



**African, Caribbean and Black (ACB)
Women and Gender Diverse**

Mental Health

BENEFICIARY SATISFACTION SURVEY

REPORT



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Funder:



Executive Summary:

This report, prepared by NIA Consulting Hub, offers insights into the process and outcomes of the Empowered African, Caribbean, and Black (ACB) Women's and Gender Diverse Wellness Gathering project conducted by the Women's Hand Community Health Centre (WHIWH CHC). Supported by funding from the Public Health Agency of Canada (PHAC), the project aimed to enhance mental well-being among ACB women through peer education, resilience building, and community engagement.

The findings shared in this report reflect the gains and learnings related to the facilitated sessions. Through peer-led workshops at WHIWH CHC, participants experienced varying levels of mental health literacy over the years. While there was a decline in confidence in seeking information and attending face-to-face appointments, there was an increase in participants feeling confident in expressing their mental health issues.

Moreover, the evaluation examined key mental health determinants among project beneficiaries. Sense of belonging to the community showed improvement over the years, with more participants reporting a strong sense of belonging in 2024. While perceptions of society becoming a better place for participants remained stable, warm and trusting relationships with others showed a positive trend, as did participants' confidence to express ideas and opinions.

1. INTRODUCTION

A program was developed for the African, Caribbean and Black (ACB) women's and Gender Diverse gatherings. In 2023, Women's Health in Women's Hands Community Health Centre (WHIWH CHC) introduced an innovative program known as the Empowered African, Caribbean, and Black (ACB) Women's and Gender Diverse Wellness Gathering. The main goal of this initiative is to improve the mental well-being of women within the ACB community. To support the project, a training guide and related resources were created in collaboration with the community. The funding for this endeavor was generously provided by the Public Health Agency of Canada (PHAC): Mental Health of Black Canadians (MHBC) fund.

The Empowered African, Caribbean, and Black (Women's Wellness Gathering project aims to:

- a) Enhance mental Wellbeing in ACB women by recognizing the significance of grasping mental Health Concepts.
 - Define and understand the significance of Mental Health.
 - Learn effective approaches to address and respond to mental health challenges.
- b) Train women as peer educators on mental health to deliver 8- week workshop series, addressing themes: Spirituality, Unity, and Self-care.
- c) Build Resilience for maintaining mental wellness.
- d) Respond to heightened Anti-Black Racism in the Media.
- e) Utilize guidance from community consultations and Advisory Committee –ongoing.

The scope of this report covers the evaluations concerning the satisfaction survey conducted for the beneficiaries who have utilized – the services in the community centers within the scope of the Women's Wellness Gathering project. The satisfaction survey aims to take the necessary actions to enhance the service quality by analyzing the expectations, satisfaction, and dissatisfaction of the target group who were part and parcel of the training. This study aims to evaluate the level of mental health awareness and mental health determinants in 3 cities namely (Ottawa, Toronto and Windsor).

2. METHODOLOGY

The population of this study consists of 78 persons who were beneficiaries of the Women's Wellness Gathering project. A simple random sampling was conducted in this study. The year 2021 recorded the highest number of participants at 28, followed by 2022 at 18. There was a slight increase in participants in 2023 at 25, while the year 2024 recorded the biggest decrease in participants with only 7 participants. Overall, Toronto has the highest number of participants across all 4 years at 67.9%.

While choosing the participants in the sample, the number of participants who were engaged from the 3 cities where the project was conducted in the 3 years was taken into account. The sampling was calculated according to the number of participants who

completed the questionnaires, face to face and the ones who told other people. To render the survey valid, it was determined as a prerequisite for the participants to answer the question containing the information of the data collocation methods. After the survey, the participants were identified, and quantitative data were collected via one-on-one interviews, using the KOBO toolbox, a free open-source mobile data collection tool, someone told another person. In this classification of participants, dual dimensions were made. The data were first collected by the project staff and volunteers in the project provinces/cities. In the survey study, the number of primary level questions was # while secondary level questions were #. The secondary level questions were prepared as open-ended questions in the online data collection tool to make the response given by the participants to the primary level questions more quantifiable and understandable.

In this study, the feedback of the participants in the interviews was also included in the general evaluation. Furthermore, general conclusions and recommendations concerning the services of the strengthening mental health program of the ABC community center were compiled.

The year 2021 recorded the highest number of participants at 28, followed by 2022 at 18. There was a slight increase in participants in 2023 at 25, while the year 2024 recorded the biggest decrease in participants with only 7 participants. Overall, looking at the distribution of cities, Toronto had the highest number of participants across all 4 years at 67.9%. while Ottawa City had the lowest number of beneficiaries

Table 1 Participants distribution

| Select the name of the city where the program took place: | Column Labels | | | | |
|---|---------------|-----------|-----------|----------|-------------|
| Row Labels | 2021 | 2022 | 2023 | 2024 | Grand Total |
| Other | 1 | 1 | 0 | 0 | 2 |
| Other, please specify | 0 | 0 | 5 | 0 | 5 |
| Ottawa | 0 | 4 | 2 | 3 | 9 |
| Toronto | 27 | 7 | 18 | 1 | 53 |
| Windsor | 0 | 6 | 0 | 3 | 9 |
| Grand Total | 28 | 18 | 25 | 7 | 78 |

Below show the cities where the target groups were drawn during the surveys.

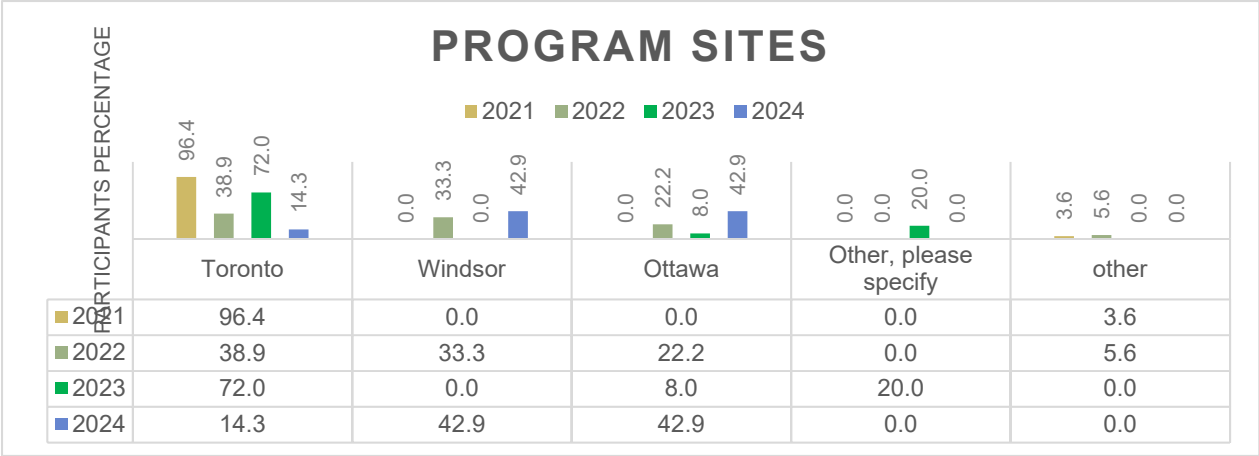


Figure 1 Participants Distribution

3. FINDINGS OF THE ANALYSIS OF SERVICES OF COMMUNITY PROJECT BENEFICIARY SATISFACTION SURVEY

3.1 Mental health awareness

A question was asked concerning mental health awareness, of participants who are aware of their mental health status, whether they are aware of where they could find services and how they would go about it. As the table describes, in seeking mental health information, There was a decline of respondents, **11(40.74%)** and **2(12.50%)** who strongly agreed to have been using a computer or telephone to seek information about mental illness. On face-to-face appointments, a decline was recorded of **11(40, 74%)** and **7(43.75%)** of respondents agreeing that they are confident in attending face-to-face appointments as opposed to 1(**3.70%**) subject for year 2 and Year 3. It is important and recommended that people seek help by telling a second person when faced with any mental issue. A question was asked if one would tell someone about their mental health situation. Amongst those with a mental illness, **9(33.33%)** and **7(43.75%)** disagreed to inform someone about their mental status. Among respondents who had a mental illness that was not strong enough to manage their difficulties modestly increased from 5(**18.52%**) in 2021 to 5(**31.25%**) in 2022.

Table 2 shows the mental health awareness analysis in the first years- 200-2021 and 2023-2024

| Mental Health Literacy Correct | 2021 | | | | | | | | | | 2022 | | | | | | | | | |
|--|-----------------|-------|--------------------|-------|----------------------------------|-------|-----------------------------|-------|--------------------------------|-------|-----------------|-------|--------------------|-------|-------------------------|-------|-----------------------------|-------|--------------------------------|-------|
| | Agree (N=27) | % | Disagree (N=27) | % | Neither Agree nor Disagree | % | Strongly Agree (N=27) | % | Strongly Disagree (N=27) | % | Agree (N=16) | % | Disagree (N=16) | % | Neither Agree nor | % | Strongly Agree (N=16) | % | Strongly Disagree (N=16) | % |
| 1. I am confident that I know where to seek | 15 | 55.56 | 0 | 0.00 | 2 | 7.41 | 10 | 37.04 | 0 | 0.00 | 7 | 43.75 | 0 | 0.00 | 1 | 6.25 | 8 | 50.00 | 0 | 0.00 |
| 2. I am confident using the computer or | 11 | 40.74 | 0 | 0.00 | 2 | 7.41 | 13 | 48.15 | 1 | 3.70 | 2 | 12.50 | 0 | 0.00 | 0 | 0.00 | 14 | 87.50 | 0 | 0.00 |
| 3. I am confident attending face to face | 11 | 40.74 | 0 | 0.00 | 3 | 11.11 | 12 | 44.44 | 1 | 3.70 | 6 | 37.50 | 0 | 0.00 | 2 | 12.50 | 8 | 50.00 | 0 | 0.00 |
| 4. I am confident I have access to resources | 15 | 55.56 | 1 | 3.70 | 1 | 3.70 | 10 | 37.04 | 0 | 0.00 | 7 | 43.75 | 0 | 0.00 | 0 | 0.00 | 9 | 56.25 | 0 | 0.00 |
| 5. People with a mental illness could snap o | 2 | 7.41 | 5 | 18.52 | 4 | 14.81 | 0 | 0.00 | 16 | 59.26 | 2 | 12.50 | 6 | 37.50 | 2 | 12.50 | 0 | 0.00 | 6 | 37.50 |
| 6. A mental illness is a sign of personal | 2 | 7.41 | 7 | 25.93 | 0 | 0.00 | 0 | 0.00 | 18 | 66.67 | 0 | 0.00 | 3 | 18.75 | 0 | 0.00 | 1 | 6.25 | 12 | 75.00 |
| 7. A mental illness is not a real medical | 2 | 7.41 | 4 | 14.81 | 0 | 0.00 | 0 | 0.00 | 21 | 77.78 | 0 | 0.00 | 4 | 25.00 | 2 | 12.50 | 0 | 0.00 | 10 | 62.50 |
| 8. People with a mental illness are | 3 | 11.11 | 7 | 25.93 | 8 | 29.63 | 0 | 0.00 | 9 | 33.33 | 0 | 0.00 | 5 | 31.25 | 5 | 31.25 | 0 | 0.00 | 6 | 37.50 |
| 9. It is best to avoid people with a mental | 1 | 3.70 | 8 | 29.63 | 1 | 3.70 | 0 | 0.00 | 17 | 62.96 | 0 | 0.00 | 4 | 25.00 | 0 | 0.00 | 0 | 0.00 | 12 | 75.00 |
| 10. If I had a mental illness I would not tell | 2 | 7.41 | 9 | 33.33 | 7 | 25.93 | 0 | 0.00 | 9 | 33.33 | 0 | 0.00 | 7 | 43.75 | 5 | 31.25 | 0 | 0.00 | 4 | 25.00 |
| 11. Seeing a mental health professional | 3 | 11.11 | 5 | 18.52 | 0 | 0.00 | 0 | 0.00 | 19 | 70.37 | 0 | 0.00 | 5 | 31.25 | 1 | 6.25 | 0 | 0.00 | 10 | 62.50 |
| means you are not strong enough to | | | | | | | | | | | | | | | | | | | | |
| 12. If I had a mental illness, I would not | 1 | 3.70 | 11 | 40.74 | 2 | 7.41 | 1 | 3.70 | 12 | 44.44 | 1 | 6.25 | 6 | 37.50 | 1 | 6.25 | 0 | 0.00 | 8 | 50.00 |
| 13. I believe treatment for a mental illness | 1 | 3.70 | 8 | 29.63 | 6 | 22.22 | 0 | 0.00 | 12 | 44.44 | 0 | 0.00 | 8 | 50.00 | 0 | 0.00 | 0 | 0.00 | 8 | 50.00 |

Table 2 Mental Literacy Awareness 2021 and 2022

| | 2023 | | | | | | | | | | 2024 | | | | | | | | | |
|--|--------------|-------|-----------------|-------|---------------------------------|-------|--------------------------|-------|-----------------------------|-------|--------------|-------|-----------------|-------|---------------------------------|-------|--------------------------|-------|-----------------------------|-------|
| | Agree (N) | % | Disagree (N) | % | Neither Agree or Disagree | % | Strongly Agree (N) | % | Strongly Disagree (N) | % | Agree (N) | % | Disagree (N) | % | Neither Agree or Disagree | % | Strongly Agree (N) | % | Strongly Disagree (N) | % |
| I am confident that I know where to seek information about mental illness | 13 | 59.09 | 0 | 0 | 0 | 0 | 7 | 31.82 | 2 | 9.09 | 5 | 71.43 | 0 | 0 | 0 | 0 | 2 | 28.57 | 0 | 0 |
| I am confident using the computer or telephone to seek information about mental illness | 10 | 45.45 | 0 | 0 | 0 | 0 | 10 | 45.45 | 2 | 9.09 | 2 | 28.57 | 0 | 0 | 0 | 0 | 5 | 71.43 | 0 | 0 |
| I am confident attending face to face appointments to seek information about mental illness (e.g. seeing a doctor) | 12 | 54.55 | 0 | 0 | 3 | 13.64 | 6 | 27.27 | 1 | 4.55 | 3 | 42.86 | 0 | 0 | 0 | 0 | 4 | 57.14 | 0 | 0 |
| (e.g. doctor, internet, friends) that I can use to seek information about mental illness | 10 | 45.45 | 1 | 4.55 | 2 | 9.09 | 8 | 36.36 | 1 | 4.55 | 3 | 42.86 | 0 | 0 | 0 | 0 | 4 | 57.14 | 0 | 0 |
| People with a mental illness could snap out of it if they wanted | 1 | 4.55 | 5 | 22.73 | 3 | 13.64 | 0 | 0 | 13 | 59.09 | 1 | 14.29 | 1 | 14.29 | 1 | 14.29 | 0 | 0 | 4 | 57.14 |
| A mental illness is a sign of personal weakness | 1 | 4.55 | 7 | 31.82 | 1 | 4.55 | 0 | 0 | 13 | 59.09 | 0 | 0 | 2 | 28.57 | 0 | 0 | 0 | 0 | 5 | 71.43 |
| A mental illness is not a real medical illness | 1 | 4.55 | 6 | 27.27 | 2 | 9.09 | 0 | 0 | 13 | 59.09 | 0 | 0 | 2 | 28.57 | 0 | 0 | 0 | 0 | 5 | 71.43 |
| People with a mental illness are dangerous | 0 | 0 | 6 | 27.27 | 8 | 36.36 | 1 | 4.55 | 7 | 31.82 | 0 | 0 | 3 | 42.86 | 0 | 0 | 0 | 0 | 4 | 57.14 |
| It is best to avoid people with a mental illness so that you don't develop this problem | 0 | 0 | 9 | 40.91 | 1 | 4.55 | 0 | 0 | 12 | 54.55 | 0 | 0 | 2 | 28.57 | 0 | 0 | 0 | 0 | 5 | 71.43 |
| If I had a mental illness I would not tell anyone | 0 | 0 | 12 | 54.55 | 6 | 27.27 | 0 | 0 | 4 | 18.18 | 0 | 0 | 6 | 85.71 | 0 | 0 | 0 | 0 | 1 | 14.29 |
| Seeing a mental health professional means you are not strong enough to manage your own difficulties | 1 | 4.55 | 8 | 36.36 | 1 | 4.55 | 0 | 0 | 12 | 54.55 | 0 | 0 | 1 | 14.29 | 0 | 0 | 0 | 0 | 6 | 85.71 |
| If I had a mental illness, I would not seek help from a mental health professional | 0 | 0 | 8 | 36.36 | 2 | 9.09 | 1 | 4.55 | 11 | 50 | 0 | 0 | 5 | 71.43 | 0 | 0 | 0 | 0 | 2 | 28.57 |
| I believe treatment for a mental illness provided by a mental health professional would not be effective | 0 | 0 | 10 | 45.45 | 1 | 4.55 | 2 | 9.09 | 9 | 40.91 | 0 | 0 | 2 | 28.57 | 1 | 14.29 | 0 | 0 | 4 | 57.14 |

Table 3 Mental Literacy Awareness 2023-2024

3.2 Mental health determinant

3.2.1 Sense of belonging to the community

On the question of the sense of belonging to the local community, a quarter of respondents **7(25.93%)** in 2021 and **5(31.25%)** reported having a somewhat weak sense of belonging to the local community. The proportion of those who were somewhat strong significantly declined from **5(37.04%)** in 2021 to **2(5%)** in 2022. As compared to 2024, the proportion of participants reporting a somewhat strong sense of belonging to the local community significantly increased from 32% to 86% this year.

This is attributed to the mental health plans that have been put in place to sensitize the participants to the importance of building relationships within the communities. The mental health toolkit will be used by facilitators to train participants on community engagement strategies to build trust and collaboration in the communities. This will increase the sense of belonging for all seeking mental health support.

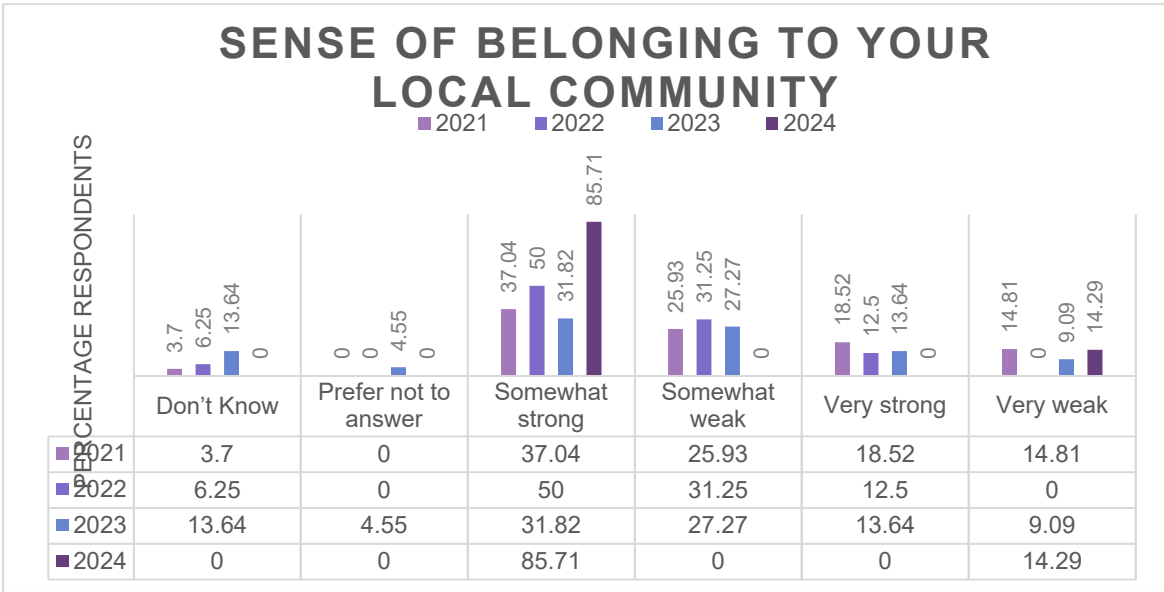


Figure 2 Sense of belonging to the community

3.2.2 Society being a better place for participants

In gauging how the participants feel about society becoming a better place for people like them, It did not show a lot of changes over the years as shown in the **figure below**

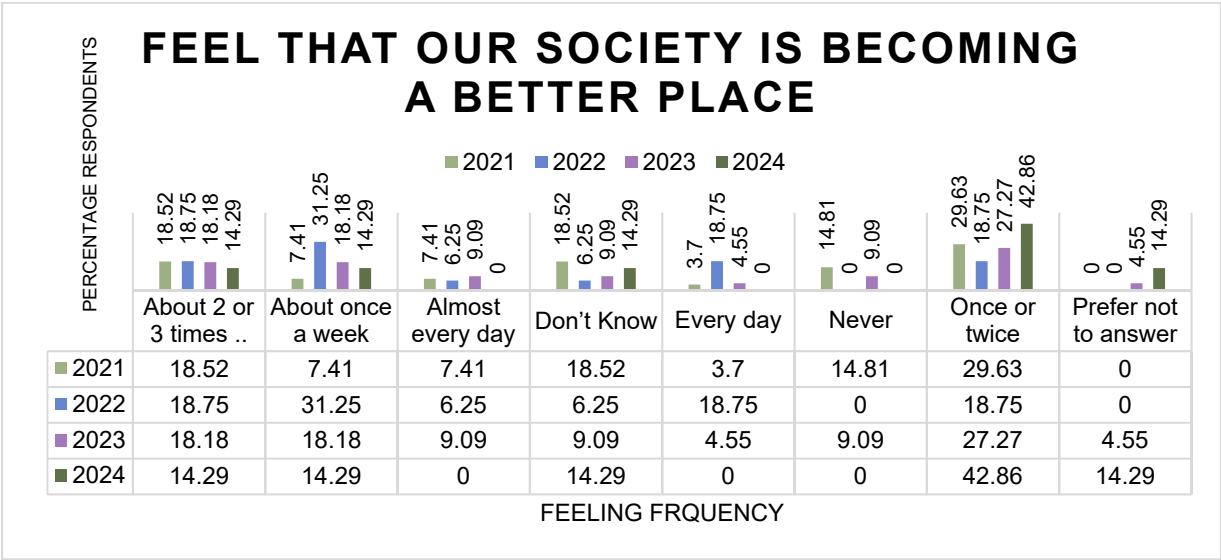


Figure 3 Society being a better place

3.2.2 Warm and trusting relationships with others

It is interesting to note that on the question of warm and trusting relationships with others, the results were as follows; 50% of 2022 respondents had warm and trusting relationships with others more than twice compared to **22.2%** in 2021. The increase occurred to respondents who said their relationship almost daily modestly increased by **25%** in 2022 from **18.52%** in 2021.

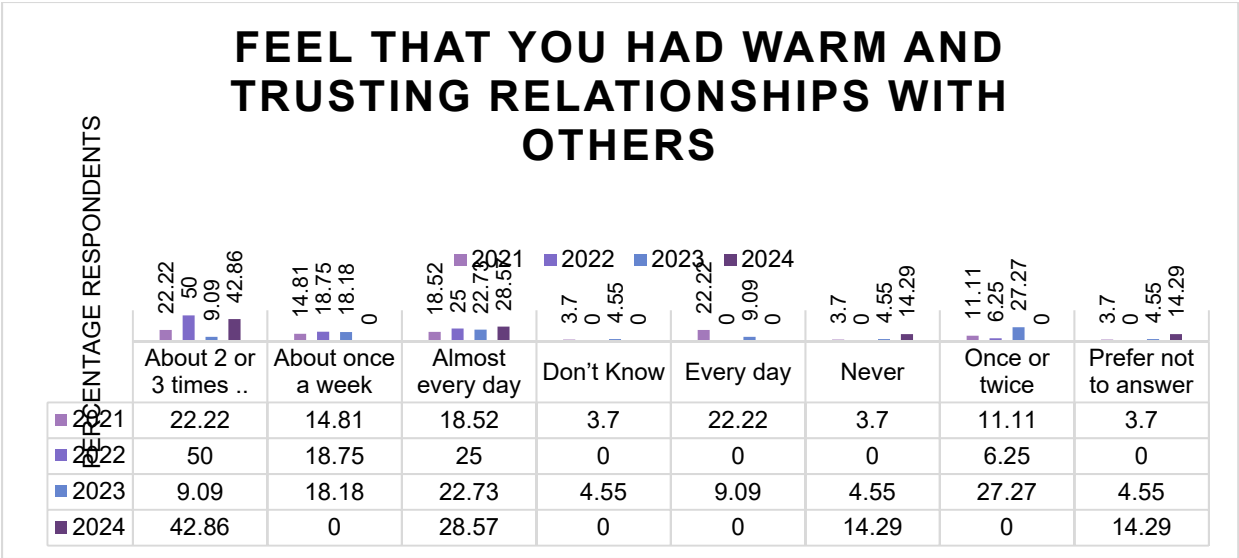


Figure 4 Warm and trusting relationships with others

3.2.3 Confidence to express ideas and opinions

A question was asked on how often the participants felt confident to think or express ideas and opinions. The participants reported that almost every day from 2021 to 2024, there was a positive trend in confidence amongst the participants. 33% in 2021 showed confidence and the trend grew well to 43% in 2024. As part of mental health training, confidence is one of the best qualities of a good facilitator. There is clear hope that most of the participants would make great facilitators if given an opportunity.

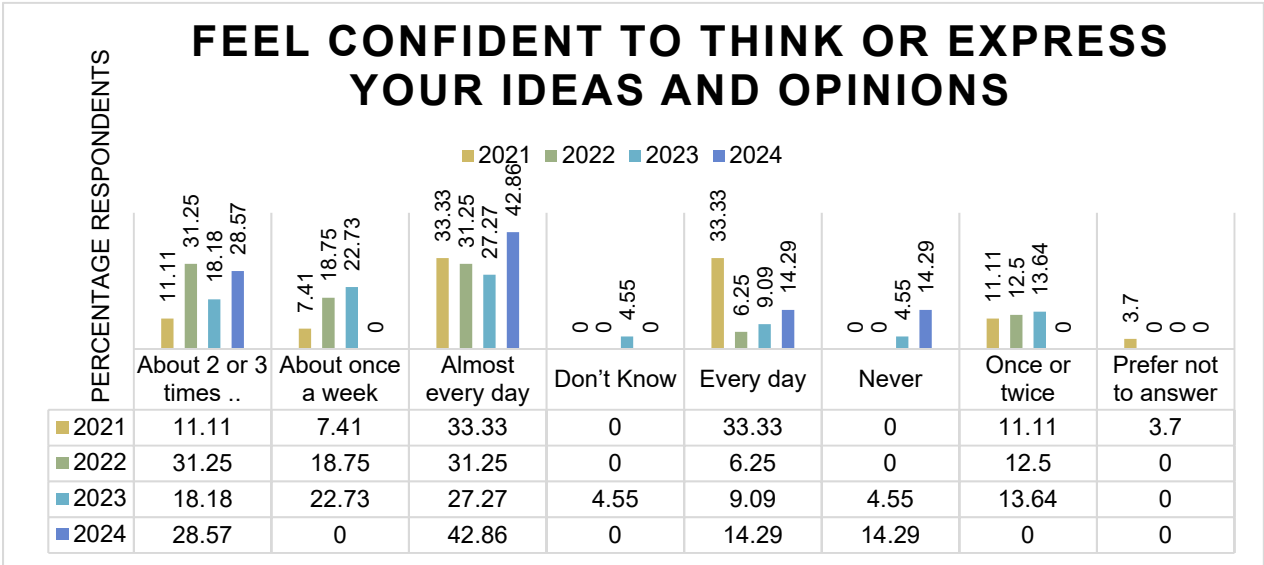


Figure 5 Confidence to express ideas and opinions

3.2.4 General mental health status

In a general way, the participants were asked what they would say their mental health is. Looking over the years, in 2021 0% mentioned that they do not know, compared to 71% of participants who reported that they would know their mental health status or would describe well what mental health means

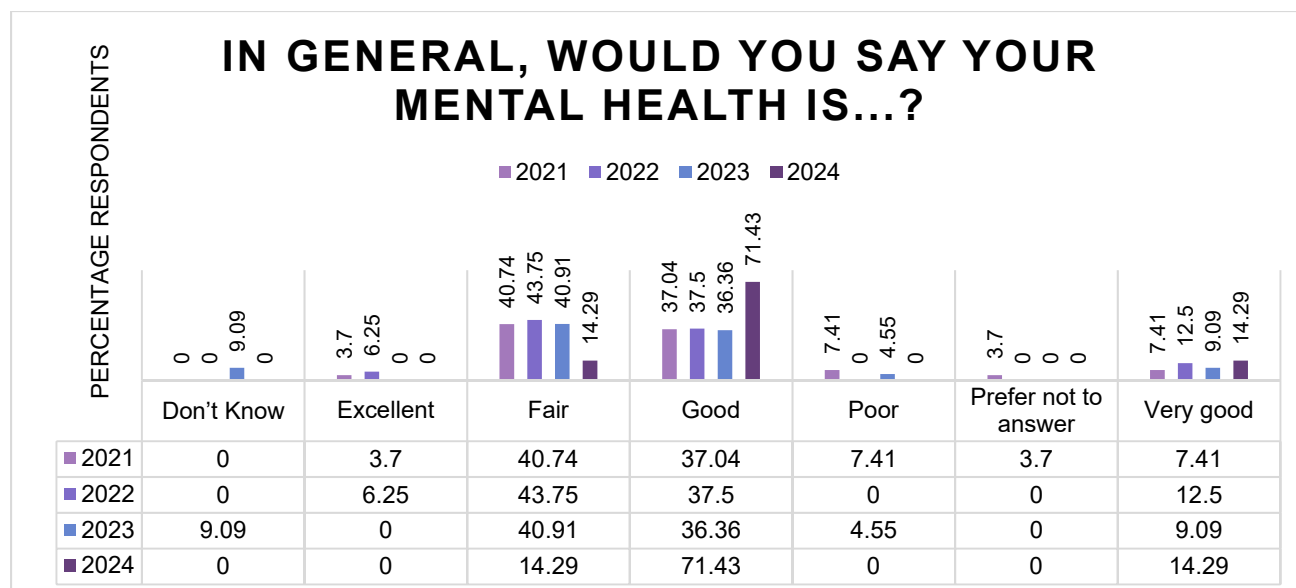


Figure 6 General mental health status

The combination of inspiring and empathetic hosts, structured content with practical tools, a supportive community, and a strong focus on mental health created a transformative experience for participants in the ACB women and gender-diverse gatherings workshop series. Participants shared some of their reflections.

“This project really made me focus on how my mental health is and how to work on it” (participant).

“This was a great program to connect with Black women with similar experiences” (participant).

3.2.5 Feeling happy

It is worth noting that the proportion of participants who felt happy more than twice a week recorded an increase of 8(**29.63%**) in **2021 to 6(37.50%)** in 2022, while those who felt happy almost daily increased from (**22%**) in 2021 to (**25%**) in 2022. There was, however, a decline in the proportion of those who felt happy once a week from 6(**22.2%**) to 3(**18.75%**) in 2024.

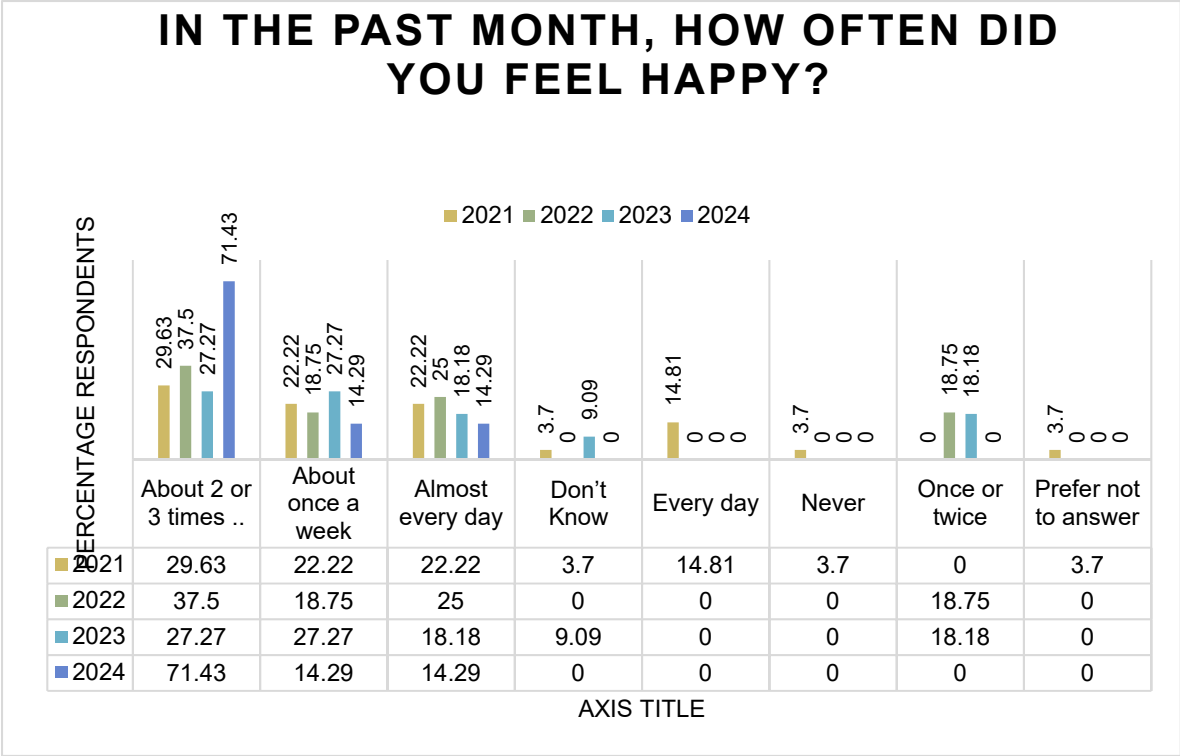


Figure 7 Feeling happy

Participants also shared that the program brought them joy and connected them with other community members, thereby increasing their social networks and minimizing isolation. One participant expressed,

"I am happy to have a community I can contact and relate to. I enjoyed and looked forward to each session" (Participant).

3.2.6 Interest in life

On the question of how often the participants felt interested in life, there was a steady increase in the proportion of the respondents who felt life to be interesting more than twice 8(**29.63%**) to 6(**37.50%**), weekly and almost every day 4(**14.81%**) to 3(**18.75%**). Similarly, there was a decline of respondents who felt life was interesting daily from 7(**25.93%**) to 3(**18.75%**)

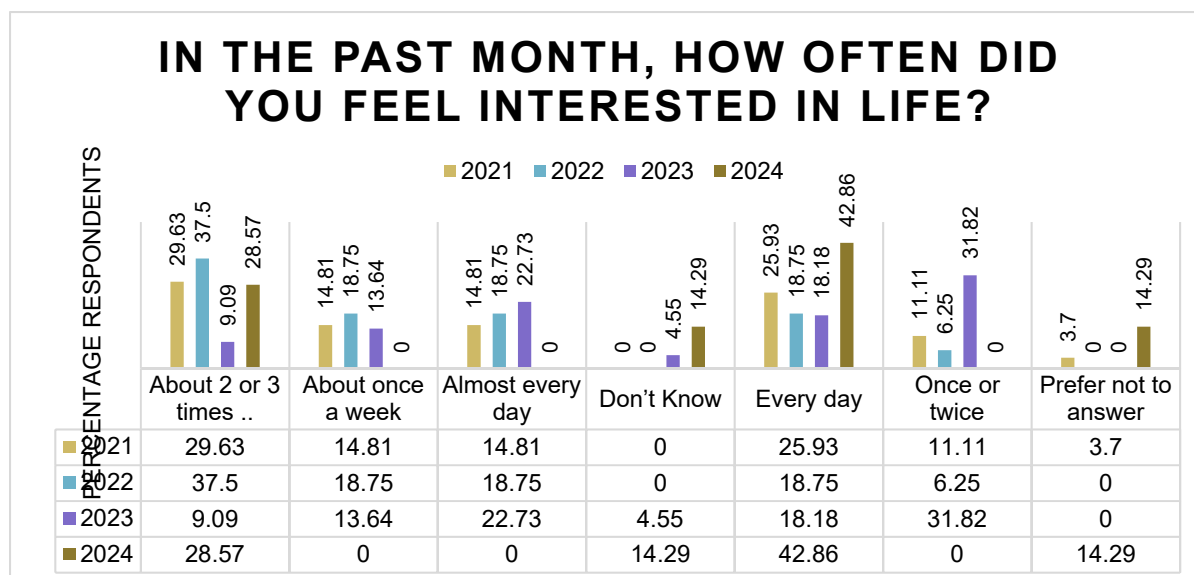


Figure 8 Interest in life

3.2.7 Satisfaction with life

A question was asked about how often the participants felt satisfaction in their lives. There was a noble increase in satisfaction over time in the four years, but respondents who once or twice felt satisfied slightly declined from (7.41%) to (6.25%) as indicated in the table below.

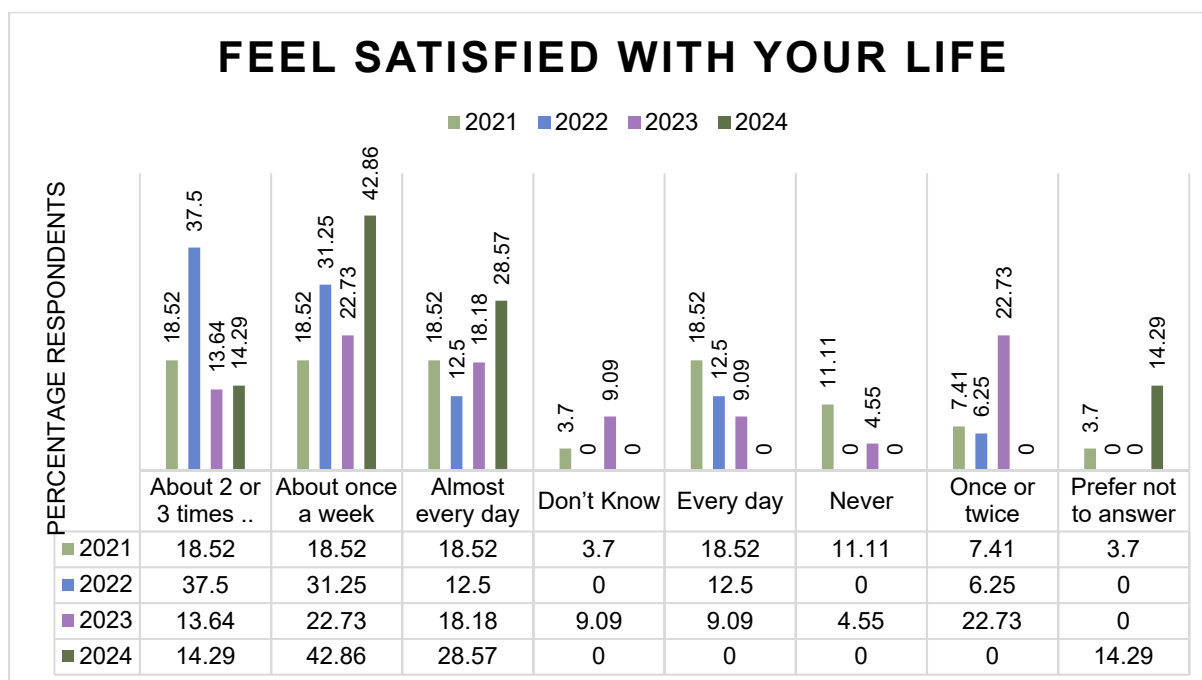


Figure 9 Satisfaction with life

3.2.8 Safe spaces for ACB women and gender-diverse gatherings.

When asked to share their reflections, participants highlighted how the safe space created by WHIWH CHC allowed them to freely express themselves. The lack of safe spaces for ACB women emerged as a recurring theme, with participants emphasizing the positive impact of being in an inclusive environment where their peers supported them during the gatherings.

One participant shared, "It was an excellent experience. I was going through the height of a very tough time, and the women in this group created a safe space for each other. I felt very supported. I was reminded of some great tips, learned new things, and made friends as well."

Another participant noted, "This group was a way for me to set aside 'me time,' healing and self-development time. I enjoyed the project; it gave me a better understanding of my mental health, better coping strategies to navigate different challenges, and a sense of belonging. It provided me with a community that understood my mental health and life struggles. I appreciated the diversity in the workshop approach and the information provided."

Participants also shared their appreciation for the facilitators. One participant remarked,

"Akosua was an incredible host, inspiring and held space for our feelings every week (check-ins and reflection questions). I felt the content and sessions were well organized and provided me with tangible tools to take away. The ACB wellness workshop series was exactly what I needed, and I feel lucky to have been connected to the group. THANK YOU THANK YOU THANK YOU."

Another participant shared,

"The experience I had was great and I felt very comfortable speaking with the instructor. I learned and developed new skills that will help me in life."

While another added,

"The facilitator was empathetic, warm, compassionate, and engaging. I would have liked the experience or workshops to have lasted longer."

RECOMMENDATIONS FOR FUTURE WORK

The survey report underscores the critical need to continue implementing peer-led mental health workshops and explore their adaptation in various settings. The transformative outcomes highlighted in the findings demonstrate the efficacy of this model, warranting investment for further expansion within and beyond WHIWH CHC. The recommendations outlined in this section aim to sustain, adapt, and foster growth in this vital initiative. Here are five (5) key recommendations for future endeavors.

1. Sustaining Peer-Led Mental Health Workshops:

- Allocate continued resources and support to sustain the implementation of peer-led mental health workshops at WHIWH CHC.
- Ensure ongoing training and capacity building for peer facilitators to maintain the quality and effectiveness of the workshops.
- Establish mechanisms for regular monitoring and evaluation to track the impact and outcomes of the workshops over time.

2. Adapting the Model for Expansion:

- Explore opportunities to adapt the peer-led mental health workshop model for implementation in other community settings and organizations.
- Collaborate with partner organizations and stakeholders to identify potential sites and populations where the model can be effectively replicated or scaled.

3. Investing in Growth and Development:

- Allocate resources for research and development to further enhance the effectiveness and reach of the peer-led mental health workshop model.
- Conduct pilot projects or demonstration initiatives to test adaptations or innovations that could improve the model's scalability and sustainability.

4. Promoting Community Engagement and Ownership:

- Foster community engagement and ownership by involving participants and stakeholders in the planning, implementation, and evaluation of the workshops.
- Establish advisory committees or community-based task forces to provide ongoing guidance and feedback on the development and expansion of the workshops.

5. Advocating for Funding and Support:

- Advocate for continued funding and support from government agencies, philanthropic organizations, and private donors to sustain and expand the peer-led mental health workshop initiative.
- Highlight the transformative results and impact of the workshops in funding proposals, advocacy campaigns, and communications efforts to garner support for future initiatives.

6. Extend Program Duration:

- Based on feedback expressing a desire for longer workshops, consider extending the duration of the program to allow for deeper engagement and more comprehensive support.
- Offer follow-up sessions or periodic reunions to maintain the connections and support network established during the program.

7. Expansion of Safe Space Initiatives:

- Building upon the success of initiatives like the ACB women and gender diverse gathering workshop, expand and replicate similar safe spaces for ACB women and gender diverse individuals. These safe spaces should prioritize inclusivity, culturally aware support, and community-building.
- Diversify program offerings to address a range of mental health needs and interests within the community.

CONCLUSION

In conclusion, the survey findings provide compelling evidence for the continuation and expansion of peer-led mental health workshops within the ACB community. The success of these workshops in improving mental health literacy, fostering a sense of belonging, and building warm and trusting relationships underscores their value and impact. It is evident that this model of peer-led workshops has the potential to transform mental health support within and beyond WHIWH CHC. In addition to establishing safe spaces for ACB women and gender-diverse individuals, the success of these workshops highlights the importance of curving safe spaces specifically tailored to their mental health needs. Moving forward, it is imperative to sustain the implementation of these workshops, ensuring ongoing support and training for peer facilitators. Moreover, efforts should be made to adapt and replicate this model in other community settings, amplifying its reach and impact. By investing in the growth and development of this initiative, we can further empower the ACB community to prioritize mental well-being and create a more inclusive and supportive society for all.

