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SARA CAROLINA DINIS GONÇALVES

***The Role of Art Interventions in The Mental Health of Refugees
and Asylum Seekers: Narrative Review***

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INVESTIGADORA DOUTORA ANA TELMA PEREIRA
DRA. CAROLINA CABAÇOS

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THE ROLE OF ART INTERVENTIONS IN THE MENTAL HEALTH OF REFUGEES AND ASYLUM SEEKERS: NARRATIVE REVIEW

AUTORES:

SARA CAROLINA DINIS GONÇALVES¹

ANA TELMA FERNANDES PEREIRA^{1,2}

CAROLINA SAMPAIO MEDA CABAÇOS^{2,3}

¹ Faculdade de Medicina, Universidade de Coimbra, Portugal

² Instituto de Psicologia Médica, Faculdade de Medicina, Universidade de Coimbra, Portugal

³ Centro de Responsabilidade Integrado de Psiquiatria, Centro Hospitalar e Universitário de Coimbra, Portugal

E-mail: sara.dinis.g@gmail.com

Abstract

Forcibly displaced individuals, including refugees, asylum-seekers, and internally displaced persons, are at a heightened risk of mental health issues due to the trauma they have experienced. Traditional forms of mental health treatment have limitations when it comes to addressing the unique needs of this population. Art interventions, such as visual arts, music therapy, dance/movement therapy, and drama therapy, have been shown to promote mental health and treat mental illness, by reaching diverse populations through the non-verbal form of communication that transcends language barriers and cultural differences in safe and non-stigmatizing spaces.

The purpose of this study is to collect and evaluate the available research evidence on the use of art therapy in reducing mental illness in refugees and asylum seekers, in order to establish a concrete inference on its role in terms of effectiveness and applicability in this particular population.

The search for literature on a specific topic was conducted through various databases including MEDLINE, NCBI, Science Direct and Index. Only systematic reviews and meta-analyses published within the last 5 years were considered. Furthermore, relevant articles and books related to the topic were also included.

The results demonstrate that the use of art interventions in conjunction with traditional forms of therapy, has the potential to improve mental health outcomes and support the well-being and resilience of refugees and asylum seekers. Although recognized as a promising method of treatment, art therapy is presently categorized as an intervention with insufficient evidence. These findings underscore the necessity for additional methodologically rigorous experimental studies to bolster the evidentiary support for art therapy as a viable intervention to ameliorate mental illness symptoms in refugee populations worldwide.

Keywords

Refugees, asylum seekers, mental health, art interventions

Resumo

Os indivíduos deslocados à força, incluindo refugiados, requerentes de asilo, e pessoas deslocadas internamente, correm um risco acrescido de problemas de saúde mental devido ao trauma que sofreram. As formas tradicionais de tratamento na área de saúde mental têm limitações no que concerne à abordagem das necessidades particulares desta população. Intervenções artísticas, tais como artes visuais, musicoterapia, terapia de dança/movimento, e terapia dramática, têm demonstrado promover a saúde mental e tratar doença mental, alcançando populações diversas através da comunicação não verbal, que transcende as barreiras linguísticas e as diferenças culturais em espaços seguros e não estigmatizantes.

O objetivo deste estudo é recolher e avaliar as investigações disponíveis sobre o uso da intervenção artística na redução de doenças mentais em refugiados e requerentes de asilo, a fim de estabelecer uma inferência concreta sobre o seu papel em termos de eficácia e aplicabilidade nesta população em particular.

A pesquisa de literatura sobre um tema específico foi realizada através de várias bases de dados, incluindo MEDLINE, NCBI, Science Direct e Index. Foram consideradas revisões sistemáticas e meta-análises publicadas nos últimos 5 anos. Além disso, foram também incluídos artigos e livros relevantes relacionados com o tópico.

Os resultados demonstram que o uso de intervenções artísticas em conjunto com formas clássicas de terapia, tem o potencial de melhorar os resultados da saúde mental e apoiar o bem-estar e a resiliência dos refugiados e requerentes de asilo. Embora reconhecida como um método de tratamento promissor, a terapia artística é presentemente categorizada como uma intervenção com provas insuficientes. Estas descobertas sublinham a necessidade de estudos experimentais adicionais metodologicamente rigorosos para reforçar o apoio probatório à terapia artística como uma intervenção viável para melhorar os sintomas de doenças mentais nas populações de refugiados em todo o mundo.

Palavras-chave

Refugiados, requerentes de asilo, saúde mental, intervenções artísticas

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Introduction

The increasing number of individuals who are forcibly displaced has put a strain on both humanitarian organizations and the countries that provide refuge, particularly regarding healthcare services. While there is often a great deal of attention paid to immediate responses to refugee crises, there is frequently little focus on the long-term mental and psychosocial effects that those who are resettled may experience. (1)

Experiencing severe stress can have a significant impact on mental health, and people who have undergone traumatic events such as civilian war trauma, torture, and forced migration are particularly at risk. These experiences are common in countries that are facing both internal and external conflicts, as well as in areas affected by natural disasters resulting from climate change, political or religious persecution, discrimination, and human rights violations. These traumatic experiences provide difficulties not only for the affected individuals but also for their families, communities, and entire society.

In addition to the difficulties they face in the country they migrate to, the circumstances surrounding their displacement from their homes are often highly stressful and dangerous. A priority-setting exercise conducted by the World Health Organization Global Forum for Health Research identified individuals exposed to violence or trauma as a top priority for intervention in global mental health. (2)

According to the United Nations, forcibly displaced persons can be divided into three categories: internally displaced people (IDP), refugees, and asylum-seekers. As of late 2020, there were 82.4 million forcibly displaced individuals worldwide. IDPs have not crossed a border to seek safety and are displaced within their home country. As of the end of 2020, there were 48 million IDPs worldwide. Refugees (totalling over 20.7 million worldwide) are individuals who flee their country of origin due to conflict or persecution. An asylum-seeker (4.1 million worldwide) is someone who has left their country in search of safety but has not yet been legally recognized as a refugee. (1)

While the legal term "refugee" may sometimes positively signify legal protections and government benefits, it can also carry negative connotations. The term may evoke painful and traumatic memories, diminish individuals' sense of self-worth, and even be met with stigmatization from individuals within host countries. It is crucial that we view the person in their entirety and not solely through the lens of their legal status.

Research has highlighted the limitations of traditional forms of mental health treatment when it comes to addressing the unique needs of refugees and asylum seekers. These limitations can be attributed to various factors, including the complex trauma that many refugees and asylum seekers have experienced, as well as cultural and linguistic barriers that can hinder effective communication between patients and healthcare providers.

Interventions that incorporate a social element and extend beyond individual psychopathology are necessary to support this population, and they must be culturally responsive. While various models have been developed to address these issues in general populations in Western societies, a more nuanced approach is required when working with refugees and asylum seekers that accounts for their multicultural identities. (3)

Art interventions have been shown to be useful in promoting mental health and treating mental illness. Research has demonstrated that engagement in art-based practices such as visual arts, music therapy, dance/movement therapy, and drama therapy can reduce symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD) and improve overall well-being. (4,5)

These interventions can provide a safe space for individuals to express themselves, explore emotions, and cope with stressors. Furthermore, the creative process can promote mindfulness and foster a sense of empowerment and self-efficacy, which can be particularly beneficial for individuals struggling with feelings of helplessness or trauma (6). The evidence-based use of art interventions as an adjunct to traditional forms of therapy has the potential to increase treatment efficacy and overall patient satisfaction (7).

Art interventions offer a unique approach to addressing the mental health concerns of this population by providing a creative outlet for expression and healing, offering a non-verbal form of communication that transcends language barriers and cultural differences, making it an effective tool for reaching diverse populations (4). Additionally, engaging in art-based practices can help refugees build social connections and increase their sense of belonging and cultural identity (8). The use of art interventions in conjunction with traditional forms of therapy has the potential to improve mental health outcomes and support the well-being and resilience of refugees and asylum seekers (9).

It is also important to ensure that art interventions are culturally appropriate and sensitive to the unique experiences and needs of refugees and asylum seekers (10). Nonetheless, the evidence suggests that art interventions can play a valuable role in promoting mental

health and well-being in refugee and displaced populations, and the present study intends to explore analyse the recent and reliable information that already exists on the place these interventions should occupy in this population.

Methods

In order to conduct this work, a specific methodology was followed which involved searching various databases such as MEDLINE, NCBI, Pubmed, and Science Direct. Additionally, specific articles that were deemed relevant for this work were also consulted.

The search process utilized certain keywords including "refugees," "asylum seekers," "mental health," "art interventions," and "art therapy," with search terms such as "refugees AND mental health," "asylum seekers AND mental health," "refugees AND mental health AND art interventions," and "asylum seekers AND refugees AND art therapy." Filters were also applied to restrict the search to articles published within the last five years, and only to systematic reviews and meta-analysis articles. Furthermore, books, articles, and online documents related to the areas of cross-cultural psychiatry and migration were also included in the search process.

Subsequently, another search was conducted using the same filters to limit the results, with search terms such as "refugees OR asylum seekers AND art interventions AND mental health." An unfiltered search was also conducted using the terms "art interventions AND mental health."

Only articles written in English were included in this research.

Discussion

Epidemiology of mental illness in refugees and asylum seekers

Refugees and asylum seekers are among the most vulnerable populations in the world, facing significant challenges and risks to their physical and mental health. According to a systematic review by Morina et al. (2018) (11) on psychiatric disorders in refugees and internally displaced persons, the prevalence of mental health problems among refugees and asylum seekers is higher than in the general population.

Complex post-traumatic stress disorder (CPTSD) is a common mental health problem among refugees and forcibly displaced populations. In a systematic review by Mellor et al. (2021) (12), the prevalence of CPTSD ranged from 4.2% to 97.8% across studies, depending on the population and methodology used. The review also found that CPTSD was associated with other common mental disorders, such as depression and anxiety.

Global post-trauma symptoms are another mental health problem that refugees and asylum seekers may experience. A systematic review of qualitative literature by Michalopoulos et al. (2020) (13) identified several themes related to global post-trauma symptoms, including emotional distress, changes in social roles, and loss of identity.

Refugees and asylum seekers may also be at increased risk of psychosis compared to the general population. A systematic review and meta-analysis by Brandt et al. (2019) (14) found that the risk of psychosis was higher in refugees and asylum seekers than in non-refugee migrants and the general population. Another study by Hollander et al. (2016) (15) found that refugee migration was associated with an increased risk of non-affective psychoses.

Grief-related disorders are also common among refugees and asylum seekers who have experienced trauma and bereavement. A systematic review by Kokou-Kpolou et al. (2020) (16) found that grief-related disorders were associated with several factors, including female gender, older age, and lack of social support.

Sleep disorders are also prevalent among migrants and refugees. A systematic review by Richter et al. (2020) (17) found that migrants and refugees had a higher prevalence of sleep disorders compared to the general population. The review also highlighted the need for personalized medical approaches to address sleep disorders in this population.

In conclusion, mental health problems are prevalent among refugees and asylum seekers. The high prevalence of mental illness in this population underscores the need for effective interventions and support to promote mental health and well-being.

The prevalence of mental health problems among refugees and asylum seekers varies across studies, depending on factors such as their backgrounds and the support they receive in the host country.

However, the methodology used in each study also plays a role in the variability of results. Studies that use convenience samples or screening methods tend to report higher prevalence rates of mental illness, which may also be higher than those in the general population. Nonetheless, regardless of the assessment method used, the prevalence of mental health problems remains generally higher among refugees and asylum seekers compared to the general population.

Types of artistic interventions

Artistic interventions in mental health refer to the use of various forms of art, such as visual arts, music, dance, and drama, to promote mental health and wellbeing, that have become an increasingly popular approach to promoting mental health and wellbeing in recent years. These interventions can be used as a complementary therapy or as a standalone treatment, depending on the individual's needs.

Art therapy is a form of psychotherapy that uses the creative process of making art to improve mental, emotional, and physical well-being. It is based on the belief that the act of creating art can help individuals explore and express their emotions and experiences, develop coping skills, and improve self-esteem and confidence. Art therapy can be used to treat a wide range of mental health issues, including depression, anxiety, trauma, and addiction.

According to the American Art Therapy Association, art therapy is "an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" (American Art Therapy Association, n.d.).

Art therapy sessions may involve a variety of art materials and techniques, such as drawing, painting, sculpture, and collage. The focus of the therapy is on the creative process rather than the end product, and the therapist may encourage the individual to explore their thoughts, feelings, and experiences through the art-making process.

A systematic review of art therapy research found that it can significantly reduce symptoms of depression, anxiety, and post-traumatic stress disorder (18). Another study found that art therapy can improve self-esteem, coping skills, and quality of life in individuals with chronic mental illness (Crawford et al., 2012). (19)

It provides individuals with a safe and non-judgmental space to explore and express their emotions and experiences and can be used to treat a wide range of mental health issues.

Music therapy is a form of psychotherapy that uses music as a therapeutic tool to address the emotional, cognitive, social, and physical needs of individuals with mental illness. Music therapists work with individuals or groups to create and use music experiences that are tailored to meet their unique needs and goals. These experiences may include listening to music, singing, playing instruments, composing, and improvising.

It can help individuals with mental illness express and process difficult emotions, improve communication and social skills, reduce stress and anxiety, and enhance overall well-being.

Music therapy has been found to be effective in the treatment of various mental health conditions, including depression, anxiety, schizophrenia, and PTSD. A systematic review of music therapy research conducted by Gerber et al. (2018) (20) found that music therapy can significantly improve mood, reduce anxiety, and enhance quality of life in individuals with mental health conditions. In addition, a study by Aalbers et al. (2017) (21) found that music therapy can be an effective treatment for depression, with significant reductions in depressive symptoms observed in individuals who received music therapy.

Dance therapy, also known as dance/movement therapy, is a form of psychotherapy that uses movement and dance to promote emotional, cognitive, and physical well-being. It is based on the principle that the body and mind are interconnected and that movement can be used to explore and express emotions, memories, and experiences.

According to the American Dance Therapy Association, dance therapy is "the psychotherapeutic use of movement as a process which furthers the emotional, cognitive,

and physical integration of the individual" (American Dance Therapy Association, n.d.). It is a holistic approach to mental health treatment that incorporates the body, mind, and emotions.

Dance therapy sessions may involve a variety of movement and dance techniques, such as improvisation, choreographed movement, and dance games. The therapist may guide the individual in exploring specific themes or emotions through movement, and may use music and other sensory stimuli to enhance the therapeutic experience.

A systematic review of dance/movement therapy research found that it can significantly reduce symptoms of depression, anxiety, and post-traumatic stress disorder (22).

It provides individuals with a creative and embodied means of exploring and expressing their emotions and experiences and can be used to treat a wide range of mental health issues.

Drama therapy is a form of psychotherapy that uses theatre techniques to promote emotional, cognitive, and behavioural change. It is based on the belief that the act of creating and performing in a theatrical context can help individuals explore and express their emotions, develop social skills, and improve self-awareness and self-esteem.

According to the North American Drama Therapy Association, drama therapy is "the intentional use of drama and/or theatre processes to achieve therapeutic goals" (North American Drama Therapy Association, n.d.). It is a creative and collaborative approach to mental health treatment that can involve a wide range of activities, such as improvisation, role-play, and storytelling.

Drama therapy sessions may be individual or group-based and may involve a variety of theatrical techniques, such as scriptwriting, puppetry, and drama games. The therapist may guide the individual in exploring specific themes or issues through dramatic activities and may encourage them to experiment with different roles and perspectives.

Research has shown that drama therapy can be an effective treatment for mental health issues. A systematic review of drama therapy research found that it can significantly reduce symptoms of depression, anxiety, and post-traumatic stress disorder (23). Another study found that drama therapy can improve communication skills and reduce social anxiety in individuals with autism spectrum disorder (24).

As art interventions provide a nonverbal way of processing and expressing emotions, they can be used to improve social skills and communication, which can be helpful not only for individuals with social communication disorder (such as autism spectrum disorder), but also for individuals who have experienced trauma.

The work of Art Refuge (25) organisation helps to raise awareness of the experiences of refugees and asylum seekers, and the challenges they face in rebuilding their lives. By sharing the stories and artwork of their clients, the organization helps to break down stereotypes and promote greater understanding and empathy within society.

In conclusion, artistic interventions have the potential to be a valuable tool in promoting mental health and wellbeing. These interventions can be used in a variety of settings, including hospitals, schools, and community centres. Future research should continue to explore the effectiveness of these interventions in different populations and contexts.

Outcomes

A systematic review and meta-analysis conducted by Blackmore et al. (2020) (9) found that refugees and asylum seekers have a higher prevalence of mental illness compared to the general population. However, the authors noted that there is limited evidence on the effectiveness of interventions for this population, including art-based interventions.

Purgato et al. (2018) (7) conducted a Cochrane systematic review on psychological therapies for mental disorders in low- and middle-income countries affected by humanitarian crises. The authors found that there is some evidence to support the use of cognitive-behavioral therapy, interpersonal therapy, and eye movement desensitization and reprocessing (EMDR) for refugees and asylum seekers, but there is limited evidence on the effectiveness of art therapies.

Van Lith et al. (2013) (5) conducted a critical review of the evidence base for art-based practices and their potential benefit for mental health recovery. The authors found some evidence to support the use of art therapy in addressing trauma, anxiety, and depression among refugees and asylum seekers. Nevertheless, the researchers highlighted the need for further high-quality studies to determine the efficacy of art therapy in addressing mental health concerns among refugees and asylum seekers.

Ryan et al. (2015) (26) conducted a study on the role of art in mental health in Samoa, including among Samoan refugees. The authors found that participation in art activities was associated with improved mental health outcomes, including reduced symptoms of anxiety and depression.

Annous et al. (2022) (10) conducted a systematic review of empirical evidence on art therapy with traumatized refugee children and youth. The authors found that art therapy can help improve emotional regulation, reduce symptoms of PTSD, and promote social integration among this population.

Clift et al. (2019) (4) conducted a scoping review on the evidence base for the role of the arts in improving health and well-being. The authors found that art interventions can have a positive impact on mental health outcomes, including among refugees and asylum seekers. However, they noted that more research is needed to establish the mechanisms through which the arts can improve mental health and to develop evidence-based guidelines for the use of art interventions in mental health care.

Jensen and Bonde (2018) (6) conducted a literature review on the use of arts interventions for mental health and well-being in health settings. The authors found that arts interventions can be used as a complementary treatment for mental disorders, including among refugees and asylum seekers. They noted that more research is needed to establish the effectiveness of arts interventions for this population and to identify best practices for their implementation.

Mateos-Fernández and Saavedra (2022) (8) conducted a study on the design and assessment of an art-based intervention for undocumented migrants. The authors found that the intervention was effective in reducing symptoms of anxiety and depression and improving quality of life among participants. They noted that the intervention was feasible to implement and could be adapted for use with refugees and asylum seekers.

Beck et al. (2018, 2021) (27, 28) conducted randomized controlled trials on the use of music therapy for refugees with PTSD. The authors found that music therapy was noninferior to verbal standard treatment for PTSD and that it can help improve emotional regulation, reduce symptoms of PTSD, and promote social integration among refugees. Additionally, the fact that both interventions were delivered in a group format highlights the potential for music therapy to be a cost-effective and scalable intervention. One potential limitation of the study in 2021 is the relatively short follow-up period of 12

weeks, which may not capture longer-term changes in symptoms. Moreover, the study was conducted in Denmark, and the findings may not be generalizable to other contexts or populations. Nonetheless, this study provides valuable evidence to support the use of music therapy as a potential treatment option for refugees who have experienced trauma.

In a review of the literature, Bennett and colleagues (2021) (29) suggested that there is a neurobiological framework for the potential therapeutic benefits of music and sound interventions for post-traumatic stress symptoms in critical illness survivors, which may also be applicable to refugees and asylum seekers.

Another literature review by Ning and colleagues (2022) (30) explored the role of the ventral tegmental area dopaminergic action in music therapy for PTSD, suggesting that music therapy may enhance dopaminergic neurotransmission and promote recovery from PTSD.

Two randomized controlled trials explored the efficacy of music instruction interventions for PTSD in refugees. Both studies found promising results, with music instruction leading to significant reductions in PTSD symptoms (31,32).

Dance/movement therapy has also been explored as a potential intervention for addressing trauma and stress among Syrian refugee children. In a qualitative study, Al-Amer and colleagues (2019) (33) found that dance/movement therapy was perceived as a beneficial and effective intervention by both children and therapists.

In a qualitative study, Pant et al. (2022) (34) explored the integration of trauma in music therapy, finding that music therapy can provide a safe space for exploring traumatic experiences and emotions.

Finally, a literature review by Im and colleagues (2022) (35) highlighted the need for culturally sensitive and trauma-informed assessment of mental health concerns in asylum seekers, refugees, and undocumented migrants.

Despite the promising findings, the reviewed studies also highlight several challenges and limitations of art interventions for refugees and asylum seekers. These include the lack of cultural sensitivity and adaptation of interventions, the difficulty of engaging hard-to-reach populations, the need for trained and skilled practitioners, and the limited availability and accessibility of resources and services.

This review has an important constraint: it only covers literature published in the last 5 years, which inevitably excludes some information. However, the focus of this study is on the most critical period, which better reflects the current reality. To mitigate this limitation, some older but relevant studies were also incorporated.

The reviewed studies provide evidence for the potential of art interventions in improving the mental health of refugees and asylum seekers. Although more research is needed to fully understand their mechanisms of action and to overcome the challenges and limitations, the findings suggest that art interventions can be a valuable complement to traditional therapies and medications.

Moreover, given the diverse cultural backgrounds and experiences of refugees and asylum seekers, it is essential to design and implement culturally sensitive and adapted interventions that meet their specific needs and preferences.

Conclusion

Art-based interventions have shown promise in improving the mental health of refugees and asylum seekers. A systematic review and meta-analysis conducted by Blackmore et al. (2020) (9) found that refugees and asylum seekers had a high prevalence of mental illness, with PTSD being the most common diagnosis. The reviewed studies explored

various types of art interventions, including music therapy, dance/movement therapy, art therapy, and assessed the effectiveness of different modalities of art interventions. Overall, the reviewed studies suggest that art interventions have a positive impact on the mental health of refugees and asylum seekers, possibly through the modulation of the brain's reward system and the regulation of emotions. However, challenges and limitations of art interventions for refugees and asylum seekers include the need for cultural sensitivity and adaptation, trained practitioners, and accessible resources.

Despite the need for more research to fully understand the mechanisms of action and overcome the challenges and limitations, the findings suggest that art interventions can be a valuable complement to traditional therapies and medications in improving the mental health of refugees and asylum seekers. It is also essential to design and implement culturally sensitive and adapted interventions that meet their specific needs and preferences.

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References

1. Grasser LR. Addressing Mental Health Concerns in Refugees and Displaced Populations: Is Enough Being Done? *Risk Manag Healthc Policy*. 2022 May 6;15:909-922. doi: 10.2147/RMHP.S270233. PMID: 35573980; PMCID: PMC9094640.
2. Uphoff E, Robertson L, Cabieses B, Villalón FJ, Purgato M, Churchill R, Barbui C. An overview of systematic reviews on mental health promotion, prevention, and treatment of common mental disorders for refugees, asylum seekers, and internally displaced persons. *Cochrane Database Syst Rev*. 2020 Sep 4;9(9):CD013458. doi: 10.1002/14651858.CD013458.pub2. PMID: 32885850; PMCID: PMC8572368.
3. Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe A MULTI-AGENCY GUIDANCE NOTE. Available from: https://www.euro.who.int/_data/assets/pdf_file/0009/297576/MHPSS-refugees-asylum-seekers-migrants-Europe-Multi-Agency-guidance-note.pdf%3Fua%3D1
4. Clift S., Fancourt D., Finn S. (2019). What is the evidence on the role of the arts in improving health and wellbeing? a scoping review. *Nordic J. Arts, Cult. Health* 2, 77–83. 10.18261/issn.2535-7913-2020-01-08
5. Theresa Van Lith, Margot J. Schofield & Patricia Fenner (2013) Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review, *Disability and Rehabilitation*, 35:16, 1309-1323.
6. Jensen A, Bonde LO. The use of arts interventions for mental health and wellbeing in health settings. *Perspect Public Health*. 2018 Jul;138(4):209-214. doi: 10.1177/1757913918772602. Epub 2018 Apr 30. Erratum in: *Perspect Public Health*. 2018 Sep;138(5):288. PMID: 29708025.
7. Purgato M, Gastaldon C, Papola D, van Ommeren M, Barbui C, Tol WA. Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. *Cochrane Database Syst Rev*. 2018 Jul 5;7(7):CD011849. doi: 10.1002/14651858.CD011849.pub2. PMID: 29975811; PMCID: PMC6513488.
8. Mateos-Fernández R, Saavedra J. Designing and assessing of an art-based intervention for undocumented migrants. *Arts Health*. 2022 Jun;14(2):119-132. doi: 10.1080/17533015.2020.1866623. Epub 2020 Dec 26. PMID: 33357001.

9. Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, et al. (2020) The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. *PLOS Medicine* 17(9): e1003337. <https://doi.org/10.1371/journal.pmed.1003337>
10. Annous N, Al-Hroub A, El Zein F. A Systematic Review of Empirical Evidence on Art Therapy With Traumatized Refugee Children and Youth. *Front Psychol.* 2022 May 18;13:811515. doi: 10.3389/fpsyg.2022.811515. PMID: 35707659; PMCID: PMC9189733.
11. Morina N, Akhtar A, Barth J, Schnyder U. Psychiatric Disorders in Refugees and Internally Displaced Persons After Forced Displacement: A Systematic Review. *Front Psychiatry.* 2018 Sep 21;9:433. doi: 10.3389/fpsyg.2018.00433. PMID: 30298022; PMCID: PMC6160546.
12. Mellor R, Werner A, Moussa B, Mohsin M, Jayasuriya R, Tay AK. Prevalence, predictors and associations of complex post-traumatic stress disorder with common mental disorders in refugees and forcibly displaced populations: a systematic review. *Eur J Psychotraumatol.* 2021 Feb 2;12(1):1863579. doi: 10.1080/20008198.2020.1863579. PMID: 34992745; PMCID: PMC8725775.
13. Michalopoulos, L. M., Meinhart, M., Yung, J., Barton, S. M., Wang, X., Chakrabarti, U., Ritchey, M., Haroz, E., Joseph, N., Bass, J., & Bolton, P. (2020). Global Posttrauma Symptoms: A Systematic Review of Qualitative Literature. *Trauma, Violence, & Abuse*, 21(2), 406–420. <https://doi.org/10.1177/1524838018772293>
14. Brandt L, Henssler J, Müller M, Wall S, Gabel D, Heinz A. Risk of Psychosis Among Refugees: A Systematic Review and Meta-analysis. *JAMA Psychiatry.* 2019 Nov 1;76(11):1133-1140. doi: 10.1001/jamapsychiatry.2019.1937. PMID: 31411649; PMCID: PMC6694397.
15. Hollander AC, Dal H, Lewis G, Magnusson C, Kirkbride JB, Dalman C. Refugee migration and risk of schizophrenia and other non-affective psychoses: cohort study of 1.3 million people in Sweden. *BMJ.* 2016 Mar 15;352:i1030. doi: 10.1136/bmj.i1030. Erratum in: *BMJ.* 2016 May 27;353:i2865. PMID: 26979256; PMCID: PMC4793153.
16. Kokou-Kpolou, C. K., Fernández-Alcántara, M., & Cénat, J. M. (2020). Prolonged grief related to COVID-19 deaths: Do we have to fear a steep rise in traumatic and disenfranchised griefs? *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S94–S95.

17. Richter K, Peter L, Lehfeld H, Zaska H, Brar-Reissinger S, Niklewski G. Prevalence of psychiatric diagnoses in asylum seekers with follow-up. *BMC Psychiatry*. 2018;18 10.1186/s12888-018-1783-y
18. Kaimal G, Carroll-Haskins K, Mensinger JL, Dieterich-Hartwell RM, Manders E, Levin WP. Outcomes of art therapy and coloring for professional and informal caregivers of patients in a radiation oncology unit: A mixed methods pilot study. *Eur J Oncol Nurs*. 2019 Oct;42:153-161. doi: 10.1016/j.ejon.2019.08.006. Epub 2019 Aug 22. PMID: 31557665.
19. Crawford MJ, Killaspy H, Barnes TR, Barrett B, Byford S, Clayton K, Dinsmore J, Floyd S, Hoadley A, Johnson T, Kalaitzaki E, King M, Leurent B, Maratos A, O'Neill FA, Osborn DP, Patterson S, Soteriou T, Tyrer P, Waller D; MATISSE project team. Group art therapy as an adjunctive treatment for people with schizophrenia: multicentre pragmatic randomised trial. *BMJ*. 2012 Feb 28;344:e846. doi: 10.1136/bmj.e846. PMID: 22374932; PMCID: PMC3289714.
20. Gerber N, Bryl K, Potvin N, Blank CA. Arts-Based Research Approaches to Studying Mechanisms of Change in the Creative Arts Therapies. *Front Psychol*. 2018 Nov 1;9:2076. doi: 10.3389/fpsyg.2018.02076. PMID: 30443230; PMCID: PMC6223244.
21. Aalbers S, Fusar-Poli L, Freeman RE, Spreen M, Ket JC, Vink AC, Maratos A, Crawford M, Chen XJ, Gold C. Music therapy for depression. *Cochrane Database Syst Rev*. 2017 Nov 16;11(11):CD004517. doi: 10.1002/14651858.CD004517.pub3. PMID: 29144545; PMCID: PMC6486188.
22. Koch Sabine C., Riege Roxana F. F., Tisborn Katharina, Biondo Jacelyn, Martin Lily, Beelmann Andreas. Effects of Dance Movement Therapy and Dance on Health-Related Psychological Outcomes. A Meta-Analysis Update. *Frontiers in Psychology*, 10, 2019 DOI=10.3389/fpsyg.2019.01806
23. Levy J, Yirmiya K, Goldstein A, Feldman R. The Neural Basis of Empathy and Empathic Behavior in the Context of Chronic Trauma. *Front Psychiatry*. 2019 Aug 16;10:562. doi: 10.3389/fpsyg.2019.00562. PMID: 31474883; PMCID: PMC6706815.
24. Cassidy SA, Gould K, Townsend E, Pelton M, Robertson AE, Rodgers J. Is Camouflaging Autistic Traits Associated with Suicidal Thoughts and Behaviours? Expanding the Interpersonal Psychological Theory of Suicide in an Undergraduate Student Sample. *J Autism Dev Disord*. 2020 Oct;50(10):3638-3648. doi: 10.1007/s10803-019-04323-3. PMID: 31820344; PMCID: PMC7502035.

25. Art Refuge. (n.d.). Home. Retrieved from <https://www.artrefuge.org.uk/#:~:text=Art%20Refuge%20uses%20art%20and,in%20the%20UK%20and%20internationally.>
26. Ryan B, Goding M, Fenner P, Percival S, Percival W, Latai L, Petaia L, Pulotu-Endemann FK, Parkin I, Tuitama G, Ng C. Art and mental health in Samoa. *Australas Psychiatry*. 2015 Dec;23(6 Suppl):55-8. doi: 10.1177/1039856215608292. PMID: 26634673.
27. Beck BD, Lund ST, Søgaaard U, Simonsen E, Tellier TC, Cordtz TO, Laier GH, Moe T. Music therapy versus treatment as usual for refugees diagnosed with posttraumatic stress disorder (PTSD): study protocol for a randomized controlled trial. *Trials*. 2018 May 30;19(1):301.
28. Beck BD, Meyer SL, Simonsen E, Søgaaard U, Petersen I, Arnfred SMH, Tellier T, Moe T. Music therapy was noninferior to verbal standard treatment of traumatized refugees in mental health care: Results from a randomized clinical trial. *Eur J Psychotraumatol*. 2021 Jul 6;12(1):1930960.
29. Bennett, R. J., Donaldson, S., Mansourian, Y., Olaithe, M., Kelsall-Foreman, I., Badcock, J. C., & Eikelboom, R. H. (2021). Perspectives on mental health screening in the audiology setting: A focus group study involving clinical and nonclinical staff. *American Journal of Audiology*. Advance online publication. https://doi.org/10.1044/2021_AJA-21-00048
30. Ning M, Wen S, Zhou P, Zhang C. Ventral tegmental area dopaminergic action in music therapy for post-traumatic stress disorder: A literature review. *Front Psychol*. 2022 Oct 10;13:1014202. doi: 10.3389/fpsyg.2022.1014202. PMID: 36300072; PMCID: PMC9589351.
31. Larsen SE, Fleming CJE, Resick PA. Residual symptoms following empirically supported treatment for PTSD. *Psychol Trauma*. 2019 Feb;11(2):207-215. doi: 10.1037/tra0000384. Epub 2018 Jul 2. PMID: 29963892.
32. Schein J, Houle C, Urganus A, Cloutier M, Patterson-Lomba O, Wang Y, King S, Levinson W, Guérin A, Lefebvre P, Davis LL. Prevalence of post-traumatic stress disorder in the United States: a systematic literature review. *Curr Med Res Opin*. 2021 Dec;37(12):2151-2161. doi: 10.1080/03007995.2021.1978417. Epub 2021 Sep 23. PMID: 34498953.

33. Al-Amer, R., Ramjan, L., Glew, P., Darwish, M. & Salamonson, Y. (2016). Language translation challenges with Arabic speakers participating in qualitative research studies. *International Journal of Nursing Studies*, 54, 150–157.
34. Pant U, Frishkopf M, Park T, Norris CM, Papathanassoglou E. A Neurobiological Framework for the Therapeutic Potential of Music and Sound Interventions for Post-Traumatic Stress Symptoms in Critical Illness Survivors. *Int J Environ Res Public Health*. 2022 Mar 6;19(5):3113. doi: 10.3390/ijerph19053113. PMID: 35270804; PMCID: PMC8910287.
35. Im H, Swan LET. Working towards Culturally Responsive Trauma-Informed Care in the Refugee Resettlement Process: Qualitative Inquiry with Refugee-Serving Professionals in the United States. *Behav Sci (Basel)*. 2021 Nov 7;11(11):155. doi: 10.3390/bs11110155. PMID: 34821616; PMCID: PMC8614655.