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Address for Correspondence related to ESCAP Communications:

Prof. Dimitris Anagnostopoulos

Korai 51, Nea Smirni,

17122 Athens, Greece

E-Mail: danagnos@otenet.gr

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Lessons learned from the past on mental health care of refugee children in Serbia

We are witnessing a significant increase in the interest of experts as well as of the whole international community on the impact of war and exile on children. Today there are more wars and refugees in the world than ever before.

Many countries in Europe and the Middle East are experiencing the recent refugee influx. Countries like Turkey, Greece, Malta and Italy have been affected with the major inflow of refugees for the past several years. Other countries such as Albania, Former Yugoslav Republic of Macedonia, Serbia, Hungary, Croatia, Slovenia, Austria, Germany and Sweden recently began to experience incoming refugee waves; in 2015, around 1,000,000 refugees have entered Germany [1]. In European Union countries (EU-28) the number of first-time asylum applicants in the third quarter of 2015 ($n = 413,800$) increased by 100 % compared with the second quarter of the same year ($n = 213,200$) [2].

How are children affected?

Before exile many children had witnessed atrocities, death of their dearest or were in mortal danger themselves. But the suffering often continues after reaching safety—the worry about others who stayed behind, the deprivation and humiliation of being a refugee and uncertainty concerning the future often cause further suffering of children.

Many migrant/refugee children are physically exhausted and often psychologically traumatized. The most common acute health complaints have been dehydration, blisters and diarrhea. There are also signs of malnutrition in a small percentage of children; some of them are affected with colds and fever. Recent German study conducted on

102 unaccompanied asylum-seeking adolescents showed a high prevalence of infections (58.8 %; 20 % with parasites), iron deficiency anemia (17.6 %), and a very low prevalence of non-communicable diseases (<2.0 %) [3].

The vast majority of exile children are traveling with their parents. Stress levels of parents have significantly increased which in turn negatively impacts children that are now significantly more traumatized.

The number of unattended minors is rapidly rising, for instance in Germany the total number of unaccompanied minors in 2015 exceeded 60,000 [1]. Unaccompanied minors are at higher risk to develop mental health problems. Unfortunately, a significant proportion of them may be at risk of trafficking, abuse or neglect. In the above study, mental illness was present in 13.7 % of adolescents and females were more frequently affected [3]. Studies showed higher rates of depression, post-traumatic stress disorder and anxiety disorders among war refugees [4, 5]. A recent Sweden survey pointed out that neurotic disorders are more common in the unaccompanied refugees [6].

A Greek study showed an increase in the incidents of deaths of unaccompanied minors during 2014–2015 compared to previous years 2011–2013; more than 70 children have drowned trying to reach a Greek island and majority of others are often soaking wet, freezing, suffering from hypothermia due to a winter conditions [7].

Current situation of refugees and migrants in Serbia

Almost 20 years after the devastating civil war in ex-Yugoslavia, the Balkans is again faced with a refugee crisis situation that is becoming increasingly complex. Since the beginning of 2015, the total number of refugees and

migrants who entered the Republic of Serbia, has reached 577,425. The vast majority of refugees are from Syria, followed by Iraq and Afghanistan. According to UNHCR estimates, at least the same number of refugees has passed through Serbia without being registered. Approximately 30 % of refugees are children and adolescent; the majority of them are traveling with their parents and family, but some of them are unaccompanied, accidentally or deliberately separated from their own families. Many youngsters are traveling in groups and a number of them are under 18. The profile of refugees and migrants has been changing over time, with an increase of the numbers of single mothers/fathers with children and newborns.

Response up to now

Medical help to refugee/migrant children is provided by the health services of Serbia, Doctors Without Borders, as well as several NGOs whose medical staff provides emergency care and triage and refers them to nearby medical centers if necessary.

Serbian health system is operating in key locations; support is being provided to the social services system to respond to unaccompanied minors (securing better services in shelters, rapid risk assessment of trafficking); few child-friendly spaces are established.

Psychological help is also provided, but the helping staff is severely undernumbered compared to the demands of numerous traumatized refugees.

In the following text, we shall present our experience and lessons learned in implementing psychosocial programs with refugee children and adolescents in the Republic of Serbia during and after the wars in ex-Yugoslavia. Lessons from the past could make a significant contribution to the organization of aid for the child and adolescent refugees and migrants in Balkans and elsewhere.

Lessons learned from the past on psychological help to refugee children in Serbia

Due to the tragic war in ex-Yugoslavia, 3.2 million people became refugees or displaced persons who fled their homes from war and political violence and found shelter in other parts of the world or their own country. One half of the total numbers of refugees were children [8]. Leaving their homes suddenly, with or without parents, and arriving at a new environment, especially after a long and a dangerous journey, was causing large tribulations to children's delicate and still developing psyche.

Our previous experiences suggested that the most threatened groups of those who needed attention and care were: refugee mothers with young children; children who experienced violence, death or injuries of their closest family members, or were sexually abused; children who experienced repeated intensive stresses and losses; children with history of previous psychological disturbances or mental disorders; and refugees, especially children and young people in collective accommodation [9].

In a sample of 593 refugee children from Bosnia and Croatia, aged 3–18 years, which had been followed up in 1992–1993, 1 year after their war experiences, symptoms of psychological suffering were present in 62.4 %. In 35.5 % of these refugee children, the diagnostic criteria of mental/behavioral disorders were fulfilled [10]. In another sample of 98 refugee children from Krajina, aged 5–17 years (mean age 11.5 years), who were interviewed 18 months after being forced to exile (in August 1995) and living in a refugee camp since then, symptoms of psychological suffering were absent only in 18.4 %. The rest (81.4 %) had one, two or more symptoms such as irritability, withdrawal, frequent crying, sadness or fears [8]. The chronic reaction to stress was present in 25.5 % of children [9]. Nearly, half of these children (43.9 %) felt their parents to be non-supportive in the stressful situation. They described their parents as being shocked, confused and depressed or panic stricken [11].

Three groups of factors influencing the outcome of traumatic experience of refugee children and adolescents were identified: the first was linked with the individual characteristics of the child, the second with the support of the parents/family and the third with the social support.

There were significantly more children with symptoms of psychological difficulties among refugees in collective accommodation than in host families (70.8 %: 56.5 %). It seems that the support of a family, even not of one's own, and initial provision of a safe environment to traumatized young refugees are significantly more favorable for activating the child's coping mechanisms which might help the child to recover more quickly from the experienced war stresses.

The practical implication of these findings is that all efforts should be undertaken to re-unite unaccompanied minor in exile with the rest of their family. The children, who perceive the behavior of familiar adults in the situation of stress as inappropriate, non-supportive or "over-reactive", should be paid special attention, as they are at high risk for developing psychopathology. An overview of the mental disorders of unaccompanied young refugees is provided by Witt et al. [12]. Therefore, children should be always asked about their subjective appraisal of the

traumatic event, including parental/adult behavior, and not only about the objective features of the event.

The internal experience of refugee children cannot be separated from the social, political and cultural context of their country of origin as well as of the host country. The social context is of special importance for interpretation and understanding of traumatic events and their effects on the child's life. It is also a main resource for the healing process.

Therefore, the psychosocial interventions have a special place within the framework of social support. Our data are in favor of the opinion that the psychosocial intervention is a highly relevant factor, which could mitigate the negative effects of war on the children and young. We consider strategies aimed to enhance the coping abilities of the child by decreasing the psychosocial stress factors and strengthening the psychosocial protective factors as psychosocial interventions. The interventions proved to be highly efficient, especially if provided by persons trained on these issues. The acute psychosocial interventions for traumatized refugee children and families have been described by Brymer et al. [13].

The beneficial effect of psychosocial interventions has been proved by the Youth Clubs implemented in Serbia during and after the war in ex-Yugoslavia. Youth Clubs are a community-based intervention for prevention of psychosocial dysfunction in adolescent refugees. They were developed with the main aim of providing an easily available and inexpensive support mechanism to address the psychosocial needs of adolescent refugees in boarding schools and help them in psychosocial recovery and reintegration [14].

Strategies for reaching children who need help

According to our past experience, when Serbia was overwhelmed with refugees, the most effective method of helping the most endangered groups of children and young people and preventing or mitigating the psychosocial consequences of the war in all children was through the network of pediatric services in primary health care centers which was, and still is, well developed in Serbia. Such a strategy was possible because the prevalent type of accommodation of refugees, and particularly of families with young children, was in host families and they had the right to use the health service of the community in which they were accommodated. Refugee children were included in schools together with local children. The pediatricians in primary health care, as well as school teachers, were able to identify early negative psychological impact of traumatic situation

on refugee children and to provide immediate help so that development of psychosocial disorders could be prevented.

At that time, knowledge and skills of pediatricians in providing mental health care to traumatized children and young were limited. Therefore, an extensive training of professionals who were in direct contact with refugee children was undertaken by mental health professionals. The trainees were pediatricians, nurses, psychologists, social workers, preschool and school teachers, etc. The training was supported by UNICEF, UNHCR, Save the Children and other international organizations. The great number of well-trained professionals could be a great asset in the actual situation with refugee and migrant children and young. The differences between the past and actual situation have to be taken into account and respected. Besides providing training seminars, it is necessary that mental health professionals develop the guidelines for working with children and parents in the time of crisis.

Recommendations

Summarizing previous and current knowledge, professionals and organizations working with children in the ongoing refugee crisis must follow the principles of Best Interests identified in the Convention on the Rights of the Child (Article 3). Separating children from their families should be avoided at any time.

We need to listen and respect "voices" of the children and families, taking into account their traditional, cultural and historical background in non-discriminatory and culturally sensitive way. As professional mental health workers, we should safeguard their rights to be heard and support them to participate in decisions that concern them.

Serbia is mostly a country of transit for refugees, but still we are fully aware that we need to provide them with the basic needs for protection: shelter, nutrition, health care, appropriate clothing, etc. Children and youth who reached their final destination countries should be encouraged and assisted to be integrated into the system; provide them with services, regular education program or any other necessary support. However, we are fully aware that this is easier to say than to obtain, but in this hour solidarity, tolerance, patience, human care, openness to diversity and readiness to help are crucial.

Our experiences also highlight the importance of professionals and volunteers who are working in exceptionally harsh conditions, such as field work or refugee camps. They will require support to prevent a burnout and collapse of the services.

Corresponding Author:
Milica Pejovic Milovancevic
Tel: +381 11 3307566
e-mail: milica.pejovic@imh.org.rs

Authors:

Milica Pejovic Milovancevic^{1,2}, Veronika Ispanovic³, Dusko Stupar⁴

¹Belgrade University School of Medicine, Dr Subotica 8, 11000 Belgrade, Serbia

²Institute of Mental Health, Palmoticeva 37, 11000 Belgrade, Serbia

³Faculty of Media and Communications, University of Singidunum, Karadjordjeva 65, 11000 Belgrade, Serbia

⁴Child and Adolescent Neurology and Psychiatry Clinic, Dr Subotica 6a, 11000 Belgrade, Serbia

Compliance with ethical standards

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References

1. Hebebrand J, Eliez S, Linse H, Anagnostopoulos D, Pejovic-Milovancevic M, Klasen H (2015) A first assessment of the needs of young refugees arriving in Europe: what mental health professionals need to know. Springer, Berlin
2. Eurostat. http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_quarterly_report
3. Marquardt L, Krämer A, Fischer F, Prüfer-Krämer L (2015) Health status and disease burden of unaccompanied asylum-seeking adolescents in Bielefeld, Germany: cross-sectional pilot study. *Trop Med Int Health*. doi:10.1111/tmi.12649
4. Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M (2009) Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA* 302:537–549
5. Bronstein I, Montgomery P (2011) Psychological distress in refugee children: a systematic review. *Clin Child Fam Psychol Rev* 14:44–56
6. Ramel B, Täljemark J, Lindgren A, Johansson BA (2015) Overrepresentation of unaccompanied refugee minors in inpatient psychiatric care, vol 4, p 131. Springerplus, Berlin. doi:10.1186/s40064-015-0902-1 (eCollection 2015)
7. Dimitris C. Anagnostopoulos, K. Triantafyllou, G. Xylouris, J. Bakatsellos, G. Giannakopoulos (2015) Migration mental health issues in Europe: the case of Greece. Department of Child Psychiatry, General Pediatric Hospital of Athens “Aghia; Sophia”, Medical School, National and Kapodistrian University of Athens
8. Ispanovic-Radojkovic V (2000) Factors influencing the outcome of traumatic experience in childhood. In: van Willigen L (ed) Health hazards of organized violence in children, II. Coping and protective factors. Stichting Pharos, The Netherlands, pp 83–92
9. Ispanovic-Radojkovic V (2005) Growing up in communities affected by war. In: Friedman MJ, Mikus-Kos A (eds) Promoting the psychosocial well being of children following war and terrorism. IOS Press, Amsterdam, pp 171–177
10. Bojanin S, Ispanovic-Radojkovic V (1993) Adolescents and the Stresses of War. In: Kalicanin P, Bukelic J, Ispanovic-Radojkovic V, Lecic-Tosevski D (eds) The stresses of war. Institute for Mental Health, Belgrade
11. Parry-Jones W, Puckering C, Ispanovic-Radojkovic V et al (1997) UNICEF assistance to psychosocial programs for children in need in federal republic of Yugoslavia: report on evaluation study. UNICEF, Belgrade
12. Witt A, Rassenhofer M, Fegert JM, Plener PL (2015) Hilfebedarf und Hilfsangebote in der Versorgung von unbegleiteten minderjährigen Flüchtlingen. Eine systematische Übersicht. *Kindheit und Entwicklung* 24(4):209–224
13. Brymer MJ, Steinberg AM, Sornborger J, Layne CM, Pynoos RS (2008) Acute interventions for refugee children and families. *Child Adolesc Psychiatr Clin N Am* 17(3):625–640, ix. doi:10.1016/j.chc.2008.02.007
14. Bojanin S, Ispanovic-Radojkovic V, Lazic D (1994) Friendship club: the prevention of psychological disorders in adolescents. In: Kalicanin P, Bukelic J, Lecic-Tosevski D, Ispanovic-Radojkovic V (eds) The stresses of war and sanctions. Institute for Mental Health, Belgrade