Creating Brave Spaces in Higher Education: A Short Interprofessional Education Exchange to Support Refugees' Psychosocial Needs

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Abstract

Potential traumatic experiences, prior, during and after migration, are the most common risk factors consistently associated with higher rates of mental disorders among refugees. The complex nature of refugee social and health challenges requires a holistic and comprehensive approach to achieve health equity. That is why, interprofessional education and collaboration among health and psychosocial care professionals is becoming increasingly crucial to build strong foundations for socially relevant work for refugees. Academic institutions can provide learning activities to advance students' interprofessional knowledge and competences before they enter the workforce. This study explored higher education students' experiences and reflections on a short-term interprofessional exchange that aimed to promote mental health and psychosocial support for refugees. Participants were higher education students from Germany, Greece, Sweden, and Spain representing the fields of psychology, occupational therapy, social work, pedagogy, medicine, and nursing. A qualitative study compromising two focus groups carried out at the end and 18 months after the interprofessional exchanges. Thematic analysis resulted in four themes: a) from curiosity to responsible action, b) my cultural humility journey: meeting in the environment we are in now, c) companion stories, and d) brave spaces and a sense of hope. Interprofessional collaboration emerged as a key strategy in protecting human rights and providing equal opportunities in psychosocial support of refugees. Findings highlight the value of short-term interprofessional exchanges for preparing higher education students in health and social care to move and be responsive in intercultural societies and contexts.

Keywords: Interprofessional education, higher education, mental health, psychosocial support, refugees

1. Background and Significance

The humanitarian crisis in Europe during the period 2015-2016 brought attention towards people forced to flee their country, however forced migration is not new according to the United Nations High Commissioner for Refugees (UNHCR, 2021). The refugee crisis has been exacerbated by the recent Russian war against Ukraine. As of September 2022 over 7.5 million refugees from Ukraine are recorded across Europe, one of the largest and fastest forced displacement crises since World War II (UNHCR, 2022a, 2022b). The complexity and breadth of refugee social and health challenges requires holistic and collaborative approaches to achieve health equity (Elmore et al., 2019; Sheath et al., 2020).

According to the World Health Organization (WHO, 2021b, 2021c), health systems around the world increasingly understand the need to provide high quality, person-centered, recovery-oriented, and community-based mental health services that protect and promote people's human rights and provide quality care and support. Collaboration between a wide range of health and social care professionals can facilitate the development of creative approaches, including new methods and analysis of old problems, identify oversights and errors in monodisciplinary practice, and build strong foundations for socially relevant work (Reich & Reich, 2006). For this reason, interprofessional training and teamwork

in higher education (HE) seems to be crucial for building and maintaining a healthy workforce (Maeda & Socha-Dietrich, 2021).

The purpose of this article is to describe HE students' experiences and reflections on two short-term European interprofessional exchange weeks with the aim to promote well-being and mental health support for refugees. This qualitative study used two semi-structured focus groups interviews to examine students' experiences and reflections on planned collaborative learning experiences and their impact on their future work. Identification of these insights can offer valuable recommendations for creating international and interprofessional learning activities in HE to achieve sustainable and long-term oriented psychosocial support for refugees.

1.1 Addressing Refugees' Mental Health and Psychosocial Challenges

Migration is not a single event but a process involving a series of phases from premigration, perimigration to postmigration resettlement; migration trajectory is not a linear, but a dynamic process that is shaped by complex social and economic structures and active agency and decision-making (Crawley & Jones, 2021; Snel et al., 2021). It is well documented in the literature that higher exposure to potentially traumatic experiences during migration trajectory, due to the social conditions and prolonged uncertainty for their future are among the risk factors associated with refugees' increased rates of mental health problems with serious long-term effects (Verhülsdonk et al., 2021; Vromasn et al., 2021; Walther et al., 2020). The most common mental health problems of refugees are post-traumatic stress disorder, depression, anxiety, and low rates of subjective well-being (Bogic et al., 2015; Fazel et al., 2005; Vromans et al., 2021). At the same time, concerns are raised whether these diagnostic categories can account efficiently the prolonged psychological distress involved in the refugee experience (Kronick et al., 2021). These mental health issues are one of the dimensions affecting refugees' participation and integration in their new contexts (Walther et al., 2021).

Due to the complex trajectory of forced migration, multidimensional and long-term interventions that address the social determinants of health have a significant impact on the mental health and well-being of refugees (Blackmore et al., 2020; Bulik & Collucci, 2019; Kemmak et al., 2021). Also important is the provision of culturally sensitive mental health services to achieve appropriate services in forced migrants (Farahani et al., 2021) that counter the distrust of public mental health care providers and reluctance to seek help (Colucci et al., 2015; Majumder et al., 2015). Thus, efforts to address the diverse and complex needs of refugees require a holistic and comprehensive approach (Sheath et al., 2020) and collaboration across multiple disciplines and sectors (Hynie, 2018; Priebe et al., 2016; WHO, 2010).

An interprofessional approach is essential for an effective, culturally sensitive, and sustainable mental health care delivery and social integration of refugees (United Nations High Commissioner for Refugees, International Organization for Migration, & Mental Health & Psychosocial Support Network, 2015) especially during the extraordinary risks during the COVID-19 pandemic preventative measures and the sealed borders (Kronick et al., 2021). Opportunities for interprofessional development in higher education are vital to expand the scope of psychosocial care and support for marginalized or minority groups. However, seldom implemented for management and collaboration on complex topics such as refugees' psychosocial health. This is problematic due to the complexity that refugees' health present. Therapeutic teams work interprofessionally in this field to be able to address the multiple needs of refugees' health through multiple coordinate professional competences.

1.2 Interprofessional Education

According to the Center for the Advancement of Interprofessional Education (CAIPE, 2021) interprofessional and collaborative practice includes professionals from different disciplines working jointly across health and social care and beyond. Interprofessional Education (IPE) is a critical approach designed to equip professionals with the relevant knowledge skills and values required to enable this to happen (Lindqvist et al., 2018). As the WHO stated, "IPE mainly occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (2010, p. 7). The client, patient, and unpaid caretakers are also members of the interprofessional team and will learn alongside professionals in their care journey (CAIPE, 2021).

Interprofessional training is a relatively new phenomenon in pre-qualifying education and subsequent learning. Only recently there are efforts to develop a health and social care workforce prepared through IPE to work collaboratively (WHO, 2010). For example, interprofessional core competencies have been developed to guide curriculum and engage students of different professions in collaborative learning (Interprofessional Education Expert Panel, 2011, 2016).

Despite the emerging evidence base demonstrating the effectiveness of IPE in improving knowledge, skills, and behavior of interprofessional collaborative competencies (Hammick et al., 2007; Reeves et al., 2016; Riskiyana et al., 2018) there is still a tendency to teach as single disciplines making IPE marginal in healthcare education (Haddara &

Lingard, 2013; McAullife, 2014). The current evidence on IPE is available mainly from diverse initiatives in developed countries with an emphasis on undergraduate level training (Herath et al., 2017). In addition, pedagogies that can bring long-term learning behavioral change among learners in interprofessionality and collaborative practice remain elusive (Lapkin et al., 2013; Meleis, 2016; Remington et al., 2006).

The principles of IPE align closely to current priorities in health and social care, including safe care, integrated person-centered care, values-based practice, continued improvement in quality care, collective leadership in the workforce and the need for transformative thinking to challenge traditional boundaries (CAIPE, 2017, 2021). The ability to work in collaboration with other health professionals can lead to reductions in difficulties faced by health organizations in different countries (WHO, 2010) and provide innovative solutions to multifaceted problems to bring positive social change (Deluca-Acconi et al., 2020; Reich & Reich, 2006). The management of health and social crises such as COVID-19 is fundamentally an interprofessional domain, as the nature of such pandemics requires high levels of interaction and collaboration between and among healthcare providers, healthcare organizations, care sectors, and society (Khalili et al., 2021). However, the very nature of disciplines, with their distinct cultural values, norms, processes, worldviews, and methods of communication, can complicate such collaborations (Reich & Reich, 2006) making visible the need to naturalize such type of collaboration in education. Educational experiences in HE can help develop collaborative, reflective practitioners capable of functioning effectively in interprofessional teams.

1.3 A Short-Term Interprofessional Education Exchange

Through a financed by the European Union interdisciplinary project, 59 undergraduate students in occupational therapy, psychology, education, medicine, nursing, physiotherapy, social work, and speech therapy participated in a short-term interprofessional education exchange. The purpose of the project was to describe experiences and to provide structured guidance for organization and implementation of cooperative interprofessional processes in psychosocial work with refugees at a national and European level. Two interprofessional exchange weeks were organized by the consortium partners, HE health and social study departments from Germany, Sweden, Greece, and Spain; the first in Berlin (May 2019) and the second in Athens (October 2019). These weeks were open to students from the partnership universities to participate with their expenses covered.

The organizing framework/objectives for the interprofessional exchange weeks focused on students' understanding migration trajectory and the impact on refugees' mental health, acquiring knowledge on the key dimensions of effective interprofessional psychosocial support in this field (e.g., ethics and social justice, cultural sensitivity, community-based approaches, self-care) and the promotion of interactive learning, critical discussions, and teamwork skills. The exchange program involved lectures, workshops, panel discussions, experiential activities, and documentary view and discussion with professors, practitioners from different disciplines and refugees. There were also informal social and cultural activities with refugees as stakeholders embedded in the program to promote interaction between the participants and sensitize on the topic of migration and participation in society.

2. Method

2.1 Participants

Participants in this study were 13 undergraduate students who attended one or both exchange weeks. Two participants participated in both focus groups. The majority of the students were female (n = 10, 77%). Participants were from the academic fields of occupational therapy (n = 9), psychology (n = 4), medicine (n = 1) and education (n = 1).

2.2 Research Design and Data Collection

The study followed a qualitative design (Lincoln et al., 2011). The purpose was to explore HE students' experiences and reflections on two short-term European interprofessional exchange weeks with the aim to promote well-being and mental health support for refugees. The data were collected from two focus group interviews (Group A: 7 participants, Group B: 8 participants) conducted by all authors who were lecturers in the partner universities and involved in the exchange weeks' development. All participants in the two exchange weeks were asked if they wanted to participate in the focus group via email and those students who wanted to volunteer to do so.

The first focus group took place in Athens after the completion of the second exchange week. The second focus group was conducted virtually 18 months afterwards and was opened to all students who participated in the exchange weeks. The focus groups, ranging between 60 and 90 min, were carried out in English as this was the agreed-upon language of the European project partners. Additionally, participants could express themselves in their native languages and get help from the facilitators in translation (Greek, German, Spanish and Swedish). A semi-structured interview guide with open-ended questions was designed by the authors, with the aim of capturing the perceptions and insights of the participants involved.

The goal of the first focus group was to examine the short-term effects of the interprofessional learning activities on participants, i.e. knowledge and competences about psychosocial interventions for refugees from the exchange weeks. The second focus group sought to explore the long-term impact of the learning experiences on their behavior in their current working environments or career aspirations. In each focus group interview, last author moderated and facilitated the discussions and interactions between the participants and the second acted as an observer taking notes. In the second focus group, the last author moderated, and the first author participated as an observer.

2.3 Data Analysis

To examine the participants' experiences and reflections, a thematic analysis was chosen as a way to analyze the interview data in the sense of identifying inductive "patterns of meaning" around the idea of "psychosocial support of refugees" (Braun et al., 2019). As the amount of data was not overwhelming no software was used to transcribe the data. The quality of the tapes included several voices and sometimes even words in different languages, therefore each author transcribed the interview material carefully and paying attention to these issues. Interviews were then analyzed using a six-phase approach to thematic analysis (Braun & Clarke, 2012). The first step of the analysis was to repeatedly read through the transcribed texts from the focus group interviews to gain a sense of the data and note down initial ideas. In a second step, a detailed line-by-line analysis took place to identify the participants' meanings and actions in each data item. The codes were labelled in a way to convey participants' expressions and wordings.

The third step consisted in focused coding to synthesize and bring the previous codes into larger themes. In a fourth step, the coded data were reviewed to identify areas of similarity and overlap between codes. These steps were followed by all authors. As fifth step, an iterative analytical process was conducted; the authors went back and forth between the two focus groups to compare, refine, and collapse categories. As a final step, the authors also developed a visual representation indicating how the themes work together to describe participants' perceptions of the short-term interprofessional exchange study program. Several analytical meetings were held by the authors to agree on the final themes describing participants' experiences and reflections of their training in interprofessional psychosocial support for refugees.

2.4 Ethical Considerations

This study followed the ethical procedures of the 1964 Helsinki declaration and its later amendments, and relevant European research standards (European Commission, 2010). Participants were provided with verbal and written information regarding the study. Participants were informed that their participation was voluntary, that they could withdraw at any moment and that confidentiality would be assured. In addition, participants were informed of data management procedures and a consent form was signed before data were collected. Personal information of the students was erased in the final quotes to ensure confidentiality.

3. Results

From the thematic analysis emerged four themes highlighting students' journey towards developing an empathetic professional identity. These four themes were: a) from curiosity to responsible action, b) my cultural humility journey: meeting in the environment we are in now, c) companion stories, and d) brave spaces and a sense of hope.

3.1 From Curiosity to Responsible Action

Participants described their path from initial curiosity to gradual awareness and engagement in responsible action as professionals with a focus on human rights as central tenet. Participants reported being curious to learn and immerse themselves in interprofessional psychosocial practice for refugees to better prepare for their professional roles. As a participant shared: *I like that you not only find the opportunity for different disciplines where you can have an exchange and you get to see the different perspectives on the same case, maybe on the same topic on health care in general. It helps you to understand your future work* (Participant 1A).

This initial curiosity became a gradual awareness about the psychosocial needs and support for refugees. Another participant commented: *Gave me a lot of information about the context of refugees in Europe and the knowledge to start to create projects, learn to create impact in this topic […] I did not discover more about another discipline but mine. Why? Because now we know another way that I can work as an Occupational therapist, it provided me with the knowledge that I can be outside [in the community], for most people* (Participant 3A). This knowledge created the foundation to better understand migration trajectories in different European countries and the need to take sensible action as professionals to bring systemic change. Thus, participants reflected on their expanded professional identity and role to ensure human rights, opportunities, and well-being of refugees.

A human rights perspective was also evident in participants' current practice. One participated stated: *I reflect how vulnerable it can be for refugees and how much I take for granted* (Participant 2B). Participants were continuously reflecting about the inequality and differences in opportunities and resources for refugees and the impact on their health and social care. One participant reported: *Actually 90% of the people here [Sweden] are immigrants and have different cultures, especially they are adults. It is difficult for them to know how the healthcare system works, so it is very important for us to lead them in the right direction* (Participant 8B).

Language barriers and poor living conditions can also affect the health care and social support of refugees. As a participant explained: *The children I meet, they have a disease, they may have a wheelchair, they don't know the language, they live in a very small secondhand apartment* (Note 1), *so it is difficult to adapt the apartment, it is so complex […] We work together to just meet the children, do the assessments that we are supposed to do but also to talk with their parents, how the situation is at home, do they have the right help to, extra help at home or in school* (Participant 2B). Participants engaged in collaborative work to address the social determinants of health and mental health in therapeutic plans and interventions for refugees.

Participants highlighted the significance of interdisciplinarity and collaboration to provide high-quality health and social services as it is obvious in the following quote: *Think more about occupational justice and from the perspective of refugees but also how important… the interdisciplinary perspective was good for me as well, we all had something to bring to the table, whether I am an occupational therapist, psychologist, or nurse, everyone has their perspective and if we have our perspective and also have more information how this works* (Participant 2B). An interdisciplinary approach follows a human rights framework and values the exchange of information and joint effort among a diverse team of professionals as well as the patient contributing to the best outcomes.

Responsible action was reflected in relation to COVID-19; participants acknowledged the importance of interprofessional collaboration in times of COVID-19 pandemic. A participant commented: *Now in COVID, the pandemic, when no one can enter and come and say hello to one another, it is very difficult and very important for us to work interdisciplinary with refugees* (Participant 8B). Participants seemed to realize how the global pandemic exposed and exacerbated the already existing inequalities in psychosocial services for refugees.

3.2 My Cultural Humility Journey: Meeting in the Environment We Are in Now

Thematic analysis allowed the identification of participants' gradual journey along the cultural competence continuum to meet the needs of their patients. The international and interprofessional environment of the program provided a context for students to learn from and interact with people from diverse language and cultural backgrounds. Apart from building their cultural knowledge, participants also became self-aware of their unconscious attitudes and beliefs as it is indicated in the following quote: *My strong learning experience was… when a teacher talked to us about implicit bias… thought provoking, thinking that I might act biases as well even if I did not know myself* (Participant 6A).

Cultural sensitivity emerged as an important element in therapeutic prognosis and plans for culturally diverse populations. Specifically, participants reflected on the role of culture in people's expression of symptoms and recovery. As a participant shared: *I now have a better and deeper understanding of refugees. It's like their culture affects them how they show, for example pain or accepting that they have a disease or for me a stroke as in this case I am working, it is very difficult for them to express themselves... I noticed that some people need longer rehabilitation* (Participant 8B). Participants also commented on how they try to incorporate the cultural knowledge of their patients in their interventions as it is stated in the following quote: *I have now in therapy a client who practices Ramadan. It is interesting, we talk a lot about his tradition, how important it is for him … so I can change, for example, my therapy for him in this time and so to know about him, to respect* (Participant 3B).

Along the same lines, participants highlighted the importance of seeing the patient as an expert in their lives. Another participant stated: *I think the exchange training helped me to think about all this process, maybe be a bit more open and aware, listen to the patient, the family, to hear those maybe, have you got help with this ?* (Participant 2B). Approaching patients as equal partners and orienting toward the clients' needs in the moment can be beneficial for the therapeutic alliance and optimize health outcomes.

This empathetic process was present in their work with diverse and vulnerable patients during the COVID-19 pandemic as it is obvious in the following quote: *It was a difficult year, I had an interpreter… hold the mask and everything, very difficult to connect and make it a safe place for children. I thought a lot about how we can meet in the environment we are in now, the situation we are in now* (Participant 2B). To be able to apply a culturally reflective approach to address challenges in providing psychosocial support in their present professional environments with refugee and immigrant patients seems to be a benefit gained through the experiential activities of the program. This

approach was also present in participants' relationship with colleagues. A participant shared: *It's given me a greater understanding of their [referring to peers newly arrived to the country] kind of behavior… because it is usually from their culture or maybe it's because they have been more reserved from speaking with authoritarian figures or people who work for the government or, in my case, our company* (Participant 7B). Participants recognized the cultural differences and power imbalances in their everyday interactions with colleagues and a willingness to adapt their professional relations accordingly. The same student continued: *It has been easier to include everyone and put myself… not really put myself in their shoes, but at least try to do it and that has helped immensely, to be able to cooperate not just with refugees but with people who come to this country and want to live here, the cooperation we have with them… just try to see things from their perspective* (Participant 7B). Overall, respectful inquiry and empathy in the working environment promoted not only the therapeutic alliance with the patients but also the interprofessional collaboration. This attitude towards the present needs of the other, patient or colleague, is an important element of cultural humility, an extension and advance form of cultural competence.

3.3 Companion Stories

Participants recognized the power of refugees' and practitioners' testimonies and stories. One participant shared: *Listening to Ousman* (Note 2) *had an impact and I think it changed a lot of thoughts, myself and also it changed who are my heroes in my life, is it a football player or is it Ousman ?* (Participant 3A). Confronted with complex and profound disruptions of refugees' life experiences, participants rethought and challenged their beliefs and values. For example, a participant stated: "*It helps to think about the history of refugees, what about my family history? Personally, for my grandmother, what's her history as a refugee […]? So, it is very interesting to see this perspective of my family* (Participant 2A). Thus, participants appeared to develop a new understanding of their family history as it pertains to migration and forcible displacement, creating potentially new sensitivities towards their clients too.

Another participant commented: *I have to go back to the way I look at things, not on my professional level but a bit at my personal as well, I mean I kind of understand why, for example, my dad is like he is. I mean he came to this country during the civil war [in his country]. It's given me a greater understanding on why people might do what they do or think like they do and that is something that I think a lot of people will need to be able to do* (Participant 7B). A participant also shared her personal story as an immigrant: *I have these questions that I had 8 years ago when I came to this country as an immigrant* (Participant 5B). Participants' reflections on self and others within the contexts increased their empathy towards others and not only transformed their personal narrative but enhanced and deepened the learning process.

Professors and practitioners' stories and involvement in psychosocial projects for refugees had also a powerful effect on students as it is obvious in the following quote: *I think the stories had an impact on me, on how you as professionals that had worked with refugees … you were [project team] so open and vulnerable as well, with how you talked about it, how it had affected you and how you have worked because it made, at least for me, ...it was the feeling that we are all equals* (Participant 2B). Personal narratives appeared to inspire and empower participants. Stories became a vehicle of sharing successes and challenges, hence, revealing one's vulnerability. This community of sharing and being vulnerable led to participants' professional and personal transformation. It also presented a health and social field that is not traditional in education.

3.4 Brave Spaces and a Sense of Hope

The two training weeks served to create brave spaces and hope for participants to engage in interprofessional work in the humanitarian sector. Participants needed to be brave to get involved in activities that removed them from their comfort zone and challenged their personal and professional views and attitudes. This thought is illustrated by the following reflection from a participant: *This training was an opportunity to have completely new thinking. Give you a lot of creativity and think outside the box and these close terms you learned in the University... to have another perspective. We talked about culture, communities from a much wider perspective, learned to question this, to have critical thinking... have more opportunities to interact with these very profound topics. This applies even for a variety of different jobs even if you do not go to jobs that have to do with refugees you got a lot out of this week* (Participant 1A). The interdisciplinary aspect of the program contributed to participants critically evaluating their assumptions and openness to other perspectives in their professional environments. This is a critical skill not only for the psychosocial support of refugees but in any health care, educational and community setting.

Evidence of this critical stance was also present in participants' current practice. As a participant commented: *Actually it kind of opened my mind to see like more… see things from other points of view… got the opportunity to learn to see things from a different angle, to think outside, let's call it our imaginary box* (Participant 7B). Stepping out of this imaginary box could be seen as being able to reflect on own bias, privileges, and power positions in relationship with

their professional identity. An important aspect of these brave spaces was to listen and respect other opinions and perspectives, a core competency of interprofessional collaborative practice. As a participant stated: *I liked the panel discussions … the feeling of ok maybe people disagree with you but at the end we work all on the same topic ... the disagreement is not a bad thing but a very crucial living process then I think this is very good* (Participant 1A).

Participants also felt brave to engage in international and interprofessional learning activities as well as social action as it is obvious in the following quotes: *We have to be confident and brave to take action, to take like you did […] the project, opportunities to make something maybe in Germany, maybe in Greece, so go to Greece* (Participant 2A) and *It very impressed me the whole project you created there and the different countries and so what I learned is that it is really possible to do such a thing if you put a lot of effort in it and do it* (Participant 6B). Participants were empowered to seek international experiences in their professional work such as applying to a foreign practical and master's degree. The whole exchange experience could be seen as creating the opportunities to explore brave spaces for the students.

The joined activities and experiences created a sense of hope. One participant noted: *So, coming here I see that we are a lot of students in occupational therapy… brings me ... we are not alone, we are a lot of people and there is hope* (Participant 3A). The collective trust and hope contributed to participants' empowerment and development of professional identity. This is obvious in the following quote: *For me what I take home is that the most important thing is to make the first step into the field of interdisciplinary working, that I now know that is possible to do that, I think this is the most important thing ... a lot of different fields in health care ... to get into different fields, find people who want to work with you* (Participant 1A). The community of learners that was created among students, professors, professionals, and refugees in the program encouraged and motivated students to get involved and promote interprofessional practice.

4. Discussion

Through the exchange weeks' activities students began to critically reflect on the dynamic and changing nature of migration trajectories (Kirmayer, 2015) and how micro, meso and macro level factors relate to these experiences (Snel et al., 2021). This human-rights-based approach inspired and mobilized students towards responsible action in their future professional aspirations. The same active reflective process was also present in students' working environments 18 months after their participation in the program. Specifically, students identified barriers not only for refugee families and children but other vulnerable groups to access culturally congruent and effective psychosocial services in diverse settings.

Adhering to a human rights framework in practice requires that professionals have both sound knowledge of what rights individuals are entitled to and a willingness to take action to assist individuals to achieve them (McAullife, 2014). This is echoed in the Sustainable Development Goals that call for the promotion of mental health and wellbeing, with human rights at its core (WHO, 2021c). For this reason, it is essential to prepare future practitioners in higher education to provide mental health services that engage with these important life issues, especially for vulnerable and marginalized groups. Despite the limited evidence for behavioral change of the interprofessional exchange, the combined didactic and experiential component of the short-term planned learning experience seems to have improved not only students' short-term knowledge and attitudes but also their professional behaviors (Remington et al., 2006).

The implementation of a human rights-based perspective necessitates services to address social determinants of mental health, responding both to refugee's immediate and longer-term needs, which are often overlooked or excluded from mental health discourse and practice (WHO, 2021a, 2021b). Students acknowledged the value of interprofessional collaboration in addressing social determinants impacting mental health and promoting social justice advocacy for refugees. To achieve these ethical goals requires varied skills that necessitate interprofessional engagement among healthcare professionals and organizations, public health and community agencies, community leaders and advocates, and refugee's communities (Yozwiak et al., 2021). Thus, an interprofessional partnership provides each future professional valuable insight on how to promote strong advocacy and purposely practice (Deluca-Acconi et al., 2020; McAullife, 2014).

This collaborative expertise demonstrates the power of interprofessional education and practice (Interprofessional Education Collaborative, 2016) especially in times of global crisis such as the COVID-19 pandemic and its aggravated negative impact on refugees (McGuire et al., 2021). That is why it is essential to bring together respective professions to work effectively as a team to plan, deliver and evaluate how human rights are protected and promoted (Deluca-Acconi et al., 2020). The improved coordination between mental health and social sector services can ensure the provision of holistic support not only to refugees but to everyone (WHO, 2021a). Higher education exchanges that provide opportunities for collaborative learning and interactions prepares students for interprofessional work to improve access to quality psychosocial services for all.

As expressed in the findings, through the cultural encounters and experiential activities of the program students promoted a series of cultural humility skills to address barriers in providing responsible care for clients. Students exhibited respect, empathy, and critical self-reflection at both intrapersonal and interpersonal levels (Foronda et al., 2016; Hook, 2014). Cultural humility honors fluid interpretations of one's experience and culture (Mosher et al., 2017), involves a lifelong learning process (Hook et al., 2016; Hook et al., 2017; Mosher et al., 2017) and explicitly acknowledges individual and systemic/ institutional power, privilege, and marginalization (Fisher-Borne et al., 2015; Foronda et al., 2016). Cultural humility encourages a particular attitude toward orienting to the client's needs in the moment (Mosher et al., 2017). That is why professionals who engage diverse clients with cultural humility may be better able to develop strong therapeutic bonds, work through cultural ruptures, and navigate value differences (Mosher et al., 2017).

Cultural humility is an important component of training in different disciplines, including nursing, medicine, social work, and psychology in recent years (Abbott et al., 2019; Fisher-Borne et al., 2015; Foronda et al., 2016). As illustrated by our findings, embracing cultural diversity and promoting active spaces to experience and develop cultural humility is a core strategy for interprofessional collaborative practice (Interprofessional Education Collaborative, 2016) and contributes to the provision of more empathetic care (Hughes et al., 2020). In line with our findings, the literature suggests that increased training in cultural humility will facilitate greater introspection and critical thought among students and practitioners and result in improved interdisciplinary and patient-clinician interactions (Alsharif, 2012; Foronda et al., 2016; Hughes et al., 2020).

In the specific context, stories introduced students to the complex and profound disruptions of refugee's lives. Refugees' and educator/ practitioners' stories contextualized and humanized experiences such as migration and displacement (Szurmak & Thuna, 2013). This process challenged the dominant and marginalized public discourse that positions refugees or migrants as 'the other', defined and treated as different and distant in health and social care services and policies (Grove & Zwi, 2006; Torres, 2006). Experiential-based learning engaged students to narratives of inclusion and caring, which approaches refugees as active and skilled agents of their lives closing the gap in "othering" the other because of being different. This learning experience could be seen as promising to avoid the 'othering' of refugees as a problematic homogeneous group and to effectively support patients from diverse and vulnerable backgrounds.

Furthermore, refugees' narratives allowed to reflect about personal and family story from new perspectives. This process also empowered students for the future challenges they will encounter in their practice (Miller & Wozniak, 2015). Frank (2013) proposes the term, companion stories, to those stories that will stay with you because they present you and remind you of ethical issues at stake when taking decisions in a clinical setting. Stories appeared to be a valuable pedagogical tool to connect program's content with more applied contexts and advance integrative learning between disciplines with human rights as its core values (Huber & Hutchings, 2004). At the same time, HE professors constructively interacted and collaborated with colleagues from other countries in planning, developing, teaching, and implementing the exchange weeks in an interprofessional environment. This shared responsibility of faculty members served as a critical model of interprofessional collaboration to students (Buring et al., 2009). Refugees' and practitioners' testimonies and stories appeared to be a valuable pedagogical tool to connect the educational program's content with more applied contexts and advance integrative learning between disciplines.

The interprofessional context of the program created "brave spaces" for discussion and reflection about health and social issues from different perspectives. Brave space implies that students came in contact with knowledge, experiences and emotions that took them out of their comfort zone. Arao and Clemens (2013) give emphasis on the importance of bravery—the active engagement and agency required of participants in spaces intended to support learning. This means that students had the courage to take risks because they knew that painful or difficult experiences would be acknowledged and supported (Cook-Sather, 2016). Higher education interprofessional partnerships need to open up for "brave spaces" that promote self-critique and reflexivity to recognize and accept biases and assumptions, dare to be vulnerable, negotiate power and accept learning as a lifelong process. Experiencing positive encounters and outcomes through "brave spaces" in HE can be empowering and initiate social justice dialogues to tackle the inequalities in psychosocial support for refugees. Overall, this transformative experience challenged students' incoming perceptions and led to the development of both empathy and professional identity towards new working areas.

5. Limitations and Recommendations

Despite the analysis of a rich data set it is important to acknowledge some limitations. Firstly, it was not possible to explore whether students' participation in one or both weeks might have influenced their experiences in the program.

Secondly, students who participated in the focus groups did not represent all the academic fields that were part of the project. Another possible limitation could be that the first focus group took place immediately after the end of the second exchange week. Thus, students still had a lively experience of their participation in the program and did not have time to debrief from the activities. Lastly, the second focus group was conducted through an online platform due to distance and COVID-19 traveling restrictions, which could have influenced the interviewing process. The authors were also part of the staff of the exchange program, which could affect how students referred and reflected the whole experience of the exchange training.

A unique strength of this study is that it followed students from 4 European academic institutions 18 months after their participation to explore the long-term impact and reflections of their experience in the program at their professional work. The focus groups were an integral part of the interprofessional exchange experience as it provided an opportunity for the students to perform some type of reflection as to their initial and changed perception of their role and value in interprofessional care (Buring et al., 2009). Future research should try to include students from other academic fields to further enhance our understanding of their expanded professional identities and emerged competencies to provide high quality and responsive psychosocial care to refugees. Future IPE initiatives in HE should be evaluated using an objective measurement in a longitudinal way to provide reliable conclusions concerning the program success.

6. Conclusion

This study provides a thoughtful exploration of higher education students' perspectives on the transformative power of a short-term interprofessional exchange. Early training and experiences of IPE have the potential to prepare HE students to move and be responsive in intercultural societies and contexts. Further, the findings suggest the urgent need to incorporate even short interprofessional exchanges and training in HE courses to enhance learners-based outcomes related to interprofessional practice in health care and social field. HE departments need to take action to integrate international and interprofessional learning activities to achieve sustainable and long-term oriented support of vulnerable groups.

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Notes

Note 1. A second-hand apartment requires permission of the owner to do adaptations.

Note 2. Social entrepreneur and writer from Ghana. He shared his own life story and experiences of being a refugee in the second exchange week.