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# MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR FORCIBLY DISPLACED PEOPLE: INSIGHTS FROM SLOVENIA

Maja Gostič<sup>1</sup>

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## ABSTRACT

### Mental Health and Psychosocial Support for Forcibly Displaced People: Insights From Slovenia

The article explores the current state of mental health and psychosocial support for forcibly displaced people residing in Slovenia, as they are a marginalized group of special concern and need of support in an intercultural setting. The study collected information through semi-structured interviews with fifteen experts working with forcibly displaced people. The findings encompass specifics, current problems, and what needs to be improved in the field, providing examples of good practices. They underscore the significance of empowerment in an intercultural context and reveal potential challenges linked to state disinterest and inadequate financial support for required services.

**KEYWORDS:** mental health, psychosocial support, forced displacement, language, intercultural mediation

## IZVLEČEK

### Duševno zdravje in psihosocialna podpora prisilno razseljenim osebam: Izkušnje iz Slovenije

Avtorica v članku preučuje trenutno stanje na področju duševnega zdravja in psihosocialne podpore prisilno razseljenim osebam, ki prebivajo v Sloveniji. Prisilno razseljene osebe predstavljajo marginalizirano skupino, ki potrebuje posebno pozornost in podporo v medkulturnem okolju. V študiji je zbrala informacije s pomočjo polstrukturiranih intervjujev s petnajstimi strokovnjakinjami, ki delajo s prisilno razseljenimi osebami. Ugotovitve zajemajo posebnosti, aktualne probleme in možne izboljšave na tem področju, pri čemer so navedeni tudi primeri dobrih praks. Izpostavljajo pomen opolnomočenja v medkulturnem kontekstu in razkrivajo potencialne izzive, povezane z nezainteresiranostjo države in neustrezno finančno podporo za potrebne storitve.

**KLJUČNE BESEDE:** duševno zdravje, psihosocialna podpora, prisilna razselitev, jezik, medkulturna mediacija

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## INTRODUCTION

During 2015, Europe and the European Union (EU) faced an exceptional situation characterized by the establishment of humanitarian corridors and the management of migration flows that ensued. This period marked a notable influx of forcibly displaced migrants seeking asylum, particularly from politically unstable countries like Syria, Afghanistan, and Iraq. They arrived via routes through Turkey and Greece or Libya and Italy (OECD, 2015). Forced displacement refers to the involuntary movement of people from their homes due to persecution, conflict, violence, or human rights violations (UNHCR, 2023), excluding those displaced due to environmental factors like droughts or storms.

As of the end of 2022, there were 108.4 million forcibly displaced individuals worldwide, encompassing refugees, asylum-seekers, people in need of international protection, stateless individuals, and internally displaced people (UNHCR, 2023). Historical immigration to Slovenia has largely originated from countries of the former Yugoslavia, notably Bosnia and Herzegovina, and contemporary migration continues primarily from these countries, often as labor migration. This trend is complemented by an increasing number of refugees from diverse backgrounds, including Ukraine, Russia, Burundi, Syria, Afghanistan, Palestine, Venezuela, Cuba, and Gambia (UOIM, 2023a). At the same time, new asylum seekers primarily come from Morocco, Algeria, Pakistan, India, Russia, Afghanistan, Cuba, Ukraine, Tunisia, Bangladesh, and Turkey (UOIM, 2023b).

Forcibly displaced people encounter numerous risks during their journey, including violence and persecution in their home countries, perilous travel, family separation, and disrupted social networks. Many individuals categorized as “people on the move”<sup>1</sup> have been exposed to persecution and discrimination on various grounds, as well as physical, sexual, and psychological violence. In their travels or during their stay in refugee camps, they may have experienced life-threatening dangers, violent pushbacks,<sup>2</sup> and deprivation (Border Violence Monitoring Network, 2022). These challenges increase the risk of mental health difficulties such as post-traumatic stress disorder (PTSD), depression, anxiety, and psychosis (Miller & Rasmussen, 2017; Porter & Haslam, 2005; Satinsky et al., 2019; Steel et al., 2009). A meta-analysis (Lindert et al., 2009) showed higher rates of depression and anxiety among refugees compared to economic migrants. However, cultural factors may influence how these symptoms are perceived, and mental health difficulties can be manifested differently in Western and non-Western countries (see Ahmad & Koncsol, 2022) young, and highly religious population. Mental health literacy and care in

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1 “The goal is to expand on the definition of refugees by considering the impact of, among others, climate change, economic and social inequalities, political conflicts, terrorism, colonial legacies and organised crime” (Border Violence Monitoring Network, 2022, p. 11).

2 “Pushbacks are the informal cross-border expulsion (without due process) of individuals or groups to another country” (Border Violence Monitoring Network, 2022, p. 11).

Pakistan do not meet the population's needs, and mental health stigma (MHS). These symptoms may be mistaken for natural expressions of sadness or loss, and the use of Western mental health diagnostic tools may not be appropriate (Hillel, 2023). Accessibility to adequate mental health care also varies, with fewer individuals in non-Western countries receiving treatment (Bedi, 2018).

Psychosocial support aims to create a safe environment to meet basic human needs, like love and belonging (Maslow, 1943). Mental health and psychosocial support services (MHPSS) encompass interventions to enhance mental health and psychosocial well-being, taking into account various factors (Tol et al., 2011). The use of the term "psychosocial" is based on the idea that a combination of factors (e.g., biological, emotional, material) is responsible for the psychosocial well-being of people and that these aspects of experience cannot necessarily be separated from one another. Taking the intercultural aspect into account, "culture" refers to shared meanings within specific groups, including ethnic, age, and sexual identity (Kincheloe & Steinberg, 1997). Despite the elevated risk of poor psychosocial well-being in forcibly displaced individuals, there is still a lack of clarity regarding the effectiveness of common psychosocial support interventions. Culturally sensitive approaches are needed to assess and treat mental health issues in humanitarian emergencies, potentially involving intercultural mediators (Verrept, 2019).

International organizations like WHO, UNICEF, and Save the Children have emphasized psychosocial issues in humanitarian emergencies (Williamson & Robinson, 2006). Creative arts-based interventions, individual and group therapies, and community support have shown effectiveness in addressing mental health issues in displaced populations, including depression, anxiety, and PTSD. Verbal processing therapies, whether delivered individually or in a group setting, have been effective in reducing anger (Barrett et al., 2003) and treating traumatic grief (Kalantari et al., 2012). Additionally, creative arts-based interventions have been successful in promoting well-being (Ager et al., 2011) and addressing emotional or relational problems (Rousseau et al., 2009). However, it is important to note that the quality and effectiveness of psychosocial support interventions can vary based on the study design. A study by Nguyen et al. (2023) analyzed evaluations of psychosocial support interventions for forcibly displaced populations and found that over half of the reports (55%) used a single-group study design. Reports with single-group designs were more likely to report positive findings. Conversely, studies that incorporated comparison conditions were less likely to report positive outcomes, suggesting that field-driven program evaluations, particularly those dominated by single-group designs, may contain a significant risk of bias. Another review by Tol et al. (2011) examined 160 reports of MHPSS activities from 2007 to 2010. They identified five commonly reported activities, including basic counseling for individuals, facilitating community support for vulnerable individuals, providing child-friendly spaces, supporting community-initiated social support, and offering basic counseling for groups and

families. Notably, many of these interventions occurred and were funded outside of national mental health and protection systems.

In Slovenia, NGOs such as Slovene Philanthropy, Odnos, Emma Institute, ADRA Slovenia, and Karitas, along with volunteers, primarily address the needs of “people on the move.” Access to MHPSS services for forcibly displaced individuals is available through a psychiatrist in the Government Office for the Support and Integration of Migrants, as well as a dedicated group of voluntary mental health professionals (psychotherapists) working pro bono under the Slovene Umbrella Association for Psychotherapy (SKZP). However, research on MHPSS for forcibly displaced people in Slovenia is limited. While notable figures like child psychiatrist Anica Mikuš Kos have written extensively on community-based interventions to promote the psychosocial well-being of children affected by war and terrorism (Mikuš Kos, 2015; Mikuš Kos 2016a; Mikuš Kos 2016b; Mikuš Kos et al., 2017), there has been a scarcity of inquiry into the mental health aspects of forced displacement. Prominent studies, like the one conducted by Slodnjak et al. (2002) stress, loss, and bereavement is well known. It was expected that Bosnian refugee adolescents who had fled from war zones to Slovenia would develop higher levels of depression than their Slovenian peers without war traumatic experiences. Two years after the beginning of the war in Bosnia, 265 8th-grade refugee students aged 14 to 15 years were assessed with the Children’s Depression Inventory (CDI, compared Bosnian refugee adolescents who had fled war zones to their Slovenian peers without war-related traumatic experiences. This limited research underscores a gap between the needs of displaced individuals and the legislative framework.

Taking a decolonizing perspective, it is essential to recognize that Western-developed mental health practices like counseling and psychotherapy were designed to address issues prevalent in Western societies, aligning with Western worldviews. These practices are now rapidly exported to other cultures, highlighting the need for a more critical approach.

Ethnopsychiatry, also known as cross-cultural or cultural psychiatry, delves into the role of culture in mental health, an often controversial subject in psychiatric research. In the preface of the English edition of *Ethnopsychiatry* by Ellenberger (2020) who would go on to publish *The Discovery of the Unconscious: The History and Evolution of Dynamic psychiatry* in 1970. Fifty years later they are presented for the first time in English translation, introduced by historian of science Emmanuel Delille. Ethnopsychiatry explores one of the most controversial subjects in psychiatric research: the role of culture in mental health. In his articles Ellenberger addressed the complex clinical and theoretical problems of cultural specificity in mental illness, collective psychoses, differentiations within cultural groups, and biocultural interactions. He was especially attuned to the correlations between rapid cultural transformations in postwar society, urbanization, and the frequency of mental illness. Ellenberger drew from a vast and varied primary and secondary literature in several languages, as well as from his own findings in clinical practice, which included work

with indigenous peoples. In analyzing Ellenberger's contributions Delille unveils the transnational and interdisciplinary origins of transcultural psychiatry, which grew out of knowledge networks that crisscrossed the globe. The book has a rich selection of appendices, including Ellenberger's lecture notes on a case of peyote addiction and his correspondence with anthropologist and psychoanalyst Georges Devereux. These original essays, and their masterful contextualization, provide a compelling introduction to the foundations of transcultural psychiatry and one of its most distinguished and prolific researchers. Henri Ellenberger (1905–1993), it is noted that exiled psychiatrists, often therapists who fled Nazi Germany or the Cold War, found opportunities in North America to pursue their intellectual ambitions. They frequently treated North American patients, including Native Americans, thus reversing roles as foreigners becoming healers. Keeping this in mind, it is crucial to acknowledge the distinction between psychotherapy and psychosocial supportive treatment when working with forcibly displaced individuals. Psychotherapy often involves delving into traumatic past experiences, which may not be suitable when a person is still experiencing survival stress and lacks a sense of safety (Podolan & Gelo, 2023). However, it may be a part of MHPSS interventions when appropriate (e.g., when a client expresses the need, and the practitioner evaluates that they are in a stable state of life and emotions).

Recognizing the significance of MHPSS and the gaps in the evaluation process itself, the purpose of this study was to identify some of the key points in working with forcibly displaced people from the viewpoint of experts in the field and illuminate systemic areas that could benefit from suggested changes. The research questions were: 1) What are the specifics of working with forcibly displaced people? 2) What are the current problems in mental health care for forcibly displaced people? and 3) What could be improved in the system of mental health care for forcibly displaced people?

## **METHOD**

### **Participants**

The study collected information from fifteen experts. Participants were female and came from diverse cultural backgrounds. Their occupations fall in the cross-section of mental health care and providing support to migrants, as seen in Table 1. The participants were psychologists, psychotherapists in training, and intercultural mediators working with migrants in Slovenia. Most of them have been working in the field for years. Their countries of origin were Slovenia, Kosovo, Ukraine, Jordan, Turkey, and Russia.

Code	Date of the interview	Gender	Occupation
P1	30 Mar 2022	f	Nurse, Intercultural mediator
P2	5 Apr 2022	f	Intercultural mediator
P3	12 May 2022	f	Psychologist, Psychotherapist in training
P4	24 Nov 2022	f	Psychotherapist in training
P5	1 Dec 2022	f	Psychotherapist in training
P6	2 Feb 2023	f	Psychologist, Psychotherapist in training
P7	16 Feb 2023	f	Psychologist, PhD
P8	17 Feb 2023	f	Legal counselor
P9	7 Mar 2023	f	Intercultural mediator
P10	7 Mar 2023	f	Intercultural mediator
P11	5 Apr 2023	f	Teacher, Psychotherapist in training
P12	8 Apr 2023	f	Psychologist, Doula
P13	12 Apr 2023	f	Sociologist, Psychologist in training, NGO worker
P14	28 Jun 2023	f	Psychotherapist
P15	8 Jul 2023	f	NGO worker

Table 1: Main characteristics of the interviewees (source: composed by the author).

## Instruments

We used a semi-structured interview with questions on experiences in the field of mental health and migration. The majority of the interviews were carried out in the Slovenian language; one included a translator, and another was carried out in English. We covered topics closely tied to the research questions, focusing on the specifics, the current problems, and what could be improved in the system of mental health care for forcibly displaced people in Slovenia.

## Procedure

Three researchers conducted interviews from March 30, 2022, to July 8, 2023, either in person or via Zoom, ensuring informed consent and confidentiality. The data is stored securely on a PC in an anonymous form.

Using content analysis within an interpretative paradigm, we coded information on mental health and forcibly displaced people, focusing on context and variations. The analysis followed four stages: decontextualization, recontextualization, categorization, and compilation (Bengtsson, 2016). Once the main categories and subcategories were established in relation to the research questions, the analysis and writing process began.



Considering my personal subjectivity as a psychologist and psychotherapist in training, I acknowledge potential bias in working with qualitative data. To enhance transparency, we discussed results with colleagues from various professional backgrounds, such as anthropology and sociology, and adjusted as needed. The results and discussion sections are based on participants' responses and provide thematic insights into the experiences of professionals working with forcibly displaced people. Literal quotations from interviews are used anonymously, with participants represented by codes (e.g., P6, P meaning "participant" and 6 their consequent number of participation in the study).

## RESULTS WITH DISCUSSION

Drawing from the anthropological foundations of cultural psychology, which explores cultural conceptions of self, other, and psychopathology (see Kitayama & Cohen, 2007), we will discuss three main topics regarding mental health care for forcibly displaced individuals: specifics, current challenges, and potential improvements. Subcategories are detailed in Table 2.

	Specifics	Current problems	What to improve
1	Structure of the sessions	Misdiagnosing and stigma	Facilitate access to the labor market
2	Openly speaking about differences in cultural traditions, unwritten rules of conduct	Dispersion of services	Interdisciplinary team in mobile units
3	Language and working with a translator or a cultural mediator	Lack of funding	Focused integration support
4	A need for professionals to take care of themselves		

Table 2: Main categories with subcategories (source: composed by the author).

### Specifics of psychosocial support for forcibly displaced persons

As we have mentioned in the introduction, the distinction between psychotherapy and psychosocial supportive treatment is crucial when working with forcibly displaced individuals. Psychotherapy frequently entails exploring traumatic experiences, but this approach may not be appropriate for individuals still coping with survival stress and lacking a sense of safety (Podolan & Gelo, 2023) the role of safety in psychotherapy has not yet been thoroughly examined. In this article, we identify

and integrate the different functions of safety in psychotherapy on a theoretical basis. Method: We made a panoramic overview of the concept of safety across some of the main psychotherapeutic schools that represent major paradigms in contemporary psychotherapy (psychodynamic, cognitive-behavioral, humanistic. Participants in the study shared examples highlighting this challenge:

It seems that they have the most problems when they start to improve their independence, especially in terms of financial stability. They want to take care of themselves and their family, and when they fail to do so, I see that they also have a certain helplessness, irritability, and sometimes distrust of the system. I also notice mourning for their former country, for their former life, for memories that are fading, and perhaps also for their former social status, which now they don't have. [...] Some even admit that it was easier for them in war conflicts and situations when they did not know if they would survive than here. P15

Forcibly displaced people, due to their experiences of violence, both in their home countries and the host country, are at high risk for mental health difficulties (Miller & Rasmussen, 2017; Porter & Haslam, 2005; Satinsky et al., 2019; Steel et al., 2009). Several specific subcategories emerged during the analysis: 1) Structure of the sessions; 2) Openly speaking about differences in cultural traditions and unwritten rules of conduct; 3) Language and working with a translator or a cultural mediator; and 4) A need for professionals to take care of themselves.

### ***Structure of the sessions***

Addressing the stigma associated with seeking professional help (Schnyder et al., 2017), participants emphasized the importance of openly discussing expectations with clients. This helps uncover their beliefs, hopes, and fears about the process. Additionally, it is vital to clarify the misconceptions about psychotherapy, such as those often portrayed in movies. Psychoeducational approaches emphasizing reflection play a significant role in the process. Once starting the process, professionals need to highlight their own way of working with clients, the boundaries, the structure of sessions, and establishing a mutual agreement about the process:

I have experienced many times in this work that they definitely see us as an authority in the sense of the country where they came from, and now this country limits them, and there's different responses. I think they also have different demands tied to us. So, this also needs to be communicated very carefully before we get into this relationship. I'm not representing the country; I'm representing myself. We're two on the same level. I'm not the one who's going to decide on something or take care of something instead of them. P5

The experts from the field commonly use the psychoeducational approach as it is considered one of the strongest interventions for promoting the psychosocial well-being and/or empowerment of immigrant women (Silva & Pereira, 2023) based on the PRISMA 2020 guidelines, aims to present a current overview of interventions aimed at promoting the psychosocial well-being and/or empowerment (PWE, where they explain how and why they take a moment for reflection and this helps the client not to take it on themselves:

I told them in advance that I would think about what was said for a bit, that I might briefly stop then, but that does not mean that I am interrupting the conversation, but just that I am collecting my thoughts. This seemed very important to me because sometimes, on the other side, they also say, "Aha, now I would also like to think about how I should formulate something." And I give them space. It seems to me that this is also one part of the process—to stop and think before we say something and this is also a part of psychoeducation, if not more. P14

The majority of psychotherapists in the sample only practiced in-person individual therapy with refugees or asylum seekers. The reasons why online therapy does not provide a sufficient substitute are many in their opinion: some clients do not have an environment where they can confidentially speak for a whole hour without being afraid someone might hear or interrupt them (e.g., a small apartment with children or other people), some of them do not have the necessary equipment (e.g., do not have a phone, computer, or mobile data access) and others simply do not trust the internet, especially those coming from countries where spying might have grave consequences.

Additionally, the participants exposed the importance of in-person human contact, eye contact, and appropriate human touch, such as a handshake. It may represent basic respect and recognition of another human being; as Erskine describes, it is one of the core concepts in relational integrative psychotherapy (Erskine et al., 2023). These theories and methods assist practitioners in understanding human beings, normalizing the functions of psychological processes, and illuminating the power of healing through relationships.

With this group of people, I do not work online. Everyone needs to meet someone live. One doesn't even have a phone, but they love to come. Once you make contact, they really love to come. When they come, I give them a handshake, and when they leave, I shake their hand again. P4

Moreover, there is a need for group therapy, in their opinion, as it provides a safe space for social healing to occur. Human beings are social animals, thriving in groups and forming our identity around our core groups' values and norms (Yalom, 1980). With the current war in Ukraine, some therapists are forming pro bono groups of

people having experienced great loss and tragedy, fleeing from a similar geographical environment at the same time for a common reason. Something is unifying in this, as they are the only ones who can truly understand each other in this experience and offer each other empathic support, as the participants of the study point out. Group therapy proves to be of great use in similar settings (Yalom & Leszcz, 2020) and can provide support to more people versus treating each person individually.

The psychotherapists in training also mentioned that they commonly have an informational or organizational role, directly suggesting which NGO is responsible for which area in question to provide the contact and counsel where to turn for specific help. It is an important aspect of psychosocial support as it encourages and empowers the client to take the necessary steps toward the set goal.

### ***Openly speaking about differences in cultural traditions, unwritten rules of conduct***

Working in intercultural settings requires self-reflection on the part of professionals (see Schouler-Ocak & Kastrup, 2020). They need to be aware of their internal dynamics and address intercultural differences that influence thoughts, feelings, and behavior. Exploring unwritten rules of conduct, open communication, and non-verbal cues is also critical to ensure that clients understand the matter at hand.

Of course, it is very important that we pay attention to our internal dynamics because there are such matters that can be related to politics, religion, or the color of our skin. Suddenly, a mountain of prejudices appears in us, which we all thought we didn't have, right? Usually, we're all convinced we don't have them, but within this process, many things speak to you. P5

Having this dynamic in mind, professionals find appropriate ways to address the intercultural differences that influence our thoughts, feelings, bodily sensations, and behavior. Especially engaging are the unwritten rules or norms of behavior, e.g., who enters the room first, how to greet each other—with a nod, handshake, hug, or even kiss on the cheek? This exploration also targets areas where participants recognize additional attention: last-minute cancellations or being late, bringing gifts, and calling the personal phone number outside the sessions. The professional's role is to illuminate the unwritten norms of conduct in a psychotherapeutic setting in Slovenia, e.g., why being on time is important, what might be the consequences of being late, why bringing gifts is usually not recommended in psychotherapeutic settings in regard to coercion and why personal boundaries (such as not phoning after 4 PM except for emergency cases) apply. Having a professional skilled in open communication toward exploring these hidden aspects might help support the client in finding their way in a new society, understanding the underlying expectations or unwritten rules of conduct slightly better.

They [the Albanian-speaking community] don't realize this—that you have to make an appointment, that you have to wait for the appointment, that you have to come on time for the appointment or a minute earlier; that you have to wait, not that they [medical staff] are waiting for you and they don't realize it, because there are no appointments down there [in Kosovo] and then the contact breaks because you're late, because it happens that they sometimes come without a health card and on top of it all the doctor is in a bad mood. P1

With this in mind, paying attention to non-verbal communication plays an important role in the sessions. Noticing signs of confusion or misunderstanding, the professional might openly ask if they understood what was said. Sometimes—especially in some of the more controlled societies with a significant level of government oversight and regulation of various aspects of public and private life, e.g., contemporary Iran—the people are afraid to ask for clarification, and they nod to avoid any possible complications. One of the guidelines for professionals working in Slovenia is most certainly making sure their clients understand the matter at hand. *“Could you repeat what was just said?”* is one of the suitable techniques of clarification that respondents of the study used to make sure their clients truly understood what was said.

### ***Language and working with a translator or a cultural mediator***

Multiculturalism, diversity, and cultural competency are vital topics for mental health professionals (Sue et al., 2009). Professionals need to navigate the complexities of working with individuals from diverse cultural backgrounds where language plays a crucial role. Some individuals prefer to communicate in their first language. In contrast, others may choose to use English for comfort or due to personal triggers associated with specific words in their first language.

Working with a translator or cultural mediator can be valuable, but it also presents challenges. The dynamic between the translator, the professional, and the client can be influenced by their prior relationship, and there is a risk of information loss in translation:

[...] we talk directly with clients. I had experience with a translator, but it didn't work for me somehow. I didn't manage to establish contact with the client until we realized that we speak a common language, which is not English or Slovenian. It's just, I mean, really a change. When the translator left the room, there was instantly greater confidentiality and a certain focus on me—before he was focused on the translator. P4

Combining work with other techniques, such as art therapy, proves to be useful in multicultural contexts as it facilitates the efforts of therapists to explore their identity as cultural beings and to provide a context for culturally sensitive considerations when using art therapy interventions (Boston, 2015). The therapists who participated

in the study concluded that they prefer working one-on-one. When language is a barrier, they rely on non-verbal communication and art therapy techniques.

Furthermore, individuals who had experience with language assistance expressed negative attitudes, viewing the presence of language assistance providers as an obstacle to developing a productive client-practitioner relationship, which in turn led to challenges in delivering appropriate care (Bofulin, 2024). Effective collaboration with translators or cultural mediators involves choosing appropriate settings and establishing ground rules to ensure effective communication (e.g., the translator and the client not being in a friendly relationship).

### ***A need for professionals to take care of themselves***

Working with vulnerable groups inherently makes professionals vulnerable as well. Greinacher et al. (2019) conducted a systematic review of the prevalence rates of *secondary traumatization* in first responders. They concluded that terms such as secondary traumatic stress, vicarious traumatization, and compassion fatigue all fall under the category of secondary traumatization, which is often associated with symptoms of PTSD. Compassion fatigue has been described as the empathic strain and general exhaustion resulting from dealing with people in distress over time (Figley, 1995). It is especially prevalent in those who may be overexposed to others' emotional needs in a supportive role (healthcare workers, nurses, etc.):

Well, whenever a user comes, yes, you resonate. It's not like when you come to work and then go home, you forget. Because they tell you things, and that triggers some feelings related to your husband or family in [country of origin]. P13

The participants of the study reported experiencing symptoms of burnout at least once during working with forcibly displaced people. One of the experts shared her story of burnout:

When I faced the problem of burnout, I worked from morning to night and also closed my private practice for that time [...] I was completely exhausted. I wanted to work, but I had health problems, and I was in the hospital as well. P11

Later on, she shared her opinion on the importance of psychoeducation for professionals, as some are not aware they are experiencing symptoms of difficulties in mental health. Self-reflection and psychoeducation for professionals are essential to recognize and address these symptoms. Professionals sometimes adopt the role of a "rescuer," as described in Karpman's drama triangle (Karpman, 1968). However, it is crucial to empower clients rather than strip them of their ability to take ownership of their lives. One of the experts shared her view on this phenomenon that she ascribes to the role of authority in working with vulnerable groups:

[...] somehow you feel as if you are a savior to that person, in their eyes, and as if now it will depend on you how they will decide [...] Sometimes I really feel like I'm being worshipped, I mean, I know it sounds a little funny, but really, they would do anything for me if I wanted to take advantage of it, and there's a certain power that comes with that, but it's important for me to be the kind of person who knows how to understand this, and to establish a normal distance and somehow tell them that for me they are the ones I admire, for me they are just wow [...] I think it's important to have some healthy boundaries. For example, when we go to court hearings together, I'm not their advocate right away, but I am, first of all, just an intercultural mediator. P10

In contrast to the previous quote, whoever works from a position of “rescuing” their clients is stripping them of their ability to be empowered. Interestingly, empowerment is a key aspect of any mental health treatment. Another expert elaborates on the concept of giving people ownership over their own lives that she adopts in her work:

In practice, it's all about just giving ownership to people over the needs assessment of transparent communication. So, I work as a mediator, not as a trainer. I don't give myself the ownership, like, the authority to teach anyone anything or to decide for anyone anything. I just create inclusive environments where I facilitate. [...] So instead of bringing the concept of hierarchical concepts of experts or expertise, it's more toward community building and peer-to-peer learning through community approaches. P9

Assuming the rescuer role brings about a dangerous belief, *“I know what is good for you—even better than you yourself,”* and can often drive experts to overstep the boundaries of professionalism, e.g., offering goods (clothes, money, food) taken from their own personal lives. Moreover, if a clinician assumes the role of a rescuer, the client's setbacks and successes become theirs as well. The participants of the study reported a wish to offer such goods as seen in activism work, but they were aware of the boundaries of the professional relationship.

People gave their time, also money, and everything, and then these non-governmental organizations said, “Yes, work for free.” We are working for free, but they are getting some support, some money, but where is this? Nowhere. P6

Building a sense of community and peer-to-peer learning through community approaches can be more effective than hierarchical expert-client relationships. Continuous supervision, personal therapy, and self-care are essential for professionals working with vulnerable groups to manage challenges and maintain their well-being.

## Current problems of psychosocial support for forcibly displaced persons

The lack of clear regulation for psychotherapy and psychosocial support in Slovenia raises ethical concerns when working with vulnerable groups, such as forcibly displaced individuals. There is no independent profession of “psychotherapy” in Slovenia, which can lead to misuse of power or authority. This unregulated environment creates several challenges, including the misdiagnosis of forcibly displaced individuals and the prescription of psychoactive substances (PAS, e.g., pills) as the sole solution. Psychopharmacological treatments target symptoms but may not address the root causes, necessitating the role of psychotherapy in understanding and treating mental health issues. Three subcategories emerged from the data: 1) Misdiagnosing and stigma; 2) Dispersion of services; and 3) Lack of funding.

### *Misdiagnosing and stigma*

One significant problem is the tendency to associate refugee status with PTSD, oversimplifying the complex mental health issues that forcibly displaced people may face (Steel et al., 2002). This oversimplification can lead to stigma and misconceptions about mental health. Stigma remains a challenge, as there is still a certain level of stigma associated with mental health in society. Some individuals break free from this stigma and openly discuss their experiences, while others may experience self-stigma, internalizing societal stereotypes and prejudices.

I noticed that there is a stigma on mental health. Everywhere, in different groups, in different places, I see that there is still, to a certain extent, some stigma on mental health for everyone, but some people are really breaking out of this stigma and talking about it. So, I know two people who want to discuss and talk about it openly; they are taking medications and talking with a wider group. P9

Sociologist Erving Goffman defined the concept of stigma as an “attribute that is deeply discrediting” and reduces the stigmatized person “from a whole and usual person to a tainted discounted one” (Goffman, 1963, p. 3). It can be differentiated into public stigma (labels and stereotypes dominant in society) and self-stigma (the internalization of the public stigma by members of the stigmatized group) (Corrigan, 2004). The problem of stigma is widespread, with varying ways in which it develops in society, which all have implications for MHPSS.

Perceptions of public stigma associated with mental illness can influence the experience of self-stigma, which, in turn, affects help-seeking attitudes and behavior (Vogel et al., 2007). The World Health Organization, WHO (2001) positions stigma as a key barrier to successful treatment engagement, including seeking and sustaining participation in services. A systematic review suggests that a reason for the low utilization of mental health services among forcibly displaced people in host countries



may lie in the stigma associated with having a mental illness and the stigma associated with seeking mental health services (Satinsky et al., 2019). Substantial evidence indicates that mental health-related discrimination has a negative impact on help-seeking behaviors and initial access to mental health care (Clement et al., 2015). Another factor is that stigma and self-stigma influence a person's mental health in many ways (Gärtner et al., 2022). One of the experts elaborates on this topic:

Yes, because maybe people stereotypically think that people with a refugee experience want to live on social support, but that's not the case. We have some cases where everything went to their own disadvantage because they refused social assistance and they immediately found a job without knowing the language, and now they have problems because they work low-paid jobs just so that they wouldn't be on social support, in order somehow to prove themselves to the state or this system, even though it would be easier for them to be on social support for a while, get used to the system, and then start looking for a job. P15

Stigma is socially constructed in relation to many factors (Earnshaw et al., 2022). At a macro level, culture fundamentally shapes stigma processes, given that values and priorities shape the ways and extent to which statuses are stigmatized (Misra et al., 2021). At a micro level, stigma is shaped by social networks, including family, significant others, and school environment, including peers.

When there was a war in Yugoslavia, certain Serbians that are now very anti-Ukraine fled to Slovenia, and children from these families were very against Ukraine. Ukrainian children do not want to go to school because they are being bullied there. It is written on the toilet, for example, "Putin is a force, Putin is winning, Putin will kill you." Such symbols there, well symbols, slogans, they write on the walls, but throughout Slovenia, children are suffering. P8

The experts emphasize the need for public awareness campaigns aimed at preventing stigma rather than intervening after the fact. These campaigns can promote empathy, perspective-taking, and contact between different groups, reducing implicit prejudices and stereotypes. Additionally, programs like these can be implemented in schools to address prejudice and discrimination at an early age (see Gabrielli et al., 2022). Such efforts can help create a more inclusive and accepting society and reduce stigma related to mental health and refugee status (Bellmore et al., 2012).

### ***Dispersion of services***

All of the participants highlight the current dispersion of services in the field of working with migrants and asylum seekers:

When I was working, I wasn't in direct contact with the asylum home, and I don't even know if there is a good connection there. I have the feeling that they are not doing a great job; I hear about such bad experiences with them. And the system is not centralized in general. Each does in his own way, especially now when there is this Ukrainian crisis, and in general [...]. P6

Diffusion of responsibility shows a need for a centralized system, where a multidisciplinary team of a medical doctor, a psychologist, a social worker, and a cultural mediator would first assess the initial state of each individual and plan the treatment plan accordingly. One of the participants who works as a cultural mediator identified a lack of personal boundaries, where she adopts many roles, e.g., searching for apartments and health care professionals. On top of it all, it is difficult for them to deny further help, even if it is in the area of personal space, e.g., vouching for someone.

I have to say that my phone number spans from the administrative unit to individuals. They all know me, so I helped with all these statuses, then they communicated with me a lot from the school [...] Otherwise, I'm always available there. I go to health care, and I'm looking for gynecologists, that's where the most problems are, dentists. I was looking for an apartment; I gave my name there as someone who could vouch for them. P2

### ***Lack of funding***

Experts from the field, in unison, expose the lack of funding as one of the core challenges of MHPSS for forcibly displaced. An ongoing problem is similar to one identified by Tol et al. (2011)—most interventions take place and are funded outside of national mental health and protection systems. In the case of Slovenia, many of the interventions are carried out by individuals or small groups on a completely pro bono basis, as the governmental bodies do not recognize the need for improvement. Stemming from the statement of the Government Office for the Support and Integration of Migrants (2023) that supposedly “provides asylum seekers accommodation, support, and psychosocial assistance, and offers integration support to persons granted international protection,” there is a lack of understanding that psychosocial assistance encompasses much more than taking care of one's physiological needs and offering a language course. These are mere necessities for the integration process to begin. In Slovenia, the strategies of integration are sometimes very limiting shares one of the experts:

Well, actually, I think it is definitely connected to these policies that I mentioned before, which are, like, the housing policies, the language exams, currently. I hope it will be changed because it creates a lot of unnecessary pressure on people, which is not, I don't think it makes sense, like, you know, you have to learn the language

and take the exam, or you will lose your social money. I think there are better ways to approach this. P9

## **What can be done in psychosocial support for forcibly displaced persons**

The experts from the field identify good practices and provide concrete propositions. The issues to call upon are: 1) Facilitate access to the labor market; 2) Interdisciplinary team in mobile units; and 3) Focused support.

### ***Facilitate access to the labor market***

Up to March 2023, asylum seekers in Slovenia were denied access to the labor market for nine months after applying for asylum.<sup>3</sup> In the participant's opinion, this severely impacted their mental health, their motivation, and their hope of creating a future in the host country. Asylum seekers, who, based on the law regulating international protection, have the right to access the labor market, are now able to exercise their right to free access to the Slovenian labor market after three months of asylum seeker status.

Above all, they want to find a job as soon as possible, and that is not available here. For example, it gets complicated when it comes to recognizing education or professional qualifications. Some, for example, shoemakers and blacksmiths, would like to work here. They have all the knowledge, they have all the power, but they can't because the system doesn't allow them. P15

The experts from the field share a similar viewpoint on the importance of facilitating their access to the labor market. They notice a change in the mental state of people who have been waiting for a status and for the ability to work for a long time:

I notice that people really change their mental health, not mental health, but like their psychological well-being really dramatically changes after they find a job. This is something I could see for people who were not employed one year ago and are now employed. It is really a huge difference. P9

### ***Interdisciplinary team in mobile units***

The participants recognize the need for interdisciplinary support where professionals from different fields cooperate in forming and adjusting the treatment plan for each individual, e.g., psychiatrist, psychologist, social worker, etc. For now, they

3 This regulation did not apply to persons displaced from Ukraine on or after February 24, 2022, as they were granted temporary protection due to the military invasion by the Russian Armed Forces.

report being supportive of the instructions from the psychiatrist, where they offer additional information on possible side effects of the PAS and explore other options for treating the cause rather than isolating the symptom(s). They miss a show of interest from the government or state that could provide funding for their ideas and good practices, e.g., an interdisciplinary team in mobile units:

We have already described this proposition in detail, what it would look like, that is, one mobile unit, which would be all over Slovenia and for foreigners who have problems, provide support by moving, provide help, an occupational therapist, a psychiatrist, a psychotherapist, a psychologist, and one person who must speak Russian. And there, let's say Logatec, we could go to one of the others, just these, once a week we can come to all and see how they are doing, we have programs for them right on the spot, creative corners and we are constantly in touch. And in this way, we could treat as many regions of Slovenia as possible, but apparently, Slovenia does not need it; the Ministry of Health says that they lack nothing. P12

Similar to the Government Office for the Support and Integration of Migrants, it seems the Ministry of Health does not recognize a need for improvement.

### ***Focused support***

Following the good practices from the field, e.g., women's support circles, diaspora meetings, activities preparing traditional food, playing live music, or dancing, experts acknowledge there is a need for more focused support toward integration, e.g., men's support circles intergenerational activities. These activities can provide a safe space where people connect regardless of their cultural background, race, or age.

[...] they accept me very nicely, with gratitude, not that I need to hear it, not at all, but I feel part of all of this. It seems to me that together we can really help, and maybe the child feels it, perceives it there's some energy and all that, some kind of tension, and because of that, I think it's really good if people work together and not in a dismissing way. P10

In general, there is a widely shared view that our state administration should show much more interest in the mental health of forcibly displaced people and provide adequate financial support for the necessary services. In order to achieve these goals, Slovenia would need to further professionalize language assistance providers, which would lead to systemic changes at the level of 1) implementation of language assistance in MHPSS and 2) additional training of language assistance providers to work in psychotherapy (see Bofulin, 2024).

## CONCLUSIONS

This study focused on psychosocial support for forcibly displaced populations in Slovenia and identified key findings and conclusions by analyzing expert opinions considering cultural influences on mental health concepts across different contexts. The analysis revealed three main categories: 1) Specifics of psychosocial support, such as session structure, cultural dialogue, language challenges, and professional self-care; 2) Current challenges, including misdiagnosis, stigmatization, service dispersion, and funding gaps; and 3) Proposed solutions emphasizing labor market access, interdisciplinary mobile teams, and targeted support.

Psychosocial support for forcibly displaced individuals necessitates a comprehensive approach beyond traditional psychotherapy, addressing norms of conduct and empowering individuals amidst dual stigmatizations. Centralized systems with multidisciplinary teams are crucial for tailored treatment plans and accessible interventions integrated into national mental health systems. Culturally sensitive practices are essential in humanitarian contexts, involving intercultural mediators and reflecting on applicability in non-Western settings.

In conclusion, effective psychosocial support for displaced populations requires a holistic, culturally aware, community-centered strategy, addressing stereotyping and double stigmatization while integrating interventions into broader mental health systems. Notably, this study's limitation lies in its exclusive focus on professional viewpoints rather than direct beneficiary perspectives, aiming to inform systemic improvements. Nevertheless, given the limited research and state-organized support in this area, such contributions can strengthen the argument for the necessity and methods of developing various practices that effectively address the psychosocial needs of this population group. Proposed changes could help empower displaced individuals in Slovenia to regain control over their lives and build a sense of belonging and well-being in their new environments.

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## POVZETEK

### DUŠEVNO ZDRAVJE IN PSIHOSOCIALNA PODPORA PRISILNO RAZSELJENIM OSEBAM: IZKUŠNJE IZ SLOVENIJE

Maja Gostič

Avtorica v članku analizira trenutno stanje na področju duševnega zdravja in psihosocialne podpore prisilno razseljenim osebam, ki prebivajo v Sloveniji. Prisilno razseljeni ljudje so zaradi svojih izkušenj z nasiljem, tako v svojih matičnih državah kot v državi gostiteljici, izpostavljeni visokemu tveganju za razvoj težav v duševnem zdravju. V študiji so bile zbrane informacije s pomočjo polstrukturiranih intervjujev s petnajstimi strokovnjakinjami (psihologinjami, specializantkami psihoterapije in kulturnimi mediatorkami), ki delajo s to populacijo.

Psihosocialna podpora prisilno razseljenim osebam zahteva večdimenzionalen pristop, ki presega tradicionalno psihoterapijo. Ugotovitve zajemajo posebnosti, aktualne probleme in možne izboljšave na področju dela s to populacijo, pri čemer izpostavljajo pomen opolnomočenja v medkulturnem kontekstu in razkrivajo potencialne izzive, povezane z nezainteresiranostjo države in neustrezno finančno podporo za potrebne storitve.

Izsledki študije kažejo na pomen strukture srečanj, odprtega pogovora o razlikah v kulturnih tradicijah in nenapisanih pravilih obnašanja ter jezika in dela s prevajalcem ali kulturnim mediatorjem ter izpostavljajo potrebo, da strokovnjaki poskrbijo zase. Številne psihosocialne podpirne intervencije za razseljeno populacijo namreč delujejo zunaj nacionalnih sistemov duševnega zdravja in se v veliki meri zanašajo na prostovoljsko delo. Za večjo trajnost in učinkovitost podpore s strani nevladnih organizacij, ki je pogosto preveč razpršena, si prizadevajo za njihovo financiranje, uvedbo interdisciplinarnih timov ter dostopnost storitev za vse prisilno razseljene osebe.

Avtorica ugotavlja, da je za zagotavljanje učinkovite psihosocialne podpore prisilno razseljenemu prebivalstvu potreben celovit, kulturno občutljiv in v skupnost usmerjen pristop, ki vključuje obravnavo dvojne stigme in napačnih predstav o duševnem zdravju, uporabo ustreznih raziskovalnih metod ter delo v smeri integracije teh storitev v širše sisteme duševnega zdravja. Predlagane spremembe bi lahko prisiljeno razseljenim osebam v Sloveniji pomagalo pri ponovnem vzpostavljanju nadzora nad svojim življenjem ter občutka pripadnosti in dobrega počutja v svojem novem okolju.

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