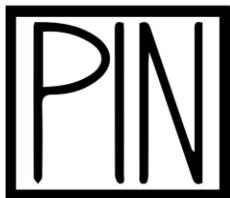




# REFUGEES' MENTAL HEALTH 2017 RESEARCH REPORT





PSYCHOSOCIAL INNOVATION NETWORK (PIN) IS ENGAGED IN THE DESIGN, IMPLEMENTATION AND EVALUATION OF DIFFERENT PSYCHOSOCIAL INTERVENTIONS THAT AIM TO PROTECT REFUGEES', ASYLUM SEEKERS' AND MIGRANTS'\* MENTAL HEALTH AND TO ENHANCE THEIR EMOTIONAL, PSYCHOLOGICAL, AND SOCIAL WELL-BEING.

AS THE IMPLEMENTING PARTNER OF UNHCR SERBIA, PIN CONDUCTS RESEARCH ON REFUGEES' MENTAL HEALTH IN ORDER TO KEEP TRACK OF TRENDS, ASSESS PSYCHOLOGICAL NEEDS, ENSURE EVIDENCE-BASED PRACTICE AND PROVIDE ACTIONABLE RECOMMENDATIONS FOR DELIVERING ADJUSTED PSYCHOSOCIAL SUPPORT.



*\*Note:* The primary objective of this report is to inform on psychological conditions and hardships faced by people who due to different reasons had to flee their home countries. Because of that, For better readability and simplicity, the term *refugee* will be used throughout the text, regardless of their legal status at the time of this research.

## SUMMARY

REFUGEES ARE ONE OF THE MOST PSYCHOLOGICALLY VULNERABLE GROUPS. AN AVERAGE REFUGEE HAS SURVIVED MORE THAN SIX HIGHLY TRAUMATIC EVENTS IN THE COUNTRY OF ORIGIN OR ON ROUTE FROM COUNTRY OF ORIGIN. THIS CONTRIBUTES TO SEVERAL TIMES HIGHER PREVALENCE OF DIFFERENT PSYCHOLOGICAL HARDSHIPS. ACCORDING TO THE INTERNATIONAL STANDARDS FOR MENTAL HEALTH SCREENING, 88.5% OF REFUGEES IN SERBIA SHOULD BE TREATED AS PSYCHOLOGICALLY VULNERABLE – i.e. IN NEED FOR IMMEDIATE PSYCHOLOGICAL ASSISTANCE AND CONTINUOUS PSYCHOSOCIAL SUPPORT.

THE MOST PROMINENT MENTAL HEALTH DIFFICULTIES ARE SYMPTOMS OF DEPRESSION, ANXIETY, AND POST-TRAUMATIC STRESS DISORDER. THE PREVALENCE OF SIGNIFICANT DEPRESSIVE SYMPTOMATOLOGY IS 48%, SIGNIFICANT LEVELS OF ANXIETY ARE PRESENT IN 37%, WHILE SYMPTOMS INDICATIVE FOR POST-TRAUMATIC STRESS DISORDER ARE PRESENT IN 26% OF REFUGEES AND MIGRANTS.

IN SERBIA, REFUGEES FACE POST-MIGRATION LIVING DIFFICULTIES THAT AFFECT THEIR MENTAL HEALTH AND WELL-BEING. NAMELY, 81% ARE AFFECTED BY POVERTY, MORE THAN 70% ARE SEPARATED FROM FAMILY AND HAVE PRONOUNCED WORRIES ABOUT THEM.

IN CONTRAST, MAJORITY OF REFUGEES DEMONSTRATE STRONG COPING CAPACITIES AND POSITIVE ATTITUDE TOWARDS THEIR FUTURE LIFE. MORE PRECISELY, 56% OF REFUGEES BELIEVE THAT THEY HAVE SUFFICIENT CAPACITIES FOR SUCCESSFULLY DEALING WITH EVERYTHING OR ALMOST EVERYTHING THAT COMES THEIR WAY IN LIFE. IN ADDITION, 80% OF REFUGEES ARE HIGHLY OPTIMISTIC AND BELIEVE THEY CAN ACCOMPLISH GREAT THINGS IN LIFE.

96% OF REFUGEES FIND PSYCHOSOCIAL SUPPORT IMPORTANT AND USEFUL.



## RESEARCH METHODOLOGY

Presented data was collected during the period between September 2016 and July 2017 on the locations where PIN provides psychosocial support and interventions focused on the mental health of refugees and migrants (primarily in Belgrade, Sjenica and Tutin). A total of 546 refugees participated in different aspects of the research. Given that the research aimed to cover a wider range of challenges in the field of mental health, various assessment instruments were used.

### INSTRUMENTS AND DATA COLLECTION METHODS

The data on traumatic experiences were collected during individual interviews with 178 refugees. The interviews were conducted by psychologists, with the assistance of interpreters and cultural mediators, and the responses were recorded in the Traumatic Experience Questionnaire, which represents a check-list containing 62 most frequent and most relevant traumatic experiences refugees might face in their countries of origin (42 events) or during their flight (19 events). Given the fact that reporting on traumatic experiences requires adequate conditions and carries a risk of re-traumatization, the interviews were conducted by psychologists who have established a trusting relationship with the refugees, and who have a possibility of providing continuous psychological support in dealing with trauma with the purpose of maintaining and improving their mental health.

The assessment of the refugees' mental health (N = 261) was conducted in relation to the most frequent problems refugees are dealing with, that is, post-traumatic stress disorder (PTSD), depressive and anxious symptomatology and acute distress. With the purpose of providing efficient but at the same time linguistically and culturally adjusted assessment, the Refugee Health Screener (RHS-15) was used, which was available to PIN's psychologists in English, Farsi, Arabic, Somali and Cuban-Spanish language. The questionnaire, in accordance with the instructions, was administered by psychologists, with the assistance of interpreters, or was independently filled in by the refugees when the required conditions were met (adequate level of literacy, understanding of language and the instructions for filling the questionnaire, etc.). For identifying individuals at risk, that is, psychologically vulnerable individuals, in accordance with recommendations, the cut-off score of 12 was used, but in order to increase the instrument's sensitivity, an additional cut-off score of 24 was added for identifying highly vulnerable individuals (double the score sufficient for identifying individuals in need of a psychological support). For the symptomatology corresponding to PTSD, depression, and anxiety a score of 2.25 per item was used, that is, the sum value of scores on all items which, with most sensitivity and preciseness, identify the given symptomatology.

Resilience was conceptualized as a combination of positive aspects of the functioning of an individual, such as coping capacity (part of the RHS-15 questionnaire), subjective experience of well-being, satisfaction with life, happiness, optimism, and self-confidence. Total of 348 refugees provided data on resilience by filling out this part of questionnaire during individual interviews.

In addition to that, in order to gain insight into the dominant difficulties during their stay in Serbia, during interviews and with assistance of interpreters, the refugees filled in the Post-Migration Living Difficulties Questionnaire (PMLDQ), which is used for determining the level of exposure to various difficulties, such as: discrimination, language barrier, unemployment, poverty, worrying about family members from whom the individual is separated, etc. In order to acquire valid data, this questionnaire was given only to individuals that had been staying in Serbia for more than 6 months, which was a total of 205 individuals.

## **REFUGEES SAMPLE CHARACTERISTICS**

A total of 546 refugees participated in the research (11.5% female), all of which were staying in Serbia at the moment of data collection. The sample predominately consisted of young individuals, wherein the most participants were minors aged 15 to 17 (41.4%), followed by young adults aged from 18 to 30 (34.5%). The majority of refugees participating in this research originated from Afghanistan ( $N = 429$ ), Iran ( $N = 36$ ), Pakistan ( $N = 33$ ), Syria ( $N = 26$ ), Iraq ( $N = 12$ ), Cuba ( $N = 6$ ), while others originated from Sudan, Algeria, Nigeria and Somalia (one person per country). The majority of refugees were of Islamic religious denomination (97%), and the sample included more than 20 ethnic groups (Afghans, Hazaras, Pashtuns, Arabs, Kurds, Urdu, Tajiks, Maliks, Luris, Cubans, etc.). The majority of them were single, i.e. were not in marital of an extra-marital community (82.6%).

At the moment of data collection, the majority of refugees and migrants were on flight between 10 to 18 months, and had passed on their way through Turkey (76.4%), Iran (75.2%), Bulgaria (58.2%), Pakistan (33.8%), Greece (29.4%), Macedonia (27.0%), but also Albania, Montenegro, Russia, Afghanistan, Chad, Sudan, Iraq, Kyrgyzstan and Tajikistan (less than 1%). A total of 51.9% of refugees travel alone, i.e. without any family member, of which a total of 84.7% of them state that they are fleeing with friends. On the other hand, of ones fleeing with a family member, 22.9% are fleeing with one or both parents, 11.2% with a spouse, 10.0% with a child/children, 29.2% of them are fleeing with one or more cousins. During the flight, 4.6% of refugees were separated from one or more family members, most often a parent or a cousin. A total of 89.4% of refugees and migrants state that they have left family or some family member in their country of origin. The majority of them have left parents (80.2%) or cousins (79.8%), while a smaller number left children (6.2%) or a spouse (5.7%). Finally, 39.2% of them do not have any source of income (have no earnings nor receive money from another person), and 14.7% of them have an acute or chronic health state which requires medical treatment and care.

## TRAUMATIC EXPERIENCES

Refugees, especially those that come from war-affected countries, have survived a significant number of traumatic experiences. Traumatic events can roughly be split into those that happened in one's country of origin (pre-migration trauma), those that happened on route from country of origin (migration trauma) and those that happened in the destination country (post-migration trauma). Regardless of when the traumatic event took place, it can have a significant impact on one's mental health and well-being.

### TRAUMATIC EXPERIENCES IN THE COUNTRY OF ORIGIN

On average, refugees have survived 13 traumatic events in their countries of origin. In other words, only 7% experienced one traumatic event, while 80% experienced six or more traumatic events before they were forced to flee their homes. Grand majority of refugees (84%) were forced to flee due to war or some terrifying event which made them fear for their own safety or safety of their loved ones. The prevalence of different traumatic events in the country of origin is presented in Table 1.

More than a half of refugees witnessed the destruction of inhabited or uninhabited areas, mining, bombing, and were forced to hide in order to avoid being hurt. Additionally, one in two refugees had lost a family member or a close friend due to violence in their country of origin. Every second person had witnessed infliction of severe injuries, beatings or torture of another person.



<b>Table 1.</b> Percent of refugees that had experienced each of the traumatic events in the country of origin			
		Individual was robbed, or its property was seized, burnt, or destroyed	<b>39.7%</b>
Individual was forced to leave the country of origin	<b>83.8%</b>	Individual participated in combat (i.e. open fire, explosions, shelling)	<b>39.1%</b>
Individual was forced to stay at home or hide due to external dangers	<b>65.3%</b>	Individual witnessed mass execution of civilians	<b>37.2%</b>
Individual witnessed burning or destruction of inhabited or uninhabited areas	<b>61.8%</b>	Individual was present while someone searches their apartment for things or other individuals	<b>37.0%</b>
Individual witnessed beating or torture	<b>56.8%</b>	Individual experienced extortion or mugging	<b>35.8%</b>
Individual experienced murder or violent death of a family member or a friend	<b>56.6%</b>	Individual witnessed desecration or destruction of places of worship	<b>36.4%</b>
Individual's family member or a close friend participated in military actions	<b>52.0%</b>	Individual experienced claiming the body of a family member but being prevented from grieving or burying the deceased in a proper manner	<b>30.1%</b>
Individual was exposed to a minefield or has witnessed mining of building or car	<b>51.0%</b>	While in captivity the, individual had experienced torture, i.e. intentional and systematic infliction of physical or mental pain.	<b>29.5%</b>
Individual experienced beating	<b>49.1%</b>	Individual was denied access to food or water	<b>29.3%</b>
Individual saw mutilated individuals or decaying corpses	<b>48.8%</b>	Individual survived an attack with a cold weapon	<b>28.3%</b>
Individual was searched	<b>47.4%</b>	Individual experienced not having a place to hide	<b>26.6%</b>
Individual was exposed to frequent or continuous sniper fire	<b>46.6%</b>	Someone was forced to give up the individual and thus endanger their safety or the safety of their family member	<b>26.0%</b>
Individual was denied access to medical help	<b>44.8%</b>	Individual was subjected to forced labour	<b>22.5%</b>
Individual removed the wounded or the dead	<b>42.5%</b>	Individual was in prison/captivity	<b>20.2%</b>
Individual's family member or a close friend is missing or was kidnapped and/or held hostage	<b>41.0%</b>		

Individual witnessed arrest, kidnapping, torture or execution of religious leaders or other important members of the community	<b>18.7%</b>	Individual was forced to join the army	<b>11.0%</b>
Individual was exiled from the country due to ethnic origin or religious belief	<b>18.6%</b>	Individual's family member or a close friend was raped	<b>10.7%</b>
Individual participated in military actions	<b>14.5%</b>	Individual was forced into marriage	<b>8.7%</b>
Individual suffered a severe bodily injury as a result of combat	<b>14.4%</b>	Individual was forced to betray someone or physically hurt someone	<b>7.4%</b>
While in captivity, individual was kept in solitary confinement/prevented from moving or sleeping or satisfying physiological needs, or was kept in unhygienic conditions	<b>12.7%</b>	Individual witnessed rape or sexual abuse	<b>7.2%</b>
Individual was kidnapped and/or held hostage	<b>12.1%</b>	Individual was forced to destroy someone's property or assets	<b>5.2%</b>
		Individual experienced sexual abuse	<b>1.9%</b>
		Individual was raped	<b>&lt; 1%</b>
		Individual was forced into prostitution	<b>&lt; 1%</b>

Gender and age differences in the frequency of experiencing traumatic events in the country of origin follow the pattern observed in previous years. On average, adults experienced one traumatic event more than children. More precisely, adults had the higher chance of being forced to join the army, witness beatings or torture, and be searched or attacked. Also, on average, men report on two traumatic events more than women prior to

leaving the country of origin. These events predominantly include captivity and physical violence, either directly experienced or witnessed. On the other hand, women are more frequently subjected to sexual and gender-based violence (i.e. rape, forced marriages, sexual exploitation, etc.). Finally, in the country of origin, women were more prone to experiencing lack of food and water, as well as to be denied access to medical help and adequate health care.

## TRAUMATIC EXPERIENCES DURING FLIGHT

The official closing of the Balkan route in March 2016 resulted in decreased number of migrants and refugees passing through Serbia. On the other hand, these circumstances left those who were forced to flee their homes with fewer choices for safe travel which exposed them to greater risks. Therefore, over 80% of refugees were in a certain life-threatening situation, i.e. in a situation of having insufficient quantities of food and water or with no access to shelter, and thus were forced to spend a night or several days in open, or having their physical integrity endangered as a result of violence. The prevalence of different traumatic events during flight are presented in Table 2.

*Table 2.* Percent of refugees that had experienced each of the traumatic events during flight

During flight, the individual did not have enough food or water	<b>88.1%</b>
During flight, the individual did not have a shelter	<b>81.4%</b>
Individual was in a life-threatening situation during flight	<b>80.8%</b>
The individual spent time in prison or captivity after leaving the country of origin	<b>69.5%</b>
During flight, the individual experienced discrimination	<b>66.8%</b>
During flight, the individual experienced psychological violence (insults, humiliation, threats, etc.)	<b>66.7%</b>
During flight, the individual experienced unlawful or forcible seizure of personal property or money	<b>65.0%</b>
During flight, the individual was denied relevant information by the police	<b>62.3%</b>
During flight, the individual experienced physical violence	<b>62.1%</b>



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The smuggler did not hold up to his end of the deal (i.e. he asked for additional money or did not bring the individual to the agreed place) **59.3%**

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During flight, the individual experienced being lost, i.e., did not know where they are or where to go **55.4%**

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During flight, the individual suffered a severe bodily injury **53.1%**

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During captivity, the individual experienced inhumane conditions (no food, water, heating, bed, freedom of movement within the space, sufficient conditions for maintaining personal hygiene, medical assistance, etc.) **52.8%**

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The individual was deported / pushed-back **48.0%**

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During captivity, the individual was denied legal rights (captivity without legal basis, without legal help and protection, the individual was not released within legal time frame, etc.) **46.6%**

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During flight, the individual was separated from their family members or close friends **29.9%**

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During flight, the individual experienced death of close person **23.7%**

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The smuggler asked for additional services from the individual (i.e. carrying narcotics over border, recruitment of others, presenting children as their own) **17.0%**

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During flight, the individual experienced sexual violence **3.5%**

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On average, refugees experience ten different traumatic events during flight.

Only slightly less than 3% of refugees did not experience any traumatic event on their way to Serbia, and over 90% of them experienced four or more different traumatic events.

In comparison to data from 2014 (Vukčević, Dobrić, & Purić, 2014), an increase in the frequency of traumatic experiences on route from country of origin is observed. In that sense, the percentage of the individuals who experienced spending certain time in the open or without safe hideout increased from 67% in 2014 to 81% in 2017. Similar to that, the percentage of individuals experiencing deportation or push-back to the previous country has increased from 38% to 48%.

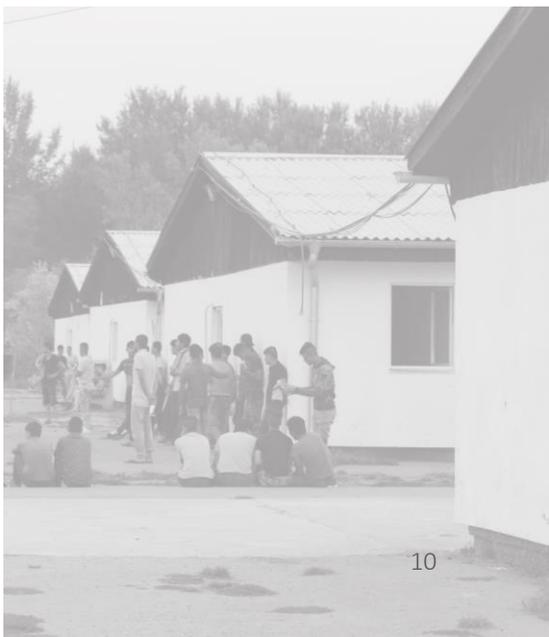
There is also an alarming trend of an increased number of severe bodily injuries during flight (i.e. as a consequence of physical violence or exhausting and tiring travel in inadequate conditions). Therefore, the percentage of individuals who suffered a severe bodily injury has increased from 38% in 2014 to over 50% in 2017. In addition, over two-thirds of refugees have experienced unlawful or forcible seizure of money or personal belongings and violence during their flight. Moreover, 70% of refugees have spent some time during their flight in prison or captivity, and more than a half have, during captivity, spent time in inhumane or unhygienic conditions.

On route from country of origin, children are especially endangered, and they experience, on average, two traumatic experiences more than adult refugees and migrants. The results point to the fact that child refugees most frequently become victims of the unlawful or forcible seizure of property, more often suffer serious bodily injuries, and more frequently find themselves in situations when they do not have access to water and food and get separated from their families and friends more often. It is especially significant to stress that minors are

more likely to be imprisoned or held in captivity during their flight than the adults.

In terms of gender differences, men were more frequently victims of physical violence than women, and they more often experienced being denied their rights during imprisonment i.e., they were imprisoned without legal basis and/ or were not released within the legal time frame and/or did not get any legal help during their imprisonment.

In terms of age and gender differences, it appears that the most vulnerable group are underage boys, especially when fleeing alone or with friends. Apart from the fact that boys aged 15 to 17 experience the highest number of traumatic experiences, some of those happen repeatedly. Therefore, it is rather a rule than an exception that a boy might be detained or imprisoned during the flight (92.2%), as well as experiencing physical violence multiple times (84.3%).





Persons who participated in this research were accommodated at different locations in Serbia. During their stay in Serbia 32.4% of respondents were accommodated in RC Obrenovac, 25.2% in AC Krnjača, 10.4% in AC Sjenica, 9.6% in TC Šid, 8.2% in PC Preševo, 8.1% in TC Adaševci, 7.4% in AC Tutin, 7.2% privately accommodated in Belgrade, 5.3% in AC Bogovađa, 4.8% in AC Banja Koviljača, 1.8% in TC Subotica, < 0.5% in TC Principovac, and TC Kikinda. It is important to note that some participants were accommodated at more than one location during their stay in Serbia.



**96%** OF REFUGEES FIND PSYCHOLOGICAL  
COUNSELING AND PROGRAMS OF  
PSYCHOSOCIAL SUPPORT HELPFUL

## MENTAL HEALTH & RESILIENCE

Difficult life conditions, as well as stressful life experiences, pose a negative impact on one's mental health. Migration, and especially refuge, poses numerous challenges for one's mental health. Hard living conditions, and traumatic events in the countries of origin, followed by fleeing the home country and the difficulties faced during the flight on one hand, as well as challenges of adapting and establishing a new life in the destination country on the other. This is supported by a significant amount of research showing that the prevalence of different mental disorders is significantly higher in refugee population compared to the domicile population.

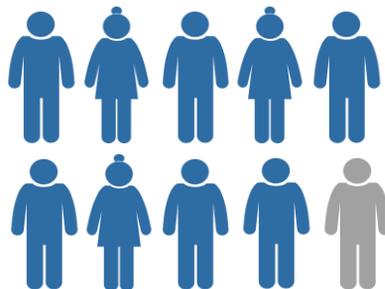
The data on refugees' mental health in Serbia in 2014 has shown that the symptomatology of the most frequent psychological hardships is very prominent, with over 2/3 of refugees showing significant symptoms of depression, anxiety, post-traumatic stress disorder and difficulties in everyday functioning as a result of these symptoms. Given the changed circumstances and a large number of refugees staying in Serbia for a short period of time during the data collection, the assessment of mental health is adjusted compared to recommended instruments for working with refugees from 2014 (see the section: Research Methodology). Therefore, a battery for initial psychological assessment focused on identification of refugees whose mental health is at risk or impaired with the aim of identifying those who are in need of additional psychological support was used.



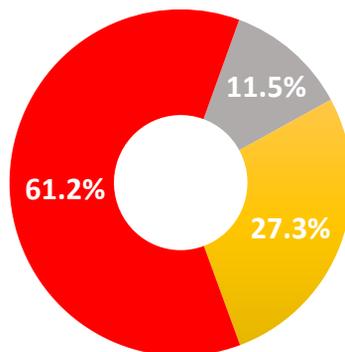
The results of the refugee’s mental health assessment presented in Chart 1 demonstrate that 88.5% of refugees experience the mental health hardships according to the international mental health assessment standards, i.e., they score above the cut-off score on the RHS-15 used for identifying individuals whose mental health is at risk or acutely impaired.

Slightly less than one-third of refugees express moderate psychological vulnerability, while almost two-thirds express the high level of psychological vulnerability\*.

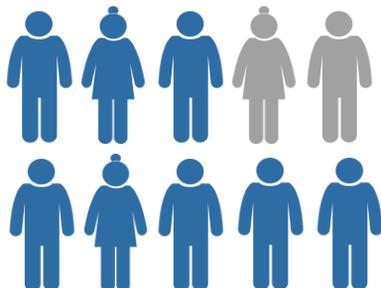
It is important to point out that no differences in psychological vulnerability between men and women were found. In other words, almost the same percentage of men and women have psychological difficulties, and thus are in need of professional psychological support or other types of support focused on mental health. Moreover, no significant differences were recorded regarding the mental health of adults and minors, since both groups have relatively similar percentage of individuals in need of additional support.



*Chart 1.* Psychological vulnerability of refugees



- no psychological hardships
- psychologically vulnerable
- psychologically highly vulnerable



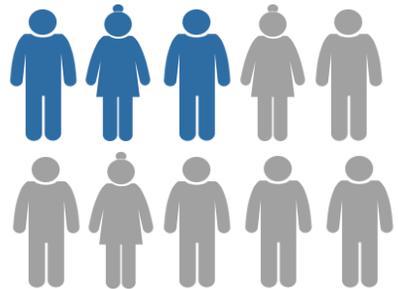
The assessment based on the acute distress scale points out that 77.5% of refugees experience acute hardships, or are in an acute phase of a trauma, and thus should immediately be provided with psychological first aid and further follow-up of their condition. In addition, it is important to ensure continuous access to psychological and psychosocial support.

\*score on RHS-15 is double or higher than the cut-off score used for identifying psychologically vulnerable individuals

## POST-TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder is a mental health disorder which occurs as a consequence of exposure to extreme stress, i.e., following one or multiple traumatic events. PTSD symptomatology might be different depending on a vast number of personal and situational factors, but, by default, it includes: intrusions which represent reoccurring, involuntary, intrusive memories of a traumatic event which are uncontrollable and disturbing, a tendency of avoiding places or situations which are in some way related to the traumatic experience, as well as thoughts and feelings evoked by this experience. In addition to that, the symptoms include a wide range of exaggerated negative beliefs regarding oneself and the world, as well as cognitive difficulties which often manifest as an inability to evoke important aspects of the traumatic experience or events which directly preceded them. Finally, PTSD symptomatology includes high arousal and reactivity related to the traumatic experience.

The results of the mental health assessment show that **28.1%** of refugees have prominent symptoms of PTSD. Table 3 shows the incidence of PTSD symptoms, i.e. the percentage of individuals experiencing high levels of each symptom.



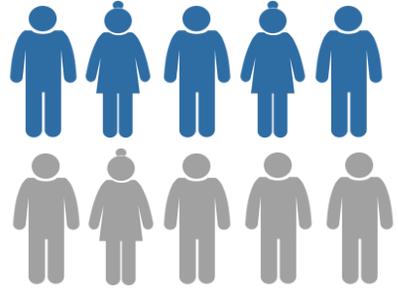
**Table 3.** Incidence of PTSD symptoms

The individual has intrusive memories of the trauma or a feeling of reliving the trauma	<b>46.9%</b>
The individual expresses pronounced physical reactions (sweating, quick heart rate) when faced with or thinking about certain aspect of the trauma	<b>42.3%</b>
Feeling of emotional emptiness or numbness (i.e. the individual feels sad but cannot cry)	<b>60.8%</b>
Increased arousal and reactivity (i.e. fearfulness, irritability)	<b>35.4%</b>

The feeling of emotional emptiness and numbness represent the most prominent hardships and leave the individual with an impression that he or she is unable to experience positive emotions the way they could before. This symptom is highly pronounced in almost two-thirds of the refugees.

## DEPRESSION

The key symptoms of depression are expressing either diminished positive mood and/or noticeably reduced interest in various activities. In addition, depressive symptomatology is characterized by a reduced level of energy and increased fatigue, loss of self-confidence and self-respect, as well as a tendency to attribute guilt for negative events to oneself. Moreover, the depression carries problems with concentration, sleep, and appetite. The results of the mental health assessment show that **48.1%** of refugees express pronounced symptoms of depression.



## ANXIETY

Anxiety is the umbrella term for numerous mental health hardships and is characterized by the unpleasant state of anxiety, fearful awaiting for negative events or intensive fear of the anticipated threat. Anxiety often includes irritability and numerous physical symptoms such as heavy breathing, nausea, sweating, dizziness, exhaustion, etc. The results of the mental health assessment show that **36.7%** of the refugees express pronounced symptoms of anxiety.

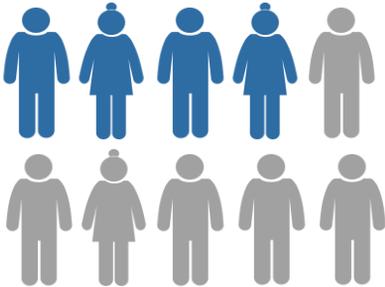


Table 4 shows the incidence of hardships which characterize depressive and anxious symptomatology, i.e., the percentage of refugees which express the given symptoms to the great extent. The results show that the dominant difficulty faced by the refugees is the continuous worry and reoccurring thoughts they can not stop. More than two-thirds of them, due to experiencing traumatic events, uncertain future, and feeling of loss or insufficient control over their own lives, cannot stop anxious thoughts which lead to one's feeling of insecurity, uneasiness, but also despondency, sadness and hopelessness. Continuous and prolonged experience of negative emotions often results in reduced functionality in completing everyday tasks, feelings of tiredness and lack of energy and feeling that "this life is not worth living", which, consequently leads toward increased risk of suicidal thoughts and self-destructive behaviour.

A special challenge in working with refugees, which also complicates provision of adequate and timely assistance is multiple vulnerability of these individuals due to severe life circumstances (a great number of different traumatic experiences, difficulties in creating a stable environment and overcoming difficulties in achieving „normal functioning patterns“ i.e. institutionalized education, employment, access to health and social protection, etc.) and, consequently, joint occurrence of numerous mental health hardships.

This is corroborated by a fact that symptoms of depression occur among 85.3% of individuals already expressing symptoms of anxiety, while anxiety is present among 64.8% of depressed individuals.



**Table 4.** Prevalence of symptoms of anxiety and depression

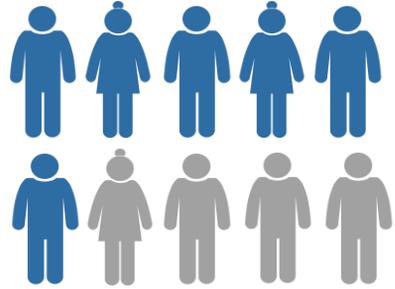
Most of the time, the individual feels sad, gloomy, blue	<b>66.5%</b>
The individual feels helpless	<b>62.3%</b>
The individual feels lack of energy, weakness, and dizziness	<b>37.7%</b>
The individual easily or often cries	<b>41.2%</b>
The individual cannot stop thinking – thoughts are always swirling in their head	<b>78.4%</b>
The individual gets easily scared without any apparent reason	<b>34.3%</b>
The individual feels nervousness and shakiness inside	<b>40.4%</b>
The individual cannot stay calm or stay still	<b>56.0%</b>
The individual experiences pain in muscles, bones, and joints	<b>30.9%</b>

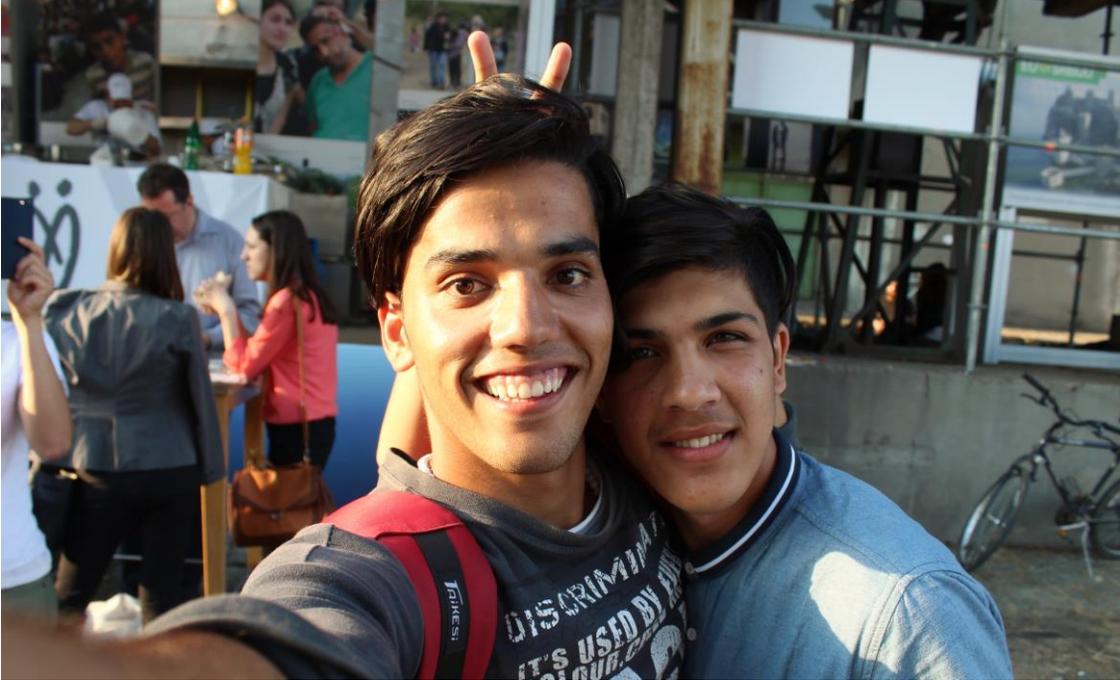
*Note:* The first four symptoms represent depression indicators; the following four symptoms are indicators of anxiety, while the last symptom refers to somatization, that is, the physical manifestation of symptoms.

## COPING CAPACITY

Coping capacity refers to the ability to adaptively use different behavioural and cognitive mechanisms and strategies in order to overcome challenges in life.

The results of the assessment of coping capacity for overcoming stress and life hardships show that 55.8% of refugees believe that they have the capacity to deal with the obstacles and problems they face. It is encouraging that a significant number of refugees believe that they can overcome any life challenge (39.5%), while additional 16.3% feel able to cope with the majority of things in their lives. Still, it is important to point out that one out of ten refugees believe that they lack the capacity for coping with life problems, i.e., they feel they cannot cope with anything that comes their way.





## POSITIVE ASPECTS OF PSYCHOLOGICAL FUNCTIONING

Despite all life difficulties, refugees show high capacity and readiness to restore normal life and psychological well-being. Table 5 shows the percentage of refugees expressing a high level of optimism, self-respect, satisfaction with life, self-efficacy, and happiness.

**Table 5.** Prevalence of positive aspects of psychological functioning

Optimism - <i>I am optimistic about the future</i>	<b>79.6%</b>
Self-respect - <i>I believe that I have the capacity to achieve great things in life</i>	<b>82.5%</b>
Satisfaction with life - <i>I am content with my life, and I would not change many things</i>	<b>31.8%</b>
Self-efficacy - <i>I am satisfied with what I have achieved so far in my life</i>	<b>52.0%</b>
Happiness - <i>All in all, I see myself as a happy and content person</i>	<b>50.3%</b>

## **IMPORTANT FACTORS CONTRIBUTING TO MENTAL HEALTH AND WELL-BEING OF REFUGEES IN SERBIA**

Whether the refugees plan on staying in Serbia for a limited time (in their search of favourable circumstances for continuing their travel) or seeking asylum, they almost inevitably face a wide range of difficulties which negatively affect their mental health. Thus, the majority of refugees find it difficult to cope with poverty (81.4%), loneliness and boredom (73.2%), isolation (66.9%), not having the working permit (72.3%), as well as separation from their families (72.2%). Moreover, a significant number of them fear they might be returned to their country of origin (68.8%), which has an especially negative impact on those who have experienced numerous traumatic events prior to fleeing their homes.

Regarding the protection system for refugees, 62.9% state they are worried about insufficient help from state institutions, and they find it hard to cope with insufficient or difficult access to psychological counselling services (52.7%) medical examinations and interventions (47.1%), as well as postponement or long duration of the

asylum procedure (41.2%).

Finally, the refugees also face significant difficulties regarding cultural adjustment, and 58.6% of them experience problems in communication due to a language barrier, and even so much as 67.2% of them state that adjustment is additionally complicated due to the fact they do not have access to food groceries they like or are accustomed to in their nutrition (i.e. fruits, spices, etc.).

On the other hand, among the least frequently mentioned difficulties are conflicts with immigration officers and the police (13.4%), as well as the inadequate attitude towards refugees during the interview with the police (18.1%). In comparison to the results from 2014, which showed that up to 42% of refugees experience some sort of problems with the police, this result implies the improvement of in the practice of the police officials and certain positive aspects of efforts towards making systemic changes in provision of protection and support.

Analysis of the relation between psychological hardships and post-migration difficulties show that the main factors impacting the refugees' mental health during their stay in Serbia are the following:

- Social help of state institutions
- Social help of humanitarian organizations
- Activities focused on reducing poverty
- Activities focused on reduction of isolation, loneliness, and boredom
- Regular access to psychological counseling services
- Access to culturally adapted nutrition



**UNHCR**  
The UN Refugee Agency

PHOTOGRAPHS

### **Ozair Faqirzada**

Amateur photographer, currently living with his family in AC Krnjača

عزير فقيرزاده

عکاس نوآموز (آماتور) در حال حاضر با خانواده در کمپ (کرنیاچا) زندگی می کند.

### **Озаир Факирзада**

Аматерски фотограф, тренутно са породицом живи у АЦ Крњача

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Provision of Psychosocial Assistance to Vulnerable Refugees in Serbia*