

Small funding can make a big difference: short-term outcomes of five projects linking livelihoods with mental health and well-being in torture-survivors

Berta Soley¹ and Skylar Park²

1 Project Associate at the International Rehabilitation Council for Torture Victims (IRCT)

2 University of Michigan. Undergraduate Fellow

Correspondence to: bs@irct.org

Abstract

This paper examines the short-term outcomes of five livelihood projects implemented by IRCT member centers in Uganda, India, Lebanon, Nepal, and Palestine. These projects aim to support the rehabilitation of survivors of torture (SOT) by combining mental health and psychosocial support (MHPSS) with livelihood interventions such as vocational training, farming, and small business development. Although the study's methodological limitations (such as small sample sizes, short project durations and lack of experimental groups), the findings suggest that integrating livelihood support with psychosocial treatment improves survivors' well-being, social relationships, and community integration. The paper concludes that, while preliminary results are promising, further research and longer-term studies are needed to fully assess the impact of livelihood support on the rehabilitation of SOT.

Keywords: psychosocial counselling, mental health and psychosocial support, MHPSS, livelihoods, socioeconomic support, survivors, torture, rehabilitation.

Introduction

Half of all survivors of torture (SOT) worldwide live in poverty. When treating SOT, rehabilitation and mental health treatment cannot be expected to work independent from supplemental support (specifically livelihoods) ensuring that individuals' most basic needs are met (Mukwege and Berg, 2016; Patel, 2019). It is said that rehabilitating SOT without livelihoods support is comparable to a car without wheels. Or, a SOT may attend weekly sessions for counselling to no avail as they return to a home without sufficient food for the family—another stressor deterring focus from rehabilitation.

There is scarce literature regarding the impact of providing livelihoods support together with psychosocial counselling, and no previous systematic review has been conducted (Patel, 2019; Patel et al., 2014).

This brief scoping review includes papers covering topics such as the two-way relationships between livelihoods and mental well-being (and the study of their interaction), known mental health benefits of integrating livelihoods into rehabilitation (social, self-esteem/confidence, purpose in life, hope, and distraction from challenges), and cautionary tales against unmindful projects. Yet, it does not address the rich literature on the relationship between poverty and mental health and the social determinants of health.

Papers fall into the following two categories: establishing a relationship between livelihoods and well-being and the analysis of livelihoods intervention programs. Only one of the papers focuses specifically on SOT (Carlsson et al., 2009).

Mental health and psychosocial support (MHPSS) integration into existing livelihoods programs is expected to improve the initial program's outcomes (Schininá et al., 2016). Moreo-

ver, the reverse effect is expected—livelihoods integration can improve MHPSS— and generates a mutually beneficial relationship (Schininá et al., 2016).

It is well established that livelihood-related stressors such as separation from one's family or precarious housing and accommodations, or an uncertain legal status can all contribute to the overall distress of SOT (Walther et al., 2020). Further studies into mechanisms by which poverty can contribute to mental ill-health expose uncertainty, challenging sleep environments, and exposure to pollutants and extreme temperatures, in addition to trauma, violence, and shame and guilt (Ridley et al., 2020). Just as examples, Veronesse (2022) showed that young Nigerian internally displaced persons (IDPs) in the Difa camp had a negative psychological functioning as a result of insecurity stemming from deteriorating living conditions and humanitarian migrants in Australia in unaffordable housing were found to be 60% more likely to suffer from serious mental health issues than their peers in affordable housing (Martino et al., 2022). Further, food insecurity and poor mental health share a positive, significant association (Cole & Tembo, 2011).

As previously mentioned, there is a bidirectional relationship between livelihoods and mental well-being. Investigation of mechanisms by which mental-ill health can contribute to poverty include differential cognitive functions, economic preferences, productivity, and health expenditures (Ridley et al., 2020).

Early on in the research process, a study identifying a lack of sufficient social contacts as a significant predictor of emotional distress in male tortured refugees appeared. Potentially even more notable, though, is that this study found past traumatic events to have nearly no importance in predicting health-related Quality of Life (QoL), emphasizing the need for social and community engagement (Carlsson et al., 2009). In a livelihood skills development program for refugee women in rural Jordan (Thorne, 2020), all interviewed participants cited making friends as a primary goal for joining this particular program. Three months into the program, it was confirmed that most of these women were able to enhance their social capabilities (Thorne, 2020). This is consistent with findings from a study about a vocational training program for women refugees at the Zaatari camp in Jordan, where many participants emphasized the relationships they were able to build over the duration of the training, further boosting their self-confidence (Jabbar & Zaza, 2015) in addition to interviews with refugee women in Australia (Ziersch et al., 2023). However, these results vary against a finding from the UPLIFT program (project aiming to improve the QoL for young girls in Makindye and Nakawa,

Uganda) having null or negative effects on participants' social relationships (Renzaho et al., 2020).

Other studies explore how livelihoods support may manifest into positive well-being results. In a series of interviews with Great Lakes African and Iraqi refugees, nearly all interviewees mentioned "productivity", or employment, as a way to promote healing from their trauma. Work was the topic brought up the most when discussing recovery, and many discussed how working helps reestablish a sense of normalcy and promotes taking care of one's needs (Hess et al., 2018). Results of the aforementioned UPLIFT program showed improvements of 10.7% in autonomy, 5.7% in personal growth, 5.4% in self-acceptance, and 5.3% in purpose in life (Renzaho et al., 2020). These studies substantiate the present literature that finds employment, vocational training, establishing and maintaining a business, learning skills useful in the home, and being able to contribute to both individual and family needs as boosters of confidence, hope, and self-esteem (Hilal, 2012; Jabbar & Zaza, 2015; Renzaho et al., 2020; Thorne, 2020). Moreover, interviews with 16 women with refugee backgrounds in Australia revealed the value many participants attach to distractions, in this case distractions from resettlement challenges (Ziersch et al., 2023). This can be upheld through previously mentioned interviews with Great Lakes African and Iraqi refugees, many of whom discussed how "productivity" provides a welcome relief from constant reliving of traumatic memories (Hess et al., 2018).

Despite the undeniable benefits of properly planned and implemented programs, attention should be called on the barriers faced by persons like refugees to finding and maintaining sufficient employment (Hess et al., 2018). In the Ziersch et al., (2023) study in Australia, nearly all of the 16 interviewed refugee women were engaged in precarious employment in addition to being subject to poor working conditions, exploitation, and labour violations ultimately leading to poorer mental health (Ziersch et al., 2023). In other words, vocational training or even employment alone cannot be assumed to be enough, especially in the context of a larger goal of integrating both livelihood support and rehabilitation as a means to improve both areas. Additionally, a small loans intervention program in South Africa, part of a larger review, was found to be associated with an increase in stress levels among participants (Lund et al., 2011) and conditional cash grants was found to be harmful for adolescent girls despite being beneficial for boys in the same context (Zaneva et al., 2022), exposing the need to carefully consider the specific needs, differences, and values of the demographic being served.

The 2022 Livelihoods projects carried out by IRCT member centres contributes to available data testing hypothesis that

combining livelihoods support with psychosocial treatment can enhance rehabilitation outcomes for SOT.

IRCT project on livelihood programmes for torture survivors.

The IRCT's Strategy 2022-2025 establishes a clear two-pronged approach to fighting torture through an emphasis on Healing and Justice. In contribution to the theme of Healing, the 2022 Livelihoods Projects directly responds to reports from member centres by formally recognising that psychosocial and medical treatments cannot be fully effective when survivors of torture (SOT) have not had their basic needs met ("Rehabilitation without livelihoods is like a car without wheels"). Five IRCT member centres ACTV Uganda, PVCHR India, Restart Lebanon, TPO Nepal, and TRC Palestine— were provided grants to implement proposed projects intended to serve each centre's unique observed needs.

This paper analyse whether short-term outcomes of the five 2022 Livelihoods Projects support the hypothesis that an integrated rehabilitation approach combining livelihoods support with psychosocial treatment may enhance the rehabilitation outcomes for SOT. The quantitative and qualitative data informing this paper were gathered from the IRCT's documentation of the 2022 projects, which included financial reports, narrative reports, and concept notes submitted by the centres as well as IRCT-hosted webinars where centres presented their projects. All five centres were contacted for interviews, further information, or both. Zoom interviews were conducted with PVCHR India and TPO Nepal, and email exchanges with TRC Palestine and Restart Lebanon were used to supplement the information submitted in their reports. ACTV Uganda was not able to be reached for an interview or further information.

Nonetheless, it is to be noted that the paper provides early insights into short-term (six months) results, which are to be followed by data on longer-term outcomes. Moreover, control groups were only facilitated in the Restart Lebanon and TRC Palestine projects, whereas the other projects (ACTV Uganda, TPO Nepal and PVCHR India) only draw on the results obtained from integrating livelihoods support into their existing rehabilitation programmes, without comparing it to rehabilitation outcomes when socioeconomic support is not provided. These limitations make the results of this compilation of studies only a first attempt of what should be a priority line.

Projects and data

TPO Nepal engaged 46 participants (adding to their existing cohort of 30 participants) in a 2-day workshop involving baseline evaluations and preparations, as well as a 3-day consultant work-

shop to develop their business plans. These involved goat farming, pig farming, buffalo farming, and vermicompost businesses, amongst others. Participants were supported with necessary materials such as groceries, a tempo battery, and the establishment of a shed. Each participant additionally met with a counsellor three times, on average, for psychosocial support. TPO's report mentioned that counsellors also provided technical guidance, though it is unclear what this entailed.

Both a pre-test and post-test involving questions regarding participants' current health conditions, whether they share feelings/problems with others, changes in familial and community support/trust, changes in sufficiency and attainment of basic needs, and current economic activity (occupation) were conducted. Further questions regarding program impacts on ability to manage daily expenses, economic trust by community members, self-confidence levels, and economic and social relationship levels were facilitated once in a post-test (data available on request).

Their initial results suggest improvements in physical health conditions given the respondents' increased access to medical treatment provided by TPO. Improvements are also noticed in their capacity to share feelings and speak about their problems, increased self-confidence and strengthened community integration .

Positive outcomes are also noticed on the sufficiency of basic needs and livelihood component, showing improvements in their ability to manage daily expenses, economic trust from the community and socioeconomic relationships, suggesting that this program had a positive impact on participants' socioeconomic situation. Per contra, marginal changes were noted in family and community support, as well as family and community allowance for SOT to participate in cultural and religious activities .

However, without a control group with whom to compare these findings, these results are only preliminary.

PVCHR India hosted 15 capacity building workshops on goat rearing, kitchen gardening, nutritional values, marketing, and resource mapping, followed by the distribution of seeds and plants to 2,261 families as well as goats to 27 families, in addition to facilitating dialogues ahead of livelihood distributions, and offering psychosocial support.

Psychosocial support was provided to 30 female SOT, including testimonial and brief narrative therapy, culminating in an honour ceremony. In the folk school dialogues, 1,234 individuals from 22 villages participated. Many SOT did not think of livelihoods as a viable option for them, thus, these folk school dia-

logue discussions around livelihoods, preparing land for kitchen gardening, and taking care of plants helped prepare participants in advance of seeds and plants distribution. This livelihoods initiative has benefited approximately 3,500 families in Anei. From the seeds distribution, by the end of the year, 2,523 tones of vegetables were sold at the market earning INR 26,775.

PVCHR provided data from surveying 25 SOT before and after receiving livelihoods support through the WHO-5 Well-Being Index. Respondents were asked to identify themselves on a range from at no time, some of the time, less than half of the time, more than half of the time, most of the time, and all of time regarding whether they feeling cheerful, relaxed, active and vigorous, waking up feeling fresh and rested, and their daily life being filled with things that interest them.

The results show a notable improvement in their feelings of cheerfulness, relaxation, as well as feeling active and rigorous, waking up feeling fresh and rested, and increased interest in daily life. Positive changes were also noted in their feeling of equal opportunities to find work and their household economic contribution (data available on request).

Again, their results should be considered preliminary due to the small sample size and lack of control group. .

Moreover, the same respondents were given a “Participation Scale” survey both before and after participation in the program that collected data on livelihood outcomes relative to respondents’ peers. Results are shown in the following tables.

TRC Palestine identified 68 ex-detainee women in high need of support and provided all 68 with psychosocial support services. 40 of these women were randomly selected and then further divided in 2 groups of 20— the first group would receive just MHPSS services (control group) while the second group would receive both MHPSS services and vocational training in beauty salon work, embroidery, or handcrafts (experimental group).

TRC’s report states that the 20 women in the experimental group were identified as in particular need of further livelihoods support through selection criteria such as unemployment status, education level and income.

The results showed made improvement in all areas of the WHO Well-being Index. Likewise, findings indicate reduced levels of distress, increased self-esteem, and strengthened family integration and social relationships, although as there were positive results in both groups, not all differences reached statistical significance (data available on request)

Restart Lebanon established a workshop, or the Atelier, to train a cohort of 6 SOT in professional plumbing. The group com-

pleted 120 hours of training, 1 month of supervised training, and were provided with hand tools necessary to work independently as plumbers. By the end of this program, the participants were able to install appliances, water pipes, and drainage and water disposal systems in addition to repairing water facilities and equipment.

Restart conducted a Resilience Test on two groups: the experimental group composed by the 6 individuals who received MHPSS support and benefited from the training, and a control group composed of 5 persons who were only provided with MHPSS support. Restart additionally conducted a pre- and post- test with the 6 participants of the experimental group asking 5 questions relating to confidence, success, and development of skills like social or communication skills. These questions were answered by “yes”, “no”, or “maybe”.

In the Resilience Test, the largest difference between both the experimental and control groups were in regard to whether they engage with school and community activities, followed by forming and maintaining positive relationships.

Smaller differences, but still remarkable, were found regarding respondents’ level of self-confidence, their ability to address conflicts non-aggressively, their ability to perform daily activities, their capacity to handle traumatic flashbacks, and their hope for future, which were larger in the experimental group. There were small changes -although not reaching statistical significance due to small sample size- in the areas of remaining positive during setbacks, asking for support or help, adapting to adversity, and the capacity to let go of negative thoughts.

In the pre- and post- tests (n=6) respondents spend used significantly more the day in a useful way after participating in the program, considered that had develop social skills, improved upon their technical skills, and believed their relational skills improved.

ACTV Uganda trained and provided equipment to cohorts in professional tailoring training, small-scale businesses, agro-business, and village savings and loan associations (VSLA). ACTV’s first activity included training 8 male and 2 female SOT for 6 months in professional tailoring skills to work with children’s, women’s, and men’s clothing in addition to wedding gowns, evening wear, and cushions, amongst others. As this project had been conducted once before, ACTV was able to apply lessons learned from the prior cohort like conducting an orientation workshop establishing expectations for participants.

Their second activity aimed to support 3 male and 2 female SOT in establishing small-scale businesses involving making

chili, selling goat meat, and selling fish at stalls. Each SOT participated in selecting their business venture and made their final decision based on skills, the market, and available resources. Another activity involved training 9 male and 6 female SOT in farming through a local agriculturalist with knowledge of modern, mechanized farming techniques as well as providing the following: a pair of oxen, ox plows, seeds (soya beans, sunflower, maize), insecticides, and pesticides. A land use agreement was signed prior to using land offered by 4 members of this cohort, opening 11 acres for farming (first in the community). The project is underdevelopment with data until now.

ACTV also supported a group of 15 SOT, in VSLA management skills through a social support group. After identifying specific objectives the group wished to achieve (each group member saving UGX400,000 within the year, fostering an environment that enhances healing, and initiating a group investment), participants were trained in the VSLA approach in addition to being provided with a VSLA kit. By December 2022, the group had saved UGX 652,000, profited a net UGX 40,000 from their chapati stall and had plans to initiate a second-hand clothing business.

Participants of the tailoring program reported increased hope. A set of qualitative interviews (available on request) reflected this. It is important to remark how survivors found especially relevant the social benefits (“I am a better person now; I can relate better and socialize with other people. Due to torture, this is something I had stopped doing.” (Survivor

3)). The business support project also yielded benefits. The report describes the wife of a program participant shared that her husband used to ask for “poison so that he could die and stop living a stressful life,” but after the program “no longer asks for poison, we can get food and rent for the house.” (Survivor 4). Participants of the farming training and equipment program were the first to open up such an area of land for these modern methods of farming, instilling their newfound value to the community. ACTV reported that participants experienced an increase of self-esteem from these learned farming skills, with community members even approaching participants for assistance in these farming methods. This qualitative data is an early glance into the perception of SOT of the impact of this integrated approach, while awaiting future quantitative reports.

Interpretation of findings

The five projects analysed aimed at providing some form of livelihood support, together with psychosocial counselling, to test the overall impact in the mental health and overall wellbeing of SOT. The livelihood initiatives adopted were appropriate to the context and local market demand: business plans, farming (goat, pig, buffalo) and vermicompost (Nepal); seeds and plants distribution, workshops on goat rearing, kitchen gardening, nutritional values, marketing and resource mapping, dialogues on different aspects of livelihoods (India); plumbing workshop (Lebanon); and training in professional tailoring, small-scale businesses, agro-business and VSLA (Uganda). Even though

Table 1. Positive outcomes of integrating livelihoods support into rehabilitation through different components.

Positive improvement:	
TPO Nepal	Changes in physical health, sharing feelings and problems, family and community support, sufficiency of basic needs Marginal changes: changes in family & community allowance to participate in religious & cultural activities
PVCHR India	Changes to feeling equal opportunities to find work, household economic contributions, feeling cheerful, feeling relaxed, feeling active/vigorous, waking up fresh and restored, interest in daily life,
TRC Palestine	Feeling feeling relaxed, feeling active/vigorous, waking up fresh and restored, interest in daily life, self-esteem, family integration and social relationships.
RESTART Lebanon	Self-confidence, hope for future, addressing conflicts non-aggressively, managing traumatic flashbacks, expressing feelings and concerns and able to perform daily activities
ACTV Uganda	Self-confidence, hopes for future, family relationships and community integration. (qualitative testimonies)

the livelihood support looked different in these contexts, they all supported SOT in establishing income generating-activities and/or equipped them with employability skills to improve their socioeconomic situation to ultimately test whether this integrated intervention would enhance SOT's rehabilitation outcomes, as compared to when only providing MHPSS.)

There are some limitations to this set of studies from SOT grassroots organisations: (a) control groups were only established in two of the five projects: TRC Palestine and Restart Lebanon,,(b) the samples size in some of the projects (Restart Lebanon and PVCHR India) being too small and (c) the time-frame of the projects being short to obtain definitive results on the impact of this integrated approach beyond 6 months

Table 1 summarises the main positive outcomes of integrating livelihoods support into rehabilitation through different components.

Common indicators used by the five centres included social relationships, community integration, and family integration while additional indicators included self-esteem and those measured by the WHO-5. The improved social relationships experienced by participants across the 5 countries are consistent with the identified literature regarding the criticality of social relationships and integration with the family and community to one's mental health.

The quantitative data reported by the five centers generally shows improvements, with some stagnant results, across indicators measured. There are no results that have shown a negative impact of livelihoods integration. It was probably due to small sample sizes, which are expected and essentially inevitable in the first year of such kind of projects, that many results were not able to show to what extent various aspects of SOT's well-being improved. Additionally, as each project was implemented in a window of about six months, there leaves an opportunity to gather more solid results as well as longer-term monitoring should future projects be granted a longer project timeline.

Taking into account the limitations of these series of small studies, the current data suggests that an integrated approach that encompasses rehabilitation and livelihoods support has a positive impact on, at least, social relationships, family and community integration, and can positively impact self-confidence and self-esteem. Some of the data also suggest that it can decrease trauma-related symptoms, such as managing traumatic flashbacks, negative thoughts, etc.

Conclusion

This paper aimed to determine whether the qualitative and quantitative data collected by the 2022 projects implemented through TPO Nepal, PVCHR India, TRC Palestine, Restart

Lebanon, and ACTV Uganda were consistent with the hypothesis that integrating livelihoods support with existing rehabilitation treatments will strengthen beneficial outcomes for SOT. A thorough analysis of all five centres' projects finds preliminary evidence of positive improvement in the well-being of SOT through the integrated livelihoods approach, while awaiting for further studies with refined data collection methods, bigger samples and longer project duration, to achieve more solid conclusions on the extent to what this integrated approach enhances the rehabilitation outcomes of SOT

Nevertheless, the results are encouraging. All five projects suggest some form of improvement in social relationships or integration, oftentimes manifesting in the form of further integration with the larger community.

Financial disclosure

The study was funded by the International Rehabilitation Council for Torture Victims (IRCT). The funding partner did not influence the research design, methodology and interpretation of results of this study

Acknowledgments

The authors would like to thank Pau Pérez-Sales for his suggestions and support to drafting this paper.

References

- Aerne, A., & Bonoli, G. (2023). Integration through vocational training: Promoting refugees' access to apprenticeships in a collective skill formation system. *Journal of Vocational Education & Training*, 75(3), 419–438. <https://doi.org/10.1080/13636820.2021.1894219>
- Abdel Jabbar, S., & Zaza, H. I. (2016). Evaluating a vocational training programme for women refugees at the Zaatar camp in Jordan: Women empowerment: A journey and not an output. *International Journal of Adolescence and Youth*, 21(3), 304–319. <https://doi.org/10.1080/02673843.2015.1077716>
- Carlsson, J. M., Mortensen, E. L., & Kastrop, M. (2006). Predictors of mental health and quality of life in male tortured refugees. *Nordic Journal of Psychiatry*, 60(1), 51–57. <https://doi.org/10.1080/08039480500504982>
- Cole, S. M., & Tembo, G. (2011). The effect of food insecurity on mental health: Panel evidence from rural Zambia. *Social Science & Medicine*, 73(7), 1071–1079. <https://doi.org/10.1016/j.socscimed.2011.07.012>
- Dagar, P. (2022). Evaluating and reframing vocational education and training for refugees: Insights from five refugee groups across three cities of India. *Compare: A Journal of Comparative and International Education*. <https://doi.org/10.1080/03057925.2022.2078957>
- Devkota, S. P. (2015). Necessity of technical and vocational education for conflict victims. *Journal of Training and Development*, 1(1), 27–32. <https://doi.org/10.3126/jtd.v1i1.13087>

- Hilal, R. (2012). Vocational education and training for women and youth in Palestine: Poverty reduction and gender equality under occupation. *International Journal of Educational Development*, 32(5), 686–695. <https://doi.org/10.1016/j.ijedudev.2012.02.008>
- Hess, J. M., Isakson, B. L., Amer, S., Ndaheba, E., Baca, B., & Goodkind, J. R. (2019). Refugee mental health and healing: Understanding the impact of policies of rapid economic self-sufficiency and the importance of meaningful work. *Journal of International Migration and Integration*, 20(3), 769–786. <https://doi.org/10.1007/s12134-018-0628-3>
- Kumar, S., & Willman, A. (2016). Healing invisible wounds and rebuilding livelihoods: Emerging lessons for combining livelihood and psychosocial support in fragile and conflict-affected settings. *Journal of Public Health Policy*, 37(S1), 32–50. <https://doi.org/10.1057/s41271-016-0009-0>
- Lai, H., Due, C., & Ziersch, A. (2022). The relationship between employment and health for people from refugee and asylum-seeking backgrounds: A systematic review of quantitative studies. *SSM - Population Health*, 18, 101075. <https://doi.org/10.1016/j.ssmph.2022.101075>
- Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., Knapp, M., & Patel, V. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *The Lancet*, 378(9801), 1502–1514. [https://doi.org/10.1016/S0140-6736\(11\)60754-X](https://doi.org/10.1016/S0140-6736(11)60754-X)
- Martino, E., Li, Y., Kali-Opio, J., & Bentley, R. (2022). Between liminality and a new life in Australia: What is the effect of precarious housing on the mental health of humanitarian migrants? *Cities*, 131, 103900. <https://doi.org/10.1016/j.cities.2022.103900>
- Mukwege, D., & Berg, M. (2016). A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care. *PLoS Medicine*, 13(10), 1–9. <https://doi.org/10.1371/journal.pmed.1002156>
- Patel, N. (2019). Conceptualising rehabilitation as reparation for torture survivors: a clinical perspective. *The International Journal of Human Rights*, 23(9), 1546–1568. <https://doi.org/10.1080/13642987.2019.1612373>
- Patel, N., Kellezi, B., & Williams, A. C. de C. (2014). Psychological, social and welfare interventions for psychological health and well-being of torture survivors. *Cochrane Database of Systematic Reviews*, 2014(11), Article CD009317. <https://doi.org/10.1002/14651858.CD009317.pub2>
- Renzaho, A. M. N., Doh, D., Mahumud, R. A., et al. (2020). The impact of the livelihoods and income fortification and socio-civic transformation project on the quality of life, wellbeing, self-esteem, and quality of neighbourhood social environment among the youth in slum areas in Kampala, Uganda. *BMC Public Health*, 20(1), 1872. <https://doi.org/10.1186/s12889-020-09868-y>
- Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, 370(6522), eaay0214. <https://doi.org/10.1126/science.aay0214>
- Schinin , G., Babcock, E., Nadelman, R., Walsh, J. M., Willhoite, A., & Willman, A. (2016). The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors. *Intervention*, 14(3), 211–222.
- Thorne, A. (2020). The potential for skills development programmes to empower poverty-affected and refugee women in rural Jordan. *Journal of Vocational Education & Training*, 73(4), 526–542. <https://doi.org/10.1080/13636820.2020.1744691>
- Veronese, G., Cavazzoni, F., Vigliarioni, M., et al. (2022). Human insecurity and mental health among young Nigerian IDPs: A qualitative exploration of the role of quality of life as a risk and protective factor. *Journal of Human Rights and Social Work*, 7(1), 46–58. <https://doi.org/10.1007/s41134-021-00207-8>
- Walther, L., Fuchs, L. M., Schupp, J., & von Scheve, C. (2020). Living conditions and the mental health and well-being of refugees: Evidence from a large-scale German survey. *Journal of Immigrant and Minority Health*, 22(5), 903–913. <https://doi.org/10.1007/s10903-019-00968-5>
- Zaneva, M., Guzman-Holst, C., Reeves, A., & Bowes, L. (2022). The impact of monetary poverty alleviation programs on children’s and adolescents’ mental health: A systematic review and meta-analysis across low-, middle-, and high-income countries. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 71(2), 147–156. <https://doi.org/10.1016/j.jadohealth.2022.02.011>
- Ziersch, A., Miller, E., Walsh, M., Due, C., Callaghan, P., Howe, J., & Green, E. (2023). ‘I really want to work for me to feel good myself’: Health impacts of employment experiences for women from refugee backgrounds in Australia. *SSM - Qualitative Research in Health*, 3, 100209. <https://doi.org/10.1016/j.ssmqr.2022.100209>