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Evidence Check

Community-based mental health and wellbeing support for refugees

An **Evidence Check** rapid review brokered by the Sax Institute for the NSW Ministry of Health. November 2018.

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This report was prepared by:

Shameran Slewa-Younan, Ilse Blignault, Andre Renzaho, Marianne Doherty.

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Contents

Abbreviations

ASeTTS = Association for Sevice to Torture and Trauma Survivors (Western Australia)

CBT = Cognitive Behavioural Therapy

EC= Evidence Check

IPT= Interpersonal Psychotherapy

NET= Narrative Exposure Therapy

NHMRC = National Health and Medical and Research Council

PSS = Psychosocial Support

PTSD= Posttraumatic Stress Disorder

QPASTT = Queensland Program of Assistance to Survivors of Torture and Trauma

SR= Systematic Review

STARTTS = Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (New South Wales)

STTARS = Suvivors of Torture and Trauma Assistance and Rehabiliation Service (South Australia)

TF- CBT= Trauma Focused Cognitive Behavioural Therapy

UNHCR= United Nations High Commissioner for Refugees

Executive summary

Background

The world is currently experiencing one of the worst refugee crises of all times. The United Nations High Commissioner for Refugees (UNHCR) estimated that in 2017 there were approximately 68.5 million people forcibly displaced by persecution and conflict, with some of the largest numbers originating from Syria, Afghanistan and South Sudan.[1]

Refugees are a heterogeneous group, representing a number of culturally distinct populations grouped by the shared experience of seeking and being granted asylum. Receiving refugee status means that an individual has experienced, or has had a well-founded fear of, persecution for reasons of race, religion, nationality, social group or political opinion. This fear or experience of persecution has been so severe that the individual has left their home country and been unable to safely return.[2]

A limited number of countries worldwide participate in the UNHCR third country resettlement program, with Australia featuring in the top five countries that offer permanent settlement.[3] Between 2015 and 2017 alone, New South Wales resettled approximately 6570 refugees displaced by the conflicts in Iraq and Syria. This was in addition to the annual national humanitarian intake of 13750 refugees.[4]

Resettling nations face the challenge of addressing refugees' mental health needs while simultaneously recognising that they experience the presence of unique barriers to accessing mental health services. In order to address the heterogeneous cultural, religious and linguistic needs of refugee populations targeted community-based, psychosocial supports are required.

This Evidence Check was commissioned by the NSW Ministry of Health, Mental Health Branch to provide a summary of the best evidence with respect to effectiveness and appropriateness of community-based, psychosocial support specifically targeted for refugees and asylum seekers in Australia and comparable contexts.

Review questions

This review aimed to address the following questions:

Question 1: What community-based psychosocial support services specifically for refugees and asylum seekers have been effective in improving mental health and wellbeing?

Question 2: Of the community-based psychosocial supports identified in question1, what have been the modes of delivery and how has this impacted on sustainability?

Summary of methods

We searched both peer-reviewed and grey literature published between January 2010 and August 2018 for relevant articles and reports. A total of 41 papers met the inclusion criteria for this review.

Of these, five were peer-reviewed systematic reviews, 29 were peer-reviewed articles, and seven were grey literature.

The studies varied considerably in quality, with 13 of low quality, eight of low to medium quality, 10 of medium quality, nine of medium to high quality and only one of high quality.

Key findings

Question 1: What community-based psychosocial support services specifically for refugees and asylum seekers have been effective in improving mental health and wellbeing?

There are a range psychosocial support programs operating in this field using various therapeutic approaches and settings. A very strong and consistent theme that emerged from our search was the importance of group-based setting and nature of intervention. Our search identified five categories of psychosocial support programs that were based, in most cases, on therapeutic approach but in some cases on setting, as in the case of school-based programs. The five categories are:

- Trauma informed psychotherapy programs delivered with a group component
- Community-based psychoeducation and/or health programs
- Physical activity and sports-based programs
- Peer support and/or mentoring programs.

Question 2: Of the community-based psychosocial supports identified in question 1, what have been the modes of delivery and how has this impacted on sustainability?

Modes of delivery and sustainability are considered separately for each program category listed above. A more detailed consideration of the factors related to question 2 are provided for each individual study in Appendix C.

Gaps in the evidence

The reviewed literature showed a number of gaps in the evidence, as follows:

- Lack of quality evaluations
- Limited outcome measures
- Limited description of intervention
- Lack of consideration of the different subgropups within the targeted population.

Discussion of key findings

The literature clearly indicates that the impact of refugee trauma extends beyond the symptoms of individuals to the broader impact on families and communities.[5] Thus, it is imperative that additional approaches are provided that respond to the needs of collectivist and family-oriented refugee communities.[6]

This Evidence Check simultaneously demonstrates that there are a number of diverse, community-based psychosocial support programs targeting the mental health and wellbeing of refugee and asylum seeker populations, and that such programs lack high quality evaluation.

Adopted programs should be built around a detailed cultural competency model that is trauma informed; with a well-considered evaluation component funded in addition to funding the program. We recommend that organisations funded to deliver programs seek partnerships with universities to ensure the rigor of such evaluations.

Factors that seem to act as barriers or facilitators to the success of programs were also identified. These included the proximity of programs to participants, with programs near to where participants live facilitating access by reducing the need for travel and its associated expense. Programs with soft entry points, that is referral from trusted organisations/leaders within the refugee community, thus creating a sense of confidence for participants, are useful and should be encouraged. Some programs were noted to offer child minding which can be important in promoting the use of programs for those with childcare responsibilities.

Cultural competence was identified as an important factor in determining the success of programs, but details on how programs undertook such a process were rarely documented beyond discussions on the use

of an interpreter or the ability to offer the program in the participants' language. We strongly recommend that participatory action research, which emphasises collaboration between researchers and communities in developing programs and has demonstrated the important contribution that communities play in determining their needs and identifying relevant issues should be used in designing programs for refugees.

Conclusion

Community-based psychosocial programs for refugees are needed in order to ameliorate the impact of the trauma and resettlement stressors on the individual, family unit and their community as a whole.

Our Evidence Check has identified five categories of psychosocial programs that appear to have positive effects on participants' mental health and wellbeing. However, the strength of the evidence is low due to a lack of high quality evaluations and the limited number of studies undertaken.

Future efforts should be focused on undertaking rigorous evaluations of well-designed, multi-sectoral, trauma informed, and culturally competent programs in order to strengthen the evidence base. Well-designed mixed methods studies that capture both quantitative and qualitative data and which are will ensure the voice of refugee communities are heard.

Background

The world is currently experiencing one of the worst refugee crises of all times. The United Nations High Commissioner for Refugees (UNHCR) estimated that in 2017 there were approximately 68.5 million people forcibly displaced by persecution and conflict, with some of the largest numbers originating from Syria, Afghanistan and South Sudan.[1] Refugees are a heterogeneous group, representing a number of culturally distinct populations grouped by the shared experience of seeking and being granted asylum.

Receiving refugee status means that an individual has experienced, or has had a well-founded fear of, persecution for reasons of race, religion, nationality, social group or political opinion. This fear or experience of persecution has been so severe that the individual has left their home country and been unable to safely return.[2] An asylum seeker is "a person who has sought protection as a refugee, but whose claim for refugee status has not yet been assessed".[7]

The vast majority of refugees have experienced events that put them at risk of ongoing psychological distress and mental health disorders.[8] These potentially traumatic events (PTEs) may include genocide, torture, sexual violence, forced recruitment into militant groups, unwarranted arrest, and kidnapping;[9] all of which are associated with the development of trauma-related mental health disorders, such as post-traumatic stress disorder (PTSD) and depression. While reported prevalence rates can vary, data from one of the largest meta-anyalses to date[9] indicated rates of 30.6 and 30.8% for PTSD and depression respectively. Further, there is evidence to suggested that mental health outcomes for refugees can be further exacerbated by post-migration stressors such as economic difficulties, discrimination, difficulties with language and employment.[10, 11, 12]

A limited number of countries worldwide participate in the UNHCR third country resettlement program, with Australia having featured for many years in the top five countries that offer permanent settlement solutions to refugees.[3] Between 2015 and 2017 alone, New South Wales resettled approximately 6570 refugees displaced by the conflicts in Iraq and Syria. This was in addition to the annual national humanitarian intake of 13750 refugees.[4]

Resettling nations face the challenge of addressing refugees' mental health needs, while simultaneously recognising the unique barriers to accessing mental health services they experience.[13, 14] In order to address the heterogeneous cultural, religious and linguistic needs of refugee populations, targeted community-based, psychosocial supports are required.

An examination of the literature on what constitutes psychosocial interventions or supports demonstrates a great diversity of strategies ranging from psychological therapies (administered individually or as part of a group), psycho-education, health literacy education, interpersonal skills, social and creative-based activities to support the expression of emotions and cognitions, and supportive practices for child development such as parenting programs.[15]

Community-based psychosocial supports are particularly relevant for refugee populations since refugee trauma is often characterised as "collective trauma".[16] This refers to the impact of the trauma not only on the individual refugee but also on their family and community. This can be manifested by family breakdowns, lack of trust among members, and changes in child rearing practices. At a macro level trauma can lead to communites becoming more dependent and passive, without leadership, mistrustful and suspicious.[16] Therefore, collective or community-based supports are necessary methods of action that help refugees to establish new social ties, as many former social ties may have been lost as a result of migration.

This need for community-based supports for refugees was recognised by the NSW Government in its decade long reform of the mental health system announced in 2014.[17] An essential element of this reform is the expansion and strengthening of community-based psychosocial supports for people with mental health conditions.[17] In November 2017, the Minister for Mental Health announced an allocation of $4.8 million to expand Community Living Supports, a program which delivers mental health support services in the community, to include refugees with mental health conditions through Mental Health Community Living Supports for Refugees (MH-CLSR). This funding will be used by the Ministry of Health to procure community-based services to support the mental health and wellbeing of refugees and asylum seekers.

This Evidence Check was commissioned by the NSW Ministry of Health, Mental Health Branch to provide a summary of the best evidence with respect to effectiveness and appropriateness of community-based, psychosocial support specifically targeted for refugees and asylum seekers in Australia and comparable contexts.

The review will be used to inform program design, strengthen the selection process in the commissioning of services and to further inform broader mental health policy.

Objective

The objective of this Evidence Check is to synthesise best available research evidence on community-based psychosocial support for refugee and asylum seekers in Australia and comparable countries.

There were two review questions:

Question 1: What community-based psychosocial support services specifically for refugees and asylum seekers have been effective in improving mental health and wellbeing?

Question 2: Of the community-based psychosocial supports identified in question1, what have been the modes of delivery and how has this impacted on sustainability?

Methods

Peer-reviewed literature

Search strategy

The following academic databases were searched for relevant peer-reviewed literature:

- CINAHL Plu
- Cochran
- Embase
- Medline
- PILOTS
- PsycInfo
- Scopus
- Web of Science.

We also hand searched the following six relevant journals that were not indexed to any of the above databases:

1. European Journal of Trauma
2. International Journal of Refugee Law
3. Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas
4. Journal of Migration and Refugee Issues
5. Psychosocial Intervention
6. Refugees and Human Rights.

No additional relevant references were found.

Search terms

Searches were conducted using the search terms (refugee or asylum) AND (psychosocial or support or program* or service).ti. OR (psychosocial or support or program* or service).ab.,

Searches were limited to literature published in English between January 2010 and September 2018 from Australia, the UK, Canada, New Zealand, Germany, Sweden and the United States. For a detailed list of the search terms entered into the relevant databases refer to Appendix A.

Inclusion criteria

As per the parameters of this Evidence Check, the search criteria included articles published in English from January 2010 to 31 August 2018, limited to psychosocial support services in Australia and 'comparable contexts'. For the purposes of this review, comparable contexts were defined as the top five countries that offered third party resettlement to refugee in 2017.[3] These were, in order of the number of places offered for permanent settlement:

- United States of America
- Canada
- United Kingdom
- Australia
- Sweden.

In addition, Germany was included due to the vast numbers of asylum seekers accepted into the country during the period of 2015 to 2016[18] and New Zealand due to its geographic proximity and shared values. This resulted in a total of six countries being included in addition to Australia.

Exclusion criteria were studies with a focus on primary prevention and/or clinical interventions with no psychosocial support focus. Studies were also excluded if they were solely reported in a conference abstract or postgraduate dissertation.

Search results

The database search returned 4966 articles. We also conducted a desktop search and retrieved a further 38 peer-reviewed articles from other sources, bringing the total of peer-reviewed articles to 5004. After 1352 duplicates were removed, 3652 articles remained. When reviewers examined the title field, this reduced the numbers of possibly relevant articles to 460. These articles were extracted for further review examining title and abstract which resulted in exclusion of a further 310 articles. Full-text versions were retrieved for the remaining 150 articles and were assessed for inclusion. This resulted in exclusion of a further 116 peer-reviewed papers, leaving five systematic reviews and 29 peer-reviewed articles which are included in this Evidence Check.

Excluded articles

Of all of the excluded articles, 22 were excluded solely because the programs were delivered in countries other than those specified for inclusions in this review. As requested, we have kept the citations for these articles in a separate group in the EndNote library, to be provided at the conclusion of this project.

Apart from the articles excluded because of country, articles were excluded that did not match the inclusion criteria for other reasons. These included studies that related to migrants but not refugees; some were studies of prevalence and/or needs assessments but not psychosocial support programs; some described interventions delivered in a clinical setting such as hospitals; and some studies with refugees did not relate at all to mental health.

Location of programs in the included literature

Of the 29 peer-reviewed articles included, six report on Australian psychosocial support programs, 13 are from the USA, three from Canada, three from the UK, three from Germany and one from Sweden. There were no articles from New Zealand that met the inclusion criteria. All programs documented in grey literature were located in Australia.

A flowchart of the literature selection process is included as Appendix 1.

The PRISMA flow chart detailing the peer-reviewed literature selection process is set out in in Figure 1 below:

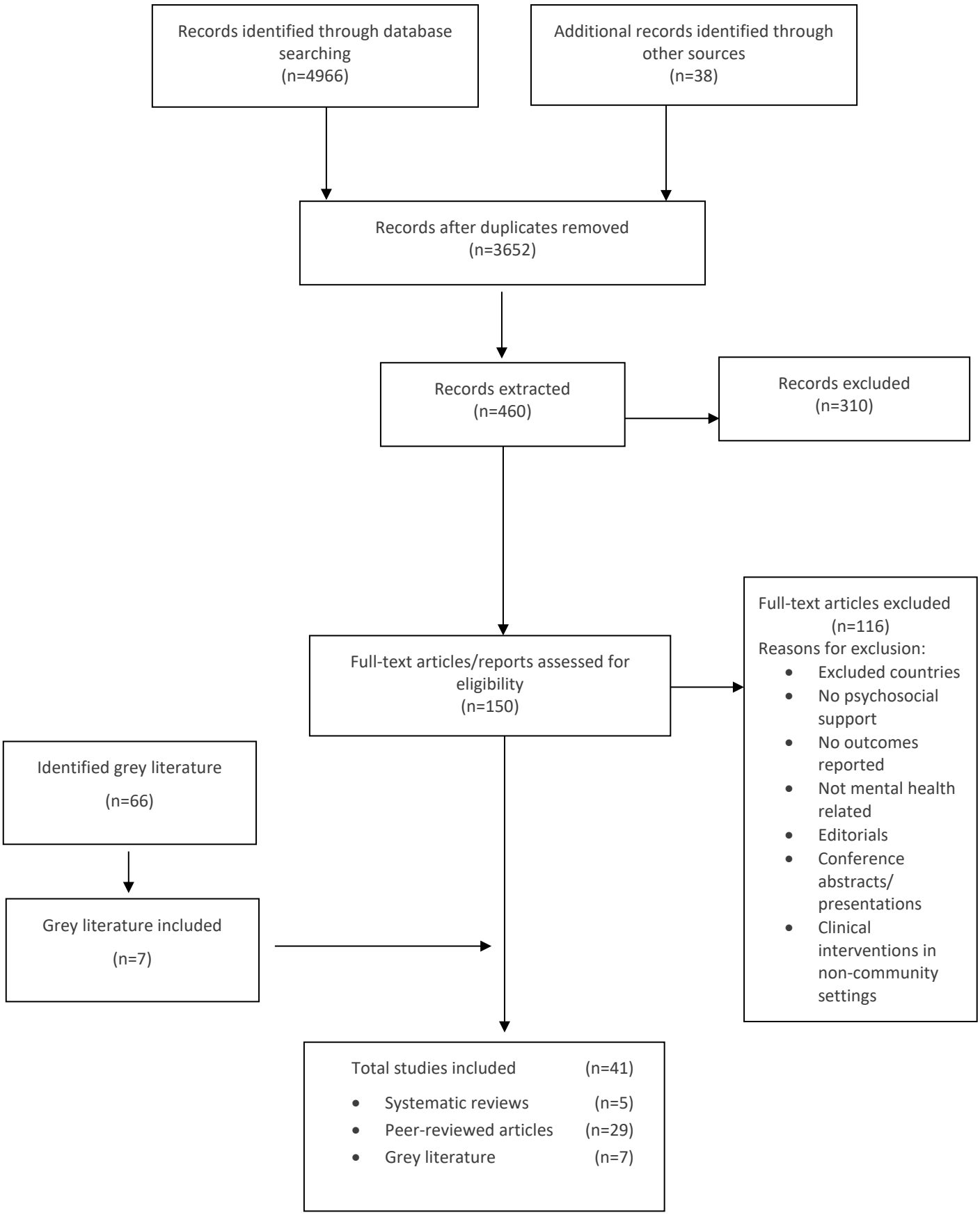

Figure 1: PRISMA flow chart of the literature search

Systematic reviews

We retrieved 49 systematic reviews undertaken between 2010 and 2018, some reporting on studies as far back as 1980. Forty-four of the systematic reviews examined studies that fell outside of our criteria and were therefore excluded. The remaining five systematic reviews, all of which were published in 2015 and onwards, were deemed relevant and are included in this review. Collectively they covered studies undertaken during 1993 to 2017.

We note that none of the five systematic reviews were limited to the review of RCTs. This means that the reviews cannot be classified as Level I under the NHMRC hierarchy of evidence.

Grey literature

We conducted a desktop search for grey literature via a Google search as well as searching the websites of relevant organisations. We directly contacted FASSTT (Forum of Australian Services for Survivors of Torture and Trauma) members and other relevant organisations and requested relevant program documentation and evaluations:

FASTT members

- Association for Services to Torture and Trauma Survivors (ASeTTS) (Western Australia)
- Companion House (Australain Capital Territory)
- Foundation House (Victoria)
- Migrant Resource Centre Tasmania
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) (New South Wales)
- Suvivors of Torture and Trauma Assistance and Rehabiliation Service (STTARS) (South Australia)
- Phoenix Centre, Support for Survivors of Torture and Trauma (Tasmania).

Others

- NSW Refugee Health
- Settlement Services International (International and Australia wide)
- Transcultural Mental Health Centre (New South Wales)
- University of New South Wales Refugee Trauma and Recovery Program.

We reviewed 66 reports of grey literature from these sources, seven of which are included in this review. All of the included grey literature details programs in Australia.

Evidence grading and assessment of study quality

An appraisal of the quality of the included studies was necessary, given the role that the Evidence Check will have in informing policy. To guide decisions regarding the peer-reviewed literature included in this review (systematic reviews, quantitative and qualitative studies), the Joanna Briggs Critical Appraisal Tools were used.[19] Grey literature was assessed using the AACODS Checklist which stands for:

- Authority of the author
- Accuracy of reporting of study details
- Coverage of the findings
- Objectivity in the reporting of findings
- Date clearly stated
- Significance or meaningfulness of the findings.[20]

This report being a rapid review necessitated appraisals being undertaken by a single author, however consultation was sought amongst the authors when needed. Further, where methodological details of a study were lacking, the difficulty in ascertaining rigour meant that a lower quality rating was assigned.

Both sets of tools provide clear a list of criteria to consider when appraising the quality of studies. Using a subjective process, studies were deemed of low, low to medium, medium, medium to high or high quality based on the number of criteria they met according to their respective checklist.

Appraising the strength of the evidence for psychosocial support program types

The frameworks and tools described above are targeted at the level of the individual study. In order to synthesise the findings from these different studies we needed a way of assessing the contribution that each study made to the overall state of knowledge for each program category type.

Combining evidence from studies of differing designs and quality is challenging[21] and while many reviews restrict themselves to a single study type or related study types, this was not considered feasible for the present review given the objective was to inform policy decisions.

A decision was made to use a similar process to one decribed in a recent Evidence Check[22] where synthesis of evidence was challenged by similar issues (differing study types and quality).

Using their approach, the evidence was graded as follows:

- **High** – Very confident: the body of evidence has few deficiencies; findings are stable and unlikely to change with publication of new research
- **Moderate** – Moderately confident: Some deficiencies in the body of evidence; findings likely to be stable but there are some doubts
- **Low** – Limited confidence: major or numerous deficiencies in the body of evidence; further research is needed
- **Insufficient** – No confidence: there is a lack of available evidence or the evidence has unacceptable deficiencies.

The process used to arrive at the four grades of evidence was influenced by consideration of factors such as:

- Overall evidence base i.e. number of studies and their levels of evidence and quality (high, moderate, low)
- Directness of evidence (direct, indirect)
- Consistency of findings across studies (consistent, inconsistent, unknown).

It should be clearly acknowledged that evidence grading can be subjective, influenced by factors such as study selection and study appraisal. Therefore, while attempts to clearly describe the processes used have been made, other researchers may come to alternative conclusions. This is also influenced by the significant gaps in the evidence for some psychosocial program types.

Findings

Question 1: What community-based psychosocial support services specifically for refugees and asylum seekers have been effective in improving mental health and wellbeing?

In order to review and reflect on what psychosocial support services have been effective in improving mental health and wellbeing in this population, a first step is to document and categorise the main types of programs that have been reported on in the evaluations. Our review demonstrated the diversity of psychosocial support programs that exist in this field. However, it is clear that while the types of programs vary, a very strong and consistent theme that emerged was a focus on being community or group based in setting and nature. This is not surprising since the characterisation of refugee trauma and disruption it causes is often referred to as "collective trauma".[16] Thus, it has been noted that successful efforts to heal should be directed at increasing the resources, competence and connectedness of a community/society affected by such trauma.[16] Our search results identified five categories of psychosocial support programs that were based, in most cases, on therapeutic approach but, in some cases, on setting, as in the case of school-based programs. The five categories are:

- Trauma informed psychotherapy programs delivered with a group component
- Community-based psychoeducation and/or health programs
- Physical activity and sports-based programs
- Peer support and/or mentoring programs
- School-based programs.

In the next section, we report on each category separately, identifying the strength of the evidence for psychosocial program type, followed by general description of the direction of the individual studies, their quality and consistency of findings reported.

A summary of the 41 studies is included in Table 1 below and stratified by the level of evidence according to the NHMRC hierarchy of evidence. A more detailed description of the studies is included in Appendix B.

Table 1: Included studies

Reference, Year, Location	Study design and PSS program type	Sample size	Improvement noted on mental health and/or wellbeing outcomes	Study quality
NHMRC Level Not applicable; systematic reviews that include RCTs as well as other study types (SR; N= 5)				
Mahoney & Siyambalapitiya[23] (2017, Australia)	SR; mixed PSS interventions	5 studies (no RCTs)	✓	Low to medium
Nocon et al.[24] (2017, Germany)	SR; Psychotherapy with group format	23 studies, including 8 RCTs	✓	High
Nosè et al.[25] (2017, Italy)	SR; Psychotherapy with group format	14 studies: 12 RCTs + 2 CCTs	✓	Medium to high

Reference, Year, Location	Study design and PSS program type	Sample size	Improvement noted on mental health and/or wellbeing outcomes	Study quality
Tribe et al.[26] (2017, UK)	SR; Psychotherapy with group format	40 studies, including 17 RCTs	✓	Medium
Slobodin & de Jong[27] (2015, the Netherlands/USA)	SR; Psychotherapy with group format	6 studies, including 2 RCTs	✓	Medium to high
NHMRC Level II; RCT (RCT; N= 1)				
Pfeiffer et al.[28] (2018, Germany)	RCT; Psychotherapy with group format	99 adolescents	✓	Medium to high
NHMRC Level III-2; Quasi-experimental with controls (QEC; N= 2)				
Mitschke et al.[29] (2013, USA)	QEC; Community-based education	65 adult females	✓	Medium to high
Quinlan et al.[30] (2016, Australia)	QEC; School-based program Study also had qualitative arm.	42 adolescents	✓	Medium
NHMRC Level III-3; Quasi-experimental without controls (QEWC; N= 9)				
Pfeiffer & Goldbeck[31] (2017, Germany)	QEWC; Psychotherapy with group format	29 adolescents	✓	Medium
Sarkadi et al.[32] (2018, Sweden)	QEWC; Psychotherapy with group format	46 adolescents	✓	Medium to high
Small et al.[33] (2016, USA)	QEWC; Psychotherapy with group format	81 adults	✓	Low
Akinsulure-Smith[34] (2012, USA)	QEWC; Psychotherapy with group format	40 adult males	✓	Low
Kananian et al.[35] (2017, Germany)	QEWC; Psychotherapy with group format	7 adult males	✓	Medium
Salt et al.[36] (2017, USA)	QEWC; Community-based education	12 adult females	X	Low
Renzaho & Vignjevic[37] (2011, Australia)	QEWC; Community-based education	39 adults	✓	Low to medium
Berkson et al.[38] (2014, USA)	QEWC; Community-based education	126 adults	✓	Low to medium
Rowe et al.[39] (2017, USA)	QEWC; School-based program	30 adolescents	✓	Low
NHMRC Level Not applicable; Qualitative Studies (QS; N= 12)				
Jackson-Blott et al.[40] (2015, UK)	QS; Psychotherapy with group format	8 adults	✓	Low

Reference, Year, Location	Study design and PSS program type	Sample size	Improvement noted on mental health and/or wellbeing outcomes	Study quality
STARTTS Jungle Tracks[41] (2017, Australia)	QS; Psychotherapy with group format	10 adult facilitators	✓	Low
Im et al.[42] (2016, USA)	QS; Community-based education	22 adults	✓	Medium to high
Chase et al.[43] (2018, Canada)	QS; Community-based education	15 adults	✓	Low
STARTTS FICT & OPICT[44] (2017, Australia)	QS; Community-based education	920 adults	✓	Low
Whitley et al.[45] (2016, USA)	QS; Physical activity	16 male adolescents	✓	Low to medium
Hashimoto-Govindasamy & Rose[46] (2011, Australia)	QS; Physical activity	12 adult females	✓	Low to medium
STARTTS Sporting Linx[47] (2016, Australia)	QS; Physical activity	27 adolescents	✓	Low
Stewart et al.[48] (2018, Canada)	QS; Peer/mentor support	85 adults	✓	Low to medium
Marsh[49] (2012, Australia)	QS; School-based program	8 adolescents	✓	Medium
Hughes[50] (2014, UK)	QS; School-based program	9 mothers	✓	Low
McBrien & Ford[51] (2012, USA)	QS; School-based program	Numbers not stated	✓	Low
NHMRC Level Not applicable; Mixed Methods Studies with controls (MMS; N=1)				
Nickerson et al.[52] (2017, Australia)	MMS; Community-based education	63 adult males	✓	Medium
NHMRC Level Not applicable; Mixed Methods Studies (MMS; N=11)				
O'Shaughnessy et al.[53] (2012, UK)	MMS; Psychotherapy with group format	4 – 12 mothers and babies	✓	Low
Blignault et al.[54] (2017, Australia)	MMS; Psychotherapy with group format	20 adult females	✓	Low to medium
Goodkind et al.[55] (2014, USA)	MMS; Community-based education	89 adults	✓	Medium
CIRCA New Roots[56] (2017, Australia)	MMS; Community-based education	102 adult males	✓	Low to medium

Reference, Year, Location	Study design and PSS program type	Sample size	Improvement noted on mental health and/or wellbeing outcomes	Study quality
Hartwig et al.[57] (2016, USA)	MMS; Physical activity	208 adults and adolescents	✓	Low to medium
Eggert et al.[58] (2015, USA)	MMS; Physical activity	4 gardeners (age and sex not stated)	✓	Low
Gerber et al.[59] (2017, USA)	MMS; Physical activity	50 adults	✓	Medium
Nathan et al.[60] (2013, Australia)	MMS; Physical activity	142 adolescents	✓	Medium
Walker et al.[61] (2015, Australia)	MMS; Peer/mentor support	111 adults	✓	Medium
Stewart et al.[62] (2012, Canada)	MMS; Peer/mentor support	58 parents	✓	Medium
Foundation House Ucan2[63] (2017, Australia)	MMS; Peer /mentor support	146	✓	Medium to high

Community-based psychoeducation and/or health programs

Strength of the evidence: Low

Studies in this category primarily focused on improving participants' knowledge and attitudes on a range of mental health issues and/or physical health. In most cases psychoeducation was the focus, however in two peer-reviewed studies, subjects targeted included parenting education[37] and financial literacy.[29] Programs that focused on psychoeducation often had an associated aim of reducing stigma. Although no systematic reviews focused on this category of programs, seven peer-reviewed articles and three programs from the grey literature were noted. The quality of the studies was primarily at the lower end (four out of seven peer-reviewed articles and two out of three grey literature studies were either *low* or *low to medium* study quality).

All but two studies were delivered in a group setting within the community. Attempts to deliver the programs in the participants' first language were often made using bilingual educators/staff but in some cases this was not possible and it was noted that it restricted the impact of the program.[43] The outcomes of the programs were measured using a diversity of methods ranging from participant interviews through to scales of trauma symptomology, parenting attitudes and quality of life. All but one program reported improvements.[36] Worth noting are two Australian based programs, which utilised a different approach to accessing participants and are reported in grey literature. "New Roots"[56], which sought to improve general health and wellbeing and "Tell Your Story"[52], which sought to increase knowledge of mental health, reduce associated stigma and increase help seeking, focused on male refugees from Arabic, Farsi and Tamil speaking backgrounds and utilised a mobile application tool or online medium. Findings reported indicated positive changes in targeted areas however measures were primarily short-term focused.

Physical activity and sports-based programs

Strength of the evidence: Low

Studies included in this category of programs comprised of six peer-reviewed articles and one program noted in the grey literature. There were no systematic reviews that focused on studies within this category

although Mahoney and Siyambalapitiya[23] reviewed a study on a community garden project, which for the purposes of this Evidence Check would be listed within this category. Once again the quality of the studies were primarily at the lower end (four out of six peer-reviewed articles and the grey literature study being assessed as *low* or *low to medium* study quality).

Specific program types reviewed in this category were either community garden projects (three peer-reviewed articles) or sports-based programs (three peer-reviewed articles and one grey literature study) and participants were youth[45, 60, 47] adults[58, 59, 46] or both.[57] By the very nature of the programs, all were delivered in a group-based format or community setting. Findings across all studies were positive with outcomes being primarily assessed using direct or indirect interviews and a smaller number reporting on scales of trauma symptomology. A consistent focus of programs within this category was the promotion of social inclusion and connections however this finding was limited by the lack of any evidence at a medium to long-term timeframe.

Peer support and/or mentoring programs

Strength of the evidence: Low

Programs on peer support and/or mentoring were captured in this Evidence Check through three peer-reviewed studies and one grey literature report. Once again there were no systematic reviews that focused exclusively on programs of this type although Mahoney and Siyambalapitiya[23] reviewed a study on a peer-mentoring program that would sit under this category. Overall the quality of studies in this category was *medium* to *medium to high* (two peer-reviewed articles rated as medium and the one grey literature report noted as being medium to high quality) and included a study which reported on medium to long term outcomes such as employment.[63]

Findings across all included studies were reported to be positive in improving mental health and wellbeing. Outcomes were measured through direct and indirect interviews, supplemented in some cases with scales measuring factors such as loneliness and isolation, through to numbers employed or studying. Generally, contact between participants and their support persons was conducted face to face but in two studies mobile phone technology was used.[61, 23] Three of the peer-reviewed articles focused on adults but the grey literature report had a youth focus.[63] Of interest was the program entitled "Ucan2",[63] developed and evaluated by Foundation House in Victoria. It is based in an educational setting with 16 to 25 year olds being the target group. It incorporates a multi-layered approach including learning work skills, work experience placements, sports activities and of course peer-support and mentoring. It appears to be delivering promising results with outcomes such as employment being noted post intervention.

School-based programs

Strength of the evidence: Low/insufficent

This category is characterised by programs undertaken in an educational setting where the primary goal was to improve mental health and wellbeing and comprised of a total of five studies (all peer-reviewed articles). Mahoney and Siyambalapitiya[23] review a study set within a school setting but findings of that study are not considered in this report because its primary outcome was not measuring mental health and/or wellbeing. The majority of the studies were focused on creative arts-based interventions (four out of five) with the remaining study dedicated to improving parental involvement and inclusion within the school. Modalities used in the creative programs ranged from drawing, painting, music and drama among others.

Overall the direction of findings in this category was positive with measures used to assess outcomes ranging from direct and indirect interviews to measures of trauma symptomology. The quality of the majority of studies in this category was *low* (three out of five), once again no study reported on medium to long-term outcomes.

Question 2: Of the community-based psychosocial supports identified in question 1, what have been the modes of delivery and how has this impacted on sustainability?

As instructed by the funding agency, the focus of this Evidence Check was on community-based psychosocial supports and thus all considered programs were located in community settings. In the next section, a highlight of points that are relevant with regard to modes of delivery and sustainability will be considered separately for each program category. A more detailed consideration of the factors related to question 2 are provided for each individual study in Appendix C.

Trauma informed psychotherapy programs delivered with a group component

Of the nine programs considered in this category, all but one were delivered by health professionals. Specifically these included four programs delivered by psychologists,[40, 34, 53, 54] one delivered by trained social workers,[28, 31] another by trained nurses,[32] and two by counsellors/therapists.[35, 41] Using a differing approach, Small et al.[33] reported on a program that compared treatment as usual (office-based counselling) with a group intervention lead by 'Cultural Ambassadors' who were fellow refugees of the same background to the participant groups and who had been trained in psychoeducation and mental health literacy. With regards to funding models, seven of the nine programs were delivered through non-government organisations, government agencies or a combination of both,[41, 54, 28, 40, 53, 31, 32 33] with the remaining two delivered through university-affiliated organisations. While terms such as 'culturally adapted' were frequently utilised in studies, information on the efforts to ensure programs were culturally competent was rarely detailed in the program studies; however, in the Blignault et al.[54] evaluation of mindfulness, participants noted the intervention (mindfulness) was compatible with their cultural and religious practices and way of life. Relatedly, there were several examples where the programs were delivered by bilingual staff in the participants' language.[54, 35, 33]

Community-based psychoeducation and/or health programs

This category of programs included 10 studies. Three were undertaken in affiliation with universities[42, 36, 29] and the remaining seven were located within non-government organisations, government organisations or a combination of both. Three programs were delivered by health professionals such as nurses and psychologists,[43, 36, 55] with the remaining programs delivered by bilingual workers. Programs were generally delivered in the participants' language via interpreters or use of bilingual staff but again, as with the previous category, little was detailed on how cultural competency was demonstrated. Im et al.[42] details a program that differs from most in this category in that health education workshops were delivered by community leaders within the Bhutanese community. As a result it was reported the program was culturally sensitive and promoted learning because the training was provided by community leaders. Two programs identified in this category[56, 52] utilised online mediums to deliver educational programs and thus differ from the others. It was noted that using such mediums to deliver the programs had the potential to reach most of the target group, getting around issues such as transport, and that the programs could be scaled up to meet the needs of other language groups and communities.

Physical activity and sports-based programs

All the programs reviewed in this category were undertaken by non-government organisations, government organisations or a combination of both. In terms of staffing delivery, this category of programs appeared to have the least involvement from health professionals. Three detailed the use of volunteers,[60, 58, 59] while the others were delivered by a combination of employees of refugee agencies or charities. Cultural competency again was rarely commented upon other than noting that the program was delivered in participants' language[46] or that the vegetables grown in the community garden had cultural significance to recruited participants.[58]

Peer support and/or mentoring programs

By the very nature of the type of intervention, the majority of the programs[48, 61, 62] identified in this category were delivered by peers from the same refugee community to the participants enrolled in the study. In one study, additional support was provided by peers from the same community who had been in the host country longer and were working in the health, education or social sectors.[48] In the "Ucan2" program, peer support was a very important element in working with the youth[63] to focus on educational and employment outcomes in addition to wellbeing. This is an Australian based government funded and ongoing program. Cultural competency and details on the organisational settings were lacking in this category.

School-based programs

All programs in this category were delivered in schools and targeted towards youth and children except for the McBrien & Ford[51] study, where the focus was on the parents of refugee children. The majority were facilitated by creative arts-based therapists[30, 39, 49] but in one case they were bilingual clinicians[50] or trained peer leaders.[51] Funding details were rarely provided but in two studies it varied from a mixture of small grants and fundraising[39] to government funding.[51] Cultural competency was not directly articulated but in Rowe et al.[39] it was noted that 'arts therapy intervention is transcultural'. Further in the "Tree of Life" group program evaluation it was noted that the organisation worked closely with local refugee communities in order to be sensitive and responsive to their needs.[50]

Gaps in the evidence

This Evidence Check was commissioned by the NSW Ministry of Health, Mental Health Branch to provide a summary of the best evidence with respect to effectiveness and appropriateness of community-based, psychosocial support specifically targeted for refugees and asylum seekers in Australia and comparable contexts. From the literature reviewed it is evident that a number of gaps in the evidence exist.

Lack of quality evaluations

This review only identified one RCT (level II) and two quasi-experimental studies (level III-2) with control groups out of a total of 41 identified studies for inclusion. The lack of rigorous research designs proves a challenge to determining the effectiveness of programs and this challenge is clearly present in this field of research. The majority of the academic studies used a pre/post study design, had small numbers of participants and almost all studies lacked any follow-up aspect able to determine medium to long-term outcomes. Another significant limitation was the lack of economic or cost analyses undertaken to determine the cost of programs relative to outcomes. Finally, and perhaps most concerning were several examples of programs that had been running for a number of years but with very poor quality evaluations undertaken.

Limited outcome measures

While PTSD and depression are very common mental health disorders among those from a refugee or asylum seeker background, focusing on the impact that psychosocial support programs have on symptoms of these disorders limits a true understanding of other impacts that may have occurred. There was a tendency for studies to report outcomes on symptom measures, and measures beyond these were lacking.

It is widely acknowledged that quality of life and wellbeing can be determined by factors other than just the presence or absence of mental health disorder symptoms,[64] and this aspect was underevaluated in the literature we reviewed.

Limited description of intervention

In many studies, there was limited description of the intervention undertaken (e.g. providers, processes and governance arrangements). In addition, cultural adaptations of evidence-based mainstream programs were insufficiently detailed, making replication or further adaptation for another context difficult.

Different population subgroups

Most studies reviewed have focused on adults or adolescents. One of the 41 included studies focused on mothers and babies and another focused on parents. Future research should consider the needs of children and others within a family unit. Additionally, older refugees (a sub-group that has increasingly been accepted to Australia, particularly in response to the crises in Syria and Iraq) were rarely considered as a separate sub-group and given their distinct needs and associated health conditions we would argue that such a focus is needed.

Discussion

In examining the literature on community-based psychosocial support programs that target the mental health and wellbeing of refugee and asylum seeker populations, this Evidence Check has simultaneously demonstrated the existence of a diversity of programs and the lack of high quality evaluations. This bears relevance on the strength of evidence grading for program categories which in this review were noted to be mostly low. Indeed, to date most high quality research in the field of mental health interventions for refugees tends to be dominated by individual psychotherapy approaches set within clinical services models and for the purposes of this review were considered out of scope.[65, 66]

Nonetheless, it is clear from the literature that the impact of refugee trauma extends beyond just the symptoms of the individuals to the impact felt on families and communities.[5] Therefore, it is imperative that additional approaches are provided that respond to the needs of the collectivistic and family-oriented refugee communities.[6] Community-based psychosocial support programs are necessary and have the potential to restore a sense of connectedness and social networks both within the refugee community and to the host community, providing participants self-help and skill building.

This Evidence Check identified that most programs (as reported) tended to be defined by a single approach or intervention. For example, programs using arts-based activities, physical/sports activities or peer-led support. While in some cases such an approach is suitable, e.g. group psychotherapy programs, it is clear from examples of good programs[63] that outcomes can be maximised if an integrated multi-sectoral approach is adopted. Programs that are able to incorporate acquisition of language skills and knowledge, utilise peers/mentors, and engage participants in new activities that build upon their existing skills and foster new skills are needed and should be encouraged. This Evidence Check identified another example of such a program entitled "Feeding Cultures" which was being evaluated at the time of writing this review but is documented in Appendix D. Programs that are adapted from existing evidence-based models must be culturally competent and trauma informed, with an evaluation component included in the program funding. We recommended organisations that are funded seek partnerships with universities to ensure the rigor of such evaluations.

Factors that seem to act as barriers or facilitators to the success of programs were also identified. These included the proximity of the program to participants, with greater proximity eliminating the need for travel and the associated expense. Programs with soft entry points, that is, the referral from trusted organisations/leaders within the refugee community in order to create a sense of confidence for participants, are useful and should be encouraged. Some programs were noted to offer child minding which can be important in promoting the use of programs for those with childcare responsibilities. Cultural competence was identified as an important factor in determining the success of programs, but details on how programs undertook such a process were rarely documented beyond discussions on the use of an interpreter or the ability to offer the program in the participants' language. Finally, on a note related to cultural competency, we strongly recommend that refugee communities are fully engaged in identification of their needs and assets and in the design, implementation and evaluation of community-based psychosocial support (and other) programs. As noted by Silove et al: "...the voice of the refugee communities is vital. Mental health cannot be conferred; it must be regained by the communities...".[5 (p.137)]

Conclusion

Community-based psychosocial programs for refugees are needed in order to ameliorate the impact of trauma and resettlement stressors on the individual, family unit and their community as a whole. Our Evidence Check has identified five categories of psychosocial programs, which appear to have positive effects on participants' mental health and wellbeing:

- Trauma informed psychotherapy programs delivered with a group component
- Community-based psychoeducation and/or health programs
- Physical activity and sports-based programs
- Peer support and/or mentoring programs
- School-based programs

Unfortunately, the strength of the evidence is low due to the poor evaluations and the limited number of studies undertaken. Future research efforts should be focused on undertaking rigorous evaluation of well-designed multi-sectoral, trauma informed and culturally competent programs in order to strengthen the evidence base. Well-designed mixed methods studies that examine a range of outcomes and capture both quantitative and qualitative data will ensure the voice of refugee communitiesare heard.

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Appendix A: Search terms strategy

All searches were limited to literature relating to the seven countries of interest in this Evidence Check, namely USA, UK, Canada, Australia, Sweden, Germany and New Zealand.

Databases:

Medline and Embase (Ovid)*

#	Search
1	Exp REFUGEES/ or refugee*.mp.
2	Limit 1 to (English language and yr="2010-Current")
3	(psychosocial or support or program* or service).ti. or (psychosocial or support or program* or service).ab.
4	Limit 3 to (English language and yr="2010-Current")
5	2 and 4
6	refugee*.ti. or refugee*.ab.
7	Limit 6 to (English language and yr="2010-Current")
8	5 AND 7

Note: Medline database covers the PubMed database. Pubmed is the public interface used to search Medline.

CINAHL Plus & PsycInfo (EBSCO)

#	Search
1	TX (refugee* or asylum) OR AB (refugee* or asylum)
2	Limiters – Published Date: 20100101-20180831; English Language
3	TI ((psychosocial or support or service or program*)) AND AB ((psychosocial or support or service or program*))
4	Limiters – Published Date: 20100101-20180831; English Language
5	(S1 AND S2)

Cochrane

'refugee* OR asylum in Title Abstract Keyword AND psychosocial or support or program* or service in Title Abstract Keyword - with Cochrane Library publication date between Jan 2010 and Aug 2018'.

PILOTS (Published International Literature On Traumatic Stress)

#	Search
1	MAINSUBJECT.EXACT.EXPLODE("Displaced Persons") OR MAINSUBJECT.EXACT.EXPLODE("Asylum Seekers") OR MAINSUBJECT.EXACT.EXPLODE("Refugees")
2	Limited by: Date: From 01 January 2010 to 21 August 2018 Language: English
3	ab((psychosocial OR support OR service OR program*)) OR ti((psychosocial OR support OR service OR program*))
4	Limited by: Date: From 01 January 2010 to 21 August 2018 Language: English
5	2 and 4

Scopus

#	Search
1	TITLE (refugee* OR asylum) AND PUBYEAR > 2009 AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (AFFILCOUNTRY , "United States") OR LIMIT-TO (AFFILCOUNTRY , "United Kingdom") OR LIMIT-TO (AFFILCOUNTRY , "Australia") OR LIMIT-TO (AFFILCOUNTRY , "Canada") OR LIMIT-TO (AFFILCOUNTRY , "Germany") OR LIMIT-TO (AFFILCOUNTRY , "Sweden") OR LIMIT-TO (AFFILCOUNTRY , "New Zealand"))
2	TITLE (psychosocial OR support OR program* OR service) AND PUBYEAR > 2009 AND (LIMIT-TO (AFFILCOUNTRY , "United States") OR LIMIT-TO (AFFILCOUNTRY , "United Kingdom") OR LIMIT-TO (AFFILCOUNTRY , "Germany") OR LIMIT-TO (AFFILCOUNTRY , "Canada") OR LIMIT-TO (AFFILCOUNTRY , "Australia") OR LIMIT-TO (AFFILCOUNTRY , "Sweden") OR LIMIT-TO (AFFILCOUNTRY , "New Zealand")) AND (LIMIT-TO (LANGUAGE , "English"))
3	#1 AND #2

Web of Science

#	Search
1	(TI=(refugee* OR asylum)) AND LANGUAGE: (English), IC Timespan=2010-2018
2	(TI=(pyschosocial OR support* OR service* OR program*)) AND LANGUAGE: (English), IC Timespan=2010-2018
3	#2 AND #1

Hand Searching

Below is a list of relevant journals that are not indexed to the above databases, and were hand searched:

- European Journal of Trauma
- International Journal of Refugee Law
- Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas
- Journal of Migration and Refugee Issues
- Psychosocial Intervention
- Refugees and Human Rights

Appendix B: Detailed description of the individual studies included

Systematic reviews

Authors & Year	Title and Journal	Purpose of review	Types of interventions reviewed	Conclusions	No. of studies	Quality of study
Mahoney & Siyambalapitiya 2017	Community-based interventions for building social inclusion of refugees and asylum seekers in Australia: A systematic review, Journal of Social Inclusion 8(2):66-80.	To explore the effectiveness of community-based interventions aimed at strengthening social inclusion of refugees and asylum seekers in Australia.	Narrative review of community-based programs that contribute to the inclusion and social participation of refugees and asylum seekers in Australia published between 2007 and 2017 covering five studies. Interventions included recreation programs for school children, community gardening projects, peer mentoring for refugee women using mobile phones, homework tutoring and mentoring for students and refugee driver education.	Thematic analysis indicated that programs that consider language and communication skills, build on the existing skills of refugees, include volunteers and mentors and promote social inclusion are effective.	5	Medium to high
Nocon et al. 2017	The effectiveness of psychosocial interventions in war-traumatized refugee and internally displaced minors: systematic review and meta-analysis, European Journal of Psychotraumatology 8:sup2.	To provide an overview of the effectiveness of psychosocial interventions for war-traumatized refugee and internally displaced minors.	Narrative review covering 23 studies with a variety of treatments (defined broadly as "any intervention within the health system intended to alleviate symptoms of trauma-related disorders", and included IPT, CBT and EMDR, also child-centred play therapy, writing for recovery, meditation and relaxation).	Concluded CBT and IPT showed promising results but effect sizes were small.	23	High
Nosè et al. 2017	Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis, PLOS ONE, February 2, 2017.	To establish whether the current evidence supports the provision of psychosocial interventions for PTSD in refugees and asylum seekers resettled in high-income countries.	Systematic review of RCTs and CCTs of psychosocial interventions for the treatment of PTSD in adult refugees and asylum seekers resettled in high-income countries. Interventions included NET, CBT, TFP, CROP and FGI	Findings supported the conclusion that NET is most effective intervention.	14	Medium to high

Authors & Year	Title and Journal	Purpose of review	Types of interventions reviewed	Conclusions	No. of studies	Quality of study
Tribe et al. 2017	A systematic review of psychosocial interventions for adult refugees and asylum seekers, Journal of Mental Health, early online 1-15.	To provide an exhaustive summary of the current literature on psychosocial interventions, both trauma and non-trauma focused, for refugee populations experiencing post-traumatic stress disorder (PTSD), depressive or anxiety symptoms and to produce recommendations for future research and current clinical practice.	Trauma-focused and non-trauma focused psychosocial interventions for adult refugees experiencing PTSD, depression or anxiety. Interventions included EMDR, NET, SIT, CBT and culturally sensitive CBT, IPT, CROP, Den Bosch Model group therapy, group psychotherapy, and various multidisciplinary treatments.	Medium to high quality evidence supported the use of NET in refugee populations although effect sizes were small to medium.	40	Medium
Slobodin & de Jong 2015	Family interventions in traumatized immigrants and refugees: A systematic review, Transcultural Psychiatry 52(6):723–742.	To examine the evidence for the effectiveness of family interventions for the range of trauma-related problems among immigrants and refugees.	Family based therapies designed or modified specifically for traumatised individuals and their families. Approaches used in the studies were primarily CBT or psychoeducation.	No clear evidence was found for the effectiveness of family interventions for traumatized refugees.	6	Medium to high

Peer-reviewed articles

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
1. Trauma informed psychotherapy interventions delivered with group format								
Pfeiffer et al. 2018	Effectiveness of a Trauma-focused group intervention for young refugees: a randomized controlled trial. *J Child Psychol Psychiatry.* 2018 Nov;59(11):1171-1179. Epub 2018 Apr 6.	Germany	To determine whether the *Mein Weg* intervention in addition to usual care is more effective in reducing post-traumatic stress symptoms (PTSS) compared to usual care alone.	**Youth:** unaccompanied young refugees (UYRs) aged 13-21 years. Mein Weg arm n= 50 Usual care arm n=49.	*Mein Weg* (My Way) – Six sessions of trauma-focused CBT group intervention incl. psychoeducation, relaxation, trauma narrative, and cognitive restructuring.	*Measures:* PTSS as measured by Child and Adolescent Trauma Screen (CATS; self report) and Depression symtopms as maesusred by Patient Health Questionnaire 8 (PHQ-8; self report); among others. *Short-term outcomes:* Mein Weg was significantly superior to usual care as reflected by reduction on PTSS and depression symptoms. *Medium to long term outcomes:* Not measured.	Medium to high	*Strengths:* RCT; self-reported questionnaires were translated into native languages. *Limitations*: Use of symptom scales and not clinical interviews; small number of female participants limits generalisability of findings to both genders; no follow-up measures.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
Pfeiffer & Goldbeck 2017	Evaluation of a Trauma-Focused Group Intervention for Unaccompanied Young Refugees (UYR): A Pilot Study. *Journal of Traumatic Stress* 30, 531-536.	Germany	To evaluate the feasibility of the *Mein Weg* intervention and to provide preliminary data on its effectiveness regarding reduction of PTSS.	**Youth**: unaccompanied young refugees (UYRs) aged 14 to 18 in Germany n=29.	*Mein Weg* (My Way) – Six sessions of trauma-focused CBT group intervention incl. psychoeducation, relaxation, trauma narrative, and cognitive restructuring designed to reduce PTSS amongst UYRs in Germany.	*Measures*: Child and Adolescent Trauma Screen (CATS) *Short term outcomes:* Significantly fewer PTSS after completing the program. *Medium to long term outcomes:* Not measured.	Medium	*Strengths:* Outcomes measured with a validated tool. *Limitations*: Only male participants; no medium to long term follow-up; no control group; small sample size; limited to PTSS.
Jackson-Blott et al. 2015	Evaluating a "healthy minds" course for asylum seekers. *Mental Health and Social Inclusion* 19 (3) 133-140.	UK	To evaluate the addition of a "resilience-focused" Cognitive Behavioural Therapy (CBT)-based psycho-educational course for asylum seekers within a primary care Increasing Access to Psychological Therapy (IAPT) service.	**Adults**: male and female asylum seekers from various backgrounds n=8.	"Healthy Minds" psycho-educational course – A four-week, low intensity psychological group therapy for asylum seekers delivered by assistant psychologists in collaboration with a local charitable organization.	*Measures:* Semi-structured interviews & thematic analysis *Short term outcomes:* Positive Feedback from course participants *Medium to long term outcomes*: Not measured.	Low	*Limitations*: Small sample size, no validated instruments used to measure outcomes - interviews with participants only, and the interviewers were the course facilitators; medium to long term outcomes not measured.
Sarkadi et. al 2018	Teaching Recovery Techniques: evaluation of a group intervention for unaccompanied refugee minors with symptoms of PTSD in Sweden. *European Child & Adolescent Psychiatry* 27:467–479.	Sweden	To: (1) evaluate the indicated prevention program Teaching Recovery Techniques (TRT) in a community setting and describe the program's effects on symptoms of PTSD and depression in URMs; and (2) examine participants' experiences of the program.	**Youth**: unaccompanied male and female refugee minors (URMs) aged 13-18 years from a range of backgrounds n=46.	Teaching Recovery Techniques (TRT) – A trauma-focused group CBT intervention of 5 sessions for young people and 2 for their caregivers/guardians to meet the needs of low-resource settings where large numbers of children needed intervention to help them better process their trauma-related emotions and thoughts and gain mastery over trauma reminders.	*Measures:* Children's Revised Impact of Event Scale (CRIES-8) and the Montgomery–Åsberg Depression Rating Scale Self-report (MADRS-S) at baseline and at post-intervention + Qualitative interviews with some participants. *Short term outcomes:* Both PTSD and depression symptoms decreased significantly after the intervention. *Medium to long term outcomes:* Not measured.	Medium to high	*Strengths*: Interpreters were used; program was conducted in a community setting using regular service and personnel without extra financial influx to the project. *Limitations*: No control group; small sample size; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
Small et al. 2016	Mental health treatment for resettled refugees: A comparison of 3 approaches. *Social Work in Mental Health* 14(4):342-359.	USA	To assess the impact of 3 different mental health interventions among refugees from Burundi, Burma, The Democratic Republic of Congo, Rwanda, and Bhutan.	**Adults**: male and female refugees from various backgrounds with at least a moderate mental health concern n=81.	2 psychotherapy interventions – office-based counselling (treatment as usual (TAU)) and home-based counselling (HBC) – and one community-based psycho-educational group (CPG). Cultural Ambassadors (CA) oversaw the facilitation of CPG meetings and assessed attendees' need for mental health education.	*Measures:* Baseline assessment using Post-Traumatic Stress Disorder Checklist-Civilian (PCL-C), Patient Health Questionnaire-Somatic, Anxiety and Depressive Symptoms Scale (PHQ-SADS), and Medical Outcomes Study Social Support Scale (MOSSSS) *Short term outcomes:* All 3 groups showed significant improvements in anxiety, somatization, and PTSD after 8 weeks of treatment. *Medium to long term outcomes:* Not measured.	Low	*Limitations*: Poorly designed evaluation – the TAU and HBC groups also received CPG; small sample size; no control group; medium to long term outcomes not measured.
Akinsulure-Smith 2012	Using Group Work to Rebuild Family and Community Ties Among Displaced African Men, *The Journal for Specialists in Group Work* 37(2):95-112.	USA	To describe an open-ended, supportive group treatment for refugee, asylee, and asylum-seeking men from sub-Saharan Africa with a history of traumatic experiences.	**Adults**: African refugee men n=40.	Bellevue/NYU Program for Survivors of Torture (PSOT) Open-ended, supportive group treatment program incorporating psychoeducation, and guided relaxation in a culturally appropriate framework.	*Measures:* Harvard Trauma Questionnaire for posttraumatic stress disorder and the Center for Epidemiologic Studies Depression Scale completed by clients at intake and then again 6 months later *Short term outcomes:* At 6-month follow-up, there were statistically significant decreases in reported trauma and depressive symptoms *Medium to long term outcomes:* Not measured.	Low	*Limitations:* Participants received other services from PSOT, including medical, legal, and social services, at the same time as the group intervention; small sample size; medium to long term outcomes not measured.
Kananian et al. 2017	Transdiagnostic culturally adapted CBT with Farsi-speaking refugees: a pilot study,	Germany	To investigate the feasibility of a weekly group CBT treatment with male Farsi-speaking	**Adults:** Farsi speaking men from Afghanistan and Iran	Weekly group CBT treatment delivered over 12 weeks in the participants' native language designed to reduce general psychopathology, improve	*Measures:* Diagnostic interviews before and after 12 weeks of treatment, Farsi versions of the General Health Questionnaire (GHQ-28), the Posttraumatic	Medium to high	*Strengths:* Outcomes measured with validated tools. *Limitations:* No control group, small sample size; medium to

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
	European Journal of Psychotraumatology 8:1-10		refugees from Afghanistan and Iran.	n=7	quality of life, and improve emotion regulation ability.	Checklist, Patient Health Questionnaire, Somatic Symptom Scale, World Health Organization Quality of Life Questionnaire (WHOQOL-BREF), Affective Style Questionnaire (ASQ), and Emotion Regulation Scale (ERS). *Short term outcomes:* Authors state overall results indicate significant and strong reductions in depression and anxiety, accompanied by particularly great improvements in quality of life. *Medium to long term outcomes:* Not measured.		long term outcomes not measured.
O'Shaughnessy et al. 2012	*Sweet Mother*: evaluation of a pilot mental health service for asylum-seeking mothers and babies, *Journal of Public Mental Health* 11(4):214-228.	UK	To describe the evaluation of an innovative pilot mental health service for asylum seeking mothers and their babies in their first year of life, and to highlight the challenges and possibilities when intervening with this group.	**Adults and infants**: West African asylum seeking mothers and their <1yr old babies n= 4 – 12.	Group mental health intervention for aslyum seeking mothers and their babies – pilot project delivered weekly in 2 hour group sessions.	*Measures:* Reflective focus groups; video feedback; mother-infant relationship measured by The Infant CARE-Index; views of mother and infant measured by specifically designed questionnaire; *Short-term Outcomes:* 96% of mothers indicated that ''The group helped me to understand my baby''. Three-quarters of mothers reported feeling better after the groups, one quarter the same, none worse. Women valued the opportunity to share with and learn from others in the same situation s for this group. *Medium to long term outcomes:* Not measured.	Low	*Limitations:* Small sample size, non-validated, self-designed tools; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
2. Community-based psychoeducation and/or health programs								
Im et al. 2016	Building Social Capital Through a Peer-Led Community Health Workshop: A Pilot with the Bhutanese Refugee Community. *Journal of Community Health* 41:509–517.	USA	Health promotion amongst Bhutanese refugees having difficulties accessing health care and social services.	Male and female Bhutanese refugees resettled permanently in USA, (ages of participants not stated) n=22.	Community Health Workshop (CHW) – 8 peer-led group sessions relating to healthy eating and nutrition, daily stressors of resettlement, healthy coping, common psychological distress and mental health issues facing the refugee community.	*Measures:* Focus group discussion embedded into workshop. *Short term outcomes:* Improvements in health practice, perceived emotional health, community building and participation, increased sense of community, belonging and unity. *Medium to long term outcomes:* Not measured.	Medium to high	*Strengths*: Peer-leaders involved in development and adaptation of program to ensure culturally sensitive and effective intervention; content delivered in refugees' first language; focus group facilitated by a peer who did not also facilitate the workshop. *Limitations*: Small sample size; focus groups not most appropriate evaluation measure as unable to track individuals' outcomes; medium to long term outcomes not measured.
Chase et al. 2018	Ethnographic Case Study of a Community Day Center for Asylum Seekers as Early Stage Mental Health Intervention. *American Journal of Orthopsychiatry* 88(1):48–58.	Canada	To elicit user accounts of how participation at the Center may alleviate distress and promote wellbeing among recently arrived asylum seekers, and to triangulate and extend these findings through immersive participant observation over a period of six months.	**Adults:** male and female asylum seekers and refugees from various backgrounds n=15.	Community Day Center for Asylum Seekers – Within shelter for newly arrived asylum seekers, hosts recreational and informational activities, provides access to a range of resources.	*Measures:* Semi-structured interviews with Center users, volunteers (former users) and staff *Short term outcomes:* Users of the Center experienced a reduction in social isolation and a sense of safety and wellbeing, and perceived opportunities to volunteer at the Center as meaningful. The authors concluded that the Center showed promise as an early stage mental health intervention for asylum seekers *Medium to long term outcomes:* Not measured.	Low	*Limitations*: No interpreters, sample limited to those who could communicate in English or French; small sample size; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
Salt et al. 2017	"You Are Not Alone" Strategies for Addressing Mental Health and Health Promotion with a Refugee Women's Sewing Group, *Issues in Mental Health Nursing* 38(4):337-343.	USA	To pilot the Refugee Health Screener-15 (RHS-15) to assess mental health and the Pathways to Wellness intervention to identify internal and structural barriers affecting resettlement with a refugee women's sewing group.	**Adults:** refugee women of various backgrounds n=12.	Support group to help refugees: 1) Heal, 2) Understand and reduce stigma about mental health conditions, 3) Recognise symptoms requiring support, and 4) Empower and advocate for themselves.	*Measures:* RHS-15 and intervention surveys at baseline and post intervention. *Short term outcomes:* No statistically significant change RHS-15 scores post intervention. *Medium to long term outcomes:* Not measured.	Low	*Limitations:* Small sample size, results not generalizable; medium to long term outcomes not measured.
Renzaho & Vignjevic 2011	The impact of a parenting intervention in Australia among migrants and refugees from Liberia, Sierra Leone, Congo, and Burundi: Results from the African Migrant Parenting Program, *Journal of Family Studies* 17(1):71-79.	Australia	To assess parenting practices before and after completion of the treatment program.	**Adults:** male and female refugee African parents n=39.	The African Migrant Parenting Program: 15-month parenting program for African migrant and refugee parents to enhance both effective parenting and relationship skills, in order to help parents to raise their children confidently and understand their children's needs throughout various developmental stages in the new cultural, social, and educational environments.	*Measures:* Parenting attitudes and child-rearing practices were measured pre-test and post-test using the Adult–Adolescent Parenting Inventory (AAPI-2). *Short term outcomes:* Positive changes in parental expectations of children, attitudes towards corporal punishment, and restriction of children's access to food, but parental attitudes to children's independence were resistant to change, with no effect of the intervention observed for this dimension. *Medium to long term outcomes:* Not measured.	Low to medium	*Strengths:* Outcomes measured with a validated tool. *Limitations:* Small sample size; no long term follow-up – medium to long term outcomes not measured; measures limited to parental attitudes rather than changes in behavior; sampling issues.
Mitschke et al. 2013	Common Threads: Improving the Mental Health of Bhutanese Refugee Women Through Shared Learning, *Social Work in Mental Health* 11(3):249-266.	USA	To assess the impact of a group-based financial education course on the mental health of Bhutanese refugee women resettled in the United States.	**Adults:** Bhutanese refugee women n=65.	12-week financial education program with 2 intervention groups and one control group. Women in both intervention groups undertook a financial literacy course, and one of the intervention groups participated in a social enterprise project that involved knitting market-	*Measures:* Pretest at baseline, a posttest at the end of the intervention, and a delayed posttest 3 months after the intervention with Post-Traumatic Stress Disorder Checklist–Civilian (PCL–C), Patient Health Questionnaire–Somatic, Anxiety and Depressive Symptoms Scale	Medium to high	*Strengths:* Used a control group; outcomes measured with validated tools. *Limitations:* Exploratory nature of study, small sample size, relatively high rate of attrition at 3 month follow-up; medium to long term outcomes not measured.

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					quality scarves, for which the women were paid. Participants assigned to the control group received standard services provided to all recently resettled refugees.	(PHQ– SADS), and Medical Outcomes Study Social Support Scale (MOS-SSS); and a short demographic survey as well as a budgeting and financial planning worksheet *Short term outcomes:* Significant decrease in symptoms in both intervention groups at both posttest and 3-month follow-up, but symptoms of control group worsened. *Medium to long term outcomes:* Not measured.		
Berkson et al. 2014	An Innovative Model of Culturally Tailored Health Promotion Groups for Cambodian Survivors of Torture, *Torture* 24(1):1-16.	USA	To investigate whether culturally tailored Cambodian health promotion education administered in a small group setting may improve health and mental health behaviors and promote healing in survivors of torture.	**Adults:** male and female Cambodian survivors of torture n=126.	Culturally tailored Health education: Five sessions in a group setting about nutrition, physical activity, stress management, sleep hygiene, and healthcare practitioner-patient communication to address depression, posttraumatic stress disorder (PTSD), and burden of chronic medical disease suffered by Cambodian refugees.	*Measures:* Pre and Post Health Promotion Questionnaire (HPQ) developed by HPRT; Depression symptoms assessed using the 15 depression items from the Cambodian version of the Hopkins Symptom Checklist (HSCL) *Short term outcomes:* Significant improvement in depressive symptoms, healthy lifestyle behaviors, and confidence in accessing the health care system *Medium to long term outcomes:* Not measured.	Low to medium	*Strengths:* Questionnaire administered in semi-structured interview by the HPRT Cambodian community health worker in participants' first language. *Limitations:* No control group, selection bias, no long term follow up to see if improvements were substained – medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
Goodkind et al. 2014	Reducing refugee mental health disparities: a community-based intervention to address postmigration stressors with African adults, Psychological services 11(3):333-346.	USA	To examine the feasibility, acceptability and appropriateness of a community-based intervention for adult African refugees that aimed to promote well-being and alleviate psychological distress	**Adults:** male and female African refugees n=36 and male and female undergraduate university students n=53.	Learning circles and Advocacy groups involving refugee adults and undergraduate students.	*Measures:* Psych well-being measured by Psychological Well-Being Scale; QoL measured by Satisfaction with Life Areas scale; 2nd measure of quality of life measured on a 6-point scale; access to resources measured by Satisfaction with Resources scale and the Difficulty Obtaining Resources scale; English proficiency measured by the Basic English Skills Test (BEST); Social support measured by 12-item Multidimensional Scale of Perceived Social Support. Qualitative: interviews *Short term outcomes:* Increased resource access including housing, education, transportation, identity cards, learning how to drive, computer skills, health care, employment, and accessing food and food stamps. *Medium to long term outcomes:* Not measured.	Medium	*Strengths:* Outcomes measured by validated tool. *Limitations:* Small sample size, quasi-experimental design; medium to long term outcomes not measured; authors' report concern that their conceptualization and measurement of psychological distress may not have been culturally appropriate.
3. Physical activity and sports based programs								
Hartwig et al. 2016	Community Gardens for Refugee and Immigrant Communities as a Means of Health Promotion. *Journal of Community Health* 41:1153–1159.	USA	To report on the evaluation of a church based community garden initiative that primarily recruits refugees as gardeners.	**Youth and Adults**: male and female immigrant and refugee gardeners who participated in 8 church-based	Community gardening project – Collaboration between refugee placement agency and churches who converted their lawns into gardens for tending by refugees.	*Measures:* Surveys, focus groups and interviews *Short term outcomes:* Perceived decrease in depression & anxiety; perceived increase in physical and emotional wellbeing; social benefits; sense of gardens as 'healing' spaces	Low to medium	*Limitations:* Outcomes not measured with validated tools; small sample size; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
				community gardens n=97.		*Medium to long term outcomes:* Not measured.		
Eggert et al. 2015	Coalition Building for Health: A Community Garden Pilot Project with Apartment Dwelling Refugees, *Journal of Community Health Nursing* 32(3):141-150.	USA	To implement a community garden with apartment-dwelling refugees with the dual aims of (a) understanding the coalition-building process by which a community garden is initiated and developed in an apartment-dwelling refugee community and (b) establishing a sustainable garden project that results in an enhanced sense of community in apartment-dwelling residents.	Refugee community gardeners (age and sex not stated) n=4.	Community gardening program – Collaboration between refugee resettlement agency, apartment complex owner, a sustainable gardening expert from the urban homesteading group, a master gardener, and local university student volunteers.	*Measures:* Participation observation, informal interviews, and a survey at the end of the gardening season. *Short term outcomes:* Successful coalition formation, a community garden, reported satisfaction from all gardeners with increased vegetable intake, access to culturally meaningful foods, and evidence of increased community engagement. Overall, gardeners reported being very satisfied with their gardening experience, and feeling good about growing their own food. They reported eating more vegetables, and most of the gardeners reported donating some amount of their grown food to others. *Medium to long term outcomes:* Not measured.	Low	*Limitations*: Very small sample size; only one gardening season assessed; no details of when the survey was conducted, sentence in the report about the nurse manager monitoring whether the gardens were tended = assessment of fidelity to the program, but few details, no quotes from gardeners, no details on the informal interviews (were they conducted with an interpreter? did the gardeners speak English? where were they from? how long had they been in the US?); medium to long term outcomes not measured. Gardening projects may be effective but it seems that evidence to support this is not collected efficiently.
Gerber et al. 2017	Nepali Bhutanese Refugees Reap Support Through Community Gardening, *International Perspectives in Psychology:*	USA	To explore differences in experiences among Bhutanese refugees who participate in community gardening versus those who do not.	**Adults**: Male and female Nepali Bhutanese refugees living in the US: 22 who were already	Community gardening programs – Study of refugee gardeners from already established community gardens and nongardening refugees from same background.	*Measures*: Refugee Health Screener-15 (RHS-15); Patient Health Questionnaire-15 (PHQ-15); Medical Outcomes Study Social Support Survey (MOS SSS); Adapted Client Assessment Tool (ACAT); semi-structured interviews;	Medium	*Strengths:* Outcomes measured with validated tools. *Limitations:* Self-selection to group membership likely to have biased results; small sample size; medium to long-term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
	Research, Practice, Consultation 6(1):17–31.			members of a community garden and 28 who were not currently participating in a community garden.		*Short term outcomes*: Quantitative results indicated that community gardening was significantly positively associated with social support, a key contributor to optimal functioning within communal cultures. Bhutanese gardeners reported significantly more social support, especially tangible social support (e.g., help with chores or meals if sick), compared to nongardeners. *Medium to long term outcomes*: It is likely that some of the findings re the health of gardeners are medium to long term, but length of time each participant was involved in gardening was not measured.		
Whitley et al. 2016	Evaluation of a sport-based youth development program for refugees. *Leisure/Loisir*, 40(2):175-199.	USA	To assess participants' perceptions and experiences of a sport and physical recreation program for refugee youth based on the Teaching Personal and Social Responsibility (TPSR) Model.	**Youth:** male refugees n=16.	Teaching Personal and Social Responsibility (TPSR) Model – Sport-based youth development program focused on building relationships with peers and adults, personal empowerment, and transfer of life skills from sport and physical recreation settings into other domains.	*Measures:* Semi-structured interviews with participants *Short term outcomes:* Positive experiences reported by participants including enjoyment, feeling happiness and a sense of belonging, and learning specific skills and concepts that transferred to their everyday lives *Medium to long term outcomes:* Not measured.	Low to medium	*Limitations*: Program appeals almost exclusively to males, and while recruitment of evaluation participants is detailed, recruitment to the actual program/club is not mentioned; small sample size; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
Hashimoto - Govindasamy & Rose 2011	An ethnographic process evaluation of a community support program with Sudanese refugee women in western Sydney, *Health Promotion Journal of Australia* 22(2):107-112.	Australia	To evaluation a Sudanese women's group exercise program.	**Adults:** Sudanese refugee women n=12.	Group exercise program for Sudanese refugee women designed from a community development strengths-based model and delivered over 8 weeks.	*Measures:* Participant as observer (PO) fieldwork and group interview *Short term outcomes*: Participants felt they had gained skills through the program to continue exercise regimens & that exercise benefits were not merely physical. *Medium to long term outcomes:* Not measured.	Low to medium	*Strengths:* Educational components; opportunity for respite; provision of transport and childminding. *Limitations*: Small sample size; interview and evaluation processes were perceived as ineffectual; medium to long term outcomes not measured.
Nathan et al. 2013	"We wouldn't of made friends if we didn't come to Football United": the impacts of a football program on young people's peer, prosocial and cross-cultural relationships, BMC Public Health 13:399.	Australia	To determine the impact of Football United on participants' personal development, emotional health, resilience, social inclusion and peer relationships.	**Youth:** male and female refugees n=142.	Football United® - Multi-level football intervention involving partnership with schools, migrant and refugee support organisations, football organisations, community groups, corporations, and youth.	*Measures:* Quasi-experimental, mixed methods design incld. treatment partitioning (different groups compared had different levels of exposure to Football United), surveys with validated measures, and face to face interviews *Short term outcomes:* Young people who participated in Football United showed significantly higher levels of other-group orientation than a Comparison Group (who did not participate in the program). The Football United boys had significantly lower scores on the peer problem scale and significantly higher scores on the prosocial scale than boys in the Comparison Group. A lower score on peer problems and higher scores on prosocial behaviour in the survey were	Medium	*Strengths*: Outcomes measured with validated tools. *Limitations:* The program appeals mostly to male refugees; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
						associated with regularity of attendance at Football United. These quantitative results are supported by qualitative data analysed from interviews. *Medium to long term outcomes:* Not measured.		
4. Peer support/mentoring programs								
Walker et al. 2015	Social connectedness and mobile phone use among refugee women in Australia, *Health and Social Care in the Community* 23(3):325–336.	Australia	To inform the development of mobile phone assisted health promotion programs that support social connectedness among refuge women to enhance their mental, physical and social health.	**Adults:** Afghan, Burmese and Sudanese women n=111.	Mobile phone-based peer support after receiving 6 weekly sessions of peer support training, used free mobile phones to make unlimited free calls to specified numbers including other peer support group members, up to five landline numbers and four service numbers of their choice, and numbers for two members of the research team.	*Measures:* Pre- and post-intervention questionnaire; log of outgoing phone calls; and in-depth interviews with a subgroup of the study population. *Short term outcomes:* The free-call phones and peer support training enabled personal relationships to be formed, to deepen, and provided emotional, informational and practical assistance, which was of great value to participants and enhanced their quality of life. *Medium to long term outcomes:* Not measured.	Medium	*Strengths:* Outcomes measured with elements from validated tools; mobile phone data monitored and evaluated. *Limitations:* Medium to long term outcomes not measured.
Stewart et al. 2012	Supporting African refugees in Canada: insights from a support intervention, *Health and Social Care in the Community* 2012 20(5):516–527.	Canada	To design and pilot test a culturally tailored intervention that meets the support needs and preferences of two refugee groups.	**Adults**: male and female Somali and Sudanese refugees n=58.	Peer support groups – Bi-weekly, 60-90 minute support groups of between 5 and 12 participants, run by Sudanese and Somali peer facilitators for 12 weeks, including one-on-one phone support between groups for new refugees.	*Measures:* Mixed - quantitative measures completed pre-test and post-test; group interviews with refugee participants and individual interviews with peer and professional helpers conducted at post-test; group interviews with service providers and policy influencers *Short term outcomes:* Statistically significant decrease in loneliness; statistically	Medium	*Strengths:* Baby-sitting, transportation and food provided to facilitate attendance at group interviews; evaluation interviews conducted in the participants' first languages; qualitative findings reinforced the statistically significant quantitative findings. *Limitations:* Convenience sampling; findings not

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
						significant increases in perceived social support and perceived social integration; improved support seeking skills for coping with social and health-related challenges, and perceived enhanced communication skills *Medium to long term outcomes:* Not measured.		generalizable to other groups; smalle sample size; medium to long term outcomes not measured.
Stewart et al. 2018	Supporting refugee parents of young children: "knowing you're not alone", International Journal of Migration, Health & Social Care 14(1):15-29.	Canada	To develop and test an accessible and culturally appropriate social support intervention designed to meet the support needs and preferences identified by African refugee parents of young children.	**Adults**: male and female Sudanese and Zimbabwean refugee parents n=85.	Peer support for African refugee parents in Canada: Face-to-face support groups led by peer and professional mentors conducted bi-weekly over seven months.	*Measures:* Individual and group interviews with participants; individual interviews with mentors. *Short term outcomes:* Increased social support; decreased refugee new parents' loneliness and isolation; enhanced coping, improved capacity to attain education and employment; and increased their parenting competence. *Medium to long term outcomes:* Not measured.	Low to medium	*Strengths:* Interviews were conducted in the participants' preferred language. *Limitations:* Medium to long term outcomes not measured.
5. School-based programs								
Rowe et al. 2017	Evaluating Art Therapy to Heal the Effects of Trauma Among Refugee Youth: The Burma Art Therapy Program Evaluation. *Health Promotion Practice* 18(1):26–33.	USA	To examine the impact of an art therapy program on mental health outcomes among refugee adolescents from Burma, as well as identify gaps in the current methods of evaluating the effects of trauma.	**Youth**: male and female refugee adolescents of Karen, Burmese, and Chin ethnic groups from Burma or Thailand n=30.	Burma Art Therapy Program (BATP) – Aims to develop clients' strengths as well as ameliorate negative symptoms associated with the refugee experience, such as depression and anxiety through individual and group art therapy sessions conducted within schools by master's level clinicians.	*Measures:* Students' anxiety, depression, and behavioral problems measured by 4 validated clinical assessment tools at baseline and follow-up. Focus group discussions with clinicians were used to assess the evaluation. *Short term outcomes:* Follow-up results showed improvements	Low	*Strengths:* Used validated tools to measure participants' symptoms. *Limitations*: No control group; no interpreters; most sessions were individual - only 40% of participants attended group sessions; small sample size; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
						in students' anxiety and self-concept, but symptoms of depression increased slightly, although not statistically significant. The authors claim that qualitative findings of focus groups with the clinicians suggest that specific benefits of art therapy were not adequately captured with the tools used. *Medium to long term outcomes*: Not measured.		
Quinlan et al. 2016	Evaluation of a school-based creative arts therapy program for adolescents from refugee backgrounds. *The Arts in Psychotherapy* 47, 72-78.	Australia	To add to the evidence base for creative expression interventions by incorporating a control group in an assessment of school-based creative arts interventions specifically designed for refugee and asylum seeking young people.	**Youth**: newly arrived male and female refugees from the Middle East, East Asia and Africa who were students attending an intensive English language State High School in Brisbane, Aust. n=42.	School-based creative arts therapy program – Delivered in an intensive English language state school using both arts and music therapy activities.	*Measures:* Hopkins Symptoms Checklist-25(HSCL-25) and the teacher report form of the Strengths and Difficulties Questionnaire (SDQ) *Short term outcomes:* Significant reduction in emotional symptoms & an effect for a reduction in behavioural difficulties found for the treatment group *Medium to long term outcomes:* Not measured.	Medium	*Strengths:* Used a control group. *Limitations*: No distinction made between music therapy and art therapy; small sample size; no follow-up with students – medium to long term outcomes not measured.
Marsh 2012	"The beat will make you be courage": The role of a secondary school music program in supporting young refugees and newly arrived immigrants in Australia, *Research Studies in Music Education* 34(2) 93–111.	Australia	To explore the ways in which a school music program provided avenues for communication, acculturation, integration, and forms of belonging for young refugee and newly arrived immigrants in Sydney.	**Youth:** male and female students attending an Intensive English Centre High School n=8.	Music Program at an Intensive English Centre school that provides opportunities for cultural maintenance, cross-cultural transmission, and verbal and nonverbal communication.	*Measures:* Observation; interviews with students and staff members; focus groups with students; *Short term outcomes:* Feeling of belonging, both to communities of practice within the school and to the wider Australian community, as well as to a global music community disseminated through various technological media	Medium	*Limitations:* Small sample size; outcomes not measured with validated tools; medium to long term outcomes not measured.

Author and year	Title and Journal	Country	Aims of Program/Evaluation	Target Population & sample size	Program name & brief description	Measures and Outcomes	Quality of Study	Limitations / Strengths / Notes
						Medium to long term outcomes: Not measured.		
Hughes 2014	Finding a voice through 'The Tree of Life': A strength-based approach to mental health for refugee children and families in schools, *Clinical Child Psychology and Psychiatry* 19(1):139–153.	UK	To offer a strengths-based, accessible and non-stigmatising alternative to traditional mental health services available for children and families from refugee communities.	**Afghani mothers and children** n=9 mothers (no. of children not stated).	Tree of Life group program: Groups for mothers and separate groups for children delivered in a school-based setting; uses the tree as a creative metaphor on which people are invited to map out their lives.	*Measures:* Verbal participant feedback *Short term outcomes:* Greater self-confidence and pride in heritage; shared understandings of how to manage difficulties in daily life; more positive behaviour in children reported by teachers *Medium to long term outcomes:* Not measured.	Low	*Limitations:* Small sample size; outcomes not measured with validated tools; medium to long term outcomes not measured.
McBrien & Ford 2012	Serving the needs of refugee children and families through a culturally appropriate liaison service, in McCarthy & Vickers (eds) Refugee and Immigrant Students, Achieving Equity in Education, Chapter 6 pp. 107-126.	USA	To examine ways in which the liaison program for refugee families helped to overcome cultural barriers and misunderstandings involving school expectations.	**Refugee families** with children attending school Parent surveys: n = 87 parents + repeat sample of 41 after 1 year Parent focus groups: n = 26 School staff focus groups: n = 28.	School liaison program provided by a private refugee family support agency that aims to increase parent involvement to help refugee children in schools; to educate school personnel about refugee experiences and needs; to advocate for refugees and refer parents and students to appropriate external resources.	*Measures:* Mixed methods – surveys developed specifically for the study, including both qual & quant questions, completed by parents, teachers and agency staff; focus groups; *Short term outcomes:* Both refugee families and community members were better informed, and refugee students benefited academically and socially from programs, resulting in more positive identities and actions. *Medium to long term outcomes:* Not measured.	Low	*Limitations:* Medium to long term outcomes not measured.

Programs identified from grey literature

Author / Organisation & Year	Title	Country	Aims of Program/ Evaluation	Target Population & sample size	Program – description & mode of delivery	Measures and Outcomes	Quality of study	Limitations/Strengths/ Notes
1. Trauma informed psychotherapy interventions delivered with group format								
Blignault 2017, Multicultural Health Service, South Eastern Sydney Local Health District	Mindfulness Program for Arabic Speaking Women: Arabic Mindfulness Intervention Phase 2	Australia	To treat depression, anxiety and stress.	**Adults**: Arabic-speaking women aged 18–65 years from refugee-like backgrounds who had lived in Australia for at least 6 months or more n=20.	Arabic Mindfulness Intervention – The Mindfulness Program for Arabic-speaking Women was delivered at Illawarra Multicultural Services between August and November 2016. Participants attended group sessions once a week for five weeks and listened to specified tracks of the Arabic Mindfulness CD at least twice during the following week. The weekly sessions were facilitated in Arabic by a bilingual (Arabic/English) psychologist with support from a bilingual multicultural health worker. Free child minding was provided. At the first group session, each woman received a 43-page Participant Handbook that included information and worksheets. Additional handouts were provided as the course progressed. During the sessions, the bilingual facilitator spoke to the material and participants made notes in Arabic. The psychologist/facilitator maintained contact with participants and provided support between sessions as required. Recruitment was via word-of-mouth, along with a flyer in Arabic and English that was	*Measures*: Pre–post study with a wait-list control group. Clinical outcomes assessed using the Depression Anxiety and Stress Scale (DASS21) completed at baseline and post-program, together with a questionnaire assessing knowledge and attitudes toward mindfulness. Qualitative measures, including participant written and verbal comments, were used to assess cultural acceptability. *Short term outcomes:* Post-program, fewer women scored in the 'extremely severe' or 'severe' categories and more scored as 'normal' on the DASS21. After five weeks, the intervention group showed a statistically significant improvement on all 3 subscales—depression, stress and anxiety. Qualitative data indicated that the mindfulness program increased participants' understanding of the connection between physical and emotional pain, their ability to deal with past traumas and everyday problems, and enabled more focused religious practice. The group setting provided	Low to medium	*Strengths:* Outcomes measured with validated tools; control group used; project demonstrably culturally acceptable. *Limitations:* Low participant numbers; delay in commencing the second program; results may not be generalisable to other Arabic-speaking groups; medium to long term outcomes not measured. *Authors' conclusions: "The findings are especially timely given the large number of newly-arrived Arabic-speaking refugees from the Middle East with high levels of psychological distress. Although small numbers and a delay in commencing the second group program limited the statistical analysis, the rich qualitative data provides valuable insights into participants' experiences and the ways in which they benefitted from their involvement. The group program has potential for scaling up and extending to other vulnerable and under-served populations. Future evaluations should explore the benefits for Arabic-*

Author / Organisation & Year	Title	Country	Aims of Program/ Evaluation	Target Population & sample size	Program – description & mode of delivery	Measures and Outcomes	Quality of study	Limitations/Strengths/ Notes
					distributed by mail, email and on social media (WhatsApp). Program promoted by various community services and healthcare providers in the Wollongong area.	opportunities for connecting with other women and peer support, and several continued to meet after the program. Participants also shared the CD with others. *Medium to long term outcomes:* Not measured.		*speaking men and youth, as well as migrants and refugees from other CALD communities."*
STARTTS 2017	Jungle Tracks Evaluation Report: Facilitator Feedback 2017	Australia	To enable STARTTS to better articulate the outcomes and benefits of the *Jungle Tracks* program.	**Children** who have experienced refugee and resettlement trauma.	Jungle Tracks – Therapeutic intervention for children and young people, run in schools by teachers and counsellors working with small groups of students, using short stories to explore past experiences and emotions common to children who have experienced refugee and resettlement trauma. It aims to contribute to the recovery of children from the effects of refugee and resettlement trauma and assist in their settlement process.	*Measures*: Semi-structured interviews with 10 facilitators of current and previous Jungle Tracks programs, regarding their observations and reflections on the program *Short term outcomes:* Significantly contributes to the improved behaviour and settling in of refugee children at school, across all age groups. *Medium to long term outcomes:* Not measured.	Low	*Limitations:* Data collected is facilitator feedback only; no validated tools used to measure outcomes; small sample size; medium to long term outcomes not measured.
2. Community-based psychoeducation and/or health programs								
Cultural and Indigenous Research Centre Australia (CIRCA) 2017, Beyond Blue, Settlement Services International,	New Roots Final Report – Evaluation of the Integrated Support for Refugee Men project	Australia	To identify whether the integrated support model project *New Roots* has contributed to improving the social and emotional wellbeing among	**Men**: male refugees from Arabic, Farsi and Tamil-speaking backgrounds n=102.	New Roots - Integrated Support for Refugee Men – An integrated support model with 3 components: *1. New Roots Application* – includes information, tips and tools that help with starting a new life in Australia and is available on both iOS and android phones. Information is	*Measures*: Mixed methods evaluation: project documentation, community leader workshop session data, data on participation in community launches, data on client numbers/SSI case managers and analytics from the New Roots App and online Toolkit, interviews with clients,	Low to medium	*Strengths:* App usage data collected and monitored; the provision of the app in community languages highly valued by clients. *Limitations:* Medium to long term outcomes not measured beyond 2 months.

Author / Organisation & Year	Title	Country	Aims of Program/ Evaluation	Target Population & sample size	Program – description & mode of delivery	Measures and Outcomes	Quality of study	Limitations/Strengths/ Notes
Movember Foundation			males recently settled in Australia through a humanitarian visa from Arabic, Farsi-Dari and Tamil speaking communities.		provided on healthy eating, sleep and rest and exercise; connection with other people; work, study and volunteering; and managing money. It also includes support information and an opportunity to self-assess and reflect on emotional health on a regular basis. *2. Online Toolkit for case managers* – the Toolkit provided information to improve the skills, confidence and knowledge of settlement case managers in identifying and responding to the social and emotional wellbeing of recently arrived men and was accompanied by face-to-face training. *3. Community workshops for community leaders* – the contents of the New Roots App was reinforced through community workshops for community leaders from each of the target communities. This approach aimed to support the implementation of the project through broader community engagement with the New Roots App. The App was promoted to clients directly through their case managers as well as through media activities including print, radio, ethnic media, social media campaigns as well as direct SMS messaging	case managers, team leaders, community leaders and self-complete surveys with community leaders and case managers. *Short term outcomes:* Qualitative evaluation data indicated that SSI clients had implemented strategies to improve health and wellbeing as a result of using the App, including strategies to reduce distress and increase participation in social and community activities, resulting in self-reported increases in knowledge and positive changes in behavior. *Medium to long term outcomes:* Not measured beyond 2 months. Although interviews were conducted between 3 and 10 months after the launch of the App, most clients interviewed for the evaluation had only been using the App for two or three weeks. The longest period of use was two months and the shortest was a few days.		

Author / Organisation & Year	Title	Country	Aims of Program/ Evaluation	Target Population & sample size	Program – description & mode of delivery	Measures and Outcomes	Quality of study	Limitations/Strengths/ Notes
					to case managers. Across SSI physical locations the App was promoted through the circulation of posters, business cards and postcards.			
Nickerson et al. 2017 Refugee Trauma & Recovery Program, UNSW	Tell Your Story program: An online intervention to reduce mental health stigma in refugee men. Sydney: Refugee Trauma & Recovery Program	Australia	To 1) Increase knowledge regarding mental health stigma in refugee men from Arabic, Farsi and Tamil-speaking backgrounds. 2) Develop and evaluate an online intervention designed to reduce self-stigma and increase help-seeking in refugee men from Arabic, Farsi and Tamil-Speaking backgrounds.	**Adults**: male refugees from Arabic, Farsi and Tamil-speaking backgrounds with at least one core symptom of PTSD n=63.	Tell Your Story (TYS) – 12-session online intervention that aimed to reduce mental health stigma and increase help-seeking in refugee men. The intervention featured videos of two refugee men from each language group talking (in their own language) about how they had overcome mental health stigma and about their positive help-seeking experiences; psychoeducation to normalise the experience of PTSD symptoms and provide information about possible sources of informal and formal support; and interactive activities to consolidate learning and develop concrete help-seeking plans.	*Measures*: 1. Qualitative interviews and a quantitative survey; 2. Development and pilot-testing of the TYS intervention; 3. randomised controlled trial (RCT) evaluating the efficacy of the TYS intervention. *Short term outcomes:* Compared to the wait-list group, participants who took part in TYS showed greater reductions in shame, help-seeking inhibition and feelings of social inadequacy; greater improvement in physical health-related quality of life; greater increases in the number of informal help-seeking sources accessed. For participants who took part in TYS, the number of help-seeking sources accessed throughout the intervention increased with the number of modules completed. *Medium to long term outcomes:* Not measured.	Medium	*Strengths:* Used a control group; outcomes measured using validated tools. *Limitations:* Small sample size; medium to long term outcomes not measured. *Authors' conclusions: "TYS was effective in reducing self-stigma in refugee men from Arabic, Farsi and Tamil-speaking backgrounds. There is some evidence that TYS was also effective in increasing help-seeking, however the assessment timeframe of the project may not have been adequate to detect change in help-seeking behaviour. It would be beneficial to evaluate TYS with a longer follow-up assessment period to determine whether the program results in long-term changes in stigma and help-seeking."*

Author / Organisation & Year	Title	Country	Aims of Program/ Evaluation	Target Population & sample size	Program – description & mode of delivery	Measures and Outcomes	Quality of study	Limitations/Strengths/ Notes
STARTTS, 2017	Families in Cultural Transition (FICT) and Older people in Cultural transition (OPICT)	Australia	To assist newly arrived refugee families to anticipate and manage their settlement needs and changes in family dynamics as they settle into life in Australia.	**Adults**: male and female refugees n=920 participants from 79 FICT and OPICT groups.	Families in Cultural Transition (FICT) and Older People in Cultural Transition (OPICT): An 11 module group based psychosocial education program that assists participants to make sense of their new environment through practical, conceptual and emotional activities delivered over ten 3 hour sessions delivered by trained bi-cultural facilitators in the first language of the participants. Modules cover Introduction and Settlement; Support Systems; Money; Trauma and Healing; Families; Children; Gender; Youth; Employment; Enjoying the New Environment; Reconnecting With Our Children. Childminding and catering is provided at each session.	*Measures:* No formal evaluation, but during the final session of each group participants were asked, either by the group facilitator or by a project officer translated by the group facilitator, what was the most significant change that they experienced as a result of their participation in FICT, and what about the program facilitated those particular changes. Responses are collated and reported on each year. *Short term outcomes:* In the most recent evaluation (2016-17), practical skills, better understanding of Australian attitudes to child-raising and increased knowledge of Australian laws, services and systems were the changes cited by the most participants, followed by increased confidence. *Medium to long term outcomes:* Not measured.	Low	*Limitations:* No rigorous program evaluation – the data collected is facilitator feedback only. The 'evaluation findings' document included findings from both FICT and OPICT groups, but all findings were grouped and reported on together, with no distinction made between findings from the two distinct groups. Medium to long term outcomes not measured.
3. Physical activity and sports based programs								
STARTTS 2016	Sporting Linx Evaluation Report 2012-2016	Australia	To identify: the outcomes of the Sporting Linx Program; the challenges and key factor in the effectiveness of the program; and to contribute to	**Youth**: male and female refugees aged 12-18 years Student feedback surveys n=27.	Sporting Linx – Intervention incorporating free access to professional sport coaching, refereeing sessions and recreational activities in combination with psycho educational interventions comprising a weekly 90 minute sports clinic. The program aims	*Measures*: Focus group discussions and interviews with participants and other stakeholders, participant feedback, document analysis & literature review *Short term outcomes:* Development of sporting abilities; acquisition of	Low	*Limitations:* Interpreters not used; small survey sample size; sample size of STARTTS staff and program facilitators who were interviewed not disclosed; outcomes not measured with validated tools; medium to long term outcomes not measured.

Author / Organisation & Year	Title	Country	Aims of Program/ Evaluation	Target Population & sample size	Program – description & mode of delivery	Measures and Outcomes	Quality of study	Limitations/Strengths/ Notes
			STARTTS' organisational understanding of evaluation.		to build individual and community capacity of refugee and disadvantaged youths to overcome social and economic barriers to access services and assist in their social participation through community based sports and leadership training in the school environment.	coaching and referee skills; increased physical fitness and awareness of disease prevention, self-care and healthy life style choices. *Medium to long term outcomes:* Not measured		
4. Peer support/mentoring programs								
Foundation House 2017	Ucan2: Youth Transition Support - Evaluation Report	Australia	To understand more precisely how Ucan2 addresses inequalities in training, education and employment experiences and outcomes for young people of refugee backgrounds by providing early intervention assistance.	**Young Adults**: aged 16 - 25 Current participants: n=146 Past participants: n=132 Other stakeholders: n=37.	Ucan2: Youth Transition Support program – To reduce barriers to education, training and employment for young people aged 16-25 years.	*Measures*: Surveys, focus groups and interviews with current and past participants, facilitators, teachers, volunteers and mentors. *Short term outcomes:* Over 80% of those surveyed who had undertaken the Ucan2 group program in 2016 were studying and/or working when contacted in 2017 and 95% were actively engaged in work, study, caring responsibilities, or seeking employment. *Medium to long term outcomes:* Not measured beyond the above several months post-program.	Medium to high	*Strengths:* Past participants were followed up; *Limitations:* Medium to long term outcomes not measured. *Authors' conclusions:* *"evaluation findings indicate that the program:* *• Promotes English language learning* *• Supports engagement in education and employment* *• Increases the size and diversity of participants' social networks* *• Fosters wellbeing and resilience and builds confidence* *• Builds the capacity of teachers to respond to the needs of young people of refugee backgrounds."*

Appendix C: Summary of details related to Question 2 for each study

Trauma informed psychotherapy programs delivered with a group component

Program name & org/author	***Mein Weg* (My Way) Randomized Control Trial (Pfeiffer et al. 2018)**
Mode of delivery	Randomized Control Trial. Mein Weg – v – treatment as usual in child and adolescent welfare agencies. Group sessions of psychoeducation, relaxation, trauma narrative, and cognitive restructuring for the treatment group and treatment as usual for the control group
Organisational setting	7 child and adolescent welfare (CAW) agencies in southern Germany
Recruitment of participants/clients	Participants were recruited from child welfare agencies.
Staffing (qualification, skills, background)	The program was delivered by trained social workers
Role of interpreters, volunteers and peer workers	None
Formal and informal relationships with clinical services	Attached to a clinic to which participants were referred if necessary
Duration	6x 90 minute group sessions of 2 to 5 participants
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	No details available
Cultural competence	No details available
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	No details available

Program name & org/author	***Mein Weg* (My Way) – Pilot (Pfeiffer & Goldbeck 2017)**
Mode of delivery	Group sessions (2 to 6 participants) of psychoeducation, relaxation, trauma narrative, and cognitive restructuring
Organisational setting	Within child welfare agencies
Recruitment of participants/clients	Participants were recruited from child welfare programs.
Staffing (qualification, skills, background)	The program was delivered by social workers
Role of interpreters, volunteers and peer workers	No details available
Formal and informal relationships with clinical services	No details available
Duration	6 weekly groups sessions of 90mins each.
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	No details available
Cultural competence	It was noted that therapy involved employing a workbook in German.
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	No details available

Program name & org/author	"Healthy Minds" psycho-educational course (Jackson-Blott et al 2015)
Mode of delivery	Four-week, Low Intensity (LI) Increasing Access to Psychological Therapy (IAPT) intervention for asylum seekers, group-based program delivered by assistant psychologists in collaboration with a local charitable organisation that provides practical support to asylum seekers. The charity provided the psychologists free use of their venue
Organisational setting	Assistant Psychologists delivered the group sessions at the venue of a local charity that provides practical support to asylum seekers
Recruitment of participants/clients	Participants were recruited through posters displayed at the venue and word of mouth recommendations by the staff of the partner charity
Staffing (qualification, skills, background)	Assistant psychologists
Role of interpreters, volunteers and peer workers	Interpreters were not used despite some participants' difficulty with English
Formal and informal relationships with clinical services	Partnership between the private psychology firm and the charitable organisation providing services to asylum seekers
Duration	Four weeks
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	15 individuals attended the course and 8 took part in the evaluation. In qualitative interviews participants stated that the convenient location (within walking distance), encouragement by staff of the host charity and their familiarity with the venue and their perception of it as a safe space were important factors in their decision to attend the program
Cultural competence	The course was delivered in English and interpreters were not used
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	The authors noted the project model was 'cost-effective' but no further details are available.

Program name & org/author	Teaching Recovery Techniques (TRT) (Sarkadi et al)
Mode of delivery	Trauma-focused group CBT intervention for unaccompanied refugee minors (URMs) and their caregivers/guardians (separate groups for YP and for carers). Group sessions for children incorporate the following components of TF-CBT: psychoeducation, relaxation skills, affective modulation skills, cognitive coping and processing, trauma narrative, in vivo mastery of trauma reminders and enhancing future safety and development
Organisational setting	Various settings: 1. An asylum health care centre 2. A Red Cross Treatment Centre for Trauma 3. School health services—the municipality had educated staff that could offer the intervention; 4. Group homes for URMs
Recruitment of participants/clients	Recruitment was conducted by the members of the research team or the local personnel trained in TRT
Staffing (qualification, skills, background)	The program was delivered by regular service and personnel at each location, eg, nurses were trained to deliver the treatment at the asylum health care centre
Role of interpreters, volunteers and peer workers	Although the treatment was given in Swedish, the language of the host country, professional interpreters were present to translate into the children's first languages
Formal and informal relationships with clinical services	Asylum health care centre
Duration	5 sessions of group CBT intervention for young people and 2 for their caregivers/guardians over a 6 week period
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	More than 50 participants were initially involved in the study
Cultural competence	No details available
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	The treatment was delivered by regular service and personnel without extra financial influx to the project

Program name & org/author	**Mental health treatment for resettled refugees: A comparison of 3 approaches (Small et al 2016)**
Mode of delivery	2 psychotherapy interventions: office-based counselling (treatment as usual (TAU)) and home based counselling (HBC), and 1 community-based psycho-educational group (CPG)
Organisational setting	1 group professional office-based; 1 group home-based; 1 group community-based
Recruitment of participants/clients	Participants were recruited through community-based, psycho-educational groups (CPGs) run trained Cultural Ambassadors employed by a refugee settlement agency
Staffing (qualification, skills, background)	Cultural Ambassadors were fellow refugees who were trained in mental health literacy and spoke the clients' language
Role of interpreters, volunteers and peer workers	Interpreters were not needed for the group CPG intervention as the Cultural Ambassador delivering the program spoke the participants' first language
Formal and informal relationships with clinical services	No details available
Duration	8 weekly interventions
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	141 refugees were initially recruited for the intervention
Cultural competence	The group CGP program was delivered in the participants' native language by a fellow refugee of the same background
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	Authors note that the group intervention was more cost-effective than both the individual interventions, in part because there was no need to pay for a professional interpreter service

Program name & org/author	**Bellevue/NYU Program for Survivors of Torture (PSOT) – The English-Speaking African Men's Group (Akinsulure-Smith 2012)**
Mode of delivery	An open-ended, supportive group treatment program for English speaking African refugee and asylum-seeking men incorporating psychoeducation, and guided relaxation in a culturally appropriate framework
Organisational setting	Group meets in a conference room within a hospital
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	Facilitator is a psychologist
Role of interpreters, volunteers and peer workers	No interpreters as all of the group participants speak English
Formal and informal relationships with clinical services	The Bellevue/NYU Program for Survivors of Torture (PSOT) is a collaboration between Bellevue Hospital and the New York University School of Medicine
Duration	Weekly 90 min group sessions facilitated by a psychologist
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	The group has an average weekly attendance of between 5 and 8 members
Cultural competence	Several aspects of the group have been adapted to be more culturally appropriate for African participants
Barriers to maintenance of services over time	At the time the article was written the group had been operating continuously for more than 10 years
Adaptability to changing needs to target cohort	At the time the article was written the group had been operating continuously for more than 10 years
Funding model	No details available

Program name & org/author	**Culturally adapted CBT with Farsi-speaking refugees (Kananian et al 2017)**
Mode of delivery	Group therapy with culturally adapted CBT
Organisational setting	The treatment was administered at the Behavior Clinic of the Department of Psychology at Goethe University Frankfurt
Recruitment of participants/clients	Participants were recruited from the metropolitan area of Frankfurt via flyers and posters in refugee camps or were referred to the Counselling Center for Refugees at the Goethe University
Staffing (qualification, skills, background)	Two Farsi speaking qualified therapists
Role of interpreters, volunteers and peer workers	Therapists were Farsi speaking
Formal and informal relationships with clinical services	N/A
Duration	Once a week for 12 successive weeks and each session lasted approximately 90 minutes
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	Nine participants were originally recruited for the study, but no details are available on the number sought
Cultural competence	Participants reported that they appreciated that the treatment was in their first language
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	N/A
Funding model	No details available

Program name & org/author	Sweet Mother (O'Shaughnessy et al 2012)
Mode of delivery	Group mental health intervention through therapeutic group sessions
Organisational setting	Program was hosted and managed by Alder Hey Children's NHS Foundation Trust
Recruitment of participants/clients	Referrals of asylum-seeker or refugee women who were either pregnant or with a young baby and attending maternity units, asylum screening centers and mental health services. Also active outreach recruitment strategies were adopted by the psychologists embedding themselves in a drop-in community group for refugees. The recruitment phase lasted 6 months
Staffing (qualification, skills, background)	Therapeutic group delivered by two psychologists
Role of interpreters, volunteers and peer workers	The service model included a role for volunteers cross-culturally trained for this intervention
Formal and informal relationships with clinical services	Partnership with Home Start, which provided the volunteers
Duration	21 x weekly 2 hour group sessions
Governance, goal setting and reporting	Stakeholder steering group comprised of professionals from relevant agencies across the local area and the UK was established to provide accountability
Sustainability	
Acceptability and utilisation by the target population	At total of 13 mothers and babies utilised the service, with attendance ranging from between four to 12 mothers and babies at each group. Seven mothers and babies were regular attendees.
Cultural competence	No details available
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	An initial charitable grant supported therapeutic time, training costs, supervision, travel and food expenses. Volunteers and the evaluation were funded by another organisation. Funding was for a year-long fixed term project with the hope that it may be continued or incorporated into the developing perinatal mental health strategy

Program name & org/author	Cultivating Mindfulness for Wellbeing: Arabic Mindfulness Interventional Phase 2 (Blignault & Callaghan 2017)
Mode of delivery	Weekly group sessions over five weeks and home practice
Organisational setting	Program conducted at Illawarra Multicultural Services. Evaluation incorporated a pre-post study with a wait-list control group and included both quantitative and qualitative measures
Recruitment of participants/clients	Recruitment was via word-of-mouth, along with a flyer in Arabic and English that was distributed by mail, email and social media. Program promoted by community services and healthcare providers including NSW Refugee Health Service and STARTTS. In total, 20 women participated: 12 in the intervention group and 8 in wait-list control group
Staffing (qualification, skills, background)	The weekly sessions were facilitated in Arabic by a bilingual (Arabic/English) psychologist with support from a bilingual multicultural health worker. Free child minding was provided.
Role of interpreters, volunteers and peer workers	N/A
Formal and informal relationships with clinical services	Program built on established relationships and clinical referral networks among project partners (see Governance below)
Duration	Once a week for 5 weeks
Governance, goal setting and reporting	Project partners were the SESLHD Multicultural Health Service and Mental Health Service, ISLHD, Illawarra Multicultural Services and Western Sydney University
Sustainability	
Acceptability and utilisation by the target population	100% enrolment in the study following information session, and 90% attendance at least four of the five group sessions. Post-program, all participants agreed mindfulness was compatible with their cultural and religious practices and their way of life
Cultural competence	Multicultural health expertise and experience reflected across whole of project: design and planning, implementation and evaluation
Barriers to maintenance of services over time	Requires trained facilitator with mental health qualifications and relevant language skills. Resource developed include Arabic Mindfulness CD and English Participant Handbook
Adaptability to changing needs to target cohort	Program format allows for flexibility to respond to group and individual needs
Funding model	Funded by the Multicultural Health Service, South Eastern Sydney Local Health District (SESLHD) with in-kind support from project partners Mental Health Service SESLHD, Multicultural Health Service Illawarra Shoalhaven Local Health District and Illawarra Multicultural Services

Program name & org/author	Jungle Tracks (STARTTS 2017)
Mode of delivery	Therapeutic intervention for children and young people using short stories to explore past experiences and emotions common to children who have experienced refugee and resettlement trauma
Organisational setting	School-based setting
Recruitment of participants/clients	Recruited in school
Staffing (qualification, skills, background)	Teachers and counsellors working with small groups of students, in some groups assisted by interpreters and teachers' aides
Role of interpreters, volunteers and peer workers	Interpreters assisted with some groups
Formal and informal relationships with clinical services	No, but the program was designed by a clinical psychologist
Duration	5 stories read over about 10 weeks in sessions of 45 minutes to 1 hour
Governance, goal setting and reporting	STARTTS
Sustainability	
Acceptability and utilisation by the target population	At the time of the evaluation (2017) the program had been running for 5 years and has been used in 4 primary schools, 2 high schools and an Intensive English Centre
Cultural competence	Program designed specifically for children from refugee backgrounds
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided, but note that STARTTS advertise a Jungle Tracks kit STARTTS for sale on their website for $90 http://www.startts.org.au/resources/resources-for-sale/jungle-tracks-kit/

Community-based psychoeducation and/or health programs

Program name & org/author	Peer-Led Community Health Workshop (Im et al. 2016)
Mode of delivery	Peer-led group health workshops
Organisational setting	Pilot study conducted by academics at Virginia Commonwealth University
Recruitment of participants/clients	First author, identified community leaders and active members from the Bhutanese refugee community in close collaboration with community stakeholders, including mental health service providers and refugee community leaders. Four days of training on mental health and psychosocial support was provided to those identified and volunteer peer-leaders were then recruited from the amongst the trainees to provide community-based health workshops to their peer refugees after additional training on health education and group facilitation skills. Peer facilitators then identified members from the Bhutanese community, who were in need of health education and had difficulties accessing health care as well as social services due to low educational levels and language barriers
Staffing (qualification, skills, background)	See above
Role of interpreters, volunteers and peer workers	See above
Formal and informal relationships with clinical services	See above
Duration	8 peer-led group sessions over a 2 month period
Governance, goal setting and reporting	Community stakeholders, including mental health service providers and refugee community leaders
Sustainability	
Acceptability and utilisation by the target population	22 participants completed all eight sessions and provided feedback on both the process and the effects of the intervention during and after each session. Author states that "the findings of this study support the cultural sensitivity and relevance of the peer-based model with the refugee community. The same cultural values and language shared among peers allowed the intervention to be accepted and highly regarded, while fostering effective learning and group process." Authors note the importance of location of venue - there is often a lack of communal space close to refugees' accommodation, which is problematic given that refugee community members tend to have limited transportation options. Services need to consider that programs are best held somewhere where refugees can walk or use public transport to access
Cultural competence	Program developed in close collaboration with refugee community leaders
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	Pilot study funded by funding support from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Office of Cultural and Linguistic Competence (OCLC)

Program name & org/author	Community Day Center for Asylum Seekers (Chase et al. 2018)
Mode of delivery	Various structured activities including employment training workshops, information sessions (e.g., on health care, the refugee claim hearing, housing, welfare), a women's group (in which women meet twice a week to do handicrafts together), a regular discussion group (in which participants choose a new topic to discuss each session), and one-on-one support filing an asylum claim and other paperwork
Organisational setting	Located within a shelter for newly arrived asylum seekers
Recruitment of participants/clients	No details available
Staffing (qualification, skills, background)	One on-site social worker
Role of interpreters, volunteers and peer workers	The majority of services at the Center are facilitated by trained volunteers who are themselves asylum seekers and former asylum seekers. Volunteers from the Center sometimes accompany new arrivals in their errands outside the Center (e.g., on visits to health, immigration, and social services around Montreal), acting as advocates and/or interpreters
Formal and informal relationships with clinical services	Staff refer clients to health, mental health, and social work services as needed
Duration	Ongoing
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	Interviews were conducted with 15 participants but no data is available on overall usage numbers at the Center
Cultural competence	No details available
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	No details available

Program name & org/author	You Are Not Alone pilot study (Salt et al. 2017)
Mode of delivery	A study to pilot the Refugee Health Screener-15 (RHS-15) to assess mental health and the Pathways to Wellness intervention to identify internal and structural barriers affecting resettlement with a refugee women's sewing group
Organisational setting	Women's sewing group at the Center for Refugee Services in Texas
Recruitment of participants/clients	Participants for the study were recruited from the already established refugee women's sewing group
Staffing (qualification, skills, background)	Nurse educator with a background in cross-cultural nursing, microcredit, and SDH research; the director of the Center for Refugee Services (a licensed professional counsellor) ; an undergraduate senior nursing student who served as a research assistant
Role of interpreters, volunteers and peer workers	Refugee community members known to the CRS provided translator/interpreter services to the participants
Formal and informal relationships with clinical services	A community partnership between a university school of nursing, a hospital and Center for Refugee Services
Duration	N/A
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	12 refugee women took part in the pilot study
Cultural competence	Interpreters were used in the study
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	The pilot received funding from eight organisations including the Robert Wood Johnson Foundation and the Bill and Melinda Gates Foundation.

Program name & org/author	The African Migrant Parenting Program (Renzaho & Vignjevic 2011)
Mode of delivery	Group parenting sessions for African families living in Melbourne
Organisational setting	The program was delivered at a migrant resource centre by qualified African parenting educators. Home visits were also provided
Recruitment of participants/clients	Participating families were recruited by African bilingual workers from among families who used the SMRC counselling program for parenting-related issues
Staffing (qualification, skills, background)	Sessions delivered by qualified African parenting educators
Role of interpreters, volunteers and peer workers	None
Formal and informal relationships with clinical services	None
Duration	8 culturally competent parenting skills development and education sessions of approximately 2 hours in duration over a 15-month period
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	The program was well-attended by both African mothers and fathers
Cultural competence	Stated that the program was culturally competent
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	No details available

Program name & org/author	12-week financial education program (Mitschke et al. 2013)
Mode of delivery	Participants divided into 3 groups - 1 group received financial literacy education; 1 group received the education and were involved in a social enterprise project where they knitted market-quality scarves and were paid for them; 1 control group
Organisational setting	Community center of the apartment complex where the refugees had been resettled
Recruitment of participants/clients	Participants were recruited by a resettlement agency
Staffing (qualification, skills, background)	Resettlement agency staff
Role of interpreters, volunteers and peer workers	Classes were translated into participants' first language by an agency employed interpreter. Bhutanese refugee informants helped agency staff to develop the curriculum of the program
Formal and informal relationships with clinical services	Principal investigators were PhD social workers
Duration	Two hours on two separate evenings each week for 12-weeks
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	65 participants were asked to be involved in the study and none refused
Cultural competence	Use of interpreters
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	The study was funded by the University of Texas

Program name & org/author	Culturally tailored Health education (Berkson et al. 2014)
Mode of delivery	Culturally tailored health education in a group setting
Organisational setting	The program was delivered at a community health centre
Recruitment of participants/clients	Participants were recruited via health care referrals from behavioural health and primary care and by community health worker recruitment in the local community
Staffing (qualification, skills, background)	The course was taught by a health professional and a bicultural health educator
Role of interpreters, volunteers and peer workers	The questionnaire and semi-structured interview was administered in the participants' first language
Formal and informal relationships with clinical services	Referrals were made to appropriate services as required
Duration	Five sessions
Governance, goal setting and reporting	No details available
Sustainability	
Acceptability and utilisation by the target population	126 participants
Cultural competence	No details available
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	Unfunded study

Program name & org/author	Learning circles and Advocacy groups (Goodkind et al. 2014)
Mode of delivery	Refugee participants and undergraduates worked together each week on two intervention components: (1) Learning circles and (2) Advocacy
Organisational setting	No details provided
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	One lead facilitator (either a community psychologist or clinical psychologist); undergraduate students; two co-facilitators (former student advocates in the program)
Role of interpreters, volunteers and peer workers	Between 2 and 4 interpreters (former refugee and undergraduate participants wherever possible)
Formal and informal relationships with clinical services	No details provided
Duration	6 to 8 hours per week
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	High refugee attendance rates
Cultural competence	Authors' report concern that their conceptualization and measurement of psychological distress may not have been culturally appropriate
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	Advocacy component of program focused on unmet needs of refugee participants
Funding model	No details provided

Program name & org/author	New Roots (CIRCA 2017)
Mode of delivery	Online app and community workshop for community leaders
Organisational setting	N/A
Recruitment of participants/clients	The App was promoted to clients directly through their case managers as well as through media activities including print, radio, ethnic media, social media campaigns as well as direct SMS messaging to case managers. Across Settlement Services International (SSI) locations the App was promoted through the circulation of posters, business cards and postcards
Staffing (qualification, skills, background)	Not clear who delivered the workshops to community leaders
Role of interpreters, volunteers and peer workers	None
Formal and informal relationships with clinical services	No details provided.
Duration	N/A
Governance, goal setting and reporting	Partnership between Settlement Services International (SSI) in partnership with beyondblue with donations from the Movember Foundation
Sustainability	
Acceptability and utilisation by the target population	Evaluation data indicates that in a typical week, 96 users accessed the App over 146 sessions suggesting that both the New Roots App and Toolkit have been well received and have had high levels of usage. Qualitative data also identifies a positive response to the New Roots App with increases in knowledge and positive changes in behaviour among SSI clients
Cultural competence	No
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	Funded with donations received from the Movember Foundation

Program name & org/author	Tell Your Story (Nickerson 2017)
Mode of delivery	12-session online intervention that aimed to reduce mental health stigma and increase help-seeking in refugee men
Organisational setting	N/A
Recruitment of participants/clients	Participants were recruited into the study via promotion of the study by Settlement Services International; referrals from other refugee service providers in NSW; direct community engagement (i.e., radio interviews, talks to community groups); and online advertising (i.e., Facebook)
Staffing (qualification, skills, background)	No details provided
Role of interpreters, volunteers and peer workers	None
Formal and informal relationships with clinical services	No details provided
Duration	12 online sessions
Governance, goal setting and reporting	The Refugee Trauma and Recovery Program at the School of Psychology, UNSW, Black Dog Institute, SSSI, a Steering Committee, and aCommunity Advisory Boards
Sustainability	
Acceptability and utilisation by the target population	Evaluation states that "It is notable that services in the refugee sector were overwhelmingly positive about the TYS intervention, stating that it addressed a critical gap in the available resources for refugee groups."
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	A beyondblue project funded with donations from the Movember Foundation

Program name & org/author	Families in Cultural Transition (FICT) and Older People in Cultural Transition (OPICT) (STARTTS 2017)
Mode of delivery	Group based psychosocial education program
Organisational setting	Each session is delivered at a time and place that suits participants. Childminding and catering is provided
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	The project is delivered by trained bi-cultural facilitators in the first language of the participants
Role of interpreters, volunteers and peer workers	No
Formal and informal relationships with clinical services	Program sits within STARTTS and South Western Sydney Local Health District.
Duration	11 modules delivered over ten x 3 hour sessions
Governance, goal setting and reporting	STARTTS
Sustainability	
Acceptability and utilisation by the target population	Childminding and catering is provided at each session
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Physical activity and sports-based programs

Program name & org/author	Community gardening project (Hartwig et al. 2016)
Mode of delivery	Refugee gardening project hosted by local churches
Organisational setting	Partnership between a refugee placement agency, refugee community organisations and local churches. Churches provided the space for the gardens to be established
Recruitment of participants/clients	Recruited by the refugee placement agency and the refugee community organisations
Staffing (qualification, skills, background)	The refugee placement agency continues to play a facilitation, orientation, and training role as needed between the churches and the other refugee organizations
Role of interpreters, volunteers and peer workers	Involvement of church volunteers
Formal and informal relationships with clinical services	No details provided
Duration	Ongoing
Governance, goal setting and reporting	The refugee placement agency partners with the Karen Organization of Minnesota (KOM), the Bhutanese Community of Minnesota (BCOM) and CAPI1 who provide a variety of social services to immigrants and refugees
Sustainability	
Acceptability and utilisation by the target population	As at 2014, there were 19 churches in the program serving more than 1,200 refugee and immigrant families
Cultural competence	No details provided
Barriers to maintenance of services over time	Some plots were abandoned as refugees did not live within walking distance of their plots and poor public transport was an issue
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Program name & org/author	**Community Garden refugee apartment dwellers (Eggert et al. 2015)**
Mode of delivery	Gardening
Organisational setting	The project was managed by a refugee resettlement agency but the location was the grounds of the apartment complex where the refugee gardeners resided
Recruitment of participants/clients	Recruitment was through a community liaison contact and snowball referral
Staffing (qualification, skills, background)	Refugee resettlement agency community liaison officer and community worker from the immigrant resource center
Role of interpreters, volunteers and peer workers	Involvement of university students, sustainable gardening expert, apartment complex owner and master gardener were all voluntary
Formal and informal relationships with clinical services	N/A
Duration	Only one gardening season was assessed; it is unknown if the project continued or for how long
Governance, goal setting and reporting	Collaboration between refugee resettlement agency, apartment complex owner, a sustainable gardening expert from the urban homesteading group, a master gardener, and local university student volunteers
Sustainability	
Acceptability and utilisation by the target population	Four gardeners from one apartment complex were involved in the project (but note it is not clear how many apartments were in the complex)
Cultural competence	The foods grown had cultural significance
Barriers to maintenance of services over time	No details available
Adaptability to changing needs to target cohort	No details available
Funding model	Project funding provided by refugee resettlement agency; in kind contributions were made by other partners

Program name & org/author	Community Gardening Refugees –v- non-gardeners (Gerber et al. 2017)
Mode of delivery	N/A
Organisational setting	Already-established community gardens
Recruitment of participants/clients	Community gardens were already established. Gardeners were recruited for participation in the study during a meeting held at local community gardens. Additionally, both gardeners and non-gardeners were recruited via solicitation by Cultural Ambassadors during community events and meetings, and through word-of-mouth at an apartment complex where a large population of Bhutanese refugees resides
Staffing (qualification, skills, background)	N/A – study only
Role of interpreters, volunteers and peer workers	N/A
Formal and informal relationships with clinical services	N/A
Duration	Of gardens – ongoing
Governance, goal setting and reporting	N/A
Sustainability	
Acceptability and utilisation by the target population	22 study participants were refugee community gardeners
Cultural competence	No details available
Barriers to maintenance of services over time	Difficulty with transport – non-gardeners reported that they were unable to participate because of issues around accessibility
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Program name & org/author	**Teaching Personal and Social Responsibility (TPSR) Model – a sport-based youth development program for refugees (Whitley et al. 2016)**
Mode of delivery	Refugee Sport Club (RSC) - a sport-based youth development programme grounded in the structure, values, and themes of the TPSR Model with a focus on building relationships with peers and adults, personal empowerment, and transfer of life skills from sport and physical recreation settings into other domains
Organisational setting	Refugee Sports Clubs (RSC) Project delivered by and held at the venues of a non-profit organization that served refugees
Recruitment of participants/clients	Not detailed in study
Staffing (qualification, skills, background)	Interviewer was a program leader
Role of interpreters, volunteers and peer workers	No details provided
Formal and informal relationships with clinical services	No details provided
Duration	2 programmes each school semester, with the clubs divided by age: participants between the ages of 8 and 12 and participants between the ages of 13 and 18. Each group met separately for one hour each week
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	No details provided
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Program name & org/author	**Refugee Women's Community Support group incorporating an exercise program (Hashimoto-Govindasamy & Rose 2011)**
Mode of delivery	'Walking for Pleasure' program delivered to Sudanese women. The actual activities undertaken varied each week due to changes in participation, weather and participant requests
Organisational setting	Held at a farm in South Western Sydney operated by the Sisters of Mercy
Recruitment of participants/clients	Women were referred by other services and/or self-referred
Staffing (qualification, skills, background)	Program was facilitated by a PWHC community worker and an interpreter, who speaks Dinka and other languages common in Sudan
Role of interpreters, volunteers and peer workers	Interpreter used
Formal and informal relationships with clinical services	No details provided
Duration	8 weeks, with the exercise program included as one day of a four-day education and language program held each week
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	12 program participants. Transport and child minding support were seen as vital to enable participation
Cultural competence	Participants' first language used
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	The exercise component of the program was jointly funded by the Penrith Women's Health Centre (PWHC) and NSW Sport and Recreation

Program name & org/author	Football United® (Nathan 2013)
Mode of delivery	A complex, multi-level football intervention targeted at young people in culturally diverse areas such as the western Sydney region with high levels of refugee settlement
Organisational setting	The program operates in partnership between schools, migrant and refugee support organisations, football organisations, community groups, corporations, and youth is delivered by local community organisations, in some cases in partnership with local schools
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	Paid and volunteer coaches deliver the program at each site
Role of interpreters, volunteers and peer workers	Student participants who have completed coaching courses act as volunteer coaches
Formal and informal relationships with clinical services	No
Duration	Ongoing
Governance, goal setting and reporting	Coordinated by an overarching management team, with paid and volunteer coaches delivering the program at each of its sites and liaising with the community. One or more school staff members act as coordinators and liaisons between the different sites, and the program management team
Sustainability	
Acceptability and utilisation by the target population	Attended by several hundred youth at locations across Sydney
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	Authors' describe the program as 'relatively inexpensive', but notes that the program constantly needs to seek longer-term secure funding

Program name & org/author	Sporting Linx (STARTTS 2017)
Mode of delivery	An intervention that incorporates free access to professional sport coaching, refereeing sessions and recreational activities in combination with psycho educational interventions
Organisational setting	Originally implemented in 3 Western Sydney LGAs as a local High School program for Refugee and disadvantaged youths
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	Coaches and program facilitators
Role of interpreters, volunteers and peer workers	No details provided
Formal and informal relationships with clinical services	No details provided
Duration	Weekly 90 minute Sports Clinics; 3 to 4 day leadership camps; and gala days
Governance, goal setting and reporting	STARTTS
Sustainability	
Acceptability and utilisation by the target population	The program has been operational since 2012
Cultural competence	No details provided
Barriers to maintenance of services over time	Difficulty in recruiting coaches
Adaptability to changing needs to target cohort	No details provided
Funding model	Funded by the NSW Department of Human Services

Peer support and/or mentoring programs

Program name & org/author	Peer support for African refugee parents in Canada (Stewart et al. 2018)
Mode of delivery	Pilot intervention: Face-to-face support groups led by peer and professional mentors conducted bi-weekly over seven months
Organisational setting	Eight face-to-face support groups were created and comprised of like-ethnic and like-gender peers (e.g. Sudanese females, Zimbabwean males). Each support group was co-led by a Sudanese or Zimbabwean peer mentor who had a child in Canada and a Sudanese or Zimbabwean professional mentor (experienced service provider for refugee populations) from health, education, or social service sectors. These professional mentors were consulted regarding concerns raised by peer mentors or participants. Peer mentors facilitating the support groups were established refugees who had experiential knowledge of immigration and integration, relationships with community agencies for refugees, and connections to their cultural communities
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	Eight professional mentors facilitated the support groups
Role of interpreters, volunteers and peer workers	12 peer mentors also facilitated the support groups.
Formal and informal relationships with clinical services	Peer mentors referred participants to professionals for further support as needed
Duration	Bi-weekly sessions for one to two hours over seven months
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	Accessed by 85 parents
Cultural competence	Sessions delivered in participants' first language, which participants' found "critical for communication, self-expression, and comfort".
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	Providing childcare during support group sessions resulted in higher attendance
Funding model	No details provided

Program name & org/author	**Peer support and social connectedness through mobile phone use (Walker et al. 2015)**
Mode of delivery	No details provided
Organisational setting	No details provided
Recruitment of participants/clients	Potential participants identified and invited by Afghan, Burmese and Sudanese community leaders to an information session. Further recruitment via snowball sampling. Recruitment phase was 6 months
Staffing (qualification, skills, background)	No details provided
Role of interpreters, volunteers and peer workers	Participants attended peer support training sessions once a week for the first 6 weeks and five bi-monthly meetings thereafter
Formal and informal relationships with clinical services	N/A
Duration	18 months including 6 month recruitment period
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	111 refugee participants were involved in the program
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	Financial sustainability: the cost of the phone calls over 18 months under the negotiated phone plan for all participants was $AU29,974, as opposed to $AU488,210 that would have been the cost of the actual calls made if they had been made using the same service provider's standard pre-paid rates, the type of service most participants previously used

Program name & org/author	**Peer support for African refugee parents in Canada: Pilot (Stewart et al. 2012)**
Mode of delivery	Bi-weekly, 60-90 minute support groups of between 5 and 12 participants run by Sudanese and Somali peer facilitators for 12 weeks, including one-on-one phone support between groups for new refugees
Organisational setting	No details provided
Recruitment of participants/clients	Participant recruitment was facilitated by referrals from immigrant and refugee-serving agencies
Staffing (qualification, skills, background)	The face-to-face support groups were co-facilitated by peers and professionals
Role of interpreters, volunteers and peer workers	In addition to facilitating mutual exchange of support among group members, peer and professional facilitators provided translation and interpretation
Formal and informal relationships with clinical services	No details provided
Duration	Bi-weekly, 60-90 minute support groups over 12 weeks
Governance, goal setting and reporting	Community advisory board comprising representatives from the research team, refugee service providers, multicultural organisations and refugee community leaderthis and advised on the research methods, participant recruitment and intervention strategies. Participants were consulted initially during pre-intervention assessment interviews about the desired type of intervention and subsequently during the initial support group session to determine specific content topics and to provide input regarding timing of group sessions
Sustainability	
Acceptability and utilisation by the target population	58 participants utilised the intervention. Participants appreciated that female and male refugees met separately
Cultural competence	No details provided
Barriers to maintenance of services over time	Child care and transport were issues
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Program name & org/author	Ucan2 (Foundation House 2017)
Mode of delivery	Contextualised and experiential learning focusing on work skills
Organisational setting	Program delivered in educational settings
Recruitment of participants/clients	Individual referrals from jobactive and other services
Staffing (qualification, skills, background)	Program delivered collaboratively by a Foundation House facilitator, a teacher from the setting where the program is provided, a facilitator from Centre for Multicultural Youth (CMY) and host community volunteers recruited and supported by CMY
Role of interpreters, volunteers and peer workers	Access to a mentoring program
Formal and informal relationships with clinical services	Counsellor Advocate (CA) from Foundation House also regularly attends the program to deliver components of the group work program focussing on refugee journeys and provide additional support and facilitate referrals of young people for counselling if needed
Duration	One full day per week over a 16-week period
Governance, goal setting and reporting	Program initially developed by Foundation House in partnership with AMES Australia and the Centre for Multicultural Youth (CMY) and delivered by Foundation House in partnership with (CMY), and the various education and employment services in which it is delivered
Sustainability	
Acceptability and utilisation by the target population	Several hundred participants over an 18 month period
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	Ucan2 is currently supported by funding from the Department of Social Services (DSS) under the Youth Transitions Support (YTS) Program.

School-based programs

Program name & org/author	Burma Art Therapy Program (BATP) (Rowe et al. 2017)
Mode of delivery	Sixty percent of participants received individual therapy, and the remaining received group therapy
Organisational setting	Private spaces within schools and community health clinics. Program provided by the Art Therapy Institute
Recruitment of participants/clients	All participants were middle and high school students, between 11 and 20 years old
Staffing (qualification, skills, background)	Art therapists – trained master's level clinicians
Role of interpreters, volunteers and peer workers	None – no interpreters used
Formal and informal relationships with clinical services	The Art Therapists saw themselves as clinicians
Duration	16 sessions of 50 minutes each over 6 months
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	30 participants
Cultural competence	Art therapists saw the art therapy intervention as transcultural
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	Mixture of several small grants, internal fund-raising, and third party insurance

Program name & org/author	School-based creative arts therapy program (Quinlan et al. 2016)
Mode of delivery	Controlled trial of creative arts therapy to address the psychosocial needs of students from refugee backgrounds
Organisational setting	Program delivered in an intensive English language state school
Recruitment of participants/clients	No details provided
Staffing (qualification, skills, background)	Arts psychotherapists and music therapists
Role of interpreters, volunteers and peer workers	None
Formal and informal relationships with clinical services	No details provided
Duration	One hourly session per week as well as a group intervention with either music or arts therapy
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	42 students participated in the trial
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Program name & org/author	**Secondary School Music Program at an Intensive English Centre (Marsh 2012)**
Mode of delivery	School-based extra-curricular musical activities
Organisational setting	School elective music and dance groups involving choral and instrumental activities and a variety of dance forms in creative development, rehearsal, and performance situations
Recruitment of participants/clients	Students were recruited for musical activities through a process of invitation, audition, observation, and knowledge of the interests and skills of individual students, often gleaned in initial interviews by the school counselor or by the SLSOs as they worked with new students in their own language
Staffing (qualification, skills, background)	Music activities facilitated by school staff including music teacher, class teacher, school learning support officers and school principal, and one external provider (hip hop teacher)
Role of interpreters, volunteers and peer workers	No interpreters or volunteers. Students engaged in peer teaching and learning of selected familiar songs
Formal and informal relationships with clinical services	No
Duration	Duration of study was 7 months
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	8 refugee students involved in the study but no details on numbers engaged in the music program
Cultural competence	No details provided
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided except that the position of hip hop teacher was supported by external funding

Program name & org/author	Tree of Life group program (Hughes 2014)
Mode of delivery	Strengths-based narrative methodology
Organisational setting	School-based setting - groups for children and separate group for mothers
Recruitment of participants/clients	The organisation was contacted by a primary school and requested to provide a parenting workshop to Afghani mothers
Staffing (qualification, skills, background)	Mental health practitioners from refugee communities service; clinical psychologist, an Afghani link worker
Role of interpreters, volunteers and peer workers	Interpreters used
Formal and informal relationships with clinical services	The organisation also provides clinical services
Duration	Five weeks
Governance, goal setting and reporting	Program operated by the Tavistock Centre Child and Family Refugee Service in London
Sustainability	
Acceptability and utilisation by the target population	Nine participants. The author notes that involving a link worker was essential to initially engage with the participants, because they would have been unlikely to attend without knowing someone they trusted would be there. The author also notes the importance of holding a first meeting with refugee communities somewhere that is both local and familiar to them – in this instance the school where the participants' children were enrolled
Cultural competence	The organisation's work has involved close collaboration with people from local refugee communities in order to ensure the team is responding to local need and working in ways that do not alienate or colonise those they are attempting to help. The organisation also offers staff training to associated services in order to increase cultural sensitivity
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	No details provided

Program name & org/author	School Liaison program (McBrien & Ford 2012)
Mode of delivery	Urban refugee agency liaison services designed to facilitate communication between refugee families and schools
Organisational setting	Private refugee agency
Recruitment of participants/clients	Organisation was well-known in the refugee community and there were waiting lists for its services
Staffing (qualification, skills, background)	The agency hired and trained refugee adults to serve as liaisons between school personnel and refugee families of their particular nationality and/or cultural background. Staff were highly knowledgeable of the refugee population they served, able to interpret and translate between the refugee community language and English, able to write and speak well in English, demonstrated leadership and management skills, advocated for their community and for children, and exhibited strong interpersonal skills
Role of interpreters, volunteers and peer workers	N/A
Formal and informal relationships with clinical services	No details provided but authors note that staff referred parents and students to appropriate external resources
Duration	Ongoing
Governance, goal setting and reporting	No details provided
Sustainability	
Acceptability and utilisation by the target population	The liaison program had been operating since the 1990s
Cultural competence	Staff were themselves refugees
Barriers to maintenance of services over time	No details provided
Adaptability to changing needs to target cohort	No details provided
Funding model	Government funding plus private funding sources

Appendix D: Promising programs (with evaluations underway or not undertaken)

1. Feeding Cultures

The Feeding Cultures project commenced in late July 2018, at the start of NSW public school Term 3 with the support of a small grant from the Sidney Myer Foundation. The project is a collaboration between Western Sydney University, Fiasco Ristorante & Bar, Sanctuary Australia Foundation and TAFE North Coast, and has received further support from Ability Links North Coast and Coffs Harbour High School. It is, therefore, a great example of a grassroots initiative that involves different sectors of society and several community organisations to address an important social issue.

It was born out of an effort to address the findings from a 2017 study conducted locally by Western Sydney University researchers that found alarming levels of psychological distress and social isolation among female humanitarian migrants to the region. At present, limited services are available locally to support social and economic inclusion of these migrants beyond government assistance. This project creates opportunities for reciprocal cross-cultural awareness and appreciation, and it offers inclusive opportunities for networking, gaining professional skills and the development of socialization through English language proficiency. It provides women with a potential pathway to employment, and also creates an opportunity for developing a sense of self-worth, accomplishment, pride and empowerment, all of which contribute to better mental health outcomes.

The project is based in Coffs Harbour, a regional town on the far north coast of NSW. Coffs Harbour hosts a population of around 80,000 people and has been identified as one of 6 regional NSW towns to receive 7000 Syrian and Iraqi refugees in the next few years. Approximately 200 humanitarian migrants arrive in Coffs Harbour annually. In 2018 this number is expected to double as the intake of Syrian refugees commences.

The project consists of once-weekly cooking classes offered to a class of twenty female humanitarian migrants who are either enrolled in a certificate level Adult Migrant English Program at TAFE or who are referred to the program via local organisations that support women from a refugee background. Classes run from 9.30am to 1pm and include time to transport the participants between TAFE and Fiasco Ristorante & Bar, cook a meal and share it for lunch. The group cook meals based on recipes brought by the participants as well as local or international dishes presented by the teacher. Written language activities include writing recipes, shopping lists, and identification of ingredients. Spoken language and socialisation activities include trips to the supermarket, discussion of recipes, cooking and socialisation at lunch time. The kitchen at Fiasco Ristorante & Bar serves as the classroom.

Currently, the project has funding to run for one school term (i.e. 10 weeks), and will conclude with a breakfast event prepared and hosted by students for invited members of the community to provide opportunities for professional networking. Invited local women have been joining selected classes to learn and experience the multicultural cuisine prepared by the participating women, creating opportunities for personal and professional networking and intercultural exchange. The feedback provided has been overwhelmingly positive and led to the publication of a "good news" story by ABC News. Since then, other

local organisations have made contact with the project team wanting to join and support the project. Currently, the team is looking at the possibility of including accredited training in hospitality as part of the classes, creating a clearer pathway for employment.

Although still a pilot and not yet concluded, signs of success can already be perceived beyond the positive reception from the local community. Organisations who support humanitarian migrants locally were all very cautious at the start of the project, advising us that regular attendance would be a major issue and suggested we enrol more women than our initial target of 20 to ensure sufficient numbers throughout the course of the project. So far, for the first five weeks of project, attendance was recorded at no less than 17 women and up to 24, as often participating women bring friends to join them. Language skills have clearly improved, with expansion of vocabulary, identification of ingredients, utensils and tools, and more self-assurance when expressing themselves in the kitchen. Several women have started to make their own way to the classes, not needing the transport support from TAFE, indicating they are feeling more confident with their local surroundings, expanding their familiar environment. Also, shopping together has helped them expand their access to and familiarity with a wider variety of shops and products, while forming connections with local people, hence expanding their community and filtering throughout the migrant community. Significantly, two women have reported starting to work (in minor roles) in local food businesses since the commencement of the project. Women frequently express their gratitude for the project, with one coming to tears once, reporting this experience has brought much joy to her life. Confidence and empowerment are key outcomes.

2. Parents Café Fairfield Inc (PCFI): Fairfield High School

Initially funded by the Australian Government Department of Health and Ageing, Parents Café Fairfield Inc (PCFI) began as a breakfast club for newly arrived refugee students at the Fairfield Intensive English Centre (IEC) at Fairfield High School. It soon began providing information sessions for refugee parents and parents of high school children.

Over the years PCFI expanded and began to focus on various settlement issues faced by refugees. In 2014 it was registered as a not-for-profit organisation. Today PCFI works with a number of partners to continue to provide support to the school and local refugee community through the delivery of free information sessions, employment training and work placements; and various programs such as English conversational classes, a youth group and various group activities.

Further details are available on PCFI's website: https://parentscafe.org/.