



“MENTAL HEALTH ON THE MOVE”

Médecins du Monde/Doctors of the World's analysis of migrants and refugees' mental health in Bosnia and Herzegovina

**Findings based on MDM Mental Health and Psychosocial Support (MHPSS)
activities in 5 Temporary Reception Centres (TRC) in Bosnia and Herzegovina
during the period January – July 2021**

August 2021

FOREWORD

When People on the Move finally reach the borders of the European Union, they have lived through traumatic experiences in extreme conditions, they have survived a perilous journey and see themselves stranded in difficult living conditions. While searching for safety and dignity, they face the reality of fear and worry about their future, and the prolonged state of insecurity and uncertainty exposes them to serious risks for their mental health, including long lasting effects caused by post-traumatic stress disorders, anxiety, and depression.

At the same time, COVID-19 restrictions impact the mental health of people as limitations of movement, confined spaces, and discriminatory measures if compared to the ones imposed on the general population build on previous traumatic experiences.

As a member of the international and national coordination mechanisms focusing on the mental health of People on the Move, Médecins du Monde / Doctors of the World Belgium (MDM) advocates for suitable living conditions, policies that respect the dignity of the people, and promotes mental health awareness.

The observations reported by MDM Psychologists are the basis for the present report and were collected, systematized, and analyzed in quantitative and qualitative data during the period January – July 2021, in 5 Temporary Reception Centers (TRC) in Bosnia and Herzegovina (BiH) in Una Sana Canton (USC: TRC Miral, Borići, Sedra) and Sarajevo Canton (SC: TRC Blažuj, Ušivak).

EXTERNAL FACTORS IMPACTING THE MENTAL HEALTH OF MIGRANTS AND REFUGEES IN BOSNIA-HERZEGOVINA

Contextual factors

Violence, political tension, hostile environment, lengthy asylum processes negatively affect the mental health of people on the move, most of whom are already traumatized by the perils of their migration journey.

The recent report by Ambassador Drahošlav Štefanek, Special Representative on Migration and Refugees of the Council of Europe Secretary General, found that during the initial phase of the migratory influx (beginning of 2018), the population in BiH reacted with welcoming attitude, helping people on the move, and making sure that they had the essentials to live. However, this positive attitude has changed through time, manifesting through public rallies against arrivals of people on the move, their accommodation in reception centres in urban areas, xenophobic attitudes, etc. With increasing pressure due to the number of arrivals, Una-Sana Canton authorities have adopted measures which included “the prohibition of new arrivals into the canton, ban on transporting migrants and refugees including in public transport and taxis, ban on their gathering in public places and prohibition of providing them with private accommodation¹. Police have set up roadblocks to prevent new arrivals, raided squats and private houses and forcibly removed migrants and refugees occupying them without providing alternative accommodation. Meanwhile, self-organised vigilante groups have intercepted buses and pulled off migrants and refugees leaving many of them, including families with children, stranded”².

Between September 2020 and June 2021, three reception centers have been closed, drastically reducing the number of available accommodation spaces in Una-Sana Canton: TRC Bira in September 2020, ETC Lipa in December 2020, TRC Sedra in June 2021. The first two closures left a considerable amount of people without access to basic services and increased the number of people living rough in out of site locations, exposed to the harsh winter temperatures and weather conditions (especially in the case of ETC Lipa).

Despite the availability in Bosnia-Herzegovina of legal mechanisms envisaging people on the move's rights and protection, the asylum process is in practice lengthy and bureaucratic. According to UNHCR data, out of the 1855 people arrived in BiH during June 2021, 1803 persons (97%) expressed the intention to seek asylum. However, “The length of the asylum procedure from registration of a claim with the Sector for Asylum to the issuance of a first instance decision remains a key concern. For decisions issued in June, the average processing time was 403 days, however, when you remove those processed in the Immigration Centre, which are assessed in an accelerated procedure, the number increases to 610 days. Overall, processing times have nearly doubled since 2018 [...]. Long processing times result in the vast majority of asylum seekers abandoning the procedure before a decision is issued”³.

¹Operativna grupa za koordiniranje aktivnosti i nadzora nad migrantskom krizom na području Unsko-sanskog kantona - VLADA USK

²Council of Europe, Report of the fact – finding mission by Ambassador Drahošlav Štefanek, Special Representative on Migration and Refugees of the Secretary General, January 2021

³UNHCR, Operational Update BiH, June 2021

The patterns of human rights violations reported in the first half of 2021 during the attempts to cross the border between Bosnia-Herzegovina and the European Union, resemble the ones recorded throughout previous months and years.

The right to asylum and to legal remedies, and the principle of non-refoulement are systematically violated during pushbacks, despite being guaranteed to every human being, irrespectively of whether the person crosses the border irregularly, by the Universal Declaration of Human Rights, the European Convention of Human Rights, the 1951 Refugee Convention and its 1967 Protocol⁴. Additionally, the systematic nature of abuses continues to be reported by different sources and includes both physical and psychological abuse and harassment, in some cases even containing elements of torture; detention and interrogation; confiscation of money and mobile phones or destruction of other possessions.

Being subjected to such violent events, often repeatedly, and throughout the long migration journey, can impose a serious toll on people's mental health and wellbeing, often contributing to further traumatization or re-traumatization⁵, exacerbation of pre-existing physical and mental health symptoms and conditions and strong and constant feeling of vulnerability, high levels of anxiety in view of the inevitable future attempts to cross the border.

COVID-19

Due to the deteriorating epidemiological situation throughout March and April 2021, and the raise of COVID-19 cases among people accommodated in the Temporary Reception Centers (TRC) in Una-Sana Canton and service providers, additional preventive measures were recommended by the relevant health authorities. As a preventive measure, MDM suspended the implementation of group sessions in the TRC for two - three weeks (depending on the TRC), while the presence of MDM teams was ensured throughout the whole period, in compliance with the infection prevention and control measures.

The lockdown imposed on Una Sana Canton TRC (TRC Miral, TRC Sedra and TRC Borići) significantly increased tensions among the residents, as the restriction of movement represented a significant source of daily stress and dissatisfaction, and a potential source of re-traumatization for the people who suffered specific traumatic experiences in their country of origin or during their migration journey. Additionally, MDM registered the exacerbation of symptoms of anxiety and depression in those persons who previously presented mental health issues.

By the end of May 2021, the number of new COVID-19 cases was very low in the TRC, and lockdown has not been imposed since. However, all people arriving / returning to the centers are systematically screened for

⁴Protecting Rights at Borders, July 2021

symptoms of COVID-19 and placed in a 7-day preventive isolation. The capacity of isolation areas is limited, often overcrowded, offering limited to no privacy which increases anxiety and contributes to the exacerbation of mental health symptoms. The strain imposed by COVID-19 pandemic is likely to have a greater consequence on the mental health of people on the move who were exposed to traumatic experiences in the past. For people with history of trauma, measures such as isolation or restraints may trigger feelings associated with the initial trauma, leading to re-traumatization⁵; this leads some people to the decision to refuse accommodation in the TRC.

Living conditions in the Temporary Reception Centers

In the beginning of the year and with the closure of an additional accommodation facility (after the closure of TRC Bira in September 2020, ETC Lipa was closed in December of the same year), especially during the colder months (January to March 2021) the lack of accommodation capacities in BiH caused overcrowding in the remaining TRC (e.g. 1200 people accommodated in TRC Miral against a capacity of 700)⁶. Such conditions strongly impacted the mental health and wellbeing of all residents with an especially negative effect on people with pre-existing mental health issues, often contributing to worsening their symptoms.

The accommodation situation was additionally impacted by the decision to close TRC Sedra in June 2021 which reduced to just two available TRC in Una Sana Canton

(TRC Borići accommodating families and TRC Miral for single men and unaccompanied and separated children -UASC) and one Provisional Camp (PC Lipa). Even though the relocation from TRC Sedra was planned, the uncertainty and scattered information contributed to several people's decision to leave the TRC even before its closure and move in improvised out-of-site locations, without access to adequate accommodation and services (including vulnerable groups, such as families with small children, UASC). For some of the beneficiaries, this also meant the abrupt discontinuation of needed (psychotropic) medication. Inadequate living conditions present a risk factor to people's wellbeing as, according to the intervention pyramid model for MHPSS⁷, ensuring the fulfilment of basic physical and psychological needs, such as adequate accommodation, food, water, clothes, safety, access to health care (including mental health professionals), access to relevant information and spending time in a structured manner, as well as the opportunity to contribute to society through active inclusion and support networks, will in most cases be sufficient to preserve the mental health of beneficiaries. If their basic needs are met, a limited number of people will require the specialized care of mental health professionals. Therefore, enhancing the living conditions in existing TRC and finding solutions to ensure sufficient accommodation capacities, represents the fundamental precondition to prevent mental health issues and improve the subjective wellbeing of the beneficiaries.

⁵<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

⁶IOM data 03/02/2021

⁷IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

MENTAL HEALTH OF PEOPLE ON THE MOVE IN TEMPORARY RECEPTION CENTRES IN BiH

General overview of mental health of adult male migrants and refugees and statistics for the period January - June 2021

Mental health issues for which people on the move request psychological support and treatment in Temporary Reception Centers in Bosnia-Herzegovina include sleeping disorders, symptoms of depressive disorder (such as lack of energy, significant reduction of interest, motivation and will, concentration difficulties, ruminating thoughts, hopelessness, apathy, negative self-image), suicidal ideation, excessive worrying, anxiety, tension, irritability, feeling of insecurity, loneliness, panic attacks, adjustment disorder, acute stress disorder, symptoms of post-traumatic stress disorder (recurrent distressing memories of the traumatic event, avoidance symptoms, hypervigilance, flashbacks, nightmares, memory problems, lack of trust), relational problems, psychoactive substance abuse and, less prevalent, psychotic symptoms.

The vulnerable position in which people on the move find themselves can leave a visible impact on their mental health. Anxiety and stress reactions are prevalent among migrants and refugees as they are exposed to prolonged situation of uncertainty, lack of safety, and are facing exhausting and risky journey, as well as insecurity and fear about their future.

Although comorbidity in anxiety and depressive symptoms is common, MDM MHPSS team reported predominant anxiety symptomatology among the newly arrived beneficiaries, and predominant depressive symptomatology, learned helplessness and apathy among beneficiaries who have been accommodated in the Temporary Reception Centres for a longer period and who have had multiple unsuccessful attempts to cross the border and reach the EU countries. People state that prolonged states of uncertainty, poor living conditions, local population's deteriorated attitude towards migrants and refugees, discrimination, lack of work permit and language barrier represent significant sources of daily stress. Other issues include difficulties with applying for asylum and a lengthy administrative process for international protection requests, lack of financial resources, loneliness, separation from their family and social support network, limited access to medical and other services, especially for those living outside of Temporary Reception Centers, and limited education opportunities for children. Additional significant source of stress are the systematic, widespread, and reported violence and human rights violations at the borders which further contribute to feelings of fear, hopelessness, and helplessness.

Concurrently, people on the move are often exposed to multiple stressors and traumatic experiences during the various stages of their migration. During the migration phase, migrants and refugees can be exposed to life threatening situations as they walk or travel on dangerous routes, subjected to smuggling or trafficking, as well as to violence from police and military officers, other migrants, or local population in transit countries. A significant number of people on the move

Therefore, the reality of obstacles surrounding a life on the move, can perpetuate symptoms of anxiety and depression, post-traumatic stress disorder symptoms, helplessness, and loss of hope which are expected reactions to extremely prolonged stressful situation and/or exposure to multiple traumatic experiences.

Quote by MDM psychologist:

“What we notice lately is that people who have been in Bosnia-Herzegovina for a longer period of time (2 years+) and who had not faced mental health issues before, i.e. have something we can call stable emotional support system, now show symptoms of serious disturbance in mental health and ask for MHPSS, assumingly under the impact of prolonged stress and unsuccessful attempts to cross the borders, combined with experience of violent pushbacks. This speaks in favour of the fact that the extreme stress to which people on the move are exposed can cause mental health problems regardless of previous experiences”

Mental health of children and adolescents in the migration context

During the pre-migration, migration, and post-migration phase, children, and adolescents (both accompanied and unaccompanied) face various stressors that can permanently impact their lives at key stages of their development.

Migrant and refugee children in BiH are exposed to a prolonged period of extremely high stress levels, exhausting attempts to cross the border, extreme weather conditions, poor living conditions in Temporary Reception Centers and unofficial sites, limited access to schools and official educational programs, limited access to health care, cultural differences and language barriers, uncertainty about their future, and human rights violation, such as violent pushbacks affecting children, adolescents, adults, families and whole communities. During their migration journey, the majority of migrant and refugee children experienced or witnessed fear, dangerous or life-threatening situations, violence, injuries and in some cases, death.

Unaccompanied and separated children (UASC) are even more vulnerable than other migrant and refugee groups due to their age and vulnerability stemming from lack of family support. UASC face extremely stressful and complex situations at an important developmental stage without protection and care of parental figures, which exposes them to further stress and risks of violence, abuse, exploitation, and trafficking. They also report worrying about their family's wellbeing at home and feeling responsible to succeed in reaching the EU and being able to provide for their families, bringing them to safety through the family reunification process, adding an additional burden. A study conducted in Germany showed that 47% of the unaccompanied refugee minors returned a positive screening result, indicating that they may suffer from at least one of the most common mental disorders, which are mainly expected to be PTSD, depression, and anxiety⁹. Moreover, it has been reported that the separation of children from their parents may have a greater impact on the mental health of children than acts of war¹⁰. Concerning mental illness related to psychosocial stressors, a study conducted in Norway reported that 54% unaccompanied refugee minors in the care of the State Child Protection Services suffered clinically relevant posttraumatic stress symptoms, 30% showed anxiety symptoms,

⁹Hanewald, B., Knipper, M., Fleck, W., Pons-Kühnemann, J., Hahn, E., Minh Tam Ta, T., ..., Stingl, M. (2020). Different Patterns of Mental Health Problems in Unaccompanied Refugee Minors (URM): A Sequential Mixed Method Study. *Front. Psychiatry*, 28 April 2020

¹⁰Betancourt, T.S., Khan, K.T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *Int Rev Psychiatry*. 2008 Jun; 20(3): 317–328.

and 20% displayed symptoms of depression. Furthermore, participants had experienced 5.5 stressful life events on average (e.g. death of a loved one, separation from family against will, war or armed conflict, experience of physical violence or witnessing of physical abuse), showing a significantly positive correlation with symptoms of posttraumatic stress, anxiety symptoms and symptoms of depression¹¹.

MDM team working with accompanied children and UASC reports that the most frequent mental health issues faced by population of migrant and refugee children in BiH are acute stress reactions, anxiety, depression, and post-traumatic stress disorder (PTSD). The gruelling and, above all, dangerous migration journey is associated with multiple stressful and/or traumatic experiences and losses, resulting in elevated risks for developmental and mental health disorders¹². While refugee and migrant children are exceptionally resilient, their abilities to cope are being stretched to the limit by the risks and dangers of living in unofficial sites, without basic services and protection and exceptionally stressful circumstances of life on the move. Early symptom detection is of critical importance to provide adequate and timely intervention in the form of a stepped care approach, comprising physical safety, adequate residential settings, and educational opportunities¹³, as well as specialized interventions when needed.

MDM RESPONSE AND SERVICES

The base of MDM's preventive activities and mental health intervention is focused on preserving beneficiaries' feeling of hope and strengthening of psychological resilience and coping mechanisms, aiming to protect and improve their wellbeing, mental health and functionality in extremely stressful situations, adverse life circumstances and crisis events. MDM intervention is implemented in compliance to the IASC Guidelines on Mental Health and Psychosocial Support and in respect of the "do no harm" and confidentiality principles. MDM provides MHPSS services on a daily basis for people on the move residing in TRC in Bosnia and Herzegovina, through a set of services based on identified needs and adopted in accordance with gained experience and inputs from our beneficiaries:

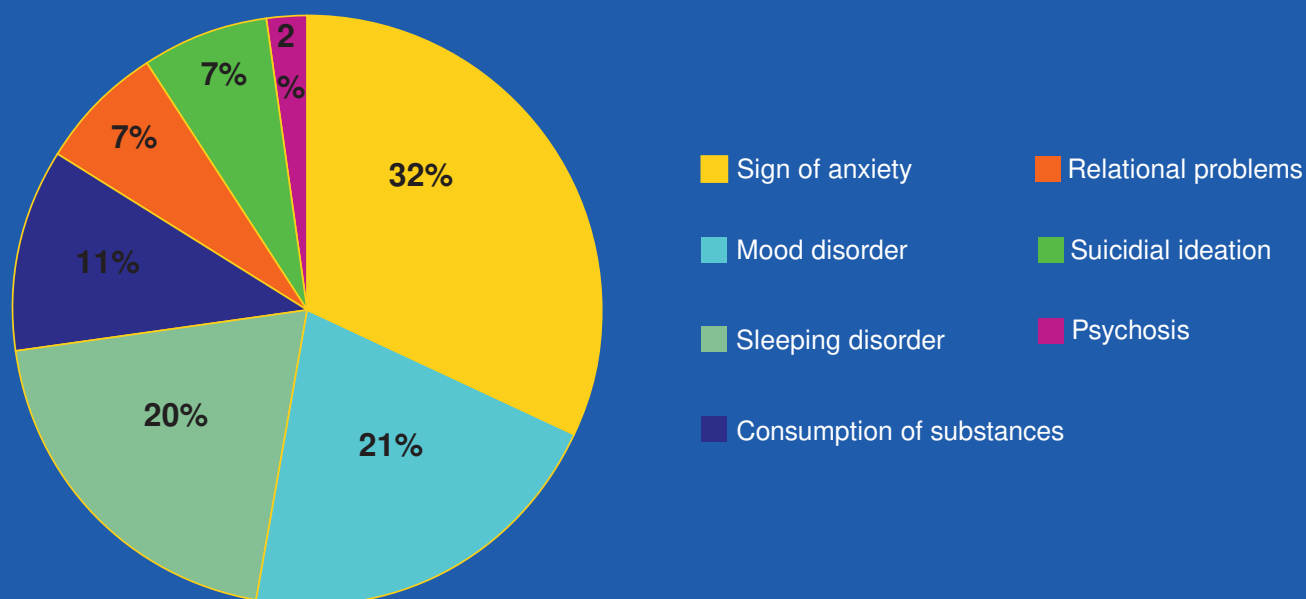
Individual psychological counselling aims to reduce symptoms occurring in response to extremely stressful life circumstances, supports people in seeking and adopting healthy ways to cope with stress, and builds and develops psychological resilience. One internal training on the topic of "Evidence-based MHPSS interventions in individual psychological counselling with people on the move" has been recently implemented with the aim of capacity building and quality enhancement of mental health care provided by MDM psychologists, specifically during individual psychological counselling sessions. A total of 1437 individual psychological sessions were conducted with adult beneficiaries and 455 with children during the seven months of implementation to which the present Report refers.

¹¹Jensen, T.K., Bjørge Skårdalsm, E.M., Fjermestad, K.W. (2014). Development of mental health problems - a follow-up study of unaccompanied refugee minors. *Child Adolesc Psychiatry Ment Health* 8, 29

¹²Khan, F., Eskander, N., Limbana, T., Salman, Z., Siddiqui, P.A., Hussaini, S. (2020). Refugee and Migrant Children's Mental Healthcare: Serving the Voiceless, Invisible, and the Vulnerable Global Citizens. *Cureus*. 2020 Aug; 12(8): e9944.

¹³Hanewald, B., Knipper, M., Fleck, W., Pons-Kühnemann, J., Hahn, E., Minh Tam Ta, T., ..., Stingl, M. (2020). Different Patterns of Mental Health Problems in Unaccompanied Refugee Minors (URM): A Sequential Mixed Method Study. *Front. Psychiatry*, 28 April 2020

Prevalence of symptoms registreted during individual psychological sessions January - July 2021



Empowerment and psychoeducational group sessions serve to develop important life skills, ability to effectively communicate and build trust with members of the communities, develop psychological resilience and healthy coping strategies. Additionally, one of the main goals of group sessions is to overcome the stigma surrounding mental health and to provide beneficiaries with the opportunity to meet service providers in a safe and supportive environment, motivating them to request specialized support when needed.

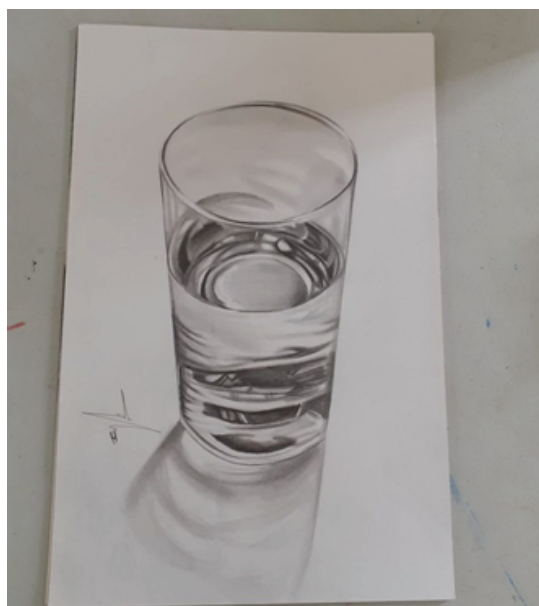
The previously developed MDM's MHPSS curriculum, containing the methodology of the psycho-educational and empowerment group sessions, has been recently updated and enriched with the contents of group activities and workshops which proved to be well accepted by participants and were recognized as a useful tool for working with people on the move. The proposed activities cover a variety of relevant psychoeducational topics, such as mental health awareness raising, mental health stigma, anxiety, depression, anger management, emotional regulation, psychoactive substance misuse, conflict resolution, communication skills, self-esteem and positive self-image, grieving process, resilience, and coping skills. Empowerment activities are designed to facilitate group cohesion and self-expression through an interactive approach and creative modalities. The updated MHPSS curriculum drafted in the local language was shared with all MDM MHPSS staff in USC and SC, standardizing and additionally raising the quality of developed group interventions.



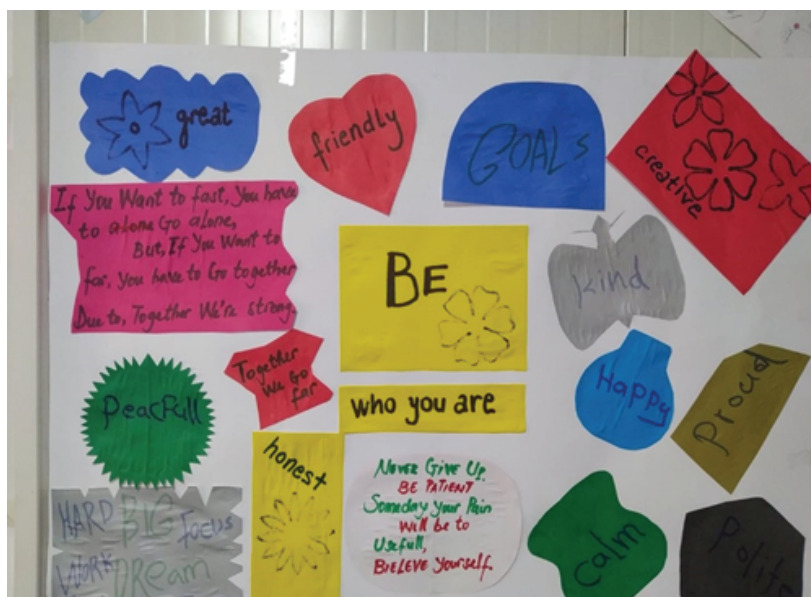
Empowerment group session "How prejudice is created and sustained", June 2021, TRC Blažuj

Quote by MDM social assistant:

“Giving a chance to our beneficiaries to express their thoughts and feelings is crucial in our work because many people, after being in a hopeless state for such a long time, start to question their identity, they start to doubt their own worth as a human being. Letting them know that their condition is temporary, reminding them of who they truly are, listening to them really works and counts”

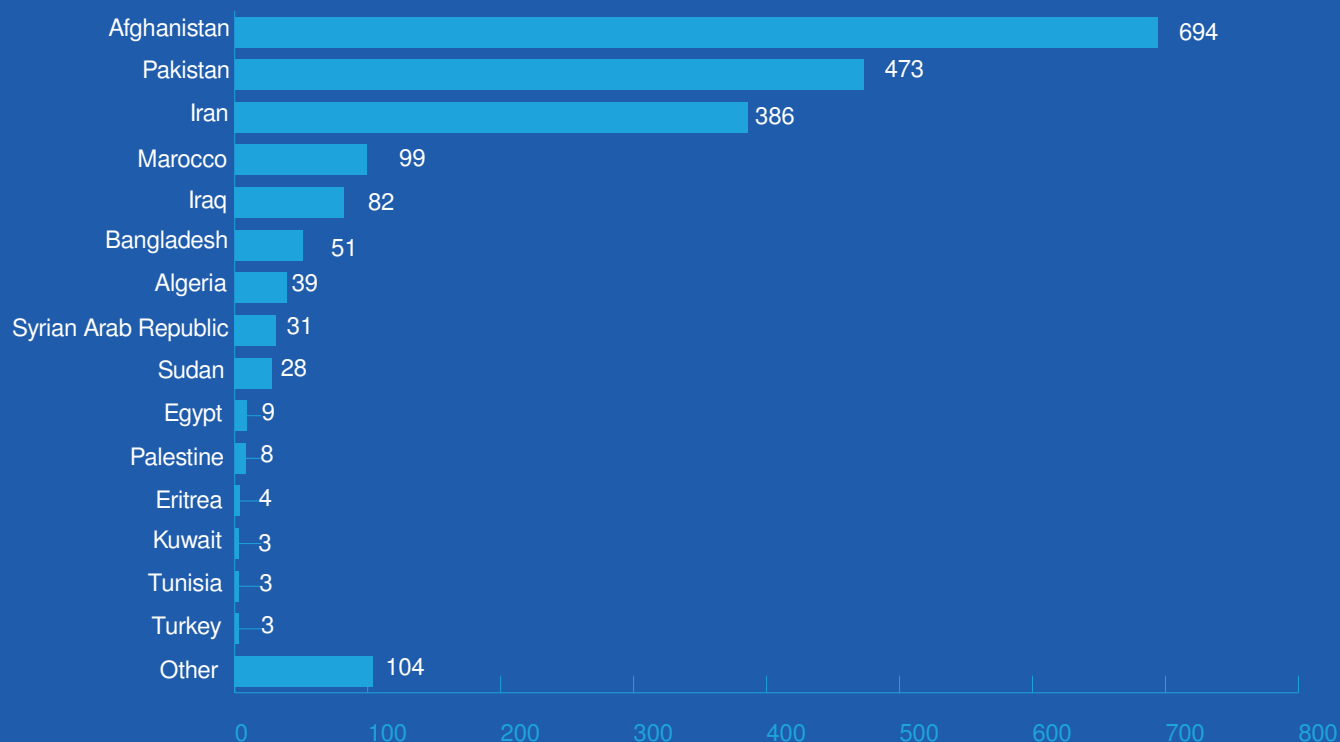


Drawing by a beneficiary made at empowerment group session “Art expression”, May 2021, TRC Ušivak

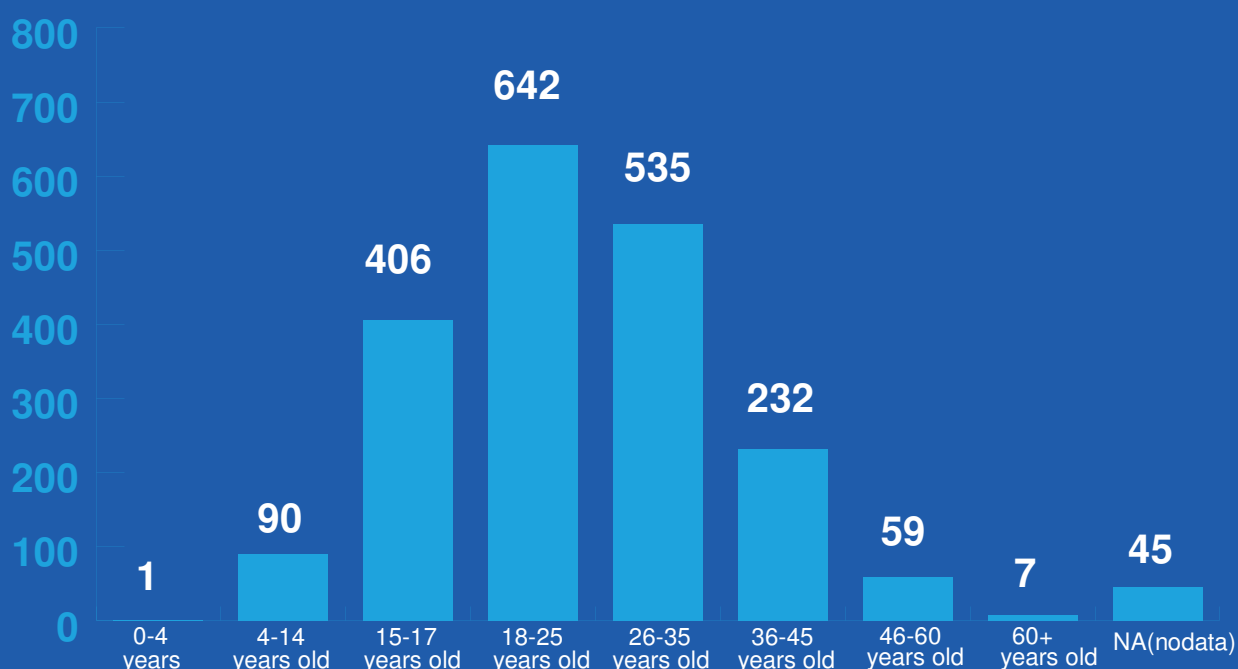


Materials from the group session “Analysing personal values”, June 2021, TRC Miral

Country of Origin of MDM Beneficiaries accessing individual and group sessions in January - July 2021 (2017 persons in total)



Age of MDM Beneficiaries accessing individual and group sessions in January - July 2021 (2017 persons in total)



Crisis interventions: Ad hoc, emergency actions organized in the immediate aftermath of a specific event that might seriously impact the mental health of individuals. The crisis interventions' aim is to support the affected population/person through provision of initial psychological support and stabilization of emotional response, by applying tools such as Psychological First Aid (PFA) and psychoeducation, as well as to identify potential signs of acute stress reaction.

MHPSS case management and psychiatric services for those people who present severe mental health symptoms and disorders ([see box below](#)).

Specific programs designed to enhance the mental health wellbeing of people on the move and share data/observations with stakeholders

- **Harm Reduction program** based on substance abuse prevention and inclusion in the individual-approach plan for persons identified as struggling with psychoactive substance abuse, through previously established indicators and protocol ([see box below](#)).
- **Community leadership program** involving motivated community members in workshops aimed at enhancing their leadership skills to support the communities in TRC.
- **Analysis on mental health state/needs of migrants and refugees**, based on quantitative and qualitative data/testimonies collection and reporting, shared with other actors active in the migration response.

- **MHPSS awareness trainings for “front-line” workers active in the migration response** as they are faced with several needs and demands on one side and lack of resources to cope with a challenging and stressful workload on the other hand, often overwhelming them with a sense of responsibility. Front-line workers are exposed to intense stress, human suffering, and various traumatic experiences of the population they are supporting. MHPSS awareness trainings aim to build the capacity of front-line workers to understand the specific circumstances of refugees and migrants, as well as the impact that humanitarian work can have on their wellbeing, therefore contributing to enabling them to provide more adequate and relevant services.

MDM implemented several trainings and info sessions on different topics during the period from January to July 2021:

- Two (2) trainings on the topic of **"Professional stress in humanitarian work and self-care"** and two (2) trainings on the topic of **"Psychological resilience – dealing with professional stress"**. The purpose of the trainings is to present and discuss the concepts of burnout, vicarious traumatization, compassion fatigue, empathy, countertransference, and self-care in working with vulnerable populations through theoretical framework, experiential exercises and sharing of personal experiences and examples from the field.
- One (1) training on the topic **"Professional boundaries in humanitarian work"**. The training aims at building the capacity of front-line humanitarian staff who are providing daily support to refugees and migrants in Ušivak Temporary Reception Center and in this way contribute to increase the quality of general service provision and support to this vulnerable group.
- Two (2) informative sessions on the topic of **"Mental health of migrants and refugees during the COVID-19 pandemic"**. During the info-sessions, the topic of mental health issues as a response to context of migration and crisis situations is discussed. Participants are introduced to the basics of trauma informed approach, and the crucial role of a sensitized approach by service providers and front-line responders is emphasized in the coordinated response to beneficiaries' needs.
- Eight (8) mental health informative sessions were organized with the aim to enhance the capacity of staff working with children in Temporary Reception Centers in Una-Sana Canton, under the perspective of mental health and psycho-social support in the period from March to July 2021. The topics addressed during the info sessions are: **"Non-suicidal self-injury and suicidal behaviour among children and adolescents"**, **"Anger and aggressive behaviour among children"** and **"Violent pushbacks and their impact on the mental health of children"**.

HARM REDUCTION PROGRAM: PREVENTION AND TREATMENT OF PSYCHOACTIVE SUBSTANCE ABUSE AND SUBSTANCE USE DISORDER

Population of migrants have on average significantly lower rates of alcohol and psychoactive substance use than their host communities, which can be attributed to the protective factors of cultural and social norms¹⁴. Low prevalence of alcohol and psychoactive substance use among population of migrants, asylum seekers and refugees in BiH was also reported by MDM psychologists. However, some migrants and refugees may be more vulnerable to psychoactive substance abuse for risk factors, such as traumatic experiences, losses, comorbid disorders (e.g. anxiety, depression or PTSD), exploitation, extreme psychological distress, physical injuries, chronic pain, limited access to medical care, unemployment, poor living conditions in Temporary Reception Centers / unofficial sites, easy access to psychoactive substances in pharmacies and TRC, acculturation difficulties, poverty, discrimination, isolation, separation from family and lack of social support. Drugs may be used to cope with psychological trauma, physical pain, feeling of helplessness, uncertainty, and frustration related to the migration process. Vulnerability can be further aggravated by poor knowledge about misused substances and limited access to treatment services. Substances that are mostly misused in BiH migration context are highly addictive and easily accessible prescription drugs, such as opioid analgesics, pregabalin, and benzodiazepines. Since a significant number of migrants and refugees have suffered intense and often multiple traumatic experiences, they may be especially susceptible to self-medicate in attempt to cope with chronic stress and seeking ways to try to find solutions to their suffering.

While alcohol and drugs can offer a short-term relief, they only exacerbate initial mental health symptoms in the long run, and may cause significant emotional, cognitive, and behavioural changes, as well as relational problems.

Furthermore, people who suffer from anxiety, depression, somatoform symptoms, chronic physical pain or PTSD may be prescribed psychotropic medication or analgesics to decrease their symptoms at any point of their migration journey¹⁵. While these medications can be very helpful temporarily, many of them are highly addictive and can lead to abuse and addiction if not controlled and used under regular medical supervision, which is often limited in the migration context.

With the aim of building a preventive mechanism and an effective culturally adopted, context-sensitive treatment of psychoactive substance abuse, MDM has devised a Harm Reduction program (HR program) for beneficiaries accommodated in ETC Lipa. After the closure of ETC Lipa at the end of 2020, the HR program has been implemented in TRC Miral.

The HR program consists of preventive activities (such as psychoeducational info sessions and group sessions), and treatment (such as pharmacotherapy, individual psychological support, individualised treatment plans and support groups)

The program involves an interdisciplinary Team consisting of the Harm Reduction specialist, one psychologist, one trained cultural mediator and the psychiatric specialist, and is implemented in partnership with DRC medical team.

¹⁴Horyniak, D., Melo, J. S., Farrell, R. M., Ojeda, V. D., Strathdee, S. A. (2016). Epidemiology of substance use among forced migrants: a global systematic review. *PLoS one*, 11(7), e0159134.

¹⁵European Monitoring Centre for Drugs and Drug Addiction. (2017). Policy and practice briefings: Migrants, refugees and asylum seekers.

Psychoactive substance misuse and substance use disorder treatment implies a controlled intake of substances and intensive psychological support to maintain the functionality of the beneficiary until the gradual reduction of the substance's dose and possibly abstinence from psychoactive substances.

Due to people's high turnover and the fact that many of them leave the TRC during their treatment in the attempt to cross the border and reach the EU countries to apply for asylum, a large proportion of beneficiaries did not finish the program and reach the goal of abstinence from psychoactive substances.

Between January and July 2021, the program has included 22 beneficiaries, out of which 3 managed to reach complete abstinence from the substances, while 5 started the process of gradual reduction of prescribed psychotropic medication. These results are considered a considerable success since the program is implemented in the context of extremely adverse life circumstances and poor living conditions. The program is continuously developed and updated in line with new trends, gained experience, and new developments in the field.

CASE MANAGEMENT AND PSYCHIATRIC SERVICES: SEVERE MENTAL HEALTH SYMPTOMS AND DISORDERS

The majority of people on the move have mental health symptoms that represent normal and expected reactions to traumatic experiences, adverse life situations and extremely stressful circumstances entailed in the migration process. These symptoms are usually related to external factors impacting the mental health of people on the move and can be manifested in adjustment disorders and acute stress reactions.

In case of serious mental health symptoms and conditions (such as symptoms of major depressive disorder, PTSD, psychosis, severely impaired daily functionality, suicidal ideation, somatoform disorder, or substance abuse disorder), referral to psychiatric care is a necessary step in providing beneficiaries with needed interdisciplinary care – combination of pharmacotherapy and psychological counselling, follow-up, and support. The service of case management enables people with mental health conditions to access psychiatric, and further specialized services they may require, through the collaboration among the case manager / focal point for psychiatric services, psychiatric specialist, psychologists, trained cultural mediators and DRC medical team.

MDM started providing psychiatric services in January 2021, with psychiatric specialists being present in Temporary Reception Centers in USC and SC on a weekly basis. A total of 729 psychiatric care services for 353 beneficiaries were provided in the period January - July 2021 in USC and SC.

The service includes initial psychological assessment and referral to psychiatrist, psychiatric consultations and assessment in person, emergency consultations with psychiatrists via phone and/or e-mail, crisis interventions, regular check-ups, individual psychological counselling, case management, and dissemination of prescribed pharmacotherapy in cooperation with DRC medical team. An additional service is the referral to psychiatric hospitals in cases of emergency and for beneficiaries with severe mental health disorders that cannot be stabilized and treated in the context of Temporary Reception Centers.

During July 2021, a significant increase in the number of people displaying psychotic symptomatology and beneficiaries who were referred to psychiatric hospital treatment was recorded (6 persons in total, which is more than the total number of referred patients during the previous 6 months). One person previously referred to the psychiatric unit and hospitalized for one week was eventually released and accommodated in TRC Miral medical unit. The following morning, he lost his life in a traffic accident. This tragic outcome emphasizes the recurring issue of lack of adequate and systematic long-term solution for accommodation and lack of appropriate care for people with severe mental health disorders.

The recorded numbers reflect the aggravation of people's mental health condition that can be attributed to prolonged exposure to suffering and detrimental circumstances of life on the move. In addition, July 2021 was characterized by extremely high temperatures with beneficiaries accommodated in containers without shade nor cooling system. Recent studies in the field of mental health show evidence of a positive association between elevated ambient temperatures and heat-waves, and adverse mental health outcomes, such as mental health related morbidity and mortality¹⁶.

LONGTERM CHALLENGES AND RECOMMENDATIONS

Current main challenges and potential recommendations for the enhancement of migrants and refugees' mental health are listed below:

- Provide adequate accommodation for people with severe mental health disorders, also including severely impaired functionality and requiring constant monitoring and supervision
- Ensure enough available specialized accommodation capacities and resources for accommodation at the state level and involvement of relevant institutions / actors
- Limited accommodation options within the centres for people with mental health issues who do not have severely impaired functionality (where collective accommodation can be a trigger for worsening of symptoms)
- Ensure enough accommodation capacity compared to beneficiaries accommodated in the TRC to provide dignified and adequate living conditions, and privacy, hence contributing to mental health wellbeing
- Stigmatization related to mental health difficulties and need for systematic sensitization of beneficiaries and service providers on mental health issues
- Integrate awareness raising information as part of group activities that give people the opportunity to get to know the work of psychologists and the range of available services through psychoeducational, participatory and creative methods
- Mental health awareness raising activities with community representatives and through individual work

¹⁶Liu, J., Varghese, B. M., Hansen, A., Xiang, J., Zhang, Y., Dear, K., ..., Bi, P. (2021). Is there an association between hot weather and poor mental health outcomes? A systematic review and meta-analysis. *Environment International*, 153, 106533.

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- Provide MHPSS awareness raising training and info-sessions for staff working directly with refugees and migrants on the specificities of working with the population with post-traumatic stress symptoms
 - Need for mapping and a coordinated institutional response to find a solution to the lack of subspecialists of child psychiatry and limited possibility of treatment of children with developmental difficulties that require an interdisciplinary approach (defectologists, child clinical psychologists, speech therapists, etc.)
 - Ensure access to accommodation for UASC in Una Sana Canton, as currently the majority reside in squats and unofficial sites without access to basic services (such as water, food, shelter, healthcare) and protection
 - Ensure faster and easier access to registration and asylum procedure, including shortening and standardizing the administrative process of international protection decision-making



About the organization – Médecins du Monde

Médecins du Monde - Doctors of the World Belgium is an international medical NGO, member of the international MDM network. We provide medical assistance to vulnerable groups, in Belgium and the rest of the world. Our mission is universal health coverage and access to care to everyone, without obstacles (financial, cultural, geographic, etc.). To carry out our mission, we base our work on three pillars:

- Treat: giving people real access to healthcare.
- Change: more than helping, we want to change things in the long term.
- Witness: we do not remain silent. Thanks to our experience and our presence in the field, we challenge the authorities (local, regional and (inter)national) with facts, figures and realities.

Building on previous experiences in the region, MDM-BE extended its intervention to Bosnia and Herzegovina and obtained official registration in January 2019.

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