

Mit weniger mehr erreichen - Niederschwellige psychologische Interventionen bei Flüchtlingen

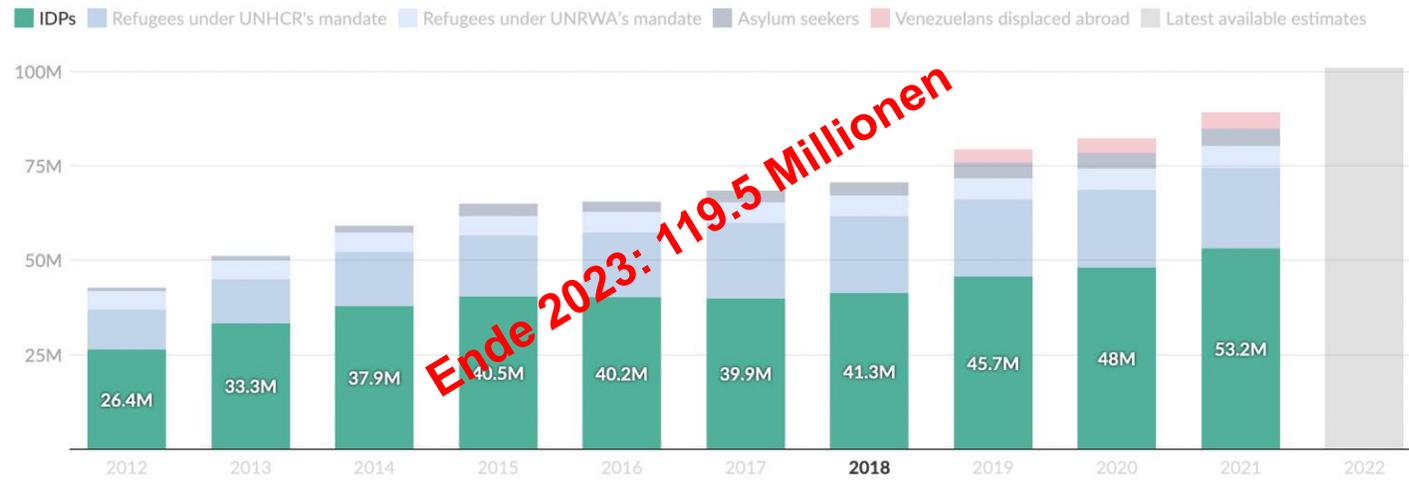
Faire plus avec moins : interventions psychologiques de faible intensité auprès de réfugiés

Do more with less - Low-intensity psychological interventions in refugees

PD Dr. phil. Naser Morina

Health Equity Forum, 07. Dezember 2023

People forced to flee worldwide (2012 - 2022)

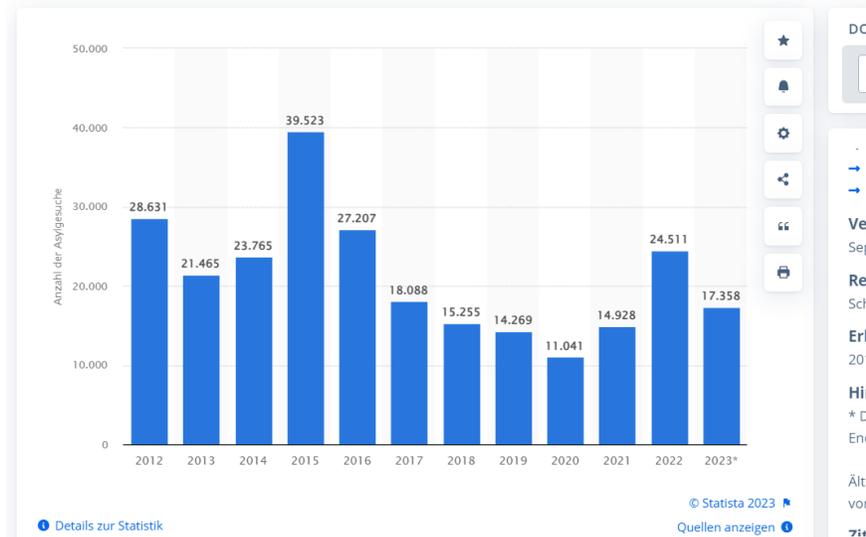


Note: 2022 figures are estimated using data available as of 9 June 2022

Source: [UNHCR Refugee Data Finder](#)

→ etwa die Hälfte dieser Menschen sind Kinder/Jugendliche

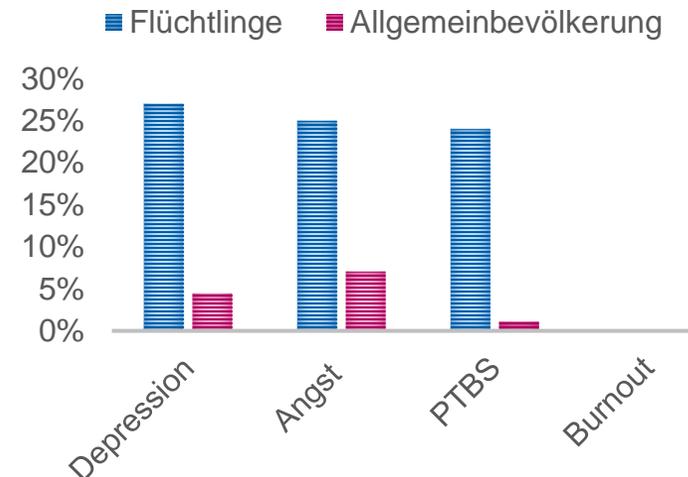
Anzahl der neuen Asylgesuche in der Schweiz von 2012 bis 2023



Ca. 140'000 Asylsuchende und Flüchtlinge

Ca. 80'000 mit Status »S«: Ukrainer

MENTAL HEALTH PROBLEMS



Gesundheitszugang: „Lost in Translation“

Strukturell	%
Fehlende Ressourcen	79
Gatekeeper („Hausärzte“)	71
Sprache (Dolmetscherkosten)	71
Nicht verstehen des hiesigen Systems	36

Sozio-kulturell	%
Kulturelle Besonderheiten der Behandlung	93
Fehlende „Awareness“	86
Stigma - Tabu	79
Genderaspekte	36

EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2020, VOL. 11, 1717825
<https://doi.org/10.1080/20008198.2020.1717825>



EUROPEAN JOURNAL OF
**PSYCHO-
TRAUMATOLOGY**
THE OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATOLOGY



CLINICAL RESEARCH ARTICLE

OPEN ACCESS Check for updates

Structural and socio-cultural barriers to accessing mental healthcare among Syrian refugees and asylum seekers in Switzerland

Nikolai Kiselev ^a, Monique Pfaltz^{a,b}, Florence Haas^a, Matthis Schick ^a, Marie Kappen^a, Marit Sijbrandij ^c, Anne M. De Graaff ^c, Martha Bird^d, Pernille Hansen^d, Peter Ventevogel ^e, Daniela C Fuhr ^f, Ulrich Schnyder^b and Naser Morina ^a

Lost in Translation? – Psychotherapy Using Interpreters

Naser Morina^{1,2}, Thomas Maier², Marianne Schmid Mast³

Psychother Psychosom Med Psychol. 2010 Mar-Apr;60(3-4):104-10. doi: 10.1055/s-0029-1202271. Epub 2009 Feb 26.

“Mentally ill asylum seekers are underdiagnosed and often inadequately treated” (Maier et al, 2010)

WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health



Table 2 Overview categories of self-reported problems of the three study populations

Frequent problem category	Switzerland N _S = 57 n [%N _S]
Practical	39 [68]
Psychological	23 [40]
Interpersonal	15 [26]
Physical/psychosomatic health	10 [18]
Separation from family members	13 [23]
Related to war/home country	7 [12]
Related to family duties	2 [4]
Personal development/unmet personal needs	7 [12]

<https://doi.org/10.1186/s12889-021-10498-1>

BMC Public Health

RESEARCH ARTICLE

Open Access

Problems after flight: understanding and comparing Syrians' perspectives in the Middle East and Europe



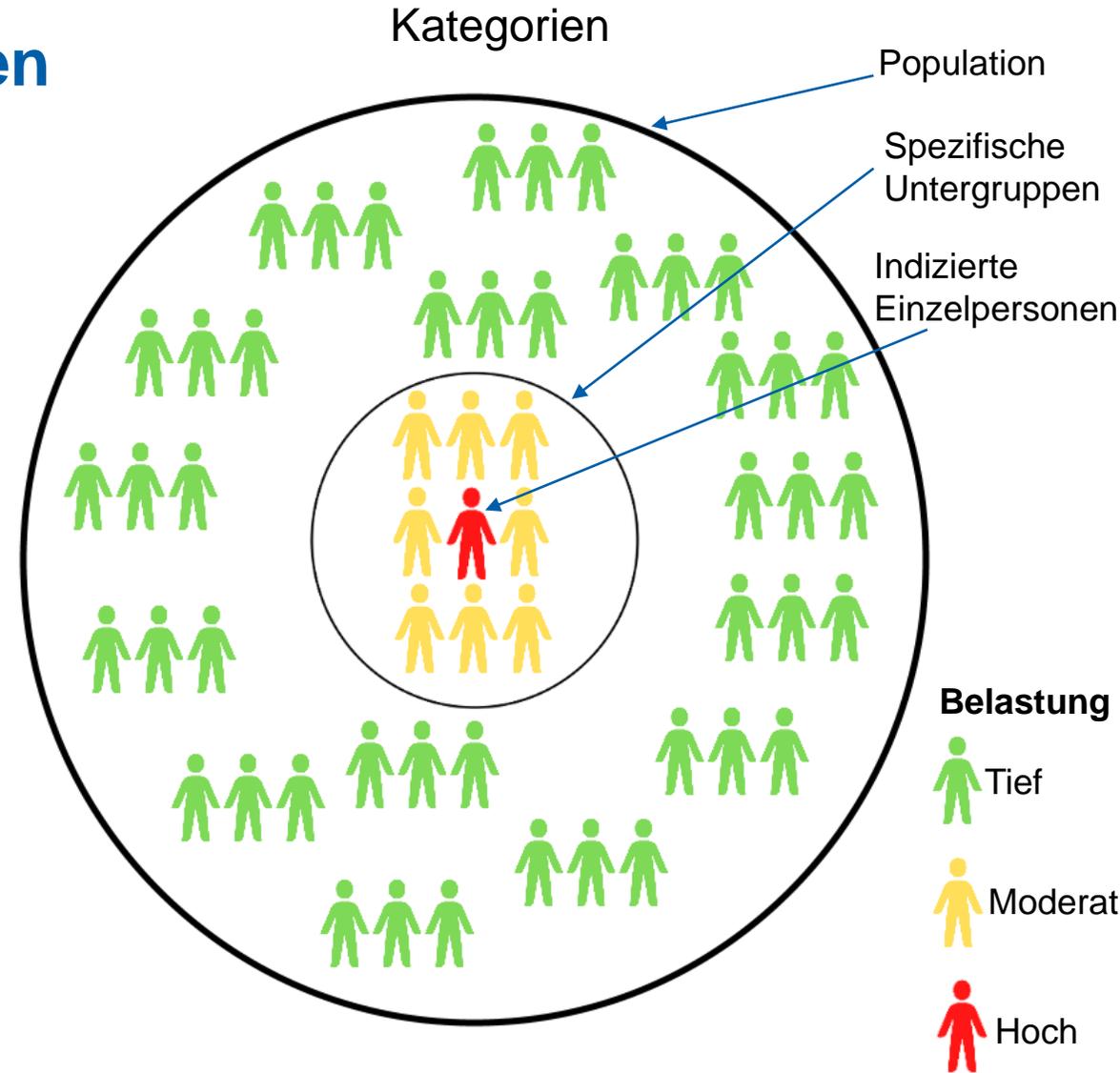
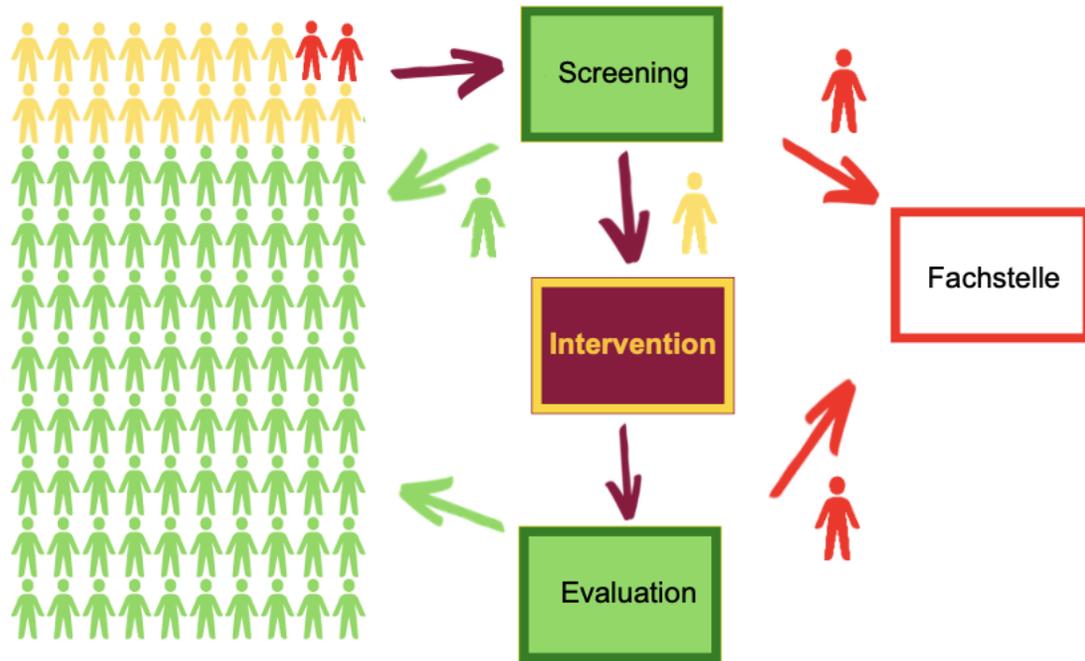
Andrea Drescher^{1,2}, Nikolai Kiselev¹, Aemal Akhtar^{3,4}, Ceren Acarturk⁵, Richard A. Bryant³, Zeynep Ilkkursun⁵, Roland von Känel^{1,2}, Kenneth E. Miller⁶, Monique C. Pfaltz^{1,2}, Matthias Schick^{1,2}, Ulrich Schnyder¹, Marit Sijbrandij⁴, Julia Spaaij¹ and Naser Morina^{1,2*}

Wer braucht welche Behandlung?



Identifikation: Screening/Triage

Stepped Care: Indizierte Interventionen

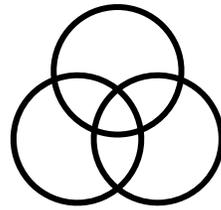


(vgl. Artikel zur Prävention von PTSD von Bisson et al, (2021), Clin Psychol Rev, 86 102004)

Kernelemente: niederschwellige Interventionen



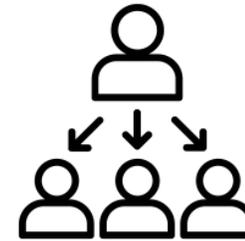
Evidence Based,
innovativ



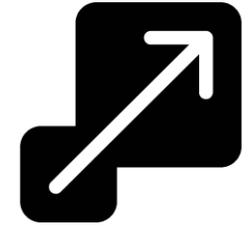
Transdiagnostisch



Kurz, schnell,
einfach,
angepasst



Task-Shifting /
Capacity Building /
Laien-Therapeuten



Skalierbar /
kosteneffektiv

... ersetzen nicht eine Fachtherapie und Spezialisten!

Niederschwellige Interventionen der WHO (eine Auswahl)

Self-Help Plus (SH+)

Friendship Bench (FB)

Counselling Relationships (CS)

Caregiver Skills Training (CST)

Early Adolescent Skills for Emotions (EASE)

Happy Families Program Children's (8-12)
Manual (HFP)

Healthy Activity Program (HAP)

Counselling for Alcohol Problems (CAP)

Common Elements Treatment Approach (CETA)

Trauma Focused-Cognitive Behavioral Therapy
(TF-CBT)

WHO Interpersonal Therapy (IPT)

Group WHO Brief Interventions (SBI)

WHO Problem Management Plus (PM+)

WHO Thinking Healthy Program (THP)

Recharge: Brief Psychological Intervention for
Health Care Workers

Friendship Bench, Zimbabwe



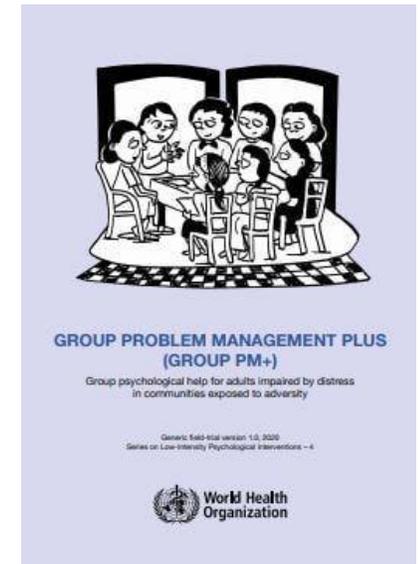
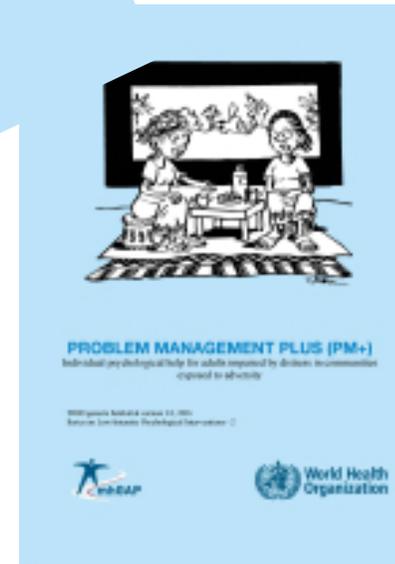
Problem Management Plus (PM+)

- Selbstwirksamkeit, Resilienzförderung
- Kernidee:
 - Geschulte Lientherapeuten („Helfer“) unter Supervision

Vorteile:

- Peers
- Keine Dolmetscher
- Transkulturelle Kompetenz
- Weniger Stigma

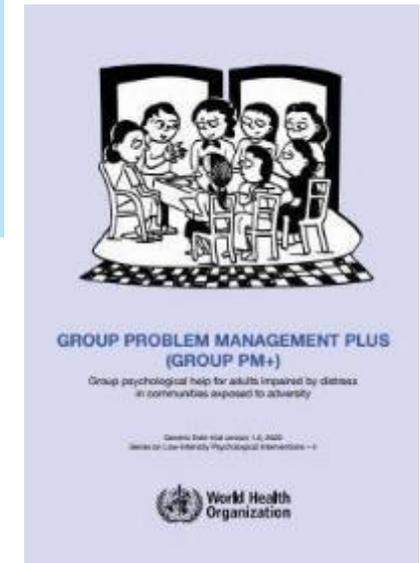
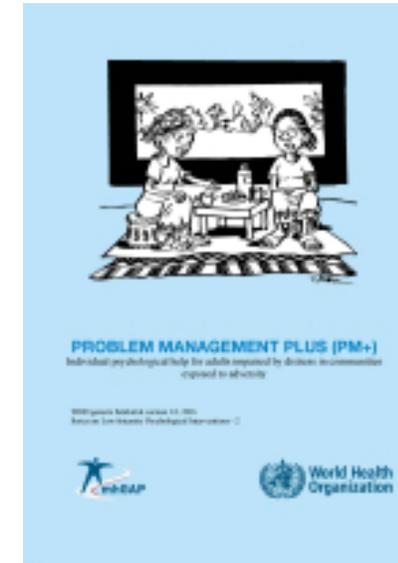
Ziel von PM+: Bewältigung von
- emotionalen Problemen (Depression, Angst...)
- praktischen Problemen



Problem Management Plus (PM+)

Aufbau von PM+:

- 5 Sitzungen à ca. 90 Minuten
- 1x pro Woche
- Übungen zwischendurch
- Für Personen ab 16 Jahren
- Klarer Aufbau und Struktur
- Jeweils eine neue Strategie



Die vier Hauptstrategien von PM+

1. Stressbewältigung
“Managing stress”

2. Problembewältigung
“Managing problems”

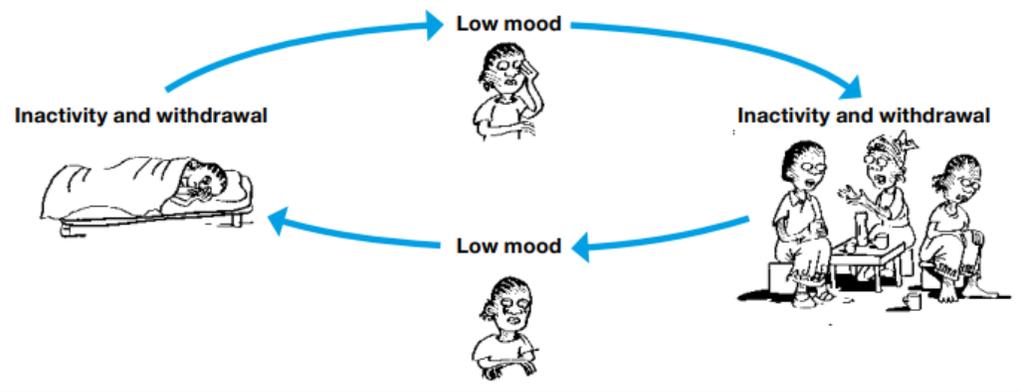
3. Verhaltensaktivierung
“Get going keep doing”

4. Stärkung der sozialen Unterstützung
“Strengthening social support”



	دَوْن المشكلات
	اختر مشكلة
	حدد المشكلة
	فكر بأفكار
	اختر أفكار
	خطة العمل
	مراجعة

Get Going Keep Doing: The Inactivity Cycle



Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
 Early morning 7am to 10am							
 Mid-morning 10am to 12noon							
 Lunchtime 12noon to 2pm							
 Afternoon 2pm to 5pm							
 Evening 5pm to 8pm							
 Late evening 8pm to 11pm							

PM+ Evidenz international

RESEARCH ARTICLE

Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: A randomised clinical trial

Richard A. Bryant^{1,2*}, Alison Schafer³, Katie S. Dawson^{1,2}, Dorothy Anjuri⁴, Caroline Muliil⁴, Lincoln Ndongoni⁵, Phiona Koyiet⁴, Marit Sijbrandij⁶, Jeannette Ulate⁷, Melissa Harper Shehadeh⁸, Dusan Hadzi-Pavlovic¹, Mark van Ommeren⁸

1 School of Psychology, University of New South Wales, Sydney, New South Wales, Australia, 2 Westmead Institute for Medical Research, Sydney, New South Wales, Australia, 3 World Vision International, Monrovia, California, United States of America, 4 World Vision Kenya, Nairobi, Kenya, 5 Psychosocial Support Centre, Nairobi, Kenya, 6 Vrije Universiteit, Amsterdam, Netherlands, 7 World Vision Canada, Mississauga, Ontario, Canada, 8 Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland

* r.bryant@unsw.edu.au

Epidemiology and Psychiatric Sciences

[cambridge.org/eps](https://www.cambridge.org/eps)

Original Article

*Joint senior authors

Cite this article: Sangraula M et al (2020).

USZ  Universitätsspital Zürich

Feasibility of Group Problem Management Plus (PM+) to improve mental health and functioning of adults in earthquake-affected communities in Nepal

M. Sangraula¹ , E. L. Turner², N. P. Luitel¹, E. van 't Hof³, P. Shrestha¹, R. Ghimire¹, R. Bryant⁴ , K. Marahatta⁵, M. van Ommeren³, B. A. Kohrt^{1,6,*} and M. J. D. Jordans^{1,7,*}

Research

JAMA | Original Investigation

Effect of a Multicomponent Behavioral Intervention in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan A Randomized Clinical Trial

Atif Rahman, PhD; Syed Usman Hamdani, MBBS; Naila Riaz Awan, PhD; Richard A. Bryant, PhD; Katie S. Dawson, PhD; Muhammad Firaz Khan, MRCPsych; Mian Mukhtar-ul-Haq Azeemi, MBBS; Parveen Akhtar, MPhil; Huma Nazir, BS (Hons); Anna Chiumento, MSc; Marit Sijbrandij, PhD; Duolao Wang, PhD; Saeed Farooq, PhD; Mark van Ommeren, PhD

 Supplement

IMPORTANCE The mental health consequences of conflict and violence are wide-ranging and pervasive. Scalable interventions to address a range of mental health problems are needed.

OBJECTIVE To test the effectiveness of a multicomponent behavioral intervention delivered by lay health workers to adults with psychological distress in primary care settings.

DESIGN, SETTING, AND PARTICIPANTS A randomized clinical trial was conducted from November 1, 2014, through January 28, 2016, in 3 primary care centers in Peshawar, Pakistan, that included 346 adult primary care attendees with high levels of both psychological distress and functional impairment according to the 12-item General Health Questionnaire and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0).

INTERVENTIONS Lay health workers administered 5 weekly 90-minute individual sessions that included empirically supported strategies of problem solving, behavioral activation, strengthening social support, and stress management. The control was enhanced usual care.

MAIN OUTCOMES AND MEASURES Primary outcomes, anxiety and depression symptoms, were independently measured at 3 months with the Hospital Anxiety and Depression Scale

PLOS MEDICINE

 OPEN ACCESS  PEER-REVIEWED

RESEARCH ARTICLE

Effectiveness of Group Problem Management Plus, a brief psychological intervention for adults affected by humanitarian disasters in Nepal: A cluster randomized controlled trial

Mark J. D. Jordans , Brandon A. Kohrt  , Manaswi Sangraula, Elizabeth L. Turner, Xueqi Wang, Pragya Shrestha, Renasha Ghimire, Edith van't Hof, Richard A. Bryant, Katie S. Dawson, Kedar Marahatta, Nagendra P. Luitel , Mark van Ommeren 

Horizon2020: STRENGTHS



KIT



VU



Denmark



DANISH RED CROSS



Holland

Germany

Freie Universität



Berlin



Turkey



İSTANBUL SEHİR ÜNİVERSİTESİ



THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

UK



UNHCR
The UN Refugee Agency

Switzerland



Universität Zürich

USZ Universitäts Spital Zürich

Lebanon



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

Australien



Jordan



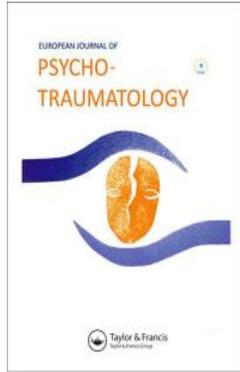
EUROPEAN JOURNAL OF
PSYCHO-TRAUMATOLOGY
AN OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATOLOGY

REVIEW ARTICLE

Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries

Marit Sijbrandij^a, Ceren Acarturk^b, Martha Bird^c, Richard A Bryant^d, Sebastian Burchert^e, Kenneth Carswell^f, Joop de Jong^g, Cecilie Dinesen^c, Katie S. Dawson^d, Rabih El Chamay^{h,i}, Linde van Ittersum^j, Mark Jordans^{k,l}, Christine Knaevelsrud^e, David McDaidⁿ, Kenneth Miller^k, Naser Morina^m, A-La Park^o, Bayard Roberts^o, Yvette van Son^p, Egbert Sondorp^q, Monique C. Pfaltz^m, Leontien Ruttenberg^r, Matthis Schick^{o,m}

Resultate STRENGTHS



Feasibility and acceptability of Problem Management Plus (PM+) among Syrian refugees and asylum seekers in Switzerland: a mixed-method pilot randomized controlled trial

Julia Spaaij, Nikolai Kiselev, Christine Berger, Richard A. Bryant, Pim Cuijpers, Anne M. de Graaff, Daniela C. Fuhr, Mahmoud Hemmo, David McDaid, Hanspeter Moergeli, A-La Park, Monique C. Pfaltz, Matthis Schick, Ulrich Schnyder, Anna Wenger, Marit Sijbrandij & Naser Morinaon behalf of the STRENGTHS Consortium

Epidemiology and Psychiatric Sciences

[cambridge.org/eps](https://www.cambridge.org/eps)

Original Article

Cite this article: de Graaff AM *et al* (2020). Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: a pilot randomised controlled trial on effectiveness and cost-effectiveness. *Epidemiology and Psychiatric Sciences* 29, e162, 1–24. <https://doi.org/10.1017/S2045796020000724>

Received: 14 April 2020
Revised: 13 July 2020
Accepted: 15 July 2020

USZ Universitäts
Spital Zürich

Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: a pilot randomised controlled trial on effectiveness and cost-effectiveness

A. M. de Graaff¹, P. Cuijpers¹, D. McDaid², A. Park², A. Woodward³, R. A. Bryant⁴, D. C. Fuhr⁵, B. Kieft⁶, E. Minkenberg⁷, M. Sijbrandij¹ and on behalf of the STRENGTHS consortium¹

¹Department of Clinical, Neuro- and Developmental Psychology, Amsterdam Public Health Institute, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands; ²Department of Health Policy, Care Policy and Evaluation Centre, London School of Economics and Political Science, London, UK; ³KIT Health, KIT Royal Tropical Institute, Amsterdam, The Netherlands; ⁴School of Psychology, University of New South Wales, Sydney, NSW, Australia; ⁵Department of Health Services Research and Policy, Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK; ⁶i-Psy, Parnassia Groep, Almere, The Netherlands and ⁷i-Psy, Parnassia Groep, Den Haag, The Netherlands

RESEARCH ARTICLE

Effectiveness of a brief group behavioral intervention for common mental disorders in Syrian refugees in Jordan: A randomized controlled trial

Richard A. Bryant^{1,2*}, Ahmad Bawaneh³, Manar Awwad³, Hadeel Al-Hayek³, Luana Giardinelli³, Claire Whitney⁴, Mark J. D. Jordans^{5,6}, Pim Cuijpers⁷, Marit Sijbrandij⁷, Peter Ventevogel⁸, Katie Dawson⁹, Aemal Akhtar^{1,7}, on behalf of the STRENGTHS Consortium

1 University of New South Wales, Sydney, Australia, 2 Westmead Institute of Medical Research, Sydney, Australia, 3 Jordan Country Office, International Medical Corps, Amman, Jordan, 4 International Medical Corps, Washington DC, United States of America, 5 War Child, Amsterdam, the Netherlands, 6 University of Amsterdam, Amsterdam, the Netherlands, 7 Vrije Universiteit, Amsterdam, the Netherlands, 8 United Nations High Commissioner for Refugees, Geneva, Switzerland

* r.bryant@unsw.edu.au

Acarturk *et al. BMC Psychiatry* (2022) 22:8
<https://doi.org/10.1186/s12888-021-03645-w>

BMC Psychiatry

RESEARCH

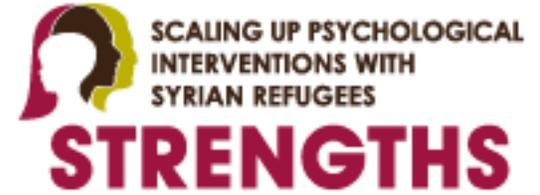
Open Access

Group problem management plus (PM+) to decrease psychological distress among Syrian refugees in Turkey: a pilot randomised controlled trial

Acarturk^{1*}, E. Uygun², Z. Ilkkursun¹, T. Yurtbakan³, G. Kurt¹, J. Adam-Troian⁴, I. Senay⁵, R. Bryant⁶, P. Cuijpers⁷, N. Kiselev⁸, D. McDaid⁹, N. Morina⁸, Z. Nisanci¹⁰, A. L. Park⁹, M. Sijbrandij⁷, P. Ventevogel¹¹ and D. C. Fuhr¹²



Qualitative Evaluation PM+



«Dieses Programm hat mich vieles gelehrt. Ich kann nun meinen Freunden mit ihren Problemen helfen und ihnen erklären, was sie durchmachen, genau so wie [PM+] es mir beigebracht hat»

Teilnehmer PM+

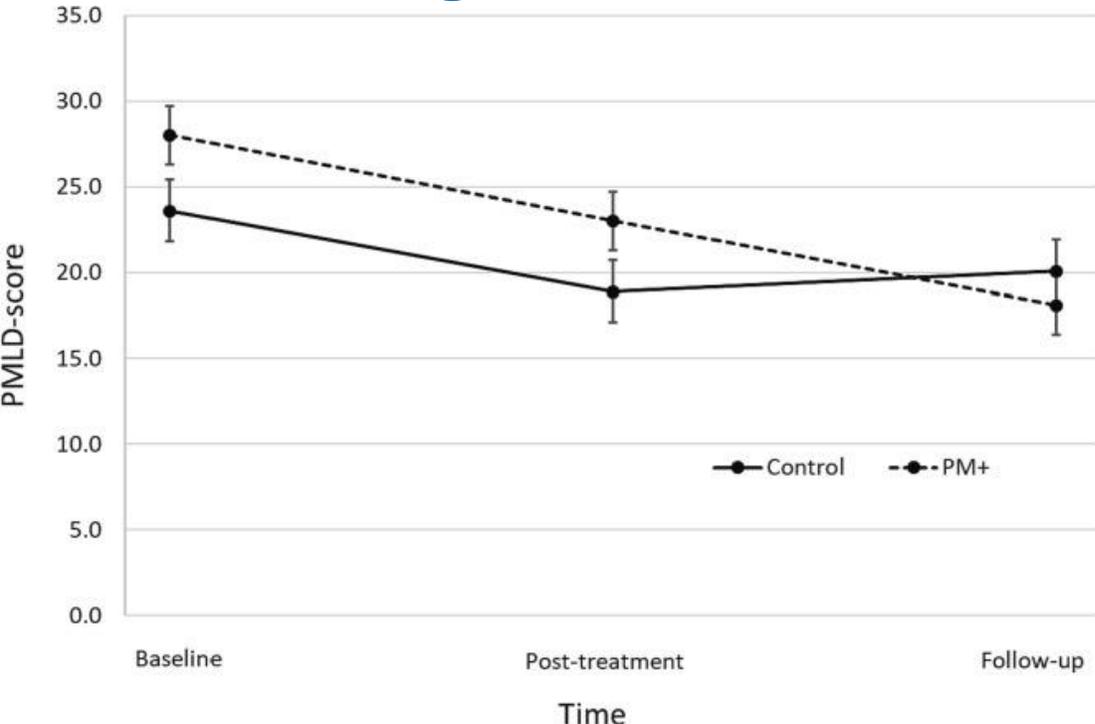
"Das Programm hilft mir, den Alltag zu bewältigen und gibt mir Hoffnung"

Zitat PM+ Teilnehmer

«Ihr habt mir geholfen und Hoffnung gegeben, am Leben zu bleiben, und ich wünschte, ich hätte länger bei euch bleiben können, aber auf jeden Fall danke ich euch noch einmal für die Hilfe»

(Quote PM+ TN)

Resultate: PM+ auf post-migratorische Belastungen



Contents lists available at ScienceDirect

Comprehensive Psychiatry

journal homepage: www.elsevier.com/locate/comppsy



The effect of a low-level psychological intervention (PM+) on post-migration living difficulties – Results from two studies in Switzerland and in the Netherlands

Julia Spaaij^a, Anne M. de Graaff^b, Aemal Akhtar^{c,d}, Nikolai Kiselev^{a,e,f}, David McDaid^g, Hanspeter Moergeli^a, Monique C. Pfaltz^{a,h}, Matthias Schick^a, Ulrich Schnyderⁱ, Richard A. Bryant^c, Pim Cuijpers^b, Marit Sijbrandij^b, Naser Morina^{a,*}, on behalf of the STRENGTHS consortium

Table 2

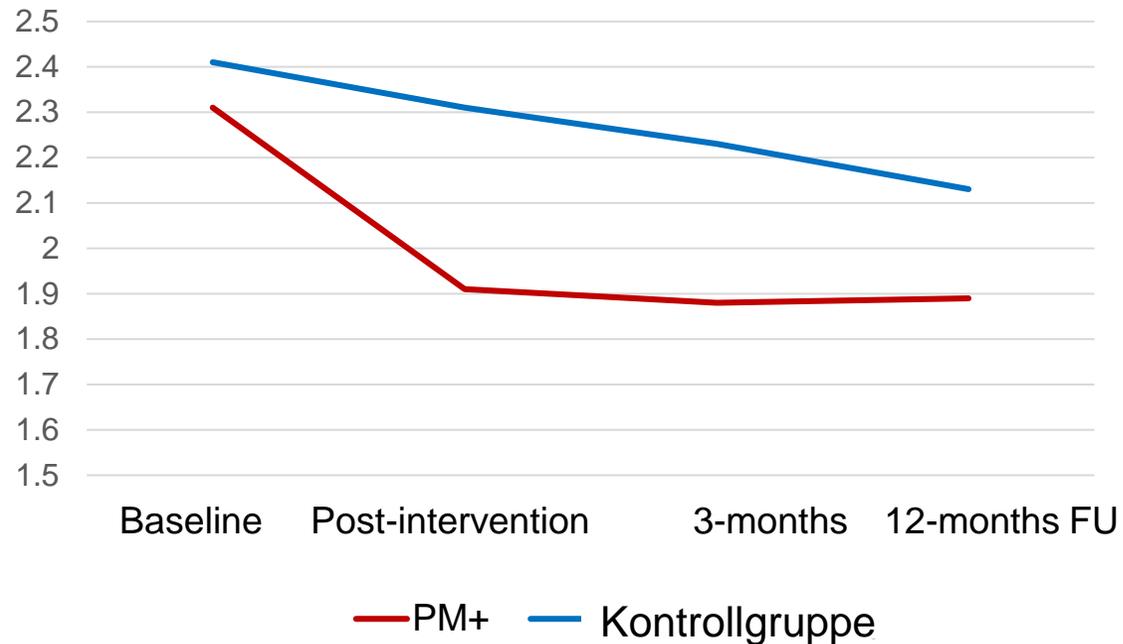
Change in post-migration living difficulties rated as moderately serious to very serious in the PM+ condition (N = 49).

PMLD type	n (%)		P ^{a,b}
	T1	T3	
Communication difficulties	29 (59.2%)	20 (40.8%)	0.049
Discrimination	15 (30.6%)	11 (22.4%)	0.388
Conflicts with your own / other ethnic groups in host country	10 (20.4%)	4 (8.2%)	0.109
Separation from family	34 (69.4%)	21 (42.9%)	< 0.001
Worries about family back home	39 (79.6%)	25 (51.0%)	< 0.001
Unable to return home in emergency	30 (61.2%)	24 (49.0%)	0.210
Difficulties with employment	35 (71.4%)	23 (46.9%)	0.023
Difficulties in interviews with immigration officials	12 (24.5%)	4 (8.2%)	0.021
Conflicts with social workers / other authorities	9 (18.4%)	5 (10.2%)	0.219
Not being recognized as a refugee	5 (10.2%)	8 (16.3%)	0.250
Being fearful of being sent back to your country of origin in the future	28 (57.1%)	15 (30.6%)	0.002
Worries about not getting access to treatment for health problems	20 (40.8%)	10 (20.4%)	0.013
Not enough money to buy food, pay the rent or buy necessary clothes	24 (49.0%)	17 (34.7%)	0.039
Difficulties obtaining financial assistance	15 (30.6%)	5 (10.2%)	0.006
Loneliness, boredom, or isolation	26 (55.3%)	19 (40.4%)	0.118*
Difficulties learning one of the national languages	34 (70.8%)	24 (50.0%)	0.021**
Difficulties obtaining appropriate accommodation	33 (67.3%)	18 (36.7%)	< 0.001

PM+ für syrische Flüchtlinge in NL (N=206)



Significant reduction of the anxiety and depression severity



Randomized Controlled Trial > [BMJ Ment Health](#). 2023 Feb;26(1):e300637.

doi: 10.1136/bmjment-2022-300637. Epub 2023 Feb 8.

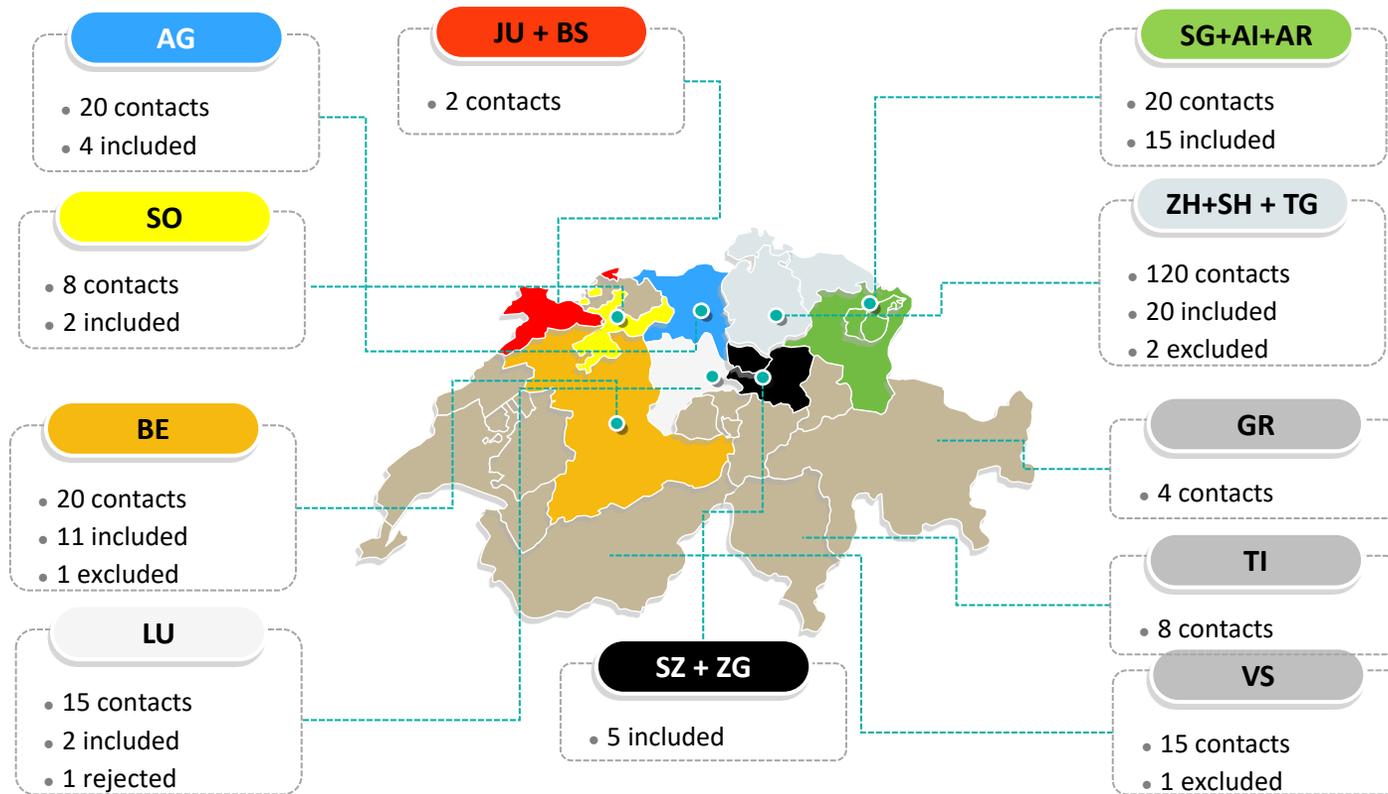
Peer-provided psychological intervention for Syrian refugees: results of a randomised controlled trial on the effectiveness of Problem Management Plus

FULL TEXT LINKS



ACTIONS

STRENGTHS: Kontaktaufnahmen & Einschluss in Studie



SPiRIT

SCALING-UP PSYCHOLOGICAL INTERVENTIONS
IN REFUGEES IN SWITZERLAND

Nationale Partner

Staatssekretariat für Migration SEM



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Bundesamt für Gesundheit BAG

Schweizerisches Rotes Kreuz 



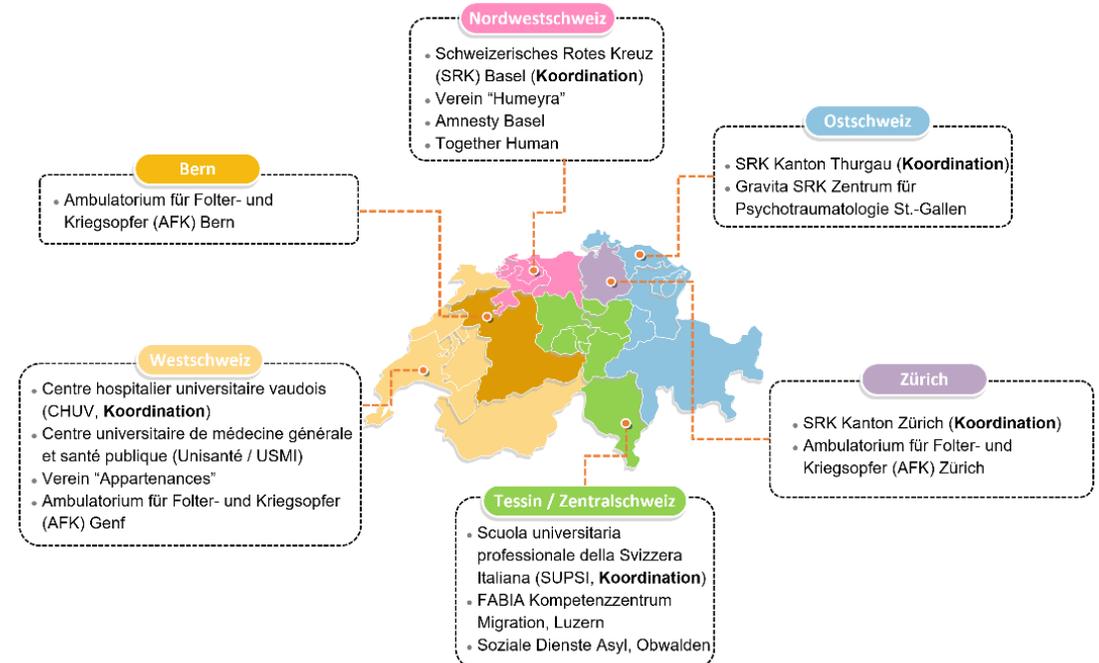
Wissenschaftliche Partner

ETH zürich

KOF  **ipl** immigration
policy
lab
Stanford | Zürich



Regionale Partner



Vision und Ziele für SPIRIT

- Verbesserung der **Resilienz** von Geflüchteten
- Chancengleicher **Zugang** zur Versorgung
- **PM+** als erste Stufe in Stepped-Care
- Aufbau von **Versorgungsnetzwerken**



+ **Sensibilisierung** + **Screening & Triage** + **Mapping v. Akteuren**

+ Weiterentwicklung (EASE) + Qualitätssicherung & Evaluation (EQUIP)

Online Recruitment: video, social media, project website

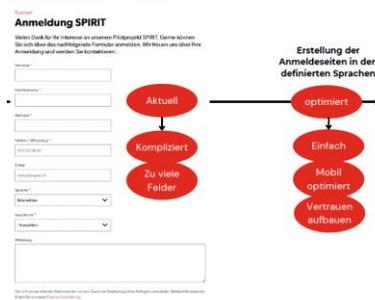


Die Universität Zürich untersucht ein neues Programm, welches Personen im Umgang mit **Alltagsschwierigkeiten** unterstützt. Das Programm wurde speziell für **Menschen aus arabischsprachigen Ländern** entwickelt und findet in **Zürich, Bern und St. Gallen** sowie auf Wunsch auch **online** statt. Den Teilnehmenden werden von **speziell geschulten Arabisch sprechenden Personen** einfache Strategien zum Umgang mit Belastungen im Alltag vermittelt.

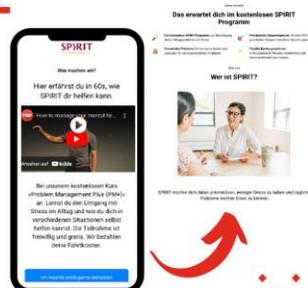
Wie Sie davon profitieren können? Sie werden **neue Strategien und Fähigkeiten** erlernen, wie Sie sich selbst, Ihren Angehörigen und Freunden im



ANMELDEFUNNEL



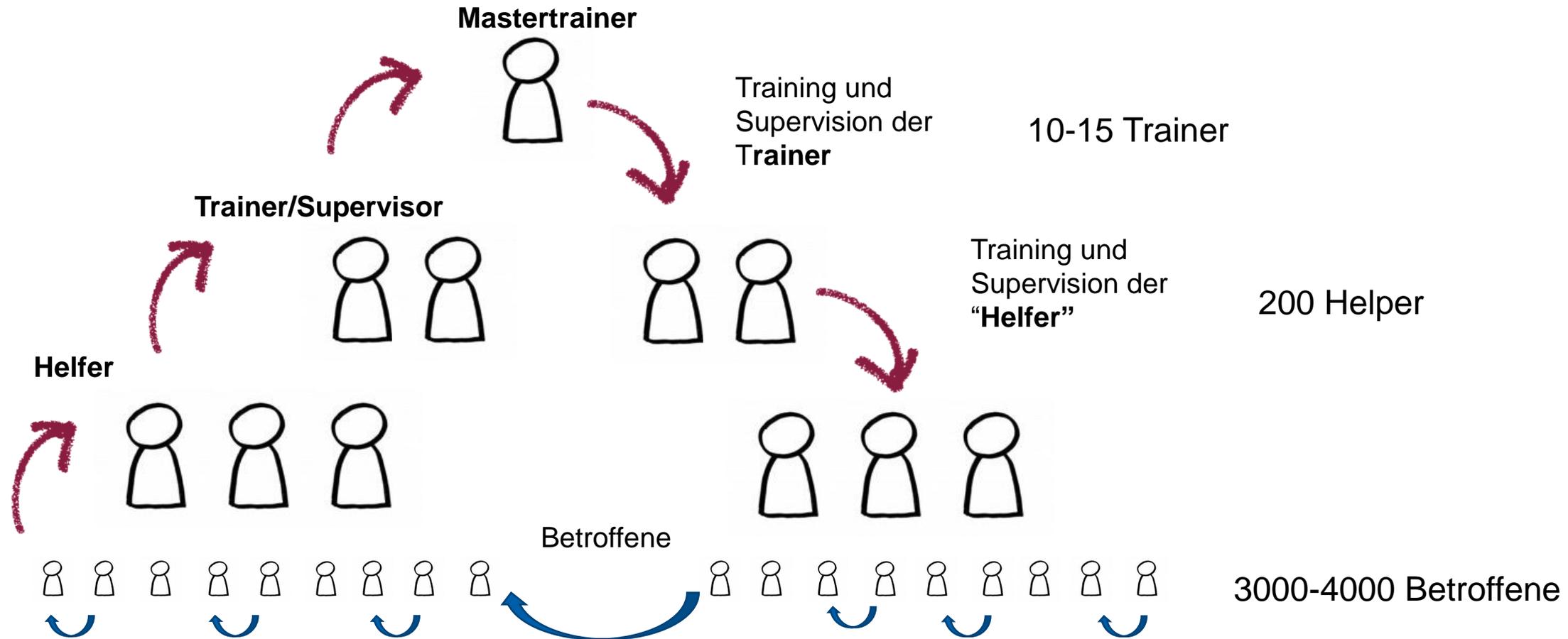
Dieser Anmeldefunnel ist als Beispiel zu verstehen. Der Inhalt wird nach Absprache mit SPIRIT erstellt.



Instagram



Scale-up



Sprachangebot (*aktuell*)

- Ukrainisch
- Russisch
- Arabisch
- Tamilisch
- Kurmandschi (Kurdisch)
- Paschto
- Türkisch
- Tigrinya

- Deutsch
- Englisch
- Französisch

--> *weitere schnell verfügbar*

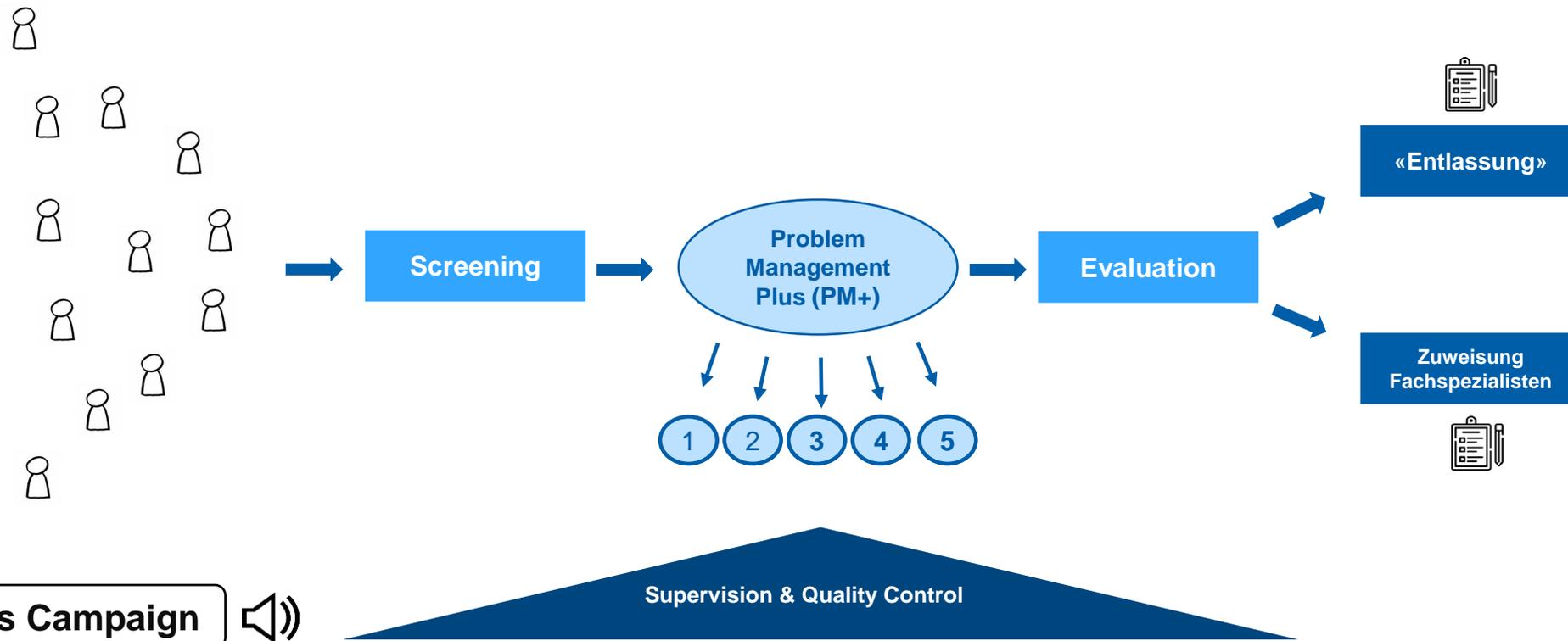


PROBLEM MANAGEMENT PLUS (PM+)
Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2018
Series on Low-Intensity Psychological Interventions - 2



PM+ Intervention: Standard-Abläufe und Triage



Schweizerischer Nationalfonds Sinergia-Studie : BRIGHT

- **largescale representative survey** among refugees and asylum seekers in Switzerland to describe this population in terms of mental health and integration problems, assess their correlation, and identify the predictors thereof
- **Adapted PM+**: using a stepped wedge randomised-controlled trial in 1.240 refugees and asylum seekers across Switzerland to provide evidence on i) its effectiveness to reduce mental distress, ii) potential underlying mechanisms contributing to its mental health benefits, and iii) adherence among recipients
- **Benefits of PM+** in social, political, economic, and navigational dimensions of integration of refugees and asylum seekers into Swiss society

- Psychische Fragen
- Sozialdaten
- Integrationsdaten
- Krankenkassendaten

Do more with less.... wer braucht wann welchen Experten?

- Klassische Therapiemethoden: Mental Health Treatment Gap
- Neue Ansätze und andere Berufsgruppen: sinnvolle Alternativen
- Screening / Monitoring – Indizierte Intervention
- Stepped Care Approach

- Kernelemente – Generische Strategien

- Effektive skalierbare Interventionen, die für jeden zugänglich sind
- Flexibel: Kontext, Zeit, Ort, Population, Setting



SAVE THE DATE

January 18, 2024

Scalable psychological interventions: Quo vadis?

An international symposium on effectiveness, lessons learned, challenges, scaling-up and future developments on scalable psychological interventions

With keynote speakers from WHO, UNHCR, UNICEF, UNSW, VU, LSE, USZ/UZH, ETH & more

When?

January 18th, 2024
09:00 – 16:00

Where?

University of Zurich
Rämistrasse 71
8006 Zurich
Aula, KOL-G-201

and *online*



Universität
Zürich^{UZH}



Gesundheitsförderung Schweiz
Promotion Santé Suisse
Promozione Salute Svizzera

www.spirit-network.ch

Thank you for your attention!

Merci pour votre attention!

**Vielen Dank für Ihre
Aufmerksamkeit!**

Grazia fitg per l'attenziun!

Molte grazie per la vostra attenzione!

naser.morina@usz.ch

USZ Universitäts
Spital Zürich



**Universität
Zürich^{UZH}**



**Horizon 2020
European Union Funding
for Research & Innovation**



**FONDS NATIONAL SUISSE
SCHWEIZERISCHER NATIONALFONDS
FONDO NAZIONALE SVIZZERO
SWISS NATIONAL SCIENCE FOUNDATION**



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra



Gesundheitsförderung Schweiz
Promotion Santé Suisse
Promozione Salute Svizzera

SP|RIT

**SCALING-UP PSYCHOLOGICAL INTERVENTIONS
IN REFUGEES IN SWITZERLAND**

BR|R|GHT

**BOOSTING REFUGEE INTEGRATION
THROUGH PSYCHOLOGICAL INTERVENTION**