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 wellbeing²³.

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.

- <u>Psychological First Aid. Guide for Field Workers</u> (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
- <u>Psychological First Aid for Children</u> (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.

- <u>UNHCR Mediterranean Portal</u> for up-to-date information on the Refugees and Migrants Emergency in Europe
- <u>MHPSS.net Mediterranean Migration Crisis On-line group</u> web-space for connecting with people and resources
- ACAPS Briefing #MIGRATIONCRISIS crisis overview
- REACH online crisis mapping tool
- <u>Inter-agency Information Sharing Portal</u> 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.

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

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.

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