Save the Children

Mental health and psychosocial support for refugee children and youth: practices in Serbia

Analysis Report for 2022

PIN Psychosocial Innovation Network

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Introduction

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By the end of 2021, 89.3 million people across the world were forced to leave their countries of origin due to war, persecution, and human rights violations (UNHCR, 2021). In many cases, refugees, asylum seekers, and migrants, especially those that come from war-affected countries, have experienced numerous deeply stressing and potentially traumatic events in their countries of origin (Vukčević et al., 2016), most commonly including witnessing the death or murder of a family member or a friend, torture, and physical abuse (Montgomery & Foldspang, 1994; Vukčević et al., 2017). In addition, many of them have experienced severe material hardships, such as a lack of drinking water, food, shelter, and other basic resources (Bhugra, 2004; Pribe et al., 2016).

While searching for safety, one of the main transit routes refugees are using is the Balkan route, with 26,269 crossings in 2020 only (Frontex, 2021). Their journey, which can last between several months and several years (Purić & Vukčević, 2019), usually includes a long and risky route across the sea and land where refugees are frequently exposed to harsh and life-threatening experiences (Ben Farhat, 2018; Gargano et. al, 2022), including abuse by traffickers, severe bodily injuries, pushback, death of a close person, discrimination by the local population, lack of water, food, and shelter, as well as separation from family members (Vukčević et al., 2014; Vukčević et al., 2017; Purić & Vukčević, 2019). The results from a 2021 study have shown that 95.6% of refugees in Serbia have experienced at least one traumatic experience during travel, with an average of 10 experiences per person (Vukčević et al., 2021). Table 1 summarizes the incidence of experienced traumatic events during travel, and denotes if the changes in prevalence are positive, negative or there is no change compared to 2017 data (taken from: Vukčević et al., 2021).

Table 1. Incidence of traumatic experiences during travel

	2021	2017	
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%	

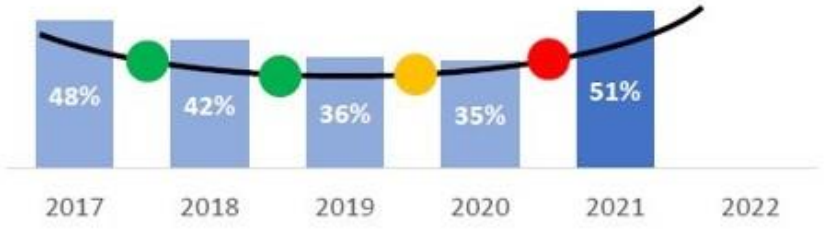
Table 1. Incidence of traumatic experiences during travel (continued).

	2021	2017	
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%	

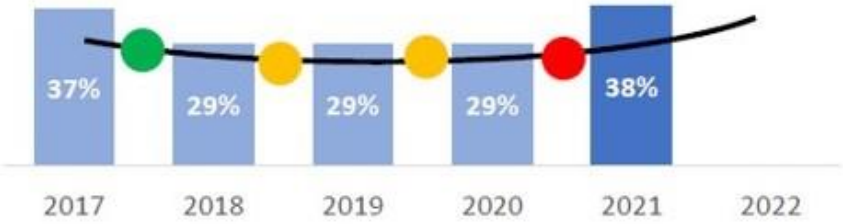
Note. Green circle represents positive change (i.e., decrease from 2017 data); Yellow circle represents no change; Red circle represents negative change (i.e, increase from 2017 data).

Uncertainty of the future and a large number of adverse experiences, both in the country of origin and during their flight, can have a severe impact on mental health and psychological wellbeing. In addition, the COVID-19 pandemic brought new risks to the mental health of refugees at different locations around the world and put an additional burden on healthcare systems around the globe, which often resulted in the limited availability of mental health and psychosocial support (MHPSS) services (Benjamen et al., 2021). For refugees, restrictions on movement and worldwide lockdowns meant spending additional time in transit countries and added stress and worry about their safety and health. Finally, in 2021, we witnessed sudden political and social changes in Afghanistan which impacted the Balkan route as the highest number of refugees in Serbia are from Afghanistan, thus having an impact on their sense of safety and their wellbeing both in Serbia and region but also on those people trying to rebuild their lives in Western Europe. We can expect these circumstances to have both immediate and long-lasting effects on the refugees' mental health and wellbeing. Thus, it does not come as a surprise that research from 2021 showed that 85% of refugees in Serbia are in need of psychological support and 78% of them are showing significant levels of acute distress[1] (Vukčević Marković et al., 2021). Precisely, 51%, 38% and 32% of participants showed clinically indicative symptoms of depression, anxiety and post-traumatic stress disorder (PTSD). Moreover, increase in the number of screen positive participants for these three disorders is reported compared to the data obtained last year (Pictures 1-3; taken from: Vukčević et al., 2021).

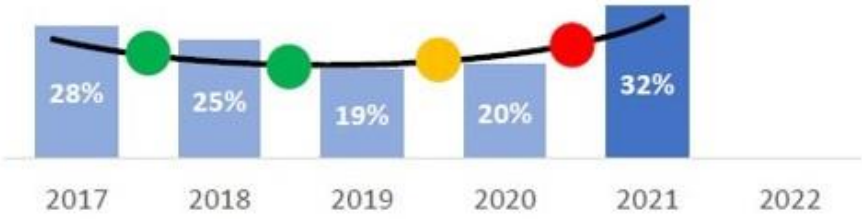
[1] Refugee Health Screener 15 (RHS-15) (Hollifield et al., 2013) was used to assess refugees' mental health, namely symptoms of anxiety, depression and post-traumatic stress disorder. It consists of 15 items, of which the first part consists of 13 items followed by a Likert scale in the range of 5 points (*0 =not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit and 4 = extremely*), which assesses the symptoms of depression, anxiety, and PTSD. In addition, the current emotional distress is assessed by the visual analogue scale, a thermometer that enables the participants to give an assessment of the current emotional distress ranging from 0 = "*Things are good*" to 10 = "*I feel as bad as I ever have*". A reported degree on the emotional distress thermometer equal to or greater than 5 points indicates a high level of acute distress. Participants whose total score is 12 or above on the first 13 items are considered psychologically vulnerable, and it is necessary to be referred for further psychological assessment and psychological support. The instrument showed good psychometric properties.



Picture 1. Changes in incidences of depressive symptomatology.



Picture 2. Changes in incidences of anxiety symptomatology.



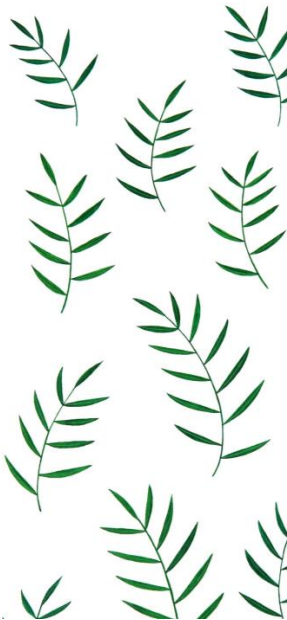
Picture 3. Changes in incidences of PTSD symptomatology.

Children on the move

Out of 82.4 million forcibly displaced people worldwide, an estimated 35 million (42%) of them are children below 18 years of age (UNHCR, 2020). Throughout 2018 and 2021, an average of 380,000 children were born into refugee status per year (UNHCR, 2021). Frequent risks to forcibly displaced children include abuse, neglect, violence, exploitation, and trafficking or military recruitment (UNICEF, 2016; Shuteriqi, 2013). They also risk being separated from family and caregivers, lack access to child-friendly asylum procedures, loss of vital opportunities for education and learning and experiencing socio-economic distress (UNHCR, 2020). There is also a need for displaced people to work through multiple adaptations in short periods of time (Save the Children, 2015), in conjunction with unaccompanied and separated children and minors having limited adult social support networks (Council of Europe, 2008). In 2020, the most commonly reported risks for forcibly displaced children were separation from family, lack of birth registration, physical and sexual violence in homes and communities, and exploitation, child labor and child marriage (UNHCR, 2020).

Displaced children are exposed to a great risk of severe distress during all periods of migration: pre-migration, migration, and post-migration (Fazel & Stein, 2002), which increases the risk for PTSD, anxiety, depression, stress, and other emotional and behavioral difficulties. Typical manifestations of distress in children exposed to adversity include sleep disruptions, inattention, and social withdrawal (Fazel & Stein, 2002; Save the Children, 2017; Save the Children, 2021), with unaccompanied children experiencing higher rates of mental health problems than accompanied children (Save the Children, 2021).

However, although a refugee child's vulnerability to stress is gravely increased by the numerous losses they have faced through their journey, research has demonstrated that not every experience can and should be seen only through trauma lenses, and that refugee children have the potential and strength to overcome current emotional hardships and establish high levels of productivity and future functioning, which was indicated by a study showing that 83.2% of children from the refugee community believe they are "able to achieve great things in life" and that over half of refugee children consider themselves "happy and are proud of what they have achieved so far in life" (Vukčević Marković et al., 2017). Research shows that resilient outcomes and adaptive functioning in the face of adversity are supported by protective factors for mental health, such as social support (from friends and community), a sense of belonging, education, and a sense of connectedness (Pieloch, 2016). However, while supporting and promoting children's strengths and resilience, considering developmental risks and refugee status, refugee children, especially those who are traveling alone (Vukčević Marković et al., 2017) should still be recognized as a particularly sensitive group (Council of Europe, 2018).



MHPSS for refugees, migrants, and asylum seekers in Serbia

MHPSS for refugees, migrants, and asylum seekers in Serbia

The Right to mental health and different aspects of mental health and psychosocial support of refugees, migrants, and asylum seekers is set as one of the priorities in the protection of refugees by various international policies and guidelines, with a special emphasis on mental health and psychosocial support of refugee children (UN, 1966, the Convention on the Rights of the Child; UN, 1989; Nature, 2014; OHCHR, 2017; Sphere Association, 2018; The International Pact on Economic, Social and Cultural Rights, 1966; IASC 2007; Save the Children, 2019). At the national level, the Right to mental health is recognized and regulated by the Constitution of the Republic of Serbia and applicable laws of the Republic of Serbia - Health Care Law (Republic of Serbia, 2019a), the Health Insurance Law (Republic of Serbia, 2019b), the Law on Asylum and Temporary Protection (Republic of Serbia, 2018).

Despite these provisions, in the concluding remarks by the Committee on Economic, Social, and Cultural Rights on the third periodical report of Serbia (UN, 2022), the Committee stated their concern about numerous issues directly or indirectly related to refugees' mental health and wellbeing: the shortcomings in the asylum process; continuously inadequate conditions of admission and insufficient protection and support for unaccompanied and separated children. The Committee recommended that the State party improve access to healthcare and other basic services. Furthermore, the Committee on the Rights of the Child in its concluding remarks on the second and third periodical report of Serbia (UN, 2017) recommended that Serbia should establish fair and efficient asylum procedures which are carried out in a child-sensitive manner, in both procedural and substantive aspects, and which systematically identify and refer unaccompanied or separated children for appropriate protection and support, and to establish specialized services for children with emotional, psychiatric and behavioral problems. The Committee further recommends that community-based mental health services in general are made readily available to the population in Serbia, including minorities and those at risk, and that steps are being taken to strengthen preventive work, particularly in the home environment and care centers. Finally, it recommends that the number of child psychiatrists and psychologists should be increased.

Recent developments in MHPSS interventions for refugees in Serbia

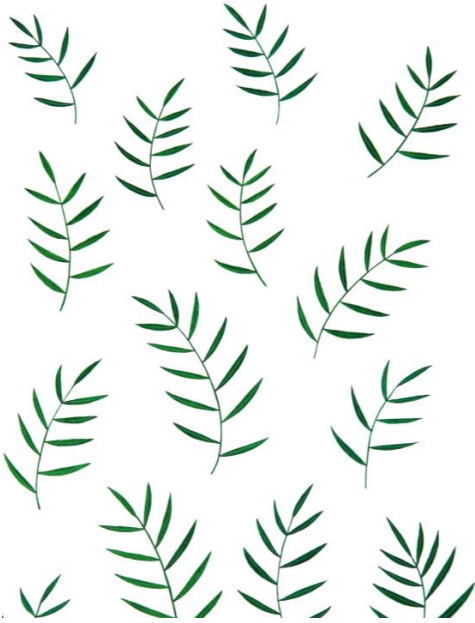
When the refugee crisis in Serbia began in 2014, MHPSS services were mainly funded by international donors and provided by the local NGO sector. Since the need for these services dramatically increased, many actors got involved in the provision of MHPSS services, which was good in the short term, but in the long term, it resulted in a lack of organization and monitoring of provision of MHPSS services as well mental health assistance. Since there were no clear standards for the provision of these services and no coordination mechanism, it was impossible to ensure either continuity or quality of these services nor their equal availability in different regions and locations in Serbia.

In 2018, WHO Serbia initiated the development of the first strategic document which was supposed to set up standards for the provision of mental health and psychosocial support services to refugees, asylum seekers, and migrants in Serbia – named Guidance for Protection and Improvement of the Mental Health of Refugees, Asylum Seekers and Migrants in Serbia (The Guidance) (Svetozarević et al., 2019). This document was developed by experts from the Institute of Mental Health, the Institute of Public Health, PIN, and the Department of Psychology, Faculty of Philosophy at the University of Belgrade. The document was adopted by the Ministry of Health of the Republic of Serbia, and by the Commissariat for Refugees and Migration of the Republic of Serbia. The Guidance document defined that the following services should be available to refugees, migrants, and asylum seekers in Serbia: 1) initial mental health needs assessment; 2) activities aimed at the prevention of mental and behavioral disorders; 3) psychological support; 4) psychiatric care and treatment. Moreover, the standards define whom these services are intended for, where they are provided, when they are provided, what they include, and who provides them.

In addition, this document recommended the establishment of the Mental Health Working Group, a coordination mechanism which was indeed established in 2019, as a result of the joint efforts of PIN, WHO, and the Commissariat for Refugees and Migration of the Republic of Serbia, in cooperation with the Ministry of Health and Ministry of Labour, Employment, Veterans and Social Affairs (Stojadinović et al., 2020).

The goal of the Mental Health Working Group, with the representatives of all relevant State, international and non-governmental bodies, is to oversee and monitor the provision and availability of MHPSS services, identify gaps, and jointly work towards finding long-term and sustainable solutions. Regular meetings of the MH Working Group were organized once a month throughout the years, and significant results were achieved in addressing the challenges in the protection of the mental health and psychosocial wellbeing of refugees. This led the Ministry of Health to propose that the coordinating body be formalized and become a Working Group under the leadership of the Ministry of Health. Completed on October 8, 2021, the first meeting of the MH Working Group was organized, and supported by the Ministry of Health.

Parallel with the adoption of the standards in 2019, the Ministry of Health incorporated psychologists, previously funded by IOM, into the state funded medical teams in the aslyum and reception centers as regular members of the medical staff, thus incorporating mental health protection of refugees in the primary healthcare.



In 2022, services aimed at MHPSS of refugees, asylum seekers, and migrants, are available through the healthcare system and through complementary services provided by CSOs, namely PIN, Indigo, IAN, and Group 484, in cooperation with the Ministry of Health and Ministry of Labour, Employment, Veterans and Social Affairs. The MHPSS services, including MH promotion and prevention, MHPSS needs assessment, individual and group support and counselling, referrals to specialized care with the follow up, are provided by psychologists in asylum and reception centers. Five psychologists hired through the Ministry of Health, work full time within the medical teams in five accommodation centers, whereas seven psychologists hired through CSOs provide psychological support in six centers several days a week, filling the gaps in availability of MHPSS services in the accommodation facilities where there is a lack of governmentally funded services. Moreover, specialized psychiatric care is provided through the healthcare system at the level of primary, secondary, and tertiary healthcare. Finally, the CSOs, in partnership with different international agencies and donors, organize preventive community-based MHPSS activities in the accommodation facilities (both asylum/reception centers as well as shelter for UASCs), and at different locations in the cities where refugees are staying, such as sport and other recreational activities, psychoeducational workshops (focused on emotion recognition, parenting style, coping techniques, etc.), cultural activities (visits to museums, events where refugees are presenting their cultures through different art forms, etc.). However, it should be noted that without the CSOs resources, this type of activities wouldn't be available outside of the asylum and reception centers, while education and social protection systems are lacking these types of services in general, especially those targeting minorities and populations at risk. Furthermore, since these activities are often short-term project-based, it is challenging to plan their long-term availability and accessibility, which consequently influence refugees' knowledge about what is available, and their motivation to participate.

MHPSS interventions for refugee children and youth in Serbia

In accordance with the Law on Asylum and Temporary Protection, children and youth whose intention to apply for asylum have been registered are, as a rule, provided with accommodation within asylum centers and other facilities for accommodation of asylum seekers. If the necessary conditions for their accommodation cannot be provided in the facilities for accommodation of asylum seekers, unaccompanied and separated children (UASC) will be accommodated in one of the social welfare institutions, with another accommodation service provider, or with a foster family, based on the decision of the responsible center for social work and protection (Republic of Serbia, 2018). In previous years, the accommodation of unaccompanied and separated children was organized within the units for accommodation of foreign unaccompanied and separated children of determined social protection institutions, the Institutes for the Education of Children and Youth in Belgrade and Nis, the Center for the Protection of Infants, Children, and Youth, in the children's home "Jovan Jovanović Zmaj", and two CSOs based integration houses in Belgrade (JRS integration house "Pedro Arrupe") and Loznica (Borderfree's House of Rescue, closed in 2022), as well as in the accommodation facilities within the asylum system.

With regard to the mental health and psychosocial support of refugee children and youth accommodated in asylum and reception facilities, the MHPSS services are provided by the medical teams as for adult refugees accommodated in asylum and reception centers whereas prevention-based MHPSS services are provided by different CSOs available at the centers, thus the services are available depending on the resources within the facility and on the relevant expertise in child and adolescent mental health and psychosocial support of staff within the accommodation facility. UASC accommodated in the units of the social protection system have access to psychiatric care through primary, secondary and tertiary healthcare institutions which represent the only MHPSS service available through governmental funds. Nonetheless, there is a limited access to urgent and in-patient treatment which is a small but essential fraction of the need for MHPSS support. On the other hand, the other MHPSS services are available only through project-based CSOs programs, that include psychosocial services as well as support groups and individual counselling. The gap in the availability of state-funded MHPSS services for UASC accommodated in the system of social welfare is evident, especially regarding sustainability of project-based services.

MHPSS of refugee children and youth in Serbia - perspective of children and youth

MHPSS of refugee children and youth in Serbia - perspective of children and youth

In 2020, PIN conducted a focus group with young people from the refugee population in order to understand their most common psychosocial needs and problems, whether or not they have anyone to turn to when in need of help, and in order to understand their perspective on how the support mechanisms could be enhanced in such a way to adequately address their needs.

The focus group question guide was developed by PIN's research team, in cooperation with PIN's child and adolescent psychologist. The focus group was conducted in cooperation with the Center "Jovan Jovanović Zmaj" in Belgrade, where mostly youth, adolescents and unaccompanied and separated children from the refugee population in the asylum procedure have been accommodated, as well as those after reaching 18 years of age if enrolled in school or in need for additional support with the integration into the local community. This accommodation facility accommodates only males, thus the focus group included six young people, 17 to 22 years old, all males, originating from Afghanistan and Iran. The focus group was conducted by a psychologist from PIN with a relevant experience in qualitative methodology and with the assistance from a Farsi interpreter. The following results represent a glimpse of refugee youth perspective on MHPSS services in Serbia, however, due to a small and biased sample (including only male children and youth from Afghanistan and Iran) used in this study, it should be noted that the future studies are needed to further assess youth perspective.

When analyzing the most common problems young refugees shared and discussed during the focus group, few aspects need to be highlighted. The first reflects their position and role, which is often closer to being an adult, and not in line with the developmental phase they are currently in, which is typical for the circumstances of youth on the move.

"The problem is when we don't have money, and when we can't work" (K, 17 years).

However, what some of them see as the biggest problem they have been facing reflects the universality of youth and adolescences' struggles.

"These are love problems. This is the most common" (S, 20 years).

Finally, when discussing problems that they are facing, resilience and strength already documented in the studies conducted in Serbia are confirmed through their narratives.

"No psychological problem is unsolvable if one wants to solve it" (P, 18 years).

Young people emphasized the importance of educating youth about mental health so that the person with emerging difficulties as well as their environment can recognize the problem and respond in a timely and adequate manner.

"When a person has a psychological problem, he should first recognize it and act accordingly, if he can. If he can't, he can always talk to a friend and see how that friend can help him. If he does not have the strength, friends should recognize his problem and help him" (K, 17 years).

Family and friends are recognized by refugee youth as the main resource with whom they can talk about their problems and worries. In their current situation, where the family is not with them, the temporary guardian becomes a replacement for a family member they can rely on.

"If we have a problem, we solve it ourselves or help each other. The family is not here. However, we trust the guardians and we would turn to them first if we needed to share something. We would address them personally and tell them what we have. They can only help us as much as they can. So far, we have turned to them for practical problems, and they always help us as much as they can" (P, 18 years old).

On the other hand, when it comes to personal problems and challenges, they do not see professionals as someone who can help them.

“We would turn to the school psychologist for the problems we have with the school, but not for personal problems. So far, we have not had a reason to talk to a psychologist at school, but if that type of problem occurs, we would talk. However, we would rather turn to the guardians because we believe that they are there for us” (E, 17 years).

When asked what would be particularly important to them in order to be willing to turn to professionals for mental health problems, young people emphasized the importance of having trust in that professional, which would mean that they need to know that person before they can talk to him or her openly.

“If we went to a professional, it would be important for us to be able to talk openly with that person, without shame. It would be important for that professional to be a trusted person we know from before. It doesn't matter where we talk to that person, it can be in the office, it really doesn't matter. The topic is important. It would be easiest if we already knew that person at the beginning or if he was recommended by the guardian” (S, 20 years).

MHPSS of refugee children and youth in Serbia: perspective of service providers

MHPSS of refugee children and youth in Serbia: perspective of service providers

In 2022, PIN developed and conducted a survey aiming to assess the perspective of mental health service providers on the availability, accessibility, and quality of mental health and psychosocial support to adults and children, and young people from the refugee population residing in Serbia. The survey was developed by PIN's research team, and shared in an online format, with the psychologists working in the refugee context, both within the healthcare system and in CSOs. The inclusion criteria for participating in the survey was that they are mental health and psychosocial support professionals providing direct assistance to refugees for at least one month. The approximate time needed to complete the survey was 20 minutes. The survey was shared through a previously established network of psychologists working with refugees, a network established by PIN and adopted by the Ministry of Health for the purposes of referral, efficient communication and capacity building. Twelve mental health practitioners shared their perspectives.

In the following text, the main results will be presented:

- MHPSS service providers have mapped anxiety, depression, sleep disorders, psychotic symptomatology, and PTSD to be some of the most common mental health difficulties of people from the refugee population, and anxiety, depression, aggressive behavior, adaptation difficulties, substance abuse, and PTSD to be some of the most common - mental health difficulties of children and youth from the refugee population.

- Three-fourths of the MHPSS service providers believe there are not enough resources to address the mental health and psychosocial needs of people from the refugee population.

- Almost 70% of the MHPSS service providers state they do not have enough information about whether there are enough available resources that can address the mental health and psychosocial needs of children and youth from the refugee population.

Key challenges in the organization and implementation of mental health and psychosocial support services for adults from the refugee population recognized by the mental health practitioners are:

- lack of resources, both financial and human
- inaccessibility of the psychiatric care
- short length of stay in asylum and reception centers due to high mobility of refugee population
- re-experiencing adverse events and feelings of insecurity
- psychological assessment not standardized for the refugee population and lack of information about psychometric properties of the instruments used
- stigma towards MHPSS support by the refugee population, and lack of recognition of the importance of these services
- challenges in intersectoral collaboration, referral mechanisms and division of roles and responsibilities
- difficulties with cooperation and communication with relevant institutions

Examples of good practice in MHPSS of adults from the refugee population recognized by mental health practitioners are:

- continuous presence of MHPSS professionals in reception and asylum centers
- collaboration of CSOs with health institutions
- psychological assessment and assessment of MHPSS needs included in the asylum procedure on a regular basis and considered when making the decision on granting asylum
- continuous research about refugees' mental health
- multidisciplinary approach to MHPSS
- intersectoral communication
- cooperation and communication with relevant institutions

Key challenges in the organization and implementation of mental health services for children and youth from the refugee population recognized by the mental health practitioners are:

- lack of resources, both financial and human
- distrust towards MHPSS service providers, both by parents and children, and stigma towards psychological support by the refugee population, leading to late recognition of vulnerable individuals
- insufficient training of staff working with children and young people who experienced adversity, including lack of knowledge on early identification of those in need of MHPSS service
- unavailability of psychiatric care and barriers to accessing in-hospital treatment when needed as well as difficulty ensuring quality and continuity of care in the community of highly vulnerable individuals
- challenges in intersectoral collaboration, referral mechanisms and division of roles and responsibilities
- difficulties with cooperation and communication with relevant institutions

Examples of good practice in MHPSS of children and youth from the refugee population recognized by mental health practitioners are

- regular group and individual support in accommodation facilities for unaccompanied and separated children
- psychological assessment and assessment of MHPSS needs reports that are included in the asylum procedure on a regular basis and considered when making the decision on granting asylum
- availability of school support programs
- availability of various MH prevention and promotion activities targeting integration in the community
- multidisciplinary approach to MHPSS
- intersectoral communication
- cooperation and communication with relevant institutions

Examples of good practice in MHPSS of refugees in Serbia

At the policy level:

In January 2019, it was the first time that a positive decision on an application for international protection cited a report on the psychological state of the asylum seeker in the section on the reasoning for the decision. The cited report was prepared by a PIN psychologist. In the following months, the newly established practice generated two more positive decisions that, in their reasoning, regarding the merits of the request for asylum, invoke psychological evaluation and recommendations related to the psychological wellbeing of the asylum seekers. The acknowledgment of the multidisciplinary approach while deciding on asylum applications is an important example of good practice of the Asylum Office in terms of providing adequate protection to asylum seekers, including children and youth, in Serbia (PIN, 2019).

At the level of organization of MHPSS services:

Consortium on Refugees' and Migrants' Mental Health (CoReMH), an informal network of mental health professionals working with people on the move in the European transit context was established in 2020 at the initiative of PIN. CoReMH was established with the goal of identifying and addressing prominent issues in MHPSS for refugees, asylum seekers, and migrants, through evidence-based practice, research, capacity building, and advocacy work. By the end of 2021, CoReMH has gathered 23 members (organizations and individuals) from 10 countries along the transit route. CoReMH's work is organized into four working groups (Policy and Practice; Research; Advocacy and Networking; Capacity Building). CoReMH members are jointly working on identifying and addressing global and local mental health challenges for refugees, asylum seekers, and migrants, through international cooperation, striving to enable empirically based interventions and advocacy work tailored to transit contexts.

In mid-2019, at the initiative of the PIN, in cooperation with the Ministry of Health, a network of all psychologists engaged within the refugee context was established. Psychologists met regularly every other month to address work challenges and exchange examples of good practice. This mechanism also identified the need to improve the capacity of psychologists which resulted in the organization of additional trainings, such as training to provide psychological support to children with adverse experiences, training for use of psychological instruments in working with refugees, and others. Coordination meetings were also recognized as an example of good practice and, in addition to the Working Group, they were formalized as a coordination mechanism of the Ministry of Health in October 2021.

At the community level:

PIN's programs for psychosocial support of refugee children, unaccompanied and separated children and youth are based on their active participation in program creation, peer-to-peer support, and a community-based approach. These programs involve children and youth from the local population who would come together with their refugee peers to create programs based on their needs, aspirations, and interests. For example, the activities that have been organized so far based on children's initiative and aiming at mental health promotion and prevention are: organizing a joint football tournament, playing video games, visiting cultural community events together, participating in creative and educational workshops, etc. This exchange and the opportunity to be met and accepted by their peers from the local population refugee children recognize as important. As stated by one refugee boy, "It means a lot to me when friends from the local community call me "my brother".

CSO Indigo provides an MHPSS program for children and youth in accordance with the characteristics, needs, and affinities of children and youth in the center's, in consultation with children, youth, parents, guardians, and other actors. The program consists of group activities of different content tailored to the needs and affinities of a particular group (psychosocial workshops, creative workshops, educational workshops, and activities where children and youth take on leadership roles in those areas of interest, local actions and activities in cooperation with children and youth from the local community, etc.). Additionally, individual psychological support is available as well, if needed.

At the individual level:

MHPSS services for refugee children and youth are adapted to their needs in order to be well received and serve their purpose. Refugee children and youth are not used to MHPSS services provided in the Western culture, and, often, it is not considered culturally appropriate to share personal issues with people outside of the family. UASC staying in Serbia shared that they feel comfortable talking about their issues only to their family members, including temporary guardians, and close friends. In line with this, it is necessary to organize MHPSS services in a way that creates space for feelings of safety, connectedness, and trust before engaging children and youth in psychological treatment. Following these recommendations, PIN organizes its MHPSS services targeting children and youth so that PIN's psychologists are regularly visiting accommodation facilities for UASC, organizing various psychosocial group activities such as psychoeducation workshops and other MH promotion and prevention activities during which participants have time to get to know each other, to gain trust in the psychologist and to, with time, open up about personal worries and struggles, in both group and individual setting.

Recommendations for improvement of MHPSS of refugees in Serbia

Recommendations for policy makers:

- Improving early identification of refugees with MHPSS needs, especially children and youth in order to ensure timely interventions. The Guidelines set a standard for incorporating developmentally informed and trauma-informed initial mental health needs assessment in the regular health screening as a recommended practice, that will account for the specificity of child and adolescent mental health on one side, and of exposure to adversity on the other side

- Ensuring efficient referral mechanisms to a broad range of MHPSS interventions along and across the continuum of care, including healthcare at the primary, secondary and tertiary levels when needed, which often represents a challenge within the local context in Serbia.

- Ensuring equal availability and accessibility of MHPSS services and care to all refuges, asylum seekers and migrants in Serbia, especially children and youth and highly vulnerable groups.
    - There are gaps in the availability of MHPSS across locations accommodating refugees in Serbia. CSOs, in cooperation with the responsible State bodies, are filling in the gaps in the provision of service to some extent. Due to limited resources, there are still accommodation facilities without access to psychological services and limited access to psychiatric care and lack of applicable peer and community based MHPSS support services.
    - There is limited access to MHPSS services for refugee children and youth. These services are mostly provided by CSOs through donor funds and short-term projects, so the continuity and sustainability of services are not ensured.
    - There is a lack of adequate accommodation facilities for psychologically highly vulnerable persons for whom a stay in collective accommodation facilities is not recommended. This problem is particularly present when it comes to unaccompanied and separated children and youth (Stojadinović et al., 2020).
    - There is limited availability of emergency psychiatry and hospital treatment for refugee children and youth and lack of mechanisms for evaluation of accessibility, acceptability and the quality of services, aiming to ensure human rights-based standards of care.

- There is a need for the adequate and timely governmental response to children's educational, psychosocial and healthcare needs, including the need for the community-based programs that would promote inclusion, active participation, skills development as well as social support among youth.

- There is a need to strenhghten intersectoral collaboration between different actors in the refugee protection, including MHPSS, legal, educational and social services providers to refugee children and youth.

- There is a need to further strengthen multisectoral cooperation regarding highly vulnerable persons, and procedures such as the asylum procedure. Regular and efficient communication between all actors is required as well as joint advocacy for trauma-informed asylum procedures, with the aim to prevent re-traumatization and jeopardizing mental health of refugee children and youth.

During the state of emergency due to the COVID-19 pandemic, one unaccompanied boy, under the age of 18, with psychological difficulties and in an acutely agitated state was denied hospital admission by two psychiatric institutions in charge of caring for mental health of adolescents. At the same time, the boy could not return to the accommodation facility because there have not been any safety mechanisms in place that would protect other children accommodated there in situation of acute crisis or when a child is in a state of acute agitation. This situation resulted in initiating the procedure for determining the correctness of the actions of health institutions in care of mental health of adolescents, by the Ombudsman. The procedure showed that there are problems in communication and cooperation of institutions in charge of caring for mental health of children above 15 years old, which consequently leads to challenges and difficulties in case of need for urgent admission and hospital care. This calls into question the provision of adequate care for one of the most vulnerable groups. The Mental Health Working Group has begun an initiative for a systemic solution to this problem, aimed at improving cooperation with psychiatric institutions in order to ensure proper mental health and psychosocial support for refugees children and youth. (Stojadinović et al., 2020).

Recommendations for fruther development of MHPSS programs:

- Development of MHPSS services tailored to the needs of this specific population, thus having in mind cultural background and the importance of having continuous support on which refugee children can rely.
- Development of specific MHPSS programs for children and young people who have experienced psychological and social difficulties.
- Development of MHPSS programs oriented towards supporting and building capacity of parents and family members, to provide safe and nurturing environment for their children, thus enhancing wellbeing of the whole family.

Recommendations for capacity building of MHPSS professionals and other service providers:

- There is a need for continuous capacity building of service providers on early identification and referral mechanisms for MHPSS and trauma-informed services, especially for services providers working with children and youth who experienced psychological and social difficulties.
- Additional sensitization of professionals of different professional backgrounds, including temporary guardians, who are in direct contact with children, on mental health and psychosocial issues and how to adapt their work in a child-friendly and trauma-informed manner.
- Provision of continues support and supervision to MHPSS professionals, temporary guardians and other service provides in order to prevent burnout at work as well as vicarious traumatization.

Recommendations for future research:

- There is need for additional research on MHPSS needs of refugee children and youth in order to better inform the development of polices and services tailored to the specific needs of this highly vulnerable group.

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