

ROUTE-BASED APPROACH

From Vision to Implementation

Thematic Brief Series



Mental Health and Psychosocial Support and the Route-Based Approach

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Mental Health and Psychosocial Support and the objectives of the route-based approach

Mixed and onward movements expose refugees and asylum-seekers in mixed and onward movements to evolving protection risks as they move across multiple countries, jurisdictions and protection systems. Along these journeys, people may experience repeated uncertainty, family separation, violence, exploitation, repeated displacement and other adverse experiences that affect not only their physical safety but also their psychological and social well-being. These experiences influence people's ability to understand information, exercise agency, engage meaningfully with procedures, and make informed decisions at each stage along the route. Applying a Mental Health and Psychosocial Support (MHPSS) lens to operationalization of the route-based approach (RteBA) helps ensure that responses recognize these psychological and social dimensions of protection, strengthen people's agency and resilience, and support protection-sensitive responses throughout mixed and onward movements. Rather than constituting a separate intervention, MHPSS is a cross-cutting issue that needs to be considered within each of the route-based approach's three objectives to reinforce the outcomes.

- The objective of 'saving lives and reducing harm along routes' extends beyond only physical danger: psychosocial distress, disorientation, fear, and exhaustion are inherent dimensions of the risk and harm that refugees and asylum seekers experience along the route. Recognizing these signs early, at borders, reception points, and other first points of contact, is part of identifying and responding to harm in a timely way.
- Under the objective of 'creating viable alternatives to dangerous journeys', psychosocial distress, fear of disclosure, distrust, and isolation can affect whether people understand, trust and use available protection options. Addressing these factors can therefore help make existing alternatives more accessible and credible, but it cannot substitute for the availability of rights, services, documentation and viable solutions.
- Under the objective of 'supporting States to strengthen responses to mixed movements', integrating MHPSS into national protection and asylum systems, screening, reception, and referral systems strengthens protection-sensitive and sustainable national systems.

Implications of psychosocial distress in mixed and onwards movements contexts

First, psychosocial stress often accumulates over the course of the route but can also arise or intensify acutely at any single stage of it. Some of this stress predates the journey altogether, rooted in the adverse conditions or human rights violations conditions that led to displacement in the first place, and continues to shape how people experience each stage that follows. Chronic accumulative stress builds through prolonged exposure to uncertainty, failure to meet basic needs, family separation, and repeated displacement along the way, while acute or traumatic stress may emerge suddenly in response to a specific event, such as violence, torture, exploitation, or other incidents that generate acute experiences of fear, at any point along the route. This underlines the importance of considering psychosocial well-being throughout the route and across different interactions with protection, asylum, migration, health and community systems, rather than viewing MHPSS as a one-off intervention delivered at a single point in time.

Second, distress in the context of displacement is a common and expected response to adversity. Most people affected do not require specialized mental health treatment and will be better able to cope once their circumstances improve, specifically when they are supported by conditions that foster a sense of safety, access to information, social connectedness, and a sense of agency. Promoting these enabling conditions is itself an important protection intervention. Access to reliable information, communication, predictable procedures, family unity where possible, and opportunities to participate in decisions affecting one's situation can all contribute to psychosocial well-being.

MHPSS considerations across the route

Applying an MHPSS lens is not about introducing a new set of parallel activities, but about strengthening how each pillar of the route-based approach is implemented. MHPSS considerations are most immediately visible under Pillar 3, where psychosocial support and psychological first aid are already named as part of the immediate response, and where principles of safe disclosure, informed consent, and non-intrusive interviewing already reflect MHPSS principles and practice. They are equally relevant under Pillar 4, where inclusion, self-reliance, and access to services and livelihoods have a demonstrated psychosocial function, supporting agency and social connectedness, in addition to their economic and rights-based value.

Using an MHPSS lens along the route extends well beyond psychological first aid. Where continuity of presence allows, relevant support can include family tracing and reunification, particularly for unaccompanied and separated children; child-friendly spaces and women and girls' safe spaces; and structured recreational, cultural, and creative activities that support connection, coping, and a sense of identity and continuity amid disruption. Rooted in familiar cultural practices and, where possible, designed and led by communities and refugee-led organizations, such activities foster trusted information, peer support, social connectedness, and early identification of people requiring additional, without necessarily requiring clinical expertise. This positions community-based and refugee-led organizations as key partners throughout mixed and onward movements.

In addition, where personnel, including frontline protection, reception and community-based workers without specialized mental health training, can be trained and supervised, more structured approaches can be appropriate, including culturally and contextually relevant psychoeducation and brief scalable psychological interventions designed for delivery by trained and supervised non-specialists and or through digital delivery methods. For those with more severe or complex mental health conditions that undermine functioning and survival, referrals to specialized mental health care by qualified professionals is essential, with attention to avoiding interruptions in treatment as outlined above.

Applying an MHPSS lens also requires understanding what MHPSS capacities, referral pathways and specialized services are available at different points along the route, enabling better coordination between actors and helping identify gaps requiring additional investment.

Delivering these different forms of support requires coordinated engagement between national authorities, health and protection actors, community-based organizations, refugee-led organizations and specialized service providers, each contributing according to their respective mandates and expertise.

Measures to integrate MHPSS within the route-based approach

Integrating MHPSS considerations within mixed and onward movement situations requires that protection interventions systematically take account of psychosocial well-being, while ensuring that frontline actors are able to recognize distress, receive and act on disclosures of existing mental health conditions, and facilitate access to additional support where needed. In practice, this includes the following:

The series will initially cover:

- Integrating functioning-based identification of distress into existing screening, registration, and monitoring processes, rather than introducing a separate MHPSS assessment, while ensuring that any disclosure of an existing mental health condition or diagnosis is received appropriately and referred on.
- Building basic awareness of psychological first aid and basic psychosocial helping skills among frontline staff across functions.
- Considering the use of brief scalable psychological interventions delivered by trained and supervised non-specialist staff, distinguishing this from specialized MHPSS service delivery.
- Applying safe disclosure and do-no-harm principles in interviews and other interactions, consistent with existing standards on informed consent and confidentiality.
- Supporting community-based (ideally: community-led), culturally grounded, and structured creative or recreational activities along the route.
- Ensuring accessible referral pathways to specialized MHPSS services along the route, across locations.
- Ensuring that communication and information-sharing with refugees, asylum-seekers in mixed movement situations is clear, accessible, culturally appropriate and supports informed decision-making, agency and psychosocial wellbeing.
- Considering psychosocial well-being indicators in route-level data collection and analysis, in line with data protection and do-no-harm standards, to inform coordinated responses across the route.

Bringing an MHPSS perspective to the route-based approach generates protection dividends. It helps ensure that responses along the route address the psychological and social conditions that shape whether people can engage with protection and asylum systems, draw on their own strengths, and make informed decisions about their journeys. In doing so, it strengthens protection-sensitive systems, supports more coordinated responses across actors and countries, and contributes to earlier, more effective protection along mixed and onward movement routes.

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For more information on the series of UNHCR's route-based approach thematic briefs, please refer to the [UNHCR Route-Based Approach Strategic Brief - From Vision to Implementation](#).

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