



Allen Uimonen and Saikou Samateh
Diaconia University of Applied Sciences
Degree Program in Social Services
Bachelor of Social Services
Thesis, 2024

**PROMOTING MENTAL HEALTH AWARENESS TO UNAC-
COMPANIED MINOR ASYLUM SEEKERS**



Allen Uimonen and Saikou Samateh
Promoting Mental Health Awareness to Unaccompanied Minor Asylum Seekers
54 Pages and 5 Appendix
Published 2024
Diaconia University of Applied Sciences
Bachelor's Degree Program in Social Services (DSS)
Bachelor of Social Services

ABSTRACT

The purpose of this bachelor's thesis project is to organize, implement, evaluate, and collect feedback in a two-day info session regarding the promotion of mental health awareness for unaccompanied minor asylum-seekers in a reception center. This thesis is motivated by the high prevalence of mental health issues among asylum seekers and refugees, which is often exacerbated by the stressors of displacement, resettlement, and acculturation. The project also considers the specific needs and challenges faced by unaccompanied minor asylum seekers, who may be particularly vulnerable to mental health issues due to their experiences of trauma and challenges during their asylum process.

The info session event was designed to provide information on mental health awareness such as basic information on mental health and available services around them. The event was interactive and educative, with opportunities for participants to ask questions during the session, share their understanding, and the ways to connect with mental health professionals.

This info session's effectiveness was assessed by the collection of feedback after the session was conducted. Feedback was assessed based on the participants' knowledge of basic mental health, their attitudes toward seeking help, and their satisfaction with the session. The results of the feedback are analyzed and explained to determine the impact of the info session on the participants' mental health awareness.

Keywords: Asylum seekers, Unaccompanied Minor Asylum-seeking process, Mental health of Unaccompanied Minor Asylum seekers, Importance of Mental Health awareness

1 INTRODUCTION	3
2 KEY CONCEPTS	4
2.1 Asylum seekers.....	4
2.2 Unaccompanied Minor Asylum seeking process.....	5
2.3 Mental health of Unaccompanied Asylum Seekers	9
2.4 Importance of Mental health awareness	11
3 BACKGROUND OF THE PROJECT	13
3.1 Worklife partner.....	13
3.2 Target group	14
3.3 The need for the project	15
4 THE PURPOSE AND OBJECTIVES	16
5 PROJECT PROCESS DESCRIPTION	19
5.1 Project Planning.....	20
5.2 Project Implementation	23
5.3 Risk assessment.....	26
6 EVALUATIONS.....	27
6.1 EVALUATION PROCESS.....	28
6.1.1 Participant’s Evaluation.....	30
6.1.2 Worklife Partner’s Evaluation	37
6.1.3 SWOT /Analysis	38
7 ETHICAL CONSIDERATIONS.....	40
8 CONCLUSIONS.....	42
8.1 Professional development.....	44
8.2 Recommendations	46
9 REFERENCES	47
Appendix 1. Feedback Form	54
Appendix 2. Participants	57
Appendix 3. Invitation.....	59
Appendix 4. Consent Form	61
Appendix 5. Mental Health Materials	62

1 INTRODUCTION

Unaccompanied minor asylum seekers are foreign nationals or stateless persons under the age of 18 who arrive on the territory of a state unaccompanied by a responsible adult and for as long as they are not effectively taken into care. (Rath & Martiniello, 2012).

The mental health of refugees and unaccompanied minor asylum seekers is becoming a global issue. These individuals are at special risk for mental health problems due to traumatic experiences before or during their flight as well as the challenges of displacement (Wilson & Drozdek, 2004). Among resettled unaccompanied minor asylum seekers and refugee children, protective factors include better socioeconomic status, access to education, a perceived sense of safety, contact with family, living and socializing alongside other people of the same ethnic origin, a stable and cohesive family structure, and good parental mental health. Studies have shown that unaccompanied minor asylum seekers and refugees are more likely to suffer from common mental disorders such as depression and anxiety than their host populations (Crowther, 2019). To address this issue, it is important to promote mental health awareness and the importance of prevention amongst refugee and migrant youth as a group (WHO).

Unaccompanied minor asylum seekers have equal rights in comparison with the national population, however, the accessibility and specialization of some services, such as mental health care, are inadequate (Helander et.al., 2002). Therefore, simple actions that could support unaccompanied minor asylum seekers in daily care have a significant role in maintaining one's well-being than for those who have full access to health care. To accomplish this, we conducted an info session at a reception center. Such sessions could provide information on basic mental health awareness and available mental health services to unaccompanied minor asylum seekers.

This thesis aims to promote the importance of mental health awareness among unaccompanied minor asylum seekers at the reception center. This project-

based thesis intends to show the impact of the info session on the mental health of unaccompanied minor asylum seekers and their knowledge of available services around them.

2 KEY CONCEPTS

To understand the relevance of this thesis project we defined the key concepts related to our thesis, we focused on background knowledge and research which was essential in developing this thesis project. We elaborated on the sub-chapters below who are asylum seekers and the importance of Mental health awareness.

2.1 Asylum seekers

According to Koser (2007), an asylum seeker is a person who has fled their country of origin and is seeking protection in another country, but whose claim for refugee status has not yet been determined. The United Nations High Commissioner for Refugees (UNHCR) emphasizes that a person who has a well-founded fear of persecution should be viewed as a refugee and not be labeled an 'illegal immigrant' as the very nature of persecution means that their only means of escape may be via illegal entry and/or the use of false. An asylum seeker is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim documentation (Rath & Martiniello, 2012).

Although the terms 'refugee' and 'asylum seeker' are often interchangeable, it is important to distinguish between them as there is a legal distinction. A Refugee is a person who has fled their country and is unable or unwilling to return due to a well-founded fear of persecution based on their race, religion, nationality, political opinion, or membership in a particular social group. Refugees have been granted legal protection in the country where they have sought asylum. An

asylum seeker is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country.

The Finnish Immigration Service made 4,086 asylum decisions in 2021. Positive asylum decisions accounted for 52% of all decisions in the asylum process. The share of negative decisions of all decisions was 22%. The number of decisions to dismiss the application was 922 (23%), including Dublin decisions. The number of expired applications was 139 (approx. 3% of all decisions). Figure (1) below shows the total number of Asylum decisions from 2017-2021.

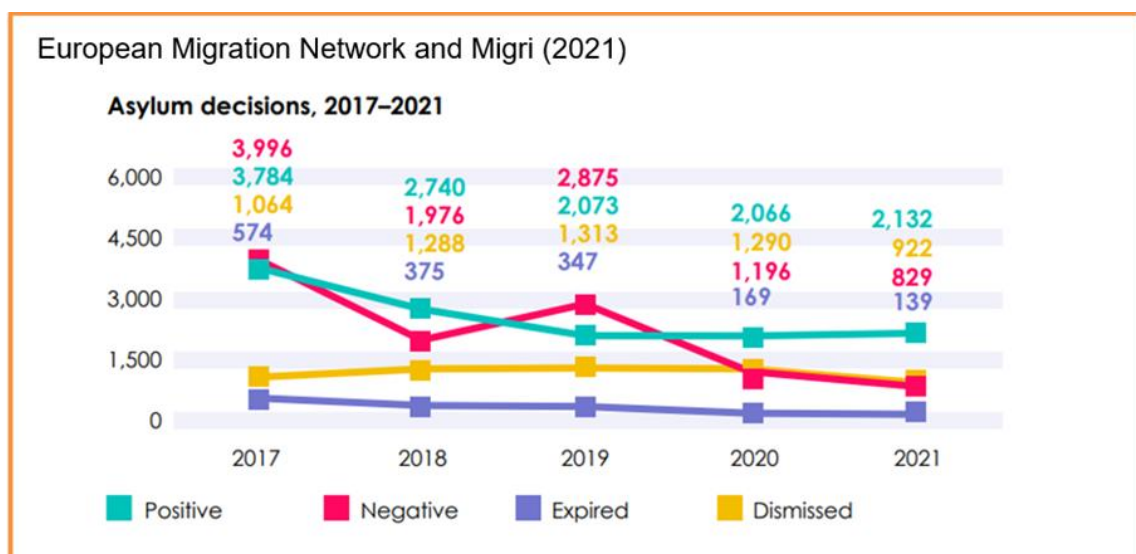


Figure 1. Total numbers of Asylum decisions, 2017-2021 (EMN 2021)

2.2 Unaccompanied Minor Asylum seeking process

Unaccompanied minor asylum seekers are foreign nationals or stateless persons under the age of 18 who arrive on the territory of a state unaccompanied by a responsible adult and for as long as they are not effectively taken into care of such a person. They are separated from their parents and relatives and are not cared for by an adult. National and regional laws may define other terms like unaccompanied asylum-seeking children, independent child migrants, unaccompanied refugees, or separated children (Rath & Martiniello, 2012). The United Nations High Commissioner for Refugees defines them as "separated children".

International human rights law requires that unaccompanied minor asylum seekers receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights outlined in the Convention on the Rights of the Child and in other international human rights or humanitarian instruments. In this thesis, we will use the term Unaccompanied minor asylum seekers. The vulnerability of unaccompanied minor asylum seekers is recognized internationally, and it is of central importance that there is one child rights perspective in the asylum process to reduce their vulnerability. They may be refugees, economic migrants, or migrant children who have emigrated alone (Mendoza, 2020).

A total of 136 unaccompanied minor asylum seekers entered Finland in 2021. This was close to the previous year's level (141). The countries of origin with the most unaccompanied minor asylum seekers entering Finland were Afghanistan (57), Somalia (42) and Syria (8). Figure (2) below shows the total number of unaccompanied minor asylum seekers from 2017-2021.

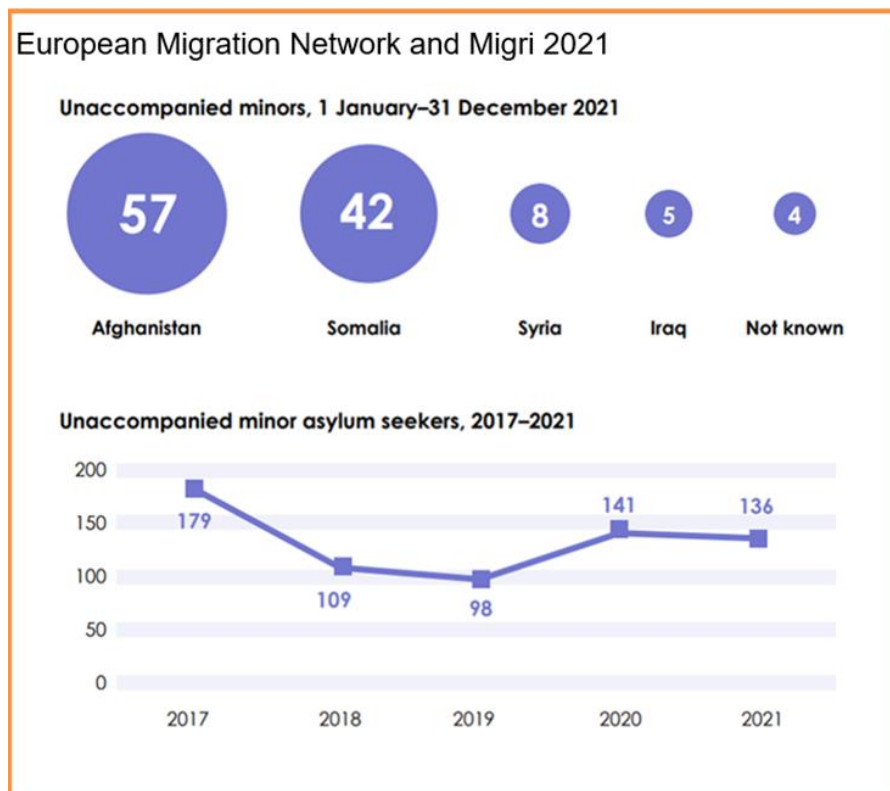


Figure 2. Total numbers of Unaccompanied Minor Asylum seekers (EMN 2021)

A total of 145 decisions were made in the asylum process concerning unaccompanied minor asylum seekers, and 93% of the decisions were positive. This includes the first asylum decisions concerning unaccompanied minors relocated to Finland under the EU agreement. Figure (3) below shows the total decisions in the unaccompanied asylum process from 2017-2021.

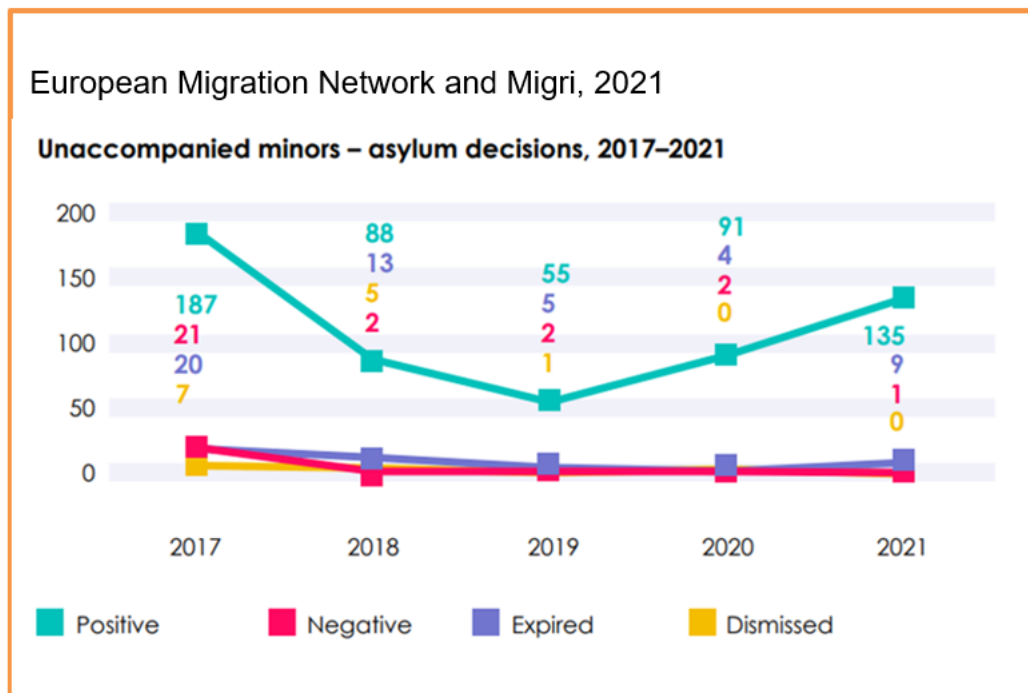


Figure 3. Total decisions in Unaccompanied Minor Asylum process (EMN 2021)

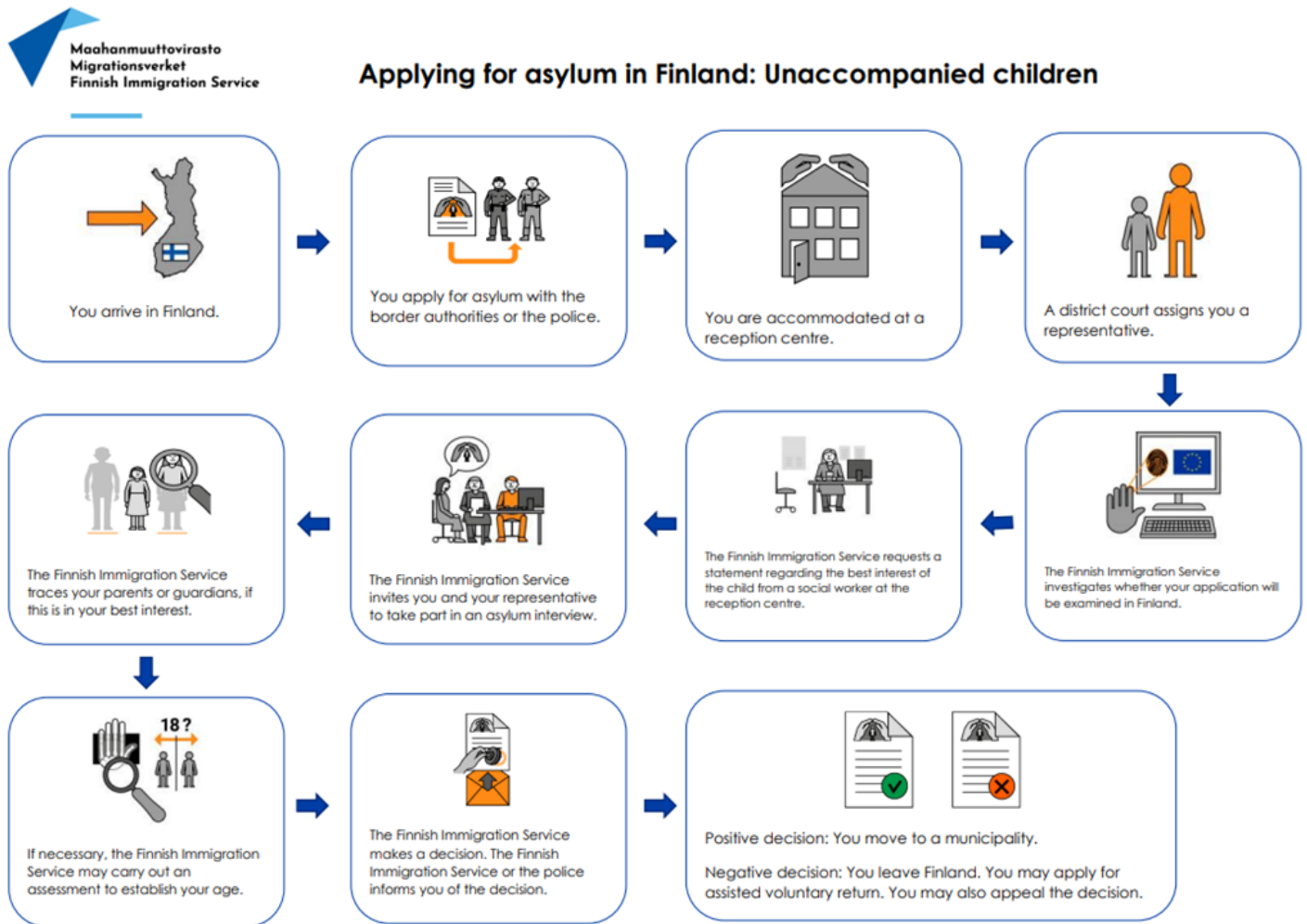
A person who is under the age of 18 and who has arrived in Finland alone can apply for asylum. Asylum applications must be submitted at the border of the country or a police station shortly after arrival and the asylum process starts after police or border control officials receive the application (Ulkomaalaislaki, § 95). After the asylum application, the police will investigate and determine the applicant's identity, how the person entered Finland, and the method of their entry.

During the interview, the events preceding the asylum application are explained with the help of an interpreter, as well as the reasons and grounds for the application. The Finnish Migration Service examines whether the applicant has other possible grounds for a residence permit than his/her need for international protection. The migration office will issue the first residence permit. Asylum seekers have the right to use a legal advisor (Ulkomaalaislaki, Chapter, § 97) and to

contact refugee organizations in all stages of the process. The duration of the asylum process varies from case to case. Unaccompanied minor asylum seekers will be accommodated in a group home or supported housing unit. Group homes are intended for children under 16 years of age and supported housing units are for young people who are 16 or 17 years old. In group homes, some of the residents may be over 16 years of age and they emphasize care and upbringing. The reception center is free until his/her application decision period, if the applicant refuses accommodation, he or she can organize and finance it independently (Penttilä, 1997). Throughout the asylum process, the unaccompanied minor asylum seeker is entitled to accommodation services and other services provided by the reception center (THL).

Asylum seekers who have been granted a residence permit settle in Finnish municipalities, and the Digital and Population Data Services Agency grants them a municipality of residence upon application. Additionally, those who have been granted temporary protection may apply for a municipality of residence in Finland if the requirements are met (e.g., they have lived in Finland continuously for at least one year) and they then receive public health and social services organized by wellbeing services counties in the same way as other residents. Concerning unaccompanied minor asylum seekers who have received a municipality of residence in Finland, well-being services counties assess their need for care, attention, and accommodation and organize the relevant services in family group homes or supported housing (THL).

However, if a person receives a negative decision, they have the right to appeal to the Administrative Court within 30 days, if a further negative decision is given, a person can apply for permission to appeal to the Supreme Administrative Court (Refugee Advice Centre). Unaccompanied minor asylum seekers also have the right to appeal to the European Court of Human Rights. This international court's rulings are based on the European Convention on Human Rights (European Court on Human Rights). Figure (4) below shows instructions for applying for asylum for unaccompanied children in Finland.



10 May 2021 - English - Customer instructions: Applying for asylum in Finland: Unaccompanied children - Images: Papunet image bank, papunet.net, KUVAKO

Figure 4. Instructions for applying for Asylum for unaccompanied children in Finland. (Migri 2021)

2.3 Mental health of Unaccompanied Minor Asylum Seekers

Many unaccompanied minor asylum seekers and refugees are at high risk for mental health problems because of their experiences such as war or trauma and displacement. Unaccompanied minor asylum seeker's traumatic experiences such as imprisonment, physical tortures (beatings, electric shock, burning, asphyxiation, stretching, genital trauma and rape), psychological tortures (threats, isolation, mock execution, forced witnessing of torture or execution, sleep deprivation and rape), cruelty and violence in war, like bombing and explosions,

memories of destroyed homes left behind, hunger and life in refugees camps affect their well-being and daily life (Kemp & Rasbridge 2004).

The asylum application process itself is a challenge to mental well-being. One's living conditions during the asylum process, the length of the process, and the interviews involved can all put a strain on mental health. In addition, many different factors pose challenges to mental well-being when settling in a new country such as uncertainty about the future, separation from loved ones, language barriers and cultural challenges in the new country, financial difficulties, discrimination and racism, and difficulties in accessing mental health services. Therefore, the mental well-being of unaccompanied children and young people must be supported, especially in stressful crises. These situations may include getting a negative decision, the enforcement of a decision on refusal of entry, an order to undergo an age assessment or a transfer to another unit for minor asylum seekers or an adult reception center. (THL).

Mental health is paramount to personal well-being, building relationships, and making contributions to society (Wiley & Sons, 2013). It refers to the individual's subjective feelings of well-being, optimism, and mastery, the concepts of 'resilience', or the ability to deal with adversity, and the capacity to be able to form and maintain meaningful relationships (Lavikainen et. al., 2000). Although the aspects of these qualities will vary contextually and individually from culture to culture, the basic qualities stay the same. Positive mental health empowers people to cope with the stresses of life, recognize their abilities, learn and work well, and contribute to their community. It is an integral component of health and well-being that supports our individual and collective abilities to make decisions, build relationships, and shape the world we live in.

Migrants and unaccompanied minor asylum seekers can be exposed to various stress factors that affect their mental health and well-being before and during their migration journey and during their settlement and integration. Additionally, People with traumatic backgrounds cannot cope alone; intervention and professional help are needed. (Heiskanen et.al., 2006). Trauma is a mental injury that can result in post-traumatic stress disorder (PTSD) which occurs in many ways crying,

nightmares, loss of appetite, various physical symptoms, disorientation as well and the feeling of shame. Moreover, many unaccompanied asylum seekers and migrants lack access to mental health services or experience barriers to accessing the services and they face disruptions in the continuity of care WHO (2021). Being mentally healthy refers primarily to the absence of mental distress or disease, specifically, the absence of a specifiable or diagnosable mental disorder. (Escobar, 2020).

Having good mental health helps prevent intermittent anxiety, withstand losses, accept and adopt changes in one's life. A healthy mind can identify between its own thoughts and external reality from each other and is accompanied by a realistic view of oneself to recognize who you are, where you are coming from, and where you are headed. (Heiskainen e.al., 2006).

2.4 Importance of Mental health awareness

Unaccompanied minor asylum seekers need to pay attention to their mental health but because of lack of awareness and stigma connected to mental health, not many people know how to take care of their mental health (Gale, 2006). Further, stigma can have a significant effect on mental health problems to increase in severity. Often, the experience of stigma has been described as on par with the experience of having a mental health problem (Gale, 2006). However, people with mental health problems may also experience positive mental health. Within the discipline of psychology, positive mental health is more usually recognized as a combination of inherent well-being (or positive feelings) and good (positive) psychological functioning (Huppert, 2005).

For unaccompanied minor asylum seekers who have lived in conflict zones or poverty, mental health problems may have remained unrecognized and untreated as a result, the problems may have accumulated or become more difficult. Oftentimes it can be challenging for professionals to recognise the symptoms and mental health problems of people from different backgrounds. Therefore, it is important to raise the topic and discuss mental health awareness with

unaccompanied minor asylum seekers so that they can interpret their symptoms. They may, for example, see psychological symptoms as a sign of an incurable problem, of an irreversible process of deteriorating quality of life, or their responsibility for the problem. Such interpretations often increase stress and make recovery more difficult. (THL). The importance of mental health can be promoted in many ways, it can be promoted both at individual and societal levels and this work can be done together with others. The objective of mental health promotion is to increase the factors that strengthen and protect mental well-being. However, in most cases, the unaccompanied minor asylum seekers do not want to bring up the issues themselves, or they do not have the words to talk about mental health or their experiences of doing so. Therefore, professionals' proactivity in raising the topic of mental health can be very important, especially when dealing with clients, especially with asylum backgrounds. When raising the topic, it is important to offer understandable and concrete information on mental health, how it can be supported, different kinds of symptoms, and the health and social services available.

The importance of mental health awareness is another concept in preventive psychiatry and is defined as interventions that increase health and well-being in populations (Compton & Shim, 2014). The goal of mental health awareness to unaccompanied minor asylum seekers is to employ various public health strategies to reduce exposure to modifiable risk factors for mental ill health as well as strengthen protective factors to promote resilience in the face of risk. (Knifton & Quinn, 2013).

The importance of mental health promotion refers to the strengthening of psychological resources to enhance well-being and quality of life (Wahlbeck, 2015) and empowerment occurs when people have a sense of control over their lives as well as their environment. It can be fostered through democratic participation in support groups, self-help groups, and action-oriented groups where individuals may gain new skills and build social capital (Knifton & Quinn, 2013). Moreover, positive mental health is generally seen as including emotion (affect/feeling), cognition (perception, thinking, reasoning), social functioning (relations with others

and society), and coherence (sense of meaning and purpose in life) (Knifton & Quin, 2013).

3 BACKGROUND OF THE PROJECT

Mental health problems are common among unaccompanied minor asylum seekers due to their traumatic experiences and journeys. For some, mental stress can be overwhelming and adaption to a new phase of their life and environment takes time. Physical and mental factors such as stress, sleeplessness, and depression are the symptoms of health risk. Feeling sad, nervous, restless, and hopeless are symptoms of the mental health status of the individuals (Dey & Lucas 2006).

In this chapter, we will explain the background of our work-life partner and target group which was essential in developing this thesis project. We elaborated on the sub-chapters below on the need for promoting mental health awareness, particularly for unaccompanied minor asylum seekers.

3.1 Worklife partner

Our work-life partner was the SPR (Finnish Red Cross) reception center for unaccompanied minor asylum seekers. The reception center is a group home for unaccompanied minor asylum seekers who came to Finland alone and have received a residence permit, as well as supported housing and aftercare. The reception center is responsible for their care and education, supporting the asylum application process, enabling their studies, and basic services belonging to the development phase of unaccompanied minor asylum seekers (THL).

The reception center supports unaccompanied minor asylum seekers, in which the service user and their official guardians are actively involved in decision-making and operational planning. The basic objective of the operations is to support the unaccompanied minor asylum seekers in achieving the best outcome for him/her in the overall situation, becoming independent, or managing the asylum

process. Accommodation in reception centers for children aged under 17 is sized based on the Finnish Child Protection Act.

3.2 Target group

The target group of the project was unaccompanied minor asylum seekers ages 14-17 years old sheltered in the reception center. We chose this group because based on the Finnish legislation, Youth Act (72, 2006) people under 29 years of age are considered young adults, and “social empowerment means measures targeted at young people and geared to improve life management skills and to prevent exclusion. The event is voluntary and entirely based on the choice of the participants and explained to them individually through interpreters about the goals and objectives of the project and through their guardians.

The target group of the project was unaccompanied minor asylum seekers who had been granted a residence permit and sheltered in the reception center. Every unaccompanied minor asylum seeker in the reception center has an appointed legal guardian who helps them with their asylum process and pursues their wish, they also have two personal counselors who help and guide them with their daily needs. According to the Finnish Integration Act, asylum seekers are entitled to services in case of the essential need of care, however, special needs are required to be taken into consideration.

The unaccompanied minor asylum seekers in the reception center go to school, and they have a daily routine set by counselors as a basis for daily living, they are responsible for setting their alarm, waking up on time, eating breakfast, and off to school by bus or taxi, they also have weekly chores and are responsible for cleaning their room. After school, some of them have hobbies, it is part of their daily program. Hobbies support maintaining daily rhythm and the counselor's task was to encourage them to participate and give them advice to take part regularly to maintain good physical health. Moreover, as part of the reception centers, food was prepared for them. Additionally, there is a pantry and a fridge in the kitchen if they want to prepare their food by themselves.

Once a week there is a house meeting with all the residents of the reception center wherein the unaccompanied minor asylum seekers voice out their wishes and concerns. They can plan together what kind of activities they want to do. For example, they go swimming once a week, however, if some of them do not want to go swimming they can suggest doing something else like going to the cinema, trips or eating out, it depends on what the majority agreed in the meeting. The counselors of the reception center organized hobbies, handicrafts, or trips according to the minor's interests, and the resources available. Additionally, volunteer tutors come to the reception center from 18-19pm to help the unaccompanied minor asylum seekers with their assignments and they can always ask the counselors for advice anytime.

In addition to guidance in daily chores, school assignments, hobbies, or if they are ill and have some health issues, the nurse in the reception center evaluates their situation. Furthermore, there was also a similar info session/discussion in the reception center about sexual education. The counselor of the unit recognized the need for sexual education since most of the residents were minors and came from different cultures, sexual education is a sensitive topic and some of them never discuss this topic openly. The resident nurse discussed the topic with them, as most of the unaccompanied asylum seekers are teenagers, and they are interested in knowing about the topic.

3.3 The need for the project

Mental health awareness is focused on the need to put more emphasis on providing help for the mental well-being of asylum seekers, and evidence suggests that mental health needs appear to be increasing (Burton, 2014). Based on the research by DfE (2017) One in ten children has a diagnosable mental health condition and is at risk of developing a low sense of well-being (Danby & Hamilton, 2016). However, while this issue is concerning, it is also possible that increased public mental health awareness of mental health has impacted effective identification and diagnosis processes (Burton, 2014).

According to our work-life partner, their residents come from very different cultural backgrounds, and some have very little understanding of mental health-related subjects. In some cultures, mental health issues are also linked to such topics as spirituality or cultural customs, additionally, more medical approach is needed as well (Ojala, 2023). Therefore, the mental health needs of migrants and unaccompanied minor asylum seekers should be addressed by organizing inclusive and accessible promotion and prevention programs; strengthening mental health as part of general health services; and ensuring timely diagnosis, treatment, and rehabilitation. Migrants and refugees contribute positively to society, but they cannot reach their full potential unless they are in good physical and mental health (WHO, 2021).

4 THE PURPOSE AND OBJECTIVES

Identifying the goal is not enough, the aim gives accurate information and describes what you want to achieve but it does not indicate how you are going to achieve it, when you are going to do it, or how you will know that you have been successful in doing it. Therefore, defining the objectives helps to conduct the path and show how it can be achieved (Martin et. al., 2010).

We will expound on why we chose our project and define the objectives of our thesis in detail using SMART analysis. The objectives need to be as precise as possible; and by using SMART, we were able to shape the objectives more accurately and positively (Martin et al., 2010.) SMART is an acronym for the five areas of the objectives Specific, Measurable, Achievable, Realistic, and Time-bound (Charlesworth et. al., 2010)

This Bachelor thesis project's purpose is to organize two-day, four info sessions on the 28th and 29th of August 2023 in cooperation with our work-life partner for unaccompanied minor asylum-seekers regarding mental health awareness in the reception center. The goal of this thesis project is for unaccompanied minor asylum seekers to be aware of the issues surrounding mental health and where to

seek help when facing mental issues during the period of their stay in the reception center. The objectives of our project defined during the planning stage are listed in the table below.

TABLE 1: The first SMART objective for this thesis project.

Objective 1: To promote the importance of Mental health awareness among Unaccompanied Minor Asylum seekers.

<p style="text-align: center;">SPECIFIC</p>	<p>The info sessions were implemented by the thesis authors in cooperation with the work-life partners and experienced speakers of Mental Health topics.</p>
<p style="text-align: center;">MEASURABLE</p>	<p>There were two (2) days four (4) info sessions in four (4) different language groups.</p>
<p style="text-align: center;">ACHIEVABLE</p>	<p>The participants are residents of the reception unit where we implemented the info sessions.</p> <p>The speakers of the event have many years of experience in Mental health with young people and Mental health topics.</p>
<p style="text-align: center;">REALISTIC</p>	<p>Providing information regarding mental health awareness positively helps unaccompanied minor asylum seekers take care of their mental health</p>

	and be aware of where to get help if needed.
TIMEBOUND	Interactive info sessions were held on the 28th and 29th of August 2023

Furthermore, we set the objective to promote interactive discussions about topics that were related to mental health awareness and participant's personal experiences. Through open discussions, participants shared their perspectives and asked questions to give them a chance to gain self-awareness about the subject matter and where to get help if needed, in return, we could get a better understanding of the needs of the project.

TABLE 2. The second SMART objective for this thesis project.

Objective 2: To gather relevant information and feedback from both parties involved to help develop future possible info sessions.

SPECIFIC	To gather verbal and written feedback from the participants and work-life partners.
MEASURABLE	Being attentive to interactive discussions, listening to participants as they talk about their personal experience and allow everyone to speak who wishes to.
ACHIEVABLE	We could achieve the desired outcomes of this project by following our thesis planning schedule.

REALISTIC	Info sessions were set and planned together with the work-life partner.
TIMEBOUND	The info session was implemented during the two-day info sessions from the 28th and 29th of August 2023.

5 PROJECT PROCESS DESCRIPTION

This project idea came after the discussion we had while brainstorming the thesis plan during our mental health course and after reading some literature about mental health. We felt that there is a need for young asylum seekers to be aware of mental health issues during the difficult period of their stay in a new country and the struggles of waiting for their asylum decisions. In the following chapter, we will explain the detailed description of the planning process, project timeline, implementation, and how we identify the risks. Each stage will be introduced and defined in the subchapters below.

Since we want to implement the project in the Summer, we then thought of cooperating with an organization that works with unaccompanied minor asylum seekers to promote mental health and mental health awareness. We came up with the idea that we could do it in the one of reception units since one of the authors had an internship in September with the unaccompanied minor asylum seekers in the same place, we agreed to approach the manager to propose the plan and implement the project in the said organization. A realistic and concrete plan has an important role in managing a project. Profoundly built foundation and analytical planning advance the process of formulating a plan. However, unexpected changes might require changing or adjusting the plan to reach the aims and goals of the project. (Silfverberg, 2007).

5.1 Project Planning

The first phase of our project began in the 1st week of June 2023 when the authors together with our supervisor brainstormed and generated goals and objectives for our project plan. After the project's approval from our supervisor, the authors contacted the work-life partner for confirmation of the project discussing the proposed project plan, and objectives, and highlighting the key concepts regarding the importance of Mental health awareness of unaccompanied minor asylum seekers in the reception area. A project plan effectively balances the components of time, cost, scope, quality, and expectations. It incorporates the overall expectations, definition, schedule, and risks of the project to the organization as well as the list of activities (Vanzant, 2020).

The second phase was a meeting with the manager of the unit, the authors presented the proposed project plan in the reception unit office in 1st week of July and gained feedback and relevant suggestions relating to the project. The authors agreed with the manager of the unit that he would discuss the project plan during their staff meeting regarding the Info-session plan and the counselors would inform unaccompanied minor asylum seekers during their house meeting. Planning comprises all the work that begins after the project has been conceived but before the actual work of realizing it is completed. (Dionne, 2018)

Since the target group is minors, they need to ask in advance who is interested in joining the event so we can ask the consent from the guardian. Since there are four (4) different languages and nationalities of unaccompanied minor asylum seekers in the reception unit, the manager suggested that we could do info sessions in the language group to be more efficient. They intend to provide interpreters and refreshments during the event.

The next phase was three meetings with the experts where we planned and discussed the topic regarding the Info-session, practicalities, and finalizing the event. This phase of the project involves defining the objectives of the project. It is the planning stage and refers to the formulation and design of the project. It involves the detailed articulation of the project ideas into a project proposal

(Akampurira, 2014). During the meeting, the authors discussed the goals and objectives highlighting the topic of the info sessions. At first, they mentioned that Mental health is a vast and too sensitive topic, especially for unaccompanied asylum seekers, the authors explained that our topic is not going to tackle any mental health problems to avoid any issues that may trigger the participants' emotions. Additionally, the authors clarified that the topic is Mental health awareness and where to get help if they need it.

The next meeting was planning the implementation, we discussed the groupings of the participants and times of the info session. Planning the implementation is an arrangement for doing something which is examined in advance. It is deciding what is to be done, how, when, and by whom. It lays down the objective of the activity and a specific course of action to achieve it. (Akampurira, 2014). We agreed that it should be two days and four info sessions and the best time would be after school hours so everybody could have a chance to attend if they wanted to. We also discussed that refreshments would be served during the event to make the session less formal and as a treat to the participants who will attend the session.

The last meeting was finalizing the implementation plan, we agreed that there were two days and four info sessions. The first group started at 18.30-19.30 and was followed by the next group from 19.30-20.30, we decided that after the first session, one of the authors would go with the first group in the reception area to help the participants communicate with the interpreter to fill up the feedback forms and one of us will stay in the second group session to take notes of the discussions. Also, the authors reminded the work-life partner regarding the consent from the participant's guardian, and the work-life partner sent them emails to ask permission beforehand so we could send follow-up emails (Appendix 4).

During the planning stage, the authors keep in touch with the work-life partner by sending messages and phone calls for updates and questions. The authors are responsible for providing the feedback forms written in six (6) different languages. Further, an invitation (Appendix 3) was posted in the reception center lobby and

the event was written on the whiteboard for everyone to see to be reminded about the event.

The last phase was the two-day implementation which was held on August 28 and August 29, 2023. After the event, the authors sought additional feedback which was conducted via a questionnaire that the participants were able to complete and provide us with their opinions. We combine the feedback to ensure the event is useful, appropriate, and enticing to our target. Table (3) below shows the detailed timeline of our thesis process from the drafting of the project until the end of its implementation.

TABLE 3. Timeline for different stages of the project

Date	Description
June 1, 2023	Brainstorming and generating goals and objectives for our project plan.
June, 2023	Contacted the manager of the Reception Unit and discussed the proposed plan and objectives.
1st week of July, 2023	Meeting with the manager of the reception unit to discuss the proposed plan and gain feedback and relevant suggestions relating to the project.
July 31 and August 7 & 14 2023	Three meetings with the experienced speakers to discuss the plan, practicalities and finalize the event.

August 28 & 29, 2023	Project Implementations Two-day info sessions in four language groups.
August – January 2024	Project Evaluation and Assessment of the Project.

5.2 Project Implementation

This Bachelor thesis project was implemented in a timely and in good collaboration with our work-life partners. Initiating and planning a project needs efficacious execution for a meaningful project (Vanzant, et, al.,2020). Based on the plan, the two-day events and four info sessions were held on the 28th and 29th of August respectively. Since there were four language groups, it was efficient that we did four different sessions in each language group for the participants to better understand the topic. Our work-life partner provides the venue, two experienced speakers in the field of mental health, service users as participants, 4 interpreters, and refreshments during the info session. Implementing consists of the processes used to complete the work defined in the project management plan to accomplish the project's requirements. The execution process involves coordinating people and resources, as well as integrating and performing the activities of the project following the project plan. (Akampurira, 2021).

On the day of the implementation the venue was set, the computer and projector were checked, refreshments were prepared, and interpreters were contacted each session. The materials used by the experienced speakers in the info session were PowerPoint presentations (Appendix 4) and interactive discussions to avoid formality for the participants to feel involved and interact during the session. Thirteen (13) unaccompanied minor asylum-seekers attended the two-day event (Appendix 2).

Since the participants are studying during the day, the info session took place in the evening after school hours. During our planning, we decided that the first group would start from 18.30-19.30 followed by the second group from 19.30-20.30. However, on the implementation day, the schedule was extended since we didn't include enough time for collecting the feedback. The authors were grateful that the participants, speakers, and interpreters were flexible with the time so the info session was implemented smoothly.

On the first day of the event, the first group consisted of five participants followed by four participants in the next group. On the second day, there was one participant in the first group and three participants in the following group. They were grouped according to their countries for the smooth coordination of the interpreters on the phone to enable the participants to understand the info-session which was translated into their mother tongue. The authors chaired the info session by introducing themselves, welcoming remarks on behalf of our work-life partners, and explaining the goals and objectives of the event. It was a very relaxed environment and to make participants feel more comfortable refreshments were served (Ice cream, chips, sodas) during the info session so they could eat while listening, making the info session less formal and making the interaction more efficient.

Considering the topic is sensitive and may trigger emotions all the topics and activities during the info session were discussed beforehand with our work-life partner. There were two experienced speakers during the events who led and discussed the topic. Events that provide mental health awareness typically employ a mix of professionals and paraprofessionals. They have received formal professional education (e.g., in social work, psychiatry, psychology, psychiatric nursing, and counseling). Among these professionals received extensive training to enhance their proficiency and, especially, their understanding of key ethical issues and standards (Reamer, 2015). Furthermore, we worked together to plan and promote the processes of the info session that help meet its goals while ensuring that the structures and topics are favorable to the accomplishment of the set goals.

During the info sessions, the participants were asked; What is Mental Health? Are they familiar with the Mental Health topic? What lifestyles affect Mental health? Moreover, the participants actively participated in the interactive sessions which provided the opportunity for participants to ask questions and share their experiences in a safer environment. Some of the questions they asked were: How does sleep affect Mental health? How do friends/relationships affect Mental health? How sport can help mental health? The participants showed interest by asking different questions regarding mental health awareness. The info session helped them understand what they need to know and identify the affecting factors that will help take care of their mental health.

Providing information regarding mental health awareness is a relevant topic to unaccompanied asylum seekers and allows them to take care of their mental health and recognize the stressors that will affect their mental health and well-being. Facilitators need to engage in direct work and indirect work with service users. The main types of direct work are advocacy, connecting to resources, experiential sharing, relationship building, group facilitation, skill-building, goal setting, and socialization/self-esteem building. The main types of indirect work are group planning and development, communication, supervision, receiving support, promoting awareness, and information gathering (Jacobson et. al., 2012).

After the end of each session, the authors collected feedback from the participants, one of the authors stayed with the second group in the info session while the other one continued with the first group in the reception room to collect verbal and written feedback and help the participants communicate with the interpreter on the phone. We combined all feedback for evaluation to ensure the event was useful, appropriate, and enticing to our target and future events. The authors make sure they are effectively involved in the smooth running of the implementation. Facilitators lead and take responsibility for the development and functioning of the group. They organize meetings, show up on time, open the meeting, provide guidance, listen to group members and they are not expected to have answers to all the questions that come up during group meetings. (Funk & Drew, 2017). Figure (5) below shows the structure of the two-day info sessions in four different language groups.

Time	Activities
18:00 – 18:30	Preparation of the Venue, refreshments, checking the computer and projector, contacting the interpreter.
18:30 – 18.35	Welcoming remarks from the authors, explaining the goals and objectives of the info session.
18.35 – 19.40	Info session led by experienced speakers regarding Mental health awareness and interactive discussion, open questions about mental health.
19.40- 20:00	Collecting verbal and written feedback, short discussions about the info session
19.40 – 19.45	Welcoming remarks from the authors and explaining the goals and objectives of the info session
19.45 – 20.50	Info session led by experienced speakers regarding Mental health awareness, interactive discussion, and open questions about mental health.
20.50 – 21.10	Collecting verbal and written feedback and a short discussion about the info session.

Figure 5. Structure of 2-day info sessions in 4 language groups (August 28th & 29th 2023)

5.3 Risk assessment

To prevent possible risks and conflicts, risk assessment and management should be conducted at the start of the project to identify and eliminate the cause and ensure that risks are acknowledged and controlled appropriately. It is usually impossible to eliminate all risks, but they can be recognized and dealt with (IECEU, 2015). However, before or during the implementation of the project, we considered several risks which are listed below:

Language barriers can be a significant challenge for unaccompanied minor asylum seekers in accessing mental health care. Therefore, it is important to ensure that the info session is conducted in a language that the unaccompanied minor asylum seekers can understand. Our work-life partner provided interpreters during the info session for the participants to better understand the topic using their mother tongue.

It is important to ensure that the info session is conducted in an informative and engaging manner to raise awareness about mental health issues. However, since the project's target group is unaccompanied asylum seekers, there is a risk that the topic is too sensitive for them and may trigger their emotions and bring back bad memories of their challenging life experiences. This could be avoided by discussing the topic in advance with the work-life partner, an experienced speaker who discussed the topic, and the presence of their familiar counselor who is present during the info session to make them feel safe. Planning the topic before the implementation is an important factor to prevent this from happening.

Implementing an info session in a reception center with unaccompanied minor asylum seekers may present logistical challenges, such as obtaining permission from the work-life partner, finding a suitable time for the target group, or some bureaucratic issues. To address these challenges, we needed to ask our work-life partner regarding what suitable time was best for the info session and ask the participants in advance who was interested in joining the event, consent from their guardians, and ensure that the session was conducted in a safe and secure environment.

6 EVALUATIONS

This chapter will explain how the evaluation process is necessary to assess if it is essential to our target group and ensure we meet our project objectives. Evaluation is the process that proves and makes judgments on work effort and supporting facts (Thomas, 2011). It is a systematic process of understanding and contemplating the worth or significance of an object. Evaluation usually follows a

set criterion where an object is assessed and evaluated for achieving objectives and targets. It can also be a way in which improvements and adjustments to the finished product could be analyzed and considered. (Zarinpoush, 2006)

6.1 EVALUATION PROCESS

The evaluation process defines the objectives and standards that will be used to evaluate the results, Additionally, it measures the project's accomplishments and relevance. (Suarez-Balcazar & Harper, 2004). The project evaluation used tools and techniques such as monitoring the info session and collecting feedback from the participants and work-life partners at the end of the Project (Abraham, 2013). Additionally, we use SWOT analysis to analyze and present the positive aspects and identify the weakest aspects of this project. (Spolander & Martin, 2012).

For the evaluation of this Project, we used content analysis. One of the best ways to approach a content analysis is in groups. Content analysis tends to lie somewhere in between a qualitative (studying the qualities of texts) and a quantitative (counting something in or across texts) method. Using this approach allows themes, issues, and concerns to be easily identified and quantified. In addition, the text provides a useful summary of key approaches to the analysis of collected feedback with a particular focus on content analysis. (Birmingham & Wilkinson, 2003).

The final stage of the process begins by drawing together the data collected and structuring them in such a way as to make them ready for analysis. This includes grouping the responses to each question from all participants to make comparisons between respondents easy. (Birmingham & Wilkinson, 2003).

Figure (6) below shows the project evaluation process.

Evaluation Tools and Methods

Evaluation tools (What was evaluated)	Methods (How to evaluate)
Participants's evaluation	Verbal and written feedback from the participants (Appendix 1)
Worklife partner's evaluation	Feedback from work-life partner
SWOT evaluation	Authors evaluation of the project process using SWOT analysis

Figure 6. Project evaluation tools and methods

To support the evaluation process of our project, verbal and written feedback from the participants and work-life partners was collected after the end of the info sessions to help determine their experience and the development of the project. Therefore, after each session, the participants filled up the feedback forms to share their thoughts and opinions about the info session. The collected feedback is essential since the participants' suggestions would be taken into consideration for the planning and implementation of future events and ensure we meet our project objectives.

As stated in the planning process, after the end of each session one of the authors stayed with the second group while the other one continued with the first group in the reception room to collect verbal and written feedback and help the participant to communicate with the interpreter. The authors carefully chose and wrote the feedback questions for the participants to complete and provide us with their opinions. Since we wanted to focus on the performance results of the info sessions, asking the right questions and identifying what worked and what did not is essential in evaluating the results so that we know what areas of performance to improve and how. (Guerra-López & Ingrid, 2008). The feedback questions were written in 6 different languages for the participants to better understand what was written. Since Google Translate is not a reliable source the authors need to ask help from the native speaker of the languages to review whether the written

feedback was written correctly in their mother tongue. We combined all feedback for evaluation to ensure the event was useful, appropriate, and enticing to our target and future events.

6.1.1 Participant's Evaluation

Feedback was collected from the participants after each session to provide a comprehensive understanding of the effectiveness of the info session. Additionally, we took separate notes during each info session, combined the collected information, and used it for the evaluation process. Evaluation is the determination of quality, value, or significance and people have used evaluation to prove and make judgments. (Willis, 2021)

Recognizing that the topic was sensitive to the target group, we realized that the participants trusted us to share their thoughts and allowed everyone to hear their opinions and make the discussion more interactive. Moreover, we included the participant's feedback in our evaluation results since we wanted to promote openness and share those as accurately as possible. Documents are objective evidence that tasks or activities have been performed. The saying goes: "If it is not documented, it didn't happen" (Willis, 2011).

After each info session, all 13 participants were given a chance to fill out the feedback forms. The first question was: How did they rate the info session? Based on the results, 53% (7 participants) answered they were satisfied, 23% (3 participants) answered they were highly satisfied, 7% (1 participant) were neutral and 15% (2 participants) answered no comments. Some of the positive verbal feedback was:

Participant A2: *"Such kind of information is a basic need for everybody"*

Participant A3 *"The idea was general and fundamental, it gives general information about Mental health for those who don't know such kind of information"*.

Participant B1 *“I benefited a lot today and I liked the topic”*.

Most of the participants were satisfied with the info session and the results showed that mental health promotion is important in enabling people to acquire the knowledge and skills they need to control and protect their mental well-being. Mental health promotion refers to the way of improving the mental health status of an individual. Mental wellness can be seen as an unstable continuum, where an individual’s mental health may have many different possible values. (Keyes, 2002). Additionally, positive mental health and well-being often combine a focus on satisfaction with life, overall happiness, and good psychological functioning. For people to be able to experience the condition of ‘flourishing’, they need to feel satisfied with their lives, that they are developing personally, and that they function positively with their society (Knifton & Quinn, 2013). Chart (1) below shows the results of the feedback received from the participants about the info session.

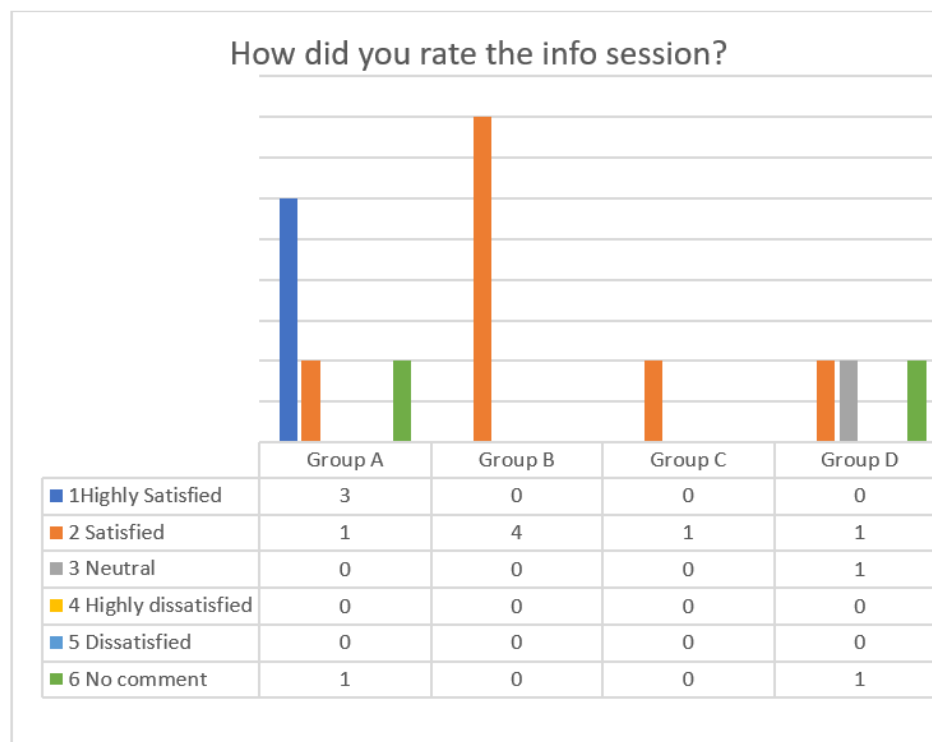


Chart 1. The results of how the participants rate the info session.

The second question was: Do you think the event is relevant? Based on the results, 38% (5 participants) strongly agree that the event is relevant, while 38% (5 participants) agreed that the event is relevant 7% (1 participant) is neutral, and

7% (1 participant) had no comment, and 7% (1 participant) strongly disagree. Most of the participants answered that the event is relevant. Some of the positive verbal feedback from the participants were:

Participant C1 *"It was a good meeting for all of us and if we always have this kind of meeting we can find our problems and help us solve them"*.

Participant A4 *"It was basic and important, I think such kind of information is a basic need for everybody"*.

Participant A1 *"During the meeting, we share our ideas and all this kind of meeting is good for us"*.

Participant B2 *"Everything was good"*.

Promoting mental health awareness to unaccompanied minor asylum seekers is salient since it helps them understand the importance of mental health, how to promote and take care of their mental health, and how to support others who are suffering from mental health issues. Moreover, it is relevant to promote and raise awareness to reduce the mental health stigma and improve overall well-being. Improving mental health literacy in young people is of particular relevance since mental disorders often have first onset during adolescence or early adulthood, a period of life when knowledge and experience are underdeveloped (Knifton & Quinn, 2013). Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being. (WHO). Chart (2) below shows the results of the feedback from the participants on how the event is relevant.

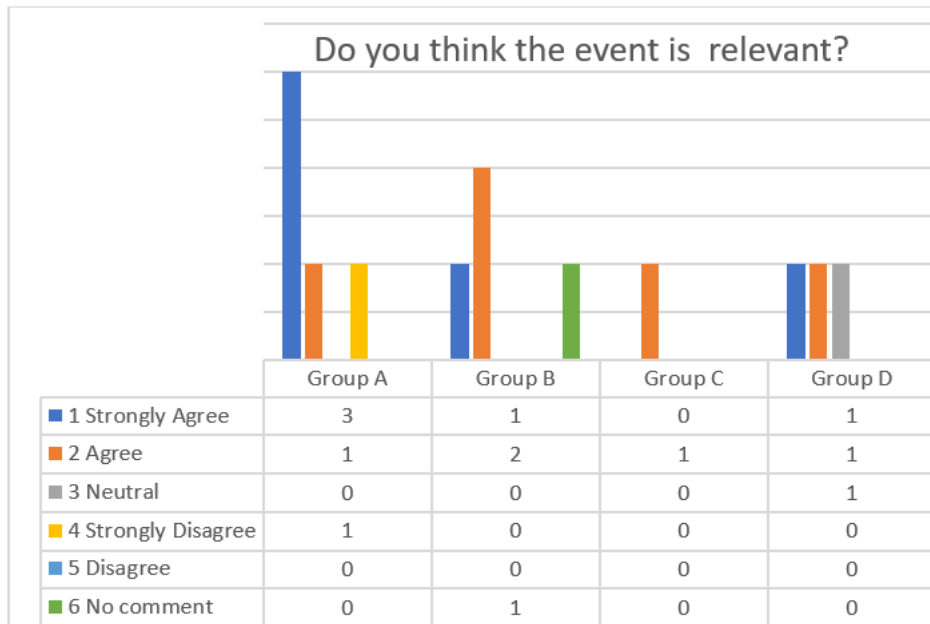


Chart 2. The result shows if the event is relevant.

The third question was: Would you consider attending another similar info-session? Based on the results, 61% (8 participants) would consider attending a similar info session, and 38% (5 participants) answered maybe. Some of the verbal feedback was:

Participant A1 *“During the meeting, we share our ideas and all this kind of the meeting is good to us”.*

Participant C1 *“The way we talked and that part that they try to find our problems and solve that”.*

The outcomes of this event showed that the participants are considering attending a similar event. Attending these kinds of info sessions can help individuals to promote and protect their mental health. It is essential to take advantage of these opportunities and learn about mental health and maintain healthy lifestyles. Mental health events can be held in different settings, and they can cover a wide range of topics including mental health awareness, coping mechanisms, and how to reduce risk factors that can lead development of stressors. Mental health info sessions can be led by professionals and educators. Additionally, a sense of ongoing personal development correlates well with overall health, longevity,

resilience, and the ability to cope with adverse circumstances and thrive in life (Singer & Ryff, 2001). Positive mental health and well-being cannot be achieved solely by realizing one's potential since contentment and joy are also a vital part of the good life, the life worth living (Csikszentmihalyi, 2004). Chart (3) below shows if the participants are considering attending another similar info-session in the future.

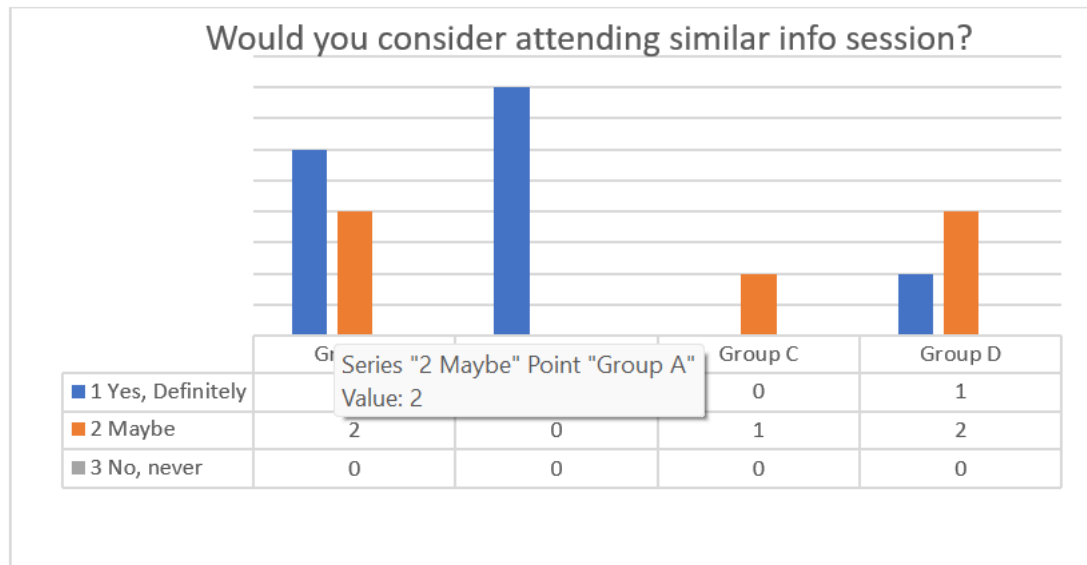


Chart 3. Results of participants considering attending similar info sessions.

The fourth question was: Would you recommend a similar event to a friend? Based on the results, 76% (10 participants) would recommend a similar event to their friend, 7% (1 participant) maybe, and 15% (2 participants) had no comments. They considered the info session relevant and some of the verbal comments were:

Participant D1 *"It was good and beneficial"*.

Participant B4 *"I like how they talk about sleeping habits and stress"*.

The results emphasized that most of the participants would recommend a similar event to a friend. Mental health activities and info sessions can help educate individuals and promote a safe and supportive environment to discuss topics regarding mental health awareness and help enhance their emotional well-being,

gain new skills to manage challenges, and reduce stigma about mental health. Chart (4) below shows if the participants would recommend a similar event to a friend.

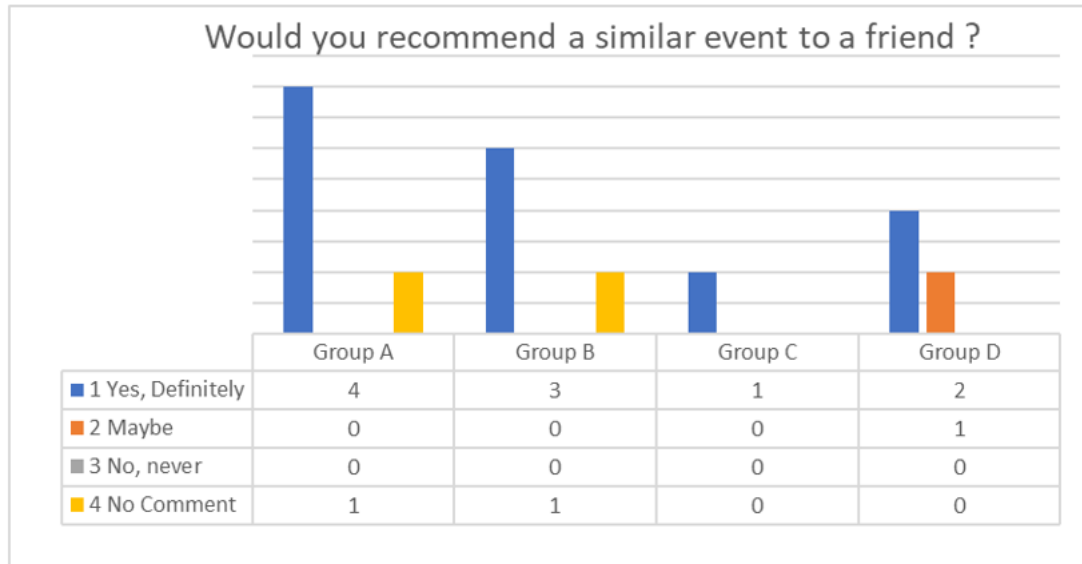


Chart 4. Results if the participants recommend a similar event to a friend.

Recommending and sharing their experiences with a friend who has similar experiences in life is a great achievement of this info session. Listening to a friend or another person's similar experiences provides them a chance to share their experiences, therefore they can receive support from peers during their challenging times. Young people need to have affection and respectful physical contact with others; they need to be comforted when they are upset, listened to with sympathy, taken seriously, and given opportunities to share feelings, including difficult ones like anger, fear, anxiety, and bewilderment (Cowie & Wallace, 2000).

Furthermore, the participants were also asked open semi-structured questions and further unplanned questions following their responses to the question. During the event, all the participants actively participated in the interactive session which provided the opportunity for participants to ask questions and share their experiences in a safer environment. The participants showed interest by asking different questions regarding mental health awareness and how to take care of their mental health. Some of the questions were: "If you sleep a few hours during the night, does it affect your Mental health?", "What does it mean to be a good

friend?”, “How sport can affect mental health”. It was discussed during the session that it is important to understand that small acts of self-care in their daily life can have an impact on their well-being. Some factors that can help maintain good mental health are lifestyle, eating a healthy diet, good relationships with family and friends, getting enough sleep, sports, and doing things that they enjoy. The interactive discussion and the PowerPoint materials (Appendix 4) helped the participants understand what they needed to know and identify the affecting factors that will help them take care of their mental health. Mental health promotion can be focused on factors such as the ability to solve problems, interpersonal skills, stress management skills, and skills related to self-awareness. These skills help people to manage stressful situations in their lives. Increased productivity and improved ability to work as well as enhanced physical health are possible benefits of mental health promotion (Hämäläinen et. al., 2017).

Our project aimed to organize an info session in cooperation with our work-life partners for the young asylum-seekers about mental health and mental health awareness in the reception center. During the implementation stage, four (4) planned info sessions were successfully facilitated. According to the participant's feedback, they considered the topic discussed during the info sessions to be relevant and realized that the info session provided a lot of information on how to take care of their mental health and the event was beneficial. Listening to others while also being listened to may help them receive other points of view about mental health and realize they are not alone. (Komulainen, 2000).

Moreover, the participants understand that peer support is a valuable tool in promoting mental health awareness among unaccompanied minor asylum seekers to provide the help and support they need to cope with their mental health challenges, improve their overall well-being, and guide them on how to access information and resources related to mental health. The participants learned about mental health awareness and they were open to talking with professionals and friends when they needed help. If young people succeed in addressing the problem, all participants, not only those directly involved, gain a positive experience of active citizenship (Cowie & Wallace, 2000).

6.1.2 Worklife Partner's Evaluation

We also felt the need to add the verbal and written perspectives of our work-life partner in the evaluation phase. According to our work-life partner, the info session was mainly positive, and the participants were interested in the topics.

" Our feelings about the info session are mainly positive because we feel that our residents were interested in the topics. I think that the topic of your thesis is important and interesting because oftentimes these kinds of info sessions suffer from ethnocentrism. This is why information from the viewpoint of international protection seekers is a key component in an open and honest dialogue about mental health and mental health issues. All in all, it was a good intro to the subject but in the future, there's more work to be done. Thank you for choosing us as your work-life partner!"

(Ojala, 2023)

From the feedback we got from our work-life partners, the topic of our thesis was relevant and interesting to the residents of the reception center. Since the residents come from different cultural backgrounds, some of the participants confessed that in their homeland the topic is not widely discussed, and some have very little understanding of mental health-related issues. Therefore, this kind of info session helps them understand the importance of mental health awareness. However, the info session would be more effective if there is enough time for planning and implementing the info session. These issues can be fixed with a relaxed schedule in the future. Feedback is important assessment data that either supports continuing to perform in some manner or targets a desirable change in how one performs (Hart, 2011). Being able to understand how to be aware of our mental health, mental health issues, and where to get help if needed is important information not only for the participants but for everyone should know. Overall, it was a good and relevant info session for the unaccompanied minor asylum seekers in the reception unit and they were grateful for choosing them as our work-life partners.

6.1.3 SWOT /Analysis

We used SWOT analysis to focus on the key internal and external factors. Strengths and weaknesses are considered internal factors whereas opportunities and threats are considered external factors (Vanzant, 2020). The purpose of the SWOT method is a way to present the positive aspects of the project but also to identify the weakest aspects of the project (Spolander & Martin, 2012).

Figure (7) below is the SWOT analysis of the project process.

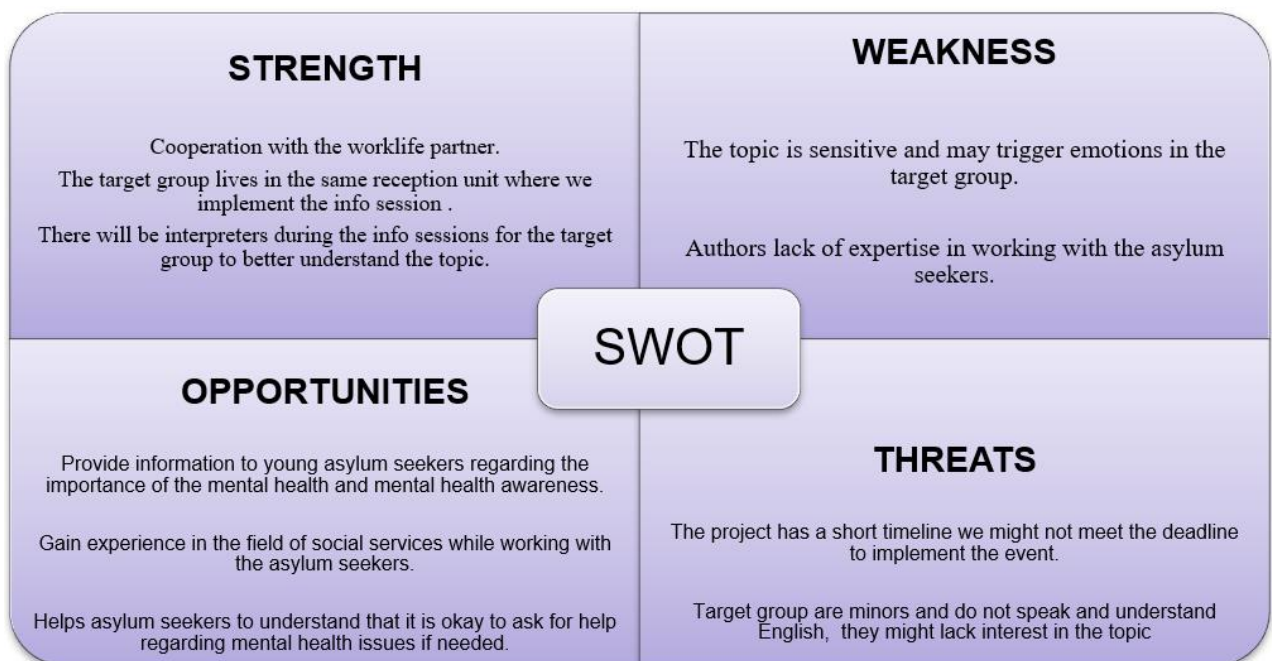


Figure 7. SWOT Analysis of the project

SWOT analysis is a simple but effective method for assessing the positive and negative factors that may be impactful in completing a project successfully. It is an acronym that means strengths, weaknesses, opportunities, and threats, and It was used to assist the project manager in understanding and analyzing what went, well, and what needs to be improved (Project Management, n.d).

The strength of the project was good cooperation with our work-life partner which made this thesis project possible. We worked together and developed a positive professional working relationship during the period of the project. The interactive and less formal setting of the info session provides a positive and safe

atmosphere for the target group. Creating a welcoming atmosphere means creating spaces that are inviting for all participants (Volpe et.al., 2020). Additionally, it felt that the participants trusted us since they participated in interactive discussions, and they were free to ask questions and share their experiences and opinions in a safe place. However, since the topic is relevant to the target group, some of the participants would have needed more than one or two sessions to get more information about the subject matter and more room for discussion. From the perspective of the facilitator, it would have been interesting to observe how the participants gained relevant knowledge regarding mental health awareness and ensure that it is okay to ask for help if they need any support in the future.

Weaknesses included the topic being too sensitive for the target group and may trigger their emotions, however, this was not considered a weakness in the end. Planning the topic with the work-life partner and the informal setting made the session effective, and participants found the info session interesting. We lacked experience in implementing an info session but with good cooperation with our work-life partner, we overcame our weaknesses. Listening to the participant's interactive comments and questions during the session, being responsive to what was discussed, and being attentive during each session taught us something new and gave us more readiness to lead an info session in the future.

Threats included uncertainty of the participants and a short timeline. The uncertainty of the group in advance threat included fear about not having enough participants in the groups. However, this was not a threat in the end since 13 participants attended the event and there were 4 info sessions in 4 different language groups. Furthermore, participants who attended the language group got enough space to share opinions in their mother tongue. A small language group size was effective and enabled everybody to receive attention and feedback and personal experiences shared more freely.

The timetable schedule of planning the implementation was too tight, however, with the help of our work-life partner we implemented the info session in the allocated time. Additionally, one crucial threat that was not expected beforehand

was the participants in different language groups had different levels of skills, one group was too shy to share their opinions whereas the other group was active in participating in the interactive discussion and could express their opinions fluently and precisely. Furthermore, the importance of a well-planned timetable for the project development process is evident, the flexibility to react to changes is a quality that is essential in some situations. For future reference, this kind of info session needed more time since the discussion made it engaging and the participants were motivated to share their experiences, which made the conversation interactive.

Development of the info session remained in the early stages due to the limited time of sessions and because the composition of the participants was different every time. Therefore, the group was all the time in the phase of forming. However, with the collaboration of our work-life partner and our ability to work together as a team, we gained experience in the field of social services while working with the target group. Through developing skills, even the most seasoned facilitators can benefit from considering how to support learning and group development as well as practicing skills for facilitation (Volpe et.al., 2020).

Based on our observations and the feedback we received, this was accomplished. Furthermore, the participants were informed after the end of each info session that if they have any questions or if they need to discuss anything that affects their mental health, they can always ask the experts and their counselors anytime for private discussion. Additionally, they also have lists of contacts in case they want to discuss any issues other than their nurse or counselor in the reception unit.

7 ETHICAL CONSIDERATIONS

This chapter will explain the main ethical considerations that we followed during the entire process of the project. The project guided us by basic principles such as mutual respect, which means that we have to be prepared to listen and accept that we all have different opinions and viewpoints. This thesis was conducted with

permission from the working life partners and an agreement was recognized electronically. The work-life partner was informed of the purpose, and process of the thesis during our meetings. We ensure that all feedback and suggestions are heard making sure that everyone can express their point of view. Ethical principles are enshrined in some of the norms of research practice: the need for informed consent, protecting the anonymity of research participants, and ensuring results are reported truthfully. (Green et. al., 2006)

Since the participants are minors, they were asked in advance who was interested in joining the event and asked the consent from their guardians, and the participants were informed regarding the purpose of the event, and procedures before agreeing to participate. Following the Youth Act (2017), only with the approval of the young person, or, if he or she is a minor, with the consent of his or her guardian, information gathered during the info session may be shared with another authority fulfilling a public role, which is why we seek permission from the participants' legal guardians in advance. The counselors of the reception center informed the guardians beforehand and the authors sent follow-up emails informing them about the project and asked for their consent (Appendix 4).

The event is voluntary, and participants were given the choice to participate without pressure and allow those who wanted to join, since the participants were studying during the day, the info session took place in the evening after school hours, at any point, they wanted to leave the info session it is possible. To better understand the topic and communicate in their mother tongue we used the Finnish language in communicating with the interpreter. Under NASW (2021) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator.

Considering the participants are vulnerable and the reception center they are staying in is in a small village it is easy for them to identify. Vulnerability can be classified as one characteristic of people unable to protect their rights and welfare (Fisher, 1993). To avoid the high risk of recognizing the participants (Appendix 2)

and to ensure confidentiality and anonymity, no personal data such as names, nationalities, cultural backgrounds, or the name of the reception unit is mentioned to protect their privacy.

Since the topic is too sensitive and may trigger emotions in the target group, we asked an experienced speaker on the subject matter to discuss the topic. Events that provide mental health awareness typically employ a mix of professionals and paraprofessionals. They have received formal professional education (e.g., in social work, psychiatry, psychology, psychiatric nursing, and counseling). Among these professionals received extensive training to enhance their proficiency and, especially, their understanding of key ethical issues and standards (Reamer, 2015).

During and after the implementation we collected data for our research to use for our evaluation and ensured the anonymity and confidentiality of the participants will be protected. Based on the National Association of Social Workers code of ethics, social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed (NASW, 2021).

8 CONCLUSIONS

This Bachelor of Social Service Project was timely, and the objectives of promoting mental health awareness for unaccompanied minor asylum seekers in the reception center were successfully implemented. During the info-session and feedback-gathering period with the work-life partner and the participants, we learned that the participants understood the importance of mental health awareness and were willing to interact with the professionals and discuss issues that affect their mental health. The aims and objectives of the info session were realized through interactive discussions and an educative presentation to engage the participants about the subject matter and its benefits during their long-waiting

asylum processes.

Considering the support of our work-life partner we learned a positive professional working relationship during the period of the project. They have shown us their professional knowledge about the project idea and how the info session was implemented.

This thesis project aims to explore the connection between asylum seeking processes, mental health challenges for unaccompanied minors, and the vital role of awareness initiatives. The project also aspires to contribute meaningfully to the enhancement of mental health support systems for unaccompanied minor asylum seekers, offering insights, understanding, and a foundation for future interventions in their asylum-seeking period.

By using this approach, a comprehensive understanding of the mental health needs of the participants was achieved, which led to self-awareness and a platform for future initiatives. The project's succeeded in promoting mental health awareness among unaccompanied minor asylum seekers can be credited to its specific, measurable, achievable, realistic, and time-bound structured objectives. The feedback and information collected will be used to develop and enhance future info sessions by our work-life partner. The overall goal of this project is to enable the participants to be aware of their mental health and how to acquire services in mental health around them.

The reception centers and unaccompanied minor asylum seekers needed this project to be timely and necessary. The feedback and the reaction have indicated to us that mental health and mental health awareness need to be a key component for this vulnerable group and all the asylum seekers. We hope that our work-life partner will continue with this kind of info session in the future. We believe it would have been more fruitful if we had more time to plan the info session. We also soon realized that the one-hour timeslot we reserved for each language group was too tight to properly introduce the subject and maintain an interactive and relaxed atmosphere within the group. Many of these issues can be fixed by serving enough time for planning and implementing the project. Learning from

mistakes will help us understand the strengths and weaknesses of our procedures and processes. Each failure and each success provide us with an opportunity to learn. (Quigley, 2016)

8.1 Professional development

Choosing to become a social service student in Diak is driven by years of working experience with service users as both authors are working in the social service field in Finland with the desire to help and make an impact in society. The social studies course, placements, and thesis project were valuable learning experiences that contributed to our professional skills as well as personal development.

Saikou - I believe the knowledge and experience I gained throughout my bachelor's degree program in Diak will go a long way in helping me to navigate our current complicated societies, especially in the field of social services. It has been a challenging period, but with the sense of determination and support of our teachers, we can scale through. I was lucky to be part of the Erasmus program in Germany and Norway on the intensive week program in which I interacted with many professionals which broadened my scope of understanding in the field of social services in different contexts.

This thesis project has also undoubtedly exposed me to a fundamental area in the social service that affects a broad spectrum of people seeking asylum in Finland especially the young unaccompanied minors who are mostly sheltered at the reception facilities. As a future social service professional, I have come to realize the significance of mental health awareness issues for young people integrating into Finnish society. I also experience professional interactions in dealing with groups of young people with cultural, language, and religious differences in a flexible and effective gathering without encountering any major problems.

In addition, I learned to interact professionally with experienced social service professionals who are already in the field and how to navigate ethical conflicts during the project phases. I also learned during our project stages to be flexible, prioritize, and be patient when working with coworkers in the field of social

services. I and my coauthor had a fruitful and shared responsibility from the beginning to the end of our project.

Allen - This research provided me with a deeper understanding of the needed skills to plan, implement, analyze, and evaluate a project and apply the competencies I learned from my studies. Being aware of current information from reliable sources is relevant, understanding the data collection process, and the ability to analyze and contextualize information is crucial. Moreover, providing support on how to react to appalling situations of unaccompanied asylum seekers is vital to making it through their tough times. Promoting mental health helps develop their skills and abilities and ensures that the resources and services provided for them will help improve their lives and resolve life issues to promote their mental health and well-being.

Moreover, I was fortunate to do this project-based thesis and my placement with unaccompanied asylum seekers and work with a multi-professional team. It motivates me to learn how the social service professionals working in the reception center play a big role in helping and supporting unaccompanied asylum seekers to start their lives in the reception center. I gained a deeper understanding of the importance of teamwork in providing compassionate, diverse tools and knowledge to enhance the overall well-being and help meet the complex needs of vulnerable unaccompanied asylum seekers. I have learned a valuable skill of teamwork. Each of the team members has a vital role in keeping everyone involved in the process and responsible for the result.

Overall, it was a good experience and I believe I learned a lot, the knowledge I acquired from the social services courses, workshops, group work, and Erasmus studies helped improve my professional competencies. Good communication skills, flexibility, curiosity to learn and the ability to search for information are relevant skills in working in the social and health field. Additionally, working with different backgrounds, views of life, cultures, and despite the differences in ideas is part of the professional learning process and gave me confidence that I can overcome all the challenges in the social services field with my skills and competencies as a Social Service professional.

8.2 Recommendations

This project was timely and necessary for unaccompanied minor asylum seekers in the reception center. The feedback and the reaction of the participants have indicated to us that promoting mental health awareness needs to be a key component of the asylum process for all immigrants, especially unaccompanied minor asylum seekers. We hope that our work-life partner will continue with this kind of info session in the future and other centers dealing with unaccompanied minor asylum seekers during their asylum transition period. It is also important for the reception center and professionals to continue raising awareness about mental health issues through workshops, seminars, and info sessions for professionals and the public.

Moreover, the reception centers and professionals need to be aware of cultural sensitivity. It is vital to provide treatment that is sensitive to the cultural background and experiences of unaccompanied asylum seekers. This can include understanding their unique challenges and providing support that is tailored to their specific needs during their long asylum processing periods. Reception centers and other organizations should enhance and support social services through better coordination that can help in providing comprehensive support to unaccompanied minor asylum seekers to ensure a holistic approach to their mental health needs.

The mental health awareness info sessions should empower unaccompanied minor asylum seekers to take control of their mental health with the continuous support of the adults around them. The sessions should provide information on how to recognize the signs of mental health issues and how to access mental health services. They should also be provided with clear and accessible information about the asylum process, legal rights, and available services that are crucial. This can include using visual aids and providing written materials in multiple languages. It is important to advocate for the rights of unaccompanied minor asylum seekers. Accessing their legal rights and entitlements may be difficult so it is important to advocate for their rights and provide support in navigating the legal system during their asylum period.

9 REFERENCES

- Abraham, A. (2013). *Project planning and management: An aspect of development: an aspect of development*. ProQuest Ebook Central <https://ebookcentral.proquest.com>
- Ahmad, S. S., & Koncsol, S. W. (2022). *Cultural Factors Influencing Mental Health Stigma: Perceptions of Mental Illness (POMI) in Pakistani Emerging Adults*. *Religions*, 13(5), 401. <https://www.mdpi.com/2077-1444/13/5/401#B9-religions-13-00401>
- Akampurira, Abraham (2014). *Project Planning and Management: An Aspect of Development*
- Azorin, Molina J., & Cameron, R. (2010). *The application of mixed methods in organizational research: A literature review*. *Electronic Journal of Business Research Methods, Handbook of Methodological Approaches to Community -Based Research: Qualitative, Quantitative, and Mixed Methods*, edited by Leonard A. Jason, and David S. Glenwick, (2016) Oxford University Press, Incorporated, <http://ebookcentral.proquest.com/lib/diak/detail.action?doCID=4083288>.
- Barry, M.M. (2007) *Researching the implementation of community mental health promotion programs*, *Health Promotion Journal of Australia*, 18: 240–246.
- Bontenbal, I., & Lillie, N. (2021). *Legal Issues Affecting the Labour Market Integration of Migrants in Finland*. In: Federico V., Baglioni S. (eds) *Migrants, Refugees, and Asylum Seekers' Integration in European Labour Markets*. IMISCOE Research Series. Springer, Cham.
- Burton, M. (2014), *Children and Young People's Mental Health*, in Burton, M, Pavord, E and Williams, B (eds) *An Introduction to Child and Adolescent Mental Health (pp 1–38)*.
- Charlesworth, J., Henderson, E. & Martin, V. (2010). *Managing Health and Social Care: Vol. 2nd ed*. Routledge. https://doi.org/10.1007/978-3-030-67284-3_8.
- Cowie, Helen, and Patti Wallace. (2000) *Peer Support in Action: From Bystanding to Standing By*, SAGE Publications,

- <http://ebookcentral.proquest.com/lib/diak/detail.action?docID=254712>
- Compton, Michael T. and Shim Ruth S. (2014) *The Social Determinants of Mental Health*, American Psychiatric Publishing, ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/diak/detail.action?docID=5515112>
- Croucher, Stephen M., et al. (2021) *Migration and Media in Finland: Perceptions and Depictions of Natives, Immigrants, and Refugees*, <http://ebookcentral.proquest.com/lib/diak/detail.action?docID=6522072>
- Crowther, Sarah (2019) *Working with Asylum Seekers and Refugees: What to Do, What Not to Do, and How to Help*,
- Csikszentmihalyi, M. (2004) *What we must accomplish in the coming decades*, Zygon in Knifton, Lee, and Quinn, Neil (2013) *Public Mental Health: Global Perspectives*, McGraw-Hill Education
- Danby, G. and Hamilton, P. (2016), *Addressing the 'Elephant in the Room. The Role of the Primary School Practitioner in Supporting Children's Mental Well-Being. Pastoral Care in Education*,
- Department for Education (DfE) (2015) *Special Educational Needs and Disability Code of Practice*
- Dionne, Rich (2018). *Project Planning for the Stage: Tools and Techniques for Managing Extraordinary Performances*
- Dinsmore, P. C., & Cabanis-Brewin, J. (2011). *The AMA Handbook of Project Management*. American Management Association.
- Escobar, Javier I. (2020) *Global Mental Health : Latin America and Spanish-Speaking Populations*. Rutgers University Press,
- European Migration Network & Finnish Immigration Service. (2021). *Key figures on immigration*.
- European Court on Human Rights (2010) <https://www.echr.coe.int/home>
- Elina Immonen (2023) *Deputy Director General Finnish Immigration Service*. <https://migri.fi/en/-/amendments-to-the-aliens-act-enable-more-efficient-services-for-employees-and-employers>
- EU Healthcare system in Finland
<https://www.eu-healthcare.fi/healthcare-in-finland/healthcare-system-in-finland>
- Finnish Immigration Service <https://migri.fi/en/-/amendments-to-the-aliens-act>

- enable-more-efficient services-for-employees-and-employers
 Finnish Red Cross
<https://www.redcross.fi/get-help-and-support/help-with-integration/>
- Finlex Aliens Act
<https://www.finlex.fi/fi/laki/ajantasa/2004/20040301#L6P88a>
- Fisher, C. B. (1993). *Integrating science and ethics in research with high-risk children and youth. Social Policy Report, 7(4)*
- Friedli, L. (2009) *Mental Health, Resilience and Inequalities. Copenhagen: WHO Regional Office for Europe.*
- Funk, M., & Drew Bold, N. (2017). *Creating peer support groups in mental health and related areas - WHO Quality Rights training to act, unite and empower for mental health. (No. WHO/MSD/MHP/17.13). Geneva, Switzerland: World Health Organization.*
- Guerra-López, Ingrid J. (2008). *Performance Evaluation: Proven Approaches for Improving Program and Organizational Performance, John Wiley & Sons, Incorporated,*
<http://ebookcentral.proquest.com/lib/diak/detail.action?docID=7103742..>
- Green, Jackie, and Jane (2006) *South. Evaluation, McGraw-Hill Education,*
[http://ebookcentral.proquest.com/lib/diak/detail.action?docID=316278.](http://ebookcentral.proquest.com/lib/diak/detail.action?docID=316278)
- Hart, E. Wayne (2011) *Feedback in Performance Reviews*
 Center for Creative Leadership
- Healthcare act https://www.finlex.fi/en/laki/kaanokset/2010/en20101326_20131293.pdf
- Heiskanen, Tarja, Salonen, Kristina & Sassi, Pirkko 2006. *Mielenterveyden Ensiapukirja: Suomen Mielenterveystalokoot-Hanke, Helsinki.*
- Helander, R. & Mikkonen, A. (2002), *Ikävä äitiä... Ilman huoltajaa tulleet pakolaislapset Suomessa. Väestöliitto. Väestöntutkimuslaitos.*
- Huppert, F. (2005) *Positive mental health in individuals and populations, in F. Huppert, N. Bayliss and B. Keverne (eds), The Science of Wellbeing*
 Oxford: Oxford University Press.
- Hämäläinen K., Kanerva, A., Kuhanen C., Schubert C. and Seuri, T. (2017)
Mielenterveyshoitotyö. 5. painos. Helsinki: Sanoma Pro Oy.
- Improving the Effectiveness of the Capabilities in EU Conflict Prevention

- (IECEU) project (2015). Project Quality Plan
- Jacobson, N., Trojanowski, L., Dewa, C. (2012) *What do peer support workers do? A job description. BMC Health Services Research*
job description. BMC Health Services Research 12:205.
- Kemp, C & Rasbridge, L. (2004). *Refugee and Immigrant Health. A handbook for health Professionals*. Cambridge University Press.
- Krämer Alexander. & Fisher Florian. (2019) *Refugee Migration and Health : Challenges for Germany and Europe*, Springer International Publishing AG
- Knifton, Lee, and Quinn, Neil (2013) *Public Mental Health: Global Perspectives*, McGraw-Hill Education, ProQuest Ebook Central
http://ebookcentral.proquest.com/lib/diak/detail.action?do_cid=1142858
- Keyes C. 2002. *The mental health continuum: From Languishing to flourishing in Life. Journal of health and social behavior. Vol 43 (2): 207-222*
- Koser, K. (2007). *International Migration: A Very Short Introduction*. Oxford: Oxford University Press.
- Lähtemäki M. (2013) *Mental health challenges faced by underage asylum seekers*
- Lavikainen, J., Lahtinen E. & Lehtinen, V. (2020) *Mental health work in Europe. Reports of the Ministry of Social Affairs and Health*.
- Martiniello, Marco (2012) *An Introduction to International Migration Studies: European Perspectives*, edited by Jan Rath, Amsterdam University Press,
- Martin, V., Henderson, E. S., & Charlesworth, J. (2010). *Managing health and social care (2nd ed.)*. Routledge.
- Mental health and forced displacement. (2021,)
www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement
- Mendoza, Niina Rehn, (2020) *Mental health and well-being of unaccompanied minors*
- Ministry of the Interior Finland
<https://intermin.fi/en/areas-of-expertise/migration/refugees-and-asylum-seekers>
- Mojca Pajnik, and Floya Anthias, (2014) *Cambridge Scholars Publishing*,

- Work and the Challenges of Belonging: Migrants in Globalizing Economies*, ProQuest Ebook Central,
<http://ebookcentral.proquest.com/lib/diak/detail.action?docID=1724986>.
- Moule P & Goodman M 2009, *Nursing research: An introduction*, SAGE Publications, London.
- National Association of Social Workers (NASW, 2021) *Code of Ethics*
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-Clients>
- Ojala H. & Mäkelä S.M. (2023) Speakers on Mental health awareness topic
 Pakolaisneuvonta, Lapsi Suojelua hakemassa www.pakolaisneuvonta.fi
- Pirkola, S., Sund, R., Sailas, E., & Wahlbeck, K. (2009). *Community mental health services and suicide rate in Finland: A nationwide small-area analysis*. *The Lancet*
- Quigley, S. P. (2016). Embracing mistakes: Learning from experience.
- Rath, J., & Martiniello, M. (2012). *An Introduction to International Migration Studies*. Amsterdam: Amsterdam University Press.
- Reamer, F. G. (2015). *Eye on ethics: The challenge of peer support programs*. *Social Work Today*, 15(4), 10
- Refugee Advice Center (Accessed 10/23) Asylum procedure
<https://www.pakolaisneuvonta.fi/en/>
- Saaras, K. N., Paluku, K. M., Rongou, J. B., Bryce, J. W., Naimoli, J. F., & Bernerroug, E. H. (2007). *Multiple Methods for Workshop Evaluation*. *International quarterly of community health education*, 27(3), 245-264.
- Saukkonen, P. (2017). *Kotoutumisen seuranta järjestelmän kehittäminen Helsingin kaupungilla*. Tutkimuskatsauksia 2017:2. City of Helsinki, Executive Office, Urban Research and Statistics.
- Silfverberg, P. 2007. *Ideasta projektiksi. Projektityön käsikirja*. Helsinki: Edita Publishing Oy
- Singer, B. and Ryff, C. (eds) (2001) *New Horizons in Health: An Integrative Approach*, Washington DC: National Academies Press
- Social and health services reform
<https://soteuudistus.fi/en/health-and-social-services-reform>
- Suarez-Balcazar, Y., & Harper, G. (2004). *Empowerment and participatory evaluation of community interventions: Multiple benefits*.

Taylor & Francis Group

THL - Finnish Institute for Health and Welfare

<https://thl.fi/en/web/mental-health/mental-health-services>

Tilastokeskus, S. F. (n.d.). *Population and society. Statistics Finland.*

https://www.stat.fi/tup/suoluk/suoluk_vaesto_en.html

The Social Determinants of Mental Health, edited by Michael T. Compton, and Ruth S. Shim, American Psychiatric Publishing, 2014.

<http://ebookcentral.proquest.com/lib/diak/detail.action?docID=5515112>

The Robertson Trust. (n.d.) *Monitoring and Evaluation Tools and Techniques.*

https://www.therobertsontrust.org.uk/media/ppjqibue/trt_monitoring_and_evaluation_tools_and_techniques.pdf

Vanzant, Stern, Terra. (2020). *Lean and Agile Project Management: How to Make Any Project Better, Faster, and More Cost Effective*

Volpe, White & Jillian M. (2020) *Thinking to Transform Companion Manual: Facilitating Reflection in Leadership Learning*

Wahlbeck K. (2015), "Public mental health: the time is ripe for translation of evidence into practice", *World Psychiatry,*

Wiley, J & Sons (2013) *Improving Mental Health Care : The Global Challenge, edited by Graham Thornicroft, et al., ProQuest Ebook Central,*

<http://ebookcentral.proquest.com/lib/diak/detail.action?docID=1216102>.

Willis T. H. (2011) *The Basics of Project Evaluation and Lessons Learned, Productivity Press, ProQuest Ebook Central,*

<http://ebookcentral.proquest.com/lib/diak/detail.action?docID=4742992>

Wilson, John P., and Boris Drozdek (2004) *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees and War and Torture Victims, Taylor & Francis Group,*

Wiggins, B. J. (2011). *Confronting the dilemma of mixed methods. Journal of Theoretical and Philosophical Psychology, 31, 44– 60. Handbook of Methodological Approaches to Community-Based Research: Qualitative, Quantitative, and Mixed Methods, edited by Leonard A. Jason, and David S. Glenwick, (2016) Oxford University Press, Incorporated,*

Wilson, John P., and Boris Drozdek (2004) *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees and War and Torture Victims*

World Health Organization, 2021

<https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>

Zaleha, M. Isa, R. Said S. Jalili 2011. *The Impact of Foreign Workers on Labour*. P. 169-178:

Zarinpoush, F. (2016)

https://www.researchgate.net/publication/263997175_project_evaluation_guide_for_nonprofit_organizations

Appendix 1. Feedback Form

1. How did you rate the info session? Miten arvioit infotilaisuuden?

چگونه جلسه اطلاعات را امتیاز دادید؟ Sidee baad u qiimeysay kulanka info?

Як ви оцінили інформаційну сесію? Info session akkamitti madaaltan?

1 Highly Dissatisfied , Erittäin tyytymätön بسیار ناراضی , Si aad ah loo qancin,
Вкрай незадоволений, Itti quufinsa Ol'aanaa Ta'e

2 Dissatisfied, Tyytymätön, ناراضی , Ku qanacsanaayn , Незадоволені,
Itti hin quufne

3 Neutral, Neutraali, خنثی , Dhexdhexaad, Нейтральні, Qaama bilisaa

4 Satisfied, Tyytyväinen راضی , ku qanacsan tahay , Задоволений, Kan
garaan ciise

5 Highly satisfied, Erittäin tyytyväinen, بسیار راضی , Si aad ah ugu qanacsan,
Дуже задоволений, Itti Quufa Ol'aanaa

2. Do you think the event is relevant? Onko tapahtuma mielestäsi merkityksellisen?

است؟ مربوط رویداد این کنم می فکر شما آیا Ma u malaynaysaa in dhacdadu ay la xiriirto?

Як ви вважаєте, подія актуальна? Taateewwan sun barbaachisaa dha jettanii
yaaddu?

1 Strongly Disagree, Erittäin tyytymätön, بسیار ناراضی , Khilaafka aadka u
ba'an, Категорично не згоден, Cimsee walii hin galu

2 Disagree, Olla eri mieltä, مخالف, Khilaafaad, Погодиться , walii hin galan

3 Neutral, Neutraali, خنثی , Dhexdhexaad , Нейтральні, Qaama bilisaa

4 Agree, samaa mieltä, موافقم, Heshiin, Згоден , Waliigaluu

5 Strongly agree, Olen vahvasti samaa mieltä, موافق شدت به , Si adag u heshiisi ,
Повністю згоден , Cimsee Walii Gala

3. Would you consider attending another similar info session?

Voisitko harkita osallistumista toiseen vastaavan infotilaisuuteen?

مشابه؟ اطلاعات جلسه از دیگر یکی در شرکت نظر در شما آیا

Ma ka fiirsan lahayd ka qayb galka kulan kale oo la mid ah oo macluumaad?

Чи не хотіли б ви відвідати ще одну подібну інформаційну сесію?

Info session wal fakkaatu kan biraa irratti hirmaachuu ni yaaddaa?

- Yes, definitely! Kyllä, ehdottomasti, قطعاً، آره، Haa, hubaal, Так, безумовно!, Eeyyee, beekamaadha
- Maybe if the content is changed, Ehkä jos sisältöä muutetaan, شاید اگر محتوا تغییر کرده باشد, Waxaa laga yaabaa in haddii content la beddelo, Можливо, якщо зміст буде змінено, Tarii yoo qabiyyeen isaa jijjiirame ta'a
- No, never, Ei, koskaan, نه، هرگز، Maya, marnaba, Hi, ніколи, Lakki, gon kumaa

4. Would you recommend a similar event to a friend? Suositteletko samanlaista tapahtumaa ystävällesi?

کنید؟ می توصیه دوست یک به مشابه رویداد یک شما آیا

Ma ku talin lahayd dhacdo la mid ah saaxiib? Ви б порекомендували подібний захід другові?

Taatee wal fakkaatu hiriyaa keetiif ni gorsitaa?

- Yes, definitely! Kyllä, ehdottomasti, قطعاً، آره، Haa, hubaal, Eeyyee, dhugaadha!
- Maybe, if the content is changed, Ehkä jos sisältöä muutetaan, شاید اگر محتوا تغییر کرده باشد, Waxaa laga yaabaa in haddii content la beddelo
- Можливо, якщо зміст буде змінено, Tarii yoo qabiyyeen isaa jijjiirame ta'a
- No, never, Ei, koskaan, نه، هرگز، Maya, marnaba, Hi, ніколи, Lakki, gonkumaa

5. Were you able to hear and clearly understand the presentation? Kuulitko ja ymmärsitkö esityksen selvästi?

آیا شما قادر به شنیدن و به وضوح درک ارائه؟ Ma waxaas ood maqlaysaa marwaaxaad ka ogaataa bandhigga ?

Чи змогли ви почути і чітко зрозуміти презентацію? Dhiyeessicha dhaga'uu fi sirriitti hubachuu dandeesseetaa?

- Yes, Kyllä, بله، Haa, Так, Eeyyee
- No, Ei, نه، Maya, Hi, No

6. What did you like about the event? Mitä pidit tapahtumasta? Що вам сподобалося в заході? داشتید؟ دوست را چیزی چه رویداد این مورد در Maxaad ka jecshay dhacdadaas? Sagantaa kana irratti maaltu sitti tole?

7. What did you dislike about the event? Mistä et pitänyt tapahtumassa? داشتید؟ ن دوست رو چیزی چه مراسم این از Maxaad nacday dhacdadaas? Що вам не сподобалося в заході? Sagantaa kana irratti maaltu sitti hin tolle?

8. General comment - Please give us your overall experience with the Info session.

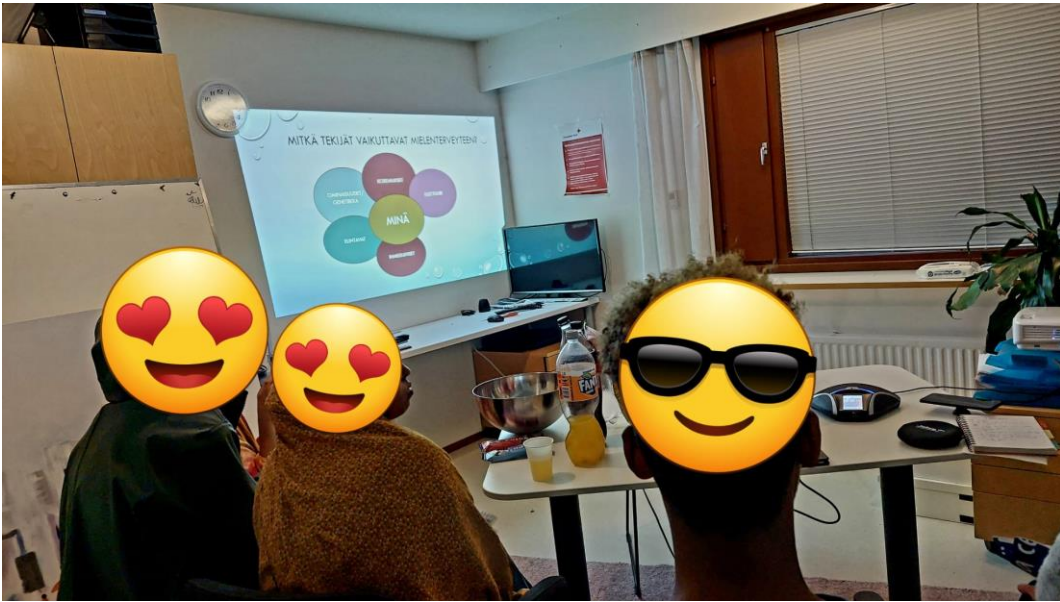
Yleinen kommentti – Anna meille yleinen kokemuksesi infotilaisuudesta.

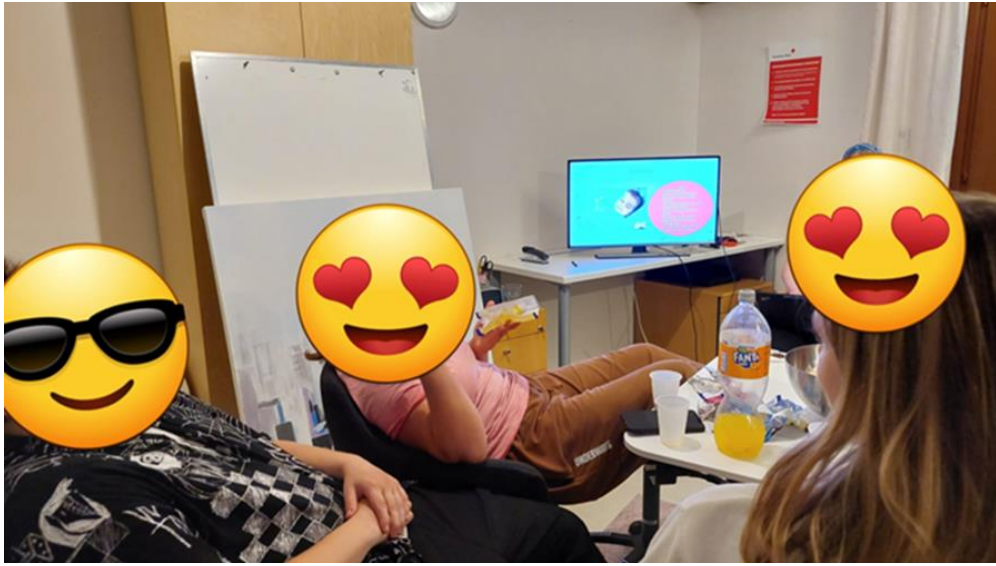
بدهد ما به اطلاعات جلسه با را خود کلی تجربه لطفا - عمومی نظر

comment Guud - Fadlan na sii waayo-aragnimadaada guud ee kulanka Info ah.

Загальний коментар - Будь ласка, надайте нам свій загальний досвід роботи з інформаційною сесією. Yaada waliigalaa - Muuxannoo waliigalaa keessan kan Info session nuuf kenna

Appendix 2. Participants





Appendix 3. Invitation

[Redacted]

INFO SESSION

PROMOTING THE IMPORTANCE
OF MENTAL HEALTH
AWARENESS AMONG YOUNG
ASYLUM SEEKERS

Speakers:
**Sanna Mari Mäkelä &
Heidi Ojala**

[Redacted]

 **August 28 & 29, 2023**



COME AND JOIN US

August 28 Monday:
[Redacted] 18.30
[Redacted] 19.30

August 29, Tuesday
[Redacted] 8.30
[Redacted] 19.30



**Sannan ja Heidin
info
mielenterveydestä**

Osallistujille herkkuja tarjolla!




ma 28.8. klo 18.30
ti 29.8. klo 18.30
ti 29.8. klo 19.30


Aiheina:
Mitä mielenterveys on?
**Miten voin huolehtia
mielenterveydestäni?**
Mitä mielenterveyshäiriöt ovat?
**Vapaata keskustelua
mielenterveydestä**

Sanna-Mari Mäkelä
Heidi Ojala

Appendix 4. Consent Form

Consent form


 Allen Uimonen
To 
Cc  Saikou Samateh

 Diak_consent_form.pdf
124 KB

  Reply  Reply All  Forward  

Tue 22/08/2023 11.14




Hi,


We are students from Diak and we are implementing info sessions in  hybrid Unit in promoting mental health awareness for Young asylum seekers for our thesis project.


Since our target group is minors we need your consent as a guardian.





Best regards,
Allen Uimonen & Saikou Samateh

Re: Consent form

 
To  Allen Uimonen

 You replied to this message on 22/08/2023 12.01.

 Diak_consent_form.pdf
160 KB

  Reply  Reply All  Forward  

Tue 22/08/2023 11.14

Hi,
My consent attached with this mail.
With Best Regards,

Guardian

Allen Uimonen kirjoitti 22.8.2023 klo 11.16:

Hi,

We are students from Diak and we are implementing info sessions in  hybrid Unit in promoting mental health awareness for Young asylum seekers for our thesis project.

Since our target group is minors we need your consent as a guardian.

Best regards,
Allen Uimonen & Saikou Samateh

--

Kalliokuja 6 D
01230 Vantaa

Appendix 5. Mental Health Materials



Sanna-Mari Mäkelä
Heidi Ojala

MIELENTERVEYS

KESKUSTELLAAN:
MITÄ ON MIELENTERVEYS?
MITEN VOIN HUOLEHTIA MIELENTERVEYDESTÄNI?
MITÄ TARKOITTA MIELENTERVEYSHÄIRIÖ?



MITKÄ TEKIJÄT VAIKUTTAVAT MIELENTERVEYTEEN?



IHMISSUHTEET JA VUOROVAIKUTUSTAITOT

HYVÄT IHMISSUHTEET

- Ihmisillä on luontainen tarve ihmissuhteisiin.
- Tarve on yksilöllinen.
- Tärkeää tunnistaa millainen vuorovaikutus tukee omaa hyvinvointia ja millaisia ihmissuhteita on hyvä vaalia.
- Luottamus, uskallus olla oma itsensä, ei vaadi täydellisyyttä.
- Toisen ihmisen ja itsensä kunnioittaminen.
- Hyviin ihmissuhteisiin voi myös kuulua esim. riidat ja erilaiset mielipiteet.



IHMISSUHTEET JA VUOROVAIKUTUS

Sukupolvien välinen vuorovaikutus

ANNA
& ARVO



Nuorten
KESKUS

SOSIAALINEN VUOROVAIKUTUS JA VUOROVAIKUTUSTAITOT

- Läsnäolo ja kuuntelu
- Rohkaisu ja kannustaminen
- Myönteisestä lähtevä palaute
- Tuki ja myötätunto
- Huomioiminen ja ilahduttaminen

ELINTAVAT



UNI

- Herkkä terveysmittari
- Aivojen elinehto, kuonan poisto, palauttaa, elvyttää, ehkäisee sairauksia.
- Tukee oppimista, mieleen painamista, muistista palauttamista.
- Vaikuttaa ajatteluun, toimintaan, tunteisiin
- Psykkiset ja fyysiset rasittavat tekijät häiritsevät herkästi unta.
- Yksilöllinen tarve
- Lyhyet päiväunet virkistävät, pitkät väsyttävät ja haittaavat yöunta.

ELINTAVAT

LIIKUNTA

- Suositus vähintään 60 min liikuntaa päivittäin.
- Monipuolista, reipasta ja rasittavaa liikumista, jolloin syke nousee ja tulee hiki.
- Stressin hallinta parantuu.
- Vireystaso ja energisyys.
- Nukahtaminen helpottuu.
- Unen laatu kohenee.
- Jos liikkuu kavereiden kanssa, vahvistuu sosiaaliset suhteet

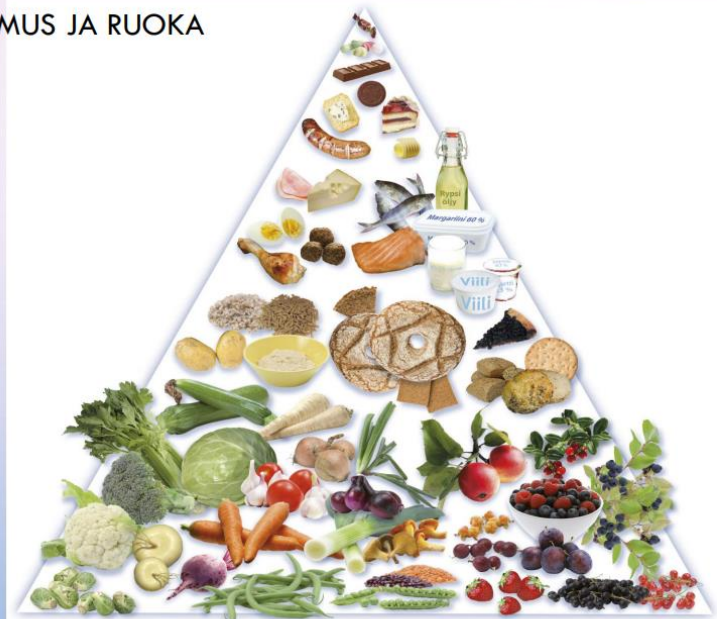


RAVITSEMUS JA RUOKA

TERVEELLINEN
RUOKA

SÄÄNNÖLLINEN
ATERIARYTMI

RUUASTA
NAUTTIMINEN



MITÄ ON MIELENTERVEYSHÄIRIÖ?

- HYVÄ MIELENTERVEYS EI TARKOITA SITÄ, ETTÄ AINA ON VAAN HYVÄ OLLA
- SURU, PETTYMYS, PELKO JA AHDISTUNEISUUS OVAT MYÖS TAVALLINEN OSA ELÄMÄÄ
- IHMISELLÄ VOI OLLA MIELENTERVEYSHÄIRIÖ, JOS MIELIALA, TUNTEET, AJATUKSET TAI KÄYTÖS RAJOITTAVAT ELÄMÄÄ HUOMATTAVASTI, HAITTAAVAT TOIMINTAKYKYÄ, IHMISSUHITEITA TAI AIHEUTTAVAT KÄRSIMYSTÄ PITKÄAIKAISESTI.
- MIELENTERVEYSHÄIRIÖN TUNNISTAMINEN VOI ERITYISESTI HENKILÖLLE ITSELLEEN OLLA ERITTÄIN VAIKEAA.
- TÄRKEÄ TUNNUSMERKKI MIELENTERVEYSHÄIRIÖN TUNNISTAMISEKSI ON SE, ETTÄ HENKILÖ ITSE TAI HÄNEN LÄHEISENSÄ OVAT HUOLISSAAN HYVINVOINNISTA.
- SUURIN OSA MIELENTERVEYSHÄIRIÖISTÄ ON OHIMENEVIÄ JOTKUT TAAS ELINIKÄISIÄ
- MIELENTERVEYSHÄIRIÖT VOIVAT OLLA ESIM. TILANNESIDONNAISIA TAI PERINNÖLLISIÄ
- MIELENTERVEYSHÄIRIÖT VAIKUTTAVAT HENKILÖN ITSENSÄ LISÄKSI MYÖS PERHEESEEN, YSTÄVIIN, TYÖYHTEISÖÖN JA MUUHUN LÄHIPIIRIIN.



ELÄMÄNTILANTEISIIN LIITTYVÄT HÄIRIÖT

- IHMISET SUHTAUTUVAT JÄRKYTTÄVIIN TAPAHTUMIIN ERI TAVOIN
- JÄRKYTTÄVÄT ELÄMÄNTILANTEET SAATTAVAT AIHEUTTAA AKUUTIN STRESSIREAKTION.
- AKUUTTI STRESSIREAKTIO KEHITTYY HENKILÖN JOUDUTTUA KOKEMAAN TAI NÄKEMÄÄN TAPAHTUMAN TAI TAPAHTUMIA, JOIHIN LIITTYY JOKO KUOLEMA TAI VAKAVA LOUKKAANTUMINEN TAI NIIDEN UHKA TAI OMAN TAI TOISEN FYYSISEN KOSKEMATTOMUUDEN VAARANTUMINEN (ESIM. ONNETTOMUUS, VÄKIVALTA, LUONNONKATASTROFI).
- STRESSIREAKTIOLE ON TAVALLISTA, ETTÄ PYRITÄÄN VÄLTTÄMÄÄN AHDISTAVIEN MIELIKUVIEN PÄÄSY TIETOISUUTEEN.
- JOS STRESSIREAKTIO KESTÄÄ YLI KUUKAUDEN, KYSEESSÄ ON TRAUMAPERÄINEN STRESSIREAKTIO.



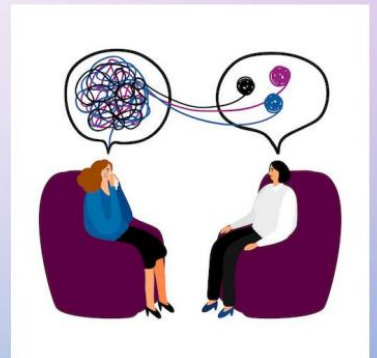
MIELENTERVEYSHÄIRIÖIDEN HOITO



- HOITO SUUNNITELLAAN AINA YKSILÖLLISESTI
- HOITOMUOTOJA ON ESIMERKIKSI LÄÄKEHOITO, KESKUSTELUAPU, PSYKOTERAPIA, PSYKIATRINEN SAIRAALAHOITO
- MIELENTERVEYDEN HOITOA SÄÄTELEE TERVEYDENHUOLTOLAKI JA MIELENTERVEYSLAKI
- SUOMESSA ITSEMÄÄRÄÄMISOIKEUS ON VAHVA JA NÄIN OLLEN MYÖS OIKEUS PÄÄTTÄÄ HOIDOSTA
- ITSEMÄÄRÄÄMISOIKEUS VOIDAAN OHITTA A VAIN ERITTÄIN PAINAVASTA SYYSTÄ (IHMINEN ON VAKAVASTI VAARAKSI ITSELLEEN TAI MUILLE)
 - PAKKOHOITO (M1-LÄHETE)

MILLOIN JA MITEN KANNATTAA HAKEA APUA?

- JOS MIETIT AVUN HAKEMISTA, SE ON YLEENSÄ JO MERKKI SIITÄ, ETTÄ SITÄ KANNATTAA HAKEA. KANNATTAA MYÖS KUUNNELLA TARKASTI, JOS LÄHEINEN ESITTÄÄ AVUN HAKEMISTA.
- USEIN MIELENTERVEYSHÄIRIÖIHIN LIITTYY SYYLLISYYDEN JA HÄPEÄN TUNTEITA OMASTA OLOTILASTA MUTTA NE OVAT MYÖS OSA SAIRAUDENKUVAA.
- TERVEYDENHUOLLON AMMATTILAISET OVAT VAITIOLOVELVOLLISIA EIVÄTKÄ VOI KERTO A KENENKÄÄN ASIOISTA ULKOPUOLISILLE.
- SUOMESSA MIELENTERVEYDEN HOITAMISEEN PYRITÄÄN PANOSTAMAAN, KOSKA IHMISTEN JA HALUTAAN VOIVAN HYVIN, OLEVAN KYKENEVÄISIÄ TEKEMÄÄN TYÖTÄ SEKÄ OSALLISTUMAAN YHTEISÖJEN JA YHTEISKUNNAN TOIMINTAAN.
- KESKUSTELUAPUA ON MAHDOLLISTA SAADA ESIMERKIKSI
 - YSTÄVILTÄ JA MUILTA LÄHEISILTÄ (EI AMMATILLISTA)
 - KOULUTERVEYDESTÄ
 - TYÖTERVEYDESTÄ
 - LÄHIMMÄSTÄ TERVEYSKESKUKSESTA
 - KRIISIPUHELMISTA (ESIM. MIELI RY, P. 09 2525 0111, 24/7)



LÄHTEET

- DUODECIM, TERVEYSKIRJASTO (TERVEYSKIRJASTO.FI)
- MIELI RY (MIELI.FI)
- NYTYI RY (NYTYI.FI)
- SOSIAALI- JA TERVEYSMINISTERIÖ (STM.FI/MIELENTERVEYSPALVELUT)