

Psychological vulnerabilities among asylum seekers in the Republic of Serbia

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Abstract

War and concomitant sociopolitical turbulence in the Middle East and Africa have led to big migration flows across the Balkan route - a route that remains active. Numerous refugees sought asylum in Serbia, but only several dozen receive international protection each year. The aim of the study was to assess the level of psychological vulnerabilities among asylum seekers who have submitted asylum applications in the Republic of Serbia. Sixty participants completed the Refugee Health Screener (RHS-15), aimed at screening for depression, anxiety and posttraumatic stress disorder (PTSD) symptoms and assessing overall psychological vulnerability. Results showed that 43.3% respondents were assessed as psychologically vulnerable and 41.7% as highly vulnerable. Moreover, 36.7%, 23.3% and 25% of participants experienced significant levels of depression, anxiety and PTSD, respectively. The importance of providing a comprehensive and trauma-informed model of support during the asylum procedure is discussed.

Keywords: *asylum seekers; psychological vulnerabilities; asylum procedure; Refugee Health Screener; coping capacities*

Introduction

There are over 89.3 million people forcibly displaced due to war, conflict, persecution or human rights violations (United Nations High Commissioner for Refugees [UNHCR], 2021), and by the end of 2021, the global refugee population reached 27.1 million, representing the highest recorded number so far (UNHCR, 2021). For the majority of them, the asylum procedure (i.e., refugee status determination) represents the first step and a precondition for initiating the phase of obtaining international protection and rebuilding their lives. Even though there are differences in how this procedure is regulated across Europe, e.g., it can last from 8 working days (European Council on Refugees and Exiles [ECRE], 2020a) to up to 21 months (ECRE, 2020b), an applicant needs to go through different stages and comply with several highly challenging requirements in order to obtain international protection, such as to testify in detail on the reasons for leaving their home country and on the painful and traumatic experiences they have been through (Vukčević Marković et al., 2021a).

Numerous studies documented reciprocal relationship between the asylum procedure and the mental health of the applicant, including both the impact that different stages of the asylum procedure can have on mental health of the applicant, and the impact different mental health difficulties can have on the asylum procedure (Vukčević Marković et al., 2021a). Thus, it was shown that a longer asylum procedure and delays and uncertainties have negative effects on refugees' mental health (Hallas et al., 2007; Laban et al., 2004, 2005, 2008), that asylum interviews increase symptoms of intrusions (Schock et al., 2015), and that receiving a negative decision increases suicidal ideation and intentions, as well as PTSD, depression and anxiety-related difficulties (Jakobsen et al., 2017; Silove et al., 2007). On the other hand, psychological difficulties of an applicant can affect different stages of the asylum procedure. Thus, a person suffering from PTSD may have difficulties to remember an important aspect of traumatic events (American Psychiatric Association [APA], 2013), which represents the most im-

portant requirement during the asylum procedure, and this can result in discrepancies in statements or in the inability to recall some details of the traumatic experience, thus affecting the course and the outcome of the asylum procedure (Vukčević Marković et al., 2021a). Furthermore, a person may experience persistent detachment or estrangement from others (APA, 2013), resulting in the absence of emotional reactions that would be considered normal reactions while recalling a traumatic event (Meffert et al., 2010), thus questioning the credibility of asylum claims by asylum officials (Vukčević Marković et al., 2021a). Therefore, it is of crucial importance to consider the psychological state of the applicant during the asylum procedure in order to ensure an unbiased and trauma-informed course and the outcome of the reasoning for the decision.

Current study

Following the massive migration flow from the Middle East to Western Europe that occurred in 2015, changes in European refugee policies have brought on the closure of European borders, an increase of border controls and violent push-back practices (Radjenovic, 2021; UNHCR, 2017). Nevertheless, the migrating flow through south-eastern Europe has not ceased since, leaving refugees and migrants fleeing from war, poverty and prosecution in hands of smugglers and in illegal border-crossing pathways (Médecins Sans Frontières, 2018). During 2020, almost 27,000 illegal border crossings were registered along the Western Balkans migration route alone (European border and coast guard agency, 2021). The closure of borders for many refugees meant prolonged stay in some of the transit countries along the route, which consequently led to a number of them seeking international protection in the Republic of Serbia. Looking at data from the previous five years, the number of refugees that sought asylum in the Republic of Serbia each year ranged from 2,306 to 12,937, while approximately 226 full asylum applications were submitted to the Asylum Office on average per year (Belgrade Centre for Human Rights, 2019, 2020, 2021, 2022). Out of the submitted applications, the number of people

who received international protection in the past five years in the Republic of Serbia is quite low - approximately 23 per year (Belgrade Centre for Human Rights, 2019, 2020, 2021, 2022).

It should be noted that previous studies conducted in Serbia have shown that refugees residing in Serbia were exposed to numerous stressful and traumatic experiences in their countries of origin (Vukčević et al., 2016), during transit (Purić & Vukčević Marković, 2019), as well as during their stay in Serbia (Vukčević Marković et al., 2019b). In addition, mental health screening conducted over the last several years shows high percentages of refugees in Serbia being psychologically vulnerable and experiencing severe symptoms of depression, anxiety and posttraumatic stress disorder (Dimoski & Vukčević Marković 2022; Vukčević Marković et al., 2017, 2018, 2019a, 2020, 2021b). This highlighted the importance of examining the mental health of those going through the asylum procedure in order to prevent and minimize the risks of jeopardizing their well-being, as well as minimizing risks that the course and the outcome of the asylum procedure carry for the most vulnerable among them.

Therefore, the aim of this study was to explore the severity of psychological vulnerabilities among asylum seekers in the Republic of Serbia, and provide evidence for a mental-health-sensitive and trauma-informed asylum procedure in Serbia.

Method

Sample

A total of 60 participants participated in the study (70% male, $M_{age} = 28.07$, $SD_{age} = 9.03$), originating from 15 countries, mostly Afghanistan (25.9%), Burundi (17.2%) and Iran (13.8%). All participants have submitted asylum applications in Serbia.

Instruments

Participants completed the Demographic characteristics questionnaire, developed for the purpose

of this study, which included information about age, gender and country of origin, as well as the Refugee Health Screener (RHS-15) (Hollifield et al., 2013), assessing mental health. RHS-15 consists of: 1) 13 items, followed by a Likert scale in the range of 5 points (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, and 4 = extremely), assessing symptoms of anxiety, depression and PTSD. For the purpose of this study, one item (item 1) was excluded from the analysis due to poor metric characteristics, so that each subscale consisted of 4 items (range 0-16); 2) a single item assessing coping capacities in which participants indicate if they feel they are 0 = able to handle (cope with) anything that comes their way, 1 = able to handle (cope with) most things that come their way, 2 = able to handle (cope with) some things but not able to cope with other things, 3 = unable to cope with most things, and 4 = unable to cope with anything; 3) a single item representing a distress thermometer in which respondents are asked to indicate the level of distress during the past week (including the day of the assessment) on an 11-point scale (from 0 = no distress "Things are good" to 10 = extreme distress "I feel as bad as I ever have"). Participants whose total score is 12 or above are considered psychologically vulnerable, while a total score of 25 or above indicates high vulnerability, and it is necessary for the person to be referred for further psychological assessment and psychological support. Moreover, the cutoff value for each subscale (depression, anxiety and PTSD) is 12, meaning those who scored 12 or above are considered to have clinically indicative symptoms of depression/anxiety/PTSD. The instrument shows good psychometric properties (Hollifield et al., 2013).

Procedure

Data was collected from June 2017 to December 2021 in the form of paper and pencil, on the premises of a non-governmental organization PIN – Psychosocial Innovation Network, allowing privacy. Data collection was performed by highly experienced psychologists and psychotherapists experienced in provision of psychological support to refugees during the asylum procedure, with the

assistance of trained and experienced interpreters/cultural mediators, when needed. The data was collected during psychological assessment sessions conducted with the aim of drafting psychological reports to be submitted as part of the asylum procedure documentation for the asylum seeker in question. The questionnaires were administered in four dominant languages of asylum seekers currently residing in Serbia – English, French, Arabic and Persian. The Demographic characteristics questionnaire was translated into the aforementioned languages using the back-translation method. All participants were provided with written consent, and they were informed about the aim and purpose of the research, principles of anonymity, confidentiality, the right to withdraw their consent for participation at any time, and were told that their decision whether to participate in the study or not will not in any way influence their legal status. Only those who provided informed written consent were included in the study. The Institutional Review Board of the Department of Psychology of the Faculty of Philosophy approved the study (protocol numbers #2021-99, #2019-015, #2020-42, #2021-25).

Results

The overview of descriptive statistics of RHS-15 factors (depression, anxiety and PTSD symptoms) can be seen in Table 1.

Table 1. RHS-15 descriptive statistics

	<i>M</i>	<i>SD</i>	Sk(std)	Ku(std)	α
Depression	7.85	4.50	0.78	-1.57	.74
Anxiety	7.50	4.62	1.06	-1.40	.78
PTSD	7.37	4.40	0.63	-1.69	.70
RHS total	24.0	12.91	1.43	-1.01	.89

Note. PTSD – post-traumatic stress disorder, *M* – mean, *SD* – standard deviation, Sk(std) – standardized skewness, Ku(std) – standardized kurtosis, α – alpha reliability

It can be noted that each factor measured was distributed normally (as seen through standardized skewness and kurtosis). Moreover, each factor showed acceptable alpha reliability.

The results of the psychological screening can be viewed in Table 2, providing the incidence of asylum seekers showing clinically indicative symptoms of depression, anxiety and PTSD, as well as overall psychological vulnerability and acute distress.

Table 2. The incidence of screen-positive asylum seekers

Symptoms	<i>N</i>	%
Depression	22	36.7
Anxiety	14	23.3
PTSD	15	25.0
Psychological vulnerability		
Not vulnerable	9	15.0
Vulnerable	26	43.3
Highly vulnerable	25	41.7
Acute distress	38	63.3

Note. PTSD – post-traumatic stress disorder, *N* – number of participants, % – the percentage of participants

It can be noted that more than one-third of the participants showed clinically indicative symptoms of depression, while about one-fourth of the participants showed clinically indicative symptoms of anxiety and PTSD. Moreover, the vast majority of participants were identified as psychologically vulnerable, with a notably high percentage of those identified as highly vulnerable. Finally, slightly less than two-thirds of the participants reported feeling extreme acute distress.

Finally, the results on reported coping capacities are provided in Table 3.

Table 3. Coping capacities of asylum seekers

Circle the one best response below. Do you feel that you are:	<i>N</i>	%
Able to handle (cope with) anything	12	20.0
Able to handle (cope with) most things	19	31.7
Able to handle (cope with) some things, but not able to cope with other things	21	35.0
Unable to cope with most things	6	10.0
Unable to cope with anything	2	3.3

Note. *N* – number of participants, % – the percentage of participants

In parallel with the high incidence of those reporting psychological difficulties, it is shown that asylum seekers' coping capacities remained notably

high, with about half of the participants stating that they are able to cope with anything or most things. However, there is still more than one tenth of the participants stating that they are not able to cope with anything or most things.

Discussion

The aim of this study was to explore the severity of psychological vulnerabilities among asylum seekers in the Republic of Serbia, and provide evidence for a mental-health-sensitive and trauma-informed asylum procedure in Serbia.

The results showed that mental health difficulties are highly prevalent among asylum seekers in Serbia. More specifically, more than one-third of asylum seekers showed clinically indicative symptoms of depression, while about one-fourth of participants showed symptomatology of anxiety and of post-traumatic stress disorder, respectively. Moreover, the vast majority of participants (85%) were identified as psychologically vulnerable, even though most participants still showed preserved coping capacities.

These results are in line with previous studies exploring the mental health of refugees in Serbia (Dimoski & Vukčević Marković, 2022; Vukčević Marković et al., 2017, 2018, 2019a, 2020, 2021b), showing high percentages of those experiencing severe mental health difficulties and acute distress. Therefore, this study highlights the need for ensuring not only a wide range of mental health services that need to be available and accessible to refugees, but also the need to prevent and minimize any additional stressors that might cause further deterioration of their mental health, and provide a safe and supportive environment for processing and healing. However, the circumstances in which refugees reside in Serbia expose them to many challenges and risks. More precisely, it was shown that refugees face numerous postmigration living difficulties, with poverty, lack of work permit, isolation and boredom, separation from family and worries about family back home being the most prevalent ones (Vukčević Marković et al., 2019b). Moreover,

these difficulties are related to more severe mental health problems (Vukčević Marković et al., 2019b). Furthermore, the study exploring experiences of refugees who went through the asylum procedure in Serbia showed numerous challenges faced by the applicants, such as long duration of the procedure, long waiting period between interviews, hearings and the decision, long duration of hearings and not enough breaks, while the main challenge was related to miscommunication with interpreters and lack of professional, trained and experienced interpreters (Vukčević Marković et al., 2019a). Finally, access to comprehensive mental health services in Serbia that could provide support in processing and coping with stressors and challenges is limited (Dimoski et al., 2022; Psychosocial Innovation Network, 2022; Stojadinović et al., 2020; Vukčević Marković et al., 2022).

Based on the study results, there is an urgent need for taking action that will ensure a mental-health-sensitive, trauma-informed and unbiased asylum procedure in Serbia. This should include strengthening both psychological and legal preparation and support before, as well as during all stages of the procedure, which was recognized as a valuable resource of support among those who obtained international protection in Serbia (Vukčević Marković et al., 2019a). Furthermore, it is necessary to ensure the presence of professional and culturally sensitive interpreters during the asylum procedure. Finally, strong advocacy efforts are needed towards improvements of formal characteristics of the procedure – it should be made as efficient as possible, with shorter period of times between the different stages, while maximal duration of interviews and frequency of breaks should also be defined in advance. Furthermore, applicants need to be informed about and encouraged to ask for a break or adjournment of the interview or the hearing when needed (Vukčević Marković et al., 2019a, 2021a). Finally, as previously recognized, the study results point out the need for education and sensitization of all parties involved in the asylum procedure, in particularly legal representatives and decision makers (Vukčević Marković et al., 2021a). These should help them recognize and understand the signs of

psychological difficulties and the emotional and cognitive manifestations of trauma and vulnerability, and enable them to react in adequate and timely manner, thus supporting the applicant through the procedure, as well as ensuring unbiased reasoning for the decision. Bearing in mind the everlasting refugee crisis, together with the new developments around the world, setting up this action as a priority should be recognized by relevant stakeholders since it would improve protection and make healing easier for those forced to flee their homes and search for safety elsewhere.

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