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Contents

Executive summary	1
Mental health of refugees and migrants: Piloting the face to face training for care providers ..	2
Introduction	2
Background.....	3
Developing the curriculum	3
Resources	4
Piloting.....	4
Participants recruitment	4
Participants.....	5
Implementation	6
Evaluation.....	7
Adaptation of the program after piloting	9
Conclusions and Recommendations	10
Appendix I. Participants	11
Appendix II. Programme	13

Executive summary

Introduction. As the need for capacity building in the area of mental health is a common finding in all EUR-HUMAN project work packages, a special curriculum for a face-to-face training focusing on these topics was developed.

Background. The two-day, face to face training programme is based on WP5 deliverable D5.1 - *Protocol with procedures, tools for rapid assessment and provision of psychological first aid and MHPSS*. Training programme has multiple sessions that cover topics concerning mental health, psychosocial needs and MHPSS activities aimed at supporting and helping refugees and migrants in the context of the European migration crisis. Extensive training materials were developed. They include two power-point presentations, a detailed step-to-step guide in English and Croatian, and several handouts for participants. The curriculum is applicable for other European countries, after adaptation to local context, which should include at minimum adapting the statistical data, legal framework and role-play scenarios.

Piloting. 32 professionals of different background (general practitioners, psychologists, social workers, interpreters) from institutions and organisations providing services in reception centres for seekers of international protection Croatia, attended the two-day training that took place on 4th and 5th of November 2016 in Zagreb.

Evaluation. Evaluation questionnaire included 15 self-rating questions and several open-ended questions. 27 participants filled out the evaluation form. The most appreciated training topics were PFA for children and adults, including does and don'ts exercise, and new "tools" that were presented, including triage and screening procedures. Participants were also satisfied with the opportunity to share their experience with other professionals, which is one of the main advantages of face-to-face trainings comparing to other training modalities.

Recommendations. The piloted program was assessed as highly acceptable and recommendable to other care providers. Primary health and other care providers assessed that this training is likely to increase different aspects of their competencies for providing care to the seekers of international protection.

Mental health of refugees and migrants: Piloting the face to face training for care providers

Introduction

European Refugees-Human Movement and Advisory Network (EUR-HUMAN) is an EU founded project aimed at supporting and assisting European member states in dealing with the current refugee and migrant crisis. The main objective of the project is to help EU member states to effectively address various health needs of refugees and migrants by defining, devising and evaluating comprehensive interventions for the provision of primary health care with a special focus on vulnerable groups. This report describes piloting of the face-to-face training for primary health and other care providers on the topic of mental health and psychosocial support (MHPSS) for refugees and other migrants.

The need for capacity building in the area of mental health is a common finding in all EUR-HUMAN project work packages. This need was voiced by refugees and migrants themselves, during the field work in **WP2**. Mental health problems were mentioned at all implementation sites, and they included distress related to shocking events before or during the migration journey, depression, insomnia, fatigue, anxiety and uncertainty (D2.1). In most cases a supportive and caring dialogue (guided by psychological first aid principles) would suffice, but for some people there is also a need for more specialised psychological aid. In Austrian long-term refugee centres, for example, it was recognised that there is a great need for mental health care, especially for children. Refugee and migrant perspective was also identified during piloting exercise of the mental health screening procedure conducted in the Reception centre for international protection seekers Porin in Zagreb, Croatia (**WP5**), where 80% of newly arrived refugees and migrants screened “positive” on a mental distress scale. Scientific papers (**WP3**, D3.1) and expert opinions (**WP4** Expert Consensus Meeting; Athens; June 8th – 9th 2016) further point out the need for stepped mental health care, taking into account different stages of migrant journey. Expert consensus was especially strong on the issue of training volunteers for providing mental health care assistance, which allows task shifting and alleviating the burden on specialised care providers (D4.1). Finally, care providers perspective collected in **WP6** report on local resources and challenges for primary care providers in 6 intervention countries (Greece, Italy, Croatia, Slovenia, Hungary and Austria) points out that one of the biggest challenges in service delivery to refugees and other migrants is lack of psychosocial support.

As the recognized need for capacity building for the provision of primary health care was the starting point of the EUR-HUMAN project, the consortium members defined that one of the main objectives was to identify, create and evaluate guidelines, training programs and other resources that can be made available for various stakeholders. **WP6** has therefore created a multi-faceted and integrated on-line training course encompassing several important topics in primary health care, including mental health care. However, based on the recognized importance of mental health care for refugees and other migrants, EUR-HUMAN project saw an opportunity for creating a special curriculum focusing on these topics that would provide

deeper specific knowledge and skills during a face-to-face training. Moreover, in line with the strategy of the EUR-HUMAN project to adapt the tools and resources to the local conditions, the face-to-face training on this specific topic was deemed appropriate. The process of developing this curriculum, as well as the piloting the course delivery, is presented in this report.

Background

Developing the curriculum

Training curriculum was developed based on WP5 deliverable D5.1 - *Protocol with procedures, tools for rapid assessment and provision of psychological first aid and MHPSS*. D5.1 summarised the knowledge on MH triage, screening and psychological first aid interventions based on key expert guidelines, handbooks and scientific papers. Key principles guiding the proposed protocols were human rights and equity, active participation, ‘do no harm’, building on available resources and capacities, using integrated support systems and providing multi-layered support. Following these principles is in line with the overall person-centred, integrated and compassionate models of health care approach of the EUR-HUMAN project.

This training aims to meet the needs of a broad group of primary health care providers who work with refugees and migrants, ranging from professional health and allied personnel (medical doctors, nurses, psychologists, social workers) to paraprofessional and volunteer staff (health care volunteers, community workers, volunteers among the migrant population, cultural mediators and interpreters). The two-day, face-to-face training programme consists of 8 training sessions and an introduction (Day 1) and evaluation (Day 2) sessions. Training sessions cover topics concerning mental health, psychosocial needs and various activities aimed at supporting and helping refugees and migrants in the context of the European migration crisis. Three sessions are scheduled on day one and five sessions on day two.

The first session defines the basic terminology and presents an overview of refugee and migrant experiences, including traumatic exposure and their consequences, difficulties during resettlement and most common mental health issues and psychosocial needs. The second session introduces the participants to the Psychological First Aid (PFA) approach for providing mental health and psychosocial support and practical assistance to refugees and migrants. Core PFA actions are explained and two exercise sessions help the participants to rehearse different aspects of PFA approach based on scenarios that are likely to occur in their daily work. Session three describes the procedure of mental health triage for quick identification of individuals in severe distress who require immediate attention. At the end of the first day, participants discuss their experiences and clarify any questions they might have regarding the contents of the training.

Day two starts with a quick recap of the previous day and an introduction to the day’s activities. Session four describes procedures for screening of mental health conditions and referral to specialised mental health care as needed. Participants are also introduced to a short

and validated tool for mental health screening (RHS-13). Session five provides an overview of culture specific topics relevant for the refugee and migrant populations, while session six highlights important considerations when working with interpreters. In session seven participants learn about mental health needs and interventions for refugee and migrant children and adolescents. The eighth and final session of the training explains the legal framework relevant for international protection applicants and describes the conditions and rights of refugees and migrants seeking international protection.

Two power-point presentations (for Day 1 & 2) and a detailed step-to-step guide in English and Croatian were developed and shared with the EUR-HUMAN consortium. This *Guidebook for facilitators* describes the aims and content of the training, and includes: training schedule, a slide-by-slide guide to the contents of the training, 7 handouts for the participants, 2 role-play scenarios and an evaluation questionnaire. Preparation of these materials took approximately 3 person months.

Resources

Delivering this training required about one person-week strictly dedicated to organisational issues. Before the training, these included registration of the training course with the responsible professional chambers (e.g. Chamber of Physicians, Nurses, Psychologists, Social Workers), preparing online registration forms, inviting participants, communicating with the participants, booking the venue and preparing materials for the participants. After the training, the workload included registering the participants for credits with the respective professional chambers and analysing evaluation data. Another two full days were needed for support during the training and delivering the training itself.

Trainers should have a good track record of previously held similar trainings and advanced teaching skills. They should have profound knowledge, if not extensive hands-on experience in working with migrants. They should be very well acquainted with local conditions regarding asylum process and services available to refugees and other migrants. This is especially important in order to adapt the curriculum to local needs and capacities. Local adaptation should include at minimum adapting the statistical data, legal framework and role-play scenarios. Translation of the presentation (121 slide) and guidebook (78 pages) into the local language also requires time.

Piloting

Participants recruitment

Since there is currently little new staff starting to work with refugees and other migrants, it was decided to recruit the participants who are currently working in the two only asylum-seekers reception centres in Croatia, located in Zagreb and Kutina. This, however, allowed us to receive valuable feedback and realistic evaluation from the participants who have direct working experience with these groups. We specifically asked the participants to evaluate from

their experience whether this training would have been useful to them if they were just starting to work with refugees and migrants.

The invitations were sent to all relevant institutions and organisations providing services for refugees and migrants, both governmental and non-governmental (see next section on participants). Invitation was also sent to organizations involved in other projects funded by CHAFEA under the same call, including IOM, Médecins du Monde and Croatian Institute for Public Health.

Participants

In total, 32 participants attended the training (Appendix I). Participants came from the following organizations: International Organisation for Migration (IOM), Médecins du Monde, Croatian Institute of Public Health, Croatian Red Cross, Medical Health Centre Zagreb, Jesuit Refugee Service (JRS), Society for Psychological Assistance, Centre for Peace Studies, Rehabilitation Centre for Stress and Trauma, National Protection and Rescue Directorate, Andrija Štampar Institute of Public Health, Department of Social Services Zagreb, and Primary School “Fran Galović” Zagreb (children from the reception centre Porin are enrolled in their school programme). *Table 1* shows the participant structure according to their current role in working with refugees and other migrants.

Table 1. Training participants according to their role in working with refugees and other migrants

Role	N
Psychologist	8
Interpreter	5
General medical practitioner	5
Social worker	4
Occupational therapist	2
Volunteer	2
Epidemiologist	2
Visiting nurse	1
Project assistant	1
Programme administrator	1
Lawyer	1

The evaluation form was completed by 27 participants. They were mostly female (65%), and average age was 33 years. They had, on average, 18 months of working experience in refugee and migrants setting, working from one (e.g. psychological counselling) up to 50 hours a week (e.g. interpreters), depending on their role. Most of participants (77%) have attended previously at least one training about working with migrants (54% of them attended 3 or more courses), while 88% participants attended at least one course about mental health and psychosocial support of migrants (46% joined 3 or more trainings).

Implementation

The training took place on 4th and 5th of November 2016 in Zagreb. Detailed time schedule is provided in the Appendix II. Training was delivered by prof. Dean Ajduković, Helena Bakić, Ines Rezo, and Nikolina Stanković. Prof. Dean Ajduković, Ph.D., is a full professor of social psychology at the Department of Psychology, University of Zagreb. He has extensive expertise in community mental health, particularly related to trauma healing and work with refugees. He served as a consultant for WHO, UNICEF, UNFPA, Norwegian Refugee Council, Catholic Relief Services, Health Net International, CARE, and regional organizations regarding to the aftereffects of war, displacement and organized violence. Helena Bakić, is a Ph.D. candidate at the Department of Psychology, University of Zagreb, with extensive experience and education in psychological counselling, psychotraumatology and resilience factors in recovery process. Ines Rezo is also a Ph.D. candidate at the Department of Psychology, University of Zagreb, with extensive experience in counselling and psychosocial support of children and families in distress. Nikolina Stanković, univ. back. psych., has completed several trainings on the legal framework of asylum seeking process and has hands-on experience in psychological screening of refugees and other migrants and working with interpreters.



Participants of the Mental Health of Refugees and Other Migrants Training Course



Participants exercise breathing and relaxation techniques for children

Evaluation

The evaluation questionnaire included 15 self-rating items and several open-ended questions. Overall, participants were very satisfied with the training and would recommend it to their colleagues. They were very confident in their ability to provide different aspects of MH care to adult refugees and migrants, including triage, screening procedures and PFA. These rating were little lower for working with children, which may indicate that participants understood that working with children requires more specialised knowledge and skills, and points to the need for further training specifically on this topic. They assessed that they have acquired new knowledge in intercultural competences and working with interpreters to a moderate degree, which probable reflects participants' experience in working in the context of refugee crisis. This is also reflected in the fact that topics in this training were not overly new to them, which was expected, but it still provided them with new knowledge, insights and skills to a large degree. Summary of responses to all self-rating items is presented in Table 2.

Table 2. Summary of responses to self-rating questions

Question	N	M	Min	Max	NA*
1. Will you be able to provide psychological first aid to adult refugees and other migrants	24	4.3	1	5	2
2. Will you be able to identify an adult showing signs of severe psychological distress	25	4.6	2		1
3. Will you be able to apply the Refugee Health Screener (RHS-13)	25	4.2	1	5	1

Question	N	M	Min	Max	NA*
4. Will you be able to provide psychological first aid to children	23	3.8	1	5	3
5. Will you be able to identify a child showing signs of severe psychological distress	25	4.2	2	5	1
6. Will you be able to plan and implement psychoeducational activities with children	23	3.7	1	5	3
7. Did you acquire new knowledge on cultural issues which can help you in working with refugees and other migrants	25	3.5	1	5	1
8. Did you acquire new knowledge needed for successful collaboration with interpreters	25	3.0	1	5	1
9. Considering the overall content of the training, did it provide you with new knowledge and skills that will be useful in your work with refugees and other migrants	24	4.0	2	5	1
10. To what extent were the topics in this training new to you	26	2.8	1	5	0
11. To what extent will this training help you to improve activities at your current work place	25	3.8	2	5	0
12. How were the trainers prepared and qualified to lead the training	25	4.4	3	5	0
13. Did the training meet your initial expectations	26	4.2	2	5	0
14. Would you recommend this training to your colleagues	26	4.5	2	5	0
15. How satisfied are you with the <u>training as a whole</u>	26	4.4	2	5	0

*NA: not applicable. N is number of responses, M is arithmetic mean, Min and Max are lowest and highest assessments by individual participants.

Responses to the open ended questions (*Table 3*) revealed that the most appreciated training topics were PFA for children and adults, including do and don'ts exercise, and new tools that were presented, including triage and screening procedures. Participants were also satisfied with the opportunity to share their experience with other professionals, which is one of the main advantages of face-to-face trainings comparing to other training modalities.

There were only a few answers to the question on unnecessary or too extensive topics. Some participants mentioned that jargon should be better adapted to participants; an issue that always presents a challenge when working with a multidisciplinary group. Two participants mentioned that PFA role-playing exercise should be replaced with a discussion, which was also observed by trainers during the exercise. Recommendations for future trainings included adding more practical exercises and more time for discussion. Participants also expressed the need for further training on some specific topics, for example, working with the interpreters, unaccompanied minors, women and topics on professional self-care and burnout. Finally, when asked about the barriers to implement new skills at workplace, lack of staff was mentioned (e.g. interpreters and specialised care providers), legal obstacles (e.g. limited access to specialised non-acute care) and lack of time in general, as well as some organisational barriers, such as lack of coordination and overall organisational climate.

Table 3. Summary of answers to open-ended questions

Category	N
Most liked aspects/topics of the training	
PFA for children	11
PFA –including does and dont's	6
Tools (triage, screening)	6
New experiences, sharing experiences	5
Very good trainers	4
New knowledge	2
The best MH training I attended so far	1
Topic about interpreters	1
Too extensive or unnecessary topics	
Jargon better adapted to participants of the training	4
Everything was perfect	3
None	3
Avoid role playing, instead add a discussion	2
More exercises with interdisciplinary cases	1
Suggestions and recommendations for future trainings	
Adding more exercises	4
A training for interpreters only	3
Adopting the terms and content to characteristics of the participants	3
Add topic about professional self-care and burn-out	2
More attention to topic about interpreters	2
More time to network with other participants	2
Talking more about real situations to learn from others experience and mistakes	2
Topic about unaccompanied minors	2
More tools	1
Reducing the number of lectures	1
Topics about working with women	1
Barriers of applying skills at work place	
Language barrier/lack of interpreters	5
Legal framework and administrative barriers	5
Lack of time	4
Not working with migrants at the moment	2
Demotivated migrants	2
Interpreters have many roles and this is a big barrier	1
Lack of personal (psychiatrists, paediatricians)	2
Poor organisation	1
Not enough collaboration at the institution I am working at	1

Adaptation of the program after piloting

Based on the observations of the trainers and suggestions provided by participants, only small modifications were made to the original training program. The role-play activity is changed into an activity of studying the case scenarios in small groups and formulating suggestions

how to resolve the problem having in mind the principles of PFA. Small changes in the time schedule include extending the lunch break on both days to 60 minutes, The topic on legal framework was shorted from 30 to 15 minutes.

Conclusions and Recommendations

Piloting the two-day face-to-face training Mental Health of Refugees and Other Migrants with 30 primary health providers and other care providers demonstrated high level of effectiveness and feasibility of the program.. The piloted program was assessed as highly acceptable and recommendable to other care providers. The face-to-face mode of training proved efficient and culturally appropriated in relating the new knowledge to daily experiences of the training beneficiaries. They assessed that this training is likely to increase different aspects of their competencies for providing care to the seekers of international protection. The resources needed for delivery of this training program when using the prepared guide book for trainers and the slide presentations are not very demanding, which may contribute to wide dissemination of this training program and the consequential capacity building.

Appendix I. Participants

Surname	Name	Organization	Role	Signature
Alhamad	Mhd Said	International Organisation for Migration	Arabic Interpreter	
Bosnić	Ljiljana	Médecins du Monde-BE	Psychologist	<i>Božo Bosnić</i>
Čarija	Martina	Society for Psychological Assistance	Programme director	<i>M. Čarija</i>
Čačić	Mirna	Jesuit Refugee Service	Social worker	
Čapin	Neva	Primary School "Fran Galović"	Psychologist	<i>Neven Čapin</i>
Delwan	Issam	Croatian Red Cross	Interpreter	
Gjurić	Lana	Society for Psychological Assistance	Psychologist-Counselor	<i>Lana Gjurić</i>
Glušić Puljek	Petra	Center for Peace Studies	Volunteer	
Grgas	Ankica	Department of Social Services, Novi Zagreb	Lawyer	<i>Ankica Grgas</i>
Hadad	Badi	Croatian Red Cross	Interpreter	<i>Badi Hadad</i>
Horvat	Lea	Center for Peace Studies	Volunteer	<i>Lea Horvat</i>
Jevremović	Andreja	Croatian Red Cross	Occupational therapist	<i>Andreja Jevremović</i>
Jović	Medina	Rehabilitation centre for stress and trauma Zagreb	Social worker	<i>Medina Jović</i>
Jureša	Lidija	Medical Health Center Zagreb	Visiting nurse	<i>Lidija Jureša</i>
Juzbašić	Marija	Croatian Red Cross	Psychologist	<i>Marija Juzbašić</i>
Khan	Naseem	International Organisation for Migration	Translator/Interpreter	<i>Naseem Khan</i>
Lazić	Vanja	Medical Health Center Zagreb	Doctor	<i>Vanja Lazić</i>
Lazić	Nika	Andrija Stampar Teaching Institute of Public Health	Residency trainee of epidemiology	<i>Nika Lazić</i>
Martinović Galijasević	Senka	Medical Health Center Zagreb	Head of the department of family medicine	
Meštrović	Marko	Medical Health Center Zagreb	Doctor	<i>Marko Meštrović</i>
Mihic	Marina	Croatian Red Cross	Occupational therapist	<i>Marina Mihic</i>
Mrgan	Ivana	Apsiha, Médecins du Monde-BE	External associate of Medecins du Monde - BE	

Novosel	Sven	Department of Social Services, Novi Zagreb	Coordinator for accommodation
Pantić	Zdenka	Rehabilitation centre for stress and trauma Zagreb	Counselor
Piskač	Igor	Institute of Public Health	Head of epidemiology department Ploče
Radauš	Dunja	National Protection and Rescue Directorate	Independent supervisor for psychology
Radović	Tihomila	Croatian Red Cross	Programme administrator
Ramadi	Basel	Médecins du Monde-BE	Community link Interpreter
Shafie	Mehran	International Organisation for Migration	Project Assistant
Silov	Antoana	Médecins du Monde-BE	Psychologist
Tomiša	Tia	Society for Psychological Assistance	Volunteer
Vladanović	Luka	Medical Health Center Zagreb	Doctor
Vukojević	Jakša	Medical Health Center Zagreb	Doctor

104

125

2020

Appendix II. Programme

Day 1

Time (duration)	Topic	Contents
9:00-9:30 (30')	Introduction of the day	<ol style="list-style-type: none"> 1. Welcome and introduction of participants 2. Programme overview, participant expectations
9:30-10:30 (60')	Refugee and migrant experiences	<ol style="list-style-type: none"> 1. Definition of terms 2. Consequences of being a refugee/migrant <ol style="list-style-type: none"> a. Stages of migration b. Common mental health disorders and symptoms c. Societal costs of migration d. Psychosocial needs of refugees and migrants
10:30-10:45 (15')	Coffee break	
10:45-12:15 (90')	Psychological First Aid (Part I)	<ol style="list-style-type: none"> 1. Introducing Psychological First Aid (PFA) 2. Group activity: "PFA do's and don'ts" 3. PFA core actions: <ol style="list-style-type: none"> a. Preparation b. Making first contact c. Ensuring safety and comfort
12:15-13:15 (60')	Lunch break	
13:15-15:00 (105')	Psychological First Aid (Part II)	<ol style="list-style-type: none"> 1. PFA core actions: <ol style="list-style-type: none"> a. Stabilisation b. Assessing current needs and concerns c. Providing practical assistance d. Promoting social support e. Providing information on coping f. Linking with collaborative services 2. Group activity: PFA role play
15:00-15:15 (15')	Coffee break	
15:15-15:45 (30')	Triage for mental health urgency	<ol style="list-style-type: none"> 1. Definition of triage 2. Triage steps 3. Behavioural signs 4. Rapid assessment and immediate assistance
15:45-16:00 (15')	Wrap-up	

Day 2

Time (duration)	Topic	Contents
9:00-9:15 (15')	Introduction	<ol style="list-style-type: none"> 1. Brief reflection of day 1 2. Introduction to the day's programme
9:15-10:00 (45')	Screening and Referral	<ol style="list-style-type: none"> 1. Mental health screening <ol style="list-style-type: none"> a. Introduction to mental health screening b. Screening steps c. Refugee Health Screener (RHS-13) d. Screening vs. Triage 2. Referral <ol style="list-style-type: none"> a. Introduction to referral b. Referral steps c. Principles of successful referral
10:00-10:30 (30')	Culture specific topics of providing MHPSS	<ol style="list-style-type: none"> 1. Cultural competence 2. Cultural considerations
10:30-10:45 (15')	Coffee break	
10:45-11:15 (30')	Working with interpreters	<ol style="list-style-type: none"> 1. Guidelines for choosing an interpreter 2. Working with interpreters pre, during and after the meeting
11:15-12:15 (60')	Refugee children and adolescents (Part I)	<ol style="list-style-type: none"> 1. Mental health of refugee children <ol style="list-style-type: none"> a. Differences between children and adults b. Traumatic experiences of children c. Mental health problems of children
12:15-13:15 (60')	Lunch	
13:15-14:15 (60')	Refugee children and adolescents (Part II)	<ol style="list-style-type: none"> 1. Psychological first aid for children: <ol style="list-style-type: none"> a. Preparation for delivering PFA to children b. PFA do's and don'ts for children c. PFA core activities for children 2. Communicating with parents 3. Activities for refugee children
14:15-14:30 (15')	Rights and obligations of refugees and migrants in Croatia	<ol style="list-style-type: none"> 1. International protection procedure 2. Rights of international protection seekers in Croatia 3. Accommodation facilities for refugees and migrants
14:30-15:30 (60')	Discussion, wrap-up and evaluation	