SMERNICE ZA ZAŠTITU I UNAPREĐENJE MENTALNOG ZDRAVLJA IZBEGLICA, TRAŽILACA AZILA I MIGRANATA U REPUBLICI SRBIJI

GUIDANCE FOR PROTECTION AND IMPROVEMENT OF THE MENTAL HEALTH OF REFUGEES, ASYLUM SEEKERS AND MIGRANTS IN SERBIA

Podrška Evropske unije upravljanju migracijama u Republici Srbiji

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Smernice za zaštitu i unapređenje mentalnog zdravlja izbeglica, tražilaca azila i migranata u Republici Srbiji su razvijene u sklopu Podrške Evropske unije upravljanju migracijama u Republici Srbiji.

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UVOD

Prema izveštaju Visokog komesarijata Ujedinjenih nacija za izbeglice *(1)* u Republici Srbiji je 24. juna 2018. godine registrovano 2.997 izbeglica, tražilaca azila i migranata, od čega ih je 2.673 (89,19%) smešteno u neki od zvaničnih smeštajnih centara (centri za azil, prihvatni i prihvatno-tranzitni centri).

U radu s ovom populacijom, prisutni su višestruki izazovi *(2)*. Izbeglice, tražioci azila i migranti suočavaju se s individualnim stresogenim ili traumatskim iskustvima, redukcijom mreže socijalne podrške, i kulturološkom i jezičkom barijerom. Stoga, i mimo očuvanih snaga i resursa, mogu biti pod rizikom za razvoj distresa i problema mentalnog zdravlja. Osobe koje im pružaju pomoć, svoj rad obavljaju pod veoma kompleksnim uslovima, te su eksponirane faktorima rizika za nastanak sindroma sagorevanja i vikarijske ili sekundarne traumatizacije. Postojeći sistem zaštite i unapređenja mentalnog zdravlja susreće se sa zahtevima za preciziranjem metodologije procene potreba i mentalnog zdravlja izbeglica, tražilaca azila i migranata, individualizacijom pristupa njima, i posebnom brigom o vulnerabilnim grupama u okviru tih subpopulacija. Zatim, s neophodnostima integracije postupaka i mera koje se sprovode u praksi u ustanovljeni sistem zdravstvene zaštite Republike Srbije *(3, 4)*, te s koordinacijom i racionalizacijom dostupnih resursa.

Takođe, dosadašnji humanitarni odgovor zahteva redefinisanje, budući da su promenjene društveno-političke okolnosti i odluke u regionu *(5)* vodile tome da je kretanje izbeglica, tražilaca azila i migranata u Republici Srbiji sve manje tranzitne prirode, a sve ih se veći broj zadržava.

Smernice predstavljaju ekstenziju i operacionalizaciju potreba za prilagođavanjem postojećeg sistema zdravstvene zaštite, podrške i usluga navedenim izazovima i novonastalim uslovima.

Opšti cilj smernica jeste izrada sistemskih preporuka u vezi sa:

- organizacijom usluga zaštite i promocije mentalnog zdravlja;
- merama i aktivnostima koje će biti sprovođene i
- potrebnim resursima za uključivanje učesnika u planirane postupke, te određivanja toga ko od učesnika, na koji način i u kojem opsegu biva uključen.

Grafikon 1. Opšti cilj smernica

PRIKAZ SITUACIJE U REPUBLICI SRBIJI

Izbeglice, tražioci azila i migranti izloženi su višestrukim faktorima rizika *(2)*. Učestalo saopštavaju o brojnim stresogenim i traumatskim iskustvima kako u pre-migracionom (gubitak člana porodice ili prijatelja, fizičko nasilje, masovno uništavanje imovine), tako i u migracionom periodu (iscrpljujuća i dugotrajna putovanja; gubitak slobode; fizičko nasilje; otuđivanje imovine; životna ugroženost; nedostatak hrane, vode i bilo kakvog skloništa) *(2, 6, 7)*. Neka od njih doživeli su i po dolasku u zemlju trenutnog boravka *(6)*. Njihova mreža socijalne podrške trpela je počevši od toga da su neretko u zemlji porekla ostavljali porodicu ili nekog od članova porodice (najčešće roditelje ili rođake, ali i dete i/ili supružnika). Porodice su se razdvajale i tokom samog putovanja. Doživljaji razdvojenosti od najbližih, te usamljenosti i izolovanosti, kao dominirajuće posledice socijalne deprivacije, vidljivi su i u postmigracionom periodu. Oni doprinose urušavanju strukture i mehanizama podrške unutar postojeće zajednice, kao i kapaciteta članova zajednice da pomažu jedni drugima. Jezička i kulturološka barijera dodatno otežavaju psihološku i funkcionalnu restituciju, i socijalnu integraciju ove populacije.

Prema rezultatima istraživanja iz 2017. godine *(2),* o izvesnim tegobama u oblasti mentalnog zdravlja izveštava 88,5% tražilaca azila smeštenih u centrima od kojih je, prilikom procene, čak 2/3 ispoljilo značajan stepen psihološke vulnerabilnosti. Simptome akutnog distresa manifestovalo ih je više od 2/3, simptome posttraumatskog stresnog poremećaja (PTSP) ispoljavalo je njih 28,1%[1], dok je njih 48.1% ispoljilo simptome depresije *(2).* Sa druge strane, podaci o aspektima pozitivnog mentalnog zdravlja, snaga i resursa ličnosti, kao i rezilijentnosti pokazuju da više od polovine izbeglica, tražilaca azila i migranata izveštava o tome da poseduje kapacitete da prevladaju prepreke i izazove s kojima se suočavaju, od čega čak 40% veruje da mogu prevazići bilo koji životni izazov. Takođe, 83% izbeglica, tražilaca azila i migranata smatra da su „sposobni da u životu postignu velike stvari", dok je 80% „optimistično u pogledu budućnosti" *(2).* Ti nalazi, pre svega, upućuju na to da i pored mogućeg prisustva psiholoških tegoba, većina izbeglica ima i očuvane snage ličnosti i kapacitete za prevladavanje. Drugo, oni idu u prilog tome da kod te populacije, prisustvo određenih psihičkih tegoba ne mora nužno ukazivati na prisustvo mentalnih poremećaja, već može predstavljati reakciju na teška iskustva tokom migracije i životne okolnosti u kojima se nalaze.

Osobe angažovane u radu s izbeglicama, tražiocima azila i migrantima svoju delatnost obavljaju u krajnje kompleksnim uslovima. Potreban broj usluga često prelazi granice njihovih mogućnosti, te vodi prekovremenim časovima rada. Neretko su suočeni sa zahtevom za brzom i efikasnom modifikacijom postojećih tehnika i metoda rada u susretu s urgentnim potrebama, pokretljivošću ili pak mogućnošću produženog boravka ciljne populacije. Sindrom sagorevanja, kao i sekundarna ili vikarijska traumatizacija *(9, 10)* kod osoba koje rade pod tako složenim uslovima, s korisnicima koji su često preživeli mnogobrojna traumatska iskustva, predstavljaju učestale pojave, za koje je pokazano da mogu imati izrazito nepovoljan efekat na profesionalni i lični život, i fizičko i mentalno zdravlje *(10–12).* Brojnost jezika i dijalekata ove, veoma heterogene populacije korisnika, otežava izbor i angažman prevodilaca. U prisustvu prevodioca, korisnici psihološke podrške i psihijatrijske zaštite i lečenja mogu biti manje spremni da govore o sebi zbog doživljaja narušavanja privatnosti u prisustvu „trećeg lica", propusta da se vodi računa o rodnoj osetljivosti odnosa koji se uspostavlja, ali i ideje o tome da prevodilac može uticati na odluke u vezi s pitanjima koja su značajna za status i život korisnika.

U postojećem sistemu zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata u Srbiji postoje mnogobrojni resursi, no nisu u potrebnoj meri koordinisani i raspoređeni, i izostaje jasno definisana organizaciona struktura. To kreira prostor da pružena pomoć i podrška ne budu u skladu s realnim potrebama ili da, pod određenim okolnostima, neki od onih kojima je to zaista potrebno, i ne budu obuhvaćeni uslugama. Edukovani kadar za procenu mentalnog zdravlja te populacije, jeste deficitaran. Usled toga, oni kojima je dovoljna pomoć ustanova primarnog ili sekundarnog nivoa zdravstvene zaštite, mogu biti upućeni u tercijerne i obrnuto. Izbor najpodesnijeg mo-

1 Poređenja radi, prema rezultatima nacionalne studije objavljene 2013. godine, prevalenca PTSP-a u opštoj populaciji u Republici Srbiji, iznosila je 18,8% (8).

dela procene mentalnog zdravlja izbeglica, tražilaca azila i migranata takođe je važno pitanje, budući da je u relevantnoj literaturi moguće zapaziti polarizaciju između pozivanja na dijagnostičke hipoteze i deskriptivna određenja trpnje migranata, s jedne strane, i trenda ka usklađivanju kategorija procene mentalnog zdravlja tražioca azila s važećim klasifikacijama bolesti i poremećaja, s druge *(13).* Zaštita vulnerabilnih grupa (deca i adolescenti, žene – posebno trudnice, žrtve rodno zasnovanog nasilja, stara lica, lica s posebnim potrebama, žrve torture, žrtve trgovine ljudima) dobija na značaju, budući da te grupacije dodatno i pojačano trpe pod stresogenim i traumatizujućim okolnostima.

Navedene okolnosti i nedostatak jasne organizacione strukture mogu dodati na kompleksnosti 1) aktivnostima utvrđivanja i poštovanja procedura za određivanje prioriteta korisnika kojima će biti obezbeđena asistencija, 2) obezbeđivanju dobrovoljnog učešća korisnika u procesu donošenja odluka i 3) primeni postupaka zaštite privatnosti podataka i procedura dobijanja saglasnosti.

Trend produženog zadržavanja izbeglica, tražilaca azila i migranata u Republici Srbiji pokreće pitanja njihove socijalne integracije, dinamike azilnih postupaka i adekvatnosti privremenih smeštajnih objekata kao trajnih rešenja.

Principi organizacije zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata u Republici Srbiji

Zaštita mentalnog zdravlja izbeglica, tražilaca azila i migranata odvija se pod opštim okvirom nacionalnog sistema zdravstvene zaštite i predstavlja njegovu integrativnu komponentu[2]. Stoga, bazična preporuka je da ona bude organizovana u skladu s principima zdravstvene zaštite ustanovljenim na nivou Republike Srbije *(3, 4)*.

To pretpostavlja definisanje:

1. organizacione strukture angažovanih ustanova, institucija i pojedinaca;
2. precizno određenje toga koji se nivo podrške realizuje na kojoj od navedenih instanci, kao i to ko je realizuje.

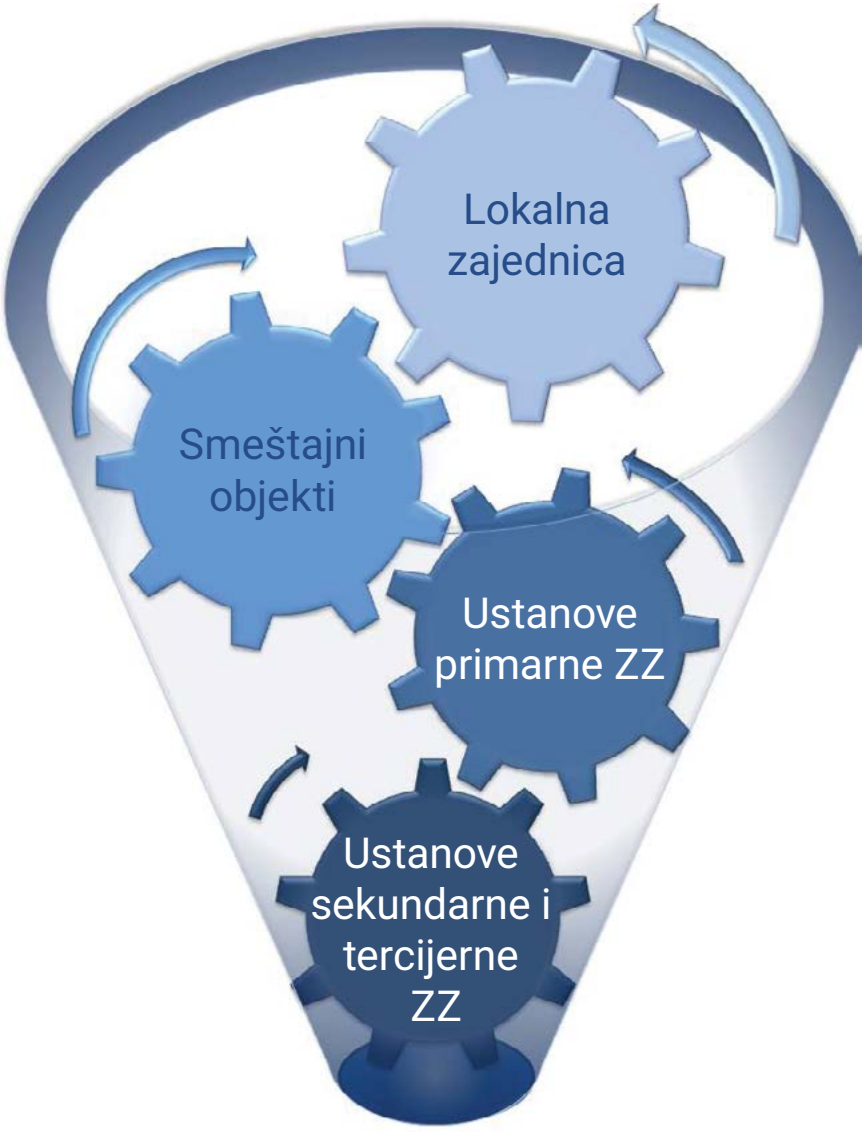
Definisanje organizacione mape aktivnosti, usklađene s ustanovljenim sistemom zdravstvene zaštite Republike Srbije, predstavlja nužan preduslov za realizaciju cilja Smernica.

Aktivnosti je potrebno organizovati na način da postoji jasno određena struktura relevantnih ustanova i institucija. Ona pretpostavlja sinhronizovano i plansko implementiranje mera i aktivnosti zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata, počev od lokalne zajednice. Zatim, preko centara za azil, prihvatnih i prihvatno-tranzitnih centara, domova za malolentna lica i prihvatilišta za strance[3], pa do ustanova primarne i sekundarne, a pod izuzetnim okolnostima i tercijerne zdravstvene zaštite.

2 Za više informacija o sistemima zaštite mentalnog zdravlja u zemljama članicama Svetske zdravstvene organizacije pogledati publikaciju Svetske zdravstvene organizacije Mental health atlas 2017 (14).

3 u daljem tekstu smeštajni objekti

Grafikon 2. Tok aktivnosti zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata – od opštih, na nivou lokalne zajednice, do visokospecijalizovanih usluga u ustanovama sekundarne, po potrebi i tercijerne zdravstvene zaštite.



ZZ: zdravstvene zaštite

Intervencije i dostupne usluge u oblasti mentalnog zdravlja

Intervencije u oblasti mentalnog zdravlja u kontekstu rada s izbeglicama, tražiocima azila i migrantima, sprovode se s nekoliko opštih ciljeva: 1) prevencije odnosno osnaživanja radi ostvarivanja kvalitetnijeg života i radi lakšeg i uspešnijeg nošenja sa životnim okolnostima u kojima se nalaze, a za koje je pokazano da nose rizik za javljanje psiholoških teškoća i mentalnih poremećaja *(13, 15, 16), 2)* pružanja pomoći u savladavanju, prihvatanju i nošenju sa životnim okolnostima i prethodnim iskustvom, kao i pomoć u ostvarivanju ličnih potencijala i kvalitetnijeg života i 3) lečenja odnosno otklanjanja ili ublažavanja psiholoških tegoba *(17).*

Imajući u vidu to da intervencije u oblasti mentalnog zdravlja mogu redukovati tegobe i unaprediti kvalitet života izbeglica, tražilaca azila i migranata *(18–20),* u nastavku teksta biće navedene usluge koje je potrebno učititi dostupnim izbeglicama, tražiocima azila i migrantima[4] u okviru smeštajnih objekata. Te usluge obuhvataju procenu mentalnog zdravlja korisnika, aktivnosti usmerene na prevenciju mentalnih poremećaja i poremećaja ponašanja, psihološku podršku i psihijatrijsku zaštitu i lečenje.

Kako bi se 1) blagovremeno identifikovale osobe kojima su potrebne dodatna pomoć i podrška i 2) putem dostupnih zvaničnih servisa i sistema zdravstvene zaštite obezbedile adekvatne i uvremenjene intervencije i psihološka podrška, te tako predupredilo dodatno izlaganje stresu ili moguća retraumatizacija, neophodno je da predviđene aktivnosti budu valjano koordinisane i organizovane. Stoga su, u okviru navedenih grupa aktivnosti, iznete preporuke o tome **kome** su aktivnosti namenjene, **gde** i **kada** se sprovode, šta obuhvataju i **ko** ih pruža.

4 u daljem tekstu, alternativno, *korisnicima*

Grafikon 3. Shema organizacije zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata u Republici Srbiji – mesta pružanja usluga i pripadajući nivoi usluga

Inicijalna procena mentalnog zdravlja

Kome: korisnicima koji su smešteni u zvaničnim smeštajnim objektima za korisnike na teritoriji Republike Srbije.

Gde: u svim zvaničnim smeštajnim objektima.

Kada: neposredno po ulasku u smeštajne objekte, kao sastavni deo inicijalnog sistematskog pregleda, u skladu sa Zakonom o azilu i privremenoj zaštiti *(21)*[5].

Šta: uzevši u obzir značaj pravovremene dijagnostike za pružanje odgovarajuće podrške i tretmana korisnicima, a takođe i za potrebe procene i definisanja realnih kapaciteta postojećeg sistema zdravstvene zaštite odnosno zaštite mentalnog zdravlja, prepo-

5 Član 54: Prilikom prijema u centar za azil ili drugi objekat za smeštaj, svi tražioci se zdravstveno pregledaju, a obavljanje zdravstvenih pregleda bliže uređuje ministar nadležan za poslove zdravlja. Tražilac ima pravo na zdravstvenu zaštitu, u skladu sa propisima kojima je uređena zdravstvena zaštita stranaca. U omogućavanju ostvarivanja prava na zdravstvenu zaštitu tražioca, odgovarajuća zdravstvena zaštita prioritetno se pruža teško obolelom tražiocu, tražiocu koji je žrtva mučenja, silovanja i drugih teških oblika psihološkog, fizičkog ili seksualnog nasilja, kao i tražiocu s mentalnim smetnjama.

ruka je da se inicijalna procena mentalnog zdravlja obavlja u dva koraka. Po prihvatu korisnika u smeštajne objekte, u okviru obaveznog medicinskog skrininga, preporučuje se i skrining na mentalne poremećaje i poremećaje ponašanja. Predlaže se upotreba mhGAP master tabele *(22, 23)*, kao polazne tačke za dalju procenu mentalnog zdravlja ili neki od prilagođenih i standardizovanih skrining instrumenata koji su kratki, senzitivni i za zadavanje jednostavni instrumenti za identifikovanje osoba pod rizikom. U slučaju pozitivnog nalaza, kao naredni korak predlaže se upotreba nekog od instrumenata za sprovođenje sveobuhvatnijeg skrininga mentalnog zdravlja, koji su u saglasnosti sa desetom revizijom Međunarodne klasifikacije bolesti i poremećaja *(24)*. Izveštaj o rezultatima inicijalne procene mentalnog zdravlja, kao i izveštaji o svim narednim intervencijama koje su iz procene proizašle, sastavni su deo medicinskog kartona korisnika. Da bi se osiguralo da sprovođenje skrininga, i sveobuhvatnije i preciznije procene mentalnog zdravlja, budu u skladu sa relevantnim etičkim principima i normama, potrebno je preduzeti sledeće korake *(25–27)*:

- Skrining/procena mentalnog zdravlja bi trebalo da se sprovodi sa ciljem postizanja dobrobiti za pojedinca i društvo, te da bude u funkciji potreba izbeglica, tražioca azila i migranata.
- Prilikom skrininga/procene neophodno je voditi računa o njenim ciljevima i svrsi, tj. nužno je da bude integrisana sa dostupnim uslugama lečenja, zaštite i podrške.
- Procenjivač je dužan da poštuje privatnost i najbolji interes korisnika, i da osigura poverljivost podataka do kojih je došao prilikom skrininga/procene.
- Skrining/procena mentalnog zdravlja mora biti nediskriminišuća i nestigmatizujuća.
- Skrining/procena treba da bude na dobrovoljnoj bazi, i sprovedena tek nakon što procenjivač pribavi od korisnika validnu saglasnost za učestvovanje u skriningu/proceni.
- Važno je informisati korisnika da odbijanje skrininga/procene neće uticati na dostupnost drugih servisa, tj. da ima pravo da odbije skrining/procenu.
- Informacije ili izveštaji dobijeni na osnovu skrininga/procene mentalnog zdravlja korisnika poverljive su prirode, te mogu biti deljeni sa trećim licem tek nakon dobijene saglasnosti korisnika, osim u slučajevima ograničenja poverljivosti koji su definisanim zakonom, a koji su predočeni korisniku pre pribavljanja saglasnosti.
- Potrebno je obezbediti adekvatan odgovor na moguće rizike, kao i evaluaciju efikasnosti skrininga/procene.
- Bitno je predupredити stvaranje nerealističnih očekivanja korisnika od rezultata, tj. ishoda skrininga/procene.
- Izbeći intruzivno ispitivanje.
- Za intervjuisanje dece ili drugih grupa sa specifičnim potrebama (kao što su osobe preživele rodno-zasnovano nasilje), pretpostavka je da procenjivači imaju adekvatno znanje i iskustvo za rad.

Ko: prvi korak inicijalne procene mentalnog zdravlja, tj. skrininga, obavlja doktor medicine ili drugi članovi medicinskog tima smeštajnog objekta (medicinska sestra, psiholog) koji su prošli obuke iz kulturološke senzitizacije i specifičnosti rada u izbegličkom kontekstu. Ukoliko lekar prilikom inicijalnog sistematskog pregleda utvrdi da postoje indikacije za sveobuhvatnijom i preciznijom dijagnostikom uočenih simptoma, u obavezi je da uputi korisnika psihologu[6] na dalju psihološku procenu. Takođe, neophodno je da prilikom procene mentalnog zdravlja korisnika bude prisutan i prevodilac koji je, osim obuke usmerene na senzitivizaciju za rad s izbegličkom populacijom, pohađao i obuku za pružanje prevodilačkih usluga u oblasti mentalnog zdravlja.

Prevencija mentalnih poremećaja i poremećaja ponašanja

Kome: korisnicima kod kojih se na osnovu psihološke procene, ili na osnovu pripadnosti posebno osetljivoj grupi, ustanovi potreba za aktivnostima koje će za cilj imati osnaživanje, prevenciju poremećaja u oblasti mentalnog zdravlja, unapređenje psihološke dobrobiti kao i normalizaciju i unapređenje kvaliteta života, kao i korisnicima koji se dobrovoljno opredele za učesće u ovom tipu usluga.

Gde: u smeštajnim objektima, kao i na različitim lokacijama van smeštajnih objekata, odabranim na osnovu cilja i tipa aktivnosti koja se sprovodi.

Kada: nakon sprovedene inicijalne procene mentalnog zdravlja, ukoliko se identifikuje potreba za dodatnom podrškom, ili ukoliko se korisnici samostalno opredele za učešće u ovom tipu usluga.

Šta: strukturirane i polustrukturirane aktivnosti koje se obavljaju prema unapred ustanovljenim principima, a za cilj imaju organizovanje, strukturiranje i unapređenje kvaliteta svakodnevnog života i prevenciju mentalnih poremećaja i poremećaja ponašanja.

Ko: osobe s adekvatnom obukom usmerenom na senzitizaciju za rad s izbegličkom populacijom, u okviru ili u koordinaciji s relevantnim institucijama i organizacijama. Tokom sprovođenja usluga, preporučeno je, iako ne i uvek neophodno, prisustvo prevodioca. Potrebno je da svi prevodioci koji se angažuju, prođu obuku usmerenu na senzitizaciju za rad s izbegličkom populacijom.

Psihološka podrška

Kome: korisnicima kod kojih se na osnovu inicijalne procene identifikuju psihološke tegobe i teškoće u svakodnevnom funkcionisanju; korisnicima koji pripadaju posebno osetljivim grupama, kao i korisnicima koji se dobrovoljno opredele za učešće u ovim aktivnostima.

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Gde: u smeštajnim objektima u kojima borave korisnici, u prostorijama koje omogućuju privatnost.

Kada: nakon sprovedene inicijalne procene mentalnog zdravlja, ukoliko se identifikuje potreba za psihološkom podrškom, ili ukoliko se korisnici samostalno opredele za učešće u ovim aktivnostima.

Šta: 1. Psihološka prva pomoć. Ovaj vid podrške ima za cilj inicijalno zbrinjavanje osobe i kratkoročno pružanje pomoći i podrške. Čine je kratke i strukturirane intervencije koje se obavljaju prema unapred definisanim pravilima i procedurama *(28)* i uključuje strategije *(28,29)* koje redukuju distres uzrokovan traumatskim događajima, podstiču kratkoročno i dugoročno adaptivno funkcionisanje i efikasnije načine prevladavanja stresa. Ova forma podrške pretpostavlja uspostavljanje kontakta i odnosa poverenja, stvaranje „sigurnog" okruženja (obezbeđivanje fizičke sigurnosti, pružanje potrebnih informacija o datoj situaciji i raspoloživim vrstama pomoći i službi) i stabilizaciju (podršku, smirivanje, uspostavljanje doživljaja predvidljivosti i kontrole). Zatim, procenu potreba i aktuelne trpnje, a radi planiranja strategija pomoći[7], i kreiranje atmosfere poverenja u kojoj će korisnik moći da podeli doživljaje i osećanja u vezi s aktuelnim i prethodnim traumatskim iskustvom i relevantnim sadržajima, kao i informacije o reakcijama na njih[8]. Pretpostavlja i pružanje praktične pomoći na osnovu identifikovanja trenutnih potreba, nastojanja ka obezbeđivanju socijalne podrške posebno porodice i bliskih osoba, informisanje o manifestacijama stresa i strategijama za njegovo prevladavanje *(30)*, i povezivanje s raspoloživim službama za pružanje pomoći.

Ko: osobe s adekvatnim obukama za pružanje psihološke prve pomoći i obukama usmerenim na senzitizaciju za rad s izbegličkom populacijom, u okviru ili u koordinaciji s relevantnim institucijama i organizacijama. Za sprovođenje ovog tipa usluge, neophodno je učešće prevodioca koji je prošao obuke usmerene na senzitizaciju za rad s izbegličkom populacijom, kao i obuku za pružanje prevodilačkih usluga u oblasti mentalnog zdravlja.

Šta: 2. Psihološke intervencije. Ovaj tip podrške uključuje aktivnosti u oblasti zaštite i unapređenja mentalnog zdravlja korisnika, koje za cilj imaju osnaživanje i pružanje psihološke pomoći i podrške *(31–33),* kao što su: psiho-edukativne usluge; usluge podrške porodici, adolescentima i/ili starim licima; vršnjačka podrška; podrška usmerena na jačanje kapaciteta zajednice; podrška porodici koja se stara o svom detetu ili odraslom članu porodice sa smetnjama u razvoju; podrška u slučajevima nasilja; druge psihološke intervencije *(34)*.

7 psihološka prva pomoć ili upućivanje na dalju medicinsku/psihijatrijsku procenu, pomoć i zaštitu po principima preporučenim u Smernicama.

8 ne uključuje nužno razmatranje i analizu traumatskog iskustva korisnika, tj. primenu „psihološkog debrifinga" koji je indikovan pod okolnostima stručne procene psihološkog stanja korisnika, kao i izvesnosti obezbeđivanja kontinuiteta u radu, te praćenja.

Ko: psiholozi[9] koji su prošli obuke usmerenu na kulturološku senzitizaciju i specifičnosti rada u izbegličkom kontekstu. Pored psihologa, za sprovođenje ovog tipa usluge, neophodno je učešće prevodioca koji je prošao obuke usmerene na senzitizaciju za rad s izbegličkom populacijom kao i obuku za pružanje prevodilačkih usluga u oblasti mentalnog zdravlja.

Psihijatrijska zaštita i lečenje

Kome: korisnicima kod kojih se identifikuju smetnje i poremećaji u domenu mentalnog zdravlja, koji su i pre napuštanja zemlje porekla imali neki psihijatrijski poremećaj, pa je došlo do relapsa i dekompenzacije osnovne psihijatrijske bolesti u kriznoj situaciji, korisnicima s psihotičnom simptomatologijom koji nisu funkcionalni, ili onima za koje postoji rizik da bi mogli nauditi sebi ili drugima, kao i korisnicima s bolestima zavisnosti, koji su pod rizikom da razviju apstinencijalnu krizu.

Gde: u nadležnim ustanovama primarne, sekundarne i tercijerne zdravstvene zaštite. Nadležne ustanove primarne zdravstvene zaštite jesu domovi zdravlja odnosno specijalističko-konsultativne službe kojima smeštajni objekti teritorijalno pripadaju. Relevantne ustanove sekundarne i tercijerne zdravstvene zaštite jesu psihijatrijska odeljenja teritorijalno nadležnih opštih bolnica. Sve do smeštaja u opštu bolnicu, neophodno je obezbediti kontinuum u praćenju pacijenta za kojega je indikovan hospitalni tretman, što znači da je neophodna intenzivna saradnja tima iz smeštajnog objekta i tima iz doma zdravlja. Takođe, prilikom otpusta s bolničkog lečenja, pacijent se upućuje na dalje praćenje tima iz doma zdravlja. Celokupan tretman[10], osim primene intenzivne parenteralne terapije, sprovodi tim iz smeštajnog objekta (lekar, medicinska sestra, psiholog).

Kada: nakon inicijalne procene, ukoliko je identifikovana potreba, korisnik se dalje upućuje u primarnu zdravstvenu zaštitu. U slučaju da postoje indikacije za prijem na kratkotrajni intenzivni bolnički tretman, korisnik se upućuje u ustanove sekundarne i, pod izuzetnim okolnostima, tercijerne zdravstvene zaštite.

Šta: dijagnostički postupak, lečenje, po potrebi prijem i/ili smeštaj u ustanovu stacionarnog tipa i uključivanje u odgovarajuće psiho-obrazovne programe koji se sporovode u hospitalnim uslovima.

Ko: članovi multidisciplinarnih timova domova zdravlja odnosno specijalističko-konsultativnih službi, kao i psihijatrijskih odeljenja teritorijalno nadležnih opštih bolnica, koji su prošli obuke usmerene na senzitizaciju za rad s izbegličkom populacijom. Dodatno, za sprovođenje ovog tipa usluge, neophodno je obezbediti prisustvo prevodioca[11] koji

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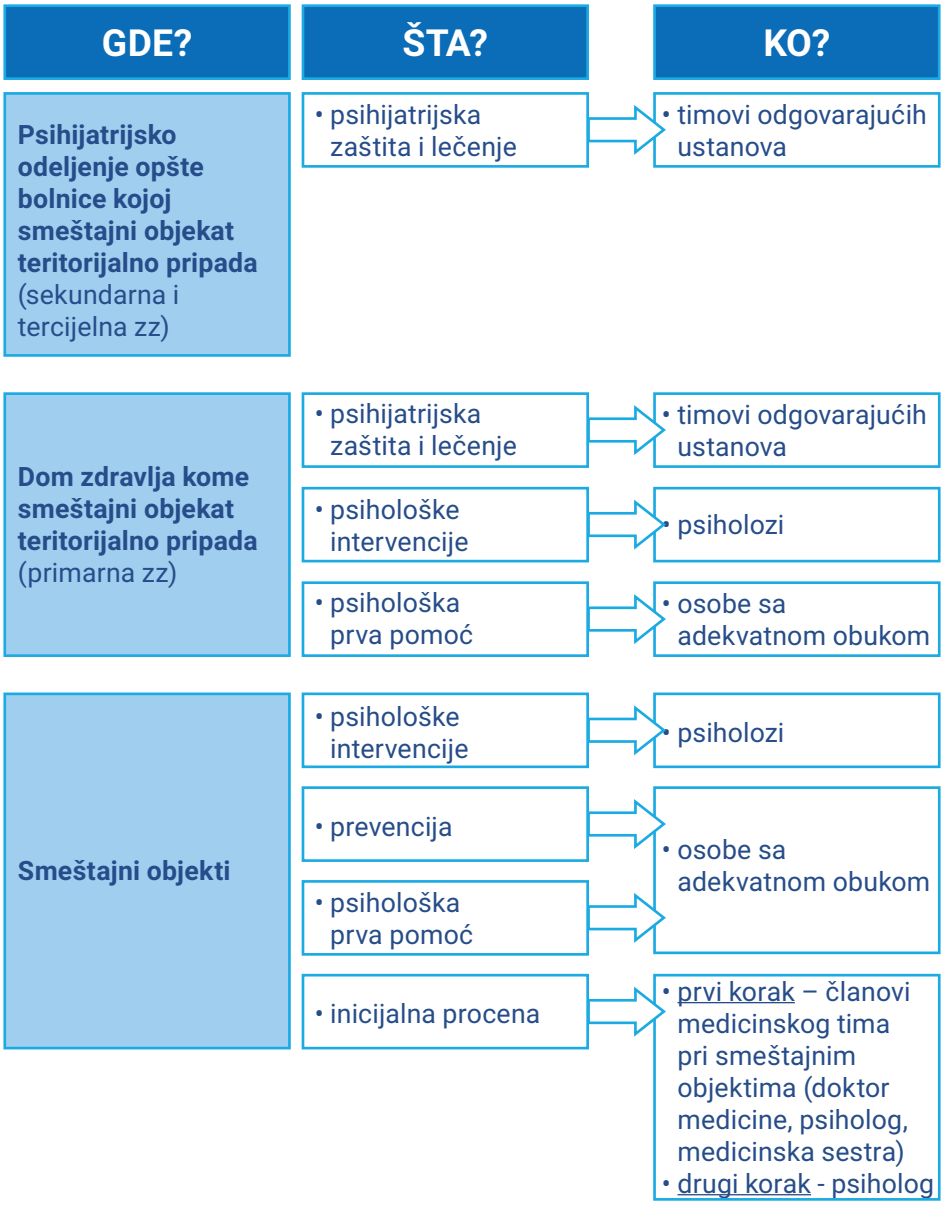
10 Biopsihosocijalni tretman

11 prevodioci angažovani po osnovu pripravnosti, kako bi se za potrebe hitnih slučajeva obezbedila permanentna dostupnost usluga prevodioca

je, osim obuke usmerene na senzitizaciju za rad s izbegličkom populacijom, završio i obuku za pružanje prevodilačkih usluga u oblasti mentalnog zdravlja, kako bi se osiguralo 1) pružanje zaštite i lečenja najosetljivijim korisnicima i 2) adekvatno i pravovremeno odgovorilo na vanredne situacije koje zahtevaju hitno reagovanje.

Grafikon 4. Shema organizacije zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata u Republici Srbiji – mesta pružanja usluga, pripadajući nivoi usluga i pružaoci usluga



zz: zdravstvena zaštita

PREPORUKE ZA IMPLEMENTACIJU DOBRE PRAKSE

Preporuke se tiču predloženog sistema zaštite i unapređenja mentalnog zdravlja korisnika i neposrednog rada s korisnicima.

Sistemske preporuke

Na nivou celokupnog predloženog sistema zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata, od posebnog su značaja:

- uspostavljanje koordinacije i saradnje svih učesnika u procesu zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata na nivou svakog smeštajnog objekta, tj. kontinuirane komunikacije i saradnje različitih institucija i organizacija koje se bave zdravstvenim, pravnim, obrazovnim i drugim aktivnostima kako bi se integracijom servisa usmerenih na mentalno i fizičko zdravlje obezbedila pravovremena i multisektorska zaštita i podrška;
- organizovanje postupaka zaštite i unapređenja mentalnog zdravlja korisnika po principima holističkog pristupa odnosno nastojanje ka integraciji mera i postupaka različitih nivoa prevencije (zaštita i unapređenje mentalnog zdravlja, edukacija izbeglica, tražilaca azila i migranata u vezi s mentalnim zdravljem, identifikovanje faktora rizika za nastanak mentalnih poremećaja, rano otkrivanje i dijagnostika, lečenje i rehabilitacija, reedukacija, reintegracija i resocijalizacija) u skladu s etičkim principima, najvišim standardima nauke i empirijski utemeljene prakse;
- poštovanje procedura dobrovoljnog učešća u dostupnim uslugama, obezbeđivanja privatnosti podataka i dobijanja validne saglasnosti korisnika za učešće u aktivnostima.
- kulturološka senzitizacija i edukacija za rad s izbeglicama, tražiocima azila i migrantima (pored posedovanja relevantnih profesionalnih kvalifikacija), putem odgovarajuće obuke, kao nužni preduslov da bi neko bio angažovan u sistemu pružanju usluga zaštite i unapređenja mentalnog zdravlja korisnika;
- senzitizacija pripadnika različitih profesija, koji su u direktnom kontaktu s korisnicima, za pitanja mentalnog zdravlja, putem odgovarajuće obuke, kako bi se dodatno obezbedila pravovremena identifikacija korisnika kojima je potrebna dodatna podrška i usmeravanje na relevantne institucije i organizacije;
- kontinuirana supervizija za osobe koji pružaju usluge korisnicima, kako bi se osiguralo dugoročno osnaživanje i pružanje podrške, kao i monitoring sprovođenja usluga – superviziju može da sprovodi psihijatar ili psiholog sa zvanjem psihoterapeuta i iskustvom u pružanju usluga u oblasti zaštite i unapređenja mentalnog zdravlja izbeglica, tražilaca azila i migranata;
- prevencija sindroma sagorevanja i vikarijske ili sekundarne traumatizacije među osobama uključenim u pružanje usluga korisnicima putem kontinuirane podrške, osnaživanja i obuke;

- istraživanja i evaluacija intervencija i programa kako bi se osigurala empirijski utemeljena praksa i planiranje daljih programa podrške i intervencija na osnovu identifikovanih potreba i rezultata tretmana;
- implementacija programa usmerenih na promociju i informisanje o važnosti prevencije i zaštite mentalnog zdravlja, kao i o postojećim mehanizmima zaštite i podrške;
- formiranje radne grupe koja bi se redovno sastajala i bavila pitanjima mentalnog zdravlja i psihološke dobrobiti korisnika, koordinisala i unapređivala postojeće i, po potrebi, razvijala nove mehanizme zaštite i podrške, u cilju obezbeđivanja kontinuiteta preduzetih aktivnosti – posebno je važno da u radnu grupu budu uključeni predstavnici svih relevantnih institucija i organizacija koje se bave zaštitom i unapređenjem mentalnog zdravlja izbeglica, tražilaca azila i migranata.

Preporuke za neposredan rad s korisnicima

U skladu sa specifičnostima korisnika, kao i opštim načelima zaštite i unapređenja mentalnog zdravlja, posebno je važno:

- odnositi se s poštovanjem prema izbeglicama, tražiocima azila i migrantima, uz uvažavanje njihovog dostojanstva;
- podržavati njihovu samostalnosti i aktivno učešće u donošenju odluka; i odluke o usluga kojima žele ili ne žele da budu pokriveni;
- obezbediti informacije u vezi sa servisima i uslugama koje su na raspolaganju;
- obezbediti pravovremene intervencije i podršku, uz minimizaciju rizika za ugrožavanje samostalnosti osobe i patologizaciju, kao i rizika od zanemarivanja osoba kojima je potrebna stručna pomoć i podrška;
- uskladiti programe podrške i pomoći u skladu s prethodno utvrđenim potrebama korisnika, uključujući i individualizovani pristup intervenciji i kreiranju plana podrške;
- obezbediti prevođenja na maternji jezik osobe prilikom sprovođenja intervencija;
- omogućiti intervencije koje su kulturološki relevantne i omogućavaju adekvatnu interpretaciju;
- obezbediti odgovarajuće psihoedukacije korisnika;
- promovisati snage i kapacitete korisnika, kao i njihovo aktivno, partnersko učešće u procesu zaštite i unapređenja mentalnog zdravlja;
- osnaživati uzajamnu podršku unutar zajednice korisnika, kao i porodičnu i vršnjačku podršku;
- psihoterapijske tretmane otpočeti isključivo ukoliko je to procenjeno kao preporučena intervencija za korisnika, uzevši u obzir inicijalnu procenu mentalnog zdravlja, psihološko stanje kao i izvesnost obezbeđivanja potrebnog kontinuiteta u radu;

- obezbediti adekvatnu negu za osobe sa psihičkim i neurološkim teškoćama, i bolestima zavisnosti;
- prioritet pri pružanju usluga obezbediti deci bez pratnje, trudnicama, samohranim roditeljima, osobama s posebnim potrebama, žrtvama seksualnog i rodno zasnovanog nasilja, kao i traumatizovanim, psihološki osetljivim korisnicima, i korisnicima s težim mentalnim poremećajima.

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GUIDANCE FOR PROTECTION AND IMPROVEMENT OF THE MENTAL HEALTH OF REFUGEES, ASYLUM SEEKERS AND MIGRANTS IN SERBIA

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INTRODUCTION

According to the report of the United Nations High Commissioner for Refugees *(1)*, 2997 refugees, asylum seekers and migrants were registered in Serbia on 24 June 2018; of these, 2673 (89.19%) were living in official accommodation facilities (asylum centres, reception centres and reception-transition centres).

There are multiple challenges in working with this population *(2)*. Refugees, asylum seekers and migrants often face stressful or traumatic experiences, a reduced social support network, and cultural and linguistic barriers. Therefore, despite their intrinsic strengths and resourcefulness, they can be at higher risk for distress and some mental health problems. Service providers perform their work under very complex conditions and are hence at risk of burnout syndrome and vicarious or secondary trauma. The existing mental health protection and improvement system has been required to specify the methodology to be used for assessing the needs and mental health of refugees, asylum seekers and migrants, as well as to provide a more individualized approach and a specific type of care to vulnerable groups within these subpopulations. In addition, there is a need to integrate all procedures and measures already in use into the established health-care system in Serbia *(3,4)*, as well as to coordinate and rationalize the available resources.

Likewise, the humanitarian response needs to be redefined because the changed social and political circumstances and political decisions in the region *(5)* have resulted in refugees, asylum seekers and migrants in Serbia becoming less transitory: more and more members of these groups are staying for extended periods in Serbia.

This guidance is to extend and operationalize the existing systems of health care, support and services in response to these challenges and changed circumstances.

The goal of this guidance is to develop systemic recommendations on:

- measures and activities that can be implemented; and
- the resources needed for including beneficiaries in the planned procedures and for deciding who is to be included, in what manner and to what extent.
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Fig. 1. Goal of the guidance.

OVERVIEW OF THE SITUATION IN SERBIA

Refugees, asylum seekers and migrants are exposed to multiple risk factors *(2)*. They often report numerous stress-related and traumatic experiences, both in the pre-migratory period (loss of a family member or a friend, physical violence, mass destruction of property) and during migration (long, exhausting journeys; loss of freedom; physical violence; loss of property; threats to their lives; lack of food, water and shelter) *(2,6,7)*. They also suffer some of these experiences after arriving at the country they are staying in *(6)*. Their social support network suffers, often starting with leaving their family or a family member (commonly parents or relatives, but sometimes a child and/or spouse) in the country of origin. Families can also become separated during the journey. The consequences of social deprivation (i.e. expirience of being separated from close relatives, loneliness and isolation) can even occur in the post-migratory period. Such experiences can undermine the social structure and support mechanisms within the existing community, and the capacity of community members to help each other. Linguistic and cultural barriers make psychological and functional restitution and social integration even more difficult for this population.

According to research conducted in 2017 *(2)*, 88.5% of asylum seekers in accommodation facilities in Serbia reported having specific mental health difficulties: during screening, up to two thirds showed signs of substantial psychological vulnerability. More than two thirds of those assessed showed symptoms of acute distress, 28.1% showed symptoms of post-traumatic stress disorder[12] and 48.1% showed symptoms of depression *(2)*. In contrast, data on aspects of positive mental health, personal strengths and resources, and resilience showed that more than half of refugees, asylum seekers and migrants reported having the capacity to overcome the obstacles and challenges they face, while 40% believed they could overcome any life challenge. Likewise, 83% of refugees, asylum seekers and migrants consider themselves "capable of achieving great things in life", and 80% were "optimistic with regard to the future" *(2)*. First, these findings indicate that, despite the possibility of psychological problems, most refugees have preserved their personality strengths and coping capacities. Secondly, they support the hypothesis that the presence of certain psychological disturbances in this population does not necessarily indicate the presence of mental disorders, but instead can often represent a reaction to difficult experiences during migration and in their current lives.

Persons involved in working with refugees, asylum seekers and migrants perform their duties under extremely complex conditions. The number of services required often surpasses the limits of their abilities, resulting in overtime work. They are frequently faced with requests to rapidly and efficiently modify their working methods when dealing with urgent needs, needs related to mobility (i.e. being in transit) or the possibility of prolonged stay of the refugees, asylum seekers and migrants. Burnout syndrome, as well as secondary or vicarious traumatization *(9,10)*, frequently occurs in persons working in such complex conditions with beneficiaries, many of whom have survived numerous traumatic experiences. These have been proven to have negative effects on the professional and personal lives of service providers, as well as on their physical and mental health *(10–12)*. The numerous languages and dialects so heterogeneous population of beneficiaries make the selection and hiring of interpreters more difficult. In the presence of an interpreter, beneficiaries in need of psychological support and psychiatric treatment can be reluctant to speak about themselves because of feelings of privacy invasion, issues related to gender sensitivity (i.e. considering the gender of the service user when selecting an interpreter), and concern about the idea that the interpreter can influence decisions on important issues related to the legal status and living conditions of beneficiaries.

The existing system of mental health protection for refugees, asylum seekers and migrants in Serbia has numerous resources, but they are not sufficiently coordinated or distributed; hence, there is no clearly defined organizational structure. This creates the risk that the assistance and support provided will not meet existing needs or that, under certain circumstances, some people in need of assistance are not covered by such services. There is a lack of trained staff for the assessment of the mental health

12 By comparison, according to the results of the national study published in 2013, the prevalence of PTSD in the general population of Serbia was 18.8% *(8)*.

of this population. For that reason, those people for whom assistance at the primary or secondary level of health care would suffice can be referred to a tertiary facility, and vice versa. Selection of the most appropriate model for mental health assessment for refugees, asylum seekers and migrants is also an important issue, since the relevant literature reveals a polarization between calling upon diagnostic hypotheses or descriptive accounts of the refuges' suffering on one side, and a trend towards adjusting categories of mental health assessment in asylum seekers to fit into the current classifications of illnesses and disorders *(13)*, on the other. Protection of vulnerable groups (e.g. children and adolescents, women (particularly pregnant women), victims of gender-based violence, the elderly, persons with disabilities, torture victims, human trafficking victims) is gaining in importance since these groups may have experienced a greater or more intensive level of suffering during migration.

Given the circumstances and the lack of clear organizational structure, i) the establishing of the appropriate procedures for selecting the beneficiaries who should be provided with assistance and adhering to those procedures, ii) voluntary participation in the decision-making process, and iii) applying data privacy and informed consent policies, can become highly complex.

The trend towards refugees, asylum seekers and migrants staying for prolonged periods in Serbia raises the issues of their social integration, the speed of asylum procedures and the adequacy of temporary accommodation facilities as permanent housing solutions.

Organizational principles for the protection and improvement of mental health of refugees, asylum seekers and migrants in Serbia

The protection of mental health of refugees, asylum seekers and migrants is an integral component of the general framework of the national health-care system.[13] Hence, the basic recommendation is for such protection to be organized in accordance with the principles of health care established in the Republic of Serbia *(3,4)*.

This includes:

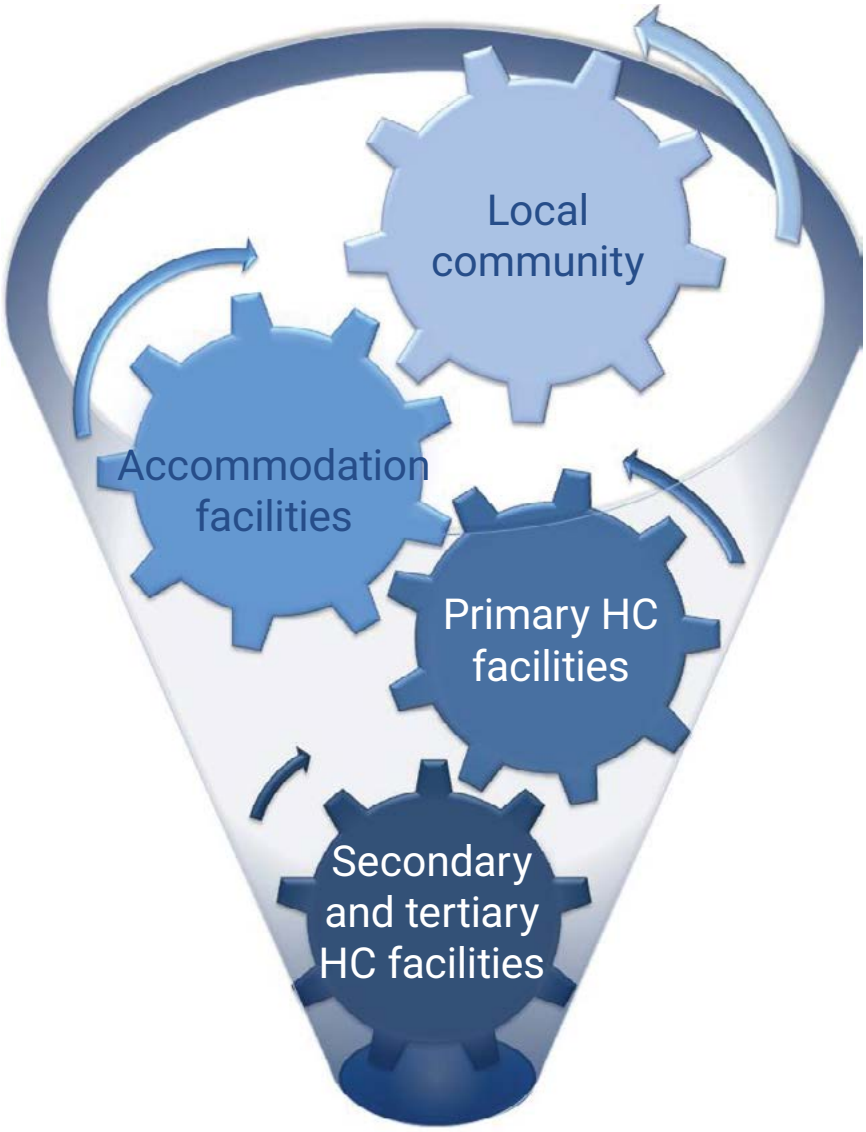
1. defining the organizational structure of relevant facilities, institutions and individuals; and
2. specifying which level of support should be implemented, where and by whom.

Defining an organizational map of activities coordinated with the established health-care system in the Republic of Serbia is essential for achieving the goal of this guidance. The activities need to be organized within a clearly defined structure incorporating all relevant facilities and institutions. The planned and synchronized implementation of measures and activities aimed at protection and improvement of the mental health of

13 For more details on current mental health systems in WHO Member States, see the WHO Mental Health Atlas 2017 (14).

refugees, asylum seekers and migrants should start with the local community, from asylum centres and reception-transition centres and centres for minors and shelters for aliens[14] to primary and secondary health-care facilities and even, under special circumstances, to tertiary health-care facilities.

Fig. 2. The course of activities aimed at protection and improvement of the mental health of refugees, asylum seekers and migrants, from general ones, taking place in the local community, to highly specialized ones provided at secondary or, if necessary, tertiary health-care facilities.



HC: health care.

14 Hereafter, called accommodation facilities.

Available mental health interventions and services

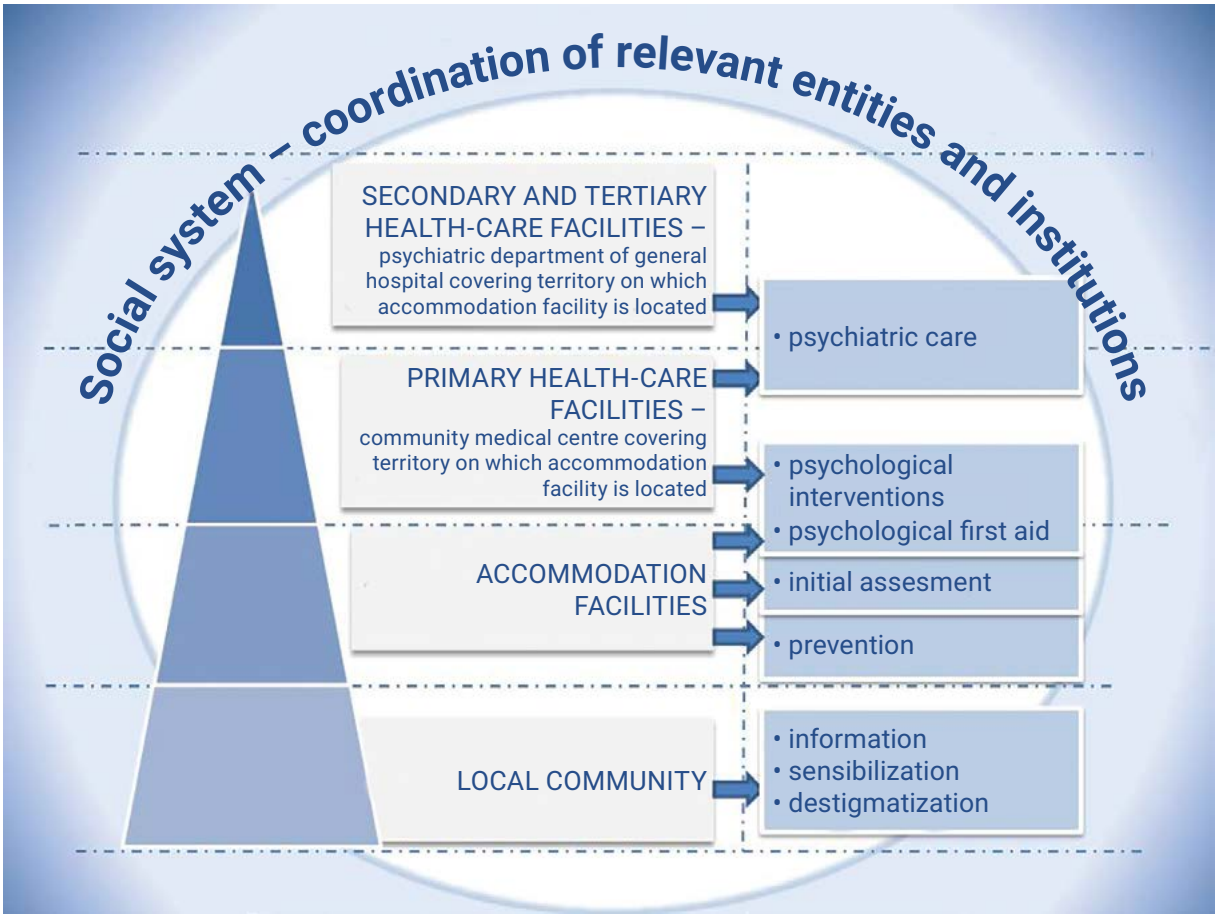
Mental health interventions in the context of working with refugees, asylum seekers and migrants are implemented in order to achieve several goals: (i) prevention (i.e. empowering mental health) interventions aimed at improving the quality of life and capacity to cope with life circumstances, where these have been shown to pose a risk for psychological difficulties and mental disorders *(13,15,16)*; (ii) providing assistance to overcome, accept and cope with their current life circumstances and previous experiences, as well as to realize their personal potentials and achieve a better quality of life; and (iii) treatment to remove or alleviate psychological problems *(17)*.

Mental health interventions can reduce these types of difficulties and improve the quality of life of refugees, asylum seekers and migrants *(18–20)*. Therefore, the following sections will list the services that need to be made available to refugees, asylum seekers and migrants.[15] These involve the assessment of beneficiaries' mental health, followed by activities aimed at preventing mental disorders and behavioural disorders and at providing psychological support and psychiatric care and treatment.

In order to (i) identify persons in need of additional help and support in a timely manner and (ii) provide adequate and timely interventions and psychological support through officially available services and the health-care system, and thereby prevent additional exposure to stress or possible re-traumatization, it is necessary for relevant activities to be properly coordinated and organized. Therefore, for each group of activities, we provide recommendations on the following: **for whom** the activities are intended, **where** and **when** they are implemented, **what** they encompass and **who** provides them.

15 Hereafter, called users.

Fig. 3. The organizational scheme for protecting and improving the mental health of refugees, asylum seekers and migrants in Serbia, including the relevant facilities and associated levels of services.



Initial mental health assessment

For whom: beneficiaries living in official accommodation facilities in Serbia.

Where: at all official accommodation facilities.

When: immediately after entering the accommodation facilities, as a component of the initial systematic check-up, in accordance with the national Law on Asylum and Temporary Protection *(21)*.[16]

What: considering the importance of a timely diagnostics for the provision of adequate support and treatment to the beneficiaries, as well as the need for assessing and de-

16 Article 54. Upon admission to an asylum centre or another accommodation facility, all Applicants shall undergo a medical examination. The procedure for medical examinations shall be specified in greater detail by the Minister in charge of Health. The Applicant is entitled to health care in accordance with the regulations governing the health care for foreigners. In exercising the right to health care by the Applicants, adequate health care shall be provided as a priority to severely ill Applicants, the Applicants who have been victims of torture, rape or other serious form of psychological, physical or sexual violence, or the Applicants with mental disorders.

fining realistic capacities of the existing health care ie. mental health care system, it is recommended that the initial mental health assessment should consist of two steps. Within the mandatory medical screening that takes place upon the reception of beneficiaries at accommodation facilities, it is also recommended to screen for mental disorders and behavioural disorders. Use of the WHO mhGAP (Mental Health Gap Action Programme) Intervention Guide's Master Chart *(22,23)* is suggested as a possible entry point for further mental health-care assessment; alternatively, some of the adjusted, standardized screening instruments, which are brief, sensitive and simple to administer can be used to identify persons at risk. In the event of a positive finding, the next suggested step should involve more in-depth mental health screening instruments, in accordance with the International Statistical Classification of Diseases and Related Health Problems, tenth revision *(24)*. The results of the initial mental health assessment, as well as reports on all resultant interventions, shall constitute part of the beneficiaries' medical records. The following steps should be taken to ensure that mental health screening as well as the more in-depth and precise mental health assessment adheres to ethical principles *(25–27)*.

- Mental health screening/assessment should be carried out to the benefit of both the individual and society, and should ultimately serve the real needs of the refugees, asylum seekers and migrants.
- During the screening/assessment, it is necessary to be aware of its goals and essential to integrate it with the available health-care, protection and support services.
- The interviewer is required to respect the privacy and best interests of interviewees, and to ensure the confidentiality of information received during the screening/assessment.
- Mental health screening/assessment should be non-discriminatory and non-stigmatizing.
- It should be voluntarily, with valid informed consent given by interviewees as a prerequisite condition.
- It is important to inform the service user that refusing to take the screening/assessment would not prevent him/her from receiving any other service (i.e. the right to refuse the assessment).
- Any and all information or reports based on the mental health screening/assessment are considered confidential and may be shared with third parties only with the user's consent, except in cases of limited confidentiality as defined by law but explained to the user before providing consent.
- An adequate response to the possible risks should be prepared, as well as an evaluation of the screening/assessment efficiency.
- It is important to prevent users having unrealistic expectations of the results of the screening/assessment.
- Intrusive questioning should be avoided.

- Persons interviewing children or other groups with particular needs (e.g. survivors of gender-based violence) should possess the appropriate skills and experience.

Who: the first step of the initial mental health assessment (i.e. screening) is performed by a medical doctor or another member of the accommodation facility's medical team (e.g. nurse, psychologist) who has received cultural sensitivity training for working with refugees. During the initial medical examination, if a more comprehensive and precise diagnosis of the perceived symptoms is indicated, the physician is obliged to refer the user to a qualified psychologist[17] for psychological assessment. An interpreter should also be present during the beneficiaries' mental health assessment. Apart from cultural sensitivity training, interpreters should be trained in providing interpreting services for mental health care.

Activities aimed at preventing mental health and behavioural disorders

For whom: beneficiaries who, based on a psychological assessment or on being a member of a particularly vulnerable group, have been recognized as having a need for activities aimed at strengthening mental health, preventing mental disorders, improving psychological well-being, normalization and improvement of the quality of life. It is also intended for those beneficiaries who volunteer to participate in this type of service.

Where: at accommodation facilities and at different locations outside accommodation facilities, chosen according to the goal and to the type of activity being implemented.

When: after the initial mental health assessment, if the need for additional support has been identified or if the beneficiaries independently choose to participate in this type of service.

What: structured and semi-structured activities performed in accordance with predefined principles and aimed to organize, structure and improve the quality of everyday life and prevent mental disorders and behavioural disorders.

Who: persons with adequate sensitivity training for working with these populations, either within or in coordination with relevant institutions and organizations. During the provision of services, the presence of an interpreter is recommended, but is not always necessary. All engaged interpreters need to pass a sensitivity training course for working with these populations.

17 Psychologist who has passed the professional exam

Psychological support

For whom: beneficiaries for whom psychological difficulties or problems with everyday functioning were identified at the initial assessment and those belonging to particularly vulnerable groups or who voluntarily choose to participate in the activities.

Where: in private rooms at accommodation facilities in which the beneficiaries are placed.

When: after the initial mental health assessment, if the need for psychological support has been identified or users voluntarily choose to participate in these activities.

What: 1. Psychological first aid. This type of support aims to provide initial care and short-term provision of assistance and support. It consists of short, structured interventions performed according to predefined rules and procedures *(28)*, and includes strategies for reducing distress caused by traumatic events, encourages short- and long-term adaptive functioning and teaches more efficient ways of overcoming stress *(28,29)*. This type of support requires establishing contact and a relationship of trust, and providing a safe environment (ensuring physical safety, and providing information on the particular situation and the types of assistance and services available) and stabilization (support, calming down, establishing feelings of predictability and control). It involves assessing the current needs and degree of suffering for the purpose of defining assistance strategies[18] and creating an atmosphere of trust in which beneficiaries can share their experiences and feelings about current and previous traumatic experiences, as well as information on their response to these.[19] Thus, the provision of practical assistance is based on identifying the needs, trying to provide social support (in particular, from close family and friends), obtaining information on stressful situations and coping strategies (30), and linking beneficiaries with the available support services.

Who: persons with adequate first aid and sensitivity training for working with the refugee population, either within or in coordination with relevant institutions and organizations. In order to provide this type of service, it is necessary to involve an interpreter with cultural sensitivity training for working with the refugee population and in providing interpreting services for mental health care.

What: 2. Psychological interventions. This type of support includes activities related to the protection and improvement of mental health, with the goal of strengthening resilience and providing psychological assistance and support (31–33), such as psycho-educational services; support services for families, adolescents and/or the elderly; peer support; support for strengthening community capacities, for families taking

18 Psychological first aid or referral to further medical/psychiatric evaluation, assistance and protection according to the principles recommended in this guidance.

19 This does not involve consideration and analysis of the beneficiary's traumatic experiences or so-called psychological debriefing, which is indicated in a professional evaluation of the beneficiary's psychological status, as well as in the case of providing continuous treatment or monitoring.

care of a child or an adult family member with developmental impairment, and in cases of violence; and other psychological interventions (34).

Who: qualified psychologists[20] who have received cultural sensitivity training specifically for working with refugees. Implementation of this type of service also requires the presence of an interpreter who has been trained in sensitization for working with the refugee population and in providing interpreting services for mental health care.

Psychiatric care and treatment

For whom: beneficiaries in whom mental health problems and disorders have been identified and who had a psychiatric disorder before leaving their country and then suffered a relapse or decompensation of the basic psychiatric illnesses in a crisis situation; persons with psychotic symptomatology who are functionally impaired or at risk of hurting themselves or other persons; or those with addictions, who are at risk of developing an abstinence crisis.

Where: at relevant primary, secondary and tertiary health-care facilities. Relevant facilities at the primary level are community health centres covering the territory in which the accommodation facilities are situated (i.e. specialist and consultative services of health centres). Relevant facilities at the secondary and tertiary levels are the psychiatric departments of general hospitals in the territory. Continuous monitoring is needed for patients for whom hospital treatment is indicated until hospital admission, which requires intensive cooperation between the accommodation facility team and community health centre team. Upon discharge from hospital, the patient is referred to the community health centre team for monitoring. The whole treatment regimen,[21] except for intensive parenteral therapy, is administered by the accommodation facility team (physician, nurse, psychologist).

When: if the need is identified at the initial assessment, the patient is then referred to primary health care for further treatment. If there are indications that the patient needs to be admitted to a hospital for short, intensive treatment, then the beneficiary should be referred to a secondary or, in exceptional circumstances, a tertiary health-care facility.

What: diagnostic procedure, treatment and, if necessary, admission and/or placement into an inpatient facility and inclusion in adequate psycho-educational programmes in hospital.

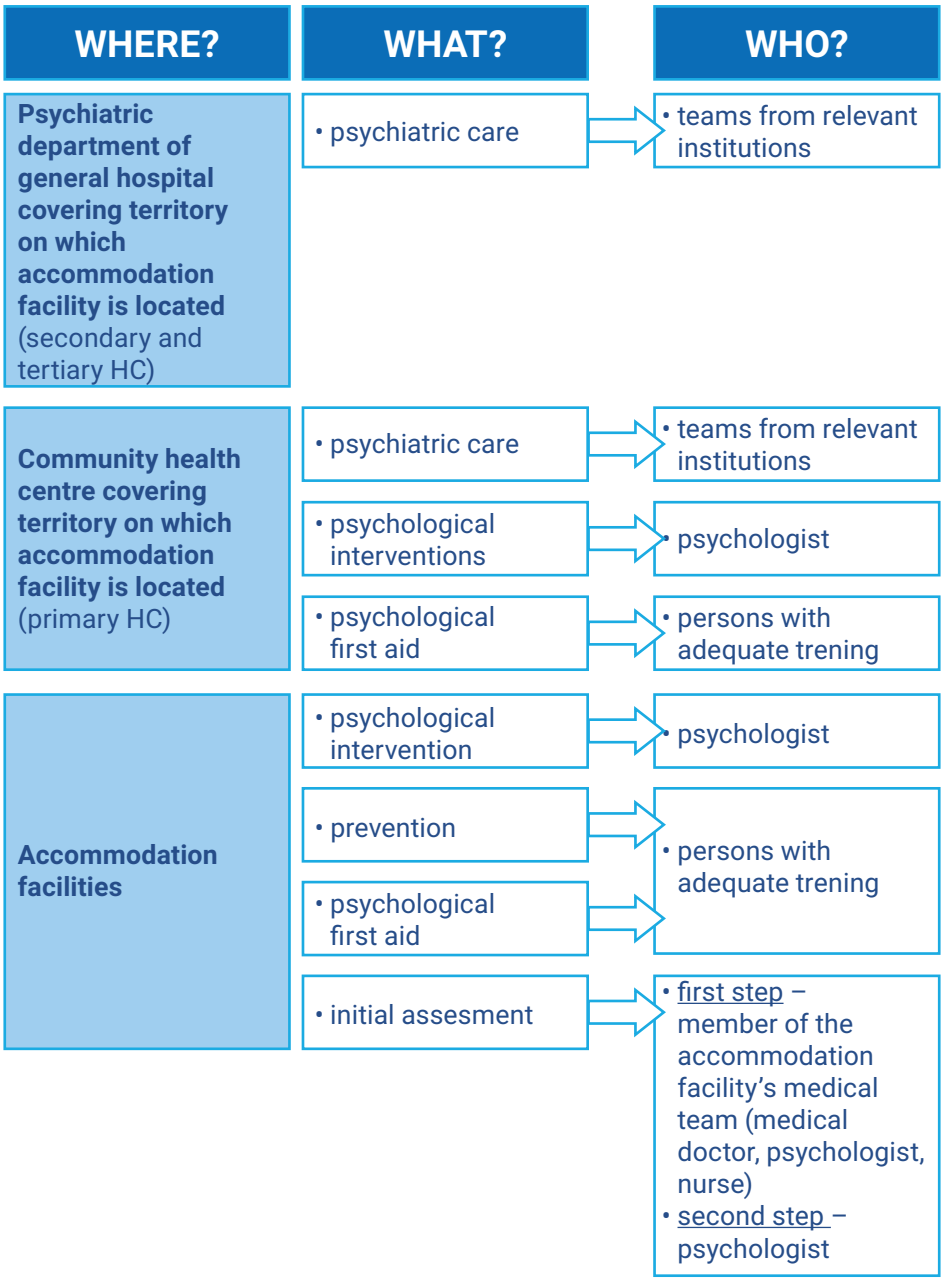
Who: members of multidisciplinary teams at community health centres (i.e. of the specialist-consultative services) and at psychiatric departments of general hospitals within the territory who have received cultural sensitivity training for working with the

20 Psychologist who has passed the professional exam

21 Known as bio-psychosocial treatment.

refugee population. To implement this type of service, it also is necessary to ensure the presence of an interpreter[22] who has received cultural sensitivity training for working with the refugee population and in providing interpreting services for mental health to ensure (i) that the most vulnerable users receive mental health protection and treatment services and (ii) an adequately and timely response to unpredictable situations demanding urgent action.

Fig. 4. Organizational principles for protecting and improving the mental health of refugees, asylum seekers and migrants in Serbia: locations where services should be provided, with associated service levels and providers.



HC: health care.

22 Interpreters should be hired on a stand-by basis to ensure that their services are permanently available in case of urgent need.

RECOMMENDATIONS FOR THE IMPLEMENTATION OF GOOD PRACTICE

Recommendations related to the proposed system of protecting and improving the mental health of beneficiaries and for working directly with beneficiaries are outlined in this section.

Recommendations for the care and support system

The most important recommendations for protecting and improving the mental health of refugees, asylum seekers and migrants at the whole system level are as follows.

- Establish coordination and cooperation among all participants in the process of the protection and improvement of mental health of refugees, asylum seekers and migrants in every accommodation facility, that is, establish continuous communication and cooperation between different institutions and organizations dealing with health, legal, educational and other activities so that timely and multisectoral protection and support can be provided through integrated mental and physical health services.
- Organize procedures for protecting and improving the mental health of beneficiaries using a holistic approach, that is, through striving to integrate measures and procedures at all levels of prevention (protection and improvement of mental health, educating refugees, asylum seekers and migrants on mental health, identifying risk factors for the development of mental disorders, early detection and diagnosis, treatment and rehabilitation, reintegration and resocialization) according to ethical principles, the highest standards of scientific evidence and empirically based practice.
- Adhere to procedures for voluntary participation in all services by ensuring data privacy and informed consent policies for participation in activities.
- Provide adequate cultural sensitivity training and education for staff working with refugees, asylum seekers and migrants (in addition to the relevant professional qualifications) as a prerequisite to work in the area of protecting and improving the mental health of beneficiaries.
- Ensure the cultural sensitivity of all members of the different professions in direct contact with beneficiaries on issues concerning mental health by providing adequate training to ensure the timely identification of beneficiaries in need of additional support and referral to relevant institutions and organizations.
- Ensure continuous supervision of persons providing services to beneficiaries to ensure their long-term empowerment and support, as well to monitor service provision. Supervision can be conducted by a psychotherapist (psychiatrist or psychologist) with experience in providing services related to protection and improvement of the mental health of refugees, asylum seekers and migrants.

- Prevent burnout syndrome and secondary or vicarious trauma in persons involved in providing services to beneficiaries by providing continuous support, empowerment and training.
- Conduct research and evaluate interventions and programmes to ensure evidence-based practice and that planning of future support programmes and interventions is based on identified needs and treatment outcomes.
- Implementation of the programs aimed at promoting and informing on the importance of prevention and protection of mental health, as well as on the existing mechanisms of care and support.
- Establish a working group to regularly meet and decide on issues of mental health and psychological well-being of beneficiaries, coordinate and improve the existing mechanisms of protection and support and, if necessary, develop new ones, with the goal of ensuring continuity of undertaken activities. It is particularly important that this working group should include representatives of all relevant institutions and organizations involved in protection and improvement of the mental health of refugees, asylum seekers and migrants.

Recommendations for working directly with beneficiaries

In accordance with an individualized approach to beneficiaries and the general principles of protection and improvement of mental health the following recommendations are especially important.

- Treat refugees, asylum seekers and migrants with respect and dignity.
- Support their autonomy, active participation in decision-making, and decisions on the services they want, or do not want.
- Provide information on the relevant institutions/facilities and available services.
- Provide timely interventions and support, while minimizing the risks of jeopardizing the beneficiary's autonomy, pathologizing behaviours or reactions, and neglecting persons in need of professional help and support.
- Adjust support and aid programmes according to the previously identified needs of beneficiaries, including an individualized approach to intervention and creation of a support plan.
- Provide interpretation into the beneficiaries' native language when conducting an intervention.
- Provide culturally relevant interventions that allow for adequate interpretation.
- Provide adequate psycho-education for beneficiaries.
- Promote the strengths and capacities of beneficiaries, as well as their active participation in the process of mental health protection and improvement.
- Strengthen mutual support within the beneficiaries' community, as well as family and peer support.

- Initiate psychotherapy only if it has been assessed as the recommended intervention for a beneficiary, taking into consideration the initial mental health assessment, psychological condition and need for treatment continuity.
- Ensure appropriate care for people suffering from mental, neurological and substance use conditions (18).
- Ensure the following groups of beneficiaries have priority when it comes to providing services: unaccompanied children, pregnant women, single parents, persons with disabilities, victims of sexual and gender-based violence, traumatized individuals, psychologically vulnerable beneficiaries and beneficiaries with mental disorders.

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Smernice za zaštitu i unapređenje mentalnog zdravlja izbeglica, tražilaca azila i migranata u Republici Srbiji
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The Guidance for Protection and Improvement of The Mental Health of Refugees, Asylum Seekers and Migrants in Serbia
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Evropska unija (EU) je najveći donator Republike Srbije u upravljanju migracijama. Od 2015. godine, kada je počeo povećan priliv migranata na teritoriju Republike Srbije, EU je donirala više od 98 miliona evra za humanitarnu pomoć i zaštitu migranata, a posebno zaštitu dece, za obezbeđivanje uslova za prihvat i smeštaj u prihvatnim i centrima za azil, uključujući hranu, zdravstvenu negu i obrazovanje, pomoć lokalnim zajednicama gde su smešteni migranti kako bi se ojačala socijalna kohezija, pomoć Republici Srbiji pri upravljanju granicom i borbi protiv trgovine ljudima, kao i pomoć za izgradnju kapaciteta institucija Republike Srbije koje su uključene u upravljanje migracijama.

Za više informacija o aktivnostima koje se realizuju u sklopu Podrške Evropske unije upravljanju migracijama u Republici Srbiji posetite:

www.euinfo.rs/podrska-eu-upravljanju-migracijama

www.facebook.com/eusmmserbia

www.twitter.com/eusmmserbia

The European Union (EU) is the largest donor in the Republic of Serbia in migration management. Since 2015, with the increased mixed migration flows to the territory of Serbia, the EU has assisted Serbia with more than 98 million EUR in providing humanitarian aid and protection to migrants, in particular protection of children, providing conditions for reception and care in the reception and asylum centers, including food, health care and education, providing assistance to the local communities/municipalities hosting migrants to strengthen social cohesion, assisting Serbia in the protection of the state border and combating smuggling of migrants, as well as capacity building of the institutions dealing with migration management.

For further information about the work being done as part of the European Union's Support to Migration Management in the Republic of Serbia, please visit:

www.euinfo.rs/podrska-eu-upravljanju-migracijama

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SMERNICE ZA ZAŠTITU I UNAPREĐENJE MENTALNOG ZDRAVLJA IZBEGLICA, TRAŽILACA AZILA I MIGRANATA U REPUBLICI SRBIJI

GUIDANCE FOR PROTECTION AND IMPROVEMENT OF THE MENTAL HEALTH OF REFUGEES, ASYLUM SEEKERS AND MIGRANTS IN SERBIA

European Union Support to Migration Management in the Republic of Serbia

European Union

Republic of Serbia