MSNA 2023– Mental and Psychosocial Well-being of Refugee Adolescents (Qualitative Component) Preliminary Findings

MOLDOVA | January 2024

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Regional Refugee Response for the Ukraine Situation

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Main Objective

Main Objective

To gain a comprehensive understanding of the psychosocial well-being conditions and needs of refugee adolescents (14-17 years old) in Moldova, including their access to formal and informal support, to inform humanitarian and development programmes implemented by actors active in MHPSS and other relevant programmes targeting refugee adolescents.

Research Topics

1. Explore the **predominant cultural views and perceptions** of the Ukrainian community regarding psychosocial well-being
2. Identify the **key risk and protective factors** impacting the well-being of refugee adolescents in Moldova
3. Investigate the **coping mechanisms** employed by refugee adolescents to deal with or overcome the risk factors affecting their mental and psychosocial well-being
4. Determine the primary **well-being needs** of adolescent refugees
5. Assess the availability, awareness, accessibility and appropriateness of **formal and informal support services**, particularly Mental Health and Psychosocial Support (MHPSS), for refugee adolescents in Moldova, including recommendations for improvement
6. Understand the main **hopes and concerns** for the future of refugee adolescents

02

Methodology

Methodology

Data was collected from the 1st of November to the 5th of December 2023 across all four regions: North, Centre, Municipality of Chișinău, and South.*

16 Adolescents Consultations

- Gender-separated, semi-structured discussions with Ukrainian refugee adolescents aged 14-17, across the four regions.
- Each consultation aimed to cover only an age range of three years per group (14-16 or 15-17).
- The discussions employed age-appropriate adolescent tools and were moderated by facilitators of the same gender as the participants in the consultation.

28 Key Informant Interviews (KIIs)

- 13 semi-structured KIIs with MHPSS practitioners, across the four regions.
- 12 semi-structured KIIs with regional MHPSS service providers, across the four regions
- 3 semi-structured KIIs with national coordinators of MHPSS services.

8 Focus Group Discussions (FGDs)

- Semi-structured FGDs with female caregivers across all four regions.

8 Individual Interviews (IIs)

- Semi-structured IIs with male caregivers across the four regions.

Limitations:

- Initially, 8 semi-structured FGDs with male caregivers of adolescents aged 14-17 were planned. However, due to difficulties in identifying male caregivers in the assessed locations, instead of the FGDs with this respondent group, 8 individual interviews (IIs) were conducted.
- FGDs and consultations aimed to involve 6-8 participants, however, difficulty in finding respondents willing to participate or in the targeted age range resulted in consultations being conducted with 2-6 participants. The same challenge was observed for female caregivers of adolescents FGDs.

* A more detailed overview of the sampling, as well as of the limitations encountered are available in the appendixes.

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Key Findings

Perspectives on Psychosocial well-being

Cultural Views of Well-Being

The **stigma attached to psychological care** was reported by caregivers and national coordinators. These groups emphasised some other aspects:

- Caregivers mentioned that Ukrainians were **taught to solve emotional problems by themselves**
- However, they also mentioned that due to the difficulty of opening up to an unfamiliar persons, Ukrainians **tended to discuss psychological issues within the family**

Also, **resistance to accessing MHPSS** services was underscored by the same groups, mentioning a **lack of understanding of psychological well-being.** However, after the escalation of the hostilities, Ukrainians were reportedly **ready to seek psychological help**, even if they had never used a psychologist services before.

> *"There's a stigma against everything related to psychology and psychiatry. Moreover, there's an equal sign placed between psychology and psychiatry."*
> (National Coordinator)

Risk and Protective Factors

Risk Factors

- **Mental health issues** had been reported by adolescents, caregivers, regional coordinators and practitioners as a risk factor. Furthermore, all these groups mentioned **lack of friends and socialisation** as negative factors.
- **Homesickness** as well as the **absence of family members who remain in Ukraine** were identified as significant personal risk factors affecting the well-being of adolescents in Moldova.
- **Limited financial resources of caregivers** were reported by adolescents and regional coordinators, which may be reflected in **substandard accommodation** and the inability to purchase desired objects.
- **Online education** was reported as another risk factor, as adolescents were isolated in their accommodations, did not interact with peers, and failed to develop certain skills such as public speaking. Reportedly, adolescents lacked a settled routine.

> *"I didn't communicate with anyone for a long time, I had my sister and that's all, my cousin, nobody else from my peers."*
> ***Female Adolescent, Chisinau***

Protective Factors

- Adolescents reported **personal computers and phones** as some of the common protective factors.
- Adolescents, caregivers, practitioners and regional coordinators highlighted the importance of **socialising with peers and having local friends** as protective factors. Also, it was reported by these groups that **extracurricular activities and access to services** also enhanced the well-being of adolescents.
- **Being surrounded by family** was reported by adolescents, practitioners and caregivers as well as **keeping in touch with friends and relatives** that remained in Ukraine.
- Caregivers, practitioners and regional coordinators reported that **attending in-person schooling** in Moldova is one of the best ways to enhance the well-being of adolescents.

> *"If we consider the teenage period, friends have a significant influence now. At this age, they don't consider or accept the influence of their parents' advice as much. Friends take precedence".*
>
> Regional Coordinator, Centre

Adolescent Coping Mechanisms

Adolescent Positive Coping Mechanisms

- Socialising with friends and peers, both offline and online, was the most frequently reported coping mechanism across adolescent, caregiver, practitioner, and regional coordinator groups.
- Attending extracurricular activities and practising activities they did in Ukraine were some reported mechanisms that help adolescents deal with and overcome risk factors.
- Communicating with caregivers and seeking their advice was another coping mechanism highlighted by adolescents and caregiver groups.

> *"What helps them to cope is that we have very good socialization here and they can further communicate in social networks with their friends who stayed there, consult with them and this helps them to cope here".*
>
> (Practitioner, South)

Adolescent Negative Coping Mechanisms

- **Excessive use of devices by adolescents**, including **phones**, **computers**, **social-media** and **online-gaming sites** was frequently reported.
- It was furthermore reported that adolescents exhibited **withdrawn behaviour** and **limited their communication** with others.
- The **consumption of cigarettes** and **alcohol** as well as the use of **harmful substances** was also described by key-informants.

> *"For a short time, it works, all resources are good for a short time, but when it becomes a habit, dependence arises, and they can't do without it. Dealing with emotional dependence, they don't know what to do with their time, what to do with themselves, other than sitting on the computer and phone".*
>
> (Practitioner, North)

Well-being Needs of Adolescent Refugees

Well-being Needs of Adolescents

- In terms of formal needs, **additional psychological care** was reported by all respondents.
- Also, adolescents reported that there ought to be **greater planned educational opportunities**.
- It was furthermore reported that **greater opportunities for socialising and integration** with friends as well as **additional peer support** were required by adolescents.
- In terms of miscellaneous needs, **greater personal space** at home was recorded. Furthermore, it was remarked that **greater access to hobbies**, **sports**, and **language classes** were also needed.

"*Personal space is a big problem, especially for people who do not live in private accommodation, it is about people who live in shelters where they often live with strangers, not only family members in one room, it can be a big room where old people and a teenager live*".

(Regional Coordinator, Chisinau)

MHPSS
Availability, Awareness, Accessibility & Appropriateness

Availability of MHPSS Services

- **Psychologists** were the most reported service in terms of availability by all groups.
- Otherwise, a broad range of services encompassing the **public**, and **private sectors** were reported. These included **youth centres**, **community mental-health centres**, and **integrative and socialization-related projects**, among others.

"She likes the psychologist, they play there, they knit there and it's her hobby, and she gets distracted, it's like she doesn't go to the psychologist but to knitting, and she just gets carried away, she calms down." ***(Male Caregiver, North)***

Awareness of MHPSS Services

- Awareness of MHPSS services was reported to have come from **service-providers**, **family-members**, **peers**, the **internet**, and **social-media networks**.
- Most adolescents as well as some caregivers reported that they or their dependents were **not accessing services**.
- A quarter of adolescents consultations did report accessing MHPSS services. Of those accessing MHPSS, **most responded positive**ly.
- According to specialist respondents, **psychological counselling was the most accessed MPHSS services**.

"*We also have groups on Viber with refugees, and we provide them with this information, or they write to us and ask questions there. I think this is a very useful method because it helps us better inform each other*"

(Practitioner)

Accessibility of MHPSS Services

- Most adolescents and caregivers **did not report barriers** to accessing MHPSS services.
- Among those barriers communicated by adolescents and caregivers, **a lack of information about services**, **language barriers**, and **geographical distance from service-providers arose.**
- Emotional barriers such as **shyness**, **a lack of trust**, **a lack of desire**, **a reluctance among parents**, **a fear of judgement** were further reported by practitioners.
- In relation to adolescents with disabilities, some distinct barriers were referenced. These included **poorly adapted infrastructure**, **a lack of specialists**, **the predominance of fee-paying services**, as well as **distances to accessing services**.

"Because sometimes it's hard to open up to a stranger"
(Female Adolescent, Chisinau)

Appropriateness of Available MHPSS Services

- Adolescents regarded MHPSS as **effective**, remarking on **gender-equal access**, **cost-free services**, and **ease of access**.
- Caregivers likewise regarded MHPSS services **favorably**, referencing the **regularity of services**, **Russian-language services**, **professionalism**, and the **availability of female psychologists**.
- Practitioners reported that formal sources of **MHPSS**, sought by adolescents, were **responding to their needs**.
- In terms of ineffective features, a few regional coordinators referred to **localities without required equipment**, **centers without sufficient space**, and **services being inappropriate for Ukrainian adolescents**. Further difficulties included specialists **lacking in-depth knowledge** and **services having little relevance for service-users.**

Informal Sources of Support

Informal Sources of Support

- **Families**; individual **family-members**, particularly **mothers**; **friends**; the **internet**; **social-media networks**, including **Instagram**, and **Tik-Tok** were frequently reported as source of informal support by all respondent groups.
- Some adolescents nevertheless reported **themselves** as a source of informal support.
- Some practitioners mentioned that **informal supports satisfied adolescents' needs**, and another quarter of practitioners mentioned that their **needs were partially met**.
- About half all adolescents FGDs reported that **sources of informal support have not changed** in the context of their departure from Ukraine. Many adolescents reported an **expanded network of informal support** in this context.

> *"I don't know, I only go to my mom for help or to a friend, but I don't call hotlines and I don't know any other services"*
>
> (Female Adolescent, South)

Recommendations for Improving Adolescent Access to Formal and Informal Supports

Recommendations for Improving Adolescent Access to Formal and Informal Supports

Formal

- Adolescents reported that more **effective dissemination of information regarding MHPSS** was needed as well as the establishment of a **Ukrainian-adolescent support group**.

Informal:

- Adolescents recommended that **greater communication about feelings** be encouraged.
- They further mentioned that there be **greater understanding of their psychological needs** by caregivers.
- Adolescents also recommended that **additional trustworthy people** in whom they could confide be identified.

"You have to reflect between each other, you have to not be afraid to say 'I feel bad, please be there for me and listen to me'"

(Male Adolescent, Chisinau)

Hopes and Concerns of Refugee Adolescents

Adolescent Hopes & Concerns

Hopes:

- Adolescents expressed hope that the **war in Ukraine would conclude** and that this would **permit Ukrainians to return home.**
- A range of **educational** and **professional aspirations** were further reported.

Concerns:

- Adolescents raised concerns that the war in **Ukraine would carry on indefinitely**.
- Concerns were also reported about the **educational future of young Ukrainians**.
- The **wellbeing of family-members**, participating in the war in Ukraine, was also raised.

"My main goal is to get into university, secure a good job, and have a stable income to be independent"

(Female Adolescent, Centre)

Next Steps

January

- Analysis completed
- Preliminary Findings presentations

February

- Reporting
- Brief

Thank you for your attention

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Appendix 1 – Key Definitions

Personal factors, in the context of mental and emotional well-being, refer to individual aspects related to physical, emotional and mental status of the individual, such as common individual activities and habits, self-esteem, self-perceptions, calmness, etc.

Social factors encompass the relationships, interactions, sense of belonging, support systems and social inclusion within a community or society that can affect an individual's mental and emotional well-being. This can include family dynamics, peer relationships, community support, social cohesion and interactions with the host community, and acculturation, etc.

Contextual factors pertain to the environmental and situational conditions that surround an individual and can impact mental and emotional well-being. These can include living conditions, access to services, economic situation, livelihood opportunities, educational opportunities, etc.

Protective factors: Protective factors balance and buffer risk factors and reduce a child's vulnerability. They lower the probability of an undesirable outcome[1].

Risk factors: Risk factors are environmental factors, experiences or individual traits that increase the probability of a negative outcome[2].

Mental Health and Psychosocial Support (MHPSS): is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders[3]. In contrast with informal support, formal MHPSS refers to structured and organized services and interventions provided by trained professionals in the field of mental health and psychosocial well-being, or other institutionalised support contributing to the mental and emotional well-being of individuals.

Informal support refers here to non-professional or non-clinical forms of support provided to individuals experiencing mental health or psychosocial challenges. It involves assistance and care provided by family members, friends, community members, or other informal networks. Informal MHPSS support can take various forms, such as active listening, emotional support, offering advice, providing practical assistance, and fostering a sense of belonging and social connection.

[1] UNICEF, Digital remote mental health and psychosocial support for young refugees and migrants, p.8, 2023
[2] The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action (CPMS), 2019
[3] Inter-Agency Standing Committee (IASC), Guideline: Mental Health and Psychosocial Support in Emergency Settings, 2007

Appendix 2 – Limitations

- Geographical coverage: the limited number of raions accessed may restrict the generalisability of the findings. Findings are limited to the regions assessed.
- Social desirability bias: mental health is a culturally sensitive topic and often stigmatized topic, which might lead to social desirability bias. Respondents may be inclined to provide answers they perceive as socially acceptable or that align with societal norms, rather than expressing their true thoughts and experiences.
- Selection bias: purposive sampling based on REACH's partners' network could potentially have the following risks: exclusion risk: likely to exclude harder-to-reach individuals not covered by existing assistance networks; under-reporting risk: non-inclusion of potentially more vulnerable individuals may lead to under-reporting of challenges and barriers.
- Nonresponse to questions asked to adolescents or adults can introduce bias in results.
- Unit of measurement: the unit of measurement for the assessment is the community. However, it is important to recognize that using the community as the unit of measurement may not fully capture the nuances and individual variations within the community.

Appendix 3 – Sampling

Region	Centre		Chisinau		North		South		Total of targeted FGDs/KIIs	Total of reached FGDs/KIIs/IIs
Gender	Male	Female	Male	Female	Male	Female	Male	Female		
Adolescents Consultations	1	2	2	2	2	3	2	2	16 FGDs	16 FGDs
FGDs with female caregivers		2		2		2		2	16 FGDs	8 FGDs
IIs with male caregivers*	2		2		2		2		0 IIs	8 IIs
KIIs with MHPSS practitioners	3		4		3		3		12 KIIs	13 KIIs
KIIs with regional experts and MHPSS service coordinators	3		4		3		2		12 KIIs	12 KIIs
KIIs with national coordinators of MHPSS services	3								3 KIIs	3 KIIs

Acknowledgements

This assessment was made possible through funding from UNHCR and UNICEF.

And with the support from our partners in the Child Protection Working Group