PIN Psychosocial Innovation Network

MENTAL HEALTH AND WELLBEING OF REFUGEES AND ASYLUM SEEKERS IN SERBIA

2022 RESEARCH REPORT

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Note: The primary objective of this report is to provide information on mental health difficulties and hardships 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.

Summary

By the end of 2021 89.3 million of people worldwide were forced to leave their home countries because of war, expulsion and violation of human rights. These experiences can have strong influence on occurrence of mental health difficulties, so one of the objectives of the study was to determine the incidence of different mental health difficulties, but of psychological strengths, as well. The results of the study showed that 80% of refugees were identified as psychologically vulnerable, out of which 48% were highly vulnerable, meaning that they required some sort of psychological or psychosocial support. Also, 67% of refugees were under acute distress and required urgent psychological first aid or intervention in crisis, after which it was also important to continue monitoring their condition in order to prevent them from relapsing back to the psychological crisis. Additionally, 26% of refugees showed symptoms of depression, 21% showed symptoms of anxiety, while 23% of refugees showed symptoms of post-traumatic stress. However, it was discovered that while experiencing various psychological difficulties, the refugees were also able to preserve and develop positive psychological capacities, as well, such as the feeling of hope (50-69%), as well as the post-traumatic growth (25-51%). Still, just every third or fourth person reported that his/her psychological wellbeing was preserved, which once more highlighted the need for additional psychological support. Based on the results of the study we made recommendations for evidence-based psychosocial practice, but also for all persons working with the refugees, in order to develop systematic sensitivity for the issues of refugees' mental health and provision of comprehensive multidisciplinary support.

Introduction

Background

By the end of 2021 89.3 million of people worldwide were forced to leave their home countries because of war, expulsion and violation of human rights (UNHCR, 2021). Very often the refugees, especially those coming from war-affected areas, experience many adverse events in their countries of origin (Vukčević et al., 2016) and during transit (Vukčević Marković et al., 2021), which commonly includes witnessing death or murder of close family member or friend, torture and physical violence (Montgomery & Foldspang, 1994). So the previous study conducted by PIN (Vukčević Marković et al., 2021) showed that refugees on average experience 10 traumatic and stressful events during transit. The highest percentage of refugees experienced lack of food and water (85%) and shelter (80%), life-threatening situation (76%) and being separated from their family and friends (65%). It is a worrying fact that a high percentage of refugees experienced serious bodily injuries (55%), torture (34%) and sexual violence (14%). Furthermore, most of the refugees had experienced pushback at some point, which is accompanied by traumatic and stressful experiences such as humiliation, insults, physical violence and separation from family and friends (Vukčević Marković et al., 2021). Finally, the refugees face many difficulties even in the receiving countries, such as the difficulties related to integration into society, seeking of international protection, discrimination etc.

Numerous previous studies showed that mental health of refugees was at risk, often as the consequence of their difficult experiences. Also, it was shown that those who experienced more traumatic and stressful events during transit more often experience some form of mental health issues (Vukčević Marković et al., 2021). Therefore, mental health is one of the priority subjects when it comes to the position and wellbeing of refugees.

Why studying of refugees' mental health is so important?

It allows us to:

1. Understand which are the most common mental health **difficulties** experienced by the refugees.

- For example – are the most common difficulties sadness and depressed mood, worrying about the future and safety or reliving of difficult moments?
- This is important in order to better understand the difficulties experienced by our beneficiaries and to tailor our psychosocial practice to their primary needs.

2. Identify specific **subgroups** of refugees that are **at higher risk** of developing mental health difficulties.

- For example – are those men or women, older or younger people, people with chronic health condition?
- This is important for us to understand which categories of refugees are at higher risk so they could be given additional attention.

3. Understand the **strengths and positive psychological capacities** of refugees.

- For example, we could examine how developed are the stress coping mechanisms, hope or the possibility of positive post-traumatic growth in refugees.
- This is important because it gives us the opportunity to discover which capacities we could rely upon when working directly with the refugees and which capacities have to be improved or could be useful to improve.

Why studying of refugees' mental health is so important?

Besides being used to tailor the psychosocial practice and to better understand the refugees, this data may also serve to break down a stigma, to enhance empathy and to raise awareness of the general public about problems the refugees are commonly facing.

The data can also be useful to all persons that are professionally involved in working with refugees (e.g. lawyers, teachers, social workers, staff in reception and asylum centers). This is important to better understand our beneficiaries and to increase the sensitivity about mental health difficulties. If education of persons who work with the refugees is set as a priority, it could help the symptoms of mental health difficulties be more often recognized and persons with such symptoms being timely referred to psychological help.

Finally, this data could be a strong argument for development of public policies and for advocating the change of legal framework and living conditions of refugees. The comprehensive refugee support model would be possible only after realizing that it would require making systemic changes that need multisectoral cooperation.

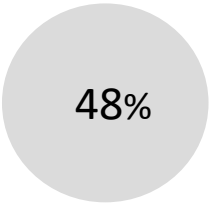
Research methodology

The study was approved by the Institutional Review Board of the Department of Psychology, Faculty of Philosophy, University of Belgrade (protocol no. #2022-019). The data was collected in the period May - August 2022 at locations where refugees were accommodated (primarily, but not limited only to, RC Sombor, RC Šid, AC Krnjača, AC Obrenovac, Children Integration House Pedro Arrupe, as well as at locations where refugees live in the wider area of Belgrade). We collected quantitative data on mental health - depression, anxiety, post-traumatic stress disorder (PTSD) and general vulnerability and distress; but also about wellbeing, stress coping capacities, hope and post-traumatic growth of refugees.

A total of 250 refugees took part in the research. Most of the participants was from Syria (47.5%), followed by Afghanistan (17.5%), and Burundi (15.2%), as well as from Iraq, Pakistan, Somalia, Morocco and from 14 other countries. More men (84.9%) than women (13.5%) participated in the study, while 1.6% identified as "other" gender. Respondents were between 14 and 65 years of age, and the majority of respondents were in the age group 18-33. Distribution by age and gender was representative of the population of refugees in Serbia, i.e. sample characteristics give proportionate representation of age and gender distribution of refugee population in Serbia. On average, the refugees included in our sample tried to cross the border approximately 5 times, while 52% of them experienced pushback 5 times on average, as well. Most of the respondents (62%) do not wish to stay in Serbia, while 21% of respondents are still considering. As for their education, most of the respondents have secondary education (39%), 27% have faculty degree, while 21% have elementary education. Approximately 11% of respondents have no education, while 2% completed PhD studies. Finally, approximately 28% of all respondents suffer from a chronic disease - most commonly discus hernia, asthma, as well as body and bone pain.

All instruments were administered by PIN psychologists assisted by interpreters or self-administered by respondents who fulfilled specific conditions (appropriate level of literacy, understanding of the language and instructions for filling in the questionnaire, etc.).

Who were our respondents?



Syrians

Afghans

Burundians

52%

experienced **pushback**

secondary or higher education

68%

28%

suffer from chronic disease

average number of pushbacks

5

Instruments:

Indicators of mental health difficulties

Information on **mental health difficulties** was collected by instrument Refugee Health Screener (RHS-15), which measures symptoms of depression, anxiety and post-traumatic stress disorder (PTSD).

Example of items that are used to measure:

– Depression – *Feeling helpless*

– Anxiety – *Too much thinking or too many thoughts*

– PTSD – *Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)*

The instrument was chosen because it allows for efficient, yet linguistically and culturally adapted mental health screening of mental health difficulties that were the most common in refugees. It is important to note that mental health disorder (e.g. depression diagnosis) can be diagnosed only by a psychiatrists applying consistent psychiatric procedures. This means that information we obtain in this way, by RHS-15, may be used only to make a rough estimate of mental health (so called "screening"), which serves only to identify the individuals that are at risk, such as persons that should be referred to mental health experts for further assessment and diagnostics. Therefore, if a person is showing pronounced depression symptoms it still doesn't mean that he/she would be actually diagnosed with depression if he/she were to visit a psychiatrist.

Instruments

Indicators of mental health difficulties

In accordance with guidelines on use and interpretation of RHS, a person is considered **vulnerable** if his/her cut-off score is equal to or higher than 12. Moreover, in order to increase the sensitivity of the instrument, the additional cut-off score of 24 (double the initial cut-off) was used to identify persons that are highly psychologically vulnerable. Introduction of additional cut off score proved to be very useful in populations with a large number of individuals identified as psychologically vulnerable and for the purpose of easier prioritization in cases when resources for provision of psychological support were limited.

Distress thermometer was used as the indicator of **acute distress** in the RHS scale. The score on thermometer represents the amount of distress felt by a person on the date questionnaire was administered and the week before that. Number 10 represents “extreme distress - “I feel as bad as I ever have”, while number 0 means “no distress - Things are good”. According to current guidelines, persons under acute distress is a person who circles number 5 or higher on this scale.

Instruments

Indicators of positive psychological capacities

Although previous scientific literature focused mostly on psychopathological symptoms, instead on positive capacities, only the parallel analysis of both aspects of mental health can provide a complete understanding of the difficulties, but also of the strengths of the refugees, because the positive capacities of a person serve as factors that protect an individual from developing mental health difficulties or from intensification of such difficulties.

Therefore we used the Adult Hope Scale to measure the **feeling of hope** in our respondents. It has been determined that the feeling of hope can be an important support in the life of refugees but may also contribute to psychological adaptation, especially in situations of uncertainty which is quite common for persons in refuge. When we speak about hope, we usually refer to two aspects, i.e. factors.

The first hope factor is *agency,* which means that a persons who has hope feels capable of achieving the goal it set to itself. An example of an item from the questionnaire is *I meet the goals that I set for myself.*

The second factor is called *pathways,* it describes a person with hope as a person that contemplates ways in which it can solve a problem it faces or ways to achieve the goal it set. An example of item from the questionnaire is *I can think of many ways to get out of a jam.*

Finally, we also measured **psychological wellbeing** of respondents as an indicator of positive psychological capacities, i.e. as a measure of the extent in which respondents feel cheerful, calm, well-rested and in good mood.

Instruments

Indicators of positive psychological capacities

As previous PIN studies show, 96% of refugees experienced at least one traumatic event during transit, suggesting that the trauma is an integral part of refugees' journey (e.g. Vukčević Marković et al., 2021). Although traumatic event inevitably contributes to mental health difficulties (Vukčević Marković et al., 2021), there are also certain positive capacities that can be developed and strengthened as a result of experienced trauma, such as change in self-perception. This phenomenon is called **post-traumatic growth** and has also been measured in this study by Post-Traumatic Growth Inventory. This instrument uses 5 factors to measure the extent of self-reported growth in persons who experienced trauma.

Firstly, the instrument measures possible change in *relationships with others*, such as the feeling of trust in others and connection with them, but also the ability to express own emotions.

Secondly, the instrument measures if any *new possibilities* in life have appeared, such as new life path, interests, desires for change.

The third factor of post-traumatic growth is *personal strength,* i.e. an increase of perceived strength and the ability to overcome difficulties, as well as of self-reliance.

Then, the *spiritual change* is also measured, which refers to increase in religious feelings that often accompany a trauma.

Finally, the fifth factor of post-traumatic growth is the *appreciation of life*, which refers to change of life priorities, as well as being grateful and appreciate each new day.

Results

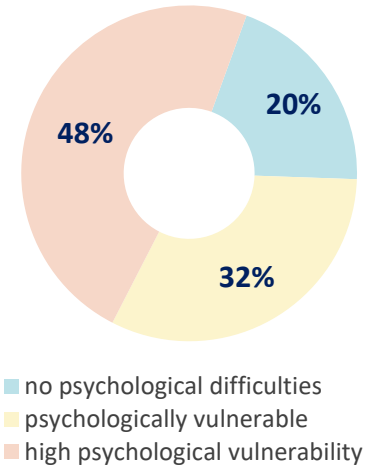
Psychological difficulties

Psychological vulnerability

The screening for most common mental health difficulties has been established as a good practice to efficiently identify persons that need additional mental health support and care. Screening results showed that **8 out of 10** respondents are identified as psychologically vulnerable and in need of additional psychological support.

As shown in Chart 1, almost a half of all respondents is highly psychologically vulnerable, while approximately one third of respondents is moderately psychologically vulnerable.

***Chart 1** Psychological vulnerability*



The additional analyses show that men and women are both equally vulnerable.

Also, vulnerability is not related to respondent's age. On the other hand, those who experienced **pushback** were significantly more vulnerable compared to those who have not experienced this violent practice.

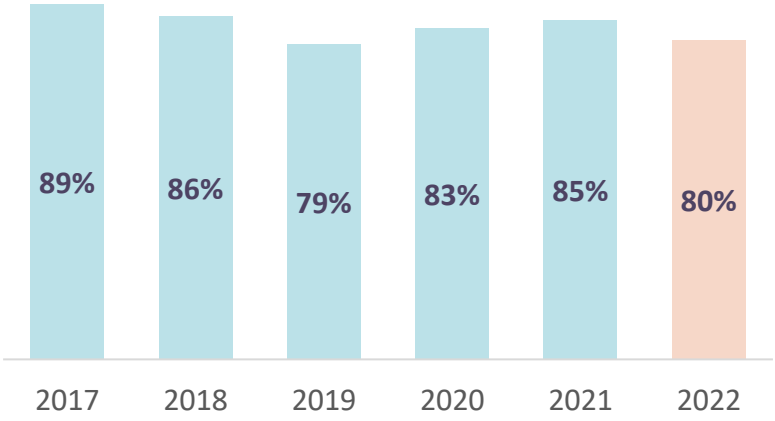
At last, respondents suffering from any **chronic health condition** have been identified as more vulnerable.

Psychological difficulties

Psychological vulnerability

Chart 2 contains data on psychological vulnerability of refugees over the past six-years period. The chart shows that mild, but stable decrease in percentage of refugees identified as psychologically vulnerable was observed between 2017 and 2019. In the following period - between 2019 and 2021 – an increase in psychological vulnerability has been observed, which, among other things, could be explained by COVID-19 pandemic in at least two ways. On one hand, the pandemic itself was a stressful situation, because of the fear of getting infected and fear of fatal consequences, while on the other hand it also led to even more restrictive travel requirements for refugees. The latest data from 2022 shows that psychological vulnerability is once again slowly declining, which may be the result of the pandemic slowing down and gradual return to prior functioning. However, despite the mild decline, we must not overlook the fact that the percentage of psychologically vulnerable refugees still remains very high.

Chart 2 *Psychological vulnerability 2017-2022*

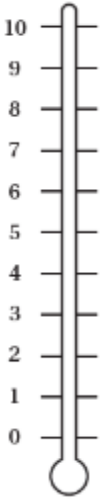


Psychological difficulties

Acute distress

Among other things, the mental health screening can identify persons that are currently, acutely, exposed to a large amount of stress and are in need of psychological support. Screening results showed that 67%, i.e. **7 out of 10** respondents are under acute distress, meaning that they probably are in need of urgent psychological help or intervention in crisis.

After provision of support in crisis aiming to resolve the acute distress, it is necessary to continue monitoring person's condition and ensure access to continuous psychological support and specialized mental health services, if needed.



67%

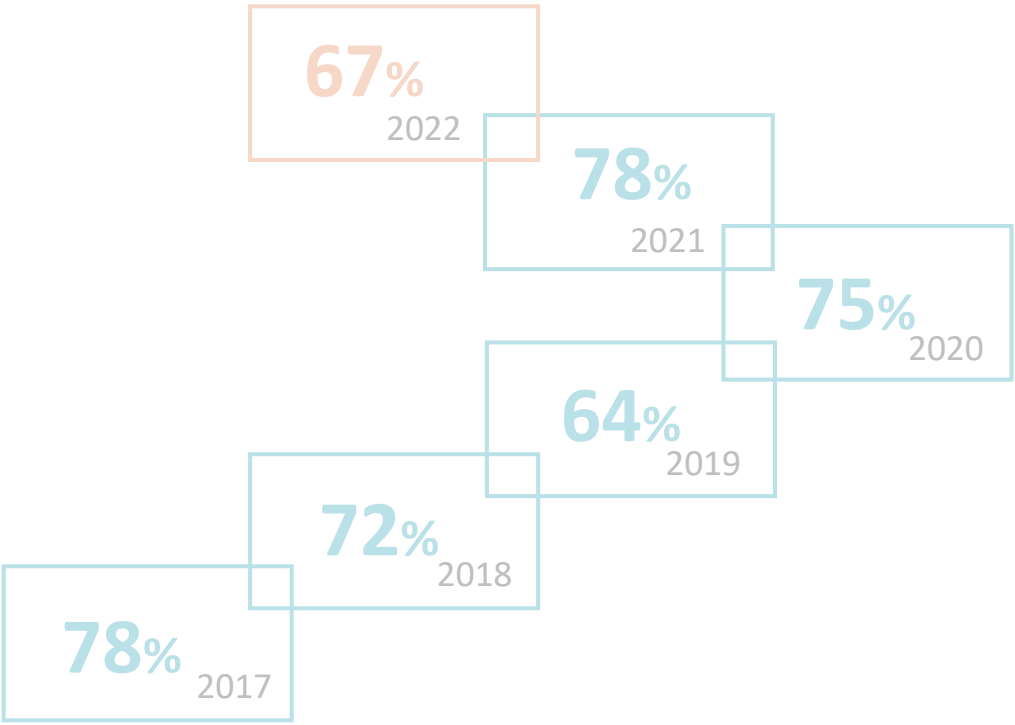
Respondents under acute distress

No difference between men and women or younger and older respondents was found when it comes to level of distress. On the other hand, those who experienced **pushback** were under significantly higher level of acute distress compared to those who haven't experienced this violent practice.

Psychological difficulties

Acute distress

As it is the case with psychological vulnerability, acute distress also showed mild, but stable decrease in the 2017-2019 period, followed by increase in the 2019-2021 period. The latest data from 2022 show that acute distress is once again in decline and is by 11% lower compared to 2021. Analogous to psychological vulnerability, change in acute distress trends could be explained by effects of COVID-19 pandemic.



Psychological difficulties

Depression

The most prominent psychological difficulties in refugee population are negative emotions and thoughts that are typical for depression. The key indicators of depression are depressed mood and/or reduced interest in daily activities. In addition to that, the person exhibits reduced levels of energy, increased fatigue, loss of self-esteem, and tendency to feel guilty about everything that has happened in the past or will happen in the future.

Mental health screening showed that 26%, i.e. **3 out of 10** respondents show pronounced symptoms of depression.

Additional analyses showed that there was no difference in the level of depression between man and women, as well as that the depression is not related to age. However, those who experienced **pushback** showed significantly higher levels of depression compared to those who haven't experienced this violent practice. Also, people suffering from any **chronic health condition** were more depressed than the refugees who had no such difficulties.

26%

Psychological difficulties

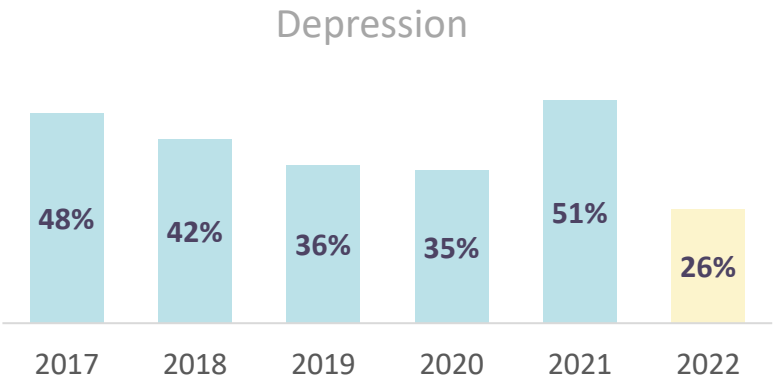


Chart 3 *Symptoms od depression 2017-2022*

Chart 3 shows change in the prevalence of depression symptoms over the previous 6 years, while Table 1 gives an overview of change in individual symptoms over the period of 3 years. Although depression indicators are still high, a slight decline of all depression indicators is observed.

Table 1 *Frequency of depression symptoms*

	2022	2021	2020
Feeling down, sad, or blue most of the time	47%	60%	55%
Feeling helpless	41%	62%	44%
Crying easily	29%	48%	35%
Faintness, dizziness, or weakness	22%	34%	31%
Muscle, bone, joint pains	38%	38%	25%

Psychological difficulties

Anxiety

Symptoms of anxiety often follow depressive mood and thoughts. Anxiety is an umbrella term used to describe psychological difficulties that are characterized by an unpleasant anticipation of negative outcome of future events accompanied by fear and/or intense fear caused by anticipated threat. The most typical indicators of anxiety are physical symptoms, such as heavy breathing, sweating, sickness, dizziness, etc.

Mental health screening showed that 21%, i.e. **2 out of 10** respondents have pronounced symptoms of anxiety.

The additional analysis showed there was no difference in the level of anxiety between man and women, as well as that the anxiety was not related to age. However, the same as with the other indicators of psychological difficulties, those who experienced **pushback** were significantly more anxious than those who haven't experienced this violent practice. Also, those suffering from any **chronic health condition** were more anxious than healthy refugees.

21%

Psychological difficulties

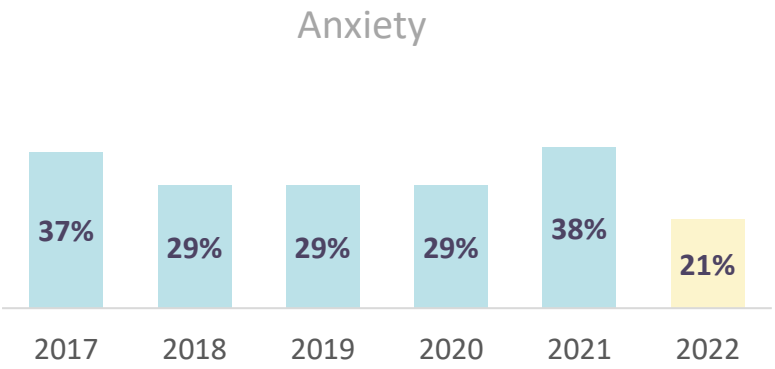


Chart 4 *Symptoms of anxiety 2017-2022*

Chart 3 shows change in the prevalence of depression symptoms over the previous 6 years, while Table 2 gives an overview of change in individual symptoms over the period of 3 years. Although anxiety indicators are still high, a slight decline in all anxiety indicators is observed.

	2022	2021	2020
Too much thinking or too many thoughts	76%	83%	74%
Suddenly scared for no reason	30%	46%	40%
Nervousness or shakiness inside	30%	40%	35%
Feeling restless, can't sit still	33%	50%	44%

Table 2 *Frequency of anxiety symptoms*

Psychological difficulties

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is a mental health disorder which occurs as a result of exposure to extreme stress i.e. following one or multiple traumatic events. Reponses to trauma vary significantly across survivors, thus one cannot expect everybody that went through traumatic experience to develop PTSD. Symptoms of PTSD include: intrusive and reoccurring involuntary memories of traumatic events, high reactivity to triggers which are in some way associated with traumatic experience, thus the tendency to avoid places and situations which resemble the context of the traumatic event. Additionally, it may include a wide range of negative thoughts and emotions, as well as the inability to recollect and accurately reflect upon certain segments of traumatic experience or event that occurred immediately before the trauma.

Mental health screening showed that 21%, i.e. **2 out of 10** respondents have pronounced symptoms of PTSD.

There were no differences in the level of PTSD symptoms in terms of gender or age, but it was observed that persons with the experience of **pushback** or any **chronic health condition** also had more severe PTSD symptoms.

23%

Psychological difficulties

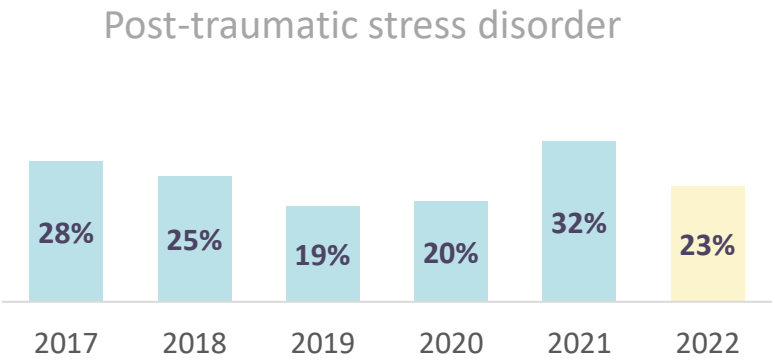


Chart 5 *Symptoms of PTSD 2017-2022*

Chart 5 shows change in the incidence of PTSD symptoms over the previous 6 years, while Table 3 gives an overview of change in individual symptoms over the period of 3 years. As it is the case with other psychological difficulties, a mild decline was also observed when it came to PTSD symptoms.

Table 3 *Frequence of PTSD symptoms*

	2022	2021	2020
Had the experience of reliving the trauma; acting or feeling as if it were happening again?	35%	42%	34%
Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	39%	51%	35%
Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	48%	59%	53%
Been jumpier, more easily startled (for example, when someone walks up behind you)?	33%	40%	29%

Positive psychological capacities

Psychological wellbeing

Besides assessment of psychological difficulties, it is also important to assess positive psychological capacities. Psychological wellbeing represents the extent of person's subjective experience, which is most commonly manifested as the feeling of calmness, good mood, cheerfulness and similar emotions.

Table 4 *Psychological wellbeing, % of "yes" responses*	2022	2021	2020
I feel cheerful and in good spirits	24%	19%	24%
I feel calm and relaxed	27%	18%	21%
I feel active end vigorous	33%	23%	25%
I feel fresh and well-rested	24%	15%	23%
My daily life is been filled with things that interest me	29%	19%	19%

The Table 4 tells us that just every third or fourth person reports that their psychological wellbeing is preserved. Also, **refugees with children** report lower psychological wellbeing compared to those without children, probably because of constant care for children's safety and security. This situation is particularly unfavourable when we consider that psychological wellbeing is an important factor for overcoming trauma and difficult experiences the refugees face. However, it has also been observed that psychological wellbeing is slightly increasing compared to previous years. Therefore, in spite of high vulnerability and stress they are being exposed to, the refugees are capable of even maintaining a certain level of resilience, which protects them from further deterioration.

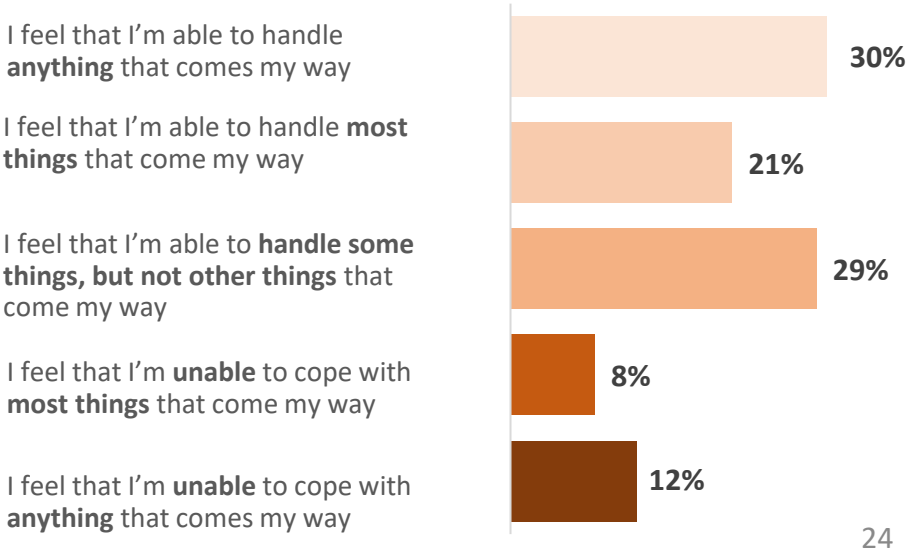
Positive psychological capacities

Coping capacities

Stress coping is the ability of a person to adaptively use different behaviours, ways of thinking and emotion control to overcome life difficulties. It comprises of different strategies people apply when they face stress and/or trauma in order to manage stressful events and preserve emotional wellbeing.

The results of the assessment (Chart 6) show that half of refugees feel that they have the capacities to deal with future challenges and obstacles, which speaks of their strength and capacity. On the other hand, 20% of refugees feel they lack the ability to cope with the most, if not all obstacles in life, which could mean they would benefit from additional psychological support and empowerment. **Women** and **persons with chronic diseases** show lower capacity to cope with stress. Also, the more often a person experienced **pushback** the lower his/her stress coping capacity was.

Chart 6 *Coping capacities*



Positive psychological capacities

Coping capacities

Table 5 gives an overview of changes in stress coping capacities over the previous 3 years. There is noticeable rise in the percentage of refugees stating they have the capacity to cope with anything or with most things that come their way. At the same time, there is a decline in the percentage of refugees that state they lack the capacity to cope with the most things or anything that comes their way. It is assumed that these declines are caused by slowing down of corona virus pandemic, which had adverse effect even on the mental health of refugees. However, stress coping capacities of refugees remain at low level and require additional efforts to be put in changing of the current situation.

Table 5 Stress coping capacity, 2020 - 2022

	2022	2021	2020
I feel that I'm able to handle anything that comes my way	30%	15%	17%
I feel that I'm able to handle most things that come my way	21%	10%	32%
I feel that I'm able to handle some things, but not other things that come my way	29%	33%	29%
I feel that I'm unable to cope with most things that come my way	8%	23%	15%
I feel that I'm unable to cope with anything that comes my way	12%	19%	7%

Positive psychological capacities

Hope

It has been shown that the feeling of hope can be an important support pillar in the life of refugees but also contribute to psychological adaptation, especially in situations of uncertainty which is quite common for persons in refuge. Hope is almost always related to some specific goal that is of life importance for the refugees (e.g. avoid war or leave the country of origin). Hope plays a very important role in this process of meeting the goal - on one hand, it motivates a person to continue with certain activities that increase the probability of success and, on the other hand, hope is the source of psychological comfort that calms the person down. As previously mentioned, hope has two aspects - agency and pathway.

Tables 5 and 6 show that respondents mostly have a preserved feeling of hope, although there is still room for improvement. The hope is an important resource that may be used as the basis for treatment of refugees' psychological difficulties.

Table 6 Agency, % of respondents that responded with "mostly true/definitely true"

I energetically pursue my goals.	61%
I meet the goals that I set for myself.	59%
My past experiences have prepared me well for my future.	64%
I've been pretty successful in life.	50%

Table 7 Pathway, % of respondents that responded with "mostly true/definitely true"

I can think of many ways to get out of a jam.	50%
There are lots of ways around any problem.	54%
I can think of many ways to get the things in life that are important to me.	69%
Even when others get discouraged, I know I can find a way to solve the problem.	64%

Positive psychological capacities

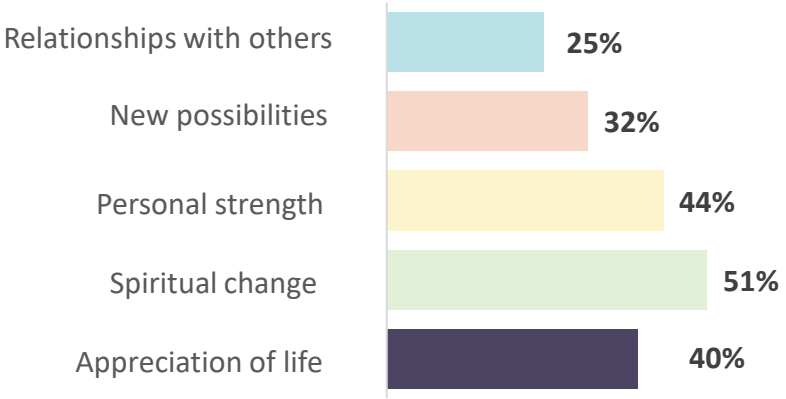
Post-traumatic growth

Stressful and traumatic events have been experienced by almost every refugee during his/her travel. According to previous PIN study, 96% of refugees had at least one traumatic experience. Trauma is an extremely unpleasant experience that can contribute to mental health difficulties, but there are also certain positive capacities that can be developed and strengthened as a result of trauma, such as change in self-perception.

Post-traumatic growth can be seen through 5 factors: relationships with other, new possibilities, personal strength, spiritual change and appreciation of life.

Chart 7 shows that the refugees have also developed some significant positive changes as the consequence of their traumatic experiences during travel. These capacities are an important factor that can contribute to protection of mental health and it is important to further develop and strengthen them, parallel with the treatment of psychological difficulties.

Chart 7 *% persons who think they developed these capacities as the result of travel experiences to "high" or "very high extent"*



Conclusion and practical implications

Which **psychological difficulties** refugees most commonly face?

It has been found that the most common psychological difficulties are the symptoms of depression, i.e. feeling sad and blue, lack of energy, loss of interest in everyday activities, frequent crying, as well as the feeling of helplessness. Moreover, symptoms of anxiety and post-traumatic stress disorder are also relatively common, which means that it is not a rare occurrence for refugees to feel frightened without apparent reason, nervous, upset and having many thoughts constantly swirling in their hand, but also to relive their traumatic experience, be excessively irritable or otherwise emotionally numb, as the consequence of trauma. In addition to that, 8 out of 10 refugees are psychologically vulnerable, while 7 out of 10 are under acute distress.

These results have significant implications on practices and policies in Serbia, but in other countries in the region, as well. In particular:

- It is necessary to **increase availability** of services that are focused on mental health of refugees.
- It is necessary to ensure **a wide range of available psychosocial services** - from first psychological assistance that primarily focuses on reduction of acute distress to specialized psychological assistance that focuses on chronic psychological difficulties, but also monitoring of person's condition after an acute crisis.
- It is necessary to ensure the **continuity** of services, because only a long-term treatment can have effect on difficulties such as depression, anxiety, PTSD and long-term vulnerability.
- It is important to meet the need for **psychiatric treatment**, because the persons that have been identified as depressed, anxious and having PTSD symptoms have higher probability of being diagnosed with psychiatric disorder.

Which **psychological difficulties** refugees most commonly face?

These results should also serve as important information for anyone who is working with refugees, helping them to develop their sensitivity to psychological difficulties the refugees face.

Below are a few examples of indications of mental health difficulties, that may also be misinterpreted by persons working with refugees (e.g. lawyers, doctors, social workers, teachers, staff in reception and asylum centres).

- If a refugee shows lack of will, hope in recovery and lack of interest to continue with treatment of somatic disease, this may be an indicator of depression symptomatology. If a person exhibits such behaviour he/she should be referred to a psychologist or psychiatrist who would assess his/her condition, but shouldn't necessarily be interpreted as an authentic sign of a person being unwilling to continue with treatment.
- If a person has second thoughts about whether he/she should start with or withdraw from the asylum procedure, because he/she feels upset, afraid that something will not go as planned or go wrong, has somatic symptoms such as convulsions, nervousness, shivering and worry, these might be the symptoms of hightened anxiety. In that case, the person should be provided with adequate treatment and assessment by a professional. Such behaviour shouldn't be interpreted as a sign that a person doesn't want or doesn't need international protection, but rather as a possible consequence of anxiety that requires treatment.
- If a child from refugee population, who was granted asylum and enrolled into school exhibits any form of risky behaviour, such as abuse of psychoactive substances, avoiding problems or stressful situations, is impulsive and shows lack of adequate emotional regulation - such behaviour may be a reaction to trauma experienced by the child, although people are often inclined to interpret such behaviour as the result of child being spoiled, rude or having limited moral and intellectual capacities. Such behaviour may be a "cry for help" and the child should be referred to a professional.

Psychological difficulties and asylum procedure

- General recommendations -

Considering that the asylum procedure bring along additional risk to mental health issues, as well as that the course and outcome of asylum procedure and mental condition of asylum seeker are interconnected, it is necessary to make the asylum procedure as sensitive as possible to mental health issues and ensure adequate psychological support.

This includes, but is not limited only to: improvement of asylum procedure efficiency, particularly having in mind that it has been proven that long asylum procedure can have negative effects on mental health of asylum seekers; limiting the number of testimonies about traumatic experiences, during which asylum seekers have to repeat the statements on trauma they have experienced, which can lead to retraumatization; limiting the maximum duration of interviews and hearings, as well as defining and respecting the rules about making compulsory breaks, considering how cognitively and emotionally demanding the procedure is for the asylum seekers and that the psychological vulnerability may also be experienced as high fatigue or difficulties with remembering and concentration; ensure that representatives of asylum office, legal representatives and interpreters receive sensitivity training regarding mental health issues allowing them to adequately understand and consider such issues, thus ensuring an unbiased and informed decision-making about international protection; continue with the existing practice of taking into account psychological assessment during the asylum procedure; psychologically preparing the asylum seekers for the asylum procedure, as well as providing continuous psychological support during and after the procedure, regardless whether the decision was positive or negative, since both types of decision cause stress and lead to changes that may be risk factors for mental health.

What are the specific **subgroups** of refugees that are **at higher risk** of developing psychological difficulties?

The results unequivocally show that persons who experienced pushback or persons suffering from any chronic issue (usually somatic) are under increased risk of developing a psychological issue. These two categories of refugees have shown higher levels of psychological vulnerability, depression, anxiety and symptoms of post-traumatic stress disorder. These two categories of refugees have also showed lower coping capacities. Higher level of acute distress was shown only by refugees that experienced pushback, which was expected, considering that this practice is highly stressful, violent and acute by its very nature.

Additionally, persons with children showed lower level of wellbeing, possibly due to additional concerns regarding children safety. Finally, women showed lower coping capacities.

Based on the results, the existing practices and policies should adopt the following recommendations:

- Although it is necessary to ensure that services are available and accessible to all refugees, it is important to allocate **additional resources to the abovementioned categories** in order to ensure that services correspond to everyone's needs. Therefore, persons that experienced pushback, persons suffering from chronic diseases, women and persons with children are at higher risk of developing psychological difficulties.
- As a response to high demand for additional support from persons who experienced pushback, it is necessary to form **mobile psychological support teams** that would cover border crossings and reception centres, as well as informal refugee communities near border crossings.
- Considering that there is a higher probability of refugees with chronic health difficulties requesting help from a doctor, it is necessary to further **promote sensitivity and educate doctors** and other medical professional to be able to recognize symptoms of psychological difficulties and refer such persons to psychologist or psychiatrist.

What are the most prominent **strengths and positive psychological capacities** of refugees?

The results of our study strongly underline the fact that the refugees should not be seen solely through the lens of psychopathology and lack of capacities, but also through various positive psychological capacities, resources and strengths that may be exhibited at the same time.

It was found that every other person reported having the psychological capacity to deal with anything or most things that come his/her way, while between 25 and 51% of refugees stated that they their psychological functioning in a way positively changed as a consequence of the trauma they experienced. Also, it has been observed that most refugees have preserved a feeling of hope for the future.

On the other hand, it has been determined these psychological capacities have to be further improved, in particular because the study showed that one in five persons stated they lacked the capacity to cope with anything or most things that came their way, but also because of the fact that most respondents had low level of self-reported wellbeing.

- Considering the high potential positive psychological capacities have on overcoming of psychological difficulties and in protecting a person from further deterioration, it is recommended to **develop psychosocial support programs** which would focus on improvement of positive psychological capacities of refugees.

The necessity of **systemic** action

Finally, it is necessary to be aware that mental health is impossible to improve just by making services focused on mental health more available, while taking no action regarding the broader systemic factors and 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 favourable for prevention and reduction of psychological difficulties and for improvement of psychological wellbeing. It is also necessary to ensure multisectoral and multidisciplinary approach to protection of refugees.

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