



**Better You&Me**  
by Hug.

**2023-2025**

**Research & Evaluation Report**



# Mental Health as a Bridge to Integration

Insights from Displaced  
Ukrainians in Sweden



# Help Ukraine Gothenburg

orgnr: 802538-8045

[www.hug.ngo](http://www.hug.ngo)

[contact@hug.ngo](mailto:contact@hug.ngo)

Published: **12/2025**

ISBN 978-91-990859-0-6

## Working group

**Better You&Me project leader** Nadiia Kvasha

**Lead author** Viktoriia Svidovska

**Co-authors** Yaroslava Shven, Eliza Kravchenko

**Editor** Eliza Kravchenko

**Copyeditor** Alla Tangstad

This report has been developed within the Better You&Me programme, initiated and implemented by the non-governmental organisation Help Ukraine Gothenburg (Hug). The project was initially launched with the support of the European Social Fund (ESF) and later continued thanks to the contribution of Mats Paulssons. This has enabled us to collect valuable data and insights on the experiences of displaced Ukrainians in Sweden. This support was essential, as, we believe, it has created long-term benefits not only for Ukrainians but also for our society as a whole, fostering wellbeing and social cohesion.

The quotes and examples included are based on reflections and experiences shared by participants of the programme. They have been selected to illustrate key themes related to mental health, well-being, and integration among displaced Ukrainians in Sweden. Some quotes may draw on several conversations to convey common experiences. Minor adjustments have been made to ensure participants' anonymity and clarity of expression. All participants could share their stories in confidence and remain fully anonymous.

© 2025 Help Ukraine Gothenburg

All rights reserved.

# Table of Contents

<b>Introduction</b>	<b>5</b>	<b>Better You&amp;Me Programme</b>	
Beyond Return	6	<b>Effectiveness</b>	<b>100</b>
Hope	8	Participation	102
Adjusting to a New Reality	9	The Effectiveness of Project-Based Interventions	104
Turning Point	10	Review of the Programme Design	107
		Discussion	109
<b>First Findings</b>	<b>11</b>	<b>Closer Look</b>	<b>111</b>
Support grounded in science, not just good intentions	12		
<b>Theoretical Framework</b>	<b>14</b>	<b>Conclusion</b>	<b>115</b>
Theoretical Foundations	15	Lessons Learned	116
Empirical Foundations	16	Recommendations for Implementing Mental Health Support Programmes for Displaced Populations	117
<b>Better You&amp;Me Programme</b>	<b>19</b>	Policy Recommendations for Strengthening Mental Health and Integration Support for Displaced Ukrainians in Sweden	119
Guiding Principles	21	Way Forward	122
Programme Methods and Activities	27		
<b>Methodology and Demographics</b>	<b>40</b>	Appendix A. Well-Being Assessments Data (May 2024 – Oct 2025)	123
<b>Findings</b>		References	127
<b>People We've Met</b>	<b>48</b>		
Starting Over			
How Ukrainians Navigate Life in Sweden	49		
Layers of Trauma	69		
Path Through Experiences of War and Displacement	80		
Pathway Summary	98		

## List of Abbreviations

**HUG** – Help Ukraine Gothenburg

**TPD** – Temporary Protection Directive

**PTSD** – Post-Traumatic Stress Disorder

**CAWI** – Computer Assisted Web Interviewing

# Introduction

**This study was conducted by Help Ukraine Gothenburg (HUG) as part of the Better You&Me programme, launched in 2023.**

**HUG** is a non-governmental organisation based in Sweden, dedicated to empowering Ukrainians to rebuild their lives and create long-term change for the future.

**The Better You&Me programme's primary goal** is to enhance the mental health and integration of displaced Ukrainians in Sweden, recognising that these two domains are closely interconnected. The initiative combines emotional support, body-oriented, psycho-educational, community-based and creative activities, with an emphasis on culturally sensitive and trauma-informed approaches.

**The aim of this study** is to explore mental health needs, integration challenges, and the broader impact of displacement on the mental health and wellbeing of displaced Ukrainians in Sweden, as well as to evaluate the effectiveness of the Better You&Me programme in addressing these needs.

The programme implementation is guided by the United Nations Sustainable Development Goals (UN, 2015), particularly those **promoting good health and well-being (Goal 3) and reduced inequalities (Goal 10)**. In line with these priorities, the policy recommendations presented at the end also aim to foster strong partnerships for sustainable development (Goal 17).



**Programme vs. Project.** Within this study, the usage of the term programme refers to the framework that defines the goals, methods, and forms of the interventions, while the term project refers to its concrete implementation.

**Data Collection.** Data were collected between 2023 and 2025, using both quantitative and qualitative methods.

## Beyond Return

The full-scale Russian invasion of Ukraine on **February 24, 2022**, has triggered one of the largest humanitarian crises in modern Europe, forcing millions of Ukrainians to flee their homes and seek protection across Europe, including Sweden. By the end of 2023, a total of **38,557** Ukrainians were registered under the Temporary Protection Directive (TPD) in Sweden, including **5,028** in Västra Götaland County and **1,592** in Gothenburg (Migrationsverket, 2023).

By the end of 2024 this number had reached **40,822**, including those who had received personal identity numbers (Migrationsverket, 2025; Statistics Sweden, 2025).

**While Ukrainians have found safety, the psychological burden of war, loss, and forced displacement still affects their daily lives and well-being.**



According to the International Organisation for Migration report in 2023, around **72%** of Ukrainian respondents in Sweden expressed no intention to move from their current place of residence. This figure increased to **81%** according to a more recent IOM report in 2024 (IOM, 2023; IOM, 2024). Given these dynamics, **many Ukrainians may no longer see a realistic path to return** due to the ongoing war, destruction of their homes, and loss of livelihoods.

At the same time, **a lot of Ukrainians have already started integrating in Sweden.** Some have found stable jobs; some have started relationships. Many are investing time and effort into language learning and participating in civic orientation programmes. Their children are attending schools in Sweden while no longer following the curriculum in Ukraine.

Some children were so young when the full-scale invasion started that after several years in Sweden they struggle to speak Ukrainian. Others were born in Sweden and have known no other home.

Many young people have started higher education or vocational training in Sweden, which links their

prospects to Sweden and diminishes the chances of return.

**It's becoming more apparent that integration for a lot of Ukrainians in Sweden is not a temporary, but long-term ongoing process.**

Thus, it requires sustained support from the host society through expanded access to stable housing, employment opportunities, mental health care, language training, and maintaining social networks. Without it, there may be a risk of marginalisation, isolation, or heightened psychological distress among Ukrainians in Sweden.

## Hope

When **HUG** was founded in February 2022, none of the mentioned above was yet clear. **The initial focus was on immediate, life-saving aid:** evacuating people from war zones, finding emergency shelter, and responding to urgent needs.

On a rainy February 26th, a small group gathered outside the Russian consulate in Gothenburg to protest the war.

By the end of the week, these people formed an organisation that sent the first **9 evacuation buses** to help Ukrainians escape danger and bring them to a safe place in Sweden.

As more people arrived, their needs became more complex. In response, **HUG opened the Support Center:** a welcoming space where people could receive guidance and a sense of community. Over time, it became a hub for language learning, support, and cultural exchange. Volunteers and community members worked together, creating a space where Ukrainians could make meaningful connections, rebuild confidence, and begin planning for the future.



At the beginning of the war, together with the Swedish Church, HUG opened a shelter that became a temporary home for over 300 arrivals from Ukraine.

## Adjusting to a New Reality

As time went on, people slowly began to move past the initial shock of the war. Many were taking their first steps toward integration - looking for jobs, enrolling in Swedish language courses, creating new social connections, and trying to understand how to navigate their lives in a new country.

During this period, the emotional impact of war and forced displacement became increasingly evident.

**People started to speak more openly about how they felt** and what they were coping with.

**Women** spoke about suppressed grief, fear for their children, guilt over relatives left behind, and the overwhelming pressure of managing everything alone in a new country.

**Teenagers** described feeling lost and unsure of who they were and where they belonged.

**Parents** struggled to support their children while coping with their own breakdowns and the pressures of integration.

These stories reflected a broader systemic gap. Although Sweden provided important legal protections, access to mental health services for newly arrived Ukrainians remained limited.

**Mental health was often misunderstood as secondary, while in fact, it underpinned everything: language learning, employment, relationships, parenting, and overall integration.**

## Turning Point

In 2023 HUG launched three community-based projects - **Care Connect With Ukraine, Huggis, and Unity**, supporting adults, youth and children in career development, education and social bonding. In a short period of time, the association has reached more than **3,000 Ukrainians**. Currently, **HUG operates 3 centres in Gothenburg** and has several projects aimed at helping displaced populations integrate into Swedish society.

Through this work, we've seen clearly how stress, anxiety, and exhaustion made it harder for people to connect, focus on work or studies, handle daily tasks, related to integration.

The more we listened, the more we realised we needed to go deeper and ask ourselves whether we were addressing the right problems and truly responding to what people were going through.

To find out, we decided to launch a study on how trauma and stress were affecting displaced Ukrainians in Sweden and shaped their integration.

Thus, the next chapter of our work was grounded in a simple but powerful belief:

**no one should have to carry the weight of displacement alone.**

# First Findings

**In August 2023**, HUG conducted an online survey using the CAWI<sup>1</sup> method.

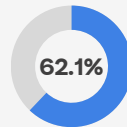
## The Survey Objective

The survey aimed to explore the psychological well-being, integration experiences, and mental health needs of displaced Ukrainians in the Västra Götaland region.

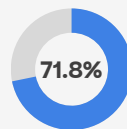
## Sample

A total of 330 respondents took part in it, mostly women (89.7%) aged 18 to 64. Most had already been living in Sweden for over a year, and more than half (55.8%) were living with children under the age of 18.

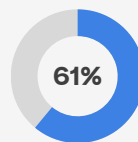
The survey data revealed a striking **dissonance between participants' perception of physical safety and emotional reality**, as integration stressors and unmet mental health needs created barriers to recovery.



**62.1%** of respondents rated integration in Sweden as moderate or low, reflecting the complexity of starting over in a new country.



Although **86.4%** of participants felt physically safe, **71.8%** reported low well-being - problems with daily functioning, anxiety, and loneliness.



**61%** acknowledged needing mental health support, but only **7.6%** had actually received it.

<sup>1</sup> CAWI - Computer Assisted Web Interviewing

## Support grounded in science, not just good intentions

Since initial findings revealed psychological distress, integration challenges, and high mental health needs among Ukrainians in Sweden, it became evident that meeting these needs requires evidence-based strategy.

**To build a solid foundation for support programme, HUG team analysed more than 100 academic studies on mental health, displacement and integration.**

- research on refugee mental health (Bogic, 2015; Hassan, 2016; Henkelmann, 2020)
- the psychological impact of displacement (Fazel, 2005; Porter & Haslam, 2005)
- studies exploring the link between mental health and integration (Dang & Trong-Anh, 2021)
- research focused specifically on Ukrainians affected by the war (Kurapov, 2023; Anjum, 2023; Karstoft et al., 2023; Kolly-Shamne & Dribas, 2023)

A study among Ukrainian refugees in Switzerland (Collie-Chamnet & Dribas, 2023), involving 712 respondents, revealed **high rates of psychological suffering (56.1%)**, as well as difficulties with integration.

A 2023 study in Denmark, involving nearly 7,000 adult Ukrainian refugees, found that **almost 29.4% showed symptoms consistent with PTSD** (DARECO, 2023). This group reported lower mental well-being, more functional limitations, more potential problems with alcohol, increased loneliness, and reduced trust in Danish institutions. When the war started, before displacement many lived near active hostilities **(42.5%)**, many lost loved ones **(38.9%)**.

The review confirmed what we had been observing in practice: **untreated trauma and psychological distress often stand in the way of learning the local language, finding work, raising children, and managing daily routines.**

Moreover, these challenges could also affect children, especially those who have lost a parent or a close relative, manifesting in behavioural difficulties, concentration problems, or delayed adaptation in school and social settings.

At the same time, a lack of stable employment and social support could worsen mental health symptoms, creating a cycle that many people have struggled to break on their own. The problem may have been further exacerbated by the tendency to relegate mental health to a secondary priority.

This cycle may have intensified over time, as additional factors, such as uncertainty about legal status, language barriers, disrupted family structures, or limited access to healthcare, compounded stress and hindered recovery. It may also have been reinforced by economic hardship, housing insecurity, and loss of community ties.

**Thus, the intersection between mental health and integration**

is where we believe the most urgent and effective support must take place and where we focused our efforts.

# Theoretical Framework

The Well-Being Framework is a conceptual tool designed by HUG to define and structure the well-being criteria for displaced populations used within the Better You&Me programme.

The model is applicable across various contexts and community needs.

The framework is grounded in psychological theories, integration studies, and empirical data collected by HUG between Aug 2023 and Jan 2025.



# Theoretical Foundations

## Mental Health Models

A theoretical core for the Framework was shaped by mental health models conceptualized by Keyes (2002), Suldo & Shaffer (2008), Greenspoon & Saklofske (2001), and Wang et al. (2011). **These models consider mental health as a continuum from positive well-being to diagnosable mental disorders.**

## Integration Models

The framework was complemented through integration research by Berry (1997), Ager & Strang (2004), Phillimore (2012, 2021) and EU-level policy integration indicators (OECD, 2015, 2023). These perspectives converge in viewing **integration as a layered and dynamic two-way process.**

### Integration prerequisites

- **rights**
- **access** to employment, education, housing, health care, language skills, active participation and citizenship
- **social connection**, mutual relations and efforts between individuals and the host society.

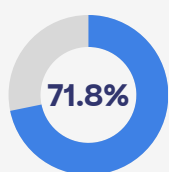
## Well-Being Dimensions

Relevant dimensions of overall well-being were defined through the mental health criteria using Ryff's Model of Psychological Well-Being (1989), Veenhoven's et al. research on happiness (1991), and Wagnild & Young's resilience theory (1993). **These models share a common view of well-being as a balanced state that includes emotional regulation, self-awareness and self-belief, a sense of purpose, autonomy, personal growth, and the capacity to learn, to work, to contribute to society.**

Additional research has emphasised the specific well-being criteria, such as personal, relational, and collective self-esteem (Du et al., 2017), connections (Oliveira et al., 2022), sense of belonging and meaningful life (Haim-Litevsky et al., 2023), pursuing meaningful goals (Brunstein, 1993).

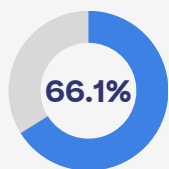
## Empirical Foundations

Surveys, interviews and observations were conducted by HUG between August 2023 and February 2024 to explore the mental health challenges and needs of displaced Ukrainians in the Västra Götaland region.



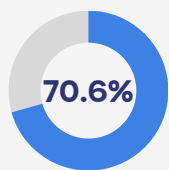
An initial well-being survey conducted among Ukrainian TPD holders in the Västra Götaland region indicated **widespread distress**

(n=330, Aug 2023)



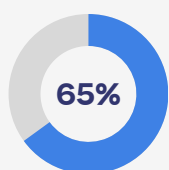
The survey based on the Resilience Scale (CD-RISC-10) suggested **reduced resilience** among first project participants (average rate for the group: 2.66/5)

(n=59, Oct 2023)



The survey based on Beck Depression Inventory (BDI) indicated that an overwhelming majority of the first project participants demonstrate **at least mild or moderate symptoms of depression**

(n=34, Jan - Feb 2024)



The survey, conducted among Ukrainian TPD holders in the Västra Götaland region, indicated **perceived link between their mental health and integration**

(n=280, Jan - Feb 2023)

### Psychological Distress

Anxiety	73%
Exhaustion	65%
Uncertainty	79%

### Mental Health Needs

Psychosocial	83%
Emotional	81%
Integration-related	36%

(n=100, Oct 2023 – Apr 2024)

**The practitioners' observations and in-depth interviews** with 13 women indicated psychological distress and high mental health needs among project participants.

Interviews further revealed that **participants observed strong links between integration and personal growth**. Many emphasised the importance of finding employment that matches their qualifications, satisfaction with housing, access to social participation, financial stability. The ability to learn the local language was also seen as essential, yet often hindered by emotional overload, mental fatigue, and competing daily pressures.

## Settling Minds, Settling Lives

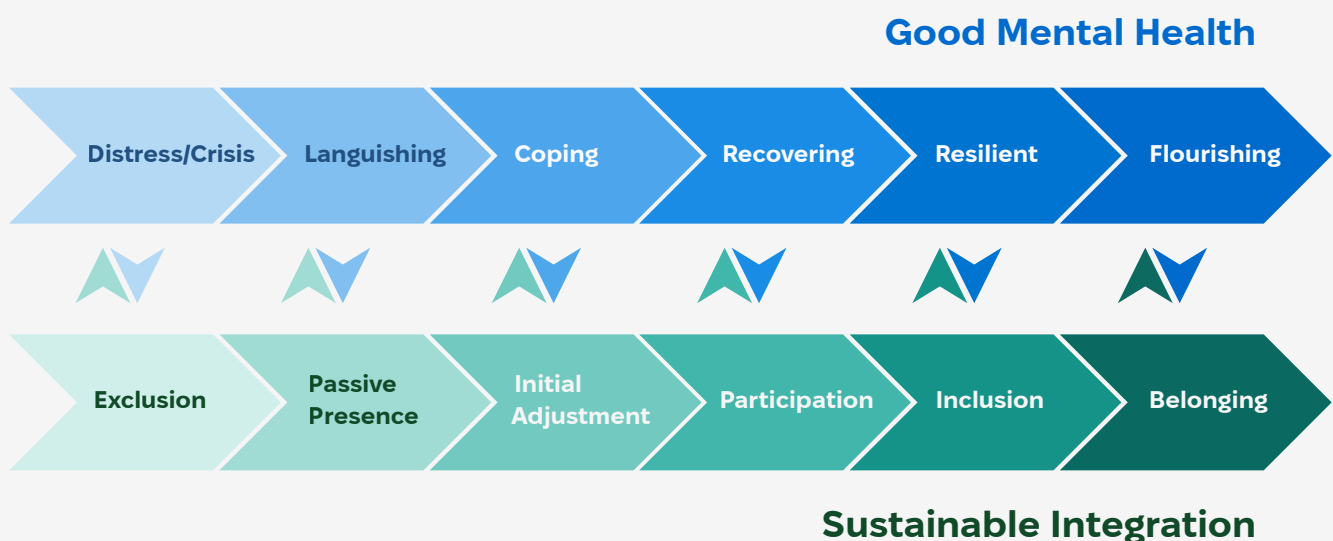
The findings suggest that sustainable integration should be considered one of the core components of well-being for people displaced by war.

This component refers to **an internal experience of connection and continuity in the host country**. Yet this state is influenced by external realities, including legal status, access to rights and opportunities.

**The war and displacement initiates more than a change in geography; it sets in motion parallel processes of healing and adjustment to new realities.**

However, these paths are rarely linear. For instance, the growing sense of inclusion can intensify recovery, while uncertainty or social isolation may hold recovery and overall integration back.

**Accordingly, the Better You&Me programme views integration and mental health as closely interconnected, where one can foster another, and challenges in either may create obstacles to both.**



## The Subjective Well-Being Framework for Displaced Populations

Structure	Components	Criteria		
		Incomplete	Partially Complete	Complete
<b>Subjective Well-Being</b>	Emotional well-being	emotional dysregulation; emotional instability; emotional distress;	moderate emotional regulation; partial emotional stability; moderate levels of psychological distress;	<b>emotional regulation; emotional stability; emotional resilience;</b>
	Social and psychological well-being	fluctuating or low self-esteem; low stress tolerance; difficulty envisioning the future; difficulty in goal setting; loneliness; isolation; interpersonal difficulties; low life satisfaction;	fluctuating self-esteem; situational resilience; limited future perspective; inconsistent goal clarity; conditional sense of belonging; occasional interpersonal difficulties; fluctuating life satisfaction;	<b>stable self-esteem, consistent self-acceptance, self-worth, and confidence; stress resilience; high level of future time perspective; goal-directedness; sense of belonging; positive interpersonal relationships; overall life satisfaction;</b>
	Sustainable integration	cultural disorientation; difficulty in social integration; difficulty in professional integration; social disengagement; legal insecurity and uncertainty; housing instability and insecurity; uncertain or fragmented future perspective regarding life in the host country;	partial cultural integration; partial social integration; partial professional integration; selective social engagement; conditional legal security; temporary or unstable housing security; exploratory future planning within the host country;	<b>cultural integration and familiarity; multiculturalism; social integration; social belonging; professional integration; community participation; sense of legal and institutional security; sense of stable and predictable housing situation; strategic future orientation within the host country;</b>
	Psycho-physiological well-being	sleep problems; imbalanced physical activity (lack of activity, excessive activity); fluctuating weight; disordered eating; dysregulated physiological rhythms; disruption of sexual behaviour; fatigue (physical and mental);	occasional sleep disturbances; inconsistent physical activity; unstable weight; inconsistent eating patterns; imbalances in physiological rhythms; unstable interest in sexual relations; episodic physical and cognitive fatigue with partial recovery;	<b>healthy sleep and rest; consistent and balanced physical activity; healthy appetite; healthy eating habits; maintained healthy weight; stable physiological rhythms; consistent and healthy sexual interest; sustained cognitive function; responsive recovery, and vitality;</b>
<b>Psychopathology</b>		no clinical symptoms or mild psychological distress;	mild to moderate clinical symptoms	disturbed mental state, severe clinical symptoms, mental illness, exhaustion

According to modern models of mental health, **a well-being state implies a high level of subjective well-being, the absence of psychopathological symptoms.** The lower the level of well-being, and the more symptoms of psychopathology appear, the worse the state of mental health becomes.

The current version of the Framework is suitable for broader practical use while remaining open to future updates based on emerging research or evolving needs of Ukrainians in Sweden.

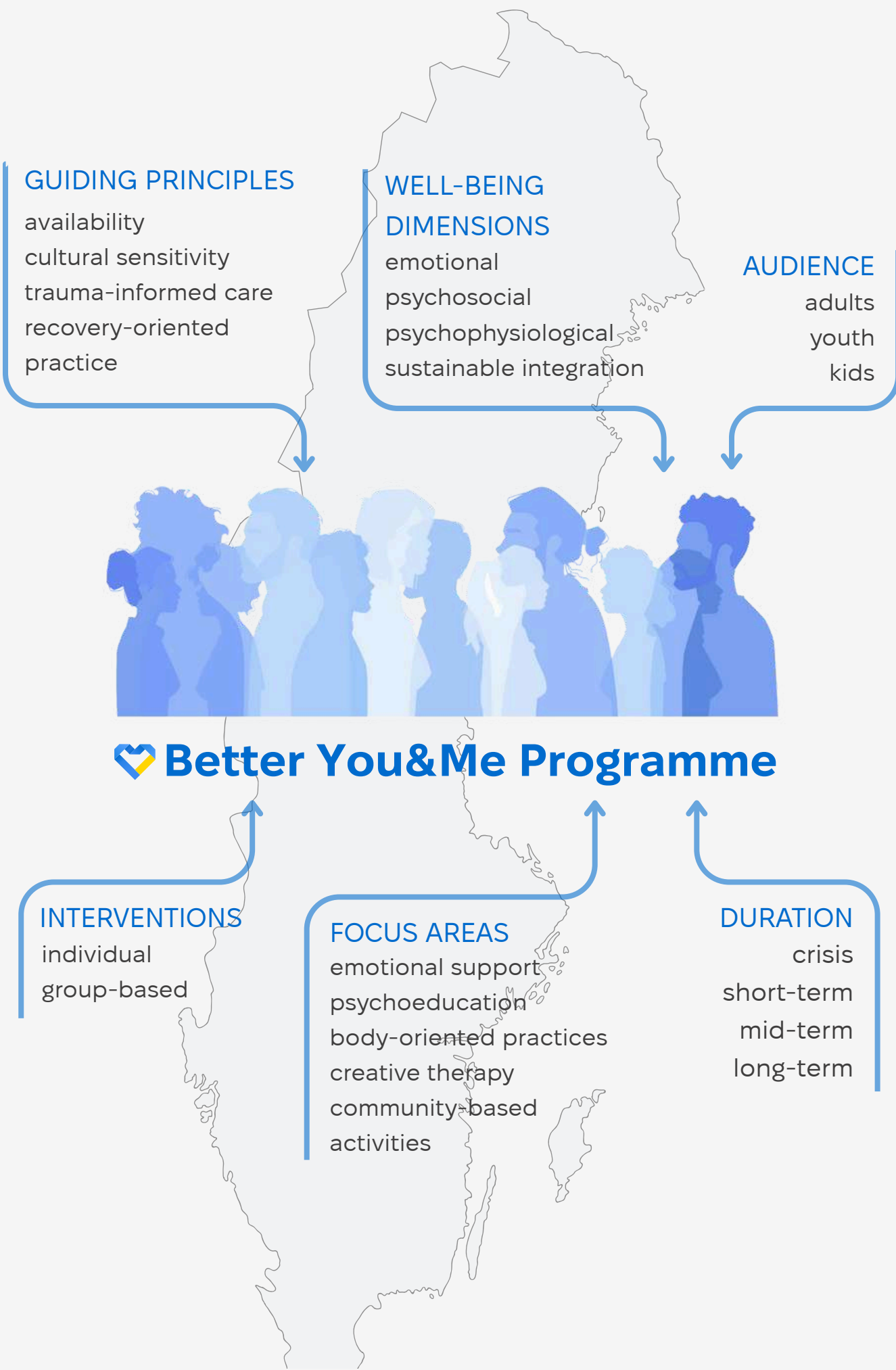
# The Better You&Me Programme

The Better You&Me programme is grounded in theoretical and empirical foundations, and the Well-Being Framework.

It offers tailored support methods that address high mental health and integration needs of displaced Ukrainians in Sweden.

This section outlines the programme's components - its methods, approaches, and guiding principles.





## Guiding Principles

The Better You&Me is driven by the belief that effective care for forcibly displaced Ukrainians requires deep **cultural sensitivity**.



### Cultural Sensitivity

Only a small amount of cultural elements, such as language, clothing, and art, are visible, while the majority, including values, beliefs and social norms remain hidden beneath the surface. Yet it is precisely these hidden elements that can deeply influence human behaviours.

Recognising the profound impact of invisible cultural elements on how people cope with stress and seek help, we drew on the concept analysis by Resnicow et al. (1999), King et al. (2014), Brooks et al. (2019).

The research highlights that **culturally sensitive communication requires an active effort to engage with participants' beliefs and values**.

In the Better You&Me project, cultural sensitivity is implemented in line with the theory by Resnicow et al. (1999).

**On the surface dimension** the communication is delivered in the participants' native language, using familiar references and settings.

**At a deeper level**, the approach integrates Ukrainian-specific cultural norms, understanding of historical trauma and colonial heritage, that affect emotional expression, coping, and help-seeking behaviours. The interventions are delivered by Ukrainian practitioners, which facilitates culturally attuned engagement and an understanding of participants' lived experiences.

## The Native Language

We believe that one of the key components of culturally sensitive care is using native language. This is considered essential for creating an environment that fosters recovery and avoiding misunderstandings caused by language barriers.

Language can play a dual role in support settings. The research has shown that **the use of an immigrants' native language can improve trust, clarity, emotional accuracy, and treatment outcomes** (Olivares & Altarriba, 2009; Giammusso et al., 2018), but also activate culturally anchored attitudes toward mental health, which in some cases can reinforce stigma and reduce openness to seeking help (Heller et al., 2023).

The use of the native language could be a central element of culturally sensitive support, yet it requires acknowledging its limitations. Applied with cultural awareness, it can become a powerful resource for effective communication.

## The communication strategy

To respond to these nuances, HUG designed a communication strategy centred on the use of the Ukrainian language allowing participants to express themselves freely and process complex emotional experiences.

Specifically, we adapted the content and tone of communication to avoid clinical or pathologising language, using metaphors, storytelling, and culturally familiar expressions instead.

Practitioners are trained to explore beliefs around mental health with respect and caution.

By embedding lived experience and cultural knowledge into all interactions, the strategy reinforces the programme's commitment to person-centred, trauma-informed care.

## Trauma-Informed Care

Given that many project participants had experienced layered traumatic experiences, related to war and forced displacement, HUG designed the Better You&Me programme using **the core principles of trauma-informed care** (Clervil et al., 2013; Miller et al., 2019; Piccolo, 2021; Burgund Isakov & Markovic, 2024):

- a deep understanding of trauma and its effects
- fostering safety
- the promotion of autonomy through choice, shared power and decision-making
- cultural competence and holistic care
- acknowledging the healing potential of supportive relationships
- a strong belief in the possibility of recovery and resilience

## The colonial heritage and collective trauma

It is essential to acknowledge the enduring impact of colonial heritage and collective trauma on mental health and identity for millions of Ukrainians.

The experience of Holodomor (1932-1933 man-made famine), Stalinist repressions, Soviet censorship, the suppression of Ukrainian language and culture for centuries affected generations of Ukrainians and contributed to the formation of culturally embedded patterns (Hornostai, 2023), such as emotional suppression, avoidance, low self-worth, pessimism, and fear of the future.

**Respectful recognition and deep understanding of this historical legacy are crucial for the development of culturally sensitive and trauma-informed mental health interventions.**

## From Principle to Daily Practice

The trauma-informed approach shaped the selection of methods in our programme.

**Psychoeducation** can help participants to understand how trauma affects the nervous system, how to recognise their own stress responses and how to build resilience.

**The body-oriented practice** offers ways to engage without verbal processing, which is especially important for those, who find it difficult to articulate their pain.

**Emotional support groups** provide a space to process feelings in a contained, compassionate environment and help participants feel seen and supported by others. They also offer opportunities to learn from the experiences of peers.

**Retreats and other social activities** aim to foster a sense of community and belonging, offering moments of connection, shared joy, and collective care. Such experiences help participants create new networks of support that extend beyond the programme.

## Grounding in Safety and Connection

Within the Better You&Me programme, interventions take place in **calm, private settings** to support participants' sense of safety.

Mental health specialists are using simple, supportive **language** and following clear, consistent routines.

**Each session has a stable structure**, but participants are never pressured to share. Instead, they are offered different ways to engage, including speaking, listening, drawing, or simply being present.

Participants' **experience is respected** without imposing predefined psychological models or diagnostic labels.

We believe that **simply being seen and not pushed** is one of the first steps towards recovery.

## Individualised, person-centred focus

The programme offers multiple modes of engagement and flexible levels of participation, ensuring that each person can interact with the content in a way that feels safe, relevant, and responsive to their own goals and capacity. This allows for a wide range of outcomes without measuring progress against normative standards.

## Ethical and professional standards

This programme principle ensures that support is delivered safely and responsibly.

HUG practitioners hold degrees in psychology, and their practice is grounded in evidence-based knowledge. Practitioners base their work on the principles outlined in **the Nordic "Yrkesetiska principer för psykologer i Norden" (2023)**, emphasising respect for autonomy, dignity, privacy, and informed choice, alongside professional competence, responsibility, and transparency. Responsibility entails avoiding harm and fulfilling professional obligations with extended accountability for conducting research.

## Accessibility

Within the programme accessibility means **physical, emotional, cognitive, and structural inclusion**.

From the outset, we aim to reduce participation barriers by offering predictable schedules, accessible locations, and clear, visually supported materials for varying levels of literacy, attention, or emotional capacity.

**In November 2023, HUG introduced digital psychoeducational resources** to ensure that participants could access information at their own pace and regardless of location.

**In April 2024, HUG launched online mental health support formats** to further expand access for Ukrainians across Sweden.

## Recovery-Oriented Practice

Recovery defined as a personal, non-linear process of regaining meaning, control, and connection after trauma.

We believe **recovery should be grounded in hope, empowerment, maintaining meaningful and contributing life free from stigma, with full social inclusion** (Herman, 1998; Andresen et al., 2011; Australian Government Department of Health and Ageing, 2013).

Thus, hope, self-determination, self-control, empowerment and advocacy defined as key components of recovery-oriented care (AHMAC, 2013).

For people who have experienced forced displacement, recovery also involves coming to terms with the loss of home, community, and a sense of safety, while simultaneously rebuilding life in new and often uncertain circumstances.

Once the broader life circumstances have been acknowledged and accepted, recovery may involve restoring trust in oneself and others, and discovering new sources of meaning.

### Mental Health Recovery

both a unique and personal journey and a normal human process

an ongoing experience, not an endpoint

a journey that is rarely undertaken alone

a non-linear process that is often accompanied by both achievements and setbacks

the process, that requires an active engagement from the individual

## Programme Methods and Activities

The Better You&Me programme combines a variety of **individual and group methods and formats** designed to address the needs of war-displaced Ukrainians living in Sweden.

- emotional support
- body-oriented practices
- psychoeducation
- creative therapy
- community-based activities

## Screening

In response to the emerging mental health challenges observed among project participants and timely refer them to the appropriate services if needed, the research team developed a comprehensive diagnostic toolkit. It combines **a questionnaire based on the criteria from the Well-being Framework** and evidence-based tools assessing symptoms of anxiety, depression, PTSD, burnout, and suicidality.

The toolkit also lays the foundation for our ongoing research, which aims to raise awareness about the mental health challenges faced by displaced populations and their specific needs, and to identify effective support methods.

### The purposes of screening

- to gain insights about participants' mental health needs
- to monitor changes in participants' well-being over time
- to provide appropriate support
- to identify urgent cases, allowing for timely referrals to appropriate mental health services when needed
- to help participants better understand their own challenges and needs

## Individual Sessions

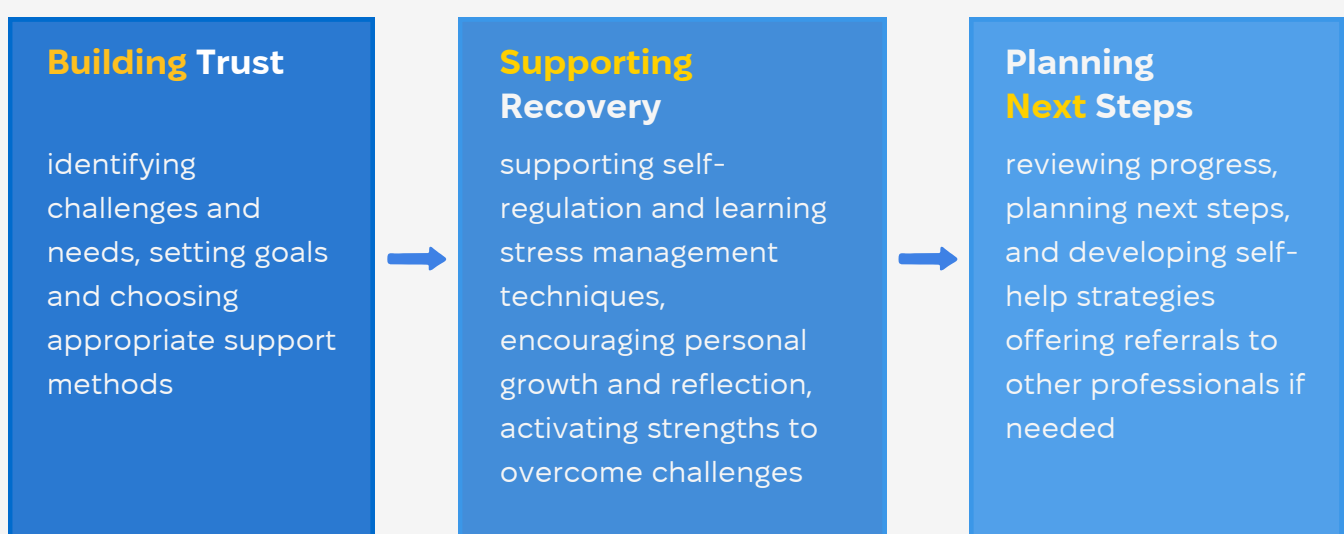
Individual sessions represent a central element of the programme. Participants often prioritise this format, as it offers a safe, personalised space to explore emotional challenges and receive focused support.

The Better You&Me practitioners hold formal psychological education and certifications in various therapeutic approaches obtained in Ukraine and Sweden. Ensuring that support was delivered by qualified specialists was a central ethical commitment of the programme, as we prioritised doing no harm and providing care that was

safe, competent, and culturally informed.

During sessions, practitioners use **evidence-based approaches:** coaching; career guidance; elements of psychological counselling and cognitive behavioural methods, such as mindfulness-based stress reduction, mindfulness-based cognitive therapy, acceptance and commitment therapy; body-oriented practices; creative therapy; and other appropriate, evidence-based methods.

### The three-stage cycle in individual sessions



## Coaching

Coaching focuses on enhancing mental well-being by supporting personal and professional growth. It aims to improve self-esteem, clarify goals, build motivation, and develop realistic strategies for achieving meaningful change. Within the programme, coaching also supports participants' professional integration by helping develop intercultural competencies.

Research highlights the positive effect of coaching on **self-efficacy, performance, and life satisfaction** (Wang et al., 2022; Peláez Zuberbuhler et al., 2024).

## Career guidance

Career guidance involves assessing an individual's talents, skills, values, and career goals to help determine a clear professional path. It provides participants with essential information to optimise working conditions, improve communication, overcome career growth barriers, and cultivate a positive outlook on the future.

## Trauma-focused support

Trauma-focused support addresses both trauma-related symptoms and underlying emotional processes. It facilitates a sense of self-trust and the ability to restore continuity after traumatic experiences.

### Cognitive behavioural therapy

Interventions integrate various methods, including mindfulness-based stress reduction, mindfulness-based cognitive therapy, and acceptance and commitment therapy. **The main techniques** incorporate assignments for tracking reactions; diaries; exposure exercises; relaxation and problem-solving techniques; stress management practices; behavioural experiments. These methods aim to develop coping mechanisms.

Numerous meta-analyses confirm its effectiveness across a wide spectrum of mental health challenges, including general stress, depression, anxiety, PTSD, and somatoform disorders (Hofmann et al., 2012).

## Emotional Support

Emotional support groups offer a safe space for sharing similar experiences, expressing emotions, and feeling supported by others.

**For many displaced Ukrainians, group interaction becomes a key resource for processing emotional experiences and reducing the effects of social disconnection caused by trauma.**

Approach to group sessions is guided by **the group therapy principles** outlined by Yalom & Leszcz (2020) and Brabender & McNair-Simmonds (2022). These principles emphasise the universality, cohesion, and interpersonal learning.

During sessions practitioners emphasise an instillation of hope, which may help participants believe that recovery is possible despite the hardships of displacement.

**Ethics** involve safeguarding participants' personal information, their autonomy, showing altruism and practicing a human-centred approach, thereby fostering a stronger sense of value and self-respect.

Multiple studies confirm that support groups can be effective across a range of settings and approaches (Marmarosh et al., 2013; Yalom & Leszcz, 2020; Messina et al., 2021). The research points to the following positive effects: **reduced isolation; increased hope; improved emotional regulation; increased sense of belonging.**

## Groups tailored to different needs

Currently, Better You&Me offers emotional support **groups for adults, youth, pregnant women, parents and caregivers.**

The group formats implemented by HUG address specific requests voiced by participants and respond to real-life challenges they face, such as emotional isolation, parenting under stress, and the need for safe spaces to process wartime experiences and uncertainty about the future.

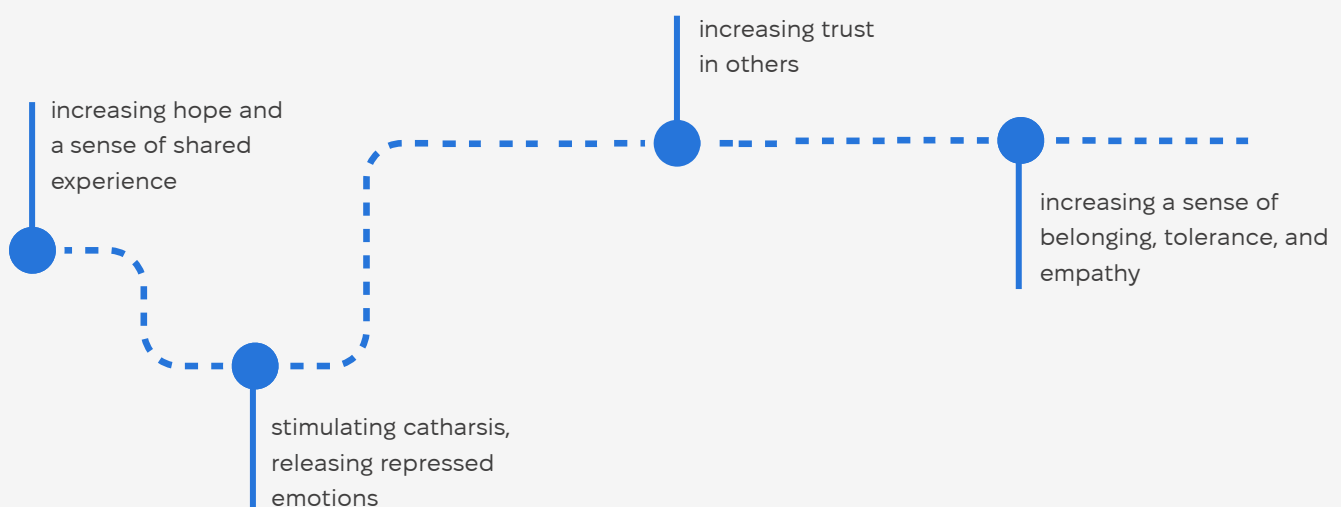
At the same time, we remain open to launching new types of groups based on emerging needs and requests from the community.

## Emotional support for parents

Throughout the implementation of the Better You&Me programme, we received a significant number of requests related to parenting challenges, particularly around communication and building healthy relationships with children. In response, HUG developed group formats to support caregivers and promote safe, respectful parenting practices.

**This format integrates emotional support and psychoeducation,** helping participants reflect on their parenting and gain practical tools and knowledge for everyday interaction with children.

## Outcomes of Emotional Support Groups



## Body-Oriented Practices

The Better You&Me programme offers body-based practices such as dance and movement therapy and mindfulness. These practices aim to support participants' emotional stability through physical movement and embodied experience.

For forcibly displaced people, who often carry both psychological and physiological burden of trauma, **body-based approaches can provide a safe way to release tension, reconnect with themselves, and experience a sense of presence beyond words.** We believe that such practices can strengthen group cohesion by creating moments of shared collective experience.

The effectiveness of body-oriented methods is supported by multiple studies, which highlight their **therapeutic potential in various contexts, including general mental health issues, PTSD, depression, severe personality disorders** (Rosendahl et al., 2021; Leirvåg et al., 2010; Stötter et al., 2013).

### Outcomes of Body-Oriented Practices

- 
- relaxation
  - deepening contact with one's body
  - gaining new, safe experience of interaction
  - establishing a connection between thoughts, emotions and bodily sensations
  - learning self-regulation practices
  - increasing sensitivity

## Mindfulness practices

Within the programme mindfulness is introduced through mindful breathing, body awareness, and present-moment awareness practices. These practices are assumed to support emotional stabilisation, enhance concentration, and foster conscious and non-judgmental attitude toward one's experiences.

During implementation, project participants often reported that mindfulness contributes to **lowering stress**, potentially by reducing cognitions related to traumatic experience or uncertainty.

The research highlights positive impact of mindfulness on **neuroplasticity, cognitive control, emotional regulation, attention improvement, creativity, and overall well-being; reduction of chronic stress, depression and anxiety symptoms** (Teasdale et al., 2000; van den Hurk et al., 2010; Frieze et al., 2012; Hofmann & Gómez, 2017; Meier et al., 2020)

## Dance and Movement Therapy

The dance and movement therapy includes simple, guided movement techniques to help participants express emotions non-verbally, reconnect with their bodies, and relieve stress.

During implementation within the programme practitioners observed its positive effects: group bonding occurred through shared rhythm, humour, and physical synchrony, while enhancing participants' **emotional awareness, confidence, and creativity.**

The effectiveness of dance and movement therapy is supported by the meta-analysis by Karkou et al. (2019). The research confirms its **positive impact on the treatment of both clinical depression and depressive symptoms.**

## Psychoeducation

Psychoeducation is a core component of the Better You&Me programme, and its methods apply to both group and individual sessions.

Psychoeducation in group format is provided via lectures, structured courses, and workshops, offering participants opportunities to acquire knowledge and skills, and build supportive peer networks.

**As a positive effect, participants in these groups usually report reduced stigma around mental health, increased motivation to seek help, and greater confidence in managing everyday challenges.** Educational groups also contributed to social connection and feelings of belonging.

The effectiveness of psychoeducation is confirmed by a range of studies (Brown et al., 2004; Yeomans et al., 2010; Tursi et al., 2013). **Research highlights its role in treating depression, reducing grief, increasing self-esteem, and supporting PTSD recovery.**

## Outcomes of Psychoeducation



## Open lectures and courses

The psychoeducation component includes both open lectures and closed-format courses. **Open lectures** are freely accessible to all interested participants and serve as an entry point for learning, raising awareness on key mental health and integration topics in a flexible, low-barrier format. **Courses** consist of 4 to 8 structured sessions, allowing for deeper exploration, continuity, and group cohesion.

**The main topics** include stress management, emotional intelligence development, prevention of burnout symptoms, enhancement of self-esteem, assertive and non-violent communication strategies.

According to the study conducted by Weise et al. (2021) psychoeducation methods can be **especially relevant for supporting refugees and asylum seekers. Such interventions may reduce stigma, increase mental health literacy, and positively influence help-seeking behaviors.**

## Psychoeducation online

The online psychoeducational space provides **24/7 access to curated educational content, including video lectures, downloadable workbooks, self-reflection exercises, and thematic reading materials.** Participants can explore topics such as emotional regulation, stress management, and integration at their own pace. The platform functions as a complement to live group sessions, offering continuity of support and serving as a long-term resource library that remains available beyond the duration of the project.

## Workbooks

As part of the psychoeducational component, HUG is developing printed and digital workbooks. These self-reflection tools are based on journaling and cognitive-behavioural strategies that aim to support mood regulation, self-awareness, positive thinking, communication skills, and overall behavioural change. The materials include practical tasks and exercises, visual notes, recommended readings.

## Creative Therapy

Creative groups are an integral part of the Better You&Me programme, offering participants a safe and supportive environment to process emotions, express themselves, and build connections through creative activity.

**During creative sessions, participants often report feeling more relaxed, connected and empowered.** They highlight that the act of making art allows them to express emotions they couldn't put into words, revisit memories from a safe distance, and reconnect with parts of themselves that felt lost. Participants also described the sessions as opportunities to feel connected and understood.

Observations show that **for displaced people, creative expression serves as a powerful tool for self-exploration and emotional support**, particularly in coping with trauma, stress, loss, and PTSD. These findings are supported through the research by Johnson et al. (2009), Baker et al. (2018) on the creative therapy, and Fitzpatrick (2002), Kaimal et al. (2016), Abbing et al. (2018), Zadeh et al. (2023) on art therapy.

Research also indicates that **art creation, helps decrease cortisol, supports the processing of traumatic experiences** through non-verbal expression and restores social connections. Fitzpatrick (2002) notes that once trauma is expressed symbolically, visually, it allows a person to change one's narratives or disturbed reality.

“

Art is a quiet conversation with my inner world.

Making art is a moment where my hands spoke what my mouth couldn't.

”

## Community-Based Activities

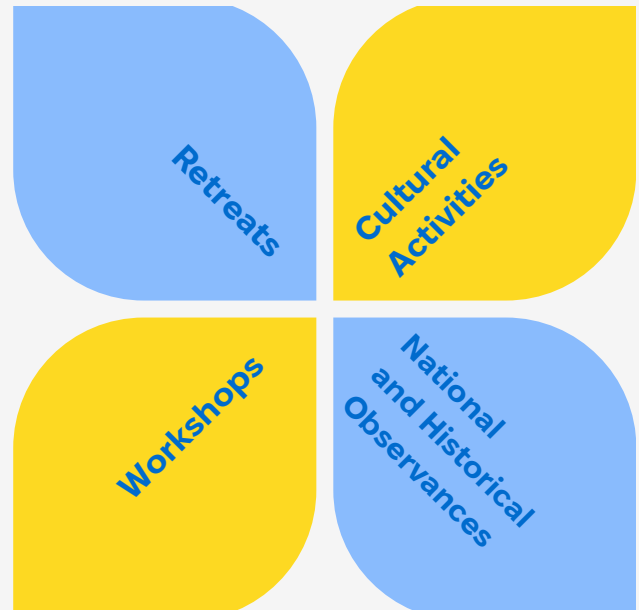
Community-based activities are a meaningful direction of the Better You&Me programme, aiming to **bring people together and foster mental health awareness** through experience-based group activities.

Retreats, workshops, celebrations, and cultural events related to Sweden and Ukraine integrate a wide range of techniques, including **mindfulness practices, creative and art-based methods, storytelling, and training elements.**

For displaced people, community-based activities provide opportunities to reduce social isolation and strengthen a sense of belonging.

In addition to these direct outcomes, they can generate less visible but significant effects, such as the reduction of stigma around mental health, earlier help-seeking, and the promotion of civic and community participation.

For developing the key principles and foundations of this approach, we drew on Lindal's study (2023), which provides practical guidance for organising such type of activities.



## Retreats

An especially engaging format of community-based activities is therapeutic retreats - group trips offering participants **time for rest, recovery, and space for connection and shared experience.** The retreats typically involve a full day of structured practices that combine mindfulness, creative expression, movement, and reflective sharing.

Participants consistently reported high engagement, enthusiasm, and emotional openness during retreats. Many described a strong connection to nature, the rare opportunity to devote a full day to self-care, and a feeling of deep presence within the group.

The benefits of mindfulness group retreats are highlighted in the research by McClintock et al. (2019), Jafari & Mehrad (2024): **improvements in subjective well-being, particularly a decrease in perceived stress and increased awareness.**

## Seasonal and Cultural Events

The programme also incorporates seasonal and cultural events, such as holiday-themed workshops, storytelling circles, and celebration-based group meetings.

These gatherings are designed with flexible structures, integrating techniques from mindfulness training, art therapy, and interactive exercises.

Participants often shared that these events gave them a **renewed sense of belonging, a connection to their cultural identity, and appreciation for shared rituals.**

## Psychosocial Activities for Children and Youth

As part of the Better You&Me programme, HUG offers various psychosocial activities for children and youth: group activities on **emotional intelligence, soft skills, communication, creativity, and career orientation**. Such activities may **support social well-being** by fostering peer connection and a sense of belonging. Activities are adapted for different age groups.

### Groups for children

These groups are grounded in the understanding that **EQ significantly influences learning outcomes and social skills** (Goleman, 1995).

Groups aim to strengthen self-awareness, emotional regulation, empathy, and the ability to manage interpersonal relationships. These skills are addressed through playful and age-appropriate techniques that teach children how to recognise, understand, and express emotions.

In designing sessions for children, we drew on Stone-McCown et al. (1998) theory. The sessions include emotional sharing, recognising behavioural patterns, and exploring

alternative responses - all aimed at helping children expand their emotional vocabulary, regulate reactions, and strengthen communication skills.

### Career Exploration

These sessions drew on key theoretical perspectives from Rodríguez Moreno (2003), Johnson et al. (2014), and Macphee & Jackman (2015), who emphasized the importance of self-efficacy, identity exploration, and cognitive strategies in career decision-making.

The workshops encourage youth to **reflect on their personal strengths, explore their educational and professional options and future paths without prematurely limiting themselves**.

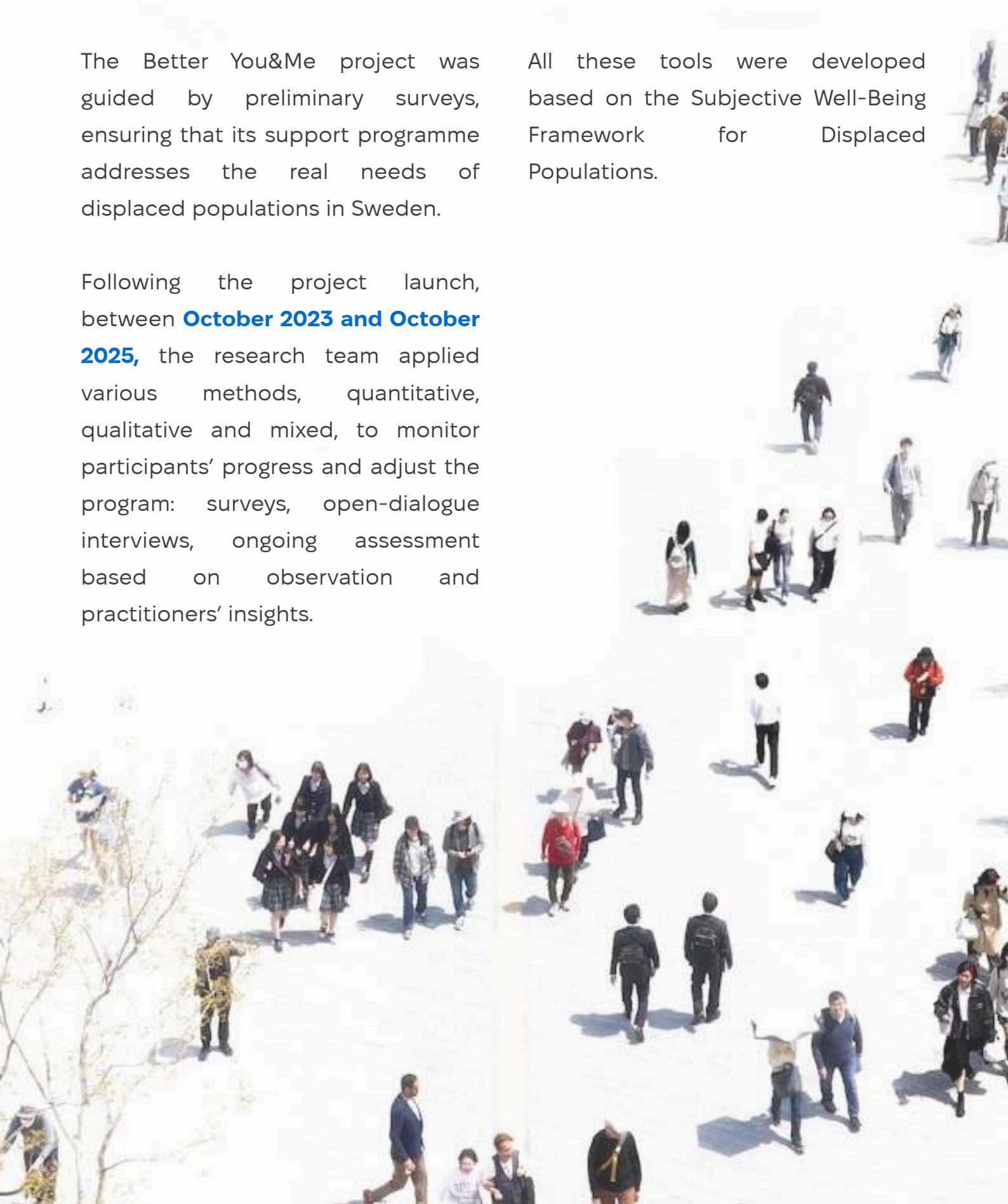
As part of the process, participants also meet professionals from a variety of fields, offering real-world insights and inspiration for informed career thinking.

# Methodology and Demographics

The Better You&Me project was guided by preliminary surveys, ensuring that its support programme addresses the real needs of displaced populations in Sweden.

Following the project launch, between **October 2023 and October 2025**, the research team applied various methods, quantitative, qualitative and mixed, to monitor participants' progress and adjust the program: surveys, open-dialogue interviews, ongoing assessment based on observation and practitioners' insights.

All these tools were developed based on the Subjective Well-Being Framework for Displaced Populations.



# Methodology

## Quantitative

The dataset includes insights from **CAWI surveys and metrics** on the total number of Better You&Me project participants and their engagement over time.

The first CAWI survey was launched in August 2023, **collecting data from Ukrainian TPD holders** on their mental health needs. The next survey, focusing on integration, was conducted between January and February 2024. Both surveys were distributed via the HUG Volunteering Centre and social media.

Between October 2023 and October 2025, several CAWI surveys were conducted among **Better You&Me participants** to assess changes in their mental well-being over time. They included well-being and mental health risks assessments to monitor challenges and identify participants requiring additional support.

During this period several follow-up surveys were conducted as well. Their aim was to assess the responsiveness and acceptability of the interventions provided.

## Qualitative

The qualitative dataset includes **33 in-depth interviews** and practical observations by eight practitioners supporting project participants.

**13 interviews** were conducted between January and March 2024, focusing on integration experiences, mental health challenges, and the perceived connection between integration and well-being. **20 further interviews** were conducted in September 2025, focusing on mental health challenges and needs.

**Observations** took place between October 2023 and October 2025. During programme activities, practitioners monitored emotional and behavioural responses related to engagement, mood, and coping.

**Ethics.** The programme adhered to key research ethical principles. All participants provided oral or written consent, participation was voluntary, data were treated confidentially, and individuals were informed of their right to withdraw at any time, with referrals offered for additional support where needed.

## Research Methods Overview (2023-2025)

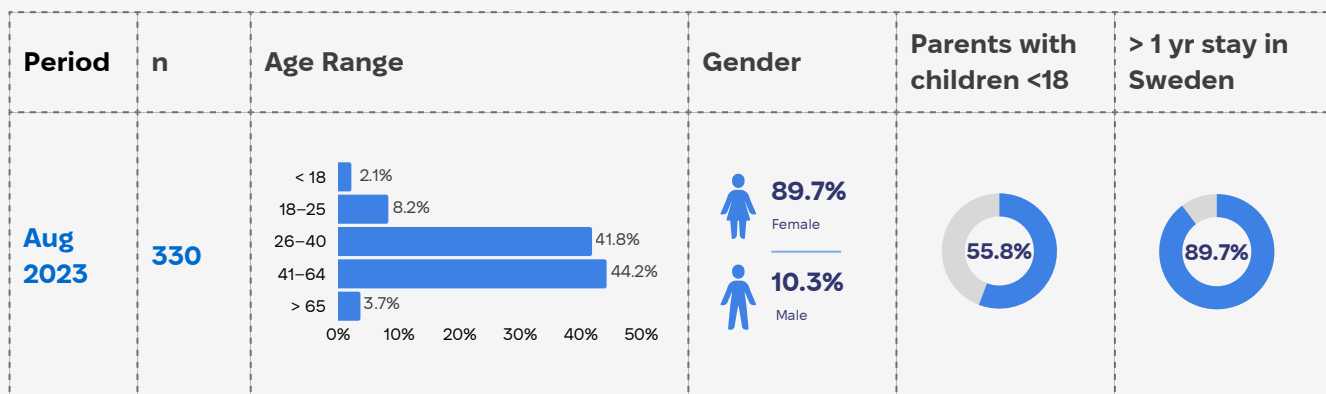
Method	Period	Participants	Description
Quantitative	Aug 2023	<b>330 participants</b> 296F, 34M; 18–64 y.o.	CAWI survey assessing mental health needs and integration in Sweden
Quantitative	Oct 2023 - Feb 2024	<b>59 project participants</b> 55F, 4M; 16–70 y.o.	CAWI survey based on the short version of the Resilience Scale (CD-RISC-10)
Quantitative	Jan - Feb 2024	<b>34 project participants</b> age and gender unspecified	CAWI survey based on Beck's Depression Inventory (BDI) assessing symptoms of depression
Quantitative	Jan - Feb 2024	<b>23 project participants</b> age and gender unspecified	CAWI survey assessing participants' perceived changes in well-being and their satisfaction with the support provided by the Better You&Me project.
Quantitative	Jan - Feb 2024	<b>280 participants</b> 230F, 50M; 18–75 y.o.	CAWI survey exploring integration experiences, challenges, and needs of displaced Ukrainians in Sweden.
Qualitative	Jan - Mar 2024	<b>13 project participants</b> 13F; 18–60 y.o.	In-depth interviews focused on identifying integration needs, challenges, the links between integration and mental health.
Quantitative	May 2024 - Jan 2025	<b>130 project participants</b> 123F, 7M; 16–70 y.o.	CAWI survey, toolkit for tracking well-being using original questionnaire based on subjective well-being framework and evidence-based questionnaires (BDI, BAI, PCL-5, MSI-BPD, SMBM) for assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Quantitative	Sep 2024 - Jan 2025	<b>51 project participants</b> gender unspecified; 10–15 y.o.	CAWI survey based on PSS-C assessing children's perceived stress levels.
Quantitative	Oct 2024 - Jan 2025	<b>42 project participants</b> , parents of children aged 4–13; gender unspecified	CAWI survey based on PSC-17 assessing parents' perception of their children's well-being.

Method	Period	Participants	Description
Quantitative	Nov 2024 - Jan 2025	<b>49 project participants</b> age and gender unspecified	CAWI survey assessing participants' perceived changes in well-being and their satisfaction with the provided support.
Quantitative	Jan -Oct 2025	<b>100 project participants</b> 97F, 3M; 16-70 y.o.	CAWI survey, toolkit for tracking well-being using original questionnaire based on subjective well-being framework and evidence-based questionnaires (BDI, BAI, PCL-5, MSI-BPD, SMBM) for assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Quantitative	Jan -Oct 2025	<b>60 project participants</b> age and gender unspecified	CAWI survey assessing participants' perceived changes in well-being and their satisfaction with the provided support.
Quantitative	Jan -Oct 2025	<b>72 responses number of participants unknown</b> , age and gender unspecified	CAWI follow-up conducted after individual and group meetings, aimed at capturing participants' reflections on a perceived safety during meetings, the accordance between the request and the support provided
Qualitative	Sep 2025	<b>20 participants</b> 18F, 2M; 18-65 y.o.	In-depth interviews focused on identifying mental health challenges and needs with focus on how displacement may affect well-being.
Qualitative	Oct 2023 - Oct 2025	<b>Observations by 8 mental coaches supporting 484 adult project participants</b> 431F, 53M; 16-75 y.o.	Mental coaches' observations during individual counseling and group sessions.
Qualitative	Apr 2023 - Oct 2025	<b>Observations by 4 mental coaches assessing 187 children</b> gender unspecified; 5-15 y.o.	Mental coaches' observations during psycho-social activities.

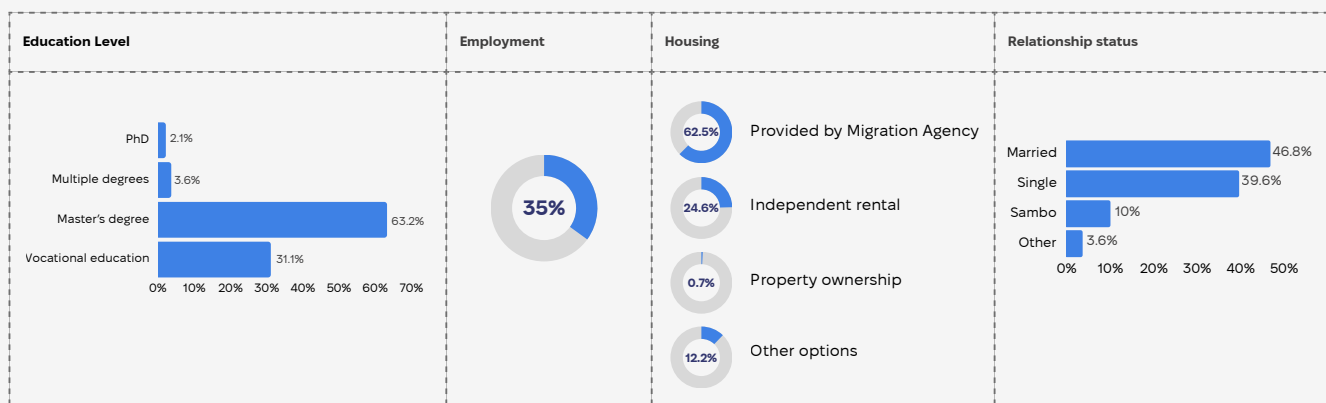
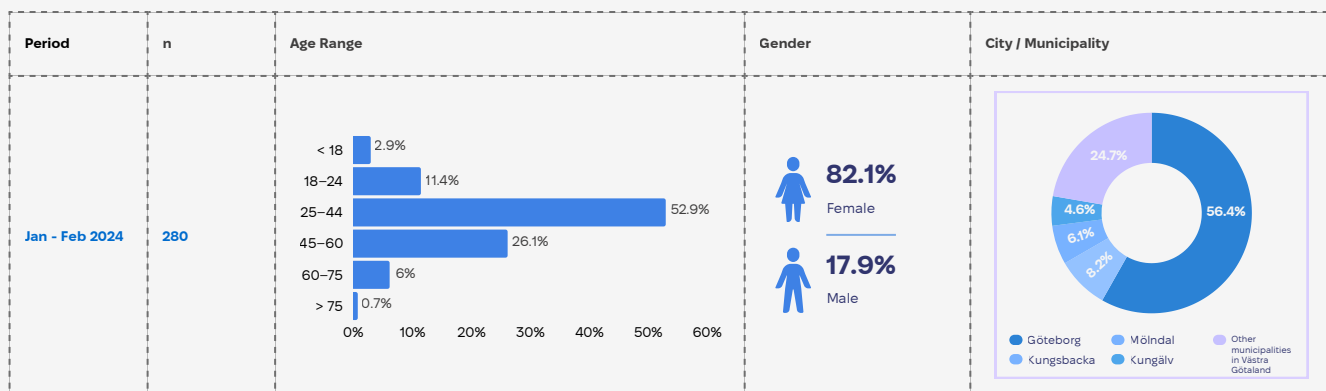
## Selection and Demographics

### CAWI surveys conducted among Ukrainian TPD holders in Västra Götaland region (Aug 2023 - Feb 2023)

#### CAWI survey assessing mental health needs

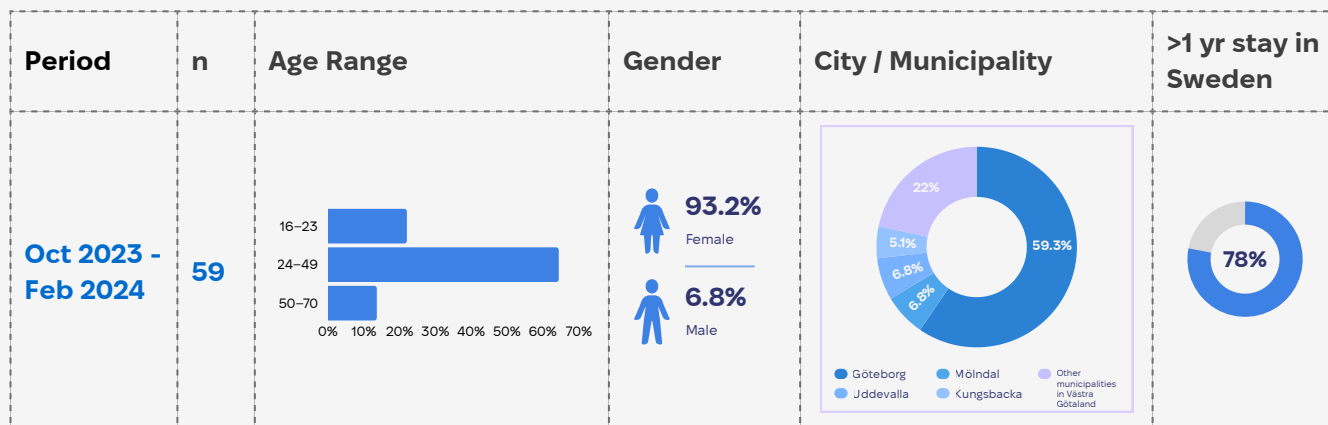


#### CAWI survey exploring the integration experiences

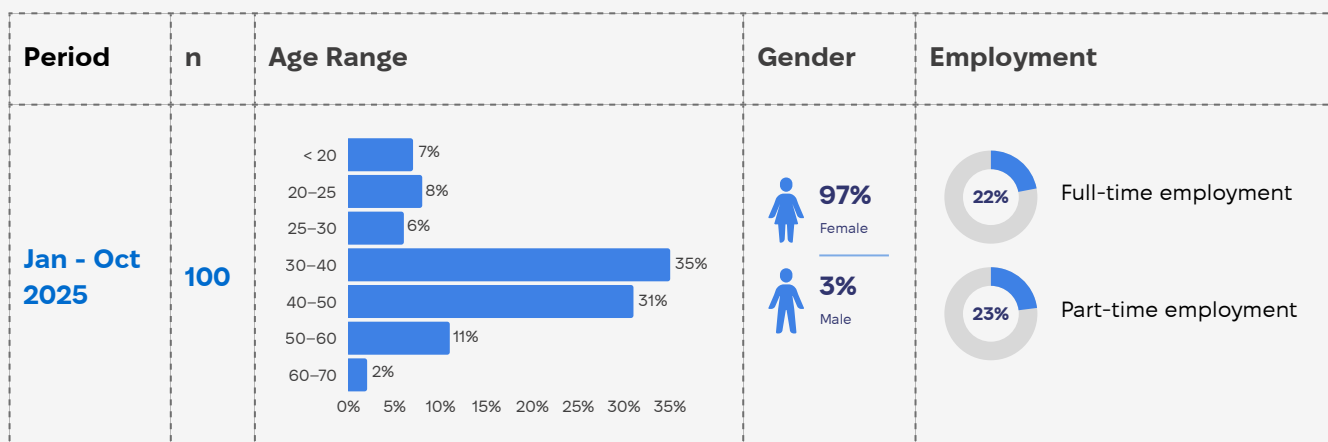
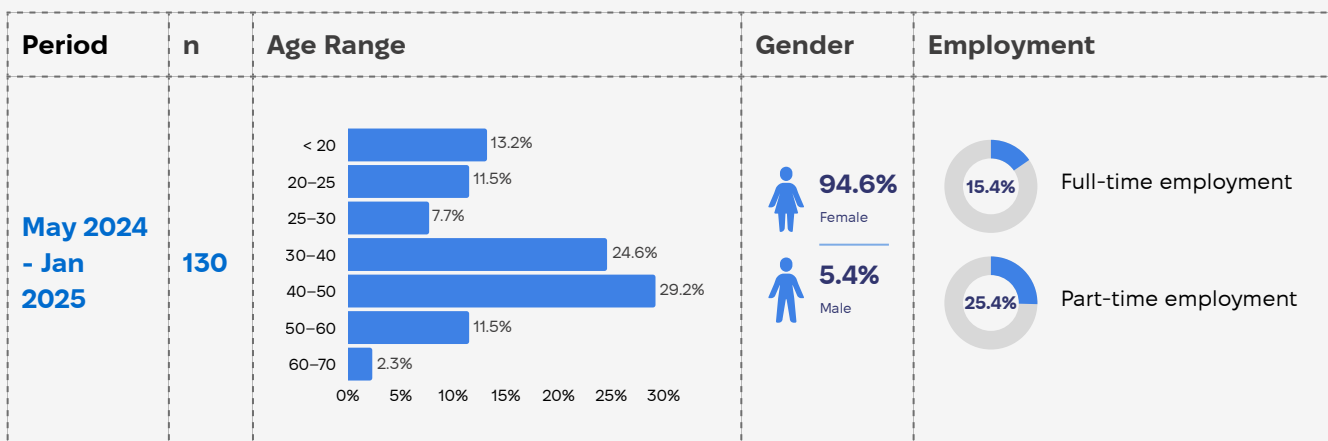


## CAWI surveys conducted among Better You&Me project participants (Oct 2023 - Oct 2025)

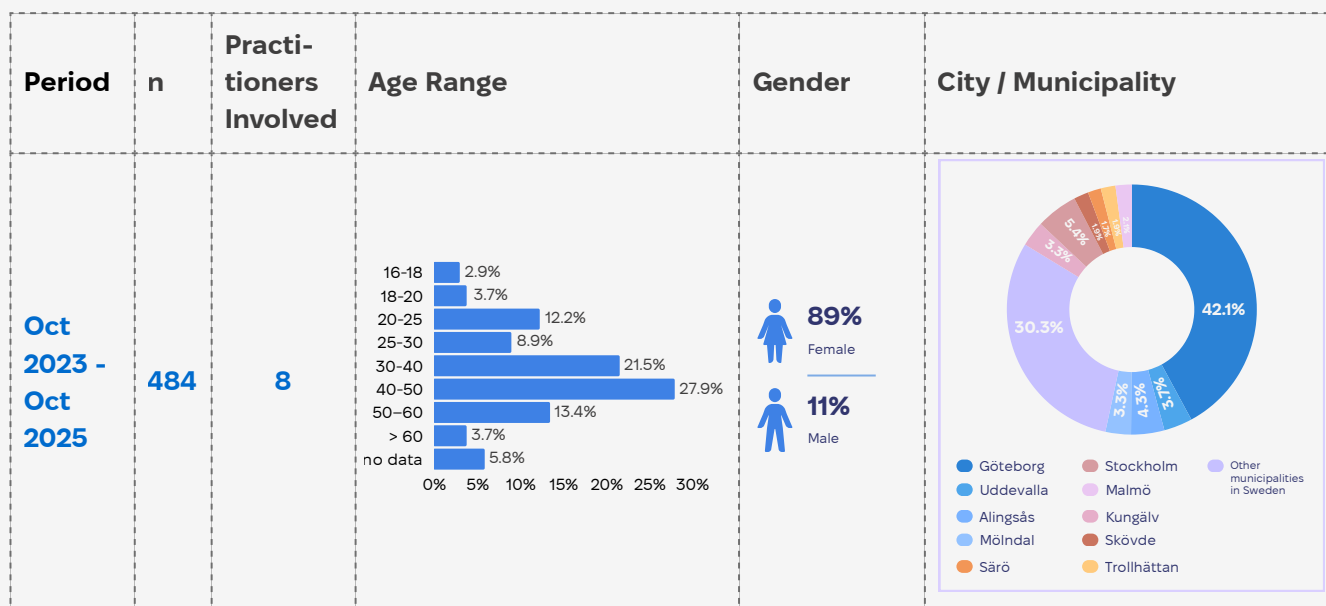
### CAWI survey assessing resilience



### CAWI surveys assessing well-being



## Practical observations conducted among Better You&Me project participants (Oct 2023 - Oct 2025)



## Interviews (Jan 2024 - Sep 2025)

Between January and March 2024, **13 project participants** (13 F; 18–60 y.o.) took part in in-depth interviews exploring integration needs, challenges, and interconnection between integration and mental health.

challenges, needs, and how displacement may affect well-being. The interviews also covered questions about perceived barriers to integration.

In September 2025, as part of the **FRID project** (Facilitating Refugee Integration through Dedicated Mental Health Support), **20 displaced Ukrainians in Sweden** (18 F; 2 M; 18–65 y.o.) took part in in-depth interviews, focused on mental health

<sup>1</sup> [FRID project](#) is implemented in partnership between Help Ukraine Gothenburg (HUG), Reach for Change, and Mental Health Finland (MIELI), and is co-funded by the European Union.

## Participant Profile

The HUG research engaged participants of varying ages and backgrounds, with a **predominance of women**. A considerable proportion of participants were between **30 and 50 years old**, representing a key demographic group within the sample.

Most participants are **TPD holders**, the majority obtained Swedish personal numbers in 2024, once it became possible.

All participants shared the experience of forced displacement due to the full-scale Russian invasion of Ukraine and ongoing war. Most had been living in Sweden for over a year.

It is important to note that part of the study participants had been involved in the Better You&Me programme. They had actively sought help to cope with the psychological consequences of displacement. Therefore, their experiences may not fully reflect the presence or recognition of the challenges and needs identified among all displaced Ukrainians in Sweden during the project implementation.

### Note on the demographic data

For several data collection methods used in the project, full demographic details (such as participants' exact age or gender) were not consistently collected or specified (BDI-based questionnaire, the well-being feedback surveys, tools focused on parental reports and child stress levels). In these cases, the analysis focuses primarily on aggregated tendencies, without demographic disaggregation.

## Findings. **People We've Met**

Throughout the Better You&Me Project, we engaged with a diverse group of Ukrainians, each carrying their own story of war, displacement, and trauma. It was essential for us to understand their experiences, the broader patterns and shared struggles.

Many participants faced multiple, intersecting challenges related to war, loss, forced displacement, uncertainty, integration, and loss of control over their lives.

People shared experiences of difficulties related to integration, as well as stories of violence, abuse, discrimination, family conflicts, and loss.

It became increasingly clear how these interconnected domains such as housing, employment, education, and financial stability influenced participants' ability to cope with everyday challenges, and how these, in turn, affected mental health. Among the most concerning cases were participants experiencing exhaustion, symptoms of emotional burnout and depression.

**The findings underscore the complexity of displaced persons' well-being and the urgent need for long-term support responses.**



## Starting Over

### How Ukrainians Navigate Life in Sweden

Before the launch of Better You&Me project, according to the results of the initial survey, a significant number of displaced Ukrainians in Sweden experienced increased levels of fatigue, anxiety, and loneliness. These early findings highlighted **psychological distress among this group and a lack of stable internal and external resources for coping with war-trauma and integration stressors**.

In addition to mental health concerns, we were also interested in issues related to integration, as many of the people who were reaching out to HUG during 2023 perceived their integration and mental health as interconnected domains.

For this reason, we decided to look at the broader situation and conduct research on the overall living situation and integration experiences of Ukrainians in Sweden.

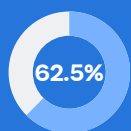
#### Exploring the integration experiences

To gain a clearer view of current situation, we carried out a **CAWI survey** between January and February 2024. The questionnaire was designed by the HUG research team to explore individual challenges related to integration and the overall living situation in Sweden, targeting Ukrainians who arrived in Sweden after the start of the full-scale invasion.

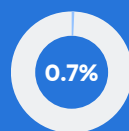
HUG also carried out **13 in-depth interviews with displaced Ukrainians**. All interviews were conducted with the informed consent of participants and in line with ethical standards for research involving human subjects.

Quantitative	Jan - Feb 2024	<b>280 participants</b> 230F, 50M; 18–75 y.o.	CAWI survey exploring integration experiences, challenges, and needs of displaced Ukrainians in Sweden.
Qualitative	Jan - Mar 2024	<b>13 project participants</b> 13F; 18–60 y.o.	In-depth interviews focused on identifying integration needs, challenges, the links between integration and mental health.

## Housing



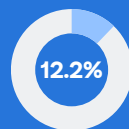
Provided by Migration Agency



Property ownership



Independent rental



Other options

Regarding housing conditions, in 2025 most respondents reported living in accommodation provided by the migration agency, while others rented apartments, owned property, or lived in other types of housing.

### Shared space

Some participants, who lived in dormitories, answered an open-ended question about the impact of living in a shared space on their mental health. **Positive aspects** included: support and solving the problem of loneliness, the opportunity to get help with job search, studying. **Negative aspects** included: a lack of personal space, which contributes to a reduced sense of autonomy and control over one's life; differences in daily routines, increased irritability due to interpersonal conflicts, and sleep disturbances.

**The availability of personal space** was mentioned by some respondents as a key factor contributing to improved mental health, as well as enhanced focus during job search and academic activities.

Some participants also noted that a lack of personal space and unmet need for privacy may negatively affect children's sleep, learning, and overall emotional well-being.

## Living Without Personal Space

“

The lack of personal space is difficult for children.

They cannot be alone and concentrate on their studies.

Constant tension accumulates and causes emotional breakdowns. The child may jump, kick or hit the walls or bed, make loud noises, or, at times, withdraw and become silent ...

”

“

I live with my children in one room. **It is extremely hard!** They are of different genders.

My daughter is nervous. She had a breakdown. It is hard for my son to live with two women in one room.

”

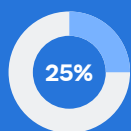
“

Before one of my children goes to bed, the other has to study in the toilet.

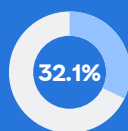
”

The following quotes reflect participants' own views on living in shared spaces, as expressed in their responses to open-ended questions.

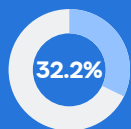
## Financial Situation



Financial hardship



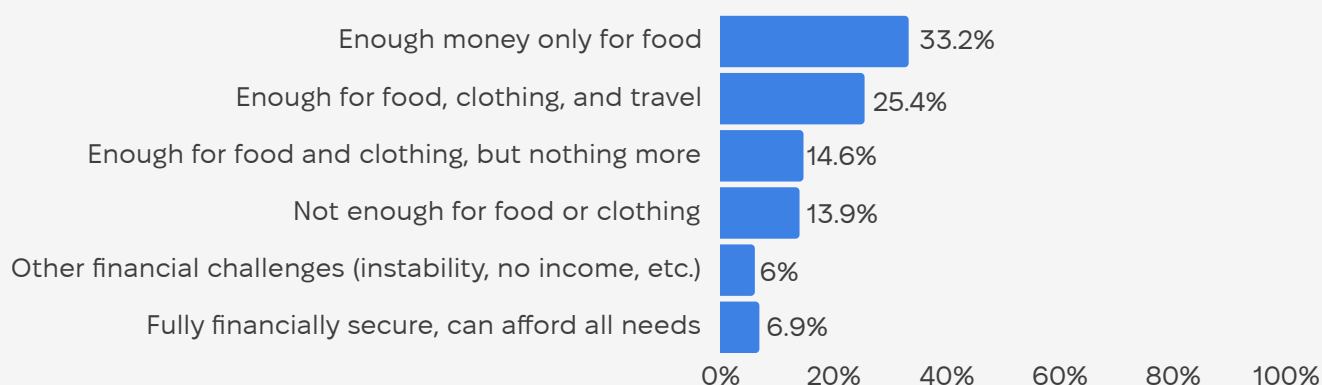
Managing



Struggling



Comfortable



Respondents described a wide range of financial situations, from severe hardship and lack of basic necessities to moderate stability.

### Difficulties

Many participants were able to afford only basic necessities such as food or clothing, with only a few reporting full economic security and financial comfort.

Over half of the participants reported financial difficulties in covering travel expenses, with most covering them themselves, while

others relied on walking, biking, or occasional help from the Migration Service.

### Getting financial support

Nearly half of the respondents **(48.6%)** did not receive support from the Migration Service and instead relied on work, family, or volunteer aid, while many also accessed help from local charities, church groups, and organisations such as Hug FreeShop and Stadsmissionen; only about a quarter reported having enough money to meet their needs.

## Employment



Employed



Unemployed



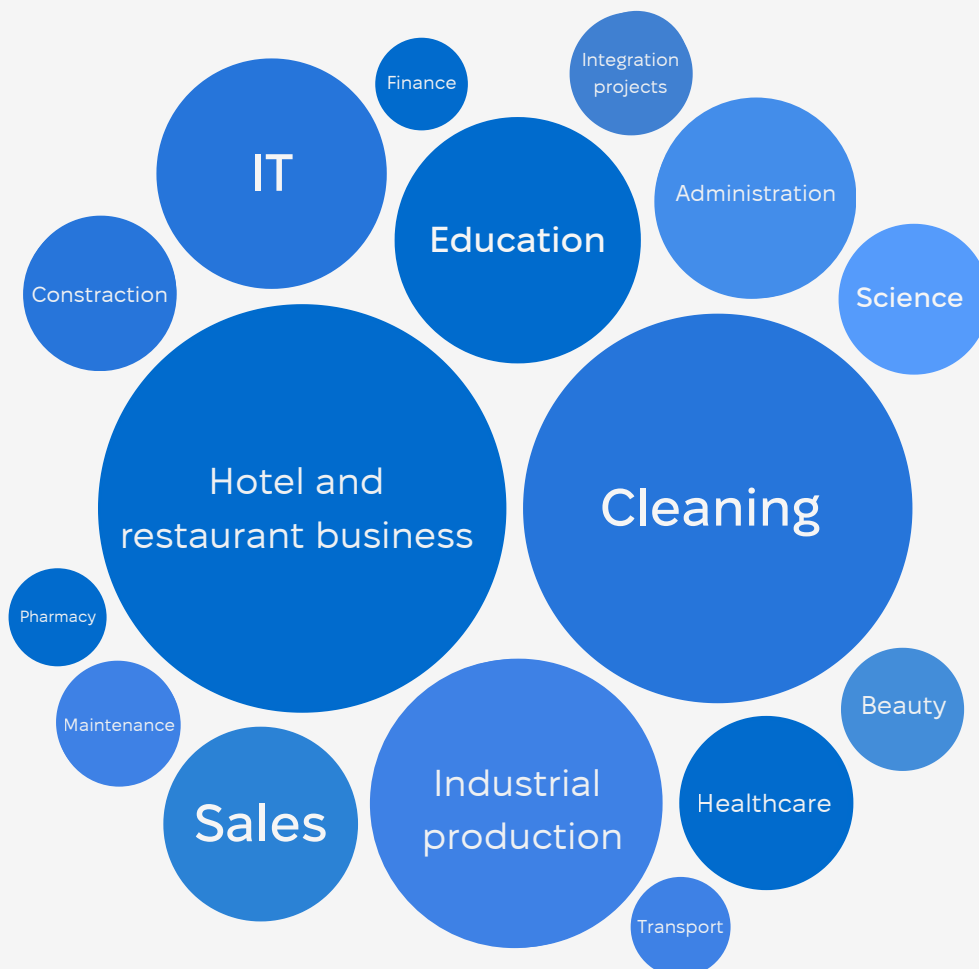
Looking for a job



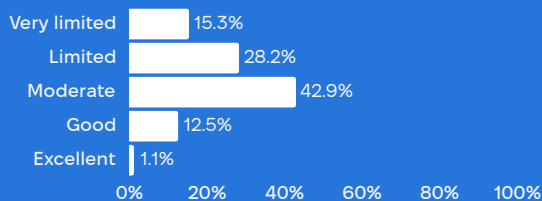
Of the 98 respondents who were employed, 30.6% were working within their field

Respondents reported being employed across a wide range of sectors, but often in roles that

differed from their previous qualifications or professional backgrounds.

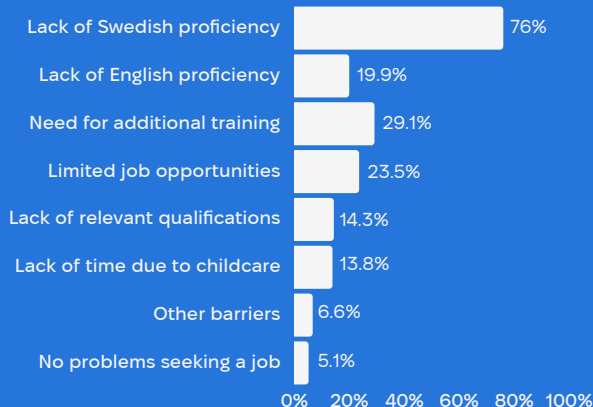


## Access to the Labour Market



Almost half of the respondents perceived their access to the labour market in Sweden as limited.

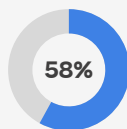
### Barriers to job search<sup>1</sup>



The most commonly reported barriers were the lack of Swedish and English proficiency, challenges related to insufficient qualifications, and limited employment opportunities.

<sup>1</sup> Multiple answers were allowed

## Awareness of Workers' Rights in Sweden



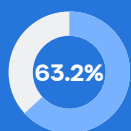
Awareness of workers' rights appeared relatively limited, with just over half reporting being aware of these rights, whereas the rest were either unaware (**29.2%**) or uncertain (**12.5%**).

## Discrimination in the workplace

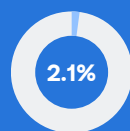
**21.9%** of respondents reported experiencing discrimination in the workplace. Of those who had experienced discrimination, **9.9%** reported the issue to the relevant authorities, **8.7%** received help, and **6.2%** were unaware of where to seek help. The low rate of reporting may be linked to a lack of clarity regarding workers' rights or concerns about potential repercussions.

The findings suggest that Ukrainians in Sweden face **multiple barriers to professional integration**, and addressing these barriers should require coordinated policies that promote equitable access to the labour market.

## Education and Training



Master's degree



PhD



Multiple Master's degrees

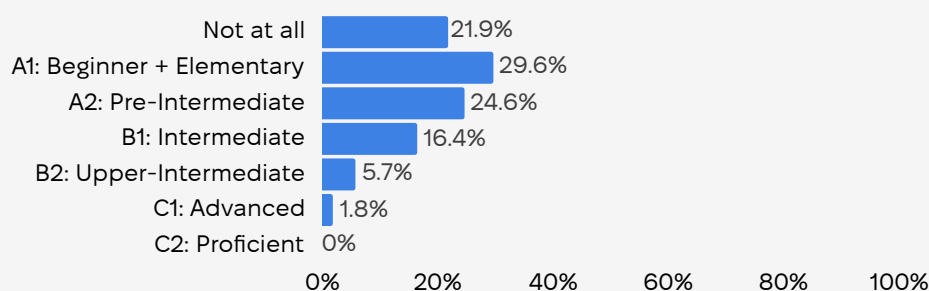


Vocational education

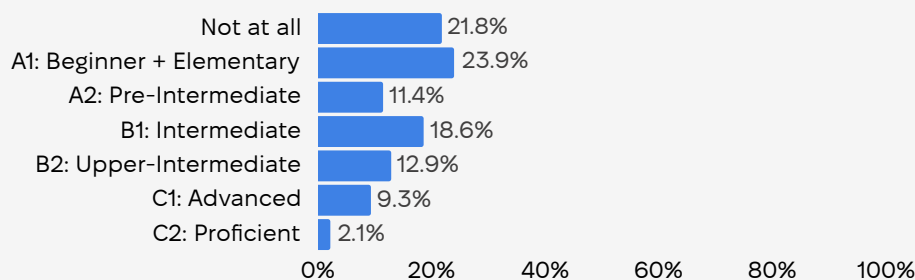
Most respondents reported holding a master's degree. A large share described their Swedish language proficiency as low, with the majority indicating that they were currently learning the language, primarily through SFI courses (**37.9%**).

In terms of education, many were focused solely on language studies (**40.7%**), while smaller groups were engaged in advanced training (**16.4%**) or university programmes (**4.3%**).

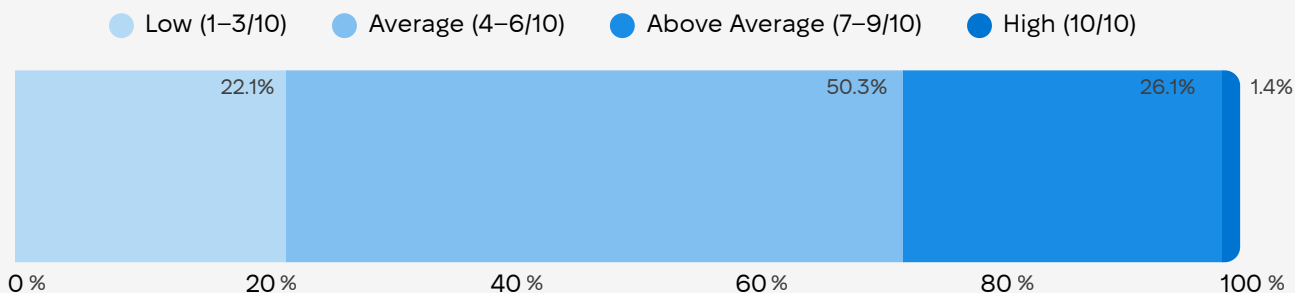
### Swedish language proficiency (CEFRL)



### English language proficiency (CEFRL)



## Integration

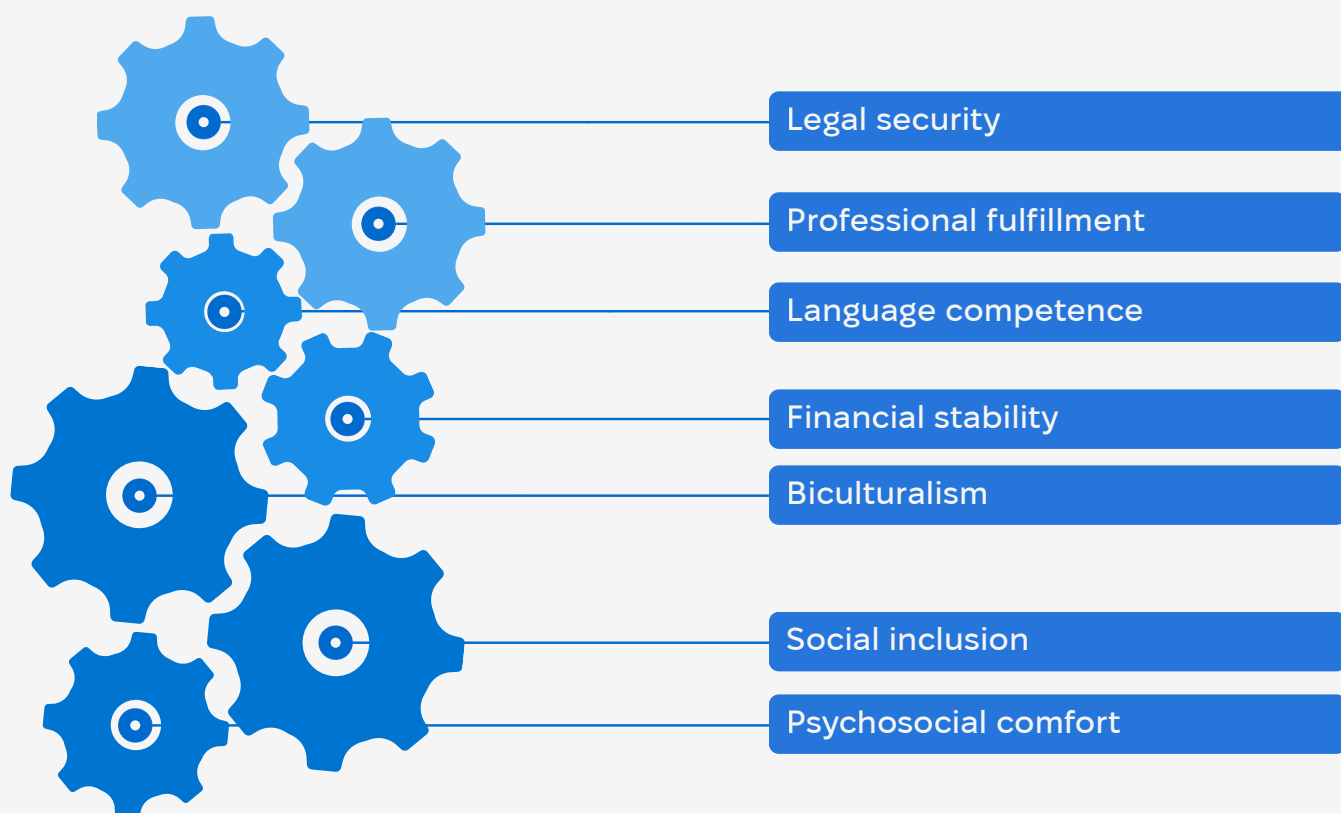


Most respondents rated their level of integration into Swedish society as average, with smaller groups assessing it as either low or high.

Such a distribution points to a generally balanced, yet not strongly polarized, perception of integration.

### Perspectives on Integration

The analysis of responses from survey and interview participants revealed their common views on integration.



## Layers of belonging

For many respondents, integration was closely tied to **language competence** -confidence in Swedish and the ability to communicate without barriers. It was further associated with a sense of belonging and social inclusion, meaningful employment, financial security, and comfort with local norms.

For many participants, **legal security**, including obtaining a personal number, unrestricted access to public services and the healthcare system, emerged as a key precondition for feeling integrated. **Engaging with Swedish culture** was also seen as a significant aspect of integration.

A majority of respondents (**76.4%**) rated their understanding and acceptance of Swedish traditions as high or above average, while only a small share assessed it as low (**5%**). Over a half (**50.7%**) reported participating in Swedish cultural events, indicating both openness to local culture and a need for connection.

## What helps and what hinders integration

The identification of factors that help or hinder integration is based on responses collected through the surveys and in-depth interviews.

### Facilitating factors

language learning  
social contacts and social circle  
attending cultural and social events  
professional activities and training  
support for mental health  
receiving support from others  
"immersion" in local life  
"reliance" on Ukrainian identity

### Hindering factors

language barrier  
underemployment  
financial difficulties  
bureaucratic problems

## Integration is...

“

... **accepting the way of life**, the values of the host country, understanding its history, getting to know people and who they are...

To be integrated, we have to fit into their system like Lego bricks.

”

“

... **feeling** as much at **home** here as I do back home

”

“

... **working**, feeling confident financially, **understanding what my rights are**

...**working and paying taxes**

”

“

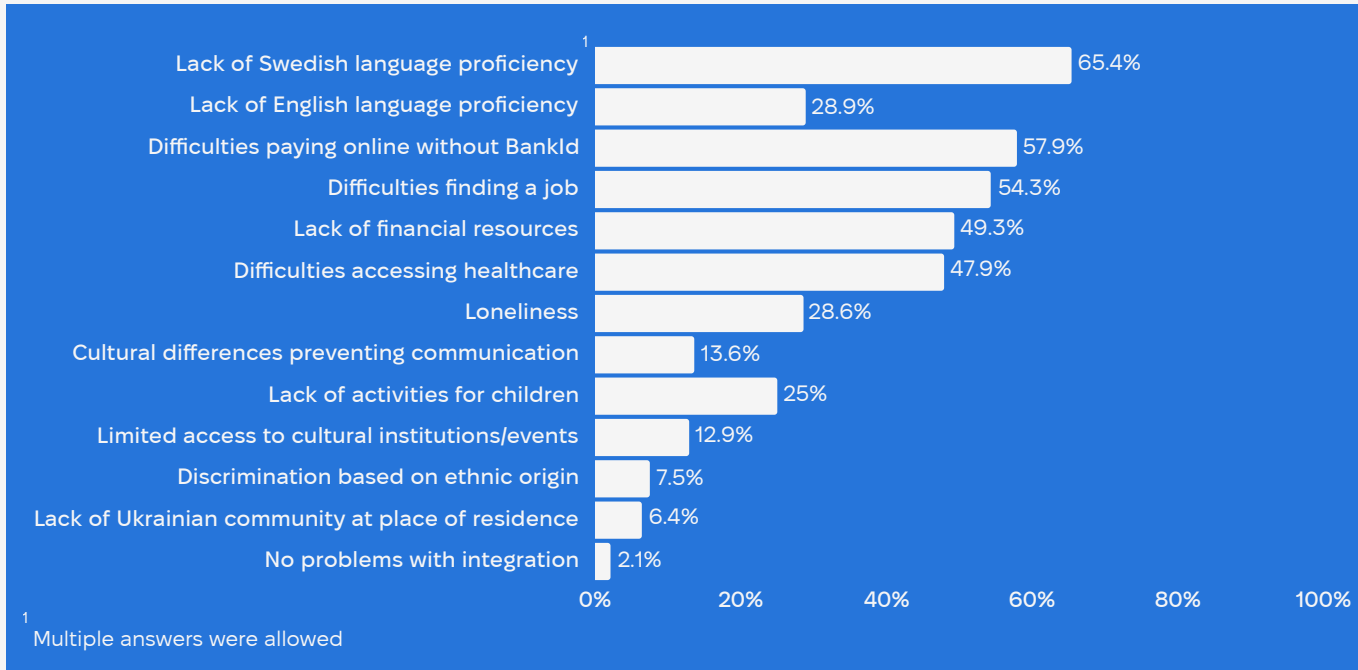
... **free communication** with Swedish citizens

... when you can go to any public place and **feel at home among people**

”

The following quotes reflect participants' own views of integration shared in interviews and open-ended responses.

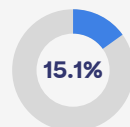
## Everyday Challenges



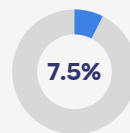
Most respondents identified **the language barrier** as the main obstacle, along with financial, healthcare, social, institutional and employment-related challenges. It is important to note that at the time of the survey (February 2024), Ukrainian TPD holders in Sweden **were unable to obtain a personal identification number**, which many described as the main barrier to their integration.

Following and some of the other barriers described above were later addressed at least partially, with the submission of the Improved Living Conditions for Foreigners with TPD bill to the Swedish Parliament (Regeringskansliet, 2024).

## Discrimination and bullying



reported cases of school bullying



reported ethnic discrimination as the main integration barrier

The findings suggest that external obstacles may have **negatively affected the mental health** of Ukrainians by creating conditions for increased stress, while also hindering their integration.

## Needs

The primary need identified by Ukrainians, both during the in-depth interviews and the survey, was **stability**. This includes financial

security, employment in their field of expertise, communication, language proficiency, and psychological support.

“

It really hurts that I can't work according to my qualifications.

”

“

Children need support as parents are absorbed in cares

”

“

Integration can start once I am sure I am able to stay.

”

“

I feel a lack of control over my own life...

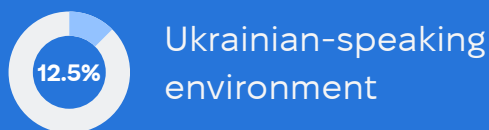
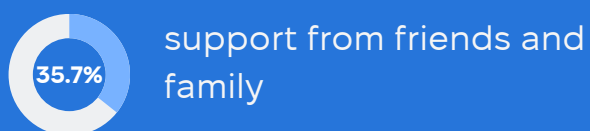
”

The following quotes reflect participants' own views on their main needs, as expressed in their responses to open-ended questions and during the interviews.

## Integration of Children

### Factors enabling children's integration identified by their parents

#### Positive



#### Negative



Most respondents emphasised that communication with friends and family support help children integrate. Some also noted the positive role of a Ukrainian-speaking environment and Swedish schools, especially for younger children who learn the language more quickly. Some parents said that their children feel lonely, isolate themselves, feel sad and homesick for Ukraine and have communication difficulties.

For adolescents, parents observed more complex concerns, including **uncertainty about the future**, lack of clear plans, feelings of insecurity, and signs of aggression or depressive moods, which may further complicate their integration.

These data are based on the answers of **56 out of 280 respondents** who agreed to respond to the open-ended question.

## Barriers and Hopes

“

My children have a **fear for the future**, that they will not be able to finish their studies at the gymnasium when the directive [TPD] ends.

<...They...> have a fear they'll be judged for their imperfect Swedish.

”

“

**My daughter spends more and more time alone**

”

“

Children feel that **they have nothing of their own**. They don't even own a piece of wall by their bed to hang their drawings in rented accommodation.

”

“

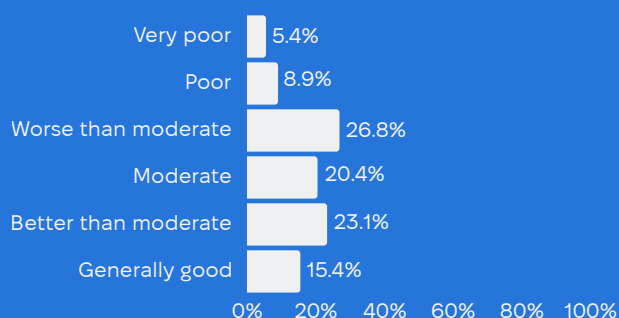
The children **started speaking Swedish quickly**, and it is easy for them to communicate with their peers. They are still young (2, 4 and 6 years old), so they have adapted quite easily.

”

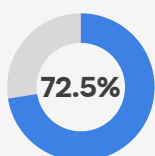
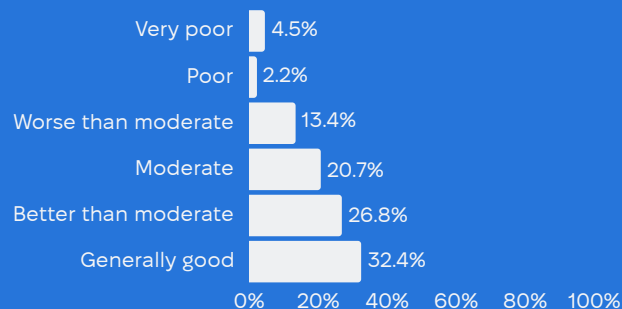
The following quotes reflect parents' views on their children's integration, as shared in open-ended survey responses and in interviews.

## Mental Health

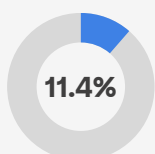
### Adults' Mental Health



### Children's Mental Health<sup>1</sup>



A majority of respondents **had not received any psychological assistance** since displacement



Among those who did receive help, most indicated that they **received support from volunteer initiatives in Sweden.**

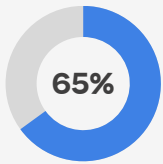
Most respondents rated their mental health as moderate or worse, while parents assessed their children's mental health more positively. Nevertheless, the majority noted that they had not received any psychological assistance since displacement.

### Barriers to mental health support

According to participants in the Better You&Me project, there were several barriers to accessing mental health support, including unfamiliarity with the Swedish healthcare system, no access to obtaining a personal identification number, and the stigma surrounding mental health. During interviews participants also cited lack of money, limited time due to work and childcare, bureaucracy, and persistent stigma around mental health.

<sup>1</sup> This graph is based on responses from **179 participants** who indicated that they were living in Sweden with their children

## Mental Health and Integration



Majority of the respondents emphasised the interdependence between integration and mental health.

During in-depth interviews many participants noted that better mental health may enhance their motivation and ability to learn the language, set goals, and, as a result, improve their chances for employment. Some highlighted improving **self-esteem and self-confidence**, building **resilience**, and restoring **a sense of belonging** as key factors for sustainable integration.

### The impact of integration on mental health

At the same time, some respondents stressed that **securing a job** remains a top priority and a key factor in improving their mental health. However, for others, the process of job searching itself has become an additional source of stress, especially when they were unable to find employment that matches their skills and previous experience.

During the interviews, participants described **mental health problems** as a negative factor affecting integration, citing uncertainty, anxiety, stress, retraumatisation, and exhaustion.

At the same time, they noted how certain aspects of integration itself could reinforce these problems. For example, challenges with language learning, adapting to new social norms, complex administrative procedures, and experiences of discrimination were all mentioned as contributing to worsening mental health.

These findings suggest that many displaced Ukrainians in Sweden face **integration and mental health challenges**, underlining the need for tailored support programmes.

## Living Between Two Worlds

“

What kind of integration are we talking about if we have a broken person sitting in front of us?

This person can be physically and emotionally drained. This person hasn't slept or eaten properly for a long time. What if this person has been in this state for a long time?

Such a person will definitely have problems with integration.

”

“

Without emotional presence, people can experience a “deferred life” syndrome. They believe **they will wait out the war and then return home...**

”

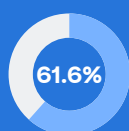
“

A stable psychological state, essential for developing professional skills, requires self-confidence, yet **many people face the devaluation of their capabilities and knowledge.**

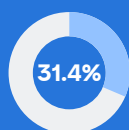
”

The following quotes reflect parents' views on the connection between mental health and integration, as shared in open-ended survey responses and in interviews.

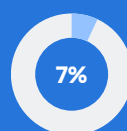
## Future



Intent to stay in Sweden



Uncertain



Do not have an intention to stay in Sweden

## The Choice

Respondents' intentions to stay in Sweden or return to Ukraine fall broadly into three categories.

**The first and largest group** consisted of those who intended to stay in Sweden, often motivated by security concerns, opportunities for their children, and more stable living.

**The second group** included those who hoped to return to Ukraine after the war ends, viewing their stay in Sweden as temporary and dependent on the situation at home.

Finally, **the third group** expressed deep uncertainty about the future, with some living across two countries due to family separation, and others describing the fear about making long-term decisions.

Based on responses to the open-ended question, several reasons for reluctance to return to Ukraine were identified.

### Security-related factors

a lot of cities are destroyed or/and occupied, risk of hostilities, persistent airstrikes and inadequate shelter capacity

### Financial factors

job loss and employment challenges  
loss of one's home  
lower wages compared to the host country

### Socioeconomic factors

negative experiences in Ukraine  
better opportunities for education and career for themselves and their children

### Mental health factors

disturbed mental health due to war and loss, an unwillingness to start life anew after having already experienced trauma

## Staying Over Returning

“

I moved from the occupied city in Donbas [due to the war in 2014] to Kharkiv, rented an apartment, started a small business.

I lost everything. I feel equally "not at home" in Ukraine and here in Sweden.

”

“

I have nowhere to go back to. My home town is destroyed.

”

“

I am tired of running. This is my second time fleeing. **In 2014, Russia took away my home and my family; gave me a break, and then [in 2022], deprived me of everything again.**

”

“

I do not feel my children are safe [in Ukraine]; **I do not understand when the war will end or how it will end;** and I cannot plan my own future or the future of my children.

”

The following quotes reflect parents' motivations to remain in Sweden, as shared in open-ended survey responses and interviews.

## Looking Ahead

These insights reflect the voices, hopes, challenges and needs of displaced Ukrainians in Sweden who generously shared with us their experiences through the survey and interviews.

It is our hope that this knowledge will serve as a foundation for **improving integration policies** and for **developing informed support strategies** for displaced populations, including Ukrainians. In particular, such strategies should aim to enhance mental health, foster social and professional inclusion, and strengthen people's capacity to thrive and contribute to society.

However, a persistent challenge remains - the isolation of Ukrainian communities, particularly in smaller towns. Language and cultural barriers, together with the mental health challenges described above, can hinder both social integration into the host society and meaningful connection within the Ukrainian diaspora itself.

These factors often contribute to a heightened sense of loneliness and disconnection.

We believe that these insights can also **inform organisations designing and implementing community-based programmes and activities** aimed at supporting displaced people experiencing loneliness and helping them feel seen and heard.

## Layers of Trauma

As noted earlier, before the official launch of the Better You&Me project, it became evident that the **war and displacement had significantly affected Ukrainians in Sweden**, with especially severe consequences for their mental health and well-being.

In this section, we seek to explore the nature and dynamics of this impact, as well as the mental health challenges and needs of displaced Ukrainians, using several methods.

### Methodology

Quantitative	May 2024 - Jan 2025	<b>130 project participants</b> 123F, 7M; 16–60 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Quantitative	Sep 2024 - Jan 2025	<b>51 project participants</b> gender unspecified; 10–15 y.o.	CAWI survey based on PSS-C assessing children's perceived stress levels.
Quantitative	Oct 2024 - Jan 2025	<b>42 project participants</b> , parents of children aged 4–13 age; gender unspecified	CAWI survey based on PSC-17 assessing parents' perception of their children's well-being.
Quantitative	Jan -Oct 2025	<b>100 project participants</b> 97F, 3M; 16–70 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Qualitative	Sep 2025	<b>20 participants</b> 18F, 2M; 18–65 y.o.	In-depth interviews focused on identifying mental health challenges and needs.
Qualitative	Oct 2023 - Oct 2025	<b>Observations by 8 mental coaches supporting 484 adult project participants</b> 431F, 53M; 16–75 y.o.	Mental coaches' observations during individual counseling and group sessions.
Qualitative	Apr 2023 - Oct 2025	<b>Observations by 4 mental coaches assessing 187 children</b> gender unspecified; 5–15 y.o.	Mental coaches' observations during psycho-social activities.

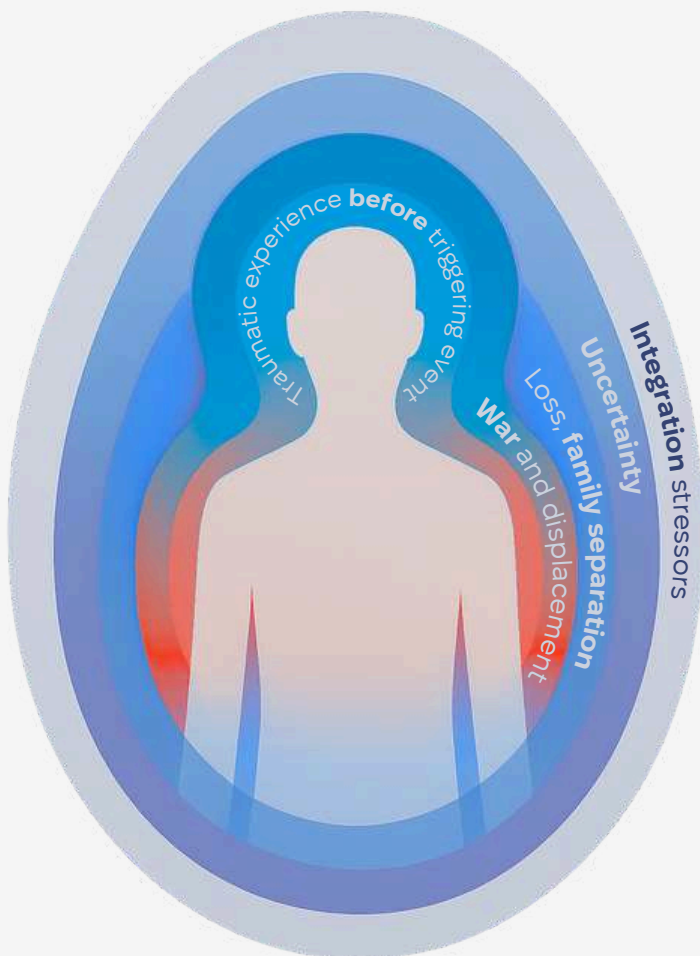
## Multiple Trauma

Findings suggest that the traumatic experiences shared by Ukrainians who turned to HUG for support were **complex and multi-layered**.

The **initial traumatic events**, including the war, losses, and often dangerous journeys to reach safety, were layered on top of unresolved psychological wounds that many Ukrainians had already carried long before the full-scale invasion.

After reaching safety, a lot of them faced the **burden of forced displacement** and its overwhelming challenges. Such experiences along with uncertainty often led to **existential crises and a questioning of personal identity and purpose**.

Layers of trauma were compounded by **daily struggles** with bureaucracy, housing, employment, while the **ongoing war and the temporary nature of the TPD** further undermined stability and safety.



The concept of multiple trauma in the context of displacement captures the layering burden of traumatic events (pre-war adversity and the war itself, dangerous journeys to safety, and integration challenges), with each layer amplifying the others and contributes to a complex mental health landscape.

## Participants’ Well-Being Profile

To provide a comprehensive view of participants’ well-being dynamics over time, **two waves of assessment** were conducted between May 2023 and October 2025.

The evaluations covered a broad spectrum of emotional, social, integration and functional indicators, defined in the Subjective Well-Being Framework, as well as symptoms of anxiety, depression, PTSD, burnout and suicidality.

The participant group was predominantly female, with ages ranging from mid-teens to older adulthood. Approximately **30%** of participants took part in both rounds.

Given the mixed composition of the sample, **the data should not be interpreted as directly comparable.**

However, the patterns observed across domains of well-being and risks identified during assessments may still indicate recurring and deepening mental health challenges among displaced Ukrainians in Sweden.

May 2024 - Jan 2025	<b>130 project participants</b> 123F, 7M; 16–60 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Jan -Oct 2025	<b>100 project participants</b> 97F, 3M; 16–70 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.

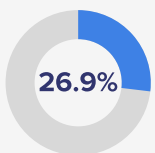
## Tendencies Emerged During Assessments

Across most indicators in the first round (May 2024 - Jan 2025), participants predominantly rated their well-being as “moderate” and “good”, whereas in the second (Jan - Oct 2025) their ratings were mostly concentrated in “moderate”.

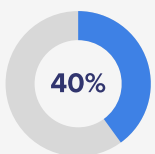
The later data also showed an increased proportion of participants rating their well-being as “poor” or “very poor”, with **the largest decline observed in the area related to cognitive functioning**.

### Composite Well-Being Score

In the first round, for the majority of participants **(60.8%)** the average score across all well-being criteria was at the moderate level, while in the second this applied to nearly half **(49%)**, with a noticeable shift toward below-moderate scores.



Share of participants with an average well being score below moderate in the first round



Share of participants with an average well being score below moderate in the second round

1

### Domains with the Lowest Well-Being

It is important to acknowledge that in both rounds the certain domains displayed relatively higher proportions of “poor” and “very poor” ratings.

In the first round, participants reported the lowest well-being in the areas related to daily functioning (42.3%), professional integration (42.3%), and resilience (33.8%).

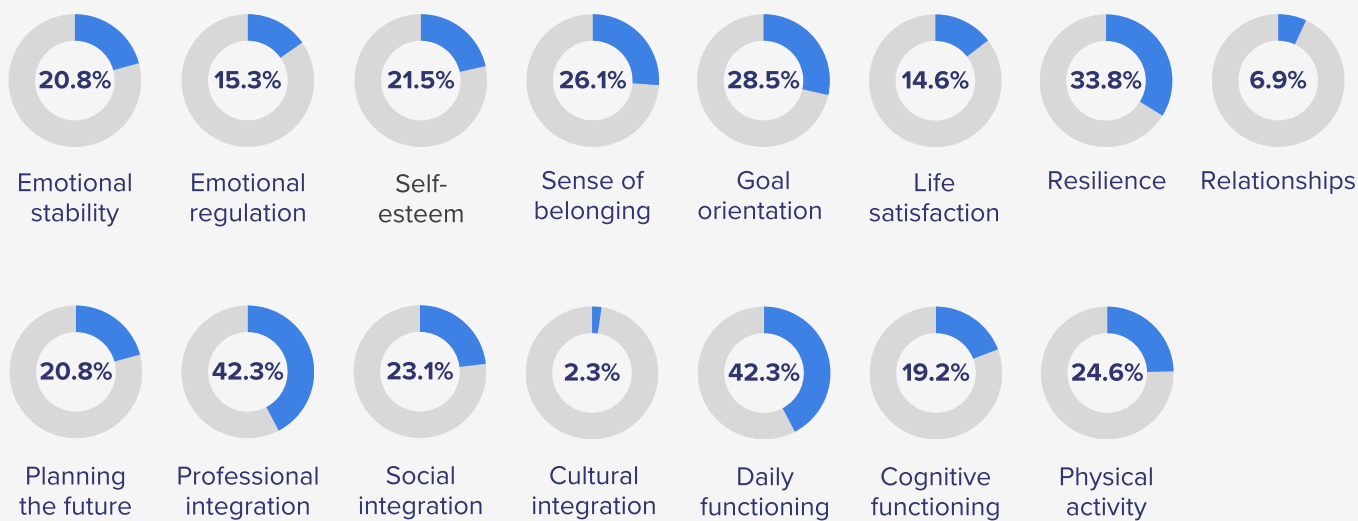
During the second round, the lowest well-being level was reported across daily functioning (58%) and resilience (45%), followed by cognitive functioning (36%), stable self-esteem (34%), sense of belonging (32%) and professional integration (32%).

### Domains with the Highest Well-Being

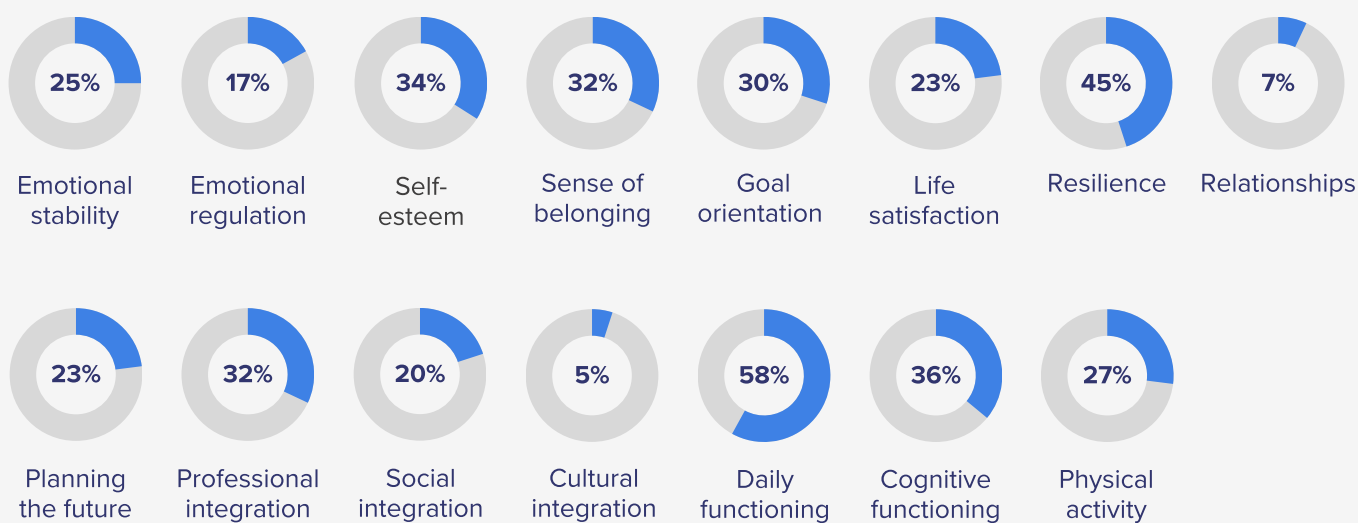
Across both assessments certain social and cultural indicators, such as cultural integration and good relationships, remained relatively high and stable, with professional integration appearing to be the only domain showing slight improvement.

## Share of Participants Reporting Low Well-being (2023–2025)

### (May 2024 - Jan 2025)



### (Jan - Oct 2025)



The graphs illustrate the share of participants who assessed their well-being in each domain as “poor” or “very poor” during each round. More detailed metrics (the distribution of ratings across all levels from “very poor” to “excellent”), are presented in the Appendix A.

## Interconnections Across Well-Being Indicators

To check the relations between indicators across rounds we used Spearman's rho correlations, and Fisher's r-to-z transformation to compare the correlation coefficients. The weak correlation ( $r_s < 0.4$ ) was observed across all domains.

**Moderate and stable links across both rounds** were observed between

- daily functioning and emotional stability ( $r_{s1} = 0.54$ ;  $r_{s2} = 0.63$ ,  $p < 0.001$ )
- professional integration and goal orientation ( $r_{s1} = 0.62$ ;  $r_{s2} = 0.55$ ,  $p < 0.001$ )
- social integration and sense of belonging ( $r_{s1} = 0.5$ ;  $r_{s2} = 0.62$ ,  $p < 0.001$ )

Several domains also showed moderate correlations with one another ( $r_s$  ranging from 0.45 to 0.55) and remained relatively consistent across both rounds: emotional regulation and stability, future planning and goal orientation, goal orientation and sense of belonging, sense of belonging and interpersonal relationships, sense of belonging and self-esteem, as well as physical activity and functional state.

The fact that **four moderate correlations concentrate around the sense of belonging** may suggest that this domain may represent a central, highly interconnected node within the overall well-being structure.

It is important to note that at least one third of participants reported symptoms associated with anxiety disorders, depression, PTSD, burnout, and suicidality. The correlation analysis further demonstrated **several meaningful links between these mental health risks and well-being domains**. For more detailed information, see the section, "Emerging Mental Health Risks".

## Overview

**The lowest indicators across both assessments appeared to be daily functioning, cognitive activity, resilience, and self-esteem.**

The correlation analysis did not reveal any strong correlations ( $r_s > 0.7$ ) between well-being domains across both rounds, which may indicate that some **respondents could be experiencing prolonged stress** with regulatory mechanisms operate inconsistently.

However, the presence of moderate correlations in several of the domains with the lowest well-being levels, and their concentration around the sense of belonging, may still point to a relatively coherent structure of well-being, in which certain domains tend to shift together rather than independently.

A comprehensive analysis further suggests that **some participants may be in a state of exhaustion** affecting the ability to concentrate, maintain daily routines, recover after stress, and sustain a coherent sense of self. Moreover, these tendencies, alongside improvements in professional integration and, in the

same time, deterioration of self-esteem, goal orientation and planning for the future, may point to a **state of forced functioning** with integration, especially professional, experiencing more as an obligation than a choice. Actions driven by necessity rather than a sense of meaning may require greater effort and energy, which in turn can result in prolonged state of stress and exhaustion.

Diminished well-being and increased symptoms of anxiety and depression among participants may also reflect **a decline in overall health**, since poor daily functioning and resilience may increase the risk of somatic and mental disorders (Yang, 2020; Zietse et al. 2025).

Emerging  
Mental Health Risks

To analyse emerging mental health risks among Better You&Me participants the research team used well-researched screening tools such as the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), the PTSD Checklist for DSM-5 (PCL-5), and the Shirom-Melamed Burnout Measure (SMBM).

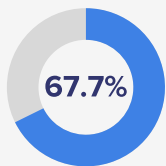
The data from the both rounds indicate **a general intensification of psychological distress among participants**. The share of project participants reporting symptoms of depression, anxiety, PTSD, and suicidal ideation was high in both rounds, with a greater number of people reporting these symptoms in the second (e.g., proportion

of **participants reporting symptoms of anxiety increased from 67.7% to 77%, depression from 36.9% to 47%, and PTSD from 33.1% to 44%**). In the second round, the toolkit was extended to cover **burnout symptoms**. Nearly half of participants (**56%**, with 28% reporting high probability) appeared to be at risk.

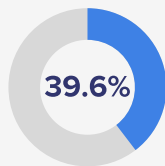
May 2024 - Jan 2025	<b>130 project participants</b> 123F, 7M; 16–60 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Jan -Oct 2025	<b>100 project participants</b> 97F, 3M; 16–70 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
Oct 2023 - Oct 2025	<b>Observations by 8 mental coaches supporting 484 adult project participants</b> 431F, 53M; 16–75 y.o.	Mental coaches’ observations during individual counseling and group sessions.

## Share of Participants Reporting Mental Health Risks (2023–2025)

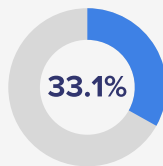
### (May 2024 - Jan 2025)



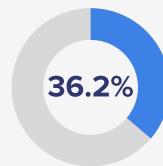
High levels of  
anxiety



Symptoms of  
depression

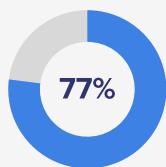


Probability of  
PTSD

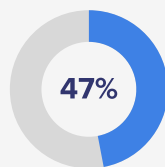


Suicidal  
ideation

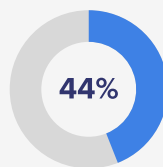
### (Jan - Oct 2025)



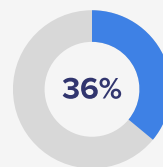
High levels of  
anxiety



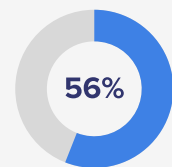
Symptoms of  
depression



Probability of  
PTSD



Suicidal  
ideation



Symptoms of  
burnout

The graphs illustrate the share of participants facing mental health challenges during each round of assessment.

## Interconnections Across Well-Being and Mental Health Risks

Across both rounds, the strongest and most stable correlations were observed between **depression and anxiety** ( $r_{s1} = 0.73$ ;  $r_{s2} = 0.69$ ,  $p < 0.001$ ) and, in the second round, between **burnout and depression** ( $r_{s2} = 0.75$ ,  $p < 0.001$ ).

**Depression** showed moderate and consistent negative correlation with:

- ▶ daily functioning ( $r_{s1} = -0.61$ ;  $r_{s2} = -0.68$ ,  $p < 0.001$ )
- ▶ cognitive functioning ( $r_{s1} = -0.53$ ;  $r_{s2} = -0.62$ ,  $p < 0.001$ )
- ▶ sense of belonging ( $r_{s1} = -0.50$ ;  $r_{s2} = -0.62$ ,  $p < 0.001$ )
- ▶ emotional stability, resilience, and life satisfaction ( $r_s$  ranging from -0.45 to -0.55 across rounds).

**Anxiety** showed moderate negative correlations with daily functioning ( $r_{s1} = -0.60$ ;  $r_{s2} = -0.53$ ,  $p < 0.001$ ), emotional stability and resilience ( $r_s$  ranging from -0.45 to -0.55).

**Burnout** (assessed only in the second round) correlated negatively with emotional stability, daily functioning, cognitive functioning, belonging, social integration, and anxiety ( $r_s$  ranging from -0.5 to -0.6).

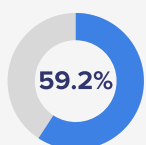
**Suicidal ideations** showed only low and inconsistent negative correlations with all well-being domains ( $r_s < 0.30$ ), with the most notable links appeared with depression in both rounds ( $r_{s1} = 0.50$ ;  $r_{s2} = 0.46$ ,  $p < 0.001$ ), and with burnout the second round ( $r_{s2} = 0.44$ ,  $p < 0.001$ ).

## Deepening Vulnerability and Growing Mental Health Needs

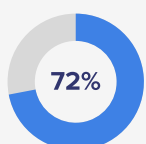
Taken together, the data may indicate **intensifying mental health challenges and growing mental health needs among project participants**.

At the same time, a certain share of participants continued to rate their well-being as moderate, showing some inconsistency with increasing mental health risks identified through assessments, as well as with practitioners' observations. Over the two-year period, **at least 30% of the 228 participants who attended individual sessions were advised to seek mental health care services**.

Moreover, **the growing proportion of participants seeking additional support**, with this number increasing noticeably in the second round, also may indicate the deepening of mental-health-related risks in this group.



Share of participants seeking mental health support in the first round



Share of participants seeking mental health support in the second

Overall, the findings portray **a vulnerable mental health profile among project participants**. Ongoing war- and displacement-related stress is still affecting their well-being, while external pressures (e.g., legal uncertainty) may further intensify this strain and create conditions for more severe mental health problems to emerge.

Further concern is raised by the increasing number of people who struggle with daily and cognitive functioning and those who describe symptoms consistent with burnout and depression. Alarming, the continued reports of suicidal thoughts in both rounds bring an additional level of urgency to the overall findings.

The growing number of people reporting mental health challenges, seeking additional support, or being advised to consult a medical specialist suggests a growing number of needs, that yet remain unmet.

To gain a deeper understanding of these dynamics, the next section reviews experiences across well-being dimensions in greater detail.

## The Path Through Experiences of War and Displacement

Within the Better You&Me programme, over two years (Oct 2023 – Oct 2025), eight mental coaches have conducted systematic observations to explore participants' support needs, recurring themes, the ways they engaged with the support process and changes in their well-being over time. The observational material, compiled in accordance with the programme's standard consent procedures and formed the qualitative dataset for this study.

**Observations were conducted during individual and group mental-health interventions.** The dataset includes anonymised practitioners' notes, capturing an aggregate overview of sessions contexts, raised requests, the interventions applied, their responsiveness, and brief practitioners' reflections.

To gain a deeper understanding of the experiences of first project participants and identify well-being

criteria for the theoretical framework **we quantified the qualitative data from the practitioner's notes related to 100 participants, who attended from five to ten sessions during Oct 2023 - May 2024.**

The dataset that follow **(May 2024 – Oct 2025)** represent qualitative material that was not converted into quantitative form and provide **a broader overview of the mental-health challenges observed among participants** during the later stages of the programme's implementation.

Qualitative	Oct 2023 – Oct 2025	<b>Observations by 8 mental coaches supporting 484 adult project participants</b> (431F, 53M; 16–75 y.o.), including detailed analysis of requests and recurrent themes that emerged in individual sessions for <b>100 first project participants</b> (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)	Mental coaches' observations during individual counselling and group sessions.
-------------	---------------------	--	--

## Loss, and Grief Overwhelming Emotions

The beginning of the full-scale invasion in 2022 became a catastrophic stressor that exceeded the adaptive capacity of psyche for a lot of Ukrainians. For some, war and displacement also set off re-traumatisation, as they had already experienced invasion and occupation back in 2014.

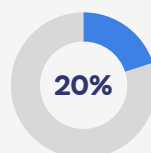
According to the practitioners' notes, some participants had vivid, **disturbing and painful memories about the war**, experienced grief, while others tried to avoid all war-related thoughts, feelings and conversations about their past lives.

Some demonstrated **hyper reactivity**, trying to "get everything done" and "get their lives back". Others remained **passive**, citing a lack of energy for any kind of decision-making.

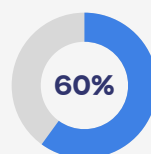
A lot of participants were expressing **pessimism about the future**, and have constant disturbing thoughts about home and past peaceful life. They frequently described intense mood swings and homesickness.

Participants who had lost loved ones, relatives, or friends in the war often described **persistent sadness and recurring waves of grief**.

These states often resulted from external factors, including the evolving situation in Ukraine, worries about relatives who remained there, and displacement-related stressors, such as legal uncertainty, unstable housing, difficulties with professional integration.



initial requests related to emotional stabilisation<sup>1</sup>



participants who reported overwhelming emotions during several sessions<sup>1</sup>

<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)

## Uncertainty and Anxiety

In addition to war-related traumatic experiences, a lot of project participants after displacement found themselves with almost no knowledge about their new situation in a new country, feeling no control over their lives.

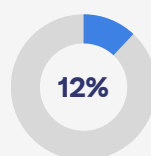
For many, **displacement guaranteed safety for a limited period, but did not offer long-term prospects for rebuilding their lives**, since the TPD is extended on a yearly basis.

The uncertainty about the future created conditions for increasing anxiety and persistent overthinking and/or for narrowed focus on immediate survival tasks. Some participants **stopped envisioning the future or seeing themselves in it**, focusing instead on day-to-day functioning. As outlined in previous sections, such a mode may contribute to exhaustion, as it does not offer meaningful goals or future-oriented anchors.

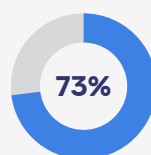
Anxiety may contribute to exhaustion as well, particularly when it is accompanied by persistent thoughts

about how uncertain the situation remains.

Anxiety also stemmed from the trauma and pain participants went through during the war and/or worries about family remained in Ukraine. In everyday life this showed up as constant worrying, difficulty concentrating, trouble calming down, and being easily overwhelmed by even small stressors.



initial requests related to persistent anxiety <sup>1</sup>



participants reported episodes of feeling anxious during several sessions <sup>1</sup>

It's also important to note that the further self-assessment showed that most participants in both rounds had a very high probability of anxiety disorders **(67.7% in the first round and 77% in the second)**. This may indicate alarmingly elevated level of anxiety within the group.

<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)

## Existential Crisis

For some participants, the tension surrounding uncertainty may become a component of an existential crisis. The inability to make sense of their new reality, combined with the loss of familiar life situations, often led to deeper **questioning of identity, purpose, and belonging**.

Some participants described **despair, helplessness, and loss of meaning** in their lives. Others indicated that they **felt guilty and ashamed** for having left Ukraine. Some were ashamed they didn't help their country, their families and lived "a life that felt too comfortable compared to those in Ukraine".

The existential crisis often manifested through feelings of **in-betweenness**. People were struggling to reconcile their past identities with their current realities. This included questions where they belong, and what purpose of their lives is. Such questioning, while potentially fostering reflection and personal growth, could also emerge as persistent rumination leading to fragmentation of the sense of self and worsening self-trust.

According to a range of studies (Debats, 1996; Lucas, 2004; Fonseca, 2011; Scott & Weems, 2013; Buténaité-Svitkiewicz et al., 2016), **the consequences of an existential crisis** may lead to a crisis of identity and identification, loss of a sense of security, social exclusion, reduced motivation, broken integrity, alienation from oneself, others, and the world.

An alarming study by Scott & Weems (2013) established **a correlation between PTSD symptoms, especially guilt, and existential anxiety, loss of meaning in life, and suicidal ideation**.

## Diminished Self-Esteem

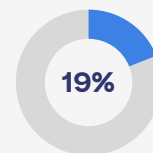
Many participants reported challenges related to self-esteem, which emerged as **a factor affecting their overall well-being and ability to cope with integration challenges.**

Many lost social connections, good positions at work and even daily routines that had previously helped them feel capable and valued.

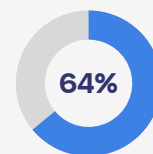
Some struggled with **low self-worth**, a tendency to neglect personal needs, and a functional view of themselves. Some described an experience of self-directed anger, as they were not “fast enough” and/or “good enough” in learning and seeking a job. These perceptions were often shaped by achievement-based self-evaluation, formed before displacement.

In a new country, all tasks, from navigating the healthcare system to using public transport, or expressing oneself freely, may become challenges. Previous achievements are not valued in the same way, and difficulties finding work in one’s field or having to accept lower-skilled

jobs can further undermine belief in one’s abilities.



initial request related to self-esteem¹



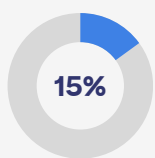
voiced self-esteem issues during several sessions¹

Routledge et al. (2010) highlighted the **crucial connection between stable self-esteem and recovery**: those with higher self-esteem are more resilient to the negative impacts of trauma, whereas those with lower self-esteem tend to experience loss of meaning, and greater social withdrawal. **Performance-based self-esteem may increase the risks of burnout** (Hallsten et al., 2005) and have negative impact on overall mental well-being (Crocker & Knight, 2005).

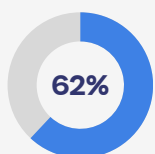
<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)

## Unclear Goals and Poor Motivation

Low, unstable self-esteem and difficulties with goal setting were often described by participants as connected issues. For instance, **disturbed self-esteem could affect choices**, including settling for unsuitable jobs or unhealthy relationships. Similarly, goal-setting issues, such as lack of planning or overplanning, could result in self blame and/or overload and exhaustion.



initially requested support with goal setting and future planning<sup>1</sup>



reported challenges related to goal setting during several sessions<sup>1</sup>

Goal-setting issues were also often linked to **low motivation**, undermined by both **internal** (trauma, negative thinking, low energy, poor confidence and self-trust) and **external factors** (employment barriers, financial insecurity, bureaucratic obstacles). The temporary nature of TPD and

overall uncertainty also made goals seem unattainable, leading many of the participants to avoid planning or to prioritise short-term survival over long-term plans.

A central issue undermining motivation for many was **a sense of having no choice** (or limited choice) while fleeing home, and later a deep dependence on state structures in another country. These perceptions often led to a sense of helplessness and losing control over one's own life.

The research emphasises that **motivation increases** when goals are perceived as achievable, emotionally supported, and personally meaningful. It **decreases** in the context of low self-worth, emotional dysregulation, external barriers, and material overfocus (Bandura, 1997; Nakamura & Csikszentmihalyi, 2014; Clark, 2015).

<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)

## Crisis of Belonging and Relationship-Related Difficulties

Throughout the project, many participants described experiences of **loneliness, social withdrawal, and a lack of belonging**.

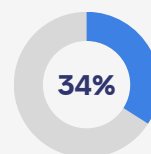
**Communication difficulties** were commonly reported as well, both in broader social settings and within families or romantic relationships.

These challenges often reflected the emotional strain participants were experiencing. Many described moments when expressing their needs felt unusually difficult, or when ordinary interactions with close people became a source of misunderstanding.

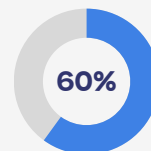
For some, **the physical separation from family** and maintaining relationships at a distance became increasingly difficult to cope with. The lack of shared daily life, limited opportunities for conversations, gradually weakened the sense of closeness.

Another area of communication difficulties involved **the challenge of forming a new social circle**, often

intensified by a persistent sense of detachment from the host country. Cultural differences, particularly in how relationships are initiated and developed, and language barriers made it harder to engage and feel included.



initially requested support with resolving relationship-related difficulties<sup>1</sup>



reported communication difficulties during several sessions<sup>1</sup>

Notably, **a third of the first project participants initially reported relationship-related concerns**, while later self-assessment data showed that for many relationships were one of the highest-rated well-being domains (rated as “good” or “very good”). This inconsistency may reflect differences in sample composition, as well as tendencies to underestimate problems, and, in some cases, normalising dysfunctional relational patterns.

<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023–May 2024; 95F, 5M; 16–64 y.o.)

## Disrupted Relations

Forced transnationality affected the well-being of many participants.

Some couples faced challenges in **maintaining their partnership and co-parenting at a distance**, intensified by the full responsibility for childcare fell on the partner who remained in Sweden. Others **were reunited years after the war began**, and had to cope with reestablishing connection and intimacy.

Several couples decided to **end their relationships**, resulting in conflicts, mutual accusations and resentment.

Alongside experiences of transnationality, **participants often faced separation from their parents and siblings**. The inability to see them physically and worries about them deepened a sense of loneliness and disconnection, which for many limited their capacity to build and maintain new social ties.

Limited family support and overload from integration tasks became a significant challenge for many **young participants** who arrived in Sweden alone. They often acted beyond their age, trying to manage housing, education, and work alone, resulting

in limited time for rest or forming social connections.

Disrupted family dynamics had a notable **impact on children** as well. In many cases, parents were so overwhelmed by essential daily tasks, that they lacked time or energy to fully engage with their children's needs. The common dynamic was a **shift in caregivers roles**, for instance among adolescents, who began caring for younger siblings, and managing household tasks.

Another alarming dynamic was related to parents' aggression toward their children, which appeared to stem from difficulties in managing their own emotions under stress.

## Stories of Violence

Some family situations involved suspected abuse and were subsequently referred to relevant social services.

Notably, in several situations **abuse in families had continued for years** before the war, and separation combined with support from organisations in Sweden enabled participants to end the relationships.

Some participants' experiences also revealed an alarming issue: **a lack of understanding of what constitutes violence**. In several cases participants did not recognise non-physical forms of abuse. In others, even after incidents of physical or sexual violence, participants did not identify them as such and justified the person responsible. Some of them were even blaming themselves for not responding "properly" and/or "timely".

Taken together, these findings underscore **the urgent need for educational initiatives**, focusing on recognising various forms of violence and providing information about available support services.

## Loneliness

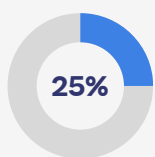
During the project, many participants described **loneliness and self-isolation as the most distressing aspects of their everyday experience**.

A lack of preparation for moving to another country, including learning the language, immediately created obstacles for communication after arrival. For many, rising loneliness led to a reduced sense of belonging and a decline in overall well-being. Furthermore, worsening mental health often increased tendencies toward **isolation**, which in turn further deepened depressive states.

There are a number of studies highlighting the growing **impact of loneliness and social isolation on mental health among immigrants and refugees** (Johnson et al., 2019), as well as on general physical health and well-being (Fratiglioni et al., 2000; Caspi et al., 2006).

## Experiences of Discrimination

During the project participants described cases of discrimination, related to ethnicity, gender, age, language, sexual orientation, and refugee status. The most common cases were related to studying and employment.



noted they experienced discrimination and asked for guidance on what steps to take when it occurs<sup>1</sup>

Some participants reported unequal treatment in employment settings, including being overlooked during recruitment processes due to their ethnicity and/or age.

Some participants may have experienced difficulties with applying for better jobs and/or promotions due to their temporary residence status. Despite having high levels of qualification, they struggled with underemployment or felt unable to achieve career advancement. Some also described cases of mobbing in the workplace

specifically related to their origin.

In certain cases, **children felt “excluded”** at school because of language barriers and due to their ethnicity. Some parents described local school communities as “closed” and “unavailable”.

Some Ukrainian women were harassed due to the harmful stereotypes about their sexual availability.

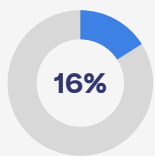
There were also cases of discrimination within the Ukrainian community itself. For instance, some LGBTQ+ participants felt condemned by relatives and/or **faced pressure from parents to “change” their orientation**, which in some cases resulted in suicidal ideation.

These cases demonstrate **the urgent need for information campaigns** promoting inclusion and respect for human rights within displaced communities.

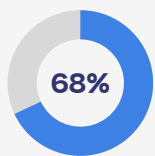
<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)

## Integration Challenges

According to practitioners' observations, participants faced numerous interconnected barriers to integration.



had a primary request for support with integration<sup>1</sup>



reported difficulties with integration during several sessions<sup>1</sup>

**Language barriers** limited their ability to communicate effectively, especially in employment and education settings.

In several cases, participants described a sense of frustration when they could not express themselves or understand others, which often led to shame and, in some cases, to social withdrawal.

Many participants described experiencing **mental overload** from managing complex daily tasks, with could lead to increase in burnout symptoms.

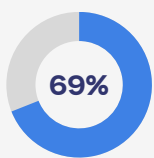
Some participants also noted **trauma-related difficulties**, such as anxiety, low energy levels, emotional numbness. These symptoms could affect their ability to handle integration tasks by **reducing focus and motivation**.

The research has shown (Lie, 2002; Theisen-Womersley, 2021), that **the post-migration environment can play a dual role, either alleviate the symptoms of pre-migration trauma or intensify them**. This environment may include multiple **risk factors** associated with post-migration stressors, such as prolonged legal uncertainty, lack of access to stable housing or employment, language barriers, limited social support, and challenges in navigating unfamiliar institutional systems.

<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)

## Exhaustion

At the beginning of the project a lot of participants reported reduced capacity to recover after stress and problems related to daily functioning.



experiencing **at least one issue, related to functioning** (sleeping, eating problems, fatigue)

Very similar patterns emerged later when we conducted two rounds of self-assessment (May 2024 - Oct 2025). **Daily functioning appeared to be the lowest-rated wellbeing domain across both rounds.** Moreover, the number of participants who might have been experiencing symptoms of **depression, and burnout** was also notable, with an increase observed in the second round (39.6% in the first round and 47% in the second for depression; 56% in the second for burnout).

The analysis suggests that symptoms of chronic stress, burnout and depression among participants could be primarily caused by the overload due to war\*-related stress,

forced displacement, and the pressure to adapt to new conditions as quickly as possible.

These insights are supported by practitioners' observations, indicating that many participants are experiencing challenges in daily life over the project:

- exhaustion, constant fatigue
- loss of interest in activities that used to bring pleasure
- loss of overall interest in life
- aggressive behaviour and self-blame
- decreased motivation
- reduced restorative capacity
- problems with sleep, including insomnia, recurring nightmares
- reduced capacity for daily functioning
- difficulties with memorisation, concentration, maintaining focus

Among other disturbing symptoms, several participants had **self-harming behaviour and suicidal intentions**. All of them were advised to visit the relevant authorities.

<sup>1</sup> Analysis of requests and recurrent themes that emerged in individual sessions for 100 first project participants (Oct 2023-May 2024; 95F, 5M; 16-64 y.o.)

Children’s Well-Being

While the research was not focused on children, some insights about their well-being were drawn from practitioners’ observations.

During psychosocial activities, specialists noticed that many children demonstrated **symptoms of stress:** low emotional stability, reduced confidence, and difficulty envisioning the future.

Some children also expressed issues related to **feeling unsafe at school and discomfort in peer interactions.**

Parents of younger children (aged 5 to 9) as main issues that they worry about described **shifts in mood, increased withdrawal, potential attention-related issues.**

Practitioners observed **heightened emotional responses among teens,** particularly concerning the themes of belonging, future planning, and managing their own and their family’s expectations.

These insights underline the importance of creating emotionally responsive spaces for children and adolescents navigating displacement. Age-appropriate support, peer-based groups, and family-oriented approaches could help strengthen children's coping strategies and prevent long-term distress.

Quantitative	Sep 2024 - Jan 2025	<b>51 project participants</b> gender unspecified; 10–15 y.o.	CAWI survey based on PSS-C assessing children’ perceived stress levels.
Quantitative	Oct 2024 - Jan 2025	<b>42 project participants,</b> parents of children aged 4–13 age; gender unspecified	CAWI survey based on PSC-17 assessing parents’ perception of their children's well-being.
Quantitative	Apr 2023 - Oct 2025	<b>Observations by 4 mental coaches assessing 187 children</b> gender unspecified; 5–15 y.o.	Mental coaches’ observations during psycho-social activities.

Analysis of Participants’ Requests

Over two years of the project, the HUG research team has conducted a systematic analysis of the participants' initial support requests. At the onset of the project, to identify relevant well-being criteria

we quantified the qualitative data from practitioners’ notes related to the first 100 project participants who attended between five and ten sessions (Oct 2023–May 2024).

October 2023 – April 2024



The analysis revealed that **the majority sought help related to emotional well-being.** A smaller proportion requested support with integrated-related issues.

difficulties **(35%)** emotional stabilisation **(20%)**, strengthening self-esteem and confidence **(19%)**, general support with integration **(16%)**.

**The most frequently mentioned initial requests** included support with resolving communication

Quantitative	Oct 2023 - Oct 2025	<b>Observations by 8 mental coaches supporting 484 adult project participants</b> (431F, 53M; 16–75 y.o.), including detailed analysis of requests and recurrent themes that emerged in individual sessions for <b>100 first project participants</b> (Oct 2023-May 2024; 95F, 5M; 16–64 y.o.)	Mental coaches’ observations during individual counseling and group sessions.
--------------	---------------------	--	---

## May 2024 – January 2025

The further analysis of requests revealed more complex tendencies in support needs.

By May 2024 the most frequent requests from participants included **emotional support, and support in managing conflicts**. Many sought **career-related guidance**, particularly in redefining their professional paths.

A lot of participants sought help because they experienced **symptoms of depression, burnout, and high levels of anxiety**. In addition to conversational support, they were also offered guidance on how to access professional mental health services. **Trauma recovery** remained a prominent theme, with participants asking for help processing experiences of war, forced displacement, violence, loss, and family separation.

Requests related to **parenting**, especially among women navigating motherhood alone, were also common, often accompanied by emotional overload. In these cases, mothers were maintaining relationships at a distance, which also created support needs, for

example, dealing with the stress of separation and resolving conflicts.

A lot of participants reported a persistent sense of **loneliness**, emotional disconnection, deepened by the loss of familiar environments, limited social ties, language barriers, and reduced capacity for active social engagement.

## January - October 2025

**In 2025**, participants' requests had become even more complex and layered. Many sought support in **cop**ing with **major life transitions**, such as migration, motherhood, and midlife or career-related change.

**Crisis-related issues** were particularly prominent, including experiences of divorce, domestic violence, forced relocation, illness or loss of relatives, and other acute stressors.

Some adults requested support with **work-related challenges** such as burnout, job-search difficulties, and procrastination.

**Anxiety emerged as the most frequent theme**, often presenting as generalised or social anxiety, or persistent worries about the future. For many participants, these experiences were closely linked to uncertainty about their legal status in Sweden and concerns for family members in Ukraine.

An increasing number of participants reported symptoms commonly associated with **depression**, including prolonged low mood, loss

of motivation, and difficulties maintaining daily routine. Many of them sought psycho-emotional support and clear information about how the medical care system in Sweden functions and where to seek appropriate professional help.

Overall, **the number of participants experiencing exhaustion, burnout, or symptoms consistent with PTSD continued to rise**, accompanied by a growing number of advice to seek medical support.

Searching for Connection

In September 2025, **as part of the FRID project** (Facilitating Refugee Integration through Dedicated Mental Health Support), HUG team conducted **20 in-depth interviews** with displaced Ukrainians in Sweden focused on their mental health challenges and emerging needs.

The interviews revealed a recurring picture: **loneliness and lost sense of belonging** were the main themes among participants. Many described the need for simple human contact, safe spaces to speak in their native language and be understood. For others separation from family, cultural distance, and difficulty forming meaningful relationships in a new country led to intensified isolation.

Participants described **mental health struggles shaped largely by external pressures** - bureaucracy, language barriers, uncertainty about the future, disrupted careers, and safety concerns for children.

**Anxiety, exhaustion, identity loss, and the inability to imagine their future** were common themes as well.

**Key needs** repeated across stories: communication and belonging, mental health support in Ukrainian, and for newly arrived - help with rebuilding professional identity and strengthening confidence.

“

I stayed home for months. It was impossible to even go to the shop, I was so afraid I couldn't answer the questions...

Even if I learned the language, I still don't know how to find a way to people here.

”

Qualitative	Sep 2025	<b>20 participants</b> 18F. 2M; 18-65 y.o.	Interviews were conducted for the <a href="#">FRID project</a> , which is implemented in partnership between HUG, Reach for Change, and Mental Health Finland (MIELI), and is co-funded by the EU.
-------------	----------	--	--

## Changes

At the same time, many participants showed signs of **better emotional regulation**, re-engagement with work or education, and greater clarity in day-to-day functioning. As their emotional stability improved, **new requests emerged**, focused on workplace well-being, goal setting, skill development, and strengthening their emotional intelligence.

There was growing interest among participants in learning stress management strategies and techniques, communication skills, and pathways to social participation. This insight may suggest that, **for some participants, there is a need to transition from crisis-oriented support to support focused on long-term personal development and integration.**

A group of participants expressed a strong interest in supporting the project through volunteer initiatives, which may also indicate **a need for meaningful engagement, and opportunities to contribute to supporting others.**

At the same time, a particularly concerning insight was the number

of participants experiencing depressive symptoms and suicidal thoughts, indicating that **some participants continue to require acute, crisis-oriented assistance.**

In addition, the mental health needs of displaced communities, as identified in this study, may require substantial involvement from both mental health professionals and integration specialists, given the strong interconnection between mental health, well-being and integration.

## Pathway Summary

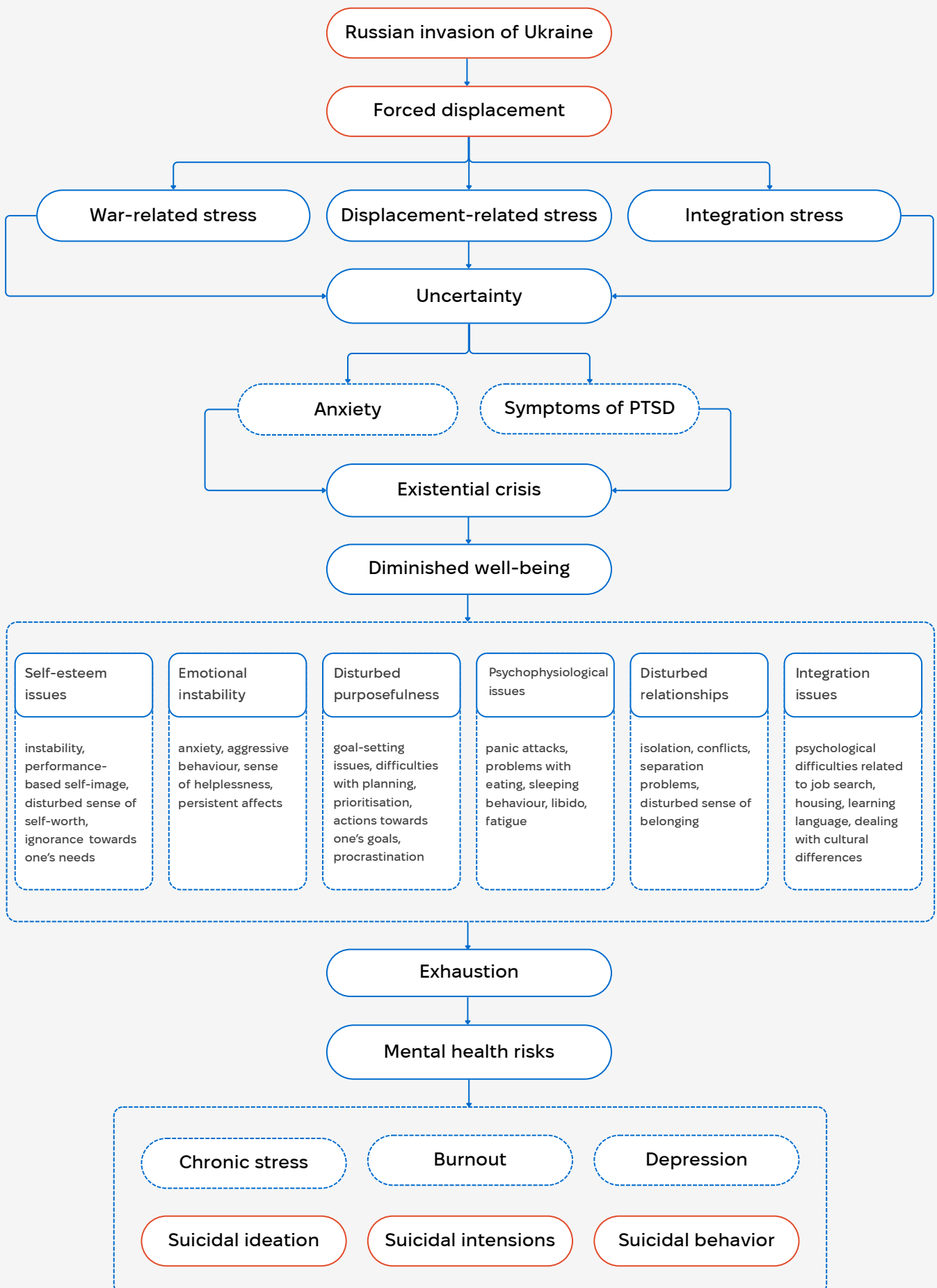
Based on the assessments and practitioners' observations, we can assume that a lot of participants may follow a similar **psychological path** shaped by trauma, uncertainty, and the challenges of forced migration. It often begins with shock, fear, and loss, gradually evolving into anxiety, existential crisis, and difficulties with self-regulation, relationships, and purpose. These states contribute to emotional, cognitive, and physical exhaustion, which can lead to chronic stress, burnout, and depression, sometimes to suicidal thoughts.

**The trajectory and intensity of these experiences vary depending on individual factors** such as personality, age, family situation, coping strategies, background, and the access to the appropriate support in the each stage. Some participants showed remarkable resilience early on, while others need more long-term assistance.

**Each stage presents specific risks but also opportunities for timely and targeted support.** Recognising each stage and its risks also may help appropriate services to design

more responsive support programmes, ensuring preventive assistance, and addressing early signs of distress.

**We believe that community environment plays a crucial role** in either mitigating or amplifying these effects. Supportive networks and peer connections often serve as factors that help people to recover.



# Programme Effectiveness

The programme's effectiveness was evaluated using quantitative and qualitative methods **during 2023–2025**.

For both quantitative and qualitative evaluation, we used **indicators structured around key components of The Well-Being Framework**.

In addition we reviewed the effectiveness of specific intervention formats, and formulated **recommendations to guide the design of support programmes for displaced populations**.





**671**

participants

**431**

women

**53**

men

**187**

children



**450**

children engaged  
in psychosocial activities

## Participation

As of January, the Better You&Me project had been running for two years, reaching a total of **671 participants**. Each of them had **their own story** of war, displacement and integration into a new society.

### Two Years of Growing Impact

The project demonstrated a consistently **high level of engagement** with participants actively choosing both individual and group formats of support.

Given the size of the Ukrainian population registered under the TPD, **40,822 across Sweden, including 5,028 in Västra Götaland and 1,592 in Gothenburg**, in October 2024 the project reached approximately **20%** of the Ukrainians in Gothenburg. However, initially focused on Västra Götaland, since April 2024 the project expanded its reach across Sweden, offering support to Ukrainians in other regions as well.

Monthly engagement data show that the project maintained a **stable intake of new participants** alongside active returnees, indicating the ongoing relevance and trust in the services offered.

**228**

participants  
attended individual  
sessions

**536**

participants  
attended group  
meetings

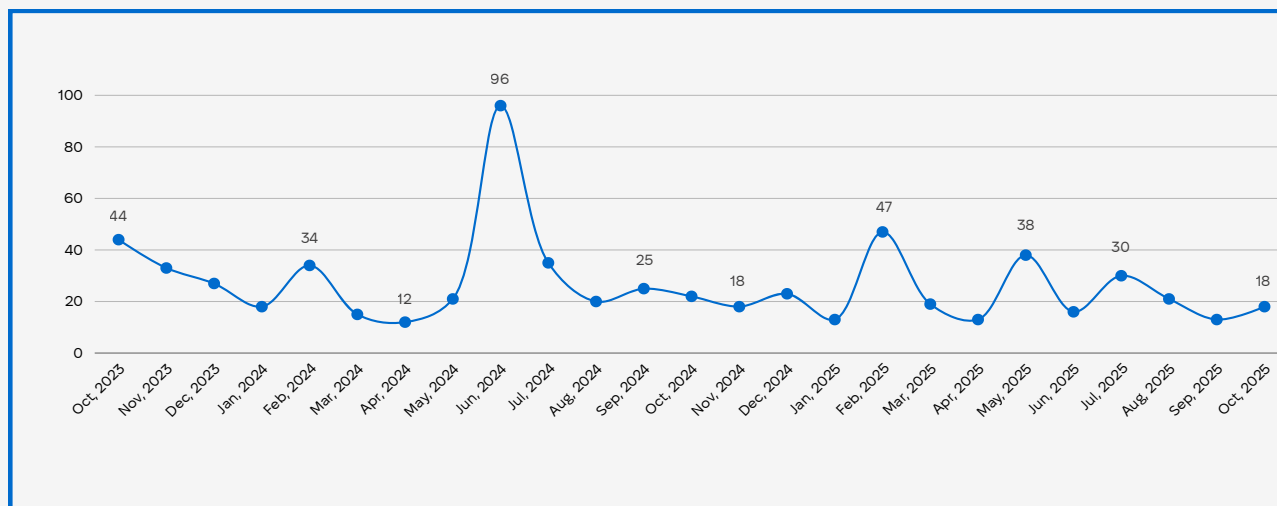
**1 578**

individual  
sessions  
provided

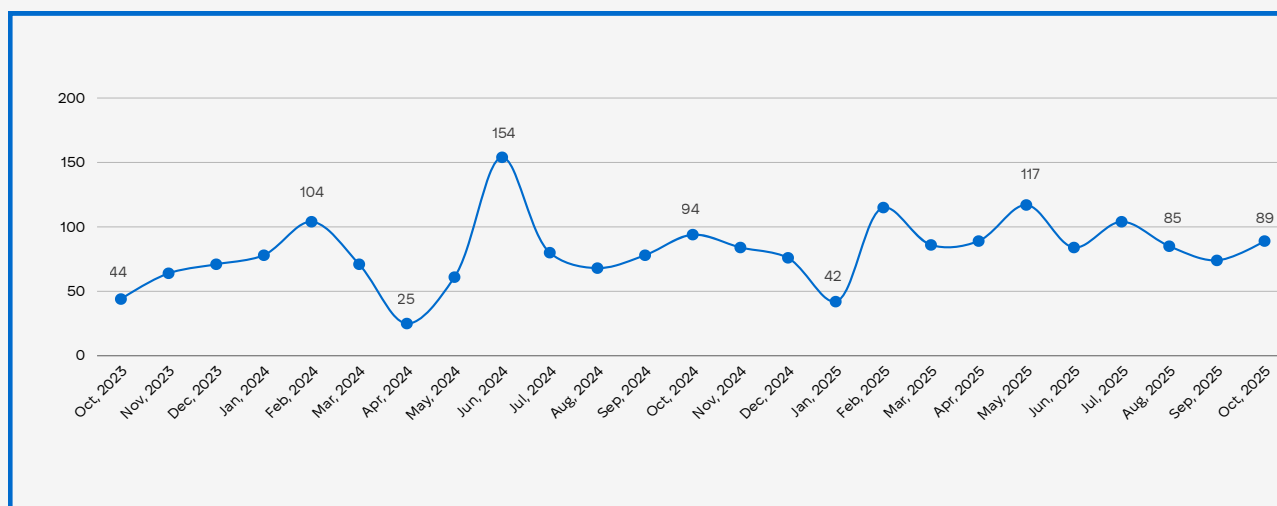
**432**

group sessions  
provided

## New participants per month



## Engagement rate



During the period from October 2023 to April 2024, four coaches were involved in the project, which naturally had an impact on the overall participation. After April 2024, two coaches continued working in the project, and other practitioners have joined occasionally to support specific activities.

The continued participation may reflect **the programme's effectiveness** in providing long-term mental health support and the urgent need for scaling up similar models across Sweden.

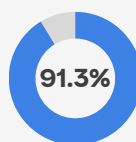
## The Effectiveness of Project-Based Interventions

To evaluate changes in participants' well-being and identify their needs, HUG research team conducted four self-assessment surveys: in January–

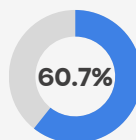
February 2024, in November 2024–January 2025, and in January–October 2025.

### February 2024

The initial self-assessment survey involving **23 first project participants** revealed a positive effect of the programme on their well-being and integration outcomes.

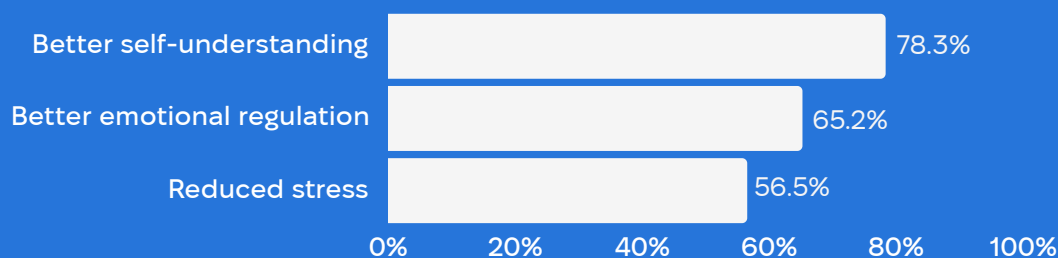


The vast majority of participants reported **improvement in their mental well-being**



A majority of participants rated **the programme's impact on their integration as high**, scoring it between 7 and 10 out of 10

### Self-reported changes in well-being<sup>1</sup>



<sup>1</sup> Multiple answers were allowed

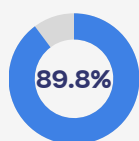
Quantitative	Jan - Feb 2024	<b>23 project participants</b> age and gender unspecified ( <b>13.5%</b> of the overall number of adults participants as of Feb 2024)	CAWI survey assessing participants' perceived changes in well-being and their satisfaction with the support provided by the Better You&Me project.
--------------	----------------	--	--

## November 2024 - January 2025

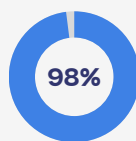
The next self-assessment survey involving **49 participants** also revealed a positive impact of the programme on well-being. Most participants reported **improvements in emotional well-being, relationships, better sense of**

**belonging, self-esteem, and psychophysiological well-being.**

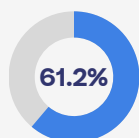
Nearly all participants expressed willingness to recommend the project to others.



The majority of participants rated **the programme's impact on their well-being as high**



The vast majority of participants stated they **would recommend the project to others**



The majority of participants rated **the programme's impact on their integration as high**

### Self-reported changes in well-being<sup>1</sup>



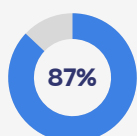
<sup>1</sup> Multiple answers were allowed

Quantitative	Nov 2024 - Jan 2025	<b>49 project participants</b> age and gender unspecified ( <b>15.4%</b> of the overall number of adult participants as of Jan 2025)	CAWI survey assessing participants' perceived changes in well-being and their satisfaction with the provided support.
--------------	---------------------	--	---

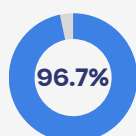
## January - October 2025

During January - October 2025 the research team conducted **two self-assessment surveys**, capturing participants' perceived changes in well-being and their satisfaction with the support received. The first survey included **60 participants**, while the second was conducted as

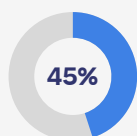
a follow-up after the interventions and collected **72 responses**. The majority of participants expressed large improvements regarding to at least one well-being domain.



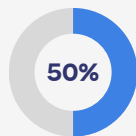
The majority of participants rated **the programme's impact on their well-being as high**



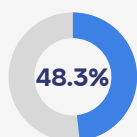
The vast majority of participants stated they **would recommend the project to others**



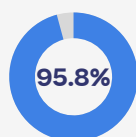
Nearly half of participants reported **large improvements in psychosocial well-being (self-esteem, planning the future, goal setting, resilience, relationships)**



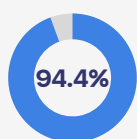
Half of participants reported **large improvements in emotional well-being**



Nearly half of participants rated **the programme's impact on their integration as high**



Nearly all responses to follow-up may indicate that participants felt safe during the meetings



Nearly all responses to follow-up may suggest that the interventions applied were aligned with participants' requests

Quantitative	Jan -Oct 2025	<b>60 project participants</b> age and gender unspecified ( <b>12.4%</b> of the overall number of adult participants as of Jan 2025)	CAWI survey assessing participants' perceived changes in well-being and their satisfaction with the provided support.
Quantitative	Jan -Oct 2025	<b>72 responses</b> <b>number of participants unknown</b> , age and gender unspecified	CAWI follow-up conducted after individual and group meetings, aimed at capturing participants' reflections on a perceived safety during meetings, the accordance between the request and the support provided

## Review of the Programme Design

Evaluation of the Better You&Me programme demonstrates its effectiveness in supporting the mental health and well-being of displaced Ukrainians in Sweden.

### Safety, trust, and empowerment

Insights from self-assessment surveys and practitioners' observations show **consistent positive changes** across emotional, social, integration and psychophysiological dimensions.

The **high engagement rate and strong participant satisfaction** (98% stated they would recommend the programme to others) further confirm the relevance and positive impact of the programme to the participants' mental health.

Based on the analysis of the participants' engagement, their direct feedback and attendance dynamics, we assume that the programme's effectiveness was achieved through applying its guiding principles and maintaining a flexible, comprehensive approach. Building trust proved fundamental for participants' engagement and

recovery. When Better You&Me launched HUG was already recognized by Ukrainians in Västra Götaland as a trusted organization supporting integration, through career and employment counseling, language courses, social activities for kids and youth.

**Participants' prior trust to the HUG projects** made it easier for them to access mental health support, despite the sensitivity of the subject. Conversely, information provided by HUG regarding additional support for complex situations, such as abuse, domestic violence, suicidal intentions, was also met by participants with greater trust. Therefore, it would be valuable to explore the interrelationship between various initiatives and their collective impact on displaced individuals' well-being for designing other holistic support models.

## Comprehensive approach

As the Better You&Me programme developed, it became clear that effective **mental health support for displaced communities must be structured across different levels.**

**Crisis interventions** are necessary to stabilise emotional states during acute phases, whereas **longer-term interventions** enable deeper trauma processing and foster sustainable social and professional integration.

We believe that modern mental health support models should therefore incorporate both short-term and long-term approaches to meet the diverse and evolving needs of displaced individuals.

**The programme's methods** included individual sessions and group activities addressing various participants' needs.

**Individual sessions** were the most requested form of assistance. As reflected in participants' feedback and practitioners' observations, the sessions offered the safe space for processing trauma, finding new coping strategies, boosting inner resources and regaining the

confidence to navigate integration at their own pace. One-on-one sessions also enable early identification of severe mental health conditions and timely referral to specialised care.

**Group-based interventions** played an equally important role in supporting participants' mental well-being as they provided an environment where they could share experiences and strengthen their sense of belonging. These interventions proved highly effective in addressing a wide range of needs.

**A potential impact of comprehensive support** was the increased awareness among participants regarding mental health and the reduction of stigma around it. Some of them noted that through the mental health interventions provided, they learned how to support themselves and others, how to communicate in a non-violent way, how to recover from stress. Moreover, participants received information about available professional services and support communities across Sweden.

## Discussion

Although the programme demonstrated a certain degree of effectiveness, it also encountered notable challenges that warrant consideration.

### Challenges related to accessibility

Not all participants could access project services during its first stages. Until April 2024, the programme primarily covered Västra Götaland region, with most participants based in Göteborg, Uddevalla, Alingsås, and Mölndal. **The decision to expand services across Sweden and introduce more sustainable online formats significantly improved accessibility.** As a result, by the end of 2024, the programme was reaching participants from more than 50 cities across Sweden, including Stockholm, Malmö, Norrköping, Linköping, Sandviken, Rundvik, Åmål, Kvillefors, Karlstad, and many others.

### Challenges related to providing emotional support

In contrast to other group formats, emotional support initially showed

lower engagement compared to other activities, which maintained consistently high participation levels. This can be explained by the fact that emotional support groups were initially offered in offline formats. Given the relatively small number of Ukrainians in Gothenburg and surrounding municipalities, and the fact that many Ukrainians knew each other personally, the conditions were not conducive to building sufficient trust within the groups. **Prevalent stereotypical attitudes** towards emotional vulnerability and fear of being perceived as "weak" also limited engagement.

After the transition to an online format in April 2024, more participants joined emotional support groups, and more positively assessed their impact on emotional well-being.

**These findings underline the importance of developing stable online groups to ensure confidentiality and emotional safety.**

## Enhancing psychoeducational support

During the project, we identified areas of vulnerability that further highlight **the need for strengthened informational and psycho-educational support**. Some participants faced discrimination. Others experienced abusive relationships, but often lacked the necessary awareness to recognise abuse. **Increasing psychological literacy**, reducing stigma, and providing targeted education on recognizing and responding to such challenges would strengthen participants' resilience and mental well-being. We believe that these improvements would also further enhance the programme's effectiveness.

### Providing self-screening tools

At the onset of the project, we employed various tools to assess the well-being. However, there was no standardised tool to facilitate a more consistent evaluation, track changes, and measure the effectiveness of the interventions. To address this gap, HUG developed a toolkit that enabled us to assess participants' mental health in a more systematic way.

**We believe that support programmes would benefit from incorporating diagnostic tools specifically developed to meet the needs of the target group.**

### Meeting the need

Considering the objectives of the programme, which focused on providing mental health support and enhancing well-being of displaced Ukrainians in Sweden, we believe it has proven to be effective.

The programme is grounded in a well-researched framework and design, which has demonstrated its ability to adapt and evolve in response to participants' needs. Its principles and methods have shown a positive impact on emotional well-being, resilience, and integration of the target group.

# Closer Look

This section shares **the voices of displaced Ukrainian women we interviewed**. Their stories reveal the hidden struggles of uprooting, fear, and rebuilding their lives in uncertainty.



**Maryna, 30,** arrived in Sweden due to the Russian invasion in 2022 after a harrowing two-week journey through Crimea, Russia, and the Baltics.

**"We were in Mariupol for a month after the war started. It wasn't easy,"** she shared. Together with her family and friends - nine people in total - they were taken in by a Swedish host who offered them his summer house.

**"Sweden welcomed us very warmly. I really like the people here - they are kind, responsive, and truly willing to help."**

She first engaged with the Better You&Me programme by attending psychoeducation sessions. **"It was comfortable to start with lectures. It gave me a chance to get to know the specialist."**

After that, she moved into individual sessions, which she found especially helpful as they gave her both personal guidance and emotional validation: "What matters most in support is reassurance - that what you're going through is normal, that others in your situation feel the same, and that there's nothing wrong with you. That understanding helps you feel okay with yourself."

**Maryna sees integration as a feeling of belonging.** But for now, that sense of belonging still feels distant.

When asked what might bring her closer to feeling that she belongs, she names two things: **"The first and most important thing is the language - to be able to speak freely with the local community. The second is psychological support. Without professional help, it's impossible to process this experience and adapt."**

Maryna also points to barriers. **"Isolation slows everything down. When you only talk to other Ukrainians, it feels safer - but it doesn't help you integrate."**

Maryna shares that The Better You&Me programme gave her supportive space, and the confidence to move forward: **"I realised it was time to come out of my shell and start socialising."**

**Kateryna, 25**, from Kharkiv, at the start of the full-scale invasion, was relocated to western Ukraine. Feeling unsafe there as well, she made the difficult decision to leave the country and move to Sweden. **"I came to Sweden because it was relatively far from Ukraine. I also knew that it was safe here"**, Kateryna reflects.

Upon arrival in Sweden, she was directed by the Migration Agency to a small municipality, where she connected with volunteers and local organisations that helped her access essential services.

Later on, Kateryna came into contact with the Better You&Me project and asked for support.

When reflecting on the **challenges of integration**, Kateryna pointed first to emotional and psychological well-being: **"Mental and emotional state is the first thing. It's a major factor that can block half of what you try to do. That's why it's so important to continue the support that's available now"**<sup>1</sup>. She also mentioned legal limitations, especially connected to the TPD: **"The directive**

**doesn't give us full access to opportunities. Without an identity number, we can't get insurance or other important things for families and children."**<sup>1</sup>

Kateryna described noticeable improvements in her emotional state during her participation in the programme. **"I feel better and more confident. Here, I can access support. I feel calmer, more secure. I received a lot of information - it became easier to live in Sweden."**

<sup>1</sup> This interview was conducted before Ukrainians were able to obtain a personal identification number.

**Olena, 34**, from Kyiv, found herself in Sweden at a crucial moment. Just a few days after she arrived in Sweden with her son, the full-scale invasion broke out in Ukraine, and they never returned.

Olena reflected on the emotional impact of the early months of displacement. She described **a collective sense of shock and guilt shared by many Ukrainians who arrived in Sweden**, including those who had already been living there before the full-scale invasion. **“Even those who were already here were traumatised. They carried survivor’s guilt. They asked themselves, ‘Why am I not there?’ ‘What if something happens to my loved ones?’ These thoughts were constant.”**

She noted how this emotional state blurred the passage of time for many: **“I think a lot of those who came to Sweden and have been living here for more than a year can say they don’t remember the past year. What was the spring like? What was the summer like in 2022 - was there even a summer? We saw the sun, but we didn’t feel it. No one was happy about it”.**

Despite early struggles with language, professional validation, and lack of professional recognition

(she had graduated with a medical degree in Ukraine), eventually Olena began to adjust to life in Sweden and started a new career.

Olena is expecting a child, and this new chapter in her life brings both joy and challenges.

From Olena’s perspective, **one of the main obstacles to integration for many Ukrainians is the ongoing psychological impact of uncertainty and loss of control: “People fall into depression more and more often because they don’t feel in control... People simply don’t know what to do.”**

Olena highlights the importance of mental health support, especially for children and parents who are struggling to process the trauma of displacement.

Olena’s story is a poignant reminder that **integration isn’t just about adapting to a new culture; it’s about healing from trauma and finding the support necessary to rebuild a life.**

# Conclusion

This section presents **key insights** into the mental health challenges faced by displaced Ukrainians in Sweden and their main needs. It also summarises findings related to the design and delivery of the Better You&Me programme. In addition, it provides **targeted recommendations** for government

authorities, NGOs, healthcare providers, educational institutions, and employers to enhance the relevance, accessibility, and sustainability of mental health support for displaced populations.



## Lessons Learned

For millions of Ukrainians, the experience of war, abrupt uprooting, separation from family, and dislocation into foreign environments generated profound emotional and psychological distress.

Many found themselves navigating trauma, uncertainty, and loss, while simultaneously being expected to integrate into a new society. These realities served as the starting point for the Better You&Me programme, developed by Help Ukraine Gothenburg (HUG) in mid-2023.

During **two-year journey** The Better You&Me programme demonstrated high effectiveness across emotional, social, psychophysiological, and integration domains.

**Participant engagement** was consistently strong, reflecting a high level of trust towards the initiative.

**The programme's comprehensive and flexible design**, grounded in cultural sensitivity, trauma-informed care, and recovery-oriented principles, allowed participants to feel safe, respected, and empowered throughout their recovery journeys.

### Layers of trauma

One of the key findings revealed that **many participants were experiencing multiple traumatic experiences**, including those related to war, losses, forced displacement, dangerous journeys to a safe place, and the integration pressures. Layers reinforced one another and contributed to exhaustion and chronic stress, damaged self-worth, decreased capacity to recover, social withdrawal and problems with functioning.

### Emerging risks

Throughout the programme, we observed a wide range of mental health vulnerabilities among participants, including symptoms of anxiety, depression, emotional exhaustion, and post-traumatic stress. Emotional instability, damaged self-esteem, professional insecurity, and social withdrawal were also common. Particularly concerning were the emerging risks related to suicidal thoughts, intentions, and attempts.

## Recommendations

### for Implementing Mental Health Support Programmes for Displaced Populations

Based on the results, we believe, the Framework and Programme Design could be adapted for use by other organisations supporting displaced populations.

#### Culturally sensitive approach

To ensure the effectiveness of this approach, it is crucial to adapt its key elements to the group's specific needs:

- language and preferred communication styles
- beliefs and practices regarding mental health support, coping strategies and help-seeking behaviour
- religious or spiritual traditions
- both displacement and daily life context, routines, and socioeconomic context
- collective and historical trauma
- stigma and taboos specific to the target group
- policy and societal context of the host country

A culturally sensitive approach should also consider factors such as power dynamics and trust in institutions, and the role of community structures. For example, as a result of collective trauma some communities may experience fear of authorities, which can reduce trust in those providing support on the one hand, and lower individuals' initiative toward recovery on the other. Recognising this component can help professionals show respect to participants and provide safer, more supportive interventions.

## From Early Intervention to Long-Term Recovery

For continued effectiveness, the model must integrate crisis, medium-term, and long-term support, adapting to participants' needs at various stages of their recovery.

**Early interventions** can reduce the risk of chronic psychological states, prevent crisis escalation, and empower people to seek help before distress becomes overwhelming.

However, **mental health support should be accessible over time**, not limited to short-term solutions. While early interventions are crucial for reducing immediate psychological risks, trauma-affected people may continue to experience intense emotions months or years later. They may seek support at different stages of their recovery. For this reason, support programmes must be designed to offer different levels of care, immediate, medium- and long-term, allowing participants to return for help whenever they are ready or in need.

## Fostering trust and promoting safety

Sustainable support models should provide systematic screening, and implement only scientifically grounded approaches. People need to know that help is available, reliable, and based on real knowledge, so they can trust it.

Trust towards organisations implementing support programmes is also critical. It is particularly valuable when organisations offer diverse forms of assistance. HUG experience shows that participation in meaningful activities, learning new skills, and finding new professional pathways often helps reduce symptoms of depression.

We believe that **NGO sector strengthens communities by ensuring that every person feels seen and valued**. As trust within the community grows, so does the recovery process.

# Policy Recommendations

for Strengthening Mental Health and Integration for Displaced Ukrainians in Sweden

**For Government Authorities (national, regional and municipal)**

Sweden's **National Strategy for Mental Health and Suicide Prevention 2025–2034** highlights that work on mental health is a shared societal responsibility, requiring coordinated efforts from public, private, and civil society actors and from the individuals themselves. The Strategy also recognises that not all groups have equal opportunities to maintain good mental health **(in line with Goal 3 “Minskade påverkbara skillnader i psykisk hälsa”)**.

Consistent with this, HUG's long-standing experience reveals that **Ukrainians in Sweden face significant mental health challenges; yet their needs for support and treatment often remain unmet**. Alongside internal obstacles such as stigma and limited mental health awareness, external factors persist. These include limited access to mental health care and a lack of culturally sensitive support services.

Therefore, we recommend the Government of Sweden and the Swedish Association of Local Authorities and Regions (SKR) to strengthen community-based mental health support for displaced Ukrainians. **In particular, we recommend piloting IOP-based partnerships between SKR and culturally rooted NGOs with expertise in supporting displaced Ukrainians in native language and often trusted by those they serve.**

Joint efforts between NGOs and public authorities are expected to **reduce inequalities in maintaining good mental health**, as NGOs offer close community ties, flexibility, and capacity to respond rapidly to emerging needs. These efforts may also help to **reduce the burden on healthcare systems through early interventions and referrals**. Evidence from the Better You&Me shows that early interventions can prevent the deterioration of mental health caused by the war and improve overall social well-being among Ukrainians, thereby strengthening societal resilience.

## For SKR, street-level bureaucrats and service providers

Building on Sweden's National Strategy for Mental Health and Suicide Prevention 2025–2034 and its aim of collaboration and shared responsibility across sectors, **we recommend developing sustainable cross-sectoral partnerships between public services and civil society.**

**SKR, healthcare providers, educators, and municipal services are recommended to be encouraged systematically with NGOs that offer culturally grounded, language-appropriate support for displaced Ukrainians in Sweden.** This may include

- development and implementation of language-appropriate screenings to identify early risks
- establishing referral pathways that connect Ukrainians to appropriate support
- joint training in trauma-informed care, cultural sensitivity and knowledge sharing for professionals involved in interacting with Ukrainians
- raising mental health awareness by community outreach, and conducting psychoeducational campaigns

Such cross-sectoral collaboration can help creating more coordinated and responsive support structures for displaced Ukrainians, enhance the cultural competence of professionals, and strengthen trust in public institutions.

## For the Government of Sweden (Regeringen), Swedish Migration Agency (Migrationsverket)

The current implementation of the TPD, while providing protection till 2027 (Council Implementing Decision 2025/0650), still leaves many Ukrainians facing uncertainty as there are no clear pathways towards permanent stay have yet to be developed.

Although some potential pathways, such as work permits, family reunification, studies or research-related residence permits, are occasionally mentioned in public discussions, there are still **no clear or accessible mechanisms for applying for these permits from within Sweden or the EU**. This creates a situation where, if the Directive ends in 2027, while the war continues, Ukrainians may be forced to return to danger and remain separated from their new families, losing jobs or educational opportunities they have already secured in Sweden.

**Government authorities should acknowledge the impact of prolonged uncertainty on the mental health of displaced Ukrainians.** The Better You&Me experience shows that war itself, lack of clarity and stability during the initial phase of displacement (2022-

2023), has already affected their mental well-being. The inability to obtain personal identity numbers, and limited access to mental health care further intensified mental health challenges and hindered integration.

While earlier integration barriers were centred around obtaining a personal identity number, current stressors (as of 2025), are mostly linked to **the uncertainty of future prospects in Sweden. They also include a risks of losing jobs, families, and studies again** because of the lack of clear procedures that would allow Ukrainians to apply for another type of residence from within Sweden, without being forced to leave the country.

Understanding one's possible pathways in the host country for Ukrainians is fundamental as for their recovery and good mental health, as for enabling further integration and contribution. **Therefore, the Government of Sweden and relevant authorities should aim to ensure that Ukrainian TP holders receive clear and transparent information about future residence options, and possibilities to apply for alternative permits from within Sweden.**

## Way Forward

HUG aims to continue strengthening mental health support for displaced Ukrainians in Sweden.

In our future work, we plan to place particular attention on expanding our knowledge on mental health and raising awareness within displaced communities.

We also aim to increase the availability of activities that promote recovery and resilience among people affected by war and displacement.

One of our future prospects is to develop stronger collaborations with authorities and non-governmental organisations for sharing knowledge and fostering inclusive support networks.

We are also fascinated by the idea of strengthening community bonds. In particular, we see great potential in peer-support models that empower people contribute actively to the well-being of others.

Mental health support for displaced people is not just a humanitarian duty. It is a step towards building

stronger, more resilient societies.

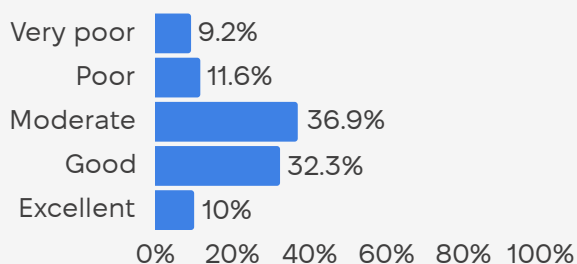
**When people regain emotional stability, they can learn, work, create, and contribute.**

Strengthening mental well-being means opening the way for integration, shared recovery, and future where people and communities can thrive.

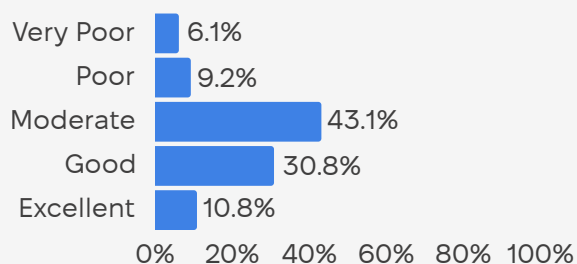
## Appendix A. Well-Being Assessments Data (May 2024 – Oct 2025)

### May 2024 - Jan 2025

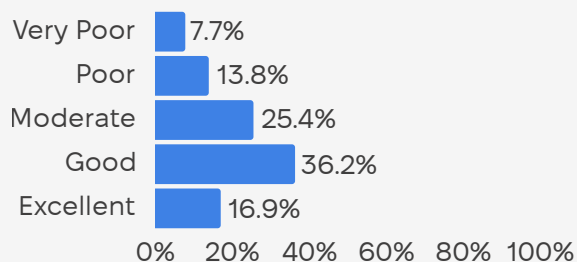
#### Emotional Stability



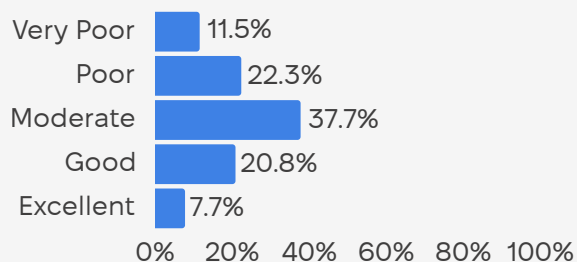
#### Emotional regulation



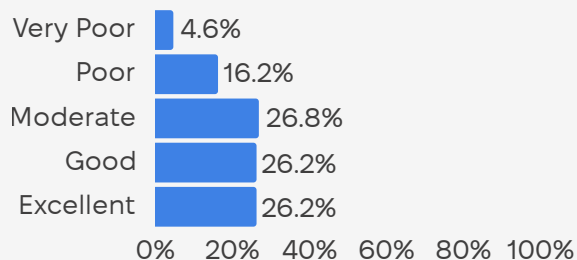
#### Stable self-esteem



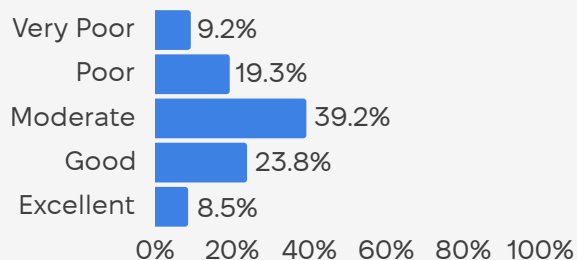
#### Resilience



#### Planning the future



#### Goal orientation

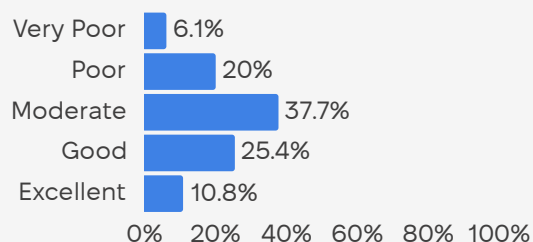


May 2024 -  
Jan 2025

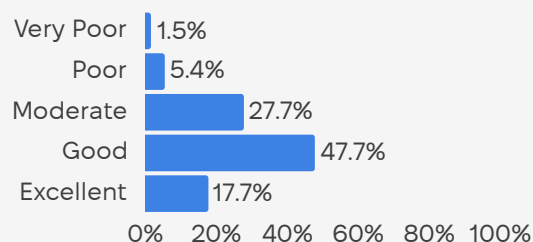
**130 project participants**  
123F, 7M; 16–60 y.o.

CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.

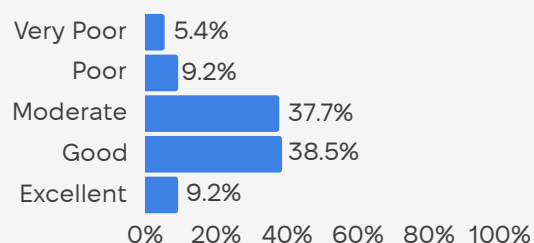
### Sense of belonging



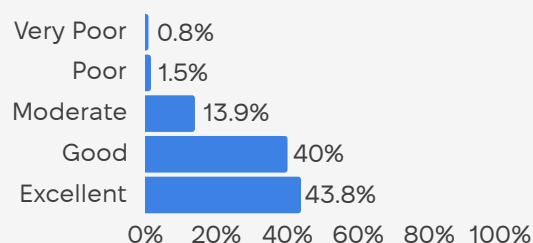
### Interpersonal relationships



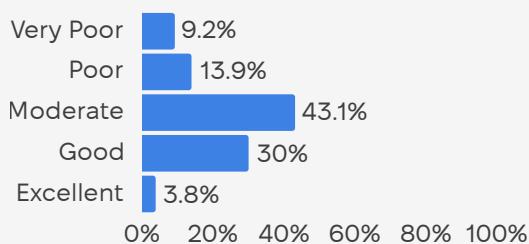
### Life satisfaction



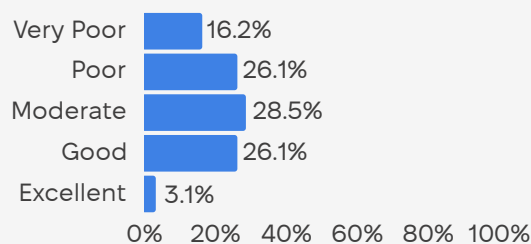
### Cultural integration



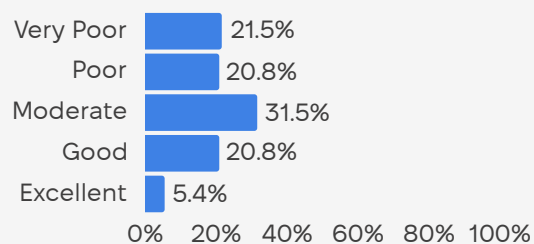
### Social integration



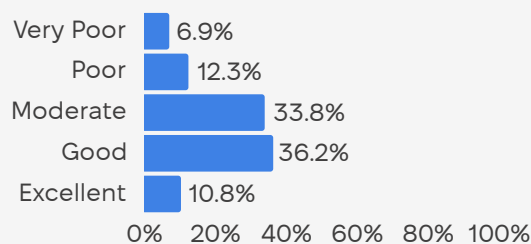
### Professional integration



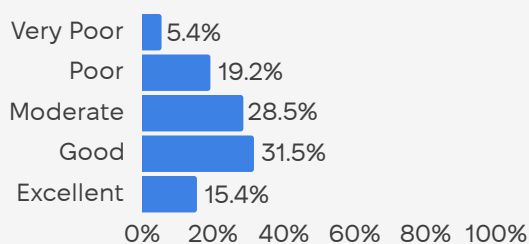
### Daily functioning



### Cognitive functioning

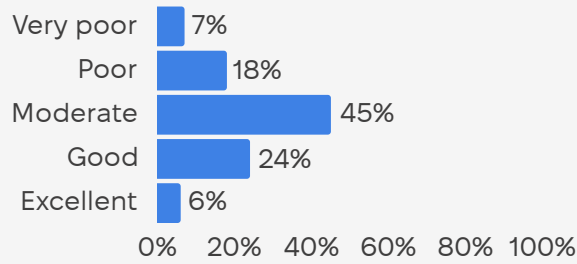


### Physical activity

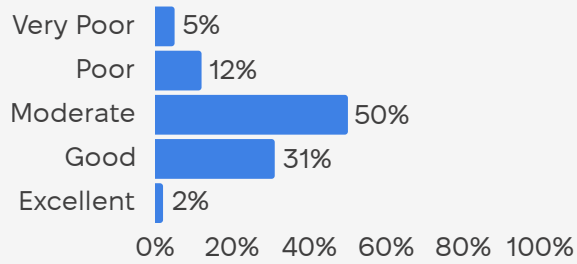


Jan - Oct 2025

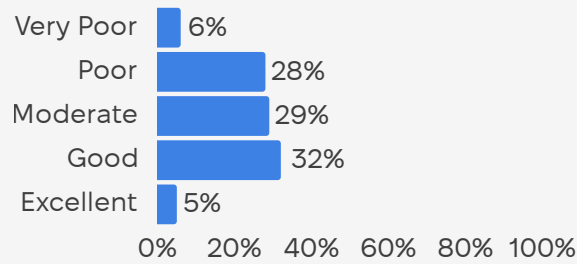
Emotional Stability



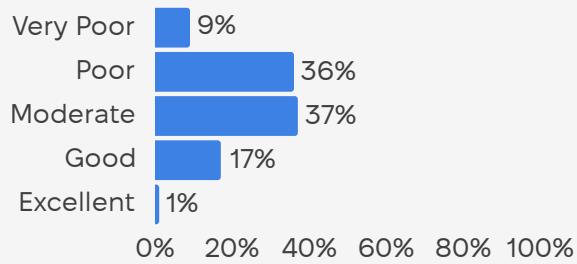
Emotional regulation



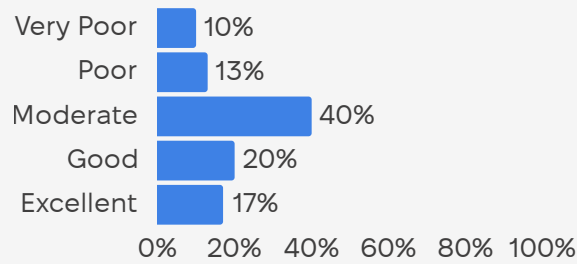
Stable self-esteem



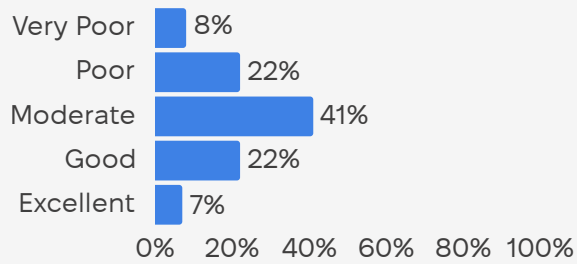
Resilience



Planning the future

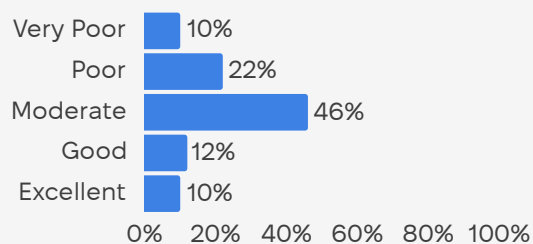


Goal orientation

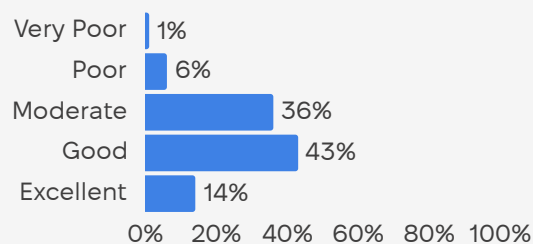


Jan -Oct 2025	100 project participants 97F, 3M; 16-70 y.o.	CAWI survey, diagnostic toolkit for tracking well-being and assessing symptoms of anxiety, depression, PTSD, burnout and suicidality.
---------------	---	---

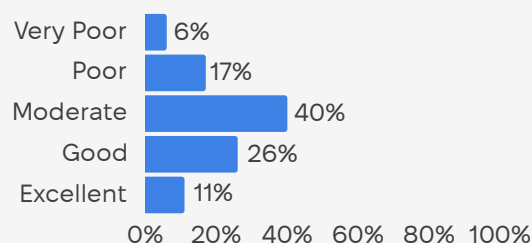
### Sense of belonging



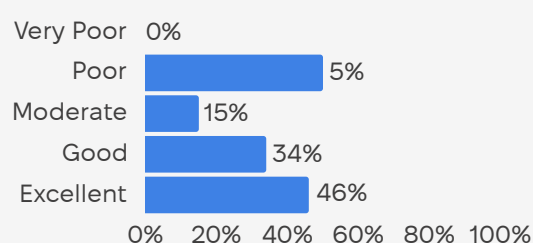
### Interpersonal relationships



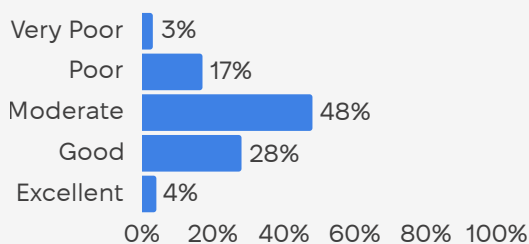
### Life satisfaction



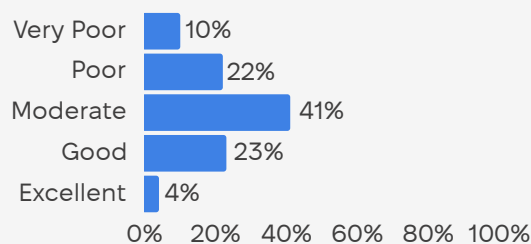
### Cultural integration



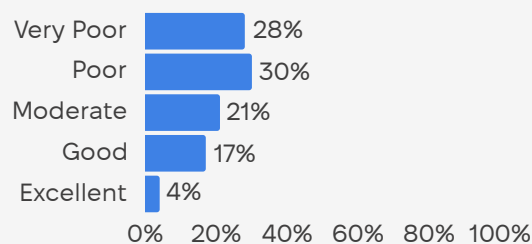
### Social integration



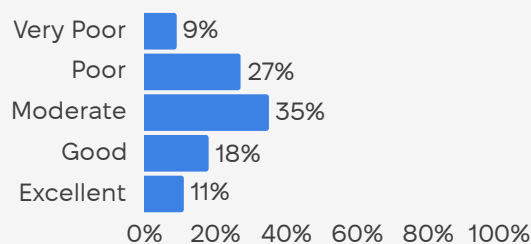
### Professional integration



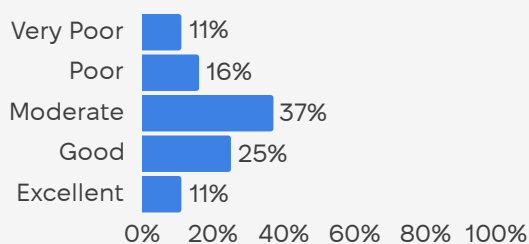
### Daily functioning



### Cognitive functioning



### Physical activity



## References

1. **Abbing, A., Ponstein, A., van Hooren, S., de Sonnevile, L., Swaab, H., & Baars, E.** (2018). The effectiveness of art therapy for anxiety in adults: A systematic review of randomised and non-randomised controlled trials. PLoS One, 13(12), e0208716. <https://doi.org/10.1371/journal.pone.0208716>
2. **Ager, A., & Strang, A.** (2004). Indicators of Integration: final report. Home Office Research, Development and Statistics Directorate.
3. **American Psychiatric Association.** (2022). Diagnostic and Statistical Manual of Mental Disorders , Fifth Edition, Text Revision.
4. **Andresen, R., Oades, L., & Caputi, P.** (2011). Psychological recovery: Beyond mental illness. Wiley-Blackwell.
5. **Anjum, G., Aziz, M., & Hamid, H. K.** (2023). Life and mental health in limbo of the Ukraine war: How can helpers assist civilians, asylum seekers and refugees affected by the war? Frontiers in Psychology, 14, 1129299. <https://doi.org/10.3389/fpsyg.2023.1129299>
6. **Australian Government Department of Health and Ageing.** (2013). A national framework for recovery-oriented mental health services: Guide for practitioners and providers.
7. **Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M.** (2018). A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD. Psychological Trauma, 10(6), 643–651. <https://doi.org/10.1037/tra0000353>
8. **Bandura, A.** (1997). Self-efficacy: The exercise of control. W. H. Freeman.
9. **Beardslee, W. R., Versage, E. M., & Gladstone, T. R.** (1998). Children of affectively ill parents: A review of the past 10 years. Journal of the American Academy of Child & Adolescent Psychiatry, 37(11), 1134–1141. <https://doi.org/10.1097/00004583-199811000-00012>

10. **Beck, A. T., Epstein, N., Brown, G., & Steer, R. A.** (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56(6), 893–897. <https://doi.org/10.1037/0022-006X.56.6.893>
11. **Berry, J. W.** (1997). Immigration, Acculturation and Adaptation. *Applied Psychology: An International Review*, 46, 5–34. <https://doi.org/10.1111/j.1464-0597.1997.tb01087.x>
12. **Bogic, M., Njoku, A., & Priebe, S.** (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC International Health and Human Rights*, 15:29. <https://doi.org/10.1186/s12914-015-0064-9>
13. **Brabender, V., & MacNair-Semands, R.** (2022). The ethics of group psychotherapy: Principles and practical strategies. Routledge.
14. **Brooks, L. A., Manias, E., & Bloomer, M. J.** (2019). Culturally sensitive communication in healthcare: A concept analysis. *Collegian*, 26(3), 383–391. <https://doi.org/10.1016/j.colegn.2018.09.007>
15. **Brown, J. S., Elliott, S. A., Boardman, J., Ferns, J., & Morrison, J.** (2004). Meeting the unmet need for depression services with psycho-educational self-confidence workshops: Preliminary report. *The British Journal of Psychiatry*, 185, 511–515. <https://doi.org/10.1192/bjp.185.6.511>
16. **Brunstein, J. C.** (1993). Personal goals and subjective well-being: A longitudinal study. *Journal of Personality and Social Psychology*, 65(5), 1061–1070. <https://doi.org/10.1037/0022-3514.65.5.1061>
17. **Burgund Isakov, A., & Markovic, V.** (2024). Systematic review of trauma-informed approaches and trauma-informed care for forced migrant families: Concepts and contexts. *Trauma, Violence, & Abuse*, 25(5), 3999–4015. <https://doi.org/10.1177/15248380241266161>
18. **Butėnaitė-Switkiewicz, J., Sondaite, J., & Mockus, A.** (2016). Components of existential crisis: A theoretical analysis. *International Journal of Psychology: A Biopsychosocial Approach*, 18, 9–27. <https://doi.org/10.7220/2345-024X.18.1>

19. **Caspi, A., Harrington, H., Moffitt, T. E., Milne, B. J., & Poulton, R.** (2006). Socially isolated children 20 years later: Risk of cardiovascular disease. *Archives of Pediatrics & Adolescent Medicine*, 160(8), 805–811. <https://doi.org/10.1001/archpedi.160.8.805>
20. **Clark, R. E.** (2015). Motivating performance: Part 1 – Diagnosing and solving motivation problems. *Performance Improvement*, 54(8), 28–35. <https://doi.org/10.1002/pfi.21503>
21. **Clervil, R., Guarino, K., DeCandia, C. J., & Beach, C. A.** (2013). Trauma-informed care for displaced populations: A guide for community-based service providers. The National Center on Family Homelessness, a practice area of American Institutes for Research Health and Social Development Program.
22. **Crocker, J., & Knight, K. M.** (2005). Contingencies of self-worth. *Current Directions in Psychological Science*, 14(4), 200–203. <https://doi.org/10.1111/j.0963-7214.2005.00364.x>
23. **Dang, H.-A. H., Trinh, T.-A., & Verme, P.** (2021). Do Refugees with Better Mental Health Better Integrate? Evidence from the Building a New Life in Australia Longitudinal Survey. *Health Economics*, 32(12), 2819–2835. <https://doi.org/10.1002/hec.4750>
24. **Debats, D. L. H. M.** (1996). Meaning in life: Psychometric, clinical and phenomenological aspects (Doctoral dissertation, University of Groningen). University of Groningen.
25. **Du, H., King, R. B., & Chi, P.** (2017). Self-esteem and subjective well-being revisited: The roles of personal, relational, and collective self-esteem. *PLoS One*, 12(8), e0183958. <https://doi.org/10.1371/journal.pone.0183958>
26. **European Union.** (2001). Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing. <https://eur-lex.europa.eu/eli/dir/2001/55/oj/eng>

27. **European Union.** (2022). Council Implementing Decision (EU) 2022/382 of 4 March 2022 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection. [https://eurlex.europa.eu/eli/dec\\_impl/2022/382/oj/eng](https://eurlex.europa.eu/eli/dec_impl/2022/382/oj/eng)
  
28. **European Union.** (2025). Proposal for a Council Implementing Decision extending temporary protection as introduced by Implementing Decision (EU) 2022/382 until 4 March 2027 (COM(2025) 650 final). <https://eurlex.europa.eu/legal-content/EN/TXT/?uri=celex%3A52025PC0650>
  
29. **Fazel, M., Wheeler, J., & Danesh, J.** (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *Lancet*, 365(9467), 1309–1314. [https://doi.org/10.1016/S0140-6736\(05\)61027-6](https://doi.org/10.1016/S0140-6736(05)61027-6)
  
30. **Fitzpatrick, F.** (2002). A search for home: The role of art therapy in understanding the experiences of Bosnian refugees in Western Australia. *Art Therapy*, 19(4), 151–158. <https://doi.org/10.1080/07421656.2002.10129680>
  
31. **Fonseca, J.** (2011). Ageing-towards death: Phenomenology of finitude during old age. *Existential Analysis*, 22(2), 325–343. <https://doi.org/10.1037/a0031614>
  
32. **Fratiglioni, L., Wang, H. X., Ericsson, K., Maytan, M., & Winblad, B.** (2000). Influence of social network on occurrence of dementia: A community-based longitudinal study. *The Lancet*, 355(9212), 1315–1319. [https://doi.org/10.1016/S0140-6736\(00\)02113-9](https://doi.org/10.1016/S0140-6736(00)02113-9)
  
33. **Friese, M., Messner, C., & Schaffner, Y.** (2012). Mindfulness meditation counteracts self-control depletion. *Consciousness and Cognition*, 21(2), 1016–1022. <https://doi.org/10.1016/j.concog.2012.01.008>
  
34. **Gardner, W., Murphy, M. B., Childs, G. E., Kelleher, K. J., Pagano, M., Jellinek, M. S., McInerny, T. K., Wasserman, R. C., Nutting, P., Chiappetta, L., & Sturner, R. A.** (1999). The PSC-17: A brief pediatric symptom checklist with psychosocial problem subscales. *Ambulatory Child Health*, 5(3), 225–236.

35. **Giammusso, I., Casadei, F., Catania, N., Foddai, E., Monti, M. C., Savoia, G., & Tosto, C.** (2018). Immigrants psychopathology: Emerging phenomena and adaptation of mental health care setting by native language. *Clinical Practice & Epidemiology in Mental Health*, 14, 312–322. <https://doi.org/10.2174/1745017901814010312>
36. **Goleman, D.** (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
37. **Greenspoon, P. J., & Saklofske, D. H.** (2001). Toward an integration of subjective well-being and psychopathology. *Social Indicators Research*, 54, 81–108. <https://doi.org/10.1023/A:1007219227883>
38. **Grenade, L., & Boldy, D.** (2008). Social isolation and loneliness among older people: Issues and future challenges in community and residential settings. *Australian Health Review*, 32(3), 468–478. <https://doi.org/10.1071/ah080468>
39. **Haim-Litevsky, D., Komemi, R., & Lipskaya-Velikovsky, L.** (2023). Sense of belonging, meaningful daily life participation, and well-being: Integrated investigation. *International Journal of Environmental Research and Public Health*, 20(5), 4121. <https://doi.org/10.3390/ijerph20054121>
40. **Hallsten, L., Josephson, M., & Torgén, M.** (2005). Performance-based self-esteem: A driving force in burnout processes and its assessment. *Arbete och Hälsa*, 2005(4).
41. **Hampton K., Raker E., Habbach H., Deda L. C., Heisler M., Mishori R.** (2021). The psychological effects of forced family separation on asylum-seeking children and parents at the US-Mexico border: A qualitative analysis of medico-legal documents. *PLOS ONE*, 16(11), e0259576. <https://doi.org/10.1371/journal.pone.0259576>
42. **Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L.J.** (2016). Mental health and psychosocial well-being of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 25(2), 129–141. <https://doi.org/10.1017/S2045796016000044>

43. **Heller, U. C., Grant, L. H., Yasui, M., & Keysar, B.** (2023). Culturally Anchored Mental-Health Attitudes: The Impact of Language. *Clinical Psychological Science*, 12(2), 216770262211481. <https://doi.org/10.1177/21677026221148110>
44. **Henkelmann, J., de Best, S., Deckers, C., Jensen, K., Shahab, M., Elzinga, B., & Molendijk, M.** (2020). Anxiety, depression and post-traumatic stress disorder in refugees resettling in high-income countries: systematic review and meta-analysis. *BJPsych Open*, 6(4), e68. <https://doi.org/10.1192/bjo.2020.54>
45. **Herman, J. L.** (1992). *Trauma and recovery*. Basic Books/Hachette Book Group.
46. **Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A.** (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427–440. <https://doi.org/10.1007/s10608-012-9476-1>
47. **Hofmann, S. G., & Gómez, A. F. (2017).** Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739–749. <https://doi.org/10.1016/j.psc.2017.08.008>
48. **International Organization for Migration** (2023). *Ukrainians and third-country nationals under temporary protection in Sweden. Needs, Intentions, and Challenges*.
49. **International Organization for Migration** (2024). *Temporary Protection Holders in Sweden – Intentions, Needs and Challenges* (2nd ed.).
50. **International Organization for Migration** (2024). *World migration report*.
51. **Isakov, A. B., & Markovic, V.** (2024). Systematic review of trauma-informed approaches and trauma-informed care for forced migrant families: Concepts and contexts. *Trauma, Violence, & Abuse*, 25(5), 3999–4015. <https://doi.org/10.1177/15248380241266161>
52. **Jafari, N., & Mehrad, L.** (2024). The positive impact of mindfulness retreats on physical and mental health well-being of non-clinical individuals. *Psychological Applications and Trends*, 66, 70–78. InPACT.

53. **Johnson, D. R., Lahad, M., & Gray, A.** (2009). Creative therapies for adults. In *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (2nd ed., pp. 479–490). Guilford Press.
54. **Johnson, S., Bacsu, J.-D., McIntosh, T., Jeffery, B., & Novik, N.** (2019). Social isolation and loneliness among immigrant and refugee seniors in Canada: A scoping review. *International Journal of Migration, Health and Social Care*, 15(3), 177–190. <https://doi.org/10.1108/IJMHS-10-2018-0067>
55. **Johnson, S. L., Blum, R. W., & Cheng, T. L.** (2014). Future orientation: A construct with implications for adolescent health and wellbeing. *International Journal of Adolescent Medicine and Health*, 26(4), 459–468. <https://doi.org/10.1515/ijamh-2013-0333>
56. **Kaimal, G., Ray, K., & Muniz, J.** (2016). Reduction of cortisol levels and participants' responses following art making. *Art Therapy (Alexandria)*, 33(2), 74–80. <https://doi.org/10.1080/07421656.2016.1166832>
57. **Karkou, V., Aithal, S., Zubala, A., & Meekums, B.** (2019). Effectiveness of dance movement therapy in the treatment of adults with depression: A systematic review with meta-analyses. *Frontiers in Psychology*, 10, 936. <https://doi.org/10.3389/fpsyg.2019.00936>
58. **Karstoft, K.-I., Korchakova, N., Pedersen, A. A., Koushede, V., Weiskopf, S. V., Power, S. A., Morton, T., & Thøgersen, M. H.** (2023). Fordrevne ukrainere i Danmark: Indledende resultater fra DARECO (The Danish Refugee Cohort). Institut for Psykologi, Københavns Universitet.
59. **Keyes, C. L. M.** (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222. <https://doi.org/10.2307/3090197>
60. **King, G., Desmarais, C., Lindsay, S., Piérart, G., & Tétreault, S.** (2014). The roles of effective communication and client engagement in delivering culturally sensitive care to immigrant parents of children with disabilities. *Disability and Rehabilitation*, 37(15), 1372–1381. <https://doi.org/10.3109/09638288.2014.972580>

61. **Kurapov, A., Kalaitzaki, A., Keller, V., Danyliuk, I., & Kowatsch, T.** (2023). The mental health impact of the ongoing Russian-Ukrainian war 6 months after the Russian invasion of Ukraine. *Frontiers in Psychiatry*, 14, 1134780. <https://doi.org/10.3389/fpsyt.2023.1134780>
62. **Leirvåg, H., Pedersen, G., & Karterud, S.** (2010). Long-term continuation treatment after short-term day treatment of female patients with severe personality disorders: Body awareness group therapy versus psychodynamic group therapy. *Nordic Journal of Psychiatry*, 64(2), 115–122. <https://doi.org/10.3109/08039480903487525>
63. **Lewinsohn, P., Redner, J., & Seeley, J.** (1991). The relationship between life satisfaction and psychosocial variables: New perspectives. In F. Strack, M. Argyle, & N. Schwarz (Eds.), *Subjective well-being* (pp. 141–169). Plenum Press.
64. **Lie, B.** (2002). A 3-year follow-up study of psychosocial functioning and general symptoms in settled refugees. *Acta Psychiatrica Scandinavica*, 106(6), 415–425. <https://doi.org/10.1034/j.1600-0447.2002.01436.x>
65. **Lindal, L.** (2023). Community-based psychosocial support: Volunteer manual. International Federation of Red Cross and Red Crescent Societies.
66. **Lucas, M.** (2004). Existential regret: A crossroads of existential anxiety and existential guilt. *Journal of Humanistic Psychology*, 44(1), 58–70. <https://doi.org/10.1177/0022167803259752>
67. **Macphee, D., & Jackman, D. M.** (2015). Self-esteem and future orientation predict adolescents' risk engagement. *The Journal of Early Adolescence*, 36(4), 551–577. <https://doi.org/10.1177/0272431615602756>
68. **Malcolm, M., Frost, H., & Cowie, J.** (2019). Loneliness and social isolation causal association with health-related lifestyle risk in older adults: A systematic review and meta-analysis protocol. *Systematic Reviews*, 8(1), 48. <https://doi.org/10.1186/s13643-019-0968-x>

69. **Marmarosh, C. L., Markin, R. D., & Spiegel, E. B.** (2013). In-depth clinical case studies: Attachment theory and group psychotherapy. In C. L. Marmarosh, R. D. Markin, & E. B. Spiegel, Attachment in group psychotherapy (pp. 227–242).
70. **McClintock, A. S., Rodriguez, M. A., & Zerubavel, N.** (2019). The effects of mindfulness retreats on the psychological health of non-clinical adults: A meta-analysis. *Mindfulness*, 10(7), 1443–1454. <https://doi.org/10.1007/s12671-019-01123-9>
71. **Meier, M., Unternaehrer, E., Schorpp, S. M., Wenzel, M., & others.** (2020). The opposite of stress. *Experimental Psychology*, 67(2), 150–159. <https://doi.org/10.1027/1618-3169/a000483>
72. **Messina, I., Calvo, V., Masaro, C., Ghedin, S., & Marogna, C.** (2021). Interpersonal emotion regulation: From research to group therapy. *Frontiers in Psychology*, 12, 636919. <https://doi.org/10.3389/fpsyg.2021.636919>
73. **Migrationsverket.** (2023). Avgjorda ärenden om asyl och skydd enligt massflyktsdirektivet 2023 [Asylum and protection cases settled under the Migration Directive in 2023]. <https://www.migrationsverket.se/om-migrationsverket/statistik/sokande-fran-ukraina.html>
74. **Migrationsverket.** (2025). Avgjorda ärenden om asyl och skydd enligt massflyktsdirektivet 2024 [Asylum and protection cases settled under the Migration Directive in 2024]. In Asylum and protection cases settled under the Migration Directive in 2024. <https://www.migrationsverket.se/om-migrationsverket/statistik/sokande-fran-ukraina.html>
75. **Miller, K. K., Brown, C. R., Shramko, M., & Svetaz, M. V.** (2019). Applying trauma-informed practices to the care of refugee and immigrant youth: 10 clinical pearls. *Children*, 6(8), 94. <https://doi.org/10.3390/children6080094>
76. **Nakamura, J., & Csikszentmihalyi, M.** (2014). The concept of flow. In *Flow and the Foundations of Positive Psychology* (pp. 239–263). Springer.

77. **Oliveira, D., Carter, T., & Aubeeluck, A.** (2022). Editorial: Interpersonal wellbeing across the life span. *Frontiers in Psychology*, 13, 840820. <https://doi.org/10.3389/fpsyg.2022.840820>
78. **Olivares, I., & Altarriba, J.** (2009). Mental health considerations for speech-language services with bilingual Spanish-English speakers. *Seminars in Speech and Language*, 30(3), 153–161. <https://doi.org/10.1055/s-0029-1225952>
79. **Organisation for Economic Co-operation and Development.** (2015). Indicators of immigrant integration 2015: Settling in. OECD Publishing.
80. **Organisation for Economic Co-operation and Development.** (2023). Indicators of immigrant integration 2023: Settling in. OECD Publishing.
81. **Peláez Zuberbuhler, J., Corbu, A., Christensen, M., & Salanova, M.** (2024). The effectiveness of positive psychological coaching at work: A systematic review. *Coaching: An International Journal of Theory, Research and Practice*, 17(2), 163–188. <https://doi.org/10.1080/17521882.2023.2300822>
82. **Phillimore, J.** (2012). Implementing integration in the UK: Lessons for integration theory, policy and practice. *Policy & Politics*, 40(4), 525–545. <https://doi.org/10.1332/030557312X643795>
83. **Phillimore, J.** (2021). Refugee-integration-opportunity structures: Shifting the focus from refugees to context. *Journal of Refugee Studies*, 34(2), 1946–1966. <https://doi.org/10.1093/jrs/feaa012>
84. **Piccolo, A.** (2021). Trauma-informed primary care of refugees. University of Virginia School of Medicine.
85. **Porter, M., & Haslam, N.** (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA*, 294(5), 602–612. <https://doi.org/10.1001/jama.294.5.602>
86. **Pyszczynski, T., & Kesebir, P.** (2013). An existential perspective on the need for self-esteem. In V. Zeigler-Hill, *Self-esteem* (pp. 124–144). Psychology Press.

87. **Ratnayake, A., Sayfi, S., Veronis, L., Torres, S., Baek, S., & Pottie, K.** (2022). How are non- medical settlement service organizations supporting access to healthcare and mental health services for immigrants: A scoping review. *International Journal of Environmental Research and Public Health*, 19(6), 3616. <https://doi.org/10.3390/ijerph19063616>
88. **Regeringen.** (2024). Det handlar om livet – nationell strategi inom området psykisk hälsa och suicidprevention: Skrivelse 2024/25:77. Socialdepartementet. <https://www.regeringen.se/rattsliga-dokument/skrivelse/2025/01/skr.-20242577>
89. **Regeringskansliet.** (2024). Regeringens proposition 2023/24:151 Förbättrade levnadsvillkor för utlänningar med tillfälligt skydd.: <https://www.regeringen.se/contentassets/29ef347371694c7a98ddcd0d7dc00a1e/forbatttrade-levnadsvillkor-for-utlannningar-med-tillfalligt-skydd-prop.-202324151.pdf>
90. **Resnicow, K., Baranowski, T., Ahluwalia, J. S., & Braithwaite, R. L.** (1999). Cultural sensitivity in public health: Defined and demystified. *Ethnicity & Disease*, 9(1), 10–21.
91. **Rodríguez Moreno, M. L.** (2003). Guidance theory and practice: The status of career exploration. *British Journal of Guidance & Counselling*, 31(2), 189–208. <https://doi.org/10.1080/0306988031000102360>
92. **Rosendahl, S., Sattel, H., & Lahmann, C.** (2021). Effectiveness of body psychotherapy: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 12, 709798. <https://doi.org/10.3389/fpsyt.2021.709798>
93. **Routledge, C., Ostafin, B., Juhl, J., Sedikides, C., Cathey, C., & Liao, J.** (2010). Adjusting to death: The effects of mortality salience and self-esteem on psychological well-being, growth motivation, and maladaptive behavior. *Journal of Personality and Social Psychology*, 99(6), 897–916. <https://doi.org/10.1037/a0021431>
94. **Ryff, C. D.** (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>

95. **Scott, B. G., & Weems, C. F.** (2013). Natural disasters and existential concerns: A test of Tillich's theory of existential anxiety. *Journal of Humanistic Psychology*, 53(1), 114–128. <https://doi.org/10.1177/0022167812449190>
96. **Shirom, A., & Melamed, S.** (2006). A comparison of the construct validity of two burnout measures in two groups of professionals. *International Journal of Stress Management*, 13(2), 176–200. <https://doi.org/10.1037/1072-5245.13.2.176>
97. **Shmulyar Gréen, O., & Odynets, S.** (2024). På flykt från Rysslands anfallskrig i det transnationella Europa: Mottagandet av skyddssökande från Ukraina Sverige. Delmi.
98. **Statistics Sweden.** (2025). Sharp increase in Ukrainian citizens in 2024. [https://www.scb.se/hitta-statistik/statistik-efter-amne/befolkning-och-levnadsforhallanden/befolkningens-sammansattning-och-utveckling/befolkningsstatistik/pong/statistiknyhet/befolkningsstatistik-helaret-20242/?utm\\_source=chatgpt.com](https://www.scb.se/hitta-statistik/statistik-efter-amne/befolkning-och-levnadsforhallanden/befolkningens-sammansattning-och-utveckling/befolkningsstatistik/pong/statistiknyhet/befolkningsstatistik-helaret-20242/?utm_source=chatgpt.com)
99. **Stone-McCown, K., Freedman, J. M., Jensen, A. L., & Rideout, M. C.** (1998). *Self-science: The emotional intelligence curriculum* (2nd ed.). Six Seconds.
100. **Stötter, A., Mitsche, M., Endler, P. C., Oleksy, P., Kamenschek, D., Mosgoeller, W., & Haring, C.** (2013). Mindfulness-based touch therapy and mindfulness practice in persons with moderate depression. *Body, Movement and Dance in Psychotherapy*, 8(3), 183–198. <https://doi.org/10.1080/17432979.2013.803154>
101. **Suldo, S. M., & Shaffer, E. J.** (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, 37(1), 52–68. <https://doi.org/10.1080/02796015.2008.12087908>
102. **Sveriges Psykologförbundet.** (2023). Yrkesetiska principer för psykologer i Norden.
103. **Sveriges Riksdag.** (2005). Utlänningslag (2005:716). [https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/utlanningslag-2005716\\_sfs-2005716/](https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/utlanningslag-2005716_sfs-2005716/)

104. **Sveriges Riksdag.** (2006). Utlänningsförordning (2006:97). [https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/utlanningsforordning-200697\\_sfs-2006-97/](https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/utlanningsforordning-200697_sfs-2006-97/)
105. **Sveriges Riksdag.** (2024). Socialförsäkringsutskottets betänkande 2024/25:SfU5. <https://www.riksdagen.se/sv/dokument-och-lagar/dokument/betankande/forbattrade-levnadsvillkor-for-utlanningar-med-hc01sfu5/>
106. **Teasdale, J. D., Segal, Z. V., Williams, J. M., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A.** (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68(4), 615–623. <https://doi.org/10.1037/0022-006X.68.4.615>
107. **Theisen-Womersley, G.** (2021). Trauma and migration. In G. Theisen-Womersley (Ed.), *Trauma and resilience among displaced populations* (pp. 29–65). Springer.
108. **Tills, K., & Dandy, J.** (2025). The relationship between the mental health of refugee parents and their children: An investigation of Australian longitudinal data. *Journal of Immigrant and Minority Health*, 27(2), 200–207.
109. **Tursi, M. F., Baes, C. V., Camacho, F. R., Tofoli, S. M., & Juruena, M. F.** (2013). Effectiveness of psychoeducation for depression: A systematic review. *Australian & New Zealand Journal of Psychiatry*, 47(11), 1019–1031. <https://doi.org/10.1177/0004867413491154>
110. **United Nations.** (2024). Pact for the Future (Adopted at the Summit of the Future).
111. **United Nations.** (2015). Sustainable development. <https://www.un.org/sustainabledevelopment/>
112. **van den Hurk, P. A., Giommi, F., Gielen, S. C., Speckens, A. E., & Barendregt, H. P.** (2010). Greater efficiency in attentional processing related to mindfulness meditation. *Quarterly Journal of Experimental Psychology*, 63(6), 1168–1180. <https://doi.org/10.1080/17470210903249365>

113. **Veenhoven, Ruut & Strack, Fritz & Argyle, M. & Schwartz, N.** (1991). Questions on happiness: Classical topics, modern answers, blind spots. In F. Strack, M. Argyle, & N. Schwarz (Eds.), *Subjective well-being: An interdisciplinary perspective* (pp. 7–26). Pergamon Press.
114. **Wagnild, G.M., & Young, H.M.** (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165–178.
115. **Wang, Q., Lai, Y.-L., Xu, X., & McDowall, A.** (2022). The effectiveness of workplace coaching: A meta-analysis of contemporary psychologically informed coaching approaches. *Journal of Work-Applied Management*, 14(1). <https://doi.org/10.1108/JWAM-04-2021-0030>
116. **Wang, X., Zhang, D., & Wang, J.** (2011). Dual-Factor Model of Mental Health: Surpass the traditional mental health model. *Psychology*, 2(8), 767–772. <https://doi.org/10.4236/psych.2011.28117>
117. **Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P.** (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. National Center for PTSD.
118. **Weise, C., Grupp, F., Reese, J. P., Schade-Brittinger, C., Ehring, T., Morina, N., Stangier, U., Steil, R., Johow, J., & Mewes, R.** (2021). Efficacy of a low-threshold, culturally-sensitive group psychoeducation programme for asylum seekers (LoPe): Study protocol for a multicentre randomised controlled trial. *BMJ Open*, 11(10), e047385. <https://doi.org/10.1136/bmjopen-2020-047385>
119. **White, B.** (2014). The Perceived Stress Scale for Children: A pilot study in a sample of 153 children. *International Journal of Pediatrics and Child Health*, 2(2), 45–52. <https://doi.org/10.12974/2311-8687.2014.02.02.4>
120. **World Health Organization.** (2023). Mental health of refugees and migrants: Risk and protective factors and access to care. WHO.
121. **World Health Organization.** (n.d.). Mental health. World Health Organization. [https://www.who.int/health-topics/mental-health#tab=tab\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1)

122. **World Health Organization.** (1998). Wellbeing Measures in Primary Health Care/The Depcare Project. WHO Regional Office for Europe.
123. **Yalom, I. D., & Leszcz, M.** (2020). The theory and practice of group psychotherapy (6th ed.). Basic Books.
124. **Yang, Y.** (2020). Daily stressor, daily resilience, and daily somatization: The role of trait aggression. *Personality and Individual Differences*, 165, 110141. <https://doi.org/10.1016/j.paid.2020.110141>
125. **Yeomans, P. D., Forman, E. M., Herbert, J. D., & Yuen, E.** (2010). A randomized trial of a reconciliation workshop with and without PTSD psychoeducation in a Burundian sample. *Journal of Traumatic Stress*, 23(3), 305–312. <https://doi.org/10.1002/jts.20531>
126. **Zadeh, R., & Jogia, J.** (2023). The use of art therapy in alleviating mental health symptoms in refugees: A literature review. *International Journal of Mental Health Promotion*, 25(3), 309–326. <https://doi.org/10.32604/ijmh.p.2023.022491>
127. **Zanarini, M. C., Vujanovic, A. A., Parachini, E. A., Boulanger, J. L., Frankenburg, F. R., & Hennen, J.** (2003). A screening measure for BPD: the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD). *Journal of Personality Disorders*, 17(6), 568–573. <https://doi.org/10.1521/pedi.17.6.568.25355>
128. **Zietse, J., Keijsers, L., Hillegers, M. H. J., Vreeker, A., van Harmelen, A.-L., & de Vries, L. P.** (2025). Daily resilience: A systematic review of measures and associations with well-being and mental health in experience sampling studies. *Development and Psychopathology*, Advance online publication, 1-26. <https://doi.org/10.1017/S0954579425000197>
129. **Hornostai, P.** (2023). *Psychology of Collective Trauma: Monograph*. Imex-LTD.
130. **Kireieva, Z. O., Odnostalko, O. S., & Biron, B. V.** (2020). Psychometric analysis of the adapted version of the resilience scale (CD-RISC-10). *Habitus*, 14, 122–126. <https://doi.org/10.32843/2663-5208.2020.14.17>

131. **Kolli-Shamne, A. V., & Dribas, S. A.** (2023). Socio-psychological problems of refugees from Ukraine in Switzerland during the first year of the war: Age, educational, and gender characteristics. *Psychological Sciences Series*, 3, 42–54. <https://doi.org/10.32999/ksu2312-3206/2023-3-6>

