Empowering Migrant and Refugee Women's Mental Health and Integration

Training Programme Evaluation Report

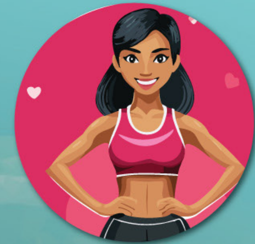
November, 2024

PATHWAYS

TO

WELL-BEING

Positive
Mental Health



Positive
Phyical Health

Healthy Eating

General Wellbeing

Cairde
Challenging ethnic minority health inequalities

An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality, Disability, Integration and Youth

Evaluation of mental health and well-being programme for international protection applicants

'Pathways to Well-being: Empowering Migrant and Refugee Women's Mental Health and Integration'

WRITTEN BY:
Dr Lucy Michael and Gordon Ogutu

DESIGNED BY:
e3 Creative Hub- evelyn@e3creativehub.com

PUBLISHED BY:
Cairde, September, 2024

PROJECT COORDINATED BY:
Sarah Duku *and*
Emilia Marchelewska

FUNDED BY
The Department of Children, Equality, Disability, Integration and Youth

About Cairde

Cairde is a national organisation working to tackle health inequalities among minority ethnic communities by improving their access to health services and their participation in health planning and delivery. Cairde operates two Health Information & Advocacy Centres.

Cairde Balbriggan is a well-established hub for migrant support and signposting to key services. We provide space to 11 different local groups, comprising of Community Development groups, Issue Based groups and Faith Based groups. These groups are as follows:

- Arabic Classes
- Alcoholic Anonymous
- Balbriggan African Community
- Balbriggan Brass Band
- Balbriggan Integration Forum
- Balbriggan Women's Development Group
- Balbriggan Women's Shed
- Family Mirror group
- English conversation classes
- English literacy classes for Roma Women's
- Narcotic Anonymous
- Women's Halaqa group

The Balbriggan Centre hosts regular activities that boost mental health and wellbeing such as art and crafts, cooking and baking, sewing, gardening, yoga and mindfulness, self-advocacy, physical exercise, community development, health knowledge courses and workshops.

Cairde's Be aware, Be well. Migrant mental Health Initiative aims to improve mental health outcomes for ethnic minorities in Ireland through three key actions:

- **Community-based mental health promotion and awareness raising**. We promote mental health and raise mental health awareness within the community, providing resources and information to reduce stigma and increase understanding.
- **Capacity building:** we empower individuals and communities through training and support, enhancing skills and knowledge in addressing mental health challenges.
- **Inclusive policies and services:** we work to bridge the gap caused by language and cultural barriers, advocating for inclusive and culturally sensitive mental health care and promotion.

TABLE OF CONTENT

03 About Cairde

05 Summary

06 Introduction

07 The Need

- 10 Capacity Building

12 Delivery of the Programme

- 12 Preparation
- 14 Recruitment

16 Data Collection

- 18 Results
- 18 Pre-Program focused group
- 19 Participants mid-programme feedback
- 21 End of programme review
- 22 Quantitative measures of subjective wellbeing
- 23 Programme team reflections

26 Conclusion

29 Recommendations

31 References

32 Appendex 1: Programme

34 Appendex 2: Photo Gallery

SUMMARY

In 2024, following a successful community-based pilot in 2023, Pathways to Well-being: Empowering Migrant and Refugee Women's Mental Health and Integration was implemented specifically for women International Protection Applicants (IPAs) living in Direct Provision.

This initiative addresses the unique, interconnected mental health and integration challenges faced by this population. It aligns with relevant policies and frameworks and is informed by evidence-based practices.

Building on its 2023 foundation, the adapted program retains a holistic mental health approach, integrating lifestyle medicine, positive psychology, stress management, trauma-informed techniques, coaching, and healthy habits. Cairde has identified areas for content and delivery adjustments to better serve the IPA population.

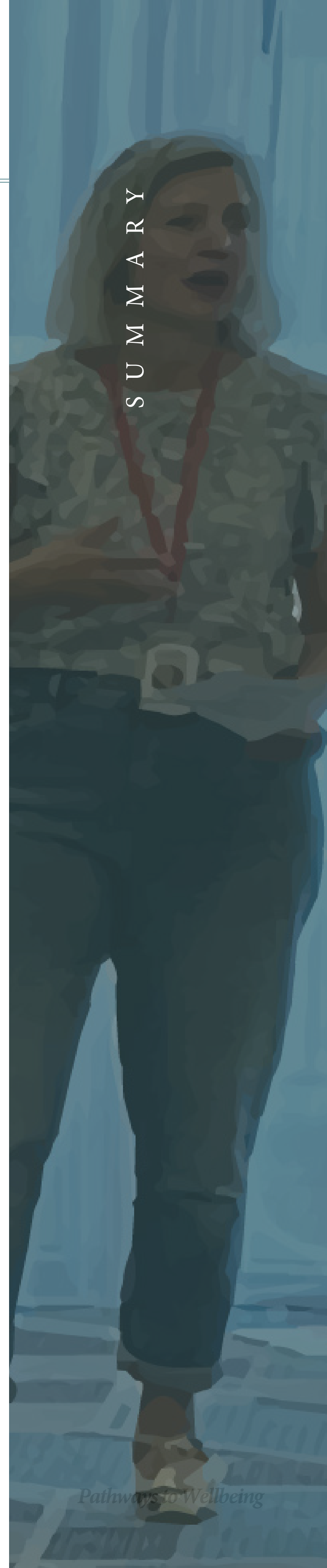
The evaluation employed a combination of qualitative and quantitative methodologies. Weekly data were collected using surveys. The Mental Health Continuum Short Form (MHC-SF) and focus groups with both participants and staff were conducted pre- and post-intervention. This comprehensive approach provided valuable insights into the program's effectiveness.

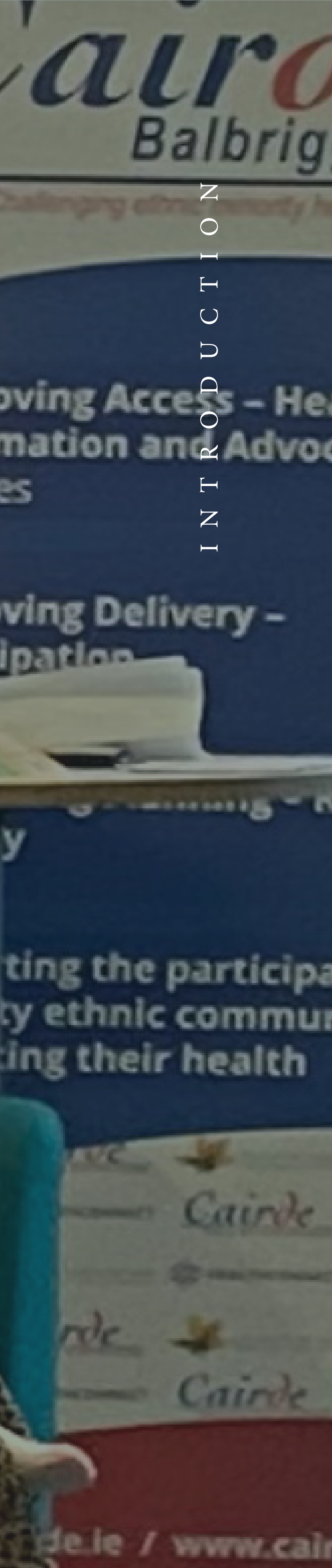
Participants in the program experienced significant improvements in behavior and emotional well-being, including reduced anxiety, better sleep, and stronger self-esteem. Many credited the program's structure for these changes and extended its impact by forming supportive networks within the Direct Provision Centre.

The evaluation demonstrates that the adapted Pathways to Well-being program significantly benefited women in Direct Provision, enhancing their mental health and integration prospects. The insights and recommendations provided herein aim to guide future implementations and ensure that the needs of this vulnerable population are met effectively.

For a broader rollout of Pathways to Well-being, key recommendations include recruiting diverse facilitators, offering language support, addressing childcare needs, securing accessible venues, and building community partnerships. The evaluation report highlights success factors and suggests adaptations for male participants.

The programe was funded by the Department of Children, Equality, Disability, Integration, and Youth, and delivered by Cairde in a Direct Provision center in County Dublin.





INTRODUCTION

The Pathways to Wellbeing programme was successfully adapted in 2024 for Direct Provision setting. Building on the foundations laid in 2023, this adaptation aimed to address the unique mental health and integration challenges faced by women who are recent international protection applicants residing in Direct Provision. By focusing on mental health and Integration, the program acknowledges the intricate relationship between psychological well-being and successful integration in society.

24 migrant women from the community and international protection centre participated in the programme.

The programme was delivered by Cairde in 2024 with funding from The Department of Children, Equality, Disability, Integration and Youth delivered in a venue within a Direct Provision centre in County Dublin.

This evaluation report sets out the experiences of participants and staff and provides an analysis of the factors determining success of the programme with recommendations for wider rollout.

The evaluation was conducted by Lucy Michael ***and*** Gordon Ogutu.

THE NEED

The necessity for addressing mental health challenges within ethnic minority communities, coupled with disparities in accessing and the quality of mental healthcare services, including mental health promotion, is well-documented. The additional challenges faced by international protection applicants and refugees include isolation from family and community life, trauma experienced before and during migration, and for international protection applicants in Ireland, congregated living with other applicants and length of time between arrival and status decision.

Socio-structural factors: These encompass increased exposure to health risk behaviours and inequitable access to essential services such as housing, health, welfare, education, and employment opportunities.

Endurance of hostility and rejection: Ethnic minority populations often face racial discrimination and oppressive systems.

Inequitable access to mental healthcare: This includes fewer pathways to care involving general practitioners, resulting in complex and aversive care pathways, increased use of emergency services, involvement with law enforcement, and involuntary admissions.

The 2023 WHO report on the mental health needs of refugees and migrants examined various patterns of risk and protective factors, as well as facilitators and barriers to mental health care across different levels. Subsequently, it identified five interconnected themes that are applicable to refugee and migrant populations, regardless of their specific group, context, or stage of the migration process. These themes have significant implications for both policy and practice in addressing mental health issues among refugees and migrants.

THE NEED

1. **Self-identity and Community Support:** Being part of a community with shared background and attending school, strong family and community bonds foster mental well-being and are associated with lower rates of mental disorders.

2. **Basic Needs and Security:** Insecurity in legal status, housing access, experiences of racism and discrimination links to mental health issues.

3. **Cultural Concepts of Mental Health and Stigma:** Mental health treatments may clash with cultural beliefs, leading to stigma. Offering support beyond traditional healthcare and aligning therapists with cultural backgrounds can help.

4. **Exposure to Adversity and Trauma:** Migration exposes individuals to trauma, increasing mental health risks. For example, extended detention is associated with increased rates of depression and PTSD.

5. **Navigating Mental Health and Services:** Refugees and migrants often do not prioritize their mental health because they are not aware of the services available free of charge or do not accept health care due to language barriers and concerns around confidentiality. Proactive engagement and practical assistance can enhance accessibility and integration and offer choices about the delivery of mental health services.

There is growing evidence of the impact of post-migration factors on the mental health of refugees. Asylum seekers' subjective wellbeing is closely related to status dissonance, separation and capitals, causing anxiety, worry and fear, and inflicting cognitive disruption (Hartonen et al., 2021).

The time between arrival and a decision is an important phase for determining well-being and opportunity to reduce negative factors (Brekke, 2010). Hartonen et al. (2021) suggest that the concept of the limbus phase of the asylum seeker livelihood transition is useful for describing asylum seekers' experiences while waiting for an asylum decision. Further, their research suggests that activities within reception centres are important interventions for easing the anxiety related to the asylum seeking process. The limbus phase has been well documented in terms of its effect in the Irish system of Direct Provision.

THE NEED

Amongst the factors impacting on people's mental and physical health, extended stays in Direct Provision are a well noted predictor of poor mental health (Brazil, 2021). Recent changes to processing times have addressed some of this, since processing and appeal times previously could stretch to a decade. However, the period between arrival and decision, no matter the length, is a period of great uncertainty. This is because those that are not granted asylum, and not able to return to their country of origin, can neither spatially nor temporally visualize if, when or how a potential change is going to occur (Saagbakkem et al , 2022).

Research literature on refugee integration consistently demonstrates that a "day one" approach to integration advocates that the process should begin from the moment they arrive rather than waiting until they receive formal residency status. This approach reduces negative psychological effects significantly, enables protection applicants to view their future positively, even while they wait for a decision leading to better health, wellbeing, and economic contributions (Fisher et al., 2023).

C A P A C I T Y   B U I L D I N G

CAPACITY BUILDING

A series of studies by Cairde has identified several ongoing significant mental health and wellbeing needs of ethnic minority populations in Ireland. The report 'Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations' proposed that future programmes build ethnic minority communities' capacity to address mental health needs.

The Cairde 2015 report (Bojarczuk et al., 2015) on barriers to accessing mental health services concluded:

> *"Community participation is integral to the process of addressing the barriers identified. The capacity to meaningfully engage in the process of identifying and analysing their own needs should be built into ethnic minority communities to develop their own mental health agendas and strategies to address social determinants of mental health.*
> *The findings of this consultation also demonstrate that communities experiencing multiple forms of disadvantage and disempowerment need to address mental health stigma from within their own socio-cultural context. This means that existing anti-stigma campaigns and mental health initiatives do not reach minority ethnic communities and that understanding, and awareness need to be fostered at a community level. National anti-stigma campaigns and initiatives must also move away from Westernised medical concepts of mental health illness and develop new approaches to target minority ethnic groups by placing greater emphasis on positive dialogue with communities, families, spiritual and religious leaders and youth groups. This would require developing new models of engagement to create more effective partnerships with ethnic minority communities regarding mental health."*

In response to the findings, Cairde launched the Be Aware, Be Well Migrant Mental Health Initiative, which focuses on community-based mental health promotion, capacity building, and amplifying minority experiences to drive inclusive policies and services.

In 2022 Cairde received funding from HSE Social Inclusion Dublin North City & County to develop and deliver health promotion programmes for Roma and minority ethnic community in Balbriggan. The associated consultation process highlighted the extent to which women were contending with a range of mental health and wellbeing concerns. These included the strains of daily life, familial and community challenges, health issues, migration-related stressors, feelings of isolation, mental health struggles, and past traumas. Additionally, there were concerns regarding the accessibility and relevance of existing mental health support services.

CAPACITY BUILDING

In 2023, the Pathways to Wellbeing: Empowering Migrant Women's Mental Health training programme was implemented to empower participants with the knowledge and skills necessary to manage and enhance their mental health and overall well-being. Cairde aimed to develop and test a model for a mental health and well-being training programme catered to migrant and refugee populations that.

The evaluation of this programme noted that there were sustained changes in mental health behaviours and outcomes over the period of the programme, and participants were able to recognise and identify facilitating factors for sustainable change during the programme and reflect on these at the programme end.

There was clear progress across the programme in participants' perceived sense of empowerment, self-efficacy, and confidence in managing their mental health concerns after participating in the program.

CAPACITY BUILDING

DELIVERY OF THE PROGRAMME

Preparation

As part of preparing for the 'Pathways to Wellbeing: Empowering Migrant and Refugee Women's Mental Health and Integration' program, the Cairde team reported that they first reflected on the recommendations of the last report and planned to focus on the core strengths; the holistic approach to mental health, the framework of lifestyle medicine pillars, and positive psychology approaches such as stress management and trauma techniques. Other strengths worth noting from the previous pilot project were the coaching approach and supporting healthy habits formation.

The team conducted a literature review on how positive psychology programs are delivered to refugee populations. One of the programs used for benchmarking was the 'Bamboo' program, which is a mental healthcare programme for refugees and asylum seekers in the Netherlands. Analysis was carried out on how the programme was delivered in terms of content, approach, and the adaptations. Bamboo is a culturally sensitive psychosocial support programme delivered to refugees and asylum seekers in the Netherlands, with the aim of enhancing personal strength, self-esteem, positive relations and emotions (Hendriks et al, 2024). After implementation in over 50 asylum centres, outcomes included, "resilience, satisfaction with life, positive and negative affect, and self-esteem".

As a result of the review, the programme delivered in 2023 was adapted by ensuring focus on building informal social connections and signposting, fostering hope in times of adversity and uncertainty, and defining purpose in a new country. Funder requirements also shaped the programme's focus interlinking mental health and integration. Integration was addressed specifically through focus on building social connections within and beyond the Direct Provision centre, bringing volunteers from Cairde Balbriggan, locating a session in the Cairde Balbriggan centre, inviting guest speakers and signposting individual participants to a range of statutory and non-governmental organisations for further support. These activities highlighted the bonding, bridging and linking aspects of integration (Strang and Quinn, 2021), and encouraged confidence amongst participants to engage with each aspect.

DELIVERY OF THE PROGRAMME

A support referral process was provided through the program by Cairde's Advocacy Officer and Peer Support Volunteer who is also an accredited mental health and wellbeing coach. Individual participants could be referred to either team member based on identified needs.

Based on feedback from the 2023 delivery, it was determined that these team members should attend the induction session in person to speak about their roles within Cairde and specifically within this program. Both shared their own prior experiences within the International Protection process and Direct Provision system, which staff felt increased their relatability to participants and built initial trust in the peer support referral process.

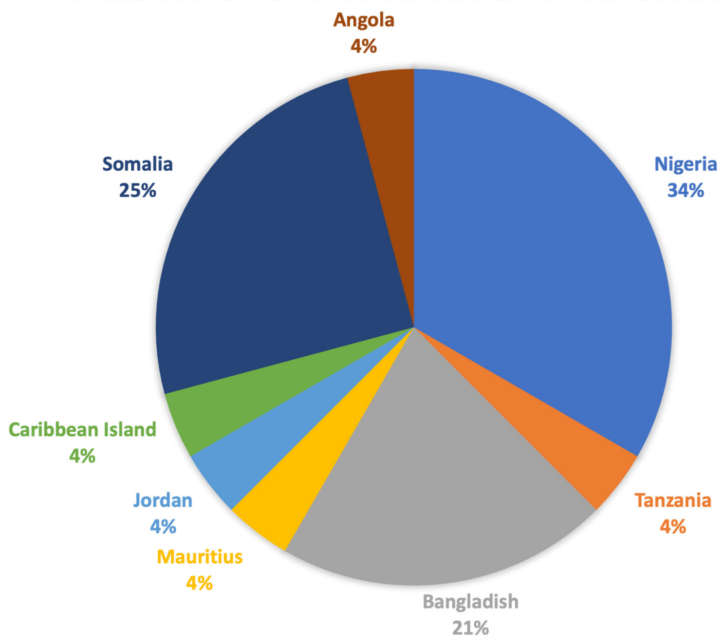
Seven participants were referred for four sessions of peer support. No direct referrals were required to the Advocacy Officer, as relevant issues were resolved during the program delivery by the program team, with additional support from Crosscare, which provides services at the same venue on an ongoing basis.

RECRUITMENT

The programme team reported a range of factors which determined the recruitment approach and success. Based on previous delivery experience and stakeholder consultations, it was felt to be important to acknowledge cultural stigmas and medicalised understandings of 'mental health'. This was achieved by using a suitable programme name, 'Women's Wellness & Integration Programme and developing non-stigmatizing promotion materials. Nonetheless, 'mental health' was specifically mentioned in the programme description to attract participants seeking to improve their well-being due to mental health challenges. An information session was delivered in the Direct Provision centre prior to recruitment to inform residents about the training programme and gather expressions of interest. Participants were also referred via Crosscare, a migrant support organisation based in the hotel, and Cairde-HSE mobile health teams. Both were briefed on the content and benefits of the programme.

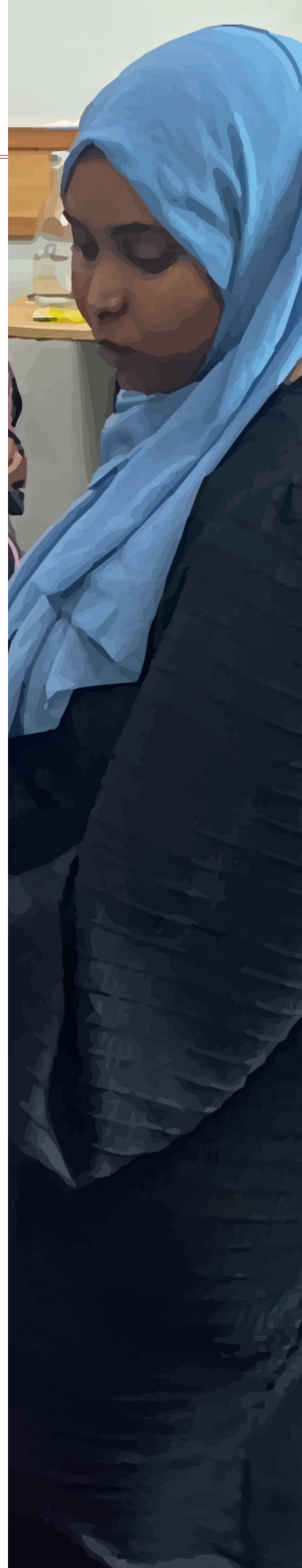
Childcare was identified as a need in the preparation of the programme, but as the hotel venue (operating as a Direct Provision centre) did not have a separate room available to locate a childcare provider, participants were offered financial support to make their own arrangements. This was not possible for some participants, who were still breastfeeding or who did not have a trusted caregiver available. As a result, children under the age of 4 were present at all sessions. This was a new and significant challenge in the delivery of the programme, for participants and for the programme delivery team and evaluators. During recruitment, English language support was identified as being required for the participation of Somali, Arabic and Bangla speakers. The programme and materials were provided only in English. A Cairde staff member provided Somali interpretation during sessions. The Arabic and Bangla speakers had some proficiency in English. The Arabic speaker managed her participation using an online translation app and support from a Cairde volunteer. The Bangla speakers self-organised to draw on their collective proficiency. For evaluation purposes, the validated Arabic version of the MHC-SF was adopted, and the MHC-SF was also translated into Somali by Cairde (non-validated). Weekly reviews were translated for Somali and Arabic speakers.

Key differences between the 2023 participant cohort and 2024 participant cohort were that the latter were based in an institutional residential setting, they were not yet part of residential communities in Ireland, they had newly arrived in the country—most for less than a year in Ireland—and several had young children. In comparison, the 2023 cohort were mostly resident for more than 5 years in Balbriggan town, in their own homes, and most had teenage or adult children, as well as marital partners. Most were registered in some form of community education or part-time education, and some were in employment. Some were already Irish citizens. In the 2024 participant cohort, the events causing them to seek support for mental health were more recent and of traumatic nature, other reasons related to living in Direct Provision and seeking international protection. Some participants had applied for places on the programme after its commencement due to word-of-mouth recommendations by participants during the early weeks of delivery.



Childcare Needs Provided

33%



DATA COLLECTION

Data on the delivery and impact of the programme was gathered at the outset, throughout the programme and at the end of the programme through qualitative and quantitative measures. These were first used in the 2023 programme delivery and reviewed for the adapted programme and are described below.

1. The Mental Health Continuum Short Form (MHC-SF)

The Mental Health Continuum Short Form (MHC-SF) is implemented here as a measure of emotional, social, and psychological wellbeing (Keyes, 2009). This has been selected for its high level of reliability over a short time.

The short form of the MHC has shown excellent internal consistency (> .80) and discriminant validity in adolescents (ages12-18) and adults in the U.S., in the Netherlands, and in South Africa (Keyes, 2005b, 2006; Keyes et al., 2008; Lamers et al., 2011; Westerhof & Keyes, 2009). This is based on 4-week test-retest reliability.

The short form of the Mental Health Continuum (MHC-SF) is derived from the long form (MHC-LF), which measures emotional well-being, the six dimensions of Ryff's (1989) model of psychological well-being, and the five dimensions of Keyes' (1998) model of social well-being. The MHC-LF form measures of social and psychological well-being have been validated and used in hundreds of studies over the past two decades. The MHC-SF measures three levels of positive mental health: flourishing, moderate and languishing mental health.

The MHC-SF consists of 14 items that were chosen as the most prototypical items representing the construct definition for each facet of well-being. Three items (happy, interested in life, and satisfied) represent emotional well-being, six items (one item from each of the 6 dimensions) represent psychological well-being, and five items (one item from each of the 5 dimensions) represent social well-being. The response option measures the frequency with which Participants experienced each symptom of positive mental health, and thereby provided a clear standard for the assessment and a categorization of levels of positive mental health that are similar to the standard used to assess and diagnosis major depressive episodes (see Keyes, 2002, 2005, 2007). The Mental Health Continuum Short Form (MHC-SF) were translated into two languages: Somali and Arabic.

2. Weekly reviews

Feedback forms were also collected from participants on a weekly basis, which gave a snapshot in time

DATA COLLECTION

3. Focus groups pre- and post-activity

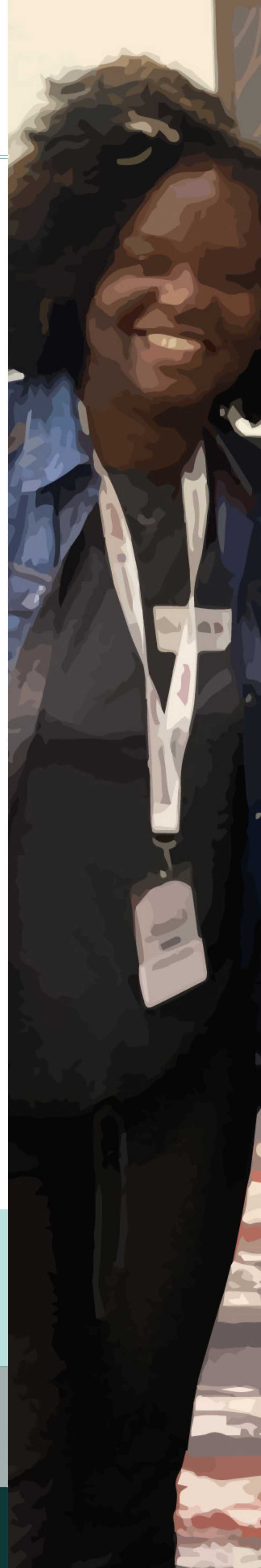
Focus groups provide an opportunity to gather in-depth, qualitative data. Participants can express their thoughts, feelings, and experiences in their own words, allowing researchers to gain a nuanced understanding of their perspectives. This is particularly valuable in exploring complex topics such as mental health where individual experiences vary widely.

Utilizing focus groups in the evaluation of a mental health education programme for ethnic minority and migrant women offers a nuanced understanding of their experiences and perspectives. In the context of this specific demographic, focus groups provide a robust platform for gathering qualitative data, allowing participants to share their insights in a supportive, communal setting. The pre-activity focus group provided valuable insights into participants' initial attitudes, identifying cultural factors that affect engagement with mental health education.

Leveraging group dynamics, it encouraged participants to share, challenge, and validate perspectives, which is especially beneficial in multicultural settings. For ethnic minority and migrant women, focus groups foster communal support and help researchers understand collective attitudes within the community.

These women may share common experiences and challenges related to their background, making a focus group an ideal setting for open dialogue and the exchange of diverse perspectives. The interactive and participatory nature of focus groups facilitates a deeper exploration of cultural nuances that may impact mental health awareness and intervention.

The post-activity focus group enriches the evaluation by capturing participants' experiences and perceptions of self-growth, offering valuable qualitative insights into the program's impact.The emphasis on self-growth is particularly relevant in mental health education, where individual experiences and perceptions play a crucial role in determining the efficacy of the intervention.



The key indicators of success in this programme.

	Capacity of participants to narrate the relationship between programme content and changed behaviours or outcomes.		Adoption by participants of a range of health and wellbeing measures
	Continued engagement by participants throughout the programme		Positive increases on the MHC-SF measure.

Pre-programme focus group

Reasons for participation in the programme varied, and most participants mentioned more than one reason. The most common response was the lack of available activities or facilities to help participants stay busy and interested in everyday life. This was seen as necessary because of the isolation of residents from local communities and cost of local leisure activities as well as the lack of knowledge about activities in the area.

"There's nowhere to go. We eat and sleep in the same place. We walk nearby."

Four participants said they wanted to learn something. Another two participants said, *"I want to understand myself better"* and *"I want to like myself better".* Two participants said they wanted to get to know people from different backgrounds, and also learn more about Ireland.

Asked what do you think might change as a result of participation: several participants referred to the lethargy they experience regarding self-care connected with their isolation and demands on them as single mothers of young children. One said she sleeps all the time during the day because her baby is awake at night. Another said she must sleep at night because her baby is awake all day and she's tired all the time. Another pregnant woman said she's tired all the time, and she wants to be healthier. However, lethargy was also experienced as an element of the international protection application process because they feel that they are *"in limbo"* while their application was processed. One woman identified the lack of structure in her days as difficult to manage compared to a busy life before migration and said, *"I want to sleep less. I want to exercise more. I want to meet people and make some friends".* Another recognized the need to make a proactive change to improve her life. *"I want to be happier. I want to find a way to manage myself better."*

Activities they were already undertaking for their good health included meditation and prayer, learning new things, and going for walks. However, several participants said that their current position, including isolation, lack of knowledge of local facilities, and economic constraints meant that their previous ways of looking after themselves, or boosting their sense of positivity or interest in life did not transfer to their life in Ireland.
Each week the participants were asked to complete a short number of questions reflecting on the session contents and their application between sessions, as well as several other questions varied through the programme to explore their experiences.

Participants mid-programme feedback

These are produced in summary below:

In week 1, participants reported learning a variety of techniques for stress reduction: prioritising oneself, stress management, mental health, and self-care. Participant #12 mentioned looking forward to creating *"space for thinking about myself,"* while Participant #22 planned *"to manage whatever crisis comes my way."*

Participants were asked "*What did you learn today that you might use in the next few weeks?"* Relaxation and emotional management were the most common responses. Participant #19 talked about *"learning how to manage my anger and emotions,"* while Participant #18 said they would *"maintain own mental health, body, relax and enjoy."*

In week 2, participants overwhelmingly identified their learning as related to doing more physical activities such as pelvic floor exercise and healthy eating habits. Participant #10 planned to *"exercise and think positive instead of negative thinking",* and Participant #6 was interested in being *"happy and doing a lot of exercise to enhance metabolism."* Participant #2 hoped to pay attention to *"the sugar intake and how to reduce it and eat healthy"* while Participant #12 planned *"to be around a healthy food environment."*

Intended use of the session content in the coming weeks was focused on physical activity, positive thinking and the development of healthy habits. Participant #10 intended to start *"socializing in the hotel, exercising for the mind and dancing"*, while Participant #12 mentions *"dancing and good exercise."* On change of habit, Participant #9 mentioned they would *"think positive always"* while Participant #3 talked about adopting *"the tiny habit method."*

In week 3, participants identified their learning as mainly in the realm of attitude change and cultural awareness, with Participant #5 stating *"staying positive and being grateful for little,"* and Participant #15 focusing on *"how can I make myself more good and more composed towards the worst things"*. Moreover Participant #23 talked about *"understanding that we are from different countries and we have different beliefs as well."* Participant #25 said *"I learned different things, but most important we should respect all different cultures."* New friendships within the hotel are also a common theme by week 3. Participant #10 mentions learning *"how to choose my friends and how to hang out with my friends,"* while Participant #11 states "*not keeping my circle with bad energy people."* Participant #23 said "*I would try to get my child to learn her different culture and also let her know how to respect her elders*". Participant #29 suggested "*speaking more languages and learning about other people's foods".* The most common response to the question about use of the content in coming weeks related to exercise, closely followed by dancing and art. **In week 4,** the most immediately useful learning related to becoming more compassionate and self-confident.

Participant #4 intended "*to be more empathetic and compassionate to myself and to friends and family"* while Participant #7 thought about *"how to build my self-confidence and how to be compassionate to myself and the people around me."* Participant #15 said they intended to try to *"believe in myself and say positive words about myself."*

Over the coming weeks, the majority believed they would most use the content on being positive and confident in doing things were mentioned by the majority of the participants. Participant #1 talked about being able to *"try something new knowing I will make a mistake and learn from it."* Participant #4 suggested, *"telling myself I can do it and being more confident."* Participant #11 mentioned giving *"chance to yourself to do something new so you can have or build confidence."*

RESULTS

Throughout the programme, participants consistently mentioned the value of having music and a space to enjoy dancing with other women, and requested more of this type of activity. This both reduced stress and provide relief from the controlled noise environment of the bedrooms and other hotel spaces. This was emphasized by participants at the start of the programme, but as the programme progressed, participants sought opportunities for other types of physical activity and help with reducing the mental impact of phone and social media connections.

Broadly the feedback on learning impact can be grouped into the following categories:

1. Healthy eating
2. Positive Mental health
3. Positive Physical health
4. General individual well-being

These included:

- Managing exposure to food and eating environments, in particular to reduce everyday sugar intake
- Taking exercise to increase factors affecting positive mental health
- Using music and dance, breathing techniques and other self-regulation techniques to increase a sense of well-being and manage stress
- Undertaking time management and self-care activities on an ongoing basis
- Managing use of phones and social media to reduce stress

The feedback also particularly illustrates the understanding acquired by most participants during the programme of the impact of good physical health on increasing positive mental health.

Participants pointed to the hotel environment in which they're living (close to a motorway and few pathways or parks close by) as particularly increasing lack of exercise and time outdoors and the provision of standard meals at set times with few healthy options as increasing sugar intake. In addition, the isolation of the participants from their family and friends overseas and even in other parts of Ireland increases the likelihood that they are highly emotionally affected by phone and social media interactions. The latter becomes particularly relevant during the end of programme feedback.

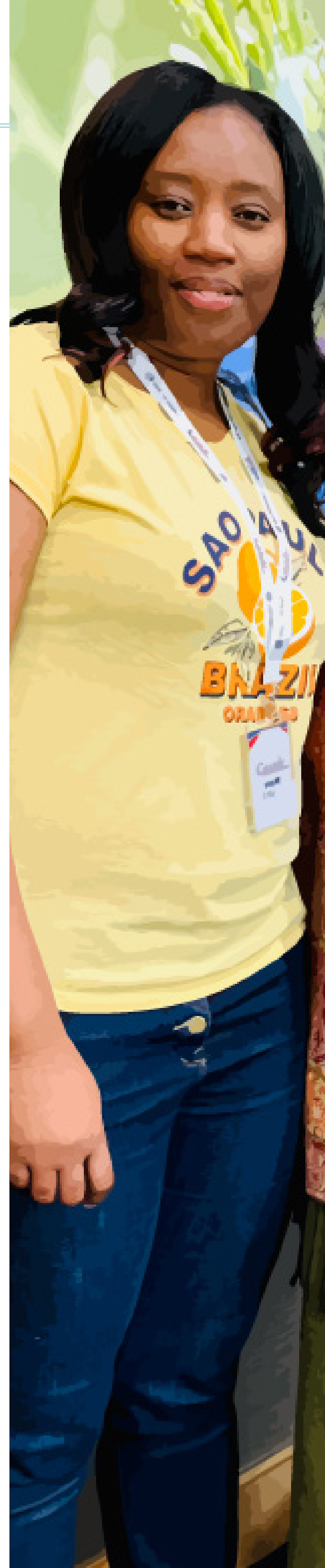
End of programme review

A focus group discussion was conducted with the programme participants to understand their experiences and the impact the programme had on their lives. One participant shared that before the programme, she was stressed most of the time. Additionally, she was shy and unsure how to speak in front of others. However, through drawing, she now feels better and more positive and has stopped eating junk food, which she used to consume whenever she felt stressed. As a result of the programme, she is now happy and looks forward to the next class on Thursday. The participant also mentioned that the dancing lessons have helped boost her self-confidence and improve her mood.
Another participant shared that before the programme, she was very sad and would often cry. However, when she began the programme, she met someone (Gloria) who talked to her and helped her feel okay. As she continued to attend the classes, she felt relieved and less emotional than before. She also gained the confidence to speak in front of others, which was not the case before when she was shy. Additionally, the participant noted that because of the programme, she was now confident, able to control her emotions, and had higher self-esteem, which she attributed to her colleagues who did not judge her but instead motivated and encouraged her to be better. Through the classes, she felt inspired and motivated to do more and to become a better version of herself. For that, she was thankful to the organizers.

Regarding some of the positive aspects of the programme, one participant stated that it changed her mentality and made her feel grateful for many things, such as learning new skills, waking up in the morning, being alive, and seeing her baby. The participant added that through the programme, she could now appreciate the differences between herself and her colleagues. Another participant noted that a positive aspect of the programme was learning to speak positively about herself and engage in positive actions. Other participants mentioned meeting new people, developing new perspectives, prioritizing themselves, gaining confidence, and having a sense of purpose every day as additional benefits of the programme.

In terms of the programme's impact on the participants, some expressed disappointment that it was coming to an end, with one participant stating she felt *"sad that it was coming to an end"* the following day. According to her, she learned new things, particularly self-control and how to share her feelings with others. The participant said:

"The programme should not go to an end, they should just be going on and not because I learned a lot of things that is even more useful, at least the way I came into this program, my life as never remained the same. I was able to control myself in some aspects, even get more things that I even share with people."



In terms of content, one participant said that she learned new things from the programme, such as being compassionate, showing empathy, and taking care of herself. In addition, she mentioned that she enjoyed exercise sessions like soft belly breathing, which she would continue to practice as part of her daily routine. Dancing and yoga were also highlighted as activities that made the participants happier and gave them strength. Another participant discussed learning about determination and focusing on one's goals as one of her favourite aspects of the programme.

The team that was involved in the programme was also mentioned as a good aspect of the programme.

"I really love the team, it is really very humble, cooperative and I love all I remember this session and hope I attend further like these sessions that will enhance my knowledge."

From the programme, many participants made friends, which was a positive change as some of them mentioned that they felt isolated and alone before the beginning of the programme. Ten of them made new friends.

"I'm not bored because I have good friends. And whenever we feel more lazy. We enjoy and play Ludo and take a cup of tea and enjoy each other's company and share our thoughts and feelings with each other. So we are very happy because after this session we will learn about social connection. And I really improved the social connection, made friends, this really managed our stress, and we became more social with each other."

Quantitative measures of subjective wellbeing

The MHC-SF questionnaire was administered to produce a pre- and post-programme measure of subjective wellbeing.

Participants self-administered the questionnaire in a group setting under verbal guidance. Participants who did not have English as a first or fluent language were invited to ask for assistance if needed. The questionnaires were analysed by the evaluation team. After the administration of the first questionnaire, there was an individual declaration of a past significant mental health problem and additional support measures were put in place for this individual.

MHC-SF measures at the start and end of the programme were compared. Not all of those who submitted a MHC-SF questionnaire commenced the programme at Week 1, or completed the final session. A small sample were invalid because of misunderstanding or failure to complete every question. Language barriers were an important factor affecting validity. For this reason, we extract a sample of nine as the "test-retest" sample and examine the others in the context of overall wellbeing of the cohort at end of programme.

For this reason, we extract a sample of nine as the "test-retest" sample and examine the others in the context of overall wellbeing of the cohort at end of programme.

Of the sample of nine, five participants demonstrated a gain of less than 5 points. One of these participants, looking at the qualitative data collected, had recent experience of another wellbeing intervention. Another was resident for a longer period than other participants and had already established a friendship with an Irish person. All had scores which placed them in high subjective wellbeing across all areas.

Three participants with gains of 8, 12 and 17 points demonstrated gains across all areas, but in particular in areas that suggested gaining a sense of control over their lives.

The participant with the largest gain of 21 points finished the programme with 'moderate' mental health. However, it is worth noting the extent of change for this participant in several areas. In the initial assessment, she answered 'never' for "Happy, "Interested in life", "That you had warm and trusting relationships with others", "That your experiences that challenged you to grow and become a better person", and "Confident to think or express your own ideas and opinions". By the end of programme, all these improved, the latter two to 'every day'. Two further variables improved from "once or twice". However, the variables which did not change were "That people are basically good" and "That your life has a sense of direction or meaning to it". The latter is, however, an outlier compared to the other participants for whom a sense of direction was one of the variables most reported as improved.

Across these participants and across the range of all questionnaires, the indicator which increased in frequency most often was "That your life has a sense of direction or meaning to it". This suggests that the programme is particularly effective in addressing the negative effects of the "limbus phase" after arrival.

Programme Team Reflections

A group interview was held with the programme team after completion of the delivery. The team highlighted several aspects that worked well which we outline below.

Central to the success of the programme was the holistic approach to mental health. The team delivered a programme based on core strengths identified in the community-based pilot.

RESULTS

This included using the pillars of lifestyle medicine as a framework (physical activity, stress management, social connections, sleep, and diet & substance use), while embedding positive psychology theories and interventions, stress management techniques, and trauma-informed practices developed for refugee populations, with a focus on building connections in a new country. The approach also incorporated a health habit formation framework and a coaching methodology. The team felt that this holistic approach, focusing on providing information, enabling personalized health behaviours, and taking the environment into account, was well-suited to the needs of the international protection applicant population.

As a result of the approach taken a sense of community developed among the participants. The team consciously promoted this group cohesion and peer support throughout the program. They observed that participants began helping each other, relying on one another, and feeling less isolated.

The inclusion of specific migrant-focused content, tailored to the participant group, enhanced the programme's relevance. The team incorporated sessions on cross-cultural awareness and refugee mental health, as well as improving social connectivity through volunteering, focusing on what participants can control, and inspiring hope. It was fortified by a coaching approach that allowed participants to personalize information and develop solutions that suited their lifestyles and preferences.

Peer support from community representatives was amplified in this programme through in-session participation. Having several community members participate was seen as very beneficial because they were able to share their own integration stories, provide peer support in a relatable way, attend to emotional needs and provide appropriate signposting. Additionally, several participants engaged in online sessions with a Peer Support volunteer trained in Mental Health & Wellbeing Coaching. This helped build trust and make the programme feel more welcoming and inclusive and responsive. This development specifically responded to recommendations from the previous evaluation report.

Despite the limitations of running the training in a Direct Provision centre, participants engaged with local organizations such as Mental Health Ireland, Sonas, and Black Therapists. A trip to the Cairde Balbriggan Center was considered an important introduction to life beyond Direct Provision. Participants met with representatives from local authorities, support organizations, and community members. A walk on the beach allowed for physical activity and a connection to nature to boost wellbeing.

Programme Team Reflections

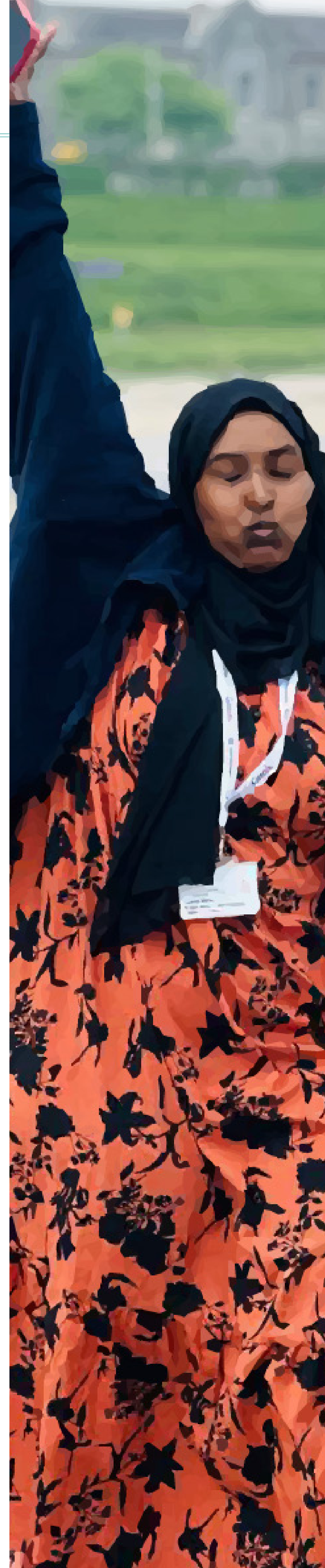
A communal lunch featuring national dishes boosted the sense of community and integration, both of which are important for fostering openness to the new country and celebrating one's roots. Further, participating in the activities of the "HELLO, How Are You?" campaign day in Balbriggan aimed to also challenge mental health stigma and promote social connections.

These enriching experiences culminated in, the final celebration session brought together participants, Cairde, and other supporting organizations such as HSE and Crosscare, serving as another highlight of the program. During this session, participants shared their experiences, danced to music, and celebrated together, fostering a joyful and community-building atmosphere at the end of the program. This event underscored the significance of the programme for all stakeholders involved.

Reflecting on the programme as a whole, the team felt the programme was able to foster a strong sense of community and provide culturally-relevant mental health support for the participants. This is a unique intervention for this target group and feedback to the team throughout the programme from participants reinforced this view. The highlight from the teams's perspective appears to have been the organic development of a supportive community among the participants, where they started helping and relying on each other. This was seen as a key positive outcome of the program.

At the time of writing the evaluation report, Cairde has a waiting list of about 80 people, both men and women. Word of mouth has been a strong driver of interest in the programme. Cairde staff report the following comments from interested applicants.

"I want to be as confident as the ladies who participate in the training; we see them in the corridors."
"I'd like to learn more about mental health and health; I think it's important."



CONCLUSION

This evaluation has sought to establish causal attribution between the programme and resulting changes reported by participants. Causal attribution does not require that changes are produced solely or wholly by the programme. Rather, this evaluation takes into consideration that other causes may also have been involved (external factors), for example, other programmes in which participants participate, or contextual factors in the lives of participants. These are accounted for in the above analysis. The reflections shared through focus groups have helped to understand the individual impact of the programme on participants' lives in that wider context. To this end, we selected 4 key indicators of success:

1. Positive increases on the MHC-SF measure
2. Continued engagement by participants throughout the programme
3. Adoption by participants of a range of health and wellbeing measures
4. Capacity of participants to narrate the relationship between programme content and changed behaviours or outcomes.

Indicator 1: Positive Increases on the MHC-SF Measure

The Mental Health Continuum Short Form (MHC-SF) evaluations demonstrated moderate but consistent positive shifts in most participants' emotional, social, and psychological wellbeing throughout the program, and very significant positive shifts for a smaller number. The indicators for flourishing mental health were met for all participants who attended more than 3 sessions and completed the final MHC-SF, highlighting the programme's efficacy in fostering positive mental health outcomes.

Through the focus groups, participants shared narratives connecting programme elements to improved emotional state, sense of control over their own lives, and understanding of factors for wellbeing, even within the constraints of their immigration status and living conditions Participants demonstrated improved behaviour, such as healthier diets, even within the constraints of catered meals, managing anxiety and sleeplessness, and fostering new relationships. Participants reported positive shifts in emotional well-being, reduced anxiety, better self-worth, and improved self-perception.

Indicator 2: Continued Engagement by Participants Throughout the Programme

Participants were engaged and actively involved in the final focus group, expressing eagerness to share their experiences. Participants discussed various techniques adopted from the programme and their impact on daily life, showcasing sustained engagement. Participants appreciated the variety of tutors, presentation styles, and activities,

contributing to sustained interest and engagement. Variation in attendance was generally explained by competing appointments (medical or legal), with participants keen to return nd to take part in future opportunities.

and to take part in future opportunities. Connection with the peer support team within the programme was seen as a positive by participants but they also commented on the desirability of greater social interaction with local people in this or a future programme.

Indicator 3: Adoption by Participants of a Range of Health and Wellbeing Measures

Participants embraced various techniques like breathing exercises, walking, sleeping regular hours, meditation, and healthy eating.

These were described as very important because of the constraints of living in a congregated setting and the lack of structure beyond catered meals in daily routines.

The MHC-SF measures emotional, social, and psychological wellbeing, showing progress across these dimensions throughout the program. Participants exhibited particular progress in specific areas, such as a sense of direction. In the final focus group, they described proactively building friendships of mutual support with other participants, particularly necessary for single mothers and people who did not speak or write English well.

Indicator 4: Capacity of Participants to Narrate the Relationship Between Programme Content and Change Behaviour or Outcomes.

Participants linked programme content to behavioural changes, citing examples of using techniques to manage stress, set boundaries, practice self-care, and improve family dynamics. Most participants demonstrated a strong capacity to narrate the relationship between the programme content and their changed behaviours or outcomes. They were able to articulate how the programme helped them gain confidence, control their emotions, and develop self-care and self-love. They expressed gratitude for the inspiration and learning provided, and were able to identify specific skills they gained, such as positive self-talk and making new social connections. Focus group participants were able to reflect on how the programme content, activities like dancing and shaking, and the supportive environment led to personal growth and improvements in their mental health and well-being. They also provided constructive feedback on areas that could be improved, such as better accommodations for children and ensuring punctuality, demonstrating their engagement with and understanding of how the programme design impacted their experience.

CONCLUSION

However, a small cohort had some difficulty directly articulating the specific changes or outcomes they experienced from the programme content. The final focus group indicates that while the participants generally expressed feeling happier, more relaxed, and having made positive changes like improving their diet and exercise, some struggled to provide detailed explanations of how the programme content led to those changes. These participants appeared to have an overall positive experience, but verbalizing the direct relationship between the programme content and their personal changes was challenging for them. These participants tended to be those who experienced language barriers and those who cared for their children during the programme, decreasing their focus on the content and having significant demands outside the programme on their time and energy.

Participants actively engaged with the program, adopting various techniques and practices into their daily lives, resulting in observable changes in behaviour and emotional well-being. Most participants attributed these changes directly to the programme's content and structure. Moreover, they extended the supportive environment they found in the programme through building mutual support relationships within the Direct Provision centre.

RECOMMENDATIONS FOR ROLLOUT

The programme adaptation for Direct Provision has successfully demonstrated the need for mental health and well-being supports for international protection applicants and has established a model of practice that can meet this need. We recommend that the adapted programme be considered for a more extensive rollout. Based on the evaluation above, we identify the following elements necessary to support the rollout of this programme. These elements reflect the findings of the evaluation and the identified factors essential for ensuring consistent quality, accessibility, and cultural responsiveness across diverse participant communities.

Staffing and Facilitation

Recruit and train facilitators with diverse cultural backgrounds and language skills to meet participant needs. Ensure facilitators receive comprehensive training on cultural sensitivity, language accommodation, and responsive programme delivery, utilizing a manual to standardize practices and highlight cultural adaptation requirements. Hire dedicated programme coordinators to manage logistics, participant recruitment, and ongoing evaluation. Establish referral pathways to peer support, advocacy services, and appropriate mental health services to address the practical and mental health needs of participants.

Language Support

Standardize language support by ensuring that core programme materials are translated into the languages of the target participant group. Provide simultaneous interpretation during sessions or, at a minimum, brief facilitators on accommodating language needs. Funding for language supports must be secured upfront in the programme budget.

Childcare Provisions

Address childcare needs by offering on-site or subsidized childcare to facilitate full participation, as well as standalone sessions for women with young babies. Ensure that childcare costs are included in programme budgets when applying for funding.

Venue and Logistics

Secure suitable programme venues that accommodate the needs of diverse participant groups, including space for children. Ensure venues are equipped with necessary facilities such as projectors, screens, and flexible seating arrangements. Provide transportation assistance or subsidies to help participants access programme locations, including community-based venues, to enhance integration between local communities and international protection applicants.

RECOMMENDATIONS FOR ROLLOUT

Community Engagement

Develop strong partnerships with local migrant, refugee, and community organizations to support participant recruitment and ongoing engagement. Involve community representatives and peer supporters as integral members of the programme delivery team. Leverage community networks to build trust, enhance cultural relevance, and increase programme visibility.

Monitoring and Evaluation

Implement robust data collection and evaluation mechanisms to continuously assess programme impact and identify areas for improvement. Allocate resources for regular programme reviews, participant feedback, and outcome tracking. Use insights to refine the programme model and improve implementation for future rollouts.

The programme adaptation for Direct Provision particularly highlights the importance of anticipating and adequately resourcing the language, cultural, and logistical needs of the target participant group from the outset. This approach helps ensure that the programme is accessible and impactful for the intended beneficiaries. In addition to the above elements, delivery teams should strengthen facilitator preparation by providing briefings on the specific needs, backgrounds, and language abilities of the participant group. Facilitators should be encouraged to remain flexible and responsive to participant feedback during the programme. Finally, delivery teams should consider adaptations for delivering the programme to a male cohort, including recruitment strategies that address cultural and gender stigmas surrounding mental health support.

REFERENCES

Bojarczuk, S., Marchelewska, E. and Prontera, M. (2015) Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations. Dublin: Cairde. Available: https:// cairde.ie/wp-content/uploads/2009/08/CAIR_001_Document_P7.pdf retrieved 11 January 2023]

Brazil, P. (2021). Direct Provision in a Time of Pandemic. Studies: An Irish Quarterly Review, 110(440), 407-414.

Brekke, J. P. (2010). Life on Hold–The Impact of Time on Young Asylum Seekers Waiting for a Decision. Diskurs Kindheits-und Jugendforschung/Discourse. Journal of Childhood and Adolescence Research, 5(2), 9-10.

Fisher, D. X., Hunter, S., Qadir, S., & Phipps, A. (2023). Towards two-way integration: A comparative review of refugee integration strategies. UK Borderscapes, 37-51.

Hartonen, V. R., Väisänen, P., Karlsson, L., & Pöllänen, S. (2021). 'Between heaven and hell': Subjective well-being of asylum seekers. International Journal of Social Welfare, 30(1), 30-45.

Hendriks, T., de Jong, J., Hassankhan, A. et al. (2024) BAMBOO for Refugees—A Culturally Sensitive Positive Psychology Intervention: A Protocol for a Pilot Randomized Controlled Trial. Int J Appl Posit Psychol. https://doi.org/10.1007/s41042-023-00139-w

Mental health of refugees and migrants: risk and protective factors and access to care. Geneva: World Health Organization; 2023 (Global Evidence Review on Health and Migration (GEHM) series). Licence: CC BY-NC-SA 3.0 IGO, p. xviic

Murphy, R., Okupinska, A. and Marchelewska, E. (2021) Developing Mental Health Advocacy And Support For Ethnic Minorities. Dublin: Cairde. Available: https:// cairde.ie/wp-content/uploads/2022/02/Devoloping-Mental-Health-Advocacy-FINAL. pdf [On–line, retrieved 11 January 2023]

Sagbakken, M., Bregaard, I. M., & Varvin, S. (2022). "Imagine, 7 Years Without a Future": A Qualitative Study of Rejected Asylum Seekers' Life Conditions in Norway. Frontiers in sociology, 7, 813994.

Strang, A. B., & Quinn, N. (2021). Integration or isolation? Refugees' social connections and wellbeing. Journal of Refugee Studies, 34(1), 328-353.

APPENDIX 1: PROGRAMME

Day	Details	Provider
1	Welcome to program. • About Cairde and services provided • About the programme • Testimonials and encouragement from past programme participants • Your expectations & hopes for the programme	Cairde
2	Stress management & trauma healing techniques • Soft belly breathing • Shaking & dancing • 3 drawings	Heidi Jackson, Mind & Body Medicine Ireland
3	Understanding Mental Health& Wellbeing • What's mental health (double Mental Health Continuum Model) • Stress management • What can I control • Mental Health Ireland resources Enhancing Social Connections & Integration • Social connections • Volunteering • Kindness • 'HELLO, how are you' campaign & conversation steps.	Caroline Brogan, Mental Health Ireland Cairde
4	Enhancing Social Connections & Integration • Connect Café - Meeting local groups & services Cairde Balbriggan • Participating in 'HELLO, how are you?' @ the square • Connecting with nature – walk at the beach • Connecting with own roots – ethnic food lunch	CairdeBalbriggan
5	Refugee women mental health • Refugee mental health - signs and symptoms, anxiety, depression, low mood. Resources. • Stress management - recognition and coping • Hope- This was achieved through the environment and the experiences in the workshop. • Self-esteem - Believing and trusting oneself. • Self-Care - Personal and Communal Resources	Ejiro Ogbevoen, Black Therapists Ireland
6	Positive emotions • Starting healthy habits, setting goals • Positive emotions (Positive psychology, flourishing, bad is stronger than good, Broad and Build theory by Fredrikson, micro moments of positive emptions, focus on what can be controlled) • Exercises: What lifts your mood? One thing I can/will do to lift my mood and take control of my mood Lifestyle as medicine • Pillars of Lifestyle Medicine • Physical Activity – WHO guidelines, squats, balance, pelvic floor • Exercise: 1 thing I can do to increase my physical activity	Ruth Kelly, Positive Health Coach

Day	Details	Provider
7	Nutrition • Review and deepening understanding of lifestyle as a medicine – how LM pillars are interlinked, examples. • Review and deepening understand of positive emptions (know what lifts your mood, and do it to take control of • Nutrition for mood and MH 1. nutritional psychiatry, gut microbiota & mood, examples of good and bad food, blood sugar & mood; 2. 1 small change; 3. connect with your 'why'	Ruth Kelly, Positive Health Coach
8	Positive emotions – gratitude Positive social connections	Ruth Kelly, Positive Health Coach
9	Cultural differences • Cross-cultural parenting - including parenting young children, self-care while parenting. Mindfulness • Mindful drawing – practicing being in the present moment and experiential use of colouring for self-support • Positive affirmations	Ejiro Ogbevoen, Black Therapists Ireland
10	Growth mindset and self-compassion • Review of homework exercise • Growth mindset- learning from experiences and mistakes; neuroplasticity • Self-compassion • Confidence building (focus on strengths, learning from experiences, helping others, challenging negative thoughts, learning new skills) • Exercise: One thing I can do to increase my confidence	Ruth Kelly, Positive Health Coach
11	Stress management & trauma healing techniques • Soft belly, • Shaking & dancing, • Guided Imagery, • Drawings for the future focus – 1. Where I am now, 2. Where I want to be, 3. How am I going to get there	Heidi Jackson, Mind & Body Medicine Ireland
12	Review – Soft belly, gratitude, noticing positive, relationships • Meeting Sonas • Postintervention evaluation	Cairde Sonas
13	Celebrating achievements • HSE, Cairde and participants inputs • Certificates ceremony	Cairde

APPENDIX 2: Photo Gallery

APPENDIX 2: Photo Gallery

Cairde
Challenging ethnic minority health inequalities

Cairde
19 Belvedere Place
Dublin 1
(01)8552111

Cairde Balbriggan
Hampton Street,
Balbriggan
(01)8020785

Email: info@cairde.ie
www.cairde.ie | www.healthconnect.ie