

## Master's Degree Final Project

### Psycho-Social Support: Establishing a Program to Address the Mental Health Needs of Refugees at the Reception Center for Refugees (CAR II)

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## List of Acronyms and Abbreviations

CAR II- Reception Center for Refugees II

CPR- Conselho Português para os Refugiados

DMT- Dance/Movement Therapy

DSM-III- Diagnostic and Statistical Manual of Mental Disorders

ECRE- European Council on Refugees and Exiles

ELENA- European Legal Network on Asylum

ESF+- European Social Fund Plus

IOM- International Organization for Migration

LFA- Logical Framework Approach

NGO- Non-governmental Organization

PTSD- Post-Traumatic Stress Disorder

SCEP- Separated Children European Program Network

SDG- Sustainable Development Goal

SDGs- Sustainable Development Goals

UN- United Nations

UNHCR- United Nations High Commissioner for Refugees

WHO- World Health Organization

## 1. Introduction

In a world that has been characterized by unprecedented global connectivity and geopolitical tensions, the matter of refugees has become a pressing humanitarian and political concern. According to the UN Refugee Agency, “*refugees are people who have fled their countries to escape conflict, violence, or persecution and have sought safety in another country*”. (The UN Refugee Agency, 2024).

Forced displacement can be driven by conflict, persecution, environmental degradation, and economic instability, and the world is experiencing the largest refugee crisis since World War II. By the end of 2022, there were 35,3 million refugees and 5,4 asylum seekers, and as of May 2023, more than 110 million people were forcibly displaced worldwide. (Refugee Statistics, 2023). Currently, as of February 2024, there are 35.3 million refugees worldwide and an estimated 41 percent of the world's refugees are children. (The UN Refugee Agency, 2024). From the last available data in 2022, Portugal is home to a refugee population of approximately 59,777 individuals, a 2154.88% increase from 2021. (UNHCR's Refugee Data Finder, 2023).

The movement of refugees across borders presents a series of challenges that intersect with various aspects of society: international law, human rights, security, economics, and culture. Portugal, like many other countries, has been tasked with hosting displaced populations. Therefore, understanding the dynamics of refugee movements is imperative for informed policymaking, humanitarian assistance, and social integration efforts.

The 2020 EU Action Plan on the Integration and Inclusion of Migrants emphasizes the importance of mental health services for migrants and refugees. To better support resettled refugees and promote their integration, authorities and stakeholders in resettlement countries can adopt a psychosocial approach. This approach involves understanding the backgrounds of refugees and their possible psychosocial reactions during different stages of migration and resettlement, as well as creating and implementing suitable mental health and psychosocial initiatives for both refugees and host communities. (International Organization for Migration, 2021).

Portugal has been involved in efforts to support refugee populations, both through its domestic policies and international collaborations. Portugal is a signatory to international conventions and treaties related to refugees, including the 1951 Refugee Convention and its 1967 Protocol, which define the rights and responsibilities of refugees and the obligations of host countries. The country has a legal framework for asylum and refugee protection, which includes provisions for processing asylum applications, providing legal assistance to asylum seekers, and ensuring access to healthcare and social services.

Portugal has participated in refugee resettlement programs coordinated by the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM). These programs involve the resettlement of refugees from third countries to Portugal, typically in collaboration with host communities and local authorities. One of the biggest resettlement centers in Portugal is the Conselho Português para os Refugiados (CPR), an NGO dedicated to defending and promoting the right to asylum in Portugal. This is the organization where the project in question plans to establish and implement its initiatives.

The organization is the operational partner of the United Nations High Commissioner (UNHCR) for Portugal, maintaining a Cooperation Protocol, since July 1993, which aims at the legal and social protection of asylum seekers and refugees. From December 1998, the date of the closure of UNHCR in Portugal, CPR started to represent this organization in the country. At the European level, CPR is a member of the European Council on Refugees and Exiles – ECRE (European Council for Refugees and Exiles) the European Legal Network on Asylum – ELENA (European Legal Asylum Network), and the Separated Children European Program Network – SCEP (European Separated Children Program Network). There are several ongoing projects, funded by various entities, aimed at welcoming, and integrating refugees, promoting humanitarian and sustainable asylum policies, training, and raising awareness of this issue and human rights in general.

The Conselho Português para os Refugiados (CPR) operates four spaces: Reception Center for Refugees I, Shelter for Refugee Children, The Child's Place, and Refugee Reception Center 2 (CAR 2). CAR 2 is a transitional support facility for Resettled Refugees, offering temporary housing through resettlement programs. The center

predominantly accommodates individuals who have been granted refugee status in another nation, mostly in Turkey and have been selected for resettlement in Portugal. The resettlement program is designed to last an 18-month program, during which each person receives a monthly allowance of 150 euros. The program's primary goal is to help refugees quickly find employment and secure housing that aligns with their financial means once the program concludes. This approach aims to encourage their integration in Portuguese society and empower them to forge an independent path, as they embark on the journey to rebuild their future.

CAR 2 can accommodate a maximum of 90 people, but the average capacity of the center is 60 people, distributed across 22 rooms, eight of which are equipped with private toilets. In addition, there are separate shared toilet and shower facilities for both men and women, along with two accessible toilets. The center has a dedicated children's playroom where scheduled activities are organized, complemented by an outdoor playground designed to encourage children to engage in outdoor play, boosting physical activity and happiness. Residents can also use a communal space, with comfortable sofas, television, and Wi-Fi access, ideal for relaxation and leisure activities. Furthermore, the community kitchen is well-appointed, featuring 20 refrigerators and cabinets for the convenience of its residents.

This thesis aims to propose a project designed to support refugees based on findings from my internship conducted at CPR for 4 months. During my time at the organization, key challenges faced by refugees within the center were identified, enabling the development of a tailored project to address the specific needs of the center's population. It was possible to witness a significant gap in the center's services, particularly concerning mental health support. It was identified that there is insufficient assistance available for addressing the mental health needs of refugees, despite the inherent vulnerability of this population to mental health challenges. Recognizing the importance of ensuring the well-being of refugees as they navigate the complexities of life in a new country, it is imperative to prioritize addressing mental health concerns. This project seeks to address the immediate mental health and psychosocial needs of the CAR II refugee population,

contributing to their long-term needs as such, their integration and well-being in a new society.

The project is called "Psycho-Social Support: Establishing a Program to Address the Mental Health Needs of Refugees." Grounded in the principles of creative therapy and psychosocial education workshops, this initiative aims to provide comprehensive mental health support tailored specifically to the refugee population. Recognizing the therapeutic benefits of creative expression and engagement, the program will offer a range of activities and interventions designed to promote emotional well-being, resilience, and healing among refugees facing the challenges of displacement and resettlement. Furthermore, it includes training and capacity building for workers to effectively implement and sustain the program, ensuring that the refugee population receives comprehensive support for their mental well-being.

## 2. Methodology

This chapter offers an overview of the methodological framework employed to investigate the mental health status of refugees, evaluate the effectiveness of creative therapy interventions in enhancing their well-being, and develop a project aimed at establishing creative therapy within a resettlement center. The methodology aims to delineate the methods and procedures utilized to address the research questions and objectives of the study.

This thesis is organized into two main components, each serving a distinct purpose. Initially, it undertakes an in-depth exploration of existing research concerning the mental health of refugees and the efficacy of creative therapy interventions in addressing their needs. This entails a comprehensive review and synthesis of literature spanning various aspects of refugee mental health and the utilization of creative therapies as potential interventions.

For this first component, the methodology utilized in this research predominantly involved qualitative analysis of secondary data. Secondary data encompasses information previously collected for purposes unrelated to the present study. Utilizing secondary data allowed this research to tap into existing knowledge concerning refugee mental health

and creative therapy interventions, enriching its analysis with pre-existing insights. This approach facilitated a thorough review of pertinent literature. By synthesizing and interpreting existing findings, the study cultivated a robust foundation for the development of theoretical frameworks to guide subsequent phases. This methodology not only ensured efficiency in data collection but also fostered a deeper contextualization of the research inquiry within the broader scholarly discourse.

The second component of the thesis shifts focus to practical application by centering on the development and implementation of a project tailored to enhance mental health support within a refugee resettlement center in CPR. This involves a hands-on approach that encompasses the design, execution, and evaluation of initiatives aimed at fostering a supportive environment for refugees' mental well-being.

The research methodology employed in this study involved the utilization of a problem tree analysis to systematically examine the root causes of mental health challenges among refugee populations. The problem tree served as a conceptual framework for identifying and visualizing the underlying factors contributing to the prevalence of mental health issues in refugee communities.

Furthermore, based on the findings of the problem tree analysis, the objective tree was developed to articulate clear and measurable goals for promoting mental health support for refugees in the center. The objectives were designed to address the root causes identified in the problem tree while aligning with the broader aims of the research.

The methodology chosen for the implementation of creative therapy in the resettlement center is the Logical Framework Approach (LFA) together with the Gantt chart. These are a widely recognized and structured methodology used in project management to systematically plan, implement, monitor, and evaluate projects. This approach will guide the systematic planning and implementation of creative therapy interventions in the resettlement center. By employing these tools, this project aims to ensure systematic and effective planning, implementation, and evaluation of creative therapy interventions in the resettlement center, ultimately contributing to the mental health and well-being of the refugee population.



### 3. Literature Review

While facing the challenges of displacement and resettlement, refugees often face profound psychological distress including symptoms of trauma, anxiety, and depression, profoundly impacting their mental well-being. Acknowledging the pressing demand for impactful interventions to tackle mental health issues, both researchers and practitioners have increasingly embraced creative therapy as a means to foster healing, resilience, and overall psychological wellness. 9468qy743W

The objective of this literature review is to examine the current research concerning the correlation between refugees and mental health, as well as the design and execution of innovative therapy interventions for mental health within this population.

Mental health is linked to an interplay of biological and social factors. While biological predispositions undoubtedly play a role, the impact of social determinants on mental well-being cannot be overlooked. The development of mental disorders and the prevalence of poor mental health are often closely linked with social inequities stemming from disparities in power, access to resources, and policy-making processes. These disparities are perpetuated by systemic social, political, and economic factors, that sustain inequalities affecting individuals' mental health. (Hynie, 2017).

Moreover, interpersonal social variables are equally important determinants of health, including factors such as exposure to violence and trauma, social exclusion, discrimination, and low social status. These interpersonal dynamics have a significant influence on both physical health and mental well-being exposing immediate and long-term risks and consequences. Acknowledging the interplay between these material and interpersonal social determinants is necessary to comprehend and address mental health challenges. (Hynie, 2017).

Refugees constitute a population positioned at the intersection of material and interpersonal social determinants. Research indicates that refugees show significantly higher rates of mood disorders, psychotic illness, and post-traumatic stress disorder (PTSD) compared to non-migrant resident populations. However, the rates of mental disorders vary widely from study to study. (Hynie, 2017). The heightened vulnerability

observed among refugees has been attributed to experiences before migration, including exposure to war and trauma. Additionally, anxiety and other mental health disorders can arise as a result of stressors encountered post-migration, such as separation anxiety and the challenges associated with resettlement in a new country. (Hameed, Sadiq, & Din, 2018).

Before the 1970s, there was a lack of scientific data on the nature, prevalence, and determinants of mental health issues among refugees. Pioneering studies were conducted in the United States, Canada, Norway, and Southeast Asia among Indochinese refugees. These studies revealed significant levels of anxiety and depression in the population studies, however, the absence of closely matched comparison groups restricted the interpretation of these findings. (Silove, Ventevogel, & Rees, 2017).

The incorporation of PTSD into the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) marked the beginning of contemporary research in the field of refugee population and mental health, with initial investigations focusing on Southeast Asian refugees.

In the two decades that followed, there was a surge in studies conducted within the refugee mental health domain, prompting the conduct of two systematic reviews to summarize the accumulated findings. The first review, focusing exclusively on studies of refugees in Western countries, reported an average prevalence rate of 9% for post-traumatic stress disorder (PTSD) and 5% for depression. Notably, it observed that lower rates were evident in larger, more rigorously conducted studies. These findings served as new evidence to erase the prevailing tendency to universally label all refugees as "traumatized" and therefore in need of counseling. (Silove, Ventevogel, & Rees, 2017).

The second systematic review was developed through studies with comparison groups, which revealed that refugees exhibited a slightly elevated risk of experiencing various adverse mental health outcomes. Socio-demographic characteristics such as age, gender (being female), rural background, higher education level, and a higher socio-economic status were identified as factors associated with poor mental health among refugees. Additionally, stressors encountered in the post-displacement environment, including residing in institutions, limited economic opportunities, being internally displaced or

involuntarily repatriated, and originating from a country still in conflict, were also linked to heightened mental health challenges among this population. (Silove, Ventevogel, & Rees, 2017).

Furthermore, several studies among Sudanese, Somali, and Rwandan refugees living in Ugandan refugee resettlement camps close to their countries of origin reported PTSD prevalence rates ranging from 32 to 50.5 percent. (Ssenyonga, Joseph, Owens, & Olema, 2013). In another research, 82.6% of Cambodian refugees residing in a refugee camp on the Thailand-Cambodia border self-reported depression. Fifty-five percent were confirmed by the Hopkins Symptoms Checklist to have experienced symptoms of major depression. (Hameed, Sadiq, & Din, 2018).

In 2009, the largest review of its kind identified 181 surveys conducted among 81,866 refugees and other conflict-affected populations from 40 countries. The prevalence rates of post-traumatic stress disorder and depression were approximately 30%, although there was considerable variation in rates across studies. The strongest predictors of PTSD and depression were exposure to torture and the total number of trauma events experienced. Although larger and more rigorously designed studies have reported lower prevalence rates, with the estimated prevalence of post-traumatic stress disorder reduced to 15%, it is important to note that the prevalence of PTSD among refugees still significantly exceeds the estimate of 1.1% observed among non-refugee populations in countries participating in the WHO World Mental Health Surveys. (Silove, Ventevogel, & Rees, 2017).

Prevalence rates of common mental disorders such as depression and PTSD exhibit considerable variability across the breadth of refugee studies. Methodology factors contribute to this variation, as well as transcultural measurement error, biases associated with sampling, and the utilization of screening measures which tend to overestimate the existence of disorder. Additionally, the failure to incorporate indigenously derived measures capable of capturing local expressions or idioms of distress may lead to the underestimation of mental health issues. (Silove, Ventevogel, & Rees, 2017). Moreover, the adaptation of such measures to be language- and culture-specific presents a challenge, as the available data on refugee trauma and health status often present conflicting

information and are difficult to interpret. (Sigvardsson, Malm, Tinghög, Vaez, & Saboonchi, 2016).

Research has shown that mental health can be impacted by environmental factors before the migration process, during, and post-migration. In their home countries, refugees encounter significant barriers in accessing healthcare services, particularly amidst the trauma and pre-existing diagnoses often experienced in war-torn regions or areas affected by natural disasters. Trauma prior to migration can also be characterized as organized violence and political oppression, the death of a loved one, torture, imprisonment, and witnessing public executions.

During migration, refugees frequently experience additional stress factors that are closely linked to depression and anxiety. These stress factors often come from uncertainties about the future, the duration of stay in asylum centers, and the exposure to multiple traumatic events, growing psychological distress in this population.

Post-migration mental distress is commonly associated with acculturative stress. Acculturative stress refers to the psychological distress and challenges experienced by people when adapting to a new culture or environment. Adapting to a new culture presents a series of challenges, including language acquisition, accessing essential services such as healthcare and education, securing adequate housing, achieving economic stability, integrating into society, and confronting discrimination and xenophobia. These collective challenges significantly contribute to the psychological burden. (Hameed, Sadiq, & Din, 2018).

Despite this, research shows most refugees are unlikely to receive appropriate mental health care. (Silove, Ventevogel, & Rees, 2017).

The cultural stigma surrounding mental health issues, limited awareness, and mistrust of services are some of the reasons refugees are deterred from seeking help. Given that the majority of refugees reside in low-income countries, there may be a lack of mental health professionals, facilities, and resources to provide adequate care, and healthcare providers may lack cultural competence or sensitivity to the unique experiences and needs of refugee populations, leading to ineffective or inappropriate care (Silove, Ventevogel, &

Rees, 2017). Furthermore, beyond language and cultural barriers, structural barriers within healthcare systems, including bureaucratic processes, legal restrictions, and limited funding, may impede refugees' access to mental health services.

However, researchers in the trauma field realized that not all individuals who have been exposed to traumatic events developed mental health issues. This led to a change in how trauma and its relation to mental health was dealt with. Now, researchers focus on different positive as well as negative pathways in the aftermath of trauma.

Researchers found that positive adaptations could happen over time after the initial exposure to trauma. These adaptations include becoming more resilient, and experiencing posttraumatic growth, resistance, and recovery. These positive changes may lower the chances of developing mental health problems for refugees. *“Resilience is the absence of psychopathology in the aftermath of exposure to potentially traumatic events”*. (Ssenyonga, Joseph, Owens, & Olema, 2013, p. 145). In the context of refugees and mental health, resilience is a path for trauma survivors to cope and recover from the aftermath of stressors, therefore, reflecting the ability to deal with trauma exposure and post-trauma adaptation. Resilience is therefore associated with fewer PTSD symptoms. (Ssenyonga, Joseph, Owens, & Olema, 2013).

Refugees often demonstrate remarkable resilience in the face of adversity. Despite enduring significant trauma, many refugees display strength, adaptability, and resourcefulness in coping with their circumstances. Refugees' resilience is often evidenced by their ability to maintain hope, preserve cultural identity, forge social connections, and overcome obstacles in pursuit of safety, stability, and belonging.

After reviewing the literature on refugee mental health and the challenges faced by individuals, it becomes evident that innovative approaches are needed to address the complex mental health needs of this population. In light of these findings, attention now turns to exploring the potential of creative therapy interventions as a promising avenue for supporting refugee mental health and well-being.

Creative therapy, encompassing various modalities such as art therapy, music therapy, dance/movement therapy, drama therapy, and poetry therapy, has a rich and diverse

history rooted in the belief that artistic expression can facilitate healing and promote well-being. By utilizing various expressive modalities, it offers a culturally sensitive and holistic approach to healing that transcends language barriers and fosters resilience in the face of adversity, therefore, as a result, creative therapy approaches have garnered attention as promising interventions for addressing trauma and promoting psychological well-being in refugees.

The origins of creative therapy can be traced back to ancient civilizations where artistic practices were integrated into rituals for spiritual and emotional healing. However, it was not until the mid-20th century that creative therapy gained recognition as a formal therapeutic approach, particularly in response to the psychological needs of individuals affected by traumatic events such as war and displacement.

Before delving into the exploration of research on creative therapy, it is essential to examine literature explaining the profound impact of trauma on both the body and mind. Physiologically, trauma triggers the body's stress response system, and it can have long-lasting effects on brain structure and function, particularly in regions involved in emotion regulation, memory processing, and stress response. Understanding the complex interplay between trauma and its impact on individuals is crucial for informing therapeutic interventions.

Previous studies have shown that exposure to trauma has a deep impact on human cognitive and emotional processes, influencing their anticipation, focus, and how information is interpreted and processed. Trauma is responsible for disrupting threat perception, affecting thoughts emotions, behaviors, and the regulation of biological systems. As such, prolonged and chronic exposure to threat, danger, and violence can result manifestation of neurophysiological patterns associated with fear, and in more extreme cases, terror. These patterns have far-reaching effects on emotional, behavioral, cognitive, and social functioning. (Crenshaw, 2006)

Studies have demonstrated with the use of neuroimaging scans that when individuals recollect traumatic events, scans reveal a shutdown on the left cortex, particularly the Broca's area, which is responsible for speech and language. On the other hand, areas of the right hemisphere linked to emotional states become activated, in particular the

amygdala, which is responsible for threat detection. The amygdala's heightened activity indicates an intensified emotional reaction, including fear, anxiety, and distress, associated with the recollection of traumatic experiences (Crenshaw, 2006). This finding aligns with clinical observations of individuals struggling to verbalize their traumatic experiences and articulate their emotions effectively.

Taking this into consideration, creative therapy offers a new way for people to access and express their trauma. As traditional verbal approaches to therapy may not fully address the complexities of trauma processing creative therapy emerges as a promising alternative, providing individuals with a unique avenue to access and express their trauma in ways that transcend traditional verbal communication. By engaging in these non-verbal and expressive activities, individuals can bypass the limitations of language and tap into deeper levels of emotional processing.

In line with previous findings, it is possible to identify key therapeutic elements in trauma treatment through creative therapy. It's crucial to note that limbic memory, which encompasses sensory experiences such as colors, light, sensation, sight, and smell, is non-linguistic. Given this, creative arts therapies offer a unique advantage as their non-verbal essence aligns with the sensory nature of limbic memory. By engaging in creative expression, individuals can access, and process traumatic memories embedded in the reptile brain, facilitating healing and integration of past experiences. (Johnson, Lahad, & Gray, 2009).

Cognitive restructuring also plays a key role in trauma treatment joined with the efficacy of role-playing in attitude adjustment, so much so that it has become integrated into various educational and psychological interventions. The overarching goal is to influence the client's narrative of their traumatic experience, often referred to as restoring. Common narrative techniques employed in creative arts therapies include journaling, writing, and storytelling, all of which contribute to reshaping and reconstructing the individual's narrative of their trauma experience by identifying distorted cognitions, reprocessing cognitive patterns, and reframing perceptions. (Johnson, Lahad, & Gray, 2009).

Another effective element in trauma treatment is stress and anxiety management skills, with a particular emphasis on relaxation techniques. Such relaxation techniques such as

progressive muscle relaxation and deep breathing are commonly incorporated into various forms of creative arts therapy for trauma and have since become integral to trauma treatments, notably through Stress Inoculation Training. (Johnson, Lahad, & Gray, 2009).

Additionally, resilience enhancement techniques have gained increased recognition in recent years, with creative arts therapies poised to make a significant contribution. Studies of resilience consistently highlight the importance of creativity, humor, flexibility, and activity, all of which are central elements of creative arts therapy approaches. Engaging in creative activities is increasingly recommended for individuals affected by trauma, as creative arts therapies have the potential to bolster self-esteem, instill hope, promote prosocial behavior, and alleviate feelings of shame and guilt among clients with PTSD.

Existing literature suggests that creative therapy encompasses various modalities, each offering unique approaches to healing and self-expression. Some of the key types of creative therapy include art therapy, music therapy, drama therapy, expressive writing, and movement therapy. Each type of creative therapy offers a distinct approach to supporting individuals in their journey toward healing, self-discovery, and personal transformation.

Art therapy is based on the idea that the creative process of art making is healing and life-enhancing and is a form of nonverbal communication of thoughts and feelings and utilizes visual arts such as painting, drawing, and sculpture to explore emotions, process trauma, and foster self-awareness and personal growth. (Malchiodi, 2003).

The definition of art therapy is a topic of divided perspectives. On one hand, some therapists view it as a modality that helps individuals verbalize their thoughts, feelings, beliefs, problems, and worldviews. In this perspective, art therapy serves as an adjunct to psychotherapy, facilitating the therapeutic process through both image-making and verbal exchange with the therapist. On the other hand, others believe the art itself, and its creative process as the therapy. (Malchiodi, 2003).

According to official guidelines for PTSD treatment, creative art therapies can effectively reduce depression and trauma-related symptoms, including alexithymia, dissociation,



anxiety, nightmares, and sleep problems enhancing emotional control and improving interpersonal relationships. (Schouten, de Niet, Knipscheer, & Kleber, 2015).

Throughout history, music has held a central role in societies worldwide. It serves not only as a cultural medium of expression but also as a potent force that influences human health. Music therapy is defined as “*the controlled use of music and its influence on the human being to aid in physiologic, psychologic, and emotional integration of individual during treatment of an illness or disability.*” (Snyder, Mariah, & Chlan, 1999).

Trained music therapists use techniques such as listening to music, singing, playing instruments, songwriting, and free and structured improvisation to achieve therapeutic goals and improve overall well-being. Clinical reports and preliminary studies suggest that music therapy may offer effective intervention for adults with mental health concerns globally and it can potentially yield beneficial effects for individuals experiencing mental distress or depression, including but not limited to, depression, anxiety, autism spectrum disorder, dementia, and chronic pain. (Lee & Thyer, 2013).

Drama therapy involves role-playing, improvisation, enactment of scenes, and storytelling to foster personal growth, enhance emotional well-being, and address psychological concerns. Trained therapists work with people to explore their thoughts, feelings, and behaviors to help individuals gain insight into their inner experiences, develop coping skills, improve interpersonal communication, and promote self-expression and empowerment.

The key concept in this form of therapy is “*aesthetic distance*” which is experienced as a balance between identification and separation from their dramatic work. This is achieved through dramatic projection using embodiment, role-play, puppets, objects, metaphors, and text. Through aesthetic distance, clients emotionally engage with their dramatic work while also maintaining enough distance to observe it objectively and engage in cognitive reflection. (Orkibi, Keisari, Sajani, & Witte, 2023).

Another important focus of creative therapy is expressive writing. In a healing process, the act of disclosing stressful or traumatic events is often regarded as crucial. Expressing feelings and thoughts about emotional experiences through language often leads to

improvements in physical and mental health. A growing body of research suggests that writing about deeply felt emotions and thoughts can lead to positive changes in social, psychological, behavioral, and biological measures. (Kacewicz, Slatcher, & Pennebaker, 2007). Through expressive writing, individuals can delve into their inner world, confront challenging emotions, gain insights, and ultimately promote healing and personal growth. This approach can be particularly beneficial for those struggling with trauma, grief, anxiety, depression, or other mental health issues.

The final element of creative therapy explored in this thesis is Dance/Movement Therapy (DMT). Recent research in neurobiology indicates that movement, the foundational principle of DMT, holds promise as a potentially effective intervention for addressing trauma-related issues. In cases of PTSD, a common issue reported is the disconnection between the mind and the body. This is called a flight-or-fight response which is an innate reaction to traumatic incidents. Therefore, a key goal of trauma treatment is to reintegrate individuals with their bodies, fostering awareness of their bodily sensations and emotions.

Dance movement therapy has been investigated as a treatment for individuals with a history of abuse, trauma, bereavement, severe mental illness, and attention deficit hyperactivity disorder. (Levine & Land, 2015).

In summary, this chapter has delved into the literature surrounding refugees and mental health, with a particular focus on the utilization of creative therapy for individuals coping with trauma and PTSD. Supported by research findings, it is evident that despite demonstrating remarkable resilience, refugees are highly vulnerable to experiencing mental health challenges. Studies have consistently shown elevated rates of depression and PTSD within the refugee population, yet access to mental health care remains limited for many. This highlights the urgent need for effective interventions, such as creative therapy, to address the unique mental health needs of refugees and provide them with the support they require.

However, there is a notable gap in research concerning the mental health of refugees in resettlement centers. The lack of research on the mental health of refugees in resettlement centers is concerning for several reasons. Resettlement centers play a crucial role in the initial stages of refugees' integration into their new host countries. These centers often

provide essential services such as housing, healthcare, language training, and employment assistance. However, the mental health needs of refugees during this critical period are often overlooked or inadequately addressed. Moreover, research in this area can contribute to the development of policies and programs aimed at improving mental health outcomes for refugees during the resettlement process.

This research identified a second gap in the literature regarding mental health among Arabic-speaking refugees, despite the increasing number of individuals in this demographic. The wide variations in research findings highlight the diversity within the refugee population. Arabic-speaking refugees come from diverse backgrounds and have unique cultural and linguistic characteristics that may influence their experiences and expressions of mental health issues. Therefore, it is essential to understand the specific mental health needs of this population to provide appropriate support and interventions. The lack of research on mental health among Arabic-speaking refugees may lead to under-recognition and under-treatment of mental health disorders within this community.

## 4. Project Proposal

### 4.1. Title

Psycho-Social Support: Establishing a Program to Address the Mental Health Needs of Refugees at CAR II

### 4.2. Description of the project

This project aims to implement creative therapy, psychosocial workshops, and worker training at the Refugee Reception Center II (CAR II) to increase mental health support and well-being of the refugee population residing in the center. The overarching goal is to enhance overall mental health, which is expected to lead to various positive outcomes including better resettlement in society, increased confidence, and improved cultural integration among refugees.

The implementation of this project is planned to be set in practice during the second month after the arrival of new refugees at the center, including the residents as well

present at that time. Thus, the project is aimed at, an estimated, 60 people who live in the center.

Based on data collected at CAR II, it is evident that the refugee population in the center comprises individuals who predominantly speak Arabic and Farsi. As a result, it is imperative to conduct sessions separately for each linguistic group with the presence of a translator to ensure effective communication and engagement. Additionally, due to the sensitive nature of the topics discussed during sessions, it is advisable to implement gender segregation, facilitating separate sessions for men and women. This approach fosters a more comfortable and conducive environment for participants to openly address their concerns and engage in discussions pertinent to their experiences. Moreover, all sessions will include provisions for snacks and beverages for a coffee break to enhance the attendance rate.

The first activity of this project is the development of creative therapy sessions, where certified therapists specializing in creative therapy will be invited to conduct a total of 12 sessions for each group at CAR II, consisting of sessions for males speaking Arabic, males speaking Farsi, females speaking Farsi, and females speaking Arabic. Therefore, with 12 sessions for each subgroup, the total number of sessions will amount to 48. These therapy sessions will allow refugees to express themselves through creative mediums such as art, music, drama, and dance/movement, fostering emotional healing and personal growth.

The second activity is Psychosocial Workshops. This part of the project will organize one psychosocial workshop per week for males speaking Arabic, males speaking Farsi, females speaking Farsi, and females speaking Arabic. These workshops will cover topics related to mental health, coping strategies, stress management, resilience-building, and cultural adaptation. Facilitated by trained professionals, the workshops will provide valuable psychoeducation and practical skills to empower refugees in addressing their mental health needs.

Lastly, worker training will also be implemented as part of the project. The training for the workers of the center will be in the format of workshops on trauma-informed care, cultural competency, and other topics and skills to address the complex needs of this population. The resettlement center can enhance the capacity of its personnel to provide

culturally sensitive and effective support to refugees, ultimately contributing to improved mental health outcomes and overall well-being within the refugee community.

By offering a combination of creative therapy sessions, psychosocial workshops, and worker training, the project aims to create a supportive and therapeutic environment within CAR II, where refugees feel empowered to explore and address their mental health concerns. Through participation in these activities, refugees are expected to experience improvements in their mental well-being, leading to greater confidence, social integration, and readiness for successful resettlement in society.

### 5.3. Background

Refugees in Portugal often encounter barriers when attempting to access fundamental services such as healthcare, education, and housing. These challenges may stem from bureaucratic hurdles, language barriers, or inadequate infrastructure, ultimately impeding refugees' ability to meet their basic needs and hindering their integration into Portuguese society. Integration into Portugal represents a hurdle for many refugees. Cultural differences, language barriers, and a lack of social support networks can pose formidable obstacles to successful integration. Limited opportunities for employment and education further exacerbate the challenge, hindering refugees' ability to build meaningful connections and establish a sense of belonging within Portuguese society.

The motivation for this project stems from the recognition of the challenges faced by refugee populations in Portugal, including access to essential services, integration into the local community, and psychosocial support. The absence of sufficient psychosocial support services compounds the difficulties faced by refugee populations in the country. While Portugal has made efforts to aid refugees, there is a need for targeted interventions that address the unique needs of refugee populations in the country.

This thesis has been formulated in collaboration with an internship at Conselho Portugues para os Refugiados (CPR), more specifically CARII, during which pertinent information was gathered.

During the four-month internship at the center, there was the opportunity to collaborate closely with both the workers and refugees, cultivating a relationship characterized by

professionalism, empathy, and trust. The data collection process entailed the implementation of various activities within the center, enabling a comprehensive grasp of the conditions experienced by both the refugee population and the center's staff members. This hands-on approach not only facilitated the gathering of valuable data but also fostered meaningful interactions and insights into the dynamics of the center's environment. By actively engaging daily, a deeper understanding of the challenges and needs of both groups was achieved, laying a solid foundation for informed decision-making and targeted interventions.

This data underscores a significant proportion of residents expressing dissatisfaction or ambivalence towards the mental health support offered by the center, implying a need for enhancements in this aspect of care. While it was evident that refugees often experience a lack of mental health support, it is crucial to acknowledge that a significant portion of the refugee population residing in the center refuses to engage in traditional therapy consultations. This reluctance could stem from various factors such as cultural differences, stigma surrounding mental health issues, language barriers, or past negative experiences with mental health services. Recognizing and respecting this perspective is essential in designing effective support systems that cater to the diverse needs and preferences of the refugee community.

Furthermore, it was possible to highlight a notable contrast in perceptions between the workers and residents regarding the sufficiency of mental health support at the center. While a significant majority of workers believe that there is adequate support in place, the responses from residents paint a different picture.

Understanding these potential factors can help inform efforts to bridge the gap between workers' perceptions and residents' experiences of mental health support at the center. Workers at the center may have a more holistic view of the services provided, including the availability of mental health professionals and programs. Their assessment might consider the overall resources and efforts dedicated to mental health support, whereas residents may focus more on their personal experiences and the quality of care they receive. It underscores the importance of culturally competent and accessible mental health services that address the specific needs and concerns of refugee populations.

Acknowledging the known barriers to not receiving mental health support is crucial for understanding the broader context and systemic challenges that contribute to the issue. The following Table 1 allows for a systematic analysis of the root causes of the lack of mental health support in refugee centers and it allows for the connection of the factors that contribute to the issue and its consequences.

Effects	Increased Psychological Distress	Impaired Functioning and Coping	Escalation of Violence and Conflict
	Interpersonal Strain	Family Dysfunction	Social Isolation and Alienation
	Barriers to Resettlement and Integration	Heightened Vulnerability to Exploitation and Abuse	Increased Healthcare Costs
Core Problem	Lack of Mental Health Support in Refugee Centers		
Root Causes	Limited Resources	Stigma and Cultural Barriers	Language and Communication Barriers
	Trauma and Past Experiences	Mistrust	Lack of awareness and education

Table 1- Problem Tree

Limited resources and a lack of awareness contribute significantly to the root causes of the problem. Insufficient funding and consciousness regarding mental health services often result in a shortage of trained professionals, inadequate facilities, limited access to necessary medications and treatments, and a dearth of training opportunities for staff members in mental health awareness and trauma-informed care. Additionally, language

and communication barriers, along with stigma and cultural obstacles, exacerbate the cultural stigma surrounding mental health issues and foster a fear of social ostracization or misunderstanding.

Moreover, trauma, especially from experiences such as war and displacement, coupled with enduring mistrust prevalent among the refugee population, further hinders acceptance of traditional mental health support. Collectively, these root causes have profound implications. They can precipitate increased psychological distress, impair functioning and coping mechanisms, heighten the risk of self-harm, diminish social support networks, curtail community engagement and integration, and intensify feelings of loneliness.

Likewise, these factors are likely to strain interpersonal and family relations, potentially leading to tensions within families and communities and adversely affecting family cohesion and well-being. Furthermore, they pose a barrier to integration, as the ability of refugees to integrate into their new communities and participate fully in society is hindered, perpetuating cycles of marginalization, unemployment, and social exclusion.

Additionally, there's a heightened risk of escalating violence and a bigger risk of falling victim to exploitation and abuse. Untreated mental illness may exhibit increased aggression, engaging in self-harm or substance abuse, thereby elevating the risk of violence and harm to themselves and others. Furthermore, people who suffer from mental health are more vulnerable to exploitation, abuse, and trafficking, as they can lack the capacity to protect themselves or advocate for their rights effectively.

Lastly, all of this can lead to increased healthcare costs in several ways. Without adequate mental health support, refugees can experience crises of mental health conditions, leading to frequent visits to emergency rooms for acute care. Additionally, untreated mental health conditions can increase the risk of physical health problems or complications, necessitating hospitalizations for medical treatment, and can also increase the risk of developing chronic health conditions such as cardiovascular disease, diabetes, and respiratory disorders. Such conditions may require medications for symptom management which can turn into substance abuse as a coping mechanism.



#### 4.4. Objective of the study

Living with mental health conditions can disrupt various aspects of daily life, hindering opportunities for successful resettlement, employment, and housing stability. The burdens of coping with mental health symptoms can be overwhelming, affecting individuals' ability to function effectively and engage in social interactions. Moreover, the stigma surrounding mental illness can further isolate refugees and impede their access to support services and resources.

Hence, the primary objective of this project is to enhance the mental well-being of resettling refugees at the center. While the primary objective of this program is to improve mental health support in the refugee center, it is evident that this project encompasses a range of multifaceted goals. While mental health improvement remains at the center, it is anticipated that achieving this goal will also lead to several desired outcomes or objectives.

This project aims to provide staff with the right tools and informed care, which is crucial for enhancing mental health support in refugee centers. Offering comprehensive training programs for staff members on topics such as mental health awareness, trauma-informed care, cultural competency, and effective communication skills provides ongoing professional development opportunities to ensure staff are equipped with the latest knowledge and best practices in mental health support.

Effects	Improved Psychological well-being	Increased Social Support	Enhanced Integration and Participation in Society	Improved Physical Health Outcomes	
	Enhanced Coping Skills	Improved Family Functioning	Reduction of Risky Behaviours	Decreased Healthcare Costs	
Main Goal	Best Mental Health Support in Refugee Centers				
Ends	Improved access to mental health services	Enhanced staff training and capacity building	Mental Health Literacy and Awareness	Development of Culturally Competent and Trauma-Informed Care	Collaboration and Partnerships
Means	<p>Increase different methods of mental health support.</p> <p>Increase the availability of mental health professionals in the center.</p>	<p>Provide training programs to staff members on mental awareness, trauma-informed care, and culturally sensitive approaches.</p> <p>Develop skills among staff to provide basic psychological</p>	<p>Conduct psychoeducation sessions and awareness campaigns to reduce stigma surrounding mental health issues within refugee communities.</p> <p>Increase awareness among refugees about available mental health services, resources, and</p>	<p>Ensure that mental health services are culturally competent and responsive to the diverse backgrounds and experiences of refugee populations.</p> <p>Incorporate trauma-informed care principles into mental health interventions</p>	<p>Forge partnerships with local mental health organizations, NGOs, academic institutions, and community-based organizations to leverage resources, expertise, and support for mental health initiatives.</p>

		support and referrals for specialized care when needed	self-care strategies Facilitate community discussions and support groups to promote open dialogue about mental health and well-being	to address the specific needs of individuals who have experienced trauma. Provide language interpretation services and hire bilingual staff to facilitate communication and understanding between mental health providers and refugees	Establish interdisciplinary teams and working groups to coordinate efforts and share best practices in mental health support within refugee centers.
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Table 2- Objective Tree

Table 2 is a visual tool for strategic planning. It is constructed hierarchically, with overarching goals at the top, intermediate objectives in the middle, and specific activities or interventions at the bottom. It allows for the illustration of the relationship between goals, objectives, and activities, exposing how each objective contributes to the project's overall success, and facilitating strategic planning and decision-making. Therefore, observing how the means will shape the ends is possible.

### 5.5. Novelty of the project

This project embodies innovative strategies and solutions, setting it apart from conventional approaches or existing practices. Through extensive research, it has become evident that resettlement centers lack sufficient mental health support initiatives.

Despite the presence of psychologists in some centers, resources are often limited, rendering existing support inadequate, as previously discussed. This project transcends mere implementation by introducing innovation through the utilization of creative therapy and psychosocial workshops specifically tailored to refugees and their needs.

Moreover, this project prioritizes cultural sensitivity as a fundamental aspect of its approach. As previously mentioned, refugees often face barriers to traditional therapy consultations, stemming from various factors such as cultural differences, language barriers, and stigma surrounding mental health issues. By recognizing and addressing these cultural nuances, the project aims to enhance refugee participation and engagement. Culturally sensitive initiatives demonstrate respect for the diverse backgrounds and experiences of refugees and foster trust and rapport, crucial elements in promoting mental health awareness and support within the community. By incorporating cultural sensitivity into its framework, the project endeavours to create a welcoming and inclusive environment where refugees feel empowered to seek and actively participate in mental health support services.

#### 4.6. Sustainable Development Goals

Implementing creative therapy and psychosocial workshops at CAR II contributes to several Sustainable Development Goals (SDGs). First of all, SDG 3, Good Health, and Well-Being. By addressing the mental health needs of refugees and promoting overall well-being, the project aligns with SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages. Improving mental health services and providing access to therapeutic interventions fulfills this goal by enhancing the mental health outcomes and quality of life of refugees.

Additionally, this project aligns itself with SDG 4, Quality Education. The psychosocial workshops organized as part of the project promote education and learning related to mental health, coping strategies, and resilience-building. By providing refugees with valuable psychoeducation and practical skills, the project contributes to SDG 4, which focuses on ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all.

Furthermore, it contributes to SDG 10, Reduced Inequalities. By offering creative therapy and psychosocial support services to refugees living in CAR II, the project addresses inequalities in access to mental health care and support. Access to these services helps reduce disparities in mental health outcomes and promotes social inclusion and

equality among the refugee population, aligning with the objectives of SDG 10, which seeks to reduce inequalities within and among countries.

Lastly, the project includes SDG 16, Peace, Justice, and Strong Institutions which focuses on promoting peaceful and inclusive societies for sustainable development, providing access to justice for all, and building effective, accountable, and inclusive institutions. By implementing creative therapy and psychosocial workshops at CAR II, the project contributes to the overarching objective of SDG 16 by fostering social cohesion, promoting mental well-being, and strengthening community resilience among the refugee population.

Through these interventions, the project aims to create a supportive and inclusive environment within the resettlement center, where refugees have access to resources and opportunities for personal growth, social interaction, and empowerment. By addressing the mental health needs of refugees and promoting social inclusion, the project contributes to the broader goal of building peaceful and inclusive societies that prioritize the well-being and rights of all individuals.

#### 4.7. Logical Framework Approach

The Logical Framework Approach (LFA), also known as the Logframe or Logical Framework Matrix, is a project management and planning tool commonly used in international development, humanitarian aid, and project management contexts. It provides a structured framework for defining, planning, implementing, monitoring, and evaluating projects. The LFA consists of a matrix that outlines key project components, including objectives, activities, outputs, outcomes, indicators, means of verification, and risks.

	Results Chain	Indicators	Mean of Verification	Assumptions/ Risks
Overall Goal	Improving the mental health of refugees by providing mental health support in the center.	Percentage increase in self-reported well-being scores. Reduction in symptoms of psychological	Clinical assessments. Observations and interviews. Incident Reports.	Stigma and cultural barriers. Language and communication barriers. Limited Access

		distress. Increase in help-seeking behaviour. Improved social functioning. Decrease in crisis incidents.		to resources. Staff burnout and turnover.
Outcomes	1. Improved well being and mental health among participants. Increased expression of thoughts and feelings through creative means. Enhanced coping skills and resilience. Greater sense of community and belonging. Reduction in symptoms of trauma and distress. 2. Increased knowledge and understanding of mental health and coping strategies. Improved communication skills. Enhanced stress management. Greater sense of empowerment and agency. Reduction in	1. Percentage increase in self-reported well-being scores among participants. Participant satisfaction ratings with the sessions. Reduction in self-reported symptoms of trauma or distress among participants. 2. Pre and post-assessment scores measuring knowledge gained from workshops. Participant feedback on workshop content, format, and relevance. Number of referrals to mental health services or support networks following workshops. Increase in self-reported coping skills and	1. Pre and post-session surveys assessing participant well-being and satisfaction. Facilitator logs documenting session activities and observations. Interviews or focus groups with participants to gather feedback. 2. Pre and post-workshop assessments measuring knowledge gain. Observations by workshop facilitators or project staff. Follow-up interviews or focus groups with participants. 3. Pre and post-training assessments evaluating knowledge acquisition. Incident reports	Inadequate follow-up or support mechanisms to reinforce outcomes 3. reluctance to embrace learning opportunities. Staff turnover or changes in personnel impacting continuity of training.

	<p>social isolation and stigma. 3. Improved capacity and confidence among staff in addressing crises and resolving conflicts. Enhanced cultural sensitivity and awareness. Improved communication. Increased ability to provide culturally competent care and support to refugees. Greater collaboration and teamwork among staff members</p>	<p>resilience among workshop participants. 3. Pre and post-training assessment scores measuring knowledge gained from training. Staff self-assessment of confidence and competence in crisis management, communication, etc. The number of reported incidents successfully managed using skills learned in training. Increase in staff referrals to mental health services for refugees.</p>	<p>documenting the application of training skills.</p>	
Outputs	<p>1. Creative therapy curriculum developed. Sessions conducted. Participation rate in the sessions. Creation of artistic works or expressions by the participants. Participant</p>	<p>1. Attendance rate. The number of artistic works created by participants during sessions. Attendance rate at creative therapy sessions. 2. Attendance rate at the workshops. 3. Improvement in staff</p>	<p>1. Attendance records for each session. Artistic creations produced during sessions. 2. Workshop attendance records. 3. Staff self-assessment surveys. Supervisor evaluations of</p>	<p>1. Lack of participation. Limited availability of qualified facilitators or therapists and translators. Cultural or linguistic barriers impacting the effectiveness of therapy sessions. Funding</p>

	<p>feedback collected.</p> <p>2. Workshop topics identified and selected. 12 workshops conducted. Pre and post-workshop assessments administered. Participant feedback collected.</p> <p>3. Training curriculum developed for each topic. 12 training sessions conducted. Training materials and resources distributed. Pre and post-training assessments administered. Participant feedback collected.</p>	<p>satisfaction and morale following training. Active participation in the workshop.</p>	<p>staff performance post-training.</p>	<p>constraints leading to the inability to sustain sessions long-term.</p> <p>Resistance or skepticism from staff or community members towards creative therapy approaches.</p> <p>2. Low attendance or participation rates in workshops. Limited funding or resources for workshop materials or facilitators. Potential for workshops to trigger emotional distress or trauma among participants.</p> <p>3. Resistance from staff members towards training initiatives. Limited time or resources for staff to participate in training sessions. Limited time or resources</p>
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				for staff to participate in training sessions.
Activities	<ol style="list-style-type: none"> <li>1. Implementation of creative therapy sessions for refugees</li> <li>2. Psychosocial workshops for refugees.</li> <li>3. Staff training</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of therapy sessions conducted per month. Attendance rate of refugees in therapy sessions. Participant satisfaction and feedback scores. Improvement in mental health outcomes.</li> <li>2. Number of workshops conducted. Number of participants attending each workshop. Participant engagement and interaction levels during workshops.</li> <li>3. Number of staff trained.</li> </ol>	<ol style="list-style-type: none"> <li>1. Session attendance records. Participant feedback forms and surveys and pre- and post-assessment results. (see annexes n. 1 and 2) Session facilitator reports and evaluations.</li> <li>2. Workshop attendance logs. Pre- and post-workshop surveys and assessments and participant feedback forms. (see annexes n. 3 and 4) Facilitator observation reports.</li> <li>3. Training attendance records. Pre- and post-training tests or assessments and staff feedback forms and surveys. (see annexes n. 5 and 6) Supervisor evaluations and observation</li> </ol>	<ol style="list-style-type: none"> <li>1. Potential stigma associated with mental health services. Language barriers. willingness to participate.</li> <li>2. Cultural differences that might affect participation and engagement. Potential lack of trust in workshop facilitators. Low attendance.</li> <li>3. Limited time for staff to attend. Low motivation. Training may not be fully adapted to the specific needs of refugees.</li> </ol>

			reports. Implementation of learned skills in practice.	
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Table 3- Logical Framework Approach

#### 4.8. Guidelines and Schedules of the Project

This project is structured over 7 months, from the 3<sup>rd</sup> of February until the 19<sup>th</sup> of September. Tables 6, 7, and 8 illustrate the Gantt chart, providing a comprehensive view of project management. This chart displays a timeline for project activities, indicating their start and end dates and the duration of each task.

The Gantt chart plays a crucial role in this project, allowing it to track progress, understand task dependencies, and manage resources effectively. Integrating the chart with the annexes, such as surveys and meetings conducted before, during, and after the activities, facilitates a more detailed evaluation and assessment of the project's implementation and outcomes. This approach helps ensure the project stays on track and meets its objectives within the designated timeframe.

Each week from the 26<sup>th</sup> of May to the 15<sup>th</sup> of August, will consist of one creative therapy session and one psychosocial workshop designed for the refugees for each designated group, and one workshop training for center workers. Tables 7 and 8 outline the guidelines for the practical implementation of creative therapy, psychosocial workshops, and worker training. They provide the structure for each of the 12 sessions and detail the topics that will be covered. Annexes 7, 8, and 9 showcase an example of one particular session for each of these interventions.

	Tasks	Start Date	End Date	Duration (days)
<b>Project Initiation</b>				
Task 1	Define the project scope, objectives and target outcomes	03 fev	07 fev	5
Task 2	Identify key stakeholders and establish communication channels	10 fev	14 fev	5
Task 3	Conduct initial reserach on creative therapy approachers, psychosocial workshop content and staff training.	17 fev	21 fev	5
<b>Assessment and Timing</b>				
Task 4	Conduct needs assessment to identify specific mental health needs and preferences of the refugee population	24 fev	07 mar	10
Task 5	Develop a detailed project plan outlining timelines, activites and resource requirements	10 mar	28 mar	15
<b>Resource Mobilization</b>				
Task 6	Secure resources needed to support the project activities, including materials for the sessions	31 mar	11 abr	10
Task 7	Establish partnerships with relevant organizations or individuals who can contribute to the project's sucess	14 abr	18 abr	5
Task 8	Design sessions for refugee center workers on relevant topics	21 abr	25 abr	5
Task 9	Schedule training sessions to accommodate workers availability and minimize disruption to daily operations	21 abr	25 abr	5
Task 10	Develop a session plan for creative therapy sessions tailored to the needs of the refugee population	28 abr	02 mai	5
Task 11	Schedule the creative therapy sessions	28 abr	02 mai	5
Task 12	Design psychosocial workshop content adressing relevent topics	05 mai	09 mai	5
Task 13	Schedule the psychosocial workshops	12 mai	16 mai	5
Task 14	Recruit qualified therapists for the therapy sessions, facilitators for workshop and staff training and translators	19 mai	23 mai	5
<b>Implementation of the sessions</b>				
Task 15	Deliver the staff training: one session per week	26 mai	15 ago	60
Task 16	Deliver creative therapy sessions: one session per week per group.	26 mai	15 ago	60
Task 17	Deliver psychosocial workshops: one workshp session per week per group.	26 mai	15 ago	60
<b>Establish mechanisms for monitoring the progress and effectiveness of project activites</b>				
Task 18	Conduct regular evaluations to assess the impact of the sessions and workshops	19 mai	15 ago	65
Task 19	Make adjustments to project activities based on evaluation findings	19 mai	15 ago	65
<b>Closure and Reporting</b>				
Task 20	Create and distribute surveys for participant feedback	18 ago	22 ago	5
Task 21	Hold a debriefing session	25 ago	29 ago	5
Task 22	Summarize project outcomes, lessons learned and recommendations in a final report	01 set	19 set	15

Table 4- Gantt Chart

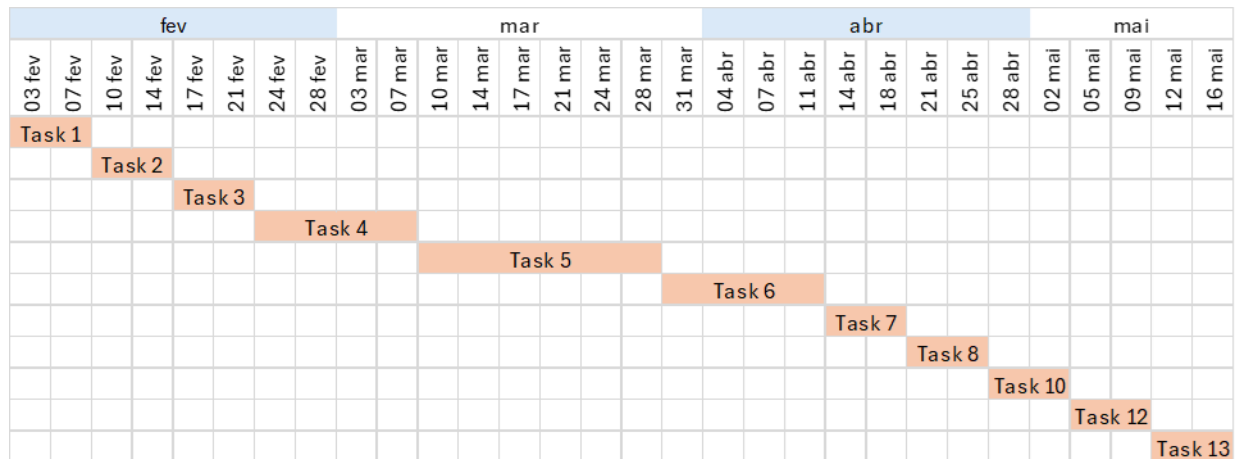


Table 5- Gantt Chart

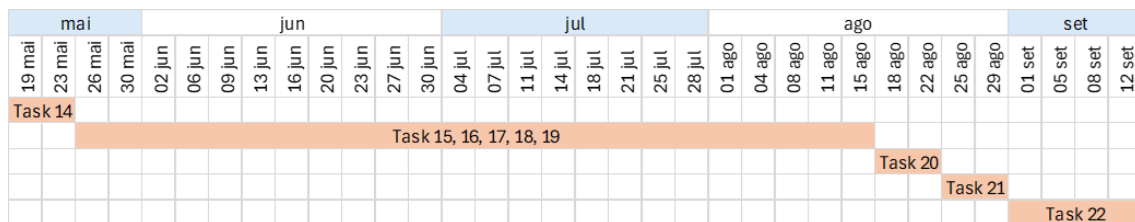


Table 6- Gantt Chart

Session	Creative Therapy Session	Psychosocial Workshop
1	<p><b>Exploration and Expression</b></p> <p>Start with introductions and icebreaker activities to build rapport and create a safe space.</p> <p>Introduce the concept of creative therapy and its benefits.</p> <p>Engage participants in a simple creative activity (e.g., drawing emotions or creating a group mural)</p>	<p><b>Orientation and Icebreakers</b></p> <p>Introduce participants to the workshop series, its objectives, and the importance of psychosocial support.</p> <p>Facilitate icebreaker activities to help participants get to know each other and build rapport.</p> <p>Establish group guidelines for respectful communication, confidentiality, respect, and non-judgmental listening</p>
2	<p><b>Visual Art</b></p> <p>Explore visual art forms such as painting, collage, or sculpture.</p> <p>Provide a variety of materials and prompts for participants to express themselves creatively.</p>	<p><b>Understanding Stress and Coping</b></p> <p>Explore the concept of stress and its impact on mental health.</p> <p>Discuss healthy coping strategies and resilience-building techniques.</p>

	Encourage reflection and sharing of artwork within the group.	Explore relaxation techniques, such as guided imagery, progressive muscle relaxation, and visualization. Facilitate group discussions and sharing of personal experiences with stress and coping.
3	<p><b>Music and Sound</b></p> <p>Introduce music and sound as therapeutic tools for expression. Offer instruments, sound-making objects, or music playlists for participants to experiment with. Facilitate group discussions on the emotions and memories evoked by different sounds.</p>	<p><b>Self-Care and Well-Being</b></p> <p>Introduce the concept of self-care and its importance for mental and emotional well-being. Explore different self-care practices, such as mindfulness, relaxation techniques, and hobbies. Engage participants in hands-on activities to create personalized self-care plans. Encourage participants to identify warning signs of worsening symptoms and develop strategies for self-regulation.</p>
4	<p><b>Movement and Dance</b></p> <p>Incorporate movement-based activities such as dance, yoga, or expressive movement. Guide participants through gentle movement exercises to connect with their bodies and emotions. Encourage improvisation and self-expression through movement.</p>	<p><b>Cultural Identity and Resilience</b></p> <p>Explore the role of cultural identity in shaping resilience and coping mechanisms. Facilitate discussions on cultural strengths, values, and traditions that promote resilience. Encourage participants to share stories of resilience from their cultural backgrounds.</p>
5	<p><b>Narrative and Storytelling</b></p> <p>Explore storytelling as a creative outlet for personal narratives and experiences. Use prompts or guided imagery to inspire storytelling and narrative creation. Provide opportunities for participants to share their stories and listen to others' narratives.</p>	<p><b>Effective Communication</b></p> <p>Discuss the importance of effective communication in building healthy relationships. Practice active listening, assertiveness, and conflict-resolution skills through role-playing exercises.</p>

		Explore cultural differences in communication styles and strategies for bridging communication barriers.
6	<p><b>Drama and Role-Play</b></p> <p>Introduce drama and role-play techniques to explore emotions and interpersonal dynamics.</p> <p>Use improvisational exercises or scripted scenarios to engage participants in role-playing.</p> <p>Facilitate group discussions on the insights gained from role-play experiences.</p>	<p><b>Goal Setting and Problem-Solving</b></p> <p>Introduce goal-setting techniques and problem-solving strategies.</p> <p>Guide participants in setting realistic and achievable goals related to their personal and resettlement aspirations.</p> <p>Provide tools and resources for breaking down goals into manageable steps and overcoming obstacles.</p>
7	<p><b>Poetry and Writing</b></p> <p>Explore poetry and writing as forms of self-expression and reflection.</p> <p>Offer writing prompts, poetry exercises, or journaling activities for participants to explore their thoughts and feelings.</p> <p>Create a supportive environment for sharing written work and providing feedback.</p>	<p><b>Grounding Techniques</b></p> <p>Introduce grounding techniques to help participants manage dissociation, flashbacks, and overwhelming emotions.</p> <p>Practice sensory-based grounding exercises, such as deep breathing, progressive muscle relaxation, and mindfulness.</p> <p>Encourage participants to create personalized grounding kits or cards with coping strategies to use during distressing moments.</p>
8	<p><b>Mixed Media and Integration</b></p> <p>Combine elements from previous sessions into a mixed-media project or collaborative artwork.</p> <p>Encourage participants to integrate various forms of expression (visual art, music, movement, writing) into a cohesive piece.</p> <p>Facilitate group reflection on the creative process and the themes that emerge from the artwork.</p>	<p><b>Emotion Regulation Skills</b></p> <p>Teach emotion regulation skills to help participants manage intense emotions and distress.</p> <p>Explore techniques such as emotion labeling, mindfulness, and distress tolerance.</p> <p>Practice emotion regulation strategies through guided exercises and role-playing scenarios.</p>
9	<b>Mixed Media and Integration</b>	<b>Cognitive Restructuring</b>

	<p>Combine elements from previous sessions into a mixed-media project or collaborative artwork.</p> <p>Encourage participants to integrate various forms of expression (visual art, music, movement, writing) into a cohesive piece.</p> <p>Facilitate group reflection on the creative process and the themes that emerge from the artwork.</p>	<p>Introduce cognitive restructuring techniques to challenge negative thoughts and beliefs associated with poor mental health.</p> <p>Guide participants in identifying cognitive distortions and replacing them with more balanced and adaptive thoughts.</p> <p>Facilitate cognitive restructuring exercises and group discussions to explore alternative perspectives.</p>
10	<p><b>Reflection</b></p> <p>Dedicate these sessions to revisiting and deepening previous themes and activities based on participants' interests and feedback.</p> <p>Allow flexibility for participants to choose their preferred creative modalities or revisit favourite activities from earlier sessions.</p> <p>Encourage reflection on personal growth, insights gained, and connections made through the creative therapy process.</p>	<p><b>Interpersonal Skills Building</b></p> <p>Focus on building interpersonal skills to improve communication, boundaries, and relationships.</p> <p>Role-play assertiveness techniques, active listening skills, and conflict resolution strategies.</p> <p>Explore the impact of trauma on relationships and practice setting healthy boundaries.</p>
11	<p><b>Reflection</b></p> <p>Dedicate these sessions to revisiting and deepening previous themes and activities based on participants' interests and feedback.</p> <p>Allow flexibility for participants to choose their preferred creative modalities or revisit favourite activities from earlier sessions.</p> <p>Encourage reflection on personal growth, insights gained, and connections made through the creative therapy process.</p>	<p><b>Integration and Application</b></p> <p>Dedicate these sessions to reviewing and reinforcing key concepts and skills covered in previous workshops.</p> <p>Provide opportunities for participants to apply learned skills to real-life situations and challenges.</p> <p>Offer individualized support and guidance as needed to address specific concerns or difficulties.</p>
12	<p><b>Culmination and Celebration</b></p>	<p><b>Culmination and Reflection</b></p>

<p>Host a culminating session to celebrate the participants' creativity and achievements.</p> <p>Showcase the artwork created throughout the program in a gallery or presentation format.</p> <p>Provide space for participants to share reflections, express gratitude, and celebrate their journey together.</p>	<p>Host a culminating session to celebrate the participants' progress and accomplishments.</p> <p>Provide space for participants to share reflections, insights, and personal growth experiences.</p> <p>Acknowledge the resilience and strength of participants and express gratitude for their participation and contributions.</p>
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Table 7- Guidelines for creative therapy and psychosocial workshops

Session	Workers Workshop Training
1	<p><b>Trauma Informed Care</b></p> <p>Training on trauma-informed care principles to understand the impact of trauma on refugees' mental health and behaviours. Recognizing trauma symptoms, understanding triggers, and employing approaches that prioritize safety, trust, and empowerment</p>
2	<p><b>Cultural Competence</b></p> <p>Train workers to understand the diverse cultural backgrounds, beliefs, and practices of refugees. This enables them to provide respectful and sensitive care that considers cultural preferences, norms, and values.</p>
3	<p><b>Mental Health First Aid</b></p> <p>Equips workers with the skills to identify signs and symptoms of common mental health disorders, such as depression, anxiety, and post-traumatic stress disorder (PTSD). They learn how to offer initial support, provide reassurance, and connect refugees with appropriate mental health services.</p>
4	<p><b>Language and Communication Skills</b></p> <p>Training should focus on active listening, empathy, and non-verbal communication to build rapport, validate experiences, and foster trust with refugees.</p> <p>Training in effective communication skills, including language proficiency, cross-cultural communication, and interpretation techniques.</p>
5	<p><b>Conflict Resolution and De-escalation</b></p> <p>Workers should be trained in conflict resolution techniques and de-escalation strategies to manage challenging situations that</p>



	<p>may arise due to stress, frustration, or misunderstandings among refugees.</p> <p>This includes techniques for calming tensions, diffusing conflicts, and promoting peaceful resolutions</p>
6	<p><b>Self-Care and Resilience</b></p> <p>Workers need training on self-care strategies to prevent burnout and compassion fatigue.</p> <p>This includes stress management techniques, boundary-setting, and accessing support resources for their own well-being.</p>
7	<p><b>Trauma Sensitive Practices</b></p> <p>Workers should learn trauma-sensitive approaches to program delivery, including creating safe and welcoming environments, offering choice and autonomy, and avoiding re-traumatization through triggering language or activities.</p>
8	<p><b>Crisis Intervention</b></p> <p>Training should include protocols and procedures for responding to mental health crises, such as suicidal ideation, self-harm, or acute distress.</p> <p>Workers should know how to assess risk, provide immediate support, and activate emergency services when necessary.</p>
9	<p><b>Referral Pathways</b></p> <p>Workers should be familiar with available community resources, support services, and referral pathways for refugees. This includes knowledge of healthcare services, educational programs, vocational training, housing assistance, and social support networks that can help refugees integrate and thrive in their new environment.</p>
10	<p><b>Legal and Human Rights Training</b></p> <p>Workers should be trained in refugee rights, asylum procedures, and relevant international and national laws governing refugee protection. This training helps workers advocate for refugees' rights, provide accurate information about legal processes, and ensure refugees receive appropriate legal assistance and protection.</p>
11	<p><b>Interdisciplinary Collaboration</b></p> <p>Training should emphasize the importance of interdisciplinary collaboration and teamwork among workers from different sectors, including social workers, healthcare professionals, educators, legal experts, and community organizers. This</p>

	collaborative approach ensures holistic and coordinated support for refugees across various domains.
12	<b>Culmination and Celebration</b>

Table 8- Guidelines for worker training

#### 4.9. Budget

Table 9 outlines the financial plan for the proposed project, providing transparency and accountability in financial management to ensure the effective implementation of project activities.

The total project budget is 61802,92 euros. The budget is structured to support project activities over 7 months, encompassing personnel costs, direct expenses, administrative fees, and contingency funds.

Personnel costs are justified based on prevailing market rates and project-specific requirements, ensuring that salaries remain in line with industry standards. Direct costs play a crucial role in facilitating project delivery, encompassing significant expenditures on materials and equipment essential for project operations. Moreover, indirect costs are allocated to cover overhead expenses associated with project management, encompassing administrative tasks and facility maintenance necessary to support project activities. The contingency fund, constituting 5% of the total budget, serves as a safeguard against unforeseen expenses, risks, or shifts in project scope throughout implementation. Efforts were made to optimize resource allocation, minimize costs, and maximize impact within the allocated budget.

This project seeks funding from the European Social Fund Plus (ESF+), <https://european-social-fund-plus.ec.europa.eu/en>, a pivotal financial instrument of the European Union focused on supporting social and economic development through investments in people. The ESF+ is centered on promoting social inclusion, with a specific emphasis on social integration and poverty reduction. It also prioritizes addressing the needs of vulnerable groups, including migrants and refugees.

A key objective of the ESF+ is to support training and skills development, helping people acquire the competencies they need for employment and personal growth. Additionally, the ESF+ aims to support projects that enhance health services and promote health equity, working to ensure that all individuals have access to quality healthcare and that disparities in health outcomes are addressed.

By aligning with these objectives, this project hopes to secure funding from the ESF+ to support activities that promote social inclusion, provide training and skills development, and improve health services, with a particular focus on aiding vulnerable and disadvantaged groups.

Expense Category	Cost per Unit (Euro)	Total Cost (Euro)
<b>1. Personnel</b>	<b>1410</b>	<b>52830</b>
1.1. Certified Therapist (Male)	150 (per session)	7200 (for 48 sessions)
1.2. Certified Therapist (Female)	150 (per session)	7200 (for 48 sessions)
1.3. Psychosocial Workshop Facilitator	150 (per session)	7200 (for 48 sessions)
1.4. Workers Workshop Training Facilitator	150 (per session)	1800 (for 12 sessions)
1.5. Arabic Translator	150 (per session)	3600 (for 25 sessions)
1.6. Farsi Translator	150 (per session)	3600 (for 25 sessions)
1.7. Project Coordinator	310 (per week)	10230 (for 33 weeks)
1.8. Support Personnel	200 (per week)	6600 (for 33 weeks)
<b>2. Materials and Necessities</b>	<b>236,2</b>	<b>8404,92</b>
2.1. Pens	1,19 (pack 10)	7,14 (6 un)
2.2. Pencils	1,79 (pack 12)	8,95 (5 units)
2.3. Rubbers	1,39 (pack 3)	27,80 (20 units)
2.4. Crayons	2,29	114,5 (50 units)
2.5. Paper	5,39	10,78 (2 units)
2.6. Clay	2,89	72,25

		(25 units)
2.7. Glue	1,99 (pack 2)	99,5 (25 units)
2.8. Notebooks	2	120 (60 units)
2.9. Watercolours	3,29	164,5 (50 units)
2.10. Acrylic Paint	3,69	184,5 (50 units)
2.11. Painting Brushes	1,5 (pack 3)	25,5 (17 units)
2.12. Tuning Forks	10	200 (20 units)
2.13. Singing Bowls	16	320 (20 units)
2.14. Crystal Bowls	20	400 (20 units)
2.15. CD Player	40	80 (2 units)
2.16. Projector	30	60 (2 units)
2.17. Instrument Rental	25	500 (20 units)
2.18. Stretch Bands	1,79	89,5 (50 units)
2.19. Exercise Balls	3	150 (50 units)
2.20. Yoga Mats	2	100 (50 units)
2.21. Books	7	70 (10 units)
2.22. Props	4	200 (50 units)
2.23. Food and Beverages	50 (per session)	5400 (for 108 sessions)
<b>3. Administrative</b>	<b>50</b>	<b>1650</b>
3.1. Office Supplies	20 (per week)	660 (for 33 weeks)
3.2. Transportation	30 (per week)	990 (for 33 weeks)
<b>4. Insurance</b>	<b>40 (per week)</b>	<b>1320 (for 33 weeks)</b>
<b>5. Contingency</b>	<b>90,90 (per week)</b>	<b>3000 (for 33 weeks)</b>
<b>Total Budget:</b>	<b>61 802,92€</b>	

Table 9- Budget

#### 4.10. Expected Results

This project seeks to create a comprehensive impact with a variety of results. The primary goal for the refugees at the center is to enhance their mental health. With the sessions provided, the residents of the center will be helped to work through their trauma and difficult experiences thus feeling calmer and more centered.

As overarching goals or effects, this project seeks to facilitate the integration and participation of refugees into society. This involves fostering a sense of belonging and inclusion among refugees, providing them with the necessary support and resources to navigate their new environment, and promoting opportunities for social interaction and community engagement, increasing as well social support.

Moreover, mental health support interventions can strengthen family relationships and dynamics by addressing interpersonal conflicts, communication barriers, and stressors within refugee families. As research has shown, refugees who can build a community show better results in their resettlement. (Bulik & Colucci, 2019).

By addressing mental health issues and promoting social integration simultaneously, the project aims to empower refugees to build meaningful connections, access essential services, and contribute positively to their communities. Ultimately, another effect is the overall psychological well-being and resilience of refugees as they transition into their new lives.

Additionally, better mental health support equips refugees with coping mechanisms and resilience-build strategies to manage stress, trauma, and adversity more effectively. Furthermore, it decreases healthcare costs and risky behaviours. By addressing underlying mental health issues, individuals are better able to make healthier choices and engage in positive coping strategies improving physical health.

Hence, the central focus of this project is to address the existing gaps in mental health support for refugees residing in the resettlement center. By enhancing mental health services and ensuring that they are accessible, culturally sensitive, and effective. the project aims to improve the overall well-being and resilience of refugees in the

resettlement center with the implementation of alternative approaches to mental health support.

By offering a range of options that resonate with the unique backgrounds and experiences of refugees, barriers to accessing mental health care can be addressed, promoting greater acceptance and participation in supportive interventions. Additionally, fostering trust and building rapport with refugees through meaningful engagement and collaboration can help overcome apprehensions and encourage openness to seeking assistance when needed.

All individuals involved in the process of resettlement of refugees ought to be trained in basic psychosocial skills to understand the possible impacts of refugees' experiences on their narratives, emotions, thoughts, behaviours, interactions, and relationships with others, especially those in a position of authority. The identification and selection process for resettlement tends to expose refugees to reliving negative and painful experiences. This kind of information can assist interviewers, outreach teams, and others in building a stronger rapport with refugees, reducing the risk of causing harm.

All personnel involved in the process should receive training in psychological first aid, which encompasses supportive communication, recognizing signs of distress, and assisting people who are experiencing distress. This ensures they can offer compassionate support and avoid causing harm, regardless of their specific role or function in the process. (International Organization for Migration, 2021).

Staff training workshops have a variety of benefits. Trauma-informed care provides tools and the knowledge necessary for workers to understand and support refugees who have experienced traumatic experiences. Through this training, employees are expected to improve their communication skills, allowing them to better understand and empathize with refugee's needs. They are trained to learn to recognize signs of trauma and adopt strategies to respond in a way that is sensitive which is essential for building trust and respect.

Effective communication also reduces the risk of misunderstandings and misinterpretations, creating a more harmonious setting where refugees feel heard and

valued. As staff become more adept at identifying and addressing emotional cues, they can offer more targeted support, ultimately leading to better outcomes for both the refugees and the organization.

Additionally, another anticipated outcome of the training is reduced burnout and compassion fatigue among staff. Burnout can result from prolonged stress and overwork, while compassion fatigue, a form of secondary traumatic stress, occurs when caregivers become emotionally exhausted from constantly absorbing the distress of others. (Bhutani, 2012). Through trauma-informed training, staff learn techniques to recognize the signs of burnout and compassion fatigue early, enabling them to take proactive steps to prevent these conditions such as self-care routines that can help staff maintain their emotional equilibrium.

## 5. Conclusion

Resettlement is a multifaceted and ongoing process that requires a comprehensive and compassionate approach. A variety of elements can influence the mental health and psychosocial well-being of individuals, ultimately shaping how successfully they integrate into their new environment. Therefore, mental health and psychosocial support in prolonged displacement and resettlement situations is crucial for fostering resilience, stress management, and social integration within individuals and communities.

Access to healthcare, as well as mental health and psychosocial support, are essential for the integration and inclusion of refugees. A lack of access to mental health services and the challenges associated with it, such as administrative hurdles, unfamiliarity with the healthcare system, language barriers, and cultural differences, can significantly affect a refugee's ability to settle and integrate into a new country.

This thesis has outlined a comprehensive project proposal for implementing creative therapy and psychosocial workshops for refugees and trauma-informed care training for workers at CAR 2. The proposed project is particularly important in addressing the unique challenges faced by refugees, who often experience trauma, loss, and dislocation. This proposal has analysed and demonstrated the importance of mental health support and psychosocial support in a resettlement center, through art, music, drama, role-playing,

etc., showing how it can contribute to individuals' lives and their greater potential in creating bonds and communities in their host countries.

Furthermore, this project has highlighted the critical need to enhance the training and preparation of workers in the refugee center. These staff members play a crucial role in the resettlement of refugees, serving as the backbone of the organization. They are on the front lines, often dealing with complex situations, and bear a significant responsibility for the well-being of those they serve. The workers often face challenging conditions, managing diverse cultural backgrounds, and addressing trauma and distress which has to be balanced with empathy and professionalism.

The proposal for trauma informed care, cultural competency, and self-care and resilience is the first step in enhancing the skills and well being of the staff, helping create a more supportive environment which ultimately leads to better outcomes.

In summary, this project aims to not only implement activities for both refugees and staff workers but also about strengthening the foundation upon which the center operates. By focusing on the training and well-being of everyone in the center, the proposal aims to create a sustainable and effective program that benefits everyone involved. This holistic approach has the potential to set a new standard for refugee resettlement and integration programs, illustrating that the path to successful resettlement starts with a well-supported team and well-supported refugees.



## References

- Bhutani, J. B. (2012). Compassion fatigue and burnout amongst clinicians: a medical exploratory study. *Indian Journal of Psychological Medicine*, 332-337.
- Bulik, K. D., & Colucci, E. (2019). Refugees, resettlement experiences and mental health: a systematic review of case studies. *Jornal Brasileiro de Psiquiatria* , 121-132.
- Crenshaw, D. (2006). Neuroscience and Trauma Treatment: Implications for Creative Arts Therapists . In L. Carey, *Expressive and Creative Arts Methods for Trauma Survivors* (pp. 21-38). London: Jessica Kingsley Publishers.
- Hameed, S., Sadiq, A., & Din, A. U. (2018). The Increased Vulnerability of Refugee Population to Mental Health Disorders . *Kansas Journal of Medicine*, 20-23.
- Hynie, M. (2017). The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. *The Canadian Journal of Psychiatry* , 297-303.
- International Organization for Migration. (2021). *Mental health and psychosocial support for resettled refugees*. Rome: International Organization for Migration.
- Johnson, D., Lahad, M., & Gray, A. (2009). Creative Therapy for Adults. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen, *Effective Treatments for PTSD* (pp. 479-490). New York: The Guilford Press.
- Kacwicz, E., Slatcher, R., & Pennebaker, J. (2007). Expressive Writing: An Alternative to Traditional Methods. In L. L'Abate, *Low-Cost Approaches to Promote Physical and Mental Health* (pp. 271-284). New York: Springer.
- Lee, J., & Thyer, B. (2013). Does Music Therapy Improve Mental Health in Adults? A Review. *Journal of Human Behaviour in the Social Environment* , 591-603.
- Levine, B., & Land, H. (2015). A Meta-Synthesis of Qualitative Findings About Dance/Movement Therapy for Individuals With Trauma. *Qualitative health research*, 330-344.

Malchiodi, C. A. (2003). Art Therapy and the Brain. In C. A. Malchiodi, *Handbook of Art Therapy* (pp. 16-24). New York: The Guilford Press.

Miraglia, D. (2015). Introduction to the Creative Therapies in Dealing with Grief and Loss Issues. In S. L. Brooke, & D. A. Miraglia, *Using the Creative Therapies to Cope with Grief and Loss* (pp. 5-24). Illinois: Charles C Thomas Publisher.

Orkibi, H., Keisari, S., Sajani, N., & Witte, M. (2023). Effectiveness of Drama-Based Therapies on Mental Health Outcomes: A Systematic Review and Meta-Analysis of Controlled Studies. *Psychology of Aesthetics, Creativity and Arts*.

*Refugee Statistics*. (2023). Retrieved from USA for UNHCR The UN Refugee Agency : <https://www.unrefugees.org/refugee-facts/statistics/>

Schouten, K. A., de Niet, G. J., Knipscheer, J. W., & Kleber, R. J. (2015). The effectiveness of art therapy in the treatment of traumatized adults: a systematic review on art therapy and trauma. *Trauma, Violence & Abuse*, 220-228.

Sigvardsson, E., Malm, A., Tinghög, P., Vaez, M., & Saboonchi, F. (2016). Refugee trauma measurement: a review of existing checklists. *Public Health Reviews* .

Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*, 130-139.

Snyder, Mariah, & Chlan, L. (1999). Music Therapy. In J. Fitzpatrick, *Annual Review of Nursing Research* (pp. 3-26). New York: Springer Publishing Company.

Ssenyonga, Joseph, Owens, V., & Olema, D. K. (2013). Posttraumatic Growth, Resilience, and Posttraumatic Stress Disorder (PTSD) among Refugees. *Procedia- Social and Behavioural Sciences*, 144-148.

The UN Refugee Agency. (2024, February). *Who We Protect*. Retrieved from UNHCR: <https://www.unhcr.org/about-unhcr/who-we-protect/refugees>

UNHCR's Refugee Data Finder. (2023). *Refugee population by country or territory of asylum*. Retrieved from The World Bank: <https://data.worldbank.org/indicator/SM.POP.REFG?locations=PT>

## Annexes

### 1. Mental Health Assessment Survey

1. Gender:

- Male
- Female
- Rather not say

2. Age:

- 18-25
- 26-35
- 36-45
- 45-56
- 36-45
- 46-55
- 56 or older

3. Country of origin:

4. Have you ever been diagnosed with a mental health condition?

- No
- Yes
- If yes, please specify:

5. Have you ever experienced any of the following symptoms?

- Persistent sadness or hopelessness
- Anxiety or excessive worry
- Difficulty concentrating
- Sleep disturbances
- Irritability or anger outbursts

- Changes in appetite or weight
- Feelings of guilt or worthlessness
- Thoughts of self-harm or suicide

6. What are the main challenges or stressors you are facing in your life right now?

- Language barriers
- Difficulty adjusting to a new environment
- Financial Constrains
- Family Issues
- Employment issues
- Access to basic necessities
- Other (please specify):

7. What are the main reasons why you have not sought help for your mental health concerns?

- Lack of awareness about available services
- Fear of stigma or discrimination
- Language barriers
- Financial constraints
- Lack of access to mental health services
- Other (please specify):

8. Do you feel you have access to the support you need to address your challenges?

- Yes
- No

9. What are you hoping to gain from participating in this program?

- Better understanding of mental health issues
- Improved coping skills
- Reduced symptoms of depression or anxiety
- Increased social support
- Enhanced quality of life

- Access to resources and support services
- Social connections and community engagement opportunities
- Other (please specify):

## 2. Creative Therapy Program Participant Feedback Survey

1. How satisfied are you with the creative therapy sessions you attended?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

2. To what extent do you feel the creative therapy sessions helped you?

- Significantly helped
- Moderately helped
- Slightly helped
- Did not help

3. Have you noticed any changes in your mental or emotional well-being since participating in the therapy sessions?

- Yes, positive changes
- No noticeable changes
- Unsure

4. Do you feel that the therapy sessions helped you develop new coping skills or strategies for dealing with stress or challenges?

- Yes, definitely
- Somewhat
- Not really
- Not sure

5. How would you rate the quality of interactions with the therapist(s) during the sessions?

- Excellent
- Good

Fair

Poor

6. Did you feel engaged and actively participated in the therapy sessions?

Yes, very engaged

Somewhat engaged

Not very engaged

Not at all engaged

7. Did you find the creative activities and exercises conducted during the sessions relevant to your needs and experiences?

Yes, very relevant

Somewhat relevant

Not very relevant

Not at all relevant

8. What suggestions do you have for improving the creative therapy sessions or making them more beneficial for participants in the future?

9. Is there anything else you would like to share about your experience with the therapy sessions or their impact on you?

### 3. Pre- Psychosocial Workshop Assessment Survey

1. Age

- 18-25
- 26-35
- 36-45
- 45-56
- 36-45
- 46-55
- 56 or older

2. Gender

- Male
- Female
- Rather not say

3. Country of origin:

4. Please rate the level of difficulty you experience in the following areas on a scale of 1 to 5, with 1 being not difficult at all and 5 being extremely difficult:

- Managing stress
- Communicating effectively with others
- Resolving conflicts
- Problem solving
- Regulating emotions
- Restoring cognitive function
- Interpersonal skills

5. What are you hoping to gain from participating in the psychosocial workshops?

6. Which specific topics are you most interested in learning about?



7. On a scale of 1 to 10, please rate your current level of competency in the following areas:

- Stress management
- Effective communication
- Conflict resolution
- Problem solving
- Emotion regulation
- Cognitive restoration
- Interpersonal skills

## 4. Psychosocial Workshop Participant Feedback Survey

1. How satisfied are you with the psychosocial workshops you attended?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

2. To what extent do you feel the workshops helped you learn new skills or information?

- Significantly helped
- Moderately helped
- Slightly helped
- Did not help

3. Have you noticed any positive changes in your abilities or behaviors as a result of participating in the workshops? If yes, please specify:

4. On a scale of 1 to 10, please rate your current level of competency in the following areas after attending the workshops:

- Stress management
- Effective communication
- Conflict resolution
- Problem solving
- Emotion regulation
- Cognitive restoration
- Interpersonal skills

5. Would you recommend these workshops to other refugees in the resettlement center?

Why or why not?

6. What suggestions do you have for improving the workshops or making them more beneficial for participants in the future?
  
7. Is there anything else you would like to share about your experience with the workshops or their impact on you?

## 5. Pre-Workers Training Assessment Survey

1. What is your position/role?
2. How many years of experience do you have?
3. What is your previous training experience in related areas?
4. Please rate your current level of knowledge and skills in the following areas on a scale of 1 to 5, with 1 being low and 5 being high:
  - Trauma-informed care
  - Cultural competence
  - Communication skills
  - Conflict resolution and de-escalation
  - Self-care and resilience
  - Trauma-sensitive practices
  - Crisis intervention
  - Human rights training
5. What are your expectations for this training program?
6. Which specific topics are you most interested in learning about?

## 6. Post-Workers Training Evaluation Survey

1. How satisfied are you with the training sessions you attended?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

2. To what extent do you feel the training helped you acquire new knowledge and skills?

- Significantly helped
- Moderately helped
- Slightly helped
- Did not help

3. Have you noticed any positive changes in your approach or behavior in the workplace as a result of the training? If yes, please specify.

4. Please rate your current level of knowledge and skills in the following areas on a scale of 1 to 5, with 1 being low and 5 being high:

- Trauma-informed care
- Cultural competence
- Communication skills
- Conflict resolution and de-escalation
- Self-care and resilience

- Trauma-sensitive practices
- Crisis intervention
- Human rights training

5. Would you recommend this training program to your colleagues? Why or why not?

6. What suggestions do you have for improving the training program or making it more beneficial for participants in the future?

7. Is there anything else you would like to share about your experience with the training or its impact on you?

## 7. Creative Therapy Session 2: Visual Art

Title: "Expressive Collage: Exploring Identity and Resilience"

Objective: To provide participants with a creative outlet for exploring their identity and fostering resilience through the process of making collages.

Duration of the session: 85 minutes

Materials Needed:

- Magazines, newspapers, colored paper
- Scissors
- Glue sticks
- Large sheets of paper or cardboard for collage base
- Markers or colored pencils (optional)

Session Outline:

### 1. Introduction (15 minutes):

- Begin with a brief introduction to the session and the purpose of creating collages.
- Explain that participants will have the opportunity to express themselves through images and symbols that represent different aspects of their identity and resilience.

### 2. Guided Imagery Exercise (10 minutes):

- Lead a guided imagery exercise to help participants visualize a place or moment where they felt resilient or empowered.
- Encourage participants to focus on the sensory details of this experience and how it made them feel.

3. Collage Creation (30 minutes):

- Provide participants with magazines, newspapers, and colored paper, as well as scissors and glue sticks.
- Instruct participants to cut out images, words, and phrases from the materials that resonate with their guided imagery experience or represent different aspects of their identity (e.g., culture, strengths, values).
- Encourage participants to arrange and glue the cut-out pieces onto their collage base in a way that feels meaningful to them.
- Remind participants that there are no right or wrong ways to create their collages and to trust their intuition.

Pause for coffee break for 15 minutes

4. Reflection and Sharing (20 minutes):

- Once the collages are completed, invite participants to reflect on their creations.
- Facilitate a group discussion where participants have the opportunity to share what they included in their collages and why.
- Encourage participants to listen actively and respectfully to each other's stories and experiences.
- Conclude the session by thanking participants for their participation and acknowledging the courage it takes to share personal reflections.

5. Closure (10 minutes):

- Offer a moment of reflection or a closing mindfulness exercise to help participants transition out of the session.
- Provide information about any follow-up activities or resources available for further exploration of identity and resilience.



This visual art therapy session provides refugees with a safe and supportive space to explore and express their identity and resilience through the creative process of collage-making. It promotes self-discovery, empowerment, and connection within the group.

## 8. Psychosocial Workshop Session 2: Stress Management and Coping Strategies

Title: "Building Resilience: Stress Management and Coping Strategies Workshop"

Objective:

- To equip refugees with practical skills and strategies for managing stress and enhancing resilience in the face of challenges.

Duration of the session: 140 minutes

Session Outline:

1. Introduction and Icebreaker (15 minutes):
  - Welcome participants and introduce the workshop topic.
  - Facilitate an icebreaker activity to help participants feel comfortable and build rapport within the group.
2. Understanding Stress (15 minutes):
  - Define stress and explain its common causes and effects on mental and physical health.
  - Discuss the impact of stress on refugees and the importance of recognizing and addressing stressors.
3. Stress Management Techniques (20 minutes):
  - Introduce various stress management techniques, such as deep breathing exercises, progressive muscle relaxation, and mindfulness meditation.
  - Lead participants through a guided relaxation exercise to experience firsthand the benefits of relaxation techniques.
4. Coping Strategies (20 minutes):

- Discuss healthy coping strategies for dealing with stress, such as seeking social support, engaging in physical activity, and practicing self-care activities.
- Provide examples of adaptive coping behaviors and encourage participants to brainstorm their own coping strategies.

Pause for coffee break

5. Skill-Building Activities (40 minutes):

- Divide participants into small groups and assign each group a stressor commonly experienced by refugees (e.g., language barriers, cultural adjustment, uncertainty about the future).
- Ask groups to brainstorm and role-play effective coping strategies for addressing their assigned stressor.
- Facilitate a group discussion where each group shares their coping strategies and receives feedback from the facilitator and other participants.

6. Goal Setting and Action Planning (15 minutes):

- Guide participants in setting realistic goals for managing stress and implementing coping strategies in their daily lives.
- Encourage participants to identify specific actions they can take to achieve their goals and overcome barriers.

7. Reflection and Closure (15 minutes):

- Invite participants to reflect on what they have learned during the workshop and how they plan to apply it in their lives.
- Provide resources and information about additional support services available for refugees in the community.
- Thank participants for their participation and contributions to the workshop.

This stress management and coping strategies workshop aims to empower refugees with practical skills and strategies for effectively managing stress and building resilience in the face of adversity. It provides a supportive environment for learning and skill-building, promoting overall well-being and adaptation to new challenges.

## 9. Workers Training Session 1: Trauma Informed Care

Title: "Understanding Trauma: A Training Workshop on Trauma-Informed Care for Refugee Center Staff"

Objective:

- To enhance the capacity of refugee center staff in providing trauma-informed care to refugees by increasing their understanding of trauma and its impact and equipping them with practical strategies for supporting trauma survivors.

Duration of the session: 220 minutes

Session Outline:

1. Introduction and Icebreaker (15 minutes):
  - Welcome participants and introduce the workshop objectives.
  - Facilitate an icebreaker activity to foster engagement and create a supportive atmosphere.
2. Understanding Trauma (15 minutes):
  - Define trauma and its various forms, including interpersonal trauma, displacement-related trauma, and complex trauma.
  - Discuss the prevalence of trauma among refugee populations and the potential impact on mental health and well-being.
3. Trauma-Informed Care Principles (30 minutes):
  - Introduce the principles of trauma-informed care, emphasizing safety, trustworthiness, choice, collaboration, and empowerment.
  - Explore the role of cultural sensitivity and humility in providing trauma-informed services to refugees.
4. Trauma and Resilience (30 minutes):

- Discuss the concept of resilience and its importance in the context of trauma recovery.
- Highlight resilience factors commonly observed in refugee populations, such as social support, cultural identity, and coping skills.

Pause for coffee break

5. Recognizing Signs of Trauma (30 minutes):

- Identify common signs and symptoms of trauma in refugees, including behavioral, emotional, and physical manifestations.
- Provide examples and case studies to illustrate the diversity of trauma experiences and expressions.

6. Responding to Trauma (30 minutes):

- Discuss best practices for responding to trauma survivors in a supportive and empowering manner.
- Role-play scenarios to practice active listening, empathy, and validation techniques when engaging with trauma survivors.

7. Self-Care and Vicarious Trauma (30 minutes):

- Highlight the importance of self-care for refugee center staff in managing the emotional toll of working with trauma survivors.
- Provide strategies for preventing burnout and addressing vicarious trauma through self-care practices and professional support.

8. Action Planning and Next Steps (15 minutes):

- Facilitate a group discussion to identify practical strategies for integrating trauma-informed care principles into daily interactions and service delivery.
- Encourage participants to develop individual action plans for applying workshop learnings in their work with refugees.

9. Reflection and Evaluation (15 minutes):

- Invite participants to reflect on their learning experience and share insights or key takeaways from the workshop.
- Distribute evaluation forms to gather feedback on the workshop content, format, and facilitation.

10. Conclusion and Closing Remarks (10 minutes):

- Summarize key points covered in the workshop and express gratitude to participants for their engagement and commitment to trauma-informed care.
- Provide information about additional resources and support available for further learning and development.

This training workshop on trauma-informed care aims to equip refugee center staff with the knowledge, skills, and attitudes necessary to effectively support trauma survivors within their communities. It provides a comprehensive understanding of trauma and resilience, emphasizes cultural sensitivity and self-care, and encourages practical application of trauma-informed care principles in daily practice.