدية، وذلك لدراسة العلاقة بين الطعام، والذكريات ورواية القصص والصحة النفسية، إن هذا المشروع يهدف إلى رفع مستوى الوعي بالصحة النفسية والرفاه العاطفي من خلال نشاط ممتع يتضمن الطبخ، ومشاركة الطعام مع السيدات المنتمية لخلفيات ثقافية مختلفة.

هناك 4 جلسات، ويجب حضورها جميعاً، ولذا يُرجى مراجعة التواريخ والأوقات بعناية.

جميع الجلسات ستكون في مقرّ: (Community Base, 113 Queens Rd, Brighton), BN1 3XG

الجمعة 6 يونيو، من الساعة 9:30 صباحاً - 12 ظهراً في قاعة المؤتمرات، الطابق الخامس

الجمعة 13 يونيو، من الساعة 9:30 صباحاً - 2 ظهراً، "مطبخ الجماعة" (Community Kitchen)، الطابق الأرضي

الجمعة 20 يونيو، من الساعة 9:30 صباحاً - 2 ظهراً، (Community Kitchen)، الطابق الأرضي

الجمعة 27 يونيو، من الساعة 9:30 صباحاً - 12 ظهراً، في قاعة المؤتمرات (Conference Room)، الطابق الخامس

فوائد المشاركة في هذا المشروع:

- أنشطة جماعية ممتعة
- الطبخ وتناول الطعام معاً
- التبادل الثقافي ومشاركة القصص
- قسيمة شراء من سوبر ماركت بقيمة 50 جنيهًا إسترلينيًا في نهاية المشروع
- المشاركة في الأبحاث وتعزيز معرفتك بالصحة النفسية والرفاه

إذا كنت تريد المزيد من المعلومات أو ترغب في المشاركة، اتصل بـ "لاورا" (Laura) عبر "الواتس أب" (WhatsApp) أو بالرسائل القصيرة أو البريد الإلكتروني باللغة المفضلة لديك: 07593446810 laura@sussexinterpreting.org.uk

يرجى إخطارنا مسبقاً إذا كان لديك أي تحسس أو حساسية أو متطلبات غذائية أخرى

Participant Information Leaflet

Project Title:

Cross Cultural Cooking Exchange

Research Organisations:

Sussex Interpreting Services for the Sussex Research Engagement Network

Funded by:

NHS England

Government Department of Health and Social Care

National Institute for Health and Care Research (NIHR)

Activities:

We will use collective cooking of traditional Arabic and Chinese dishes to stimulate the sharing of memories, stories and emotions associated with the food. Each cultural group will choose and share with the other group, dishes important to their culture which stimulate positive emotions, memories and stories.

The cooking activity and the cross-cultural discussions will create a relaxed, fun and safe environment in which to introduce, explore and discuss the topics of emotional wellbeing and mental health.

We will provide culturally appropriate and accessible translated resources about emotional wellbeing and mental health, in both print and video formats. These will be discussed and analysed by the groups.

The groups will create presentation materials (poster or booklet) to illustrate what they have done and learnt during the project. These materials will be disseminated and distributed within their communities.

The researchers will write a report about the project for the funders and a summary will be translated for participants.

We will recruit 8 participants (4 in each language) and will have 4 sessions together every Friday in June at Community Base, 118 Queens Road, Brighton, BN1 3XG.

Objectives of the Research:

Study the impact of cross-cultural cooking and storytelling on the emotional wellbeing of participants. Participants will be asked to complete a short, straightforward, questionnaire to measure this impact.

Increase participants knowledge of mental health and emotional wellbeing through discussion and looking at translated information and resources.

Breakdown cultural stigmas around mental health and emotional wellbeing through discussion and creating presentation materials for dissemination in communities.

Increase women's engagement in Mental Health Research.

Summary of the Project Sessions:

Session 1: 6th June 9.30am - 12pm

- introductions and getting to know each other
- discussing recipes and sharing stories
- completing a questionnaire about social activities
- group discussion about mental health and emotional wellbeing

Session 2: 13th June 9.30am - 2pm

- Chinese cooking session – preparing food and eating together
- sharing stories
- group discussion about translated mental health and wellbeing resources

Session 3: 20th June 9.30am - 2pm

- Arabic cooking session – preparing food and eating together
- sharing stories
- group discussion about translated mental health and wellbeing resources

Session 4: 27th June 9.30am - 12pm

- co-design of poster or leaflet about the project
- completing a questionnaire about social activities
- group discussion about the translated resources
- look at other examples of mental health research

Potential benefits to participants:

- have fun, make new friends and boost emotional wellbeing
- teach and learn cooking skills from a different culture
- increase confidence to take part in other social groups or activities, and to do so with people from other language/cultural groups
- create a lasting memory in the form of a poster or booklet
- increase knowledge of mental health and emotional wellbeing
- receive translated resources in Arabic or Traditional Chinese about mental health emotional wellbeing
- £50 supermarket voucher

Confidentiality:

We will only use information from participants that we need for the research, presentation and reports. No names or contact details will be used. Everyone involved in the research (including participants) will keep personal information private and confidential and not identify any of the participants, without permission, to people outside of the group. We will agree and review our privacy rules at each session.

Presentation materials and reports will be written in a way that ensures no-one can work out who took part in the research unless participants are happy for this to happen.

We will make an audio-recording of some of the sessions; these are for the researchers to analyse and use information in their reports. Some anonymised quotes might be used in the presentation materials and reports. The recordings will not be shared with anyone else.

Results from the questionnaires completed by participants will be collated together and anonymised for use in the presentation materials and reports.

We will be taking photographs during the sessions, participants will be asked if they would rather not be pictured. Photographs might be used in the presentation materials and reports but only with permission from the participants in the picture. Photographs can also be shared with participants but only with permission from the participants in the picture and an agreement about how they will be used.

Confidentiality will only be broken if we have concerns that a participant may be a risk to themselves or others. If we thought this was necessary, we would first discuss this with the participant.

For more information about how we handle and use personal information, please consult our [Privacy Notice](#). A translated version of the Privacy Notice is available on request.

Additional Information:

Participants should commit to attending all 4 sessions although we understand that there may be unexpected circumstances that prevent attendance. Participants should inform the research team as soon as possible.

Participants should try to arrive on time to every session.

Participants are expected to take part in all discussions and activities. If participants feel uncomfortable or upset about any topics or have any concerns about their mental health or emotional wellbeing, they should inform the researcher as soon as possible so that we can provide, or signpost to, appropriate support.

Participants may want to bring an apron to the cooking sessions to protect their clothes.

If participants have any concerns about the study, they can discuss this with the researchers, staff at SIS by contacting laura@sussexinterpreting.org.uk , or funders from Sussex Research Engagement Network by contacting terryadams@trustdevcom.org.uk

If participants need to contact SIS about anything connected with this research project, they can email or send an SMS or WhatsApp in their preferred language to:

SIS Projects Coordinator Laura Gilbert on 07593 446810 or laura@sussexinterpreting.org.uk

參加者資料單張

項目名稱：

跨文化煮食交流

研究機構：

薩塞克斯傳譯服務 (SIS)，代表薩塞克斯研究參與網絡

資助機構：

英格蘭國民保健署 (NHS England)

英國政府衛生與社會關懷部

國家健康與護理研究所 (NIHR)

活動內容：

我們將透過集體烹調傳統阿拉伯菜式與中國菜式，激發參加者分享與食物有關的回憶、故事與情感。每個文化群體將挑選對其文化具有重要意義、能喚起正面情緒與回憶的菜式，並與其他群體分享其背後的故事與意義。

烹調活動及跨文化討論將營造一個輕鬆、愉快而安全的環境，讓參加者可以自然地引入、探索及討論情緒健康與精神健康等主題。

我們將提供具文化敏感度及易於理解的情緒健康與精神健康資源，內容包括印刷品及影片，並提供翻譯版本以照顧不同語言需要。這些資源將會在小組內作深入討論與分析。

各小組將製作展示資料（例如海報或小冊子），以呈現他們在項目中的參與過程及所得收穫。這些資料將會在各自的社區中作展示與分發。

研究團隊將撰寫一份項目報告提交予資助機構，並會為參加者準備一份翻譯後的摘要版本。

我們將招募共八位參加者（每種語言組別各四人），並於六月的每個星期五，在 Community Base, 118 Queens Road, Brighton, BN1 3XG 舉行四次小組活動。

研究目標：

探討跨文化烹飪與分享故事對參加者情緒健康的影響。參加者將填寫一份簡短且容易理解的問卷，以評估相關影響。

透過討論及查閱翻譯後的資訊與資源，提升參加者對精神健康及情緒健康的認識。

透過討論及製作用於社區發佈的展示資料，打破有關精神健康與情緒健康的文化污名。

鼓勵女性積極參與精神健康研究。

項目活動概覽：

洽努1 < 6 月6日 叻刀 9:30 到 半 12:00

- 互相介紹及認識彼此
- 討論食譜並分享相關故事
- 完成有關社交活動的問卷
- 小組討論精神健康與情緒健康

洽努2 < 6 月13日 叻刀 9:30 到 半 2:00

- 中國菜烹飪環節 – 一同準備食物並共享餐點
- 分享故事
- 小組討論已翻譯好的心理健康與情緒健康資源

洽努3 < 6 月20日 叻刀 9:30 到 半 2:00

- 阿拉伯菜烹飪環節 – 一同準備食物並共享餐點
- 分享故事
- 小組討論已翻譯好的心理健康與情緒健康資源

洽努4 < 6 月27日 叻刀 9:30 到 半 2:00

- 共同設計有關項目的海報或傳單
- 完成有關社交活動的問卷
- 小組討論翻譯後的資源
- 參考其他心理健康研究的範例

對參與者的潛在益處：

- 享受樂趣、結交新朋友並提升情緒健康
- 學習及教授來自不同文化的烹飪技巧
- 增加參與其他社交小組或活動的信心，並能與來自不同語言/文化群體的人一同參與
- 以海報或小冊子形式，製作一份持久的回憶
- 提升對心理健康與情緒健康的認識
- 接收有關心理健康與情緒健康的阿拉伯文或繁體中文翻譯資源
- £50 超市禮券

保密性：

我們只會使用參加者提供的與研究、報告及展示所需的資料。不會使用參加者的姓名或聯絡資料。所有參與研究的人士（包括參加者）將保持個人資料的私隱性與保密性，並且未經許可，不會向小組外的人士透露任何參加者的身份。我們會在每次會議中共同商定並回顧我們的私隱規則。

所有展示資料和報告將以確保沒有人能夠識別參與研究的人為原則，除非參加者同意透露其身份。

我們會錄製部分會議的音頻，這些錄音僅供研究人員分析並用作報告資料。部分匿名的引用可能會在展示資料和報告中使用。錄音將不會與任何其他人士分享。

參加者填寫的問卷結果將會匯總並匿名處理，用於展示資料和報告中。

我們會在會議期間拍攝照片，參加者將被問及是否願意出現在照片中。照片可能會用於展示資料和報告，但只有在獲得照片中參加者的同意後才會使用。照片也可以與參加者分享，但只有在獲得照片中參加者的同意，並且達成使用方式的協議後，才會進行分享。

只有當我們擔心某位參加者可能對自己或他人構成風險時，才會打破保密協議。如果我們認為這是必要的，我們將首先與參加者討論此事。

有關我們如何處理和使用個人資料的更多信息，請參閱我們的 [《私隱通知》](#)。私隱通知的翻譯版本可根據要求提供。

附加資料：

參加者應承諾參加所有四次會議，儘管我們理解可能會有突發情況導致無法出席。參加者應儘早通知研究團隊。

參加者應盡量準時出席每次會議。

參加者預期會參與所有討論及活動。如果參加者對任何話題感到不適或不安，或對自己的精神健康或情緒健康有任何擔憂，應儘早通知研究員，以便我們提供或指引合適的支持。

參加者可選擇攜帶圍裙參加烹飪環節，以保護衣物。

如果參加者對研究有任何疑慮，可與研究員或 SIS 的工作人員討論，聯絡電郵 laura@sussexinterpreting.org.uk，或者聯絡薩塞克斯研究參與網絡的資助機構，電郵地址 terryadams@trustdevcom.org.uk

如果參加者需要就與此研究項目相關的任何事項聯絡 SIS，可以通過電子郵件，或以他們首選語言發送短信或 WhatsApp 至：

SIS 項目協調員 CCJK，聯絡電話：07593 446810，或者電郵：

laura@sussexinterpreting.org.uk

請閱讀以下聲明，然後對閣下已明白及同意的聲明打勾：

- 我同意參與這次訪問調查。

- 這項計劃的目的已向我解釋過，而我也已有機會發問，並獲得問題的回答。

- 我同意這次訪問調查予以錄音。

- 我同意在相關的報告及展示文件中中以匿名方式引用我在訪問調查中的回答。

- 我明白我的參與屬於自願性質，且明白我可以選擇不回答任何問題，也可以隨時退出訪問調查及撤回我的同意。

姓名：

.....

日期：

.....

簽名：

.....

訪問調查員

.....

نشرة معلومات المشاركين

لقب المشروع:
تبادل الطبخ بين الثقافات المختلفة

منظمات البحوث:
"خدمات الترجمة الفورية لمقاطعة ساسكس" (Sussex Interpreting Services) من أجل "شبكة مشاركة الأبحاث في ساسكس" (Sussex Research Engagement Network)

بتمويل من:
"هيئة الخدمات الصحية الوطنية في إنجلترا" (NHS England)
"وزارة الصحة والرعاية الاجتماعية الحكومية" (Government Department of Health and Social Care)
"المعهد الوطني للبحوث فيما يتعلق بالصحة والرعاية" (NIHR)

الأنشطة:
سوف نستخدم الطبخ الجماعي للأطباق العربية والصينية التقليدية وذلك للحث على تبادل الذكريات والقصص والمشاعر المرتبطة بالأطعمة. وسوف تشارك كل مجموعة ثقافية أطباقاً ذات أهمية لثقافتها، ومن ثم مشاركتها مع المجموعات الأخرى، لتحفيز المشاعر والذكريات والقصص الإيجابية.

سوف يؤدي القيام بالطبخ، والمناقشات بين الثقافات المختلفة على خلق بيئة مريحة، وممتعة وأمنة لتوفير واستكشاف ومناقشة مواضيع ذات صلة "بالرفاه العاطفي والنفسي" (emotional wellbeing and mental health).

إننا سوف نوفر موارد مترجمة بحيث تكون مناسبة ثقافياً، والتي بالإمكان الحصول عليها بسهولة، بحيث أن تكون ذات صلة "بالرفاه العاطفي والنفسي"، بصيغة مطبوعة وعبر "الفيديو"، ويسوف يتم مناقشة هذه الموارد والقيام بنشرها من قبل المجموعات.

سوف تقوم المجموعات بإعداد مواد لنشرها (ملصقات أو كتيبات) لتوضيح ما تم أنجزوه وتعلموه خلال المشروع، وسيتم نشر هذه المواد وتوزيعها في مجتمعاتهم.

سوف يقوم الباحثون بكتابة تقرير عن المشروع، لكي يتم تقديمه للجهات الممولة، وسيتم القيام بترجمته للمشاركين بصيغة مقتضبة.

سوف نقوم بتجنيد 8 مشاركين (4 من كل لغة) وستكون لدينا 4 جلسات معاً كل يوم جمعة في شهر يونيو في مقر
Community Base, 118 Queens Road, Brighton, BN1 3XG.

أهداف البحث:

القيام بدراسة تأثير الطبخ، ورواية القصص بين الثقافات المختلفة فيما يتعلق "بالرفاه العاطفي والنفسي" للمشاركين، وأنه سوف يتطلب من المشاركين القيام بتكملة استبيان قصير ومباشر لقياس هذا التأثير.

القيام بتعزيز معرفة المشاركين فيما يتعلق ب"الرفاه العاطفي والنفسي"، من خلال المناقشة، والاطلاع على المعلومات بالإضافة إلى الموارد المترجمة .

التخلص من وصمات العار الثقافية المرتبطة ب"الرفاه العاطفي والنفسي" من خلال المناقشة، وإعداد المواد الداعمة لنشرها في المجتمعات.

القيام بتعزيز مشاركة المرأة فيما يتعلق ب " أبحاث الصحة العقلية " (Mental Health Research)

ملخص جلسات المشروع:

جلسة 1: 6 يونيو الساعة 9:30 صباحاً - 12 ظهراً

- المقدمات والتعرف على بعضنا البعض
- القيام بمناقشة وصفات الطعام وتبادل القصص
- القيام بتعبئة استبيان فيما يتعلق بالأنشطة الاجتماعية
- القيام بمناقشة جماعية فيما يتعلق ب"الرفاه العاطفي والنفسي"

جلسة 2: 13 يونيو الساعة 9:30 صباحاً - 2 بعد الظهر

- حصة طبخ صيني – القيام بتحضير الطعام وتناوله معاً
- القيام بمشاركة القصص
- القيام بإجراء مناقشة جماعية حول موارد الصحة النفسية/العقلية والرفاه العاطفي التي تم ترجمتها

جلسة 3: 20 يونيو الساعة 9.30 صباحاً - 2 ظهراً

- حصة طبخ عربي - القيام بتحضير الطعام وتناوله معاً
- القيام بمشاركة القصص
- القيام بإجراء مناقشة جماعية حول موارد الصحة النفسية/العقلية والرفاه العاطفي التي تم ترجمتها

جلسة 4: 27 يونيو الساعة 9:30 صباحاً - 12 ظهراً

- تصميم ملصق مشترك أو منشور فيما يتعلق بالمشروع
- القيام بتكملة استبيان، فيما يتعلق بالأنشطة الاجتماعية
- القيام بقيادة مناقشة جماعية حول الموارد المترجمة
- الاطلاع على أمثلة أخرى لأبحاث تتعلق بالصحة النفسية

الفوائد المحتملة للمشاركين:

- الاستمتاع، والقيام بتكوين صداقات جديدة، وتعزيز "الرفاه العاطفي والنفسي".
- القيام بالتعليم والتعلم من قبل ثقافات مختلفة فيما يتعلق بمهارات الطبخ.

- القيام بتعزيز الثقة بالنفس لكي تشارك في أنشطة أو الانضمام إلى مجموعات اجتماعية أخرى، ومع أشخاص الذين تكون لهم لغات/ثقافات مختلفة.
- القيام بإنشاء ذكري طويلة الأمد بصيغة مُلصق أو كُتيب.
- القيام بتنمية المعرفة فيما يتعلق بالصحة "الرفاه العاطفي والنفسي".
- الحصول على موارد مُترجمة إلى اللغة العربية أو الصينية التقليدية فيما يتعلق بالصحة النفسية و"الرفاه العاطفي النفسي".
- الحصول على قسيمة شراء من "سوبر ماركت" بقيمة 50 جنيهاً إسترلينياً.

السرية

سوف نستخدم فقط معلومات المشاركين اللازمة للبحث والعرض والتقارير، وإنه لن يتم استخدام أي أسماء أو بيانات الاتصال، وسوف يحافظ كافة المشاركين في البحث (بما في ذلك المشاركون) على خصوصية وسرية معلوماتهم الشخصية، ولن يكشفوا عن هوية أيٍّ منهم لأي شخص خارج المجموعة. إننا سنوافق على قواعد الخصوصية الخاصة بنا وسوف نستعرضها في كل جلسة.

سوف يتم كتابة مواد العرض والتقارير، بأسلوب يضمن عدم تمكن أي شخص من معرفة من الذي شارك في البحث، إلا إذا كان المشاركون سعداء بحدوث ذلك.

سوف نقوم بتسجيل بعض من الجلسات صوتياً ، وأن هذه ستكون مُخصَّصةً للباحثين، وذلك للقيام بتحليل المعلومات واستخدامها في تقاريرهم، وإنه ربما سيتم استخدام بعضاً من الاقتباسات المُجهولة المصدر في مواد العرض والتقارير، وأنه لن يتم مشاركة هذه التسجيلات مع أي شخص آخر.

إنه سوف يتم القيام بجمع نتائج الاستبيانات، التي تم المشاركون تكملتها معاً، ومن ثم إخفاء هويتها لاستخدامها في مواد العرض والتقارير.

سوف نقوم بالتقاط صور أثناء الجلسات، وأنه سيتم إلقاء سؤال على المشاركين عما إذا كانوا يفضلون عدم التقاط صور لهم، وإنه ربما يجوز استخدام الصور في مواد العرض والتقارير، ولكن فقط بعد أن يتم الحصول على إذن من المشاركين في الصورة، إنه من الممكن أيضاً مشاركة الصور مع المشاركين، ولكن فقط بعد أن يتم الحصول على إذن من المشاركين في الصورة والاتفاق على كيفية استخدامها.

إنه لن يتم البوح بالسرية، إلا إذا ساورتنا المخاوف من أن يُشكل أحد المشاركين خطراً على نفسه أو على الآخرين. وإذا رأينا بأن ذلك ضروري، فإننا سوف نناقش هذا أولاً مع المُشارك.

وللحصول على المزيد من المعلومات حول كيفية تعاملنا مع المعلومات الشخصية واستخدامها، يُرجى الاطلاع على [إشعار الخصوصية \(Privacy Notice\)](#) الخاص بنا، إنه تتوفر نسخة مُترجمة من "إشعار الخصوصية" عند الطلب.

معلومات إضافية:

إنه على المشاركين الالتزام بحضور جميع الجلسات الأربع، مع العلم أننا نتفهم احتمالية وجود ظروف طارئة تمنعهم من الحضور، وأنه يُرجى من المشاركين بإشعار فريق البحث في أقرب وقت مُمكن [إذ كنت غير قادراً للحضور].

إنه ينبغي على المشاركين أن يحاولوا الوصول لكل جلسة في الوقت المحدد.

إنه من المتوقع من المشاركين أن ينخرطون في جميع المناقشات والأنشطة، وفي حالة أنهم يشعرون بعدم الارتياح أو الانزعاج تجاه أي موضوع، أو أن تكون لديهم أية مخاوف بشأن "الرفاه العاطفي والنفسي"، فعليهم إبلاغ الباحث، في أقرب وقت ممكن، حتى تتمكن من تقديم الدعم المناسب أو توجيهك إلى الحصول على الدعم المناسب.

ربما يرغب المشاركون في إحضار مريّلة إلى جلسات الطبخ لوقاية ملابسهم.

إذا كان لدي المشاركون أي مخاوف بشأن الدراسة، فإنه بإمكانهم مناقشة هذا الأمر مع الباحثين أو الموظفين في "سيس" (SIS) عبر الاتصال بالرابط التالي: laura@sussexinterpreting.org.uk، أو الممولين من قبل: "شبكة مشاركة الأبحاث في ساسكس" (Sussex Research Engagement Network)، وذلك عبر الاتصال terryadams@trustdevcom.org.uk

إنه إذا احتاج المشاركون إلى التواصل مع "سيس" بخصوص أي شيء يتعلق بهذا المشروع البحثي، فإنه بإمكانهم إرسال بريد إلكتروني أو رسالة نصية قصيرة (SMS) أو عبر "واتساب" (WhatsApp) باللغة التي يفضلونها إلى "لورا جيلبرت" (Laura Gilbert): منسقة مشاريع "سيس" (SIS Projects Coordinator)، على الرقم 07593446810 أو عبر البريد الإلكتروني التالي: laura@sussexinterpreting.org.uk

How are you feeling today on a scale of 1-10?

(where 10 = amazing)



1 2 3 4 5 6 7 8 9 10

كيف حالك اليوم على المقياس الذي يتدرج من 1 - 10؟

(حيث يعني 10 = مدهش)



10 9 8 7 6 5 4 3 2 1

你今天的感受如何？若以一至十分評分，你會給多少分？

(十分為非常好)



1 2 3 4 5 6 7 8 9 10

Q1: How satisfied are you with how much you socialise with others?

1 I am very dissatisfied	2 I am dissatisfied	3 Sometimes I'm not satisfied	4 I am fairly satisfied	5 I am very satisfied
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Q2: How often do you socialise with people who don't speak the same language as you?

1 Never	2 Rarely	3 Sometimes	4 Frequently	5 Very often
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Q3: How often do you do social activities or hobbies?

1 Never	2 Less than once a week	3 Once a week	4 Several times a week	5 Every day
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Q4: How likely are you to join a new social activity?

1 Very unlikely	2 Unlikely	3 Neutral	4 Likely	5 Very likely
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Q5: How well informed are you about services and activities available to you? (E.g. social events, community events, classes, activities)

1 I don't know where to find information	2 I don't know much about local services	3 I know a little about local services	4 I have most of the information I need	5 I have all the information I need
--	--	--	---	---

Q6: How do feel about taking part in this project? Tick as many options as you want:

- Nervous**
- Confident**
- Excited**
- Anxious**
- Happy**
- Enthusiastic**
- Unsure**
- Neutral**
- I don't know how I feel**

Other, please write _____

سؤال رقم 1: ما مدى رضاك عن مدى تفاعلك مع الآخرين؟

5	4	3	2	1
أنا راضٍ جداً	أنا راضٍ إلى حد ما	في بعض الأحيان لا أكون راضيًا	أنا لست راضٍ	أنا لست راضٍ جداً

سؤال رقم 2: كم عدد المرات التي تتواصل بها مع أشخاص الذين يتحدثون بنفس اللغة التي تتحدث بها؟

5	4	3	2	1
في كثير من الأحيان	مراراً	أحياناً	نادراً	أبداً

سؤال رقم 3: ما مدى تكرار قيامك بالأنشطة الاجتماعية أو الهوايات؟

5	4	3	2	1
كل يوم	عدة مرات في الأسبوع	مرة في الأسبوع	أقل من مرة واحدة في الأسبوع	أبداً

سؤال رقم 4: ما مدى احتمالية انضمامك إلى نشاط اجتماعي جديد؟

5	4	3	2	1
من المرجح جداً	مُحتمل	مُحايد	من غير المُحتمل	من غير المُحتمل جداً

سؤال رقم 5: ما مدى اطلاعك على الخدمات والأنشطة المُتاحة لك؟ (مثل: الفعاليات الاجتماعية، والفعاليات المُجتمعية، والدروس، والأنشطة)

5	4	3	2	1
إنه لدي كل المعلومات التي أحتاجها	إنه لدي معظم المعلومات التي أحتاجها	إنني أعرف القليل عن الخدمات المحلية	إنني لا أعرف الكثير عن الخدمات المحلية	لا أعرف من أين أجد المعلومات

سؤال رقم 6: ما هو شعورك حول المشاركة في هذا المشروع؟ اختار أي عدد من الخيارات التالية:

- متوتر
 - واثق
 - مُتهيج
 - قلق
 - سعيد
 - مُتحمس
 - غير متأكد
 - محايد
 - لا أعرف ما هو شعوري
- أخرى، الرجاء الكتابة _____

問題 1：你對自己與他人社交的滿意程度如何？

1 我非常不滿意	2 我不滿意	3 有時我不滿意	4 我算是滿意	5 我非常滿意
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問題 2：你與不講相同語言的人社交的頻率如何？

1 從不	2 很少	3 有時候	4 經常	5 非常頻繁
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問題 3：你多常參加社交活動或從事興趣愛好？

1 從不	2 少於一星期一次	3 每星期一次	4 一星期幾次	5 每天
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問題 4：你參加新社交活動的可能性有多大？

1 非常不可能	2 不可能	3 中立	4 可能	5 非常可能
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問題 5：你對可使用的服務及活動了解程度如何？（例如：社交活動、社區活動、課程、興趣班等）

1 我不知道在哪裡 找到相關資訊	2 我對當地的服務 了解不多	3 我對當地的服務 了解一點	4 我擁有大部分所 需的資訊	5 我擁有所有所需 的資訊
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問題 6：你對參與這個項目的感受如何？你可以選擇多個選項：

- 緊張
- 自信
- 興奮
- 焦慮
- 開心
- 熱衷
- 不確定
- 中立
- 我不知道自己怎麼感覺

其他，請寫明_____

SESSION 1 GUIDED CONVERSATION

Ice Breaker Activity

Participants indicate which of each pairing they prefer by moving from one side of the room to the other (people with mobility issues can indicate from their seat)

Helps participants to understand that everyone has something in common but we are also all different.

// Coffee or tea? // Early bird or night owl? // Cats or dogs? // Beach or mountains? //
// Book or film? // City or village? // Sweet or savoury? // Phone call or text message? //
// Adventure or relaxation? // Comedy or drama? // Spicy or mild? // Sing or dance? //
// Restaurant or home-cooked meal? // Apple or banana? // Summer or winter?
// Pizza or cake?

Choosing Recipes and Sharing Stories

- Which recipes remind you of home?
- What do the recipes make you think about / remind you of?
- Do you have any memories or feelings around these recipes that you want to share?
- How do these recipes / foods make you feel?
- How does cooking make you feel?

Understanding of Mental Health and Emotional Wellbeing

- What does “mental health” mean to you?
- What does “emotional wellbeing” mean to you?
- How are these two things different?
- What might help people to have good mental health and emotional wellbeing?
- Are there any activities you do that help you (to de-stress etc.) / Can you think of any activities that might help people with their MH or WB?
- What services do you know that might help people with this here? How does that compare with services in your country?
- Is MH and WB something you talk about with friends and family? If not, why?
- How do different generations in your community approach MH and WB differently? Are you noticing any changes in attitude etc.?

SESSION 4 GUIDED CONVERSATION

BCRs to facilitate group discussion and audio-record and/or take notes.

Suggested questions to guide the discussion below

MH Resources

- What did you think about the resources we shared?
- What was new for you?
- Which resource or info was the most useful / interesting / impactful? Why?
- How confident do you feel now about finding/using translated resources? [SIS SU pages, QR code and how to navigate to their language page]
- How can these resources be shared more widely with your community to increase knowledge, encourage engagement with MH discussions and breakdown stigma?

Taking part in this project

- What did you learn / gain from being part of the project?
- What three things have you learnt through this project?
- What did you get out of participating? E.g. more confident, making friends, socialising, having fun, sharing stories, learning new skills, getting info about MH.
- What has taking part in the project meant to you?
- Would you recommend taking part in this kind of project to others?

Taking part in other MH research

- Would you consider joining a similar project in future? If not, what are the reasons?
- Would you take part in MH research again? If not, what are the reasons?
- Using the example of the project for “outdoor swimming for depression” – would there be any barriers to them taking part?
- Are there other activities that you would like to do that could be part of MH research?
- What would prevent them from taking part in MH research?
- How could MH research opportunities be promoted or shared with other women from their community?

Cantonese Speakers

Temperature Check

Session	Scale of 1-10		Change
	Start	End	
1	7.25	9	1.75
2	7	10	3
3	6.75	8.5	1.75
4	7.3	8	0.7

Impact

Scale of 1-5	Start	End
Satisfaction of socialising with others	3.75	4
Frequency of socialising in English	2.25	2.5
Frequency doing an activities / hobbies	2.75	2
Likelihood of joining a new activity	3.75	3
Information about services / activities	2.25	2.5

How do you feel about taking part?		
	Start	End
Nervous	2	
Confident		
Excited		2
Anxious	1	
Happy	4	3
Enthusiastic		1
Unsure		
Neutral		
Don't know		
Other		

Arabic Speakers

Temperature Check

Session	Scale of 1-10		Change
	Start	End	
1	4.75	5.5	0.75
2	6.25	9.5	3.25
3	6.3	10	3.7
4	6.5	7.5	1

Impact

Scale of 1-5	Start	End
Satisfaction of socialising with others	4	5
Frequency of socialising in English	3.75	3.6
Frequency doing an activities / hobbies	2	3
Likelihood of joining a new activity	4.75	4.3
Information about services / activities	2.75	2

How do you feel about taking part?		
	Start	End
Nervous		
Confident	1	
Excited	2	
Anxious		
Happy	1	1
Enthusiastic	1	2
Unsure		
Neutral		
Don't know	1	
Other		

Shared Mental Health and Emotional Wellbeing Information

More here <https://sussexinterpreting.org.uk/service-users/> in the Resource Libraries

	Arabic	Traditional (Cantonese)	Simplified (Mandarin)
Wellbeing Guidance for Migrants (pdf) Doctors of the World	https://wsussex-mind.files.svdcdn.com/producton/documents/Translated-material/Arabic-wellbeing-guidance-for-migrants.pdf	https://wsussex-mind.files.svdcdn.com/production/documents/Translated-material/traditional-chinese-wellbeing-guidance-for-migrants.pdf	
5 steps to Mental Wellbeing (website & pdf) NHS Scotland	https://appnhs24wp41a8c38064.blob.core.windows.net/blobappnhs24wp41a8c38064/wp-content/uploads/2023/03/mind-to-mind-may22-arabic.pdf	only available in Simplified Chinese (Mandarin)	https://appnhs24wp41a8c38064/wp-content/uploads/2023/03/mind-to-mind-may22-simplified-chinese.pdf
Wellbeing: Looking After Yourself (video) UK Hong Kongers		https://www.ukhk.org/wellbeing	
Mental Health Conditions (website) RC of Psychiatrists	https://www.rcpsych.ac.uk/mental-health/translations/arabic	only available in Simplified Chinese (Mandarin)	https://www.rcpsych.ac.uk/mental-health/translations/chinese
Talking Therapies (video) NHS Manchester	https://www.youtube.com/watch?v=t2EgmyQVzEo	only available in Simplified Chinese (Mandarin)	https://www.youtube.com/watch?v=pXDVIS5nefl
Coping Strategies for Anxious Times (pdf) Traumatic Stress Service	https://www.awp.nhs.uk/application/files/9116/4311/3673/COVID-19 Arabic Coping Strategies for anxious times.pdf	only available in Simplified Chinese (Mandarin)	https://www.awp.nhs.uk/application/files/5016/4311/3686/COVID-19 Mandarin Coping Strategies for anxious times.pdf
Living with Worry and Anxiety (pdf) Psychological Tools	https://sussexinterpreting.org.uk/wp-content/uploads/Arabic-anxiety-guide.pdf	https://sussexinterpreting.org.uk/wp-content/uploads/Cantonese-anxiety-guide.pdf	
How to find out about Local Service (pdf) UOK B&H	https://sussexinterpreting.org.uk/wp-content/uploads/UOK-A5-leaflet-Arabic.pdf	not available in Chinese	
Mindfulness (pdf) Mind	https://birminghammind.org/wp-content/uploads/2023/11/A-MASG23.pdf	not available in Chinese	
Tips on Sleep (pdf) Mind	https://birminghammind.org/wp-content/uploads/2023/11/AS-ASG23.pdf	only available in Simplified Chinese (Mandarin)	https://birminghammind.org/wp-content/uploads/2024/01/Mandarin-Sleep-Quick-Tip-Guides.pdf

مشروع المشاركة في أبحاث الصحة العقلية (REN)

الخلفية

يهدف هذا الملصق إلى تقديم مشروع ممول من قبل شبكة المشاركة في أبحاث الصحة العقلية في سسكس (Sussex Research Engagement Network)، تم تصميمه وتنفيذه باللغتين العربية والكانتونية من قبل باحثين ثنائيي اللغة في المجتمع المحلي بدعم من خدمات سسكس للترجمة (Sussex Interpreting Services).

القيم

الغرض من هذا البحث هو استحضار المشاعر والذكريات والقصص الإيجابية. ساعد نشاط الطهي على ربط المشاركات ثقافياً وشجعهن على مشاركة القصص والذكريات حول الطعام.

الأهداف

جمع معلومات جديدة ذات صلة ومثيرة للاهتمام حول مشاركة الصحة العقلية أثناء استكشاف الأمور واكتساب رؤية أعمق من خلال دعوة مجموعة صغيرة من النساء من خلفيات عرقية الأقليات للمشاركة في أنشطة الطهي.

بعض القصص والذكريات المشتركة

"اجتمعنا لطهي الطعام على هذا النحو يذكرنني ببلدي، عندما كانت تجتمع كل النساء من الجيران وأفراد العائلة المقربات والصديقات لإعداد الطعام والحلويات لاحتفالات العيد وغيرها من المناسبات مثل حفلات الزفاف. كانت ذكريات جميلة أفنتقدها كثيراً".



"هذه مثل إحدى الوصفات لدينا في بلدنا، نسميها "غروس" أو "بريوش"، الفرق الوحيد هو أننا نضيف بعض البذور وماء زهر البرتقال للنكهة. نحن نخبزها للمناسبات الخاصة أو للإفطار اليومي وشاي الظهيرة."



"جلب هذا الطعام ذكريات عائلتي والوقت الجميل الذي قضيناه معاً في بلدي الأم. أتمنى لو تعود تلك الأيام. أدمعت عينايا، أتمنى لو كنت معهم الآن، ولكن "



إحدى الوصفات المختارة للمشروع - سلطة الفتوش

1 ليمونة

1 ملعقة صغيرة من دبس الرمان

1 فص ثوم

القليل الأسود، 1 ملعقة صغيرة من الملح

2 ملعقة صغيرة من النعناع المجفف

2 ملعقة صغيرة من السماق

3 ملاعق كبيرة من زيت الزيتون

2 خس رومين

1 كوب من طماطم الكرز

1/2 بصلة حمراء

2 فجل

حفنة من النعناع الطازج

2 كوب من رقائق بيتا

اصنع الصلصة عن طريق خفق عصير الليمون ودبس الرمان والثوم والملح ونصف النعناع المجفف والسماق وزيت الزيتون.

قم بتقطيع الخس والطماطم والبصل والفجل وضعها في وعاء كبير.

أضف رقائق البيتا والصلصة واخطها جيداً. أضف بقية السماق

والنعناع المجفف والنعناع الطازج وبعض رقائق البيتا من فوق.

تاريخ سلطة الفتوش

تأتي كلمة "فتوش" من الكلمة العربية "فت"، والتي تعني "سحق" أو

"تقطيع شيء إلى قطع صغيرة"، إشارة إلى بقايا الخبز التي تشكل

أساس السلطة. وهي شهادة على براعة المطبخ الشرقي في تقليل هدر

الطعام.

ما كان رأي المشاركات في المشاركة في أبحاث الصحة العقلية من خلال نشاط إبداعي

• "أحببت فكرة الاجتماع معاً للطهي"

• "كونت صداقات جديدة"

• "تعرفت على ثقافة أخرى"

• "أعرف الآن كيفية تحسين رفاهي من خلال المعلومات التي تلقيتها في هذه الجلسات".

• "تعلمت كيف أتعامل مع الأوقات العصيبة".

ما تعلمته المشاركات عن الصحة العقلية والرفاه – المعرفة والتوعية

• تقنيات للتنفس

• طرق لتحقيق الرفاه (تواصل مع الآخرين، انتبه، كن نشطاً، ساعد الآخرين، تعلم مهارات

جديدة)

• كيفية التعامل مع مشاكل النوم

روابط لبعض الموارد المشتركة

رابط للترجمة العربية لخمس طرق لتحقيق الرفاه

sussexinterpreting.org.uk/wp-content/uploads/Arabic-5-ways-to-Wellbeing.pdf

رابط للوصول إلى فيديو باللغة العربية حول العلاجات النفسية عن طريق الكلام:

www.youtube.com/watch?v=t2EgmyQVzEo

لمزيد من المعلومات حول المشاركة في المشاريع المستقبلية أو أبحاث الرعاية الصحية والاجتماعية، يرجى الاتصال بـ:

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REN - Mental Health Research Engagement Project

Background

This poster is to introduce a project funded through the Sussex Research Engagement Network, designed and conducted in Arabic and Cantonese by Bilingual Community Researchers with the support of Sussex Interpreting Services.

Values

The purpose of the research is to evoke positive emotions, memories, and stories. The cooking activity helped to culturally connect participants and encouraged them to share stories and memories around food.

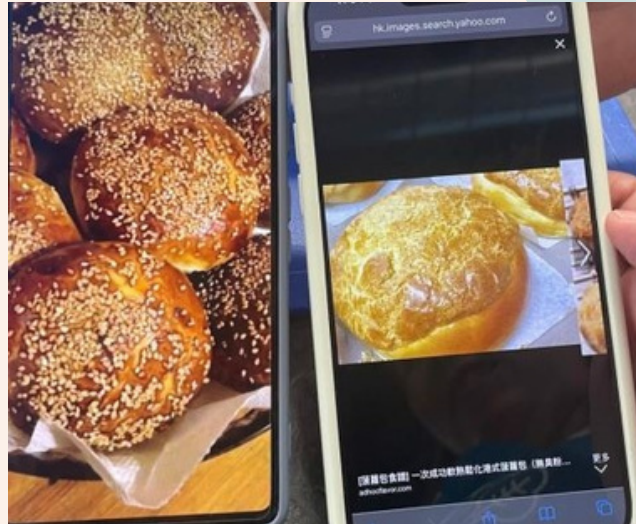
Goals

Gather new, relevant and interesting information on Mental Health engagement while exploring and gaining a deeper insight by inviting a small group of women from minority ethnic backgrounds to participate in cooking activities.

Some shared stories & memories

"Getting together to cook like this reminded me of home, when all the women from neighbours, close family and friends used to gather to prepare food and sweets for Eid celebrations and other occasions like weddings.

They were nice memories, I miss that a lot"



"This is exactly like one of the recipes we have in our country, we call it 'Ghros' or 'Brioche', the only difference is that we add some seeds and orange blossom water for flavouring.

We bake them for special occasions or for everyday breakfast and afternoon tea."



"This food brought memories of my family and the nice time we had been spending together in my mother country. I wish if those days come back.

I have tears in my eyes, I wish if I were with them now but...."



One of the recipes chosen for the project - Fattoush Salad

1 lemon
1 teaspoon pomegranate molasses
1 clove of garlic
Black pepper, 1 teaspoon salt
2 teaspoons dried mint
2 teaspoons sumac
3 tablespoons olive oil
2 romaine lettuces
1 cup cherry tomatoes
½ red onion
2 radishes
Handful of fresh mint
2 cups pitta chips

Make the dressing by whisking together lemon juice, pomegranate molasses, garlic, salt, half of the dried mint and sumac, and olive oil.

Chop the lettuce, tomatoes, onion and radishes and place in a large bowl. Add the pitta chips and dressing and mix well. Add the rest of the sumac, dried mint, fresh mint and some more pitta chips to the top.

History of Fattoush Salad

The word 'Fattoush' comes from the Arabic word 'fatt', meaning 'to crush' or 'break into small pieces', referring to the leftover bread that forms the base of the salad. It's a testament to the ingenuity of Middle Eastern cuisine in minimising food waste.

How participants felt about taking part in Mental Health research through a creative activity

- "I liked the idea of coming together to cook"
- "I made new friends"
- "I learnt about another culture"
- "I now know how to improve my wellbeing through the information received in these sessions."
- "I learnt how to deal with difficult times."

What participants learnt about Mental Health and Wellbeing – knowledge and awareness

- Breathing techniques
- 5 Ways to Wellbeing (Connect with other people, Take notice, Be active, Help others, Learn new skills)
- How to deal with sleep problems

Links to some shared resources

Link to the Arabic translation of the 5 ways to wellbeing:
sussexinterpreting.org.uk/wp-content/uploads/Arabic-5-ways-to-Wellbeing.pdf

Link to access a video in Arabic about Talking Therapies:
www.youtube.com/watch?v=t2EgmyQVzEo

For more information about taking part in future projects or health and social care research, contact:

laura@sussexinterpreting.org.uk

經典

香港情懷

傳承



- | | |
|-----------|--------------------------|
| 麵團材料： | 菠蘿皮： |
| 牛奶 225克 | 無鹽牛油 40g(室溫放軟) |
| 高筋麵粉 325克 | 白砂糖 36g |
| 白砂糖 36克 | 蛋黃1隻 |
| 鹽2克 | 雲呢拿香油 少許 |
| 無鹽牛油30克 | 低筋麵粉 68g |
| 速發乾酵母 4克 | 吉士粉 10g |
| | 無鉛泡打粉 1.5g Baking powder |
| | 梳打粉 0.5g Baking soda |



打好麵團分8分搓圓後，靜止15分鐘，再逐一排氣再搓圓，放入焗爐，調至35度，麵團發酵50至60分鐘。（至2倍大）

菠蘿皮：全部材料撈埋一堆，用保鮮紙包好放入雪櫃雪一陣

將全部材料混合，用手搓至完全混合，分成八份。焗爐預熱180度麵團發酵好之後，將麵包皮壓扁（用保鮮紙）放上面包面，搽上蛋液焗15分鐘

菠
蘿
包

菠蘿包沒有菠蘿

菠蘿包其實並不含有菠蘿。它的名字來自於表面金黃酥脆,裂紋狀的外皮，看起來像菠蘿的表皮。菠蘿包本身口感柔軟，帶有甜味。它是香港麵包店和茶餐廳中深受喜愛的食品之一,已經成為本地飲食文化的象徵。如果你有機會到訪香港,菠蘿包絕對是必嚐的美食！



菠蘿包有菠蘿

菠蘿包有本地飲食文化的象徵

我們的回憶

HONGKONG
茶餐廳/冰室

HK



童年時爸爸總會拖着我的小手去樓下的茶餐廳飲下午茶，下午茶的菠蘿包必定是我們首選的食物讓我十分懷念與爸爸相處的時光。

菠蘿包，讓我回想起香港的茶餐廳，特別是當中的人情味。

菠蘿包讓我想起家，小時候媽媽每天都必定準備菠蘿包給我們做早餐。

茶
餐
廳



資訊

宜
尋求協助
搵人傾偈

保持心理健康的五個方面

- 與人聯繫
- 多做運動
- 有洞察力
- 學習新技能
- 樂於奉獻

透過日常生活的小習慣來維持及改善身心健康

透過參考有關精神健康的資料，我們可以提升對心理健康的關注，同時瞭解到在有需要時，應該如何尋求適當的協助。

緊急威脅生命，撥打999或立即前往急症室

有自殘/自殺念頭/高風險，撥打0300 304 0078 (MHRRS)或短訊85258 (Shout/Sussex)

想找人傾訴/不確定，撥打116 123 (Samaritans)或111 (Mental Health Line)



忌
壓抑情緒
逃避問題

 **sussexinterpretingservices**

安排免費社區傳譯服務 請打電話 01273 702005 給我們

並用英語或廣東話留下資料

sussexinterpreting.org.uk/cantonese

Hong Kong Feelings

PINEAPPLE BUN RECIPE:

dough ingredients:

225g milk

325g strong flour

36g sugar

2g salt

30g unsalted butter

4g dried instant yeast

'pineapple' topping ingredients:

40g unsalted butter, soften in room temperature

36g sugar

1 egg yolk

a few drops of vanilla extract

68g cake flour

10g custard powder

1.5g baking powder

0.5g baking soda

method:

Make the dough, knead it, divide it into 8 balls, then let it rest for 15 minutes.

Knead it again and reshape the balls. Place them in a 35 °C oven for 50–60 minutes, until they double in size.

In the meantime, thoroughly mix together the topping ingredients, wrap in clingfilm and put it in the fridge.

When the dough has risen, divide the topping into 8 pieces and flatten out. Put a topping piece on the top of each dough ball, brush with egg wash and bake at 180 °C for 25 minutes.

PINEAPPLE BUNS WITHOUT PINEAPPLE:

Pineapple buns do not actually contain pineapple. The name comes from their crispy, golden, cracked crust, which resembles the skin of a pineapple. Pineapple buns are soft

and sweet. They are the most iconic and a popular bakery item in Hong Kong. If you ever visit Hong Kong, the pineapple bun is a must-try!

Pineapple buns are a symbol of local food culture.

OUR HONG KONG MEMORIES:

“When I was a child, my father would always hold my little hand and take me to a local café for afternoon tea. The pineapple buns were always our first choice of food. I miss the time I spent with my father very much.”

“Pineapple buns remind me of Hong Kong style cafés (Cha Chan Teng), especially the human touch.”

“Pineapple buns remind me of home. When I was a child, my mother would prepare pineapple buns for us for breakfast every day.”

INFORMATION:

Get help to find someone to talk to.

Don't suppress your emotions or avoid your problems.

5 ways to wellbeing:

- Connect with people
- Take notice
- Be active
- Help others
- Learn new skills

Maintain and improve your physical and mental health through small daily habits.

Referring to relevant information on mental health can raise our awareness of mental health and understand how to seek appropriate help when needed.

In a life-threatening emergency, call 999 or go to A&E.

If you have thoughts of self-harm or suicide, call 0300 304 0078 (MHRRS) or text 85258 (Shout).

If you need to talk to someone, call 116123 (Samaritans) or 111 (NHS health line)

To access free community interpreting, call 01273 702005 and leave us a message in English or Cantonese.

www.sussexinterpreting.org.uk/cantonese