

**Summary evaluation report of
Projekt Peace of mind - Strength of Hearth
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PJ – 09**

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Short summary of the report

The report describes the evaluation of the "Peace of Mind" project, which aimed to improve the mental health and wellbeing of Ukrainian refugees and displaced people. It focuses on three evaluated training programs for adults:

- **HRE Workshop:** Designed for individuals in crisis to enhance overall wellbeing and provide stress management tools.
- **PC program:** Professional/Self-Care training tailored for service providers.
- **HRE Program:** The Healing, Resilience and Empowerment Program designed for refugees to release deeper stresses and traumas.

The evaluation used **surveys and standardised questionnaires** to assess participant satisfaction and changes in psychological well-being. The report presents findings on participant satisfaction, improvements in mental well-being, and statistical analyses of the impact of the programs. It also discusses the **methodology, challenges, and limitations of the evaluation process**. Overall, the programs demonstrated generally positive outcomes.



1. Introduction

The **Peace of Mind** project shared an innovative, scalable and evidence-based approach developed by the International Human Values Association and the Art of Living Foundation to strengthen the mental health and wellbeing of thousands of Ukrainian refugees and displaced individuals. Through this initiative, more than 2801 adults received practical tools to reduce stress, improve sleep, calm the mind, and boost energy levels, resulting in greater resilience, enhanced coping skills, increased resourcefulness, and a more positive outlook on life including more than 2810 adults given practical tools to release stress, improve sleep, calm the mind and increase energy levels, resulting in improved coping skills, resourcefulness, resilience and a positive outlook on life.

More information about the project: Peace of Mind Project <https://pmsih.iahv-peace.org/>

1.1. Partner organisations and contacts:

The project was developed and implemented with a consortium consisting of partners:

Art of Living Foundation www.artofliving.org

IAHV Peacebuilding and Trauma Relief Programs: www.iahv-peace.org

Understanding Foundation: www.understanding.pl

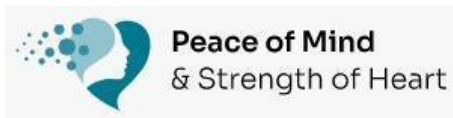
1. Leader of consortium: Art of Living Foundation Poland - Supervision of the whole project, organisation and implementation of the large-scale activities in Poland - with particular focus on colonies and camps for refugee children, programs for mental health professionals, as well as programs for mental health specialists, organisations and individuals involved in assisting refugees.

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3. Art of Living Foundation Lithuania: organisation and implementation of large-scale project activities in Lithuania, project activities in Lithuania, with a special focus on schools

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5. Understanding Foundation: project management and implementation support, quality assessment, M&E (monitoring and evaluation), research and development, contact with target groups in Poland.

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1.2. Evaluated trainings for adults

The project's key initiatives included training programs for adults, with three evaluated forms of training:

HRE Workshop: Designed for individuals in crisis, including refugees, to enhance their overall wellbeing and provide stress management tools like breathing techniques to foster mental and social resilience.

PC Program: Professional/Self-Care training tailored for service providers.

HRE Program: The Healing, Resilience and Empowerment (HRE) Program designed for refugees.

This report synthesises findings from three evaluation reports focusing on different trainings.



2. HRE Workshops

2.1. HRE Workshop description

The HRE Workshop was developed for, among others, people experiencing crises such as refugees. The main objectives of the workshop included improving the overall wellbeing of participants, equipping them with practical tools for coping with stress such as breathing techniques, and building mental and social resilience.

HRE workshops offer practical tools to release stress, improve sleep, calm the mind and increase energy levels, resulting in improved coping skills, resourcefulness, resilience and a positive outlook on life.

This short training lasting between 1.5 and 6 hours over 1 or 2 days introduces breathing techniques and exercises to regulate the nervous system.

2.1. Surveys procedures

HRE Workshop (for Refugees and Helpers):

A short, two-page questionnaire was developed, also available electronically. The questionnaire included:

-Quantitative questions, designed to evaluate the workshop and allow participants to self-assess outcomes using a rating scale.

-Qualitative questions, consisting of open-ended items to enrich and expand upon the quantitative feedback

The questions were available in **English, Ukrainian, Russian and Polish**. The questionnaires were made available at the end of the training either on paper or electronically.

2.3. Number of people surveyed:

By the end of January 2025, the Peace of Mind project had reached 2528 refugees and service providers as participants in HRE workshops (2528 people in total). However, only 414 HRE



workshop participants completed the evaluation questionnaires - 64 of them identified themselves as refugee supporters (they could also be refugees), and the remaining 350 did not identify themselves as helpers.

The following statistical analysis reflects a slightly lower number of responses because the data was retrieved on 19 November 2024. A total of 381 refugees and refugee supporters ('helpers') participated in the evaluation study. The participants came from different countries and participated in the study, either in-person or online. This group included:

- **341 refugee people** who were the main beneficiaries of the programme,
- **40 refugee helpers** ('helpers'), who played a supportive role in refugee-focused activities.

As a result, only about 16% of the workshop participants had filled out the surveys by that date.

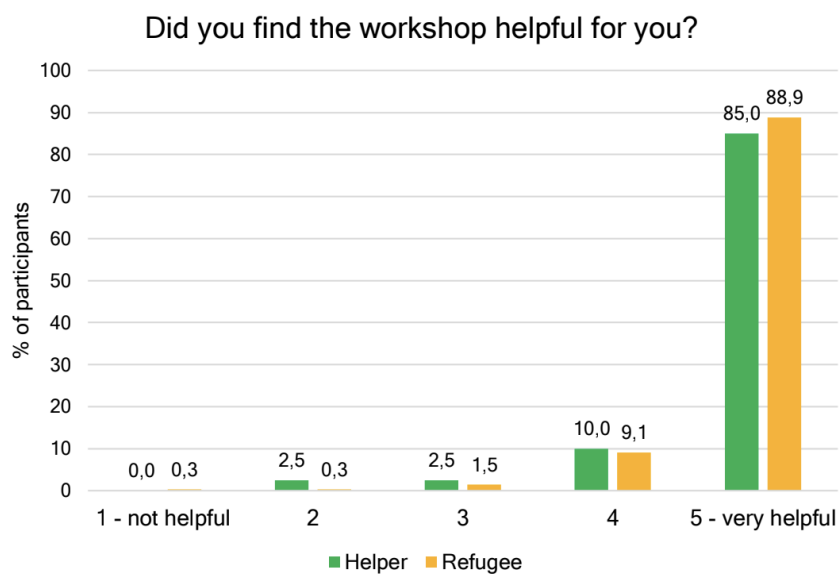
This is likely due to several key factors:

- The surveys were only introduced seven months after the project's launch, preventing early workshop participants from completing them.
- The high number of logistical and organisational challenges may have impacted the distribution and collection of surveys.
- Many refugees faced barriers such as exhaustion, lack of time, difficulty concentrating, or reluctance to complete the surveys.
- In some cases, trainers were deeply engaged in facilitating group processes and providing individual support, which may have led to the oversight of distributing the questionnaires.

2.4. Declared satisfaction and results

The vast majority of participants rated the workshop as very helpful. **88.9%** of refugees and **85%** of helpers gave it the highest rating.

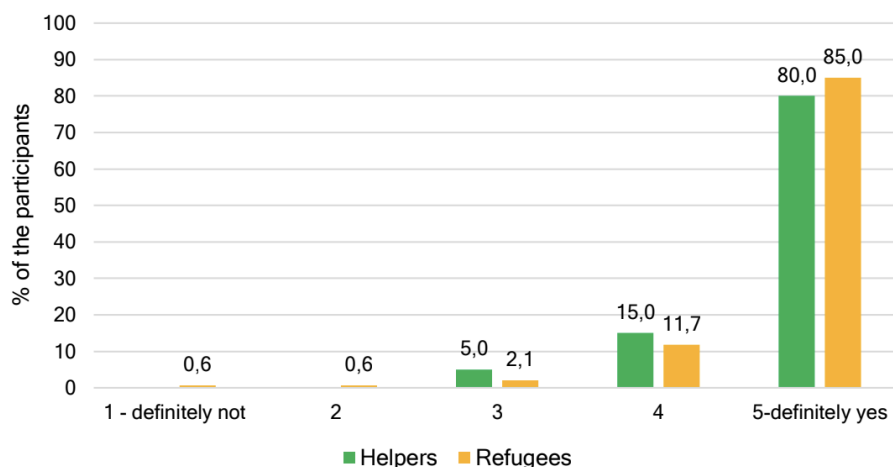




Most participants expressed a desire to continue practising the techniques learned.

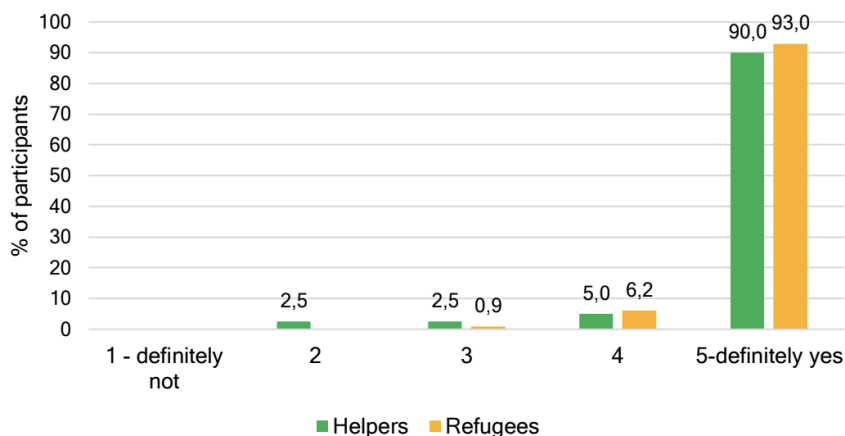


Do you plan to practice exercises learned at the workshop?



93% of refugees and 90% of helpers would recommend the HRE workshop program to others in a similar situation.

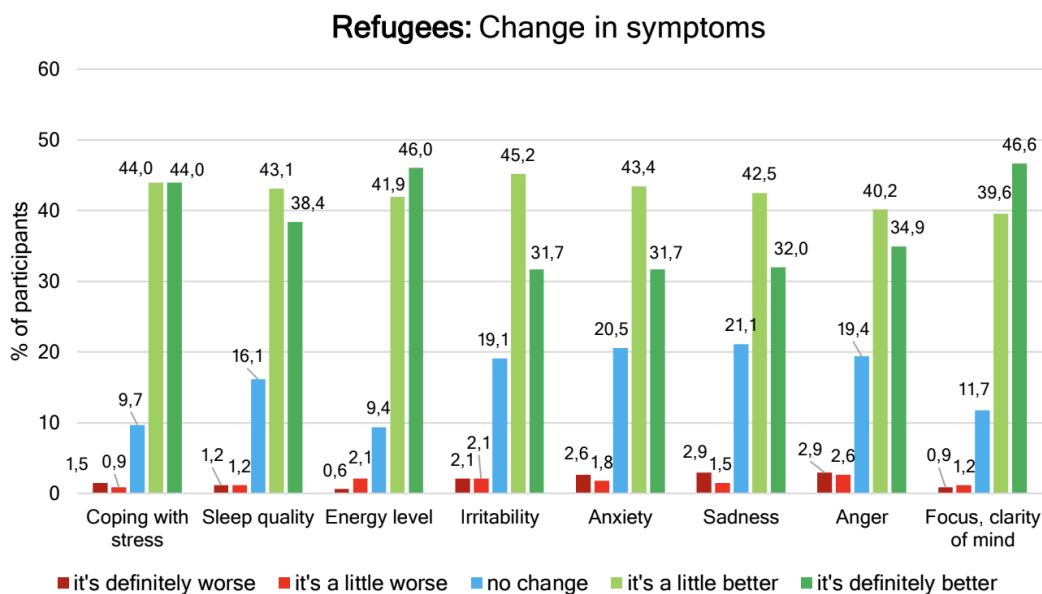
Would you recommend the workshop to others in situation similar to yours?



Directly after the training, **88%** of respondents reported an improvement in stress symptoms, 81.5% noted better sleep quality, **87.9%** experienced increased energy levels, **76.9%** reported

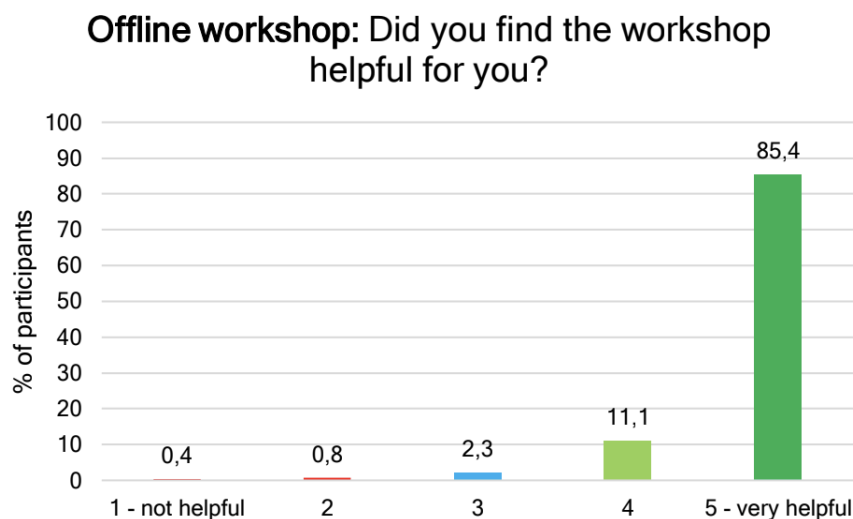


fewer issues with irritability (with **75.1%** also noting reduced anger), over **75%** experienced less anxiety, **74.5%** felt less sad, and **86.2%** reported improved concentration & clarity of mind. It is worth noting that although the majority of participants have experienced improvements, some difficulties still exist for a minority of respondents. Although the deterioration is small, it still occurs in some areas. In particular, sadness, anger, anxiety and irritability continue to present challenges for some of the participants. This may indicate a need to continue the programme to help refugees better cope with the difficulties of their new lives.



Both online and offline formats were effective, according to participants, though online sessions received slightly higher ratings.

Online (N=114) versus Offline (N=261) training





2.5 Conclusions HRE Workshop:

- The vast majority of participants rated the workshop as very helpful.
- Most participants expressed a desire to continue practicing the techniques learned.
- Most participants would recommend the HRE workshop to others in a similar situation.
- Participants reported improvements in stress management, sleep quality, energy levels, and mental clarity.
- Both online and offline formats were effective according to participants, with online showing slightly better results.



3. PC Program

3.1. PC program description

The PC program, or **Personal Resilience, Stress Management and Professional/Self-Care training**, was offered to **service providers** such as NGO staff, volunteers, and translators. It was implemented as part of the "Peace of Mind" project.

The PC program was designed to:

- Strengthen the capacity to provide Mental Health and Psychosocial Support (MHPSS) to refugees and displaced people in Europe
- Prevent professional burnout.
- Improve stress management.
- Enhance personal resilience, well-being, and productivity.

Duration: The PC Program lasts **12 hours**, delivered over **3-4 days**, which allows participants to work intensively on themselves in a supportive environment

Key Components and Features:

The program includes the **SKY technique (Sudarshan Kriya Yoga)**. It incorporates **breathing techniques**, including SKY, for deep relaxation and stress reduction. It also utilises **meditations and relaxation exercises** to support emotional stabilisation, and **psychotherapeutic elements** to reduce anxiety and depressive symptoms.

The PC Program applies a comprehensive working methodology. It promotes integration and strengthens social bonds between participants through group-based activities. The program was implemented in **Poland, Lithuania and online**.

3.2. Survey procedures

Research/Evaluation Process:

The study involved **three stages of measurement**, using standardized tests and questionnaires. The questionnaires were available in **English, Polish, Ukrainian, Russian and German**. Links to the surveys were sent to participants via both email and SMS to ensure easy access and response.



The study was conducted at three time points using online electronic questionnaires:

PRETEST (BASELINE): Completed before the activities.

POSTTEST 1: Completed 3-4 days after the first survey- just after the training.

POSTTEST 2: Completed 1-2 months after the activities.

The questionnaires consisted of two main parts:

- **Metrics questions** to collect demographic data (PRETEST) or **Evaluations** of the training (POST-TEST1) OR evaluation of the practice (POST -TEST2)
- **Psychological questionnaires**, including the **PTSD Checklist (SPRINT)** and **Depression, Anxiety and Stress Scale (DASS-12)**

3.3. Number of people surveyed:

137 people took part in the PC program training. However, we obtained:

- 65 completed questionnaires in pretest
- 46 completed questionnaires in post-test 1
- 20 completed questionnaires in post-test 2

There was a noticeable decline in the number of completed questionnaires as the evaluation process progressed. Several factors likely contributed to this trend:

- The questionnaires were introduced seven months after the project's launch, meaning early participants never had the opportunity to complete them.
- Not everyone who started the training completed it, and not all participants filled out the surveys. It is reasonable to assume that those most satisfied were more likely to respond.
- At times, trainers were deeply engaged in facilitating group dynamics and providing individual support, which may have led to oversight in distributing the questionnaires.
- Encouraging participants to complete questionnaires weeks after their training proved difficult, a common issue in long-term evaluations.

Moreover, not all responses could be included in the analysis, as some participants repeated the same questionnaire or mistakenly completed the wrong one at the wrong time.

To ensure accuracy, only unique responses were selected for the statistical analyses—eliminating duplicates and including only those that met the eligibility criteria.

3.4. Declared satisfaction and results

84 % of the participants were very satisfied with the program, **16 %** were satisfied.



Note: Number of participants who answered this question in post-test 1: N=25

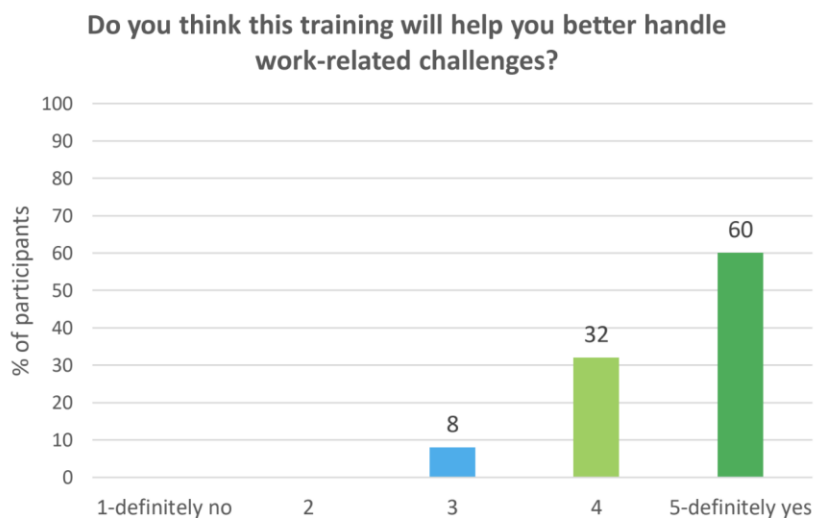
All participants would recommend this program to their colleagues with **88%** saying “definitely”, and **12 %** “yes”.



Note: Number of participants who answered this question in post-test 1: N=25



92% of participants reported that they are expecting to better handle work related challenges.

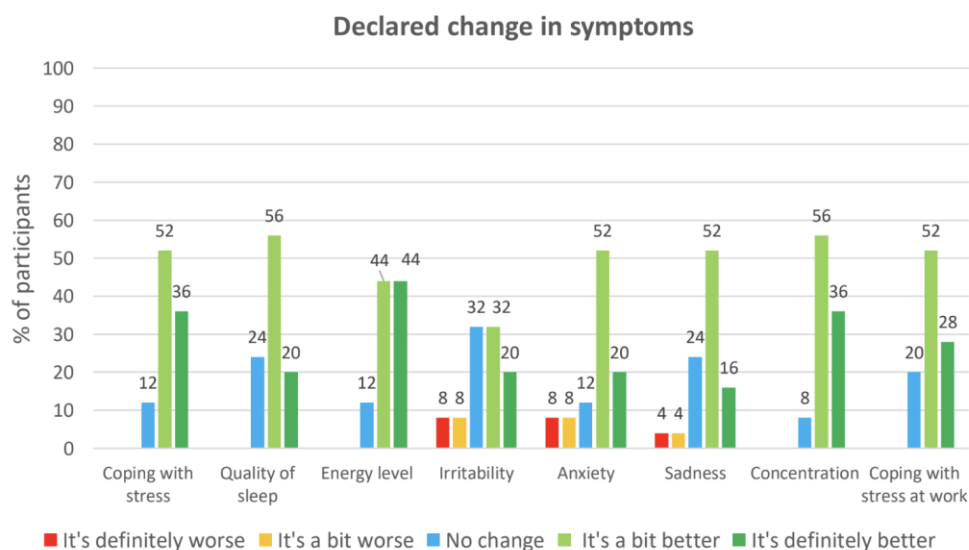


Note: Number of participants who answered this question in post-test 1: N=25

Directly after the training, **88%** of respondents reported an improvement in coping with **stress** symptoms, 80% better coping with stress at work, **76%** noted better **sleep quality**, **88%** experienced increased **energy levels**, **52%** reported fewer issues with **irritability**, **72%** felt less **anxiety**, **68%** experienced reduced sadness, and **92%** reported improved **concentration & clarity of mind**.

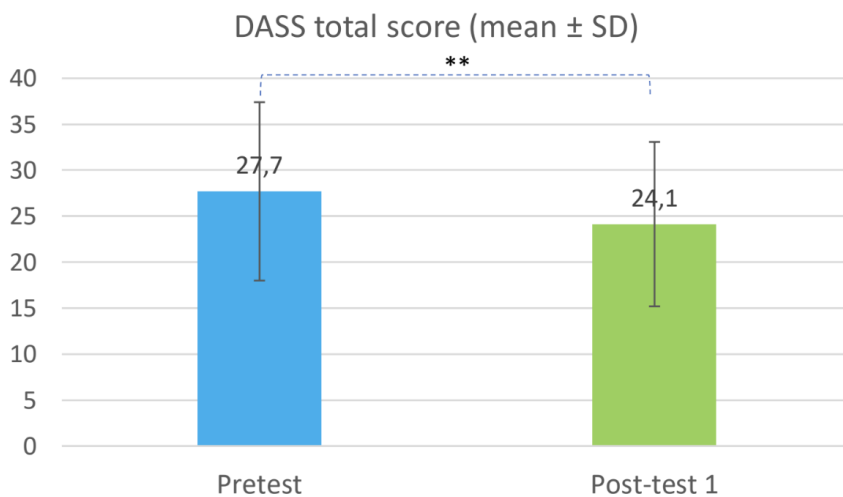
16% experienced increased anxiety and irritability, and **8%** noted heightened sadness.





Note: Number of participants who answered this question in post-test 1: N=25

3.5 Standardized questionnaire (DASS-12) results



*Note: N=46; ** $p < .01$*

A paired-samples t-test with 2,000 bootstrap samples was conducted to determine whether participants' overall distress—measured by the DASS-12 total score—changed immediately

after the training¹. The analysis revealed a significant decrease in total score from pretest to post-test 1: $t(45) = 2.67$, $p = .009$, $d = .39$ (95%CI for d: 0.09 – 0.69).

Interpretation of statistical effect size – Cohen’s d:

Cohen’s d is a measure of effect size that tells you how much of a standardized difference exists between two related groups (e.g., pre-test vs. post-test scores from the same participants).

Small effect: d around 0.20 ; **Medium effect:** d around 0.50 ; **Large effect:** d around 0.80 or above

Conclusion of analysis on standardized questionnaire:

These findings show a decrease in DASS-12 total score (measuring total distress level) from pretest to immediately after the intervention. The results are statistically significant; however, the wide confidence interval for Cohen’s d indicates uncertainty in estimating the true effect sizes. This suggests that the effect could be either small or more substantial. Future studies with larger samples and lower dropout rates would help reduce this uncertainty and provide a more precise estimate of the effect.

3.6. Conclusions for PC Program

- Most participants were very satisfied with the program
- All participants would recommend this project to their colleagues
- There was a significant decrease in overall distress from pre-test to immediately after the intervention.

¹ Only 10 participants (16% of those who completed the initial measurement) took part in the 3-week follow-up. Because this small sample likely introduced considerable bias, the second post-test was excluded from the analyses of DASS-12 scores.

4. HRE Program

4.1. HRE Program description:

The **HRE (Healing, Resilience and Empowerment) Program** is a more **intensive trauma-relief workshop** designed to help people experiencing crises. It was implemented as part of the "Peace of Mind" project.

The HRE Program is designed to:

- Release deeper stresses and traumas
- Reduce depression and anxiety.
- Strengthen overall wellbeing and resilience.
- Support the adaptation process of refugees and reduce stress and trauma associated with migration.

Duration: The PC Program lasts **12 hours**, delivered over **3-4 days**, which allows participants to work intensively on themselves in a supportive environment.

Key Components and Features:

The program includes the **SKY technique (Sudarshan Kriya Yoga)**. It incorporates **breathing techniques**, including SKY, for deep relaxation and stress reduction. It also utilises **meditations and relaxation exercises** to support emotional stabilisation, and **psychotherapeutic elements** to reduce anxiety and depressive symptoms.

The HRE Program applies a comprehensive working methodology. It promotes integration and strengthens social bonds between participants through elements of group work. The program was implemented in **Poland, Germany, Lithuania and online**.



4.2. Control group / picnics

This research/evaluation study included a control group, consisting of Ukrainian individuals invited to participate in a family picnic. The picnic served as an educational and social support intervention aimed at reducing symptoms of trauma (PTSD), depression, anxiety, and stress

Activities:

The picnics included a resilience-building education workshop with relaxation techniques, self-massage, and visualisation to reduce stress levels.

Participants discussed self-care, sources of stress, and stress management methods, and shared their experiences related to migration and adaptation. Barbecues were held to foster integration, the exchange of experiences, and the building of social bonds to reduce stress.

Duration:

The picnics, along with the workshops, lasted approximately 4-6 hours.

Participation Requirement:

Adult participants were required to complete three surveys as a condition of participation in the picnic. These surveys were designed to collect data about their experiences and the impact of the events on their wellbeing.

The control group's outcomes were compared to those of the intervention group (participants in the HRE Program) to evaluate the effectiveness of the HRE Program.

4.3. Research/Evaluation Process:

The study involved **three stages of measurement**, using standardized tests and questionnaires. The questionnaires were available in **English, Polish, Ukrainian, Russian and German**. Links to the surveys were sent to participants via both email and SMS to ensure easy access and response.

The study was conducted at three time points using online electronic questionnaires:

PRETEST (BASELINE): Completed before the activities.

POST-TEST 1: Completed 3-4 days after the first survey- just after the training or pikniks

POST-TEST 2: Completed 1-2 months after the activities - after the training or pikniks

The questionnaires consisted two main parts:

- **Metrics questions** to collect demographic data (PRETEST) or **Evaluations** of the training (POSTEST1) OR **Evaluation of the practise** (POSTEST2)
- **Psychological tests**, including the **PTSD Checklist (SPRINT)** and **Depression, Anxiety and Stress Scale (DASS-12)**

4.4. Number of people surveyed:

171 people took part in the HRE program training, and picnics were attended by 54 adults.

HRE PROGRAM participants 171:

- 177 completed questionnaires pretest
- 123 completed questionnaires posttest 1
- 56 completed questionnaires posttest 2

PICNICS participants 54

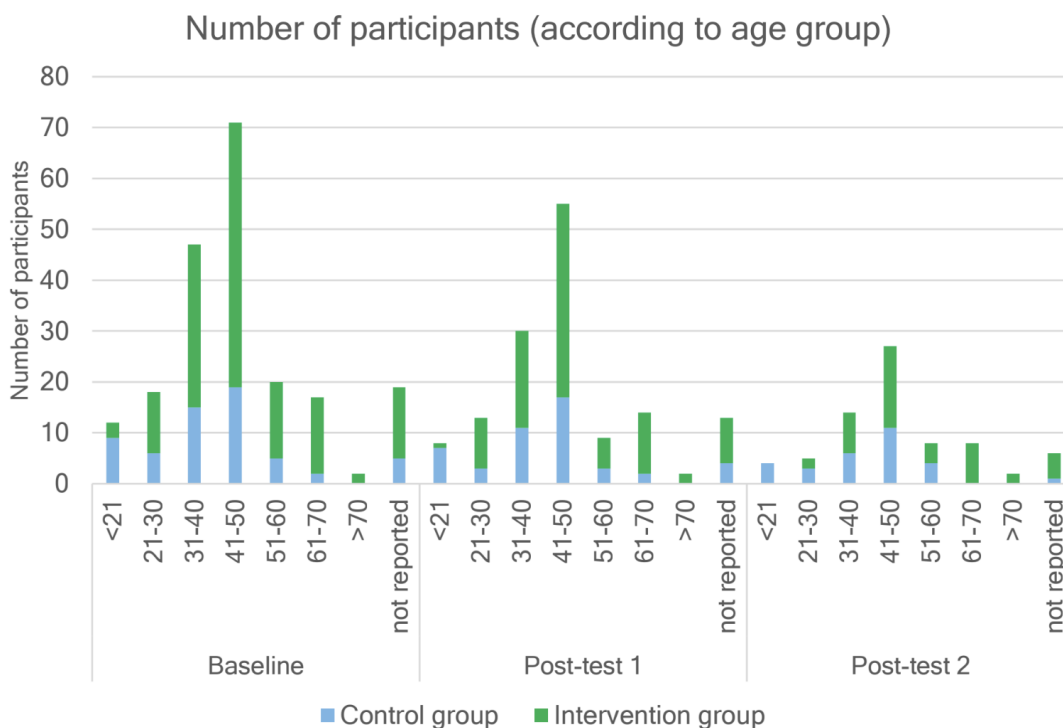
- 67 completed questionnaires pretest
- 58 completed questionnaires posttest 1
- 32 completed questionnaires posttest 2

There is a noticeable drop in the number of completed questionnaires as the evaluation stages progress. This can be explained by the following phenomena:

- Not everyone who filled in the pretest actually came to the picnic or training, and probably some people filled in the surveys twice.
- Not everyone who started the training completed it, and not everyone completed the questionnaires (it can be assumed that those who were most satisfied completed them).
- Sometimes the trainers were too focused on the group process or individual support and forgot to hand out the questionnaires.

The most difficult part was to encourage the training participants to fill in the questionnaires a few weeks after the end of the training, after a long period of time, which is common nowadays. Moreover, some participants left questions unanswered, and not all responses could be included in the analysis, as some individuals repeated the same questionnaire or mistakenly completed the wrong one at the wrong time.

The study sample primarily consisted of Ukrainian women, with **the most represented age groups** in both the intervention and control groups **being 41-50 years and 31-40 years**.

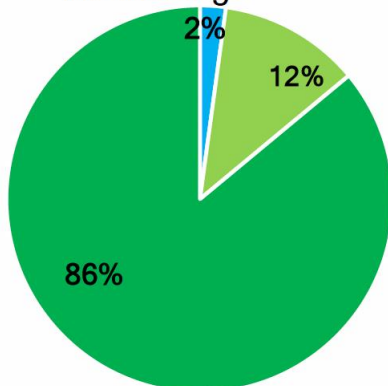


In the intervention group HRE PROGRAM group, approximately 67% of participants who completed the baseline/ pretest assessment also completed Post-Test 1, while 30% went on to complete Post-Test 2. In the control group (PICNICS), 77% of those who completed the baseline/ pretest assessment participated in Post-Test 1, and 47% completed Post-Test 2. These findings indicate a high drop-out rate during the course of the study, particularly within the intervention group.

4.4. Declared satisfaction and results of HRE PROGRAM

Most of the responders (**86%**) declared that they are very satisfied with the training and **over 90%** would definitely recommend this training to other people in similar situations.

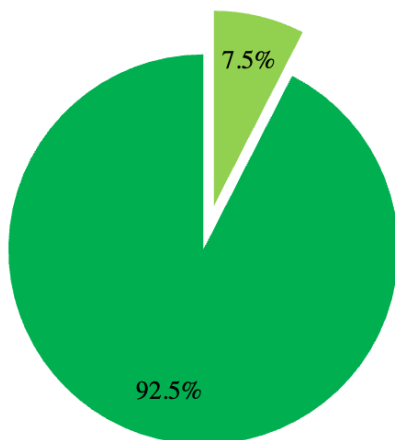
What is your overall level of satisfaction with the training?



■ 1 - very dissatisfied ■ 2 ■ 3 ■ 4 ■ 5 - very satisfied

N=93

Would you recommend this training to others in similar situations to you?



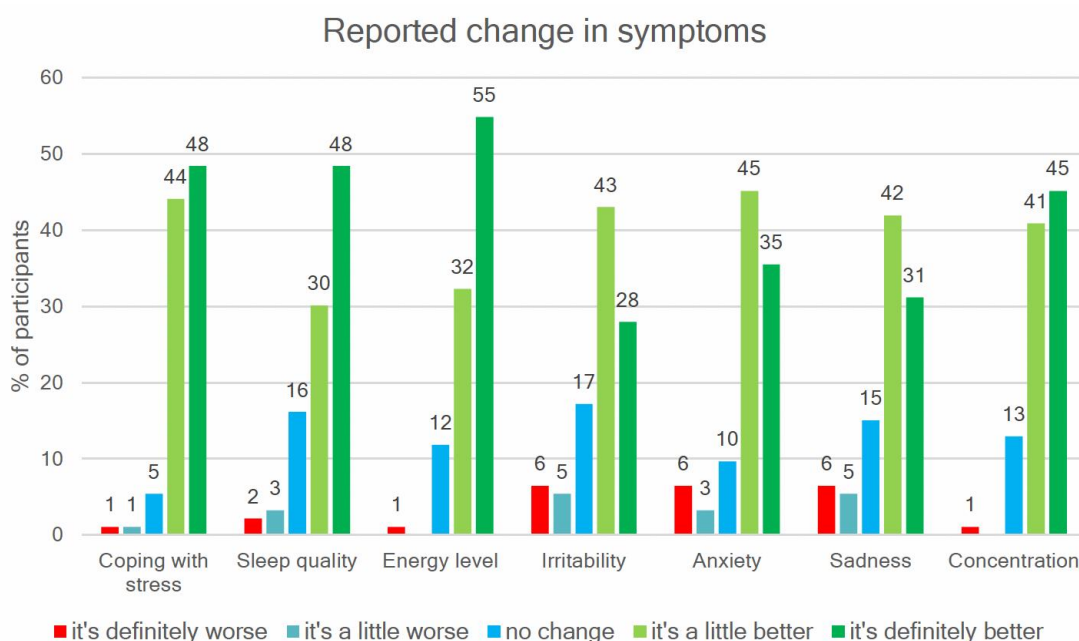
● 4 ● 5 - definitely yes

N=93



Directly after the training, **92%** of respondents reported an improvement in **stress** symptoms, **78%** noted better **sleep quality**, **87%** experienced increased **energy levels**, **71%** reported fewer issues with **irritability**, **80%** felt less **anxiety**, **73%** experienced reduced sadness, and **86%** reported improved **concentration & clarity of mind**.

1% of respondents reported a decline in concentration and energy levels. Additionally, **2%** indicated that their stress symptoms had worsened, **5%** reported poorer sleep quality, **9%** experienced increased anxiety, and **11%** noted heightened sadness and irritability.



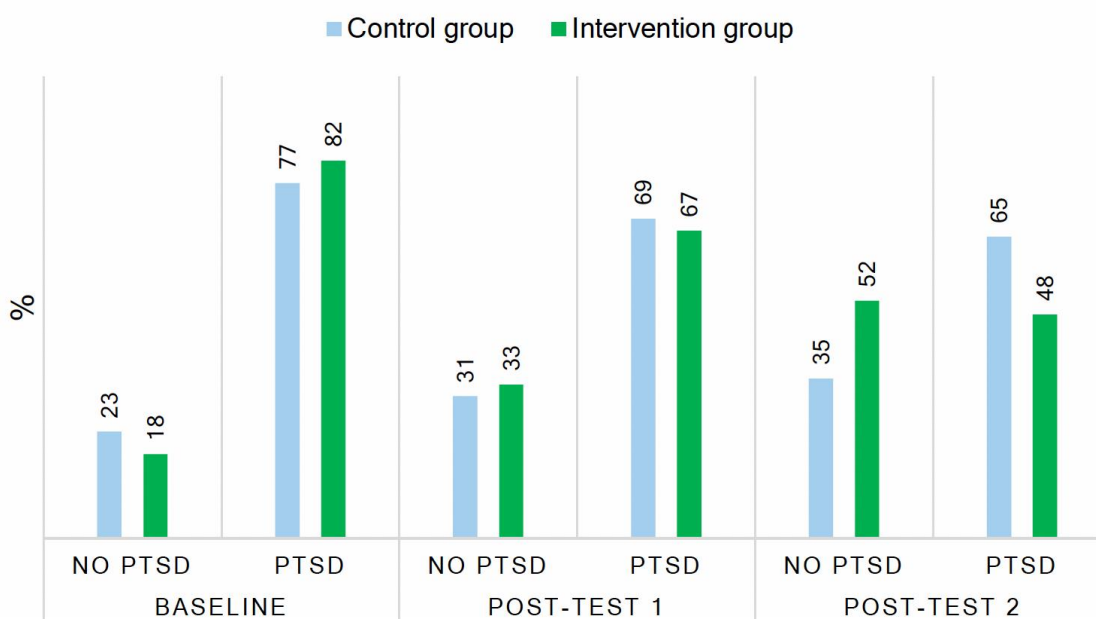
Note: N=93

4.4. Standardized questionnaires

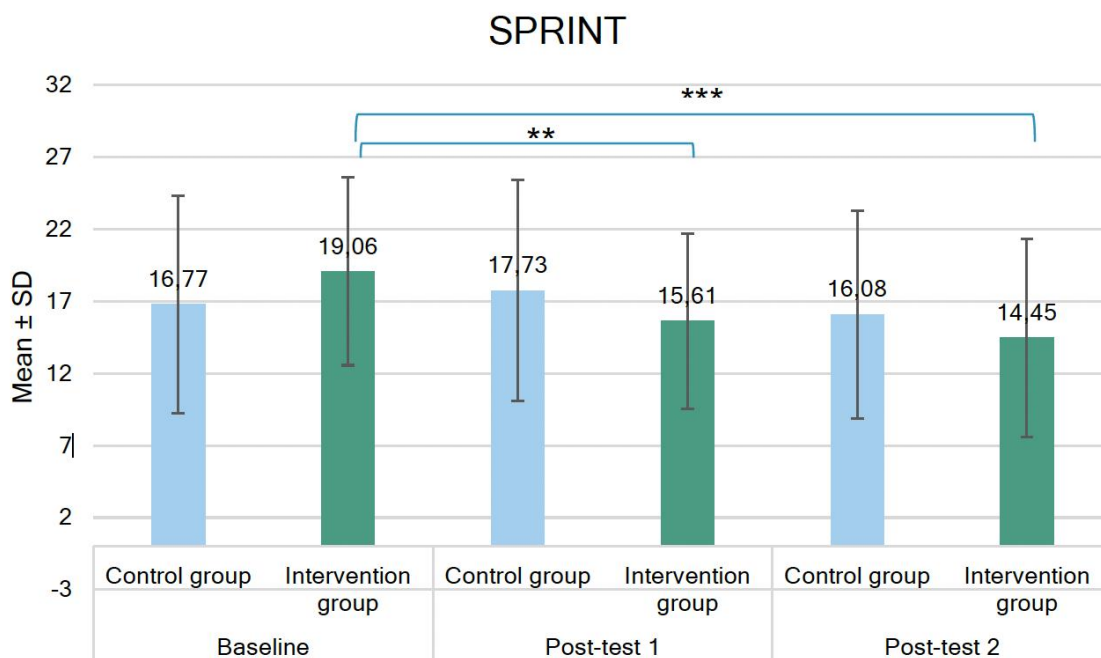
4.4.1. PTSD Prevalence Before and After Intervention

In the subgroup of participants who completed all three assessments (baseline/ Pretest, post-test 1, and post-test 2), using a SPRINT score of ≥ 14 as the threshold for PTSD (Connor & Davidson, 2001), we observed notable changes. **In the intervention group, the proportion of participants meeting the PTSD threshold decreased from 82% at baseline to 67% immediately after the training and further to 48% one month later.** In the control group, the percentage dropped from 77% at baseline to 69% four days after the picnic and to 65% one month afterward.

Percentage of participants with and without PTSD in intervention and control group



Note: N=59, with N=33 in the intervention group and N=26 in the control group. Includes only participants who completed the SPRINT assessments at baseline, post-test 1 and post-test 2. Participants were classified as having PTSD when SPRINT score ≥ 14



Note: N=33 for intervention group, N=26 for control group

Reduction in PTSD symptoms: The HRE Program led to a statistically significant reduction in symptoms of post-traumatic stress disorder (PTSD) measured using the SPRINT (Short Post-Traumatic Stress Disorder Rating Interview).

Repeated measures analysis of variance (RM ANOVA)² was used to assess changes in SPRINT scores, over time in both the intervention and control groups. This analysis revealed a significant interaction effect between the group and time, meaning that the changes in PTSD symptoms differed between the intervention and control groups indicating that program reduced PTSD symptoms.

The intervention group's mean SPRINT scores decreased by:

18% from baseline to post-test 1 - ($p < 0.01$, $d = 0.50$),

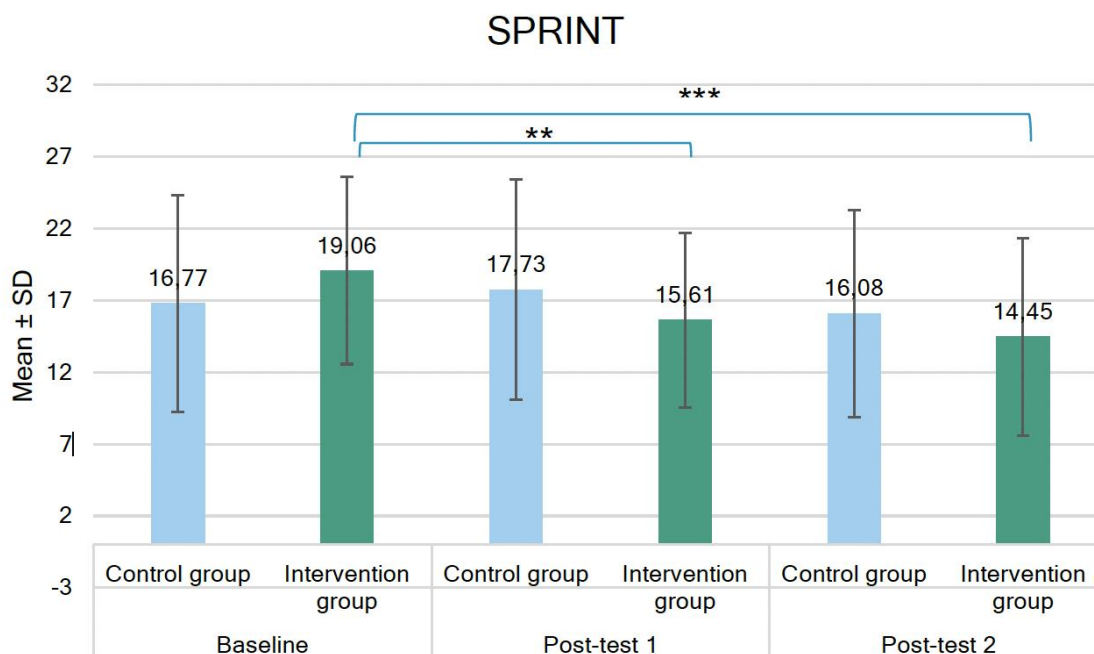
24% from baseline to post-test 2, ($p < 0.001$, $d = 0.66$),

² Linear mixed-effects model analyses were also conducted on the full dataset. However, as these analyses yielded similar results to the RM ANOVAs, only the results of the RM ANOVAs are presented in this report for greater clarity.

suggesting an improvement in PTSD symptoms.

The **control group** did **not** show significant changes in **SPRINT** scores..

4.4.2. Change in DASS-12 total score after intervention



Note: N=33 for intervention group, N=26 for control group

RM ANOVA showed a significant interaction between the group (control vs. intervention) and the measurement time (baseline vs. post-test 1) on the DASS-12 total score measuring overall level of distress. This means that the **HRE Program training effectively reduced overall distress**.

Intervention Group:

Showed a significant decrease in overall distress from baseline to post-test 1 ($p < 0.01$, $d = 0.51$).

Showed a significant decrease in overall distress from baseline to post-test 2 ($p < 0.001$, $d = 0.65$).



Control Group: Did not show any significant changes in DASS-12 scores.

4.4.3. Ecological relevance – Abbreviation

The HRE Program study has high ecological validity, as it was conducted in real-life conditions rather than a laboratory. Consequently, the results more accurately reflect participants' actual experiences.

However, the study was subject to various confounding factors that could affect the findings, including:

- Changes in residence, which could positively or negatively impact participants' well-being.
- The ongoing hostilities, affecting stress levels and sense of stability.
- Personal challenges such as the loss of loved ones, economic difficulties, or other hardships.

While laboratory studies offer better control over such variables, they do not account for the complexities of real-life experiences. In the future, incorporating additional methods to monitor confounding factors could help assess the program's effectiveness more accurately.

4.4.4. Final remarks

Despite the limitations (high dropout rates, missing data, possible influence of confounding factors), the results suggest that the HRE PROGRAM contributed to a reduction in overall distress and PTSD symptoms in the participants. However, caution should be exercised in interpreting the results, as they may have been influenced by uncontrolled factors. Further research is needed to confirm the effectiveness of the program and to better understand its mechanisms of action.

4.5 Conclusions HRE Program:

- Most participants declared that they were very satisfied with the training.
- Most participants would definitely recommend this training to other people in a similar situation.
- Directly after the training, most respondents reported an improvement in stress symptoms, sleep quality, energy levels, irritability, anxiety, sadness, concentration and clarity of mind
- The HRE Program led to a statistically significant reduction in symptoms of post-traumatic stress disorder (PTSD).



- The HRE Program training effectively led to a statistically significant reduction in overall distress.

5. Summary of the conclusions:

The *Peace of Mind* project aimed to improve the mental health and well-being of Ukrainian refugees and displaced persons through structured training programs designed to reduce stress, enhance sleep quality, promote psychological resilience, and increase energy levels. The intervention included the Human Resilience Enhancement (HRE) workshop, the Psychological Coping (PC) program, and the HRE program.

Methodology

The evaluation employed a mixed-method approach, utilizing surveys to assess participants' satisfaction and perceived psychological improvements, alongside standardized psychometric tools, and few measurements to monitor changes in stress, depression, anxiety (*DASS-12*), and post-traumatic stress disorder (*PTSD - SPRINT*). The HRE and PC programs were evaluated using predefined questionnaire structures, while the HRE program additionally incorporated a control group for comparative statistical analysis.

Results

Findings from all three programs indicated high participant satisfaction, with respondents reporting subjective improvements in well-being, stress reduction, and emotional stability. Participants also reported improvements in stress management, sleep quality, energy levels, cognitive clarity, and general anxiety. For both PC and HRE Program the significant reduction in overall distress was observed. Additionally, for the HRE program, significant reductions in PTSD symptoms were also recorded.

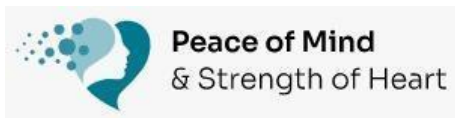
Limitations

Despite the promising results, the study acknowledges certain limitations, including participant dropout rates, missing data and potential confounding variables that may have influenced outcomes.

Conclusion

The *Peace of Mind* project contributed to a measurable reduction in stress, anxiety, depression, and PTSD symptoms among participants. The findings underscore the potential effectiveness of





structured psychological interventions in addressing the mental health challenges faced by refugees and displaced populations. Future research should focus on long-term follow-up assessments and the integration of culturally adapted mental health interventions to enhance program efficacy.



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