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EUAA thematic meeting:

Mental health support for children and women during high influx situations

A summary report

Tuesday, 22nd of March 2022

Organised by the EUAA vulnerability team

Contents

General Information

Date or the thematic meeting:	22nd of March, 2022
Timeframe:	9.00 – 13.00 (CET)
Organisers:	The EUAA vulnerability team (ARCGU)
Format:	Remotely in form of a thematic meeting
Platform used:	WebEx
Participants *(excluding EASO staff)*:	A total of **105 professionals** connected during the morning as part of the: • Vulnerability Experts Network (14 participants), • Network of Reception Authorities (15 participants), • Network of Asylum Processes (8 participants); • CSOs, IOs, other EU Agencies • Profiles: reception, vulnerability, case and protection officers, social care officers, psychologists and mental health officers, legal and policy officers, management
Countries participating:	**19 EU+ countries**: AT, BE, CH, CZ, DE, DK, EE, EL, FI, FR, IE, LI, LU, MT, NL, NO, PT, SI, SK together with the DRC, Cameroon, Gambia, Ghana, Guyana, Israel, Mali, Niger, Rwanda, Serbia, Thailand and the US. (31 countries in total)

Background

The thematic meeting on **Mental health support for children and women during high influx situations** is part of a coherent effort in the area of mental health by the EUAA vulnerability team for provision of support to Member States in the area of mental health of applicants for international protection.

Since 2020 the agencies vulnerability team organised two thematic meetings on mental health concerns of applicants for international protection (July 2020 and October 2021) and published two reports on the topic:

- Initial mapping report: Mental Health of Applicants for International protection in Europe which summarised the evidence provided by first line professionals in the field of asylum and reception: https://www.easo.europa.eu/sites/default/files/EASO-Mapping-Report-Mental-Health-EN.pdf and
- Consultation with Applicants for International Protection on Mental Health, capturing the voices of applicants for international protection with respect to the mental health concerns faced in asylum and reception: https://euaa.europa.eu/sites/default/files/publications/Consultations_with_Applicants_for_International_Protection_on_Mental_Health.pdf.

In addition, the team links findings from work conducted on mental health and wellbeing with other ongoing initiatives such as the:

- *The work on staff welfare (See: Practical guide on the welfare of asylum and reception staff* launched in September 2021 and available on the EUAA website);

- The work on Critical Incident Management (See: Survey and forthcoming Report on Critical incident management in reception and asylum - available from Q2/2022);

- The work on substance use (See: Survey and forthcoming Report on Drug use and related responses in reception settings in EU+ countries, conducted jointly by EUAA and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) - available Q2/2022).

EUAA's approach to Mental health and wellbeing

The agency addresses the topic of mental health and wellbeing as an integral part of health and is putting an effort in supporting MS to prevent chronification of mental health concerns. The EUAA vulnerability team sees mental health through the lens of psychological distress and views the signs presented by applicants as normal reactions to abnormal events when arriving in Europe. Such signs when identified immediately and addressed appropriately, can be mitigated so that the risk of long-lasting problems is reduced. EUAAs approach to the topic of mental health rests on a participatory approach with respect to both professionals and applicants to ensure evidence-based tool development during 2022/23.

Purpose of the Thematic Meeting

The thematic meeting on mental health is the third one organized by the EUAA. The meeting was planned to take place in May 2022 but moved forward to March to respond to critical developments related to the high influx of refugees from Ukraine into EU+ countries. The aim of the meeting was to aid Member States to conceptualise responses to the mental health needs of incoming population and particularly children and mothers/women. In view of the dominant profile of incoming refugees and the unprecedented and rapidly growing inflow of people, the meeting focused therefore on mental health and psychosocial support, including psychosocial first aid to children and women. A diverse group of speakers from the EC, authorities, the UN, civil society and other international organisations took part in the meeting.

INTRODUCTION

The meeting was officially opened by **Geert Knockaert, Head of EUAA's Reception and Vulnerability Sector**. Mr Knockaert noted that the situation in Ukraine and the high influx of people fleeing the country into Europe has prompted EUAA to re-schedule this meeting. Some few key points related to the topic of the meeting were shared:

- Persons fleeing their country need support not only with regard to their material needs but also with regard to their emotional and psychological needs;
- Taking into account their psychological needs right from the point of arrival is crucial to strengthen resilience;
- psychological support is even more important for children and other vulnerable groups like the elderly etc.

Other EUAA activities conducted in the context of Ukraine and in support of Member State authorities and in particular those on the Eastern European border were pointed out and included: meetings with the Reception and the Asylum Processes network; leaflet production on the temporary protection directive (TPD) for adults and children; preparation of modular training on the TPD; a needs assessment mission to Romania to identify EUAA support for a forthcoming Operational plan implementation; relevant data collection and regular public situational updates.

SUMMARY OF THE PRESENTATIONS

SESSION 1: SETTING THE SCENE

Isabela Atanasiu from the **European Commission** opened the meeting providing an update on activities at the level of the European Commission in response to the unprecedent refugee influx generated by the war in Ukraine.
- Guidance on the application of the Temporary Protection Directive (TPD) was adopted on 21 March 2022; it establishes a temporary regime for the protection of several categories of people arriving from Ukraine after the 24th of February 2022.
- The Guidance is for the Member States on the immediate steps to take upon arrival – registration, documentation required for taking up residence - to ensure that persons arriving can access the rights foreseen by the Directive.
- The subject of how to access the rights to which persons fleeing Ukraine are entitled (housing, financial support, employment, education, health care, including psychosocial support) is the subject of another Communication which was adopted on 23 March 2022. It aims at identifying ways to support Member States to provide immediate access to these rights, incl. psycho-social support.
- The Solidarity Platform, established on the basis of the TPD, serves as a forum where Member States and COM meet to exchange information about the situation, the arising needs and solidarity preparedness of Member States. Meetings take place on a weekly basis with members at operational level. Information is being exchanged about particular needs, f. e. reception capacities, reinforcement of reception resources, needs for EUAA or FRONTEX support, pledges by Member States to frontline countries for transfer of refugees.

Peter Ventevogel from **UNHCR** made a comprehensive presentation of contemporary approaches to mental health and psychosocial support work (MHPSS) in humanitarian settings upon the background of the rapidly evolving refugee influx generated by the war in Ukraine.

While European societies are run by functional governments and have high level systems of support, the sheer number of persons of concern crossing the border into the EU is so high presently that systems risk of getting overwhelmed. According to UNHCR data within one month 3.5 million refugees have entered into countries of the European Union and Moldova. Systems are rapidly getting exhausted especially if they are led by volunteers. While we see an enormous response by civil society, of groups of psychologists and social workers we must be aware that there is a major risk that volunteers will suffer burnout and reach a pivot point past which they cannot do support the needed work anymore. The Regional Refugee Response Plan for Ukraine led by UNHCR flags mental health issues as first in the list of most urgent needs seen in people fleeing from Ukraine. While mental health is very much on the radar of humanitarian work now, more needs to be done to make sure our responses are coordinated and leading to the same direction.

In view of the dominant profile of people fleeing Ukraine (90% women and children) Mr Ventevogel raised a number of risks that need to be addressed in support work:
- heightened risk of **gender-based violence (GBV)** since women fled on their own and do not have access to their usual support networks. GBV is generally a risk during displacement; important also to flag that there is also a risk of sexual exploitation and abuse by people engaged in the response – in shelters, transit centres and also in private arrangements.
- in the context of the unparalleled display of solidarity, not all volunteers are vetted by their governments, and some have **limited experience** in working within humanitarian settings. The capacity of volunteers needs to be built.
- **registration systems** are still **not fully functional** due to the many people arriving and there is **lack of clear identification procedures** about those that are at risk, especially unaccompanied minors (UAM).
- heightened **risk for trafficking** requires a vigilant reception and support systems.
- some childcare institutions from Ukraine have been moved to Poland. A mindful response is needed as children can be very vulnerable for what happened to them recently and due to **pre-existing vulnerabilities**.

In leading the refugee response in supporting the governments, UNHCR in cooperation with UNICEF pursues two priorities, first, to ensure basic level of assistance to children and families and second, to enhance local and national capacities for providing support (since there might be a longer-term need).

Mental health and psychosocial support (MHPSS) is at the centre of the humanitarian response and is more than only preventing or treating mental health conditions. It regards everything done to promote and protect mental health and wellbeing. Mental health and psychosocial issues in humanitarian settings regard broad range of issues, not necessarily trauma.

Refugees have a range of mental health issues such as:
- distress, anxiety, worry, grieving (not necessarily pathological) which are adaptive reactions to abnormal contexts
- common mental disorders conditions such as PTSD, depression, anxiety disorder
- and severe psychiatric conditions. Ukraine had a system of transition from institutionalised psychiatry to community-based care – there are still 30 000 people in Ukraine in mental institutions and they are at very high risk of abuse and neglect. The humanitarian situation in these institutions following the war may lead to increase of the inflow of people with severe mental health issues and we need to address those.
- substance use which is a chronic problem

MHPSS work is not only about events in the past (war related events in home country). While past events influence mental health, the relationship is not linear as it is mediated by displacement related events and current context, related to the availability or uncertainty around social support, housing, weather one can talk to people. We can do a lot on the displacement related stressors. What we have to do is normalise the context, provide supportive environment, strengthen opportunities so stressors alleviate, and resilience comes.

Mr Ventevogel provided an overview of what constitutes the essence of contemporary MHPSS response which is built on learning from mistakes in past approaches when the emphasis was on pathology and victimhood rather than resilience and community mobilisation.

Some of the key learning points of this past model include:
- the assumption that every refugee is traumatised and or needs counselling is not true.
- resources vested in screening and identifying problems are not doing good if they are not matched with adequate service provision.
- trauma counselling during emergencies or in instable situations is not recommended.

Present MHPSS response acknowledges that mental health is a behavioural issue and has to do with the agency of people. People can get better if they can do things, have opportunities to fend for themselves and work within communities. MHPSS entails multiple layers of involvement including psychosocial service in the provision of humanitarian aid. Mr Ventevogel provided an overview of the layers in question: As a baseline the whole humanitarian response needs be provided in a way beneficial to mental health and wellbeing. Every humanitarian worker needs to understand how to deal with people in distress (psychological first aid). This does not mean that everyone needs to be a counsellor but those that have to do registration, shelter, food distribution, etc. do it with consideration to human dignity, with respect and by using a participatory approach (as opposite to top-down approaches that make people dependent on external aid). Psychological first aid (PFA) is a skill for **all** first line responders.

A layer above regards strengthening community and family support which can involve among others working with parents on how to better deal with their children in distress or training community-based volunteers who can help others. In the context of the Ukrainian crisis we need to enable Ukrainians volunteer which means activating social networks. This will provide

a lot of mental health support by itself bringing normalisation. In addition to that more focused support is to be given by specialists but also by non-specialists. Bringing scalable psychological Interventions in humanitarian work appears very relevant. The speaker recommended two tools that can be useful, both developed by WHO (*see Annex section*). *Doing what matters in times of stress* is a self-help book based on cognitive behavioral therapy (translated in Ukrainian). The tool can be used individually or in groups.

Problem management Plus (PM+) is a simplified form of behavioral therapy that has highlighted four elements:
• stress relaxation techniques;
• problem management skills, helping people make order on the problems that can be addressed and how this can be done step by step (often when people are in distress and have many problems they do not know where to start from);
• behavioural activation for people in state of depression or inertia (techniques for getting back from passivity to activity);
• strengthening social support (refuges in urban settings tend to isolate themselves and cannot access social support even if it is available).

All four techniques can be done also by non-professionals upon training and so rapidly increase the first layers of psychological support.

With regard to clinical mental health care and in the context of the descent level of this type of health care in EU countries, we need to ensure that people who need specialised care have access to it. This entails interpreters, cultural brokers, information and referral system to assure access as well as insurance as specialised services are not always free. The speaker stressed a number of key elements of the general UNHCR MHPSS response which are very much applicable to Ukrainian refugees:
• Integrate mental health into basic health care. General health providers need to identify common mental health problems as general system is the entry point;
• We need considerable additional capacity for psychological interventions – psychotherapy. We need to make that adapted to the context, brief scalable psychological interventions, brief structured interventions that can be done by non-specialists;
• Strengthening community self-help and mutual support;
• Using MHPSS approach in all the work that we do.

The speaker presented the **Blue Dot system** established by UNICEF and UNHCR aiming to bring cooperation, standardisation and clarity in the provision of humanitarian assistance to Ukrainian refugees. As per plan 25 Blue Dots will be established in 6 countries, around 10 being already operational. The **Blue Dot Centers** operate under a single logo where one can find certain level of support, that is standardised, predictable, accessible, provided by different players, however clear what one can expect when one goes there. If civil society wants to help it could link to those Blue Dot centers and provide services there.

Mr Ventevogel stressed the importance of coordination in the current situation. To this aim and to ensure that UNHCR Regional Plan is coordinated with National response Plans the Agency works closely with governments channelling response coordination through different

working groups (such as protection, basic needs, health, etc.). He concluded that with regard to mental health we need predictable MHPSS support and minimum services package. The speaker recommended a number of Guidelines and Tools that already exist and can guide MHPSS work (*see Annex section*). He also stressed that a lot of tools have already been adapted to Ukrainian context in view of the internal conflict in Donbass and are available.

Dr Rita Sá Machado from **WHO** spoke about the importance of health considerations during high influx of refugees and migrants and the work done by WHO in this regard and its relevance to the current situation with respect to Ukraine.

High/large influx of people is a relative term dependent on context as some countries can support hundred people or a local context only fifty, while others can support thousands. The number of people arriving and the rapidity of human movement can influence not only border control policies but also the preparedness of host countries. If a country is not prepared, the response might be even more complex, might bring social disruption and be resource intensive. Lack of preparedness may have effects on health, security and protection of all parties. The relationship between health and migration is complex, multidimensional and dynamic. Improvement or worsening of individual's health depends on conditions in the country of origin (prevalence of disease pre-conflict), exposure to hazards, previous health experience, health risks encountered throughout the journey and access to services and conditions in the host country.

Preparation for the arrival of large groups in a situation as the one, experienced presently when large numbers of people are already fleeing into host countries for safety, needs to go in parallel with response. This preparation usually includes identification of the context, forecasting critical incidents, forecasting the health implications of these critical incidents, planning for emergency care, planning for non-emergency needs, planning for maternity and infant needs and those of unaccompanied minors, planning for psychosocial support, forecasting shelter needs, water, sanitation, hygiene, nutrition and safety, forecasting health implications and social tensions, among others.

The speaker presented some of the efforts taken by WHO with regards to Ukraine crisis: public health analysis of refugee-hosting countries which looks at the key health risks for the refugee population, including level of risk and the rationale for that to happen. Some risks identified include COVID-19 and other infectious diseases, as living conditions during transit or upon arrival may increase the risk of transmission and/or susceptibility to disease; shortages of medical supplies, challenging access to essential health services, and the interruption of prevention, diagnostic and treatment services pose a severe threat of adverse outcomes from non-communicable diseases, including diabetes, and to the continuation of treatment. WHO also highlighted mental health as a great area of concern, as we may see exacerbation of chronic mental health problems with high levels of PTSD, depression or anxiety.

Dr Rita Sá Machado referred to actions that can be undertaken to address these risks. Stress was put on the importance of ensuring inclusive quality health services that are affordable (in this case free). The need to ensure continuity of care that these people need, vaccination, effective disease surveillance and response. Provision of widespread MH and psychological

support is critical to these specific health needs. Maternal and infant health services is an important bit of the current situation as we need to ensure safe deliveries for mothers and continuity of care. Response with regard to mental health care entails overcoming barriers to receiving such care (provision of clear information on mental health care entitlement, where to get access, how to receive such health service; facilitation of communication through interpreters or cultural mediators). Dr Sá Machado expressed agreement with one of the major points made by Mr Ventevogel from UNHCR that all aspects of refugee reception and support need to take in consideration mental health together with ensuring referral to services where needed. She added that mental health care needs to be integrated into primary health care which is to be the backbone of health systems.

Due to the unexpected and high number of registrations (over 100 participants) discussion after each of the presentations was conducted both by participants asking questions directly as well as by using the chat.

SESSION 1: DISCUSSION AND CHAT EXCHANGE

✓   TEMPORARY PROTECTION DIRECTIVE

A participant shared a question in the chat linked to access and the application of the TPD to Ukrainians who have been abroad when the war broke out. See question and answers below:

It was mentioned the TPD applies to the Ukrainians who fled the country as of 24 February. What about those Ukrainians who crossed the border before the war started (e.g. those who were abroad on holidays, on a business trip, working or studying temporarily abroad etc. and now are not able to return to Ukraine). Are they also protected by TPD?

See answer at p. 1 of the Guidance: "The Council Decision sets out in Article 2(1) and 2(2) the specific groups of persons to whom the temporary protection or adequate protection under national law shall apply:

Pursuant to Article 2(1) of the Council Decision, temporary protection as provided for in Directive 2001/55/EC applies to

1. **Ukrainian nationals** residing in Ukraine who have been displaced **on or after 24 February 2022 and their family members**;

2. Stateless persons, and nationals of third countries other than Ukraine, who **benefitted from international protection or equivalent** national protection in Ukraine before 24 February 2022 and who have been displaced from Ukraine on or after 24 February 2022, **and their family members**.

"Pursuant to Article 2(2) of the Council Decision, temporary protection as provided for in Directive 2011/55/EC or adequate protection under Member States' national law shall apply to

stateless persons and nationals of third countries other than Ukraine who can prove that they were legally residing in Ukraine before 24 February 2022 on the basis of a **valid permanent residence permit** issued in accordance with Ukrainian law, and who **are unable to return in safe and durable conditions to their country** [of origin] or region [within their country] of origin."

✓ WHEN AND HOW TO PROVIDE SUPPORT AND TOOLS TO SUPPORT

Isabela Atanasiu communicated that during a Solidarity Platform meeting recently held one participant shared the impressions that Ukrainians part of the first transfer from Moldova seemed slightly overwhelmed by all the support provided to them. A similar observation was shared by a participant from Estonia in the MH meeting who indicated that for some Ukrainians it is not easy to ask for help and others feel uncomfortable to accept support. UNHCR emphasised the importance that psychosocial support is to be provided non-intrusive. Generally, it was discussed in the chat, that one has to make sure though services are available, accessible and people know about them.

Several participants requested the sharing of tools on MH support and PFA including those available in Ukrainian language (kindly refer to the Annex section for all tools shared in the chat). In terms of availability of tools and initiatives, it was stressed that a level of collaboration and predictability in the response is crucial. All actors need to make sure that helplines and online support adhere to certain minimum standards (UNHCR).

On the topic of **remote support** it was indicated that there is no need to engage in deep trauma counselling online, but lending a listening ear and providing resources and/or contacts/referrals (depending on the problem) to specialists is important. structures of care.

✓ VULNEARBLE GROUPS

ILGA-Europe turned attention to the case of rainbow families and children living with same sex parents, noting that it is important that they stay within the de facto family they had prior displacement. The importance of their recognition was stressed and reducing the risk of separation. A request was made to see if there are standards available to address mental health support for LGBTI refugees.

In response **UNHCR** noted that people with diverse sexual orientation can be at increased risk for various reasons (for example, may not get the family and community support that other can gain). The approach at UNHCR is to integrate LGBTI mental health support in the overall documents on the topic so that anyone has a level of professionalism in dealing with people who are different than themselves. **WHO** noted that this is a priority also for their organisation with the LGBTI specific aspects being integrated into general standards and guidelines.

SESSION 2: UPDATES FROM EU MS

Martina Cebecauerova from the **Department of Migration and Integration of Slovakia** provided an update on the situation in the country with regard to the incoming refugees from Ukraine. As of the 20th of March 2022, a total of 255 208 persons arrived in the country, the majority of them women (122 281) and children (100 287). Due to the visa free regime Ukrainians can stay legally in the country for a period of 90 days. Many are expected to apply for protection in the weeks to come (as of 20th of March 2022, 44 705 temporary protection applications were submitted). Many of the incoming persons proceed to other countries such as the Czech Republic for example. Generally, such an influx is unprecedented for Slovakia as in previous years not more than over 300 applications for asylum were being received annually.

From 1st of March Ukrainian citizens, their families, international protection holders and permanent residents can apply for temporary protection. If a person registers with documents, temporary protection status may be granted right away, if not, the procedure should not take longer than 30 days. Registration for temporary protection is facilitated at the border crossings as well as in other locations, including large capacity centres.

The reception system of Slovakia so far involved the reception centre of Humene where arriving applicants for asylum are accommodated and where initial procedures are conducted, and two accommodation centers- one for single men (Rohovce) and one for families and vulnerable groups (Opatovska Nova Ves). People who arrived from Ukraine do not need to be accommodated in these reception structures. Essential support is provided at the border where there are heated tents, food as well as urgent health care is provided. Regional offices of MoI are responsible for regional distribution of people through coordination with Municipalities and other organisations.
After being received at the border, people are transferred to different accommodation or large capacity centres (LCC) which work 24/7. LCC are run similar to One-stop-shop-centres. They concentrate presence of different institutions and NGOs and are set in different cities to offer fast track registration for temporary protection, immediate registration for allowance in material need. Also, LLC provide accommodation, transfer, humanitarian supplies, medical and psychological support, and information provision. LCC prove to be very effective, three of them are operational and new ones are to be set up.

At the moment it is the Crisis Management Section at the Ministry of Interior that holds the main responsibility for contingency measures. A crisis management board assesses the situation and introduces new measures as needed. Government cooperates with NGOs to assure provision of basic services. Municipalities in cooperation with regional offices are setting up accommodation capacities and are facilitating access to basic services. Different working groups were established to address the different areas to improve the system further.

Mrs Cebecauerova discussed some of the main challenges faced in Slovakia and how they are being addressed:

- *Assuring the basic needs such as shelter, food, health care and hygiene:* New facilities are set up by the government and private accommodation is offered. Many persons joined their relatives, since there has already been a large Ukrainian community in Slovakia and free accommodation has also been provided through volunteering networks. Unprecedented efforts by Slovak citizens of welcoming Ukrainian refugees has been noted. Accommodation providers will receive financial support from the government. Municipalities are also involved in ensuring accommodation with some being more successful than others. Emergency health care is provided to temporary protection holders and during the first 30 days since the entry to those Ukrainians who have not applied for temporary protection. Children are ensured healthcare examination at the place of their residence. Not all existing structures of general practitioners may have the capacity though to receive all children. Free vaccination against COVID-19 is provided.

- *Psychological support:* People who arrive are stressed, families come separated, they do not know what will happen next, there is a short relief after receiving a shelter but psychological state may deteriorate after a while and other mental health issues may arise. Different intervention teams, appointed by the Ministry of Labour, aim to address the needs of children, NGOs provide psychological support at the border and elsewhere. Volunteers can enrol through a platform to offer their support. There is a national hotline for psychological support in Ukrainian language. Psychologists are present where possible at border crossings, at large capacity centres and some emergency accommodation facilities. At the moment it is difficult to address all the needs, there is no systemic support, it is provided rather on ad hoc basis and where possible.

- *Education for children:* Ensuring access to education at all levels is generally important but also an important psychosocial element. However, enrolment in schools is a challenge especially in some cities where there are not sufficient capacities (teachers/classrooms). Municipalities will have to increase school capacities, in some cases new classes will be set up for Ukrainians only. Support will be provided for integration of Ukrainian teachers in the Slovak education system and some teachers are starting to work this week. The Ministry of Education has provided some online forms of learning and glossaries.

- *Financial and material support:* temporary protection holders are eligible for allowance in material need from the state which is ensured by Ministry of Labour. However, labour offices face difficulties to handle so many incomers, therefore a new system needs to be set up. Access to free public transport is ensured. *S*ometimes banks do not want to accept Ukrainian currency (*hryvnias)* and many of those coming have only this currency and not euros – this is an issue that needs to be solved.

- *Integration support:* those who have been granted temporary protection have immediate access to the labour market but for some groups it may be a problem to sustain the living cost as they cannot go to work immediately (women with smaller children). Still, at the moment there are many offers for Ukrainians and people can get work more easily if they do not have any other responsibilities (taking care of small children or other dependants).

- *Women are more vulnerable to human trafficking:* Officials especially those working at the border crossings are on alert as there have been such cases already. Information in this regard is being shared. Prostitution and exploitation may also arise if sufficient integration support will not be provided.

SESSION 2: DISCUSSION AND CHAT EXCHANGE

A representative from the EUAA inquired if migrants are currently health screened at arrival and what the plans are in case this is not yet done, also in terms of assessment of needs linked to vaccinations for instance COVID-19.

Martina Cebecauerova responded that not everyone who entered was tested due to the high number of people arriving. The Slovak government is providing information however for vaccinations including COVID-19 and tries to get people motivated to take advantage of the offer. Apart from this, children in Slovakia are examined by doctors before they go to school and so there is medical screening for refugee children from Ukraine.

A representative from the Ministry of Health of the **Czech Republic** shared information on testing which is not done at arrival presently in the Czech Republic. By plan some screening will be done when people first go to the doctor and to school facilities. Vaccination testing and screening for adults as well as vaccination itself is voluntary.

A representative from the Berlin State Office for Refugees, **Germany** shared that Berlin receives currently between 10 to 15 000 newcomers per day and the city of Berlin decided to become hub for the registration of people and for the immediate transportation to other regions in Germany. Provided in Berlin is basic health service on several sites where people can register, for example at main train station or at several bus stations. All those coming can get vaccination against measles, COVID-19 and so on if they want to. Longer term support can then be provided in the receiving regions in Germany where Ukrainians have a longer perspective to stay. It was also indicated however that psychological support to everyone is challenging under the current conditions and presently only available to those under severe distress. A lot of the support provided comes from volunteers and they are not always sufficiently trained in psychosocial support. Human resources are stretched.

2nd PART OF SESSION 2: UPDATES

Eugenia Miyashita from **Missing Children Europe** presented the mission of the organisation, its network and the work presently done with regards to the situation in Ukraine and incoming refugees from the country. Missing Children Europe connects 31 grassroot organizations in 26 countries across Europe. Its mission is to protect and empower children to prevent them from going missing, and to keep them from harm when they do go missing. Until the 22nd of March 2022 the organization was informed about more than 900 children and families gone missing within Ukraine and ten (10) known cross-border cases. The Missing children hotline (116 000) is run by 32 national NGO's, the majority of them members of Missing Children Europe. It is operational in Romania, Hungary, Poland, and Slovakia. These countries face capacity and language challenges which MCE is addressing through a centralized reporting form and the recruitment of a Ukrainian/Russian translator and helpdesk operator.

As of the time of the meeting (22nd of March 2022), the organization operates a:

- centralized website available in Ukrainian and Russian - https://missingchildreneurope.eu/ukraine/
- centralized reporting form available in Ukrainian and Russian for parents and families who don't speak English
- Centralized database for missing children from Ukraine
- 116000 number providing legal, emotional and practical support for parents of missing children – currently available 24/7 in EN. Ukrainian and Russian will be available from Monday to Friday 9 to 5 as of mid-April

SESSION 3: MH SUPPORT DURING HIGH INFLUX

Ms Ea Suzanne Akasha from **IFRC** presented the model of psychological first aid interventions (PFA) of the organisation and in particular PFA to children which has proven very effective in the field in the context of different disasters including war.

IFRC represents 192 national societies and is present in 192 countries. It is mandated to be auxiliary to the governments and can therefore be asked to set up asylum or reception centres to support. At the moment IFRC and some National Societies are working in Ukraine, including having an MHPSS delegate inside the country.

PFA is giving support to people with protection issues, health and other issues, including hindrances to go to school. When it comes to children in such situations, it is a way to take a child seriously, to give it dignity, help it understand what happened, why it happened and thus to learn the wider skills needed in a crisis. A PFA session with children will often look like play, like fun and children can feel safe. It is a space where children learn also learn about safety and security. PFA if offered in times of crisis and such times are about losses. We can handle losses, but grief comes along with it and therefore support is needed. Social support is an efficient way to prevent further harm from being done or further mental health problems from raising.

In PFA we are doing the basic principles of psychosocial support and touch upon the topic's of: 1) safety; 2) calming, being able to regulate own emotions; 3) self and collective efficacy; 4) connectedness; 5) hope. Every intervention is centred or build on skills based on these five principles. When providing training to volunteers in PFA it is important that the trainees understand that what is key is make child **feel seen**, and **listened to**, the contact needs to be dignified and respectful.

PFA also enables children to support each other. The Red Cross in Portugal for example supported a program in schools on teaching children PFA and the basics of supporting each other. They learn to not only listen to themselves and to others but to look after themselves, look out for things and situations which might be dangerous or unsafe and how to protect one another. Assessing a situation is part of the learning. Listen to myself means listen to my body,

know what I like and what I do not like. Psychoeducation is key part in PFA with children as well as the learning about psychological reactions to crisis.

The Red Cross trains other organisations in PFA support having conducted training sessions with organisations in the Balkans, in Syria, in Palestine and elsewhere. Mrs Akasha recommended a guide for teachers to help children *A Hopeful, Healthy & Happy Living & Learning Toolkit: Guide for Teachers (Note Attachment 2)*.

Child interventions need to integrate schoolteachers as well as faith leaders. Academic achievements and social and emotional learning go hand in hand. In order to learn and thrive one needs a lot of skills, and to be adaptable to change, have literacy on how to cope with negative emotions and whom to turn to – these are some of the key skills one needs to train and support children.

Nadina Christopoulou, Thaleia Portokaloglou from MELISSA Network of Migrant Women presented the model of community work and mental health and psychosocial support developed by the organization since 2015 in the context of the large inflow of refugees from Syria at the time and work with thousands of women and children from 24 countries since then.

The Melissa Network provides support to migrant and refugee women and their children following a model of work based on connecting previously existing communities, promoting their capacity, providing training and engaging them. It has been co-created with migrant and refugee women themselves. The group Melissa works with are women and children who phased extended cycle of precarity from journey and upon arrival in destination country. The model Melissa works with shifts the attention from the previously predominant model of approaching refugees as passive recipients of support and the notion of vulnerability and aid to a model which sees them as agents with potential and resilience oriented to the notion of integration focused on life strategy.

Women coming bring in not only their painful stories, but their ambition, their potential, their skills, talents and hopes for the future. Melissa favours a holistic integration pathway based on life strategy, resting on community building. The approach is to connect women on the move with women already settled and promote community connections that allows the exchange of expertise and finding solutions to common problems.

The core tool of Melissa's mental health program has been group therapy. The most culturally sensitive way to welcome people in the community is within groups where older members become therapeutic agents for the new ones and multiply the healing process. Even individual interventions are conducted in small groups of three (psychologist, participant, translator) with cultural mediators being not only interpreters but also caregivers. The methods Melissa involves include drama therapy, psychodrama psychotherapy, dance therapy, parenting group workshops for mothers, art therapy for children, individual short-term psychotherapy and psychiatric evaluation and follow up. Working with acute and/or chronic trauma in the early stages of arrival is highly challenging task for mental health practitioners, it requires gentle

interventions to not trigger anxiety. The task is not to penetrate the armour of defence mechanisms but to support women in the personal process of reinventing it at their own pace.

The speakers did present their preliminary concept of support work to Ukrainian refugees expected to come to Greece. This concept is based on their initial model of community work and was changed in collaboration with Ukrainian women themselves to fit the needs of Ukrainians expected to arrive in Greece over the next weeks and months to come.

Melissa will work together with the existing Ukrainian community to create therefore the community architecture in form of information points and centres throughout the city to provide services. Melissa will coordinate community advocacy, educational support and promote model for MHPSS enabling the community to take an active role and being intermediaries in the process of reception and integration.

SESSION 3: DISCUSSION AND CHAT EXCHANGE

No questions were posed to the speakers presenting in the last block of interventions. Both interventions however were considered very important and useful by participants and requests to share material on the topic of PFA were placed in the chat.

Session three ended with an official closing by the Head of Sector and an invite to provide feedback to the meeting by using a link which was shared post-meeting together with the presentations in PDF format and the participants list.

FEEDBACK ON THE MEETING AND RECOMMENDATIONS FOR EUAA

13 participants took the time to provide feedback on the meeting organized. 10 indicated that a follow up meeting on the topic is seen as important and useful. According to participants who answered the feedback, such a follow up meeting could be held in form of:

- regular updates on the topic of MH support by MS authorities and CSO and other actors as well as the EUAA on their activities.
- sharing of good practice in the integration of children and women into the community with regard to their mental health (eg in terms of accommodation design, including temporary accommodation, suitably designed adaptation program)
- Mental health support during war
- How to support vulnerable children linked to education
- Timeline of needs/PSS after a month and/or after relocation since the situation is fluid other issues might emerge; to exchange on those with other countries and hear how such issues are handled was seen therefore as useful and could be addressed in a follow up meeting;

In terms of expectations the participants who responded shared that:

- 3 (23%) indicated that the meeting exceeded my expectations
- 8 (62%) indicated that the meeting met their expectations
- 2 (15%) indicated that the meeting met their expectations to an extend

Nobody said that the meeting did not meet the expectations.

Lastly, more time for exchange within the group of participants was requested. This was in the format used for this meeting challenging however due to the high number of participation (at the peak 105 persons were connected). The organization of smaller and more tailored meeting in the future might accommodate such requests though.

ANNEXES

ANNEX 1: Agenda

AGENDA
Thematic meeting on Mental health support for children and women during high influx situations *Tuesday, 22nd of March, 2022*

08.50 – 9.00 Log in and technical checks

9:00 – 9:10 Welcome by Head of Sector Geert Knockaert
- Agenda & Purpose of the meeting

9:10 – 10:30 Session 1: Setting the Scene
- Updates from the European Commission (Isabela Atanasiu)
- Mental Health and Psychosocial support needs and responses in the Ukraine Refugee Situation, (Peter Ventevogel, Senior Mental Health and Psychosocial Support Officer, UNHCR)
- The importance of health considerations including mental health during high influx (Dr Sa Machado, Health Policy Advisor, Health and Migration Programme (PHM), Office of the Deputy Director General, WHO)
- Q & A

- **5 min break**

10:35 – 11.25 Session 2: Updates from EU MS and discussion
- Main activities and involvement by authorities (Martina Cebecauerová, Department of Migration and Integration, Slovakia)
- Other country interventions and discussion
- Support for children gone missing (Eugenia Miyashita, Missing Children Europe)
- Q & A

- **10 min break**

11:35 – 12:30 Session 3: Mental health support during high influx
- Psychological First Aid interventions for Children (Ea Suzanne Akasha, Technical Advisor, IFRC, Psychosocial Centre)
- Group support for women/mothers (Nadina Christopoulou and Thaleia Portokaloglou, Melissa network, Greece)
- Q & A

  12.30 – 12.45 Participants Feedback and Closing Remarks

ANNEX 2: Shared resources

*1. **SPHERE Handbook** (2018). Humanitarian Charter and Minimum Standards in Humanitarian Settings.*
https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

*2. **IASC Guidelines on MH and Psychosocial Support** (MHPSS) in Emergency Settings.*
https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings

3.   Psychological First Aid: Facilitator's Manual for Orienting Field Workers (WHO).
https://apps.who.int/iris/handle/10665/102380

*4. IASC, MHPSS Humanitarian **Response in Ukraine and Neighbouring Countries***
https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/mental-health-and-psychosocial-support-humanitarian-response-ukraine-and-neighbouring-countries

5. WHO – UNICEF, Overview of Remote MHPSS (Nikos Gionakis)
https://whoequipremote.org/en-gb/node/282#section-1

6. MHPSS Updates of the **IASC Reference Group on MHPSS**, subscriptions to the updates is possible.
https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings

Organisations could consider providing information about MHPSS activities to the mapping (activities and contact information) to Valeria Florez, valeria@mhpss.net and Carmen Valle, mhpss.refgroup@gmail.com

7. Key considerations when **offering help remotely**, recommended guidelines and resources:

- IFRC (2020). Volunteering in response to COVID-19: spontaneous volunteers. IFRC Reference Centre for Psychosocial Support, Copenhagen.
- IASC (2020). Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic (e.g. see section 2.3 CONSIDERATIONS WHEN PREPARING SERVICE ADAPTATION FOR COVID-19 SCENARIOS)
- Nancy Baron (2019). Training of Mental Health Volunteers to Answer Helplines Responding to Patients in Covid-19 Isolation Units.
- WHO (2018). Preventing suicide: a resource for establishing a crisis line. Geneva: World Health Organization; 2018

- PAHO (2020). [Remote delivery of Mental Health and Psychosocial (MHPSS) Interventions](#)
- Queen Mary University London (2020) Guidance for the delivery of psychological therapy to children by phone.
- [World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.](#)
- [IMC free online learning on Principles of Psychological First Aid](#)
- WHO, UNICEF, UNHCR and UNFPA (2022 Draft). The Mental Health and Psychosocial Support Minimum Service Package: https://mhpssmsp.org/en (see sections on 2.3 Care for staff and volunteers providing MHPSS, 2.4 Support MHPSS competencies of staff and volunteers, *3.2 Orient frontline workers and community leaders in basic psychosocial support skills, 3.3 Disseminate key messages to promote mental health and psychosocial well-being, 3.12 Initiate or strengthen the provision of psychological interventions)*
- *[UNODC. Caring for your child in crisis situations.](#)*

8. IFRC, *Remote Psychological First Aid during the COVID-19 outbreak. Final Guidance Note,* March 2020
https://pscentre.org/wp-content/uploads/2020/03/IFRC-PS-Centre.-Remote-PFA-during-a-COVID-19-outbreak.-Final.-ENG.pdf

9. WHO, *Doing what matters in times of stress*
A self-help book based on cognitive behavioural therapy (translated in Ukrainian).
https://www.who.int/publications/i/item/9789240003927

10. WHO, *Problem management Plus (PM+)*
https://www.who.int/publications/i/item/WHO-MSD-MER-16.2

11. WHO, *Refugee and migrant health: Global Competency Standards for health workers*
https://www.who.int/publications/i/item/9789240030626

12. WHO, *Knowledge guide to support the operationalization of the Refugee and migrant health: Global Competency Standards for health workers.*
https://www.who.int/publications/i/item/9789240040915

13. WHO, *Curriculum guide to support the operationalization of Refugee and Migrant Health: Global Competency Standards for Health Workers.*
https://www.who.int/publications/i/item/9789240040939

14. WHO, *Strengthening COVID-19 vaccine demand and uptake in refugees and migrants.*
https://www.who.int/publications/i/item/WHO-2019-nCoV-immunization-demand_planning-refugees_and_migrants-2022.1

15. IFRC, *A Guide to Psychological First Aid. For Red Cross and Red Cross Societies.*
https://pscentre.org/wp-content/uploads/2019/05/PFA-Guide-low-res.pdf

16. IFRC, *Psychological First Aid in Times of Conflict and Uncertainty*, PP
https://pscentre.org/?resource=presentation-psychological-first-aid-in-times-of-conflict-and-uncertainty-portuguese&selected=single-resource

17. IFRC, *A Hopeful, Healthy & Happy Living & Learning Toolkit: Guide for teachers.*

https://pscentre.org/publication/a-hopeful-healthy-happy-living-learning-toolkit/?wpv_search=true&selected=publication-archive

18. *National Institute of Mental health* of the Czech Republic, Mental health guide website (in Czech, English, Ukrainian and Russian language)

https://www.opatruj.se/

https://www.mymentalhealth.guide/

https://www.samopomi.ch/

https://www.samopomo.ch/

19. ILGA Europe, Briefing Note: Ukraine war, *LGBTI people in the context of armed conflict and mass displacement Prepared by ILGA-Europe, March 2022*
https://www.ilga-europe.org/sites/default/files/20220309_BN_Ukraine_LGBTI_people_and_mass_displacement_ILGA_Europe.pdf

20. ILGA Europe, *Medications needed by trans and intersex people Prepared by ILGA-Europe*, March 2022

https://www.ilga-europe.org/sites/default/files/20220308_BN_medications_needed_by_trans_and_intersex_people_ILGA_Europe_FINAL.pdf