

POLICY BRIEF

ENGENDERING FORCED MIGRATION, SOCIO-POLITICAL TRANSITION, AND MENTAL HEALTH IN BOSNIA AND HERZEGOVINA, SERBIA, AND KOSOVO¹

Selma Porobić, Jagoda Petrović (Foundation for Women's Empowerment BiH),
Siniša Volarević, Danica Ćirić, (Group 484)
Enver Gashi (IPOL)

'Clearing the path to wellbeing: Improving provision of psychosocial services for forced migrant women in Bosnia and Herzegovina, Serbia, and Kosovo'

Summary

Almost twenty-five years of dealing with the hardships of refugees and IDPs in the Western Balkans have not resulted in establishment of a system in which psychosocial needs will be assessed in a reliable way, and in which services will be provided efficiently as to facilitate relief and guide those affected by forced migration toward wellbeing. Aspiring to promote changes, our analysis relies on critical examination of national policies and legislation, as well as evidence obtained through 30 focus group interviews with psychosocial support providers and local stakeholders in Bosnia and Herzegovina, Serbia and Kosovo.

While our results demonstrate major gaps in legislation and policies, we have decided to primarily tackle the evidenced real life issues of the forced migrants uncovered by our data analysis, and to particularly focus on recommendations, towards development of professional capacities for further enhancement of psychosocial support services and programmes.

Although the system of psychosocial service provision to forced migrants is clearly missing, there is an immense, diverse and valuable experience related to supporting both the integration of IDPs and reintegration of returnees in the three countries. Therefore, the building of a system and shaping of relevant policies should undoubtedly depend on bottom-up approach, involving the lessons learned through these various practices in place, if they are to benefit available, efficient, and reliable services, driven by the needs of beneficiaries. Even though our three studies deal with psychosocial services as such, they nevertheless particularly focus on specific issues and needs of female refugees IDPs and returnees.

Building on the legacy of the past twenty years in the WB region and the current situation of out-of-regional migrants and refugees' influx, we advocate for the establishment of a regional resource centre for professional capacity enhancement and exchange with gender sensitive psychosocial services provision (hereafter PSS) for forced migrants.

¹ *The Project and the Conference are organized with the support of Regional Research Promotion Program (RRPP) in the Western Balkans. RRPP is coordinated and managed by the Interfaculty Institute for Central and Eastern Europe (IICEE) at the University of Fribourg (Switzerland). The Program is fully financed by the Swiss Agency for Development (SDC), Federal Department of Foreign Affairs.

Reasoning and policy options

In the field of mental health and psychosocial support services, three countries have gone through extensive experiences since the early 1990s, marked with obvious specifics. Close examination has revealed certain common patterns, features, and obstacles to further development of these services. Among others, during the early post-conflict and displacement years there was a strong influence of international organisations that provided financial support, as well as trainings and other educational resources for psychosocial support services. However, these programmes were usually short-term and designed for the relief purposes in the context of immediate aftermath. On the other hand, over the years and especially in recent years, all three countries have faced the apparent downturn in the scope of programmes and activities due to clear inability to build further on or even sustain the commenced development initiatives based on the international community's donation-funded projects.

In **Bosnia and Herzegovina**, the period after the year 2000 has been marked with the beginning of an intensive support to the return of refugees and displaced persons which included projects aimed at reparations to displaced by ensuring housing, and reconstruction programs, as well as projects of economic and psychosocial empowerment. Examples of good practices considering the psychosocial service provisions developed by local actors are the NGO-led professional and para-psychological support projects (often short-term as well), aimed at women civilian victims of war. In addition to being provided through activities of several NGOs specialized in psychosocial work with vulnerable categories of women across the country, psychosocial support to women victims of gender-based violence is also provided through psychosocial support networks involving the joint cooperation and work of NGOs, mental health centres, social welfare centres, and municipal administrative bodies. In some cases, such local networks may be formalised through memoranda of cooperation, and some even invest in providing specialised trainings to their staff. However, despite these developments there has never existed any targeted and specialised psychosocial support to women forced migrants (related to displacement traumas and accumulative losses) endured, nor have they ever been a subject of any governmental health, social protection and migration policies.

In **Serbia**, cooperation between governmental and non-governmental sector became more intensive and formalised after the 2000, but operative cooperation, although often informal, dated back to 1990s, when two sectors cooperated at the local level by exchanging information on the conditions and needs on the ground, and by referring beneficiaries to each other's services. More recently, cooperation in various areas and projects has even transformed into a sort of a partnership, guided by common strategical goals (usually related to the EU accession standards and mechanisms). The experience of non-governmental organisations, including their experience of working with refugees and displaced persons, greatly contributed to the reform processes in the areas of social protection and mental health services. To a certain extent, legislation and policies in these two fields influence and define practices in the provision of psychosocial support, both to refugees and IDPs, while migration-related policies greatly neglect all aspects of psychosocial wellbeing of forced migrants. The new approach is promoted, but development of a community-based mental health protection system is still in its initial phase.

In **Kosovo**, there are numerous laws and by-laws regulating health and social protection, and the same is true for the protection of IDPs and returnees. Additionally, there are several state bodies and institutions competent for provision of psychosocial support services, and their responsibilities overlap in many instances. However, only a few international programmes have comprehensively dealt with mental health issues caused by the war in Kosovo (and some of them have now finished), while the issue of sustainable return remains unresolved. In such circumstances, programmes for the improvement of mental health of persons affected by forced migration stand out as an obvious necessity.

Having in mind these national contexts, we believe that **two policy options** should be deliberated:

1.) Improvement of relevant legislative and policy framework with an aim of developing a full psychosocial protection system; 2.) Capacity building of psychosocial support practitioners.

1. DEVELOP A FULL PSYCHOSOCIAL PROTECTION SYSTEM

It could be reasonably argued that establishment and strengthening of the legislative frameworks would undoubtedly improve the efforts to build a proper system of diverse psychosocial protection in general, and in particular organise and standardise the support programmes and services offered to forced migrants in the three countries.

Nevertheless, one should be aware of some important risks:

A) The practices of providing psychosocial support services should not be imposed from above, but carefully tailored to local circumstances. Therefore any future policies regarding the psychosocial support and service provision should involve evidenced based research informing a bottom-up approach of policy making for the purpose of addressing the real life needs of the beneficiaries.

B) Regulations and strategic plans often tend to remain dead letters. There could indeed be a long way from regulation to implementation, perhaps even longer in transitional societies such as those in the Western Balkans. At the same time there are urgent needs identified among the remaining forced migrants from Yugoslav wars and those emerging ones seeking asylum with needs different psychosocial protection in the region today.

2. CAPACITATE THE PSYCHOSOCIAL SUPPORT PRACTITIONERS

Given the longitudinal developments involved in legislative improvements and urgent needs of remaining forced migrants in the Western Balkans, as well as the emergent ones with acute needs in the psychosocial support, we would like to stress the capacity building as the main policy option.

Systematic and thoughtfully planned provision of knowledge-transfers and enhancement of key professional capacities should improve existing practices and push further the development of the PSS provision to forced migrants, including new programmes and new competencies.

Such capacity building should rely on abundant local experiences, taking into account lessons already learned, listening to the voices of practitioners as well as the PSS final beneficiaries, aiming a model that competently addresses real life needs and thus contributes to the enhancement of the psychosocial wellbeing. In addition to that, such ever-developing practice could be a clever shaping tool for sustainable and inspiring policies, those that will tend to align with practical wisdom, 'realities on the ground' and 'ordinary people's' pursuit of happiness.

Recommendations

To decision makers at the government and local self-government level

PSYCHOSOCIAL SUPPORT PROGRAMS SHOULD BE ROOTED IN A COMMUNITY-BASED APPROACH OF PSYCHOSOCIAL AND MENTAL HEALTH PROTECTION, DIVERSIFIED SERVICE PROVISION, AND BENEFICIARY PARTICIPATION.

- Where applicable, we recommend establishing local mental health centres (MHC), along with developing cross-institutional coordination on a municipal level through protocols of cooperation and effective coordinating mechanisms, in order to link up all actors involved in providing psychosocial support (SWCs, MHCs, NGOs, local self-governments, etc.).
- The capacities of mental health centres and other relevant providers should be strengthened by hiring new professionals, establishing or enhancing vulnerability-specific counselling services, and

providing appropriate training opportunities. It is critical to introduce supervision as a form of support for mental health professionals, to initiate supervision mechanisms, and train local professionals in providing such supervising support. It is very important to ensure continuing education of professionals, while significant attention should be devoted to trainings in working with particularly vulnerable groups, such as victims of torture, people suffering from post-traumatic stress disorder (PTSD), and victims of domestic or gender-based violence.

- The governmental and non-governmental actors should be equally supported in further developing the provision of psychosocial support to forced migrants, including new methodologies and approaches.
- The capacities of local actors (including local communities and their councils) should be acknowledged and utilised, especially when working on prevention and on identifying and informing (potential) beneficiaries.

To national policy makers and local service providers

PSYCHOSOCIAL SUPPORT SERVICES, PROGRAMMES, AND ACTIVITIES SHOULD BE EASILY ACCESSIBLE AND ALIGNED WITH THE NEEDS OF BENEFICIARIES.

This must include a participatory approach: beneficiaries should take part in planning, as well as monitoring and evaluating the implemented activities. on the other hand, participation in all services and activities should be voluntary.

- Programs and activities should be adjusted to the needs of particular groups of beneficiaries, such as persons suffering from psychological or psychiatric disorders (especially PTSD), children and adolescents (including those who suffer from behavioural disorders), elderly (including elderly persons in isolated rural places or enclaves), and women.
- As for the female forced migrants, special psychosocial support programs intended for elderly women (displaced or returnees) without relatives should be envisaged, appropriate psychosocial programmes for women victims of war torture and/or gender-based violence should be continued or initiated, and programmes for women who have suffered re-traumatisation should be developed. Women in general, when appropriate, should also be targeted through economic empowerment programmes and general psychosocial prevention programmes (addressing the issues such as reproductive health, family, and intimate relationships, as well as inclusion in the community life).

To governments and international donors

IN ORDER TO FACILITATE AND ENHANCE REGIONAL NETWORKING AMONG PSYCHOSOCIAL SUPPORT PRACTITIONERS AND TO ENABLE CONTINUAL HIGH-QUALITY SUPPORT TO RELEVANT CAPACITY BUILDING THROUGHOUT THE REGION, WE STRONGLY RECOMMEND ESTABLISHING A REGIONAL RESOURCE CENTRE FOR PSYCHOSOCIAL SUPPORT TO FORCED MIGRANTS.

Such entity would primarily provide the following three functions:

- Collecting and archiving relevant publications and educational material, particularly those that document implemented programmes and their evaluations;
- Organising trainings for psychosocial support practitioners, specifically aimed at developing skills and capacities crucial for further development of services;
- Facilitating the exchange of knowledge and experiences in providing psychosocial support to forced migrants (conferences, round tables, seminars, workshops, study visits, etc.).

In summary, for many forced migrants, achieving psychosocial wellbeing is not an objective of secondary significance, less important than access to property or any other basic human and civilian rights. Achieving psychosocial wellbeing often requires specific psychosocial support services. Governments, as well as the civil society, are responsible for making those services accessible, appropriate, responsive, and effective, and they have special responsibility for those who are most vulnerable and most affected by hardships of war and forced displacement. This requires a long-term commitment and that is precisely what we call for.

Contact

Foundation for Women's Empowerment

Project coordinator: Selma Porobić

porobsel@gmail.com

+387 62 2724 27

Project website: www.rrpp-efm.net

Address: Čekaluša 16, Sarajevo, 71000 Bosnia and Herzegovina

Phone:

+387 61 334 954

+387 65 529 025

info@fwebih.org

<http://fwebih.org/>

Group 484

Team coordinator: Vladimir Petronijević

Address: Pukovnika Bacića 3 Beograd 11040, Serbia

Phone:

+381 11 2660 972

+381 62 8863 600

office@grupa484.org.rs

<http://www.grupa484.org.rs>

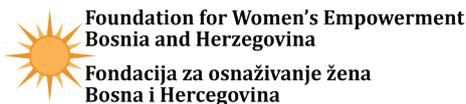
Balkan Policy Institute (IPOL)

Team coordinator: Seb Bytyci

Address: Rr. Halil Alidemaj Nr. 2, Prishtina 10000, Kosovo

Phone:

+38138220552



The attitudes and opinions in this policy brief are the expressed by the authors and do not necessarily correspond with the attitudes and opinions of the Regional Research Promotion Program, University of Fribourg and Swiss Agency for Development.