

IOM – 2022

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR MIGRANTS AT CROSSING POINTS/PORTS OF ENTRY

A TOOLKIT



Venezuelan migrants line up at border control in Pacaraima

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ACRONYMS

AVRR	Assisted Voluntary Return and Reintegration
COVID-19	Coronavirus Disease
GBV	Gender-Based Violence
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
MHD	Migration Health Division
MHPSS	Mental Health and Psychosocial Support
MHPSS.NET	Mental Health and Psychosocial Support Network
OHCHR	Office of the High Commissioner for Human Rights
PoE	Crossing Points/Ports of Entry
PFA	Psychological First Aid
PMT	Psychosocial Mobile Team
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VoT	Victims of Trafficking
WHO	World Health Organization

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INTRODUCTION

A point or port of entry (PoE) is defined as “a place authorized by the competent authorities to cross the border (for persons or goods), or a place officially designated by the legal framework of the State as an official entry to/exit from the State” (IOM, 2019). Staff working at PoE are among the first people migrants arriving to or transiting through a country have contact with, and as such they play a fundamental role in shaping migrants’ perception of safety, feeling of acceptance in the new country, and their sense of identity, both legal and symbolic, since they play an important role in determining how migrants think they are perceived by the new outgroup. Finally, staff at PoE, and especially border security and management officers, are in a privileged position to identify migrants in distress or with immediate protection or mental health needs for referral. If trained on the psychosocial implications of migration, cultural awareness and psychological first aid (PFA), as well as to listen and effectively communicate, they can mitigate stressors that migrants may face at PoE due to procedures and other factors. If trained on the basics of identification and referral of people with severe mental disorders, their role can save lives.

This toolkit aims to provide IOM Missions and partners with guidance on the basic tenets of psychosocial support (PSS) skills, as they relate to people working with migrants at PoE.

Whom is this toolkit for?

- IOM and partner project developers, managers and trainers involved in programmes at PoE.
- PoE staff (border officials, security personnel, translators, customs agents, etc.).

What is the aim of this toolkit?

- To help IOM Missions and personnel at PoE gain a basic overview of the MHPSS needs of populations on the move, as well as skills that allow them to meet these needs, under time restrictions and within the context of a PoE.
- To organize a range of tools that can support IOM missions and partners in developing actions, training and capacity in this domain.



DEFINITIONS RELEVANT TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AND POINTS OF ENTRY

Points or ports of entry: a point or port of entry is defined as “a passage for the international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit”. There are three types of points or ports of entry: international airports, ports and ground crossings (WHO, 2005).

Border control point/crossing point: a place authorized by the competent authorities to cross the border (for persons or goods), or a place officially designated by the legal framework of the State as an official entry to/exit from the State (IOM, 2019).

Service providers at PoE: the term “service provider” in the context of PoE is used in the broadest sense possible to include anyone who works there or provides a service in a nearby community. This includes those who provide regular services in times of normalcy, as well as those designated as frontline workers during situations such as COVID-19 or during an emergency outflow of populations. It includes staff, volunteers and community workers alike. Examples of service providers include but are not limited to: immigration officials, UN peacekeeping forces and services, border police, police, national defence structures, private-sector security guards, translators and interpreters, customs agents, trade and customs officers, staff of port health authorities, other healthcare workers (both medical, such as triage doctors and nurses, and other professionals, such as ambulance drivers and porters), mental health professionals (e.g. counsellors, clinicians, psychologists and psychotherapists), contact tracers, lab technicians, administrative staff and those working in reception centres and duty-free shops.

Mental health: “a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2012).

Psychosocial well-being: the adjective “psychosocial” pertains to the influence of social factors on an individual’s mind or behaviour, and to the interrelation of behavioural and social factors (Oxford English Dictionary, 2022). Well-being describes a positive state of being in which a person is comfortable, healthy, and satisfied with their condition of existence. Psychosocial well-being therefore refers to a state in which both the interrelated social factors in a person’s life and their physical and mental health allow them to reach their potential and thrive.

Mental health and psychosocial support (MHPSS): mental health and psychosocial support, in a humanitarian context, are used as a composite term that defines “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder” (Inter-Agency Standing Committee [IASC], 2007).

Psychological first aid (PFA): this is a one-off, short, humane and supportive intervention offered to a person in distress. It includes actions such as supportive listening, basic and urgent needs analysis (physical and psychological), and facilitates access to immediate social and health services, as well as ensures protection from possible harm. It aims to help people immediately after the moment of crisis and does not require the individual providing it to have a background in mental health.

Mental disorders: these are conditions that affect thoughts, emotions, mood and behaviour in a way that jeopardizes or affects the basic functioning of individuals. They may be categorized as being moderate, severe, acute or chronic.

Stress: stress is the physical and mental response to pressure and/or a perceived challenge or threat. It is a normal reaction and can be constructive, as it allows a person to mobilize the resources they need to appropriately respond to a situation, with the body then returning to a resting state when the challenge is over. However, stress can also be problematic when it is too intense, too frequent or experienced for a prolonged period of time, this resulting in the depletion of physical and emotional resources.

Traumatic stress: this is the result of sudden, unpredictable, devastating events or series of events that occur outside the range of normal experiences. These events, whether natural or man-made, are extremely stressful and can shatter the coping capacities of an individual. They are extraordinarily stressful not just for the victims, but also for those witnessing them. Traumatic stress triggers a series of reactions at different levels: psychological, physical and interpersonal. At a psychological level, the individual's sense of security shatters, leaving a feeling of helplessness and of being vulnerable in a dangerous world, especially if the event was man-made (IOM, 2020a).

Secondary trauma/traumatic stress: secondary trauma is experienced indirectly as a result of hearing information or witnessing the consequences of another person's suffering. Those in "helping professions" are more likely to suffer from secondary trauma/traumatic stress.

Resilience: resilience "is the process of harnessing biological, psychosocial, structural and cultural resources to sustain well-being" (Panter-Brick and Leckman, 2013). Resilience allows people, groups and communities to be able to go on after a crisis by drawing on their pre-existing resources, qualities, skills, networks, and coping mechanisms.

Coping strategies: these are strategies designed to deal with controllable and modifiable stressors, after identifying situations that increase stress responses. They include a problem-focused approach.

Migrant in a vulnerable situation: IOM defines vulnerability within a migration context as "the diminished capacity of an individual or group to resist, cope with, or recover from violence, exploitation, abuse, and violation(s) of their rights. It is determined by the presence, absence, and interaction of factors and circumstances that (a) increase the risk of, and exposure to; or (b) protect against, violence, exploitation, abuse, and rights violations" (IOM, 2017).

Migrants that fall into the following groups have been frequently considered by IOM to be at heightened risk due to their vulnerability: chronically ill migrants, migrants with significant medical conditions, victims of trafficking (VoT), victims of exploitation, victims of abuse and violence, the elderly, unaccompanied migrant children, single-headed households, female-headed households and pregnant women.¹



Ethiopian migrants prepare to return home on an IOM voluntary humanitarian return flight

© Rami Ibrahim/IOM

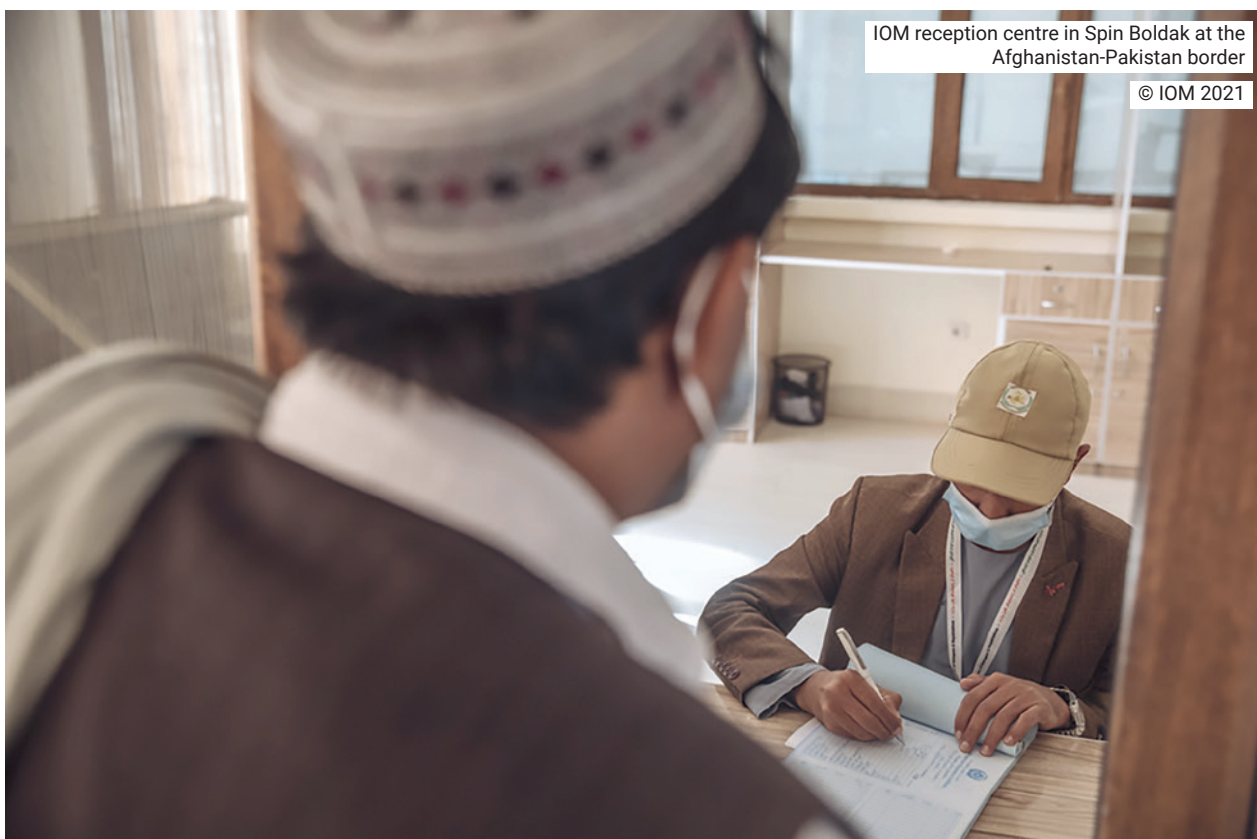
¹ This list is not exhaustive but includes the main vulnerabilities usually considered within the context of AVRR.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AND POPULATION MOBILITY: THE ACCUMULATED PSYCHOSOCIAL NEEDS OF MIGRANTS AT POINTS OF ENTRY

From the reasons why a person decides to leave their own country, their experiences during the journey and in transit, the way they are received in the new country and are able to adapt and integrate, through to their return and re-adaptation, the entire migration cycle brings changes to migrants' emotions, feelings, thoughts, memories, beliefs and relations with others, as well as the way they perceive the world and their culture, their behaviour, and the way they function in their environment. These changes can be positive or negative, major and minor, conscious or unconscious, and at times can be disruptive, especially when migration is forced and involves danger when traveling and exploitation.

Migration also challenges their sense of identity, identity being central to psychological well-being. Since identity is constructed within a culture and in relation to significant others, and most forms of migration immerse individuals in mainstream cultures that are fundamentally different from theirs, and separate them from significant others, migrants might feel disoriented about their fundamental identity and sense of belonging, on top of the disorientation and confusion that result from not understanding language, social norms, sense of humour and customs.

All of the above can cause feelings of isolation, fear and anxiety about the present and future, as well as a sense of loss, at times paired with a sense of guilt in relation to significant others, assets, networks and social responsibilities left behind, something that is even more serious for those fleeing from conflict, persecution and disasters, whose communities have been torn apart. In addition, language and cultural barriers can create frustration and tension as can bureaucratic procedures, which differ from country to country. All of the above is particularly true for those who travel alone or are separated from their family and friends, especially unaccompanied and separated children. Furthermore, it is made worse by health crises like the COVID-19

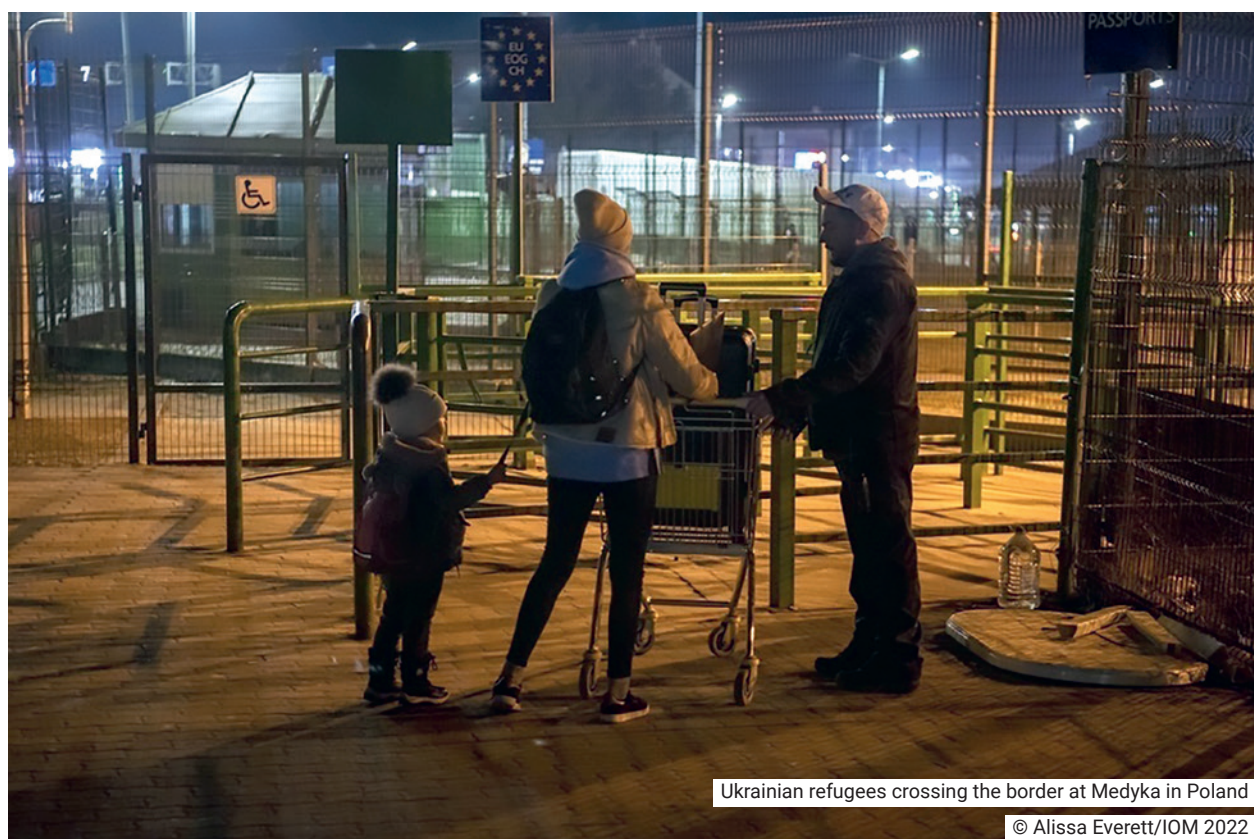


pandemic, which make migration procedures lengthier and more complicated, as well as the outcome more uncertain, and limit to a large extent how easily people can move, while causing migration plans, returns and resettlement to be suspended for long periods of time.

That said, it should be noted that regardless of the various predicaments migrants face, one should not assume that they are more likely to develop mental disorders than other groups of the population. Their psychological responses are mostly normal reactions to their stressors, and not pathological in nature. Migrants need to be supported throughout the process by means of a preventative and humane approach, but their needs do not need to be medicalized in most cases except for a minority who may need mental health care, either due to pre-existing mental disorders exacerbated by the stressors of migration and the prolonged lack of access to services and medicines, or new disorders caused by a very high and prolonged period of distress. The latter is most commonly seen in refugees, VoT, and unaccompanied and separated children.

In this sense, passage at PoE is for many migrants a crucial moment from a psychosocial point of view. On the one hand, it can be a moment of high stress due to uncertainty about legal documentation and their right to cross the border, and can build on distress accumulated during the preparation for the journey and the journey itself, compounded by problematic and distressing encounters with law enforcement authorities in the countries of origin and transit. On the other hand, it is an important moment in which a migrant starts to build their perception of the way the new country functions and how the new community is reacting to his or her presence. It is also at this moment they begin to adapt their identity, using a psychological mechanism called the “looking-glass self” (Saperstein and Penner, 2014).

The uncertainty of migration procedures as well as rejection and xenophobia can trigger negative emotions and make the situation worse. How staff at PoE interact with migrants impacts their sense of safety and dignity, as well as how welcome they feel in the new country. In addition, PoE can be the perfect place to identify special vulnerabilities and needs for referral, including those relating to severe mental health problems.



Ukrainian refugees crossing the border at Medyka in Poland

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SYSTEMIC ACTIONS

Systemic actions could be implemented to protect the mental well-being of migrants at PoE. This could include the following:

- (a) Setting up psychological support teams as part of border authorities.

Psychosocial support unit within the Moldovan border police force

In 2020, IOM helped the General Inspectorate of Border Police (GIBP) in the Republic of Moldova set up a psychosocial support unit, whose main job is to ensure the well-being of staff. However, it has proved instrumental in the provision of psychosocial support for migrants at borders. Indeed, the GIBP's 10 full-time psychologists work with migrants at borders when the number of migrants increases, as happened with Ukrainian refugees in 2022. Here, the GIBP psychologists provide direct services for people in distress and have trained personnel in basic response measures. They have also been trained by IOM and other organizations in responding to emergency situations.

- (b) Setting up counselling rooms and safe spaces for children and women in safe and waiting areas and reaching agreements with civil society organizations able to staff these spaces, especially during humanitarian emergencies.

Child-friendly space at border crossing point in Hungary

IOM Hungary in cooperation with Záhony Town Hall has opened a child-friendly space in Záhony Railway Station, at the border crossing point with Ukraine. It was created in response to the Russian invasion of Ukraine in February 2022. The child-friendly space consists of a substantial area, and has different toys, board games, tools for drawing and a small playground for outdoor activities. Most of the time, a kindergarten teacher is present to play with newly arrived children and families. As people in the train station are in transit, the use of the safe space varies.



An IOM staff member playing with children fleeing Ukraine in Záhony

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- (c) Setting up “health modules”, namely facilities for carrying out consultations, providing information and making referrals at and around border points.

Health modules at border points in Mexico and one stop border posts in East Africa.

The U.S.-Mexico Border Health Commission (BHC) has set up five “Módulos de Salud” (health modules) at different points along the Mexican border to provide comprehensive support to returning migrants in order to protect their health. Services provided include medical and psychological assessments, medical and psychological care, crisis interventions and referral to relevant services within the communities the migrants are returning to. From November 2012 to December 2021, 505,542 services were provided to 120,785 individuals. Read more about the modules [here](#).

In East and Southern Africa, to help migrants trespassing or stranded at PoE, one stop border posts were set up, where medical, administrative and security protocols could be followed. It is recommended these points have MHPSS professionals and that relevant training is provided to staff, as indicated in the PSS support guide for service providers at PoE in Eastern and Southern Africa (IOM, Mental Health and Psychosocial Support Network [MHPSS.NET], Regional Psychosocial Support Initiative [REPSSI], Save the Children, United Nations Children’s Fund [UNICEF], and WHO, 2020).

- (d) Connected to point a, building capacity in terms of basic MHPSS skills among first responders at PoE, as described in the following chapter.
- (e) Especially in humanitarian crises, deploying psychosocial mobile teams.

IOM Libya psychosocial mobile team (PMT) to support intercepted and returning migrants

IOM Libya PMTs provide psychological first aid and supportive communication to migrants intercepted at sea, doing so at Libyan disembarkation points in an integrated manner through IOM health, direct assistance, and protection teams. The MHPSS teams provide services to migrants in distress as many migrants express their concerns as to their feelings of fear, neglect, refusal, shame, worry about their family members, uncertainty about the future and mistrust as well as a fear of violence and exploitation, stigmatization and discrimination. The migration journey and failure to reach their planned destination affects their views on the world and their lives.



MHPSS team supporting migrants at a disembarkation point in Libya

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IOM Libya PMTs conduct PFA sessions and make referrals to health, protection, direct assistance and voluntary humanitarian return units. Migrants with mental disorders are referred to specialized mental health services through IOM’s Migration Health Division (MHD) team. IOM Libya organizes capacity building activities, such as MHPSS training for frontline responders, and advocates for mainstreaming MHPSS across the humanitarian response. MHPSS mainstreaming sessions are included in first aid training provided to Libyan coastal guards and border officers (training sessions on PFA and supportive communication integrated within MHD and Immigration and Border Management training).

Between January and October 2021, more than 25,000 migrants were intercepted at sea in Libya, according to IOM Libya maritime updates.

Similar activities and actions could be added to search and rescue operations on land. Support could be provided as above at disembarkation points, safe havens or reception centres where migrants are brought after being rescued. The personnel involved should be trained in PFA and basic psychosocial support skills, and wherever resources allow, a counsellor or therapist could be added to the search and rescue teams.

SKILLS FOR POSITIVE AND PSYCHOSOCIALLY INFORMED INTERACTIONS WITH MIGRANTS PASSING THROUGH POINTS OF ENTRY

This publication identifies four basic, fundamental skills that staff at PoE could develop and that could help them in

1. Doing no harm from a psychosocial point of view by understanding the psychological experience of migrants;
2. Performing their tasks with a psychosocially informed approach, which would enhance the effectiveness of interactions with migrants. This includes:
 - (a) Communication and listening skills;
 - (b) Psychosocially informed interviewing techniques;
3. Supporting migrants in distress with:
 - (a) PFA;
 - (b) Self-help tools;
4. Identifying migrants in need of lifesaving mental health care and referring them. This includes:
 - (a) developing the necessary skills for identifying individuals in need of MHPSS referrals;
 - (b) creating a referral system.



1. DO NO HARM AND RAISING AWARENESS OF THE PSYCHOSOCIAL IMPLICATIONS OF POPULATION MOBILITY

As discussed, the entire migration cycle can impact migrants' sense of psychosocial well-being, especially when passing through a PoE, which is often a crucial moment of high stress due to uncertainty about procedures, encounters with authorities and initial perceptions of the country of arrival. Therefore, it is recommended regular training be provided to personnel deployed at PoE in order to make them more aware of these psychosocial implications of population mobility and their potential consequences.

In relation to this, the “do no harm” principle is basic. PoE staff should be trained on the basic tenets of psychosocial support skills to avoid causing harm. Moreover, trained staff are able to reduce the risk of harm in various ways, such as allowing time for critical reflection, establishing guidelines and preparing for emergencies (Wessels, 2009).

The publications below will help PoE service providers understand the psychosocial implications of population mobility and apply the “do no harm” principle.

Resources:

Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement (IOM, 2021a) – *Chapter 1: Concepts and models of work* (page 14)

The Manual on community-based mental health and psychosocial support in emergencies and displacement describes the processes IOM MHPSS programme managers should follow to design and implement relevant programmes in the aftermath of an emergency and with displaced populations. The first chapter discusses the main concepts and models that are used in the manual.

Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement [online course](#) – *Module 1: Concepts and models of work*

This online course, based on the *IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement*, aims to provide mental health and psychosocial support (MHPSS) managers and experts with guidance on designing, implementing, monitoring and evaluating community-based MHPSS programmes, projects and activities that are part of humanitarian responses to emergencies and displacement. The course is also available in [Spanish](#).

Caring for Trafficked Persons: Guidance for Health Providers (IOM, 2009) – *Chapter 3: Guiding principles* (page 27)

This guide aims to provide healthcare providers with a practical understanding of the phenomenon of human trafficking, and outlines some of the associated health problems as well as safe and appropriate approaches to providing healthcare to VoT. Chapter 3 includes general guiding principles that are critical to supporting VoT.

Reintegration Counselling: A Psychosocial Approach (IOM, 2020b) – *Psychosocial aspects of return and reintegration* (page 8)

This reintegration counselling guide aims to provide key information about the psychosocial approach to post-arrival reintegration counselling, including basic counselling and communication skills. The guide also explains the psychological impact of return and reintegration on migrants.

Manual on Smart Practices for Working with Migrant Unaccompanied and Separated Children in the Europe Region (IFRC, 2017) – *Mental health and psychosocial support* (page 27)

The chapter explains the relevance of MHPSS for migrant unaccompanied and separated children, as well as smart practices for the implementation of MHPSS services.

Mental Health and Psychosocial Support for Resettled Refugees (IOM, 2021b) – *Chapter 1: Introduction* (page 8)

Chapter 1 of this publication discusses the impact of a displacement journey on individuals' psychosocial well-being, the importance of access to mental health care and psychosocial support, and the core principles of MHPSS.

2. ADOPTING A PSYCHOSOCIALLY INFORMED APPROACH TO ENHANCE THE EFFECTIVENESS OF INTERACTIONS WITH MIGRANTS

Passing through a PoE is a crucial moment and one of high stress. However, not all migrants have the same reaction to these stressors. For example, within a single family, multiple stressors and psychosocial issues may exist and affect family members differently. Moreover, not all vulnerabilities and stressors are visible. Therefore, it is recommended that PoE service providers approach every migrant with respect and dignity, and adapt the way they communicate in line with a psychosocially informed approach. This allows both migrants and service providers to benefit from more effective interactions. They can do this by improving their communication and listening skills, but also by applying psychosocially informed interview techniques.

(A) Communication and listening skills

Communication is the process of sending and receiving messages, either verbally or non-verbally, between people. “For a person to feel supported by you, they first need to trust you and feel comfortable with you” (IOM et al, 2020).

Kindness, dignity and respect are key when interacting with migrants at PoE. This approach will enhance their feelings of trust. The tools below will help staff at PoE to understand the practical implications of positive, supportive and non-biased communication that is culturally aware and gender informed.

Resources:

Presentation on Basic Psychosocial Skills. A Guide for Service Providers at PoE in Eastern and Southern Africa (IOM, MHPSS.NET, REPSSI, Save the Children, UNICEF, and WHO, 2020) – *Section 3: Communication skills for everyday interactions (page 18)*.

It has been developed to inform service providers at PoE on the basic tenets of PSS skills and how to support the mental health and psychosocial well-being of anyone passing through a PoE. The guide also provides an overview of the psychosocial impact of the COVID-19 pandemic in Eastern and Southern Africa. It provides self-care tools and guidelines to enhance communication with migrants at PoE as well as the process of referral. It also includes specific advice for managers and supervisors.

Manual for Training Police on Anti Human Trafficking (United Nations Office on Drugs and Crime [UNODC], 2008) – *Module III: Facilitating change: Chapter 1: Helpful attitudes and behaviour (page 53) and Chapter 2: Effective communication (page 54)*

The manual aims to improve the understanding of police on issues related to anti-human trafficking and the application of procedures. It includes two exercises to put into practice helpful attitudes and behaviour as well as effective communication with VoT.

Best Practices for Working with Unaccompanied Migrant Children in Humanitarian Contexts (UNICEF, 2021) – *Section IV: Communicating with children in distress and active listening (page 25)*

Section IV of this publication provides best practices and standards for communicating and listening to children for staff and volunteers working with unaccompanied migrant children in humanitarian contexts.

Effective Communication with Children in Crisis Situation: Tips for Professionals and Volunteers (UNICEF, 2022)

This is a leaflet with tips for professionals and volunteers to ensure effective communication with children in situations of distress.

Community-Based Protection in Action – Effective and Respectful Communication in Forced Displacement (United Nations High Commissioner for Refugees [UNHCR], 2016)

This guide aims to provide staff regularly communicating with refugees with guidance on effective communication, dealing with stress and emotions, and treating persons with dignity and respect.

(B) Psychosocially informed interviewing techniques

The following section covers techniques for engaging in structured conversations when speaking with migrants at PoE. How law enforcement and border authorities introduce themselves and ask questions, as well as their ability to empathize with people on the move, has a significant impact on the quality of interviews held, and on the well-being of migrants. Both verbal and non-verbal cues, such as body language, should be observed during an interview and asking the interviewee follow-up questions is encouraged for ensuring clarity for both parties.

It is important to remember the varying needs and resources of different groups of people, and adapt the interview techniques used to the interviewee.

Below, you will find a selection of publications with “do no harm” approaches, guidelines and practical steps for conducting interviews. Information is also provided on actions to avoid, such as offering interviewees advice or making promises the interviewer is unable to keep. These tools provide information on how to gauge one’s own capacity and skills, and when to ask for professional referral if necessary.

Resources:

Basic Interviewing Skills (Gorden, 1998)

This guide provides basic skills for interviewing, including the learning process and planning interviews.

Basic Interviewing Skills and Techniques: A Workbook for Application (Venable & Anthony, 2016)

This workbook provides activities to assist foundation level social work students in developing basic interviewing skills and techniques. These techniques can be helpful for PoE service providers to make the process of interviewing as comfortable and clear as possible for both migrants and service providers.

Manual on Human Rights Monitoring (United Nations Office of the High Commissioner for Human Rights [UN OHCHR], 2011) – *Chapter 11: Interviewing*

This chapter on interviewing presents basic techniques for preparing, initiating and ending interviews.

Interviewing: Principles and Practices, 16th Edition (International Edition) (Stewart, 2021)

This textbook covers the fundamentals of interviewing, such as the complex interpersonal communication process, different types of questions and how to structure an interview from opening to close.

Ethical and Safety Recommendations for Interviewing Trafficked Women (WHO et al., 2003)

These recommendations are intended for service providers unfamiliar with the situation of trafficked women and aim to increase their understanding of the risks, ethical considerations and practical realities related to trafficking, which can help minimize risks as well as increase the relevance and accuracy of information disclosed by such women in interviews.

3. SUPPORTING MIGRANTS IN DISTRESS

(A) PFA and basic psychological support

As discussed above, being able to provide migrants with basic PFA and psychosocial support can allow PoE service providers to mitigate stressors that migrants may face at PoE. The resources below aim to provide PoE staff with guidance on providing basic PFA. Please note that ideally, all PoE staff in contact with migrants should receive training on how to provide basic PFA and psychosocial support.

Resources:

[Psychological First Aid: Guide for Field Workers](#) (WHO, 2011)

This is a practical guide to learning about psychological first aid. It is aimed at people in emergency or crisis environments in a position to provide support. It has been endorsed by multiple international agencies, including IOM.

[Psychological First Aid: Facilitator's Manual for Orienting Field Workers](#) (WHO et al., 2013)

This manual is designed to provide guidance to those involved in administering PFA to people following a crisis event. It should be used together with *Psychological First Aid: Guide for Field Workers*, published by the WHO.

[PFA Pocket Guide](#)

A useful summary to keep in mind the principles for providing PFA.

[Guidance on Basic Psychosocial Skills – A Guide for COVID-19 Responders](#) (IASC, 2020)

The guide aims to provide essential workers responding to COVID-19, such as health professionals, law enforcement officers, etc., with basic psychosocial skills.

[Psychological First Aid for Unaccompanied Children](#) (Brymer et al., 2021)

The guide provides an approach to assist unaccompanied children immediately after arriving in the United States of America.

(B) Information and self-help tools for distribution

Very often, the time people spend at PoE does not allow for meaningful interaction. Yet, it is important to create and keep easily accessible self-help and information booklets at border points which provide basic information about the psychological implications of migration. These should provide advice on what to do when faced with such issues, as well as on how to seek support.

Some examples are found below, but it will ultimately be better to develop ad hoc material in each country and translate it into languages migrants can understand.

Resources:

[Doing What Matters in Times of Stress: An Illustrated Guide](#) (WHO, 2020)

This is an illustrated self-help guide that aims to equip people with practical skills to help cope with stress. It includes techniques and exercises.

[Person-Centred Recovery Planning for Mental Health and Well-Being Self-Help Tool](#) (WHO, 2019)

This includes 5 relevant parts – *Part 1: Plan for pursuing dreams and goals*, *Part 2: My wellness plan*, *Part 3: Plan for managing difficult times*, *Part 4: Plan for responding to a crisis*, and *Part 5: Plan for after a crisis*.

[Self-Help Book for Men Facing Crisis and Displacement](#) (IOM, 2014a)

This is a booklet by IOM to help Syrian men understand and cope with their thoughts, feelings and emotions in a time of crisis.

[Self-Care and Coping Skills in Stressful Situations](#) (IOM, n.d.)

This is a self-help booklet for people in distress, developed by IOM.

[Mental Health Self-Help Guides](#) (National Health Service, 2021)

These are a series of self-help guides consisting of activities which can be done online or downloaded as a Word document.

Flowers and Stones: Self-Care Handbook for Syrian Men Living in Germany (IOM, 2021c)

The handbook aims to contribute to the well-being of Syrian men and their families living in Germany by encouraging them to reflect on their environment, feelings and emotions, and empowering them to manage stress using available resources.

Supporting the well-being of service providers

Ensuring the well-being of individuals that work at points of entry is always important. It becomes even more important during health crises, such as the COVID-19 pandemic, or humanitarian emergencies that have direct effects at PoE in terms of number of arrivals and the vulnerability of people passing through them. It is also essential during search and rescue operations at sea, where service providers may be confronted with death, grief and the physical and emotional suffering of migrants, as well as with issues of moral injuries, amongst other things. Comprehensive staff care systems will therefore take into account issues of capacity and working hours, appraisals and supervision. They will also provide staff with essential tips and tools for self-care as well as remove the stigma surrounding emotional suffering to promote access to counselling and other forms of support, including psychotherapy when needed. In addition, such systems should make care available after critical incidents.

Frontex, the European Border and Coast Guard Agency, has developed a comprehensive mental health strategy for staff that can be used as a reference and can be found [here](#).

For communications through messages, guides and self-help tools, useful resources include:

Presentation on Basic Psychosocial Skills. A Guide for Service Providers at PoE in Eastern and Southern Africa (IOM, MHPSS.NET, REPSSI, Save the Children, UNICEF, and WHO, 2020) – *Section 3: Communication skills for everyday interactions (page 18)*

This section aims to inform service providers at PoE about the importance of self-care as well as activities and techniques to support their well-being.

Caring for Volunteers: A Psychosocial Support Toolkit (International Federation of Red Cross and Red Crescent Societies [IFRC], 2012)

This toolkit aims to prepare and support volunteers for their work in emergencies. It contains practical tools and information on peer support, communication, etc. Although the publication focuses on volunteers, it also contains useful tools for staff.

Managing Stress in Humanitarian Workers - Guidelines for Good Practice (Antares Foundation, 2012)

These guidelines aim to help organizations develop their own staff care system tailored to needs relating to stress management.

4. IDENTIFICATION AND REFERRAL OF PEOPLE WITH SPECIFIC NEEDS

Service providers at PoE have a key role to play when it comes to referrals. They are usually the first point of contact for migrants and are therefore uniquely placed to provide information, guidance and assistance. For this reason, it is extremely important they be provided with the tools they need to strengthen their skills and therefore be able to identify mental health and psychosocial needs that migrants may present, as well as make appropriate and timely referrals to available services.

(A) Skills for identifying individuals in need of MHPSS referrals

For some migrants, specialized psychological, psychiatric or medical care might be needed and should be available as part of interventions, especially during the voluntary humanitarian return process, where some authorities,

including embassies and border authorities, among others, require confirmation that individuals are fit for travel. However, that is not the only reason as they have the right to access such services (IOM, 2020a).

The following resources provide information to help PoE service providers understand the importance of mental health and psychosocial well-being; provide information on vulnerable populations; offer guidelines for identifying individuals in need of psychosocial support and referral to MHPSS services; and cover aspects relating to basic psychosocial assistance for migrants (e.g. PFA).

Resources:

Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe. A Multi-Agency Guidance Note (IASC, 2015)

This guidance note provides advice on protecting and supporting the mental health and psychosocial well-being of refugees, asylum seekers, and migrants in Europe. It describes key principles and appropriate interventions, and is intended to help all those involved in designing and organizing emergency services and/or providing direct assistance to affected individuals.

How to Support Survivors of Gender-Based Violence When a GBV Actor is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, n.d.)

This pocket guide uses global standards on providing basic support and information to survivors of GBV without doing further harm. We encourage adaptation of this resource to your local context with the support of a GBV specialist and in a manner that maintains a survivor-centred approach.

Reintegration Counselling: A Psychosocial Approach (IOM, 2020b) – *Basic communication and counselling skills (page 14), Box 4: Recognizing signs of distress (page 37), and Returned migrants requiring specific attention (page 39)*

While this document focuses on the psychosocial approach to reintegration counselling, it contains useful information to support service providers on specific issues, such as communication skills and recognizing signs of distress, which may be equally useful at different moments during the migration process. It also highlights the signs that might indicate a migrant needs referring.

Returning With a Health Condition: A Toolkit for Counselling Migrants with Health Concerns (IOM, 2014b) – *Chapter 4.2. Chronic mental disorders and voluntary return (page 52)*

This document aims to serve as a toolkit for professionals working in assisted voluntary return and reintegration (AVRR) settings, helping them tailor the assistance they provide to vulnerable migrants. Chapter 4.2. seeks to help them understand the symptoms of mental disorders and provides criteria for making referrals to healthcare professionals.

(B) Creating a referral mechanism

Service providers at PoE as well as IOM medical staff are usually not psychologists or psychiatrists. Therefore, they should not diagnose migrants or attempt to do so. However, as the first point of contact for newly arrived migrants crossing border points, they are well positioned to identify potential needs for mental health care and protection.

It is important to consider referral and establish a referral pathway for focused and specialized mental health services and protection assistance. The following resources will provide a better understanding on how to identify and create a referral system for migrants with specific needs.

Resources:

A Guide for Service Providers at PoE in Eastern and Southern Africa (IOM, MHPSS.NET, REPSSI, Save the Children, UNICEF, and WHO, 2020) – *Section 3: Communication skills for everyday interactions (page 18)*

This publication provides guidance on basic psychosocial skills for service providers at PoE in Eastern and Southern Africa. It has been developed to provide service providers at PoE with information on the basic tenets of PSS skills and how to support the mental health and psychosocial well-being of anyone passing through a PoE. Section 4 provides information about the importance of offering basic information and referring those in need of additional support and essential services.

Inter-Agency Referral Form and Guidance Note (IASC, 2017)

This publication is a tool to facilitate inter-agency referrals. The referral form can be used by any service provider working with persons with MHPSS needs.

Caring for Trafficked Persons: Guidance for Health Providers (IOM, 2009) – Action sheet 10: Safe referrals (page 117)

The action sheet aims to help care providers establish a strong referral network to address the needs of trafficked persons.

Mental Health and Psychosocial Support for Migrants Assisted by IOM in Libya and Returning to Sudan (IOM, 2020a)

This document seeks to provide guidelines on protecting and supporting the mental health and psychosocial well-being of rescued and returning migrants assisted by IOM in Libya, as well as on preparing them for the reintegration process (focusing on examples from Libya and Sudan). It describes key principles to help the staff of Libyan and Sudanese partners (frontline workers) understand the multiple psychosocial needs of migrants on the move and during the return process. In addition, this guidance note includes practical tips and tools to provide basic psychosocial support to three specific groups: migrants in detention centres or who have been intercepted at sea, migrants preparing for their return and migrants who have returned and are preparing for reintegration in their country of origin.

MHPSS during interception at sea and disembarkation

Migration by sea to reach economically stronger countries is certainly one of the most difficult routes for those seeking safety, healthcare and a better life. Since 2016, 1,056,235 persons have arrived in Europe, of which 920,038 have arrived by sea (IOM, 2022). This puts a heavy burden on the coast guards of countries in the Mediterranean. A psychosocial support initiative was run in 2017 with the Turkish Coast Guard (TCG) in the North Aegean Sea to evaluate the current situation and provide assistance through a combination of psychological consultations and sessions to improve techniques for protecting mental health. TCG psychologists were also included in the work to support and increase the institution's internal capacity. In total, 51 members of staff working on boats participated in one-to-one sessions delivered by a trauma psychologist and four TCG psychologists. The sessions began with psychological assessments to determine the current state of well-being of the staff. Following this, they were asked to talk about their search and rescue work. The staff were also provided with information on trauma and its possible consequences, and introduced to effective methods to cope with them. The findings of the evaluation, such as the correlation between how closely staff could relate to the rescued migrants and stress-related symptoms, were shared with the TCG head office.

The staff who participated in the sessions generally rated the initiative as positive. TCG psychologists who were involved and received supervision concluded that “supervision was very helpful in starting and continuing interviews, identifying problems and providing help” and “psychologists gained further experience and motivation for their tasks”.

Based on the evaluation report of the first PSS initiative and its recommendations, the second phase of the project included further PSS support and interviews with TCG crew employed on boats in the South-Eastern Aegean Sea, as well as with their families.

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IOM staff assessing the needs of Venezuelan migrants in Pacaraima

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ANNEX

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR MIGRANTS AT CROSSING POINTS/PORTS OF ENTRY²

1. Treat all people with dignity and respect, and support self-reliance	7. Identify and protect people with specific needs
2. Respond to people in distress in humane and supportive ways	8. Make interventions culturally relevant and ensure adequate interpretation
3. Provide information about services, support and legal rights	9. Make the appropriate referrals for people with known severe mental disorders
4. Provide relevant psychoeducation and raise awareness	10. Do not start psychotherapeutic treatments that need follow-up if follow-up is unlikely to be possible
5. Prioritise protection and psychosocial support for children, in particular	11. Monitor and manage the well-being of staff and volunteers
6. Strengthen family support	12. Do not work in isolation: coordinate and cooperate with others

² https://cdn.who.int/media/docs/default-source/documents/publications/mental-health-psychosocial-support-refugees48ae1de0-5abf-467a-8516-b92d1c3ffa13.pdf?sfvrsn=891c349e_1&download=true



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