

# Key conclusions from method development for newly arrived refugees' psychosocial health

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## Abstract

The County Administrative Board of Skåne coordinates Partnership Skåne (PS) which is a model for intersectoral cooperation and holistic method development that supports the integration of newly arrived refugees with a focus on health, participation, and empowerment. This report outlines a specific part of PS's method development which focuses on psychosocial health. It also describes the main results from evaluations of these methods.

The method development originates from experiences in PS's Civic and Health Communication, a civic orientation program for newly arrived refugees led by Civic and Health Communicators (hereafter referred to as communicators). PS's promotion of psychosocial health has unfolded since 2015 in tandem with increased numbers of granted residence permits for refugees in Sweden, as well as research results indicating refugees' vulnerability in relation to mental health.

The results of the method development include: 1) *Ways Forward*, a workshop series for newly arrived refugees on well-being, stress management, reconciliation, and acceptance, 2) a generic model for intersectoral local implementation of *Ways Forward*, 3) an in-depth training in mental health and well-being for communicators who will lead the workshops, 4) pilot tests of the in-depth training, as well as local pilot tests of *Ways Forward* paired with additional activities, and 5) method material: a guidebook for workshop leaders and the film series *After the Flight*.

This report presents results from evaluations conducted with Uppsala University, from the perspectives of newly arrived refugees as participants in *Ways Forward*, communicators as participants of the in-depth training, and local pilot test partners.

Evaluations of *Ways Forward* indicate that the workshop series has the potential to promote several personal resources that are important for those who experience migration-related stress. These include health knowledge, health promoting behaviour, mental health literacy, self-assessed mental and physical health, and social contacts. To fulfil this potential, it is vital to link appropriate complementary activities and support, and to carefully plan the recruitment of and information to potential participants.

Evaluations conclude that the in-depth training is of value to communicators who work to promote and support newly arrived refugees' psychosocial health. It provides increased knowledge and skills on relevant themes and increases the communicators' mental health literacy. At the same time, it is perceived as demanding and quite intense.

Interview data from local pilot test partners indicate that the strength of *Ways Forward* is deemed to lie in well-developed and targeted material, group sessions that builds resilience, and competent workshop leaders. By pooling resources, expertise and contacts, intersectoral collaboration creates a supporting system for refugees that is otherwise unattainable. Successful collaboration includes structured communication, well-defined roles, early definitions of a mutual target group and aim, as well as identifying what is required from partners to work for that mutual aim.

The results are discussed in relation to lessons learned and key conclusions for similar initiatives. The report concludes that PS's new methods for psychosocial health has the potential to make a real difference in the lives of newly arrived refugees who experience migration-related stress.

## List of central concepts, actors, and partnerships

### **Newly arrived refugee**

In the Swedish context, the term ‘newly arrived’ (nyanländ) is often used without adding ‘migrant’ or ‘refugee’, and commonly denotes an individual who has received a residence permit as a refugee or as a person in need of subsidiary protection, and as a family member of such individuals <sup>1</sup>. For the purposes of this report, the term newly arrived refugee will be used.

### **Mental health literacy**

A specific form of health literacy that focuses on knowledge and thoughts about mental ill-health and how it can be identified, managed or prevented [1].

### **The establishment programme**

A programme for newly arrived refugees in Sweden who have been granted a residence permit for more than 12 months [2]. Activities include language training, a civic orientation course (SO), and other courses and activities to promote labour market establishment [3].

### **Civic orientation course (SO)**

A mandatory course of at least 100 hours, provided within the establishment programme with the primary purpose to facilitate the establishment of newly arrived migrants in work and social life and to provide them with a basic understanding of Swedish society [4].

### **Civic and Health Communication (CHC)**

A civic orientation (SO) course specifically developed in the Skåne region with the overall aim of also supporting health equity and societal participation. It is held by specially trained Civic and Health Communicators who impart knowledge on Swedish society and health in the newly arrived participants’ mother tongue [5].

### **MILSA**

A knowledge-based support platform for migration and health, devoted to producing and supporting method development conducive to a health-promoting and inclusive reception of newly arrived migrants in the Swedish society [6].

### **MILSA educational platform for Civic and Health Communicators**

A national initiative started and led by the County Administrative Board of Skåne and supported by the European Social Fund. Researchers and teachers from five universities in collaboration with other experts have developed, tested, and evaluated an education for Civic and Health Communicators. Approximately 200 communicators have taken part in the education which covers 22 topics to complete [7].

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<sup>1</sup> See for example [Protection status - Swedish Migration Agency \(migrationsverket.se\)](#), chapter 5 of the Aliens Act: [Aliens Act \(2005:716\) \(government.se\)](#), and Lag om mottagande av vissa nyanlända invandrare för bosättning: [Lag \(2016:38\) om mottagande av vissa nyanlända invandrare för bosättning Svensk författningssamling 2016:2016:38 - Riksdagen](#)

### **Civic and Health Communicators (CHCs)**

A profession that includes, among other things, leading groups in Civic and Health Communication (CHC). A Civic and Health Communicator's employer can for example be a Swedish municipality, a region, a County Administrative Board, or a private or social actor.

### **Welcome to Skåne**

A collaborative PS project between libraries, museums, local organisations, industry and the CHC in Skåne. The aim of the project was to promote health through the use of customised study visits within an expanded social orientation course [8].

### **The County Administrative Board of Skåne**

The Skåne County Administrative Board is one of 21 county boards tasked with the governmental administration of its county. The county administrative boards work to ensure that national targets are met within the county, while considering regional conditions [9]. In Skåne, Partnership Skåne has been developed as a platform for regional development around health and social inclusion. The Civic and Health Communicators in Skåne are employed by the County Administrative Board.

### **Network – Activity – Participation (NAD)**

NAD is a part of Partnership Skåne and operated by the Network for Civil Society Organisations in Skåne [10], and aims to develop new methods for how the civil society and the public sector can work together for the establishment of a newly arrived person. NAD offers information on the Swedish association system and customised study visits to societal various arenas. They also match individuals to civil society activities and associations, based primarily on interest but also their need for language training, health, and networks [11]. As a part of Partnership Skåne [12], NAD is a partner the Malmö testbed.

### **Malmö Ideella**

Malmö Ideella is a unifying organisation for associations that want to collaborate with other civil society organisations and associations, as well as the municipality, business, and academia. With their member organisations, they reach approximately 1,280 associations and idea-driven organisations in Malmö [13]. Malmö Ideella is a member of the Network for Civil Society Organisations in Skåne, one of the responsible organisations for the regional coordination of NAD within Partnership Skåne, and as such a partner in the Malmö testbed.

### **Partnership Skåne (PS)**

CHC, NAD, and MILSA form PS, a model for comprehensive intersectoral cooperation and holistic method development, supporting the integration of newly arrived refugees in Skåne with a focus on health, participation, and empowerment. PS is coordinated by the Skåne County Administrative Board [12], and a party in REGIN as well as the Malmö and Lund testbeds.

### **The Conference of Peripheral Maritime Regions (CPMR)**

CPMR brings together more than 150 Regions from 24 states from the European Union and operates both as a think tank and as a lobby for regions. It has a network of contacts within the EU institutions and national governments and is targeting its actions towards ensuring that the needs and interests of its member regions are taken into account in policies [14].

## **Region Skåne**

In the Swedish context, a Region is a self-governing body with certain responsibilities and a geographical area that corresponds to a county. Region Skåne is responsible for social and medical care, public transport, business sector development, culture, infrastructure, social planning, and environmental issues [15]. Region Skåne is a party in CPMR.

## **Regions for Migrants & Refugees Integration (REGIN)**

The REGIN Project was created to mainstream migrant and refugee integration within social cohesion policies at regional level, by building a common framework to facilitate, guide and improve the performance of regions through innovative tools. The project is coordinated by the CPMR as leader of a consortium consisting of 10 partners and is implemented in 6 European regions [16]. PS through the County Administrative Board is the formal part in REGIN. Save the Children and IM are acting as partners/subcontractors to PS in REGIN.

## **Ways Forward**

A workshop series developed by Partnership Skåne with focus on well-being, stress management, reconciliation, and acceptance. The workshops are for newly arrived refugees who experience migration-related stress or need a supporting environment.

## **Testbed Malmö**

A local pilot test conducted by PS in REGIN with Malmö municipality, together with NAD as parties in PS. IM and Save the Children have acted as partners in the testbed. The pilot test consisted of the workshop series *Ways Forward* as part of a new programme supporting psychosocial health for newly arrived refugees. The pilot has been evaluated by Uppsala University.

## **Testbed Lund**

A local pilot test conducted by PS in collaboration with a local project in the municipality of Lund called Insam. The pilot test consisted of the workshop series *Ways Forward* as an activity in project Insam. The pilot has been evaluated by Uppsala University.

## **Malmö municipality**

Malmö is the third largest city in Sweden with 350 000 inhabitants (2021), of which approximately 30 % are foreign born. Sweden's municipalities have a responsibility to provide newly arrived refugees with, among other things, Swedish language training, adult training, and the Civic Orientation (SO) course [17]. In the case of Skåne, SO is constituted by Civic and Health Communication, which is a part of PS. Malmö municipality is a party in PS and the Malmö testbed.

## **Swedish Development Partner (IM)**

IM is a development organisation with international and national activities, such as supporting human rights with a special focus on integration [18]. They run RådRum, an advisory service that offers counselling for migrants who need support to navigate Swedish society. In sessions with volunteer counsellors, they can find solutions to various everyday problems such as getting in touch with an authority or filling out a form. RådRum aims to improve migrants' ability to exercise their rights and increase their opportunities to establish themselves in the labour market and to participate in civil society [19]. IM collaborates with PS in REGIN and the Malmö testbed.

## **Save the Children**

Among its national activities, one of Save the Children's focus areas is support for refugee children, which includes support for refugee parents [20]. My Path is Save the Children's method for individually tailored support, with access to guidance and advice on well-being or more practical everyday issues. The participants in My Path work together with employees at Save the Children in recurring individual conversations or group discussions, to set goals and individual plans. The method is based on a help to self-help basis and aims to strengthen a person's own ability to find solutions. Save the Children collaborates with PS in REGIN and the Malmö testbed.

## **Insam**

A local project in the municipality of Lund for newly arrived refugees who, due to mental ill-health, are unable to participate in planned integration efforts [21, 22]. The Lund testbed has been implemented in a partnership between Insam and PS.

## **FOCUS**

FOCUS is an EU funded research project led by the International Federation of Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support hosted by the Danish Red Cross with partners from Austria, Belgium, Croatia, Denmark, France, Germany, Ireland, Jordan and the United Kingdom. It aims at deepening the understanding of critical dimensions of integration with special emphasis on psychological and social factors, and making this knowledge accessible to integration practitioners. The results of evaluations from PS's work for mental health and well-being have informed a case study carried out in the framework of the FOCUS project. PS is an implementing partner in the FOCUS project.

# Background

## Introduction

Sweden's population consists of about 10 million people, of which about 20 percent were born abroad [23]. During the five-year period 2015-2019, approximately 188,000 refugees (mainly from Syria, Afghanistan and Eritrea) received residence permits due to asylum reasons and approximately 75,000 people received residence permits to be able to move to a relative in Sweden who has already received a residence permit due to asylum reasons [24].

Refugees are a heterogeneous group with different backgrounds, experiences and conditions that influence their lives and their health [25, 26]. As a group, however, they have been found to be vulnerable in connection to mental health [26, 27, 28]. International [26] as well as Swedish research [29, 30] show that mental ill-health is more common among refugees than among the population born in the country to which they migrated. This mainly applies to self-rated mental health and post-traumatic stress disorder (PTSD). Added to that are other problems linked to mental ill-health, such as stress and sleep problems. A survey of newly arrived refugees' health in Skåne from MILSA, a research-based support platform for migration and health, shows that about 50 % of the survey's informants experience reduced mental well-being, that about 43 % often feel stressed and that 20 % sleep poorly [31].

The health of refugees can be promoted and strengthened in various ways [26]. Firstly, basic health needs in the form of access to food, housing and general subsistence need to be addressed. Thereafter, it is important to promote, among other things, learning the language of the recipient country, social participation, and entering the labour market [26, 32]. Social support can reduce ill-health that is a result of experiences of traumatic life events [33]. For instance, conversations with others about one's situation and health can contribute positively to health [34]. Social contacts in the new country can make it easier to enter the labour market, which is health-promoting in itself [35, 36]. However, for those with reduced mental health, it can be difficult to participate in various establishment programme initiatives and to enter the labour market [32, 37].

Social networks can be promoted by the participation in group activities aimed at newly arrived refugees held by, for example, migrant community representatives or by civil society associations [26]. Research shows that access to a social networks and social support from people who have knowledge of and recognise signs of mental illness, promote the use of health care for those who need it [33]. Increasing the availability of refugees to health care in the event of mental ill-health and making it easier for them to get involved in their own care also promote mental health [26].

Internationally, there has been a paradigm shift in the promotion of mental health [33, 34]. Focus has previously been placed on mental illness – on promoting knowledge about specific disease symptoms and diseases and on how to get help when needed. There is now also increased focus on mental health – on working to promote health with health factors by, for example, promoting individuals' own strengths, abilities and resilience [34]. Health promotion is important as it may entail that fewer people need to seek care or receive treatment as a result of clinical mental ill-

health. With milder mental ill-health, for example, interventions that promote knowledge and the use of different self-help strategies have been shown to be useful, increase the well-being of those who participate and prevent the development of clinical mental illness [33]. Given that many refugees have reduced mental well-being without having any clinical mental illness, such interventions may therefore be appropriate.

## Partnership Skåne's path to new methods for psychosocial health promotion

In collaboration with other actors on an international, national, regional, and local level, Partnership Skåne (PS) has been conducting method development connected to refugees' mental health and well-being since 2015. The following background chapter illustrates the stages and the results of this method development, as well as the implementation of the methods.

### *The starting point: Partnership Skåne and Civic and Health Communication*

In PS, organisations that are responsible for the reception of newly arrived refugees in Skåne, the southernmost region of Sweden, come together to jointly develop holistic methods for addressing prioritised needs supporting health equity and social inclusion, where regional cooperation and coordination of resources is necessary. PS's work is administered by the County Administrative Board of Skåne and includes partners from all over the country connected to the public sector, academia, and civil society. One of PS's main activities is the Civic and Health Communication (CHC). It is a civic orientation (SO) course, where health communication has been integrated, that serves as an introduction to Swedish society for newly arrived refugees. It is facilitated by Civic and Health Communicators (henceforth referred to as communicators) and provided, in different forms, all counties or municipalities in Sweden. Researchers from Swedish universities within the PS network continuously evaluate the projects included in PS's work. Some examples are Westerling and colleagues, Wångdahl and colleagues, and Daryani and colleagues whose research indicate that rates of self-estimated mental health, health literacy and social participation have increased after completion of the CHC [38, 39].

In the MILSA educational platform for Civic and Health Communicators, the communicators are trained in pedagogy and how to facilitate knowledge through dialogue about Swedish society connected to topics including health and health literacy, mental health, sexual and reproductive health and rights, parenting, democracy, and more. The communicators usually speak the same language as the CHC participants, and have experience of migration and of being a newcomer in Sweden. They are established in Swedish society and able to act both as a member of the migrants' community, as well as a representative of and link to Sweden. It has been reported that the communicators enjoy a great deal of trust and appreciation from CHC participants [40, 41, 42].

## Methods, formats, and materials that have been developed

### Partnership Skåne's method development from 2015 to 2021

- The PREMO model
- The workshop series *Ways Forward*
- An in-depth training for communicators who will lead workshop groups
- The method material *Ways Forward* for leaders of workshop groups
- The film series *After the Flight* to be used in workshop groups
- Local supportive programmes
- A generic local programme implementation model for national dissemination

### PREMO

PS's method development for psychosocial health is based on previous work with PREMO (psychosocial prevention model). PREMO was developed and tested during 2015-2016 as a model for prevention and rehabilitation integrated in the establishment programme for newly arrived refugees. It included workshop groups, health promotion activities and trauma treatment [43]. An evaluation of the PREMO project concluded that insufficient individual and structural resources in combination with high stress levels, lead to a decreased ability to maintain mental health. An individual's ability to cope with demands and various stressors depends on personal and social resources, available social support and social networks, as well as trust in others [44].

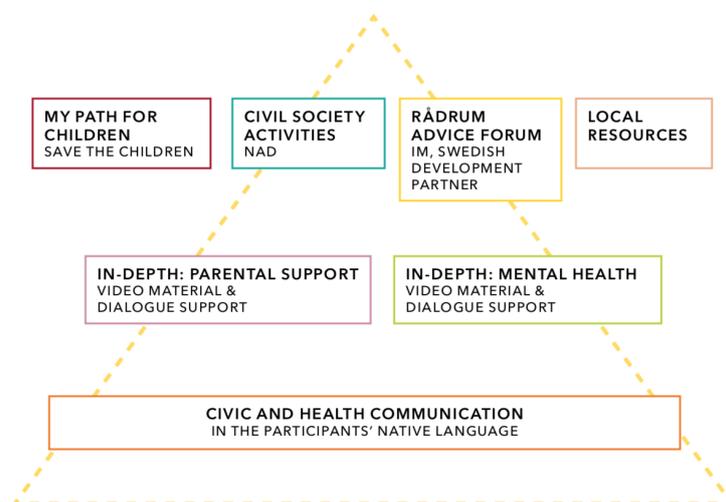


Figure 1: Adapted PREMO model

Figure 1 presents a model for a supportive programme based on experiences from PREMO. Civic and Health Communication (CHC) form the basis (bottom level) and represent a resource that is available to all newly arrived refugees in Skåne via the establishment programme. From there, individuals in need of additional support have the possibility to take part in in-depth components for mental health and parenting. These components consist of workshop groups led by

communicators (middle level), and additional health promoting activities hosted by civil society (top level). The figure illustrates a Malmö-specific example, where local partners from civil society are shown in the upper part of the triangle.

PREMO experiences thus initiated the development of methods that target not only newly arrived refugees in need of trauma treatment, but also a larger group with migration-related stress. This is in line with the previously mentioned paradigm shift in the promotion of mental health from focus on specific disease symptoms and diseases to preventive health initiatives that focus on promoting individuals' own strengths, abilities and resilience [33, 34]<sup>2</sup>.

#### MILSA research on migration and health

Since the initiation of PS, MILSA's partner universities have produced research that add to the knowledge of migration and health. The results include, but are not limited to, the following:

**2016:** A mapping of newly arrived refugees' health concluded that self-reported health is somewhat in line with the rest of the population, but noted risk factors such as unstable living arrangements and low levels of trust in interpreters and certain societal institutions, particularly primary health care. Half of the studied population suffered from poor mental health [45].

**2019:** further mapping of newly arrived refugees' health concluded that it is important to be sensitive to determinants of health such as unemployment, participation, the social life in Sweden as well as safe housing conditions [46]. Reported overall health was in line with the rest of the population, although a lack of trust for different institutions was more prevalent amongst this group than the general population. A loss of social networks as well as language barriers were considered an obstacle for entering the labour market [47].

**2019:** Initial evaluation of the project Welcome to Skåne concluded that project participants had a good general self-assessment of health, but low participation in recreational activities and low trust in societal institutions. However, trust in the institutions visited in the project, such as libraries, museums and local organisations was higher, indicating that customised study visits could increase newly arrived migrants' trust in institutions. By participating in the extended social orientation program and by gaining access to different societal institutions the participants attained a larger sense of independence and were introduced to new recreational activities, which may increase psychological well-being [8].

**2020:** A follow-up evaluation of Welcome to Skåne revealed that mental health rates had improved six months after participation in the project. For participants in the regular CHC programme, this trend could not be seen. The report concluded that 'stepping outside the classroom', i.e. practically engaging with and learning about Swedish society during one's civic orientation, seemed to have started health promoting processes that contributed to improved mental health [48].

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<sup>2</sup> For an extensive account of health promoting interventions and target groups, see the *report Refugee Mental Health: Research and Intervention* (Lund University).

### The workshop series *Ways Forward*

Building on experiences from the PREMO project and research findings, the workshop series *Ways Forward* has been developed since 2017. It is a workshop series conducted in a study circle format for newly arrived refugees living with an elevated stress level or with a pronounced need for a supporting environment. They may be people who have difficulties participating in the general activities of the establishment programme, whilst not being severely traumatised or in need of treatment.

The purpose of the workshop series is for the participants to find and use methods to reduce their stress level in order to be able to take the next step in life. The workshop group creates an environment in which participants are supported to deal with stress and strengthen their well-being. It encourages the perspective that it is normal to have a high level of stress as a newly arrived refugee, and thus helps to reduce social stigma surrounding mental ill-health. It also aims to strengthen the participants' belief in their own abilities, support a forward-looking approach, and strengthen the motivation to work for one's own recovery. Another purpose is to give participants an understanding of and tools for the process that can lead to reconciliation and acceptance.

This is in line with experiences from PREMO and results from previous research that emphasises the importance of preventive health promotion by, for example, promoting individuals' own strengths, abilities and resilience [34]. With milder mental ill-health, interventions that promote knowledge and the use of self-help strategies have been shown to increase the well-being of those who participate and prevent the development of clinical mental ill-health [33].

The workshop series are intended for twelve meetings of two to three hours. It is conducted in the participants' mother tongue, and an appropriate number of participants is between 8 and 12 people. The gender distribution should be relatively even. The method material *Ways Forward* presents proposals for a suitable planning of the group's meetings.

#### ***Ways Forward*: themes**

Session 1	Our workshops	Session 7	More about stress management
Session 2	Health & well-being	Session 8	Sleep
Session 3	Identity, losses & new meetings	Session 9	Traumatic stress
Session 4	Forgiveness, grief, & letting go	Session 10	Interests & activity
Session 5	Reconciliation, acceptance & capacities	Session 11	Activities & new contexts
Session 6	Stress	Session 12	Our ways forward

### In-depth training in mental health and well-being

In order to further increase the quality regarding the performance of the civic orientation course (SO) and the promotion of mental health for newly arrived refugees, and on behalf of the Ministry of Health and Social Affairs, an in-depth training for communicators in mental health and well-being has been developed by PS in collaboration with civil society and academia. It is called an in-depth training as it is available to those communicators who have graduated from the MILSA educational platform. The purpose of the in-depth training is to promote increased knowledge that promotes a greater understanding of participants in the SO who are directly or indirectly affected

by migration-related stress or mental ill-health and in need of a supporting environment. The training prepares the communicators to lead the workshop series *Ways Forward*. Three rounds of the in-depth training have been conducted and evaluated. Further rounds are planned for 2022.

#### Method material and films

Five films constituting the film series *After the Flight* have been produced with the purpose of providing support for dialogue and reflection on migration-related stress with newly arrived refugees. The films, which have been produced by Ordlek filmproduktion on behalf of the County Administrative Board of Skåne, have the themes *identity*, *stress* and *traumatic stress*, and *being a parent of younger* as well as *teenage children*. The films are about 15 minutes long and based on fictional stories interlinked with reflections from people who have fled to Sweden and are now established, and people with expertise in the different topics presented. The films portray experiences, thoughts and feelings that are common for refugees, with the aim of making participants in the workshop groups realise that they are not alone with their struggles. The films also present knowledge and strategies on how to handle different situations. The overall goal with the films is to stimulate a healing dialogue and to leave the participants with a better understanding of their situation and a hopeful approach for the future.

Following the film production, the method material *Ways Forward* was produced in collaboration with Sensus study association. The material is a guide for in-depth trained communicators who will lead the workshop groups. It contains facts about the different themes of the in-depth training and instructions on how one can set up and plan the workshop group's meetings, and advice on how to create an environment of trust and security in the group. It also covers how to handle different situations that may arise, as well as practical exercises and methods for how to base discussions on the films. The suggested plan for the workshop group's meetings follows the same themes that are covered by the films. To start up a discussion on each theme, the communicator shows short episodes from the films that emphasises the specific topic. The method material also contains suggestions on questions to discuss related to the short film episodes.

## Local implementation model for national use



Figure 2: Local implementation model for national use

PS's method development has progressed with PREMO as a starting point and through the development and evaluation process conducted over several years. It has eventually landed in generically applicable components that could be implemented locally according to specific conditions and needs. Figure 2 illustrates local implementation of these components. The blue hexagons represent a menu to choose from on the basis of local conditions and needs. This category includes the workshop series *Ways Forward*, the films *After the Flight*, the method material *Ways Forward*, the in-depth training in mental health and well-being, as well as quality assurance through evaluation.

The green hexagons, municipalities and civil society, represent additional partners of the collaboration required for local implementation of the blue components. The burgundy hexagon shows the core of the work, which is Civic and Health Communication and the communicators who contribute with unique experience and educational background through the MILSA educational platform and the in-depth training in mental health and well-being. The burgundy hexagon with blue and green ribbons represents the other part of the core, which is a tailor-made programme that is developed around *Ways Forward*.

## Examples of local workshop group programmes (testbeds)

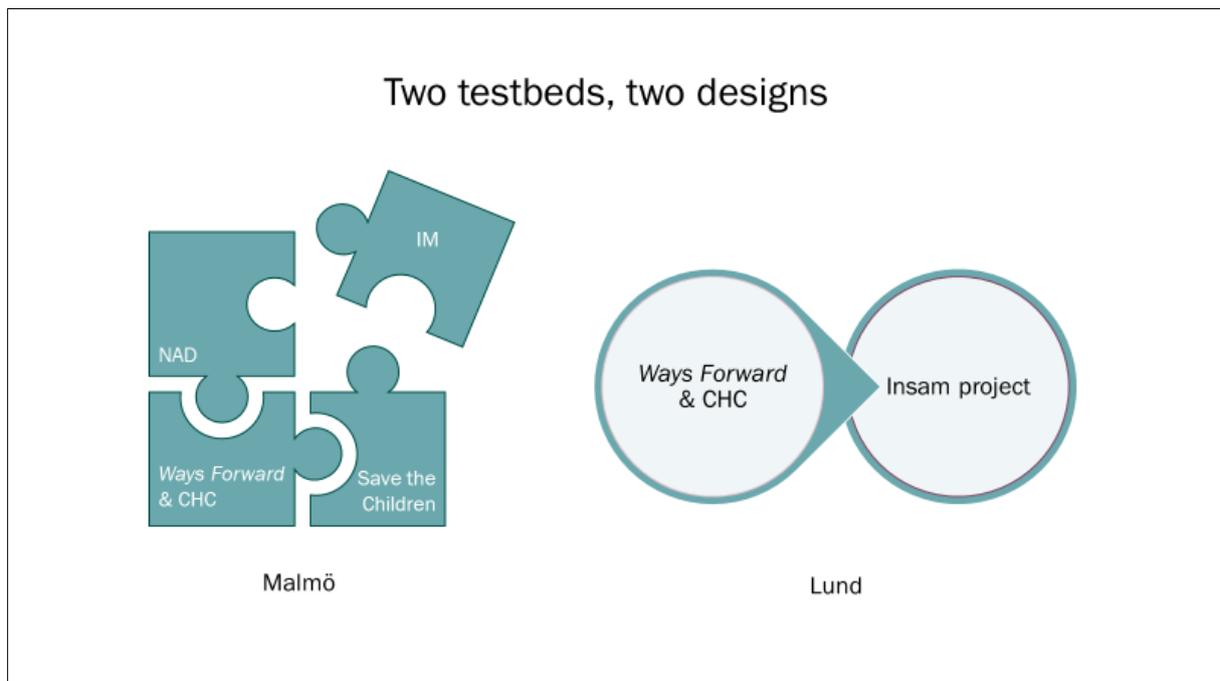


Figure 3: two testbeds, two designs

Figure 3 presents two designs of local level implementation of the components presented in figure 2. In Malmö, a new programme was created by merging *Ways Forward* and in-depth Civic and Health Communication (CHC) with activities from three civil society organisations. In Lund, *Ways Forward* and in-depth CHC was inserted into an already existing health promoting project. The testbed designs are explained in further detail below.

### *Testbed Malmö*

Two of the communicators that completed the in-depth training in mental health and well-being during the autumn of 2020, were leaders of the *Ways Forward* workshop series in Malmö with 11 participants from the establishment program. The practical implementation of the testbed was part of as well as partially financed by the EU project REGIN. *Ways Forward* was part of a program that was designed in collaboration with the civil society organisations Save the Children, IM, and NAD. Participants in this programme were selected and recruited within a health promoting project run by the Swedish Public Employment Service and Malmö municipality, and they were offered the programme as an activity in their establishment plan. The participants had already taken part in the Civic and Health Communication course, and were offered this program as an in-depth activity. The parties involved in the Malmö testbed are presented below.

- PS has been responsible for the Malmö testbed with the resources CHC, communicators, and the *Ways Forward* format and material. The Malmö testbed programme was formed with these components as a cornerstone. In-depth CHC was constituted by additional CHC on topics agreed upon with the programme participants. PS has been part of programme planning, coordination, and operational activities.

- Malmö municipality has been part of programme planning and follow-up as the main coordinator of project partners, and as a recruiter of participants in collaboration with the local branch of the Swedish Public Employment Service.
- The NAD method has been used as an activity in the programme. NAD has been part of programme planning, and Malmö Ideella's local coordinator of NAD has been part of programme planning and operational activities with the NAD method.
- IM's resource RådRum has been used as an activity for participants in the programme. IM representatives have been part of programme planning and operational activities.
- Save the Children's method My Path has been used as an activity in the programme. Save the Children representatives have been part of programme planning and operational activities.

### Testbed Malmö's programme for psychosocial health

*Ways Forward* and in-depth CHC were combined with the civil society activities described above to form the programme that was implemented in Malmö. The schedule for the programme in which 11 newly arrived refugees participated during the autumn of 2020 is presented below.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Activities in group or individually with Save the Children 09.00-12.00	In-depth CHC with communicators 09.00-12.00	Workshops with communicators ( <i>Ways Forward</i> ) 09.00-12.00	Activities in group or individually with IM 09.00-12.00	Activities in group or individually with NAD 09.00-12.00

10 weeks: from 2020-09-15 to 2020-20-11



### *Testbed Lund*

The Insam project is run by Finsam Lund and is based on a project that was previously run by the Swedish Public Employment Service. The project has continued under Finsam Lund's own management through cooperation with Lund municipality and the local branch of the Swedish Public Employment Service. Insam has been developed with the aim of improving the conditions for newly arrived refugees who, due to ill-health, are unable to participate in planned establishment programme activities. This is based on the experience that people with PTSD and migration-related ill-health often have difficulties participating in Swedish for Immigrants (sfi). With Insam, newly arrived refugees can study in a smaller group, in a calmer environment and during shorter sessions. In parallel with sfi, the project participants are offered help to improve their health and to approach

the labour market. Sfi teachers work together with health coaches, labour market consultants and employment intermediaries [21, 22].

In the spring of 2021, eight Arabic-speaking participants from the Insam project had the opportunity to participate in in-depth CHC and the workshop series *Ways Forward*, in addition to participating in Insam's regular activities. Potential participants were identified by Insam's project management based on a number of criteria. They were to be Arabic-speaking and able to participate in the activities two half-days per week. Insam's participants also include individuals who are in ongoing trauma treatment, and those who were to start or had recently started PTSD treatment were not identified as potential participants. An information meeting for potential participants was held in Arabic by two communicators from PS/the County Administrative Board of Skåne, who explained the purpose and content of the activities. Those who were present agreed to participate and then met two half-days per week for twelve weeks. The activities were integrated into the participants' regular Insam schedule.

## Methods for data collection

Throughout PS's method development and pilot testing, there has been an ongoing monitoring and evaluation process carried out in partnership with Uppsala University and Lund University. To date, the following mapping and evaluation reports have been produced or are currently in production:

1. *Mapping for in-depth components within the MILSA educational platform: Mental health and parenting* (Kartläggning inför fördjupningsdelar inom MILSA utbildningsplattform: Psykisk hälsa och föräldraskap). Lund University, 2019.
2. *Creating Supportive Environments for Refugees in Skåne; Mapping of Ecosystem of Actors and Needs of Support in Mental Health and Parenting*. Swedish Development Partner (IM), 2019.
3. *Refugee Mental Health: Research and Intervention*. Lund University [draft version, publication pending].
4. *Participants' Experiences from MILSA In-Depth Training for Civic and Health Communicators on Mental Health and Well-being – A Pilot Study*. (Deltagares upplevelser av MILSA fördjupningsutbildning för samhälls- och hälsokommunikatörer om psykisk hälsa och välbefinnande – en pilotstudie). Uppsala University, 2021.
5. *Communicators' Experiences of Participating in MILSA's In-Depth Training in Mental health and Parenthood - A Supplementary Evaluation Report*. (Kommunikatörers upplevelser av deltagande i MILSAs fördjupningsutbildning om psykisk hälsa och föräldraskap - en kompletterande utvärderingsrapport). Uppsala University [publication pending]
6. *Newly Arrived Participants' Experiences of the Workshop group Ways Forward Through Local Implementation in an In-Depth Programme: Evaluation of a Pilot Test in Malmö, Fall 2020* (Nyanlända deltagares upplevelser av samtalscirkeln Vägar vidare efter flykten genom lokal implementering i fördjupande program: Utvärdering av pilottest i Malmö hösten 2020). Uppsala University, 2021.
7. *Experiences from MILSA's Workshop group on Mental Health and Well-being in Arabic - A Pilot Test in Lund. Evaluation Report* (Upplevelser av MILSAs samtalscirkel om psykisk hälsa och välbefinnande på arabiska – en pilot i Lund. Utvärderingsrapport). Uppsala University, 2021.

The result chapter of this report builds upon previous evaluation reports, by extracting relevant conclusions from report 4-7, while adding a macro perspective stemming from interviews with additional project actors. Methods for data collection are presented below.

*Evaluation of the in-depth training: Civic and Health Communicators' perspectives*

Data has been collected from 10 communicators from the first round of the in-depth training with a survey as well as individual interviews. Data has been collected from 11 communicators from the second round of the in-depth training with a survey. The data has been analysed and summarised in reports 4 and 5. Data has been collected from 8 communicators from round three of the in-depth training with a survey, and is currently being analysed.

*Evaluation of testbeds in Malmö and Lund: programme participants' perspectives*

Data was collected from 10 participants of the Malmö testbed programme with individual interviews and a focus group discussion. Data was collected from 8 participants of the Lund testbed with a survey and a focus group discussion. The data has been analysed and summarised in reports 6 and 7.

*Evaluation of project planning and implementation: project actors' perspectives*

Data has been collected in individual interviews<sup>3</sup> with 11 representatives from the following 8 testbed partners: PS/the County Administrative Board of Skåne, Region Skåne, Malmö municipality, Save the Children, IM Swedish Development Partner, Network – Activity – Participation (NAD), Malmö Ideella, and Project Insam. Data from interviews with representatives from the County Administrative Board of Skåne and Insam is summarised in report 7, and presented together with the other listed actors in the result chapter of this report.

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<sup>3</sup> With the exception of an interview with Save the Children, in which two representatives participated.

## Results

### Multilevel and intersectoral cooperation for psychosocial health promotion

In a WHO report on health diplomacy, PS's methods are presented as an example to illuminate how the partnership uses “communication and collaboration between public sector, civil society and academia to strengthen understanding and cooperation and create better outcomes” [49]. The article describes how multilevel governance capacity-building efforts aimed at promoting health equity and social inclusion are, according to the experiences of PS, enhanced by a support structure that targets not only separate relevant organisations but also the system as a whole. A health-promoting system cannot simply be constituted through the everyday work of each relevant organisation but instead requires interorganisational measures, processes and communications that are specifically designed and coordinated to suit the needs and perspectives of the users. This coordination process requires effort to ensure a common understanding of the needs addressed. High-quality and relevant support may be difficult to develop, finance and maintain at local level and can benefit from the existence of a regional structure such as PS or a national structure [50].

Indeed, the method development described in in this report has been initiated and carried out by PS in partnership with actors on various decision-making levels and from various sectors. When summarising the evaluations, it also becomes increasingly clear that multilevel and intersectoral collaboration is the foundation of the presented processes and results. Before describing the specific results from each evaluation, the following section therefore starts this chapter by presenting a model for a general overview of PS's intersectoral work.

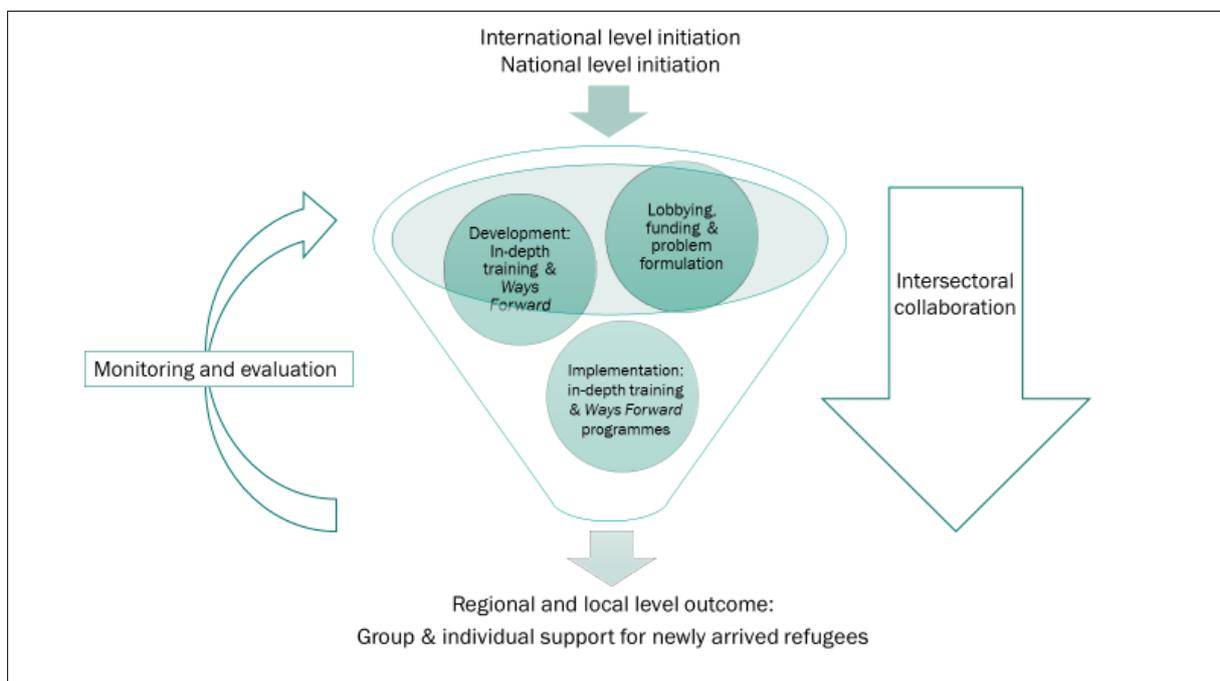


Figure 4: Multilevel and intersectoral method development for refugee psychosocial health

### Initiation by lobbying, funding, and problem formulation

Starting from the top of the model, two parallel tracks of initiation has contributed to several processes of method development via capacity development, problem formulation, lobbying and funding. On an international level, Region Skåne has been able to advocate for Skåne's migration focus areas within the framework of CPMR, an EU-level lobby organisation for regions [14]. This includes lobbying for PS's focus area refugee mental health and well-being, which has enabled PS to take part in the REGIN project, led by CPMR (top circle, lobbying and funding) [51]. In the REGIN project, PS and project partners have tested the developed methods and materials.

On a national level, the County Administrative Board of Skåne was tasked in 2017 by the Ministry of Health and Social Affairs to develop in-depth components on mental health in connection with the MILSA educational platform (top circle, problem formulation and funding). In 2020 and 2021 the County Administrative Board was further tasked by the ministry with the dissemination and later the continued dissemination of the in-depth training in mental health and well-being for Civic and Health Communicators.

### Development of the in-depth training and *Ways Forward*

The two parallel initiative tracks and its accompanying lobbying, funding and problem formulation has contributed to several processes of method and material development (middle circle). This has resulted in the in-depth training in mental health and well-being for Civic and Health Communicators, designed to prepare communicators to lead the workshop series *Ways Forward* for newly arrived refugees. In parallel, the film series *After the Flight* to be used in the workshops has been produced, as well as the method material *Ways Forward* to serve as a guide for communicators who lead the workshops.

### Implementation of in-depth training and *Ways Forward* programmes

As the in-depth training, *Ways Forward* and its accompanying materials have been formed, they have all been implemented and tested (bottom circle), as presented in the background chapter of this report. The *Ways Forward* format has been developed to be applicable in various local settings through intersectoral collaboration, and the in-depth training as well as the materials are developed for national use. The in-depth training has been completed by 30 communicators from various parts of Sweden. To date, *Ways Forward* and its materials have been used in testbeds in Malmö and Lund with 19 newly arrived refugees as participants. Additional in-depth training rounds and workshop groups are planned for 2022.

### Intersectoral collaboration

As previously described, intersectoral collaboration (right arrow) represents an overarching theme of the figure, as it is a common denominator for every aspect of PS's work. The intersectoral collaboration spans from the figure's top level of initiation, via lobbying, funding and problem formulation and the co-creation of methods and materials, to implementation of the testbeds. More specifically, this process can be described with the following steps: 1) The national initiation from the Ministry of Health and Social Affairs with the mission to the County Administrative Board of Skåne has started processes for method and material development. Region Skåne, a party in the international lobby organisation CPMR, has been a steppingstone to the REGIN project in which

the Malmö testbed could be implemented. Both national and international level initiation resulted in initiatives that required intersectoral implementation. 2) Universities, civil society, and county administrative boards have come together in PS for the formulation of the in-depth training as well as *Ways Forward* and its material. 3) The implementation of the in-depth training and *Ways Forward* in testbeds has been carried out jointly by PS, civil society, and municipalities. Further local implementation may involve other actors, but is just as likely to require intersectoral collaboration.

### Monitoring and evaluation

Monitoring and evaluation has been a parallel and continuous process throughout PS's method development. Previous research from MILSA partners has contributed to problem formulation and the development of *Ways Forward*. In a partnership between the County Administrative Board of Skåne, Uppsala University and Lund University, further mapping of project implementation prerequisites was initiated in 2018, and every pilot test of the in-depth training and the *Ways Forward* workshop series has been evaluated. A continuous feedback loop (left arrow) from research and evaluation findings has enabled further development and possible redirection.

### Results from evaluations

The following section presents the main findings of each evaluation, and finalises the report with a summarising discussion on lessons learned from intersectoral method development and implementation through testbeds.

#### *Civic and Health Communicators' perspectives as participants of the in-depth training in mental health and well-being*

The first two rounds of the in-depth training on mental health and well-being have been evaluated. The conclusion of both evaluations is that the in depth-training is of value to communicators who work to promote and support newly arrived refugees' mental health. It provides increased knowledge and skills on relevant themes and promotes the communicators' mental health literacy. At the same time, it is perceived as demanding and quite intense.

#### In-depth training round 1

The evaluation of the first round of the in-depth training shows that its participants perceive the training as valuable, with content that is relevant and useful. Similarly, the setup of knowledgeable and understanding teachers, practical exercises, and exchange of experience with other participants is highly valued. At the same time, the content is perceived as too extensive in relation to the training's time frame. Participation in the training is perceived to contribute to increased knowledge, reflection, practical skills connected to mental health, and confidence in one's role in the promotion of psychosocial health for newly arrived refugees.

### In-depth training round 2

Preliminary evaluation results from the second round of the in-depth training indicate that the participants experience the training as interesting, engaging, and as addressing topics that are useful for them as leaders of the *Ways Forward* workshops and as communicators within civic orientation (SO). The training provides new knowledge about mental health and the role of a workshop group leader and communicator in SO in terms of mental health. The same goes for new knowledge and skills in terms of promoting newly arrived refugees' psychosocial health, responding to those with impaired mental health and supporting newly arrived refugees in their role as parents. Furthermore, the communicators express that they acquired knowledge that makes it easier for them to obtain, understand, evaluate, and use information on mental health. At the same time, the participants feel that it was demanding to participate in the in-depth training as the sessions as well as the scheduled days were too long.

### *Newly arrived refugees' perspectives as participants in Ways Forward programmes*

The evaluation results of the Malmö and Lund testbeds indicate that the workshop series *Ways Forward* has the potential to promote several personal resources that are important for those who experience migration-related stress. These include health knowledge, health promoting behaviour, mental health literacy, self-assessed mental and physical health, and social contacts. The results also indicate that to fulfil this potential, it is important to link appropriate complementary activities and support. It is also vital to offer clear preparatory information to potential participants, which is adapted to the specific design of participant recruitment.

### Testbed Malmö

The evaluation of the Malmö testbed conclude that the participants have experienced the programme as valuable since they have been motivated and gained knowledge about stress, grief, health promoting habits, being a parent in Sweden, and suggestions for solutions to practical everyday problems. There is a partial perception that some activities linked to civil society and Swedish associations have been too theoretical. Pandemic restrictions and the programme format may have contributed to these unmet expectations.

There is also a partial perception that more time should have been devoted to activities for labour market establishment, which could have been influenced by the context in which recruitment took place in combination with preparatory information. The participants were recruited from a project that was run by the local branch of the Swedish Public Employment Service as a part of the establishment programme. It is thus possible that the participants may have looked at *Ways Forward* from the primary perspective of labour market establishment. When the workshop series' focus on promoting health and empowerment is integrated into a broader context with complementary goals, it is vital to provide clear information about the workshops and their aim.

The programme participants have been able to release tensions by talking about migration-related stress and difficult experiences linked to their flight or the integration process. Such conversations

have been made possible by the *Ways Forward* guidebook for communicators as workshop leaders, and the film series *After the Flight*. A sense of trust and security that enables openness has been established by a respectful and committed leadership style from experienced and knowledgeable communicators and partners from civil society. Nevertheless, some of the participants feel that they have not been able to open up as much as they would have liked, for example due to cultural stigma surrounding mental ill-health.

The participants' mental health literacy has been partly improved by partaking in the *Ways Forward* workshops, mainly through new knowledge about migration-related stress and self-help. Participants have also improved their health behaviour by embracing new stress-reducing and health promoting habits. They have experienced either positive feelings during the workshops due to the group's social support, or continued improved mental and/or physical health.

### Testbed Lund

Much of the collected data from participants in the Malmö testbed is reflected by testimonials from participants in Lund. They consider their participation as meaningful as they have gained new knowledge about mental health, and report that their health has been positively affected. The participants appreciate the fact that they had the opportunity to talk about migration-related stress in their mother tongue together with other participants and leaders who have had similar experiences. This, combined with the screening of the film series *After the Flight*, gave them a broadened perspective on their own situation and a more positive mindset.

Several participants have adopted new healthier habits by, for example, being more physically active and practicing various relaxation exercises. Some of them have contacted other actors in society to get support regarding their mental health. Some factors in the participants' lives that also negatively affect health, such as unemployment and a temporary residence permit, could not be helped directly by participating in the *Ways Forward* workshops. However, they appreciated the fact that the group became a forum for them to talk about these challenges. The purpose of the workshop group, what distinguished it from other parallel activities, and why they participated, was not clear to everyone.

## *Projects actors' perspectives*

Representatives from all parties of the Malmö and Lund testbeds have been interviewed. The summarised interview data reveals a belief that a great strength of *Ways Forward* lies in well-developed and targeted material, competent workshop leaders, and in the format that promotes psychosocial health by building resilience through group conversations. By pooling resources, abilities, expertise, and contacts, intersectoral collaboration is seen as creating a supporting system for newly arrived refugees that is otherwise regarded as unachievable.

The two testbed designs have resulted in different types of partner collaboration. Nevertheless, experiences from both testbeds indicate that appropriate setup for successful collaboration includes structured and planned communication, well-defined roles and a designated testbed coordinator, early definitions of a mutual target group and aim, and decisions on what is needed from each partner to work for that target group and aim.

### Testbed Malmö

Interviews with implementing partners from the Malmö testbed show that they recognise how intersectoral collaboration adds an otherwise unachievable value to psychosocial health promoting interventions. It is stressed that the responsibility of integration does not belong only to the public sector or to civil society but is something that many societal sectors need to be simultaneously involved in. The partners see advantages to be gained when representatives from the public sector, for instance from the establishment program and the Civic and Health Communication (CHC), join forces with civil society. As this collaboration brings together and organises activities for newly arrived refugees, it prevents this group from falling between the cracks in a bureaucratic system. The intersectoral collaboration also enables the different partners to add their specific expertise, methods, experience, and network of contacts, which makes available resources for the target group that would not be available otherwise.

### *Testbed partners' collaboration*

The partners agree that the collaboration in the Malmö testbed has contributed to a successful programme for newly arrived refugees. In the planning process, the decision was made to recruit participants from the establishment programme, and Malmö municipality took on a coordinating role. To have someone with a clear coordinating role is seen as very important, and it is also deemed advantageous if this person is in regular contact with the target group.

Nevertheless, there is an overall perception that the original idea for the project proposal changed as a consequence of the pandemic, and that a new concept was formed to which the civil society parties needed to quickly adapt. The concept of a 10-week programme in which in-depth CHC and *Ways Forward* were to be combined with civil society activities was created. In this programme, each party accounted for one day per week<sup>4</sup>, and it became the frame to which IM, NAD and Save the Children were to fill with their own activities.

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<sup>4</sup> See schedule on page 15

In the implementation process, the communication between the representatives that were in contact with the programme participants was considered especially useful. This communication was constituted by planned weekly meetings and accessible workshop leaders for the purpose of impromptu information transfer when needed. The weekly meetings in particular are seen as a forum for follow up of the participants' needs and possible redirection of activities. This could concern the content of the programme, but also additional resources made available by the Malmö testbed parties' networks.

#### *Adjustments made for a mutual format*

While the fact that the parties work in different ways, with different missions, methods and target groups is considered a fundamental strength, it is also identified as a main challenge of intersectoral collaboration. When partners come together to work for a mutual goal, there is an inevitable need for adjustments for the purpose of being able to create something together. In Malmö's case, these adjustments were made specially to fit activities to the 10 week-programme. The adjustments made for this purpose were the following:

IM's RådRum is an open forum available for any migrant. It is based on voluntariness and the migrant seeks out RådRum. To fit the programme conditions, RådRum became a forum aimed towards 11 specific people and available on certain hours every Thursday for 10 weeks. It also became an activity within a programme that the participants had signed up for and were expected to complete, thus reducing the complete voluntariness that is RådRum's regular basis. As RådRum is completely needs-based, it was also hard to anticipate whether the programme participants would use RådRum in the allocated time slots. IM therefore came up with the idea to add the activity of training programme participants in the RådRum method, so that they could become RådRum advisers themselves.

Save the Children set out to use their method My Path as individual support for programme participants. Since the programme was based on initial group activities, this was added to Save the Children's plan. As a result, they started out with group activities to map needs and interest, and from there moved into individual support with the My Path method. Save the Children perceives this adjustment as a positive learning experience, and explain that starting with group discussions was helpful for further individual support.

NAD, with Malmö Ideella, planned to use the NAD-method based on civil society information, mapping of interests, and individual matching with associations. This activity is much like the other civil society activities, based on voluntariness and interest. Partially as a result of the pandemic, but also as a result of adjusting to the time slot in the programme schedule, the matching part was difficult to implement. Instead they formed group activities such as study visits for the programme participants. Representatives from NAD recognise that this has likely contributed to some programme participants' perception that expectations for individual association matching and practical activities were unmet.

### Testbed Lund

Interviews with implementing partners from the Lund testbed show that there were several perceived advantages with bringing the *Ways Forward* workshop series and in-depth Civic and Health Communication (CHC) into the Insam project. Partners have noticed that several participants became happier, more relaxed, and focused as *Ways Forward* went along. They cannot say if that depends on the workshops specifically, but there is an overall belief that in combination with the Insam project, they are likely to have promoted such a process.

#### *Testbed partners' collaboration*

The integration of *Ways Forward* and in-depth CHC in Insam was planned by Insam's project management and PS/the County Administrative Board of Skåne. A perceived challenge associated with this was to organise Insam around the activities, that is, to find Arabic-speaking participants who fit the criterion for the workshop group, and who could participate two half days per week. Furthermore, pandemic regulations placed restrictions on which premises could be used and which activities could be carried out.

Communication between the representatives that took part in operational activities was enabled by Insam having staff on site on the days when *Ways Forward* and in-depth CHC were carried out. The workshop leaders were then able to convey information about their activities and questions that participants had raised. This was perceived to speed up certain processes for the participants and help in identifying information that needed to be clarified. However, this was done as needed, and for future similar collaborations it is proposed that meetings be scheduled in advance where operational staff update each other and make plans for follow-up.

#### *Factors that influence the participants' experience*

Some participants suffered from mental ill-health that surpassed the intended target group for *Ways Forward*, and one of them underwent parallel trauma treatment at the Red Cross<sup>5</sup>. Furthermore, the partners identify a potential social stigma around mental ill-health. This may have contributed to the fact that some of the participants voiced that they did not understand the reason why they participated in interventions for strengthened psychosocial health, even though both Insam's and the workshop group's recruitment involved one or more information meetings. Experience from both Insam and the CHC shows that this particular target group may need continuous repetition of different types of information, due to factors such as stress that influence memory, perception, and concentration.

From Insam's point of view, there is a belief that *Ways Forward* is useful by helping participants to define and articulate feelings and recognise possible needs of support or treatment for mental ill-health. The fact that there was available treatment linked to Insam is highlighted as vital. Connected to this, there is a strong belief that whoever meets the participants must be able to convey empathy and create trust, and that the workshop leaders have managed to do so.

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<sup>5</sup> Although a criterion to join the workshop group was to not be in any trauma treatment, this particular participant had expressed a strong will to join and was therefore allowed.

“It’s very much about trust when you work with this. And the participants really gained trust in [name of workshop leader]. If she has already shown them some information, then there is already a trust regarding that information that she has built up and that I can take over. And I think that is very important. I think it only benefits our project. And it also benefits the workshop group since we continue.”

- Insam representative

### *Creating conditions for long-term processes*

Both staff from PS/the County Administrative Board of Skåne and Insam mention the importance of creating conditions for continuity and long-term health promoting processes. After the testbed in Lund, the participants remain in the Insam project, some during the project’s whole two-year period, and some for a shorter time as they move on to other activities. To then be able to build on the method material of *Ways Forward* and connect the themes of the workshops to later sessions about health in Insam is seen as very advantageous. The trust and openness that have been created in the workshop group is believed to have opened up the participants and prepared them for future conversations about health and well-being.

The collaboration between PS/the County Administrative Board of Skåne and Insam is seen as advantageous for both parties. From the perspective of *Ways Forward*, Insam can continue and promote long-term processes, and from the perspective of Insam, important processes have been initiated by *Ways Forward*. If the workshops are carried out in a context where Insam or its equivalent is not involved, it will be important to secure long-term processes in other ways.

## Discussion: recommendations and lessons learned

The previous chapter described evaluation results from the following perspectives:

1. Civic and Health Communicators as participants of the in-depth training in mental health and well-being
2. Newly arrived refugees as participants in the workshop series *Ways Forward*
3. Actors as testbed partners

Departing from these results, the following and concluding section aims to answer the question “What have we learned about intersectoral collaboration for method development and the promotion of refugee psychosocial health?”, and presents recommendations and lessons learned from the implementation experiences and evaluation results.

### The in-depth training for mental health and well-being

#### In-depth training schedule

The evaluations of the first two rounds of the in-depth training indicated that its ambitious teaching goals may have resulted in a schedule that was too intense for the participating communicators. Evaluation results led to an edited schedule, and preliminary results from round 3 indicate that the communicators no longer experience the in-depth training as too intense or exhausting.

#### Cooperation with academia for a continuous feedback loop

Continuous evaluation with parallel pilot testing of the in-depth training and the local testbeds has enabled a development and redirection that is based on feedback from various sources. With this continuous and parallel research process, PS is able to see what the target group needs from their workshop group leaders, and how better to equip the communicators for that. In other words, to educate these professionals in a manner that is supported by research will eventually benefit the target group.

#### Intersectoral collaboration in material and training development

The many actors that were involved in planning the in-depth training and developing the films and the method material, have contributed to products that have had the advantage of being quality assured from various perspectives. Representatives from universities, civil society organisations, County Administrative Boards, as well as Civic and Health Communicators from the whole country, all came from various point of entrance and contributed to a material that is described by communicators, programme participants and project actors as having a unique strength.

### Dissemination of concepts

There is a prerequisite for the participation of communicators in the in-depth training. Their employer, whether County Administrative Board, municipality, region, or private actor, needs to acknowledge the value of the training to let their employees participate. In order to ultimately make *Ways Forward* programmes available to more newly arrived refugees, more communicators need to be educated. As such, the dissemination process of developed methods is as important as the planning and implementation process. Connected to this is the aim that the in-depth educated communicators are to start up workshop groups. The experience so far has been that responsible organisations and employers should be both motivated to do so as well as informed about local possibilities for implementation. These experiences have resulted in, among other things, the local implementation model for national use (figure 2).

### *Ways Forward* programmes for newly arrived refugees

#### The value of the right representatives in operational activities

A feedback that is constant throughout the evaluations is how much the workshop leaders and the civil society representatives have mattered to the positive experience of programme participants. The workshop group format partly sprung out of the idea to make further use of Civic and Health Communicators, who already enjoyed trust from the participants of the CHC. They have graduated from the MILSA educational platform, as well as the in-depth training in mental health and well-being which prepares them in leading the *Ways Forward* workshops. They speak the participants' language and have similar experiences of migration. These are factors that have been confirmed as advantageous by previous research<sup>6</sup> and the testbed evaluations.

#### The co-creation of activities

The *Ways Forward* programme participants as well as the testbed partners stress that the co-creation of activities has been a vital part of the participants' positive experience. Within the format of *Ways Forward*, the participants have been able to choose themes for future group sessions. They have also been involved in planning the themes for in-depth CHC. In Malmö, the civil society organisations' activities were based on continuous mapping of the participants' interests and needs. In a wider sense, the evaluation process also enables the participation of the target group in forming their own interventions. The evaluation results so far indicate that the promotion of methods that supports co-creation and participation is advantageous in psychosocial interventions like these.

#### A variety of support: group, individual, and practical

The evaluations of the testbeds have made clear that programme participants value the pooling of different types of support. For instance, the workshop group format can harvest the advantages

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<sup>6</sup> For an account of research on accessibility of and barriers to mental health support, targeting and tailoring psychosocial health support, and a presentation of culture-informed mental health promotion, see *Refugee Mental Health: Research and Intervention* (Lund University)

that are based on group processes<sup>7</sup>. For someone who is very shy, or experience social stigma connected to mental ill-health, the possibility of individual support has emerged as an important complementary activity. For those whose everyday practical problems contribute to a heightened level of stress, an open forum for guidance has been highly valued. The combination of these different types of support creates a strengthening environment for the group where each individual has a possibility to take part in a needs-based and empowering process.

#### Adding treatment possibilities

The intended target group for *Ways Forward* is defined, among other things, by experiencing migration related stress and a need for a supportive environment, although not a need for trauma treatment. As have been made clear by the testbed evaluations, there are no guarantees when it comes to identifying and recruiting individuals from only the intended target group. It therefore seems wise to proceed from the assumption that some individuals will have needs that exceed the capabilities of *Ways Forward*. If possible, swift pathways to appropriate healthcare, trauma treatment, or other kinds of support resources should be made available for these participants.

#### Information about aim and recruitment criteria to motivate and create realistic expectations

When *Ways Forward* merges with other activities in a programme, it is important to present a clear image of the programme's entirety and its parts to potential participants. That is, explaining how the activities come together, if they have different purposes and what they are, what the overall purpose of the programme is, and why these individuals in particular have been offered to partake. Possibilities for continuous repetition or expansion of this information, both in group and individually, should be defined.

#### Promoting mental health literacy to prevent social stigma

Several challenges connected to recruitment, information dissemination, and implementation are seemingly influenced by a mental health social stigma. To prevent these challenges and to further promote the health of programme participants, it is advisable to actively work with mental health literacy (MHL). MHL components such as knowledge about mental health, the mental health care system and other sources of support, as well as cultural perspectives on mental health, have emerged as important. This has been an identified need before testbed implementation<sup>8</sup>, but was further confirmed by the evaluations. PS is currently converting this lesson learned into action by strengthening the modules of in the in-depth training connected to MHL.

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<sup>7</sup> See for instance *Mental health promotion and mental health care in refugees and migrants* (WHO, 2018): [https://www.euro.who.int/\\_data/assets/pdf\\_file/0004/386563/mental-health-eng.pdf](https://www.euro.who.int/_data/assets/pdf_file/0004/386563/mental-health-eng.pdf).

<sup>8</sup> See *Refugee Mental Health: Research and Intervention* (Lund University).

## Implementation of *Ways Forward* programmes

### Practical details to plan for in an early stage of intersectoral collaboration

- An early role identification and mapping of necessary tasks.
- Appointing one or a team of two people with the overall coordinating role. It is preferable that one or both have access to the target group in their professional role, as well as contacts in relevant authorities and organisations.
- Scheduling regular meetings for those who will work directly with programme participants as well as defining the purpose of these meetings, such as being a forum for updates, questions, mutual identification of participants' needs, and possibilities to connect to each other's networks of contacts.
- Apart from scheduled meetings, identify communication channels between operational representatives for impromptu questions, such as scheduling and absent participants.

### Identifying the separate and the mutual

The two testbeds brought together actors who work with slightly differently defined target groups, aims, and methods. In testbed Lund, both the Insam project and *Ways Forward* were intended for newly arrived refugees with migration-related stress. Despite having this in common though, Insam was also for individuals with more severe types of mental ill-health such as PTSD. In testbed Malmö there were several partners involved with their own specific methods, target groups and aims. With this in mind, it seems relevant to discuss target groups and aims at an early stage of intersectoral collaboration, and arriving at a consensus for mutual definitions. This is important for the clarity of each partner (what are we doing and for whom?) and for univocal information to other actors as well as potential programme participants.

### Planning for adjustments

In keeping with the stated challenges of bringing different parts together to form one mutual product, it is important to define what adjustments are needed and by whom to work for the mutually defined target group and aim. Connected to a mutual definition of the target group and aim and the identification of adjustment needs from partners, is the timeframe. For instance, as the Malmö testbed partners managed to be flexible and adapt, they also perceived the time they had to make these adjustments as too short. With the experience that creating synergies through intersectoral collaboration requires time, it seems wise to make room for that as much as possible.

### Planning for long-term health promoting processes

The importance of having a long-term perspective is one factor that is mentioned by all testbed representatives. Whether there is a short project time frame present or not, it is advisable to prioritise building conditions that encourage continued or new activities and engagement for programme participants. In the Malmö and Lund testbeds, this has been done in different ways, for instance: 1) *Ways Forward* is designed for 10-12 weeks but aims to motivate, inform, and equip its participants to engage in further activities which promote their psychosocial health and overall

well-being, 2) the Malmö testbed included civil society activities that made possible the continuation of individual support with the *My Path* method, becoming a volunteer in RådRum, or engaging in an association with NAD, and 3) the Insam project in testbed Lund was in itself a support system in which *Ways Forward* workshop group participants remained after its finalisation.

#### Concluding remarks

This report has presented Partnership Skåne's intersectoral collaboration for method development and method implementation for refugee psychosocial health. It has presented resulting materials, tools, and formats, as well as the main results from evaluations of testbeds in which these were used. Results have been discussed in relation to lessons learned and key conclusions for similar initiatives. With careful consideration of strengths, limitations, and challenges – as well as continued evaluation and possible redirection – Partnership Skåne's methods for psychosocial health promotion has the potential to make a real difference in the lives of newly arrived refugees who experience migration-related stress.

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