



**TOWARDS THE IMPROVEMENT OF  
PROTECTION OF MENTAL HEALTH  
OF REFUGEES IN SERBIA**





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*This publication is a report on the monitoring of the application of the standards on the protection of the mental health of refugees, asylum seekers, and migrants in Serbia defined in the strategic document called Guidance on Protection and Improvement of Mental Health of Refugees, Asylum Seekers, and Migrants in Serbia (the Guidance), published in December 2018. With the support of the World Health Organization, the Guidance was developed by the experts of the Institute for Mental health, the Institute for Public health, Psychosocial Innovation Network (PIN) and the Department of Psychology of the Faculty of Philosophy of the University of Belgrade. It was adopted by the Ministry of Health and the Commissariat for Refugees and Migration of the Republic of Serbia. After the adoption of the Guidance, with the support of Open Society Foundation and World Health Organization, and in cooperation with the Commissariat for Refugees and Migration of the Republic of Serbia, the Ministry of Labor, Employment, Veteran and Social Affairs and the Ministry of Health of the Republic of Serbia, PIN implemented a series of activities aimed at applying recommendations and standards defined by the Guidance regarding mental health improvement. This document offers a review of all of the implemented activities, as well as of the recommendations for further improvement of the mental health of refugees, asylum seekers, and migrants in Serbia.*

# GUIDANCE ON THE PROTECTION AND IMPROVEMENT OF MENTAL HEALTH OF REFUGEES, ASYLUM SEEKERS, AND MIGRANTS IN THE REPUBLIC OF SERBIA

SMERNICE ZA ZAŠTITU I UNAPREĐENJE  
MENTALNOG ZDRAVLJA IZBEGLICA, TRAŽILACA  
AZILA I MIGRANATA U REPUBLICI SRBIJI

GUIDANCE FOR PROTECTION AND IMPROVEMENT  
OF THE MENTAL HEALTH OF REFUGEES, ASYLUM  
SEEKERS AND MIGRANTS IN SERBIA



*“The Guidance is the first comprehensive strategic document in mental health domain of refugees, providing a clear overview of the whole system, what providing a service exactly means, and when different types of support aimed at mental health should be provided”.*

*Field worker*

*The Guidance on Protection and Improvement of Mental Health of Refugees, Asylum Seekers, and Migrants in Serbia* (WHO, 2019), defines the types of services aimed at the protection of mental health that need to be made available to refugees, asylum seekers, and migrants at their accommodation facilities. Those services include: 1) assessment of beneficiaries' mental health; 2) activities aimed at the prevention of mental disorders and behavior disorders; 3) psychological support; 4) psychiatric care and treatment. In addition to that, it has been defined for whom those services are intended, where they are to be implemented, when they are to be implemented, what they involve and who provides them.

*The Guidance* also defines the following systemic recommendations that are of particular importance for the improvement of the mental health of refugees, asylum seekers, and migrants in the Republic of Serbia:

- Establish coordination and cooperation among all participants in the process of the protection and improvement of mental health of refugees, asylum seekers and migrants in every accommodation facility, that is, establish continuous communication and cooperation between different institutions and organizations dealing with health, legal, educational and other activities so that timely and multisectoral protection and support can be provided through integrated mental and physical health services.
- Organize procedures for protecting and improving the mental health of beneficiaries using a holistic approach, that is, through striving to integrate measures and procedures at all levels of prevention (protection and improvement of mental health, educating refugees, asylum seekers and migrants on mental health, identifying risk factors for the development of mental disorders, early detection and diagnosis, treatment and rehabilitation, reintegration and resocialization) according to ethical principles, the highest standards of scientific evidence and empirically based practice.
- Adhere to procedures for voluntary participation in all services by ensuring data privacy and informed consent policies for participation in activities.
- Provide adequate cultural sensitivity training and education for staff working with refugees, asylum seekers and migrants (in addition to the relevant professional qualifications) as a prerequisite to work in the area of protecting and improving the mental health of beneficiaries.

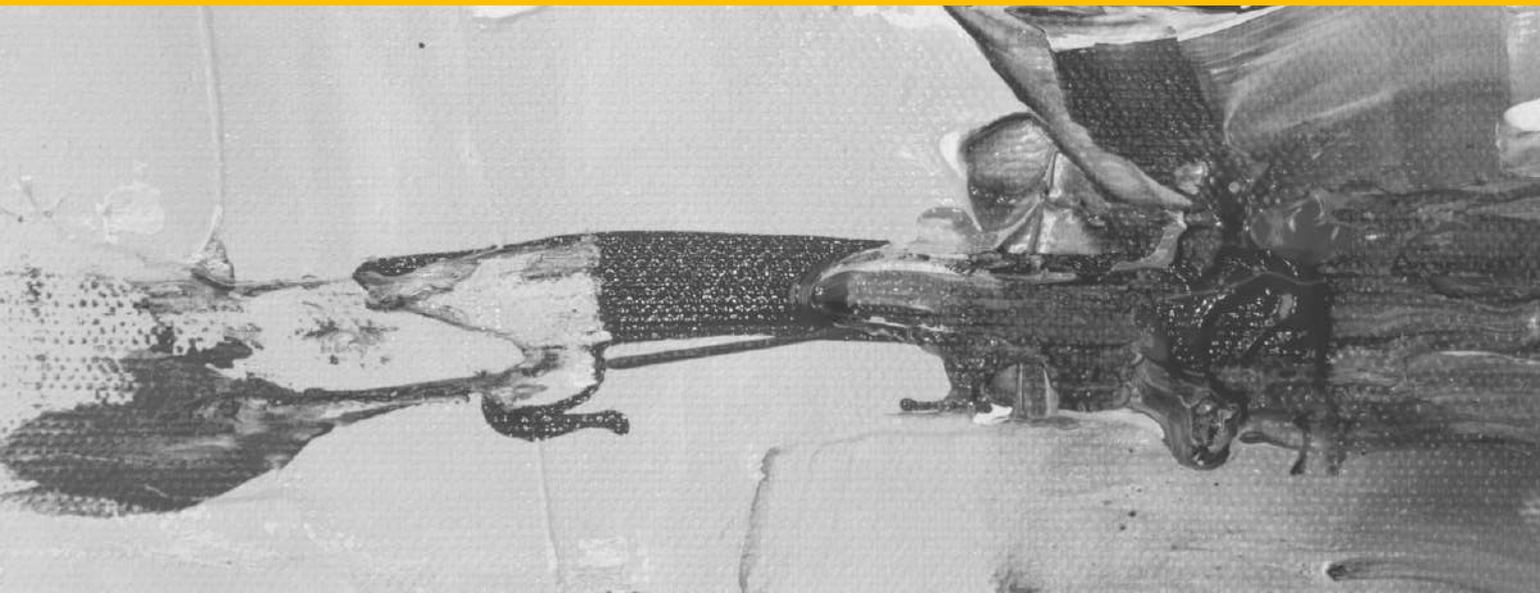
- Ensure the cultural sensitivity of all members of the different professions in direct contact with beneficiaries on issues concerning mental health by providing adequate training to ensure the timely identification of beneficiaries in need of additional support and referral to relevant institutions and organizations.
- Ensure continuous supervision of persons providing services to beneficiaries to ensure their long-term empowerment and support, as well to monitor service provision. Supervision can be conducted by a psychotherapist (psychiatrist or psychologist) with experience in providing services related to protection and improvement of the mental health of refugees, asylum seekers and migrants.
- Prevent burnout syndrome and secondary or vicarious trauma in persons involved in providing services to beneficiaries by providing continuous support, empowerment and training.
- Conduct research and evaluate interventions and programmes to ensure evidence-based practice and that planning of future support programmes and interventions is based on identified needs and treatment outcomes.
- Implementation of the programs aimed at promoting and informing on the importance of prevention and protection of mental health, as well as on the existing mechanisms of care and support.
- Establish a working group to regularly meet and decide on issues of mental health and psychological well-being of beneficiaries, coordinate and improve the existing mechanisms of protection and support and, if necessary, develop new ones, with the goal of ensuring continuity of undertaken activities. It is particularly important that this working group should include representatives of all relevant institutions and organizations involved in protection and improvement of the mental health of refugees, asylum seekers and migrants.

(WHO, 2019)

In continuation, we shall provide a review of activities that, with the support of the World Health Organization and the Commissariat for Refugees and Migration of the Republic of Serbia, PIN implemented as the part of the Open Society Foundation project between November 2018 to September 2019, with the aim of insuring the implementation of each of the stated recommendations and standards in the provision of services aimed at the protection of the mental health of refugees, asylum seekers, and migrants in Serbia.



**RECOMMENDATIONS DEFINED BY THE GUIDANCE AND PROJECT RESULTS**



### *Recommendations defined by the Guidance*

- *Provide adequate cultural sensitivity training and education for the staff working with refugees, asylum seekers, and migrants (in addition to the relevant professional qualifications), as a prerequisite to work in the system for the protection and improvement of the mental health of beneficiaries;*
- *Ensure that different professionals who are in direct contact with beneficiaries have been culturally sensitized on issues concerning mental health, by providing adequate training, so as to ensure timely identification of beneficiaries in need of additional support and referral to relevant institutions and organizations;*

### **Project results**

In cooperation with the World Health Organization and the experts from the Faculty of Philosophy of the University of Belgrade and the Public Health Institute, PIN held nine trainings the goal of which was to present the standards for the provision of mental health services recommended by the Guidance, and the ways in which the standards are to be implemented in the field. The trainings also involved sensitization on mental health issues, identification of difficulties in mental health domain and referral mechanisms. Furthermore, with the support of the World Health Organization, as part of the *European Union Support to Migration Management in the Republic of Serbia* project, PIN conducted trainings on cultural sensitization for work with refugees for health professionals from health centers from ten municipalities in Serbia (Vranje, Bujanovac, Pirot, Sjenica, Tutin, Loznica, Šid, Sombor, Kikinda, and Belgrade).

A total of 450 providers of different types of services at all locations at which refugees, asylum seekers, and migrants are accommodated took part in the trainings. Thus, the Commissariat for Refugees and Migration of the Republic of Serbia staff, Ministry of Labor, Employment, Veteran and Social Affairs staff, psychologists, physicians and nurses, representatives of the social welfare and education systems, interpreters and cultural mediators and providers of other types of services (e.g. legal aid, provision of relevant information and means, etc.) participated in the trainings.

The training evaluation results showed that the curriculum was adequately adjusted, timely, relevant and useful for everyday work with refugees and migrants. Likewise, the trainings themselves have shown that longer training is necessary on some of the open topics (e.g. initial and in-depth mental health assessment). Such trainings would focus exclusively on a given topic, and enable service providers to acquire necessary knowledge and additional support to adequately perform work related duties. In accordance with that, some of the identified topics were separately addressed at the continuous supervision meetings.

*“The part of training in which we spoke about how to recognize that someone is having mental health problems was particularly important to me. For instance, I did not know that some behaviors can indicate that a person is having difficulties and that (s)he needs help“*

*Case manager*

*“For me, the most beneficial activity was that we concretely dealt with what services are available at different sites when it comes to mental health protection, and that we clarified who is responsible for what.“*

*Psychologist*

### *Recommendations defined by the Guidance*

- *Ensure continuous supervision for persons providing services to beneficiaries, in order to ensure their long-term empowerment and support, as well as to monitor service provision;*

### **Project results**

PIN organized and conducted 11 supervisions led by national and international experts on the issue of mental health of refugees. The supervision meetings provided the participants with specific knowledge necessary for the provision of mental health services to refugees, and on how to respond to current challenges in the field. Thus, the participants had the opportunity to learn from experts such as prof. Vamik Volkan, M.D., PhD (University of Virginia) and dr. Lila Hardi (Cordelia Foundation) about the modern methods of work, such as Solution-Focused Therapy and Narrative Exposure Therapy, and standard operative procedures for psychological work with users; to acquire additional knowledge and skills on identification, initial and in-depth assessment and follow-up of vulnerable users, psychological assessment techniques and on how to adequately respond when various difficulties in mental health domain are recognized.

The psychologists involved in the provision of services to refugees and migrants regularly participated at the supervision meetings, including psychologists engaged by international agencies, the civil sector in Serbia and health centers (Health Center Pirot, Health Center Vranje, Danish Refugee Council, International Organization for Migration, Doctors without Borders, Psychosocial Innovation Network, etc.). In addition to that, providers of services aimed at prevention and social welfare hired by the civil sector and the Ministry of Labor, Employment, Veteran and Social Affairs participated in the thematic supervision meetings.

### *Recommendations defined by the Guidance*

- *Establish a Working Group which will meet regularly and decide on issues pertinent to the mental health and psychological well-being of beneficiaries, coordinate and improve the existing mechanisms for protection and support and, if necessary, develop new ones, with the goal of ensuring the continuity of undertaken activities;*
- *Establish coordination and cooperation of all the actors involved in the protection and improvement of the mental health of refugees, asylum seekers and migrants in every accommodation facility, that is, establish continuous communication and cooperation between different institutions and organizations dealing with health, legal, educational and other activities, so that timely and multisectoral protection and support can be provided through integrated mental and physical health services.*

### **Project results**

As a result of the cooperation of the Commissariat for Refugees and Migration of the Republic of Serbia, World Health Organization, Ministry of Health, Ministry of Labor, Employment, Veteran and Social Affairs, Institute for Public Health, relevant international and non-governmental organizations and PIN, two bodies whose goal is to improve the protection of mental health of refugees and migrants were formed.

The first body is the ***Working Group for the Protection and Improvement of Mental Health of Refugees***, which from a multidisciplinary perspective deals with the current challenges encountered in the field, prepares recommendations aimed at resolving said challenges, and monitors the implementation of the defined response.

The Working Group is formed by representatives of the Ministry of Health, Ministry of Labor, Employment, Veteran and Social Affairs, Commissariat for Refugees and Migration of the Republic of Serbia, Institute for Public Health, UN High Commissariat for Refugees, World Health Organization, Danish Refugee Council, International Organization for Migration, International Aid Network and PIN.

The Working Group is an expert body that - through the exchange of relevant information from various sectors its constitutive members originate from - continuously monitors the implementation of standards in direct work with beneficiaries, analyzes practices in different locations in order to timely identify potential difficulties, provides support in overcoming said difficulties, and produces recommendations for further improvement of the refugee and migrant mental health protection system in Serbia. Also, the Working Group monitors and evaluates how efficiently the standards defined by the Guidance and other strategic documents are being applied. The Working Group holds regular bi-monthly (every other month) meetings. The body and its members act in accordance with the defined and adopted operating procedures.

The second body is the ***Task Force for Resolving Unpredicted and Urgent Situations in the Field***, i.e. such situations that present deviations from defined procedures for the regular provision of care to psychologically vulnerable users. The Task Force meets when the need arises, at the invitation of the Commissariat for Refugees and Migration of the Republic of Serbia, Ministry of Labor, Employment, Veteran and Social Affairs, Ministry of Health or other relevant actors, and acts in accordance with the defined and adopted procedures for urgent provision of care to psychologically vulnerable users.

### *Recommendations defined by the Guidance*

- *Conduct research and evaluate interventions and programs in order to ensure evidence-based practice and that planning of future support programs and interventions is based on identified needs and treatment outcomes.*

### **Project results**

In order to monitor the application of the recommended standards in the field, PIN also collected information from the assessments implemented with service providers and beneficiaries, on the availability, quality and efficiency of existing mental health services. An overview of the results is presented in the section *The Evaluation of Mental Health Services from the Perspective of Service Providers and Beneficiaries*.

Additionally, with the support of UNHCR Serbia, and in cooperation with the Commissariat for Refugees and Migration of the Republic of Serbia, the Faculty of Philosophy of the University of Belgrade, Red Cross Serbia and Kahane Foundation, PIN conducted studies on the mental health of refugees and migrants and on the efficiency of psychological interventions and psychological support provided. The goal of these studies was to assess the number of psychologically vulnerable refugees and migrants, identify the most common difficulties in mental health domain and identify factors affecting their psychological well-being. The applied standardized methodology enables the longitudinal monitoring of trends. This approach enabled PIN to gather information necessary for adjusting the response in line with identified difficulties and expected trends, as well as to include beneficiaries' opinions in the creation of recommendations on the improvement of mental health protection and support.

### *Recommendations defined by the Guidance*

- *Prevention of burnout syndrome and vicarious or secondary trauma in persons involved in the provision of services to beneficiaries by providing continuous support, empowerment and training.*

### **Project results**

In order to prevent burnout syndrome and vicarious trauma, PIN conducted trainings which encompassed the introduction to these syndromes, recognition of early signs and symptoms, risk factors, prevention techniques and coping mechanisms. In addition to that, and so as to ensure empirically-grounded practice, based on the data collected during trainings PIN drew up a report offering an overview of the prevalence of the stated and related difficulties in mental health domain in service providers, risk factors and coping capacities to enable informed planning of future programs aimed at protecting and improving the mental health of service providers. The report is available at PIN's web site ([www.psychosocialinnovation.net](http://www.psychosocialinnovation.net)).

*“If I do not feel well, it is hardly likely that I will have the patience to even listen to so many persons every day, let alone react adequately every time I should. Through these trainings I have realized what I really need in order to be able to provide adequate support to somebody else”.*

*Health worker*

### *Recommendations defined by the Guidance*

- *Implementation of programs aimed at promoting and providing information on the importance of prevention and protection of mental health, as well as on the existing mechanisms of care and support.*

### **Project results**

In cooperation with the World Health Organization, PIN participated in the development of materials aimed at informing refugees and migrants on the importance of prevention and protection of mental health, as well as on the existing mechanisms of care and support. Furthermore, numerous activities were dedicated to raising awareness among the local population on the importance of mental health care, as well as on the importance of prevention and early intervention.

Thus, PIN's psychologists publicly advocated for a multisectoral response to challenges refugees and migrants encounter in mental health domain. In cooperation with the World Health Organization, they also participated in various activities aimed at sensitizing and raising awareness about the mental health of refugees and migrants.

Additionally, in cooperation with other relevant actors in the field, PIN worked on connecting and facilitating closer cooperation of mental health service providers by participating in the Working Group, the Task Force, organizing trainings, supervisions, cooperating in research, and developing information materials. The goal of all these activities was to improve the availability, quality, and efficiency of services aimed at mental health protection.

# PROTECTION OF MENTAL HEALTH OF REFUGEES AND MIGRANTS – PSYCHOLOGICAL SUPPORT

If you identify a psychologically vulnerable person or someone that could benefit from this type of support, contact psychologists at the following phone numbers:

**AC Krnjača**  
Jelena Hajduković HC Paličula,  
0601495055  
IAN – psychiatrist, 063389729

**Belgrade**  
Irena Stojadinović PIN,  
0642515389

Gordana Maksimović MSF,  
0604323899

**RC Obrenovac**  
Nenad Kalabić HC Obrenovac, 0648200968  
Ivana Ivljanin IOM – contact CRMS.

**AC Banja Koviljača**  
Irena Stanković PIN, 0637199362

**AC Bogovađa**  
IAN – psychiatrist, 063389729

**AC Sjenica**  
Irena Stojadinović PIN,  
0642515389

**AC Tutin**  
Irena Stojadinović PIN,  
0642515389

**RC Pirot**  
Ana Đorić HC Pirot, 0643283952

**RC Vranje**  
Milena Jovanović IOM – contact CMRS

**RC Bujanovac**  
Jelena Kostić HC Bujanovac, 0631643527

**RC Bosilegrad**  
IAN – psychologist and psychiatrist,  
063389729

**RC Kikinda**  
Slađana Vasiljević IOM – contact CRMS  
IAN – psihijatar, 063389729

**RC Sombor**  
Slađana Džunić IOM – contact CRMS

**RC Subotica**  
Mia Todorović IOM – contact CRMS  
IAN – psychologist and psychiatrist,  
063389729

**RC Šid**  
Olivera Čulić IOM – contact CRMS

**RC Adaševci**  
Aleksandra Stamenković IOM – contact  
CRMS

**RC Principovac**  
Marija Čadenović IOM – contact CRMS



## Informative material containing contact details of psychologists working in asylum and reception centers in Serbia

### Kako prepoznati teškoće u domenu mentalnog zdravlja kod sebe i drugih

**Najčešći znaci narušavanja mentalnog zdravlja** kod izbeglica su: umorna depresija, anksioznost i posttraumatski stresni poremećaji koji se često javljaju u prvoj godini boravka u Srbiji.

Osim toga da doživljavaju **akutnu depresiju** i/ili anksioznu napetost, izbeglice često imaju i psihosomatske probleme, narušenu energiju, povećanu umornost, promenu u apetitu, gubitak samopouzdanja i osećaji bespomoćnosti, straha i izolacije. Teškoće mogu biti izazvane do te mere da izbeglica samopoznavanje i odlučivanje postaju nemoguće.

„Izjedru mi je jako teško da ustanem ujutro. Nemam volje ni za šta, ne mogu da se odmorim. Umorna sam tokom celog dana i bezobrazan i kao da nema više da se da izda prostoru. Osećam da hoću da bežim ali ne mogu da nađem put.“

„Osećam se kao da sam u nekoj mračnoj, hladnoj i usamljenoj sobi, a da sam sam. Čak i kada sam u grupi, osećam se kao da sam sam.“

Drugi znakovi mogu biti: **teškoće u donošenju odluka** i/ili **teškoće u donošenju odluka**, **teškoće u donošenju odluka**, **teškoće u donošenju odluka**, **teškoće u donošenju odluka**.

„Moj mi se veoma teško odlučiti na nešto. Ne mogu da se odlučim na ništa. Ne mogu da se odlučim na ništa. Ne mogu da se odlučim na ništa.“

Takođe, mogu se javiti **simptomi posttraumatskog stresnog poremećaja** koji su karakteristični za izbeglice, posebno one koje su prošle kroz traumatične događaje. Simptomi mogu biti: **teškoće u donošenju odluka**, **teškoće u donošenju odluka**, **teškoće u donošenju odluka**, **teškoće u donošenju odluka**.

„Najveći strah imam od toga da se vraćam u svoju zemlju. Ne mogu da se vratim. Ne mogu da se vratim. Ne mogu da se vratim.“

### ŠTA SPADA POD MENTALNO ZDRAVLJE BUT WHAT COMES UNDER THE TERM 'MENTAL HEALTH'? اما چه چیزی تحت عنوان "سلامتی روانی" تعریف می شود؟

### NAČIN NA KOJ SE NOSE SA STRESOM, USTAVLJAJU ODNOS I DONOSE ODLUKE. THE WAY THEY ARE DEALING WITH STRESS, ESTABLISHING RELATIONSHIPS AND MAKING DECISIONS. خود و دیگران را به چه شکلی می بینند.



### Društvo

Svetska zdravstvena organizacija podržava jačanje institucija za zdravstvenu zaštitu izbeglica

## Psihološka pomoć potrebna migrantima koji prolaze turovit put

Odbegli iz svojih zemalja od rata i siromaštva, migranti koji su trenutno u Srbiji suočili su se i sa brojnim traumama na putu – krijumčarenjem, nasiljem, eksploatacijom.



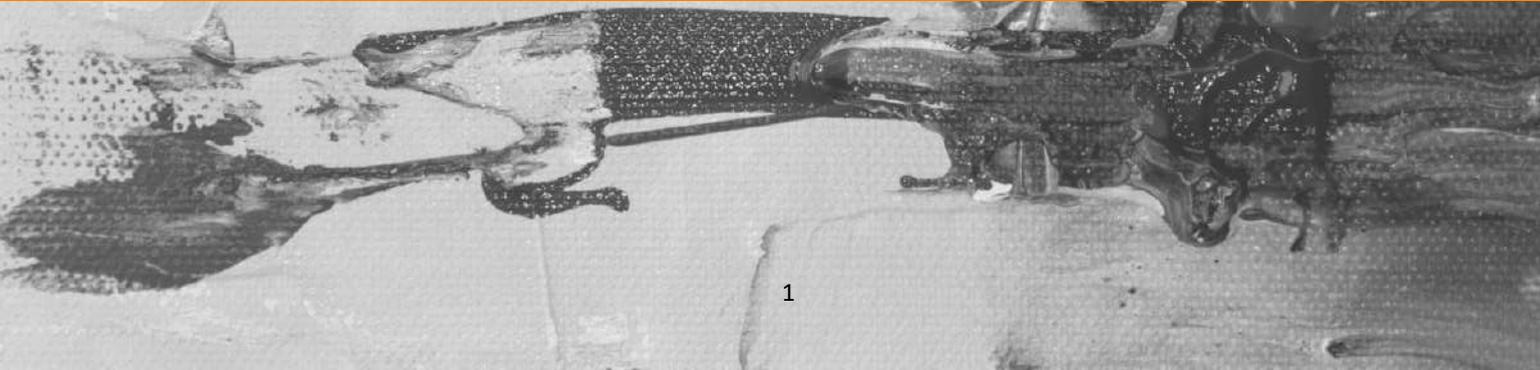
### Depresija, anksioznost i PTSD

Kolektivna preterivanja, nezakonito lišavanje slobode, fizičko nasilje, oduzimanje lične imovine samo su neka od mnogobrojnih traumatičnih iskustava koje izbeglice doživljavaju tokom puta, ukazuju. Jovana Bjekić iz PIN-a: „Imajete to u vidu, ne čude podaci da se preko 80 odsto izbeglica i migranata suočava sa problemima u domenu mentalnog zdravlja – najčešće su to simptomi depresije, anksioznosti i posttraumatskog stresnog poremećaja (PTSP) koje sa adekvatnu profesionalnu podršku mogu do prevoziti bez ozbiljnih posledica“, ističe Bjekić.

## Informative video and media reports realized within the project European Union support to migration management in the Republic of Serbia



**MENTAL HEALTH SERVICES**



The Guidance defines recommended mental health services that should be available to refugees, asylum seekers and migrants in every accommodation facility. Below you will find an overview of the provision of each of the stated services, as well as of the steps taken with the aim of improving the availability, quality and efficiency of services, and of challenges and obstacles recognized during the provision of services in the field.

## **I Assessment of mental health of beneficiaries**

The initial assessment of mental health is partly available at all official accommodation facilities as part of the regular medical assessment of beneficiaries that is implemented immediately upon their entry to the facility. Apart from the assessment performed by the medical team, the role of all service providers in the field in the timely identification of psychologically vulnerable beneficiaries and their referral to available services, has also been recognized. In line with this, the trainings for all service providers were also dedicated to the strengthening of capacities for recognizing difficulties in mental health domain, for providing psychological first aid and on referral mechanisms.

The recommendations for the further improvement of mental health assessment include the provision of further trainings on standardized initial, in-depth and continuous mental health assessment. Finally, the need has also been recognized for the strengthening of capacities of psychologists and medical teams to use instruments for initial and in-depth assessment of mental health, as has the need for defining mechanisms for continuous monitoring of beneficiaries' mental health and their timely referral to available support.

## **II Activities aimed at preventing mental health and behavior disorders**

The activities aimed at prevention are available in all accommodation facilities. Apart from state bodies and institutions, international agencies and members of the civil sector have been recognized as significant resources in the provision of this type of service. Some examples of preventive activities involve occupational and educational workshops aimed at developing skills, as well as psycho-educational workshops for youth aimed at raising awareness on the strategies for overcoming everyday difficulties in social relations, group activities aimed at assisting with cultural adaptation to the new environment, etc.

Some of the predominant issues recognized in regard to the provision of services aimed at prevention include project-based funding and the uncertainty it entails in regard to continuous availability of service providers and longterm planning of services and the need for better coordination among stakeholders when creating and implementing programs. Furthermore, a need for programs that are more adjusted to the requirements of older beneficiaries has also been recognized; there is room for improvement of services aimed at prevention in that regard.

### **III Psychological support**

While the Guidance implementation was being monitored, psychological support was available at all locations and good cooperation was established between the psychologists working in accommodation facilities and other members of medical teams.

Still, it was recognized that psychological support was not sufficiently available at certain locations. Likewise, the difficulties concerning long-term planning of psychological support due to project-based funding of this type of services has also been recognized. What was recognized as particularly important was to avoid frequent changes of psychologist working at each location, to predefine the precise day and time when psychological support is available to beneficiaries at each location, as well as closer cooperation of psychologists working in different locations.

### **IV Psychiatric care and treatment**

The services of psychiatric care and treatment are partly available at all locations, primarily within health care centers and facilities.

The need for the improvement of referral mechanisms through primary, secondary, and tertiary level of health care was recognized as a challenge for the provision of services in line with the standards defined by the Guidance. In order to improve the referral mechanisms and establish closer cooperation, a map showing the responsible health care facilities for each location, whose duty is to take care of persons with difficulties in mental health domain, was created and is provided bellow. In addition to that, it was also recognized that there exists an obstacle in the form of a lack of funds for the transport of beneficiaries in urgent situations, while there is also the issue of availability of professional and licensed interpreters in instances such as medical examinations and admissions to hospitals.

## Territorial map of responsible health care facilities

### ASYLUM CENTERS

Accommodation facility	Primary health care	Secondary health care	Tertiary health care	
<b>Krnjača</b>	<ul style="list-style-type: none"> <li>• HC Palilula</li> </ul>	<ul style="list-style-type: none"> <li>• CHC Zvezdara</li> <li>• CHC Dragiša Mišović</li> <li>• Special Hospital for Addiction Diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Centre of Serbia – Psychiatry Clinic</li> <li>• Clinic for Psychiatric Diseases “Dr. Laza Lazarević”</li> <li>• Clinic for Neurology and Psychiatry for Children and Youth</li> <li>• Institute of Mental Health</li> </ul>	
<b>Obrenovac</b>	<ul style="list-style-type: none"> <li>• HC Obrenovac</li> </ul>			
<b>Bogovađa</b>	<ul style="list-style-type: none"> <li>• HC Lajkovac</li> </ul>	<ul style="list-style-type: none"> <li>• GH Valjevo</li> </ul>		
<b>Banja Koviljača</b>	<ul style="list-style-type: none"> <li>• HC Loznica</li> </ul>	<ul style="list-style-type: none"> <li>• GH Loznica</li> </ul>		
<b>Tutin</b>	<ul style="list-style-type: none"> <li>• HC Tutin</li> </ul>	<ul style="list-style-type: none"> <li>• GH Novi Pazar</li> </ul>		<ul style="list-style-type: none"> <li>• Clinical Centre of Kragujevac – Psychiatry Clinic</li> </ul>
<b>Sjenica</b>	<ul style="list-style-type: none"> <li>• HC Sjenica</li> </ul>	<ul style="list-style-type: none"> <li>• GH Užice</li> </ul>		

\* HC – Healthcare Center; CHC – Clinical Hospital Center; GH – General Hospital

## Territorial map of responsible health care facilities

### RECEPTION CENTERS

Accommodation facility	Primary health care	Secondary health care	Tertiary health care
<b>Kikinda</b>	<ul style="list-style-type: none"> <li>• HC Kikinda</li> <li>• Mental Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• GH Kikinda</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Centre of Vojvodina – Psychiatry Clinic</li> </ul>
<b>Sombor</b>	<ul style="list-style-type: none"> <li>• HC Sombor</li> </ul>	<ul style="list-style-type: none"> <li>• GH Sombor</li> </ul>	
<b>Subotica</b>	<ul style="list-style-type: none"> <li>• HC Subotica</li> </ul>	<ul style="list-style-type: none"> <li>• GH Subotica</li> </ul>	
<b>Šid</b>	<ul style="list-style-type: none"> <li>• HC Šid</li> </ul>	<ul style="list-style-type: none"> <li>• GH Sremska Mitrovica</li> </ul>	
<b>Principovac</b>			
<b>Adaševci</b>			
<b>Pirot</b>	<ul style="list-style-type: none"> <li>• HC Pirot</li> </ul>	<ul style="list-style-type: none"> <li>• GH Pirot</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Centre of Niš – Psychiatry Clinic</li> </ul>
<b>Bosilegrad</b>	<ul style="list-style-type: none"> <li>• HC Bosilegrad</li> </ul>	<ul style="list-style-type: none"> <li>• GH Vranje</li> </ul>	
<b>Bujanovac</b>	<ul style="list-style-type: none"> <li>• HC Bujanovac</li> </ul>		
<b>Vranje</b>	<ul style="list-style-type: none"> <li>• HC Vranje</li> </ul>		

\* HC – Healthcare Center; GH – General Hospital

## Territorial map of responsible health care facilities

### ACCOMMODATION FACILITIES FOR CHILDREN

Accommodation facility	Primary health care	Secondary health care	Tertiary health care
<b>Centre for the protection of newborns, children and youth – WU Home “Jovan Jovanović Zmaj” Belgrade, Unit for unaccompanied minors</b>	<ul style="list-style-type: none"> <li>• HC Voždovac</li> </ul>		<ul style="list-style-type: none"> <li>• Clinical Centre of Serbia –Psychiatry Clinic                             <ul style="list-style-type: none"> <li>• Clinic for Psychiatric Diseases “Dr. Laza Lazarević”</li> </ul> </li> <li>• Clinic for Neurology and Psychiatry for Children and Youth</li> <li>• Institute of Mental Health</li> </ul>
<b>Institute for education of children and youth Belgrade, Centre for the accommodation of foreign minors</b>	<ul style="list-style-type: none"> <li>• HC Žarkovo</li> </ul>	<ul style="list-style-type: none"> <li>• CHC Zvezdara</li> <li>• CHC Dragiša Mišović</li> </ul>	
<b>Jesuit Refugee Service Integration house “Pedro Arupe” Belgrade</b>	<ul style="list-style-type: none"> <li>• HC Palilula</li> </ul>		
<b>Borderfree Serbia “House of Rescue” Loznica</b>	<ul style="list-style-type: none"> <li>• HC Loznica</li> </ul>	<ul style="list-style-type: none"> <li>• GH Loznica</li> </ul>	
<b>Institute for education of children and youth Niš – WU Centre for the accommodation of foreign minors</b>	<ul style="list-style-type: none"> <li>• HC Niš</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Center of Niš – Center for protection of mental health</li> </ul>	

- In case there are not any secondary health care service on the territory, a tertiary health care service is the responsible one

- HC – Healthcare Center; CHC – Clinical Hospital Center;
- GH – General Hospital



**EVALUATION FROM THE PERSPECTIVE OF MENTAL HEALTH SERVICE PROVIDERS AND USERS**



In order to get the best possible insight into the degree of the implementation of standards defined by the Guidance in the everyday provision of services aimed at mental health protection, and in order to actively include service users in the further development and adaptation of services, PIN collected information on service users' experiences from the field via cooperation with both other service providers and said service users.

Various service providers, such as those providing social protection, psychological support, medical care, interpreters, cultural mediators and other service providers present at accommodation facilities, shared their views on the availability, quality and efficiency of the mental health services available in the field. Additionally, various beneficiaries residing in locations such as Banja Koviljača, Bogovađa, Krnjača, Niš, Pirot, Vranje and Bujanovac also shared their experiences with said services with PIN staff members.

Below is an overview of the results of the surveys, interviews, and focus groups conducted with the aim of collecting information on the provision and use of mental health services, and experiences of users therewith. The gathered results were communicated to relevant stakeholders involved in the protection of the mental health of refugees, asylum seekers and migrants in Serbia via the Working Group. The results served as a basis for the development of a training curriculum, and for the supervision for service providers.

## The perspective of service providers

Service providers, as participants of the training on the implementation of the Guidance, had an opportunity to note what they consider to be the greatest issue / challenge in protecting the mental health of refugees, asylum seekers, and migrants in the places they work. A qualitative analysis of narrative responses identified eight broad topics that summarize their main concerns (Figure 1). The largest cluster identified from the service providers' narratives pertains to the unavailability and quality of relevant services (e.g. unavailability of continuous psychological and psychiatric support; unavailability of translation services). The second most frequent topic was related to the lack of coordination and cooperation between relevant actors within the system and insufficient coordination of services provided (e.g. constant change of actors and their availability; lack of coordination between different sectors on the field; understanding the clear position and jurisdiction of each service provider).

The third most commonly recognized issue was the language barrier that impedes direct communication between service providers and beneficiaries (e.g. the biggest problem is the language barrier) followed by various challenges related to systemic macro-factors that are beyond the service providers' reach but which strongly influence their everyday work with beneficiaries (e.g. better transportation should be provided; inability to provide medical care and lack of facilities to accommodate persons with such needs). Cultural barriers were identified as an issue separate from language barriers indicating cultural differences as one of the obstacles preventing timely and efficient protection of mental health of refugees, asylum seekers, and migrants (e.g. Cultural differences).

Fluctuation of beneficiaries (e.g. high fluctuation of refugees and consequently lack of continuity in work), their lack of cooperation and motivation (e.g. the lack of interest of many beneficiaries, many do not want to accept the fact that they need help), and their psychological state (e.g. depression, anxiety, post-traumatic difficulties) were amongst the most infrequently recognized challenges related to the system of mental health protection.

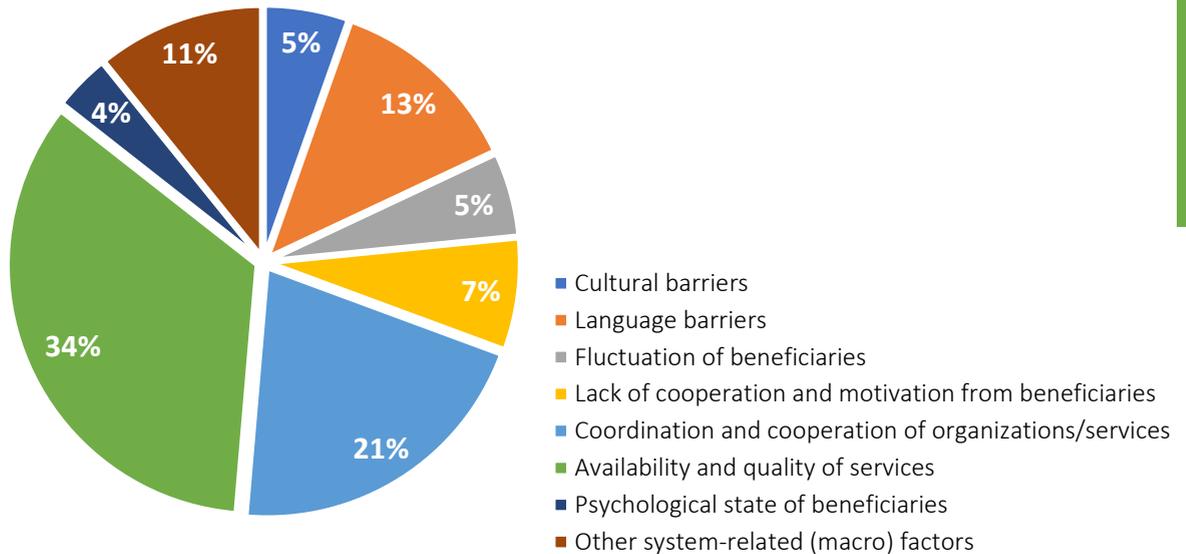


Figure 1. Main challenges in protecting the mental health of refugees, asylum seekers and migrants recognized by service providers

## The perspective of service users

Refugees and migrants had an opportunity to share their experiences and express their opinion on the accessibility and quality of activities aimed at mental health provided at locations where they are accommodated. Based on interviews and focus groups with beneficiaries accommodated in 8 locations in Serbia (Belgrade, Krnjača, Banja Koviljača, Bogovađa, Vranje, Pirot, Bujanovac and Niš), PIN obtained data on the perspective of service users, and the factors that, according to them, ought to be of particular importance when designing and providing mental health services.

The results indicate that refugees and migrants assess mental health services as available and very useful.

*“While I was waiting for a positive or negative decision in the asylum procedure, seeing a psychologist helped me. It calmed me and helped me believe that I will find the way to cope with every possible outcome“.*

*User of psychological support*

*“During my stay at the camp, the most important thing to me is to do something meaningful, so that I know I am not wasting time and that I am doing something that might be useful in the future. If I did not have that, I don't know how I would get through difficult periods.“*

*User of services aimed at prevention*

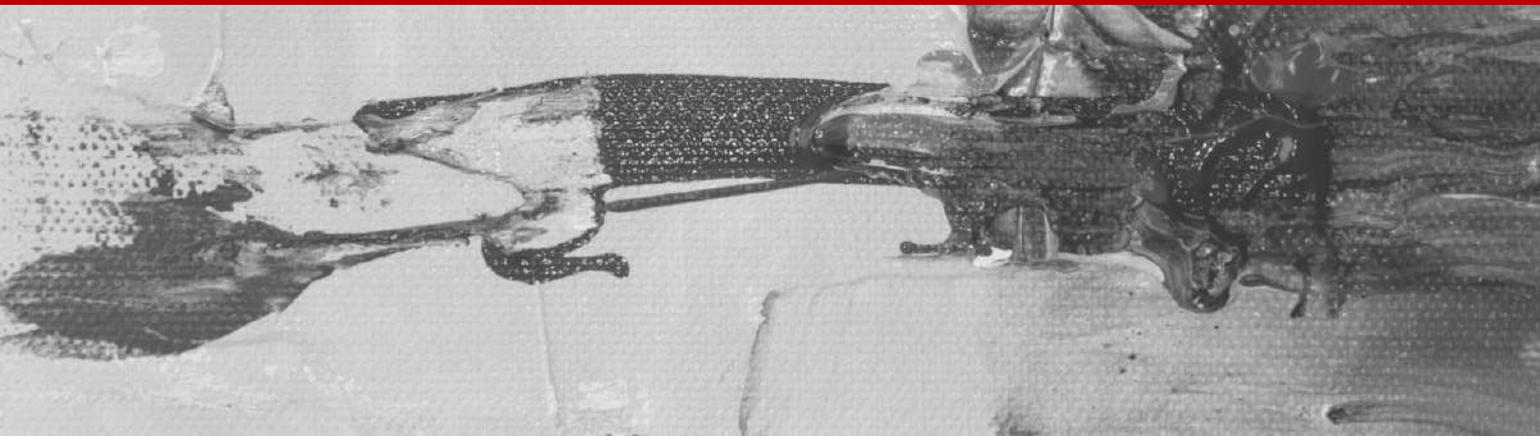
There is a perceived need for a larger number of activities and a continuity in the provision of services aimed the prevention of mental health disorders and behavior disorders. There is also a need for more activities aimed at the needs and interests of adults, as most services are primarily aimed at children and youth.

Beneficiaries state that continuity in the provision of psychological support is necessary, as well as continuity in work with the same psychologist, and that challenges arise in locations where these services are not regularly available, and in instances where psychologists at a given location frequently change. They emphasize the importance of privacy and of having a separate room for conversations with a psychologist or psychiatrist. In addition to that, beneficiaries point out that members of the refugee community are often ashamed or hesitate to seek professional help or to enter into communication with a psychologist, and for that reason it is very important that professionals initiate first contact and propose further conversations. The necessity of having a professional interpreter present during the conversations has been stressed as a particularly important topic. In that regard, another perceived problem is the employment of non-professional members of the refugee community for interpretation. This is a problem because in many cases, fearing stigmatization, refugees, asylum seekers and migrants are not prepared to speak openly about their difficulties in front of a person from their community they do not trust.

Finally, beneficiaries point out that there is a lack of social protection services for individuals who are not capable of taking care of themselves.



**RECOMMENDATIONS FOR FURTHER IMPROVEMENT OF THE  
PROTECTION OF MENTAL HEALTH OF REFUGEES, ASYLUM SEEKERS  
AND MIGRANTS**



Based on the Guidance for the Protection and Improvement of Mental Health of Refugees in Serbia and on the monitoring of the application of standards defined by this document, on the challenges encountered during the provision of services and in consideration of existing capacities, below you will find recommendations for further improvement of the system of protection of mental health of refugees and migrants in Serbia:

### **Planning, coordination and the systemic improvement of mental health protection**

- It has been recommended that the established Working Group for the Protection and Improvement of Mental Health of Refugees should continue to work in line with the developed and adopted procedures. In future work, particular emphasis shall be placed on:
  - Further developing established mechanisms for monitoring the accessibility, quality and efficiency of services aimed at mental health protection and on reacting in cases of recognized challenges.
  - Strengthening multidisciplinary cooperation, cooperation among providers of mental health services at different locations, and between representatives of governmental and non-governmental sectors.
  - Improving the availability of services in locations outside asylum and reception centers, with a particular emphasis on accommodation facilities for minors and beneficiaries in private accommodation. The need for the provision of a document that would be recognized in health care facilities and would guarantee undisturbed access to mental health protection services, has been recognized as a principle and urgent need.

- Resolving the issue of the provision of adequate accommodation and support for the beneficiaries for whom stay in collective centers is not recommended.
- Coordinating proposals for new projects and programs aimed at mental health and improving coordination in planning and implementation of mental health services, in order to avoid overlapping, ensure equal access of different services at all locations, enable long-term planning, and in order to organize all available resources in the best possible way in responding to the existing needs.
- It has been recommended that the Task Force for Resolving Unpredicted and Urgent Situations in the Field keeps working in line with the developed and adopted procedures.

### **Recommendations for the improvement of availability, quality and efficiency of mental health services**

- Improve the application of instruments for initial and in-depth mental health assessment, as well as the implementation of continuous mental health assessment in order to ensure timely reaction and provision of early intervention.
- Define the days and the time at which mental health services are available at every location and avoid frequent changes of professionals working at a location in order to ensure continuity in work and establish the trust necessary for adequate provision of mental health services.
- Ensure professional and licensed interpreters to assist with the provision of mental health services.

- Provide a separate room in which beneficiaries can have conversations with psychologists or psychiatrists in guaranteed privacy in all accommodation facilities.
- Provide transport of beneficiaries in urgent cases that require it.
- Provide a greater number and continuous availability of age and gender-adjusted activities aimed at the prevention of mental disorders.
- Ensure that psychologists working in accommodation facilities have a pro-active approach to establishing communication with beneficiaries so as to enable timely interventions.
- Improve referral mechanisms and care provision in accordance with the procedures for the provision of primary, secondary, and tertiary health care.
- Take into account beneficiaries' opinion when designing and culturally adapting mental health services.
- Provide programs aimed at informing beneficiaries about the available services, sensitizing to mental health issues, promoting peer support and support in community, preventing mental health disorders and behavior disorders, and emphasizing the importance of early intervention.
- Keep conducting research and evaluations of interventions and programs in order to ensure empirically-based practice, as well as planning of future support programs and interventions that is based on the identified needs and results.

## **Recommendations for the strengthening of capacities of service providers**

Trainings and supervision for service providers are required, including:

- Initial training on working within the refugee context, which would entail the cultural sensitization of all persons involved in the provision of services aimed at mental health of refugees.
- Initial training aimed at sensitizing participants to mental health issues of all those involved in the provision of various services to refugees, asylum seekers and migrants.
- Continuous training and supervision for persons providing mental health services in order to monitor the quality of services provided and to strengthen the capacities of service providers. Special emphasis should be placed on conducting trainings on adequate psychological interventions in the refugee context, adequate interventions in case of substance abuse, self-injuring and suicidal ideas, training on the use of instruments for initial and in-depth mental health assessment, as well as for continuous mental health assessment in order to be able to react in a timely manner and provide early intervention.
- Continuous training and supervision aimed at the prevention of burnout and secondary traumatization.

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- UNICEF
- Belgrade Centre for Human Rights
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- LDS Charities
- Save the Children
- Jesuit Refugee Service
- Doctors without Borders
- SOS Children's Villages
- NGO Atina
- Group 484
- ADRA
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- Indigo
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