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НАРОДЕН ПРАВОБРАНИТЕЛ
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AVOKATI I POPULLIT
Republic of Macedonia
O M B U D S M A N

Monitoring the Mental State of Persons Held at Temporary Transit Centers in the Republic of Macedonia

According to its mandate and powers, the Ombudsman as a National Preventive Mechanism, among other activities, performs an ongoing and continuous monitoring of the level of realization of the rights and treatment of people accommodated at the Temporary Transit Centers “Vinojug” in Gevgelija and “Tabanovce” in Kumanovo, in order to identify possible risks of torture and other cruel or inhuman treatment and punishment.

From the visits made, direct contacts with detainees and discussions with non-governmental organizations’ representatives providing psycho-social support, the National Preventive Mechanism Team found out that the multi-month keeping of refugees at the Temporary Transit Centers was reflected in changes of their mental health.

These findings led to the need to conduct comprehensive research on refugees’ psychological state, so the National Preventive Mechanism hired external experts, i.e. members of the Republic of Macedonia’s Association of Psychiatrists and Chamber of Psychologists, whose goal was, after the research on detainees’ mental health, to prepare a report with specific findings and recommendations for overcoming any negative conditions identified.

For this purpose, during the month of August 2016, the outsourced experts Prof. Dr. Dimitar Bonevski, a psychiatrist, and Andromahi Naumovska, PhD, a psychologist, performed a number of follow-up visits to the Temporary Transit Centers “Vinojug” - Gevgelija and “Tabanovce” - Kumanovo, where they observed the ongoing activities, behavior and non-verbal communication of children, adolescents and adults. Furthermore, they had interviews with the volunteers and medical staff present on the ground, while the questionnaires specifically structured and designed for children and adults held at the Temporary Transit Centers were also processed.

As a result of this research, a special Report on the Situation of Refugees at Temporary Transit Centers was drafted.

Information on the Psychological Condition of Refugees in Temporary Transit Centers in Macedonia

In recent years, the number of refugees from the military conflict regions of Afghanistan and Syria has been rapidly increasing in Macedonia, and the instability of the political situation has sustained a serious risk of new major waves of refugees at our borders and in our territory.

♦ Introduction

Refugees have high rates of risk factors for mental disorders. There is no doubt that the majority of refugees arriving in Macedonia have experienced some traumatic events, persecution, violence, loss of their identity and culture, and often, loss of their family members. Such experiences have a direct impact, producing mental disorder symptoms at the individual, family and group level.

On the other hand, difficulties faced in refugees' daily lives further contribute to their mental condition deterioration. It is very evident that when observed from the outside, quite a few of the refugees present serious mental health issues.

Estimates of the prevalence of post-traumatic stress disorder (PTSD) in adult refugees in various research conducted around the world range from 3% to 86%, while depression accounts for 3% to 80%. Accepting the lowest rates as valid is a step towards neglecting refugees' mental health, while the opposite emphasis on the upper end of psychiatric disorder expected prevalence leads to stigmatization of refugees as a population with very high psychiatric co-morbidity.

Some recent study findings indicate that there is PTSD in 9% (10-11%) of refugees, while in 5% (46%), there is major depression, with a high level of psychiatric co-morbidity.

Larger studies generate lower prevalence rates than studies with less optimal designs, but heterogeneity persists even in the findings of larger studies.

Serious meta-analyses suggest that about 1 in 10 adult refugees in western countries have a post-traumatic stress, 1 in 20 have a major depression, and 1 in 25 have a generalized anxiety disorder, including the likelihood that these disorders often overlap.

PTSD and depression, or their symptoms are primarily associated with trauma and stressful events experienced during displacement, but psychological symptoms are further increased by the uncertainty and unresolved status.

Aggression and behavioral problems that often show up in refugees are indicative of their affected mental health and negatively impact their social functioning.

The somatization they exhibit such as: headache, abdominal pain, stomach problems, myalgia, etc. is actually a significant component of symptomatology suggesting psychological problems.

Disorders in their biological drives such as insomnia, hypersomnia and anorexia once again indicate their psychological suffering.

Undoubtedly, special attention should be paid to the mental health of refugee children who are the most vulnerable group, because their overall, and primarily mental development is significantly affected.

It is important to emphasize that the traumatic experiences of refugee children have acute immediate, and long-term effects on their mental health. Numerous previous studies indicate that the most common problem is PTSD, followed by depression, while behavior and emotional disorders are also frequent, including aggression and affective disorders. The presence of these disorders in conditions as at the Temporary Transit Centers, without the adequate environment in terms of support and care, especially with the likely absence of parents (who might be dead or missing) further and significantly increases the risk of serious mental health consequences throughout children's lives.

PTSD and depression are most commonly observed mental health problems among refugee children and they disrupt their everyday interactions with their families, friends and peers. Over 25% of refugee children show signs of PTSD and 44% of refugee children report symptoms of depression. The ratio by gender is also important: 54% of the girls and 26% of the boys have symptoms of depression. There is no doubt that girls are much more at risk of depression.

The number of refugee children with psychosomatic symptoms (pain in different parts of the body) is high: 25% of refugee children have pain in the body (compared to the US, where 15% of children have psychosomatic pain). In the context of cultural norms with regard to emotional expression and manifestation of psychological stress, somatization is a significant component among refugee children.

Refugee children also show attention problems, such as hyperactivity, aggression and social withdrawal in formal groups.

♦ Study Assessing Refugees' Mental Health at Both Temporary Transit Centers in Macedonia in the 2015/2016 Period

Although previous research in the world mentioned above provides relevant data for insight into refugees' mental health state, still it is necessary to make a separate assessment of the mental health state of refugees at both Temporary Transit Centers in Macedonia ("Vinojug" - Gevgelija and "Tabanovce" - Kumanovo).

To this end, Temporary Transit Centers were visited, where:

- ♦ Ongoing activities at Temporary Transit Centers were observed,
- ♦ Behavior and non-verbal communication of children, adolescents and adults were observed,
- ♦ Volunteers, helpers, medical personnel and people at Information Desks in Temporary Transit Centers were interviewed.

Specifically structured self-assessment questionnaires were also used by the refugees to assess their mental state.

Adult refugees used the "Mental Health General Questionnaire", while refugee children used "Child & Youth Mental Health General Questionnaire Recommendations". Questionnaires were completed by 1/3 of the refugees at both Centers.

The main objectives of this research were to:

1) Determine the frequency of psychological and psychiatric disorders in both child and adult refugees;
2) Assess the need for treatment of these disorders and specify such treatment in refugee camp conditions.

♦ Data Obtained

The Temporary Refugee Transit Center "Tabanovce"-Kumanovo accommodated 81 refugees, including 40 children under the age of 18 and 40 adults, while the Temporary Transit Center "Vinojug"-Gevgelija accommodated 130 refugees, of whom 60 children under the age of 18 and 70 adults.

Structured questionnaires used with adults generally provided data on the incidence of psychological and psychiatric disorders, which moved within the expected results, i.e. was in line with the results of the existing research on refugees' mental health across the world.

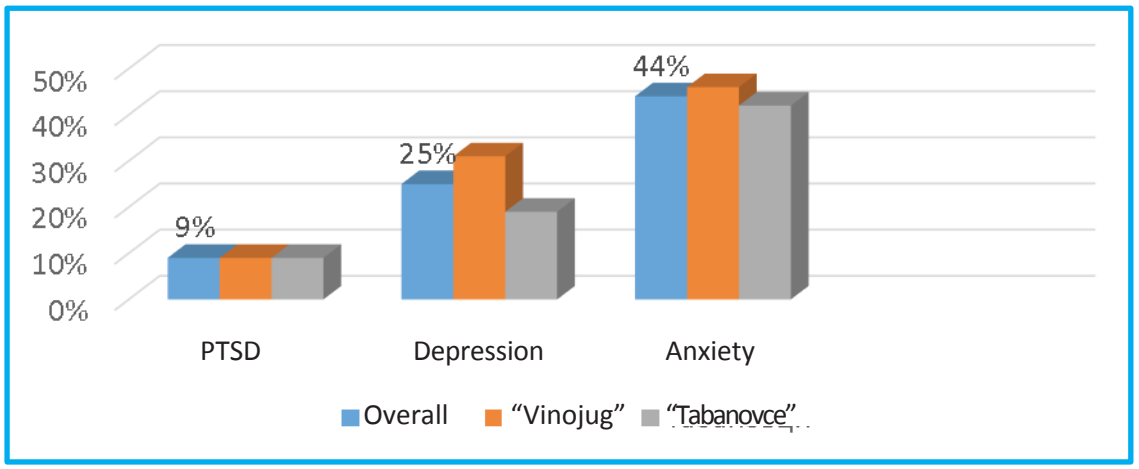

Figure 1. Psychological and psychiatric disorders among adult refugees

The frequency of PTSD among adult refugees in both Centers was identical (9%), where the mean frequency of depression was 25% (significantly more pronounced among refugees in the Temporary Transit Center "Vinojug"-Gevgelija), while the average frequency of anxiety was the highest (44%) (slightly more pronounced among refugees in the Temporary Transit Center "Vinojug"-Gevgelija).

These relatively higher rates of depression and anxiety among refugees in Macedonia, as compared to the PTSD prevalence, suggest greater impact of the current situation they are in due to the sustained trauma from the wars in their countries and the transport to our country. In fact, their long-term stay in these Centers causes very significant levels of anxiety and depression after the great uncertainty about the implementation of their plan for emigration to their desired destinations in Western countries.

Adult refugees from "Vinojug"-Gevgelija Temporary Transit Center have more pronounced depression and anxiety due to the explicit restriction in their possibility of leaving the Center and awareness of the greater physical distance from the border that leads them to their desired destination. On the other hand, refugees at "Tabanovce" Temporary Transit Center show higher hopes and greater expectations for faster departure from the Center and movement to the desired destination, which realistically speaking, does occasionally happen with some of the refugees.

Refugee children generally show much emphasized separation anxiety, found in 40% of the children (slightly more pronounced in children at "Tabanovce"). Generalized anxiety disorder is present in 37% of the children (more pronounced in children at "Vinojug"). Depression is present in 35% of the children (more pronounced in children at "Vinojug"). Aggressiveness is present in 17% (more pronounced in children at "Tabanovce"), behavioral problems in 15%, while attention disorder in 10% (more severe among children at "Vinojug").

Refugee children from "Vinojug" Temporary Transit Center have somewhat more pronounced generalized anxiety and depression, which are reflected in a more

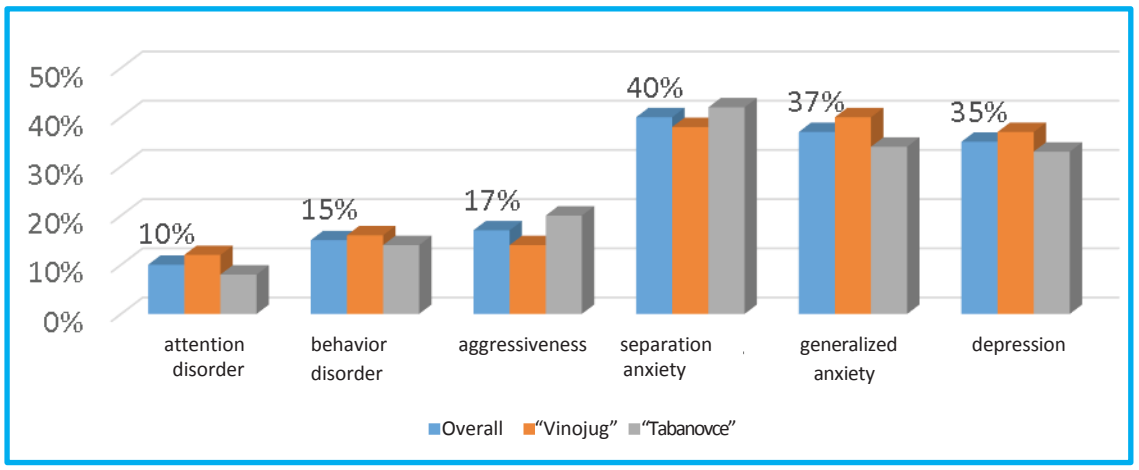

Figure 2. Psychological and psychiatric disorders in refugee children

pronounced disorder of their attention and behavior. The reason for this is probably the transmission of high anxiety and depression from their parents through the phenomenon of psychological induction. In fact, children are prone to directly taking over the negative emotional experiences of their loved ones.

On the other hand, child refugees at "Tabanovce" Temporary Transit Center have more pronounced separation anxiety and aggressiveness, probably due to the frequent changes of the situation in the Center in terms of the arrival of new refugees and departure of some of the old refugees.

Threats to refugees' psychological health resulting from their traumatic experiences and current conditions they are in, could be summarized in the following order:

- High incidence of depression, anxiety, PTSD;
- Uncertainty about their future;
- Forced dependence on the system, lack of autonomy;
- Regression caused by a camp life structure;
- Constant worry and uncertainty about further legal immigration procedures, especially for those who are not involved in an asylum procedure;
- Need for their own dwelling away from the others;
- All problems arising due to language and cultural barriers;
- Still fresh trauma;
- Fears of whether they will get asylum, for those who seek it;
- Fears about family reunification, among those who are separated from their loved ones;

- Conflicts at the Center due to ethnic and national differences among refugees;
- Lack of any psychological assistance and support, such as individual or group counseling and psycho-therapy at the Centers;
- Fears of the emergence of other health problems.

♦ Current Psycho-social Activities at Temporary Transit Centers and Recommendations for Their Improvement in the Context of Mental Health Care

There are some educational workshops in place for the children, but this is far from complete education that would be equivalent to learning in order to get a certificate of a completed term or school year. This means that children are suffering and remain educationally neglected. On the other hand, it is very important for their parents to also get involved in their education, because that way they themselves would have certain activities and feel they are important, while being able to better coordinate some educational activities with the current educators. This would positively affect children in terms of their school assignments and social adaptation.

Regarding adults, except for the possibility of learning a language, there are no other organized educational and psycho-social activities, which faces them with a surplus of unstructured time and contributes to their emphasized anxiety and other psychological difficulties.

The introduction of psycho-social activities for adults would be of great significance to their overall physiological state improvement. In this context, the design of a specific occupational therapy for adults (especially with the possibility of a monetary compensation) would have a pronounced positive impact on improving the image of themselves and their sense of satisfaction, and would reduce the frustration about the fact that they are staying in a place where they are closed in isolation, in a country they do not want to be in, at the same time facing the uncertainty of how long this would be so. Reducing their feelings of boredom and loneliness would certainly help to reduce their symptoms of depression, anxiety, PTSD, and would also create a sense of greater security for their new life and contribute to building a sense of power, as opposed to the insecurity, helplessness and uncertainty they are currently feeling.

For this purpose, at the beginning, workshops in which they would acquire certain work skills can be designed, in order to prepare them for work and potentially identify their future, and also to improve their psychological condition. Thus, they would be helped to build a new identity, because theirs has been lost, and they would be helped to integrate in the culture where they wish to continue their lives.

In addition to certain psycho-social activities, there should be a place, i.e. corner to be used by refugees alone as a place for spontaneous social activities. This would psychologically mean that they have their own personal space and common space for autonomous group interactions, rather that just for organized group activities, which would also provide them with some autonomy they need. For this to be realized, it is necessary to design and plan the place together with the refugees at the Center. The increased sense of autonomy and freedom, along with the opportunity to partially live the way they wish, may reduce the regressive dependence and experience determined from the outside.

It is necessary to allow refugees to get out of the Center area occasionally, in a controlled and safe manner, which would help reduce their sense of helplessness and hopelessness, and return their partial sense of being in control. In fact, the results of this study indicate that the refugees at “Vinojug”-Gevgelija, who have no opportunity to get out of the Center area for at least a moment, show pronounced symptoms of anxiety and depression.

The impression is that the professionals involved in psycho-social work activities with refugees show evident burn-out signs and symptoms because of the undoubted stress of this type of work, so specific psycho-therapeutic support is required for them as well. They also need education on how to recognize the symptoms of stress and trauma among refugees, take an adequate attitude towards them and recognize their own symptoms of stress and burn-out in their work, and learn techniques to relieve them.

♦ Recommendations on Priorities for Treatment of Refugees’ Mental Health

Refugees who had faced displacement, left their home, immediate and wider environment and their way of life, suffered separation from their extended families, and some of them even from their primary families, were at the beginning primarily directed towards their basic survival, such as providing food, water and shelter. In other words, they were confronted with the primary fears of survival and security for themselves and their loved ones. After their placement in a safe environment (Centers), their primary concern was directed to the uncertainty related to their future. Currently, they are facing anxiety, fear, helplessness, depression, a sense of loss of control, apathy, fatigue, grief, isolation etc.

In this context, it is required to put the focus of care on their mental health.

Certainly, the trauma survived during their displacement was the initial trigger disturbing their mental health, but current concerns and uncertainty about their future,

and lack of everyday productive activities additionally affect their mental health.

Conditions in the camps restrict the everyday life of refugees in terms of their habits, daily routines and activities, which among them creates serious resentment, anxiety, feelings of lack of freedom and lack of control over their lives, and all of this has a negative impact on their mental health.

Engaging them through some kind of occupational therapy (work activities) and training for professional skills would redirect their attention to the specific activity and contribute to their feeling of usefulness and active participation, and also return the positive idea about their future, which would reduce their symptoms of anxiety and depression.

Regarding refugees exhibiting pronounced symptoms of PTSD, anxiety and depression, psychiatric and psychological treatment combined with medicated and psycho-therapeutic treatment would be required.

Regarding refugees who do not exhibit pronounced symptoms of these disorders, psychological support would also be required in terms of psycho-therapy and psychological counseling, because of the undoubted psychological exhaustion in terms of surviving the stresses and uncertainty about their future, which they are currently experiencing. Namely, the psycho-therapeutic approach and psychological counseling is also required for prevention, and not only for the treatment of certain psychiatric disorders already presented.

We consider it necessary to give priority to this approach, because it was neglected due to other previously mentioned needs.

Global experience suggests that this therapeutic approach has shown effectiveness in working with refugees, but one must take account of the issues accompanying it. Above all, one must be careful about the stigma regarding mental disorder treatment among refugees themselves, given the different approaches and treatment of mental diseases in their countries of origin. Also, another expected difficulty is the inability to provide professionals (psychiatrists, psychologists, psycho-therapists) who speak their language.

Considering the fact that child refugees are the most vulnerable group among all refugees and that the mental health disorders under the conditions they are in can leave very pronounced effects on their overall psychological development and further psychological functioning, the most urgent need arises for their adequate psychological and psychiatric treatment. There, the psychiatric and psychological treatment of child refugees should be applied to both children exhibiting certain psychiatric disorders (PTSD, depression, anxiety, behavioral and attention disorders etc.) and all other children.

Psycho-therapeutic approaches for the treatment of refugee children should be implemented both with the children and their parents and families, as well as staff working with them on certain programs. In this context, additional psycho-social programs for refugee children are required.

The setting in which psycho-social interventions are currently conducted is a good place to station mental health services, since both group and individual psycho-therapeutic interventions are needed.

Psycho-social activities can facilitate the initial contact with mental health services, and this can be done through occupational therapy and education. Of particular importance is the education about the country where they are currently located, and the country where they want to go, learning the language, the way of food preparation, clothing, etc., including exchanges in terms of possibilities for refugees to present their culture through the preparation of their traditional food, presentation of their traditional clothing, etc. Such psycho-social activities should enable ease of communication, give opportunity to present their opinions, dilemmas and fears. Current trigger factors should also be considered in terms of stress continuation and allow discussions thereon, putting refugees in the position of active players. This would reduce the feeling of helplessness and facilitate the possibility of beginning the psycho-therapy process.

The use of techniques for dealing and strengthening one's personal capacities through techniques such as narration, music, art, dance, represent alternative methods that can also facilitate the introduction of psycho-therapeutic methods.

The accommodation of psycho-therapeutic treatment services in the same space with psycho-social programs implemented can help to overcome the stigma accompanying any request or acceptance of psychological and psychiatric help and support. For example, the space used for group social activities of children would be more easily accepted by adults (parents) to participate in such activities. These group activities would be followed up by individual consultations related to their children, which would eventually enable arrangements for individual consultations only with parents. The involvement of adults in psycho-therapeutic treatment is of great importance, because the mental health and well-being of parents is a protective factor for children as well, especially for children dealing with trauma and facing certain mental problems. Adults' mental health is also a protective factor for family sustainability and easier adaptation to the new culture they are coming to.

Psycho-social activities, psycho-education, counseling and psycho-therapy, especially with adults, do not exist as activities in either of the camps.

Psycho-therapeutic models to be enabled in both camps should include opportunities for individual, family and group psycho-therapy, as well as preventive interventions, while for cases with pronounced symptoms of psychiatric disorders

(PTSD, anxiety, depression), provision of psychiatric medicated treatment is required.

Psycho-therapeutic approach goals include:

(1) Establish safety and security

(2) Integrate the individual and family in the new cultural context

(3) Redefine individual identity, including acculturation, and acquire new coping skills, problem and conflict solving, competency skills.

The psycho-therapeutic approach to the work with refugees particularly requires the techniques of:

➔ Ventilation,

➔ Desensitization,

➔ Relaxation, and

➔ Cognitive restructuring,

both for children, adolescents and adults.

These techniques have a dual purpose: treatment through narration (ventilation) has an important role for the individual, but the application of group techniques is also important for the group, because everyone knows that they are not alone in the process, and that other individuals as well, face the same or similar problems. This also helps the helpers, who can more easily understand the culture, get to know their clients and use intervention techniques more easily. In situations where the clients are facing more pronounced symptoms of PTSD, anxiety and depression, it is important to do individual psycho-therapy in parallel with group interventions.

Group activities enable both orientation and education regarding the new culture and life within it, thus reducing the cultural difference and generation gap created between parents and children, especially because of the fact that children adapt to a new culture more easily. It is important to share culturally relevant data, although the majority of refugees do not seek asylum in the Republic of Macedonia. Namely, such information can be useful to reduce the anxiety associated with uncertainty about their future.

It should be noted that the timely (early) psycho-therapeutic treatment of children with symptoms of PTSD, anxiety, depression, attention and behavior disorders etc. is of particular importance as a prevention of subsequent effects in the form of a number of permanent mental health disorders throughout life.

Recommendations for Program Designers

1. Consult with professionals such as psychologists, psychiatrists, social workers, educators, lawyers, etc. prior to planning any activities with children, adolescents and parents.
2. Take into account legislative and legal norms pertaining to immigration, refugees and their adaptation in terms of the everyday life of refugees who are in the country.
3. Provide medical and social assistance, which is already in place, but should also include preventive programs such as psychological assistance and support, and psychiatric treatment.
4. Make sure the family stays together and has privacy from other families arriving, as well as those who arrive individually.
5. While assessing the situation of refugees, take into account that the experience of traumatic events may change or distort recollection, so discrepancies in personal stories should not be immediately seen as a deviation from the truth.

♦ Conclusion

We believe that the protection and promotion of refugees' mental health requires:

➔ Provision of psychological and psychiatric treatment centers for mental disorders found in some of the refugees (mainly PTSD, anxiety and depression), and for prevention of mental disorders among the entire refugee population, with special emphasis on children.

These centers should provide:

1. Treatment of refugees that would include:
   1.1. Individual counseling and psycho-therapy for adolescents and adults, in order for them to relieve their traumatic symptoms, develop coping mechanisms, and gain self-confidence;
   1.2. Group counseling and psycho-therapy for children, adolescents and adults in order for them to get to know each other, gain mutual trust, strengthen cohesion among refugees;
   1.3. Psychological workshops for children to cope with their psychological issues and relax;
   1.4. Family therapy in line with their culture, so that they can understand those members facing post-traumatic symptoms, and understand those members

who are secondary victims and were not directly exposed to serious traumatic events;

1.5. Non-verbal therapies using techniques through art, relaxation, movement;

1.6. Cultural orientation workshops regarding the culture they are supposed to face;

1.7. Skills workshops in order for them to find employment more easily in the future;

1.8. If necessary, psychiatric medicated treatment for children, adolescents and adults with significant symptoms of PTSD, anxiety and depression.

2. Psychological support to professionals involved in the work with refugees that would include:

2.1. Training of all staff providing educational and social support to recognize the signs of trauma and develop skills to help;

2.2. Adequate psycho-therapeutic treatment for professionals involved in helping refugees to overcome their own stress from such work and prevent burn-out.

Recommendation Regarding the Location of Centers

These centers should be located on the premises of already existing psycho-social support stations, which would facilitate their operation and contribute to reducing stigma among refugees.

Skopje, 26 September 2016