

Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe

A MULTI-AGENCY GUIDANCE NOTE



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This brief guidance note seeks to provide advice on protecting and supporting the mental health and psychosocial wellbeing of refugees, asylum-seekers and migrants in Europe. It describes key principles and appropriate interventions to guide all those who are designing and organizing emergency services and/or providing direct assistance to the affected people.

An unprecedented number of individuals and families, including increasing numbers of children, from the Middle East, Africa and Central Asia, have crossed the Mediterranean and Aegean seas in an attempt to reach safety and security in Europe. In 2015, more than 3,500 people drowned or went missing in the process¹. Currently hundreds of thousands of women, men, girls and boys, legally defined as refugees, asylum seekers and migrants, are on the move within European territories on their way to a destination country. Amidst the multiple needs of these populations, due attention must be given to the protection of their mental health and psychosocial wellbeing^{2,3}.

Challenges to mental health and psychosocial wellbeing

Refugees and migrants who come to Europe often faced war, persecution and extreme hardships in their countries of origin. Many experienced displacement and hardship in transit countries and embarked on dangerous travels. Lack of information, uncertainty about immigration status, potential hostility, changing policies, undignified and protracted detention all add additional stress. Forced migration erodes pre-migration protective supports – like those provided by extended family - and may challenge cultural, religious and gender identities.

Forced migration requires multiple adaptations in short periods of time. People - especially but not only - children, become more vulnerable to abuse and neglect. Pre-existing social and mental health problems can be exacerbated. Importantly, the way people are received and how protection and assistance is provided may induce or aggravate problems, for example by undermining human dignity, discouraging mutual support and creating dependency. An acute sense of urgency among the people on the move may prompt them to take extreme medical and psychosocial risks and their fast-paced mobility through several countries, leaves only very little time for service provision.

Common mental health and psychosocial responses

Refugees and migrants may feel overwhelmed or confused and distressed, and experience extreme fear and worries, outbursts of strong emotions such as anger and sadness, nightmares and other sleep problems. Initially, on immediate arrival in Europe, some may be elated. Many are affected by multiple losses and are grieving for people, places and life left behind. They may feel fearful or anxious, or numb and detached. Some people may have reactions that affect their functioning and thinking capacities and therefore undermine their ability to care for themselves and their families and cope with dangers and risks on their path. It is important to realize that many stress responses are natural ways in which body and mind react to stressors and should not be considered abnormal

in highly demanding circumstances. The effects of stress can be buffered by basic services, safety, and social support. Rates of disorders related to extreme stress, such as posttraumatic stress disorder (PTSD), are higher in refugees than in people who are not forcibly displaced. However, for most refugees and migrants potentially traumatic events from the past are not the only, or even most important, source of psychological distress. Most emotional suffering is directly related to current stresses and worries and uncertainty about the future. Being a refugee or a migrant does not, therefore, by itself, make individuals significantly more vulnerable for mental disorders, but refugees and migrants can be exposed to various stress factors that influence their mental wellbeing.⁴

Key Principles for promoting mental health and psychosocial well being

There is no single way or model to provide mental health and psychosocial support to refugees and migrants on the move in Europe – but the following good practice principles have been agreed upon by organizations working in this field to guide the response and to prevent inadvertently doing harm:

1. Treat all people with dignity and respect and support self-reliance

In chaotic and overwhelming situations, helpers may focus solely on what they think needs to be done, without sufficient attention to how their activities may be experienced by refugees and migrants. It is important to provide services in dignified ways with respect for the autonomy and privacy of the person. Everyone, including children, people with specific needs, or minority groups have a right to be treated with equity and without discrimination. Wherever possible, support should enable people to choose how they would like to do things in order to maintain a sense of personal control. Importantly, this includes consulting with refugees and migrants to identify their needs and capacities, and build the assistance around their suggestions. This is a prerequisite for good psychosocial support but difficult to realize when people do not stay long in one place.

- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings - (IASC, 2007). This document is endorsed by more than 35 organisations involved in humanitarian assistance. It provides essential guidance for multi-sector responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.

2. Respond to people in distress in a humane and supportive way

All involved in supporting refugees and migrants should know how to assist people in acute distress and alleviate their stress where possible. Psychological first aid (PFA) is a set of simple rules and techniques that can be used by anyone (non-professionals and professionals) to respond to people in distress. Facilitating PFA training workshops, for a half to two days, can be an effective way to foster specific interpersonal skills in responders, including volunteers, government officials, police officers and border guards.

- Psychological First Aid. Guide for Field Workers (WHO, World Vision and War Trauma Foundation, 2011) – Guide with simple instructions how to provide humane, supportive and practical help to adults and children suffering serious crisis events. A range of translations of this document are available on this website.
- Psychological First Aid. Pocket Guide – one page of key principles
- Psychological First Aid for Children – (Save the Children, 2013) aims at developing skills and competences to reduce the initial distress of children who have recently been exposed to extremely stressful events.

3. Provide information about services, supports and legal rights and obligations

A major source of stress for people on the move is the lack of information. Provision of up-to-date factual information about where and how assistance can be obtained, can greatly reduce distress in a constantly changing situation. Such information can be provided through physical

access points, leaflets, radio, TV, and telephone and Internet. Helpers need to be able to provide adequate facts and refer people to places where they can obtain information. Access to information technology, telephones and phone charging services is vital to help people find information themselves and contact others. Information must be understandable for all different groups on the move, such as children, people with disabilities, people who do not read or older people.

- [UNHCR Mediterranean Portal](#) – for up-to-date information on the Refugees and Migrants Emergency in Europe
- [MHPSS.net Mediterranean Migration Crisis On-line group](#) – web-space for connecting with people and resources
- [ACAPS Briefing #MIGRATIONCRISIS](#) – crisis overview
- [REACH](#) – online crisis mapping tool
- [Inter-agency Information Sharing Portal](#) for the Syria Regional Refugee Response for up-to-date information on the Syria refugee crisis

4. Provide relevant psycho-education and use appropriate language

It can be important to help refugees and migrants to understand the sometimes overwhelming feelings that naturally arise from the many stressors they face. For example, people may experience changes in sleep and eating habits or be quickly in tears or easily irritated. It can be helpful to reassure people of the normality of many of these reactions and provide simple ways to cope with distress and negative feelings.

Given the high mobility of this population, providing brief and practical information in languages that people in this situation can understand is helpful. Information should use everyday language and avoid using clinical terms outside clinical settings. Most importantly, do not use words like ‘traumatized’, ‘psycho-trauma’, ‘PTSD’ to denote a whole population.

- [Self-help book for men facing crisis and displacement](#) (IOM, 2015) - a booklet to help Syrian men understand and cope with the thoughts, feelings and emotions in a time of crisis. ([Arabic version](#))

5. Prioritize protection and psychosocial support for children, in particular children who are separated, unaccompanied and with special needs

Unaccompanied children, those who have been separated from their family or caregivers during the move and children who started their journey unaccompanied but are currently traveling with people, as well as children with special needs such as disabilities can be exposed to abuse, violence and exploitation. Identification and registration of children can enable their protection and save lives. Providing assistance adapted to children’s specific needs, such as help with contacting family, guidance on their options, legal advice and appropriate shelter will encourage unaccompanied or separated children to register. This support, along with nutrition support, safe water, rest and play, warm clothes can be provided through children and family support hubs.

- [Inter-agency guiding principles on unaccompanied and separated children](#) (2004)
- [Working with the unaccompanied child](#), (CONNECT Project, 2014)- a tool for guardians and other actors working for the best interest of the child
- [Alternative Care in Emergencies Toolkit](#) (Interagency Working Group on Unaccompanied and Separated Children, 2013)

6. Strengthen family support

Help keep families together. Where families have become separated connect them with family reunification services. It is important that children are kept with their parents in all kinds of circumstances. The migration process can undermine supportive links between family and community members. Family and social supports are the best protection in response to distress and attachment to a caring adult is a key protective factor for children. Where family reunion is not possible, alternative care arrangements should be in the best interest of the child and provide the

option of returning to family or extended family as a priority. If families experience the death of a loved one during their journey, facilitate dignified burials and mobilize people from the same religious background to attend burials and support families.

- Trace the face – Migrants in Europe. Restoring family links ICRC – family reunification service for people missing in connection with conflicts, natural disasters or migration
- Broken Links: Psychosocial support for people separated from family members, IFRC Reference Centre for Psychosocial Support, 2014

7. Identify and protect persons with specific needs

Even during short stays, people who are much more at risk than others should be identified and offered referral to protection and social services. This can, in certain cases, be lifesaving. People who may be particularly vulnerable include children who travel alone, older people, people with disabilities, pregnant women, victims of torture, victims of trafficking, survivors of sexual and gender-based violence (SGBV) and persons with diverse sexual orientation and gender identity. Seek out feedback on interventions from participants and pay special attention to enabling vulnerable groups to share their opinions.

- Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery (IFRC 2015)
- Mental health and psychosocial support for conflict-related sexual violence: 10 myths (WHO, UNFPA, UNICEF, UNAction, & UNHCR 2012)

8. Make interventions culturally relevant and ensure adequate interpretation

The provision of mental health and psychosocial support must be tailored to the needs of the people it serves. MHPSS helpers should therefore familiarize themselves with the background of the people they work with. Where possible, interventions should be planned with input from people directly affected by the situation.

Use of community or family members as interpreters is best avoided and trained interpreters should be used, ideally from the countries of origin of migrants. With training and supervision, some interpreters can have a more comprehensive role as cultural mediators. A cultural mediator serves as intermediary between a person and a service provider using knowledge of the values, beliefs, and practices within their own cultural group, along with knowledge of different care systems in the host context. Cultural mediators have been used effectively for refugee and migrant care in European countries and can be accessed through existing professional associations and networks.

- 'Culture, context and the mental health and psychosocial wellbeing of Syrians' (UNHCR, 2015) - a review for mental health and psychosocial support staff working with Syrians affected by armed conflict

9. Provide treatment for people with severe mental disorders

Treatment can only be provided by certified clinicians, and in accordance with national regulations. Where possible, refer people with severe mental disorders to appropriate secondary services. This may include people with pre-existing disorders in relapse or crisis, people with psychotic symptoms, people who are unable to function, or who are at risk of harming themselves or others and also substance users in abstinence due to the crisis.

When referral is not possible and immediate treatment has to be provided, consider prescribing medication that is likely to be available in other countries, such as those from the WHO list of essential medicines. It is important to provide a list of essential medicines at health posts in arrival and transit areas. A pharmacological prescription should not only include the name of the medication but also its composites, in order to make identification easier. Give all patients a written text about the prescription to show at border checks. Use simple health travel cards to enable refugees and migrants to carry information with them about their medical problems and the required treatment.

- mhGAP Humanitarian Intervention Guide - Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies (WHO& UNHCR, 2015)
- WHO Model List of Essential Medicines (WHO, 2015)
- Personal Health Record' Handbook - to document information that will assist health professionals to obtain a comprehensive view of the migrants' health status, needs and medical history (IOM & EU).

10. Do not start psychotherapeutic treatments that need follow up when follow up is unlikely to be possible

A major impediment to most conventional psychotherapeutic interventions for people 'on the move' is that these often require multiple sessions. Therefore, therapeutic techniques need to be adapted to the fact that the first time you see a person may be the last. Do not inadvertently harm the person by encouraging them to talk about difficult experiences outside a stable, clinical context. Do not use trauma-focused single-session interventions, including but not limited to critical incident stress debriefing.⁵ In general, multiple session psychological therapies should only be considered when the person is in a stable situation.

11. Monitoring and managing wellbeing of staff and volunteers

Staff and volunteers providing assistance to refugees and migrants on the move will be repeatedly exposed to tales of terror and personal tragedy. They may live and work under physically demanding and unpleasant working conditions, characterized by heavy workloads, long hours, lack of privacy and personal space. Helpers might experience moral anguish over the choices they have to make. These stressors may have adverse consequences such as anxiety and depressive feelings, psychosomatic complaints, over-involvement with beneficiaries, callousness, apathy, self-destructive behavior (such as alcohol or other substance abuse) and interpersonal conflicts.

Humanitarian workers should be alert to signs of stress within themselves and colleagues. Team managers should monitor their staff, through informal observation and periodic routine inquiry or by organizing informal or formal group stress evaluation sessions. A supportive, inclusive and transparent organizational climate protects staff and volunteers.

- Managing stress in humanitarian workers (Antares Foundation, 2012) – guidelines for good practice
- Psychological First Aid for Children – (Save the Children, 2013) Section C – One-day training on stress management for staff

12. Do not work in isolation: coordinate and cooperate with others

Many people are involved in the provision of assistance to refugees and migrants on the move. Some are part of large organisations and others work alone or in small informal networks. It is important that helpers connect with each other and learn from the work others are already doing, so that their work does not overlap or leave major gaps. Mental health professionals such as psychologists, psychiatrists, counsellors, assisting refugees and migrants on the move in Europe should connect with existing organisations and not provide professional MHPSS work outside a supportive organisational environment and governmental endorsed structures.

- MHPSS.net - Mental Health and Psychosocial Support Network – for connecting with people and resources

Notes:

1: <http://data.unhcr.org/mediterranean/regional.php>. (Accessed 22 Nov 2015). 2015.

2: IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: Inter-Agency Standing Committee. 2007

3: Child Protection Working Group. Minimum standards for child protection in humanitarian action: CPWG, 2012.

4: World Health Organisation Regional Bureau for Europe. Policy brief on migration and health: mental health care for refugees. Copenhagen: WHO-EURO, 2015.

5: Rose, S., Bisson, J., & Wessely, S. Psychological debriefing for preventing post-traumatic stress disorder (PTSD). 2002