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Mental Health and Wellbeing of Refugees, Migrants and Asylum Seekers in Serbia

2023
Research Report

Mentalno zdravlje i dobrobit izbeglica, migranata i tražilaca azila u Srbiji: Istraživački izveštaj za 2023. godinu
Mental health and wellbeing of refugees, migrants and asylum seekers in Serbia: 2023 Research Report

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Publisher
Psychosocial Innovation Network - PIN

For the publisher
Irena Stojadinović

Translated by
Translation Agency Lexica

Proofreading
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Design and press fraction
Sara Dojčinović

Printing
Copy Planet, Belgrade

Circulation
100

ISBN
978-86-82760-01-6

The primary objective of this report is to provide information on the psychological difficulties of people who were forced to flee their home countries for different reasons. For better readability and simplicity, the term *refugee* will hereinafter be used to refer to all participants in the study, regardless of their legal status at the time of the research.

The terms in grammatical masculine gender refer to both the masculine and feminine genders of the persons to whom they refer.

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Summary

By the end of 2022, 108 million people worldwide were forced to leave their home countries due to war, exile, or other threats to their safety. In transit, refugees face many stressful and traumatic experiences and travel in difficult conditions, which puts them at risk of developing psychological difficulties. Therefore, the aim of this study is to gain an insight into psychological difficulties, but also into indicators of the positive psychological functioning of the refugees; as well as comparison with the results obtained in previous years so as to be able to understand trends, and provide evidence-based guidelines for the improvement of policies and practices for the protection of refugee mental health. The research results showed that 87% of refugees were identified as psychologically vulnerable, whereof 61% were highly vulnerable, meaning that they require some sort of mental health and psychosocial support (MHPSS) services. Also, 67% of refugees were under acute distress, meaning they require intervention in a crisis or psychological first aid, after which it would be important to continue monitoring their condition and refer them to adequate interventions. Additionally, 39% of respondents were identified as depressed, 16% as anxious, and 21% had the symptoms of severe post-traumatic stress disorder (PTSD). These data show an increase in psychological vulnerability and depression compared to the previous year, with a slight decrease in anxiety and PTSD, as well as stagnation in the frequency of persons under acute distress. People who had experienced pushback stood out as particularly psychologically vulnerable, as well as refugees who have just crossed the border and entered Serbia, those who plan to continue their journey to the destination country, and younger refugees. Nevertheless, the results show relative preservation of positive psychological functioning indicators – e.g. 85% of refugees reported that they are optimistic about the future, 83% believe they can achieve great things in life, and approximately half of them have preserved coping capacities. Based on these results, we gave evidence-based recommendations for the improvement of policies and practices for refugee mental health protection.

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01 INTRODUCTION AND AIM OF THE STUDY

Background

Refuge and migrations are one of the key challenges for the 21st century. By the end of 2022, more than 108 million forcibly displaced people were identified, whereof 35 million encompass refugees, and over 5 million asylum seekers (UNHCR, 2023). Refugees leave their home countries due to war, exile or other traumatic experiences that threaten their safety (Vukčević Marković et al., 2017a).

After leaving their countries of origin, refugees start a perilous journey to a safer destination that can last several years or even decades. Depending on which country they fled from and which is their destination country, refugees have several migration routes available, one the most common being the Western Balkans route that includes the Republic of Serbia.

As of 2022, and throughout 2023, there are visible changes in the trends of refugee movement along the Western Balkans route – there is a large increase in the number of refugees passing through this route, the largest recorded since the refugee crisis peak in 2015 and 2016 (Frontex, n.d.). This is also reflected in the data from Serbia, where an increase in the number of refugees entering the country is observed, followed by an increase in those in accommodation facilities and in squats (informal settlements) (BCHR, 2023a; Klikaktiv, 2022). Together with the increasing influx of refugees, there is also a trend of them staying in accommodation facilities for a very short period of time and quickly continuing their journey (Klikaktiv, 2023a; Klikaktiv, 2023b). Finally, the pushback practice continued in the previous period and has been recognized as common (BCHR, 2023b; Klikaktiv 2022, Klikaktiv 2023a; Klikaktiv, 2023b).

Background

Regardless of the context-dependent specifics, the transit is, from a global point of view, a highly dangerous journey followed by a series of traumatic experiences and human rights violations. It often involves traveling in very difficult conditions including the lack of water and food, accommodation, information, separation from family, but also other traumatic experiences and human rights violations, such as life-threatening situations, pushback, unlawful seizures, psychological, physical or sexual violence, coercion, and witnessing injuries and deaths (Vukčević Marković et al., 2021).

Previous studies clearly show that the mental health of refugees is at greater risk than that of the general population (e.g. Blackmore et al., 2020), and that traumatic experiences during transit contribute to mental health deterioration (Vukčević Marković et al., 2023). However, even though psychological difficulties are very common in the refugee population, previous research conducted by PIN showed preserved positive psychological capacities and indicators of positive functioning in children (Vukčević Marković et al., 2017b), youth (Dimoski et al., 2022) and adult refugees (Dimoski & Vukčević Marković, 2022), which suggests the importance of shifting the focus from pathologization to a more complex view of the refugee experience and mental health.

The aim of this study is to gain an insight into the most common psychological difficulties that refugees face, but also into the positive psychological functioning and wellbeing indicators. Additionally, the aim is to compare this data with data collected over the previous seven years in order to identify trends. The ultimate objective of the report is to provide evidence-based recommendations for further improvement of the policies and practices in the area of refugee mental health protection, aimed at service providers, decision-makers, and the wider community.

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02 METHODOLOGY

Method

Methodology and procedure

The research was approved by the Institutional Review Board of the Department of Psychology, Faculty of Philosophy, University of Belgrade (protocol number #2023-014).

We collected quantitative data on mental health – depression, anxiety, difficulties related to post-traumatic stress disorder (PTSD), psychological vulnerability, and acute distress; and wellbeing and positive psychological capacities, including optimism, self-esteem, happiness and contentment, and coping capacities.

The below-presented data were collected in the period between March and August 2023 at the locations where the refugees are placed: reception center in Šid, asylum center in Krnjača, asylum center in Obrenovac, „Pedro Arrupe" Integration House, as well as in places refugees live and work within the wider area of Belgrade.

Data were collected by the PIN's psychologists who have previous experience in working with refugees. The respondents filled out the questionnaires independently or with the help of translators for French, Arabic, Persian, Pashto, or Urdu. In both cases, respondents gave their informed consent to participate in the research, whereas in the case of minors, consent was obtained from their parents or guardians.

Instruments

Indicators of mental health difficulties

To collect data on the mental health difficulties of refugees, we used the *Refugee Health Screener* (RHS-15, Hollifield et al., 2013) which measures psychological vulnerability and acute distress as indicators of mental health problems.

The instrument consists of 15 items in total, whereof the 13 initial ones include the symptoms of psychological difficulties most common in the refugee population – **depression, anxiety and post-traumatic stress disorder** (PTSD) which can be used as separate scales within the questionnaire (Vukčević Marković et al., 2019). The respondents are asked to indicate the extent to which they experienced each of the 13 symptoms in the previous month. Answers are given on a five-point scale whereby 0 means "never" and 4 means "to a great extent".

Examples of items that measure:

- Depression – *Feeling helpless*
- Anxiety – *Too much thinking or too many thoughts*
- PTSD – *Have you felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)*

The fourteenth item measures the coping capacities, which is the only indicator of positive psychological functioning that is measured within the RHS-15 instrument (for more information about this indicator, see p. 15).

Instruments

Indicators of mental health difficulties

The last, fifteenth item is a distress thermometer that captures the current **acute distress** level the refugee feels on the day of answering the questions and over the past week. The distress thermometer consists of a thermometer ranging from 0 (no distress – "things are good") to 10 (extreme distress – "I feel as bad as I ever have"). As per the current guidelines, people who score 5 or more on this scale are considered to be in acute distress.

In accordance with the guidelines for RHS administering and interpretation, it is possible to calculate the overall **psychological vulnerability** score. The first 14 questions are taken into account for calculating this score, and those respondents who score more than or equal to the cutoff score of 12 are considered vulnerable. In addition, in order to increase the sensitivity of the instrument, an additional cutoff score of greater than 24 was used (twice the initial cutoff score) in order to identify persons with high psychological vulnerability. The introduction of an additional cutoff score proved as very useful in populations where a large number of psychologically vulnerable individuals have been identified so as to facilitate prioritization in circumstances with limited psychological support resources.

Instruments

Indicators of mental health difficulties

The RHS-15 was chosen as it enables efficient and at the same time linguistically and culturally appropriate screening tool when it comes to psychological difficulties that most often occur in refugees (Hollifield et al., 2013).

Although RHS-15 measures some specific symptoms of mental disorders (e.g. depression), it is important to note that this does not mean that people who are thereby identified as depressed actually do have a diagnosis of depression. Mental disorders can only be diagnosed by a psychiatrist using the established psychiatric procedures. This means that the information we obtain in this way, by using the RHS-15, can be used with the aim of mental health screening, which serves solely to identify individuals who are at risk, i.e. persons who should be referred to mental health experts for further evaluation and diagnostics. Therefore, is someone has symptoms of depression, anxiety, or PTSD, it still doesn't mean that person would actually get the respective diagnosis if they would go to see a psychiatrist, although there is an increased likelihood, and screening this person should be referred to further clinical assessment[4].

[4]Due to the effectiveness and usefulness of the initial mental health screening of refugees upon admission to collective accommodation facilities, screening is recommended as a regular procedure. Read more about this topic in the Guidance for Protection and Improvement of the Mental Health of Refugees, Asylum Seekers, and Migrants in Serbia published by the World Health Organization (Svetozarević et al., 2019).

Instruments

Indicators of positive psychological functioning

We used several instruments to collect data on positive psychological functioning with the aim of understanding the factors that protect refugees from the development or intensification of psychological difficulties.

We used the *WHO Five Well-Being Index* (WHO5, Topp et al., 2015) to measure the extent to which one feels cheerful, calm, rested, active and in good spirits. Respondents are asked to indicate the extent they agree with each item on a six-point scale, ranging from 0 (at no time) to 5 (all of the time).

In addition to the above, we also measured **optimism, self-esteem and happiness**. The respondents answered to what extent the given items apply to them by using the 6-point scale, ranging from 0 (at no time) to 5 (all of the time). We measured these factors using the following items :

- Optimism – *I feel optimistic about the future*
- Self-esteem – *I believe I have the capacity to achieve great things in life*
- Happiness – *All in all, I see myself as a happy and content person*

Finally, we measured the **coping capacities** with the question from the RHS-15 questionnaire by using the 5-point scale for the subjective assessment of the capacity to overcome stress, ranging from 0 ("I am able to cope with anything") to 4 ("Unable to cope with anything"). A higher score indicates lower coping capacities.

Respondents

Respondents: sociodemographics

Out of the initial 326 respondents, 206 gave complete answers and thus made up the final sample. The respondents were mostly from Afghanistan (68%), Burundi (13%) and Syria (6%), while the rest of the refugees came from Somalia, Iran, Morocco, Tunisia, Guinea, Pakistan and Algeria. A total sample consisted of 88% men and 8% women, while a total of 4% declared to be of a different gender identification. The age of the respondents ranged from 14 to 62 years, while the average age was 23[1]. In general, the majority of respondents (80%) were from the category of young people aged from 15 to 30. Although there is a large disproportion of young men in the sample, compared to other respondent categories, this gender and age distribution reflects the refugee population currently residing in Serbia (e.g. BCHR, 2022; Vukčević et al., 2014).

When it comes to educational status, most of the respondents have primary (36%) or secondary (35%) education, whereas 15% have higher education, 1% completed doctoral studies, and 13% respondents have no formal education. Most of the respondents are not married (72%), and 24% have a spouse, while the rest of the respondents are divorced or widowed. One in 4 respondents has children (23%). One in 10 respondents (12%) has an acute or chronic health problem.

[1] M(mean)=23.04, SD(standard deviation)=8.00

Respondents

Respondents: transit

Big differences are observed among the respondents in terms of the duration of their transit from the country of origin to the moment of filling out the questionnaires – from just a few days to over 7 years. However, an average stay in transit is 10 months[2]. Throughout their journey, pushback was an extremely common practice – as many as 72% of refugees experienced this violent practice. Of those who had experienced it, they were pushed back almost 7 times on average[3]!

It is important to note that the majority of the refugees we examined during field visits and included in the final sample had just arrived in Serbia. More precisely, 64% of refugees we encountered arrived in Serbia in the same month, while 7% arrived only one month prior to the moment of filling out the questionnatires. In addition, the vast majority of respondents stated that they do not plan to stay in Serbia (74%), 14% respondents are still considering, and the rest of the respondents (12%) stated that they plan to stay in Serbia. Of those who plan to continue their journey, the vast majority (76%) predict that they will be able to cross the border in less than a month. Taken together, these data evidence the large fluctuation of refugees who stay in transit countries for shorter periods of time and continue their journey very quickly. Also, this situation represents a change when compared to the previous year, which is shown on the page 18.

Of those who stated that they plan to stay in Serbia, slightly more than half (56%) have already sought asylum in Serbia by the time of the study.

[2] M=10.05, SD=15.36
[3] M=6.61, SD=5.90

Changes in relation to the previous year :

Sample **structure**

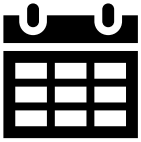
those who **do not have** formal **education** or only have **elementary education**

The vast majority of respondents **does not have a partner**

76%

whereas in 2022 there was a similar percentage of those with and without a partner

Features of **transit**



total duration of transit is **7 months shorter***

+20%

those who experienced **pushback**

Average number of pushbacks increased **5 >>> 7**

2x more of those who expect to **cross the border** to the next transit country **in the shortest period possible**

*From the moment of leaving the home country to the moment of entering Serbia

03 RESULTS

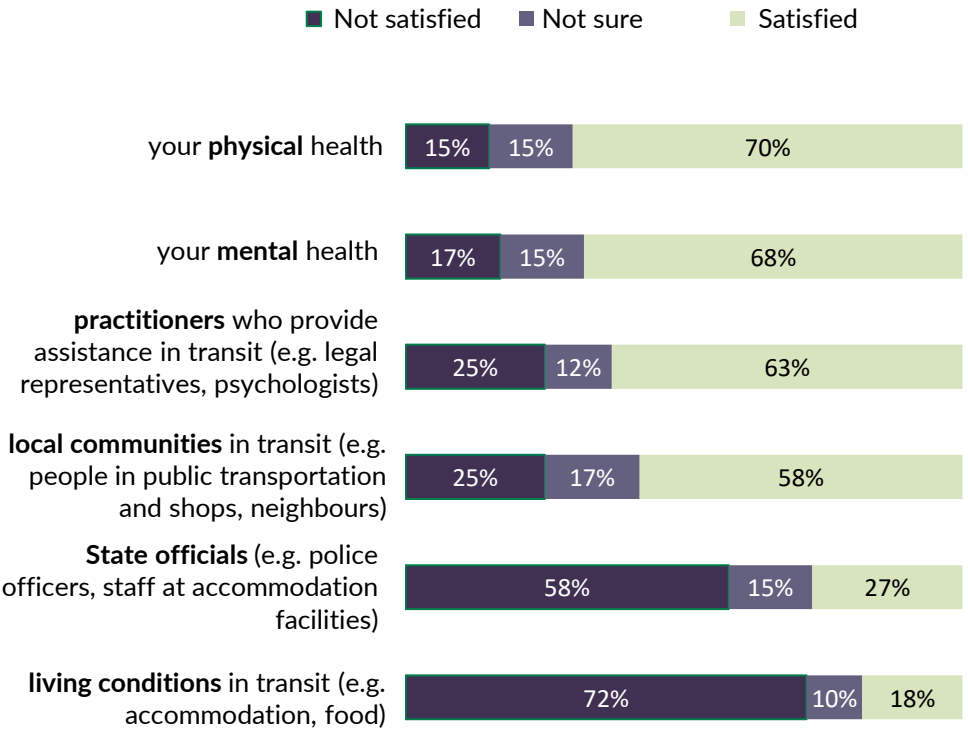
The needs and experiences of refugees

Satisfaction with various aspects of personal functioning and transit

Before conducting screening of mental difficulties and strengths, refugees answered questions about the extent to which they were satisfied with various aspects of their personal functioning, but also with different stakeholders who are recognized as important in improving or worsening the refugee experience.

The assessment results are presented in Chart 1.

Chart 1. Satisfaction with different aspects of life



The needs and experiences of refugees

Satisfaction with various aspects of personal functioning and transit

On Chart 1, we can see that the vast majority of refugees are satisfied with their physical and mental health. Furthermore, the majority of refugees are satisfied with the approach of practitioners and local communities in transit, although the results are not unambiguous because in both cases, one in four refugees are not satisfied in this regard, which leaves room for further sensitization and education of local communities, as well as the regulation of the area of work and quality assurance of service providers' work. Finally, the refugees reported that they were least satisfied with living conditions during transit, as well as with the approach of State officials, as the vast majority of refugees reported that they were not satisfied with these aspects of transit.

The refugees provided answers to the question of which type of support and assistance they received during transit was most valuable to them. Most often, the refugees stated the following:

- Accommodation in reception/asylum centers
- Help in the form of food distribution
- Financial help (from the family and in the form of cash cards)
- Family support
- Good treatment by the police

The refugees also reported different types of services (psychosocial, legal, medical, access to education), behavior (refraining from border violence, altruistic acts of individuals in transit), and values (faith, peace, freedom, democracy, the feeling of starting a new life) as particularly significant during transit.

Psychological difficulties

Psychological vulnerability

Screening of mental health difficulties is a useful practice for the effective identification of people who need additional psychological and psychosocial support.

The results showed that 87% of refugees from the sample are psychologically vulnerable, i.e. around 9 in 10 persons.

87%

On Chart 2, we can see that the majority of refugees have a high level of psychological vulnerability.

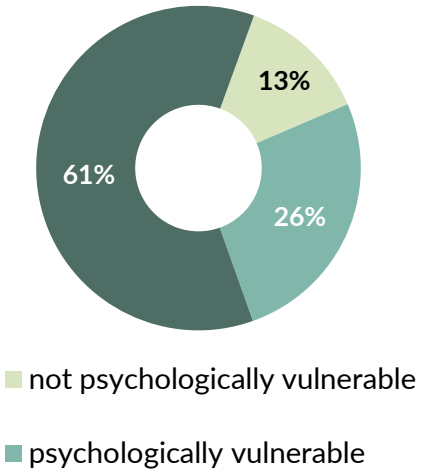


Chart 2. Psychological vulnerability

YOUTH

Younger age is associated with greater vulnerability*

And a total of

88%

of youth are psychologically vulnerable

*r=-.20, p<.01

Psychological difficulties

Psychological vulnerability

Chart 3 shows data on the frequency of refugees who were identified as psychologically vulnerable in the previous 7 years. The graph clearly shows that there was an increase in the frequency of psychologically vulnerable refugees in 2020 and 2021, followed by a decline in the last year (2022). This trend was interpreted in line with the harmful effects of the COVID-19 pandemic which peaked in 2020 and 2021, and as the pandemic started to end in the previous year, the conditions for the refugees' travel returned to their former functioning (Dimoski & Vukčević Marković, 2022). Accordingly, no major changes in vulnerability were expected when compared to that of 2022. However, this expectation is not met, and the percentage of psychologically vulnerable refugees is not only high, but it is **still increasing**. It can be noted that this year's percentage is the highest recorded after 2017.

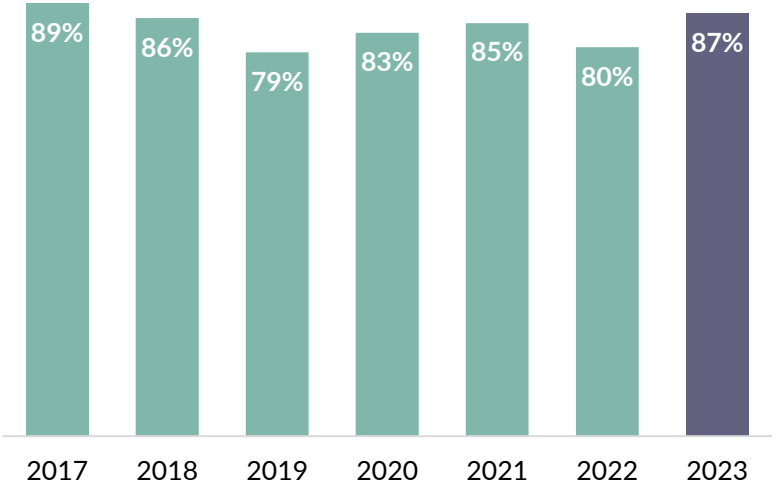


Chart 3. Psychological vulnerability 2017-2023

Psychological difficulties

Acute distress

Screening results also indicate individuals who are currently and acutely under a large amount of stress.

Screening results showed that 67%, i.e. aproximately 7 in 10 respondents suffer from acute distress.

These persons should be further referred to psychological first aid or crisis intervention services in order to stabilize their condition. However, although stabilization and immediate reduction of distress are priorities for these people, it is necessary to provide them with continuous MHPSS services and specialized mental health services when needed.

YOUTH

66%

of youth suffer from acute distress

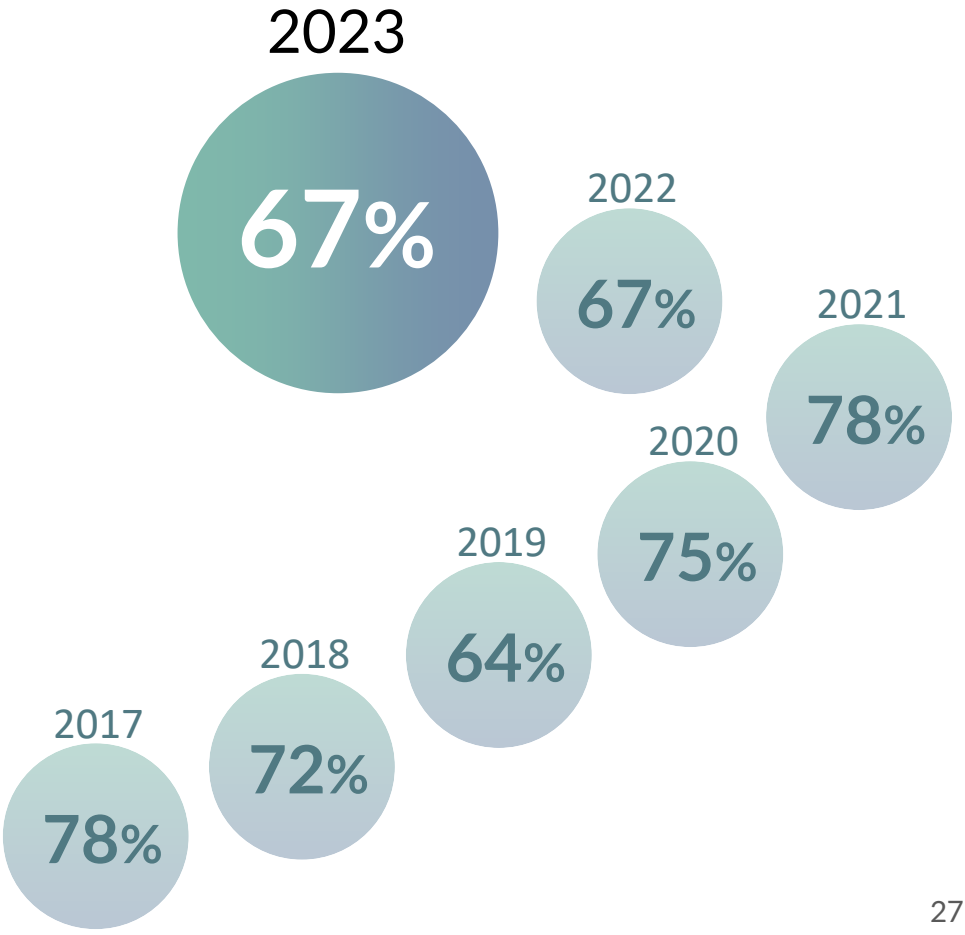
Younger and older refugees are equally vulnerable to acute distress - it is not related to age

*r=-.02, p=.76

Psychological difficulties

Acute distress

The figure below shows the frequency of refugees who are identified as being under high levels of acute distress. As seen below, the acute distress change trends over the years are similar to the ones related to psychological vulnerability (p. 24). However, in contrast to general vulnerability, where an increase in frequency throughout this year is recorded, this year's results show that the acute distress frequency is **stagnating**. More precisely, the acute distress frequency is the same as in the previous year.



Psychological difficulties

Depression

The most prominent psychological difficulties in refugee population are related with depression.

Mental health screening showed that 39%, i.e. 4 in 10 respondents had pronounced symptoms of depression.

People who have severe symptoms of depression may have depressive moods, as well as a lack of interest in activities they used to enjoy. They may also feel a loss of self-esteem, and energy, sleep disturbance, as well as a tendency to feel guilt or helplessness. Additionally, people with symptoms of depression may experience a range of physical symptoms including general weakness.

YOUTH

39%

of youth have pronounced symptoms of depression

Younger people have more pronounced depression *

*r=-.17, p<.05

Psychological difficulties

Depression

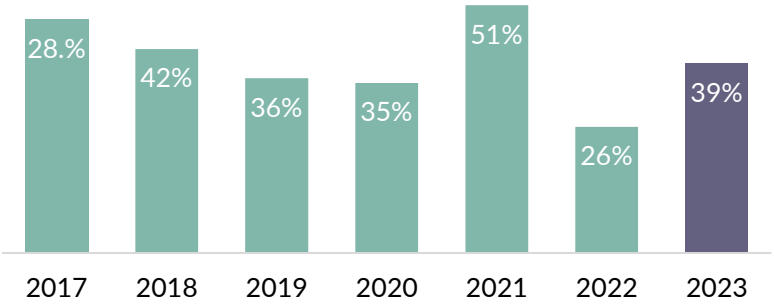


Chart 4. Frequency of depression 2017-2023

Chart 4 shows an overview of the change in the frequency of depression over the course of 7 years, while Table 1 shows the change in individual symptoms during the previous 3 years. The results show that there is an **increase in the frequency of depression** among refugees, as well as an increase in each individual depression symptom.

Table 1. *Frequency of depression symptoms*

	2023	2022	2021
Feeling down, sad, or blue most of the time	51%	47%	60%
Feeling helpless	46%	41%	62%
Crying easily	34%	29%	48%
Faintness, dizziness, or weakness	30%	22%	34%
Muscle, bone, joint pains	40%	38%	38%

Psychological difficulties

Anxiety

Symptoms of anxiety are common among refugees, and they are manifested either independently or combined with other psychological difficulties such as depression.

Mental health screening showed that 16%, i.e. approximately 2 in 10 refugees from the sample are identified as anxious.

People who have pronounced symptoms of anxiety have a feeling of discomfort accompanied by an unpleasant anticipation of negative outcomes of future events. They often feel like they can't get certain thoughts out of their heads, that their thoughts are constantly spinning thus creating a feeling of anxiety and discomfort, and such thoughts are beyond their control. Anxiety symptoms include a number of physical symptoms as well, such as increased heart rate, heavy breathing, sweating, nausea, etc.

YOUTH

16%

of youth has pronounced symptoms of anxiety

Younger people have higher anxiety scores*

*r=-.18, p<.01

Psychological difficulties

Anxiety

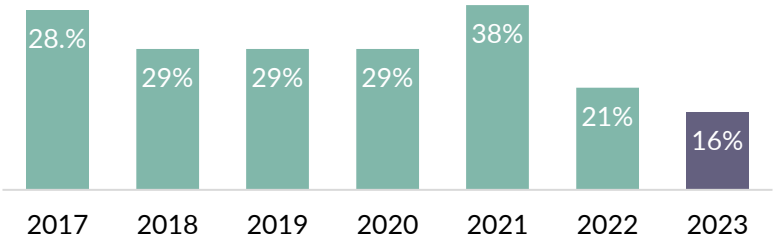


Chart 5. Frequency of anxiety 2017-2023

Chart 5 shows changes in the frequency of anxiety over the past 7 years, while Table 1 shows the change of individual symptoms over the course of 3 years. Although the frequency of anxiety is still high, there is an overall **decline in the frequency** of symptoms of anxiety.

Table 2. *Frequency of anxiety symptoms*

	2023	2022	2021
Too much thinking or too many thoughts	57%	76%	83%
Suddenly scared for no reason	34%	30%	46%
Nervousness or shakiness inside	27%	30%	40%
Feeling restless, can't sit still	37%	33%	50%

Psychological difficulties

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is a mental disorder that occurs after traumatic events, although not every person who experiences trauma will necessarily develop PTSD symptoms.

Mental health screening showed that 21%, i.e. approximately 2 in 10 refugees from the sample have PTSD symptoms.

Symptoms of PTSD include intrusive and reoccurring involuntary memories or dreams of the traumatic event, and a tendency to avoid people and places which resemble the context of the traumatic event. Additionally, it may include an inability to recall certain segments of traumatic experience, feelings of guilt, and a lack of pleasant emotions. Finally, one may exhibit irritability, outbursts of anger, as well as self-destructive behavior

YOUTH

22%

of youth has pronounced symptoms of PTSD

Younger people have higher PTSD scores*

*r=-.20, p<.01

Psychological difficulties

Post-traumatic stress disorder

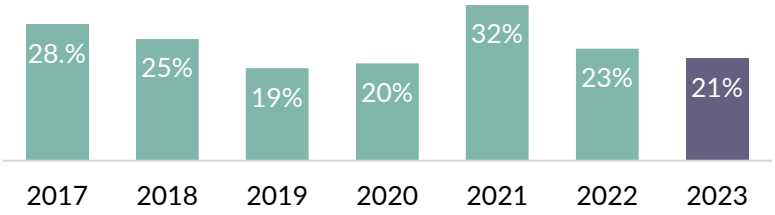


Chart 6. Frequency of PTSD 2017-2023

Chart 6 shows changes in the frequency of PTSD symptoms over the past 7 years, while Table 1 shows the change of individual symptoms over the course of 3 years. The frequency of PTSD remained at a similar level when compared to the previous year, with a **slight decrease**. There was also a decline in most individual PTSD symptoms.

Table 3. *Frequency of PTSD symptoms*

	2023	2022	2021
The experience of reliving the trauma; acting or feeling as if it were happening again	44%	35%	42%
Physical reactions (e.g. break out in a sweat, heart beats fast) when reminded of the trauma	38%	39%	51%
Feeling emotionally numb (e.g., feel sad but can't cry, unable to have loving feelings)	46%	48%	59%
Been jumpier, more easily startled (e.g. when someone walks up behind you)	31%	33%	40%

Positive psychological functioning

Wellbeing, optimism, self-esteem and happiness

In order to better understand the needs of refugees, it is necessary to take both positive psychological functioning and assessment of psychological difficulties into account. Although it may seem uncommon for these capacities to be developed in parallel with the traumatic events refugees experience, this complex interaction between positive functioning and difficulties is not rare. Positive psychological functioning can be an important resource and a protective factor in crisis and when coping with trauma. Additionally, although a traumatic experience carries great risks for a person's overall health, it can also result in positive changes such as the improvement of positive psychological functioning (e.g. image about one's own strengths). Therefore, by making a parallel exploration of difficulties and positive functioning, we create space for a deeper understanding of the refugees' needs.

Table 4 shows an overview of wellbeing indicators which refer to the extent to which a person experiences pleasant feelings such as calmness, cheerfulness and good mood.

Table 4 *Psychological wellbeing, % of refugees who often have given experience*

	2023	2022	2021
I have felt cheerful and in good spirits	50%	24%	19%
I have felt calm and relaxed	51%	27%	18%
I have felt active end vigorous	57%	33%	23%
I woke up feeling fresh and rested	38%	24%	15%
My daily life has been filled with things that interest me	26%	29%	19%

Positive psychological functioning

Wellbeing, optimism, self-esteem and happiness

As shown in Table 4, despite frequent psychological difficulties and hardship along their journey, the percentage of refugees who manage to preserve their wellbeing is **increasing** compared to the previous two years.

85% are optimistic about the future

believe they can achieve great things in life **83%**

69% see themselves as happy and content persons

In addition, it can be noted that the vast majority of refugees have other indicators of positive psychological functioning preserved as well - optimism, self-esteem, and happiness. These results suggest that refugees have developed positive capacities that can support and speed up the recovery process.

YOUTH

Younger refugees have higher levels of self-esteem, happiness, and optimism, and the data show a trend of younger age being associated with greater wellbeing*

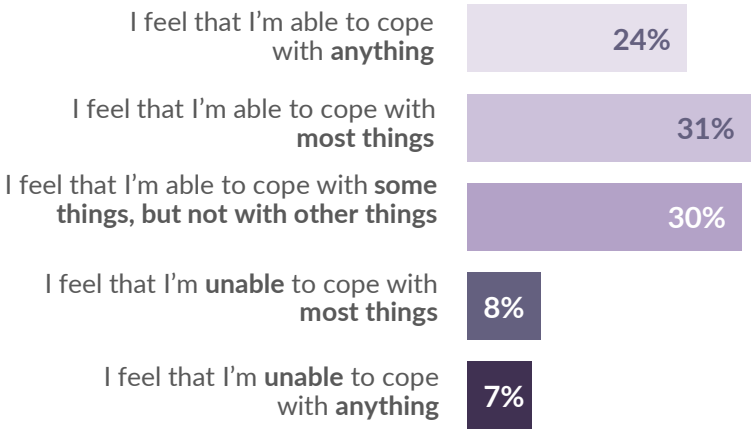
*respectively: r=-.17, p<.05, r=-.21, p<.01, r=-.16, p<.05, r=-.14, p=.05

Positive psychological functioning

Coping capacities

Coping is the ability of a person to adaptively use different strategies to overcome difficulties and stressful events that occur and in order to preserve psychological wellbeing. Coping strategies include a complex combination of different behaviors, ways of thinking, emotions, and emotional regulation. The results of the assessment of coping capacities are shown in Chart 7.

Chart 7. Coping capacities



Despite frequent difficulties, **most refugees have preserved coping capacities** (55%). However, 15% do not have the capacity to cope with difficulties, which poses a risk to their mental health and functioning, and requires professional attention.

YOUTH

Younger and older refugees have equally developed coping capacities – they are not age-related

*r=.-10, p=.16

Transit and mental health

Which subgroups are particularly vulnerable?

Transit, i.e. the journey of refugees from their home country to the country of destination may last from a few days to several years or even decades. Along the way, refugees encounter many hardships, traumatic experiences, and human rights violations, including pushback practices. Although the refugees most often strive to reach the countries of Western Europe, some of them choose to stay in countries along the Western Balkan route, such as the Republic of Serbia. Therefore, transit is a complex phenomenon that can take different forms for different people.

Additional analyses show that there are differences between refugee subgroups who have different experiences during transit, as well as different transit dynamics.

Namely, the results are consistent in the sense that the refugees who have experienced **pushback** showed overall higher levels of impaired mental health. These people showed higher levels of depression, anxiety, post-traumatic stress disorder, they were more psychologically vulnerable, and under greater acute stress*. The data on increased psychological difficulties in this group are not surprising, considering that pushback is an extremely violent practice that can include physical, psychological and sexual violence, unlawful seizures, discrimination, coercion, and violation of a range of human rights, and thus impose a great risk to mental health of refugees.

*respectively: MD=3.04, $p<.01$; MD=2.37, $p<.01$; MD=2.87, $p<.001$; MD=7.90, $p<.01$; MD=2.55, $p<.001$

Transit and mental health

Which subgroups are particularly vulnerable?

In addition, the analysis showed that those refugees **who have just arrived in transit country** have mental health difficulties more frequently. Newly arrived refugees who came to the country within a maximum of one month before the time of filling out the questionnaires had more pronounced symptoms of depression, post-traumatic stress disorder and psychological vulnerability* compared to refugees who came to Serbia more than one month ago. Given that refugees embark on an extremely difficult journey, it is not surprising that people who have just crossed the border to Serbia are at a higher risk of experiencing intensified psychological difficulties. The extreme stress, uncertainty and traumatic experiences are more acute and recent for those respondents, and the space for continuous support (e.g. psychosocial, medical) is greatly narrowed when compared to what could be provided to refugees who have been staying in the transit country for a longer period of time.

Finally, the results showed that those people who decidedly **did not plan to stay** in Serbia showed more pronounced symptoms of depression** compared to those refugees who plan to stay in Serbia or are still considering it. Even though staying and seeking asylum in a transit country entails difficulties, the continuation of the journey also carries additional mental health risks, as it implies the continuation of uncertainty, injuries, and potentially additional traumatic experiences.

*respectively: MD=1.76, p<.05; MD=1.55, p<.05; MD=4.27, p<.05;

**MD=-1.94, p<.05

04 CONCLUSION AND PRACTICAL IMPLICATIONS

Approach to psychological treatment

The results of the mental health screening show that refugees are at high risk of developing various psychological difficulties. Nine in 10 refugees are identified as psychologically vulnerable, whereas 7 in 10 suffer from acute distress. Additionally, it can be noted that depression is the most common psychological issue, and that feeling down, sad and blue, and feeling helpless are the most common symptoms of depression. However, refugees also suffer from post-traumatic stress disorder and anxiety, which is mostly reflected in symptoms of emotional numbness and the feeling of reliving the trauma (in PTSD), and too much thinking or too many thoughts they cannot control (in anxiety).

Nevertheless, despite the high psychological vulnerability, most refugees reported that they were satisfied with their mental health. The existence of high levels of satisfaction in parallel with frequent psychological difficulties can be an indicator of the normalization of poor mental health in refugees, i.e. expectation that their overall condition will be unfavorable in the unfavorable circumstances they are currently in.

These data can serve as an important resource for the further shaping of policies and practices in the area of mental health protection and the overall position of refugees in Serbia and other transit countries.

- In line with an extremely high frequency of psychological difficulties, it is necessary to **increase the availability and accessibility** of MHPSS services. As the data show almost every refugee needs professional support – the resources available are not sufficient to cover the actual needs.

Approach to psychological treatment

- It is necessary to enable a **wide range of services** since the refugees experience different types and intensities of difficulties that require different treatments. Thus, it is necessary to enable interventions in crisis and psychological first aid primarily aimed at those in acute distress; specialized psychological assistance services for refugees with accumulated difficulties such as depression and PTSD; as well as access to psychiatric treatment where needed.
- Vulnerable mental health of refugees implies the necessary sensitivity in the provision of various services. Therefore, implementing **broad psychoeducational programs for service providers** is needed– e.g. lawyers, translators, medical doctors, staff in reception or asylum centers, teachers, guardians, etc. This way, it is possible to prevent misinterpretations of refugee behavior that reflect symptoms of psychological difficulties and can be misinterpreted as laziness, arrogance, cynicism, etc.

However, in order to conceptualize services and policies that are in line with the priorities and current refugee needs, it is important to take into account the context-related specifics – the conditions and dynamics of transit.

The data show that the fluctuation of refugees increased in 2023 – the average length of transit decreased, while the percentage of respondents who crossed the border and entered Serbia within a maximum of one month from the time of conducting the study increased. In addition, the vast majority of refugees expect to cross the border from Serbia to the next transit country in the shortest time offered in the questionnaire, i.e. within the next month, which represents a notable change.

Approach to psychological treatment

Due to the context-related specificities, the recommendations are aimed at adapting the services to these changes.

- It is necessary to **adjust the form and dynamics of service provision to the changes in the refugee transit dynamics**. Although continuity is the gold standard for MHPSS service success, service providers are more often working with beneficiaries they meet once or only a few times before they leave for the next transit country. Therefore, it is necessary to rely on interventions that will target these users, i.e. which will be short, focused, and tailored to the current priority needs of the beneficiaries. Also, it is necessary to further develop evidence-based interventions that would specifically respond to the needs of refugees in transit.
- The fluctuation of refugees can be particularly challenging in terms of organizing treatment for psychiatric users. Even if psychiatric care is available in every transit country, initial psychiatric assessment, diagnostics, prescribing, and procuring medication is time-consuming and can be highly demanding in the case of large fluctuation of beneficiaries. Therefore, it would be useful to **promote the coordination of service providers along the transit route**, when possible and in accordance with the wishes of the beneficiaries, in order to enable better communication in terms of the history of psychological difficulties and treatment thereof. In addition to the above, it is necessary to provide the beneficiaries with a written or online psychiatric report so as to provide more efficient psychiatric care in the next transit country.

Prioritizing and planning: vulnerable groups

Although, on the global level, the refugees are highly psychologically vulnerable, it appears that there are certain subgroups that are particularly at risk. Although it is necessary to provide appropriate care to all refugees, in a situation of limited resources, this information can be of great importance to service providers so they can prioritize and plan their services.

The results are consistent in terms that **younger people** are at increased risk of most psychological difficulties. This is in line with some findings that point out that young refugees are under additional pressure not just because of the refugee experience, but also because of the expected developmentally appropriate difficulties that are typical for all people transitioning to adulthood (Ajduković & Ajduković, 1993).

- It is recommended to implement **psychosocial support programs aimed at young refugees.** These programs should address the priority needs of young people, and include topics such as mental health literacy and common development-related challenges all young people experience. A greater focus would thus be put on the prevention of psychological difficulties, providing information, and the development of adaptive coping strategies, which may provide long-term resources for young people.

Additionally, what the results unequivocally indicate is that refugees who have experienced **pushback** are more psychologically vulnerable. These results are expected considering that pushback is an extremely violent practice that includes traumatic experiences and severe human rights violations.

Prioritizing and planning: vulnerable groups

- It is necessary to establish **mobile multidisciplinary teams** that would include a medical doctor, medical technician, psychiatrist, psychologist, social worker, and other professionals who can represent the support system. Team mobility would entail visits to places where refugees can often be found, i.e. at border crossings, squats, and reception centers.

The refugees who had **crossed Serbian borders more recently** are at a higher risk of psychological difficulties compared to refugees who stay longer in the country, which is expected considering the hardships related to border crossing which may include extreme fatigue, violence, lack of food, and water and witnessing someone's illness or death.

- When refugees cross the border and enter a country, most often after registration, they are referred to accommodation facilities (reception/asylum centers). Given the high vulnerability of newly arrived refugees, accommodation facilities represent an important resource that can be the first response to the needs of the beneficiaries. Therefore, it is recommended to implement **mental health screening** upon admission to an accommodation facility as part of the medical examination of refugees. Thereafter, and based on the results of the initial screening, refugees identified as vulnerable shall be referred to further mental health protection measures, as per the identified needs – i.e. further assessment, or available MHPSS services. Timely mental health assessment can greatly speed up the recovery, and it can represent a protective factor in the further intensification of psychological difficulties.

Prioritizing and planning: vulnerable groups

- On the other hand, instruments for the initial mental health screening of refugees are specifically linguistically adapted to the refugees, translated into the languages most often spoken by the refugees, they are efficient and effective and do not require great human and time resources.

Finally, refugees who **do not plan to stay in the transit country of** Serbia show higher levels of depressive symptoms, which can be an additional indicator of the difficulties encountered in transit, and the constant uncertainty and threats experienced thereon.

- Refugees who are determined to plan to continue their journey are at greater risk. Therefore, they need to be provided with **additional psychological support** in order to adequately prepare them for the continuation of the journey. This may include more frequent sessions with the refugee who plans to continue towards the border crossing, working on empowerment and coping skills in stressful situations, and working on **minimizing uncertainty** on the move. Minimizing uncertainty may include information about what further awaits the refugee on their journey, what to expect along the transit route, where the accommodation facilities are in the next transit country, what the application procedure looks like, and who to turn to for help.

Empowerment and positive capacities

Although refugees show high levels of psychological vulnerability and acute distress, the results show that they simultaneously display significant levels of psychological strengths and capacities.

It can be seen that refugees have largely preserved indicators of positive psychological functioning – most of them have relatively preserved wellbeing, self-esteem, optimism, and happiness and contentment. This parallel existence of psychological difficulties and indicators of positive psychological functioning may indicate that **psychological difficulties in refugees are largely reactive states.** Namely, impaired mental health can be a reaction to very difficult living conditions, uncertainty, and stressful or traumatic events experienced by the refugees – and not to mental disorders *per se*. Mental disorders most often imply reduced indicators of positive psychological functioning and pleasant emotions, which, according to the data obtained in this research, is most often not the case with refugees. Consequently, it can be expected for the overall refugee mental health to improve as the circumstances of their lives improve (e.g. by obtaining asylum in the country of destination). However, on the other hand, in some refugees, acute symptoms of psychological difficulties could become chronic or they could worsen, especially without having timely professional support.

- Therefore, it is necessary to work with refugees to **preserve and further develop positive capacities** (e.g. optimism, resilience) which can be an important resource for refugees to rely on during their journey. This way, the complexity of the refugee experience can be acknowledged and the approach of exclusively treating difficulties can be shifted to a more comprehensive approach that emphasizes resilience and empowerment as well. Additionally, developing positive capacities shall result in a faster psychological recovery.

Systemic action

Finally, it is necessary to keep in mind that mental health is impossible to improve just by making MHPSS services more available while taking no action regarding the broader systemic factors and recognized social and contextual determinants of mental health. In order to make and maintain such positive change, it is necessary to take action regarding different systemic factors, which will help develop the environment and social climate favorable for the prevention and reduction of psychological difficulties, improvement of psychological wellbeing, and enablement of multisectoral and multidisciplinary approach to the protection of refugees.

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CIP - Каталогизација у публикацији
Народна библиотека Србије, Београд

613.86-054.73(497.11)
314.151.3-054.73:159.9

DIMOSKI, Jana, 1998-
Mental health and wellbeing of refugees, migrants and asylum seekers in Serbia : 2023 research report / [authors Jana Dimoski, Maša Vukčević Marković] ; [translation Agency lexica]. - Beograd : Psychosocial Innovation Network - PIN, 2023 (Beograd : Copy Planet). - 51 str. : ilustr. ; 21 cm

Prevod dela: Mentalno zdravlje i dobrobit izbeglica, migranata i tražilaca azila u Srbiji. - Kor. nasl. - Podaci o autorkama preuzeti iz kolofona. - Tiraž 100. - Bibliografija: str. 50-51.

ISBN 978-86-82760-01-6

1. Vukčević-Marković, Maša, 1985 [аутор]
а) Ментално здравље -- Избеглице -- Србија б) Ментално здравље -- Мигранти -- Србија

COBISS.SR-ID 125265673

Psychosocial Innovation Network

9 788682 760016

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