



Trauma-informed yoga for refugees and asylum-seekers: independent report on Ourmala's impact

Improving clients' mental health, physical health and ability to integrate into UK society

June 2018

Introduction

At Ourmala, we help refugees and people seeking-asylum integrate into our society in the UK. We do this primarily by creating access to specialist yoga sessions, which are highly effective at improving mental and physical health. These sessions always have a community building aspect afterwards, often with refreshments, and access to other wrap-around services. This programme significantly help clients integrate, despite the often long and draw-out asylum application process. Our approach is in line with the Harvard Programme in Refugee Trauma and Recovery, one of the most well respected models globally for effectively helping refugees and people seeking asylum.

This report presents the very positive results of Ourmala's programme for this population over the course of a year-long project held in 2017. It was written by independent healthcare expert Dr. C. Bernard Colaço, Consultant Rheumatologist Central Middlesex Hospital London, who oversaw the monitoring and evaluation team for the project. The project was co-funded by the European Union, lululemon athletica, Big Lottery Awards for All, Inchrye Trust and many other generous independent supporters.

Ourmala's vision is a world where refugees and people seeking asylum can lead healthy, fulfilling and dignified lives with opportunities to make positive contributions to society. This is the end we are working towards. We tend to work with most clients for at least six months while their cases are being processed. Some have been in our care for a number of years as their cases are stuck in the system.

In the UK, the asylum system is in need of reform and the sector of support services for refugees and people seeking asylum is underfunded. Most people we work with have fled violent and cruel situations, for example war-torn countries, torture and human trafficking. These are not economic migrants but people who cannot live in their countries of origin due to circumstances beyond their control. Their backgrounds vary, including many with professional and university backgrounds.

The rate of depression, anxiety, post-traumatic stress syndrome and nightmares and inability to sleep through the night is high. Many clients are also very isolated and lonely. Low confidence, low self-esteem and suicidal thoughts are common and stress makes it hard to concentrate. Mobility may be impaired due to torture or warfare, as is the case with the client pictured on the cover of this report who found yoga made a real positive difference in his life.

When someone has registered to seek asylum in the UK, they are not legally allowed to work until they are officially recognised as a refugee the by UK government and this process can take years. All this time, they live below the poverty line in often substandard accommodation, with poor nutrition, facing great uncertainty and effectively their lives are in limbo.

Understandably, support services have always focused on legal, housing, medical, language and welfare needs of this population. Psychological support exists but is rarer. At Ourmala, we believe that our specialist yoga programme is as essential as the above services and fills a gap in the 'support model' for this population across the UK. To use the Harvard Refugee Trauma Programme's term, we provide a 'bio-psycho-social-spiritual' service that not only improves mental, physical and emotional health and social and support networks but we know from programme evaluation that it also enables clients to get the most out of the other services helping them to integrate.

The year long project in 2017 had two specific objectives -- to:

1. Enable refugees and asylum-seekers to understand and experience the benefits of health-enhancing physical activity.
2. Create immediate and lasting physical and mental health benefits for refugees and asylum-seekers through therapeutic care, educational services and access to critical resources.

To evaluate the impact of Ourmala's yoga programme, the team led by Dr. Colaço conducted internationally recognised questionnaires on depression, post-traumatic stress and quality of life, structured focus group

discussions, in-depth interviews and ongoing feedback from beneficiaries and yoga teachers over the course of the project. He strongly recommends continuation and funding of Ourmala's programme.

The questionnaires revealed that out of 30 people representing 10 different ethnicities, over the past month:

- all except one had experienced a depressive episode
- 60% had experienced a major depressive episode
- 48% experienced suicidal ideation nearly every day for two weeks or more
- just over 66% presented with moderate to severe PTSD

Themes that emerged from beneficiaries' experiences of yoga were:

- Improved mental and physical health
- Improved posture, flexibility, strength and concentration and better sleep
- Increased feeling of wellbeing, confidence and optimism and social network
- Reduction of anxiety, depression, physical pain and feeling isolated
- A toolkit of yoga skills they can use in everyday life [to reduce stress and cope better]
- An understanding of what yoga actually is and how the yoga skills can help them

Themes that emerged from the other aspects of our programme were:

- Reduced social isolation
- Improved social and support network
- Feeling better in themselves and more confident about longer term social integration
- Increased access to services and better ability to participate fully in society

Yoga is widely recognised as an effective healthcare intervention that is cost-effective and offers preventative and curative benefits by the NHS, private healthcare providers and insurance companies. The science that reveals how yoga works is widely available. In the UK, the NHS is currently in the process of conducting an 18 month evaluation of the impact of yoga on health with the goal of enabling GPs to be able to prescribe it, just as has been the case with Mindfulness. However, even when this is the case there will still be a need for specialist sessions to cater for the complex needs of refugees and people seeking asylum described in this introduction.

Ourmala has specialised in working with yoga and this population since 2011. Our yoga programme is sensitive to trauma, gender, culture and the UK context of asylum policy. The programme is highly effective, cost-efficient, centres around client empowerment and participation and is adaptable to cater for different needs, such as limited mobility.

In this project, 168 adult and 153 young refugees and asylum-seekers accessed the programme, representing 10 countries of origin. For most, English was not the vernacular. This, in addition to the extreme violence and cruelty all have survived, demanded great humanity, patience, sensitivity and skill in our evaluation and monitoring team. I would like to extend my deepest appreciation to Dr. C. Bernard Colaço for his hugely generous commitment to seeing this not insignificant evaluation project through to completion, Riya Adamjee for her highly diligent data analysis and all of the dedicated volunteers in this team, without whom the monitoring, evaluation and this report simply would not have been possible.

It is our greatest hope that this report will contribute to Ourmala receiving investment to roll-out this programme across the UK. Our goal is to offer access to this programme to all refugees and people seeking asylum, offering a more humane and most importantly effective approach to integration. To put this in context, according to the United Nations High Commission on Refugees, this amounts to 117,234 refugees, 37,829 pending asylum cases and 16 stateless persons in the UK -- less than than one quarter of a percent of the UK's total population (around 0.24%)* people.

This may be a tiny percentage of the UK population but it represents a massive need. These people are the most marginalised, underserved and at risk in our society. We believe that the social return on investment in this programme roll-out will pay dividends, delivering positive results for the individuals, their children, communities and our country as a whole whilst delivering cost savings to health and social service providers.

Emily Brett, CEO Ourmala, June 2018



Independent report: Overall assessment of the achievement of objectives

By Dr. C Bernard Colaço, Consultant Rheumatologist Central Middlesex Hospital London NW10 7NS UK

Overview:

This Ourmala project has been led by a young team of Yoga Teachers and support admin staff. I note successful collaboration with organizing venues and simple equipment for Volunteer refugee participants of several nations to feel welcomed.

The uptake has been very high. The staff have clearly disabused any global prejudice against Yoga being for young fit white American ladies. Attendees were cross cultural and cross religious boundaries and any gender. This immediate impact of non-discriminatory welcoming group activity has been a source of comfort to the participants, many of whom have obvious post stress traumatic disorder. The particular support for mums and babies is novel.

At the focus group I attended, it was clear I had a lot to learn about their plight with restriction from applying to work and re-align their lives with the community.

The close trusting relationship with volunteer staff was enlightening.

The attention to strict Yoga principles and the obvious commitment of volunteers was commendable. The various forms of assessments have not raised any complaints or concerns regarding the management of sessions and the objective of 90 % improvement must be assumed as achieved on the basis of repeat attendances and collaboration with sensitive data gathering and freedom to comment at Focus groups.

The approach of requesting validated questionnaires did raise matters of language proficiency and assistance from colleagues (non-professional translators) which will limit the interpretation of results which are discussed above. It was not possible to deliver questionnaires as originally planned, due to the circumstances set out in the interim report, and it was not possible to extend the project time to enable completion of the full monitoring and evaluation plan. Nonetheless the available documented results from questionnaires, focus groups and 1-2-1 interviews, it is

clear that Ourmala has achieved all the specific objectives and targets of this project as well as the general objective.

I would strongly support extension of this service as a simple practical point of call for the victims of political struggles who were begging for attention and recognition.

This they clearly found in the Ourmala Yoga sessions. Several reported mental health improvement and were adhering to practice even in their multi-person dwellings. Further activity such as this merits support but also for a parallel fund to offer an improved academic analytical support to examine the long lasting impact of Yoga for refugees. The principle of yoga for the world without any discriminatory or religious boundaries has been well achieved by this enthusiastic team.

General objective:

To empower refugees and asylum-seekers to lead more fulfilled lives through increased access to health-enhancing physical activities. The specific planned objectives and results were as follows:

Objectives:

1. Enable refugees and asylum-seekers to understand and experience the benefits of health-enhancing physical activity.
2. Create immediate and lasting physical and mental health benefits for refugees and asylum-seekers through therapeutic care, educational services and access to critical resources.

Targets:

1. Increased awareness and understanding of the importance and impact of practicing yoga (and physical activity generally) among service users.

Indicator: 90% of service users can report three benefits of practicing yoga

2. Improved health and well-being (both physical and mental), including relief from aches and pains, insomnia and depression. Indicators:

- 90% of service users report a reduction in at least one of their reported physical health issues
- 90% of service users report a reduction in at least one of their reported mental health issues

3. Service users increase confidence and reduce isolation which enables them to integrate into European Society.

Indicators:

- 90% of targeted service users report increased confidence
- 90% of targeted service users report that they have taken part in at least one activity that demonstrated they are less isolated
- 90% of targeted service have increased knowledge of essential services available

Demographic:

- Clients are referred to Ourmala's services from over 30 different organisations across London.
- Over the year, 168 adult and 153 young refugees and asylum-seekers accessed yoga.
- Countries of origin represented include: Afghanistan, Albania, Eritrea, Iran, Ivory Coast, Nigeria, Pakistan, Sierra Leone, Sri Lanka and Uganda.
- Female to male ratio across all the classes: approx. 85% Female and 15% male.
- 242 of yoga/social time sessions held in 13 different parts of London.
- 49 Happy Baby Project groups were delivered with 110 clients on the register and with an average of 25 clients attending each session (with an average of one baby or child under the age of three years)

Methods:

A Monitoring and Evaluation framework was designed to monitor the deliverables and results of this action.

- Target beneficiaries and deliverables were monitored through individual class registers and Ourmala's Salesforce database.
- Beneficiaries were initially referred into the Ourmala programme through an online referral form, which results in data collection in an online database
- Three questionnaires (WHOQOL-bref, CES-D and PCL-C) were delivered to clients. This was the maximum number of questionnaires that could be delivered by the skilled and trained volunteers who sat down with clients to collect the data. This task requires great sensitivity, patience and skill given the traumatic experiences the majority have survived and the fact that for most, English was not their first language.
- Quantitative data was collected through questionnaires which monitored progress against the targets.
- Qualitative data was collected through:
 - two structured focus group discussions
 - 12 1-2-1 interviews, which were written up into case studies
 - production of a short film based on these interviews

Completed questionnaires were collected from 30 different refugees in 5 different sessions. It must be noted that English is not the first language for any of the participants. They were assessed by the WHOQOL-bref, CES-D and PCL-C. Two classes were specifically mother & baby classes, three classes were mixed genders.

The monitoring and evaluation team for this project was voluntary, with the exception of two days paid to a consultant who designed the system.

- Monitoring & Evaluation Team Lead: Dr. C Bernard Colaço (Consultant Rheumatologist) both at Rheumatology Unit Central Middlesex LNWH NHS TRUST University Hospital, have advised on validated qualitative assessment measures i.e.: questionnaires for assessments of depression, post-traumatic stress and quality of life, in line with World Health Organisation and the UK's National Health Service standards.
- A team of 5 Ourmala volunteers, led by M&E Specialist Helen Leidecker, have conducted data collection at the first data point (May 2017) across all 5 classes for a sample of 30 beneficiaries
- Focus groups were conducted by Dr Colaço and Helen Leidecker

Guiding principles for the M&E Framework and practical considerations

- The M&E Framework and data collection was guided by the principles of informed consent and confidentiality.
- Information was provided to clients about the questionnaires in all classes the week before they were delivered. There was opportunity for clients to ask questions and some did ask about how the information would be used.
- The week of collection, an additional explanation was given again and it was stressed that people could opt out and were under no obligation to take part.
- Of all the classes covered, there were 3-5 people who didn't want to do the forms
- Some clients were especially concerned about giving their names and so the research team explained everything would be anonymous.
- There were significant language barriers and difficulty of understanding due to the complicated phrasing in some questions, which needed to be phrased as they were written so as not to invalidate the questionnaires. This was mostly overcome by talking through the meanings in 'plain English' and using facial expressions/gestures to explain the meaning. The over-the-phone translation service was also a backup which was used a few times.

- Once this report has been submitted, to demonstrate best practice, we will be holding an event for all our refugee and asylum-seeking community to say thank you to those who took part and communicate the results of this project, the fact that the European Union funded it and ask for their feedback.

About our approach

- WHOQOL-100 is a quality of life assessment that is applicable cross-culturally. The generic English version was applied to the group known as the WHOQOL-bref. Scores are cumulated from the questionnaire into four domains which encompass different facets: domain 1 (physical health), domain 2 (psychological), domain 3 (social relationships) and domain 4 (environment). Raw scores were transformed into 4-20 and 0-100 scores. Higher scores indicated a greater quality of life (questions with negative phrasing had scores reversed).
- The CES-D assesses the depression symptom category of the person in the last month and is categorised in five potential groups: major depressive episode, probable major depressive, possible major, subthreshold and no clinical significance.
- The PCL-C is a civilian self-report administered 17 item questionnaire used to assess the severity of the person's symptoms for PTSD. A cut-point severity score of 33/75 was assigned, and criterion of 1B (q1-5), 3C (q6-12), 2D (q13-17) having a severity of >2; to conclude they had moderate-severe PTSD.

Results:

a) 29/30 WHOQOL questionnaires were admissible for data analysis, one was incomplete. Overall the group reported very low QOL (quality of life) scores in all 4 categories, with the most negatively affected being their social relationships. Dom4: environment, which includes financial resources, transport and physical security scored highest of the 4 groups.

The questions scoring the mean highest satisfaction were q8: how safe do you feel in your daily life, and q.24: How satisfied are you with your access to health services.

Summarised results for WHOQOL:

	Mean score	Range
Domain 1	33/100	68 (high:81, low:13)
Domain 2	32/100	62 (high:75, low:13)
Domain 3	30/100	56 (high: 56, low:0)
Domain 4	41/100	69 (high:75, low:6)

b) 27 CES-D questionnaires were completed. All except one experienced a depressive episode in the last month. 60% of the group had experience a major depressive episode, with 48% of the group experiencing suicidal ideation nearly every day for 2 weeks or more. Depressive symptoms are scaled from 0-60, higher scores indicating more symptoms; mean group score was 33, range 42 (high:49, low:7).

c) Overall 27 PCL-C questionnaires were completed. 18/27 of the refugees were experiencing moderate-severe PTSD.

- 25/27 met the severity threshold of >33/75
- 18/27 met the symptom threshold of 1B, 3C, 2D

Focus group themes and quotes:

A few themes were distilled from two focus groups held with adults and another with Mums and babies were as follows:

Participants spoke of drug consumption reduction due to yoga, as well as improved sleep. A who was referred by Freedom from Torture (suffered both mental and physical torture): "I take sleeping tablets, but when I do yoga I take less, very very less, before I take every day."

B., who had been referred to Ourmala after suffering severe depression, and attempted to overdose when legal aid help was refused: "Ourmala gives you a sense of belonging. When you're out there you feel secure there are other people in your situation....when I started doing yoga I feel like oh, it's actually good for my mental health, it gives you that inner peace and releases all the stress".

Several spoke of the difference between yoga therapy and counselling, and why they chose to try yoga instead and found it more effective. C after 6.5 years has still not attained status: "the difference – counselling goes through your life, everything you've been through. Sometimes it can be very difficult to go back to a painful event in your life. Yoga is something different, it brings you back to yourself...brings you back to confidence and believing in yourself by doing yoga.

Yoga also motivated participants to get more involved with a wider range of sports, and a common theme was improved flexibility and strength. D: "Since starting yoga I have more flexibility and strength. I'm more more motivated doing sport and things like that."

However it must be noted that participants (especially males who were interviewed) commented on the key differences between going to the gym/other forms of sport compared to yoga: E: "The yoga is same as exercise we can do in the gym, you know stretch and balancing. But the difference between yoga and the exercise is transferring the energy. Yoga is like a meditation it wakes up the mind more than the physical. That's why I love yoga.....When we chant, it's really positive energy."

When Group A were asked to think of one word to describe how the programme has helped or affected them, they included: "calm", "serenity", "healthy" and "light".

Discussion:

Each refugee only filled out each questionnaire once, and follow up progress using qualitative questionnaires was not conducted; so it is difficult to assess the mental and physical impact of the yoga from start to finish of the programme. This is likely to have been due to lack of the same people attending each class making it difficult to collate follow up data from the same group of people.

WHOQOL : 19/30 refused to answer q21: how satisfied are you with your sex life. A cultural difference or trafficking/gender based violence may account for the refusal to answer the question.

Also the type of questions in the qualitative assessments only targeted the mental wellbeing of the subject, and not their opinions on the benefits of physical activity so it is difficult to assess from them alone whether the yoga therapy has a lasting physical impact.

However two focus group sessions were run on 4/12/17 interviewing 8 and 6 people respectively, in which the physical impact of yoga therapy was addressed. The overall response from all interviewed was overwhelmingly positive with regards to the physical and mental impact of yoga. They spoke of the importance of the group environment acting as a support network making them feel less alone in the difficulties they experienced with each of their unique cases. Yoga therapy in the words of the participants, mentally provided them calmness as well as motivation; and physically provided strength, flexibility and feeling healthier. These powerful words demonstrate how varied, but valuable implementation of such a programme will be for many individuals, as proven in the outcomes of the interview from the two very diverse groups.

Find out more

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