



ICOS

INTERNATIONAL
COMMUNITY
ORGANISATION
OF SUNDERLAND

EFFECTS OF ACTIVITIES AND SUPPORT PROVIDED OF ICOS?

[Document subtitle]

ABSTRACT

A look at the international community organisation of Sunderland and the activities and support that they offer and judging the effectiveness using the shorten Warwick-Edinburgh Mental wellbeing scale.

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Introduction

Organisation

The organisation is a local charity based in the city centre of Sunderland called “International Community Organisation of Sunderland” (ICOS). The charity offers help to immigrants in Sunderland this can include helping them to gain employment, helping them with housing and helping through wellbeing activities. Based in an office the charity often has one on one meeting allowing the client to talk to a support worker about their needs in order for them to be addressed and to help the clients overall wellbeing. Issues range from helping clients getting grants and help or items for their living spaces such as fridges and ovens. Wellbeing activities include tasks such as sporting activities such as rowing at local venues as well as lighter activities such as bird watching that everyone could get involved in regardless of their physical fitness. Overall ICOS helps people “connect to opportunities, defend rights, bring people from different cultural backgrounds together.” (International Community Organisation of Sunderland, 2022)

Literature Review

Looking at the effects of help provided by the organisation of ICOS in helping immigrants to the local area. This review will look at what literature supports the need for such support to be given as well as evidence that suggests that community lead events and interventions can be effective in helping the mental wellbeing of people.

A common theme that can be found is the issue that are faced by asylum seeker and other immigrants that come to a country as they can face issue based upon their protected characteristics such as race gender and sexual orientation. The world health organisation found that younger people often face more mental health issues and challenges when moving to a different country. (World Health Organization, 2023) Similarly found that immigrants face tougher mental health through their social determinants such as their employment and income, a service which ICOS helps with directly by offering aid in skills such as creating a CV and interview skills to help the service user gain employment. Improve factors like that help to improve the mental health and overall mental wellbeing of the person. (Nargesi et al, 2021)

Access to services is an issue that many immigrants suffer when coming to the United Kingdom (Asif and Kienzler, 2022) explore the difficulties for refugees, asylum seeker and undocumented migrants face highlighting issues surrounding healthcare issues such as language barriers despite claims by (Public Health England, 2021) that all possible efforts are made to ensure effective communication between healthcare professions and patients. The journal shows mentions how some were turned away from registering with their general practitioner despite

the UK government recognising health as a fundamental human right. One community that has particularly small numbers of members accessing health and social options is the Chinese (Cattan et al, 2016) the suggestion of using a “Bridge Person” to help translate to the services and the person who would need the care. ICOS often advocate for their users with services for their clients allowing for them to get access or to seek help where needed. This will allow for them to access healthcare as well as help with housing to improve the service user’s mental wellbeing.

Another theme is that community and activities such as can be beneficial to a person’s wellbeing (Deave et al, 2013) found that in doing community activities had a positive impact on the residents that participated in the activity showed improvement. The activities that were highlighted included activities such as exercise, social and arts and crafts like the organisation provides. However, this was referring to general population rather than immigrant like ICOS would be provide such activities for. Another report that worked with immigrants found that engaging with activities can help give people a sense of belonging and home and can help their mental wellbeing. (Charles Rodriguez et al, 2022)

Research Aims and Research Question

This research will aim to show the importance of the service and of supporting people through their services such as advocating for their clients’ needs in accessing services and getting utilities and supplies that they need, equally looking at activities and wellbeing and how it can have a positive effect on a person mental wellbeing. The research will highlight how the need of such an organisation in a modern society and the importance of ICOS through the changes in the individual’s mental wellbeing.

Methodology

Ontological and Epistemological position

The ontological approach taken will be a Constructionist where reality is subjective and based on the individual perspective on reality. As this study will look at a person’s mental wellbeing can be affected by many variables that would vary for every person. Therefore, constructionism is the best ontological approach to use in this research. (Knifton and Quinn, 2013)

The epistemology approach that this research will use is interpretivist as this the results are personal and subjective due to the questions being about an individual rather than a larger

group or organisation. As the subject is subjective as what one individual would deem to be a 5 out of 5 another may see as a 1 out of 5. (Annett, 2002) (Al-Saadi, 2014)

Research Design

This study uses a quantitative approach to look at the mental wellbeing of a service user at International Organisation of Sunderland (ICOS) using the shorten version of Warwick-Edinburgh Mental Wellbeing Scale. As this is a standardised scale used by multiple organisations such as with in the NHS in order to access the mental wellbeing of the community similar to how ICOS does. (NHS, 2022)

Ethics

As the research is using the Organisation data that they have collected in order to be ethical the research had to gain consent for the data to be accessed and used in such a manner, therefore they informed and gave the research verbal consent to be conducted. Another issue could be GDPR as the information is sensitive ensuring that the data remains confidential as that would be a breach against GDPR regulations and leave whoever effected vulnerable (UK Government, 2016). The organisation when they get a client ensure to get their consent in the form of a written contract that they sign, allowing for the organisation to hold data upon them as well as gaining verbal consent before conducting their questionnaires such as the SWEMWBS.

Sampling

The sample used in the research was found by using the organisation data that they had collected over a period of a year (1st of January 2024 till 1st January 2025). Looking at four different project that ran throughout the project. This is to allow for a range of different data samples to be accessed as two are based around employment issues such as finding or changing jobs and constructing CVs (Linden Fund and Bernicia Foundation). The other two projects will be looking at more general wellbeing such as advocating services or activities this is as mental wellbeing has multiple factors and its important to show the range of the organisation on the mental wellbeing on the service users.

Procedure

Within the organisation after a meeting the events will be logged within the management software Lamplight a CRM (customer Relationship Management). Within the software is the SWEMWBS and the clients are asked after their visit to log a score. The SWEMWBS looks to clear a framework to analyse a subjective topic allowing for the data to be converted into percentages and numbers allowing for the data to be represented in table and graph formats.

Analysis

The analysis method that this research will use is descriptive statical approach. This is where the data is placed into tables such as frequency tables, this shows the number people involved in the study which is important to work out other key information such as mean and mode of the dataset. The Mean is the average of the set of data which would show key information for example the average before ICOS intervention and after ICOS intervention which would be key in knowing the effectiveness in the organisation.

Findings

Table of Data from ICOS using the SWEMWBS accessible through their CRM Lamplight showing the data collected for all the projects as well as the data from the individual projects.

menu	Outcome	Average change	Average initial score	Average final score	Number of people w. some data	Percentage w. increased scores	Percentage w. decreased scores
	Mental Health Recovery average (SWEMWBS)	0.1	3.7	3.7	91	38.5	23.1
	Short Warwick-Edinburgh Transformed score	0.8	23.8	24.6	91	40.7	23.1
	SWEMWBS Total	0.8	25.8	26.6	91	40.7	23.1
	I've been able to make up my own mind about things	0.1	3.9	4.0	92	28.3	17.4
	I've been feeling close to other people	0.2	3.7	3.9	90	22.2	13.3
	I've been thinking clearly	-0.0	3.9	3.9	90	13.3	14.4
	I've been dealing with problems well	0.2	3.6	3.8	92	26.1	14.1
	I've been feeling relaxed	0.1	3.4	3.5	92	26.1	13.0
	I've been feeling useful	0.1	3.7	3.8	91	17.6	16.5
	I've been feeling optimistic about the future	-0.1	4.0	3.9	92	13.0	20.6
	Physical Health Recovery average (SWEMWBS)	0.1	3.9	4.0	91	26.4	23.1
Overall Average		0.2	7.6	7.8	91		
Maximum value		0.8	25.8	26.6	92		

Figure 1 All data sets in one table.

menu	Outcome	Average change	Average initial score	Average final score	Number of people w. some data	Percentage w. increased scores	Percentage w. decreased scores
	Mental Health Recovery average (SWEMWBS)	0.1	3.7	3.8	72	31.9	18.1
	Short Warwick-Edinburgh Transformed score	1.3	23.9	25.2	72	37.5	16.7
	SWEMWBS Total	1.2	25.9	27.1	72	37.5	16.7
	I've been able to make up my own mind about things	0.2	3.9	4.1	73	27.4	12.3
	I've been feeling close to other people	0.2	3.8	4.0	71	21.1	11.3
	I've been thinking clearly	0.1	3.9	4.0	72	18.1	11.1
	I've been dealing with problems well	0.3	3.6	3.9	73	27.4	11.0
	I've been feeling relaxed	0.3	3.4	3.7	73	26.0	11.0
	I've been feeling useful	0.1	3.7	3.8	72	18.1	15.3
	I've been feeling optimistic about the future	-0.0	4.0	4.0	73	12.3	19.2
	Physical Health Recovery average (SWEMWBS)	0.1	3.9	4.0	72	25.0	13.9
Overall Average		0.3	7.6	8.0	72		
Maximum value		1.3	25.9	27.1	73		

Figure 2 KYN data

menu	Outcome	Average change	Average initial score	Average final score	Number of people w. some data	Percentage w. increased scores	Percentage w. decreased scores
	Mental Health Recovery average (SWEMWBS)	-1.0	5.0	4.0	1	0.0	100.0
	Short Warwick-Edinburgh Transformed score	-7.5	30.7	23.2	1	0.0	100.0
	SWEMWBS Total	-7.0	33.0	26.0	1	0.0	100.0
	I've been able to make up my own mind about things	1.0	3.0	4.0	1	100.0	0.0
	I've been feeling close to other people	-2.0	5.0	3.0	1	0.0	100.0
	I've been thinking clearly	-2.0	5.0	3.0	1	0.0	100.0
	I've been dealing with problems well	-2.0	5.0	3.0	1	0.0	100.0
	I've been feeling relaxed	-2.0	5.0	3.0	1	0.0	100.0
	I've been feeling useful	0.0	5.0	5.0	1	0.0	0.0
	I've been feeling optimistic about the future	0.0	5.0	5.0	1	0.0	0.0
	Physical Health Recovery average (SWEMWBS)	-1.0	4.3	3.3	1	0.0	100.0
Overall Average		-2.1	9.6	7.5	1		
Maximum value		1.0	33.0	26.0	1		

Figure 3 Bernicia Foundation data

menu	Outcome	Average change	Average initial score	Average final score	people w. some data	Percentage w. increased scores	Percentage w. decreased scores
	Mental Health Recovery average (SWEMWBS)	-1.8	4.5	2.8	1	0.0	100.0
	Short Warwick-Edinburgh Transformed score	-9.0	27.0	18.0	1	0.0	100.0
	SWEMWBS Total	-11.0	30.0	19.0	1	0.0	100.0
	I've been able to make up my own mind about things	-1.0	5.0	4.0	1	0.0	100.0
	I've been feeling close to other people	-1.0	3.0	2.0	1	0.0	100.0
	I've been thinking clearly	-2.0	4.0	2.0	1	0.0	100.0
	I've been dealing with problems well	-2.0	5.0	3.0	1	0.0	100.0
	I've been feeling relaxed	-2.0	4.0	2.0	1	0.0	100.0
	I've been feeling useful	-2.0	5.0	3.0	1	0.0	100.0
	I've been feeling optimistic about the future	-1.0	4.0	3.0	1	0.0	100.0
	Physical Health Recovery average (SWEMWBS)	-1.3	4.0	2.7	1	0.0	100.0
Overall Average		-3.1	8.7	5.6	1		
Maximum value		-1.0	30.0	19.0	1		

Figure 4 Linden Fund Data set

menu	Outcome	Average change	Average initial score	Average final score	Number of people w. some data	Percentage w. increased scores	Percentage w. decreased scores
	Mental Health Recovery average (SWEMWBS)	0.1	3.5	3.5	20	55.0	20.0
	Short Warwick-Edinburgh Transformed score	0.6	22.7	23.3	20	55.0	25.0
	SWEMWBS Total	0.7	24.8	25.4	20	55.0	25.0
	I've been able to make up my own mind about things	0.1	3.8	3.8	21	19.1	9.5
	I've been feeling close to other people	0.2	3.5	3.7	21	23.8	9.5
	I've been thinking clearly	0.0	3.7	3.7	21	14.3	14.3
	I've been dealing with problems well	0.1	3.4	3.5	21	23.8	19.1
	I've been feeling relaxed	0.1	3.3	3.4	21	23.8	19.1
	I've been feeling useful	0.1	3.6	3.7	21	23.8	19.1
	I've been feeling optimistic about the future	0.0	3.6	3.6	21	19.1	19.1
	Physical Health Recovery average (SWEMWBS)	0.1	3.6	3.7	20	40.0	25.0
Overall Average		0.2	7.2	7.4	21		
Maximum value		0.7	24.8	25.4	21		

Figure 5 ICOS Women Data set

Some of the key findings that can be seen through looking at the statistical break down of the data in the frequency tables showing the average scores, percentage of the sample that increased and that decreased.

One finding was that the data surrounding employment was lacking with the linden fund an employment project only have one data point during the time frame and Bernicia Foundation equally only having a single data entry. Due to the lack of data on these projects the finding the data collected to be unreliable and misleading. Despite that the data showing two sperate employment projects with negative results could highlight an issue in the process of a finding, keeping, and maintaining employment. (Kopp et al., 2008)

menu	Outcome	Average change	Average initial score	Average final score	Number of people w. some data	Percentage w. increased scores	Percentage w. decreased scores
	Mental Health Recovery average (SWEMWBS)	0.1	3.6	3.8	89	40.5	20.2
	Short Warwick-Edinburgh Transformed score	1.0	23.7	24.7	89	42.7	20.2
	SWEMWBS Total	1.1	25.6	26.7	89	42.7	20.2
	I've been able to make up my own mind about things	0.1	3.9	4.0	90	26.7	16.7
	I've been feeling close to other people	0.2	3.7	3.9	88	21.6	11.4
	I've been thinking clearly	0.0	3.9	3.9	89	14.6	12.4
	I've been dealing with problems well	0.2	3.6	3.8	90	26.7	11.1
	I've been feeling relaxed	0.2	3.4	3.6	90	26.7	11.1
	I've been feeling useful	0.1	3.7	3.8	89	18.0	15.7
	I've been feeling optimistic about the future	-0.0	3.9	3.9	90	13.3	18.9
	Physical Health Recovery average (SWEMWBS)	0.1	3.9	4.0	89	27.0	21.4
Overall Average		0.3	7.5	7.8	89		
Maximum value		1.1	25.6	26.7	90		

Figure 6 KYN and ICOS Women

However, One finding which the data highlighted was the positive effects of Know your Neighbour (KYN) and ICOS Women where none of data has decreased over the course of the project with the largest of the increase being on the total score, however as there is the most possible variables in those answers with 5 being the lowest possible and 35 the highest leaving a range of 30. When you take the average change of score (1.1) and place it as the numerator and the range as the denominator then multiple by the total to see the percentage that the score has increased by ($\frac{1.1}{30} * 89$) giving you 3.67% increase. In the individual scores the largest increase was of 0.2 which is proportionally a larger increase as that is an increase of 5%. However, the percentages are misleading as the initial score was higher than the medium for the data set (3) therefore the due to the statistical phenomenon where when a set of data starts higher than expected then it should be expected to drop back to a normalised number. (Barnett, 2004) In this data rather than decreasing to average scores of 3 the individual questions increased causing an increase of between 5% and 2.5% and an increase of 3.67% on the overall score.

One key finding is that when looking at the whole data set and the individual data sets excluding the employment as due to sample size the data collected was not statistically significant. The percentage that has showed change both positive and negative on the total data excluding the employments was 62.9% (42.7% positive + 20.2% Negative) meaning that 67.8% of the results which varied were positive.

Discussion

Interpretations

The data collected shows a the Shorten Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and a positive correlation generally once accessing the organisation with 37.1% scores remaining the same as when they first entered and 40.7% improving and with only 20.2% showing a decrease in their mental wellbeing based upon the results of the SWEMWBS.

The literature highlighted an issue that many of the users of ICOS might face in discrimination based upon them often based around their protected characteristics where this data does not directly support this claim with many of the initial scores of the SWEMWBS being above the medium. However as this is a scale and rather than their being a set answer they can be subjective it could prove that people are less effected by the effects or equally could prove it false amongst users of ICOS. (World Health Organization, 2023) (Annett, 2002)

Previous findings suggested that one cause for concern could be the lack of access to service weather that be to jobs, housing medical or to social events and care setting it was suggested that immigrants would not be able to get access and would cause for them to suffer. However, improvements in the findings after accessing ICOS shows that the advocating serves of ICOS can have a positive effect on the individual's mental health and can help. This is as the service can offer more such as interpreting services helping understanding jargon used on governmental services. (Asif and Kienzler, 2022) (Cattan et al, 2016)

The existing research suggested that community events and involvement are a major factor in a person's mental wellbeing and the data collected from ICOS supports this as the community based projects such as the ICOS Women which is an projects amongst the organisation to get women of black and ethic minority groups together in a safe space creating a community for themselves. This shows in the data as SWEMWBS for the project is a success as on total score 11 out of 20 improved which is a 55% increase where only 5 had a decrease at a percentage of 25%. groups (Deave et al, 2013) (Charles Rodriguez et al, 2022). Another project with ICOS that had high success numbers was with the "Know Your Neighbour" or (KYN) project which is equally about creating a positive community and encouraging people to communicate with the community and those surround use.

However not all the data could be used in comparison with the preexisting literature as the data from the non-community focus ones in linden fund and in Benicia Foundation due to the lack of evidence found through using the SWEMWBS. This therefore does not mean that ICOS

are not able to support or that it does not help rather that the evidence and data upon it is missing, however this could be as according to (Slingo, 2024) the average time between applying and starting a job is 3.8 months and as some of the service users of ICOS are needing construction of a CV as well could account for lower data.

Recommendations

Based on the data that this report has used I believe that there are improvements that could be made to the way in which ICOS monitor and log information specifically the SWEMWBS scores. One recommendation is that the organisation does multiple events such as ICOS sports, Nature and Family days however despite attendance being logged upon these events there is a lack of scoring on this, I believe that data was collected on this data then knowledge on what events the community would want and are most effective could be discovered.

A second recommendation that I would suggest to ICOS is potentially to get a monthly or bi-monthly survey for the people of their overall opinions as it feels like often opinions on activities or on projects does not get given until the clients are messaged in order to do the case studies and I feel like more frequent reviews could allow for a more dynamic organisation providing a more holistic outlook.

Another suggestive recommendation to make based upon the data collected in the report would be to ensure that the clients are being recorded using the SWEMWBS allowing for the effects of looking for employment or gaining employment has upon the mental wellbeing of the individual involved.

Conclusion

Summary

Overall through the data it shows that the mental wellbeing increases after interacting with the organisation with the majority of the data the organisation collected to be over the median on initial and with an improvement rate of 40.7% over the data collected shows the positive effect that the organisation has on the user of the service. The key difference to the data was the in the employment data which was overwhelmingly negative however on closer inspection both projects only had one entry of data entered so were dismissible.

Limitations

It is important to look at potential limitations that could be found in the research in order to have a holistic look at the data presented and the findings. One key limitation in the data is that the Warwick-Edinburgh Mental Wellbeing Scale was developed in western country with western beliefs. Many cultures have different beliefs such as being present orientated rather than looking into the future. One of the questions is “I have been feeling optimistic about the future?” for people coming from those cultures it could be difficult to answer and to quantify it. (Sircova et al., 2014) Another Limitation with the data is that with ICOS helping immigrants the majority of the time English is a second language they struggle to understand or they cant understand at all causing misunderstanding which could cause for the data to be misrepresented.

Personal reflections

Personally as a researcher I feel like if I was to complete this next time I would chose to compose the survey myself in order to have a greater control over the findings and results, however I understand that within the organisation the limitations made it difficult as would struggle to get a meaningful sample size.

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Appendices

The 7 Questions asked is the Swemwbs- shortened Warwick Edinburgh Mental Wellbeing Scale and the questions are:

I've been able to make up my own mind about things?

I've been feeling close to other people?

I've been thinking clearly?

I've been dealing with problems well?

I've been feeling relaxed?

I've been feeling useful?

I've been feeling optimistic about the future?