

10

2015 ————— 2025

YEARS OF RESEARCH



MENTAL HEALTH
OF REFUGEES
AND MIGRANTS
IN SERBIA



TEN YEARS OF RESEARCH ON REFUGEE MENTAL HEALTH

What have we learned?

2025

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What have we learned?

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In addition to interactive images and elements, this publication will feature a cursor graphic. If a direct clickable link is unavailable, access to external materials can be obtained by scanning QR codes.



In places where a hyperlink is provided through text or is presented in written form, we included a link symbol.

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All terms utilized in the report in the masculine grammatical gender encompass both the masculine and feminine genders of the individuals to whom they pertain.

INTRODUCTION

Providing psychological support and conducting mental health research in the area of refugees presents significant and complex ethical problems.

Through this work, you come to realize that individuals remarkably similar to yourself reside nearby, having lost everything they once possessed – from parents and children to homes, diplomas, and favourite foods. They currently face life-threatening situations and, due to the sluggish systems in which we exist, are unable to reconstruct their lives. These individuals are often rejected or feared by others who are similar to them, and their human rights are systematically violated on a daily basis.

With this awareness, the question of the meaning of offering psychological support to an individual emerges – because you are aware that the system and society have failed, and that this should be the primary focus for intervention. As well as the effectiveness of psychological support is limited if there is no adequate support for the exercise of fundamental rights that allow a person, in simple terms, to live a normal life.

The question of the meaning of research also opens up – because it is already well-documented that stressful and traumatic experiences adversely affect mental health, yet no measures have been implemented to prevent such experiences. Furthermore, the outcomes of research often fail to provide direct benefits to participants, even though this should be their primary objective and purpose.

INTRODUCTION

However, experience has demonstrated that for certain refugees, psychological support was a turning point; it frequently constituted the first and only pillar of assistance, providing a safeguard against suicidal thoughts and the involvement of children in dangerous smuggling operations. Conversely, research facilitated the documentation of risks, traumas, and issues that became crucial tools in the pursuit for better protection mechanisms.

Documenting experiences during the asylum process served as the foundation for the introduction of a psychological assessment, which constituted one of the bases for granting international protection to the most vulnerable individuals. The research also provided a platform for the voices of refugees to be widely heard and integrated into the support programs that were being developed.

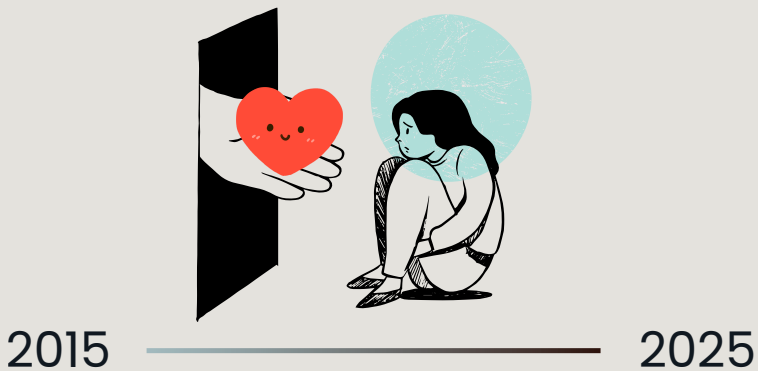
For that reason, over the past decade of PIN's engagement with refugees, we have conducted research, offered psychological support, and tried to ensure that our findings influence our ongoing efforts to enhance the circumstances of refugees - primarily for better mental health care, but also better integration, protection and the realization of all the rights without which a normal life, not even preserve mental health, is possible.

If we achieved this, even to a small extent, these ten years of effort had its meaning.



We dedicate this report to Imtisal and to all the cherished women, men, and children who, over the past decade, have enabled us to witness the resilience of the human spirit, courage, joy, and kindness.

10 YEARS OF RESEARCH IN NUMBERS



scientific
articles

11

research
studies

16

chapters in
monographs

3

34

presentations at scientific
conferences and
congresses

32

public events we
organized where we
presented our research
findings



ANNUAL REPORTS

2025

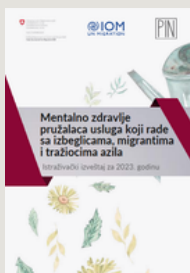


This and the next page offer a comprehensive overview of **PIN research reports** from the past decade, excluding all other reports, scientific articles, guidelines, publications, advocacy documents, and related materials on the same subject.

2024



2023



2022



2021





ANNUAL REPORTS

2020



2019



2018



2017



2016



EVALUATION OF MENTAL HEALTH ISSUES

SEVEN YEARS OF OBSERVING TRENDS IN MENTAL HEALTH.

Over a seven-year period (2017–2023), we evaluated the mental health of refugees using a consistent methodology each year (Hollifield et al., 2013) in order to be able to compare data over time and track changes in the expression of various psychological difficulties. Consequently, we assessed the overall mental health of refugees (RHS total score), acute distress, and the symptomatology of depression, anxiety, and post-traumatic stress disorder (PTSD).

When analyzing the data from all seven years collectively, 90% of the 1,451 respondents showed significant psychological vulnerability, with 72% experiencing severe acute distress. Furthermore, the refugees displayed moderately expressed symptoms of depression, anxiety, and PTSD, with anxiety being the most prominent. This indicates a high level of vulnerability and the need for enhanced psychological support.

More detailed percentages of refugees who met the criteria for general vulnerability, acute distress, depression, anxiety, and PTSD, categorized by year of measurement, are presented in **Figures 1 to 5**. The data are represented as percentages.

Figure 1. Overall Psychological Vulnerability, %

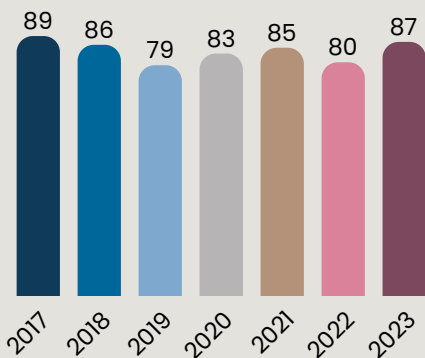


Figure 2. Acute Distress, %

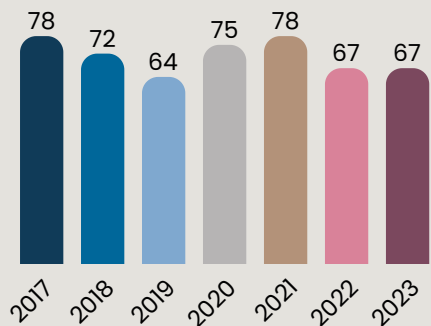


Figure 3. Depression, %

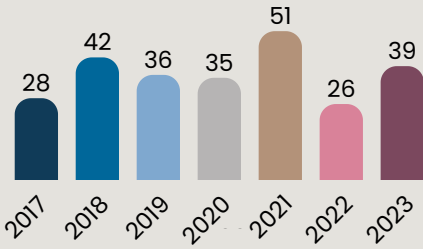


Figure 4. Anxiety, %

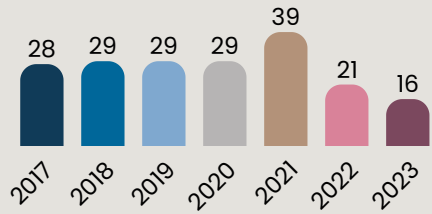
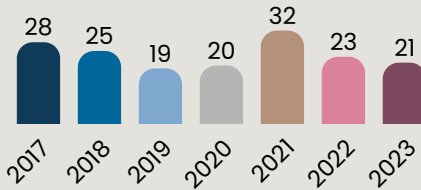


Figure 5. PTSD, %



Additional information regarding the research results over the years can be found in the publications available on our website. A summary of these publications is also provided on the following page.

*Reports for 2024 and 2016 are excluded from this chapter due to the inability to compare the data presented, stemming from differences in methodology.

2023



2022



2021



2020



2019



2018



2017



WHO IS AT INCREASED RISK?

Comprehensive data collection over the course of seven years enables us to analyze which groups of refugees are especially vulnerable or at heightened risk of developing psychological difficulties.

Research indicates that refugees experiencing **health issues**, whether acute or chronic (such as diabetes, physical injuries, or asthma), are likely to face impaired mental health according to all measured psychological difficulties, including general vulnerability, distress, depression, anxiety, and PTSD. Subsequently, the second most significant factor affecting mental health is the **status of international protection**.

Specifically, refugees who have not sought asylum in any of the transit countries but intend to continue their journey tend to have significantly poorer mental health, characterized by increased general vulnerability, acute distress, PTSD, and slightly higher anxiety levels. This finding is not unexpected, as remaining in a transit country to seek asylum presents its own challenges; however, continuing the journey carries further risks to their safety and mental well-being, as it involves ongoing uncertainty, human rights violations, and the possibility of traumatic experiences.

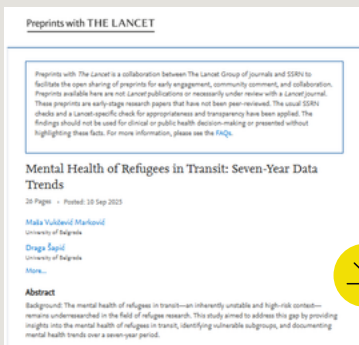
Figure 1.
Internal Gallery, Psychosocial Innovation Network – PIN



Finally, **women, younger people**, refugees with a **lower level of education**, and those **with children and a partner** are at an increased risk of experiencing psychological difficulties, as indicated by at least one of the measured indicators*.

These results highlight specific refugee groups that are particularly vulnerable, which can be used for designing protocols in situations of limited resources, as well as targeted activities that address the distinct needs of different refugee populations.

You may access more detailed results at the following link:



Vukčević Marković, M., Šapić, D., Živić, I., Stanković, I., Bobić, A., Stojadinović, I., & Dimoski, J. (2025). Mental Health of Refugees in Transit: Seven-Year Data Trends.
<https://doi.org/10.2139/ssrn.5413541>



*Specifically, female gender is associated with increased levels of depression and general vulnerability at the trend level; younger age correlates with heightened levels of PTSD; a lower education level is predictive of a higher level of anxiety and general vulnerability at the trend level; refugees with children face a greater risk of experiencing elevated PTSD levels; whereas refugees with a spouse are exposed to greater distress.

POSITIVE ASPECTS OF PSYCHOLOGICAL FUNCTIONING

For decades, researchers and practitioners in the field of refugee assistance have concentrated primarily on how the mental health of refugees is affected by the stressful experiences and traumas they have faced. Although it is crucial to understand the suffering of refugees, an overemphasis on adversity can be pathologizing, stigmatizing, and victimizing for the refugees themselves, potentially overshadowing a broad spectrum of positive psychological capacities they rely on during their journey – resilience, post-traumatic growth, hope, and many others.

In addition to altering the public narrative, researchers' emphasis on **positive psychological capacities** can offer guidelines for direct work with refugees, thereby enhancing these positive capacities and facilitating their ability to bear the extremely difficult life circumstances in which most refugees find themselves.

Consequently, one area of PIN's research over the past decade has concentrated specifically on exploring the positive aspects of refugees' psychological functioning.

In principle, our research consistently and unequivocally demonstrates that these aspects are maintained and coexist in parallel with psychological difficulties, which highlights the remarkable resilience and adaptability of refugees.

This divergence from the conventional clinical presentation of the mentioned issues provides a basis for assuming that the challenges faced by refugees are predominantly reactive in nature. They represent a typical and anticipated response to profoundly stressful experiences, trauma, and challenging life situations. This underscores the critical need to improve the overall conditions of refugees, which is essential for improving mental health.

RESILIENCE

We assessed the psychological resilience of refugees over a decade through various methodologies. Primarily, we employed a brief self-report instrument to evaluate stress coping capacity over a seven-year span (2017–2023) (Hollifield et al., 2013).

To enhance our understanding of the positive aspects of refugee functioning, we introduced an additional measure of psychological well-being over the past five years (2019–2023). This measure assesses the experience of pleasant emotions, including calmness, cheerfulness, and overall good mood (Topp et al., 2015), along with supplementary brief (single-item) assessments of optimism, happiness, and self-esteem.

The findings of these studies collectively indicate that psychological resilience is notably maintained despite the presence of psychological challenges and trauma.

Refugees frequently report their ability to manage most or all of the challenges they encounter, indicating a preserved capacity (41–56% of refugees, depending on the specific year). In contrast, approximately a third of the refugees demonstrates a moderately preserved capacity to handle stress (25–34%).

Additionally, every third refugee, despite considerable challenges, **often encounters positive emotions**.

The most prevalent positive emotions are:

- activity and energy (23–57% over the years, with an average of 36%),
- cheerfulness and positive disposition (19–50% over the years, average 31%)
- calmness and relaxation (18–51% over the years, average 31%).

Ultimately, the vast majority of refugees **identify as**:

- capable of achieving their goals (78–83%, average 80%),
- happy (38–69% over the years, mean 52%),
- optimistic about the future (65–85%, average 71%).

Figure 2.
Internal Gallery, Psychosocial Innovation Network – PIN



POST-TRAUMATIC GROWTH

Posttraumatic growth represents a positive psychological transformation that may arise from trauma, occurring in parallel with the adverse effects of such experiences, namely psychological challenges (Tedeschi & Calhoun, 2004). Consequently, trauma serves as both a profound source of suffering, a factor impacting mental health, while simultaneously providing an opportunity for growth and learning from the experience. Although the phenomenon of posttraumatic growth among refugees has been documented, no studies have yet been conducted to evaluate whether growth from trauma can occur while individuals are still exposed to ongoing stressful and traumatic situations, specifically during transit characterized by persistent uncertainty and compromised safety. In light of this gap, we conducted research in 2023 across several transit countries along the Balkan route (Serbia, Croatia, Bosnia) in order to answer this question.

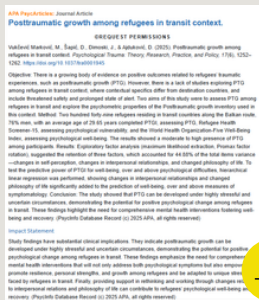
The results indicate that post-traumatic growth is not only present but also moderately to intensely manifested among refugees in transit. The positive transformations arising from trauma were most significant in the **domain of self-perception**. This suggests that refugees in transit have begun to depend more on themselves and their abilities to navigate challenges, while also gaining greater confidence and assurance in their capacity to do so in the future.

The second most significant domain is a **transformation in life philosophy**, involving a revised perspective on existence and the world, altered life priorities, and an enhanced emphasis on religion and spirituality. The least pronounced, yet still moderately significant change occurs in the domain of interpersonal relationships. This shift refers to the increased openness of refugees to rely on others, share their challenges, and thereby attempt to process traumatic experiences, as well as an increased openness to receiving assistance and support from others.

Ultimately, the research demonstrated that post-traumatic growth significantly contributes to **increased psychological well-being** by transforming one's life philosophy.

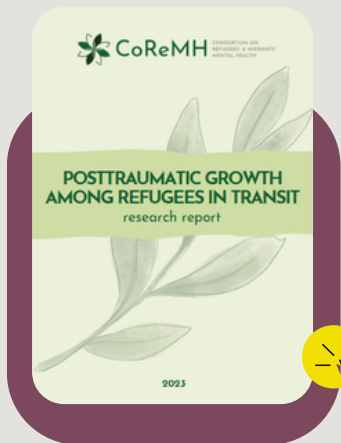
Consequently, the research indicates that post-traumatic growth can emerge in highly stressful and uncertain situations, highlighting the complexity of the refugee experience. More importantly, it underscores the potential for positive psychological transformations among refugees in transit, which can be facilitated through a series of targeted initiatives.

Relevant publications are available at the following links:



SCIENTIFIC ARTICLE

Vukčević Marković, M., Šapić, D., Dimoski, J., & Ajduković, D. (2025). Posttraumatic growth in the context of refugees in transit. *Psychological Trauma: Theory, Research, Practice, and Policy*, 17(6), 1252–1262. <https://doi.org/10.1037/tra0001945>



RESEARCH REPORT

Consortium on Refugees' and Migrants' Mental Health [CoReMH] (2023). Post-Traumatic Growth Among Refugees in Transit. Research Report.

HOPE

Through a series of qualitative research interviews with young refugees in transit, we aimed to understand how they define hope, how they experience it, when they rely on it, and how they maintain it. This understanding was crucial for grasping **how hope is conceptualized in highly stressful situations**, as well as for informing support programs designed to enhance psychological resilience. Consequently, in 2022, we conducted research on hope among young refugees in transit residing in Serbia.

Initially, hope was predominantly perceived as a quality acquired throughout life rather than an inherent trait, allowing for psychological work on hope. Some participants even noted that they first encountered hope when facing the significant hardships of being a refugee. Nevertheless, hope is closely connected to life events, indicating that it may decrease or disappear due to obstacles encountered, such as a refugee's inability to cross a border.

Although hope is closely related to the specific goals of young refugees, they often "return" to **hoping for fundamental needs**, such as survival and receiving international protection. In this context, prior ambitions, such as those related to travel and education, are somewhat "postponed." The role of hope is perceived as dual-faceted; on one hand, it acts as a motivator that inspires the individual to persist in their objectives, endure challenges, exhibit courage, and uphold self-confidence.

Conversely, hope **also serves as a comfort** that is source of tranquility and stability during stressful situations. This comfort that hope provides is frequently nurtured through self-affirmation, as the young refugee recites encouraging phrases to himself, thereby soothing his emotions.

It is crucial to point out that the traditional sources of hope and support for young refugees are either unavailable or significantly restricted (e.g., family, friends, literature, music). Consequently, the participants identified **themselves as the primary source of hope**. Relying on oneself and one's own abilities emerged as the most effective way to cultivate hope, primarily through inner dialogue, self-comfort, and self-motivation. Although rarely accessible, professional support represented a vital source of hope, particularly in the context of psychological assistance.

Ultimately, participants emphasized several strategies that adults can adopt to provide support (e.g., modified communication), while in parallel underscoring the promotion of false hope as extremely harmful.

The research consequently offered a set of recommendations aimed at improving interventions for young refugees, emphasizing hope as a significant strength and encouraging its development.

Relevant publications are available at the following links:



RESEARCH REPORT

Dimoski, J., Milić, A., and Vukčević Marković, M. (2022). The significance, function, and origins of hope in refugee children and youth. Belgrade, Psychosocial Innovation Network – PIN.



SCIENTIFIC ARTICLE

Dimoski, J., Vukčević Marković, M., Stojadinović, I., Milić, A., & Ajduković, D. (2025). Conceptualizing hope among adolescents and youth from refugee backgrounds in a transit context. *Children and Youth Services Review*, 171, 108171. <https://doi.org/10.1016/j.childyouth.2025.108171>

SOCIAL CONTEXT OF RESEARCH

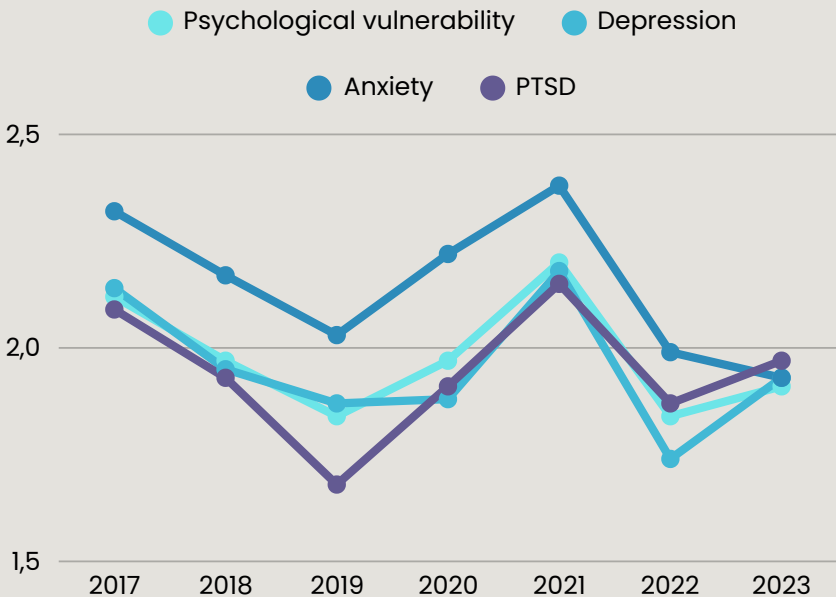
MENTAL HEALTH **DOES**
NOT EXIST IN A
VACUUM.

It cannot be perceived or
comprehended in isolation
from the wider social context.

Observing the trend of mental health challenges over a span of seven years shows a consistent pattern of change across all indicators of mental health difficulties (Figure 6).

Over the seven-year span, fluctuations in the intensity of mental health symptoms can be observed, marked by a significant peak in 2017, followed by a decline, and subsequently a renewed increase that peaked again in 2020 and 2021. Symptoms diminished again in 2022, with a slight increase noted in 2023 across certain indicators. These findings indicate a complex, non-linear pattern of variation, characterized by multiple peaks and troughs that may reflect **shifts in socio-political conditions**.

Figure 6. Assessment of the mental health of refugees from 2017 to 2023, average score on a scale from 0 to 4



The marked rise in symptoms in 2017 coincided with **substantial geopolitical shifts**, particularly the formal closure of the Balkan route in 2016, which transformed the dynamics of transit. The previously assumed swift border crossings devolved into prolonged delays in transit countries, frequently in inadequate conditions, following the route's closure (Arsenijević et al., 2017).

It is reasonable to conclude that this change has heightened the refugees' sense of uncertainty, insecurity, frustration, and helplessness, compounded by the additional burden of postponed reunification with family and close friends. The decrease in symptoms since 2018 may indicate a degree of adaptation to the situation, reliance on existing services, and the informal support networks that developed in response to the closure of the Balkan route, as well as the utilization of alternative smuggling routes that have become more accessible.

The next period of deteriorating symptoms transpired during 2020–2021 and can be understood **in the context of the COVID-19 pandemic**, which significantly altered the lives of refugees. Specifically, access to hygiene and sanitation was limited, and accommodation facilities became overcrowded. Furthermore, access to health and social services diminished as existing resources were reallocated to address the pandemic (El Arab et al., 2023; Kondilis et al., 2021).

Finally, in Serbia, as in several other transit countries, **restrictions on movement** were enforced for a certain period during the pandemic, including complete quarantines, which constituted a severe form of violation of the human rights of refugees.

The subsequent and concluding year of measurement, 2023, showed a further modest rise in psychological challenges.

This rise in symptoms occurred after a post-pandemic stabilization, likely influenced by global instability and humanitarian crises (e.g., in Afghanistan, Iran, Syria), which, although not directly associated with the countries of origin of all participants, may have a wider psychological impact.

These findings indicate that variations in the mental health of refugees in transit can be understood in the context of wider socio-political transformations.

This means that mental health **cannot be regarded as an isolated phenomenon**, detached from the environment in which an individual resides and the individuals upon whom they rely. Mental health is shaped by various social determinants; thus, it is essential to consider it within a broader social and systemic context.

The results presented have significant practical implications; major crises, even when not conventionally acknowledged as mental health risks, can have severe psychological consequences.



**WHAT ARE THE
EXPERIENCES OF
REFUGEES, AND
WHAT IMPACT
DO THEY LEAVE
BEHIND?**

Pronounced psychological issues are frequently attributed to the **stressful and traumatic experiences** encountered by refugees. They leave their homes due to persecution, insecurity, armed conflict, and numerous violations of human rights, embarking on a quest for safety.

However, upon departing from their homes, they encounter a long journey fraught with new dangers and traumas. Ultimately, even after reaching the countries where they try to establish a new home, they are subjected to stressful experiences that negatively impact their mental health and psychological well-being.

Over the past decade, we have investigated their experiences to document the risks they face, advocate for enhanced protection mechanisms, and gain a deeper understanding of the impact of these experiences on mental health and adapting support programs accordingly.



Figure 3.
**Private Gallery, Psychosocial
Innovation Network (PIN)**

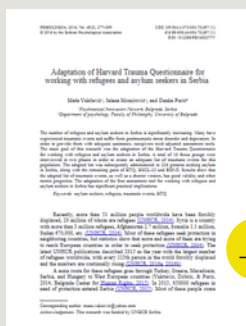


EXPERIENCES AT HOME

In Order to understand the experiences of refugees in their home countries, A study was conducted to document traumatic and stressful events in their countries of origin and their correlation with mental health.

The results indicated a **significant prevalence of traumatic experiences among the countries of origin for refugees**—on average, refugees endure approximately **23 traumatic events** out of 63 assessed. Notably, 80% reported witnessing the violent death of a family member or friend, 78% observed instances of beatings, 73% were unable to access medical assistance when required, 70% were exposed to warfare, 51% witnessed torture, and 36% experienced it personally.

These experiences correlate with psychological issues; the greater the exposure to a traumatic event, the more pronounced the symptoms of depression, anxiety, and post-traumatic stress disorder become.



Vukčević, M., Momirović, J., & Purić, D. (2016). Adaptation of the Harvard Trauma Questionnaire for use with refugees and asylum seekers in Serbia. *Psihologija*, 49(3), 277–299.

*The research was carried out as part of a project by the Danish Refugee Council (DRC), with the assistance of the United Nations High Commissioner for Refugees (UNHCR).



EXPERIENCES DURING TRANSIT

The findings of our research indicated that **nearly all refugees** experience a multitude of traumatic and stressful experiences during their transit.

By employing the same methodology at two distinct points in time—2017 and 2021—we observed that the situation has not improved. Despite numerous risks being documented as early as 2017, appropriate protective measures to reduce these risks have not been implemented. Conversely, while refugees are less frequently subjected to certain traumas in 2021 compared to 2017, and for some there is no change, it is crucial to highlight that **over time, the number of individuals encountering severe traumatic experiences is increasing**, such as the death of a loved one during transit, torture, and sexual violence.

In our research, we specifically examined the phenomenon of **forced return** (push-back), which affected approximately 65% of refugees in 2021, marking an increase of nearly 20% compared to 2017 and almost twice as much compared to 2014. Furthermore, during forced return, nearly all refugees experience accompanying stressors and traumatic experiences, including various forms of violence and life-threatening situations.

We have also highlighted the harmful effects that transit experiences have on mental health. An increased number of such experiences correlates with more **severe issues** of depression, anxiety, and post-traumatic stress disorder.

and experiences of forced return further elevate the risk of mental health issues and increase the prevalence of all previously mentioned problems, compounded by the effects of general stress and traumatic experiences encountered during transit.



SCIENTIFIC PUBLICATIONS



Vukčević Marković, M., Bobić, A., & Živanović, M. (2023). **The effects of traumatic experiences during transit and pushback on the mental health of refugees, asylum seekers, and migrants.** *European Journal of Psychotraumatology*, 14(1). <https://doi.org/10.1080/20008066.2022.2163064>



PPurić, D., & Vukčević Marković, M. (2019). **Development and validation of the Stressful Experiences in Transit Questionnaire (SET-Q) and its Short Form (SET-SF).** *European Journal of Psychotraumatology*, 10(1). <https://doi.org/10.1080/20008198.2019.1611091>



RESEARCH REPORT

Psychosocial Innovation Network - PIN. (2021). **Mental Health and Well-Being of Refugees and Asylum Seekers in Serbia: A Five-Year Analysis.** Belgrade: PIN.





EXPERIENCES IN THE COUNTRY OF CURRENT RESIDENCE

Despite Serbia's role as a transit country, a significant number of refugees remain within our borders for extended periods, waiting for decisions on their protection status or taking a break before continuing their journey. Consequently, we conducted research in 2019 to gain a deeper understanding of the challenges they face in Serbia and how these experiences correlate with their mental health.

The findings indicate that a significant majority, specifically 87% of refugees, experienced **at least one serious difficulty** in Serbia. The most prevalent hardship was poverty (82%), followed by the responsibility of caring for family members left behind in their country of origin (77%), feelings of loneliness and boredom (73%), challenges in obtaining a work permit (73%), and separation from family (72%). Furthermore, approximately half of the refugees faced difficulties due to limited access to adequate healthcare. Ultimately, the hardships experienced in the host country are linked to impaired mental health, particularly those associated with **feelings of loneliness and boredom, isolation, and poverty**, as well as insufficient support from the government or other organizations.

One of the prevalent challenges refugees face is **discrimination and rejection from the local community**. Consequently, we conducted a survey in 2020 involving a representative sample to gain a deeper understanding of Serbian citizens' attitudes towards refugees and migrants. The findings indicate that a considerable proportion of Serbian citizens have negative attitudes towards refugees. Specifically, 39% of Serbian citizens exhibit an explicitly negative attitude towards refugees from the Middle East and Africa, while approximately 50 - 60% of Serbian citizens would prefer to avoid any social relationship with a refugee—such as having a refugee as a colleague, superior at work, immediate neighbor, fellow citizen, or family member by marriage.

Moreover, beyond influencing individual behavior, negative attitudes are also evident in the perception of refugees as a threat to society—specifically, that they contribute to an increase in crime rates (58%), pose an economic burden (58%), and present risks to health (49%), as well as to culture, values, and customs (37%). It is concerning that a considerable proportion of Serbian citizens harbor **prejudices and conspiracy theories** regarding refugees, with beliefs that they are, in fact, members of terrorist organizations aiming to conquer Christian nations (41%) or that there exists a covert plan for the mass settlement of refugees in Serbia (36%). This apprehension regarding the intentional "Islamization" of Serbia is clearly illustrated by citizens' **unrealistic perceptions** of the number of refugees who have obtained permanent residence permits in Serbia over the past two years since the survey was conducted—while the actual figure was fewer than 20, the majority of Serbian citizens estimate this number to be between 1,000 and 100,000, highlighting a significant lack of information on the subject.

Ultimately, the negative attitudes of Serbian citizens are **not** the result of negative experiences with refugees. In fact, **the typical Serbian citizen was not in contact with refugees**, and among those who were, a slightly greater percentage report that these interactions were positive (11%) rather than negative (5%).



ukčević Marković, M., Živanović, M., & Bjekić, J. (2019). **Post-Migration Living Difficulties and Mental Health in Refugees and Asylum Seekers in Serbia.** *Politische Psychologie – Journal of Political Psychology*, 1, 32-45. ISSN 2193-3243.



Bjekić, J., Živanović, M., Vukčević Marković, M., Ninković, M., & Stojadinović, I. (2020). **Perspectives on Refugees and Migrants in Serbia.** Psychosocial Innovation Network – PIN.



ASYLUM PROCESS

The asylum process represents the initial and essential step for the majority of individuals forced to abandon their homes in search of refuge in a safer nation.

This process is long, complex, and poses various risks to the mental health and well-being of individuals involved. Consequently, over the past decade, a significant portion of our efforts has been dedicated to investigating the asylum process—examining its impact on the psychological state of individuals, identifying associated risks, understanding the experiences encountered at each stage of this complex journey, and conducting psychological assessments while offering preparation and support to individuals at various stages of the process.

What does the asylum procedure look like? What obstacles do asylum seekers encounter throughout the asylum process?


In 2019, PIN conducted qualitative research with asylum seekers to gain deeper insights into their varied experiences throughout the asylum process, the main challenges encountered, as well as examples of effective practices. The following provides an overview of the distinct stages refugees navigate in their search for refuge, along with the specific challenges and mental health implications that accompany these stages.

Decision on Seeking Asylum in Serbia The initial step in this process requires refugees to formally declare their intention to seek asylum. This declaration not only initiates the procedure but also serves as a condition for refugees to be housed in a collective center.

The findings of our research indicate that respondents emphasized the kindness and empathy of people in Serbia, the sense of safety, the opportunity to lead a peaceful and normal life, the relatively straightforward process of establishing a private business, and the region's stunning natural landscapes as motivations for remaining in Serbia.

Applying for asylum

In this phase, refugees formally submit an application for international protection to the Asylum Office, typically with the assistance of a legal advisor. During the application process, refugees are required to articulate, although in shorter form, the reasons for leaving their country of origin for the first time. This means revisiting their traumatic and distressing experiences and discussing them in front of unfamiliar individuals.




Our research indicated that respondents were generally satisfied with legal advisors and the Asylum Office, yet identified collaboration with interpreters as the primary challenge. In certain instances, the interpreter either failed to comprehend them or did not speak their native language, hindering effective and accurate communication, which is essential for the procedure.

Procedures and hearings

After submitting an application, the refugee, accompanied by a legal advisor, participates in one or more interviews designed to verify the authenticity of their narrative that underpins their request for protection. These interviews frequently extend for several hours and may require the assistance of an interpreter, presenting significant challenges for refugees who are already in a state of uncertainty and anxiety regarding their future. Furthermore, additional documents of importance for proving their claims are gathered during this phase, including medical reports and psychological evaluations.


The primary challenges identified by participants in our research refer to unfavorable experiences with translators. These issues stem from both incompetence, which may manifest in poorly translated questions, and the translator's negative personal attitude during the translation process.



Conversely, negative experiences are also associated with circumstances where the interpreter is a former asylum seeker or resides in a collective center alongside refugees. This situation leads to refugees being afraid to share their experiences due to the suspicion that confidentiality will be violated, and the fear of stigma in their own community.. Additionally, the structure of the interrogation is such that it extends for many hours, with an inadequate number and duration of breaks, resulting in significant psychophysical exhaustion.

Waiting for a decision

The asylum decision period extends up to three months. This duration may be prolonged to one year, which is the most prevalent scenario in practice. Furthermore, refugees are granted legal access to the labor market six months after submitting their application, presenting an additional challenge during the waiting period. This situation hinders refugees' ability to engage actively in the community, and the lack of employment opportunities can negatively impact mental health.



Respondents in our research emphasize the significance of legal support and the availability and consistency of information regarding what is expected of them at each stage of the process as critical needs during this period. Furthermore, they underscore the importance of certainty concerning deadlines and the duration of the asylum procedure, along with the opportunity to lead a normal life, including engaging in purposeful work and activities during waiting periods.

After a negative decision

In conjunction with facing the negative consequences of this decision, the asylum seeker, accompanied by legal counsel, frequently decides to appeal, initially to the Asylum Commission, followed by appeals to the Administrative Court and ultimately to the Constitutional Court. These procedures are very long and may extend over several years, during which individuals endure uncertainty regarding their legal status in the host country and, ultimately, their entire future.

Our research indicates that the experience of receiving a negative decision and the subsequent period is the most challenging aspect of the process. Refugees may encounter feelings of disappointment, emptiness, and hopelessness during this time. Alongside the presence of a legal representative and their assistance in navigating all necessary legal steps, respondents also highlight the significance of access to psychological support during this difficult period.



After a positive decision

Following a favorable decision, there is a phase of integration into the community and the establishment of a new normality for the asylum seeker and their family.

While such a decision fosters happiness and satisfaction, research findings indicate that refugees also express feelings of being overwhelmed by the numerous demanding steps that lie ahead in this process, as well as the necessity for support in further planning their lives in Serbia.

Integration and psychosocial assistance during the stay in Serbia

Such 4 - 9.
Private Gallery,
Psychosocial Innovation
Network (PIN)



WHY IS IT ESSENTIAL TO ESTABLISH AN ASYLUM PROCESS THAT IS **SENSITIVE TO TRAUMA AND MENTAL HEALTH?**

The *procedure* itself constitutes a risk factor for mental health.

As we have demonstrated, the process is highly demanding and exhausting, requiring multiple interviews with authorities and extensive preparations with legal representatives and interpreters who facilitate the hearings and the application submission. By definition, asylum seekers must prove that they have a well-founded fear of persecution in their country of origin. Demonstrating these circumstances necessitates revisiting traumatic experiences that the individual may not have had the opportunity or capacity to adequately process and integrate into their life narrative, and this recollection can result in retraumatization, further complicating an already challenging recovery.

Furthermore, various elements of the procedure can exacerbate stress and heighten vulnerability—such as disclosing traumatic experiences to unfamiliar individuals in the context of official police services, repeatedly recounting traumatic events to legal advisors, associates, and officers during multiple interrogations, testifying about especially sensitive forms of violence, including torture and sexual violence, in the presence of a male interpreter or officer, and enduring uncertainty during prolonged waits for a decision or appeal.

Individuals undergoing the asylum process are at psychological risk.

In addition to the annual research on the mental health of refugees, PIN conducted a survey involving 60 asylum seekers in Serbia currently undergoing the asylum process. The findings indicate that 85% of individuals in this process exhibit signs of psychological vulnerability, with 42% classified as highly vulnerable. Furthermore, 37% of respondents display symptoms of depression, 23% experience anxiety, and 25% show signs of PTSD. This data underscores the vulnerability of individuals in the asylum process and highlights the necessity of developing an asylum procedure adapted to their specific levels of vulnerability.



Effects of trauma on the progression and results of the asylum process.

Paradoxically, individuals who have endured severe traumatic experiences that profoundly affect their mental health and psychological well-being often find themselves at an additional disadvantage. Why is this the case? Trauma can significantly disrupt a person's psychological functions, influencing memory, emotions, will, motivation, and cognitive processes. These alterations can adversely affect asylum seekers throughout the process, potentially impacting both the trajectory and outcome of their asylum claims.

Figure 10.

Source unknown





The complex relationship between the consequences of trauma and the asylum process can be observed in the following ways:

Avoiding thoughts, emotions, and memories associated with a traumatic event can adversely affect an individual's willingness to participate in the asylum process, complicating their ability to endure a long and exhausting journey that often involves repeated confrontations with past trauma. This avoidance may be evident in a unwillingness to prepare for hearings, missed appointments, and diminished engagement in the process, ultimately proving counterproductive and self-sabotaging.

The inability to remember significant aspects of a traumatic event is a frequent outcome of trauma, simultaneously representing a crucial element of the asylum process and potentially impacting the consistency of testimony. Given the profound influence of trauma on memory and recall, it is possible for an individual's repeated accounts of a traumatic event to vary, which may provoke distrust and skepticism among listeners and serve as a basis for denying international protection.

Hypervigilance, attentional deficits, and sleep disturbances can hinder both applicants and other stakeholders from being fully engaged in the process. These challenges may present as distraction and diminished concentration, which can be perceived as disinterest and may undermine the credibility of statements, suggesting a lack of seriousness, truthfulness, and presence in the process.

Negative emotional states, feelings of detachment, and an inability to experience positive emotions can result in an overall diminished emotional response when recalling trauma, which may adversely impact the assessment of an asylum seeker's credibility. For instance, if an individual recounts their trauma in a manner that appears cold and distant, it is not uncommon for representatives of the Asylum Office to question the occurrence of the described event. Public expectations regarding the effects of trauma on psychological functioning often do not align with the reality faced by those who have experienced trauma. For example, it is typical to anticipate that a person will be visibly shaken, tearful, and sad, while alternative reactions—such as emotional flatness or detachment—may seem unconvincing, despite being valid responses to trauma.

IMPLICATIONS FOR PRACTICE

WHAT TYPE OF SUPPORT IS NEEDED?

The research findings highlight the complex reciprocal relationship between trauma and the asylum process, underscoring the necessity for an asylum procedure that is attuned to mental health and trauma-related concerns. This approach should be tailored to individuals who are particularly vulnerable and face a challenging administrative process that significantly impacts their future and well-being.

Key recommendations for practice refer to the following:

- Given the numerous challenges inherent in the asylum process, the **provision of psychological support** at every stage has emerged as a critical necessity for asylum seekers. Psychological support, together with the assistance of legal representatives, enhances awareness and fosters a sense of security throughout the process.

- It is recommended to **incorporate psychological assessment** as a formal record of traumatic events and responses to trauma over time. This assessment can serve as a crucial document when evaluating a case, particularly regarding the various reactions to stress, including instances characterized by a diminished affective tone.
- It is essential to **implement regular training** for legal advisors and representatives of the Asylum Office to enhance their sensitivity in working with individuals who have experienced trauma. This training should focus on recognizing signs of trauma responses and interpreting them within the context of the individuals' experiences. Furthermore, education would facilitate consideration of applicants' requests concerning the duration of hearings, breaks, or postponements, as well as their needs for an interpreter if they believe their statements are not being accurately communicated.
- Ultimately, it is essential to **make the asylum process as efficient as possible**, particularly given that prolonged procedures have been demonstrated to adversely affect the mental health of asylum seekers.

Such 11.

Private Gallery, Psychosocial Innovation Network (PIN)



RESEARCH FOCUSED ON ENHANCING MENTAL HEALTH SUPPORT

THE PARTICULAR CONTEXT OF TRANSIT AND ITS IMPACT ON MENTAL HEALTH SUPPORT

Serbia occupies a transit role in the migration context. This implies that certain refugees will reside temporarily while seeking permanent settlement in Western European nations. Given the often uncertain and unpredictable nature of their journey, refugees may not know the duration of their stay in Serbia, which can vary from a few days to several years. These circumstances have significant implications for mental health support. Primarily, the **transit experience carries the risk** of new stressors and traumas, along with ongoing uncertainty and unpredictability, all of which pose risks to mental well-being.

Additionally, these circumstances influence the design and provision of psychological support. Traditionally understood mental health support, characterized by a rigidly predefined methodology, is hardly sustainable. The interventions employed must be adapted in various ways; for instance, it is essential to recognize that each encounter may potentially be the last if the individual departs from Serbia.


The objectives and parameters of psychological practice must be adjusted to acknowledge that **individuals are frequently not in a secure environment**. Furthermore, the professional's role often necessitates leaving the office to engage in fieldwork, collaborating closely with other members of the support network involved with the refugee, including lawyers and social workers, as well as working alongside interpreters. This dynamic introduces a significant shift from the conventional understanding of the psychotherapy setting.

Consequently, **one of our research initiatives** over the past decade has concentrated on examining these changes—redefining psychological practice, assessing the availability of support, comprehending refugees' perspectives on the types of support they require, and developing and evaluating the effectiveness of interventions suitable for the transit context.



The Consortium for the Mental Health of Refugees and Migrants (CoReMH)

To enhance mental health care for refugees along the transit route, we have established the International Consortium for the Protection and Promotion of Mental Health of Refugees (CoReMH), comprising 25 members from 10 transit countries. Through the efforts of CoReMH, we have undertaken several international research initiatives, as detailed below.

 <https://coremh.net/>



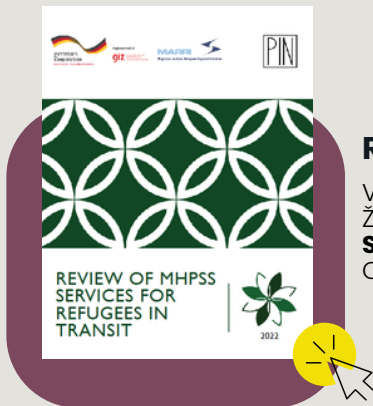
IS THERE ASSISTANCE AVAILABLE DURING THE TRANSIT?

We examined the availability, accessibility, and quality of mental health services in ten countries within the transit context to offer recommendations for enhancing the quality and continuity of support as well as cross-border collaboration (research accessible via the QR code below).

The findings indicate a necessity to enhance the sustainability of mental health services accessible to all refugees. Furthermore, it is essential to establish standards for the delivery of these services during transit, as well as to more effectively incorporate the perspectives of beneficiaries in the development and execution of support programs.

The necessity for networking and collaboration among diverse experts offering support throughout the entire transit route, as well as the development of enhanced coordination mechanisms to facilitate and regulate this cooperation, has also been acknowledged.

It is essential to establish coordination mechanisms at local, regional, and broader international levels to enhance the accessibility and continuity of professional support services throughout the entire transit route.



RESEARCH REPORT

Vukčević Marković, M., Šapić, D., & Župić, A. (2022). **Review of MHPSS Services for Refugees in Transit.** COREMH.

NATURE OF SUPPORT PROVIDED

What types of **support** are necessary and beneficial for refugees in transit?

Should traditionally defined mental health support be **redefined** and **adapted** to the context?

The following is an overview of the responses to these inquiries from the viewpoints of refugees and migrants, as well as from experts—highlighting and emphasizing the key aspects of each perspective.

User viewpoint

Over the past decade, we have endeavored to emphasize the **inclusion of users' perspectives and voices**, not only as research participants but also as individuals who design and conduct research, and subsequently share the findings within their communities.

One notable example involves a team of refugees who, in collaboration with researchers, designed and executed a study aimed at assessing the availability, accessibility, and quality of mental health services.

The research yielded several significant insights regarding the potential for enhancing support. It highlighted the pronounced preference among female professionals for psychological work, as well as **concerns surrounding confidentiality** due to the involvement of interpreters who may be situated in collective centers alongside beneficiaries or who may be acquainted with the beneficiaries' families and friends. Furthermore, it underscored the need to adapt preventive activities to various age groups, noting a particular lack in services for adults in comparison to children and youth. The **importance of providing consistently accessible support** without complicated administrative procedures was also acknowledged.

To enhance our understanding of the types of support that are necessary and beneficial for refugees in this context, we conducted additional qualitative research involving refugees.

The research identified **several significant topics**, upon which the following recommendations for enhancing practice were established:

- Enhance refugees' understanding of available resources.
- Organize preventive activities both within and outside collective centers, adapted to various age and gender demographics.
- Enhance peer support while exercising caution and maintaining awareness of its implications.
- Deliver ongoing and prompt specialized professional assistance.
- Offer flexibility in professional mental health support—regarding access, frequency, and modalities—so that it can effectively address the diverse and complex needs and challenges that arise.



RESEARCH REPORT

Šapić, D., Dimoski, J., Jašović, J., Živić, I., & Vukčević Makrović, M. (2024). Assessing the needs and significance of mental health support for refugees in transit: Research report for 2024. Belgrade: Psychosocial Innovation Network – PIN.

Expert viewpoint

Mental health professionals collaborating with refugees from ten transit countries evaluated the impact of the transit context on their work and identified necessary adaptations to the traditional support model.

The results indicated a consensus among experts in this field regarding the **necessity of a flexible service delivery model** that includes a wide range of interventions, alongside various issues related to the organization and delivery of services, as well as the impact of the socio-political context on the accessibility of support.

However, there is a notable lack of consensus among experts concerning the **precise mandate of professionals** operating in this context. For instance, there is debate over whether their role is to deliver specialized mental health services to individuals diagnosed with a mental health disorder, or to offer support in navigating current traumatic and stressful experiences.

The research findings carry substantial practical implications, highlighting the **need to redefine the mandate of professionals** delivering mental health services to refugees in transit, as well as the **standards** for these services in countries within the transit context, to ensure the quality of support.



Gargano, M. C., Ajduković, D., & Vukčević Marković, M. (2022). **Mental Health in the Transit Context: Evidence from Ten Countries**. *International Journal of Environmental Research and Public Health*, 19(6), 3476. <https://doi.org/10.3390/ijerph19063476>

CONTEXTUALIZED INTERVENTIONS

In order to respond to the identified needs for adapting psychological interventions, **we created a one-time intervention tailored to the transit context**, designed to reduce psychological distress and acute negative affective states while enhancing positive affective states and coping abilities.

We subsequently implemented a rigorous methodological design, specifically a randomized controlled trial, to **evaluate the effects of this intervention** and determine its efficacy. The study results are anticipated by the end of 2026, and additional information regarding the research can be accessed through the QR code provided below.



ukčević Marković, M., Šapić, D., Maksimović, S., Filipović, S., Dimoski, J., & Priebe, S. (2025, January 29). **Testing the Effectiveness of One-time Psychological Interventions for Refugees in Transit.** <https://doi.org/10.17605/OSF.IO/5RXJC>

Figure 11.
Source unknown



SECONDARY TRAUMA AND CAREGIVER BURNOUT

Individuals engaged with refugees are indirectly confronted with traumatic content and human suffering. Furthermore, operating within a refugee context frequently implies prolonged working hours, job insecurity, variability in the duration and nature of engagement, along with constant shifts in context that further complicate the predictability of work and associated tasks.

This work environment presents various risk factors for mental health. Consequently, one area of our research is dedicated to evaluating mental health, secondary traumatization, and caregiver burnout, along with identifying risk and protective factors, the resulting consequences, and strategies to overcome work-related stress.

What are the characteristics of secondary traumatization?

Secondary traumatization can present itself through a diverse array of complaints that are typically categorized into several major groups.

Consequently, an individual may experience difficulties with sleep, exhibit heightened irritability, sadness, or anger, or feel emotionally “flattened” and “numb.” They may possess a strong need to avoid work and any reminders of the distressing material they encountered, suffer from nightmares or involuntary memories of that material, among other symptoms.



What is the prevalence of burnout and secondary trauma among aid workers assisting refugees?

PIN studies conducted in 2019 and 2023 indicate that aid workers assisting refugees are regularly subjected to secondary exposure to traumatic experiences.

Both studies indicated that **approximately 70% of aid workers** assisting refugees report heightened **symptoms of secondary trauma**, while roughly one-third experience particularly severe symptoms of secondary traumatization.

Both studies indicated that approximately one-quarter of caregivers exhibit symptoms of burnout, while around fifty percent experience depression and one-third report anxiety.

These results highlighted the threatened mental health and psychological well-being of individuals assisting refugees, underscoring the need for comprehensive support to prevent and alleviate challenges, as well as systemic changes that foster a work environment attentive to employee well-being.



RESEARCH REPORT

Dimoški, J. and Vukčević Marković, M. (2023). **Mental Health of Service Providers Working with Refugees, Migrants, and Asylum Seekers.** Belgrade: Psychosocial Innovation Network – PIN.



RESEARCH REPORT

Živanović, M., Vukčević Marković, M., & Stojadinović, I. (2019). **An investigation into the prevalence of burnout and secondary traumatization among service providers assisting refugees in Serbia.** Psychosocial Innovation Network.

What are the risk factors associated with secondary trauma?

As anticipated, the intensity of secondary exposure to trauma is a considerable risk factor. In other words, the greater the exposure of helpers to the traumatic experiences of their beneficiaries, including refugees and migrants, the higher the risk to their mental health.

In addition to the sheer volume of such experiences, their specific content holds significant importance. For instance, research indicates that secondary exposure to the traumatic experiences of refugees in Serbia and other **transit countries**, such as Macedonia, Bulgaria, and Greece, results in heightened secondary trauma among helpers, as opposed to the traumatic experiences encountered by refugees in their countries of origin.

This finding can be interpreted in two ways: it is possible that the **experience of more recent trauma**, such as those occurring in Serbia and transit countries, will be a more prominent topic in discussions with helpers. Additionally, this trauma may exert fresher and more intense negative effects on the mental health of refugees, collectively leading to a more emotionally taxing secondary exposure to the traumatic experience.

Conversely, an explanation may lie in the observation that helpers often identify less personally with their countries of origin and their respective systems, such as Syria, Afghanistan, and others. In contrast, experiencing a traumatic event that transpired in their own nation or neighboring countries may resonate more profoundly with helpers, leading them to feel a sense of partial responsibility or powerlessness to effect change, while also heightening their awareness of the deficiencies within the systems of the countries where they, along with their families and friends, reside. This may prompt helpers to confront feelings of insecurity, uncertainty, fear, and disappointment.

Furthermore, initial research findings indicated that a **younger** age, along with the **belief that one's contributions are neither recognized nor valued** by peers, presents an increased risk.

Moreover, at the trend level, overtime work and various elements of the organizational climate and structure, including a diminished perception of their ability to attain long-term professional goals within the workplace represent a risk for the mental health of caregivers.

What are the potential consequences of secondary trauma?

In addition to the challenges posed by secondary trauma itself, research indicates that it can lead to other psychological disorders and compromise overall life functioning. Studies have demonstrated that various issues related to secondary trauma contribute to an increased prevalence of depression and anxiety, while also indirectly impacting the quality of life for aid workers assisting refugees.



Živanović, M., & Marković, M. V. (2020). **Secondary Traumatization**. In *Social Trauma: An Interdisciplinary Textbook* (pp. 261–267). https://doi.org/10.1007/978-3-030-47817-9_27



Živanović, M., & Vukčević Marković, M. (2020). **Latent structure of secondary traumatic stress, its precursors, and effects on people working with refugees**. *PLOS ONE*, *15*(10), e0241545. <https://doi.org/10.1371/journal.pone.0241545>



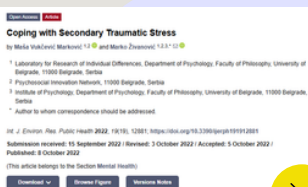
Marković, M. V., & Živanović, M. (2018). **Secondary traumatization in service providers working with refugees**. *Forced Migration and Social Trauma*, *237–248*. <https://doi.org/10.4324/9780429432415-26>

How to deal with that?

To offer empirically grounded recommendations for the effective prevention and alleviation of secondary trauma-related distress, we undertook research to gain insights into the coping mechanisms linked to varying levels of secondary trauma symptoms in caregivers.

Similar to studies in other fields, it has been demonstrated that avoidance-based coping strategies, such as denial or redirecting attention to alternative activities, are linked to more pronounced complaints.

Passive coping, encompassing acceptance, humor, and substance use, was linked to heightened distress. Conversely, individuals who employed coping strategies actively aimed at addressing the problem or source of stress, such as planning and positive reinterpretation, experienced less pronounced distress. Ultimately, coping strategies that relied on emotional and instrumental social support did not correlate with the severity of distress.



Vukčević Marković, M., & Živanović, M. (2022). **Coping with Secondary Traumatic Stress.** International Journal of Environmental Research and Public Health, 19(19). <https://doi.org/10.3390/ijerph191912881>



ENHANCING RESEARCH METHODOLOGIES

Over the past decade, we have endeavored to enhance our understanding and improve methodologies for studying the mental health of refugees and their experiences.

We dealt with the complex issue of ethics in research within this domain, adapted existing tools, developed new instruments, evaluated the psychometric properties of current measures, and, based on the findings, offered practical recommendations for enhancing research in this field.

Further information on these topics can be found on the following page, where you may access the works by scanning the QR codes.



Methods and ethics in refugee research



Adaptation of the Harvard Trauma Questionnaire for work with refugees in Serbia



Verification of the psychometric properties of a questionnaire designed to assess the mental health of refugees.



Development of a tool for evaluating traumatic experiences during transit



Validation of the psychometric properties of a questionnaire for evaluating posttraumatic growth



Verification of the psychometric properties of a burnout assessment instrument



Validation of the psychometric properties of a questionnaire for evaluating secondary trauma



**WHAT PURPOSE
DID WE SERVE
WITH THE
RESEARCH
FINDINGS?**

Over the past decade, our advocacy initiatives and practices have been shaped and refined by the insights and knowledge provided from research.

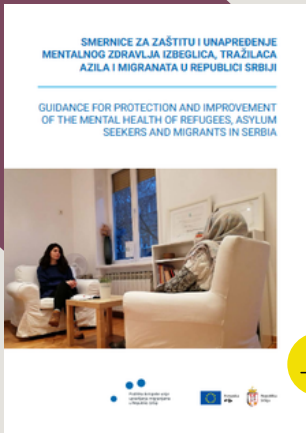
Below is an overview of several initiatives through which we have endeavored to enhance the position of refugees.



Figure 3.
Private Gallery, Psychosocial
Innovation Network (PIN)

REGULATING STANDARDS FOR MENTAL HEALTH SUPPORT

We are the authors of the inaugural strategic document of the World Health Organization aimed at regulating standards for mental health service provision: *Guidelines for the Protection and Promotion of Mental Health of Refugees, Asylum Seekers, and Migrants in Serbia*. This document was officially adopted by the Ministry of Health of Serbia.



PUBLIC AWARENESS INITIATIVES

We engaged in the Voices of the Region campaign organized by the World Health Organization's regional office to raise awareness among the general public.



CHANGING PRACTICE

Years of advocacy in collaboration with legal representatives from the Belgrade Center for Human Rights resulted in the incorporation of psychological assessment as a fundamental component of the asylum procedure. The turning point for the change in practice occurred with the first affirmative decision to grant international protection in Serbia, which, in its rationale, cited a report on the psychological condition of the asylum seeker, prepared by psychologists from PIN.

USE OF NATIONAL LEGAL MECHANISMS

One instance of this practice refers to a scenario in which an unaccompanied child experiencing psychological difficulties and acute agitation was refused hospital admission to two psychiatric facilities. Additionally, he could not be returned to his original accommodation due to the absence of adequate protective measures. Consequently, we initiated a procedure to assess the appropriateness of the actions taken by the health institutions through the Office of the Ombudsman. The procedure revealed problems in the collaboration among institutions responsible for the care of older minors and led to recommendations for enhancement.

ESTABLISHMENT OF COORDINATION MECHANISMS

In collaboration with the World Health Organization and the Commissariat for Refugees, we established the Working Group for the Protection and Promotion of Mental Health for Refugees, Asylum Seekers, and Migrants. This Working Group brought together representatives from all relevant actors in the refugee sector, concentrating on addressing immediate challenges while enhancing strategic initiatives. Following two years of effective operation, the Ministry of Health acknowledged its significance and formalized it as an official Working Group within the Ministry.

CONNECTING EXPERTS IN THE FIELD OF MENTAL HEALTH

We established a platform comprising all psychologists who offered support to refugees across Serbia. Regular bimonthly meetings were convened to facilitate the exchange of knowledge and experience, provide supervision and insights, and strategically explore methods to enhance protection and support.

FORMATION OF INTERNATIONAL ORGANIZATIONS

Establishment of international bodies - we founded the International Consortium for the Protection and Promotion of Mental Health of Refugees in Transit (CoReMH). CoReMH unites 25 members from 10 transit countries and comprises four working groups:

Practice and Policy, Research, Advocacy and Networking, and Capacity Building. To date, CoReMH has conducted several studies aimed at assessing needs and redefining and enhancing practices, published international research reports and scientific articles, mapped mental health services along transit routes, and fostered reflection and redefinition of the existing support system, all with the goal of improving cross-border cooperation and continuity in support provision. Additionally, CoReMH has executed numerous advocacy initiatives that have earned recognition and support from relevant international bodies and networks, such as Mental Health Europe and Global Mental Health.



PUBLIC AWARENESS INITIATIVES

We took part in the documentary film "Pushback and Dangerous Games."

2021



PUBLIC AWARENESS INITIATIVES

We were involved in the development of the screenplay for Vuk Ršumović's film *Among the Gods*, which is based on the true story of a young Afghan woman who traversed Serbia in 2015.

Our contribution to the screenplay focused on scenes that highlight the significance of psychological support for refugees.

2022

POLICY ENHANCEMENT

We have communicated the amendments to the Law on Asylum and Temporary Protection to ensure that the legislation is more aligned with the realization of the right to mental health.

UTILIZATION OF INTERNATIONAL LEGAL FRAMEWORKS



We submitted the initial alternative report on the Right to Mental Health in Serbia to the UN Committee on Economic, Social and Cultural Rights. The report analyzed the functioning of mental health protection and specifically assessed the realization of the right to mental health for refugees in Serbia.

2024

2025

ENHANCING SUPPORT FOR CHILDREN AND ADOLESCENTS

To enhance the care of psychologically vulnerable children and adolescents in Serbia, we have established standard operating procedures that define all specific steps in the care process – from identifying at-risk mentally vulnerable children and youth to facilitating their complete recovery.

ENHANCING SUPPORT FOR CHILDREN AND ADOLESCENTS

We have adapted the standard operating procedures established for all of Serbia to the unique circumstances of each local community where refugee children and youth reside, outlining the necessary steps for care in every municipality.

KORACI U PROCESU UPUĆIVANJA

Identifikovanje problema sa mentalnim aspektom kod deteta ili mlade osobe: Sama osoba ili neko iz okruženja – učitelj ili roditelj, nastavnik, socijalni radnik, psiholog, psihijatar, lekar ili drugi stručnjaci – mogu primetiti znakove problema sa mentalnim aspektom.

**KORAK 1
Obezbediti roditelja/članove porodice**

**KORAK 2
Upućivanje na hitnu pomoć i procenu stepena hitnosti**
Da li su znakovi OŽBESNI ili OŽBESNO-NEOŽBESNI? OŽBESNO-NEOŽBESNI: simptomi su ograničeni i mogu biti rešeni. OŽBESNI: simptomi su ozbiljni i mogu biti opasni za život.

DA (OŽBESNO-NEOŽBESNI): Identifikovati osobe sa kojima treba razgovarati o mogućim uzrocima problema i razmatranju mogućih rešenja. **NE** (OŽBESNI): Kontaktirati hitnu pomoć i obavestiti o situaciji. Staviti dete u bezbednost i pružiti podršku članovima porodice. Kontaktirati hitnu pomoć i obavestiti o situaciji. Obezbediti sigurnost deteta i članova porodice. Kontaktirati hitnu pomoć i obavestiti o situaciji.

**KORAK 3
Dinamično vršiti a hitno upućivanje**
Da li postoji potreba za hitnim upućivanjem?

NE (Hitna pomoć nije potrebna): Identifikovati osobe sa kojima treba razgovarati o mogućim uzrocima problema i razmatranju mogućih rešenja. **DA** (Hitna pomoć je potrebna): Kontaktirati hitnu pomoć i obavestiti o situaciji. Identifikovati osobe sa kojima treba razgovarati o mogućim uzrocima problema i razmatranju mogućih rešenja. Kontaktirati hitnu pomoć i obavestiti o situaciji.

**KORAK 4
Izvestiti procesne upućivanje na usluge zaštite mentalnog zdravlja**
Preporučiti hitnu pomoć i pružiti podršku članovima porodice. Kontaktirati hitnu pomoć i obavestiti o situaciji. Kontaktirati hitnu pomoć i obavestiti o situaciji.

**KORAK 5
Pružanje i poziviranje informacije**
Preporučiti hitnu pomoć i pružiti podršku članovima porodice. Kontaktirati hitnu pomoć i obavestiti o situaciji. Kontaktirati hitnu pomoć i obavestiti o situaciji.

**Hitna pomoć 194
POLICIJA 192**

Logo: Psihological Innovation Network



CONSTANTLY

We conducted training sessions focused on enhancing practices and policies across **more than 20 locations in Serbia.**

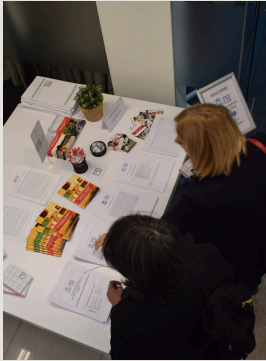
Participants included refugees, legal representatives, translators, health and social workers, mental health professionals, humanitarian workers, academics, students, and volunteers, along with representatives from international agencies and networks.

We provided direct psychological and psychosocial support to **7,094 refugees and migrants, including 4,453 children and youth**, across 36 locations in Serbia. In total, 7,617 individual and group sessions of direct psychological support were conducted, along with 942 integration or psychoeducational activities. Additionally, we performed 78 psychological assessments for asylum purposes during that period.

CONSTANTLY

We conducted **more than 30 public events** across **over 15 locations** in Serbia to communicate our research findings and promote enhanced practices and policies.

Here are the highlights from our **Annual Conferences** for the presentation of research findings.



WHAT DOES **INTEGRATION** INTO SOCIETY MEAN TO YOU?

*Kada neko zna kulturu i
istoriju zemlje iz koje dolazim*



... ili želi da mu ja ispričam.



*Kada mi u prodavnici kažu
'Komšinice'.*



*Kada ljudi uživaju u našoj
muzici.*



*Kada mogu sam da zaradim za
sebe i svoju porodicu.*



*Kada ugostim prijatelje iz
Srbije.*



*Kada me u školi zovu na
fudbal i kažu 'Ajde brate'*



The images are part of a campaign conducted in collaboration with the United Nations Refugee Agency (UNHCR).

*Kada ti ceo razred priredi iznenađenje
za rođendan i kupi tortu.*



*Kada posle posla idem sa
kolegama na piće.*



*Kada se neko potruđi da nauči
par reči mog jezika.*



Kada idemo na slavu.



Ljubaznost.



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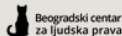
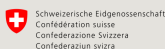
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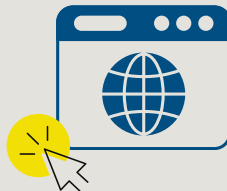


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Detailed results of
our work are
available on our
website!



www.pin.org.rs



Ten years of research on refugee mental health: what have we learned?

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A DECADE OF RESEARCH INTO THE
MENTAL HEALTH OF REFUGEES.



2025