



# Promoting Dynamic Integration in Europe

## Mental Health & Psychosocial Support as part of Dynamic Integration

European and national integration strategies are increasingly acknowledging the importance of mental health and psychosocial support provision within programmes for refugees, with trauma being the principal lens applied to shape activity. The FOCUS project has examined this area and has recommended the need to take a much wider approach in relation to mental health and psychosocial support and to incorporate action within the various dimensions of integration work.

### What do we mean by dynamic integration?

“In the EU context, a dynamic, two-way process of mutual accommodation by all immigrants and residents of EU Member States.”

*Action 1, section 2 of Communication on a Common Agenda for Integration, COM(2005) 389 final*

**FOCUS** is an international consortium funded by the European Commission which has undertaken the first research programme which has looked at both socio-economic and socio-psychological dimensions of integration. In particular, this research has explored integration with post-2015 refugees from Syria and the communities where they now reside.

Results show very high levels of support amongst both receiving and arriving communities for the idea of integration and different positive developments. Despite this, there are many issues to be addressed before the potential for more dynamic, two-way, integration can be more fully realised. In particular, the lack of significant engagement between communities must be addressed.

Both the research and practice streams of FOCUS’s work stressed the importance of mental health and psychosocial well-being as key enablers of integration. The European Commission’s Action Plan on Integration and Inclusion 2021-27 acknowledges mental health as a priority area for action, however, as with the bulk of integration strategies and practices, in fact it places a relatively narrow focus on dealing with trauma and largely fails to acknowledge the interconnection of mental health with psychosocial support and subsequent well-being. This misses the fuller challenge and opportunity in relation to promoting integration.

## UNDERSTANDING THE MHPSS CHALLENGE

### What is mental health and psychosocial support?

Mental health and psychosocial support (MHPSS) includes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or treat mental health conditions. Mental health and psychosocial wellbeing of receiving and arriving communities require equal attention.

### What is ‘mental health’?

Mental health is defined by the World Health Organization as a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to their community.



## What does 'psychosocial' mean?

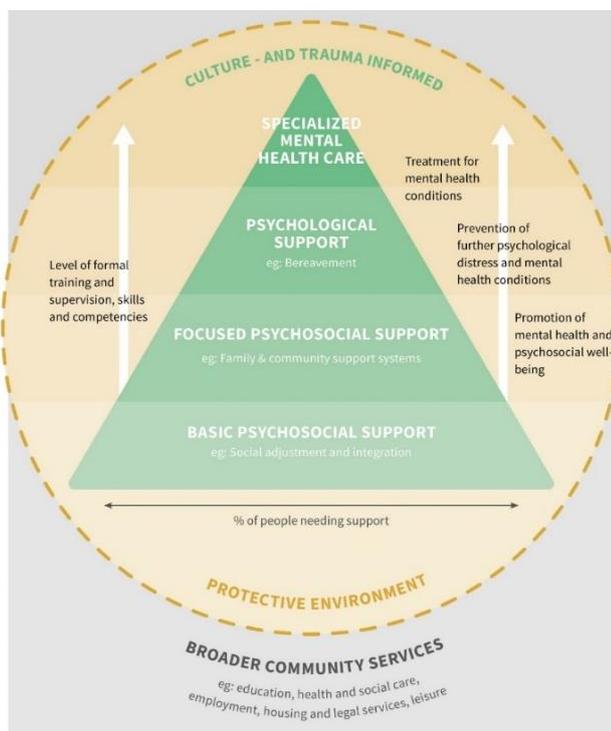
Psychosocial is a term used to describe the interconnection between the individual (e.g., a person's internal, emotional and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (e.g., their social context).

## What is 'psychosocial support'?

Psychosocial support refers to actions relating to the social and psychological needs of individuals, families and communities.

Rather than focusing on specialised mental health interventions and especially trauma, it is essential for integration practice to address the much wider MHPSS agenda which ranges from very basic needs and skills, including psychosocial support, which can be used in all settings and across a lengthy period, up to specialised trauma-

informed instead of trauma-focused mental health care. This is represented here in the FOCUS MHPSS Framework:



**Specialised mental health care** – the top layer of the FOCUS MHPSS framework – includes specialised clinical care and treatment for individuals with chronic mental health conditions or suffering from severe distress, and over such a period that they have difficulty coping with their daily lives. This includes individual treatment in clinical settings, combined with strengthening community capacity and awareness in coordination with lower-layer psychological and psychosocial supports, as this is critical for the success of the top layer of specialised mental health care.

**Psychological support** – the third layer – includes prevention and treatment activities for individuals and families who present with more complicated psychological distress and for people at risk of developing mental health conditions. This includes culture- and trauma-informed mental health treatment at community clinics, at torture survivor centres, or by private practitioners.

**Focused psychosocial support** – the second layer – includes promotion of positive mental health and

psychosocial wellbeing and prevention activities, with a specific focus on groups, families and individuals at risk. This includes building healthy coping mechanisms and support systems in families and communities through interventions such as reciprocal support groups, community-based wellness groups, or health education and family interventions. These activities increase awareness and capacity for stress coping, preventive mental health, community awareness around substance use and domestic violence and other issues in families and communities.

**Basic psychosocial support** – the first layer – promotes mental health and psychosocial wellbeing, resilience, social interaction and social cohesion activities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to all. This includes psychological first aid (PFA) and interventions that support cultural adjustment and social integration, emphasising resilience, prevention and early detection of mental health needs. Key aspects of the first layer include recognition of the unique psychosocial needs of refugees and the importance of creating a trauma-sensitive environment for all community members. Programmes in this layer encourage and support newcomers not only to learn the cultural norms and language of the arriving community, but also to maintain and exercise their own cultural practices and values for healthy balance between the two cultures.

The FOCUS MHPSS framework stresses the importance of ensuring that services are culture and trauma-informed, which includes a sensitivity to the (multi-cultural) backgrounds of all in the community and that they focus on building trusting, reciprocal social connections which contribute to a sense of safety and belonging for all.

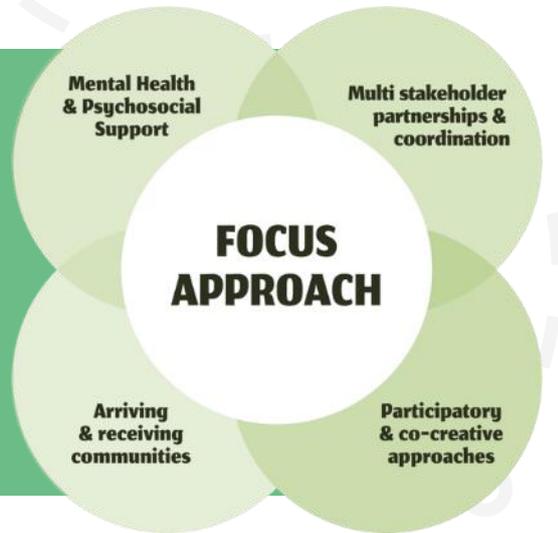
Additionally, the model emphasises culturally appropriate and timely multi-sectoral referrals to both mental health and psychosocial services, as well as other basic services, as facilitators of dynamic integration.

Without a protective environment, the mental health and psychosocial needs of affected individuals, families and communities cannot be addressed. Rights are central to this and a foundation for dynamic integration.

**The FOCUS Approach to Dynamic Integration** is a practical framework to strengthen existing promising integration practices and support the development of new ones.

At its core is the idea of fostering social bonds, bridges and links among arriving and receiving communities. The FOCUS Approach highlights key elements to promote trust and reciprocity, social connectedness, wellbeing, resilience and a sense of belonging of all community members.

Read more and find further resources on the different dimensions of the FOCUS Approach in the [Living Well Together Resource](#).



## POLICY IMPLICATIONS

- ◆ The core priority should be to incorporate an understanding of MHPSS into all levels of integration policy and practice and move away from the dominant focus on specialised services.
- ◆ The prevention and treatment of mental health conditions, positive mental health promotion and psychosocial support, should be acknowledged as interrelated and complementary as they bear common risks and protective factors. Clinical practice alone cannot address mental health stigma issues or barriers to service access especially by marginalised groups, hence coordination and partnership among and across the layers are crucial.
- ◆ A layered system of complementary support that meets the needs of different groups can be developed without requiring separate or new provisions. Rather, it can be incorporated within training and programme development for a wide range of integration or community-based activities.
- ◆ This multi-layered approach does not imply that all agencies must provide services in all layers. However, every actor can be expected to assess, refer and advocate in relation to the full spectrum of MHPSS.
- ◆ In developing integration programmes, the incorporation of MHPSS should be a standard measure for evaluating proposals and assessing completed projects.

## THE FOCUS PROJECT (2019-2022)

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