

Work Package n°3 – The EU-MiCare Methodology and Training Package

VALIDATION WORKSHOPS COMPILATION

Countries: Germany, Spain, Cyprus, Italy, Greece

Redacted in January 2024 by Ethno-Medizinisches Zentrum e.V. under the collaboration of all project partners



**Co-funded by
the European Union**

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Introduction

WP3 aims to create the Methodological Framework and the content of the training curriculum package i.e., modules, materials and tools that will be used to train the target groups. One of the WP3 main results is the Training Methodological Framework for the training curriculum (see dedicated document), which entails the training structure, content, methodology, assessment methods etc.

The first version of the Methodological Framework was developed by Ethno-Medizinisches Zentrum e.V. based on the results of the co-creation activities (Focus Groups) carried out in all partner countries during WP2 (see dedicated document). During the autumn of 2023, validation sessions were carried out in all partner countries with a total of 29 participants, to whom the first version of the Methodological Framework was presented for feedback. The following pages contain the reports compiled by each project partner after the validation sessions, in which the discussions and results of the validation sessions are summarized. Based on the reports and on a dedicated discussion within the project consortium, Ethno-Medizinisches Zentrum e.V. proceeded with the finalization of the Methodological Framework.

At least one validation session was carried out in each partner country. The sessions followed the same structure, based on a guideline prepared by Prolepsis. The discussion focused on the following themes: structure of the training, modules, diversification of curricula, handled topics, assessment methods, training modality (online vs. Face-to-Face, synchronous vs. asynchronous), and the proposed additional resources (networking space, study sessions, supervision).

In most of the cases, it was possible to include in the validation sessions experts who had already participated in the co-creation sessions in WP2 and were therefore already acquainted with the project. However, partners in several countries encountered recruiting challenges in finding a date fitting all participants calendars, and in some cases was necessary to include new experts or adapt the validation methodology.

The validation sessions confirmed the great interest of professionals and volunteers in the EU-MiCare training and provided precious final feedback, allowing to perfectionate the Methodological Framework and develop a training even closer to the needs and wishes of future participants.

Cyprus

1. Introduction

In this validation session, one focus group was conducted. The participants of the focus group were health academics and five people were involved. The interesting part was the recruitment process. Firstly, a brief email was sent to the participants. Because they were the same people as the first focus group they joined happily, trying to help with this validation session. Once they reacted to this, phone calls took place in order to give more information about the program and the purpose of these co-session. Then, a doodle poll was conducted in order to arrange the on-line meeting. This was a quite difficult, because all of our participants are working and have heavy schedules. In the following part, tables of both focus groups which contain the demographic characteristics are shown.

Participants	Profession	Workplace
Participant 1	Professor	University Department of Nursing
Participant 2	Lecturer	University School of Medicine
Participant 3	Lecturer	University Department of Nursing
Participant 4	Researcher	University
Participant 5	Adjunct Faculty Instructor	Universities

2. Feedback on training's part 1: "GENERAL PART"

In this part of the validation session, all the participants agreed that the general part where the definition of mental health, the protective and risk factors, the determinants of mental health and the most common mental health issues will be presented, is very important and sensitive part. They all pointed out that strict and clear structure must be provided.

2.1. Feedback on the content in general

The participants pointed out that a common approach must be given. In order to succeed that a background profile for all the participants should be created based on their specialty. If that is the case cooperation and participatory will be succeed through this training.

Some of the opinions are quoted:

"Of course, you need to have a general part in order to determine the purpose of your training."
(professor)

"The definition of mental health must be very specific, in order to help you understand the correct division in the next parts". (researcher)

"Needs to be done example this kind of training. For example, nurses have to renew their license every year." (lecturer)

2.2. Feedback on the themes that are included in part 1 of the training

Most of the participants agreed with the themes that are included in part 1 of the training. Although, they all suggest that a very clear and sufficient determination of mental health generally and specifically among refugees and migrants should be given. Some of them also suggest a needs assessment report to be created.

"I agree with the themes that are included in your general part. Let me propose, though, that a needs assessment report must be conducted and provided before the training." (researcher)

"Need to be very specific about the determinants of mental health in migrants." (professor)

2.3. Interest and motivation of participants

All the participants pointed out that a clear profile of the training must be given. All the participants agreed that continuous updates must be part of their jobs and specialties, but due to the fact that their schedules are full, a motive must be given. Some of them suggested a reward, when others suggest a clear profile must be given in order to be more appealing to them.

“The participants answered that there is interest for training but something as a reward must be given to motivate them.” (adjust faculty instructor)

“Unfortunately, in Cyprus, this specific issue is downgraded. So, I suggest advertising of this training and the reason that is important must be provided by you.” (researcher)

3. Feedback on training's part 2: “IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS”

3.1. Feedback on the content in general

All the participants agreed that the first step of a good training is the recognition and address of migrant health needs. Generally, they agreed in the structure of this part, giving comments for the third subpart which is Suicide Risk Assessment.

There were two different opinions about the division in two groups. The one group pointed out the fact that the division will cause lack of interdisciplinary and common approach. Each specialty must be in the position of understanding and respecting the role of other specialties. This also may cause to unconscious cognitive errors on recognizing and addressing migrant health needs. The other group pointed the fact the division into two groups is useful, since the diagnosis of migrant mental health needs is based on the background of each specialty.

The opinions are quoted:

“It is a very good start to begin with recognition and addressing the needs. Good structure!” (adjust faculty instructor)

"I am not sure I agree in the division into to groups. Interdisciplinary is very important in addressing the needs of the migrants." (professor)

"I think that the division will cause heterogeneity!" (researcher)

"Great choice to divide into groups! In this way, you give a burden to each disciplinary's background profile." (lecturer)

"It is two to have to different groups of training, since there has to be specialization in your training." (lecturer)

"Don't agree with the division into 2 groups. There has to be a common line and each specialty to cooperate with the others." (researcher)

3.2. Feedback on the themes that are included in part 2 of the training

All participants of the validation session pointed out the terms of heterogeneity of the specialties which can cause difficulty in the training if not treated properly. They made comments for all the subparts of this part of the training.

3.2.1 CULTURE-DETERMINED UNDERSTANDING

Here, the participants of the validation session pointed out the fact that not all migrants are treated the same way. So, it is very important the professionals to have a clear understanding of the culture of each migrant against mental health. They add the fact that many cultures have undegraded the mental health, leading to denial for help. If that is the case, professionals need to have more improved skills and be more trained to recognize and address the mental health needs of migrants and refugees.

In addition, participants referred to the stigma associated with mental health issues in some cultures. They suggest that through this training, professionals need to be ready to understand and respect that, giving the appropriate time to migrants.

Specifically, their opinions are quoted:

“Unfortunately, in Cyprus there are two speed migrants. So, it is very important the professionals that will take part on this training to be able to have a culture-determined understanding of the mental health needs.” (professor)

3.2.2 MENTAL HEALTH ASSESSMENT TOOLS

Here the participants agreed with the structure of this subpart. They pointed that the tools have to be specified for each discipline.

“There are common tools for some disciplines. For example, psychologists and doctors have to cooperate in order to have a recognition of mental health state of migrants.” (researcher)

3.2.3 SUICIDE RISK ASSESSMENT

Here the participants suggest that suicide risk assessment can be included to mental health assessment tools and there is no need to be a separate subpart, since it is difficult to manage from non-mental health professionals.

“I am not sure that this has to be in a different subpart. How will you explain this to someone non-professional?” (professor)

3.2.4 PSYCHOLOGICAL FIRST AID

In this subpart, the participants agreed, pointing the fact that it might be in 3.2.2 (Mental health assessment tools).

3.3. Interest and motivation of participants

Again, in this part, all the participants agreed to the fact that some credit must be given in order to motivate the professionals.

In addition, because Cyprus stands in the middle of the immigration wave, a new culture must be developed concerning migrants and their mental health needs.

4. Feedback on training's part 3: "IMPROVING SKILLS ON MANAGING MIGRANTS' HEALTH NEEDS"

4.1. Feedback on the content in general

All the participants agreed that the second step of a good training is the management of migrant health needs. Generally, they agreed in the structure of this part.

Again, in this part there were two different opinions about the division in two groups. The one group pointed out the fact that the division will cause lack of interdisciplinary and common approach. Each specialty must be in the position of managing migrants' mental health needs with the role of other specialties. This also may cause to unconscious cognitive errors on management migrant health needs. The other group pointed the fact the division into two groups is useful, since the professional approach of migrant mental health needs is based on the background of each specialty.

The opinions are quoted:

"I am very fond of the subparts again of this part of the training! Always after recognition of mental health needs comes the management." (researcher)

"I am not sure I agree in the division into two groups. As I mentioned before, for me the most important part of the training is Interdisciplinary in managing the needs of the migrants. For example, the social worker has to work with the psychologist and the culture mediator. In order to do that they have to be trained in each discipline part." (professor)

"I think that the division once again will cause heterogeneity!" (lecturer)

"Great choice to divide into groups! In this way, you give a burden to each disciplinary's background profile." (lecturer)

"It is good to have to different groups of training, since there has to be specialization in your training! At least the division should be between the professionals and the volunteers. This will make easier the training to be more specific!" (adjunct faculty instructor)

"Don't agree with the division into 2 groups. There has to be a common line and each specialty to cooperate with the others." (adjunct faculty instructor)

4.2. Feedback on the themes that are included part 2 of the training

4.2.1 EFFECTIVE COMMUNICATION/NON-VERBAL COMMUNICATION

All the participants pointed out the fact that for an effective communication about the managing the mental health needs, 3.2.1: Culture-determined understanding part of the training must be given clearly. The use of examples is one of their suggestions.

“You have to give examples! In this way, you will help the participants to understand the meaning of this part!” (researcher)

4.2.2 WORKING WITH INTERPRETERS/CULTURAL MEDIATORS

This subpart was commented as one of the most valuable in this training. Unfortunately, there is a gap between interpreters/cultural mediators and professionals such as physician, phycologists, etc. Volunteers are nearer to these specialties, without having the strong background and knowledge to actually help with the mental needs. The participants commented that social workers play an important role, also, to cover that gab.

“I strongly agree with this part of your training. Firstly, because interprets and cultural mediators play a vital role in the communication with the migrants and refugees. Secondly, there is a gap in the collaboration between cultural mediators and professionals such as physician and psychologists.” (researcher)

“I totally agree with the previous opinion. Here, especially in Cyprus, we have a huge problem in this part. So, it will be hopeful to build a bridge between those two specialties.” (professor)

4.2.3 NON-VERBAL COMMUNICATION/INTER-TRANSCULTURAL COMMUNICATION

All the participants in this part give the propose that this subpart must be very clear. The suggest was the use of examples.

“You need to use examples in order to give a clear picture to your participants what is the definition of inter-transcultural communication.” (researcher)

4.2.4 INTERDISCIPLINARY COLLABORATION/MULTISECTORAL APPROACH IN PHYCOSOCIAL INTERVENTION

As it mentioned before, most of the participants are fond of interdisciplinary collaboration. They expressed that in managing the mental health needs of migrants and refugees, collaboration between the different specialties is necessary.

“For me, training should be with all the disciplines together. In order to construct and succeed the managing of mental needs of migrants and refugees, interdisciplinary is the key.” (researcher)

“Of course, each discipline needs to specialized based on the background profile, but each professional who approach the vulnerable groups needs to know how to collaborate and respect everyone’s work.” (professor)

4.2.5 SPECIAL SITUATION OF CHILDREN

All the participants agreed that children form a special situation and category concerning mental health needs, because parents and teachers are involved in the communication. For children the interdisciplinary is necessary. The first step is to recognize and try to cooperate with the parents in order to accept help for them and then for their children. This demands cooperation between social workers, cultural mediators, phycologists and teachers.

“Kids are a different story. Things are much more complicated!” (lecturer)

“Concerning children, training is much harder, due to the fact that teachers, also, should be trained how to recognize and address mental health needs.” (professor)

“Oh well. Cooperation and collaboration are the key words!” (adjust faculty instructor)

4.3. Interest and motivation of participants

All the participants agreed that the interest and motivation come from the need of helping and address problems of the society.

5. Feedback on training's part 4: "SELF-CARE"

5.1. Feedback on the content in general

All the participants of the validation session agreed that tools should be given to the professionals and all the members of the training. Material should be given and the choice need to be personal, since the meaning of self-care is different for each person.

"Best way is to give to the self-observation tools in order each one of them to monitor oneself" (lecturer)

"Give them links, websites and sources to be able to use them whenever they have a question or an uncertainty of their approach." (researcher)

5.2. Feedback on the themes that are included part 4 of the training

All the participants pointed the fact that the material and the tools that the training contains are very useful and well-structured.

"Well done! It is very important to give the chance to anyone who tries to expand the knowledge in this specific topic, to have tools to cultivate themselves." (professor)

"I agree with the themes that are included in this part of your training. Just a comment, please be very careful with the access that you will give." (researcher)

5.3. Interest and motivation of participants

Unfortunately, based on the society of Cyprus, all the participants agreed that, in this part, interest might be the lowest of all parts of the training because there is no obvious practical gain. On the other hand, they considered it quite important, given the fact that access will be useful for each professional or volunteer wants to learn more and feel the need of solving his/her questions.

6. Feedback on the training materials

In this part of the co-session, the participants agreed with many of the proposed training materials such as both synchronous and asynchronous material and testing the gained knowledge through this training.

Most of them gave an extra burden to the online communities as a part of a greater Networking Space, where people either professionals or not, will be able to communicate and exchange knowledge. In addition, most of them noted the importance of social media. Advanced social media with continuous updates create motive to be part of this and future trainings.

6.1. Feedback on the proposed training materials and suggestions.

“Excellent idea for both synchronous and asynchronous material.” (lecturer)

“I agree with both asynchronous and synchronous material. Although I suggest that even for asynchronous tools, is most preferable to be more interactive -dynamic- material with the use of online meetings, etc.” (professor)

“You can divide both synchronous and asynchronous material into categories: for professionals and volunteers or more specifically for each discipline.” (researcher)

6.2. Feedback on the available tests for the participants in order to assess their knowledge and gain credits.

“It is essential to have a test and gain credits. This will give them motivation!” (lecturer)

6.3. Feedback on the idea of creating “Online Communities of Knowledge: Networking Space”

In this subpart, two of the participants suggest the advocate coordinators for each study group session. In this way each discipline can have the manager and coordinator in whom can refer for every question or difficulty.

“There has to be a needs assessment for all professionals that will take part.” (professor)

“Maybe the most important part of the training is a community of knowledge. This will make the professional to feel safe for asking if anything troubles him/her.” (researcher)

6.4. Feedback on the idea of creating moderated peer supervision/study group sessions during synchronous training.

All the participants agreed that the creation of moderated peer supervision and study group sessions during synchronous training is very important due to the fact that the professionals are characterized by heavy programs.

“Of course! But it will be very difficult based on heavy programs of the professionals.” (professor)

6.5. Feedback on the synchronous online training or asynchronous use of training materials on the platform.

All the participants pointed out the importance of social media concerning the platform which contains the training material.

“For me the most important role plays the social media!” (lecturer)

7. Conclusions

The role of this validation co-session is pretty important since valuable findings came up. Firstly, there is no organized part on professionals' education concerning their knowledge on the field of migration and mental health. This brings the need of radical change on the system of education, but also in the training of professionals. If that is the case, specialized training must be provided to mental and health professionals based on their field. Secondly, professionals who have encountered migrants with mental health issues in their professional answered the same thing. They don't always feel prepared and trained to address them. So, the importance of training in this form is essential. This brings, also, the need of specific practical part of their training. Furthermore, fragmentation is one of the main problems

concerning mental health of migrants and refugees. It is very important, for health professionals to feel support and know that they can cooperate with different professionals, in order to achieve their goal; help migrants overcome serious mental issues such as suicidal thoughts, post-traumatic stress disorder etc. In addition, the tools and materials that could help in their professional practice are divided into two main arguments. Access to immigrant informational materials and familiarization with the cultural competency. The cultural factors play a very unique part. In order to make migrants and refugees accept the help, all the professionals pointed out that cultural competency is what it takes as a first step. Last but not least, both online and face-to-face actions will help to deal with the need of evolution in this specific field.

Germany

1. Introduction

In Germany, two online validation workshop sessions were held: the first one on October 30th and the second one on November 16th, with a total of 7 participants. The EU-MiCare German Team decided to organize two separate focus groups to overcome difficulties in the recruitment process. Additionally, to facilitate participation, the workshop took place online. The aim of the workshop was to present to the participants the methodological framework for the EU-MiCare training and to receive feedback on the suggested training curricula and modules. Due to their familiarity with the project and their participation in the previous co-creation phase, all participants of the Focus Groups conducted in April 2023 were contacted and invited to attend the validation workshops. This approach allowed us to obtain more focused feedback, as the participants were already acquainted with the project aim and modalities. Furthermore, several participants were eager to know what the EU-MiCare Team had developed since the first co-creation round and to see if their suggestions and wishes had been considered. Of the 7 participants, 6 had already participated in the Focus Groups in April 2023. An additional participant was invited because – although she had not attended the focus group- she had been informed about the project by the EMZ Team and her attendance was considered as an enrichment by the organizing team.

Finding a suitable date when more people could meet simultaneously was challenging due to the limited availability of professionals. In order to collect a larger amount of feedback, two separate meetings took place: the first group with 4 participants and the second with 3 participants. Each session lasted slightly more than 1 hour. Both sessions began with a presentation of the session's aim and a brief description of the developed material, including the main structure of the framework and the different curriculum depending on the targeted group—mental health experts (e.g., physicians and psychologists/psychotherapists) or other profiles (e.g., social workers, cultural mediators/interpreters, or volunteers). Later in the session, the content of each module and curriculum was further explained. Both groups were characterized by a pleasant and active atmosphere with constructive feedback. This was especially the case for the first session on October 30th, where all the participants had previously

attended together the face-to-face focus group in April and had the chance to get to know each other better.

All participants in both groups identified themselves as female. The average age was 41 years old, with 5 out of 7 participants being 35 years old or younger. The youngest participant was 30 years old, while the oldest was 61 years old. There was one psychiatrist working in the outpatient clinic, two psychologists, one expert (PhD) working in research focused on migration in Germany, two social workers (one working in a refugee center and the other in a non-profit organization), and one cultural mediator working in a health center. All targeted groups except for volunteers were represented. However, volunteers were indirectly represented, as some participants had been volunteers themselves in the past or worked closely with volunteers, such as social workers in NGOs. The average number of years working with migrants and/or refugees was 10,5 years (SD: 7,9).

	Acronym	Age	Gender	Profession	Education level	Institution	Years of working with refugees
1	CT	61	Female	Representative of migrant associations/migrant communities/ social worker	Bachelor, Master	NGO	25
2	AG	56	Female	Counsellor, Cultural Mediator	NA	Health Center	10
3	GT	35	Female	Psychologist	Bachelor, Master	Asylum Seekers Reception Center	16
4	AA	34	Female	Consultant/Expert	PhD	German Center for Integration and Migration Research	10
5	NA	35	Female	Psychologist	Bachelor, Master	Hospital, Training institute	8
6	MK	30	Female	Social worker	Bachelor, Master	Asylum Seekers	/

						Reception Center	
7	FR	35	Female	Doctor	PhD	Outpatient psychiatric care	4

2. Feedback on training's part 1, "GENERAL PART"

2.1. Feedback on the content in general

Both sessions began with Flaminia Bartolini presenting the session's objective and the framework of the meeting. Participants were reminded about the project objective and the aim of creating a training which professionals and volunteers can consult online (asynchronous way) and the additional offer of a live- training to be held online. The materials should therefore be suitable for both setting. Later on, a first overview of the developed methodological framework and of the different curriculum was provided. The attending participants welcomed the decision to create different curricula depending on the target group and its background and to differentiate between mental health experts (e.g., physicians and psychologists/psychotherapists) or other profiles (e.g., social workers, cultural mediators/interpreters, or volunteers).

All participants were generally satisfied with the topics covered and did not identify big gaps.

2.2. Feedback on the themes that are included in part 1 of the training

- on module 1.5., one participant (MK, social worker, Germany) underlined that for participants without a background in (mental) health, it is important to learn how mental disorders manifest and when it is needed to refer to a doctor/psychologist. If the EU-MiCare Team think it is appropriate, the training could be structured in a way that professionals can skip this part if considered unnecessary.
- The same participant (MK, social worker, Germany) suggested to insert a reference to the prevalence of disorders in the migrant/refugee population vs. average population in order to raise

awareness on how mental health issues are widespread in this population. The moderator replied that it is a good idea, although we should consider which data to refer to, as they should be applicable to all national settings included in the project (e.g. WHO data).

- Another participant (GT, psychologist, Germany) stressed the need to formulate definitions in such a wide way that they include different migration experiences, origins etc. Furthermore, not only diagnosis should be included, but also symptoms revealing possible mental health issues such as sleep disorders or addiction problematics.
- The same participant suggested including within module 1.5. a reference to different tools of Differential Diagnostics and then dealing with this more in depth in module 2.2.

"Since I'm dealing with this a lot right now, I would actually also include differential diagnostics, the distinction between PTSD, Psychosis and dissociation", under 2.2. (GT, psychologist, Germany)

- A further participant underlined the need to include also addictions as typical mental health issues in refugee and migrant population, as well as not only focus on diagnoses but also on symptomatic.

"One of the points is also the issue of addiction, because you said that the classic illnesses of people who have fled or migrated are PTSD. That's true, but I would actually also consider writing about depression and addiction. And especially addictions (...) because many people don't see it as part of mental health" (FR, psychiatrist, Germany).

"I would say you don't necessarily need to have only diagnoses in module 1.5, but also include symptoms such as sleep disorders, nightmares etc." (FR, psychiatrist, Germany).

- A third participant (AA, consultant/expert, Germany) suggested including in the general part a module called "Self-reflection", which would be relevant especially for volunteers. Handled Topics would be e.g. "With which motivation did you start working as a volunteer and which are your expectations?" Sometimes false expectations ("saving people") can lead to paternalistic behavior towards migrants and to frustration among volunteers. This self-reflection exercise can be very useful to clarify position, expectations, and actions by volunteers. The same concept can be partly applied also to professionals.

2.3. Interest and motivation of participants

All participants were interested and motivated in taking part in the training when it will be ready.

3. Feedback on training's part 2, "IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS"

3.1. Feedback on the content in general

All participants were generally satisfied with the topics covered and did not identify big gaps.

3.2. Feedback on the themes that are included part 2 of the training

- One participant (FR, psychiatrist, Germany) regarded as critical module 2.3. "suicide-risk assessment" and suggested not to have a specific subchapter on the topic and to include it instead in the chapter on mental health assessment in general. Although it is an important topic, it is also a sensitive one for professionals without mental health background and volunteers in particular and can be a risk also for those willing to help.

"What I would like to say is that suicide-risk assessment is a super important point, but it is also a topic that scares a lot of people, and rightly so. I would recommend that you pay special attention to this point, that it is actually complete and well researched, because it makes a lot of difference, especially (...) if the training is also intended for people who are laypeople, but who work with people (refugees and migrants), I can already see in my community accommodation what it means when something like this happens..."

"(...) and the other point is, well, now I've done a suicide risk assessment, what do I do? That opens up a lot of questions, it's a very difficult topic because the worst thing that can happen is, well, my nice scale said this and that, but I don't have the possibility that the person will get the right help. And that's also a problem that you can't solve so quickly because it's extremely situation-dependent..."

"(...) Exactly, the point is, when you do a suicide risk assessment, you open a Pandora box (...) the suicide risk is never zero, which means what do people do when they realize something like that? (...) and point two, now let's assume that you do it in such a way that it is actually scientifically proven and means that from then on you really have to worry, then people must also have the opportunity to take the next step. Otherwise, I've discovered something and then I'm left with a problem."

- Another participant (NA, psychologist, Germany) added on the topic that it is more important to provide participants with tools which can help quickly "What are the things that I can do, when it is needed to handle quickly, in order to stabilize people?" What are de-escalation techniques?

3.3. Interest and motivation of participants

All participants were interested and motivated in taking part in the training when it will be ready.

4. Feedback on training's part 3, "IMPROVING SKILLS ON MANAGING MIGRANTS' HEALTH NEEDS"

- One cultural mediator (AG) underlined the importance of including the situation of children in the training, especially after the pandemic.
- AA (consultant/expert, Germany) suggested some literature on the work with translators/mediators and underlined how some details such as the way patient, translator and professional are seated can influence the setting and the communication. It would be good to visualize this in our material and also show "how to not-do it".

"That would be super important, as a patient you are often talked over and you are not included, that is also a form of violence, only the doctors and the translators talk to each other". AA (consultant/expert, Germany)

5. Feedback on training's part 4, "SELF-CARE"

- AA (researcher, expert, Germany) manifested critic on the terminology of "self-care", as it implies a responsibility at individual level. While this could be the case for volunteers, in the case of professionals it should be stressed that the employer has the responsibility of taking care of its staff. It was then suggested to rephrase the module into "staff and self-care"

"I'm not a fan of the term "self-care", because the entire responsibility lies with the individual, and that perhaps makes the most sense with volunteers, but I would actually talk about staff care, so the responsibility lies with the employer, the sponsoring organization, it's kind of the task of these institutions to make sure that employees remain able to work and act. And self-care is often misunderstood under yoga, breathing activities, everything has its validity, but you can't breathe away structures and you can't combat stressful structures through yoga. That's where the employer has to step in..." (AA, researcher, expert, Germany)

- One participant (GT, psychologist, Germany) underlined the centrality of the topic of secondary traumatization, which should be dealt with in depth in this module.
- Building up on this point, a further participant (CT, representative of migrant community, Germany) suggested including some reference to the legal framework regarding staff care. Also in this case, this should be done for each country separately, as workers' rights may differ significantly from country to country.
- One participant (MK, social worker, Germany) reported that she would welcome if a list of help offers in all Germany to be organized in different topics (e.g. stress management on workplace), including hotlines, websites, supervision etc. Would be included in the module. This should be done specifically for each country involved in the project.
- Another participant (AG, cultural mediator, Germany) welcomed the idea of a list of help offers and underlined that it is important to include offers targeting volunteers and professionals who do not have access to other forms of support.
- Another suggestion was to make available a checklist for self-control, for professionals and volunteers to possibly recognize symptoms of burn-out etc.

6. Feedback on the training materials

The discussion on the training materials focused on the offered training modalities and the idea of creating an “online community of knowledge”.

- One participant (CT, Representative of migrant associations and social worker, Germany) underlined that the possibility of learning in asynchronous way through the platform is a good thing, as it gives the opportunity to repeat some content and to decide the learning pace. Also working with case-studies is a good decision.
- The idea of “online community of knowledge” was very well received.
- One participant (NA, psychologist, Germany) said she could imagine using the offer of the “Online community of knowledge” during the synchronous course, while she doubts using it afterwards. The offer on the knowledge community could include the creation of a slack group to foster exchange during the course.
- Another one (AG, cultural mediator, Germany) had a different opinion and considered that the forum should remain accessible also after the synchronous training, because a need for exchange can also manifest in a later moment
- The moderator introduced the idea of offering during two group supervision sessions during the synchronous training: all participants think it is important to offer such as space. A further idea, which was welcomed by the participants, would be to build a learning group during the synchronous training for those who want to go more in depth into some topic.
- Another participant (AA, researcher/ expert, Germany) welcomed the concept of “Online communities of knowledge” and found it attractive. Also offering the training both in synchronous and asynchronous format was considered a good idea.
- The same participant underlined that it could be interesting to evaluate which format is used by which professional group, to adapt future offers as well. This suggestion was discussed in the dedicated consortium meeting.

6. Conclusions

All in all, the proposed training was valued very positively by the validation workshop participants.

“The concept looks very promising!” (GT, psychologist, Germany).

“It's great to be part of the focus group from birth, so to speak.” (AG, cultural mediator, Germany)

There were no major critical points, the suggested changes referred to specific modules to be adapted or included. New modules were suggested for the general part (“self-reflection” module) and on the Self-Care Module, which should include a part called “Staff-Care”, moving the focus from the individual responsibility to the one of employers.

The methodology, the presence of both synchronous and asynchronous training were welcomed. The idea of “communities of knowledge” and of trying out different options to support professionals and volunteers (sharing material, peer supervision etc.) were also seen as a good idea.

All the main suggestions were brought in into the discussion with all the EU-MiCare partners where the methodological framework was finalized.

Greece

1. Introduction

Total number of co-creation sessions: 1

Total no. of participants: 4

Method used for the data collection: online co-creation sessions

Recruitment process and discussion flow: All in all, the recruitment process and organization did not pose significant challenges. In the invitation that was sent through personal e-mails, the purpose of the discussion was mentioned. Privacy as well as confidentiality were ensured in advance, and at the beginning of the discussion. All the participants in the previous phase of the project were contacted; 4 of them had a positive response and actually participated in the co-creation session. Phone calls also took place in order to give more information about the program and the purpose of the co-sessions. A doodle poll was sent in order to arrange the online meeting, however, unfortunately, due to the heavy workload and schedule of all the participants, it was quite difficult to arrange a meeting for all of them to attend. The discussion ran smoothly by an experienced moderator and the participants felt free to express their opinions and further suggestions about the EU-MiCare project.

2. Feedback on training's part 1, "GENERAL PART"

2.1. Feedback on the content in general

The participants agreed that the content of the specific topic and the sub-sections that it includes are "logical".

"The themes are correct. The order is correct."

"The structure of the training module is understandable and makes a lot of sense."

2.2. Feedback on the themes that are included in the part 1 of the training

The participants put a lot of emphasis on the content of the education regarding the cultural, social and economic conditions faced by immigrants, eg language difficulties, cultural difficulties regarding the perception of mental health, problems securing shelter and food, difficulty accessing and navigating the health system, etc. They emphasized the need for a detailed description of these challenges, and also, the need for health professionals to understand the connection of these challenges to mental health - their consequences for the mental health of migrants.

"Trainers should work on the issue of cultural difference. That is, asking a refugee to understand that certain parts of our own Western culture are valued in certain ways, or telling them to seek out a certain professional, is not straightforward. Or for this refugee to have access to the health system, that is, to have papers and to have solved the language problem. All these are the main difficulties that should be covered by education."

"The first part is not exclusively about mental health, but all the structural problems that are of a wider nature. So, in this part you will talk about the wider problems that are beyond and above mental health. They relate to mental health but they are not the only ones. They are broader problems related to immigration, such as language, culture, access to the health system, difficulty finding shelter, food, and ultimately all of these affects mental health."

Also, the participants stated that it is important in the first part of the training to mention the differences between immigrants, such as different places of origin, different life experiences, which reveal the need for different and individualized treatment/ health management.

"Diverse target group. And you should touch on that. That we are talking about very different people coming from many different places, with different life experiences, different problems. Yes, they come under the refugee immigrant label, but we are dealing with different histories and countries of origin."

Finally, the participants proposed inclusion in the specific section of the legal framework that concerns immigrants and access to health, and mental health services in particular.

"It is important to include the legal part as well. The institutional framework, the migrants' rights. Such a background knowledge should be included. And it's a part that is usually overlooked in such education programs."

2.3. Interest and motivation of participants

No relevant comments.

3. Feedback on training's part 2, "IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS"

3.1. Feedback on the content in general

During the presentation of the content of the second module of the training, the participants proposed the subsection concerning "2.1. CULTURE-DETERMINED UNDERSTANDING OF MENTAL HEALTH" to be included in the first module of the training. They also argued that for the assessment of mental health there are specific tools, scales, in which the concept of cultural differentiation has no place.

"Here we are talking about the cultural difference regarding the perception that immigrants have regarding mental health. We mentioned it before, this part should be included in the previous section of the training."

"The point is that professionals have very specific tools and scales to assess mental health issues. There is no place for cultural sensitivity and specificity when we are talking about assessment tools."

3.2. Feedback on the themes that are included in the part 2 of the training

The participants stated that trauma should be included in this section as it is very common in the immigrant population.

"A very important chapter is missing, the one about migrant trauma; primary and secondary trauma."

"Trauma is the key, at least in what we've seen. Let's say, we rarely see people, immigrants with psychoses who need emergency hospitalization. Trauma is the most common mental health issue."

3.3. Interest and motivation of participants

No relevant comments.

4. Feedback on training's part 3, "IMPROVING SKILLS ON MANAGING MIGRANTS HEALTH NEEDS"

4.1. Feedback on the content in general

The participants talked about the already existing educational materials that have been developed on the specific topic by many organizations with years of activity in the field of immigrants. Therefore, they considered this topic "less original" and "less needed" than the previous ones.

"In terms of communication and interculturality, over the years, various agencies have developed... We also have a lot of training materials in Greek. And we have people who cover this issue. I want to say that this part.... There is no need, in developing a material, to reinvent the wheel when we have already discovered it."

"There are collaborators and people who have worked on this material for a very long time. Let's say Metadrasis, Babel, the Aeginetan Hospital."

4.2. Feedback on the themes that are included in the part 3 of the training

The participants considered it important to present children as a separate topic. In addition, they mentioned the need to differentiate the entire educational material based on the different population groups of immigrants, such as children, women, teenagers, unaccompanied minors etc. For example, one uses other assessment tools for children and others for adults.

"The material must include differences regarding gender, age. All these variations of the immigrant population should run through all the modules."

4.3. Interest and motivation of participants

This thematic unit would not be of interest to workers in agencies that operate among immigrant populations, as it is a particularly important and partly mandatory training that they receive from their employers. Therefore, professionals with less experience in immigrant population could be motivated regarding the subject in question.

"This training has been done by many professionals in our field. So, it might not add anything to them or be of interest to them. Therefore, it would be good to make a survey among the participants if they have received such training and if yes, do not watch this part. Or to invite other participants from other non-immigrant work bodies. Because for those who specialize in immigrants, this is the A and Z of the education that they get."

5. Feedback on training's part 4, "SELF-CARE"

5.1. Feedback on the content in general

The participants considered this topic particularly important for professionals who work with people and want to maintain their sensitivity over time.

"This is always an important issue in all mental health educations and beyond. The issue of self-protection and self-care is particularly crucial."

"The value of self-care should be emphasized when we talk about professionals who deal with people and want to keep their sensitivity over time. And they want to keep a balance as well."

5.2. Feedback on the themes that are included in the part 4 of the training

The participants suggested, except of self-care, the inclusion of the need for supervision at a professional level as well as proposed agencies that could provide it or ways to organize such a thing in the respective work structure/organizations.

"It is important that employees who come into contact with such incidents to have supervision. On a professional level and not only on the level of self-management of mental load. The concept let's say that there is a carrier or a way to have this back-up feedback that supervision offers. This could be brought into education as knowledge, not as a tool for one to work on alone."

Finally, the participants proposed the concept of advocacy in terms of migrant mental health, as they considered this topic non-existent in other similar trainings but at the same time extremely important.

"It would be interesting and that's what I think we're missing.... There is a section called assertion. And this is not in any of the trainings. We are missing a piece of coordinated and structured argumentation and advocacy."

5.3. Interest and motivation of participants

No relevant comments.

6. Feedback on the training materials

The participants imagined that the education contains what adult education provides, i.e. interaction between participants, experiential and theoretical knowledge, asynchronous education, etc.

"I imagine it as a combined methodology and with all the means that adult education can offer that has both interaction and experiential education, that has a thousand of different things."

7. Conclusions

Training part 1, **"GENERAL PART"**: participants emphasized the fact that education on migrants' cultural, social and economic challenges and their connection with mental health issues is fundamental. They, also, stated the need for applying different and individualized treatment, due to the differences among immigrants, i.e. places of origin, life experiences. Finally, participants proposed the inclusion of the legal framework that concerns immigrants and access to health services in general, and mental health services in particular.

Training part 2, **“IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS”**: participants proposed the subsection concerning "2.1. CULTURE-DETERMINED UNDERSTANDING OF MENTAL HEALTH" to be included in the first module. Participants also suggested that trauma should be included in this section, since it is very common in the immigrant population.

Training part 3, **“IMPROVING SKILLS ON MANAGING MIGRANTS’ HEALTH NEEDS”**: participants considered this topic “less needed” than the previous ones, since the sub-themes that includes are part of mandatory training that professionals who work in the field of migrants receive. They argued that professionals with less experience in immigrant population could be motivated regarding this training part.

Training’s part 4, **“SELF-CARE”**: participants considered this topic very important for professionals who work with people and want to maintain their sensitivity over time and they suggested, except of self-care, the inclusion of the need for supervision at a professional level, i.e. consulting and getting feedback on how to use specific tools, methods, best practices.

Further suggestions on the training’s content: participants proposed the concept of **advocacy in terms of migrant mental health**, as they considered this topic non-existent in other similar trainings but at the same time extremely important. In addition, they mentioned the need to **differentiate the entire educational material based on the different population groups of immigrants**, such as children, women, teenagers, unaccompanied minors etc.

Concerning the **training materials and methods**, participants imagined kind of an adult education style/ type that is, interaction between participants, experiential and theoretical knowledge, asynchronous education, etc.

Italy

1. Introduction

The Validation Workshop in Italy was held on 23 October 2023, with 8 participants, plus a moderator and a note-taker. The session was online and recorded with all participants' informed consent.

We re-contacted by e-mail the participants of the two focus groups organised under WP2, which allowed for continuity in the process of learning and analysing needs in the field of migrants' mental health with Italian experts. Seven out of 8 participants had taken part in one of the two focus groups; in only one case was the focus group participant unable to attend and a colleague from the same organisation came along.

The moderator had participated in both previous focus groups in the role of note-taker.

The following tables show the demographic composition and the individual codification of the participants:

Validation Workshop 10/23/23							
Code	Country	Age	Gender	Education level	Profession	Relationship	Organisations
1	Italy	33	Man	Master	Psychologist	Full time	NGO
2	Italy	45	Woman	Tertiary and Doctoral	Sociologist	Part time	Scientific Society
3	Italy	65	Man	Tertiary	Physician, Medical Unit Director	Full time	Social Cooperative and Scientific Society
4	Italy	46	Woman	Doctoral	Physician	Full time	Public Hospital
5	Poland (working in Italy)	28	Woman	Master	Psychologist	Part time	NGO
6	Italy	49	Woman	Master	Project Coordinator, Advocacy	Full time	NGO
7	Italy	53	Woman	Tertiary and Master	Psychologist	Part Time	NGO
8	Italy	27	Woman	Master	Psychologist	Volunteer work	-

All but one of the participants intervened one or more times expressing an opinion or reporting experiences and suggestions.

2. Feedback on training's part 1, "GENERAL PART"

2.1. Feedback on the content in general

On the general part, the focus participants emphasised the two following aspects.

- Better description of the level at which the various general topics illustrated will be dealt (for example at a psychological or organisational or contextual level); this especially considering that this part is addressed to all those in training.
- Possibility of knowing beforehand the type of people who will benefit from the training in order to have organisationally targeted levels of in-depth study; thus first having a survey of needs from which to identify the training objectives.

The difficulty of knowing the type of users beforehand, given the structure and type of the project, was reported by the moderator. This suggestion could be useful for a possible future use of the materials produced for other trainings, on the basis of known training needs of a previously framed and defined target group.

1 (Psychologist, Italy). It would be interesting to see at which level one wants to address the issue. Some definitions, some protective factors or risk factors, some definitions of health and some of the determinants of points 1, 2 and 3 can be addressed at levels: do we want to talk at a strictly psychological level? At the organisational level? At the level of contextual factors? It is interesting to detail this. When I do a general training for all the user groups seen, I want to know to which level I should take my analysis. It could be identical for all or vary from one to the other depending on the training needs of these groups. If I were a volunteer, for example, I would be interested to know if there is an organisational or associative level or a level of interaction between different realities that may or may not favour the health of the users with certain initiatives, because being a volunteer I intervene less on the psychological or individual dimension of the individual beneficiary, but I can put together initiatives, make a creative contribution rather than something else.

2 (Sociologist, Italy). It could probably be particularly useful not only to imagine that there are levels of depth declined according to the figures identified, but above all with respect to the users, to the real learners you are going to reach, so imagine, in terms of process, not directly of the topics but above all a previous survey of the needs of those people, which then helps later on to assess the level. First do a needs survey after which you understand in which drawer you are going to fish for the content or topic. This could also be helped by the identification of training objectives: topics in themselves can go into different training objectives, different training methodologies. (...) probably there is some other tool that would help to make it more adherent then to the objective you have when developing training on this topic: you can equip yourself with some process tools that then allow you to arrive at training that has a stronger impact.

2.2. Feedback on the themes that are included in part 1 of the training

With regard to the topics covered, it was emphasized:

- to know whether the people who will benefit from this training already have knowledge and/or experience in the field of migration: if this is not the case, it would be necessary to include basic elements that are missing.

On this aspect, the moderator reported that some parts of the previous EuVet project that deal with such topics (albeit in the context of minors) will be made available; however, it may be useful to provide an integration on basic concepts and elements that specifically concern adults and therefore were not dealt with in the previous project.

- To include the rules, the access rules to services, which change from country to country and have their impact: a specification of the situation in different countries might be useful.

3 (Physician, Italy). Are the people to whom the training is addressed people who already work, already have experience on migration, work in the field of migration and mental health or not? Because if they have an experience, a basic training can also be fine with all the specifics we said. If they don't have basic training in my opinion we need basic elements that are missing here, of contextualisation of migration, even of definitions. It is one thing to speak of asylum seekers rather than migrants of another level, one

thing to speak of unaccompanied minors rather than accompanied, one thing to speak of regular as opposed to irregular migrants.

2. (Sociologist, Italy). Let me also add the part about the dimension of rules, of access rules to services, which change from country to country and have their impact on this.

2.3. Interest and motivation of participants

Participants followed with attention and interest, stepping in to offer valuable contributions based on their knowledge and experience.

3. Feedback on training's part 2, "IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS"

3.1. Feedback on the content in general

Participants made no general or specific comments, and also no remarks on the hypothesised division of paths between the different figures.

3.2. Feedback on the themes that are included part 2 of the training

The following emphases and additions of themes were proposed:

- secondary re-traumatisation, which is important to be aware of in order to avoid causing it, and on which to sensitise all professionals, and volunteers, who come into contact with migrants at different stages since arrival.
- The psychosocial part, with the use of tests aimed at recognising psychosocial needs. The psychosocial intervention, which includes restarting, meeting new people, networking, is a very important part of regaining health.
- Anthropological or cultural training to read the need: provide tools for a knowledge of the culture of the migrant person, in order to avoid approaches and therapeutic paths that may be wrong in response to an incorrectly framed malaise.

- As order in the chapters, move the SUICIDE RISK ASSESSMENT after the PSYCHOLOGICAL FIRST AID.

4 (Physician, Italy). I would put a special focus on all that is secondary re-traumatisation training. Children (*the area in which the participant works, ed.*) are often asked in many areas to tell their story, they are re-exposed all the time. So sensitising the operators, who are careful to avoid re-exposure. This focus on secondary re-traumatisation is important for mental health management.

5 (Psychologist, Poland - working in Italy). I would add the psychosocial part. It might be interesting to add some tests among those used to recognise psychosocial needs, the psychosocial situation the person is in. For example, in our centre the Living Difficulties Checklist is used, it could be a tool, this or another, to talk about. And I would focus on the psychosocial intervention as a way back to health as well: obviously it cannot be a replacement for a psychotherapeutic-psychological pathway, but it is a very important part of returning to one's health. To return to better functionality after experiencing trauma, it would be very important to get moving again, to get to know people again, to network.

6 (Project Coordinator, Italy). When intervening with users, especially boys, we happen to read factual errors among operators who do not know that that type of behaviour or that type of misreading of the need can lead to an aggravation of the boy's condition. In the sense that involuntarily, not knowing the language of that culture and the meaning given to a certain type of malaise, they then approach a response to that malaise that is erroneous and creates not only a re-traumatisation but perhaps paradoxically sometimes initiates wrong therapeutic paths. Hence it is very important to teach, and here we should also provide anthropological or cultural training, the reading of the need in the correct way, in order to avoid the imposition of a cultural scheme, even clinical, which is our own and which could be wrong many times.

6 (Project Coordinator, Italy). I was wondering why there is this explicit reference to suicide, which is certainly an issue that needs to be dealt with, but at a procedural level it should not be put before psychological first aid: first one does a needs analysis, containment, identifies vulnerable cases, takes charge of vulnerable cases. So the psychological first aid comes first, and among the various problems I can find there is also that.

3.3. Interest and motivation of participants

Participants followed with attention and interest, stepping in to offer valuable contributions based on their knowledge and experience.

4. Feedback on training's part 3, "IMPROVING SKILLS ON MANAGING MIGRANTS HEALTH NEEDS"

4.1. Feedback on the content in general

On the general content, has been made one request:

- in terms of conduct, for this part, the possibility of having multidisciplinary, not separate, classrooms for the different figures in training.

2. (Sociologist, Italy). For this third module, which is very important, it also has a whole part of interaction and of looking at the interaction between different disciplines, different professionals, perhaps you could suggest, in terms of conduct, to have multidisciplinary classrooms, not separate ones. You find the scheme, you find the solution, but to have moments where those five profiles meet, not to do all the training separately.

4.2. Feedback on the themes that are included part 2 of the training

The following emphases and additions of themes were proposed:

- with respect to point 3.5, children, it is important to be specified as to which age the training is referring to, the title of the chapter is too general. The intervention has to be differentiated according to developmental age group.

The moderator emphasised the role of the cultural aspect here.

- In the chapter on children, to be reminded of the importance of knowing educational methods, the patterns to which children are exposed in their countries.

3 (Physician, Italy). Children but up to what age? At 17-18, as in Italy right now most of them are, or...?

7 (Psychologist, Italy). You could make a differentiation of developmental age in the definition of the age bands, which are bands that are already defined for example in developmental psychology and which can be taken up, and which are indeed very different aspects, so there are already classifications.

4.3. Interest and motivation of participants

Participants followed with attention and interest, stepping in to offer valuable contributions based on their knowledge and experience.

5. Feedback on training's part 4, "SELF-CARE"

5.1. Feedback on the content in general

Participants made no general or specific comments, and also no remarks on the hypothesised division of paths between the different figures.

5.2. Feedback on the themes that are included part 2 of the training

The participants' speeches generally dealt with the topic of burn out and possible actions for its prevention and management. The following emphases and additions of themes were discussed:

- The work to be done is what is done in general (beyond the migration issue) with operators dealing with cases of violence and abuse.
- Intervision dimension (non only multidisciplinary, each one with his specific competence), with sharing the case management, not followed alone.
- Self-observation tools (questionnaires).

4 (Physician, Italy). Still on the subject of children, it is often stories of violence, physical abuse, sexual abuse, violence against mothers, war, and so a little bit of the work you do with those who are exposed to violence as workers.

6 (Project Coordinator, Italy). It is important that there is not only a multidisciplinary, in the sense that different figures can work on that migrant each for their own, but that when there is an identification of

a vulnerability, on that case one works in a truly intervention dimension. It is certainly fundamental, because the individual operator does not feel alone, the burden, emotional as well as technical, that he or she carries when he or she has known the problem, when he or she has started to deal with it, can share it with a view that comes from other professionals: this certainly helps to better frame the problem in and of itself, but on the other hand to unload the burden on the shoulders of the individual operator. I think this is also a bit of a prevention technique. Beyond that it then serves qualitatively to understand what is in front of you.

7 (Psychologist, Italy). I think self-observation tools are very useful. In the sense that very often one feels one has skills to cope a little bit with everything that happens and therefore one is also a little bit resistant to putting oneself in the position of someone who could get burnt out etc. So self-observation tools and educating the practitioner in observing certain indices can be useful to see where the stress is too high and it is good to stop and ask oneself what is happening.

5.3. Interest and motivation of participants

Participants followed with attention and interest, stepping in to offer valuable contributions based on their knowledge and experience.

6. Feedback on the training materials

The participants expressed some general preferences, without dwelling on individual points or making specific requests. the following are the points that emerged.

6.1. Feedback on the proposed training materials and suggestions.

- Useful to foresee a guide to the materials, with the training objectives, the teaching methodology for each training objective, the timing, and so on.

2. (Sociologist, Italy). I understand very well the difficulty in finding the balance between very complex dimensions and topics. What comes to my mind is to attach a guide to the materials, in which those who have designed, done all this thinking, give guidelines, in which above all the training objectives are

identified, for each training objective what is the teaching methodology, what is called the constructive alignment, methodologies, timing and evaluation are all matched. So if the vignette is important, the vignette goes without saying it needs a time, a space, the ability of a teacher who knows how to handle it, how you have to tell him. So match what are contents, what are also materials, with a sort of guide, a toolkit with frame suggestions, which tell you what the target is for each one, which target a certain type of methodology or a certain type of material can be more helpful to you.

6.2. Feedback on the available tests for the participants in order to assess their knowledge and gain credits.

- Evaluation tool of both learning and satisfaction.

2. (Sociologist, Italy). The evaluation tools, which are fundamental, which in this case, if they are centralised in a project that goes to several countries, are even more interesting, the only case in which homogeneity somewhat helps. To foresee, however, with respect to a training course, the evaluation of this, of the objectives that had been set, that is to say, both what can be an evaluation of what is called learning, and also of the experience of the protagonists who took part in it, a part of satisfaction.

6.3. Feedback on the idea of creating “Online Communities of Knowledge: Networking Space”

6.4. Feedback on the idea of creating moderated peer supervision/study group sessions during synchronous training.

- Networking dimension, online communities with de visu interventions, in presence.

1 (Psychologist, Italy). As far as training is concerned, I think that along with the materials I would add something that has to do with the networking dimension, I would give special importance to the way the professionals involved meet, because I believe that training, even at a distance, can be very effective, but learning takes place above all through experiences. So I would implement these online communities with de visu interventions, in presence. This in my opinion could also be outside of the training event

itself, but with a social and real networking component, which I believe is very effective in creating those connections that I believe are the basic intent of the project as well, along with the training part of course.

6.5. Feedback on the synchronous online training or asynchronous use of training materials on the platform.

- General useful non-synchronous, the other ones synchronous.

7 (Psychologist, Italy). For me it is very useful in training to also have the non-synchronous possibility to train where I have time, so I can use the general part, when I can, once but also several times, to assimilate it into my knowledge. Then of course there is a whole important part to be done synchronously, but for a general part it could be very useful to give this possibility.

7. Conclusions

The participants made an important contribution that was a continuation of the previous meetings in the two focus groups and allowed for confirmation of what they had previously expressed in some of the topics in the project's training draft. It was important that they were also involved in this second stage of review and comparison with respect to the work done in the different countries.

A number of issues were confirmed that should not be overlooked (e.g. re-traumatisation or the role of a network, and other ones) and possible critical issues (for example not knowing first who will be the people who will benefit from the training and what their level of knowledge).

Some of the issues raised may be included or deepened in the training, while others will not be possible due to the characteristics of the training model itself, aspects in some cases already explained by the moderator during the meeting and reported above; such requests may find space in the replication of training in different countries.

In particular, the training will take into account the different training levels needed, basic elements necessary to be included or additional topics required to be addressed (as secondary re-traumatisation, psychosocial and cultural parts, particularities of the pediatric ages, intervention and self-observation

tools for burn out, etc.). On the other hand, the detail of different rules, problems or specificities of individual countries cannot be addressed at this level of European training, but can be taken into account in the dissemination of content at local level. Moreover, compared to the importance of multidisciplinary moments, the model and the technical structure, in asynchronous mode necessary for the objective of a cascade dissemination, does not allow several professionals to access the same course, but also here the local dissemination and the possibility of the formation of a network and online meeting beyond the course will meet this request, as well as the possibility to organise meetings in synchronous mode.

In summary, the main points emerged for the 4 parts are:

- **GENERAL PART.** To better define the level at which general topics illustrated will be dealt and to include basic elements of knowledge about migrants and migrations as well as the rules/access rules to services in different countries.
- **IMPROVING SKILLS ON RECOGNIZING/ASSESSING MIGRANTS' HEALTH NEEDS.** To include training on the risk of re-traumatisation, the relevance of psychosocial intervention and the role anthropological/cultural.
- **SUGGESTION:** to change the order of the sub-chapter, moving SUICIDE RISK ASSESSMENT after the PSYCHOLOGICAL FIRST AID.
- **IMPROVING SKILLS IN MANAGING MIGRANTS' MENTAL HEALTH NEEDS.** To better define different needs/interventions at different ages in children/different educational experiences.
- **SELF-CARE.** To train about the role of an intervention dimension and of the self-observation tools for the prevention/manage the burn out.

In addition, concerning the **MATERIALS.** To have a guide of the training, that could be partially non-synchronous, providing multidisciplinary parts in the classroom and the possibility of an online network and in the presence.

Finally, regarding the optimization of training in each partner country, the use of case studies at national level to be referred to can provide an answer.

Spain

1. Introduction

Recruiting participants has not been an easy task in the Spanish context. People who participated in the co-creation sessions were contacted but none of them were available to participate in the validation session of the training methodological framework. Therefore, the recruitment of new participants was initiated. For this purpose, several organizations (both local and national) were contacted and offered to participate in a workshop in which the EU-MiCare project and the finally co-created methodological framework would be presented. Although some people showed interest, it was practically impossible to gather all of them in one place and on one date. For this reason, it was decided to carry out the validation through individual online surveys. The sample finally was composed by 5 people (3 women, 2 men) with an average age of 38 years old. In Table 1, more data from participants can be observed.

Although it was necessary to apply a methodology other than the one used in the other consortium countries, looking for new participants allowed to establish contact with new organizations that showed interest in the project, increasing the probabilities of dissemination and impact.

	Age	Gender	Education	Occupation	Organization	Type of work	Time working with migrants/refugees
1	51	Male	Higher education	Social worker	Caritas	Full time	9 years
2	25	Female	Higher education	Psychologist	Caritas	Volunteer work	Newly
3	37	Female	Higher education	Nurse	Health care center	Full time	12 years
4	51	Male	Higher education	Physician	Urgencies health care center	- Full time	15 years
5	26	Female	Higher education	Psychologist	Caritas	Volunteer work	Newly

2. Feedback on training's part 1, "GENERAL PART"

2.1. Feedback on the content in general

According to the interviewees, the contents of the general part of the program are adequate as a starting module for the training course since it includes general contents as a presentation.

Given that there will be a single version for all profiles, participants mentioned that the content to be developed should be understandable and useful for all profiles. Therefore, it will be important not to take some concepts and topics for granted (specifically in point 1.6). This may not be very useful for some expert psychologists, but it is necessary content.

2.2. Feedback on the themes that are included in part 1 of the training

In general, participants consider this module to be very complete and well structured. They mention that it would be useful to include a list of problems in point 1.5, but also a description of the problems, with practical examples. One participant highlights that stress and migratory grief should have special attention.

In addition, it is mentioned that point 1.2 should be more specified that factors are referred to mental health.

Another participant state that "it may be beneficial to include information on specific intervention and support strategies to address common mental health problems among refugees/migrants. It may also be relevant to explore resilience and cultural strengths as positive aspects of psychosocial adaptation during the migration process".

2.3. Interest and motivation of participants

Participants believe that all people working with migrants/refugees will be interested in the proposed topics. However, some participants consider that if the topics are too theoretical, they may be a bit

irrelevant for some profiles, for example, for physicians who are more focused on physical health problems, and would probably be more motivated to receive concrete and practical information for implementing in their day-to-day work. Another participant say that “the level of interest could be different depending on the profile of the professionals, but the importance of understand this dynamics is well-known in different fields”.

3. Feedback on training's part 2, “IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS”

3.1. Feedback on the content in general

Participants believe that the proposed contents for this module are quite appropriate but it should be designed and adapted carefully for each profile. They think that the content for mental health professionals should be more complete and more specific, while the content for the other profiles should be more general.

One participant state that the development of two versions (one for mental health professionals and one for other profiles) seems a useful strategy to adapt the content to the specific needs and competences of each group, optimizing the effectiveness of the training.

3.2. Feedback on the themes that are included part 2 of the training

Participants agreed that topics proposed are fine. One participant mentioned that in point 2.1. it could be included the social stigma associated with mental health disproving negative beliefs. This person also thinks that it should be explained how social aspects impact on society's mind. On the other hand, one participant say that “it may be beneficial to include in training information on the management of specific traumas associated with migration, strategies for trust building and culturally competent communication, and to consider ethical and culturally sensitive aspects of mental health assessment”.

3.3. Interest and motivation of participants

All interviewees think that the proposed topics will be of interest to anyone in contact with migrants/refugees, but one participant indicate that the difference in the level of interest between profiles may depend on the direct relevance of the training to their professional practice. Recognizing and assessing mental health needs are essential to help these vulnerable people who maybe are focused on other problems associated with the migration process (for instance, legal aspects) and neglect their mental well-being.

4. Feedback on training's part 3, "IMPROVING SKILLS ON MANAGING MIGRANTS HEALTH NEEDS"

4.1. Feedback on the content in general

Participants consider that this module is correctly designed for two different profiles. In fact, one participant states that "it seems appropriate to address the specific needs of each group, providing relevant and practical information according to particular roles and responsibilities". The content aimed at interpreters/mediators should be much more specific and in-depth, as they present previous knowledge and skills. All participants agreed on this module should be mainly practical including examples.

4.2. Feedback on the themes that are included part 2 of the training

Participants consider this part to be very complete. It focuses on non-verbal communication, which is an essential aspect, since between 75%-80% of what a person communicates to us is not with words, and it is good that professionals have knowledge on this subject, in order to pay more attention and better understand the person, to know what he/she is expressing and communicating.

One participant mentions a possible overlap between point 3.1. and 3.3 related to non-verbal communication.

Another participant thinks that some strategies or directions on how to manage the most typical mental health problems in migrants/refugees (stress and migratory grief) are missing.

On the other hand, one participant indicates that “it would be beneficial to address specific strategies for working with migrant children, considering their special situation in mental health management. In addition, the importance of cultural empathy and negotiation skills in intercultural contexts could be explored”.

4.3. Interest and motivation of participants

According to the interviewees, the proposed content will be interesting and motivating for any people working with migrants/refugees since communication skills are essential to understand and meet their needs. The level of interest between professional profiles may vary, being higher for those whose responsibilities are more focused on psychosocial intervention.

5. Feedback on training’s part 4, “SELF-CARE”

5.1. Feedback on the content in general

Interviewees are fine with the topic, but not all of them agreed on splitting into two profiles. The ones who are against the split think that although probably professionals are more trained in “self-care topics” than volunteers and they can receive more depth knowledge and skills; however, it would be convenient to teach volunteers at the same level to achieve balance and personal well-being. On the other hand, participants who are in favor of the split believe that professionals have different needs from volunteers since they may have different underlying motivations and different working conditions. “Having two versions allows the content to be adapted to address the specific needs and challenges faced by each group in relation to self-care, optimizing the relevance of the training”.

5.2. Feedback on the themes that are included part 2 of the training

One interviewee comment that it is important to emphasize that self-care is different for each person and it is important for each person to figure out what they need and what works for them. This person also says that while self-care is very important, it is also important to understand what causes or triggers mild symptoms and what coping techniques work and can help take care of mental health.

Another participant mentioned that this module should be structured in three levels: physical (importance of exercise and its benefits), social (importance of social relationships) and mental (identification and management of emotions).

Additionally, a participant mention that “possible sub-themes could include strategies for managing vicarious stress, emotional fatigue and burnout prevention, as well as specific self-care techniques for each group, taking into account the particular demands of their roles in caring for migrants. In addition, the importance of boundary setting and mindfulness practices could be addressed”.

5.3. Interest and motivation of participants

All participants believe that all health professionals are interested in this type of self-care issues. One participant thinks that the extent of interest may depend on individual awareness of the importance of self-care in their respective role.

6. Feedback on the training materials

6.1. Feedback on the proposed training materials and suggestions.

Participants consider that training materials are good tools to express the information, especially the power point and videos, which provide information in a visual and easier way.

The networking part and the exchange of experiences is interesting, since the information is better consolidated and is clearer from real examples.

In addition, one participant think that reports, presentations, videos and the networking space are useful and motivating tools for training, as they offer a variety of formats that adapt to different learning styles and allow a multimedia approach, facilitating the comprehension and retention of information.

6.2. Feedback on the available tests for the participants in order to assess their knowledge and gain credits.

Some participants believe that it is useful, since it makes clear which concepts have been consolidated and which ones need to be improved. Others think that tests tend to be challenging so it can motivate the learning process. One participant state that “a test can be useful and motivating, as it provides a tangible measure of the knowledge acquired. However, effectiveness will depend on the relevance and quality of the test”.

6.3. Feedback on the idea of creating “Online Communities of Knowledge: Networking Space”

Participants think that this tool can help professionals to share experiences and learn from others. They also think that this tool can work as “support group” between professionals.

However, the tool should be motivating in order to be used by professionals and benefits from the use should be highlighted. “The usefulness of this tool will depend on the active participation of users and the quality of moderation”.

6.4. Feedback on the idea of creating moderated peer supervision/study group sessions during synchronous training.

Participants are not too convinced about this idea. They consider that this can be time-consuming taking into account the benefits. However, one participant think that it could be beneficial if professionals value collaborative learning and real-time interaction.

6.5. Feedback on the synchronous online training or asynchronous use of training materials on the platform.

Participants think that synchronous training is a good option because everyone is together at the same time, which can promote sharing experiences, and it can motivate even more to engage in the course and follow the thread. However, many professionals (and profiles) have different schedules, so asynchronous online training is beneficial because each professional can take the course at their own pace and adjust to their schedules.

Participants think that the better training is the synchronous methodology since being in group experiences can be shared, all students are at the same road which is more motivating to do the course compared to do the course by themselves.

One participant believes that “synchronous online training allows direct interaction, but can be challenging for participants with restrictive schedules. Asynchronous training provides flexibility, but may lack immediacy and real-time interaction. Preference will depend on the individual needs and learning style of the participants”.

7. Conclusions

In general, participants seem to agree on the topics included in the methodological framework. However, some of them have slightly changes or suggestions to be considered.

Participants also mentioned other topics or comments as follow:

Some participants mentioned that the gender perspective should be included in the training.

Some participants mentioned that ethical aspects should be considered.

Some participants mentioned the need of including ECTs.

All participants highlighted that they expect the training to be concise and essentially practical.

Conclusions

In all conducted validation sessions, the overall feedback by the participants was positive. Professionals and volunteers working with refugees and migrants underlined the great need of training focusing on the topic of mental health, as many may feel overwhelmed or not adequately prepared in this regard. Another aspect that was regarded as especially positive is the attention given by EU-MiCare to interprofessional/interdisciplinary collaboration, while at the same time, diversified training curricula are offered based on the participants' professional background and previous knowledge. Both contents and training modalities (synchronous participation in the training as well as the asynchronous training offer on the Moodle platform) were regarded as positive. While some professionals and volunteers are keen on exchanging experiences and networking with other participants in the framework of synchronous training and the additional resources, others admit that, due to time constraints, they could profit if the training only in the asynchronous modality. The project partners' choice of offering both modalities was therefore confirmed as adequate for reaching as many participants as possible.

The suggestions that emerged in the validation sessions were discussed by the project partners during a dedicated meeting that took place in December 2023. Several of them could be integrated into the Final Version of the Methodological Framework, which was then finalized by Ethno-Medizinisches Zentrum e.V. Other ideas that were proposed in the sessions could not be implemented given the general characteristics of the EU-MiCare training.

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.