

# OVERCOMING OBSTACLES OF REINTEGRATION OF SCHOOL CHILDREN RETURNED TO KOSOVO:

Providing Psychosocial Support in Kosovar  
Schools - Descriptive Analysis of the Impact of  
Psychoeducation Classroom and Individual  
Interventions

*AUTHORS:*

*ALIRIZA ARËNLIU, INSTITUTE OF PSYCHOLOGY, UNIVERSITY OF  
PRISHTINA, ARBNORE SHEHU, ASSOCIATION OF SCHOOL  
PSYCHOLOGISTS OF KOSOVO RUKIJE VLLASA BASHA, ASSOCIATION  
OF SCHOOL PSYCHOLOGISTS OF KOSOVO*

*Disclaimer*

*The views expressed in this report are those of those who have developed this report, they don't necessarily represent the views of Caritas Switzerland in Kosovo.*

## Appreciation

We would like to show our appreciation to all school students that participated in activities and school psychologists who participated in trainings and implemented the classroom and individual interventions with returned school-children. School psychologists:

Arjeta Gashi-Nura, Prishtina,  
Albana Desku, Prishtina,  
Shkurtë Bajgora, Prishtina,  
Egzonë Bulliqi, Prishtina,  
Nazim Mahmut, Prishtina,  
Trendelina Krasniqi, Prishtina,  
Fitore Azemi, Prishtina,  
Valdet Plakolli, Prishtina,  
Albana Bytyqi, Prishtina,  
Arbnore Shehu, Prishtina,  
Fjolla Hadri, Prishtina,  
Arta Hiseni, Fushë Kosova,  
Ariana Jaka, Gjakova,  
Yllka Komoni, Gjakova,  
Mimoza Xharra, Gjakova,  
Bardha Kurhasani, Gjakova,  
Mimoza Kadriu, Gjilan,  
Fatlume Hyseni, Gjilan,  
Hanife Zeqiri, Gjilan,  
Hasime Demiri, Kamenica,  
Fitim Bucolli, Kamenica,  
Qendresa Krasniqi, Peja,  
Premisa Dautaj, Peja,  
Toska Agusholli, Peja,  
Ergita Zajmi, Peja,  
Flutura Osmanaj, Peja,  
Mirdita Mulliqi, Podujeva,  
Ardita Bahtiri, Podujeva,  
Shqipe Rexhepi, Viti,  
Arlinda Feka, Vushtrri,  
Miranda Hoxha, Vushtrri,  
Mergime Jashari, Vushtrri,  
Fidane Maxhuni, Vushtrri.

---

## TABLE OF CONTENTS

<u>Introduction</u>	<u>02</u>
<u>The problem area - repatriation (return migration) and psychological/psychosocial challenges</u>	<u>02</u>
<u>Scope of the MARDI project Caritas Switzerland in Kosovo</u>	<u>03</u>
<u>Methodology</u>	<u>03</u>
<u>Development of interventions</u>	<u>03</u>
<u>Five classroom psychoeducation sessions</u>	<u>04</u>
<u>Individual counseling sessions</u>	<u>05</u>
<u>Training of the school psychologists in implementation of the classroom and individual intervention</u>	<u>06</u>
<u>Implementation of the activities in school settings</u>	<u>07</u>
<u>Questionnaire used in post assessment for the classroom interventions</u>	<u>07</u>
<u>Questionnaires used in the individual interventions</u>	<u>07</u>
<u>Results</u>	<u>07</u>
<u>Results from the classroom interventions</u>	<u>10</u>
<u>Results for the individual counseling sessions</u>	<u>10</u>
<u>Structured interviews with students benefiting from the individual counseling sessions</u>	<u>11</u>
<u>Summary of findings from the classroom discussion with school children benefiting from classroom interventions</u>	<u>12</u>
<u>Focus Group with school psychologists, which implemented both classroom and individual interventions</u>	<u>13</u>
<u>Main findings from focus group with school psychologists</u>	<u>13</u>
<u>Conclusions and recommendations</u>	<u>14</u>
<u>Annex 1</u>	<u>16</u>

---

## Introduction

This report examines two initiatives dedicated to supporting the well-being of students who have returned to their home country after an absence of over three months abroad, as well as refugees within the school system. The first initiative is a program implemented in classrooms to raise awareness and knowledge about mental health issues among schoolchildren. The second initiative is an individual counseling program that provides support to address any adjustment difficulties or symptoms associated with adjustment disorder for school children. Both interventions are explicitly designed to cater to the psychosocial needs of these groups, offering both educational and therapeutic assistance to create an inclusive and supportive educational environment for repatriated students. This intervention was made possible by the support of Caritas Switzerland in Kosovo Municipal Action for Reintegration and Diaspora (MARDI) project. It was implemented by the Institute of Psychology, University of Prishtina, Association of School Psychologists of Kosovo, and Center for Psychosocial and Medical Research.

## The problem area - repatriation (return migration) and psychological/psychosocial challenges

Examining literature on returned migrants reveals research emphasizing their diverse needs, encompassing economic and social challenges such as employment, housing, 5 reintegration into society, and various health-related issues 1 . Another area that often remains unaddressed is the psychosocial needs of the returning migrants, including children and adolescents. In our two developed manuals (see Methods section below), we have briefly reviewed the potential issues that repatriated adolescents might face. Often, when adolescents return to their home country after spending a long time in their country of destination (some even born there), they can encounter various challenges in adjusting. These challenges may include difficulties in socializing, language barriers, and adaptation to the education system. Research suggests that adults and adolescents who return to Kosovo may face issues related to their lives, economic situations, and mental well-being. Adolescents returning from countries may even display symptoms of adjustment disorders and other mental health problems 2 3 4 5 6 . When individuals go through life changes situations like economic status, housing, placement or other, it is not unusual for them to experience symptoms of adjustment disorder. However, these symptoms tend to lessen over time as they adapt. Returning adolescents often find it challenging to adapt to their surroundings and changes in schools, society, home life, and daily routines. These transitions can significantly impact their abilities and coping mechanisms as they navigate adolescence. According to DSM-5 7 , in adjustment disorders:

- A. We observe the development of emotional or behavioral symptoms in response to one or more identifiable stressors occurring within three months from the onset.
- B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following: 1. Excessive or disproportionate distress compared to the severity or intensity of the stressors, considering the external context and cultural factors that may influence the severity and presentation of symptoms.

---

1 Arënlju, A., & Weine, S. M. (2016). Reintegrating returned migrants to Kosovo. *Psychological Research*, 19(1), 61-73.

2 Neto, F. (2010). Mental health among adolescents from returned Portuguese immigrant families. *Swiss Journal of Psychology*.

3 Zevulun, D., Post, W. J., Zijlstra, A. E., Kalverboer, M. E., & Knorth, E. J. (2018). Migrant and asylum-seeker children returned to Kosovo and Albania: predictive factors for social-emotional wellbeing after return. *Journal of Ethnic and Migration Studies*, 44(11), 1774-1796.

4 Vathi, Z. (2022). Return migration and psychosocial wellbeing. In *Handbook of return migration* (pp. 226-240). Edëard Elgar Publishing

5 Vathi, Z. (2019). Barriers to (Re) integration: The Roma Return to the Western Balkans.

6 Kienzler, H., Wenzel, T., & Shaini, M. (2019). Vulnerability and psychosocial health experienced by repatriated children in Kosovo. *Transcultural Psychiatry*, 56(1), 267-286.

7 American Psychiatric Association, D. S. M. T. F., & American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5, No. 5). Washington, DC: American psychiatric association.

---

C. Stress-related distress does not meet the criteria for another mental disorder and is not merely an exacerbation of an existing mental illness. These can manifest as a depressed or low mood, where feelings of hopelessness are present; anxiety characterized by nervousness, worry, or separation anxiety; anxiety mixed with a depressed mood; behavioral disturbances; emotional disturbances; and unspecified behavioral problems. Some characteristics of adjustment disorders are that they manifest similarly in both genders, stressors, and symptoms may vary based on cultural influences, and adolescent symptoms tend to be more behaviorally focused compared to adults with depressive symptoms. Most features of adjustment disorders are subjective (e.g., stressor, reaction, impairment, and associated features, as well as the timing and relationship between the stressor and the response), making these disorders sometimes challenging to diagnose. School psychologists are recommended to consult with experienced clinicians in these disorders for a more accurate diagnosis.

## Scope of the MARDI project Caritas Switzerland in Kosovo

The overall aim of the project is to contribute to the promotion of Socio-Economic Development in Kosovo's Communities, which aligns with the Caritas Switzerland. MARDI project by supporting Kosovar institutions such as the Institute of Psychology, Association of School Psychologists of Kosovo and Center for Psychosocial and Medical Research to help the repatriated citizens to reach their full potential by supporting the mental health of most vulnerable children and adolescents in school settings. By developing structured interventions in schools, individual counseling, and professional training of school psychologists to implement the interventions in school settings, the project has enhanced the capacities of local institutions to manage migration and reintegration challenges more effectively. The counseling program developed for individual and classroom interventions directly addresses this aim by providing targeted support to students facing adjustment difficulties. This intervention facilitates the sustainable reintegration of repatriated citizens and, in the future, can address the needs of repatriated, refugees and asylum seekers in the school system, thereby strengthening local support capacities. Psychological counseling and psychoeducation are necessary for returnees and repatriates adapting to the local context. This is particularly useful for those with circumstances that may present challenges for their successful (re)integration (e.g., lack of known family members/existing social network, personal information/history that may not be considered acceptable in the local context, children who were born or raised outside the country, ethnic minorities, people with disabilities). The current project in school settings aims to help school children adapt better to the Kosovar context and reduce eventual stress due to returning to Kosovo.

## Methodology

### Development of interventions

The following sections describe 1) the development of the five classroom psychoeducation sessions aiming to enhance children and adolescents' awareness of mental health and teach coping strategies with stress, anxiety, and other strains; 2) the development of five individual counseling sessions aiming to address potential adjustment disorder related symptomatology that potentially might be experienced by returned migrants, refugees, or asylum seekers. All are developed and tested to train school psychologists so they can use the interventions in the future.

<sup>8</sup> <https://filozofiku.uni-pr.edu/page.aspx?id=1.37.1536>

---

## Five classroom psychoeducation sessions

Literature review with universal and resilience-focused school-based mental health interventions in primary schools have positively impacted school children's ability to manage daily stressors<sup>9</sup>, including positive effects on school performance.<sup>10</sup> Other literature reviews of the social-emotional learning interventions in school settings have found improved social and emotional skills, attitudes and behaviors, and academic performance compared to control groups where no intervention took place.<sup>11</sup> The importance of these interventions in the Kosovar context is very important. A significant portion of children, approximately 25%, live in poverty<sup>12</sup>, while 72% face harsh disciplinary practices in schools with a high tolerance for violence, particularly against women<sup>13 14 15 16 17</sup>. According to the Programme for International Student Assessment (PISA) findings, students from Kosovo demonstrated below-average performance in subjects like reading, math, and science. The PISA results provide insights for identifying these challenges and developing strategies to enhance outcomes.<sup>18</sup> In another study, which involved 12,167 adolescents aged 12 to 16, revealed that 21% of them experience moderate to severe psychological distress. This distress is associated with various social risk factors, including low family income, exposure to school violence, inadequate family communication, a negative school climate, and being male (all statistically significant at  $p=.001$ )<sup>19</sup>. The manual, which is the focus of the current report, aimed to address the potential challenges of schoolchildren to protect their mental health, which, as defined by developers of the manuals, was considered as a state of well-being in which every individual realizes his or her potential, copes with the normal stresses of life, works productively and fruitfully and can make a contribution to her or his community.”<sup>20</sup> Specifically, we designed a transdiagnostic social-emotional learning intervention of 5 sessions to enhance emotional literacy, emotional regulation, social awareness, increased self-awareness, and better relationship skills. The purpose of the manual, when initially developed, was to provide supportive materials for school psychologists and teachers focused on offering exceptional support in the social and emotional aspects of children who have recently returned/engaged to school. The activities outlined in the manual are designed to be implemented in the classroom, ensuring that all students feel included and not singled out, including those returned or initially enrolled in schools. These socio-emotional activities are flexible and suitable within our context. Their goal is to educate children and teenagers about mental health, help them recognize and manage their emotions, teach strategies for reducing anxiety and stress levels, and aid in building a support network both within and outside of school. Based on a literature review, schools should consider implementing psychosocial programs to support students well-being upon their return. The subjective approach focuses more on the well-being of schoolchildren, emphasizing the significance of emotional harmony, personal interactions, and individual experiences.

9 Fenwick-Smith, A., Dahlberg, E. E., & Thompson, S. C. (2018). Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. *BMC psychology*, 6, 1-17.

10 Corcoran, R. P., Cheung, A. C., Kim, E., & Xie, C. (2018). Effective universal school-based social and emotional learning programs for improving academic achievement: A systematic review and meta-analysis of 50 years of research. *Educational Research Review*, 25, 56-72.

11 Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child development*, 82(1), 405-432.

12 Programme UK. Better start in life for all children in Kosovo: A policy brief based on MICS 2019/2020 findings [Internet]. 2021 [cited 2023 Feb 6]. Available from: <https://www.unicef.org/kosovoprogramme/reports/better-start-life-all-children-kosovo>

13 <https://www.datapandas.org/ranking/pisa-scores-by-country>

14 Kelmendi K, Arënlju A, Halimi T. Child Discipline Practices in Kosovo: Attitudes and Sociodemographic Correlates. *J Fam Violence*. 2022 Oct 1;37(7):1111-24.

15 Arënlju A, Kelmendi K, Bërxulli D. Socio-demographic associates of tolerant attitudes toward intimate partner violence against women in Kosovo. *Soc Sci J*. 2021 Jan 2;58(1):91-105.

16 Kelmendi K, Duraku ZH, Jemini-Gashi L. Coexistence of Intimate Partner Violence and Child Maltreatment among Adolescents in Kosovo. *J Fam Violence*. 2019 Jul 1;34(5):411-21.

17 Arënlju A, Benbenishty R, Kelmendi K, Duraku ZH, Konjufca J, Astor RA. Prevalence and predictors of staff victimization of students in Kosovo. *Sch Psychol Int*. 2022 Jun 1;43(3):296-317.

18 UNICEF. 2019-2020 Republic of Kosovo, Multiple Indicator Cluster and Roma, Ashkali and Egyptian Communities in the Republic of Kosovo: Multiple Indicator Cluster Survey [Internet]. 2020 [cited 2023 Feb 6]. Available from: <https://www.unicef.org/kosovoprogramme/reports/data-policies-kosovo-multiple-indicator-cluster-survey>

19 Arënlju A, Kelmendi K, Duraku ZH, Konjufca J. STUDIMI I INDIKATORËVE SHUMËDIMENSIONALË TË NDËRLIDHUR ME DHUNËN NË SHKOLLAT FILLORE NË KOSOVË. Universiteti i Prishtinës, Fakulteti Filozofik, Departamenti i Psikologjise; 2021.

20 World Health Organization (WHO). (2005). Promoting mental health: Concepts, emerging evidence, practice. World Health Organization.

---

The compilation of this manual is based on previous training experiences of the Institute of Psychology involving the implementation of socio-activities, in classrooms. The main objective was to create awareness among schoolchildren regarding the importance of children's mental health and how to cope with daily stressors. 36 School psychologists from 11 municipalities in Kosovo received training from the Institute of Psychology, Department of Psychology, and Association of School Psychologists of Kosovo. The developed manual has the following structure:

1. Introduction
2. First Session: Discuss the importance of mental health and work on anger-related issues.
3. Second Session: Explaining emotions and managing emotions.
4. Third Session: Focus on stress and its management.
5. Fourth Session: Managing anxiety.
6. Final Session: How to reach out for help by helping schoolchildren develop and recognize their supportive network in crises or difficult times.
7. Annexes and questionnaire

Each session has instructions on how to implement them for school children in grades 1- 5 and 6-10. Each session has step-by-step and minute-by-minute instructions on implementing what to do, including the worksheets for participants. Essentially, the manual can be implemented by following the instructions, making it accessible even for teachers who aim to address mental health issues. The manuals will be widely available and open for public use on the Institute of Psychology website. The sessions were developed by two school psychologists and a university professor of psychology with previous experience in developing similar interventions.

## Individual counseling sessions

In the first session, we focus on helping the beneficiary adapt and providing information about problems and cognitive behavioral therapy approaches. We start by introducing the beneficiary to the intervention and its four sessions. We discuss the reasoning behind the 10 intervention, go over treatment goals, explain what adjustment disorders are, talk about situations that beneficiary has encountered since returning to Kosovo, share coping strategies, and introduce techniques for distraction and relaxation.

Moving on to session two, our primary focus is stress management. The school psychologists review any homework or topics covered in the session. Then, with the beneficiary, they discuss reactions to stress and help identify the stressors. The session also focuses on how the body reacts to stress and addresses situations that may arise within your school or family environment. Additionally, we introduce muscle relaxation exercises as a way to manage stress. Session three is about solving problems. We start by reviewing what was discussed in the session before diving into strategies for addressing issues. Together, the school psychologists and the beneficiary work on finding solutions for any challenges you may face in your interactions. Beneficiaries are given homework tasks related to this topic.

Finally, in session four, the school psychologist and beneficiary focus on understanding and managing anxiety. The session begins with reviewing any homework or discussions from the session before delving into what anxiety is precisely and how it differs from stress. The session explores its triggers and manifestations while emphasizing a perspective that looks at how thoughts, feelings, and behaviors interact with each other. This session introduces practical exercises such as breathing techniques and grounding methods. The session wraps up by summarizing the points discussed and assigning homework that focuses on applying the anxiety management techniques we have covered.



---

The last session takes a look back at the entire intervention. School psychologist and beneficiary start by reviewing what we covered in the session and checking how the homework tasks went. Then, they evaluate how well the child responded to the intervention and assess its effectiveness. Throughout this session, we revisit concepts and strategies introduced throughout the program, reinforcing what has been learned. As a highlight, the school psychologists were presented with a completion certificate to recognize and celebrate the participant's progress and hard work. Finally, there is an opportunity for a final discussion with the parent to provide an overview of their child's journey and offer recommendations for support and development.

The sessions are developed with the symptomatology of adjustment disorder in mind, aiming to reduce the intensity of those symptoms and working with beneficiaries to develop coping skills for managing stressors and symptoms. The sessions are structured step by step to ensure ease for school psychologists by explaining what needs to be done, suggesting what should be said, and including appendices for exercises that can be conducted in and out of the 11 session. Besides the mentioned materials, the guide also contains a questionnaire that can be used for pre-and post-intervention measurements to observe the effect of the intervention. In the manual there are two structured questionnaires and one formulated questionnaire to measure the level of knowledge and readiness to seek help for emotional issues as one of the objectives of the respective intervention. More specifically, the first self-report questionnaire is a 10-question survey to measure the stress perceived by the adolescent; the second questionnaire is a self-report questionnaire for psychological distress with ten questions known as the Kessler Psychological Distress Scale and 7 knowledge questions compiled by the guide's authors. This intervention aims to assist school psychologists in facilitating the structuring of their work with repatriated adolescents. However, school psychologists can adapt the guide and modify or add interventions according to the needs and problems the adolescent faces. The suggested intervention is suitable for adolescents over the age of 12. Younger ages may not benefit from the intervention as some exercises require more abstract thinking and less guidance. The manual has been developed using the principles of cognitive-behavioral therapy as a more accessible and evidence-based method that can work with adolescents. The manual has several assumptions for application:

1. The adolescent knows the Albanian language.
2. The adolescent has no other severe psychiatric disorder.
3. The adolescent is willing to participate in the intervention.

The sessions were developed by a university professor with previous experience in developing similar psychological interventions, licensed clinical psychologists trained in cognitive-behavioral therapy, and experienced school psychologists.

## **Training of the school psychologists in implementation of the classroom and individual intervention**

The training of 36 school psychologists took place in September, where they were trained separately for two days for implementing classroom activities and two other days for implementing the individual counseling sessions. The developers of the manual led the first training for the classroom intervention. It encompassed a review of each session and the specificity of aims, objectives, and activities. Similarly, the authors led the second training for individual counseling with leadership of the clinical psychologist who explained each session including role plays. The training also was used as a planning session to implement the developed interventions in respective schools. All intervention classrooms had to have a repatriated adolescent and individual counseling had to target one repatriated adolescent.

---

## Implementation of the activities in school settings

The mental health awareness classroom interventions were implemented in 60 classrooms in 11 cities of Kosovo, targeting 100 repatriated adolescents. All sessions were implemented weekly by trained school psychologists from September until October 2023. The individual counseling sessions were conducted on a weekly basis between the end of September and the second week of November 2023 with 40 repatriated adolescents. The members of the Association of School Psychologists of Kosovo coordinated field activities and supervision meetings. Parental consent was obtained from all children who participated in the activities before interventions. The project used a mixed-method approach to evaluate the impact of the mentioned interventions. We use pre- and post-measurement before and after classroom and individual interventions. We collected data qualitatively by conducting classroom discussions with school children who benefited from classroom interventions, personal interviews with children benefiting from individual interventions, and a focus group with school psychologists who implemented the interventions in school settings.

## Questionnaire used in post assessment for the classroom interventions

The questionnaire used in post assessment was developed by the authors of the intervention and contained knowledge and factual questions which were reviewed during the interventions. In total 29 questions were used and a total score was created where higher scores indicate correct answers to issues related to emotion identification, emotions in relationships and importance of reviewing and understanding emotions, including willingness to seek help (see annex 1 for the items used in the assessment).

## Questionnaires used in the individual interventions

Of 40 students who benefited from individual counseling, only 20 school psychologists entered pre and post measurement-data into Mental Health Research Assistant software for which they received training within this project. We used the Perceived Stress Scale, which has ten items 21 measuring reported stress level among adolescents, Kessler psychological distress 13 scale with ten items 22 23 measuring the psychological distress levels, which often is an indicator for other more serious mental health problems, and we had seven items on mental health knowledge, awareness or information that assessed the basic information on the understanding of stress and anxiety symptoms, stigma to mental health, and help-seeking behavior. All mentioned measures are in the annex of the manual for individual intervention.

## Results

### Results from the classroom interventions

Table 1 presents the demographic characteristics of the participants in the classroom intervention separately for the prevention and control of classrooms from the assessment of the post-test or after the intervention was completed. Majority of the participants in both groups were female students and a proportion of students didn't indicate their gender in the questionnaires 11.7% of them. Majority of the students were from Prishtina 38%, followed by Peja 13.1%, Vushtrri 12.7%, Gjakova 10.2%, Podujeva 7.7%, Vitia (3.2%). The average age of the participants resulted in 13.15 of age.

Table 1 - Demographics of control and intervention groups from the post-test measurement

		<b>Control</b>	<b>Intervention</b>	<b>Total</b>
Age range (11-18)		13.05 (1.9)	13.26 (1.9)	13.15 (SD=1.9)
Gender	Male	225 (37%)	247 (41.3%)	472 (39.1%)
	Female	313 (51.5%)	280 (46.8)	593 (49.1%)
	Missing	70 (11.5%)	71 (11.9%)	141 (11.7%)
Grade	5	57 (9.4%)	51 (8.5%)	108 (8.9%)
	6	86 (14.1%)	86 (14.4%)	172 (14.3%)
	7	137 (22.5%)	98 (16.4%)	235 (19.5%)
	8	137 (22.5%)	90 (15.1%)	169 (14%)
	9	79 (13%)	108 (18.1%)	196 (16.2%)
	10	88 (14.5%)	104 (17.4%)	211 (17.5%)
	11	107 (17.6%)	40 (6.7%)	76 (6.3%)
	12	36 (5.9%)	21 (3.5%)	39 (3.2%)
Municipalities	Prishtina	238 (39.1%)	218 (36.5%)	456 (37.8%)
	Vitia	18 (3%)	21 (3.5%)	39 (3.2%)
	Peja	83 (13.7%)	75 (12.5%)	158 (13.1%)
	Podujeva	48 (7.9%)	45 (7.5%)	93 (7.7%)

21 Roberti, J. W., Harrington, L. N., & Storch, E. A. (2006). Further psychometric support for the 10-item version of the perceived stress scale. *Journal of College Counseling*, 9(2), 135-147.

22 Stolk, Y., Kaplan, I., & Swarc, J. (2014). Clinical use of the Kessler psychological distress scales with culturally diverse groups. *International journal of methods in psychiatric research*, 23(2), 161-183.

23 Hyseni Duraku, Z., Kelmendi, K., & Jemini-Gashi, L. (2018). Associations of psychological distress, sleep, and self-esteem among Kosovar adolescents. *International Journal of Adolescence and Youth*, 23(4), 511-519.

Municipalities	Vushtrri	75 (12.3%)	77 (12.9%)	153 (12.7%)
	Gjakova	55 (9%)	68 (11.4%)	123 (10.2%)
	Fushë Kosova	32 (5.3%)	31 (5.2%)	63 (5.2%)
	Gjilan	38 (6.3%)	39 (6.5%)	77 (6.4)

We present the results by comparing the questionnaire outcomes between intervention and control before intervention and then compare the questionnaires after the interventions using an independent sample t-test. We used the current method as merging two databases was impossible due to the high number of missing variables, especially gender, which reduced the sample size when databases were merged. There was no significant difference scores of MH awareness which was calculated by adding items measures awareness where higher scores indicate higher mental health awareness and knowledge on mental health related issues. Specifically with control group where no intervention took place (M=[50.55], SD=[5.18]) and intervention group (M=[50.77], SD=[5.23]) at  $t([df(1145)], p=.481$ , indicating no difference between groups before intervention. The post-test results, on the other hand, indicate a significant difference in scores of MH awareness with the control group (M=[50.21], SD=[5.68]) and intervention group (M=[51], SD=[5.7]) at  $t([df(1204)], p=.018$ , indicating a significant 15 difference between groups after the intervention. The results overall show that the group that benefited from intervention on the pretest scored on average higher scores on MH awareness- related issues compared to students who didn't receive the intervention. In table 2 we present the results for averages of each item by comparing the control and intervention groups in the posttest finding.

Table 2 - Mean comparisons scores on the questionnaire on MH awareness for pre and posttest measurement

	Pretest		Posttest	
	Control	Intervention	Control	Intervention
Scores on the questionnaire on MH awareness	M=50.55 (SD=5.18) n=588	M=50.77 (SD=5.23) n=559	M=50.21 (SD=5.68) n=608	M=51 (SD=5.7) n=598
p-level	.481		.018	

## Results for the individual counseling sessions

In total, 20 beneficiaries data was entered into the Mental Health Research Assistant Software MHIRA, for which about 28 psychologists received training to use in their everyday practice. Out of these 20, only 16 were further analyzed as 4 of the cases either lacked pre or post-data in full or data in some of the questionnaires. Table 3 summarizes the averages for pre and post-measurements.

Table 3 – Average scores for the scores on the questionnaires of knowledge on mental health issues, perceived stress and psychological distress before and after the individual intervention

	Pretest	Posttest	P-Level
Knowledge on mental health	M=14.75 (SD=9.60) n=16	M=17.31 (SD=9.90) n=16	.010
Perceived stress	M=26.81 (SD=6.32) n=16	M=26.5 (SD=7.33) n=16	.001
Psychological distress	M=27.37 (SD=6.32) n=16	M=25.12 (SD=7.33) n=16	.001

The pretest results in the knowledge of mental health issues (M=[14.75], SD=[5.05]) and posttest (M=[17.31], SD=[4.40]) at  $t(df(15))$ ,  $p=.010$ , showing significant increase or better knowledge among 16 schoolchildren who benefited from individual counseling sessions. For the perceived stress scores during pretest adolescents reported (M=[26.81], SD=[6.32]) and posttest (M=[26.5], SD=[7.33]) at  $t(df(15))$ ,  $p=.001$ , indicating lowered reported stress levels after the intervention. Similar trends are found for the reported psychological distress with results from the pretest (M=[27.37], SD=[9.60]) and posttest (M=[25.37], SD=[9.90]) at  $t(df(15))$ ,  $p=.001$ , indicating a significant decrease in psychological distress for adolescent that benefited from individual counseling developed for this specific project.

## Structured interviews with students benefiting from the individual counseling sessions

We have conducted two structured interviews with two repatriated students with a set of questions who benefited from individual counseling sessions to explore their experiences in the sessions and, eventually, the gains they made during the sessions. One interview involved a 13- year-old girl who returned from Syria. The other interview involved a 12-year-old boy who returned from the United States. Both students at elementary school. School psychologists who were part of the training within this program conducted the interviews within these schools and completed five individual counseling sessions with these repatriated students. The interview was structured where the questions were predetermined to obtain comparable information from the students and to address the following issues: The impact of the individual sessions on repatriated/returned students. Have they proven beneficial for adaptation and managing stressful or challenging situations? How have these sessions influenced the students relationships with others? Additionally, which techniques or exercises performed during the individual sessions have proven effective or helpful in addressing stressful situations, and what recommendations or suggestions do they propose for changes for future interventions? Both interviewees answered that after five individual sessions, they noticed a change in themselves as a result of the sessions:

---

My current condition compared to when I went back to school is better. (Participant 2) I've noticed a difference; I've gained more confidence and feel calmer. (Participant 1) 17 Also, the interviewees emphasized that after meeting with school psychologists for five sessions, they have improved their relationships with others and their behavior towards others. In the case of Participant One, she might have been even more sensitive in supporting the newcomer in school as she is familiar with how it feels to be a newcomer. Yes, I have made two new friends; one is a new arrival, and I am hanging out with her. Her name is Maida. (Participant 1) I feel better and more relaxed with others. I love my friends more, but at first, I had a hard time loving them. (Participant 2)

When two participants were asked which exercises were most helpful and which they learned or exercised during the session, the interviewees emphasized that breathing techniques and muscle relaxation techniques were the most useful. The interviewees also answered that the meetings (5 sessions of individual counseling) were quite helpful for them as they learned new things about coping with stress and how to deal with difficult situations. The two participants had no specific recommendations for any changes in the structure or content of the individual sessions.

## **Summary of findings from the classroom discussion with school children benefiting from classroom interventions**

The purpose of conducting classroom discussions with school children was to explore and understand their experiences with the groups intervention in classrooms to which they attended. Two focus groups were conducted with students from two classrooms: one in Class IX in Pristina and the other in Class VI in Peja. 65 students participated, with 35 in 9th and 30 in sixth grades. School psychologists facilitated the classroom discussions. These discussions were conducted to foster discussion, share experiences, and obtain student assessments of socio-emotional activities implemented in the classroom. The primary focus was on evaluating the effectiveness of these activities in providing emotional support to students. The discussions delved into various aspects, including the management of stress, anxiety, and other challenging emotions.

Students shared insights on the strategies they acquired for handling emotions through the activities. Additionally, the discussion explored the impact of these activities on students' social relationships and ability to express feelings. Participants also provided valuable 18 recommendations and suggestions, identifying other topics they believe should be addressed through similar initiatives. The conclusions drawn from the classroom discussion indicate that the students found activities related to stress management, emotional regulation, and anxiety management to be the most useful for potential use in their daily lives. According to the students, engaging in these activities has enhanced their self-understanding, enabled them to recognize and articulate their feelings, and increased awareness that there are effective strategies for emotional management. Students have expressed that social-emotional activities have played a role in helping them to understand their peers and, therefore, improve social relationships. They noted an improvement in their ability to identify their peers' emotions, which, according to them, improved communication. Some mentioned that specific exercises, such as breathing and relaxation, can be used before exams or stressful events. In their reflections, students expressed the need to address additional topics important to them through similar activities. They particularly highlighted the importance of issues such as anger, self-confidence, and bullying among children. Overall, the students reported enjoying activities as they offered a new perspective and a novel experience in school activities. Notably, the students placed less emphasis on the importance of the activity related to building a support network and how to ask for help.

---

## Focus Group with school psychologists, which implemented both classroom and individual interventions

The focus group with school psychologists aimed to collect information and insights as implementers of two manuals. The focus group served to explore the flow of the implementation procedure, addressing the challenges and processes that school psychologists encountered during the implementation of classroom activities or individual sessions. Sixteen school psychologists participated in the meeting. The school psychologists attending the meeting were from Prishtinë, Gjakovë, Pejë, Podujevë, Gjiilan, Kamenice, Vushtrri, and Fushë Kosovë. Furthermore, participants included school psychologists from primary and secondary schools. The focus group was held online and led by two first authors of this report. The key questions were as follows: What were the main challenges in the realization/implementation of the Manuals (both in the classroom and individually)? Do you find the Manuals understandable? Were the Manuals easy to implement? How did the children anticipate the activities in the classroom? How did the children respond to individual sessions in the office? Were they cooperative during activities and individual sessions? What suggestions do you have for improvements?

### Main findings from focus group with school psychologists

In general, they indicated that there were no significant challenges in carrying out activities in the classroom or conducting individual sessions, as the two-day training conducted earlier in explaining the logic and implementation of the manuals was crucial in the successful implementation. Some of the concerns regarding the implementation of both classroom and individual intervention are summarized in the section below:

#### Classroom Activities:

- A school psychologist from Prishtina and Podujevë pointed out that some parents haven't provided consent for schoolchildren to participate in classroom activities as the information sheet might have contained complicated information to be comprehended by some of the parents. Her suggestion was to use more simple language in future trials. Another point made for the classroom interventions was that some students lacked seriousness in implementing the activities.
- Most school psychologists noted that classroom activities were quickly implemented, comprehensible, and well-received by the students.
- One school psychologist recommended training teachers to deliver the manual, especially in lower-level grades. Implementing these manuals from teachers would contribute to the psychological literacy of school children and give students a break from daily school routines.
- Some of the terminology used in socio-emotional activities might be adapted for lower grades.
- A school psychologist pointed out that socio-emotional activities in the classroom have been very beneficial, as they are considered helpful to use with students, especially before tests. Students have reported these anti-stress techniques have helped them in stressful periods.



---

### Individual intervention:

- A school psychologist reported that younger students had difficulties understanding the constructs and some of the concepts from the individual counseling session and following the instructions.
- Two school psychologists proposed increasing individual sessions to allow more space for recognizing and expressing children as clients. As an example, one of the school 20 psychologists mentioned that her beneficiary was utterly silent until the third session, and he only opened up in the last two sessions.
- Most school psychologists reported difficulties with the homework, which students often did not complete, which was part of the sessions.
- School psychologist from Peja mentioned that the individual session with her client, who was in sixth grade, evoked negative experiences of remembering the time when she returned and started school. She also pointed out that the individual counseling sessions might be more appropriate for grades eight and above.
- Two school psychologists reported that their beneficiaries stopped attending sessions after the second, mainly because parents didn't want them to attend the sessions. Finding valid for both manuals:
- Another school psychologist using manuals increased a sense of competence and professionalism in her work, providing structure to the school psychologist's role. She highlights the potential of using these materials for similar problems, not only for children with poor adjustment or those who have returned but also for students facing other stressful situations.

## Conclusions and recommendations

The findings for the classroom intervention on psychoeducation on mental health-related issues resulted in higher average scores on mental health knowledge-related issues for school children who attended the five-session interventions developed for the current project compared to those who didn't attend the sessions. The comparison of self-reported stress and psychological distress for repatriated adolescents who received five sessions of individual counseling developed to address adjustment problems showed a significant decrease when pre and post-test scores were compared. Similarly, the adolescents who received individual interventions significantly improved general mental health knowledge. Furthermore, the qualitative findings for both of the interventions from school children and school psychologists who implemented the perspective of the session were useful. They primarily had no significant difficulty in their implementation. The schoolchildren receiving individual counseling sessions explicitly developed for this project reported improvement in intrapersonal and interpersonal dimensions. Schoolchildren, in general, had positive experiences with five sessions of psychoeducation on mental health wellbeing in classrooms, writing about the potential benefits of learning stress management techniques that can be used to address situations such as test anxiety. School psychologists reported feeling more competent and professional by having structured activities for repatriated or adolescents who return to Kosovo after staying for long periods in other countries. Additionally, they reported that the individual counseling intervention can be used to deal with stress-related issues that do not necessarily involve repatriation or adaptation to new school settings. Some improvement areas in developed manuals were as follows:

- Considering that the language used in both manuals might be complicated for schoolchildren below the grade of 6.
- Simplifying the language of the consent forms for the parents.
- Training teachers to implement the five psychoeducation sessions for classrooms.

---

Regarding project contribution to the community, the MARDI Project -Caritas Switzerland in Kosovo, with the interventions described in this report, potentially contributed to Kosovos communities socio-economic development and capacity enhancement in addressing mental health support in schools. Collaboration between the Institute of Psychology, the Association of School Psychologists of Kosovo, and Psycho-Social and Medical Research Center, the project effectively supported and improved the mental well-being of vulnerable children and adolescents by providing particular focus to schoolchildren experiencing challenges due to repatriation and reintegration. The project development of the structured classroom interventions, individual counseling sessions, and training of school psychologists has not only helped adapt the returned schoolchildren as proven by results but also built national capacity to address complexities often associated with migration where often psychosocial or mental health issues are overlooked due to other competing priorities. The projects innovative approach to integrating mental health support within the educational framework marks a significant advancement in the psychosocial support and education field, setting a precedent for similar future initiatives in Kosovo and beyond. Research findings from pre and post-interventions and field reports indicate that the project met its goals by enhancing both 1) the capacities of Kosovar institutions in addressing the complex needs of the returned schoolchildren migrants by focusing on their psychosocial needs and 2) improving mental health knowledge and awareness and reducing stress and psychological distress of returned schoolchildren as a result of interventions. Specifically, 100 returned schoolchildren to Kosovo benefited from classroom and individual interventions, and another 700 others benefited from classroom interventions.

The successful implementation of a current project supported by the MARDI project of Caritas Switzerland in Kosovo provides evidence that future projects that address the needs of various vulnerable school children populations in school settings should adopt a strategy similar to that used in this project. The plan entails the involvement of civil society and public institutions, in this case, the Institute of Psychology from the University of Prishtina, which carefully designed tailored interventions addressing the population's specific needs and measured the intervention's impact. This approach leads to developing evidence-based interventions that remain sustainable resources for implementation when needed.

## ANNEX 1

Items	Control/Intervention	No. of cases	Mean	SD
I am often confused or in doubt about what I feel.	Control	603	1.95	.698
	Intervention	591	1.93	.649
I find it hard to explain to a friend how I feel.	Control	605	2.03	.763
	Intervention	595	2.00	.781
Other people do not need to know how I feel.	Control	605	1.93	.732
	Intervention	594	1.92	.713
When I am scared or nervous, I feel something in my stomach.	Control	606	2.26	.847
	Intervention	593	2.32	.823
It's important to know how my friends are feeling.	Control	607	2.38	.717
	Intervention	596	2.43	.679
When I am angry or upset, I try to understand why.	Control	605	2.36	.754
	Intervention	597	2.40	.763
It's hard to know if I feel desperate or angry or something else.	Control	596	2.21	.785
	Intervention	589	2.20	.781
I find it hard to talk to someone about how I feel or to explain my feelings.	Control	603	1.91	.779
	Intervention	589	1.92	.756

When I am sad	Control	605	2.45	.692
	Intervention	588	2.52	.635
When I feel sad, I can feel it in my body too.	Control	603	2.38	.747
	Intervention	590	2.49	.686
I don't want to know how my friends are feeling.	Control	598	2.55	.683
	Intervention	588	2.59	.643
My feelings help me understand what has happened.	Control	598	2.22	.715
	Intervention	590	2.31	.700
I never know exactly what kind of feeling I have.	Control	603	2.21	.751
	Intervention	588	2.16	.764
I can easily explain to a friend how I feel inside.	Control	599	1.95	.767
	Intervention	589	1.92	.746
When I am angry or upset, I try to hide it.	Control	602	1.79	.742
	Intervention	590	1.76	.708
I do not feel anything in my body when I am scared or nervous.	Control	603	2.42	.763
	Intervention	586	2.49	.724
If a friend is sad, I try to understand why.	Control	604	2.57	.654
	Intervention	590	2.63	.585

When I have a problem, it helps when I know how I feel about it.	Control	601	2.15	.710
	Intervention	572	2.17	.724
When I am sad, I try not to show it.	Control	602	1.78	.743
	Intervention	585	1.77	.723
My body feels different when I am upset about something.	Control	601	2.43	.728
	Intervention	590	2.45	.714
I am not interested in how my friends are feeling.	Control	599	2.61	.652
	Intervention	590	2.66	.632
Sometimes I feel sad and I don't know why	Control	597	2.08	.802
	Intervention	591	2.13	.801
When I feel bad, it's nobody else's business.	Control	597	1.95	.730
	Intervention	589	1.95	.748
When I am desperate, my body feels weak.	Control	601	2.34	.782
	Intervention	593	2.33	.761
I usually know how my friends are feeling.	Control	599	2.27	.671
	Intervention	590	2.26	.708
I always want to know why I feel bad about something.	Control	598	2.43	.731
	Intervention	590	2.46	.716

I often do not know why I am angry.	Control	602	1.99	.808
	Intervention	590	2.02	.800
I don't know when something will upset me or not.	Control	601	2.08	.762
	Intervention	593	2.04	.749
I have a person with whom I can share my worries or problems.	Control	600	2.44	.786
	Intervention	590	2.50	.746

DECEMBER 2023

