

Mental Health and Psychosocial Support For Refugees, Asylum-Seekers And Migrants on the Move In Europe

A Multi-Agency Guidance Note

In December 2015, a group of 24 organisations involved in the humanitarian assistance to refugees, asylum-seekers and migrants in Europe contributed to creating a guidance note. 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. (This is an edited version of the original, details to obtain the complete document (in several languages) are included below.)

An unprecedented number of individuals, families and 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. Amidst the multiple needs of these populations, due care and attention must be given to the protection of their mental health and psychosocial wellbeing.

Challenges to mental health and psychosocial wellbeing

Often, refugees and migrants coming to Europe are fleeing war, persecution and extreme hardships, only to experience dangerous travel, displacement and further hardship in transit countries. Lack of information, uncertain immigration status, potential hostility, changing policies, undignified and protracted detention on arrival, all add additional stress. Furthermore, forced migration erodes pre-migration protective supports (such as extended family and communities) and may challenge cultural, religious and gender identities. Forced migration also requires multiple adaptations within rapid succession, with vulnerable populations (such as children) at higher risk of abuse and neglect. Pre-existing social and mental health problems can be exacerbated, reception conditions may induce or aggravate problems, undermine human dignity, discourage mutual support or create dependency. Acute urgency in transit may prompt extreme medical and psychosocial risks, while the inherent high mobility leaves little time for service provision.

Common mental health and psychosocial responses

Refugees and migrants may feel: overwhelmed, confused, distressed, extreme fear, anger, sadness, numb, detached or elated. Nightmares or other sleep problems may occur. Many are affected by multiple losses and are grieving for people, places and life left behind. Some may have reactions that affect functioning and thinking capacities, thereby undermining their ability to care for themselves and their families, or cope with dangers and risks on their path. It is important to realise many stress responses are natural ways in which body and mind react to stressors and should not be considered abnormal. The effects of stress can be buffered by basic services, safety and social support.

Rates of mental health disorders, such as posttraumatic stress disorder (PTSD), are higher in refugees than in people who are not forcibly displaced. However, traumatic events are not the only, or even most important, source of psychological distress. Most emotional suffering is directly related to current stressors and uncertainty for the future, which can influence mental health and wellbeing.

Key principles for promoting mental health and psychosocial wellbeing

There is no single method to provide mental health and psychosocial support to this population, but the following good practice principles are agreed by organisations in the field to guide response and prevent harm.

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

In chaotic and overwhelming situations, it is important to provide services with respect for autonomy, privacy and individual dignity. Everyone, including children, people with specific needs and minority groups have the right to be treated without discrimination and, whenever possible, to enable a sense of personal control through consultation to identify needs and capacities.

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

Providing support to refugees and migrants should aim to alleviate acute distress and stress. Psychological first aid (PFA) can be used by both non-professionals and professionals. Facilitating PFA trainings can be an effective way to foster skills in responders, volunteers, government officials, police officers and border guards.

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

Provision of up-to-date, factual information can greatly reduce distress in a constantly changing situation. Information can be provided through physical access points, leaflets, radio, TV, telephone and/or Internet and must be accessible to all groups, including children, people with disabilities, those who do not read and older people. Access to phone charging services is vital.

4. Provide relevant psycho-education and use appropriate language

It is important to help refugees and migrants understand that overwhelming feelings naturally arise from the many stressors they face. 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. Provide brief, practical information in a variety of languages, using everyday language. Do not use words like 'traumatised', 'psycho-trauma', or 'PTSD' to denote a whole population or clinical terms outside of a clinical setting.

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

Unaccompanied children (i.e. those separated from family or caregivers, or who travel alone), as well as children with special needs or disabilities can be exposed to abuse, violence and exploitation. Identification and registration can enable protection and save lives. Help contacting family, providing guidance, legal advice and appropriate shelter will encourage unaccompanied or separated children to register. This support, along with nutritional support, safe water, rest, play and warm clothes can be provided through children and family support hubs.

6. *Strengthen family support*

Help keep families together and ensure children remain with their parents. Connect separated family members with reunification services. The migration process can undermine supportive links between family and community members. Family, social supports and a caring adult are key protective factors 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, facilitate dignified burials and mobilise people from the same religious background to attend burials and help support families and individuals.

7. *Identify and protect persons with specific needs*

Even during short stays, people who are more at risk than others (children travelling alone, the elderly, those with disabilities, pregnant women, survivors of torture, trafficking, sexual or gender based violence, as well as those with diverse sexual orientation or gender identity) should be identified and offered referral to protection and social services. This can save lives. Pay special attention to enabling vulnerable groups to share their opinions.

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. Interventions should be planned with input from people directly affected, using trained interpreters from the countries of origin of migrants. Interpreters (with training) can also act as cultural mediators (an intermediary between migrants and a service provider), using knowledge of values, beliefs and practices within their own cultural group, as well as different care systems within the host context.

9. *Provide treatment for people with severe mental disorders*

Treatment can only be provided by certified clinicians, and in accordance with national regulations. Refer people with severe mental disorders to appropriate secondary services. This may include people with pre-existing disorders in relapse or crisis, with psychotic symptoms, or who are at risk of harming themselves or others, or unable to function. When referral is not possible and immediate treatment is required, consider prescribing medication from the WHO list of essential medicines, with prescriptions including composites of the medication. Give all patients a travel card including: prescriptions, medical issues and required treatment.

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

Therapeutic techniques need to be adapted to the fact that the first time you see a person may be the last. Do not cause inadvertent harm encouraging people 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. 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 will be repeatedly exposed to tales of terror and personal tragedy, may live and work under physically demanding and unpleasant working conditions. Helpers may experience moral anguish over the choices they have to make, with adverse consequences (including: anxiety, depression, over-involvement with beneficiaries, callousness, apathy, or self-destructive behaviour). Humanitarian workers should be alert to signs of stress within themselves and colleagues, and team managers should monitor staff and volunteers.

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, and it is important they connect with each other so work does not overlap or leave major gaps. Mental health professionals, such as psychologists, psychiatrists or counsellors, should connect with existing organisations and not work outside supportive organisational or government endorsed structures.

The original, complete document, which contains links to many key resources, may be downloaded from mhps.net:

<http://mhps.net/an-interagency-guidance-note-mhps-for-refugees-asylum-seekers-and-migrants-on-the-move-in-europe-will-be-available-soon/>

Here you can also find translations in Arabic, Croatian, German, Greek, French, Italian, Portuguese, Serbian, Slovenian and Spanish.