



## MULTISECTORIAL APPROACH IN PROTECTION OF REFUGEES' MENTAL HEALTH AND WELLBEING

### *Advocacy brief*

The *refugee crisis* in Serbia, and changes in refugee flow at its beginning resulted in need for humanitarian responses, numerous challenges and procedural and logistical uncertainties. After closure of the Balkan route which resulted in decreased numbers of refugees, asylum seekers and migrants<sup>1</sup>, but also their longer stay in Serbia (United Nations High Commissioner for Refugees [UNHCR], 2017, 2018) new circumstances created the need for moving to long-term, sustainable solutions.

There are many studies testifying on human suffering and human right violation refugees are faced with in their countries of origin, during transit, as well as when arrived at county of destination (Cantekin & Gençöz, 2017; Carswell, Blackburn, & Barker, 2009; Hallas, Hansen, Stæhr, Munk-Andersen, & Jorgensen, 2007; Keller et al., 2003; Laban, Gernaat, Komproe, Van Der Tweel, & De Jong, 2005; Priebe, Giacco, & El-Nagib, 2016; Raghavan, Rasmussen, Rosenfeld, & Keller, 2012; Steel et al., 2009; Vukčević, Dobrić, & Purić, 2014; Vukčević, Momirović, & Purić, 2014, 2016; Vukčević Marković, Gašić, & Bjekić, 2017). Bearing in mind numerous risk factors majority of refugees are exposed to, it does not come as a surprise that mental health screening of over 600 refugees in Serbia between 2017 and 2018 resulted in 86.1% of refugees screening positive i.e. should be considered vulnerable in respect to their mental health. Moreover, 74.7% were in acute distress, with 25.7% showing signs of posttraumatic stress disorder (PTSD), and 44.8% showing signs of depression (Vukčević Marković et al., 2017; Vukčević Marković, Stanković, & Bjekić, 2018). However, preserved positive aspects of psychological functioning, such as resilience, strengths and coping capacities indicate that these symptoms could rather be a reaction to traumatic experiences and current difficult living circumstances than indicators of severe mental health disorders (Vukčević Marković et al., 2017, 2018).

Due to contextual specifics, when addressing mental health needs and challenges in the refugee context, it is of crucial to use multisectoral approach. Thus, in addition to enabling different mental health services for refugees, it is important to work towards addressing these issues through improving systemic factors contributing to both reduction of mental health difficulties, but also to psychological well-being and positive aspects of psychological functioning.

In order to enable data-driven multisectoral approach to mental health protection, here we present protective and risk factors for refugees' mental health and well-being, based on up-to-date empirical literature and studies conducted in Serbia in the period from 2016 to 2018, with the support of UNHCR Serbia:

- **Number and type of traumatic events experienced during premigration and migration** (Priebe et al., 2016) period are associated with mental health difficulties (Aragona, Pucci, Mazzetti, Maisano, &

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<sup>1</sup> Due to primary aim of this advocacy brief, and for the purpose of better readability and simplicity, the term *refugee* will be used for people who due to different reasons had to flee their home countries throughout the text, regardless of their legal status.

Salvatore, 2013; Cantekin & Gençöz, 2017; Carswell et al., 2009; Gerritsen et al., 2006; Steel et al., 2009; Tinghög et al., 2017; Vukčević et al., 2016).

- **Postmigration stressors** are related to physical and mental health difficulties and well-being (Aragona et al., 2013; Cantekin & Gençöz, 2017; Carswell et al., 2009; Gerritsen et al., 2006; Hallas et al., 2007; Kirmayer et al., 2011; Laban, Gernaat, Komproe, Schreuders, & De Jong, 2004; Laban et al., 2005; Laban, Komproe, Gernaat, & de Jong, 2008; Raghavan et al., 2012; Steel, Silove, Bird, & McGorry, 1999; Tinghög et al., 2017).
- **Being at detention** negatively affects refugees' mental health (Cleveland & Rousseau, 2013; Mares, 2016; Steel et al., 2006, 1999).
- **Legal status and duration of asylum procedure** - longer asylum procedure and delays and uncertainties during legal status determination have negative impact on refugees' mental health (Hallas et al., 2007; Laban et al., 2004, 2005, 2008; Raghavan et al., 2012; Steel et al., 1999).
- **Housing** represents important aspect of general well-being, whereas it was shown that living in poor quality housing for prolonged periods of time has negative impact on mental health (Pevalin, Reeves, Baker, & Bentley, 2017; Pevalin, Taylor, & Todd, 2008; Ziersch, Walsh, Due, & Duivesteyn, 2017), poorer educational attainment and mental adjustment in children (Murray, 1974), but also substance abuse (alcohol and drug) (Rudge & Nicol, 2000).
- **Social support represents preventive factor for psychological well-being and mental health.** Social support is both protective factor and coping strategy for mental health problems (Turner & Brown, 2010), while studies indicated that social **isolation and loneliness** are positively associated with mental health difficulties (Buchegger-Traxler & Sirsch, 2012; Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Li, Liddell, & Nickerson, 2016; Matthews et al., 2015; Tinghög et al., 2017).
- **Loss of culture and support and poor access to traditional foods** are associated with increased mental health difficulties (Cantekin & Gençöz, 2017; Carswell et al., 2009; Gerritsen et al., 2006; Steel et al., 1999).
- **Communication difficulties, difficulty in finding work and poor job conditions**, are related to increased symptomatology and mental health difficulties (Carswell et al., 2009; Laban et al., 2005; Li et al., 2016; Steel et al., 1999; Tinghög et al., 2017).
- **Difficulties in accessing health care and social services** are related to refugees' mental health (Steel et al., 1999).

Results of a study aiming to provide empirical data on the relationship between post-migration difficulties and mental health status among refugees in Serbia (Vukčević Marković, Živanović, & Bjekić, submitted) found that the following risk factors are related mental health difficulties and overall lower well-being:

- Separation from the family members
- Overall experience of isolation, loneliness and boredom
- Delays and long duration of processing asylum application
- Fears of being sent back to the country of origin
- No permission to work and poverty
- Limited help with welfare from charities and government
- Limited access to medical care and psychological counseling services
- Adaptation difficulties – communication and nutrition

In order to support and protect refugees' mental health and promote their well-being, it is crucial to build upon these findings when crating policies, incorporate mental health protection into existing procedures and establish multisectoral framework for programs aiming to protect refugee's mental health and increase their well-being.

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