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Review article

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT OF REFUGEE CHILDREN

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Abstract

Mental health is defined as well-being, where everyone realizes his or her own potential, is able to cope with the stress of everyday life, is able to work productively and successfully, and can contribute to the community to which he or she lives.
Wars and disasters have a profound effect on mental health and psychosocial well-being. In conditions of migrant/refugee crisis, the most vulnerable group includes children who have been exposed to multiple traumas that affect their cognitive development, behavior, physical, psychological, and emotional well-being. The most common difficulties in terms of mental health are the symptoms of anxiety, depression and post-traumatic stress disorder.
Accordingly, in the work the authors will try to explain the mental health problems and interventions among refugee children, but at the same time a description of the MHPSS (Mental Health and Psychosocial Support) which is a layered system for providing psychosocial support to meet the needs of refugee children in conditions of migrant/refugee crisis. In the final part of the paper, the authors will focus on the refugee crisis in the Republic of North Macedonia and the Republic of Kosovo, which were a part of the so-called "Balkan Tour" from 2015 to 2017.The healthy integration of refugee children and their families has the potential to improve integration outcomes, to reduce the burden of healthcare and the mental health system, and provide a better quality of life.

Keywords: migrant/refugee crisis, refugee children, mental health, psychosocial support

Introduction

Migration is a global phenomenon that implies changes of the place of residence, for the purpose of movement of an individual or a group of individuals from one cultural environment to another, in order to provide a permanent place of residence or a residence for a longer period of time. Migration refers to any movement of people, when their place of residence changes, and when noimmediate return is planned. In other words, this term describes the physical movement from oneplace to another, and it may be external or internal, depending on whether the person has crossed the international natural border or not. Such change can be caused by a number of reasons, such as war or the need to improve the economic, political or educational well-being. The very process is quite stressful and stress leads to impaired mental health. The migration process and subsequent cultural and social adjustments play a key role in an individual's mental health, but what is typical is that all migrants do not have the same experiences and do not need the same type of psychosocial support (Brough et al., 2003).
According to the United Nations High Commissioner for Refugees (UNHCR), more than half of the 21.3 million refugees worldwide are children (UNHCR, 2017). In fact, there has been a fivefold increase in the number of refugee children from 2015 to 2016 (UNHCR, 2016). While some migrants seek better economic conditions, others flee from armed conflicts,

poverty, persecution, terrorism, violence or violations of human rights in some countries, such as Syria, Afghanistan, Iraq, Somalia, and Sudan.

In Europe, being a relatively stable region, the number of children and adults entering its territory in order to seek refuge and asylum exponentially increases every year. Now the question arises, how will the difficulties these people experience affect their mental health, especially the vulnerable group of children? To be able to recognize and adequately treat mental health issues of migrants/refugees is a challenge due to the existing differences in language, culture, and specific stressors related to migration as a result of resettlement.

Definition of the terms migrant and refugee

The terms “refugee” and “migrant” are often used in media and among the public. However, there are differences between the two terms, hence some governmentsfind this difference very important as they cope with refugees or migrants in accordance with the adopted measures for their protection and asylum which are defined in both national legislation and international law.
The definition of the term “migrant”, according to the Office of the United Nations High Commissioner for Refugees (UNHCR) is as follows:
“Migrants choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. They face no impediment to return home.” (UNHCR, 2016, p.16).
On the other hand, the definition of the term “refugee”, according to the Office of the United Nations High Commissioner for Refugees (UNHCR) is as follows:
“A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.” (UNCHR, 2017, p.5).
They leave their native country and apply for asylum in another country, however a decision on their application is not always made. They are allowed to stay in the other country, provided they prove that they will face persecution if they return to their native country. Refugees still leave their country, whereby normal services, usual life and daily routines are lost, leaving people in uncertainty, feeling frustrated and depressed, uncertain of the future, facing difficulties in planning and a vague reality (Lustig et al., 2004).

The experience of migrant/refugee children

The way of executing the process of leaving one’s native country has a major impact on a child’s safety and well-being. The unexpected and violent onset of a newly emerged situation, the disintegration of the family, and the lackof access to adequate resources affect the physical and psychological well-being of children at risk. Migrant/refugee children face war, persecution and difficult challenges in their native country. During the migration phasewhich ischaracterized by a dangerous journey to the host country, children are usually separated from their parents or friends; they face conflicts, health and psychosocial risks. This phase also includes long stays in refugee camps or transit centers in first countries of asylum where children are subject to discrimination, violence, inadequate access to food, water, security and education (Crowley, 2009).
The loss of home, of other people, and the abandonment of the familiar way of life cause sadness and strong emotions in a young person.

The ability to care and successfully cope with dangers and risks along the way is great in both children and parents. Usually migrant/refugee children travel through illegal channels that pose a threat tothe healthand lives of children. The conditions along the way are often in humane, children use impassable and dangerous roads, and they sleep outside and have no access to healthcare if they are injured or ill. On the journey to the host country, children may be exposed to violence, abuse or exploitation (Papadopoulos, 2001).
In the new country, refugee children face new challenges, adjustments and a new culture. The child's personal characteristics, such as physical strength, resistance/resilience, adaptability, mental abilities, etc., are important elements that may reduceor increase the effects of risk factors. The main risks for the child include the following (Fazel & Stein, 2003):

- Separation of children from the family/the adult;
- Failure to meet the needs of children;
- Physical, sexual and emotional violence;
- Psychological difficulties and trauma of children;
- Child exploitation and trafficking;
- Threat to health and life.

The very risk factors can be divided into three groups: personal characteristics of the child, characteristics of family care and migration context. Rousseau (1995) studied riskand protection factors, and concluded that there are three main areas that may lead to risk or protection of refugee children: migration, family and escort. At the same time, he considers that the family environment is the best protective factor for every refugee child, so the level of vulnerability differs from child to another.

Refugee crisis - traumatized children: invisible and visible wounds

Children, together with their parents, become people at risk, when their safety is threatened or for security reasons they are sent out of their own country. In the countries where they seek safety, they often come across a culture which is different than the one in the country where they grew up. Many children have experienced traumatic events, but not all of them exhibit mental health disorders. Although only a small number of children and people at risk need mental health treatment, people who work with children and their families should be able to recognize the signs of mental health impairment and be able to provide appropriate psychological support. The care of mental health care of migrant/refugee children should, as much as possible, be within their family and social values (NSW Refugee Health Service Working with Refugees, 2004).
Research related to studying the experience of migrants/refugees (including children and adolescents) confirms that their experience is related to stress, trauma, sadness and loss (Anders & Christiansen, 2016). A number of studies confirm that refugee children are exposed to significantly higher risk than the general population due to a variety of specific mental health problems arising from exposure to multiple traumas, being witnesses to the horrors of war, violence, torture, forced migration and exile, as well as uncertainty about their status in the country where they sought asylum (Fazel et al., 2012).
Other studies have shown that a large percentage of refugeechildren have symptoms of post-traumatic stress disorder due to personal exposure to trauma and traumatic events compared to non-refugee children (Nosè et al., 2017). In addition, refugee children may experience stress-related problems, somatic diseases, adaptation difficulties, anxiety and depression in relation to non-refugee children. Mental problems that occur in refugee children as a result of the stress they experience are different and vary according to their age.
Although young children cannot speak in order to describe an event or feelings, they can keep the memories of certain sights, sounds and smells. The most common stress reactions in these

children include: increased crying, thumb sucking, irritability, inactivity or hypersensitivity (Liddel& Nickerson, 2016). After the experienced crisis, preschoolers are afraid of being separated from their parents, they wet the bed or have fear of darkness, they withdraw into themselves and do not speak, with an observable separation anxiety, insomnia, or nightmares (Levin, 2001).
School-age children (6-12 years) may experience nightmares, insomnia, eating disorders, fear, physical aggression, withdrawal or restlessness, while adolescents experience disturbance, depression, anxiety, aggressive behavior, functional or physical difficulties, and changes in behavior (Hodes et al., 2008).

Intervention model of mental health and psychosocial support of refugee children

Psychosocial support refers to activities that equally encompass the psychological and social needs of the individual. This concept reflects the dynamic connection and interaction between psychological and social aspects. Psychological and social problems in times of migrant/refugee crisis are interconnected, yet some may be more expressed than others (International Federation Reference Centre for Psychosocial Support and International Federation of Red Cross and Red Crescent Societies, 2009).
In a migrant/refugee crisis, children are affected in a number of ways and require different types of support, such as conventional psychological methods and techniques (drawing/painting, dancing, acting and relaxation, or narrative therapy combined with music, play or drawing) (Oras et al., 2004).
The range of approaches and activities that provide adequate psychosocial support to individuals during a migrant/refugee crisis is very large, however one of the key principles for ensuring access to adequate support is the Mental Health and Psychosocial Support, which is a layered system for complementary support that meets the needs of refugee children and their families (Inter-Agency Standing Committee, 2007). This pyramid-shaped model illustrates the layered complementary support system and has 4 levels of intervention (Inter-Agency Standing Committee, 2008):
The first level is directed towards explaining basic services and security when refugees/migrants arrive and enter the country where they seek asylum. The main objective is to protect the mental health of refugee children and their families, and this includes social, educational, vocational, recreational and non-specific activities. When borders are already closed, refugee/migrant children stay in transit centers with their parents or unaccompanied, where while waiting for asylum or a possibility to continue their journey, an opportunity is created for conducting second layer activities (formal and informal educational activities, creative workshops, parental support program, unstructured activities, etc.), and third layer activities (individual or group psychosocial support for at-risk children and family support). Support group counseling is usually conducted by trained professionals (psychologists, psychiatrists, social workers). The last layer of the pyramid represents the extra support needed for a small percentage of the population, including refugee children who have expressed psychological and social disabilities, such as post-traumatic stress disorder, anxiety, depression, etc. The main goal is to stimulate healthy strategies for coping the crisis and adequate psychosocial development of children through verbal expression of thoughts and emotions and structured activities by means of painting, drawing, songs, sound, play. Only in this way the needs of different groups of individuals, in particular the vulnerable group such as refugee children can be met through a successive application of the layers.
Interviewing a traumatized child can be difficult for both the child and the assistant who is trying to help. After the individual work with the therapist, it is desirable for children and

adolescents to engage in psychological workshops where they can express their needs, thoughts and emotions, as well as integrate new experiences.

Relevant factors for the mental health and well-being of refugee children in the Republic of North Macedonia and the Republic of Kosovo in the period 2015 - 2017

In the biggest migrant /refugee crisis after World War II, Macedonia and Kosovo found themselves in a very difficult and specific situation. In 2015 and 2016, approximately 1.000.000 Syrian refugees and migrants used the territory of both countries to reach the "promised" countries in Western and Northern Europe (UNHCR, 2017). What is specific is that migrants/refugees from Macedonia were crossing into Kosovo via the road near the border crossing Elez Han (Kika, 2018). This refugee-migrant crisis in the Republic of North Macedonia was primarily transitional, that is, the country was a transit country. After the large number of refugees that passed through the territory of the country since June 2015, the Macedonian government adopted specific laws in order to respond to the refugee crisis. One of the first adopted legal document was the Standard Operating Procedure for Handling Unaccompanied, Accompanied and Separated Children, which was adopted in November 2015. The main objective was to protect unaccompanied children in transit centers during their identification, referral and protection of their rights as a particularly vulnerable category (The Government of the Republic of Macedonia, 2015).

Two "daily transport centers" for refugees on a daily basis were formed in the Republic of North Macedonia, accommodating up to 2,000 refugees (1,500 in Gevgelija in the south of the country and 500 in Tabanovce in the north of the country), however most of the refugees stayed longer before they leave the country and continue their journey along the so-called "Balkan Tour". The majority of migrants/refugees included children and young people under the age of 18 (UNHCR, 2017).

The Republic of Kosovo was in a similar situation, when Syrian refugees first made their way to Turkey and from there to the Balkans via the so-called "Balkan tour", where from their main goal were the western countries. A specific characteristic is that Kosovo was not on the main route used by migrants in the Balkans at that time.

Another specific characteristic is that a large number of refugee children suffered various traumas during their journey: war, violence, loss of loved ones. At the same time, refugee children in Macedonia and Kosovo faced a wide range of problems that further adversely affected their mental health, such as: separation from loved ones, feelings of loneliness and isolation, difficulties in cultural adaptation, communication problems due to language barriers, and so on. The traumatic experience has a negative impact on their cognitive, emotional and social development; therefore, they needed different types of support, activities and counseling. Psychologists, social workers, and volunteers worked with children and their families while they were temporarily accommodated in transit centers, providing them with adequate support to encourage coping strategies, resilience and psychosocial development through structured play activities such as voice, movement, drawing, songs, etc.

Conclusion

Mental health is defined as well-being, where each individual realizes his or her own potential, is able to cope with the stress of everyday life, is able to work productively and successfully, and can contribute to the community to which he or she belongs (World Health Organization, 2004, p. 25).

Wars and disasters have the greatest impact on mental health and psychosocial well-being. The experience of military violence and the concerns about the country are accompanied by

daily stresses of displacement, such as: poverty, isolation and discrimination, loss of family members, loss of family and community support, uncertainty about the future. The recognition and appropriate treatment of mental health disorders of refugees is a challenge due to language barriers and cultural differences, as well as due to the specificity of migratory and resettlement stressors. For that reason, professionals (psychologists and psychotherapists) should actively participate in reducing the psychological problems of migrants/refugees by providing adequate support, such as the Mental Health and Psychosocial Support.

Only through timely recognition of mental health disorders in refugee children of different age groups and adequate psychosocial support, we will help the refugee child to cope with the emerging crisis situation, to acquire skills to more easily cope and overcome stressful situations as well as to integrate in the social environment. Adequate integration of refugee children and their families will certainly have a positive impact on their quality of life and well-being.

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