Beogradski centar
za ljudska prava

Slavica Milojević

ZAŠTITA FIZIČKOG I MENTALNOG ZDRAVLJA MIGRANATA U REPUBLICI SRBIJI

PROTECTION OF PHYSICAL AND MENTAL HEALTH OF MIGRANTS IN THE REPUBLIC OF SERBIA

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I.
PREDGOVOR

Svake godine stotine hiljada migranata dolazi u Evropu, od kojih mnogi prođu kroz Republiku Srbiju. Na teritoriji Srbije najčešće se zadržavaju kraće od godinu dana, a manji broj odlučuje da tu i ostane. Dobro organizovane i koordinisane usluge i mere socijalne zaštite koje se pružaju u lokalnoj zajednici u kojoj se nalaze migranti jesu preduslov za unapređenje socijalne zaštite migranata i za njihovu socijalnu uključenost.

Ova publikacija je nastala u okviru projekta Beogradskog centra za ljudska prava – „Ka održivom modelu zaštite ranjivih kategorija migranata u Srbiji", koji su podržale Međunarodna organizacija za migracije (IOM) i Vlada Švajcarske. Projekat predstavlja deo šireg programa švajcarsko-srpskog migracionog partnerstva, nastalog na osnovu izraženih potreba nadležnih institucija Republike Srbije. Cilj programa je da doprinese jačanju i unapređenju socijalne zaštite migranata u Srbiji kroz povećanje dostupnosti i kvaliteta socijalnih usluga i programa podrške u lokalnim zajednicama.

Cilj projekta Beogradskog centra za ljudska prava je širenje usluga zaštite u zajednici, koje se pružaju ugroženim migrantima kroz izgradnju kapaciteta centara za socijalni rad, opštinskih kancelarija za mlade i drugih aktera. Poboljšanjem pristupa i dostupnosti usluga socijalne zaštite i programa zaštite u zajednici, migrantska populacija će biti manje ugrožena i verovatnije će se integrisati u srpsko društvo.

Postojeći modeli socijalne zaštite su procenjivani kroz participativno istraživanje, čiji su rezultati predstavljeni u ovoj publi-

kaciji. Istraživanje je usmereno kako na migrante tako i na pružaoce usluga, s fokusom na ugrožene grupe i s pažnjom na rodno osetljiva pitanja. Krajni cilj je kreiranje modela održive strategije za bolju koordinaciju usmerenu na lokalnu zaštitu i pružaoce psihosocijalnih usluga, uključujući centre za socijalni rad, kancelarije za mlade, nevladine organizacije i institucije. Strategija će ponuditi predloge za mehanizme saradnje među različitim državnim institucijama koje su uključene u sistem zaštite migranata.

Autorka publikacije je Slavica Milojević, socijalna radnica i psihoterapeutkinja, rukovoditeljka Odeljenja za informisanje, promociju i podršku u Republičkom zavodu za socijalnu zaštitu. Autorka je brojnih istraživanja i analiza iz oblasti demografskih trendova i socioekonomskog razvoja, socijalne inkluzije, zaštite dece migranata i građanske participacije ranjivih kategorija. Pre Republičkog zavoda za socijalnu zaštitu radila je u Komesarijatu za izbeglice (1992–1995), Crvenom krstu i republičkom Ministarstvu za porodičnu zaštitu. Radila je kao ekspertkinja na projektima organizacija i tela Ujedinjenih nacija. Predsednica je opštinskog odbora Crvenog krsta Savski venac, osnivačica mreže istraživača socijalnog razvoja, članica Udruženja stručnih radnika socijalne zaštite Srbije i Društva socijalnih radnika Srbije. Angažovana je i kao gostujuća predavačica na Univerzitetu u Nišu.

Svako ima pravo na zaštitu svog fizičkog i psihičkog zdravlja.

Ustav Republike Srbije, član 68

II.
UVOD

Zdravlje pojedinca je rezultat zajedničke odgovornosti tog pojedinca i zajednice u kojoj živi, odnosno predstavlja podeljenu ličnu i kolektivnu odgovornost u naporima za očuvanje zdravlja i prevenciju oboljenja, u blagovremenom lečenju i rehabilitaciji.

Stručna i najšira javnost su saglasne da zdravlje nije samo odsustvo bolesti i nesposobnosti, već je stanje potpunog fizičkog, psihičkog i socijalnog blagostanja.[1] Shodno tome, zdravlje pojedinca zahteva ispunjenost osnovnih preduslova koji će mu omogućiti ta tri aspekta blagostanja, a pre svega slobodan pristup zadovoljenju osnovnih, egzistencijalnih potreba – hrani, pijaćoj vodi, adekvatnom stanovanju i bezbednosti.

Kada je reč o migrantskoj populaciji, u najvećem broju slučajeva nedostaju upravo ovi osnovni preduslovi za ostvarivanje prava na zdravlje. Zbog teškoća s kojima se susreću na svom putu do Republike Srbije, migranti u našu zemlju često dolaze u lošem zdravstvenom stanju, traumatizovani i narušenog mentalnog zdravlja. Mnogi od njih su preživeli opasna putovanja i boravili u lošim higijensko-sanitetskim uslovima, nisu imali nikakvu ili su imali neodgovarajuću hranu, nisu imali pristup pijaćoj vodi i drugo. Pored toga, iskustvo je pokazalo da je veliki broj migranata i tražilaca azila doživeo jedan ili više mentalnih stresova ili ozbiljne psihološke probleme. Oni koji su izgubili člana svoje porodice ili prijatelja u toku kretanja, oni koji su bili žrtve trgovine ljudima ili su bili zlostavljani, kao i osobe s invaliditetom usled

1 Ustav Svetske zdravstvene organizacije. Dostupno na: http://www.who.int/governance/eb/who_constitution_en.pdf?ua=1.

povreda nastalih u ratu, često pate od teških poremećaja mentalnog zdravlja i potrebna im je dodatna psihosocijalna podrška.

U pogledu ograničenja pristupu zdravstvenoj zaštiti, u praksi se mogu javiti određena pravna ograničenja, zatim nedostatak resursa zdravstvenih sistema u tranzitnim zemljama, diskriminacija, složene i migrantima nerazumljive birokratske procedure, strah od deportacije u slučaju traženja pomoći, problemi u komunikaciji, osećaj sramote, stigme i dr.

III.
PITANJA OD ZNAČAJA ZA OPŠTU ZDRAVSTVENU ZAŠTITU MIGRANATA

Zdravstveni status migranata i bolesti koje uzrokuju narušavanje njihovog zdravlja moguće je grupisati u tri međusobno povezane grupe oboljenja.

- *Oboljenja koja su karakteristična za migrante kao rizičnu, visokoranjivu populaciju uopšte,* a posebno među najranjivijim pojedincima i grupama unutar migrantske populacije (deca, trudnice, žene, stariji, osobe s invaliditetom, žrtve torture i nasilja)
  - bolesti nastale kao rezultat neadekvatne ishrane
  - zarazne bolesti
  - bolesti vezane za nehigijenske uslove
  - poremećaji mentalnog zdravlja
- *Oboljenja koja su pojedinci migranti imali i ranije, ali su se pogoršala tokom migracije*
  - Sve bolesti od kojih su migranti ranije bolovali imaju tendenciju da se prilikom migracije pogoršavaju, a posebno eskaliraju bolesti kao što su tuberkuloza, dijabetes, oboljenja srca, bolesti organa za varenje, reumatska oboljenja, ginekološka oboljenja. Sve navedene bolesti zahtevaju konstantan nadzor zdravstvene službe, kao i redovno i pravilno korišćenje terapije i adekvatan higijensko-dijetetski režim. Migranti često ne mogu da ispune upravo ove zahteve.

- *Ostala oboljenja koja su nastala tokom migracija*, pri čemu je učešće u migracijama bilo od uticaja na nastanak i širenje, odnosno pogoršanje bolesti
    - U ovoj grupi oboljenja dominiraju problemi mentalnog zdravlja, kao i bolesti nastale kao posledica neadekvatne ishrane i neadekvatnih sanitarno-higijenskih uslova stanovanja.

Među posebno ranjive grupe migranata spadaju oni koji su doživeli tešku traumu, kao što je prisustvovanje mučenju ili nasilnoj smrti bližnjeg, zlostavljanje, silovanje ili bilo koji drugi doživljaj preteće smrti. Takva iskustva, praćena snažnim doživljajem straha i bespomoćnosti, dovode do najdubljih preplavljujućih posttraumatskih stresnih poremećaja, koji mogu da se razviju nekoliko meseci ili čak godina posle doživljene traume. Najčešći simptomi posttraumatskog stresnog poremećaja su:

- epizode ponovnog preživljavanja traume u nametljivim sećanjima i noćnim morama;
- emocionalna tupost, povlačenja, strah od kontakata i komunikacije s ljudima;
- izbegavanje svega što makar i indirektno podseća na preživljenu traumu;
- napadi straha, panike i agresivnosti, praćeni depresivnim mislima, a neretko i suicidalnim idejama.

Uz sve navedeno, težak traumatski doživljaj može da reaktivira ranije postojeći zdravstveni poremećaj, a posebno da pogorša status oboljenja koja uzrokuju psihosomatski poremećaj, kao što su dijabetes, astma, bolesti digestivnog trakta i sl.

Takva zdravstvena situacija pojedinaca i grupa dovoljno je složena i kada su im zdravstvene usluge dostupne, a gotovo je parališuća kada se migranti nađu u situaciji da svoje zdravstveno stanje ne mogu da izraze zbog jezičkih barijera. Tada zdravstveni status migranata postaje ne samo njihov lični, već i kolektivni društveni problem prvog reda prioriteta.

Za profesionalce i volontere koji rade s migrantima od posebnog je značaja da imaju na umu da migranti i izbeglice nisu homogena grupa, te shodno toj različitosti njihovo zdravstveno stanje i pristup zdravstvenoj zaštiti može da varira između različitih grupa, na osnovu faktora kao što su pol, starost, iskustva pre migracije, status migracija, zdravstvena pismenost i drugih varijabli.

IV.
NORMATIVNO UREĐENJE ZDRAVSTVENE ZAŠTITE MIGRANATA

Pravo na zdravlje ugrađeno je u brojne međunarodne instrumente. Univerzalna deklaracija o ljudskim pravima proklamuje da svako ima pravo na životni standard koji obezbeđuje zdravlje i blagostanje, njegovo i njegove porodice, uključujući hranu, odeću, stan i lekarsku negu i potrebne socijalne usluge, kao i pravo na osiguranje za slučaj nezaposlenosti, bolesti, nesposobnosti, udovištva, starosti ili drugih slučajeva gubljenja sredstava za život usled okolnosti nezavisnih od njegove volje.[2]

Odredbe o pravu na zdravlje sadržane su i drugim dokumentima, kao što su Međunarodni pakt o ekonomskim, socijalnim i kulturnim pravima,[3] Konvencija o eliminaciji svih oblika diskriminacije žena,[4] Konvencija o pravima deteta,[5] Konvencija o ukidanju svih oblika rasne diskriminacije.[6]

Kako je definisano odredbama Međunarodnog pakta o ekonomskim, socijalnim i kulturnim pravima, države priznaju „pravo svakog lica da uživa najviši mogući standard fizičkog i

2 Univerzalna deklaracija o ljudskim pravima, član 25, stav 1.

3 Međunarodni pakt o ekonomskim, socijalnim i kulturnim pravima, član 12.

4 Konvencija o eliminaciji svih oblika diskriminacije žena, članovi 11(1) (f) i 12.

5 Konvencija o pravima deteta, član 24. Dostupno na: https://www.unicef.org/serbia/media/3186/file/Konvencija%20o%20pravima%20deteta.pdf.

6 Konvencija o ukidanju svih oblika rasne diskriminacije, član5 (e)(iv).

mentalnog zdravlja", te ovaj pakt predviđa mere koje će države preduzeti u cilju postizanja tog prava.[7] Komitet za ekonomska, socijalna i kulturna prava potvrdio je u Opštem komentaru br. 14 da pravo na zdravlje podrazumeva pravo na pristup zdravstvenoj zaštiti, koja je dostupna, prihvatljiva i dobrog kvaliteta. Komitet je takođe pojasnio da vlade moraju da osiguraju da „zdravstvene ustanove, proizvodi i usluge moraju biti pristupačni svima, posebno najugroženijim ili marginalizovanim kategorijama stanovništva, i *de facto* i *de jure*, bez diskriminacije po bilo kom zabranjenom osnovu". Komitet je takođe ponovo uputio Opšti komentar br. 3 o prirodi obaveza država ugovornica, koji predviđa da čak i u vremenima kada se država suočava s ozbiljnim nedostatkom sredstava, ugroženi članovi društva moraju biti zaštićeni usvajanjem konkretnih programa koji su relativno jeftini.[8]

Svetska zdravstvena organizacija je u aprilu 2019. godine, na 72. sednici svoje skupštine, razmatrala nacrt globalnog akcionog plana za unapređenje zaštite zdravlja izbeglica i migranata.[9] Cilj akcionog plana je poboljšanje globalnog zdravlja i dobrobiti izbeglica i migranata na inkluzivan, sveobuhvatan način i kao deo holističkih napora da se odgovori na zdravstvene potrebe celokupnog stanovništva u bilo kojem datom okruženju, uključujući koordinaciju međunarodnih napora za povezivanje zdravstvene zaštite izbeglica i migranata s humanitarnim programima. Nacrt akcionog plana fokusiran je na postizanje univerzalnog zdravstvenog obuhvata i najvišeg zdravstvenog standarda, u skladu s nacionalnim zakonodavstvom, prioritetima i okolnostima, kao i međunarodnim instrumentima o jednakom pristupu javno-zdravstvenim uslugama.

7 Međunarodni pakt o ekonomskim, socijalnim i kulturnim pravima, član 12.

8 Opšti komentar br. 14 – Pravo na najviši dostignuti standard zdravlja, čl. 12. Dostupno na: http://www.bgcentar.org.rs/bgcentar/wp-content/uploads/2013/04/Op%C5%A1ti-komentari-Komiteta-za-ekonomska-socijalna-i-kulturna-prava.pdf.

9 WHO, World Health Assembly, Draft Global Action Plan 'Promoting the health of refugees and migrants' (2019–2023). Dostupno na: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf.

Nacrt akcionog plana preporučuje šest prioriteta i mogućnosti delovanja Svetske zdravstvene organizacije u koordinaciji i saradnji s Međunarodnom organizacijom za migracije, Kancelarijom Visokog komesara za izbeglice Ujedinjenih nacija i drugim relevantnim partnerima:

1. promovisanje zdravlja izbeglica i migranata kroz kratkoročne i dugoročne javno-zdravstvene aktivnosti;
2. promovisanje kontinuiteta i kvaliteta osnovne zdravstvene zaštite, istovremeno razvijajući, jačajući i sprovodeći mere zaštite zdravlja i bezbednosti na radu;
3. prepoznavanje uvođenja zdravlja izbeglica i migranata u globalne, regionalne i državne programe, kao i promocija: zdravstvenih politika osetljivih na izbeglice i migrante i pravne i socijalne zaštite; zdravlja i dobrobiti izbeglih i migrantkinja, dece i adolescenata; rodne ravnopravnosti i osnaživanja žena i devojaka izbeglica i migranata; i partnerstva i međusektorske, međudržavne i međuresorne koordinacije i mehanizama saradnje;
4. unapređivanje kapaciteta za razvoj pozitivnih i eliminaciju negativnih društvenih odrednica zdravlja i ubrzanje napretka ka ostvarenju Globalnih ciljeva održivog razvoja, uključujući univerzalnu zdravstvenu pokrivenost;
5. jačanje zdravstvenog nadzora i zdravstvenih informacionih sistema;
6. podržavanje mera za unapređenje zdravstvene komunikacije zasnovane na dokazima i suzbijanje zabluda o zdravlju migranata i izbeglica.

Preporuka je da se sprovođenje Akcionog plana uskladi s nacionalno izraženim potrebama, nacionalnim kontekstom, prioritetima, pravnim okvirima i finansijskim situacijama, bez obavezujućih implikacija za pojedine države.

Republika Srbija je uredila zdravstvenu zaštitu migranta u skladu s međunarodnim pravnim aktima, definišući pojedine aspekte zdravstvene zaštite u nacionalnim normativnim

aktima koji se bave zdravstvenom zaštitom stanovništva, kao i u normativnim aktima koji se bave zaštitom migranata i tražilaca azila.

Zdravstvena zaštita koju uživaju stranci u Republici Srbiji regulisana je Zakonom o zdravstvenoj zaštiti,[10] Zakonom o zdravstvenom osiguranju[11] i podzakonskim aktima kojima se uređuju pojedini poslovi iz domena zdravstvene zaštite, a pre svega Pravilnikom o zdravstvenim pregledima tražioca azila prilikom prijema u Centar za azil ili drugi objekat za smeštaj tražilaca azila.[12]

Zakon o zdravstvenoj zaštiti je u članovima od 236 do 240 uredio zdravstvenu zaštitu stranaca, tako da se strancima, bez obzira na njihov pravni status (migranti, tražioci azila, izbeglice i dr.), garantuje pravo na zdravstvenu zaštitu na način na koji se zdravstvena zaštita pruža građanima Republike Srbije.

Za ostvarivanje prava na zdravstvenu zaštitu migranata od značaja su odrednice člana 239 ovog zakona, kojim se utvrđuju izvori finansiranja zdravstvene zaštite stranaca. Ovim članom je utvrđeno da se iz budžeta Republike Srbije, prema cenovniku zdravstvenih usluga, plaća naknada zdravstvenim ustanovama za zdravstvene usluge pružene, između ostalog, tražiocima azila, registrovanim strancima koji su izrazili nameru da podnesu zahtev za azil, licima uključenim u program dobrovoljnog povratka i strancima koji po pozivu državnih organa borave u Republici Srbiji, a ne ispunjavaju uslove za sticanje svojstva obavezno osiguranog lica u skladu sa zakonom kojim se uređuje zdravstveno osiguranje, zatim strancima kojima je odobren azil u Republici Srbiji, ako su materijalno neobezbeđeni, kao i strancima koji su žrtve trgovine ljudima.

10 Zakon o zdravstvenoj zaštiti, *Službeni glasnik RS,* br. 25/2019.

11 Zakon o zdravstvenom osiguranju, *Službeni glasnik RS,* br. 25/2019.

12 Pravilnik o zdravstvenim pregledima tražioca azila prilikom prijema u Centar za azil ili drugi objekat za smeštaj tražilaca azila, *Službeni glasnik RS,* br. 57/2018.

Pravilnikom o zdravstvenim pregledima tražioca azila prilikom prijema u Centar za azil ili drugi objekat za smeštaj tražilaca azila bliže se uređuje način sprovođenja osnovnih zdravstvenih pregleda koji, pored ostalog, treba da posluže i kao svojevrsni medicinski skrining, na osnovu kojeg zdravstveni radnici mogu da preduzmu dalje lečenje, u slučaju potrebe.

V.
ZAŠTITA FIZIČKOG I MENTALNOG ZDRAVLJA MIGRANATA U SRBIJI

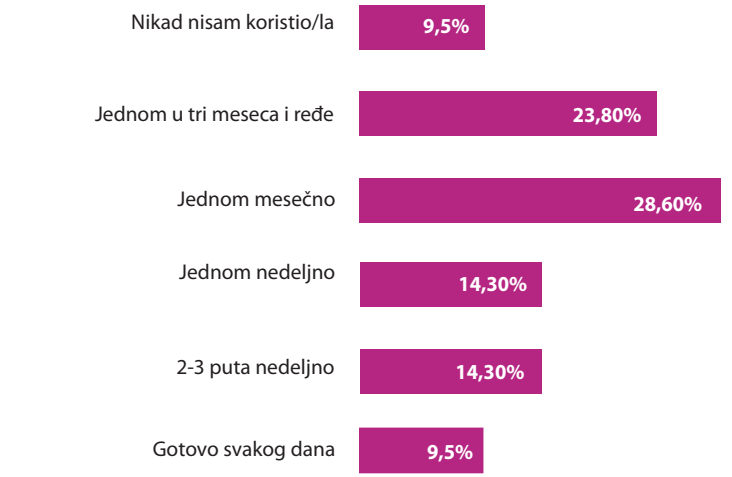
Istraživanje Beogradskog centra za ljudska prava[13] pokazalo je da su migranti i tražioci azila u Srbiji uglavnom imali iskustva sa zdravstvenim ustanovama u našoj zemlji, te da su ta iskustva mahom pozitivna. Naime, na pitanje o informisanosti o postojanju zdravstvenih ustanova i zdravstvenih usluga u mestu u kome borave, više od 90% ispitanih migranata je odgovorilo da im je poznato i da su koristili zdravstvene usluge.

Učestalost korišćenja raspoloživih zdravstvenih usluga pokazuje da je najviše onih koji se zdravstvenim ustanovama obraćaju periodično – jednom mesečno (28,6% ispitanih migranata) ili jednom u tri meseca (23,8% ispitanih). Posebno su zanimljivi pokazatelji o broju onih koji nikada ne koriste zdravstvene usluge i onih koji ih koriste redovno, na nedeljnom nivou, kao što pokazuje grafikon 2.

13 Istraživanje u okviru projekta „Ka održivom modelu zaštite u zajednici ranjivih kategorija migranata u Srbiji", Beogradski centar za ljudska prava, 2019.

Grafikon 1.
INFORMISANOST O POSTOJANJU AMBULANTE/ ZDRAVSTVENE USTANOVE U MESTU BORAVKA

Grafikon 2.
UČESTALOST KORIŠĆENJA ZDRAVSTVENIH USTANOVA



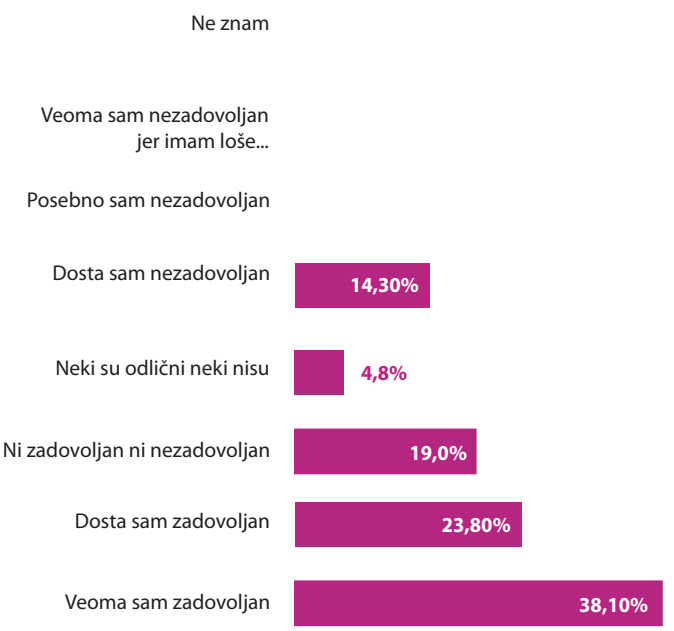
Istraživanje je pokazalo da uverenja migranata i tražilaca azila nemaju značajnijeg uticaja na korišćenje zdravstvenih usluga. Naime, uočeno je da manje od 10% ispitanih migranata veruje da nema prava na te usluge, te ih zato do sada nisu koristili. Podrobnije ispitivanje iznetih stavova ukazalo je da, u stvari, ovi migranti nisu imali potreba za zdravstvenom zaštitom, odnosno ne obraćaju se lekaru ni onda kada bi, u redovnim okolnostima, potražili pomoć lekara, već se radije oslanjaju na alternativne oblike zaštite lakših zdravstvenih problema, kao što su prehlade ili problemi s organima za varenje.

U najvećem broju slučajeva, nezadovoljstvo je u svim sredinama u kojima je rađeno istraživanje usmereno na obuhvat zdravstvenih usluga, odnosno na ograničen sadržaj usluga koje se pružaju migrantima i tražiocima azila.

> „Doktorka nas redovno posećuje i odgovara na naše zdravstvene potrebe, ali samo osnovne jer, na primer, ne postoje zubar ili mogućnost za ozbiljnije zahvate."
>
> (muškarac, 34 godine, iz Irana, smešten s porodicom u Bosilegradu)

Uprkos ograničenom broju zdravstvenih usluga koje su im dostupne u mestu u kome su smešteni, migranti i tražioci azila koji su koristili zdravstvene usluge ocenili su te usluge kao kvalitetne, odnosno zadovoljni su pruženim uslugama, u najvećem broju slučajeva. Podaci pokazuju da je više od 52% ispitanika zadovoljno dobijenim uslugama.

Grafikon 3.
STEPEN ZADOVOLJSTVA ZDRAVSTVENIM USLUGAMA



Kada je reč o onima koji su pokazali nezadovoljstvo zdravstvenim uslugama (oko 19% ispitanika), detaljnija analiza je pokazala da su nezadovoljni odnosom i načinom komunikacije zdravstvenog osoblja.

„Doktor u centru ne uzima za ozbiljno probleme koje imamo."

(muškarac iz Irana, 37 godina, sâm, bez kontakta s porodicom, smešten u Tutinu)

Kada je reč o stavovima profesionalaca koji su direktno ili indirektno uključeni u zdravstvenu zaštitu, tokom održanih fokus grupa utvrđeno je da se za većinu profesionalaca, uključujući profesionalce iz drugih resora, a pre svega iz resora socijalne

zaštite, zdravstvena zaštita podrazumeva, te da se ljudi koji se obraćaju za pomoć tretiraju kao bolesni ili kao zdravi, a ne kao migranti ili kao lokalno stanovništvo.

> „Ja, pravo da vam kažem, često ni ne primetim da je pacijent migrant sve dok mi se ne obrati prevodilac. Doduše, u mom poslu se lako vidi onaj kome treba pomoć, ali verujem da je kolegama internistima ili, još gore, kolegama neurolozima baš teško da dijagnostikuju problem. Mislim, ni ljudi odavde često ne umeju da objasne gde ih i šta boli, a kako li će onaj nesrećni prevodilac da se snađe... Kažem, ja vidim kad je prelom ili povreda i relativno lako mogu da reagujem, ali druge kolege..."
>
> (lekar, ortoped, 36 godina, Beograd)

Iz podataka dobijenih od migranata, zaključuje se da posebno nedostaju usluge stomatologa. Većina ispitanika je istakla da, uprkos potrebama, ove usluge ne koriste zato što se one plaćaju. Obrazloženje profesionalaca je lako razumljivo:

> „Ja materijal za popravku zuba, za nadogradnju, za lek, za plombu... sve moram da nabavim, da kupim. Žao mi je, ali ja taj materijal moram da naplatim od svojih pacijenata. U redu, mogu ja i da ne naplatim svoj rad, ali materijal s kojim radim popravku zuba moram da naplatim. I znam da mi zbog toga migranti i ne dolaze u ordinaciju. Ali šta ja tu mogu."
>
> (stomatolog, 57 godina, Loznica)

VI.
PSIHOSOCIJALNA PODRŠKA MIGRANTIMA

Raznolikost kultura, verskih verovanja i jezika kojima se govori među migrantima takođe je stalni izvor anksioznosti, a potom i stresa koji može uzrokovati probleme mentalnog zdravlja migranata. Procesi preseljenja kroz koje migranti prolaze mogu ugroziti njihovo mentalno zdravlje. Tuga, gubitak i neprestana strepnja zbog porodice i prijatelja koji su ostali u zemljama porekla mogu otežati uspostavljanje novog života.

Istraživanje mentalnog zdravlja izbeglica u Republici Srbiji ilustrativno pokazuje da je 74,7% intervjuisanih izbeglica patilo od akutnih psiholoških tegoba, 25,7% je pokazivalo izražene simptome karakteristične za posttraumatski stresni poremećaj (PTSP), a 44,8% simptome depresije.[14]

Ostale prepreke koje treba imati u vidu prilikom rada s migrantima i u čijem prevazilaženju im treba pružiti psihosocijalnu podršku su:

- gubitak porodične i socijalne podrške, posebno za žene nakon porođaja;
- nezaposlenost, nepriznavanje profesionalnih kvalifikacija i pad socio-ekonomskog statusa;
- jezičke barijere;

14 Multisektorski pristup zaštiti mentalnog zdravlja i dobrobiti izbeglica. 2018. PIN. Dostupno na: https://psychosocialinnovation.net/wp-content/uploads/2017/08/PIN_Advocacy-brief_srpski.pdf.

- izolovanost od drugih koji imaju slične kulturne pozadine;
- iskustva traume pre i posle naseljavanja.

Prilagođavanje novoj kulturi može biti prepreka koja utiče na mentalno zdravlje. Tuga se može odnositi na gubitak vrednosti koje su bile norma u kulturi porekla, ali nisu veoma cenjene u zemlji tranzita, odnosno u zemlji u kojoj se zatraži azil. Neke izbeglice su svedočile i/ili doživele traumu, neke nisu imale izbora nego da napuste voljenu zemlju, što je rezultiralo dužim oporavkom zbog gubitka i postepenog prihvatanja „onoga što je bilo" i „što je život mogao da bude".

Vreme za tugu se često odlaže, jer potrebe svakodnevnog života imaju prednost. Međutim, tim odlaganjem tuge ne nestaju, već se potiskuju i vremenom postaju uzrok različitih psihosocijalnih teškoća.

Iskustva rata i progona u zemljama porekla, a potom raseljavanje i teškoće u tranzitnim zemljama, jesu za većinu migranata i tražioca azila prepoznatljiva zajednička tema, kao i stresor koji predstavlja potencijalni uzrok raznovrsnim mentalnim i psihološkim teškoćama. Sveukupni nedostatak informacija, nesigurnost u vezi s migracionim statusom, potencijalno neprijateljstvo lokalnog stanovništva i vlasti zemlje kroz koju prolaze i planiraju da se u njoj nastane, dodaju dodatni stres. U takvim uslovima, najviše je potrebna mreža podrške poput one koju pruža proširena porodica – mreža koju većina migranata više nema. Tako izloženi brojnim stresorima, migranti, a posebno najranjivije podgrupe u ovoj populaciji, kao što su deca i žene, postaju još ranjiviji i izloženiji rizicima od zlostavljanja i zanemarivanja.

Osim stresnih situacija u zemlji porekla i u tranzitu, na psihičku dobrobit značajno utiču i uslovi u zemlji trenutnog boravka ili odredišta. Kao najznačajnije životne teškoće izbeglica i migranata u zemlji trenutnog boravka ili odredišta izdvajaju se siromaštvo i nemogućnost zaposlenja, nedovoljna humanitarna pomoć i loša ishrana, izolacija i usamljenost, razdvojenost od porodice, teškoće u komunikaciji i briga da im neće biti obezbeđen potreban zdravstveni tretman u slučaju potreba, dok je odnos

s policijom jedina životna teškoća s kojom se susreo mali broj ispitanih izbeglica i migranata.[15]

Prisilna migracija (i svi stresori koji je prate) od pojedinca zahteva višestruke adaptacije u kratkim vremenskim intervalima. Najveći oslonac migrantima u ovako složenim životnim okolnostima jeste način na koji su primljeni u zemlji odredišta. Način na koji su ljudi primljeni i kako se pružaju zaštita i asistencija mogu izazvati ili pogoršati probleme, na primer potkopavanjem ljudskog dostojanstva, obeshrabrivanjem međusobne podrške i stvaranjem zavisnosti. Akutno osećanje hitnosti među ljudima koji su u pokretu može ih navesti da preuzmu ekstremne medicinske i psihosocijalne rizike, a njihova brza pokretljivost kroz nekoliko zemalja ostavlja veoma malo vremena za pružanje usluga.[16]

U procesu obezbeđivanja zaštite mentalnog zdravlja migranata i tražilaca azila, u Srbiji se danas u najvećem broju slučajeva podrazumeva, kako u najširoj tako i u stručnoj javnosti, pružanje psihosocijalne podrške koju pružaju i javne, specijalizovane ustanove, ali i organizacije civilnog društva, kojih je mnogo više i čiji rad i sami migranti posebno prepoznaju. Naime, psihosocijalna podrška koju pružaju organizacije civilnog društva je specifična i orijentisana na pružanje podrške posebnim podgrupama migranata, prvenstveno ženama i deci. Istraživanje stavova migranata o ovom obliku podrške govori u prilog tome da većina migranata prepoznaje upravo psihosocijalnu podršku kao najznačajniju za svoj oporavak i za jačanje sposobnosti da se prilagode novim okolnostima.

Od posebnog značaja za zaštitu mentalnog zdravlja migranata predstavlja angažovanje nevladinih organizacija i volon-

15 Vukčević Marković, M., Stanković, I., Bjekić, J. (2018). Psihološka dobrobit izbeglica u Srbiji – izveštaj o istraživanju za 2018. godinu, PIN. Dostupno na: https://psychosocialinnovation.net/wp-content/uploads/2017/08/Psiholo%C5%A1ka-dobrobit-izbeglica-u-Srbiji.pdf.

16 Mental Health Promotion and Mental Health Care in Refugees and Migrants, Technical Guidance, WHO Regional Office for Europe; 2018, http://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf?ua=1.

tera u proceni potreba migranata neposredno po njihovom dolasku, a potom i brzo intervenisanje u saniranju uočenih teškoća. Među migrantima, ali i među profesionalcima koji rade s njima, prepoznate su kao veoma korisne i kvalitetne aktivnosti kao što su radionice, okupljanja za decu, uglovi za tinejdžere, uglovi za majke, kao i rad s migrantima na individualnoj osnovi. Takođe, kao važan vid podrške prihvaćeno je i delovanje nevladinih organizacija u podsticanju migranata da primenjuju svoje tradicionalne i rutinske načine života u prihvatnim centrima, što je dodatno doprinelo postepenom povratku sigurnosti i jačanju poverenja.

VII.
PREPORUKE

- Osigurati poštovanje privatnosti i prava na zdravlje svim migrantima i tražiocima azila, obezbediti dostupnost potrebnih usluga i lekova, te smanjiti rizik od odlaganja lečenja ili pravljenja pauza u lečenju i terapiji.
- U pružanju zdravstvene zaštite, dati prioritet i obezbediti maksimalnu sigurnost za posebno ranjive grupe migranata, a pre svega deci bez pratnje, adolescentima, trudnicama, starijim osobama, žrtvama seksualnog i rodno zasnovanog nasilja, žrtvama trgovine ljudima, žrtvama torture itd.
- Obezbediti redovne provere zdravstvenog stanja migranata i osigurati da se zdravstvena zaštita migranata ostvaruje u skladu s utvrđenim potrebama.
- Unaprediti dostupnost zdravstvenih usluga i migrantima i tražiocima azila u svim sredinama, a posebno u situacijama kada je neophodno pružiti specijalizovane zdravstvene usluge u zdravstvenoj ustanovi koja ne postoji u mestu u kome migrant, odnosno tražilac azila boravi.
- Obezbediti dovoljan broj posebno obučenih prevodilaca za pružanje pomoći zdravstvenim radnicima i migrantima u procesu obezbeđivanja zdravstvene zaštite migranata.
- Unaprediti stepen informisanja migranata i tražilaca azila o raspoloživim zdravstvenim uslugama i ustanovama i načinima ostvarivanja prava na zdravstvenu zaštitu.
- Unaprediti broj obučenih volontera i saradnika za pružanje relevantnih informacija migrantima za ostvarivanje

zdravstvene zaštite, kao i za pružanje socijalno-psihološke prve pomoći.

- Unaprediti koordinaciju među svim akterima u lokalnim zajednicama koji su direktno ili indirektno uključeni u zaštitu zdravlja migranata.
- Obezbediti relevantnu i blagovremenu razmenu informacija o zdravstvenom statusu migranata i obezbediti donošenje na podacima zasnovanih zdravstvenih programa, a posebno programa preventivne zdravstvene zaštite migranata.

I.
FOREWORD

Many of the hundreds of thousands of migrants coming to Europe every year pass through the Republic of Serbia. Most stay in Serbia less than a year; some decide to settle down in it. Well-organised and coordinated social protection services and measures extended and implemented in the local communities in which the migrants are living are prerequisite for ensuring the social protection of migrants and their social inclusion.

This publication was developed within the Belgrade Centre for Human Rights (BCHR) project "Towards sustainable community-based protection for vulnerable migrants in Serbia," supported by the International Organization for Migration (IOM) and the Swiss Government within a broader Swiss-Serbian Migration Partnership, which was developed to respond to the expressed needs of the competent institutions of the Republic of Serbia. The goal of the programme is to contribute to strengthening and improving the social protection of migrants in Serbia through increasing the availability and quality of social services and support programmes in local communities.

This BCHR project seeks to expand the community-based protection services extended to vulnerable migrants through capacity building of social work centres, municipal youth offices and other stakeholders. The improvement of access to and availability of social care services and community-based protection programmes will reduce the vulnerabilities of the migrant population and facilitate their integration in Serbia's society.

The existing social protection models were assessed in a participatory research, the results of which are presented in this publication. The research focused on both the migrants and service providers, notably on vulnerable groups, whilst devoting attention to gender-sensitive issues. The ultimate goal has been to create a sustainable strategy model to improve coordination focusing on community-based protection and psychosocial service providers, including social work centres, youth offices, non-government organisations and institutions. The strategy will offer clear rules of conduct and mechanisms of coordination among various state institutions involved in the migrant protection system.

The publication was authored by Slavica Milojević, a social worker and psycho-therapist, who heads the Outreach, Promotion and Support Department of the Republic Social Protection Institute. Ms. Milojević has conducted numerous researches and analyses of demographic trends and socio-economic development, social inclusion, protection of migrant children and civic participation of vulnerable categories. Before joining the Republic Social Protection Institute, Ms. Milojević worked in the Commissariat for Refugees (1992–1995), the Red Cross and the Family Protection Ministry. She has been engaged as an expert on projects implemented by UN bodies and organisations. Ms. Milojević chairs the Savski venac Municipal Red Cross Committee. She founded the network of social development researchers and is a member of the Association of Social Protection Professionals of Serbia and the Society of Social Workers of Serbia. She is a visiting lecturer at the University of Niš.

Everyone shall have the right to protection of their mental and physical health.

Constitution of the Republic of Serbia, Article 68

II.
INTRODUCTION

The health of individuals is the shared responsibility of those individuals and the communities they are living in, i.e. it is a shared personal and collective responsibility in efforts to preserve health, prevent disease and provide prompt treatment and rehabilitation.

Professionals and the public at large agree that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[1] Therefore, the health of an individual requires the fulfilment of the main prerequisites enabling these three aspects of well-being, above all free access to the fulfilment of subsistence needs – food, potable water, adequate housing and safety.

However, precisely these main prerequisites for exercising the right to health are generally lacking in the migrant population. Due to the difficulties they encountered on their perilous journey, many migrants have arrived in the Republic of Serbia in poor health, traumatised and with mental health problems. A lot of them had been exposed to various risks and lived in poor sanitary and hygienic conditions, with inadequate nutrition if any, without access to drinking water, et al. Furthermore, many migrants and asylum seekers have experienced one or more mental stresses or grave psychological problems. A number of migrants and asylum seekers, who lost their family members or

1 Constitution of the World Health Organization. Available at: http://www.who.int/governance/eb/who_constitution_en.pdf?ua=1.

friends during their journey, who were victims of human trafficking or abuse, or were disabled in war, are suffering from grave mental health disorders and are in need of additional psycho-social support.

The migrants' access to health care may be exacerbated by various factors, such as legal restrictions, lack of health system resources in the transit countries, discrimination, complex and incomprehensible red tape, fear of deportation in case they seek help, communication problems, feelings of shame, stigma, et al.

III.
ISSUES OF RELEVANCE TO THE GENERAL HEALTH CARE OF MIGRANTS

The diseases undermining the health of migrants can be divided into three interconnected groups:

- *Diseases commonly affecting migrants as an at-risk, highly vulnerable group in general,* especially the most vulnerable individuals and categories of the migrant population (women, children, pregnant women, the elderly, persons with disabilities, victims of torture and violence):
  - Diseases caused by inadequate nutrition
  - Contagious diseases
  - Diseases caused by poor hygiene, and
  - Mental health disorders
- *Diseases individual migrants had suffered from pre-migration, which deteriorated during migration*
  - All the diseases the migrants had suffered from pre-migration tend to deteriorate during migration. This especially holds true for diseases such as tuberculosis, diabetes, heart diseases, digestive, rheumatic and gynaecological illnesses, etc. All of these diseases require constant monitoring by health care providers, regular and proper therapies and adequate hygienic and diet regimens, which are out of reach to most migrants.

- *Other diseases contracted during migration,* where migration caused them or facilitated their spreading or deterioration
    - Mental health problems, as well as diseases caused by inadequate nutrition and sanitary and hygienic living conditions, prevail in this group of diseases.

Particularly vulnerable groups of migrants include those who have experienced severe traumas, such as witnessing torture or the violent deaths of their loved ones, abuse, rape or any other near-death experience. Such experiences, accompanied by strong feelings of fear and helplessness, have resulted in deep overwhelming post-traumatic stress disorders, which may develop several months or even several years after the experienced trauma. The most common post-traumatic stress disorder symptoms include:

- Re-experiencing the trauma through intrusive distressing recollections of the event, flashbacks, and nightmares,
- Emotional numbness, withdrawal, fear of contacts and communication with people
- Avoidance of places, people, and activities that are reminders of the trauma
- Fear and panic attacks and aggression, accompanied by depressive thoughts and often by suicidal ideas.

Furthermore, grave traumatic experiences may reactivate prior health disorders, and may, notably, result in the deterioration of diseases causing psychosomatic disorders, such as diabetes, asthma and digestive tract illnesses.

Such health problems are complex even when the individuals and groups have access to health services, but they can be almost paralytic when the migrants find themselves in situations in which they are unable to describe their health problems due to the language barriers. In such situations, the health status

of migrants becomes their personal, as well as a collective social problem of utmost priority.

Professionals and volunteers working with migrants should bear in mind that migrants and refugees are not a homogenous group and that their state of health and health care needs may vary, depending, inter alia, on their age, sex, pre-migration experiences, migration status, health literacy and other factors.

IV
REGULATIONS ON HEALTH CARE OF MIGRANTS

The right to health is guaranteed by numerous international instruments. Under the Universal Declaration of Human Rights, everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.[2]

The right to health is enshrined in other international treaties as well, including the International Pact on Economic, Social and Cultural Rights,[3] the Convention on the Elimination of All Forms of Discrimination against Women,[4] the Convention on the Rights of the Child,[5] and the Convention on the Elimination of all Forms of Racial Discrimination.[6]

Under the International Covenant on Economic, Social and Cultural Rights, "[T]he States Parties to the present Covenant recognize the right of everyone to the enjoyment of the

2 Article 25(1), http://www.who.int/governance/eb/who_constitution_en.pdf?ua=1.

3 Article 12.

4 Articles 11(1) (f) and 12.

5 Article 24. Available at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.

6 Article 5 (e)(iv).

highest attainable standard of physical and mental health." This Covenant lays down the measures States Parties are to undertake to achieve the full realisation of this right.[7] In its Comment No. 14, the Committee on Economic, Social and Cultural Rights has confirmed that the right to health entails the right to access health care that is accessible, acceptable and of good quality. The Committee has also clarified that governments must ensure that "health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds."[8]

At the 72nd World Health Assembly held in April 2019, the World Health Organization reviewed a report entitled "Promoting the health of refugees and migrants, Draft global action plan, 2019–2023".[9] The Action Plan aims to improve global health by addressing the health and well-being of refugees and migrants in an inclusive, comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting, including the coordination of international efforts to link health care for refugees and migrants to humanitarian programmes. The Draft Global Action Plan focuses on achieving universal health coverage and the highest attainable standard of health, in accordance with national legislation, priorities and circumstances and international instruments on equal access to public health care services.

The Draft Global Action Plan recommends the following six priorities and options for action by the World Health Organization in coordination and collaboration with the International

7 Article 12.

8 General Comment No. 14 – The Right to the Highest Attainable Standard of Health (Art. 12). Available at: https://www.refworld.org/pdfid/4538838d0.pdf.

9 WHO, World Health Assembly, "Promoting the health of refugees and migrants, Draft global action plan, 2019–2023". Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf.

Organization for Migration, the United Nations High Commissioner for Refugees and other relevant partners:

1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions;
2. Promote continuity and quality of essential health care, while developing, reinforcing and implementing occupational health and safety measures;
3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of: refugee-sensitive and migrant-sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms;
4. Enhance capacity to tackle the social determinants of health and to accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage;
5. Strengthen health monitoring and health information systems;
6. Support measures to improve evidence-based health communication and to counter misperceptions about migrant and refugee health.

The authors of the Report recommend that the Action Plan be implemented in line with nationally expressed needs, national contexts, priorities, legal frameworks and financial situations, with no binding implications for individual Member States.

Health care of migrants is governed in the Republic of Serbia in accordance with international legal enactments. Aspects of their health care are defined in national laws on the health

care of Serbia's population and in laws on the protection of migrants and asylum seekers.

Health care extended to foreigners in the Republic of Serbia is governed by the Health Care Law,[10] the Health Insurance Law[11] and by-laws regulating individual health care issues, notably the Rulebook on Medical Examinations of Asylum Seekers on Admission to Asylum Centres or Other Facilities Accommodating Asylum Seekers.[12]

Articles 236–240 of the Health Care Law deal with the health care of foreigners. Under these provisions, foreigners, regardless of their status (migrants, asylum seekers, refugees, et al) are guaranteed the right to health care, which shall be extended to them in the same manner as to the nationals of the Republic of Serbia.

Article 239 of this Law on funding of health care extended to foreigners is relevant to the health care of migrants. Under this Article, health institutions shall be compensated from the state budget in accordance with the health services pricelist for the health services they extend, inter alia, to asylum seekers, foreigners whose intention to apply for asylum has been registered, individuals under the voluntary return programmes and foreigners residing in the Republic of Serbia at the invitation of the state authorities who do not fulfil the requirements to acquire the status of mandatory health insurance beneficiaries under the law on health insurance, foreigners granted asylum in the Republic of Serbia but lacking financial means, as well as foreign victims of human trafficking.

10 Health Care Law, *Official Gazette of the RS*, No. 25/2019.

11 Health Insurance Law, *Official Gazette of the RS*, No. 25/2019.

12 Rulebook on Medical Examinations of Asylum Seekers on Admission to Asylum Centres or Other Facilities Accommodating Asylum Seekers, *Official Gazette of the RS*, No. 57 /2018.

The Rulebook on Medical Examinations of Asylum Seekers on Admission to Asylum Centres or Other Facilities Accommodating Asylum Seekers governs in greater detail the check-ups that should, inter alia, serve as a kind of medical screening based on which health professionals can undertake further treatment if necessary.

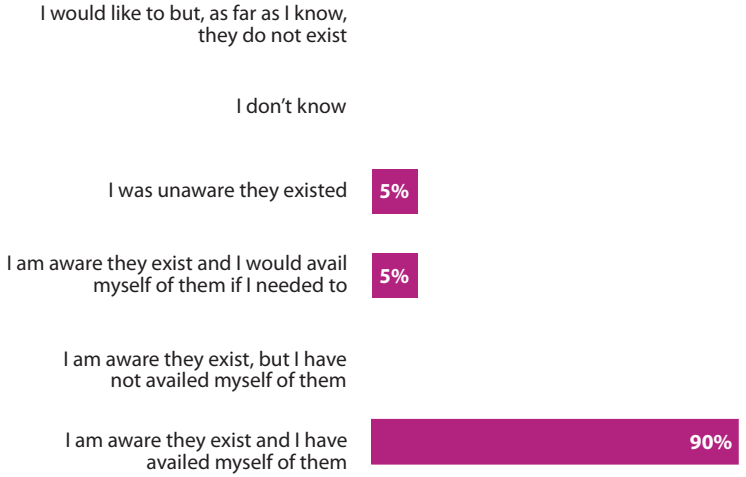
V
PROTECTION OF THE PHYSICAL AND MENTAL HEALTH OF MIGRANTS IN SERBIA

The BCHR research[13] shows that most migrants and asylum seekers have availed themselves of health services in the Republic of Serbia and that their experiences are for the most part positive. Namely, in response to the question about whether they were aware of the existence of health institutions and services in their places of residence, over 90% of the respondents said that they were and that they have availed themselves of health services.

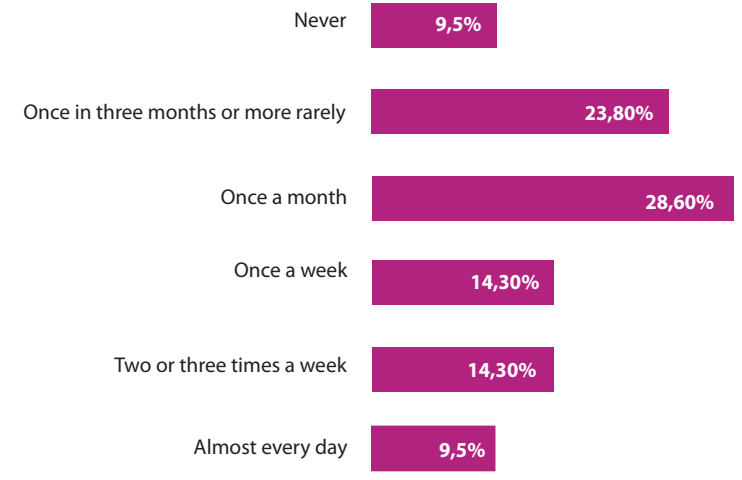
As shown in Graph 2, most migrants and asylum seekers have availed themselves of the available health services periodically – once a month or once every three months (28.6% and 23.8% respectively). Especially interesting are the data on those who have never availed themselves of health services and on those who have been availing themselves of them regularly, once a week.

13 The research was conducted in May-August 2019 within the project "Towards sustainable community-based protection for vulnerable migrants in Serbia".

Graph 1
MIGRANTS' AWARENESS OF THE EXISTENCE OF EALTH INSTITUTIONS AND SERVICES IN THEIR PLACES OF RESIDENCE



Graph 2
FREQUENCY OF USE OF HEALTH SERVICES



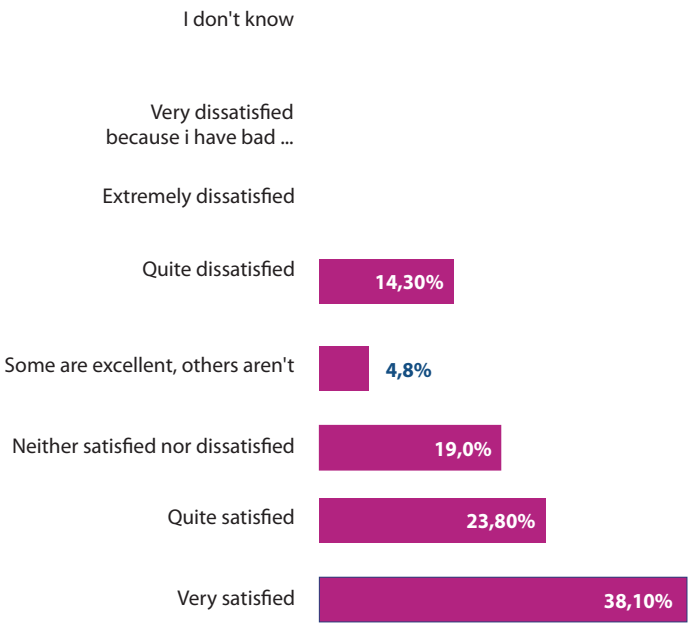
As the research shows, the migrants' and asylum seekers' views have not affected their use of health services much. Namely, fewer than 10% of the respondents thought that they were not entitled to such services, which is why they have not availed themselves of them to date. A deeper research of these views actually showed that they were not in need of health care, or that they did not go to a doctor even when they would in ordinary circumstances and that they preferred alternative cures for their mild health problems, such as colds and indigestion.

In all Centres in which the research was conducted, the migrants and asylum seekers expressed the greatest dissatisfaction with the limited scope of health services extended to them.

> "The doctor visits us regularly and responds to our health needs, but just the basic ones, because, for instance, there are no dentists or facilities for more serious interventions."
>
> (34-year-old Iranian man, living with his family in the Bosilegrad Centre)

Despite the limited number of health services they have access to in their places of residence, the migrants and asylum seekers, who have availed themselves of them, qualified them as good, i.e. were mostly satisfied with them. The data show that over 52% of the respondents were satisfied with the rendered services.

Graph 3
DEGREE OF SATISFACTION WITH HEALTH SERVICES



A deeper analysis of the statements made by the 19% of the respondents dissatisfied with the health services showed that they were displeased with the health staff's attitude towards them and communication with them.

"The Centre doctor does not take our problems seriously."

(37-year-old single Iranian male, without contacts with his family, living in the Tutin Centre)

Focus groups with professionals directly or indirectly extending health care to migrants and asylum seekers showed that most of them, including professionals in other fields, above

all social workers, perceived the people seeking medical assistance as sick or healthy, not as migrants or locals.

> "To tell you the truth, I often don't even notice that my patient is a migrant until the interpreter addresses me. Indeed, in my field of expertise, it's easy to see who needs help, but I believe that my fellow doctors, internists or neurologists, to an even greater extent, have a really hard time diagnosing the problem. I mean, even many of the locals have trouble explaining what's ailing them. May God help the interpreters ... I can see a fracture or an injury and I can react relatively easily, but my other colleagues..."
>
> (36-year-old orthopaedist, Belgrade)

Data obtained from migrants lead to the conclusion that dentistry services are lacking the most. Most respondents said they did not avail themselves of these services although they needed them because they had to pay for them. The professionals' explanations are also understandable:

> "I have to buy all the material for fixing teeth, fillings, implants, medications. I'm sorry, but I have to charge my patients for it. I can waive my fee, but I have to charge them the material I'm using to fix their teeth. And I know that's why migrants do not come to my office. But what can I do ..."
>
> (57-year-old dentist, Loznica)

VI.
PSYCHO-SOCIAL SUPPORT TO MIGRANTS

Diverse cultures, religious beliefs and languages spoken by the migrants are a constant source of anxiety as well, and may give rise to stress that may cause mental health problems among them. The migrants' mental health may be aggravated by their migration. Grieving, loss and continuous apprehension about their families and friends back home may exacerbate their establishment of a new life.

Research of the mental health of refugees in the Republic of Serbia showed that 74.7% of the respondents were in acute distress, that 25.7% of them showed signs of the post-traumatic stress disorder and that 44.8% displayed symptoms of depression.[14]

The other issues that need to be taken into account during work with migrants who may require psycho-social support to overcome them include:

- Loss of family and social support, especially for young mothers
- Unemployment, non-recognition of their professional qualifications and deterioration of their socio-economic status

14 Multi-Sectoral Approach in Protection of Refugees' Mental Health and Wellbeing. Available at: https://psychosocialinnovation.net/wp-content/uploads/2017/09/PIN_Advocacy-brief.pdf.

- Language barriers
- Isolation from others with similar cultural backgrounds
- Traumatic experiences before and after settlement.

Adjustment to a new culture may also affect mental health. The migrants may be overcome with sadness due to the loss of values that were the norm in their cultures of origin but are not highly valued in the transit country or country of asylum. Some refugees witnessed and/or experienced trauma, while some had no choice but to leave the country they loved, resulting in longer recovery from loss and gradual acceptance of "what happened" and "what might have been".

Time to grieve is frequently put off because daily needs have priority. But sadness does not disappear by putting the grieving off; it is suppressed and in time becomes the cause of various psycho-social difficulties.

Experiences of war and persecution in their countries of origin, and the ensuing displacement and difficulties in the transit countries, are common to most migrants and asylum seekers and constitute stressors that may give rise to various mental and psychological problems. Their stress is exacerbated by the general lack of information, insecurities related to their migration status, the potential hostility of the local population and authorities of the countries they are passing through and planning on settling in. A support network, like the one provided by the extended family, is needed the most in such situations. But most migrants no longer have such a network. So, exposed to numerous stressors, migrants, especially the most vulnerable subgroups of this population, such as women and children, become all the more vulnerable and exposed to risks of abuse and neglect.

Apart from stressful situations in their countries of origin and transit, the migrants' psychological well-being is greatly affected also by the conditions in the countries they are currently living in or planning to settle down in. The greatest difficulties they face in them include, notably, poverty and unemployment,

insufficient humanitarian aid and substandard nutrition, isolation and loneliness, separation from their families, difficulties in communication and apprehension that they will not be provided with health treatment if they need it; conflicts with the police are the only difficulty a small number of migrant and refugee respondents encountered.[15]

Forced migration (and all the stressors accompanying it) require of individuals multiple adjustments over a short period of time. The way the migrants are received in their country of destination is the greatest support they can get in such complex circumstances. The way they are received and extended protection and assistance can give rise to or exacerbate problems, e.g. by undermining their human dignity, discouraging mutual support and generating dependence. Acute feelings of urgency among people on the move may prompt them to take extreme medical and psycho-social risks, while their rapid passage through several countries leaves very little time for extending them services.[16]

Provision of mental health care to migrants and asylum seekers in Serbia for the most part involves and is frequently equated by the professional and public at large with the psycho-social support extended by specialised public institutions, as well as by civil society organisations, which are much greater in number and the work of which is recognised by the migrants as well. Namely, the psycho-social support extended by civil society organisations is tailored to and oriented towards extending support to specific subgroups of migrants, primarily women and children. Research of the migrants' views of this form of support corroborates that most migrants recognise psycho-social support as the most relevant for their recovery and for strengthening their ability to adjust to the new circumstances.

15 Vukčević Marković, M., Stanković, I., Bjekić, J. (2018). Psychological Wellbeing of Refugees in Serbia, 2018 Research Report, PIN. Available at: https://psychosocialinnovation.net/wp-content/uploads/2017/09/Psychological-wellbeing-of-refugees-in-Serbia.pdf.

16 Mental Health Promotion and Mental Health Care in Refugees and Migrants, Technical Guidance, WHO Regional Office for Europe; 2018. Available at: http://www.euro.who.int/__data /assets/pdf_file/0004/386563/mental-health-eng.pdf?ua=1.

Engagement of non-government organisations and volunteers in assessing the migrants' needs as soon as they arrive and their rapid interventions to deal with the identified difficulties are crucial for the protection of the migrants' mental health. Both migrants and the professionals working with them have qualified as extremely useful the activities and workshops, such as workshops and events for children, teenage corners, mothers' corners, as well as one-on-one work with the migrants. NGO activities encouraging the migrants to maintain their traditional and routine ways of life in the reception centres have also been recognised as an important form of support, further facilitating their gradual restoration of security and strengthening trust.

VII. RECOMMENDATIONS

- Ensure respect for the privacy of all migrants and asylum seekers and their exercise of their right to health, as well as the availability of the requisite health services and medications, and reduce risks of delays in or interruptions of treatment and therapy.
- When extending health care, give priority to and ensure maximum security for particularly vulnerable groups of migrants, above all unaccompanied children, adolescents, pregnant women, the elderly, victims of gender-based violence, human trafficking or torture, etc.
- Ensure regular check-ups of migrants and that they are extended the health care they need.
- Improve accessibility of health services to migrants and asylum seekers across the country, especially of specialist health services not extended in their places of residence.
- Ensure that there are enough interpreters specially trained in assisting health professionals and migrants during the provision of health care.
- Increase the migrants' and asylum seekers' awareness of available health services and institutions and how they can exercise their right to health care.
- Increase the number of trained volunteers and associates extending information to migrants of relevance to their realisation of their right to health care, as well as the extension of psycho-social first aid.

- Improve coordination among all local community stakeholders directly or indirectly engaged in extending health care to migrants.
- Ensure relevant and prompt exchange of information on the migrants' health status and the adoption of evidence-based health programmes, especially programmes for the preventive health care of migrants.

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