

MENTAL HEALTH AND WELLBEING OF REFUGEES AND ASYLUM SEEKERS IN SERBIA

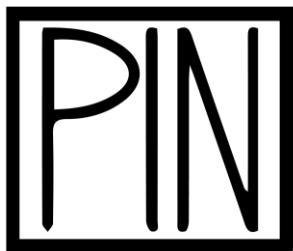
2020 RESEARCH REPORT



Afsaneh Barzegar, English language professor, started delivering free online classes of Persian during the COVID-19 pandemic.

Author of the photograph: Ali Javidi





PSYCHOSOCIAL INNOVATION NETWORK (PIN) IS ENGAGED IN THE DESIGN, IMPLEMENTATION AND EVALUATION OF DIFFERENT PSYCHOSOCIAL INTERVENTIONS AND COMMUNITY-BASED SUPPORT PROGRAMS FOR REFUGEES, WHICH AIM TO PROTECT AND ENHANCE THEIR MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING. PIN PROVIDES PSYCHOLOGICAL SUPPORT, EDUCATIONAL AND COMMUNITY-BASED PROGRAMS AND SPECIALIZED MENTAL HEALTH CARE FOR BOTH CHILDREN AND ADULTS, AS WELL AS CONTINUOUS SUPPORT FOR ADAPTATION AND INTEGRATION IN THE LOCAL COMMUNITY. EACH YEAR, PIN PUBLISHES A REPORT ON THE PREVALENCE OF MENTAL HEALTH DIFFICULTIES AND WELLBEING INDICATORS IN THE REFUGEE AND ASYLUM SEEKER POPULATION IN SERBIA.

AS AN IMPLEMENTING PARTNER OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) IN SERBIA, PIN CONDUCTS RESEARCH ON REFUGEES' PSYCHOLOGICAL NEEDS AND FACTORS AFFECTING THEIR WELLBEING IN ORDER TO KEEP TRACK OF TRENDS, EVALUATE AND RE-ADJUST PROGRAMS, ENSURE EVIDENCE-BASED PRACTICE IN REFUGEE PROTECTION, AND PROVIDE ACTIONABLE RECOMMENDATIONS FOR THE DELIVERY OF WELL-ADJUSTED PSYCHOSOCIAL SUPPORT PROGRAMS. UNHCR SERBIA SUPPORTS PIN'S ACTIVITIES ORIENTED TOWARDS DELIVERING FREE HIGH-QUALITY EVIDENCE-BASED PSYCHOSOCIAL SUPPORT TO VULNERABLE REFUGEES AND ASYLUM SEEKERS IN SERBIA.



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

SUMMARY

PSYCHOLOGICAL SCREENING SHOWS THAT **83%** OF REFUGEES SHOULD BE CONSIDERED VULNERABLE IN REGARDS TO THEIR MENTAL HEALTH, I.E. IN NEED OF PSYCHOLOGICAL ASSISTANCE AND SUPPORT. THEY ARE FACED WITH DIFFERENT CHALLENGES DAILY INCLUDING LANGUAGE BARRIER, UNRESOLVED LEGAL STATUS, NOT HAVING PERMISSION TO WORK, BARRIERS TO ACCESSING SOCIAL SERVICES, ETC. STILL, MANY OF THEM DEMONSTRATE HIGH RESILIENCE AND STRONG COPING CAPACITIES. IN ORDER TO PRESERVE THEIR MENTAL HEALTH AND OVERCOME DAILY CHALLENGES, REFUGEES RELY ON DIFFERENT PILLARS OF SUPPORT, WHICH NEED TO BE FURTHER STRENGTHENED AND DEVELOPED.

THE COVID-19 PANDEMIC BROUGHT ADDITIONAL CHALLENGES, AND ADVERSELY IMPACTED THE PRE-PANDEMIC TRENDS OF IMPROVEMENT OF REFUGEE MENTAL HEALTH, I.E. SOME OF THE SYMPTOMS OF PSYCHOLOGICAL DIFFICULTIES DRAMATICALLY INCREASED IN COMPARISON TO PREVIOUS YEARS, AND INDICATORS OF WELLBEING IN THE REFUGEE POPULATION NOTICEABLY DECREASED.

INTRODUCTION

This report is based on data collected in different locations in Serbia, by PIN's psychologists and cultural mediators/interpreters. This report aims to provide empirical data on the most pronounced psychological strengths and difficulties of refugees. The primary objective of this report is to provide all relevant actors with advanced and timely data which can be employed to develop strategic and systemic solutions for refugees residing in Serbia. More specifically, this report aims to serve as a data-driven advocacy tool for adjusting psychological support, supporting a mental health sensitive asylum procedure and strengthening a multisectoral and multidisciplinary approach to the protection of refugees' mental health.

RESEARCH METHODOLOGY

The presented data was collected during the period between May and September 2020 in locations where refugees are accommodated (including but not limited to AC Krnjača, AC Banja Koviljaca, AC Bogovadja, AC Tutin, RC Obrenovac, RC Adaševci, RC Šid, and RC Principovac). We collected quantitative data on refugees' mental health, resilience, and coping capacities. Furthermore, in order to keep track of trends and to understand how the contextual changes affect refugees in Serbia, the acquired data were compared to data collected using the same instruments during 2017, 2018 and 2019. As contextual factors in 2020 have been significantly altered by the COVID-19 pandemic, we also collected data on access to information and services during the lockdown period (March-May 2020).

A total of 257 refugees took part in the research. The majority of the participants were from Afghanistan (53.7%), followed by Iran (21.7%), but others from Syria, Pakistan, Burundi, Palestine, Jamaica, India, Nigeria, Tunisia, Yemen, Algeria, Egypt, Morocco, Libya, and Somalia were also included. There were more men (83.0%) than women (17.0%) participating in the research and their ages ranged from 14 to 60 years old, with the majority of respondents being between 18 and 35 years of age.

The data on psychological difficulties was collected using the Refugee Health Screener (RHS-15). This assessment tool was used because it provides a mental health screening for the most commonly experienced psychological difficulties which is both efficient and linguistically and culturally adjusted. It is important to note that mental health screening serves solely to identify people at risk i.e. those who need to be referred to a mental health professional for further assessment and diagnostics. This tool is not intended for diagnostic purposes (for details see Guidelines for improvement and protection of mental health of refugees, asylum seekers and migrants in Serbia by the WHO, 2019)

RHS-15 was administered by PIN psychologists with the assistance of interpreters, or self-administered by refugees when the required conditions were met (adequate level of literacy, understanding the language and the instructions for filling out the questionnaire, etc.). In accordance with RHS guidelines for administration and interpretation, individuals who scored above the cut off of 12 were identified as at risk. Moreover, in order to additionally increase the sensitivity of the instrument, an additional cut off score of 24 (twice the initial cut off) was used to identify highly psychologically vulnerable persons. Introducing this second cut off proved to be highly useful in populations where many who undergo assessment screen positive, as it facilitates need-based prioritization in case resources for provision of psychological support are limited.

Resilience was conceptualized as a combination of positive aspects of functioning – subjective wellbeing, happiness, and optimism. In addition, coping capacities were assessed as a part of the RHS-15 questionnaire.

Further, in 2020, due to the COVID-19 pandemic, we expanded the research to cover relevant aspects of refugees' experiences during the COVID-19 pandemic in order to gain a deeper understanding of the effects of the pandemic and the measures that were implemented for the refugee population in Serbia.

PSYCHOLOGICAL DIFFICULTIES

Refugees who are seeking protection in Serbia have survived a large number of traumatic experiences, both in their countries of origin and during their flight. Our data from 2014 (Vukčević, Dobrić, & Purić, 2014) and 2017 (Vukčević Marković, Gašić & Bjekić, 2017) showed that almost all refugees in Serbia were forced to flee their homes due to war or another terrifying event that made them fear for their own safety or the safety of their family members. More than half of them had witnessed destruction, violence, and torture, and more than a third had personally experienced being seriously injured or tortured.

To escape the violence in their countries of origin, refugees embark on a long and unsafe journey, during which they are likely to experience new traumas. After the official closing of the so-called Balkan route in March 2016, the number of those whose life was in danger during travel skyrocketed to 80% - as many had no access to food, water, and safe shelter or sustained serious physical injuries. Collective expulsions, unlawful imprisonment, physical violence and seizure of personal belongings are some of the many different traumas that refugees experience during travel. Harsh life conditions and a high number of traumatic experiences, both in their country of origin and during their flight, can have a severe impact on refugees' mental health and psychological well-being. That is why numerous studies show that the prevalence of mental health disorders is significantly higher in the refugee population in comparison to the local population. Furthermore, 2020 brought yet another global challenge – the COVID-19 pandemic, which trapped refugees at different locations around the world. Restrictions on movement and world-wide lockdowns forced refugees to spend additional time in transit countries and brought additional stress and worry about their safety and health. In Serbia, strict quarantine measures were implemented – the borders were closed, and all migrants, refugees and asylum seekers were under full lock down in collective centers for almost two months.

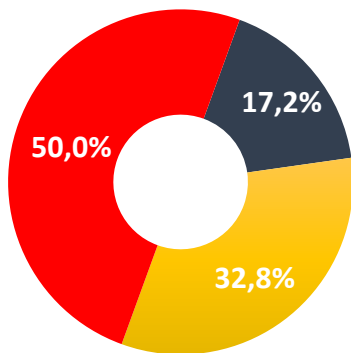
Here we present the results of screening for the most common psychological difficulties in the refugee population (PTSD, depression, and anxiety), conducted following the lockdown period and compare it to the same data collected during 2017, 2018 and 2019.

PSYCHOLOGICAL VULNERABILITY

Screening for the most common mental health difficulties has been established as a good practice to efficiently identify people who need additional mental health support and care. The results of mental screening showed that 8 out of 10 screen positive (i.e. show RHS-15 score equal or higher than the cut-off score).

As Chart 1 shows, one third of the refugees who participated in this study showed moderate levels of psychological difficulties, while half could be considered highly vulnerable as they exhibit RHS-15 scores which are higher than twice the cut off.

Chart 1. Psychological vulnerability of refugees



- no psychological difficulties
- psychologically vulnerable
- psychologically highly vulnerable

83%

refugees are in need of psychological support



Further analysis revealed an absence of gender differences in psychological vulnerability, i.e. the number of men and women experiencing psychological difficulties was proportionally equal. Still, it is important to note that some symptoms of psychological vulnerability are more common in women than men (e.g. symptoms of depression), while others are more common in men than women (e.g. feeling restless). Therefore, while the overall prevalence of mental health difficulties is roughly equivalent across sexes, the manifestations of psychological vulnerability are likely to be gender-specific.

When considering the data longitudinally, it is important to note that there was a positive trend between 2017-2019 as evidenced by a slight but steady decline in the share of people who screen positive on mental health screening; however, in 2020 this trend reversed (Chart 2). This shift can probably be attributed to the COVID-19 pandemic and the corresponding lockdown measures that were imposed on refugees, asylum seekers and migrants.

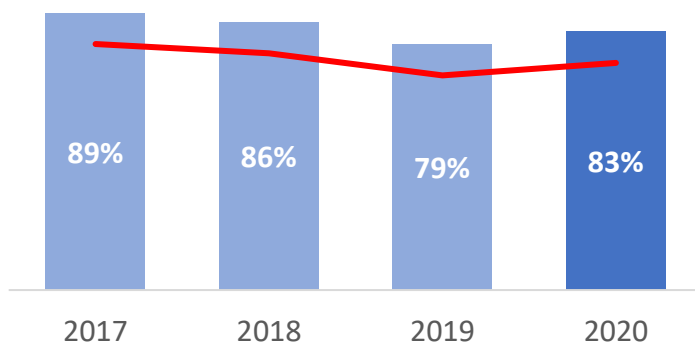


Chart 2. Results of annual mental health screenings from 2017 to 2020: The share of people who screened positive i.e. those in need of psychological support or mental health care is marked in blue; the trend-line is marked in red).

Prevalence of other relevant indicators of psychological hardships: 2019 vs 2020

Alongside standard mental health screening, other indicators of psychological vulnerability may be of interest when examining the need for psychological support:

- Prolonged period of tiredness and physical weakness – reported by 28.6% of refugees in 2019 and **34.3%** in 2020 (5.7% increase)
- Thoughts or attempts of self-harm – reported by 24.6% of refugees in 2019 and **27.8%** in 2020 (3.2% increase)
- Difficulties falling asleep or significant changes in appetite – reported by 32.1% of refugees in 2019 and **36.2%** in 2020 (4.1% increase)

The criterion for the assessment of need for immediate psychological support is the level of acute distress one experiences. This type of screening is usually performed using a visual analogue scale or “thermometer” which enables efficient screening of current emotional distress.

This screening based on the acute distress scale shows three quarters of refugees who participated in the research are experiencing acute psychological difficulties experiencing psychological difficulties and thus should be immediately provided with psychological first aid. After provision of timely support focused on addressing acute distress, it is necessary to further follow-up on the person’s condition and ensure access to continuous psychological support and specialized mental health care if needed.

This constitutes an 11% increase in comparison to the data from 2019, when 64% of refugees and asylum seekers met the criterion for immediate assistance based on the acute distress thermometer.

Additionally, refugees reported having a variety of other difficulties in their daily lives, including withdrawal from family members and people in their camp, irritability and aggression towards other people and the abuse of different substances. Table 1 presents the percentage of refugees who reported experiencing each type of these difficulties in everyday functioning.

75%

refugees show significant levels of acute distress



Table 1. Behavioral symptoms of psychological distress

Spending less time with family members than usual	47.4%
Avoiding talking and socializing with people in the asylum center	43.1%
Drinking too much alcohol	16.2%
Getting into fights with people and/or being physically violent	12.6%
Using psychoactive substances or recreational drugs	12.7%

35%

DEPRESSION

The most prominent psychological difficulties in the refugee population are negative emotions and cognitions typical of depression. The key indicators of depression are diminished positive mood and/or reduced interest in regular activities. Additionally, the person often experiences reduced levels of energy, increased fatigue, loss of self-esteem, and a tendency to feel guilt about everything that has happened in the past or will happen in the future. The results of the mental health screening showed that more than one third of refugees experience pronounced symptoms of depression.

ANXIETY

Symptoms of anxiety are often experienced alongside depressive moods and cognitions. Anxiety is an umbrella term used to describe psychological difficulties that are characterized by unpleasantly and fearfully awaiting negative outcomes of future events and/or an intense fear of an anticipated threat. The most typical indicators of anxiety are physical symptoms such as heavy breathing, sweating, nausea and dizziness. The psychological screening data indicated that approximately three out of ten refugees experience pronounced symptoms of anxiety.

29%

Table 2 presents the incidence of symptoms of depression and anxiety, i.e. the percentage of refugees who expressed the given difficulties to a great extent. Results show that the most common challenges faced by refugees are prolonged negative moods (i.e. feeling hopeless, difficulty staying calm, etc.) and continuous worry as well as uncontrollable recurring thoughts. The most significant increase in comparison to 2019 data was observed in regards to overall negative mood – an additional quarter of refugees feel sad, blue or gloomy most of the time, while the variance between years was less pronounced for other symptoms. This shift towards mild depressive symptomatology can be regarded as one of the effects of the COVID-19 pandemic and the measures that were implemented to prevent the spread of the virus.

Table 2. *Incidence of psychological difficulties indicated by symptoms of depression and anxiety*

	2020	2019	2020 -2019 change
The person feels sad, gloomy, or blue most of the time	55.4%	29.2%	+26.2%
The person feels helpless	44.2%	46.5%	-2.3%
The person experiences a lack of energy, weakness and dizziness	30.7%	34.3%	-3.6%
The person cries easily or often	34.7%	36.2%	-1.5%
The person cannot stop thinking - thoughts are always running through their mind	74.0%	65.6%	+8.4%
The person gets easily scared without any apparent reason	40.4%	36.7%	+3.7%
The person feels nervousness and shakiness inside	34.8%	32.2%	+2.6%
The person cannot remain calm or stay still	43.8%	42.4%	+1.4%
The person experiences pain in their muscles, bones and joints	24.6%	32.3%	-7.7%

TRAUMA-RELATED DIFFICULTIES

Post-traumatic stress disorder (PTSD) is a mental health condition which occurs as a result of exposure to extreme stress i.e. following one or more traumatic events. Responses to trauma vary significantly across survivors and depend on many personal and social factors; thus, one cannot expect everybody that went through traumatic experience to develop PTSD. The symptomatology of PTSD includes intrusive and recurring involuntary memories of traumatic events, high reactivity to triggers that are in some way associated with the traumatic experience; thus, the tendency to avoid places and situations which resemble the context of the traumatic event. Additionally, trauma-related difficulties may include a wide range of negative cognitions and emotions as well as inability to accurately recall and present some segments of the traumatic experience or the events that directly preceded trauma.

20%

The results of this mental health screening indicated that one in five refugees have prominent trauma-related difficulties (Table 3). Again, similarly to the increase of depressive symptomatology, there was a notable increase in emotional emptiness and/or numbness between 2019 and 2020.

Table 3. Incidence of trauma-related psychological difficulties

	2020	2019	2020 -2019 change
The person has intrusive memories or a feeling of reliving the trauma	34.4%	27.2%	+7.2%
The person expresses pronounced physical reactions (e.g. sweating, quick heart rate) when faced with or thinking about some aspects of the trauma	35.0%	32.3%	+2.7%
The person has a feeling of emotional emptiness or numbness (e.g. she/he feels sad but cannot cry)	53.0%	26.8%	+26.2%
The person shows increased arousal and reactivity (i.e. fearfulness, irritability)	29.2%	21.3%	+7.9%

WELLBEING & RESILIENCE

In addition to assessing psychological difficulties, it is important to estimate wellbeing using indicators of positive psychological functioning. The results presented in the Table 4 are complementary to the previously presented prevalence of symptoms. Data trends suggest that wellbeing indicators have significantly decreased in all respects in 2020 in comparison to the data from the previous year.

Table 4. Wellbeing indicators and the percentage of refugees who answered “yes” to the following wellbeing indices

	2020	2019	2020 -2019 change
I have felt cheerful and in good spirits	24.0%	38.7%	-14.7%
I felt calm and relaxed	20.6%	36.5%	-15.9%
I have felt active and vigorous	25.4%	43.9%	-18.5%
I wake up feeling fresh and rested	22.9%	41.7%	-18.8%
My daily life has been filled with things that interest me	19.2%	29.5%	-10.3%

This negative trend is especially worrisome as a high level of wellbeing (as recorded over the past several years) has been one of the main protective factors, and foundational for coping with past traumas and everyday difficulties in the refugee population. Experiencing psychological difficulties and, at the same time, showing high levels of resilience may seem contradictory at first. Nonetheless, this is a rather common phenomenon, especially among trauma survivors. Namely, resilience comes as a result of working through and integrating traumatic experiences. Being resilient does not mean that a person does not experience difficulty or distress. In fact, the road to resilience is likely to involve a considerable amount of emotional distress. In order to achieve resilience and a high level of psychological functioning, one needs a lot of personal strength, as well as continuous social support. That is why, when social support is disrupted, it can have negative long-term effects as it minimizes one’s capacity to cope with upcoming life challenges.

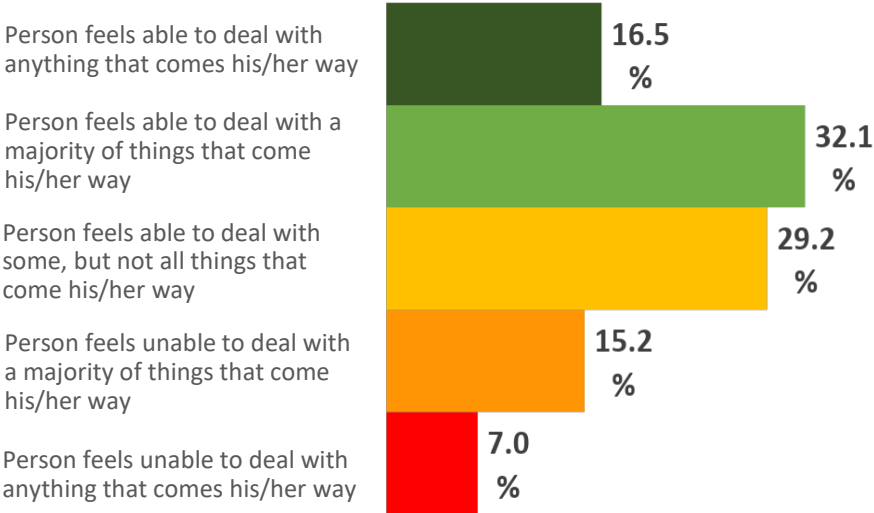
This year, less than a quarter of refugees exhibited satisfactory levels of wellbeing. It is hard not to attribute this to the 2020 COVID-19 pandemic and the preventive measures that were enacted to contain the disease. Isolation and restriction of movement, especially for long periods of time is not advisable for traumatized and psychologically vulnerable people. Despite this, a significant portion of refugees showed high levels of resilience and managed to retain positive aspects of psychological functioning (Table 5). Therefore, it is important that all programs aiming to promote wellbeing rely and build upon these capacities in order to generate long term benefits to individuals, families and the refugee community, especially in the aftermath of the COVID-19 pandemics.

Table 5. Resilience and indicators of positive functioning

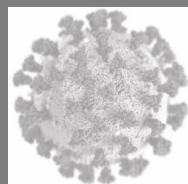
	2020	2019	2020 -2019 change
<i>Optimism</i> (I feel optimistic about the future)	66.2%	70.6%	-4.4%
<i>Self-respect</i> (I believe I have the capacity to achieve great things in life)	80.7%	77.9%	+2.8%
<i>Happiness</i> (All in all, I see myself as a happy and content person)	45.4%	51.7%	-6.2%

COPING CAPACITIES

Coping refers to the ability to adaptively use different behavioral and cognitive mechanisms in order to overcome challenges in life. It is comprised of different strategies people use in the face of stress and/or trauma in order to manage painful or difficult emotions. Coping strategies or mechanisms can help one adjust to stressful events while helping maintain one's emotional well-being. The results of the assessment of coping capacities revealed that 48.6% of refugees feel that they have the capacities to deal with future challenges and obstacles. On the other hand, 7% refugees feel as if they are unable to deal with most if not all obstacles in life. The COVID-19 pandemic presented a great challenge for coping capacities of people around the globe, and refugees are no different. Therefore, we see a smaller proportion of participants reporting high coping capacities in comparison to data from previous years.

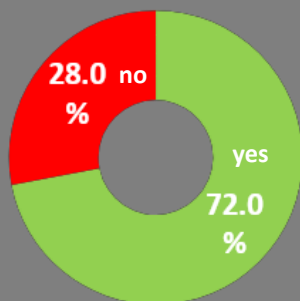


THE COVID-19 PANDEMICS FOR REFUGEES IN SERBIA



On the 15th of March 2020, the Republic of Serbia introduced a state of emergency due to the COVID-19 pandemic, which lasted until the 6th of May 2020. During this period, almost all migrants, asylum seekers and refugees in Serbia were placed in collective accommodation facilities throughout the country and a strict restriction of movement was imposed. The measures included a complete lockdown and the assignment of military officers to keep refugees from leaving the accommodation facilities. This resulted in decreased access to information and services. The data on their experience during the state of emergency were collected shortly after the restriction of movement was lifted in a majority of the camps.

Chart 3. *Were you informed in advance that movement would be restricted due to the state of emergency caused by the COVID-19 pandemic?*



- I didn't have any information
- I had some information
- I had most of the information
- I had all the necessary information

Chart 4. *To what extent were you informed of the reasons for the movement restriction due to the state of emergency in relation to the COVID-19 pandemic?*

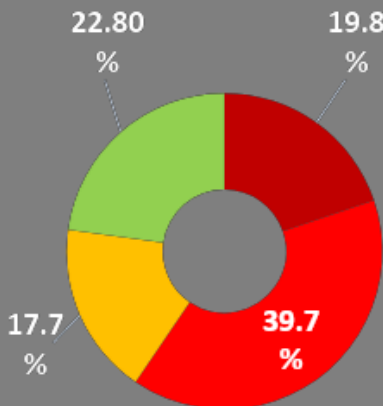


Chart 5. Did you have a place where you could find information about ongoing issues related to the state of emergency and the COVID-19 pandemic?

26%

had someone to turn to when they were having a hard time during the state of emergency

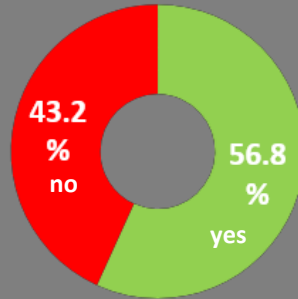


Chart 6. During the COVID-19 pandemic, what was your primary source of information i.e. where did you get relevant information from ?

52,30%



40,5%



28,6%



6,3%



■ Various online sources

■ Staff in the camp/center

■ Friends and acquaintances in the camp/center

■ Various NGOs

15%

used legal aid during the state of emergency

16%

used psychological support during the state of emergency

Summary of International Recommendations for Refugee Mental Health During the COVID-19 Pandemic

- The COVID-19 pandemic can hugely affect mental health, especially for those in the already stressful process of migration. It may trigger reliving similar emotional reactions to those which they experienced before in their home countries or during the flight. This may include fear for their lives or the lives of their loved ones, the possibility of severe health issues, looming death and destruction, etc. (4)
- The COVID-19 pandemic may exacerbate symptoms of pre-existing mental health conditions (2)
- There is a potential for increased self-harm and suicidality (3)
- The impact could be particularly severe for those who are unable to access the care they depended on prior to the pandemic (2)
- Children who have experienced traumatic events in the past are more likely to be vulnerable to the new stressors brought on by the COVID-19 pandemic. The current pandemic may mirror past traumas the child has experienced causing elevated levels of anxiety and distress (4).
- Unnecessary and prolonged isolation can also be detrimental to mental health (1)
- The impacts of isolation on mental health reported by minors and young adults (18 to 24) have been more severe than those of older adults (1)
- Isolation of the entire camp can contribute to further stigmatization of the refugee and migrant community within the host population (1)

References and resources (hyperlinked):

1. [Guidance on infection prevention and control of covid-19 in migrant and refugee reception and detention centers in the EU/EEA and the UK](#)
2. [Emerging Practices: Mental Health and Psychosocial Support in Refugee Operations in the Covid-19 Pandemic](#)
3. [Covid-19 Triggering Mental Health Problems](#)
4. [Covid-19: One danger too many for refugee children](#)

Summary of the effects of the COVID-19 pandemic on the refugee population in Serbia

- Prevalence of different psychological hardships has taken a negative trend
- The number of people experiencing sadness (one of the most prominent symptoms of depression) doubled in comparison to 2019
- The number of people experiencing emotional numbness has significantly increased
- Coping capacities have declined
- All indicators of wellbeing have significantly decreased

Chart 7. Prevalence of psychological difficulties related to depression (sadness and feeling emotionally empty/numb)

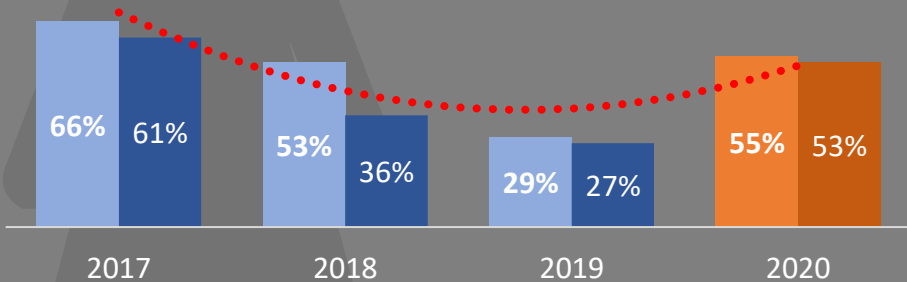
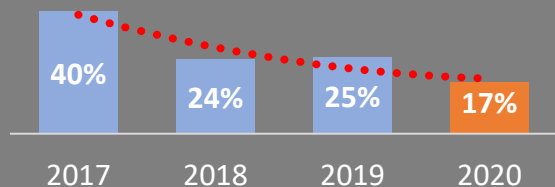


Chart 8. Prevalence of high coping capacities over time



Conclusion and recommendations

- ❖ The COVID-19 pandemic brought numerous mental health risks, in particular, to the refugee population. Due to their specific position regarding accommodation in collective centers, limited access to different services, and postponed access to news due to the language barrier, refugees and asylum seekers should be considered a highly vulnerable group during the pandemic.
- ❖ It is of the utmost importance to be aware of the risks and elevate support of mental health and psychosocial wellbeing accordingly to ensure continuity of psychiatric, psychological and psychosocial care services for refugees (3).
- ❖ If quarantine and isolation measures are deemed absolutely necessary, they must be applied equitably and due diligence must be paid to ensure that quarantined people are provided with the means to meet their basic physical and emotional needs (1). This includes ensuring access to adequate mental health and psychosocial support services and prioritizing keeping family units together whenever possible (1).
- ❖ Refugees and asylum seekers should be perceived in light of their capacities and potential to contribute to the COVID-19 response. This attitude can have a positive impact not only on the local communities that could benefit from refugees' engagement, but also on the psychosocial wellbeing of refugees themselves.

Example of good practice: Refugees providing free online classes of their native languages to members of the local community during the COVID-19 pandemic

<https://psychosocialinnovation.net> <http://www.unhcr.rs>



Jafar



Sami



Afsaneh



Karoh



Refugees in Serbia are facing numerous challenges each day, and are especially affected in crises like the pandemic. Still, many of them show great resilience and the ability to support local communities in overcoming difficulties. To protect their mental health and support them in rebuilding their lives, we need to ensure support for their own capacities and resources, peer and community-based support as well as accessibility to specialized services.



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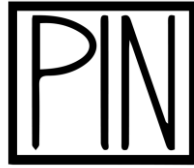
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PIN and UNHCR Serbia have implemented a program of free online classes of Persian and Kurdish language. During 2020, refugees and asylum seekers have delivered more than 400 free online language classes.