



# SUCCESSFUL MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES CATALOGUE

Red Cross National Societies in Europe responding to the International Armed Conflict in Ukraine (2022–2025)

This publication was produced with the financial support of the European Union. Its contents are the sole responsibility of the Red Cross Red Crescent Movement MHPSS Hub and do not necessarily reflect the views of the European Union.





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We thank all participating Red Cross-National Societies and the International Federation of the Red Cross Red Crescent Regional Office of Europe for their dedication, and we hope this collection contributes to further learning, collaboration, and innovation in the provision of Mental Health and Psychosocial Support services in contexts of emergencies linked to armed-conflict, displacement and migration. We above all thank the Ukrainian community in Europe to have participated actively in the development of these ideas and services.

### Translations and adaptations

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# Introduction

Over the past three years, National Red Cross Societies across Europe have worked tirelessly to integrate mental health and psychosocial support (MHPSS) into their services, with support from the project "Provision of quality and timely psychological first aid to people affected by the Ukraine crisis in impacted countries" supported by the European Commission through the EU4Health programme. This collaborative effort has resulted in a range of evidence-informed MHPSS services designed to address the mental health and psychosocial needs of people displaced from Ukraine and the host communities that support them. For more information about the project refer to the EU4Health project booklet.

This compilation highlights Successful MHPSS
Services implemented by National Red Cross
Societies that have shown positive outcomes
across several domains: subjective well-being,
daily functioning, social connectedness, and
coping mechanisms. These services reflect an
adaptive, culturally sensitive, and person-centred

approach to delivering MHPSS at the community level.

Since the escalation of the international armed conflict in Ukraine more than 10 million people have been forced to flee. Almost 4 million people are internally displaced within Ukraine and another more than 6 million people- primarily women, children, and older adults - are refugees in other countries. A large majority resides in Europe under the Temporary Protection Directive. Mass displacement has occurred alongside large-scale destruction of civilian infrastructure and homes, and the loss of more than 12.000 civilian men, women, and children. The long-term nature of this displacement, coupled with separation from family members (due to restrictions such as martial law), challenges the emotional well-being of families and individuals, and affects integration into host societies. Many refugees face isolation, grief, uncertainty, and disrupted access to health and mental health services.





National Societies have responded with remarkable agility and compassion, adapting their services to meet the emerging mental health and psychosocial needs not only of displaced Ukrainians but also of volunteers and first responders, including health professionals, teachers, and social workers. These groups have faced secondary stress due to the intensity of their work in crisis response and long-term care, often without sufficient psychosocial support systems of their own. Drawing from international guidance and decades of humanitarian experience, National Societies have implemented community-based MHPSS (CB MHPSS) activities

that blend emergency response with longer-term resilience-building. Activities include structured psychosocial support groups, exchange events, and health and well-being promotion through arts and play.

The core of these services was the integration of Psychological First Aid (PFA) skills across all sectors—whether it is health mediation, support for parents and children, disaster management, crisis response, or any MHPSS training. This ensured that people in distress received immediate, compassionate, trauma-informed support while being linked to further services if needed.



To identify the most successful services, National Societies were invited to submit detailed accounts of their services, including:

- Objectives, target groups, and implementation methodologies.
- Pre/post-evaluation data (where available).
- Participant feedback and lessons learned.
- Indicators related to mental health and psychosocial outcomes (e.g., well-being, functioning, social connectedness, coping).

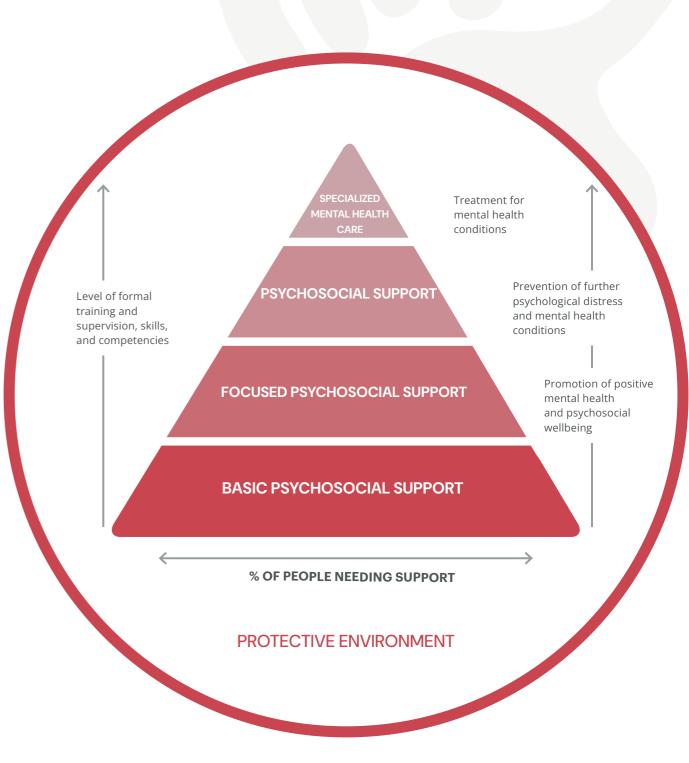
Special emphasis was placed on ensuring services were replicable, scalable, and inclusive, with mechanisms for community involvement, feedback loops, and sustainability. The services selected for this catalogue serve as models for adaptation in other contexts. They showcase how structured, yet flexible community-based services can mitigate distress, restore dignity, and rebuild the social fabric for those affected by an armed conflict and displacement. More information can be found on the IFRC Go Dashboard.

The Red Cross Red Crescent Movement MHPSS

Hub supported by the European Commission
through the EU4Health programme, acts as
a central platform to coordinate, guide, and

strengthen the quality of MHPSS services across the National Societies implementing the project. Drawing on the Red Cross Red Crescent Movement MHPSS Framework, the Hub provides technical support, conducts humanitarian diplomacy with State Parties and international organizations, promotes best services, facilitates peer learning, and ensures the alignment of MHPSS services and programming with global standards. Through its collaborative and mentoring approach, the Hub plays a key role in building National Societies' capacity and competencies to design, implement, evaluate and research, community-driven MHPSS services delivered by volunteers and tailored to local contexts.





Figur 1: Red Cross Red Crescent MHPSS Framework

# 1. Croatian Red Cross

Peer-to-Peer Support Group for **Ukrainian and Russian-Speaking Interpreters** 



- **Level of MHPSS Framework:** Focused Psychosocial Support
- > Type of MHPSS Service: PFA/MHPSS service provision
- **Target Group:** Interpreters; health mediators

### What: Overview and Objectives

The Croatian Red Cross (CRC) launched a peer-The programme targeted interpreters working to-peer (P2P) support group for Ukrainian and within CRC programmes supporting people Russian-speaking interpreters engaged in the Ukraine response. These interpreters play a vital role in bridging communication between displaced

The group included a diverse mix of interpreters:

However, the emotional and professional strain they experience—often unnoticed—can impact both their well-being and the quality of their work.

individuals and service providers, primarily ensuring

that their access to health and mental health

services is guaranteed.

This service was created to address that gap, offering a safe space for interpreters to share their challenges, enhance their skills, and build emotional resilience. Facilitated by CRC's MHPSS team, the programme combines structured in-person group meetings with an ongoing online support group (via WhatsApp), creating a hybrid model of support and professional development.

### **Objectives**

- Build interpreters' understanding of mental health and self-care services.
- Create space for sharing emotional experiences and work-related challenges.
- Foster a collaborative, interpreter-led community that promotes mutual support.
- · Improve role clarity and resilience among

Indicators of success included active participation, consistent engagement in both in-person and online formats, qualitative feedback, and selfreported improvements in stress management and role clarity.

**Who: Target Population and Needs** 

displaced from Ukraine, including those involved in humanitarian aid delivery, MHPSS services, social programmes, and the rehabilitation of Ukrainian war veterans receiving medical treatment in Croatia.

- Professional interpreters: including university professors, psychologists, and translators running their own businesses.
- Lay interpreters: individuals with other professional backgrounds—such as doctors, economists, and teachers—who had either been living in Croatia or had quickly learned the language to contribute to the crisis response.

While most were Ukrainian nationals, two participants were Croatian citizens. Common across the group were experiences of stress, emotional exhaustion, unclear role expectations, and social isolation, particularly when managing emotionally intense interactions or working in unfamiliar humanitarian settings.

### Why: Relevance and Impact



Interpreters are often a crucial but invisible link in humanitarian programming. They are exposed to traumatic narratives and emotional distress while mediating between displaced individuals and humanitarian professionals. This emotional load, combined with unclear role definitions and the absence of formal psychological support, places interpreters at a significant risk of burnout, secondary trauma, and emotional fatigue. CRC identified this gap through regular feedback channels and field reports, which highlighted interpreters as a group with unique MHPSS needs. Supporting their well-being and professional development was seen as essential for ensuring:

- Sustainable interpreter engagement i.e. lower turnover rates of interpreters.
- High-quality service delivery to affected
- Protection of interpreters' own mental health and wellbeing.

### How: Structure, Methodology, Resources



### **Design and Development**

The CRC MHPSS team reached out to interpreters across multiple regions who had reported feeling overwhelmed, isolated, or uncertain about their roles. An initial group was formed, and the agenda for each in-person meeting was co-created with participants, ensuring responsiveness to their

### Sessions focused on:

- Role boundaries and responsibilities.
- Practical interpretation challenges.
- Sharing field experiences.

To ensure ongoing connection, a WhatsApp group was also created. This served as a platform for realtime support, translation tips, and emotional check-ins between meetings.

This initiative stands out for its peer-led, codesigned model, which gives participants ownership over the content and direction of the group. By balancing professional development and psychosocial support, the model recognizes interpreters not only as technical experts but also as people impacted by the work they do.

The combination of structured, face-to-face sessions and an active digital support network ensures both depth and flexibility, allowing interpreters to access support when and how they

While formal group sessions are still being evaluated for continuation, the WhatsApp group remains active and supportive. CRC is exploring the possibility of expanding this model to other groups caregivers, or community liaisons) face similar challenges.

### **Contact Person in the National Society**

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# 2. Czech Red Cross

### Multi-Level Psychosocial Training System



- Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: PFA /MHPSS training
- > Target Group: Staff and volunteers; frontliner responders; migrants and displaced people

### What: Overview and Objectives

In response to the humanitarian crisis triggered by the armed-conflict in Ukraine, the Czech Red Cross (CzRC) developed a multi-level psychosocial training system to enhance its ability to provide timely and effective MHPSS. The system was implemented as part of the EU4Health Project, and is designed to build capacity across several levels—from basic PFA to complex crisis service, and peer support for CzRC responders themselves.

The training structure allows CzRC members, volunteers, and even members of the general public (including people displaced from Ukraine) to progressively acquire the skills needed to provide psychosocial support and manage acute stress reactions in both beneficiaries and responders. The final training level focuses on peer support to maintain the emotional well-being of responders working in high-stress environments.

The overall aim of the multi-level training system was to enable the CzRC to provide a spectrum of psychosocial support, ranging from basic PFA to more specialized crisis service methods (e.g. Emotion Aid, ASSYST). The objectives were to prevent the increase of mental health conditions and to strengthen access to higher levels of mental health services and public health services for those in need.

### **Key Indicators**

- Number of individuals trained (quantitative).
- Training completion rates and satisfaction surveys.
- Pre- and post-training self-assessment scores.
- Deployment statistics and peer support use rates

### **Who: Target Population and Needs**

The training system is directed at three key groups:

- CzRC staff and volunteers (including newly recruited responders).
- Members of the general public, especially those with an interest in humanitarian work.
- People displaced from Ukraine, some of whom have also participated in trainings and contributed as interpreters or cultural mediators.

Between 2022 and 2023, the Czech Republic received over 500,000 individuals displaced by the Ukraine conflict, resulting in unprecedented pressure on humanitarian service providers.

There was an immediate need for:

- Increased psychosocial support at regional assistance centres.
- Crisis service capacity to address acute
  distress
- Support systems for responders exposed to continuous stress.

### Why: Relevance and Impact



The MHPSS need in the Czech Republic spiked sharply with the influx of war-affected populations. At the time, CzRC lacked enough trained personnel to offer emotional support such as Psychological First Aid (PFA) and stress regulation techniques at scale. The service was strategically designed to fill that gap, with training content tailored to the acute and chronic needs of both affected populations and frontline workers.

# How: Structure, Methodology, Resources

The programme was initiated in the early weeks of the conflict. It was built with an understanding that responders needed quick but quality training in MHPSS. The system was designed to be modular and scalable, with trainings of different lengths and complexities. The main components include:

- Basics of Emotion Aid (90-minute online course).
- Psychological First Aid (PFA) / Basics of sychosocial Support (PSS) (16 hours).
- ASSYST Training (28 hours).
- Complex Crisis Service (CCI) (150–160 hours).
- Peer Support Training (80–90 hours).

These modules introduce techniques for dealing with acute stress, conducting structured supportive conversations, and understanding neurobiological stress responses. CzRC staff who completed advanced levels were later involved in mentoring and peer support.

Training & Supervision

- Trainers must have at least 150 hours of CCI training and prior MHPSS facilitation experience.
- All trainers completed a Training-of-Trainers in

  PEA
- Regular follow-up sessions, refresher courses, and supervision meetings for reinforcement.

The system is embedded into CzRC's long-term staff development strategy:

- Basic PSS courses will continue beyond th EU4Health project.
- Peer support and advanced crisis service graduates now mentor others.
- Plans to develop modules for working with children are underway.
- Coordination with the Integrated Rescue System (IRS) enables broader deployment
- Ongoing supervision, exercises, and refresher trainings ensure long-term effectiveness.

### **Contact Person in the National Society**

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# 3. Danish Red Cross





- > Level of MHPSS Framework: Focused Psychosocial Support
- > Type of MHPSS Service: Tool/Guidance
- > Target Group: Migrants and displaced people; youth

### **What: Overview and Objectives**

### **Who: Target Population and Needs**

### Overview of the Service

As part of the EU4Health project, the Danish Red Cross (DRC) launched a peer-led Pocket PFA workshops targeting displaced Ukrainian youth in Denmark. The workshops are called "Pocket PFA" or "Caring for yourself and others", to make it stigma-aware and comprehensible for people who do not know what PFA is. The core of this service was a series of workshops conducted in Ukrainian, supported by a printed PFA Pocket Guide. These workshops introduced essential tools for emotional regulation, stress management, and peer support in a culturally sensitive format. By leveraging the power of peer facilitation and using easy-tounderstand materials, the project empowered youth and participants to recognize stress, offer support, and practice self-care. The printed pocket guide, available in Ukrainian, Danish and English, serves as a lasting resource, enabling ongoing learning after the sessions. The printed pocket guide also includes a QR code for the online well-being site, thus enabling participants to access more tools to strengthen their well-being.

### Objectives

The PFA pocket guide is a friendly printed tool to be distributed during PFA sessions as part of psychoeducative approach to learn about stress levels and understanding healthy coping mechanisms. It aims to reduce stigma around mental health and support trust building between the Red Cross and affected people.

Indicators included participant attendance, qualitative feedback, and increased knowledge or confidence in applying basic PFA techniques. confidence in applying basic PFA techniques.

### Target Population

The primary target group consisted of young people displaced from Ukraine residing in Denmark. Workshops were delivered in a range of settings—temporary accommodation sites, community centres, reception school classes, professionals working with Ukrainians and local Red Cross branches—ensuring accessibility. A significant proportion of participants were women, although youth and men were also engaged, and the intention was to target young people only.

### Needs Addressed

With ongoing displacement due to the armed conflict in Ukraine, many individuals faced high levels of stress, emotional fatigue, and limited access to culturally relevant psychosocial support. There was a clear need for:

- Trusted and relatable facilitators.
- Support in native language.
- Practical coping tools.
- Safe spaces to share experiences.

The Pocket PFA workshops met these needs by offering an inclusive, culturally tailored, and easily accessible MHPSS solution.

### Why: Relevance and Impact

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### Relevance

Mental health stigma, language barriers, and a lack of service awareness were major obstacles for many people displaced from Ukraine. By training peers from within the community, the DRC built trust, cultural resonance, and empowerment into the service design. The workshops also linked participants to additional resources via the Danish Red Cross digital well-being platform.

### Impact

- Effectiveness: Feedback showed high participant satisfaction and increased confidence in managing emotional distress. Participants appreciated the accessible format and culturally familiar facilitators.
- Efficiency: Though reliant on trained facilitators and printed materials, the workshops were relatively low-cost and scalable.
- Inclusion: Highly inclusive for Ukrainian speakers, though less accessible to refugees from other backgrounds. Gender balance remains an area for improvement, with most participants identifying as women.

The programme's strength lies in its adaptability, emotional accessibility, and potential for community-driven sustainability.

# How: Structure, Methodology, Resources

The service was co-designed with displaced Ukrainians, beginning with youth-led input. The workshop content was refined through iterative feedback and adjusted to fit different contexts. Each session was delivered by trained Ukrainian-speaking facilitators, supported by the DRC team.

### Activities included:

- Introduction to key PFA principles.
- Group discussions and shared experiences.
- · Guided review of the pocket guide.
- Integration of videos from the DRC digital platform.
- Practice of breathing exercise.
- Feedback survey.

This hybrid approach bridged in-person learning with digital follow-up tools, reinforcing self-care and peer support beyond the session. Facilitators received formal MHPSS training, shadowed experienced trainers, and participated in mentorship and supervision. This ensured quality delivery and built long-term capacity within the community. The DRC has plans to continue training facilitators and expand use of the pocket guide post-project. The materials are now part of a toolkit that can be adapted and scaled across contexts and languages. Integration with the digital well-being platform further enhances sustainability by encouraging independent self-care.

### **Contact Person in the National Society**

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# 4. Danish Red Cross

**Well-Being Site** 



- > Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: Tool/guide
- > Target Group: Migrants and displaced people; staff and volunteers

### What: Overview and Objectives

The Well-being Site is a digital platform developed by the Danish Red Cross under the EU4Health project. It is designed to promote psychosocial well-being and mental health among displaced populations, frontline staff, and volunteers. The platform serves as a user-friendly, accessible hub offering information, tools, videos, and exercises focused on stress management, emotional selfcare, and healthy coping strategies. It also includes referral mechanisms and practical help on how to access specialized services.

### Objectives

The service aims to digitally disseminate lowthreshold psychosocial support to migrants and displaced people through culturally sensitive and linguistically inclusive content.

### Indicators:

- Site traffic metrics (e.g., unique visits, session duration).
- · User feedback surveys and interviews.
- Training participant reflections on digital MHPSS usability.

### **Who: Target Population and Needs**

### The Well-being Site targets:

- Displaced individuals (especially people displaced from Ukraine and other refugee groups in Europe).
- Red Cross/Red Crescent staff and volunteers.
- General public seeking tools for emotional wellbeing during crisis.

It specifically supports adults from diverse cultural and linguistic backgrounds. Efforts were made to include marginalized voices, including those with limited access to in-person care.

In displacement, many individuals lacked consistent access to psychosocial services.

### Barriers included:

- Language gaps.
- Cultural stigma around mental health.
- · Limited availability of in-person services.
- Need for safe, private access to self-help tools.

The Well-being Site addressed these barriers by providing open-access, self-paced, and visually rich content that users could engage with independently.

### Why: Relevance and Impact



The rise in digital engagement among displaced populations created an opportunity to offer remote MHPSS support that is scalable, stigma–free, and self–directed. Many users expressed a preference for non–clinical, on–demand tools for emotional regulation and coping. The Well–being Site meets this need by providing trusted, culturally aware, and multilingual resources.

### Impact and Effectiveness

- Effectiveness: The site surpassed its initial engagement goals, with strong feedback from users, training participants, and focus group discussions. Visitors reported feeling more confident in managing their emotions and recommended the content to others.
- Efficiency: While the development phase required significant digital design and content creation, the maintenance and dissemination required minimal ongoing resources, making the intervention highly sustainable and efficient long-term.
- Inclusion: The platform was designed to be accessible regardless of age, gender, or ability. Videos featured diverse characters, and the layout was built with accessibility in mind. However, some people of older age users and those with limited digital literacy experienced barriers to engagement.

# How: Structure, Methodology, Resources



### Design and Development

The site was built in collaboration with MHPSS experts, digital content creators, and cultural mediators. Development phases included:

- User research with displaced individuals and volunteers.
- Content development (videos, animations, text exercises).
- Translation and cultural adaptation into Ukrainian, Danish, Arabic, and English.
- User testing for accessibility and clarity.

### Key activities included:

- Filming animated explainers and psychoeducational videos.
- Creating downloadable well-being guides.
- Designing exercises around stress, grief, and emotional self-regulation.
- Hosting facilitated training sessions that introduced the platform to volunteers, staff, and target groups.

### Materials Used or Developed

- Animated videos on stress, grief, and supportseeking
- Self-care exercises (body scan, breathing, sleep routines).
- Printed cards and QR flyers for outreach.
- A project-branded website: Mental trivsel | Røde Kors

### **Contact Person in the National Society**

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# 5. Hellenic Red Cross

# Facilitating Access to Services and Social Networks Through Creative Activity



- **Level of MHPSS Framework:** Focused Psychosocial Support
- > Type of MHPSS Service: Community-based MHPSS
- > Target Group: Migrants and displaced people

### What: Overview and Objectives

### **Who: Target Population and Needs**

### Overview of the Service

As part of the EU4Health project, the Hellenic Red Cross (HRC) launched a service using creative activities aimed at supporting the psychosocial well-being of Ukrainian refugees in the Attica region and facilitating access to health and mental health services. Through structured group sessions involving crafts, sewing, and other hands-on creative activities, participants were offered a safe and engaging space for emotional expression, communication, and social connection.

A central component of the project was the organization of an intercultural community event, in partnership with a local municipality, where participants' artwork was exhibited alongside music and dance performances from Ukrainian and Greek cultural groups.

### Objectives

The main objective of the action is to provide link the people in needs to health and mental health services and to provide opportunities for expression, communication and skills development of the participants. The timeframe of the group is from September 2024 to June 2025. An additional objective and indicator are the implementation of an intercultural action in cooperation with a municipality in the region of Attica.

Indicators include attendance logs, number of participants, and feedback mechanisms for emotional benefit, skills development, and social connectedness.

### **Target Population**

The group primarily included adult Ukrainian refugees, mostly women, residing in Athens and other parts of the Attica region. Participants varied in age and background, and the sessions were designed to be inclusive regardless of prior experience with artistic activities.

### Identified Needs

Displacement due to armed conflict often leads to emotional distress, social isolation, and a loss of routine and purpose. This service responded to a clear need for:

- Safe and supportive environments for emotional expression.
- Opportunities to connect with others in similar circumstances.
- · Skill-building and a sense of contribution.
- Inclusion in the social and cultural life of the host community including facilitating access to services

By offering structured activities rooted in creativity and expression, the programme effectively addressed these mental health and psychosocial needs.

### Why: Relevance and Impact

# How: Structure, Methodology, Resources

#### Relevance

In post-displacement contexts, mental health promotion and psychosocial support through creative expression is a powerful tool for emotional expression and integration. The HRC's creative group leveraged arts-based services to reduce isolation, foster resilience, and enable participants to reclaim agency through creation and cultural exchange. The collaboration with local municipalities and Greek cultural groups further strengthened bonds between refugees and the host community.

### Impact

- Effectiveness: Participant feedback was overwhelmingly positive. Individuals reported improved mood, new friendships, and a sense of pride in contributing to the final exhibition.
- Efficiency: Despite requiring space, materials, and coordination, the service used available community resources effectively, making it replicable with modest support.
- Inclusion: The group was accessible to women and men of various ages and required no artistic background. Future iterations aim to include more nationalities to broaden intercultural engagement.

### Design and Development

The service began with a needs assessment and close collaboration with refugee communities and local government actors. Activities were held weekly, focusing on accessible creative tasks like sewing, paper crafts, and knitting. As participants became more confident, their completed works were collected for display. In parallel, HRC initiated planning for an intercultural celebration, linking the creative outputs with health and mental health promotion.

This layered methodology—combining art, mental health and psychosocial support, and cultural celebration—enabled both emotional relief and public recognition of the refugees' talents and stories

#### Resources

### **Tools and Materials**

- Service mapping and referral pathways for health and mental health services
- Psychoeducation materials.
- Sewing machines, fabrics, threads, needles.
- Paper crafts materials (coloured paper, glue, markers).
- Knitting tools and yarn.
- Exhibition materials for final event (tables, signage, lighting).

Plans are in place to continue the group activities beyond the current cycle. The HRC is exploring funding avenues and additional partnerships to replicate the model in other regions. The final event model is scalable and could be repeated with new themes or populations, broadening its reach and legacy, be repeated with new themes or populations, broadening its reach and legacy.

### **Contact Person in the National Society**

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# 6. Hungarian Red Cross

Integrating Psychological First Aid (PFA) in First Aid Services at Lake Balaton



- Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: PFA/MHPSS service provision
- > Target Group: Staff and volunteers

### What: Overview and Objectives

The primary beneficiaries of the service are

**Who: Target Population and Needs** 

The Hungarian Red Cross (HRC) has implemented a unique model that integrates Psychological first Ais (PFA) into its traditional First Aid services, specifically through its summer beach volunteer programme at Lake Balaton. The service ensures that volunteers are equipped not only with First Aid skills but also with the capacity to provide emotional and psychosocial support during minor injuries, illnesses, or life-threatening situations.

The main objective is to train HRC volunteers in PFA applied specifically in First Aid, so they would be able to provide efficient support for the visitors of Lake Balaton during their summer holiday. The aim is to be present at every major beach and reach any person in distress as soon as possible. In this task, the volunteers are working in pairs – cooperating with lifeguards – to support each other as well. Regarding the number of cases in injuries during summer, their work is essential in providing a safe and recreational environment for the people.

### Indicator

- Number of trained volunteers and cases managed.
- Volunteer feedback and retention.
- Supervision reports and team leader assessments.

The primary beneficiaries of the service are summer beach visitors at Lake Balaton, which includes the local population, international tourists, and displaced communities from Ukraine. The demographic spans all ages, from children to older individuals, some of whom may face language, mobility, or psychosocial barriers.

The target group for training includes HRC volunteers—primarily teenagers and young adults aged 16–28—who undergo preparatory education to offer integrated support. These volunteers represent a wide range of nationalities, gender identities, and cultural backgrounds, including Hungarian, Ukrainian Roma, Turkish, and Hindu communities.

There is a particular focus on preparing volunteers to assist vulnerable groups, such as older people, disabled individuals, and children, by providing culturally sensitive and psychologically safe care.

### Why: Relevance and Impact



The growing awareness of mental health needs in crisis situations has underlined the importance of psychosocial competencies in emergency response. Lake Balaton, a popular tourist destination, experiences thousands of health-related incidents every summer—ranging from sunstroke to resuscitations.

### The initiative addresses:

- Public need for accessible emotional and psychological support during emergencies.
- Volunteer need for self-care and emotional preparedness, supported through daily peer-supervision and mental health sessions.
- The lack of MHPSS integration in traditional first aid, especially in public recreational spaces.

### How: Structure, Methodology, Resources

### Design and Development

Volunteers are trained in 10-day shifts over an 8-week summer season. The first two days focus on intensive, experiential PFA and first aid training through role-play and scenario-based learning. Teams of two volunteers, supported by lifeguards, are stationed at 19 beaches.

Each day, volunteers engage in group reflection and supervision facilitated by team leaders. These sessions help build cohesion, offer emotional support, and reinforce learned skills.

### Human Resources

- Two expert facilitators from HRC's MHPSS team.
- Team leaders overseeing daily reflection sessions.
- On-call professionals (psychologists and medical specialists).
- Youth and volunteer coordination staff.

### Capacity Strengthening

All facilitators and team leaders undergo specialized MHPSS and PFA training. A peer-to-peer buddy system enhances emotional support, while supervision and ongoing mentoring safeguard volunteer well-being and service quality.

### Sustainability

Experienced MHPSS-trained staff are ready to continue the programme.

- A future ascending training system is planned (e.g., crisis communication, PGI, community
- Sustainability depends on leadership commitment and securing additional funding for staffing, materials, and volunteer support.

### **Contact Person in the National Society**

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# 7. Icelandic Red Cross

Wellbeing 4U - Community-Based MHPSS Support for Ukrainian Refugees in Iceland



- > Level of MHPSS Framework: Focused Psychosocial Support
- > Type of MHPSS Service: Community-based MHPSS activity
- > Target Group: Migrants and displaced people

### **What: Overview and Objectives**

The Wellbeing4U initiative is a community-based MHPSS programme launched by the Icelandic Red Cross under the EU4Health project. It was designed to address the evolving psychosocial needs of Ukrainian refugees in Iceland, particularly as the initial emergency phase transitioned into long-term displacement. The programme offers accessible MHPSS services through psychoeducation, support groups, creative and relaxation activities, and peerled services.

### Objectives

The Wellbeing4U project aimed to provide accessible, community-based MHPSS services to Ukrainian refugees in Iceland, responding to both immediate and evolving psychosocial needs. It delivered a range of culturally appropriate MHPSS services—including psychosocial education, support groups, creative activities, and relaxation techniques—through both professional and community-led approaches. Activities were implemented by trained staff and volunteers, including members of the Ukrainian refugee community, which increased both relevance and trust in the services offered.

### Indicators:

- Quantitative: Number of activities and participants reached.
- Qualitative: Beneficiary satisfaction surveys, feedback forms, and volunteer observations.

### **Who: Target Population and Needs**

The Wellbeing 4U project targeted Ukrainian refugees residing in Iceland, including:

- Newly arrived individuals from Ukraine facing adjustment stress.
- Long-term refugees dealing with prolonged uncertainty and isolation.
- Specific focus groups: children, older individuals, and those living alone.

Activities were tailored to different age groups and psychosocial profiles. The project aimed to reduce isolation, foster social bonds, and promote emotional well-being through culturally sensitive, language-accessible, and community-led support structures.

### Why: Relevance and Impact



The displacement of Ukrainian refugees brought a shift from acute PFA to the need for sustained, community-integrated MHPSS. Many refugees reported emotional distress, grief, cultural disorientation, and social disconnection—needs that were not being fully addressed through traditional mental health systems.

Wellbeing4U emerged as a timely response to these challenges, recognizing that long-term well-being requires not only clinical services but also peer connection, purposeful engagement, and safe, culturally relevant spaces. By integrating Ukrainian-speaking volunteers and promoting community participation, the project both supported individual well-being and strengthened collective resilience.

# How: Structure, Methodology, Resources



The initiative began with a needs assessment involving interviews with Ukrainian community members and other stakeholders.

This was followed by:

- Recruitment of Ukrainian-speaking volunteers.
- A three-day facilitator training focusing on psychoeducation and peer support, based on a specially developed workbook.
- Additional activities co-created with volunteers, including:
  - Art based activities.
  - Sound relaxation.
  - Music sessions for toddlers.
  - Yoga for seniors.

As the programme evolved, new volunteers brought in ideas based on their own skills and interests, ensuring organic growth and community ownership. Volunteers led sessions, organized events, and contributed directly to programme design and outreach.

### Training and Capacity Building

- Initial three-day training for all facilitators using a custom psychoeducation workbook.
- PFA training delivered in Ukrainian.
- Staff received advanced MHPSS training from the MHPSS Hub

Supervision and ongoing mentoring were made available to all volunteers, with consistent oversight from the project team.

### **Tools and Materials**

- Custom psychoeducation workbook covering stress management, resilience, and well-being.
- Art and creative materials.
- Sound instruments and yoga mats.
- Ukrainian-language PFA training guides.

Sustainability planning is underway, with efforts to extend the model to other language communities (e.g., Arabic and Spanish speakers). The participatory, low-cost, and adaptable structure makes the model scalable to other displacement contexts.

### **Contact Person in the National Society**

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# 8. Irish Red Cross





- Level of MHPSS Framework: Psychological Support
- > Type of MHPSS Service: PFA/MHPSS training
- > Target Group: Staff and volunteers

### What: Overview and Objectives

The training targeted Red Cross staff, volunteers, and community-based responders who regularly

**Who: Target Population and Needs** 

As part of the EU4Health project, the Irish Red Cross implemented a Trauma and Crisis Prevention & Service Training aimed at equipping frontline responders, volunteers, and staff with the skills necessary to recognize, manage, and respond to trauma and psychological distress in crisis settings. The training is grounded in evidence-based approaches and is designed to strengthen trauma-informed services within humanitarian response operations.

The training programme includes foundational knowledge on trauma-informed care, stress reactions, and the principles of service during crisis events. Delivered by a specialist trainer, the programme combines theory with interactive, scenario-based exercises, creating a practical learning experience.

### Objectives

To develop and deliver a one-day training workshop aimed at equipping professionals who work with Ukrainian beneficiaries of Temporary Protection in Ireland with the skills to prevent and manage crisis situations.

### Indicators:

- Participant attendance and completion rates.
- Anonymous evaluation forms.
- · Participant feedback on content clarity, relevance, and impact.

work with vulnerable groups, including migrants, refugees, and people affected by trauma.

Participants included individuals from diverse cultural and professional backgrounds, many with direct exposure to crisis environments or emergency response roles.

Frontline personnel often operate in high-stress environments where exposure to traumatic events is common. Many had limited access to formal training in trauma recognition and response, leaving them vulnerable to emotional burnout and secondary trauma. This training addressed the following needs:

- Improve responders' ability to recognize and manage trauma.
- · Equip them with tools for immediate, compassionate service.
- Strengthen their own psychosocial resilience.
- Foster inclusivity and understanding of trauma across different populations.

### Why: Relevance and Impact



In humanitarian contexts—particularly those involving displacement, conflict, and social upheaval—trauma-informed care is critical.

The growing number of responders working with refugees, survivors of violence, and vulnerable communities in Ireland makes such training essential. This service filled a critical gap by delivering practical and inclusive trauma-focused education to those most in need of it.

Participant evaluations indicated overwhelming satisfaction. Attendees consistently found the training clear, relevant, and aligned with their professional responsibilities. Feedback

highlighted a desire for additional sessions and advanced training. He is an example of feedback received: "This was one of the most practical and applicable trainings I've attended."

- Efficiency: The training required limited resources when hosted in community-based venues. Catering was optional, and the primary scalable with proper planning.
- Inclusion: The training emphasized work with diverse populations including individuals with disabilities, women and girls, and LGBTQ+ groups. It promoted culturally sensitive and inclusive responses in trauma settings.

### How: Structure, Methodology, Resources

The training was designed in response to growing demand for trauma-informed approaches among frontline responders. It incorporated current psychological research, best services in crisis service, and field-tested techniques. Sessions were structured to include:

- Introduction to trauma and crisis response.
- Real-life case scenarios and role play.
- Group discussions and peer learning.
- Application of strategies for inclusion and psychological safety.

Each training concluded with an anonymous evaluation to ensure continuous improvement and

The training model is integrated into the Irish Red Cross' ongoing volunteer development framework. Plans are in place to continue delivery through accredited trainers and to develop an advanced-level course based on participant demand. Community partnerships and feedback mechanisms support ongoing relevance and funding opportunities.

### **Contact Person in the National Society**

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# 9. Irish Red Cross

### Narrative Exposure Therapy (NET)



- **\rightarrow** Level of MHPSS Framework: Psychological Support
- > Type of MHPSS Service: PFA/MHPSS service provision
- > Target Group: Migrants and displaced people

### What: Overview and Objectives

### **Who: Target Population and Needs**

### Overview of the Service

The Irish Red Cross launched a trauma-informed online therapy service using Narrative Exposure Therapy (NET) to support Ukrainian adults in Ireland experiencing symptoms of Post-Traumatic Stress Disorder (PTSD). The service offers ten free psychotherapy sessions delivered by qualified Ukrainian therapists, all accredited with the Irish Association of Counsellors and Psychotherapists (IACP). The model is based on culturally attuned trauma-informed care and adapted NET techniques, fostering a sense of safety and trust in a linguistically familiar environment. The aim is to enhance the well-being of people coming from Ukraine with PTSD symptoms through ten sessions of Narrative Exposure Therapy.

### Indicators:

- Number of clients completing the therapy programme.
- Measured reduction in PTSD symptoms using Posttraumatic Diagnostic Scale (PDS-5).
- Client satisfaction captured through qualitative feedback.

### **Target Population**

This service is offered to Ukrainian adults (18+) living in Ireland who present with symptoms of PTSD. Clients are assessed prior to referral to ensure clinical suitability. Therapy is delivered online, making it geographically inclusive, and accessible even in rural areas.

### Needs Addressed

Refugees often face high levels of trauma exposure, and PTSD rates among the Ukrainian population displaced by the armed conflict is high. Barriers to support include:

- · Lack of therapists who speak Ukrainian.
- Long waiting times in public health systems.
- Limited access to culturally sensitive, traumaspecific therapies.

This service directly addresses these needs by providing free, Ukrainian-led, and accessible therapy designed to reduce trauma-related symptoms and improve daily functioning.

### Why: Relevance and Impact

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#### ance

This service is the only psychotherapy initiative in Ireland offering trauma-informed care through qualified, Ukrainian-speaking therapists. Its relevance lies in removing the main barriers to PTSD care for displaced individuals—language, cost, and availability—while providing treatment rooted in cultural understanding and clinical rigour.

### Impact

- Effectiveness: While a full analysis is pending, early data from the 31 clients enrolled shows a high engagement rate of 93.6%. Two clients discontinued, indicating strong therapeutic alignment. Based on similar Irish Red Cross services, an average 35% reduction in PTSD symptoms is anticipated.
- Efficiency: Although identifying and accrediting Ukrainian therapists required considerable effort, the online model enables wide-scale delivery with minimal infrastructure. Sessions begin within 4 weeks of referral.
- Inclusion: The programme excels in inclusivity
  for Ukrainian clients, but expansion to other
  nationalities and language groups is limited
  by therapist availability. Nevertheless, digital
  delivery overcomes rural access issues, and
  advertising via Telegram has effectively reached
  the Ukrainian community.

# How: Structure, Methodology, Resources

The service was designed around a three-stage process:

- Targeted outreach through secure communication platforms to inform potential clients.
- Pre-assessment by a psychotherapist to determine PTSD symptoms.
- Weekly online NET sessions delivered over 10 weeks.

Training and Capacity Strengthening

- All therapists received initial training from certified trainers.
- Ongoing participation in bi-weekly clinical meetings with a reflective supervision model.
- Opportunity for therapists to attend a 2-day NET Institute training, deepening expertise.

#### Innovative Feature

- Culturally and linguistically tailored therapy using Ukrainian-speaking clinicians.
- Short wait times—clients begin therapy within four weeks of referral.
- Clinical peer support model: Therapists support clients, and therapists are supported by peers and supervisors.
- Hybrid methodology combining narrative therapy and trauma-informed principles, delivered remotely.

While dependent on EU4Health funding, the long-term vision includes continued training and accreditation of Ukrainian therapists. Their acquired credentials will enable them to offer services independently or within funded programmes in the future.

### **Contact Person in the National Society**

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# 10. Italian Red Cross

Psychomotor Support for the Well-Being of People with Disabilities Coming from Ukraine



- **\rightarrow** Level of MHPSS Framework: Psychological support and specialised services
- > Type of MHPSS Service: Community-based MHPSS
- > Target Group: Migrants and displaced people; people with disabilities

### What: Overview and Objectives

### **Who: Target Population and Needs**

As part of the EU4Health project, the Italian Red Cross developed a specialized MHPSS Service lead by clinical psychologists, offering psychomotor support sessions for older people living with disabilities evacuated from Ukraine.

Hosted in Italian Red Cross reception centres, the initiative utilized an educational psychomotor approach to stimulate participants cognitively, physically, emotionally, and socially. Sessions involved structured activities such as sensory stimulation, guided movement, motor games, relaxation techniques, and creative expression, all designed to improve bodily awareness, reduce stress, and promote social interaction.

### Objectives:

TThe aim is to promote or restore the overall well-being of the person working on different dimensions: cognitive, physical, emotional, and social.

Indicators included participant engagement levels, observed functional improvement, and qualitative feedback from staff and beneficiaries. The results are evaluated using the monitoring sheets prepared for the individual proposed activities, specifying the objectives and sub-objectives. The frequency of monitoring depends on the duration of the activity.

The target population included people under institutional care in Ukraine and were transferred to the Italian Red Cross reception centres as part of the emergency medical evacuations. These presented a complex clinical and social profile, often with multiple physical or cognitive impairments. Many had visible signs of severe distress, social isolation, and neglect.

The Italian Red cross ensured the safety, security and other basic needs of the people evacuated from Ukrainian institutions and focused on their well-being and dignity.

The service responded to the need for stimulation—both physical and emotional—to help participants regain functionality, improve social interaction, and reconnect with their own bodies in a safe, inclusive, and culturally sensitive environment.

### Why: Relevance and Impact



The international armed conflict in Ukraine resulted in the displacement of vulnerable populations, many of whom had pre-existing conditions and were further severely affected by the emergency. Once relocated to reception centres, these individuals required not only basic care but also mental health and psychosocial care. Psychomotor support was chosen for its holistic and adaptable nature, offering a way to address complex needs through movement and sensory engagement. The initiative aimed to:

- Promote resilience and emotional regulation.
- Improve cognitive and motor functions.
- · Foster social connection and reduce isolation.
- · Reinforce dignity and autonomy.

# How: Structure, Methodology, Resources



### Design and Development

The service began with an assessment of individual and group needs in Red Cross centres. Activities were then tailored to their needs. Each session included:

- A welcoming phase to establish safety.
- Sensory and motor stimulation using simple tools.
- Group-based movement and games.
- Creative activities (e.g., drawing with naturalcoloured crayons).
- Relaxation periods using calming music and videos of natural environments.

Sessions were designed to be adaptable, evolving according to participants' engagement and feedback.

### **Human Resources**

- A lead psychologist trained in psychomoto techniques
- A supporting psychologist
- Health mediators to bridge language and cultural gaps ensuring that health needs are met
- Centre staff trained to observe and replica services

This multidisciplinary team ensured consistency and sustainability, while allowing for real-time adjustments based on participant needs.

### Capacity Strengthening

All facilitators underwent specific training in the psychomotor methodology as well as basic psychosocial support skills such as PFA. Supervision and mentoring were integrated into regular staff meetings to support quality assurance and emotional well-being among the facilitators themselves.

### Tools and Materials

- Relaxing and activating music, including Ukrainian selections,
- Nature-themed videos and soundscapes,
- Simple psychomotor tools: soft balls, coloured floor markers,
- Creative supplies: crayons in earth tones, drawing paper,
- Structured psycho-educational workbooks for facilitators.

The service is currently being evaluated for replication in other Red Cross facilities and adapted for broader populations. Staff trained during this project are now equipped to carry forward similar services, and the tools and materials developed are reusable and scalable. Plans are in progress to formalize training for future staff and volunteers.

### **Contact Person in the National Society**

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# 11. Latvian Red Cross



Enhancing Crisis Service Skills through Psychological First Aid (PFA) Training

- > Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: PFA/MHPSS training
- > Target Group: Staff and volunteers; social workers, educators, and healthcare professionals

### What: Overview and Objectives

### **Who: Target Population and Needs**

This initiative focuses on strengthening MHPSS through a structured PFA training programme. The primary objective is to enhance the capacity of frontline professionals to offer effective emotional and psychological support during emergencies.

The training blends theoretical instruction with interactive components like role-playing, group discussions, and simulation exercises.

The aim of the PFA trainings is to reach all staff and volunteers in the Latvian RC that are working directly with people affected by a crisis, the Ukrainian community and other people in need of support.

### Indicators of Success:

- Quantitative: Number of participants trained.
- Qualitative: Participant feedback and selfreported improvements in crisis response competencies.

The target group includes social workers, teachers, and healthcare professionals who directly serve vulnerable populations such as displaced migrants and those affected by crises. Many of these professionals lack formal training in MHPSS, yet they play a pivotal role during emergencies. By focusing on this group, the programme ensures that support systems are strengthened at the community level where they are needed most.

This population was selected based on needs assessments conducted by the Latvian Red Cross, which identified significant gaps in emotional support provision during critical incidents, particularly among professionals working in high-stress, high-demand environments.

### Why: Relevance and Impact



The training responds to a pressing need identified in the aftermath of the escalation in the international armed conflict in Ukraine. Frontline professionals are often the first point of contact for individuals experiencing trauma but are not always adequately equipped to manage such situations. The lack of MHPSS preparedness not only affects the well-being of affected individuals but also increases the emotional burden on service providers.

By improving these professionals' competencies in PFA, the initiative directly contributes to more effective, compassionate, and inclusive crisis response services. Early feedback shows improved confidence and skill retention among participants, contributing to better psychosocial outcomes in crisis-affected communities.

# How: Structure, Methodology, Resources



The training combines lectures, group discussions, and practical exercises. The curriculum is based on adapted MHPSS RCRC Hub PFA materials tailored to the Latvian context. Training modules emphasize crisis service, emotional regulation, and self-care techniques.

### **Human Resources:**

The core team includes a Project Manager and four multi-lingual certified MHPSS trainers (Latvian, English, Russian, and Ukrainian-speaking). Each trainer is responsible for conducting sessions and providing post-training mentoring. Volunteers and support staff assist with logistics and participant coordination.

Before delivering the main sessions, trainers and volunteers undergo preparatory workshops and receive ongoing mentoring and supervision to ensure content quality and consistent support to participants.

### **Tools and Materials:**

- Adapted MHPSS RCRC Hub PFA training modules.
- Well-being cards developed in collaboration with the MHPSS Hub to support self-care and emotional awareness.
- Digital tools to enhance learning flexibility and engagement.

### **Contact Person in the National Society**

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# 12. Lithuanian Red Cross

Community-Based Psychosocial Support for Ukrainians Affected by Armed Conflict



- > Level of MHPSS Framework: Focused psychosocial support
- > Type of MHPSS Service: Community-based MHPSS
- > Target Group: Migrants and displaced people

### What: Overview and Objectives

This initiative provides culturally sensitive psychosocial support to Ukrainians displaced by the armed conflict, through a community-based approach rooted in trust and cultural understanding. The practice recruits Ukrainian psychologists living in Lithuania—professionals who share the language, cultural background, and lived experience of those they support. These psychologists deliver one-on-one counselling and group sessions designed

# well-being. Objectives:

• Establish a culturally adapted psychosocial support system using community professionals.

to promote psychological recovery and emotional

- Provide 32,000 individual and group services over two years.
- Build a network of Ukrainian psychologists in 14 Lithuanian cities within six months.
- Empower psychologists through employment and professional development.

### Key Indicators:

- Quantitative: Number of sessions and people served.
- Qualitative: Participant feedback, focus group discussions, demand growth, repeat participation, and word-of-mouth referrals.

### **Who: Target Population and Needs**

The initiative targets two groups: Ukrainian nationals living in Lithuania who require mental health and psychosocial support, and qualified Ukrainian psychologists offering those services. Special focus is given to vulnerable populations, including older people, mothers with children, teenagers, and individuals needing specialized mental health care.

### All psychologists involved:

- · Hold at least a master's degree in psychology.
- Speak Ukrainian as a native language.
- Have the emotional resilience and legal status to work in Lithuania.

This community-based model fosters higher trust, reduces stigma, and meets critical cultural and emotional needs of the displaced population.

### Why: Relevance and Impact



Following the escalation of conflict in Ukraine, displaced communities in Lithuania faced significant barriers to accessing mental health services—language, cultural misunderstanding, and stigma were major obstacles. The practice responds by embedding support within the Ukrainian community itself, reducing resistance to seeking help.

This approach not only delivers critical services, but also creates meaningful employment for displaced professionals, supports their integration, and fosters community cohesion. With over 19,000 services provided in just the first year, the model demonstrates its effectiveness and reach.

### Impact highlights include:

- 93% of participants reported improved wellbeing.
- 91% felt safer and better equipped to manage stress.
- 86% reported stronger social connections

# How: Structure, Methodology, Resources



Initial services focused on individual consultations. Over time, group sessions were introduced and promoted through Facebook, Telegram, and partnerships with community centres and schools. Activities were adapted based on community needs, including art therapy, parenting sessions, informational hygiene webinars, and more.

### **Human Resources**

- 16 trained psychologists across Lithuania.
- One coordinator overseeing referrals and group sessions
- One supervisor ensuring quality and emotional support
- Integration specialists for community outreach.
- External trainers for capacity building.

All psychologists participated in structured onboarding and continuous professional development, including:

- Monthly peer supervisions.
- Peer-to-peer experience-sharing sessions.
- Participation in Red Cross community events.
- Co-creation planning workshops.

The project's long-term viability is supported by integration with Red Cross branches, ongoing training, and a flexible service delivery model, including online sessions.

### **Contact Persons in the National Society**

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# 13. Luxembourg Red Cross



Resilience Programme for Luxembourg Red Cross Staff

- > Level of MHPSS Framework: Focused Psychosocial Support
- > Type of MHPSS Service: Caring for staff and volunteers
- > Target Group: Staff and volunteers

### What: Overview and Objectives

**Who: Target Population and Needs** 

The Luxembourg Red Cross has launched an innovative emotional intelligence and resilience programme aimed at enhancing the mental health and well-being of staff who work directly with vulnerable populations. The service is built around two core objectives:

- Supporting a healthy balance between selfcare and care for others.
- Enhancing collective resilience within teams by cultivating mutual support, emotional awareness, and authenticity.

The programme consists of six 2-hour sessions delivered in small group settings. Each session follows a structured format, combining guided discussion and experiential exercises designed to help staff reconnect with their bodies, regulate emotions, communicate openly, and maintain personal integrity.

Drawing on principles from behavioural psychology, body-oriented psychotherapy, mindfulness-based stress reduction (MBSR), and Acceptance and Commitment Therapy (ACT), the programme offers a practical and reflective approach to building emotional resilience.

### Indicators:

Participation rates, self-reported well-being outcomes, qualitative feedback from evaluation forms, and observed engagement during sessions.

The target group includes Luxembourg Red Cross staff working in direct contact with beneficiaries who face complex social, psychological, and physical health challenges. These include:

- · Outreach workers.
- Staff at reception centres.
- Home-care nurses.

Professionals working with children affected by trauma and family instability.

These frontline workers are frequently exposed to empathic distress, feelings of helplessness, moral injury and burnout due to the intense and multifaceted needs of the people they serve — often involving mental health conditions, housing instability, violence, and poverty. The programme responds to the urgent need for emotional support, personal boundaries, and a sense of professional meaning.

### Why: Relevance and Impact



The psychological toll of working in high-stress environments with vulnerable populations is well documented. Staff often report symptoms of emotional exhaustion, isolation, and questioning their professional

purpose. These challenges can undermine service quality and contribute to staff turnover.

This programme is particularly relevant in Luxembourg's evolving humanitarian context, where staff must navigate multicultural, high-demand environments.

By enhancing the emotional well-being of the staff, the programme indirectly improves the quality of support provided to the affected populations, promoting sustainability and care across all levels of service delivery.

# How: Structure, Methodology, Resources



### Design and Development

The programme consists of six structured 2-hour workshops facilitated by a psychologist trained in emotional intelligence and resilience-building services. The session themes are:

- Coming back to the body mindfulness and somatic awareness
- Taking care of oneself identifying needs and limits
- Daring to speak up assertive and compassionate communication
- Connecting to our shared humanity empathy, reflection, and solidarity
- Acting daily sustainable micro–services for resilience
- Finding allies fostering peer support and community care

Each session includes guided group reflection, body-oriented exercises, and peer-sharing in a circle format to promote trust and inclusion.

- The sessions are facilitated by one staff psychologist, trained on the MHPSS service methodology.
- Teams participate voluntarily and sessions are integrated into their work calendar.

### Training and Capacity Strengthening

- Staff are introduced to the programme through an orientation presentation.
- The facilitator is available for individual follow-up consultation sessions.
- Continuous supervision is provided to maintain alignment with MHPSS principles and emotional safety.

### **Tools and Materials**

- A facilitator's guide based on materials from the French NGO Karuna-Shechen.
- Exercises drawn from behavioural psychology, body-oriented psychotherapy, mindfulness-based stress reduction (MBSR), and Acceptance and Commitment Therapy (ACT).
- Follow-up materials and contact availability for postsession support.

The initiative is currently under evaluation for scale-up. Continuous supervision is integrated into the model, and efforts are underway to train more facilitators and incorporate the methodology into broader staff care frameworks. While adaptation to traditional office settings proved less effective, the model shows promise in team-based, field-oriented environments.

### **Contact Person in the National Society**

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# 14. Polish Red Cross

### Friend in Touch – A Phone-Based Psychosocial Support Programme for Displaced People from Ukraine



- > Level of MHPSS Framework: Focused psychosocial support
- > Type of MHPSS Service: PFA/MHPSS provision
- > Target Group: Migrants and displaced people

### Why: Relevance and Impact



Friend in Touch is a psychosocial support service launched by the Polish Red Cross (PRC) to reduce feelings of isolation and loneliness and foster emotional well-being among displaced people from Ukraine living in Poland. The programme leverages the PRC's existing Infoline, which originally served as a humanitarian helpline during the emergency phase of displacement. As the needs of displaced populations evolved from immediate assistance to longer-term psychosocial support, the Infoline was adapted into a structured remote support platform through the Friend in Touch initiative.

This service offers regular phone-based contact with trained personnel who provide active listening, emotional support, and referrals when necessary. Conversations are offered in Polish, Ukrainian, Russian, and English, and last up to one hour. Support is scheduled based on mutual agreement between the caller and the helper, ensuring flexibility and consistency.

### Objectives:

- Provide regular, scheduled phone-based psychosocial support using trained staff.
- Reduce loneliness and promote social connection through human interaction.
- Strengthen emotional well-being and coping mechanisms.
- Offer referrals to specialized services where needed.
- Provide accurate information on services to enhance quality of life.

### Indicators include:

- Number of calls per user.
- Number of referrals made to health and mental health services.
- · User satisfaction and feedback.

# How: Structure, Methodology, Resources



The primary target group for Friend in Touch is displaced Ukrainians in Poland, with a particular emphasis on adults and older individuals. Many beneficiaries have experienced severe disruption to their social connections—both with loved ones left behind in Ukraine and with host communities due to language barriers, cultural differences, age-related challenges, or long-term displacement fatigue. Older adults are especially vulnerable to prolonged social isolation and may lack the digital literacy or language skills needed to engage in traditional social integration programmes. The telephone-based nature of the programme allows for easy access regardless of age, mobility, or geographic location, making it a practical and inclusive solution for this population.

### Why: Relevance and Impact



As displacement stretches over months and years, the mental health needs of refugees and displaced populations shift. Initial stress and uncertainty give way to chronic loneliness, reduced self-worth, and lack of meaningful connection. Many people experience difficulty initiating social relationships in a new country due to cultural and linguistic barriers.

Friend in Touch responds to this by providing proactive contact, where calls are initiated by the Polish Red Cross rather than relying on the person in distress to reach out. This method ensures that beneficiaries feel seen, cared for, and accompanied, counteracting the passivity and disconnection that often accompany prolonged displacement.

Using skills rooted in PFA—such as active listening, non-judgment, and emotional calming—the calls help restore a sense of safety, dignity, and hope. The service builds a protective environment where people are heard and supported, even if they cannot meet face-to-face.

# How: Structure, Methodology, Resources



The initiative was adapted from the Canadian Red Cross model of Friend in Touch. The Polish Red Cross contextualized it through a series of workshops and trainings, resulting in the creation of:

- A comprehensive guidance document with criteria for enrolment.
- Safety protocols for high-risk situations.
- Standardized conversation scripts and check-in templates.
- Referral pathways for more specialized mental health or protection needs.

Once these foundational components were in place, the programme was launched as a scaled, yet personal support service operated through scheduled phone calls

The programme is delivered by a small, focused team:

- Two operators trained in:
- PFA
- Protection, Gender, and Inclusion (PGI).

- Community Engagement and Accountability (CEA).
- One supervisor responsible for:
  - Regular supervision sessions.
  - Addressing emotional well-being of the operators.
- Quality assurance and referral case management.

What sets Friend in Touch apart is its proactive and low-barrier approach. Unlike many psychosocial programmes that require the individual to seek help, this initiative flips the dynamic: the helper reaches out, reducing the burden of initiative on the beneficiary. It is also one of the few programmes offering regular, scheduled emotional support by phone, filling the gap for individuals who may not access in-person or digital services due to isolation, disability, or discomfort. Plans are underway to expand operational hours and explore digital adaptations (e.g., SMS follow-ups or messaging apps) while retaining the core philosophy of compassionate human contact.

### **Contact Person in the National Society**

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# 15. Portuguese Red Cross





- > Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: PFA /MHPSS training
- > Target Group: Staff and volunteers; frontline responders

### What: Overview and Objectives

The Portuguese Red Cross has expanded its efforts to strengthen MHPSS by scaling up PFA training for staff, volunteers, and frontline professionals. This service focuses on equipping individuals with the essential skills to respond to psychological distress during emergencies and in daily humanitarian work.

### The programme aims to:

- Enhance emergency preparedness and frontline response capacity.
- Foster a supportive and compassionate environment for affected individuals.
- Ensure alignment with international MHPSS standards, including those of the IFRC.

### Indicators:

- Number of individuals trained, evaluation scores, and participant feedback.
- Qualitative indicators include confidence in applying PFA principles and improved support services among trained staff and volunteers.

### **Who: Target Population and Needs**

The primary target population includes:

- Portuguese Red Cross volunteers and staff across health, social, and emergency sectors.
- Frontline responders, including civil protection agents, healthcare workers, and social service providers.
- Individuals regularly interact with vulnerable groups, including refugees, displaced persons, and people experiencing sever distress or an emergency crisis.

Given the ongoing refugee response and social protection efforts, many frontline actors lack the tools to manage emotional distress. The programme addresses this by offering structured training in psychological support, active listening, stress management, and referral mechanisms.

### Why: Relevance and Impact

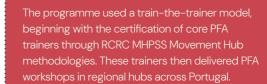


In the context of multiple overlapping crises—including the COVID-19 pandemic, migration, and social instability—there has been a marked increase in emotional distress among both affected populations and frontline workers. The Portuguese Red Cross identified a significant gap in early emergency support capacity at local and national levels. PFA provides a low-threshold, evidence—based framework to address these needs.

### It empowers helpers to:

- Respond to psychological needs without requiring specialized clinical training.
- De-escalate distress, offer safety and comfort, and connect individuals to further support.
- Build resilience and reduce long-term psychosocial risks.

# How: Structure, Methodology, Resources



### Each training session included:

- Theoretical grounding in PFA principles.
- Interactive role-play and simulations.
- Discussions on self-care and stress recognition.
- Contextual adaptation to refugee, youth, and emergency settings.

Workshops were adapted to suit the local needs of specific branches, including formats for healthcare staff, school personnel, and community volunteers.

### **Human Resources**

- One national MHPSS coordinator overseeing the programme.
- Certified PFA trainers from the Portuguese Red Cross and partner organizations.
- Branch-level focal points supporting logistics and outreach.
- Volunteers and staff receive training in targeted cohorts.

### Capacity Strengthening

- Trainers receive mentoring from MHPSS experts and IFRC-accredited facilitators.
- All participants completed pre/post-tests and reflection sessions
- Ongoing supervision was provided through regional coordination hubs.

Training is being institutionalized into regular volunteer onboarding, while branches are encouraged to identify local PFA champions. At the same time, discussions are ongoing with national partners to include PFA in civil protection and health sector curricula.

### **Contact Person in the National Society**

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# 16. Red Cross of Montenegro

**Buddy Bot: Scaling Access to MHPSS through Chatbots** 



- > Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: Tool/guide
- > Target Group: Migrants and displaced people

### What: Overview and Objectives

**Who: Target Population and Needs** 

Buddy Bot is a Telegram-based chatbot developed by the Red Cross of Montenegro (RCM) under the EU4Health project. It aims to enhance access to MHPSS for displaced people from Ukraine in Montenegro. Through culturally and linguistically adapted content, the bot provides psychoeducation, stress management tools, and information on legal, healthcare, and psychosocial services. The objectives of Buddy Bot are to support the psychosocial well-being of displaced people from Ukraine in Montenegro by achieving the following:

- Providing evidence-based psychoeducation and self-help techniques through psychoeducational messages related to mental health and psychosocial well-being.
- Ensuring culturally and linguistically appropriate MHPSS by involving Ukrainian professionals and community members in every phase of designing and implementation of the chatbot.
- Improving access to in-person support services through referrals to RCM case management.
- Enhancing awareness of available support services by providing contact information for support services and state bodies in Montenegro.

Indicators: Number of services delivered, referrals made, user feedback, engagement metrics (clicks, content views).

The primary beneficiaries are displaced people from Ukraine in Montenegro, including adults, youth, older persons, and parents. These individuals often face barriers to traditional MHPSS services such as language, physical distance, and stigma. Buddy Bot addresses these gaps by delivering flexible, culturally relevant, digital MHPSS tools and referral pathways, especially targeting those in hard-to-reach areas or with limited resources.

### Why: Relevance and Impact



Since 2022, RCM has responded to MHPSS needs of displaced Ukrainians. Needs assessments and focus group discussions (FGDs) identified strong demand for accessible, non-stigmatizing digital tools. The chatbot delivered over 2,364 services and facilitated 35 referrals within four months. 83.4% of users rated it helpful. Engagement was high, with 5,674 interactions recorded. Feedback was overwhelmingly positive. These results validate the approach and show potential for scaling-up and sustainability.

### Design and development:

- Community needs assessment and FGE
  conducted.
- Expert collaboration with IFRC, Vrije University of Amsterdam, and MHPSS Hub.

How: Structure, Methodology,

- Content co-developed with Ukrainia psychologists and translators.
- Security, privacy, and GDPR compliance are ensured.
- Soft-launch and ongoing updates based on feedback

### Resources:

- Human: 6-member team PM, developers,
   MHPSS experts, and Ukrainian professionals.
- Tools: Send Pulse platform, IFRC manuals, and MHPSS Hub guides.
- Training: Regular team meetings, partner collaborations, and content review processes.

### Innovative Features:

- Language and cultural adaptation.
- 24/7 automated support and referrals.
- Content tailored to user needs.
- Easily expandable to other populations or languages.

The RCM is exploring sustainability through expansion to other groups, integration into the national health system, and long-term updates. Buddy Bot's model is transferable, low-cost post-deployment, and complements in-person services effectively.

### **Contact Person in the National Society**

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# 17. Romanian Red Cross





- > Level of MHPSS Framework: Focused psychosocial support
- > Type of MHPSS Service: Caring for staff and volunteers
- > Target Group: Staff and Volunteers

### Why: Relevance and Impact

Under the EU4Health project, the Romanian Red Cross (RRC) launched an initiative titled "Caring for the Carers", focused on strengthening the mental health and psychosocial well-being of its staff and volunteers involved in the Ukraine humanitarian response. The service is built around two main tools: the Care for Staff and Volunteers Guide and complementary Self-Care Kits. Together, they provide structured, low-cost, and scalable strategies to promote well-being at both national and branch levels.

The Guide offers a framework across four well-being dimensions—emotional, physical, social, and professional—supported by practical annexes. It includes templates and resources for stress management, peer support, team check-ins, and emotional resilience activities. The Self-Care Kits, meanwhile, contain tangible items like stress balls, mindfulness cards, herbal teas, and coloring booklets to promote daily rest and regulation services.

### Objectives

The service aims to enhance the psychosocial wellbeing of RRC staff and volunteers by implementing a structured and accessible support package.

### Specific objectives included:

- Disseminating the Care for Staff and Volunteers
   Guide and Self-Care Kits to at least 80% of branches involved in the Ukraine response, by July 2025.
- Increasing awareness and use of well-being services by 50% among targeted staff and volunteers, as measured through follow-up surveys and/or qualitative feedback sessions.
- Facilitate at least one well-being activity (e.g., stress awareness session, peer support) per branch within three months of distribution.

### Indicators:

- % of branches receiving and using the materials.
- Number of branch-level well-being activities conducted.
- Staff/volunteer feedback on usefulness and relevance.

# How: Structure, Methodology, Resources

### **Target Population**

The service focused on RRC staff and volunteers directly or indirectly involved in the Ukraine crisis response. This group includes emergency responders, psychosocial support providers, logisticians, and community outreach teams. The diverse group spans various ages, roles, and levels of experience.

### Identified Needs

Staff and volunteers were consistently exposed to intense situations, including trauma, displacement, and complex humanitarian needs. Prolonged periods of high-intensity work highlighted the need for emotional support, stress relief strategies, and team cohesion tools to avoid burnout and sustain engagement. The initiative directly addressed these needs by promoting a structured, organization-wide culture of care.

### Why: Relevance and Impact

### **Y**

As frontline workers continued to support communities impacted by the Ukraine crisis, it became evident that the caregivers themselves were under significant stress. Without intentional support mechanisms, the risk of burnout, secondary trauma, and reduced team cohesion increased. This initiative responds to the EU4Health project priority of ensuring well-being among humanitarian responders by embedding psychosocial support into daily work services.

### Impac

- Effectiveness: Focus group discussions with volunteers confirmed the guide's usefulness in organizing well-being activities. Branches appreciated sections on time management and stress, while the kits were well received as both symbolic and practical tools.
- Efficiency: The low-cost nature of the tools, combined with in-house design and implementation, made the project efficient and replicable.
- Inclusion: Tools were designed with diverse identities and access needs in mind, and could be tailored for different resource contexts, roles, and team structures.

# How: Structure, Methodology, Resources

### Design and Development

The RRC MHPSS Unit led the initiative's design, informed by staff feedback, Movement resources, and lessons from field implementation. The Care for Staff and Volunteers Guide included modules on peer support, emotional discharge activities, and stress-awareness sessions. It was piloted and revised based on feedback from CFSV trainings and national volunteer gatherings.

The Self-Care Kits were distributed alongside the guide to promote self-regulation. Each kit included mandala colouring books, stress-relief tools, mindfulness exercises, and herbal tea, emphasizing regular, personal care routines.

### Resources

The initiative was developed and implemented by:

- One MHPSS Coordinator.
- Two technical MHPSS staff.
- One PFA Trainer (staff/volunteer).

The guide and kits were also capacity-building tools. Staff and volunteers were introduced to the materials during training events, with guidance provided on integrating activities into team workflows. Volunteers were empowered to initiate peer support and lead well-being activities with minimal resources.

Ongoing revisions of the guide based on feedback are underway, and dissemination is being scaled. The tools are being embedded in induction trainings and volunteer care protocols to ensure long-term use across RRC branches.

### **Contact Person in the National Society**

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# 18. Slovenian Red Cross

# Facilitated Support Groups for Displaced Women from Ukraine in Slovenia



- > Level of MHPSS Framework: Focused psychosocial support
- > Type of MHPSS Service: Community based MHPSS
- > Target Group: Migrants and displaced people

### Why: Relevance and Impact



The Slovenian Red Cross, with support from the MHPSS Movement Hub, implemented a psychosocial group service titled Support Groups for people coming from Ukraine living in Europe. Designed specifically for displaced women from Ukraine women, these facilitated group sessions create a safe, peer–supported environment for participants to explore their emotional experiences, reflect on life transitions, and strengthen their coping mechanisms.

This structured group activity provides thematic sessions where women can express the challenges of partner separation, household transitions, adaptation to new life circumstances, and the development of new roles due to displacement. The programme supports both individual and community resilience, offering emotional processing alongside peer connection.

### Objectives:

• Provide a safe space for participants to share

feelings, thoughts, and aspirations related to life in displacement and long-distance family separation.

- Enable participants to feel supported by peers through shared experiences and empathetic engagement.
- Normalize common emotional reactions to war, displacement, and life changes.
- Encourage reflection on personal growth and skill acquisition despite the hardship.
- Facilitate peer-led solution-sharing and build a foundation for collective action and social reintegration.

Indicators of success include the number of participants, number of sessions attended per participant, pre/post well-being assessments, and participant feedback on group impact.

# How: Structure, Methodology, Resources



The primary target group is displaced Ukrainian women, particularly those from single-headed households or those separated from partners due to restrictions under Ukrainian martial law. These women are often solely responsible for their families while navigating new environments in host countries, facing cultural and language barriers,

financial strain, and emotional fatigue. Connections with loved ones in Ukraine weaken over time, participants often express a need for new social bonds grounded in shared, current realities. The groups address both emotional isolation and the need for community connection, particularly among women adapting to solo parenting.

### Why: Relevance and Impact



Displacement frequently results in emotional disconnection, role disruption, and an absence of familiar support systems. For many of the women involved, the group was the first space where they could openly process the emotional impact of the war—including the trauma of fleeing, separating from partners, and adapting to a radically new life.

By using a same-gender group format, the service allowed participants to explore topics uniquely affecting women—such as parenting alone, changing household roles, and navigating emotional labour without traditional support systems. The sessions fostered a sense of solidarity, safety, and hope, with

many participants reporting a deeper connection to their own capabilities and to the experiences of others.

Importantly, the groups also became a springboard for community-building activities outside the structured sessions. Participants initiated and organized social gatherings, including hiking trips, yoga classes, and cultural activities, which strengthened their sense of belonging and empowered them as community leaders.

This peer-driven dynamic led to increased self-efficacy and emotional resilience, not only within individuals but across their newly formed communities.

### How: Structure, Methodology, Resources



The service was adapted from guidance provided by the MHPSS Movement Hub, contextualized for Slovenian Red Cross community-based programming. The guidance was translated into Ukrainian and adjusted to suit local logistics (e.g., time, location, group size). A trauma-informed lens was incorporated, recognizing that many participants were encountering structured reflection on displacement for the first time.

Each group follows a thematic structure, with sessions covering:

- Life changes since the war began.
- Adaptation to life in the European Union.
- Learning from adversity.
- Imagining a new future and fostering hope.
- Reflections and personal takeaways from the group journey.

Group size is kept between five and eight women to ensure intimacy and depth of sharing. Participants are informed of the session themes in advance and agree to join the full cycle of meetings. A buddy system is established within each group to promote one-on-

one support between sessions. A shared messenger chat group further supports ongoing communication, information sharing, and coordination of social activities outside group sessions.

### ools:

MHPSS Movement Hub's Facilitation Guidance for Support Groups

Ongoing pre- and post-supervision by an MHPSS Technical Specialist from the Movement Hub, ensuring adherence to trauma-informed, culturally appropriate services.

The language and cultural adaptation of international guidance allowed for relevance and resonance within the Ukrainian community in Slovenia. Furthermore, the groups serve as a model for low-cost, scalable psychosocial services in other Red Cross branches and host countries working with displaced populations.

Future plans aim to expand the initiative to new communities and facilitate training of additional facilitators to support the growing demand for similar peer support formats.

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# 19. Spanish Red Cross



Nature-Based Team Recharge MHPSS Service for Outdoor Staff and Volunteers Care Activities

- **Level of MHPSS Framework: Focused Psychosocial Support**
- > Type of MHPSS Service: Caring for staff and volunteers
- > Target Group: Staff and volunteers

### Why: Relevance and Impact

### Overview of the Service

Nature–Based Team Recharge is a psychosocial support service designed to support the mental health and well–being of frontline staff and volunteers engaged in humanitarian response. Through a series of guided outdoor activities—such as forest walks, quad biking, hiking, and zip–lining—the service creates opportunities for emotional decompression, peer bonding, and reflective self–care in a nonclinical setting. Each session is structured around group challenges, individual downtime, and facilitated discussions, with the dual aim of stress relief and team cohesion. The team–based activity has been piloted in the Guardamar del Segura branch (Alicante).

### Objectives

Main objective is to provide a safe and appropriate work environment, encouraging better knowledge of each other and co-workers, creating healthy bonds.

### Specific Objectives:

- Create a safe space that facilitates establishing the support and emotional relief that the group needs.
- To promote the benefit of the group through its well-being, both physical and emotional.
- Enhance the team with social skills and assertive communication techniques.
- To prevent burnout.
- To promote the personal and group reflection of the participants, encouraging the awareness of their own personal energy as a vital element for daily service.

### Indicators

- Quantitative: Attendance logs; feedback from participants; number of recommendations generated.
- Qualitative: Participant reflections in focus group discussions and facilitator observations.

# How: Structure, Methodology, Resources

### **Target Population**

The service targets frontline responders—both paid staff and volunteers—from the Spanish Red Cross operating in high-stress environments, notably those supporting the Ukraine crisis and displaced populations. Participants range in age from 20 to 60 years, of all genders and nationalities, and include medical volunteers, logistic coordinators, and psychosocial teams.

### Identified Needs

Needs assessments, including informal interviews and preliminary stress surveys, revealed pervasive emotional exhaustion, secondary traumatic stress, and diminished team morale. Many responders reported difficulty processing daily traumatic exposures, limited opportunities for self-care, and a sense of isolation. There was a clear demand for accessible, peer-based support mechanisms that foster resilience without requiring clinical therapy.

### Why: Relevance and Impact

### **V**

Frontline responders operate under sustained

pressure: extended shifts, exposure to human

suffering, and evolving security threats. Without

structured support, the risk of burnout, compassion

fatigue, and attrition increases—undermining both

individual well-being and organizational capacity. Nature-based services tap into a growing body of

evidence demonstrating the therapeutic benefits

of green spaces and physical activity for mental

Relevance of the Service

### Design and Development

The programme was co-designed by MHPSS specialists, outdoor facilitators, and frontline representatives to ensure cultural relevance and contextual appropriateness. A pre-pilot workshop gathered input on preferred activities, logistical constraints, and psychological safety guidelines.

How: Structure, Methodology,

Resources

The activity included a range of outdoor and interactive exercises:

- Card activity in pairs focusing on challenges
  and reflections
- 'Tower of Vases' team-building game
- Negotiation dynamics and teamwork exercises
- Quad biking and ziplining
- Shared lunch and storytelling session

### Impact

- Emotional Relief: Post-activity surveys showed an average 25% decrease in self-reported stress levels.
- Team Cohesion: 90% of participants rated the experience as "highly effective" (8–10 on a 10–point scale) for strengthening peer relationships.
- Policy Influence: Key recommendations generated during debriefs have been incorporated into the National Society's staff care policy for 2025.

Participants consistently highlighted the value of stepping away from operational environments and connecting with peers in an informal, supportive setting. The service fostered an environment where emotional sharing felt safe, normalized, and collective.

### **Contact Person in the National Society**

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# 20. Swedish Red Cross





- Level of MHPSS Framework: Basic Psychosocial Support
- > Type of MHPSS Service: PFA/MHPSS service provision
- > Target Group: Migrants and displaced people; staff and volunteers

### What: Overview and Objectives

The Web Hub for Mental Health and Psychosocial Support (MHPSS) is a digital platform launched by the Swedish Red Cross to provide psychoeducational content for individuls seeking information and guidance on mental health conditions. Originally developed in 2020 and expanded under the EU4Health project, the web hub now includes content in Swedish, English, and Ukrainian, making support more accessible to displaced populations, staff, and volunteers.

The content—delivered through articles, videos, audio, and expert interviews—offers concrete strategies, exercises, and stories from lived experience to help users manage issues such as anxiety, grief, and post-migration stress.

**Objective 1:** To reach 1,000 visitors on the Ukrainian pages on the Web hub for MHPSS between June 2024 and July 2025.

Objective 2: 85% of the engaged visitors on the Web hub for MHPSS are satisfied with the content of the pages in Ukrainian and Swedish (As most SRC volunteers and staff speak Swedish, the Swedish pages are included in this objective).

### Indicators:

- Website traffic metrics (unique visitors and page views).
- User satisfaction surveys (target: 85% satisfaction).
- Engagement metrics across different language versions.

### **Who: Target Population and Needs**

The primary audience includes youth and adults seeking information and support on mental health and psychosocial well-being.

The secondary audience includes:

- Swedish Red Cross staff and volunteers using the platform for self-care or in community work.
- Relatives or caregivers supporting individuals with mental health concerns.
- The general public interested in reliable, userfriendly MHPSS resources.

The platform is particularly important for displaced people from Ukraine, who face psychological stressors such as post-migration anxiety, uncertainty, grief, and adaptation challenges. Surveys show that 63% of these individuals reported significant disruption to daily life due to emotional stress.

### Why: Relevance and Impact



Upon arrival in Sweden, many Ukrainian refugees reported high levels of stress, anxiety, and grief—exacerbated by difficult living conditions under the Temporary Protection Directive. Misinformation, stigma, and limited access to culturally appropriate services further worsened their psychosocial wellbeing.

The Web Hub for MHPSS provides a nonstigmatizing, low-barrier entry point to mental health support. It also aids Swedish Red Cross staff and volunteers, many of whom support vulnerable populations but face challenges managing their own emotional health.

By ensuring the availability of accurate, accessible, and multi-lingual information, the hub strengthens individual coping strategies and builds mental health literacy across diverse groups.

# How: Structure, Methodology, Resources



### Design and Development

The platform is organized into themes, such as stress management, grief, and resilience. Each theme is developed through the following process:

- Target group involvement via surveys, focus groups, or workshops.
- Content creation using multimedia formats: written articles, audio, animated films, expert interviews, and personal stories.
- Expert review by psychologists, physiotherapists, or social workers at Red Cross treatment centers.
- Adjustments based on feedback.
- Dissemination through online campaigns, community partners, and Red Cross channels.

### Training and Capacity Strengthening

- All MHPSS content is quality-assured by internal or external experts.
- Trust-building with the target population is essential to ensure safe participation and ethical engagement.
- Referral pathways are established to direct users to additional support if needed.
- Plans are underway to help local Red Cross branches integrate the hub into group discussions or individual conversations with beneficiaries.

### Sustainability

- Long-term plans include further thematic expansion, increased language support, and deeper integration with Red Cross field services.
- The platform is scalable and adaptable, with many themes applicable across regions.

### **Contact Person in the National Society**

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# 21. Swedish Red Cross Youth



Youth Lead the Way: Community-Based Psychosocial Support by and for Young People through Swedish Red Cross Youth Clubs

- Level of MHPSS Framework: Focus Psychosocial Support
- > Type of MHPSS Service: Community -based MHPSS
- > Target Group: Youth

### What: Overview and Objectives

**Who: Target Population and Needs** 

This initiative, developed under the EU4Health project, empowers displaced Ukrainian youth in Sweden to form and lead Swedish Red Cross Youth (SRCY) clubs in areas without an existing Red Cross Youth presence. The clubs offer a safe, supportive environment where young people design and lead activities that foster social connectedness, reduce stress, and build emotional resilience.

The core aim is to support the psychosocial well-being of young people affected by armed conflict and displacement by encouraging them to take an active role in their recovery through peer-led, community-based initiatives.

Indicators include the number of clubs formed, participants reached, qualitative feedback from focus groups, and survey-based well-being metrics.

The service specifically targets displaced Ukrainian youth aged 13–25 years living in Sweden, particularly in municipalities lacking a local SRCY branch. Many participants are teenagers aged 17–18 years, some of whom are not enrolled in school due to remote learning in Ukraine or transitional education status.

The youth in this group often experience social isolation, uncertainty about their future, and limited engagement in formal or community structures. The initiative responds to their need for connection, self-expression, emotional safety, and opportunities to lead in meaningful ways.

### Why: Relevance and Impact



Following the mass displacement caused by the international armed conflict in Ukraine, young people resettled in Sweden faced significant mental health challenges—uncertainty about their future, disrupted education, and a sense of cultural and social isolation.

The SRCY club model was created as a low-threshold, highly adaptable solution to promote well-being, routine, and emotional support.

By empowering youth to lead their own initiatives, the programme addresses:

- The psychosocial impact of displacement
- Gaps in formal youth programming in host communities
- The need to foster resilience, hope, and social belonging.

The approach reinforces UNICEF and MHPSS Hub's broader MHPSS objectives of providing community-based, child- and youth-centred psychosocial support, rooted in empowerment and protection principles.

### How: Structure, Methodology, Resources



### Design and Implementation

SRCY clubs are launched through engagement workshops where youth share ideas, set priorities, and form leadership teams. Clubs then organize tailored activities—ranging from sports and theatre to peer support and life skills sessions—based on local needs and interests.

Youth leaders manage the planning and coordination, with SRCY staff providing flexible support, including logistics, finances, coaching, and psychoeducation. Staff remain in regular contact via platforms like Telegram and are available as needed, but the model is youth-led by design.

Workshops such as "First Aiders: Young People Supporting Young People" provide further reinforcement, offering PFA principles and peer-care strategies using tools like the IFRC Well-Being Guide.

### Human Resources

- Two or more youth volunteer leaders per club.
- One SRCY staff member providing day-to-day support.
- Project coordinator overseeing training, supervision, and linkages with broader MHPSS programming.

This small team enables consistent, personalized support while maintaining the youth ownership model at the core of the service.

### Capacity Strengthening

Youth leaders are trained in:

- Red Cross values and youth engagement strategies.
- Safeguarding, inclusion, and protection policies.
- Leadership, communication, and facilitation skills.
- PFA and peer support methodologies.

  Staff receive training in community-based MHPSS and meet regularly for reflection, strategic planning, and supervision.

### Tools and Materials

- A practical MHPSS guidebook in accessible language.
- SRCY's internal club set-up guidance.
- IFRC materials (e.g., Well-Being Guide, PFA resources)
- Communication channels and workshop content.

These resources support a consistent, adaptable, and replicable model across settings.

SRCY clubs are being integrated into the Swedish Red Cross Youth's permanent programming, ensuring ongoing support and future expansion. The model's low-cost structure—centred on youth leadership and local engagement—makes it highly sustainable and adaptable to new settings and populations.

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# 22. Ukrainian Red Cross Society

**Supportive Supervision for Helpers** 



- **\)** Level of MHPSS Framework: Focused Psychosocial Support
- > Type of MHPSS Service: Caring for staff and volunteers
- > Target Group: Staff and volunteers

### What: Overview and Objectives

**Who: Target Population and Needs** 

Since the start of the international armed conflict in Ukraine, the Ukrainian Red Cross Society (URCS) has prioritized the establishment of a supportive supervision system based on the

Integrated Model of Supervision. The overall objective was to ensure MHPSS staff and volunteers had access to "a supportive, confidential and collaborative space" where they could "voice their difficulties, discuss challenges and be recognised for their successes, receive constructive feedback and emotional support, and build their technical skills and capacity, and enhance quality of service provision." As part of this system, implementing staff and volunteers were provided supportive supervision in a variety of formats (individual, group, and peer-to-peer) and modalities (in-person, remote, and live) based on needs. Supportive supervision is defined by three core objectives:

- To provide emotional support for staff and volunteers, many of whom face challenging situations and high levels of stress during MHPSS service provision.
- To build the skills of staff and volunteers, thereby supporting professional development and the quality of the services being provided.
- To monitor the quality of MHPSS services being provided to affected populations, ensuring fidelity and quality.

Indicators: Number of supervision sessions

Volunteers and staff of URCS providing MHPSS, including PFA providers, PFA trainers, lay counsellors, and psychologists.

### Why: Relevance and Impact

How: Structure, Methodology, Resources

The supportive supervision system was prioritized for three primary reasons: the scaling up of MHPSS services, the increased need to support the well-being of staff and volunteers, and the need to maintain the quality and impact of the expanded MHPSS services.

With the onset of the international armed conflict in Ukraine, MHPSS needs increased in scale, severity, and diversity. In response, Ukrainian Red Cross Society (URCS) rapidly scaled up the coverage and diversity of their MHPSS services to support a wide range of affected groups, including internally displaced people, evacuated persons with disabilities, women and children, people of older age, and families of the missing. This expansion of services created the need for increased oversight of quality as well as capacity building to ensure staff and volunteers were equipped to deliver the services.

With the scaling up of MHPSS, the URCS faced the corresponding need to care for the well-being of staff and volunteers. Many URCS staff and volunteers have themselves been impacted at a personal level, in addition to the stress of increased workloads and risks to personal safety during the scaling up of services. Given that both volunteers and staff operate in high-risk environments and face daily adversities – such as loss, grief, and the prolonged stress of armed conflict – it was essential to establish supportive supervision. This was crucial not only for providing emotional support to PFA trainers and providers, but also for ensuring service quality and enabling continuous skills development.

A training of trainers (ToT) in supportive supervision was delivered to the MHPSS staff from MHPSS programme and technical staff of HQ based on the Integrated Model of Supervision. The URCS then utilized a tailored supportive supervision curriculum for Red Cross Red Crescent Societies to develop a URCS Supervision Framework as a follow-up. This included a competency framework for PSS providers and PFA Trainers and supervision agreements for supervisees and supervisors to clearly delineate responsibilities and terms for

Additionally, supportive supervision guidance was developed to fit the professional service delivery context of each MHPSS provider group, including PFA trainers. The guidances also covered the various formats and modalities of supervision (individual, group, peer-to-peer, on the job, and live and online modalities). The flexibility of these formats and modalities ensured that PFA providers and trainers were able to access supervision regardless of location, which was critical given safety and security circumstances as well as the large scale of implementation

### **Contact Person in the National Society**

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Caring for Staff and Volunteers training of trainers in Budapest, Hungary | hoto: MHPSS Hub



# SUCCESSFUL MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES CATALOUGUE

Red Cross-National Societies in Europe responding to the International Armed Conflict in Ukraine (2022 to 2025)

