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Interdisciplinary Psychosocial Support for Refugees: Recommendations for Policy Makers in Europe

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Interdisciplinary psychosocial support for refugees

Recommendations for policy makers in Europe

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Abbreviations

EU	European Union
ILO	International Labor Organization
IPSO	International Psychosocial Organisation
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
SEL	Social and Emotional Learning
UN	United Nations
UNHCR	The UN Refugee Agency
WHO	World Health Organisation

1. About InterAct and the proposed policy recommendations

Various psychosocial support projects have been developed in response to the sudden increase of refugees arriving in Europe since 2015. Such projects occur in many places in various countries, involving practitioners from different disciplines. The migration policies that regulate the everyday practices of refugees and people engaged in the field of psychosocial support for refugees are complex. Due to this complexity, an interdisciplinary perspective to orient practices was needed.

The Erasmus+ project *InterAct - Interdisciplinary Cooperation in Psychosocial Interventions* is based upon experiences gained working with refugees across different disciplines; such as occupational therapy, physiotherapy, education and psychology from Sweden, Greece, Finland, Spain and Germany. During the two-year project, these experiences have been collected and reflected upon together with refugees, volunteers, practitioners, students and teachers from different health care and social disciplines in higher education.

The following InterAct partner organisations have been leading the project process:

- IB University of Applied Health and Social Sciences, Berlin, Germany
- National and Kapodistrian University of Athens, Greece
- Karolinska Institutet, Stockholm, Sweden
- Universitat de Vic – Universitat Central de Catalunya, Barcelona, Spain
- HCI Productions OY Helsinki, Finland

These policy recommendations were created to generate engaging dialogues with policy makers involved in the field of refugees' psychosocial well-being in Europe. The content of these recommendations is grounded in the experiences of refugees and stakeholders providing psychosocial support for refugees. We aim to inform how current policies are working in this field and hopefully create awareness of the current situations and life trajectories of refugees in Europe supporting informed policy making about these issues.

2. How these recommendations were built

These policy recommendations are soundly based and developed upon perspectives of practitioners from the fields of mental health, education, community-based practices, employment, higher education, national health services and refugees in different phases and locations in their process of integration to their host countries. The partners of each country (Sweden, Spain, Greece and Germany) conducted semi-structured individual and group interviews with and without interpreters including questions about the present life situation of refugees in the hosting country, psychosocial needs and resources of refugees and practitioners in the field. In addition, based on the interview guide, questionnaires were developed to collect multidisciplinary experiences to identify existing needs for Europe's health and social sectors.

28 refugees participated in face-to-face interviews and 22 participated via questionnaires due to COVID-19 related restrictions. Refugees came to EU countries from Chechnya, Belarus, Ukraine, Georgia, Kenya, Nigeria, North Macedonia, Afghanistan, Nicaragua, Venezuela, Uganda, Iran, Cameroon, Sierra Leone, Republic of the Congo, Palestine, Syria, and Togo. Among the practitioners, 23 interviews included the experiences of psychologists, occupational therapists, teachers in higher education, professionals of the employment office, psychiatrists, physiotherapists, lawyers, and social workers. Furthermore, 30 students from health care and social science training programmes in four European countries participated via questionnaires and one focus group interview (refer to section 5. Appendix for further information). The research protocol to interview refugees in the project was presented

and approved by the ethical committee of the University of Vic-Universitat Central de Cataluna. It was consistent with the Declaration of Helsinki, a statement of ethical principles for medical and health science related research, developed by the World Medical Association (1).

In addition to the empirical material, relevant policy documents were reviewed in order to get an informed and nuanced understanding of refugees' psychosocial health regulations in Europe. The scope of the reviewed documents was from a global perspective of health provided by the Global Goals for Sustainable Development (2,3), the WHO (4-8), the Universal Declaration of Human Rights (9) and UNHCR (10-14). Specific documents provided information about the health and mental health of refugees (15,16), policies about humanitarian responses (17,18), European proposals, action plans and consensus documents (19-33), and the national legislation of the countries involved in the InterAct collaboration (34-42).

This comprehensive review of documentation revealed that there are advances being made towards well-being of refugees. However, the targeting of these documents to specific and isolated areas of life (i.e. blue card (32) or young refugees (33)) produces a fragmentary picture which makes it difficult to address the life trajectory of the refugees (from new-comers to full citizens) in a comprehensive sense. Moreover, there is no emphasis on the key role of interprofessional collaboration towards building inclusive communities. The recommendations reviewed in these documents, in general addressed the issues of refugees as single individuals, sometimes neglecting a family and community approach, which is necessary for integration and equality.

The interview material was discussed considering those existing policy recommendations and guidelines regarding psychosocial support for refugees. Several analytical meetings were conducted by the interdisciplinary team to search for the novelty, relevance and key dimensions of psychosocial support. The recommendations are illustrated by *Current Situations* stemming from the interviews with the intention to situate the reader in the context.

InterAct's recommendations are grounded within practice (43) and the integrated framework of community-based psychosocial support (refer to section 5.3 Appendix). As such, the recommendations move towards a coherent response across refugees' trajectories retaining at their core an emphasis on human rights and social justice.

3. Policy recommendations

Identification of key areas where policy recommendations are proposed

These policy recommendations are categorised into 6 key areas. The structure and content of these areas derive from interviews and questionnaires with refugees, practitioners from different professional backgrounds, and students from the health and social care sector. The great value of recommendations lies in the messages coming from refugees themselves. These recommendations focus on addressing the psychosocial situation of refugees in Europe. Each main recommendation is embedded in a *Current Situation* to give the reader a better understanding of the context. An interdisciplinary lens stimulates policy action on different levels in Europe to promote and support refugees' psychosocial well-being.

3.1 Human rights

Current Situation:

The humanitarian sector often approaches refugees as passive recipients of humanitarian aid. Refugees want to be seen as human beings with their strengths, capabilities, potential and resources. An important mistake sometimes committed by professionals is to only focus on needs, threats, or goal setting after dramatic migration trajectories. Seldom are refugees seen as survivors instead of victims.

Recommendation A:

Take into account the capabilities, potential and strengths of refugees in all policies.

Specific proposals:

A1 Make visible the strengths and capabilities of the refugee community in human rights protection. The community's knowledge, skills and ideas are important resources for developing broader perspectives on human rights protection and in policy making strategies.

A2 Create and support self-organisation among refugees to complement existing psychosocial support programmes. Foster self-reliance strategies to enable refugees to find durable and sustainable solutions in their own lives.

A3 Take into account individuals' capabilities and cultural resources for individual, societal and environmental development e.g. the knowledge and experiences provided by elder councils or community leaders.

A4 Facilitate and promote collaboration between European countries to take more consistent protective actions (legislative, institutional, financial, physical, and psychological). Such actions must counter human rights violations and inhumane political and/or societal decisions e.g. counter current long-term waits for legal status.

3.2 Participation, inclusive communities and citizenship

Current Situation:

Refugees are coming to European countries after exhausting and dangerous journeys. Once in European territories a labyrinthine phase is added to this journey, with a legal framework that often leaves refugees in precarious situations in camps or settlements. The path towards participation and active citizenship is demarcated by local policies in each country. These policies are pivotal for both facilitating or hindering participation and possibilities to enact citizenship.

Refugees are highly motivated to participate in the local community and learn the local language. Language proficiency, linked with good vocational programmes and recognition of previous knowledge/certifications, is understood by refugees and employment actors from the host societies as key to entering the labour market. However, the path towards employment is a bumpy one since work permits as well as job opportunities may be difficult to obtain depending on the local and national context.

The difficulties and unequal opportunities to integrate into society in European countries are worsened by the growing political discourses of blame, racism, and xenophobia.

Recommendation A:

Ensure that educational, community and employment opportunities are equally provided for all individuals in society to create dignifying and meaningful lives.

Specific proposals:

A1 Develop and implement sustainable, long-term strategies which, from the outset of refugees' lives in the host country, promote integration spaces and activities that strengthen relationships between local citizens and refugees through active engagement within host communities.

A2 Ensure better guidance for refugees through partnering programmes (e.g. cultural brokers, citizenship peer-to peer programmes) in the health care system and citizenship process. A partner can be a professional, student or volunteer, who provides orientation in the new country and its culture to support the integration process.

A3 Ensure the participation of minorities within the refugee communities (considering e.g. gender, age, place of origin, religion, education, and social background). It is important to address diversity among refugees.

A4 Promote active citizenship among refugees. E.g. promote participation in refugee and community associations to facilitate self-advocacy of rights. Include refugees' abilities, knowledge and further resources to create equal opportunities for everyone.

A5 Support and explore alternatives to settlements and housing opportunities within the community, e.g. by creating incentives for refugees to rent. This will contribute to breaking the stigma associated with being a refugee and counter segregation.

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3 Host country is used throughout the text to refer to the country where refugees are to become citizens. We are aware that semantically this concept can be problematic, but we use it as it is common in policy documents.

Recommendation B:

Create inclusive communities.

Specific proposals:

B1 Actively reduce fear of "the other" in the local community e.g. by working with mass media to ensure a welcoming and inclusive environment, and facilitating dialogues with the host community when planning services and spaces for refugees.

B2 Educate and train people working in refugee-oriented services about power imbalances in relationships and aggressive conduct, to reduce misuse of power and guarantee respect for human rights. Enforce effective supervisory systems to ensure quality and humanity in service provision.

B3 Create an understanding about the real situation of being a refugee through active advocacy and campaigning in the general population. E.g. create safe spaces for citizen dialogue and physical and social meeting places that support inclusive neighbourhoods.

B4 Promote strategies among refugees which enable them to navigate a politically hostile environment. E.g. create dialogue spaces to share and educate about experiences of discrimination. This will create a greater awareness of rights among refugees and better possibilities to face hostility assertively.

Recommendation C:

Ensure equal opportunities for participation and increase access to services.

Specific proposals:

C1 Ensure that participation is granted despite the asylum process and status. E.g. provide opportunities to partici-pate in the artistic and cultural life of the community, sports facilities, and natural environments.

C2 Promote faster regulations regarding legal status and speed up work qualifications so that newly arrived refugees have access to the labour market and other relevant activities for participation in the host country as soon as possible.

C3 Coordinate services and courses for integration, e.g. offer language training and orientation to life skills relevant in the local community, i.e. using a bicycle in Amsterdam.

C4 Ensure a family approach to participation in community activities e.g. by providing day care and school places for children.

C5 Reduce discriminatory laws regarding residence status and work permission. Being in a limbo, without a long-term perspective on life, affects the psychosocial situation of a human being. For example, the "Duldung" (tolerated status) provided in Germany limits the participation of adults and children.

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2 „Duldung" constitutes a so-called "toleration of stay" leading to a temporary suspension of deportation for people who are obliged to leave the country, but cannot currently be deported. Potential reasons include serious illness, family separation or the situation in the country of origin, often leaving people in a limbo for several years. (35)

3.3 Well–being

Current Situation #1:

Migration places individuals in situations which may impact their physical and mental well-being. Refugees coming to Europe have individual psychosocial needs depending on various factors, such as the specific refugee experience, leaving their national and cultural background, their particular family situation, and their individual psychosocial condition. Furthermore, the situation in the host country can affect health and well-being both positively and negatively. For example, legal conditions such as the residence status can be a supporting as well as a destabilising health factor.

Additionally, the results of the InterAct project show that understanding and navigating the health system is often challenging and assistance in some form is needed. Refugees must bridge potentially varying understandings of health and well-being between their home and their host country.

Currently, European health care systems mostly presume the health needs of refugees, due to limited evidence-based information. This can lead to frustration among a) refugees, who may be offered services they do not need while not accessing services they may need, and b) European health care providers, whose services may not be used either at the right moment, or at all. Moreover, physical and psychosocial health aspects are often treated by different service providers, which prevents an integrated approach to well-being as a whole. While services and projects that address psychosocial well-being exist, they do not cover all needs. Additionally, refugees themselves often only recognisetheir personal psychosocial needs once their basic needs, i.e. official permits, housing, and work, have been fulfilled and their lives are more stable.

Recommendation A:

Provide needs-oriented and holistic health care services for refugees.

Specific proposals:

A1 Train and promote health communicators[3] to provide orientation in the health care system of the host country and promote the development of health care information in different languages. A supportive health network in the mother tongue is crucial to mitigate potential confusion or misunderstandings when navigating the host country's health care system.

A2 Build partnerships with higher education institutions, non-governmental institutions, hospitals etc. to develop needs-based, tailored support programmes. Strengthen research activities to improve the identification of refugees' specific health needs.

A3 Provide an integrated orientation for refugees concerning physical activities, healthy diet and prevention of self-harming behaviour. In the same way, many European countries often provide services and programmes to vulnerable groups in their own society (i.e. women with high risk pregnancies, people facing homelessness) to promote healthy living as prevention strategies.

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[3] Health Communication is a suggested framework by the WHO to promote health on an individual and community level. The aim of health communication is to make health related information understandable and achievable to ensure individual needs-based health decisions (44).

Recommendation B:

Ensure easy and sufficient access to the health care system and psychosocial services in the host country.

Specific proposals:

B1 Coordinate sufficient interprofessional psychosocial services, especially in sparsely populated regions. This can be supported by offering or making use of existing online services, particularly for refugee communities living in rural areas. E.g. the International Psychosocial Organisation (IPSO) offers confidential worldwide, online counselling in more than 20 languages with counsellors from over 15 countries (45).

B2 Recruit people with direct refugee/migration experience to psychosocial support roles offered in the mother tongue. Refugees may be offered much better access to services by being able to address vulnerable topics in their mother tongue and potentially with somebody from their own culture.

B3 Create and incorporate innovative solutions using existing digital technologies to improve the quality of psychosocial services. Medical information applications for smart-phones and social media channels have been shown to help promote and implement health care strategies in everyday life (46).

Current Situation #2:

Practitioners, programme staff and volunteers working with refugees often feel that their goals and efforts are in vain, as refugees may not regularly attend. Refugees' attendance may be thwarted by constantly changing circumstances and a focus on securing basic living conditions (e.g. housing and legal status) before being able to participate in other programmes (e.g. targeting health). Therefore, staff often start and restart working with different refugees without being able to finish what they had previously planned together. Hence, staff can experience negative emotional consequences which may ultimately impact motivation. Additionally, staff are often confronted with unjust, painful and seemingly hopeless situations throughout their work.

Since clinical supervision and other mechanisms of self-care are largely missing when working with refugees in a non-clinical setting, the mental and physical health of practitioners and programme staff easily deteriorates and often results in job strain, burn-out and/or depression. High staff turnover contributes to the untenability of self-organising adequate supervision in this field, which affects both practitioners and service recipients in the long-term.

Recommendation C:

Implement sustainable self-care programmes and working conditions that mitigate psychological distress among practitioners, project staff and volunteers working with refugees.

Specific proposals:

C1 Provide consistent and frequent supervision to staff and volunteers of NGOs and other institutions working with refugees. Regular supervision should be an integral part of the working schedule and not take extra time on top of an already stressful work routine, which often exceeds contracted hours.

C2 Implement a healthy and supportive work environment where practitioners can reflect upon their work within an interdisciplinary team and ask for support if needed. According to the WHO, a healthy and supportive work environment is, and provides, a place where people are able to work together on common visions and goals. The organisational culture should create safe spaces to talk and debrief, and in a healthy workplace the employee can take responsibility for their own health and well-being (47).

C3 Ensure mental health promotion for people working with refugees e.g. through stress and coping strategies to prevent secondary traumatic stress or burnout. Staff and volunteers should be reminded by their employer to plan time and specific activities regularly and in the long-term.

3.4 Education

Current Situation #1:

It is common for refugee families and children to experience a disrupted sense of "normality" and stability in their everyday lives. Very often, refugee families and children experience delays and barriers in accessing services and must relocate constantly in different places due to migration policies (e.g. family reunification). In some European countries, refugee children and youth are out of school for long periods of time or have to change schools and start again in new communities interrupting any sense of continuity in their lives. These disrupted educational experiences can have a negative effect on children`s learning and well-being.

Recommendation A:

Create equitable learning conditions for refugee families and children.

Specific proposals:

A1 Ensure effective and equal access to quality education services for newly arrived refugees, such as language and integration courses. E.g. give special attention to families who may have limited access to education because they have to take care of their children and are not eligible for child care services due to pending legal status.

A2 Integrate refugee children into mainstream education systems as early as possible through individual assessment of knowledge and skills and preparatory classes. Schooling in reception centres should be only a temporary emergency measure. Quickly address school disruption among children who seek asylum or have obtained international protection.

A3 Connect formal and non-formal education programming to ensure inclusive and equitable educational opportunities and strengthen the life skills of refugee families and children. Linking formal and non-formal education activities creates a continuum of support and services from public schools to community afternoon programs (e.g. getting homework support) that facilitates the transition and integration of displaced students into European societies.

A4 Give emphasis to secondary education, vocational training and higher education access.

A5 Adopt a community-based approach in schooling. Schools should function not only as centres for providing education but also as hubs for communities to organise a range of opportunities and support for families and children. E.g. schools can provide enriching educational activities, adult education, healthcare, mental health, and social services with a strong emphasis on equity and using the community's strengths. This requires aligned policies, resources, and action at central and local levels that encourages collaboration between local schools and communities. Such collaboration could achieve the optimal conditions for children to thrive and to create a positive community impact.

A6 Raise schools' capacity through continuous high-quality professional development for teachers in culturally responsive pedagogy, intercultural education, second language teaching and resilience building to strengthen the ability of European educational systems to leave no one behind.

Current Situation #2:

Very often health and social care providers have a different understanding of psychosocial support. Mainly psychologists and social workers are employed to work with refugees in these settings. Other professions like occupational therapists, physiotherapists etc. work mainly as volunteers in this field or under the status of another profession. Health and social services do not include all relevant professions to support the psychosocial well-being of refugees. Furthermore, health care professionals are not sufficiently aware of their role in this field yet.

Recommendation B:

Provide training, placement opportunities and clinical supervision in non-clinical settings to health and social care providers to prepare them to work in an interdisciplinary environment/context.

Specific proposals:

B1 Incorporate interprofessional competence, trauma-informed practice, culturally responsive professional practice and advocacy, intercultural training and self-care in the curriculum of higher education programs for teachers, mental health workers and other professionals. This could be addressed at many levels from cases within the classroom to the refugee community.

B2 Include the theory and practice of community-based services in health and social care curricula.

B3 Promote interdisciplinary competencies such as active listening, being able to contextualise, interpersonal skills, and collaboration in higher education programs.

Current Situation #3:

Psychosocial support for refugee children and youth usually takes the form of specific psychosocial short-term projects that take place in schools or refugee and community centres. Emphasis is given to designing psychosocial activities to mitigate the core stressors and trauma, support social and emotional needs, and promote the resilience of refugee children. However, these programs have a narrow scope and limited sustainability to achieve a long-term positive impact on refugee children and youth.

Recommendation C:

Adopt a whole-child approach to teaching and learning to support the needs of refugee children and youth.

This framework focuses on a "holistic child" approach to teaching and learning to help refugee children improve their social and emotional well-being, not just their academic skills. This approach would not only support the well-being and academic success of refugee children and youth, but also enhance outcomes for the general school population.

Specific proposals:

C1 Develop multiple levels of psychosocial support for refugee students from pre-school to high school. Develop universal psychosocial programmes to promote social and emotional skills and target support to address the specific challenges faced by refugee students (e.g. potential traumatic experiences, acculturation and/or resettlement stressors). The implementation of these efforts should be evaluated and monitored to ensure refugee students' continued progress.

C2 Integrate social and emotional competencies into educational policies, structure, pedagogy and curricula to create safe, supportive and inclusive school environments for refugee students. For example, social and emotional learning (SEL) should be embedded in all academic subjects and diffused throughout the school day to promote safety, belonging and create an optimal learning environment for refugee students.

C3 Develop an interdisciplinary framework that can facilitate communication and collaboration among professionals in education e.g. teachers, school psychologists, social workers, occupational therapists, physiotherapists, and speech and language pathologists. Interprofessional practice and teamwork can help to address refugee students' holistic needs

C4 Raise schools' capacity through continuous high-quality professional development for teachers and other school professionals in SEL and trauma informed practices.

C5 Promote school-family-community partnerships to support refugee children's social and emotional development and improve educational outcomes. This is a collaborative approach that involves teachers, school practitioners, families and community members to ensure continuation of mental health services and support for refugee students.

C6 Invest in and support educational leadership to coordinate the provision of sustainable services, reduce barriers and amplify best practices to create inclusive communities for refugee children and youth.

3.5 Access to meaningful occupations

Meaningful occupations are the varying activities that people do on an everyday basis according to personal values, interests, history, and needs in relation to gender, age and cultural experiences (49). Occupations are individually relevant to people and develop with changes in context and the trajectory of their experiences over the lifespan. "Meaningful" describes occupations that are purposeful, culturally relevant, valuable, and can promote the wellbeing of children, adults, elders, and families.

Current Situation:

Refugees often have restricted access to meaningful occupations due to the precarity of time- and activity-organisation in settlements while awaiting legal status. Their everyday lives lack stability and a sense of "normality". At the same time, refugees experience delays or barriers in accessing services while having to relocate repeatedly due to migration policies. Experiences of play among children and youth can be disrupted which affects their psychosocial adjustment. Regarding adults, access to paid work and meaningful occupations are important to restore a sense of meaning and belonging. This is hardly possible to achieve in contexts with restricted possibilities to engage in meaningful occupations.

Recommendation A:

Give access to meaningful occupations to promote daily routines for refugees especially during periods of waiting for legal status.

Specific proposals:

A1 Create opportunities for refugees to structure daily occupations that enable a meaningful and healthy self-care routine which prevent risks to psychosocial health (e.g. depression). Sports activities for example, may detract from stressful thoughts and simultaneously initiate a social network.

A2 Ensure access to meaningful activities within the refugee centre/camp during the transition into and out of the centre. Collaborate with e.g. neighbour and volunteer networks to identify possibilities for meaningful occupations.

A3 Ensure access to school, day care, and opportunities for healthy play to address meaningful occupations for children and their families.

A4 Create conditions for professionals to undertake inter-disciplinary work in camps and settlements that could enhance situations for meaningful activities.

Recommendation B:

Provide work and/or vocational training opportunities for refugees to have better access to the labour market.

Specific proposals:

B1 Support refugees to construct a new life plan. E.g. for some, this will mean access to a meaningful job, while for others, it will mean the creation of a social network or access to health care services.

B2 Provide updated vocational training that enables refugees to transition into the new economic paradigms based on sustainability and advanced technologies (i.e. green economy, economy 4.0 (50,51)). Ensure that refugees have access to the current and future jobs market and promote social entrepreneurship within services.

B3 Identify and train refugees for job shortages in the host country. E.g. to meet health and care sector employment demands in Germany and Sweden.

B4 Provide work opportunities through non-formal education and training to identify other work interests. E.g. women with low formal education will require several years of formal training in the host countries in order to be integrated into the job market. Alternatively, some customised training could be aligned with existing informal skills i.e. cooking.

3.6 Sustainable approaches and solutions

Current Situation:

European and local funding for services and programmes involve time-consuming processes and the funding provided is often extremely specific. However, the constant changes that are inherent in this field require a high degree of flexibility in order to address the emerging needs of refugees. By the time funding is approved for a specific project the needs have often changed and different interventions are needed. This results in uncoordinated initiatives and programmes with short duration spans. Consequently, there are many service gaps and providers often have to re-start processes from scratch repeatedly with new partners putting refugees in limbo for years.

Traditionally sustainable planning is challenged by the instability that characterises the forced migration trajectories of refugees. This instability is to be understood geographically, regarding legal status and even psychosocially. During the initial phases in the host country, housing is an important issue. In cases of repeated moves to other communities or cities across the country, it is a challenge to coordinate resources and provide sustainable services. Additionally, the legal status of a refugee often plays a major role in terms of access to services and opportunities e.g. language studies, specialised health services, vocational training, work permits.

Recommendation A:

Develop long-term strategies with the flexibility to continuously address the changing psychosocial needs of refugees.

Specific proposals:

A1 Develop and implement a long-term strategy to provide continuous psychosocial services. This long-term strategy must include financial sustainability for continuous programming to avoid gaps in service provision.

A2 Implement fewer projects but with greater flexibility and longer duration to prevent gaps in services and activities, and to facilitate the continuous building of knowledge, skills and experience among service providers.

A3 Evaluate and monitor services, activities and the fluctuating situation to identify implementation challenges and enable adaptation to the newly arising needs of refugees. Tailor programmes and activities to the context to ensure effectiveness and quality, and to uphold the principle of non-maleficence (i.e. do no harm) (52).

Recommendation B:

Develop interdisciplinary strategies on all levels and across sectors; including the public and private sectors, non-governmental institutions and universities to ensure sustainable psychosocial support.

Specific proposals:

B1 Develop joint policies at local, national and EU level. Collaborate effectively across government departments and sectors to ensure successful and sustainable integration of refugees into their new communities. All policies regarding refugees must work coherently to contribute to a holistic approach across domains e.g. the asylum process, housing, employment, health, education. Achieve open dialogue between diverse communities and countries to collaboratively develop optimal approaches and outcomes for sustainable development on a macro-, meso-, and microlevel.

B2 Build alliances on a European level to identify, exchange, disseminate and spread best practice contextualised and needs-based psychosocial services for refugees.

Use existing resources, knowledge and experience (often within NGOs), to support successful implementation across contexts, and inform policy and European legislation that uphold refugees' psychosocial well-being.

B3 Ensure collaboration between politicians, policy makers, local communities, and refugees. Policy development must be well-informed, needs-based and viable for local implementation to yield sustainable solutions for local communities and refugees, and the prosperity of society and the country. Instigate successful solutions by opening political spaces to engage politicians, policy makers, and the local community (hosts and refugees) in discussion and debate.

Final note

Halfway through 2020, the UNHCR registered 80 million people being forced into displacement (48). The COVID-19 pandemic places refugees at a particularly high risk. In April 2020, 168 countries closed their borders creating even bigger challenges for refugees to receive protection and safety (14). Furthermore, due to the crowded conditions and limited resources (e.g. masks and soap) in refugee camps and settlements, it is virtually impossible for refugees to follow social distancing and hygiene standards to protect themselves against the COVID-19 virus.

Interdisciplinary research, education, practice and advocacy is needed to make schools and communities more supportive and ensure equity for all, especially in these unprecedented times of a global pandemic.

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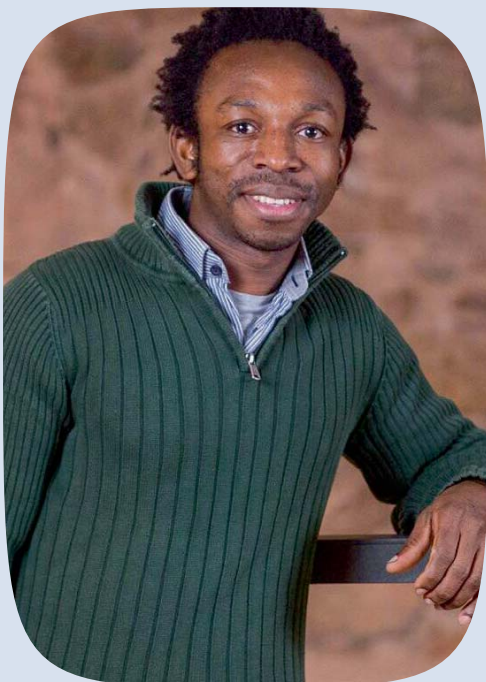
Ousman Umar

is the president and founder of Nasco Feeding Minds and CEO at Nasco Tech code made in Africa. He is a social entrepreneur and writer. Ousman Umar partici-pated in the InterAct project during a Learning-Teaching-Event in Athens, Greece, in 2019. He shared his own life story and experiences of beeing a refugee with the InterAct Consortium and multidisciplinary university students from different European countries. Through his biography and activities as a social entrepeneur in Spain he constitutes a vivid example of the expertise refugees hold based on their life trajectories. On the one hand, it demonstrates how this expertise can contribute to an inclusive community for all citizens in a European setting. On the other hand it shows that the most important policy is to support people to develop in their own countries in order to avoid forced migration and the need to assist refugees in Europe altogether.

5. Appendix

5.1 Methodology: where do the recommendations come from?

Learning and teaching materials were created describing the experiences of interdisciplinary psychosocial support for refugees in different European countries. These materials were based upon two one-week learning-teaching events in Berlin and Athens from which InterAct developed an educational toolbox (43). Furthermore, relevant health and social professionals and politicians were consulted as experts for their perspectives from the field of forced migration. A handbook for practitioners (43) as well as these recommendations for policy makers in Europe were developed from this work. More importantly, refugees were considered experts in their everyday life and experiences, and therefore informed these policy guidelines.

This publication comprises an examination of all information gathered throughout the InterAct project over the past two years. The joint analysis of interviews and experiences demonstrates an urgent need to improve psychosocial support for refugees. It also reveals implications for education and health, practice, and policies of relevance for refugees.

The recommendations provided are targeted towards policy makers and influential stakeholders in the field of refugees' psychosocial well-being. Their substance stretches over different levels, starting from the individual to the communal, national and European context. These recommendations are meant to provide constructive input and guidance to facilitate holistic and sustainable well-being for refugees.

	Refugees	Professionals	Students	Lecturers/ Researchers	Policy makers
Germany	28 (interviews)	3	Anonymous feedback	3	2
Greece	17 (questionnaires)	1	Anonymous feedback	1	1
Spain	5 (questionnaires)	0	Anonymous feedback	0	1
Sweden	0	6	Anonymous feedback	2	0
Other	0	0	Anonymous feedback	3	0
Total	**50**	**10**	**30**	**9**	**4**

Table 1: Table of participants (InterAct Project 2018-2020)

5.2 Interdisciplinary cooperation and psychosocial support

Worldwide 79.5 million people are fleeing from oppressive realities in their countries (49). 149 state-parties came together in the Refugee Convention in the year 1951 and its protocol relates specifically to the status of refugees in the Universal Declaration of Human Rights. Article 14 of the Universal Declaration clearly formulated that "Everyone has the right to seek and to enjoy in other countries asylum from persecution" (9). Refugees coming from countries such as

Syria, Afghanistan, Eritrea, and others are pressing Europe to interrogate its humanitarian values, especially since 2015. While actors from different areas of politics, e.g. education and health, are implementing various related projects and initiatives, the need for policy guidelines for interdisciplinary action has become increasingly clear. Psychosocial support, in general, needs interdisciplinary collaboration in research, training, practice, and advocacy (11).

The complexity of an approach to "psychosocial health" and "psychosocial support" includes the following:

····> *Understands/sees human suffering comprehensively and not just as a health condition (this means it includes social participation, work/education, a life plan, family life and the community in a broad sense).*

····> *When human rights are violated, trust in humanity can be lost and difficult to re-establish.*

····> *A life plan in a broader sense could be difficult to envision and reconstruct.*

····> *Addresses the complexity of human experience, not just pieces of the person's life.*

····> *Understands human health as influenced by socio-structural and political factors and individuals as contextual and situated.*

····> *Consists of a wide range of activities to protect or promote psychosocial well-being or prevent or treat mental health conditions.*

····> *For children and youth, education can be an important protective factor in their social ecology.*

····> *Interdisciplinary collaboration and partnerships provide unique opportunities to promote resilience in children and adults in the face of adversity.*

····> *There are different kinds of needs to preserve health and to become an active member of society.*

····> *Individual responses to extreme life situations are understood as originating from societal phenomenons such as war or other violent social conditions.*

5.3 Integrated framework of community–based psychosocial support

The *integrated framework of community-based psychosocial support* has been developed from the interviews undertaken, and knowledge and experiences gained throughout our InterAct work. The framework (see figure 1) is a tool to develop supportive psychosocial strategies, to reflect upon existing psychosocial services, and to implement the above-mentioned recommendations.

The framework shares the universal principles of our recommendations, which are based on social justice, human rights and ethics, and recommends building long-term multilevel and interdisciplinary teamwork with the active participation of refugees.
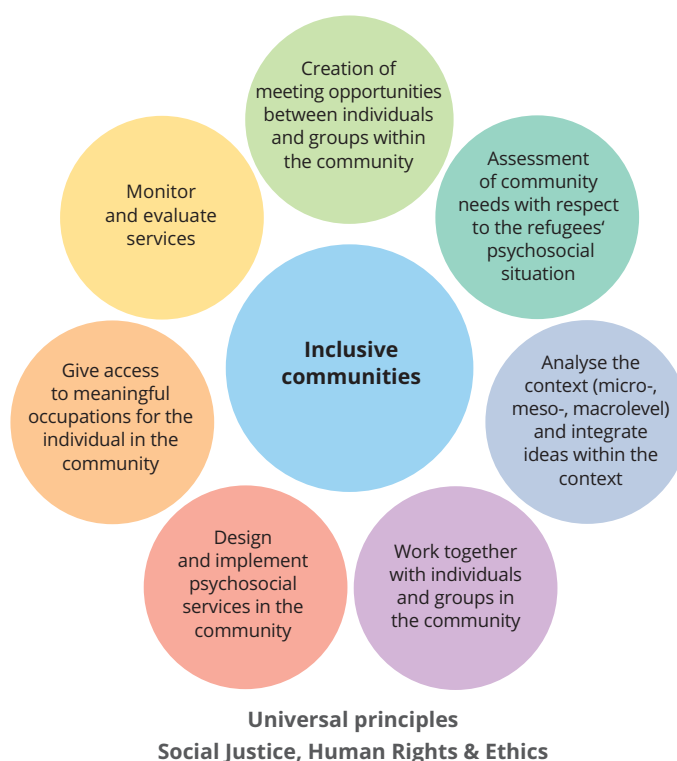
Community-based psychosocial support

- Creation of meeting opportunities between individuals and groups within the community
- Assessment of community needs with respect to the refugees' psychosocial situation
- Monitor and evaluate services
- **Inclusive communities**
- Analyse the context (micro-, meso-, macrolevel) and integrate ideas within the context
- Give access to meaningful occupations for the individual in the community
- Work together with individuals and groups in the community
- Design and implement psychosocial services in the community

**Universal principles
Social Justice, Human Rights & Ethics**

Figure 1 | *Integrated framework of community-based psychosocial support*
The full explanation of the integrated framework of community-based psychosocial support is explained in the InterAct's handbook for practitioners (43).