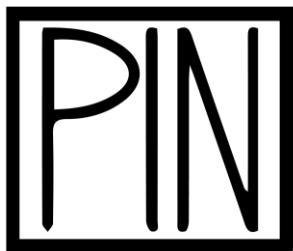


MENTAL HEALTH AND WELLBEING OF REFUGEES & ASYLUM SEEKERS IN SERBIA

5 YEARS DATA TRENDS



2021 RESEARCH REPORT



PSYCHOSOCIAL INNOVATION NETWORK (PIN) IS ENGAGED IN BUILDING UP THE SYSTEMIC AND COMPREHENSIVE APPROACH TO THE PROTECTION OF REFUGEES', ASYLUM SEEKERS' AND MIGRANTS' MENTAL HEALTH. 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 WELLBEING. 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 THEIR ADAPTATION AND INTEGRATION IN THE LOCAL COMMUNITY.

PIN CONDUCTS RESEARCH ON REFUGEES' PSYCHOSOCIAL NEEDS AND FACTORS AFFECTING THEIR WELLBEING IN ORDER TO KEEP TRACK OF TRENDS, DEVELOP, EVALUTE AND READJUST PROGRAMS, ENSURE EVIDENCE BASED PRACTICE IN REFUGEE PROTECTION, AND PROVIDE ACTIONABLE RECOMMENDATIONS FOR POLICYMAKERS AND PARTNERS DELIVERING PSYCHOSOCIAL SUPPORT PROGRAMS. THIS PUBLICATION IS A RESEARCH REPORT THAT BUILDS UP ON THE FIVE YEARS OF CONTINUOUS MONITORING OF MENTAL HEALTH INDICATORS IN REFUGEES', ASYLUM SEEKERS' AND MIGRANTS' COMMUNITY IN SERBIA AS WELL AS THE IMPLEMENTATION OF DIFFERENT PROGRAMS FOR PSYCHOSOCIAL WELLBEING AND MENTAL HEALTH PROTECTION IN SERBIA.

THIS WORK WAS CONDUCTED IN COLLABORATION WITH AND SUPPORTED BY OPEN SOCIETY FOUNDATION.

Note: The primary objective of this report is to provide data on psychological difficulties faced by people who had to flee their home countries due to different reasons. 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

IN 2021, 96% OF REFUGEES EXPERIENCED AT LEAST ONE TRAUMA DURING THEIR TRAVEL. TRAUMATIC EVENTS IN TRANSIT CHANGED, BUT OVERALL DID NOT DECREASE OVER THE LAST 5 YEARS. PSYCHOLOGICAL SCREENING SHOWS THAT 85% OF REFUGEES ARE VULNERABLE IN REGARD TO THEIR MENTAL HEALTH, I.E. IN NEED OF PSYCHOLOGICAL ASSISTANCE AND SUPPORT. IN COMPARISON TO PREVIOUS YEARS, ALL INDICATORS OF MENTAL HEALTH AND RESILIENCE TOOK ON A NEGATIVE TURN – WITH MORE PEOPLE EXPERIENCING SYMPTOMS OF DEPRESSION, ANXIETY, AND TRAUMA-RELATED STRESS. FURTHERMORE, LOWER COPING CAPACITIES HAVE BEEN DOCUMENTED, WITH THIS ALL LEADING TO HIGHER NUMBER OF REFUGEES IN ACUTE DISTRESS AND IN NEED FOR IMMEDIATE PSYCHOLOGICAL SUPPORT.

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, including the traumatic experiences during flight from the country of origin. The primary objective of this report is to provide all relevant actors with a snapshot of 5-year trends, as well as 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 February and August 2021 in locations where refugees are accommodated (including but not limited to AC Banja Koviljaca, AC Tutin, AC Sjenica, RC Sombor, RC Kikinda, and RC Principovac, as well as those residing in the greater Belgrade area). We collected quantitative data on refugees' traumatic experiences, mental health, resilience, and coping capacities. 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 in the period of 2017-2020.

A total of 201 refugees took part in the research. Most of the participants were from Syria (24.4%), followed by Afghanistan (19.7%), and Morocco (17.1%), but others from Iran, Iraq, Bangladesh, Pakistan, Tunisia, Cameroon were also included. There were more men (88.9%) than women participating in the research and their ages ranged from 14 to 65 years old, with most respondents being between 19 and 35 years of age. This age and gender structure of the sample is representative for the population of refugees in Serbia, that is the sample characteristics proportionally reflect the age and gender composition of the refugee population.

The data on traumatic experiences in transit were collected using the SET-SF questionnaire (Purić & Vukčević, 2019), that lists the most common traumatic experiences in transit – including but not limited to experiences with smugglers, prison/detention, and pushback. This instrument has been comprehensively developed with active participation of the members of the refugee community and extensively assessed for psychometric properties (construct validity and reliability) to best reflect the context of refugees' experiences in Serbia. SET-SF was administered by PIN's psychologists with the assistance of interpreters or self-administered when appropriate.

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).

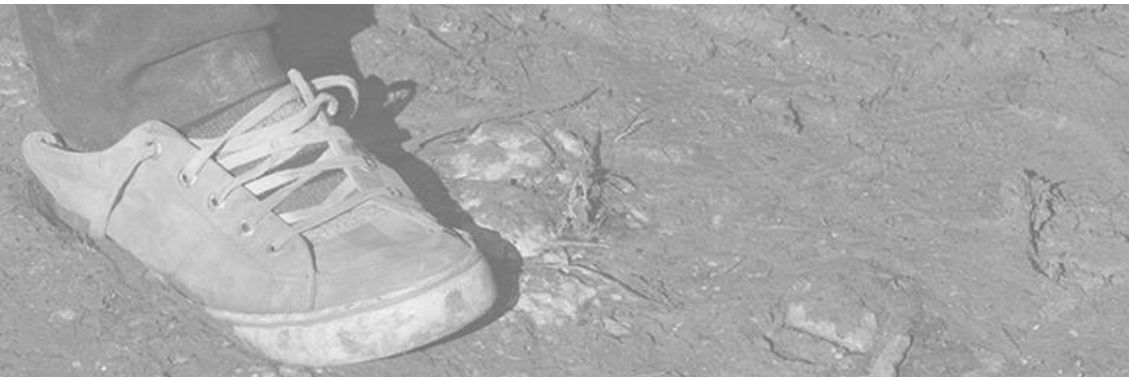
RHS-15 was administered by PIN psychologists with the assistance of interpreters or self-administered by refugees when the required conditions were met (adequate level of literacy, understanding the language and the instructions for filling out the questionnaire, etc.). In accordance with RHS guidelines 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.

TRAUMATIC EXPERIENCES

Refugees, especially those that come from war-affected countries and regions have experienced significant number of traumatic events in their country of origin. Our data from 2014 (Vukčević, Dobrić, & Purić, 2014) and 2017 (Vukčević Marković, Gašić & Bjekić, 2017) showed that 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. The list of traumatic experiences one could experience in the country of origin is extensive – the most frequent being physical harm or violence, sexual violence, religious persecution, witnessing violent acts of harm and killings, as well as extreme economical difficulties resulting in lack of running or drinking water, food, safe shelter and other essential amenities.

Being forced to flee, they embark on a long and unsafe journey, during which they are likely to experience new traumas. Here we focus on traumas occurring during flight, as insufficiently studied and documented aspect of refugee's traumatic experience. Namely, 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.



2021

data

96%

*refugees experienced trauma
during travel*

Looking at the incidences of different traumatic experiences (next page), no uniform trend can be observed. Namely, we see that while the number of persons experiencing some traumatic events declined (e.g. discrimination; physical violence), occurrence of some traumatic events in the population increased significantly. Notably, the share of refugees experiencing death of a close person during travel doubled, and the share of those separated from their family and close friends increased by one third.

The results of the 2021 survey have shown that 95.6% of refugees have had at least one traumatic experience during travel, with an average of 10 traumas per person. What is the most worrying is the data that shows every third refugee experiencing 13 or more different types of traumatic events during travel.

Note that throughout the report the following data trends legend will be used:




-  Positive change
(i.e. decrease from 2017)
-  No change
-  Negative change
(i.e. increase from 2017)

Table 1. Incidence of traumatic experiences during travel 2017 – 2021 comparison





















	2021	2017	2017 -2021 change
During travel, the person did not have enough food or water	84.8%	88.1%	
During travel, the individual did not have a shelter	80.0%	81.4%	
Person was in a life-threatening situation during travel	76.0%	80.8%	
During travel, the individual was separated from their family members or close friends	65.5%	29.9%	
The individual was pushed back	65.2%	48.0%	
During travel, the person was denied relevant information by the police or other relevant actor	61.9%	62.3%	
During travel, the person experienced psychological violence (insults, humiliation, threats, etc.)	60.0%	66.7%	
During travel, the person experienced being lost, i.e., did not know where they are or where to go	59.4%	55.4%	
During travel, the person experienced unlawful or forcible seizure of personal property or money	58.3%	65.0%	
During travel, the person suffered a severe bodily injury	55.0%	53.1%	
During travel, the person experienced discrimination	54.0%	66.8%	
During travel, the person experienced death of a close person	50.0%	23.7%	

Table 1. Incidence of traumatic experiences during travel 2017 – 2021 comparison (continued).

	2021	2017	2017 -2021 change
The smuggler did not hold up to his end of the deal (i. e. he asked for additional money or did not bring the person to the agreed place)	49.7%	59.3%	
During captivity, the person experienced inhumane conditions (no food, water, heating, bed , freedom of movement within the space, sufficient conditions for maintaining personal hygiene, medical assistance, etc.)	42.2%	52.8%	
During travel, the person experienced physical violence	42.2%	52.8%	
The person spent time in prison or captivity after leaving the country of origin	41.1%	69.5%	
During captivity, the person was denied legal rights (captivity without legal basis, without legal help and protection, the person was not released within legal time frame, etc.)	36.6%	46.6%	
While in captivity, the person had experienced torture, i.e. Intentional and systematic infliction of physical or mental pain.	34.2%	29.5%	
The smuggler asked for additional services from the person (i.e. carrying narcotics over border, recruitment of others, presenting children as their own)	19.0%	17.0%	
During travel, the person experienced sexual violence	14.2%	3.5%	

PUSHBACK EXPERIENCES

The estimates of the numbers of refugees who experienced push-back indicate the increase in push-back practices. Namely, 65.2% respondents reported having experienced push back, which is almost 20% increase in comparison to the same estimate from 2017 (48%), and almost double in comparison to 2014 (38%). Furthermore, pushback is accompanied by immanent traumatic experiences in almost all refugees - that is, 93% of refugees experienced at least one trauma while being pushed back.

Table 3. *Incidence of traumatic events and stressful experiences in pushback*

	YES (%)
Have you been a victim of psychological violence (insults, threats, degradation)?	80.8
Have you been separated from your family and/or close friends?	75.2
Has someone forcibly taken you personal property?	71.9
Were you in a life threatening situation?	65.6
Have you experienced physical violence?	53.9
Have you experience sexual violence?	17.6

These findings complement AIDA reports in which the number of push backs increased from 10 000 in 2018 to 25 180 in 2019; and support the observed increase in use of force by the border authorities, as well testimonies of personal belongings being taken away, people being forced to stand still or walk without a break for hours, cold water being poured on people in winter months, as well as intimidation and humiliation (BCHR, 2017; CRPC, 2019; HCIT, 2017; Vukčević et al., 2017).

PSYCHOLOGICAL DIFFICULTIES

Uncertainty of future and large number of past traumatic experiences, both in their country of origin and during their flight, can have a severe impact on mental health and psychological wellbeing. This was documented by numerous studies showing that the higher prevalence of mental health disorders in the refugee population in comparison to the local population cannot be attributed to the cross-cultural differences or availability of mental health care in the countries of origin. In addition to that, 2020 brought yet another global challenge – the COVID-19 pandemic, which trapped refugees at different locations around the world, and had negative effect on mental health and wellbeing around the globe. For refugees, restrictions on movement and world-wide lockdowns meant spending additional time in transit countries and additional stress and worry about their safety and health. Finally, in 2021 we witnessed sudden political and social changes in Afghanistan which impacted the region but also people that are trying to rebuild their lives in Europe. We can expect these types of events to have both immediate and long-lasting effects on the mental health and wellbeing in the refugee population.

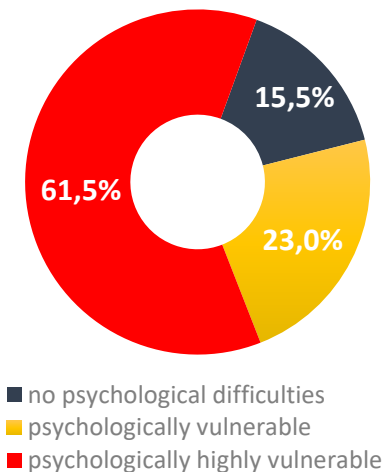
To assess psychological needs and keep track of trends, here we present the results of screening for the most common psychological difficulties in the refugee population (PTSD, depression, and anxiety), for 2021 in comparison to the same data collected in the previous years i.e. 2017, 2018, 2019 and 2020.

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 in 2021 showed that 8.5 out of 10 screen positive (i.e. show RHS-15 score equal or higher than the cut-off score).

As Chart 1 shows, one quarter of the refugees who participated in this study showed moderate levels of psychological difficulties, while almost two thirds 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*



2021
data

85%

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 over the five-year period, 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 from the refugee population in Serbia who screen positive on mental health screening. However, in 2020 this trend reversed, and the number continued to increase in 2021 (Chart 2). This shift can be partly attributed to the COVID-19 pandemic and the corresponding lockdown measures that were imposed on refugees, asylum seekers and migrants. However, with new socio-political developments the further increase of needs for mental health support is to be expected. Based on the trendline, the share of refugees in Serbia that will need some form of psychological assistance is estimated to be between 86% and 88%. That is – almost nine out of ten people will screen positive, thus needed to be referred to mental health professional for further psychological assessment.

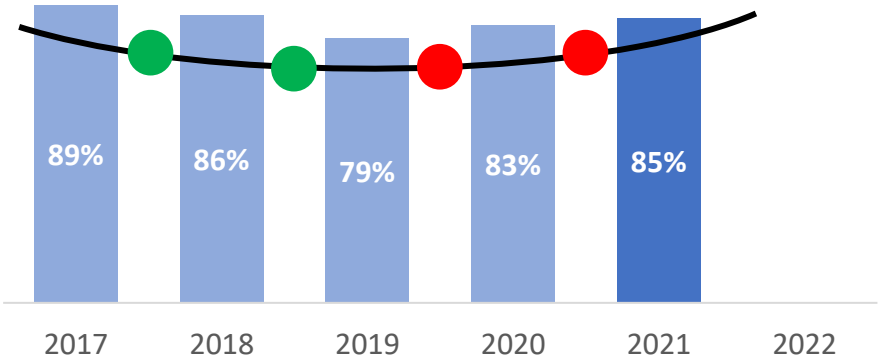
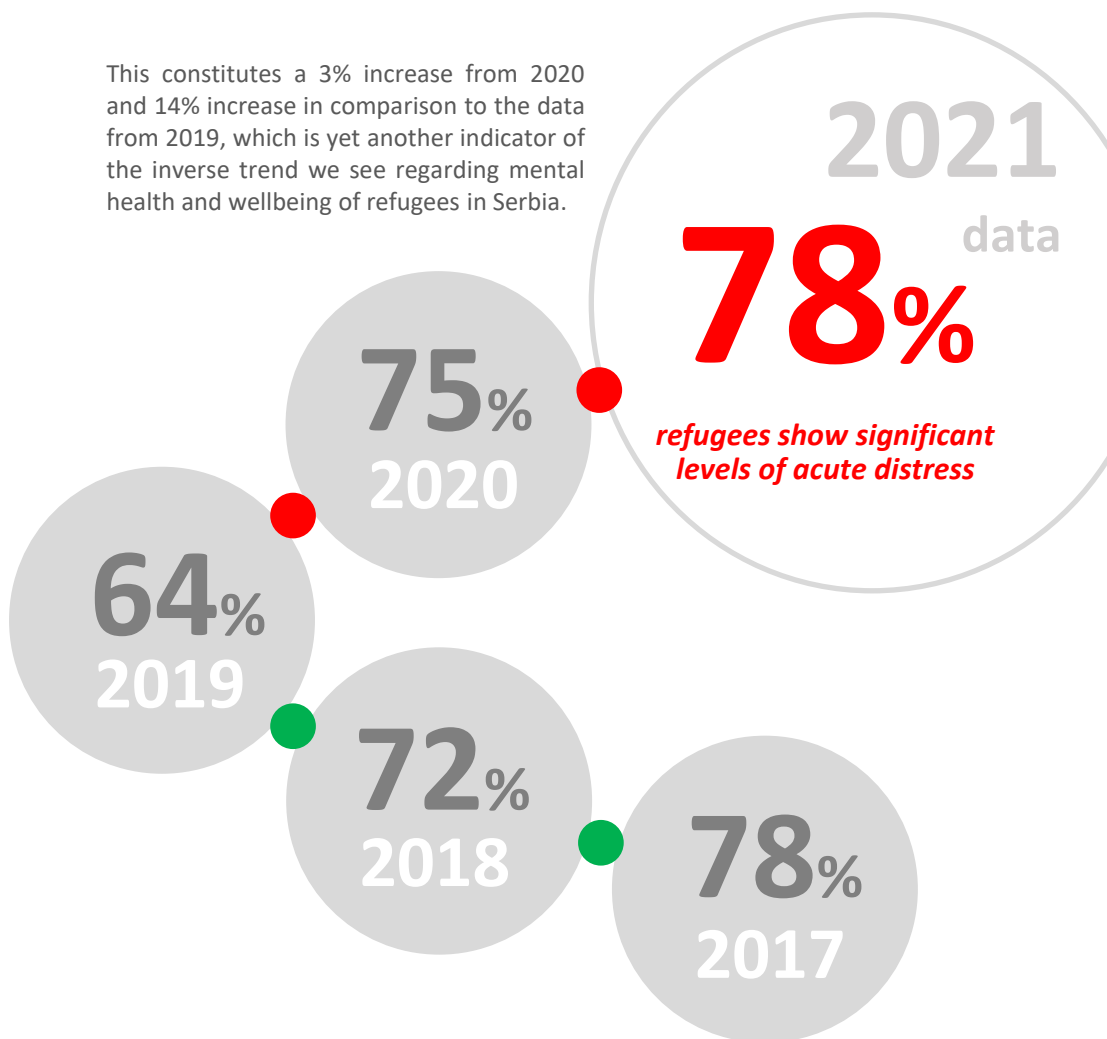


Chart 2. Results of annual mental health screenings from 2017 to 2021: The share of people who screened positive i.e. those in need of psychological support or mental health care is marked in blue; the trendline extending to year 2022 is marked in black; the trend changes were marked in green and red for decrease and increase, respectively).

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 that 8 out of 10 of refugees who participated in the research are experiencing acute 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 a 3% increase from 2020 and 14% increase in comparison to the data from 2019, which is yet another indicator of the inverse trend we see regarding mental health and wellbeing of refugees in Serbia.



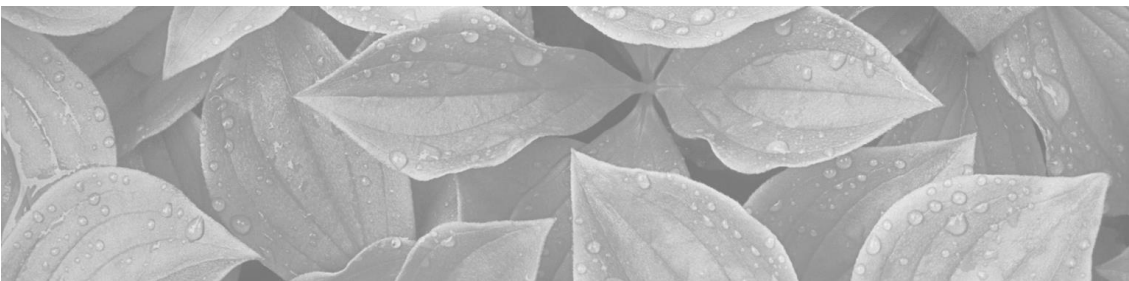
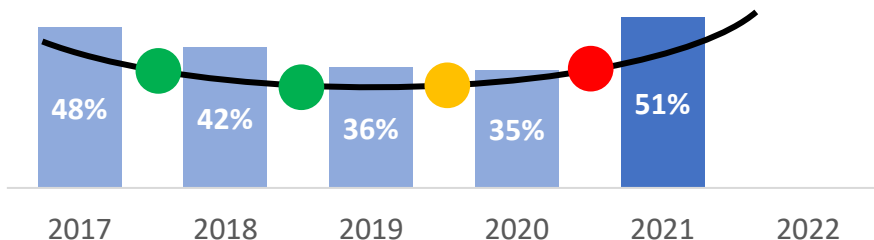
2021 data 51%

In 2021, we have seen one of the sharpest increases in depressive symptomatology in refugee population in Serbia so far, with more than half of the respondents reporting in elevated levels of depressive symptoms.

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.

Chart 3. Results of depressive symptoms screenings from 2017 to 2021, with the trend line extending to 2022.





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.

2021
data
38%

The psychological screening data collected during 2021 indicate that almost four out of ten refugees experience pronounced symptoms of anxiety. The prevalence of the anxiety symptoms for the first time surpassed the percentages seen in 2017. After a steady rate of around 30% between 2018 and 2020, this year we see an increase of 9%.

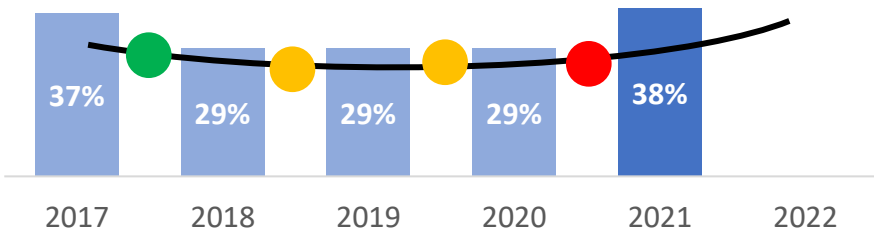











Chart 4. Results of anxiety symptoms screenings from 2017 to 2021, with the trend line extending to 2022.

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. The data are presented comparatively for 2021 versus 2020 and 2019. As in previous years, 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. However, the trend of increased number of people experiencing these symptoms has increased, sometimes up to 20%. The highest increases are observed for feelings of hopelessness and ruminative and uncontrollable thoughts.

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

	2021	2020	2019	change
The person feels sad, gloomy, or blue most of the time	60.3%	55.4%	29.2%	
The person feels helpless	62.2%	44.2%	46.5%	
The person experiences a lack of energy, weakness and dizziness	34.0%	30.7%	34.3%	
The person cries easily or often	47.8%	34.7%	36.2%	
The person cannot stop thinking - thoughts are always running through their mind	82.6%	74.0%	65.6%	
The person gets easily scared without any apparent reason	45.5%	40.4%	36.7%	
The person feels nervousness and shakiness inside	39.8%	34.8%	32.2%	
The person cannot remain calm or stay still	50.2%	43.8%	42.4%	
The person experiences pain in their muscles, bones and joints	37.5%	24.6%	32.3%	

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.

2021
data
32%

The results of 2021 mental health screening indicated that one third of refugees have prominent trauma-related difficulties. Again, it seems to be a strong trend of increased prevalence of PTSD symptomatology, as this is the highest percentage since 2017.

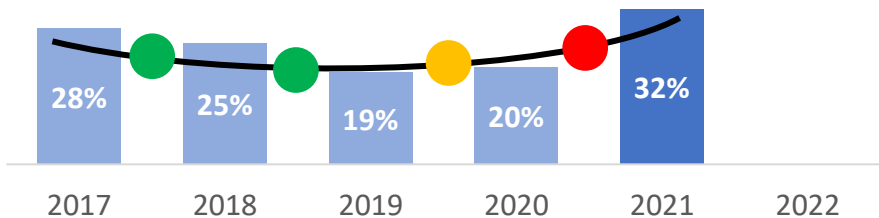






Chart 5. Results of PTSD symptoms screenings from 2017 to 2021, with the trend line extending to 2022.

At the level of individual trauma-related symptoms, we see the increase in the share of respondents affected by trauma. Namely, more than half of refugees experience emotional emptiness; half of them have pronounced physical reactions such as excessive sweating and increased heart rate when faced with or thinking about the trauma. Also, four out of ten refugees have intrusive memories or a feeling of reliving the trauma as well as more pronounced irritability and fearfulness.

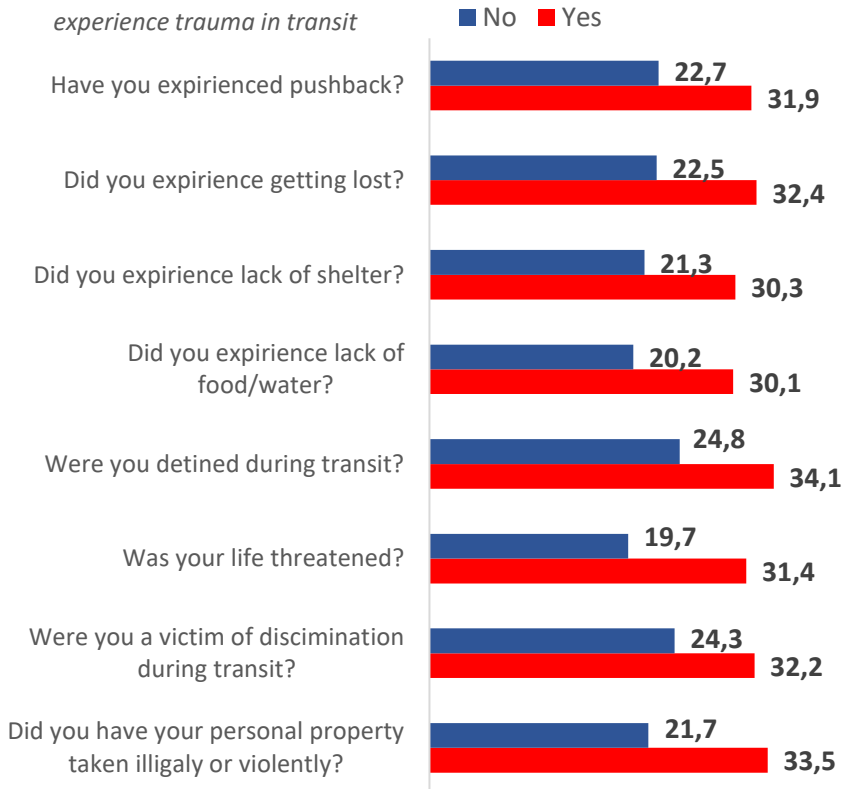
Table 3. Incidence of trauma-related psychological difficulties

	2021	2020	2019	Change
The person has intrusive memories or a feeling of reliving the trauma	42.2%	34.4%	27.2%	
The person expresses pronounced physical reactions (e.g. sweating, quick heart rate) when faced with or thinking about some aspects of the trauma	50.7%	35.0%	32.3%	
The person has a feeling of emotional emptiness or numbness (e.g. she/he feels sad but cannot cry)	59.3%	53.0%	26.8%	
The person shows increased arousal and reactivity (i.e. fearfulness, irritability)	40%	29.2%	21.3%	

TRAUMA IN TRANSIT AND PSYCHOLOGICAL DIFFICULTIES

Negative effects of traumatic experiences in the country of origin on one's mental state have been well documented. However, there is very little account on how traumatic experiences during travel relate to mental health. Our data show that refugees who experienced traumas during transit are more vulnerable – i.e. they are at higher risk of developing mental health difficulties. Chart 6 shows the differences in average score on RHS-15 between refugees who did versus those that did not experience each of the bellow listed traumas in transit.

Chart 6. *Psychological vulnerability in those who did and did not experience trauma in transit*



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.

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

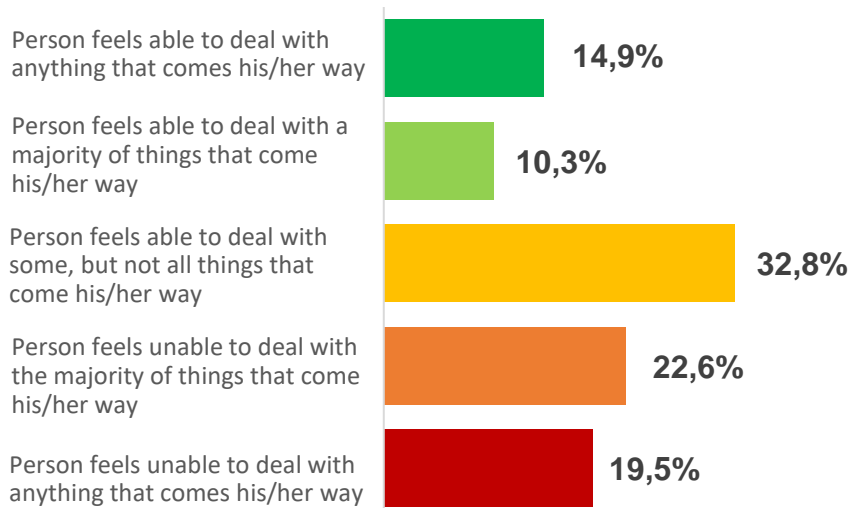
	2021	2020	2019	Change
I have felt cheerful and in good spirits	19.4%	24.0%	38.7%	●
I felt calm and relaxed	18.1%	20.6%	36.5%	●
I have felt active and vigorous	23.4%	25.4%	43.9%	●
I wake up feeling fresh and rested	15.2%	22.9%	41.7%	●
My daily life has been filled with things that interest me	19.0%	19.2%	29.5%	●

The negative trend started in 2020, but unfortunately continued to 2021. This is especially worrisome as the high levels of wellbeing recorded in 2017 and 2018 served as 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; however, it is a rather common phenomenon, especially among trauma survivors. Thus, the low wellbeing and resilience indicators, alongside increased psychological difficulties, call for mobilization of additional resources to protect refugees' mental health.

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 wellbeing. The results of the assessment of coping capacities revealed that only a quarter of refugees feel that they have the capacities to deal with future challenges and obstacles. On the other hand, almost 20% of refugees feel as if they are unable to deal with most if not all obstacles in life. In line with previously presented results – this year we saw the decline in coping capacities in refugee population in Serbia.

Chart 7. Coping capacities screening in refugee population



ACTION POINTS

- The national governments and decision makers in EU member states and transit countries should employ all mechanisms under the international and regional refugee law to grant protection to refugees and end harmful border practices and risks refugees are exposed to along the transit routes.
- Following results and identified negative trends it is necessary to ensure availability and accessibility of MHPSS services to refugees on the move. A comprehensive and flexible model of care should be ensured, that needs to include both a range of specialized mental health services as well as peer and community-based support, so that individual needs can be met.
- Challenges to MHPSS services in the transit context as well as potential adaptations should be rethought in order to inform and improve future practices. Unique standards for the provision of MHPSS services in the transit context should be defined.
- Close cooperation between practitioners providing MHPSS services to refugees on the move should be established in order to ensure continuity of care for refugees on the move.

Irena Stanković, MA

Senior psychologist

Isidora Živić, MA

Senior psychologist

Irena Stojadinović, MA

Senior psychologist

Aleksandra Bobić, MA

Psychologist

Draga Šapić, MA

Psychologist

Ana Milic, MA

Psychologist

AUTHORS

Maša Vukčević Marković, PhD

Project coordinator for psychological support to refugees in Serbia and Assistant Research Professor at the University of Belgrade

Jovana Bjekić, PhD

Associate professor of research at the University of Belgrade, project researcher at PIN





2021