



European Union
Civil Protection and
Humanitarian Aid



“MENTAL HEALTH ON THE MOVE”

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

**Findings based on MdM Mental Health and Psychosocial Support (MHPSS)
activities in 7 Temporary Reception Centres / Emergency Tent Camp (TRC/
ETC) in Bosnia-Herzegovina during the period June – November 2020**

December 2020

CONTEXT

Since the beginning of 2018, arrivals of refugees and migrants started to steadily increase as the migration route through Bosnia-Herzegovina (BiH) became more frequently used. This shift came with a raise of securitization and normalization of violent border management which could be observed in the surrounding Balkan countries and in the region. Along with this, the focus and stance towards people on the move and migration¹ in general has taken a central role in the social and political debate in BiH. After almost three years, it is now evident that the migration process and the growing number of arrivals do not represent a temporary situation that will pass in a few weeks or months.² The public scrutiny and stigma towards migrants and refugees in everyday life, as well as in statements of officials, persisted, while coordinated and systematic solutions which would benefit both the local and refugee / migrant population were often eluded. What can be observed is a raise in dehumanized treatment by part of the local population and/or institutions' representatives, perpetuating an unwelcoming attitude and hostility, and the perception of refugees and migrants as a threat. During the period June - November 2020, several public incidents and rallies against reception of migrants took place in Una Sana Canton and in Sarajevo Canton, i.e. in Velika Kladuša, Bihać and Sarajevo.

Besides the hostile public and political environment, there is also a multitude of factors and barriers for the migrant and refugee population located in BiH in accessing their rights, adequate living conditions and services.

¹ There is no clear or universally accepted definition of irregular migration. From the perspective of destination countries, it is entry, stay or work in a country without the necessary authorization or documents required under immigration regulations (Reporting on Migration and Refugees, UNHCR, February 2018).

² According to UNHCR data (Factsheet October 2020), a total of 14,557 arrivals were registered in the country in the period January – October 2020. In the beginning of June, the number of people accommodated in 7 ETC/TRC in Bosnia-Herzegovina was 6,410, while three months later (beginning of September) there were 7,410 people accommodated (IOM Daily Migrant Strength Report).

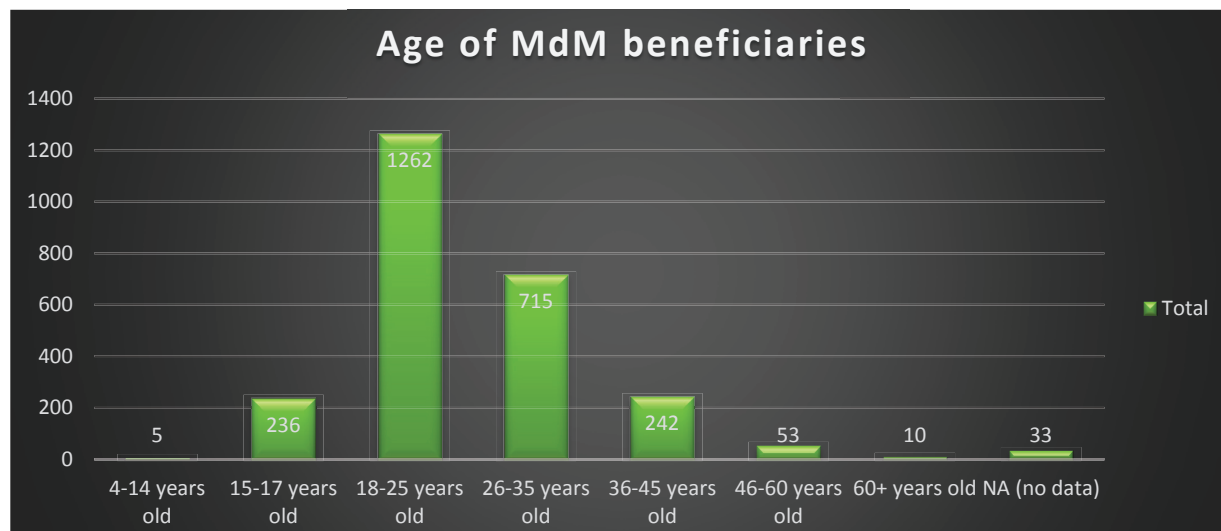
The vulnerable position in which people on the move find themselves, **leaves a visible impact on their mental health, manifesting in increased anxiety and depressive symptoms.** Inadequate and/or limited accommodation capacities often leave people outside of official sites (and related services) and have a negative impact on the wellbeing of people on the move, including the risk of significant psychological distress and exacerbation of pre-existing mental health issues in some cases.

People state that being unable to work due to the **lack of a work permit, employment opportunities, and language barrier** is one of the biggest problems they are currently facing. Other problems include a **lengthy administrative process for their 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 Emergency Tent Camp/ Temporary Reception Centres (ETC/TRC), and **inadequate education opportunities for their children.**

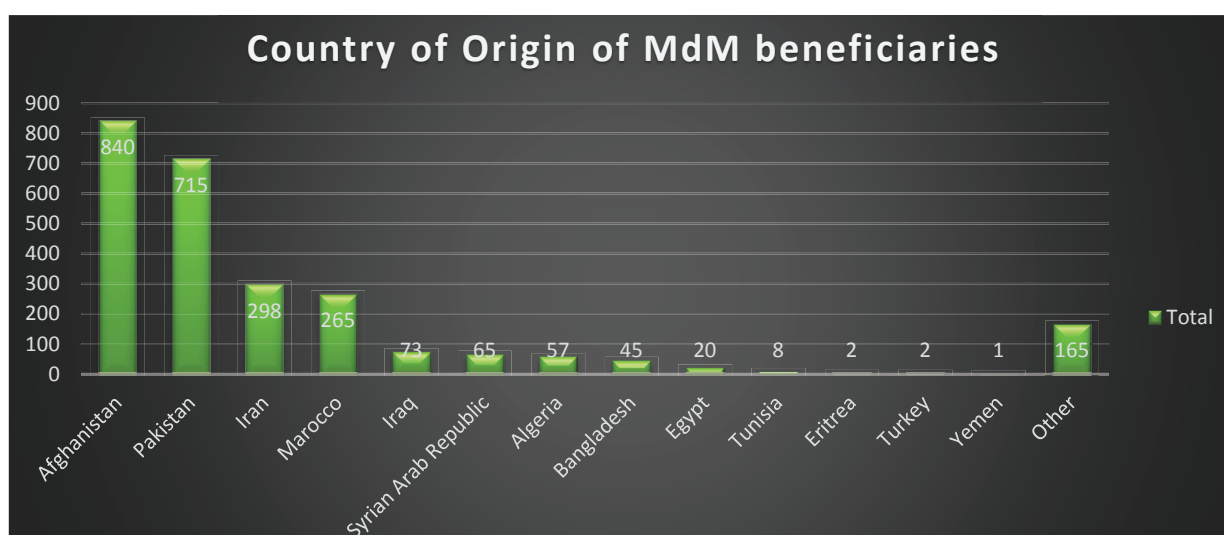
A significant additional source of daily stress are the **systematic, widespread, and well-documented reports of violence and human rights violations at the borders** which further contribute to feelings of fear, hopelessness, and helplessness.

During the last two years, Médecins du Monde - Belgium (MdM) has been in daily contact with migrants and refugees in ETC/TRC, providing Mental Health and Psychosocial Support (MHPSS) services and gaining an insight on the state and trends of their mental health, based on individual observations by psychologists but also on systematic analysis of data collected during implementation of activities. Qualitative and quantitative data related to the most common mental health complaints and symptoms are collected, summarized, and analyzed through different time periods, comparing and extracting eventual trends and impacts of contextual factors on migrants and refugees' mental health.

Data collected during the period June-November 2020 (6 months) were analysed for the purpose of present Report, based on mental health support services provided to 2556 people in the framework of the EU humanitarian aid funded intervention, implemented in partnership with the Danish Refugee Council (DRC).³ Main target population of the intervention is the adult male population in ETC/TRC⁴ in BiH, for which basic demographic data are presented in the graphs below:



Age structure overview of MdM beneficiaries approaching individual counselling and group sessions in June - November 2020 (2556 persons / individuals in total)



Country of origin of MdM beneficiaries approaching individual counselling and group sessions in the period June - November 2020 (2556 persons / individuals in total)

³ This report summarizes and analyzes findings of MdM psychologists on the mental health state and trends of people on the move in the period 1st of June – 30th of November 2020 in the framework of the project “Ensured Access to Health Services and Protection Response for asylum seekers, refugees and migrants in BiH”, implemented in partnership with DRC, funded by DG ECHO.

⁴ Mental health needs of unaccompanied and separated children (UASC) and children in families are addressed by the Project ‘Provision of MHPSS for UASC and children in families, in Temporary Reception Centres in Una-Sana Canton, Bosnia and Herzegovina’, co-funded by the Health Programme of the EU, and implemented by MdM in partnership with UNICEF.

EXTERNAL FACTORS IMPACTING MENTAL HEALTH OF MIGRANTS AND REFUGEES IN BiH

The worsening of safety and security conditions in the period from June to November 2020 has increasingly impacted migrants and refugees' mental health. Policies and publicly displayed negative attitudes towards migrants, combined with COVID-19 threat and ensuing lockdown of ETC/TRC have put a significant burden on their mental health, as they have been denied freedom of movement and have become / felt even more dependent on external support.

COVID-19

The stress of living through COVID-19 pandemic is likely to have a greater impact on the mental health of people who had been exposed to traumatic experiences in the past and to people that are faced with high level of everyday stress and uncertainty about the future. Overcrowded reception centres and camps combined with poor hygiene and limited access to medical care present additional source of anxiety related to COVID-19 pandemic for population of migrants and refugees.

Restrictive measures to prevent COVID-19 spread were enforced in the country between March and May 2020, including a full lockdown of ETC/TRC in Una Sana Canton (USC) and Sarajevo Canton (SC). While restrictions were lifted for the citizens of BiH, they remained in force in ETC/TRC until August 2020, and up to date certain measures are consistently applied with the aim to contain virus spread in ETC/TRC (despite several challenges). People arriving / returning to ETC/TRC after an attempt to cross the border with Croatia (the so called 'game') are accommodated in preventive isolation areas, but the capacity of these areas is limited, and the risk to not be (re)admitted to the ETC/TRC (or go through prolonged wait) is high, hence increasing the feeling of lack of basic safety, protection, and the fear to remain excluded from basic services, mental health support and even medical assistance.

Pushbacks

Throughout the period from June to November 2020, violent pushbacks from the border with Croatia continued to be reported by migrants and refugees (with a peak in October, when DRC recorded an all-time highest number of pushbacks⁵). Similar patterns of abuse can be observed in pushback reports by different sources: when caught on Croatian territory, people report being detained, interrogated, and harassed by Croatian police; their belongings, money, mobile phones, and documents are either taken away or destroyed in front of them and they are often abused both physically and psychologically, including severe physical, psychological, and even a sexual abuse in one documented case. A particularly shocking series of pushbacks were recorded in the period between October 12th to October 22nd, when 77 people reported assaults by men in black uniforms.⁶ Many reports indicated intended cruelty and inhumane and degrading treatment, which in some cases even contained elements of torture.

Violence endured during pushbacks represents an additional significant burden for the mental health of people on the move and can result in increased psychological morbidity - most notably in elements of post-traumatic stress reactions, symptoms of anxiety, depression, impaired self-esteem, relational problems, functional problems, and strong and constant feeling of vulnerability. Moreover, highly stressful or traumatic events can exacerbate pre-existing physical and mental health symptoms and conditions which can result in severe consequences, including chronic functionality impairment. People report feeling desperate, humiliated, scared, tense, and hopeless, especially those who have been traveling for longer periods of time (and therefore might have already been exposed to traumatic experiences) and are often subject to traumatising or re-traumatization during violent pushbacks.

⁵ Border Monitoring Report, DRC, October 2020

⁶ Ibid

Living conditions in ETC/TRC

The quality of living conditions in ETC/TRC vary between family centres, like TRC Sedra in Una Sana Canton, and provisional or overcrowded camps like ETC Lipa in Una Sana Canton (USC) or TRC Blažuj in Sarajevo Canton (SC). As an example, beneficiaries in ETC Lipa continuously report difficult living conditions related to the location of the center (open field, isolated and far from the city, with no public transport available, and exposed to harsh weather conditions), accommodation in overcrowded tents and consequent sleep deprivation due to noise.

Inadequate living conditions continue to present a risk factor to beneficiaries' well-being, as staying in shared spaces that offer no privacy, nor personal space, causes constant distress and increases the feeling of insecurity. Many beneficiaries are reporting persisting difficulties with falling asleep and resting, as well as feelings of helplessness, as they understand that the conditions in the ETC/TRC will not change any time soon. According to the intervention pyramid model (IASC), 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 possibility to spend time in a structured manner, as well as the opportunity to contribute to society through active inclusion and

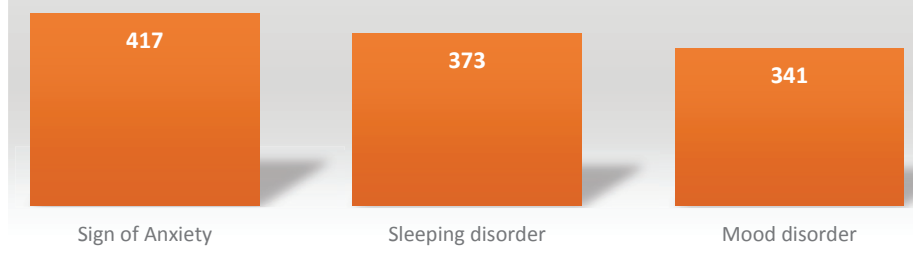
support networks, will in most cases be enough to preserve the mental health of beneficiaries. If their basic needs are met, a limited number of people will require the specialized care of mental health professionals. Therefore, enhancing the living conditions in ETC/TRC represents the fundamental precondition to prevent mental health problems and to improve the subjective wellbeing of the beneficiaries.

The closure of TRC Bira in September 2020, has aggravated the insufficiency of available accommodation capacities in general, leaving several people outside in the open, in a vulnerable position, without access to basic services. For some of the beneficiaries, this also meant the abrupt discontinuation of needed (psychotropic) medication.

MENTAL HEALTH OF MIGRANTS AND REFUGEES IN BiH

Mental health complaints for which beneficiaries frequently request psychological support include sleeping disorders, symptoms of depressive disorder (such as lack of energy, concentration difficulties, hopelessness, apathy, negative self-image, suicidal thoughts), tension, irritability, feeling of insecurity, loneliness, anxiety, panic attacks, adjustment disorders, acute stress

Most common complaints in 7 TRC/ETC (USC and SC) during June-November 2020 (6 months), based on 1169 individual counselling session

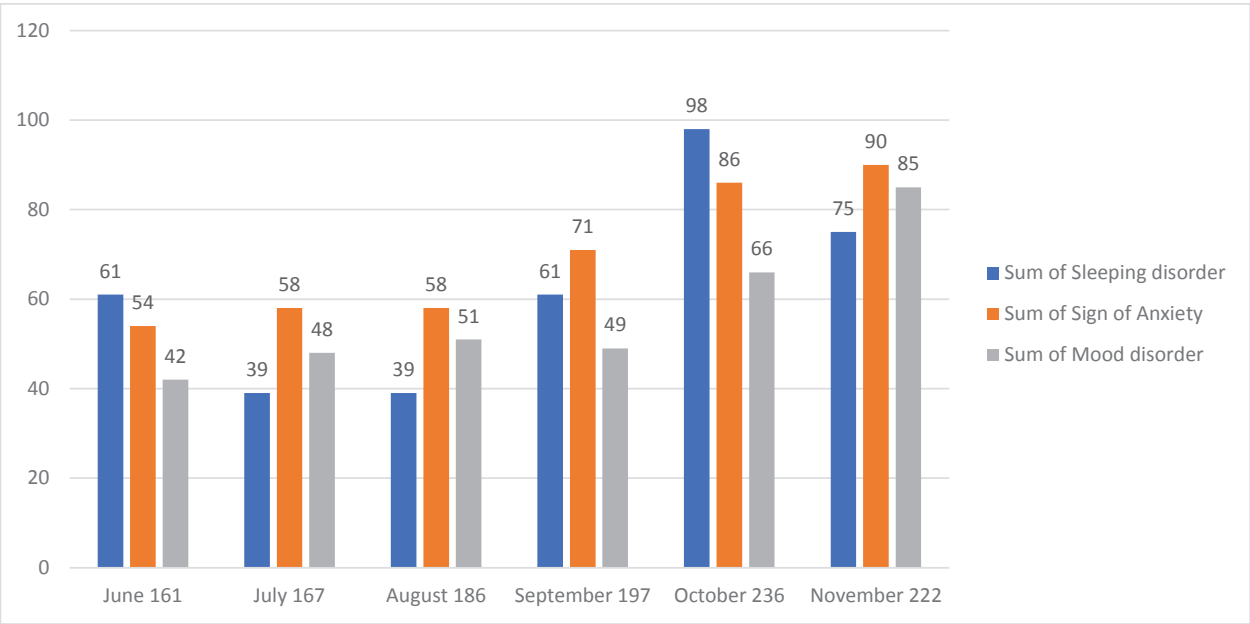


disorder, symptoms of post-traumatic stress disorder (PTSD), psychoactive substance abuse and, less prevalently, psychotic symptoms.

Three mental health complaints continually show the highest incidence throughout MdM intervention: sleeping complaints, anxiety complaints and mood disorders.

Based on the graph below, it is possible to detect some seasonal trends on the cohort’s main mental health complaints. During autumn and winter, as the weather conditions make attempts to cross

the border increasingly difficult and dangerous, more people are stranded in BiH and incidence of mental health related issues increases due to the preparation for unplanned prolonged stay in difficult and uncertain living conditions, often without adequate accommodation conditions, necessary social support and in many cases with exhausted coping mechanisms due to continuous and cumulative effects of daily exposure to stress. As a result, the demand for individual counselling sessions raises during autumn and winter months.



Horizontal axis presents total monthly number of individual counselling sessions, while vertical columns present sum of the reported main three complaints for each of the month during the period June – November 2020.

Sleep disorders

Sleep disorders are often a manifestation of other correlated mental health issues and are usually an initial reason for a client to seek mental health support (in the specific context, complaints usually include disrupted sleep, insomnia, and

nightmares). Moreover, sleeping patterns tend to be obstructed in ETC/TRC due to contextual reasons (noise) and habitual/personal causes (health condition, medications, and stimulants, such as coffee and energy drinks intake).

Anxiety and mood disorders

Signs of anxiety and stress are prevalent among migrants and refugees as they are co-dependant on humanitarian aid and services, while constantly facing insecurity about their future and feeling little or no control over their lives.

Mood disorder are a collective term for a wide spectrum of symptoms including sadness, mourning, depressive thoughts, irritability, loss of motivation, negative self-image, loss of hope, suicidal ideation etc. This complaint can be attributed during initial examinations session by MdM psychologists, while continual psychological counselling might lead to a more specific clinical picture.

A certain deterioration of mental health is observed by MdM psychologists after violent pushbacks, which leave consequences not only on those who suffered the assaults, but also on the whole community. People report feeling dehumanised and humiliated. On the other hand, the idea of returning to a country of origin is unacceptable for many migrants and refugees for various reasons, and with low prospects of advancing further towards the European Union, their hope fades, they **feel stranded and with the passing of time lose hope that the situation might change and improve**. Therefore, the reality of obstacles surrounding a life on the move, perpetuates feelings of anxiety, helplessness, loss of hope and fear which are considered normal reactions to extremely prolonged stressful situation.

Post-traumatic stress disorder (PTSD) symptoms

Trauma is defined as having experienced, witnessed or being confronted with an event that involves actual or threatened death or serious injury, or threat to the physical integrity of oneself or other people.⁷ PTSD symptoms include intrusive memories of traumatic event, avoiding thinking or talking about traumatic event, negative changes in thinking and mood, and changes in physical and emotional reactions that can cause

serious suffering and create significant problems in social situations and in relationships. Migrants and refugees 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. Many of our beneficiaries report experiencing trauma in their country of origin during pre-migration phase (such as persecution, torture, war, physical violence, rape, property damage, separation / loss of family members or threats) as well as experiencing traumatic events connected to migration and post-migration phase, such as violent pushbacks, violence from local police, violence from other migrants, and discrimination from the local population.

Psychoactive substance abuse

While not prevalent in ETC/TRC, alcohol consumption and other psychoactive substance abuse related issues can present a significant problem at individual and community levels, and are therefore monitored, registered, and analysed by MdM. In general, alcohol and substance use ranges from mild (an occasional social habit that does not escalate into addiction) to more serious cases of addiction, behavioural changes, and withdrawal crisis. In the context of migration, substance abuse most often includes the abuse of highly addictive drugs, usually prescribed for the treatment of neuropathic pain, opioid analgesics, and benzodiazepines - drugs prescribed for the treatment of anxiety symptoms. Due to traumatic experiences, psychosomatic symptoms, physical injuries, and psychological distress linked to the life on the move, migrants and refugees are exposed to a higher risk of developing addiction as a way of coping with stress and adverse life circumstances.

With the aim of building preventive mechanism and effective context-sensitive treatment of alcohol and psychoactive substance abuse, MdM has devised a Harm Reduction Pilot Program for

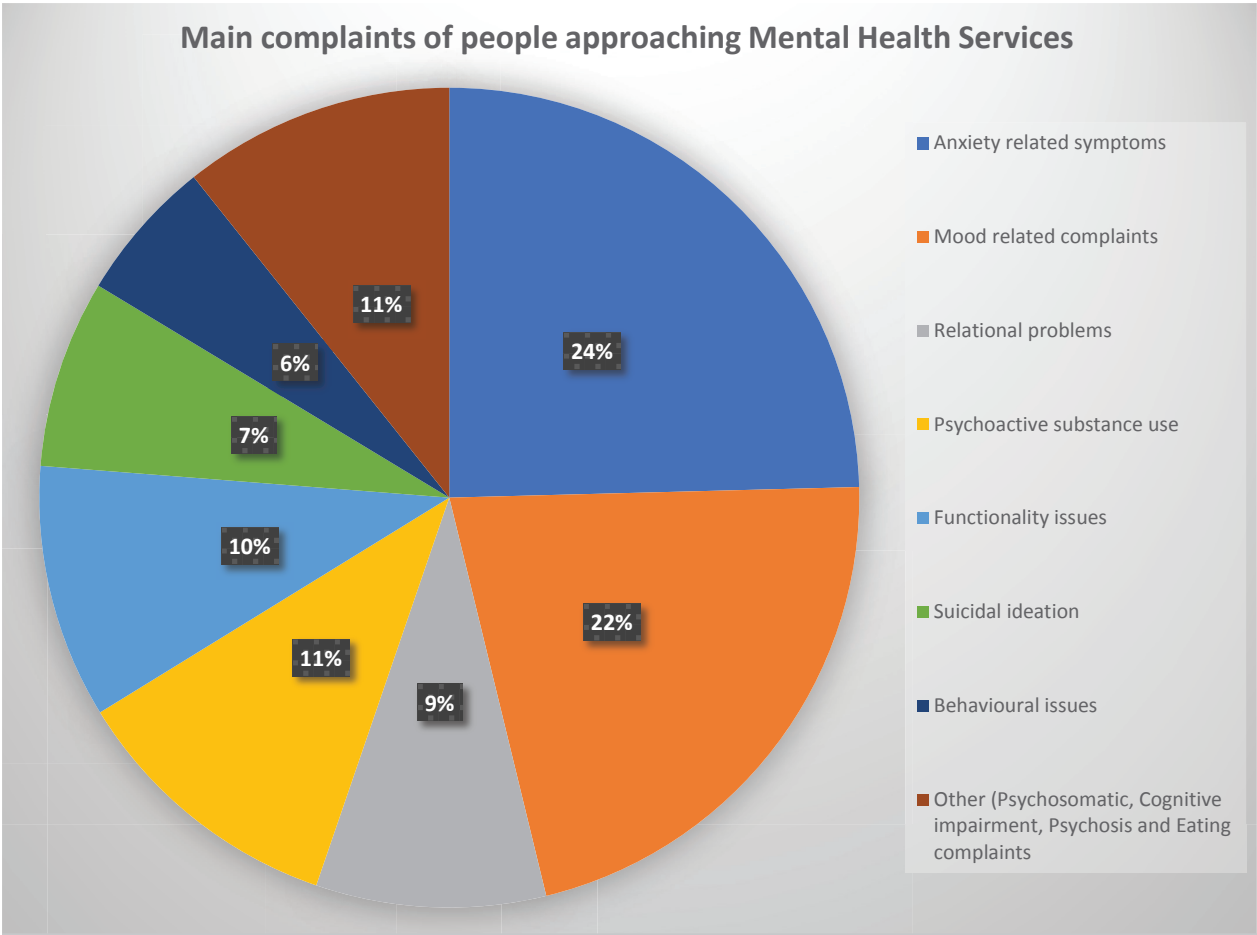
⁷ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*, (4th ed., text revision). Washington, DC: American Psychiatric Association.

beneficiaries accommodated in ETC Lipa. Three workshops on the topic of psychoactive substance abuse have been implemented to present the Harm Reduction Program to representatives of NGOs working directly with beneficiaries. The Program started in September 2020 and is implemented in partnership with DRC medical team in ETC Lipa.

Suicidal ideation

MdM psychologists have noted a rise in suicidal ideation, as well as in suicide attempts. Serious deterioration of pre-existing mental health in these circumstances can be linked to prolonged

state of uncertainty due to long administrative process of asylum-seeking, poor living conditions, local population’s deteriorated attitude towards migrants and refugees, lack of social support, incidence of violent pushbacks and violence from the local police officers, and the negative impact of the overall situation of instability and unpredictability. During the six months from June to November 2020, MdM psychologists have worked with patients who expressed suicidal ideation / attempted suicide. Unfortunately, one person, suffering from severe mental health disorder, committed suicide and was found dead near TRC Ušivak.



Analysis of prevalence of complaints is based on 1169 individual counselling sessions performed in the period June - November 2020 for 356 persons / individuals.

MDM RESPONSE AND BENEFICIARIES

MdM provides Mental Health and Psychosocial Support (MHPSS) on a daily basis for migrants and refugees residing in ETC/TRC in Bosnia and Herzegovina, through a set of services based on identified needs:

- **Individual psychological counselling:**

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. In cases of severe mental health conditions, referral to psychiatric care is necessary to provide beneficiaries with needed interdisciplinary care – combination of pharmacotherapy and psychological support (or psychotherapy when possible).

- **Empowerment and Psychoeducational Group Sessions:**

Serve to develop important life skills, ability to effectively communicate and build trust with members of the communities and develop psychological resilience and healthy coping strategies. Additionally, one of group sessions' main goals 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 seek / request specialised support, when needed.

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

- **MHPSS Case Management:** Enabling people with mental health conditions to access

psychiatric and further specialized services they may require (cases assessed by MdM psychologists who require further specialized mental health care through psychiatrist, neuropsychiatrist, or other available specialized mental health services, including state institutions).

- **Specific programs** with the aim 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. Beneficiaries are assisted through psychiatric care and provision of substitution therapy and followed up / monitored by mental health experts specialized in substance abuse treatment.
- Community Leadership Program involving motivated community members in a series of workshops aimed at enhancing their leadership skills to support the communities in ETC/TRC.
- MHPSS Awareness trainings for “front-line” workers active in the migration response, mainly focusing on MHPSS awareness, trauma-informed care, Psychological First Aid (PFA), stress-management/prevention of burn-out/relaxation techniques, psychoactive substance abuse and Harm Reduction Program.
- 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.

The base of MdM's preventive activities and mental health intervention is focused on preserving beneficiaries' feeling of hope and on building and strengthening psychological resilience and coping mechanisms, aiming to protect and improve their mental health and functionality in extremely

stressful situations, adverse life experiences 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.



Group session with community representatives "Conflict Resolution", TRC Miral, Una Sana Canton, November 20, 2020

KEY CHALLENGES AND RECOMMENDATIONS

Providing mental health care for people on the move present a challenge because it entails a holistic approach to their needs. Some of current key challenges and potential recommendations for the enhancement of migrants and refugees' mental health are listed below.

Provision of adequate accommodation for people with severe mental health disorders that also include severely impaired functionality and require constant monitoring and supervision.

- Mapping of available capacities and resources for accommodation of persons with severe mental health disorders at the state level and involvement of relevant institutions / actors

Limited accommodation options within the centers for people with mental disabilities who do not have severely impaired functionality (where collective accommodation can be a trigger for worsening of symptoms)

- Monitoring of cases on an individual basis (also through MHPSS case management) to advocate for an adequate accommodation solution (in accordance with the accommodation capacities)
- A coordinated joint approach to monitor the use of prescribed therapy paired with education to prevent arbitrary cessation of regular therapy and/or abuse (this includes a team consisting of psychiatrist and psychologist, medical and protection staff)

Stigmatization related to mental health difficulties

- There is a continual need for systematic sensitization of beneficiaries on mental health issues, conducted as part of MdM group activities, to give people the opportunity to

familiarize with 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 group and individual sessions with beneficiaries

Substance and/or alcohol abuse

- The need for further adaptation of the Harm Reduction Program to the context of ETC/TRC
- Development and implementation of Harm Reduction Programs adapted to the context of other Centers where the problem is present (such as TRC Miral and TRC Blažuj)
- Development of systematic support and interventions adapted to UASC presenting substance abuse issue

Mental health for children (lack of services for refugee children has a strong impact on the whole families and communities)

- 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.)

Systematic support for survivors of pushbacks (illegal violent returns)

- Ensure the availability of teams providing crisis response and intervention (medical staff, trained psychologists and trained cultural mediators)
- Ensure systematic monitoring and supervision of affected people and provision of further referrals if needed

Asylum procedures in BiH

- Ensuring faster and easier access to registration and asylum procedure
- Shortening and unification of the administrative process of international protection decision making
- Educating the staff involved on the specificities of working with the population with post-traumatic stress symptoms



About the organisation – 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-Herzegovina and obtained official registration in February 2019.

The present document is based on data / testimonies collected by MdM-BE in the framework of the project “Ensured Access to Health Services and Protection Response for asylum seekers, refugees and migrants in BiH”, funded by the European Union Humanitarian Aid, and implemented in partnership with the Danish Refugee Council (DRC). MdM’s objective in the Action focuses on the provision of comprehensive and quality MHPSS services for migrants, refugees and asylum seekers.

About EU Civil Protection and Humanitarian Aid

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Through its Civil Protection and Humanitarian aid Operations department (ECHO), the European Union helps millions of victims of conflict and disasters every year. With headquarters in Brussels and a global network of field offices, the EU provides assistance to the most vulnerable people on the basis of humanitarian needs.

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