

Challenges, Solutions, and Best Practices - A Multi-National Analysis of Refugee Mental Health Support Needs

ABSTRACT

The global refugee crisis has reached unprecedented levels, with over 122.6 million forcibly displaced people worldwide as of June 2024 (UNHCR Mid-Year Trends Report, 2024). This includes refugees under UNHCR's mandate, Palestine refugees under UNRWA's mandate, asylum-seekers, internally displaced persons (IDPs), and others in need of international protection. Given the traumatic experiences faced by refugees during displacement—such as conflict, persecution, and hazardous journeys—the provision of mental health and well-being support becomes a critical component of humanitarian response. However, restrictive policies and resource constraints in host countries often hinder access to these essential services. This paper provides an analysis of mental health support systems in key host nations, focusing on Kenya, Uganda, the United Kingdom, Germany, and Canada. By examining legislative frameworks, service delivery mechanisms, social and economic integration efforts, and their impact on long-term refugee mental health outcomes, this research highlights actionable recommendations for improving mental health frameworks

globally. It underscores the importance of adopting trauma-informed approaches, integrating mental health into national healthcare systems, and fostering economic inclusion to enhance both individual well-being and societal resilience.

Keywords: Refugee Crisis, Displacement, Mental Health, Economic Inclusion, Integration, Policy Analysis

1. INTRODUCTION

1.1. Background

The scale of global socio-political crises has led to an alarming increase in forced displacement. Sociopolitical discord, armed conflicts, human rights violations, and climate change have collectively contributed to the displacement of millions of individuals worldwide. The 1951 Refugee Convention and its 1967 Protocol emphasise integrating refugees through social and economic support, enabling them to rebuild their lives while contributing positively to host communities.

Despite the pressing need for mental health support, refugees are disproportionately affected by mental disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) compared to host populations (WHO, 2023; Katsiaficas, 2023). Factors such as pre-migration trauma, arduous journeys, uncertain asylum processes, discrimination, and socioeconomic marginalisation exacerbate mental health challenges among refugees. Addressing these issues is not only a moral imperative but also an economic necessity, as untreated mental health conditions impose significant costs on societies in the long term (McDaid & Park, 2023).

1.2. Objectives

This paper aims to:

- Analyse the mental health challenges faced by refugees in select host countries.
- Discuss mental health support systems across Kenya, Uganda, the UK, Germany, and Canada.
- Identify best practices and propose actionable recommendations for policymakers.

2. LITERATURE REVIEW

2.1. Necessity to Invest in Refugee Mental Health Support

Refugees endure multifaceted traumas that profoundly affect their mental health. These include:

Pre-Migration Trauma: Exposure to violence, persecution, and loss of loved ones.

- Transit Trauma: Dangerous journeys involving human trafficking, exploitation, and life-threatening risks.
- Post-Migration Stressors: Uncertain asylum procedures, restricted access

to employment, poor living conditions, and cultural barriers.

Studies indicate that up to 40% of refugees suffer from PTSD, while over 50% experience symptoms of depression and anxiety (Steel et al., 2009; Fazel et al., 2005). Untreated mental health conditions hinder refugees' ability to integrate socially and economically, perpetuating cycles of poverty and exclusion.

2.2. Refugee Mental Health Support and Integration: A Complementary Relationship

Research demonstrates that mental health support and integration are interdependent (Katsiaficas, 2023). Effective mental health interventions enable refugees to overcome trauma, build resilience, and participate actively in host societies. Therefore, we can say that there is an urgent need for a dynamic and multifaceted two-way mental health support framework which requires all concerned parties to work together to help refugees manage their unique mental health struggles and achieve integration as members of the host communities.

2.3. Policy Designed to Enhance Refugee Integration vs Policy Centred on Migration Management

Studies conducted in the UK by The Woolf Institute (2024) blame the government's consistent prioritisation of policy centred on migration management over policy designed to enhance refugee integration for preventing refugees from being able to contribute to British society and increasing the strain on public resources (LSE, 2024). Their assertion that the benefits of such a framework could outweigh the costs within three years (LSE, 2024) makes a strong case for inclusive integration policies. In line with these findings, it can be assumed that a coherent and holistic approach involving quicker asylum processing and administration, access to education and

employment, and engagements within local communities would lead to improved refugee integration and mental health outcomes.

Examples of successful integrative models include:

- Scotland's 'New Scots' Strategy - Combines legal provisions, mental health support, and community engagement projects to foster shared connections between refugees and local populations.
- Canada's Community Sponsorship Program - Provides tailored mental health services and economic opportunities to facilitate refugee integration.

On the other hand, more exclusionary policies based on managing migration can exacerbate mental health challenges by creating barriers to essential services, reinforcing social isolation, and undermining refugees' sense of belonging (Mulvey, 2021).

- The UK model is one such example, where asylum seekers are barred from accessing work and employment opportunities and instead have to rely on public funds, barring them from creating new, meaningful lives for themselves and minimising public spending.

In this paper, we analyse the Mental Health Support systems in a few host countries and draw a link between the nature of the support provided there and long-term refugee mental health and integration. While we focus on Kenya and Uganda as two prominent host nations in Africa with distinct approaches to managing the mental health needs of refugees, we highlight the UK and Germany as host nations within the European region and lastly look at the Canadian framework.

3. ANALYSIS OF MENTAL HEALTH SUPPORT FRAMEWORKS

3.1. Kenya

Kenya hosts approximately 600,000 refugees, primarily in camps like Kakuma and Dadaab.

Challenges

Despite the volume of refugees, mental health support is limited and faces severe challenges such as:

- Limited Legislative Framework - Mental health is not adequately integrated into broader refugee assistance programs. The National Mental Health Policy (2021–2030) lacks specific provisions for refugees, leaving their mental health needs largely unaddressed at the legislative level.
- Encampment Policies - Refugees in Kenya are predominantly confined to camps like Kakuma and Dadaab, where freedom of movement and employment opportunities are severely restricted. These limitations contribute to chronic stress, dependency on aid, and worsened mental health outcomes.
- Capacity Gaps in Service Delivery - Mental health services in Kenya are primarily delivered by international NGOs, which focus on trauma counseling and psychosocial support. However, shortages of trained professionals and insufficient funding hinder the quality and reach of these services.
- Geographic Isolation - Refugee camps are often located in remote areas with limited access to healthcare infrastructure. This geographic isolation exacerbates barriers to receiving timely and effective mental health care.
- Cultural Stigma - Cultural attitudes toward mental health within both

host communities and refugee populations can deter individuals from seeking help, further complicating efforts to address mental health challenges.

3.2. Uganda

Uganda, hosting over 1.7 million refugees as of 2023 is renowned for its progressive refugee policies.

Mental Health Support Framework

The Ugandan mental health support framework includes:

- Legislation - The Refugee Act (2006) grants refugees the right to work, own land, and access public services, fostering self-reliance.
- Service Delivery - Community-based mental health services are integrated into primary healthcare facilities, ensuring accessibility for refugees. Training programs for local and refugee health workers enhance service delivery.
- Integration Efforts - Open-door policies promote social inclusion and reduce stigma around mental health.

Challenges

Some challenges to providing refugees with mental health support in Uganda are:

- Financial Constraints - While Uganda has progressive policies that promote self-reliance among refugees, financial limitations restrict the scalability of mental health programs. Expanding community-based mental health services to meet growing demand remains a significant challenge.
- Urban vs. Settlement Disparities - Urban refugees face unique challenges compared to those in settlements. They often lack formal recognition, making it harder for them to access mental health services and other forms of support.

- Staffing Gaps - Despite training programs for local and refugee health workers, there is still a shortage of qualified personnel capable of delivering culturally sensitive and trauma-informed care. Addressing this gap requires sustained investment in workforce development.
- Coordination Issues - Ensuring coordination between government agencies, NGOs, and community organizations is essential for effective service delivery. However, fragmentation and communication gaps sometimes undermine collaborative efforts.
- Sustainability of Open-Door Policies - Uganda's open-door policy, though commendable, places a significant strain on national resources. Balancing humanitarian commitments with domestic priorities remains a delicate challenge.

3.3. The United Kingdom

The fact that Britain is a signatory to the 1951 Geneva Convention and has offered asylum to those fleeing from persecution and violence for many years is one of the reasons why refugees coming to Europe often find their way here. In addition, refugees are often influenced by the family or other personal connections they may already have in the UK; their belief that their knowledge of English will help them find work, navigate legal systems, and integrate more easily; or those they engage to help them with their journeys (Refugee Action, 2016).

Mental Health Support Framework

The mental health support offered to refugees in the UK includes:

- Entitlement to Healthcare - Refugees are entitled to see a doctor (GP), access government-funded hospital care provided by the National Health

- Service (NHS) without charge, and receive free or low-cost medication.
- Migrant Help - Migrant Help supports refugees on issues relating to accommodation and financial support.
- Non-governmental Organisations (NGOs) - These organisations provide information and much-needed support to asylum seekers, which ranges from providing them with an interpreter to help them access services, providing well-being support, trauma-focussed therapy and employability training; offering emergency help, one-to-one support and casework; and helping to reunite families.

Challenges

However, the UK faces serious challenges concerning providing these services:

- Legislation: Despite many refugees feeling their journey to safety ends once they arrive at UK, their struggles are heightened by legislative challenges such as complicated and lengthy asylum processes, bans on working and insufficient financial support, and poor living conditions. Moreover, political discussions on changing the asylum system, 'offshoring' asylum claims and stopping small boat crossings, and a general reluctance to expend resources to support refugees compound the mental health struggles of people seeking asylum (Phillimore & Cheung, 2021).
- Service Delivery: Though the NHS offers free mental health services, accessibility is hindered by bureaucratic hurdles, language and cultural barriers, and long waiting times. While the lack of clarity over the support available is severe and finding healthcare in the first place is difficult in itself, communicating needs with the healthcare

professional and being fully understood by someone who appreciates their cultural, religious and migration experiences proves to be a very difficult task because of lack of training and cultural competency of the staff.

- Integration Efforts: Restrictions on employment, financial dependence on government handouts, and lack of social inclusion exacerbate feelings of isolation and abandonment and associated mental health issues. Further, the confinement at detention centres, which often have a "toxic" environment where detainees self-harm and staff lack compassion and use inappropriate and unnecessary force (Kellezi, 2023), contributes to the stress faced by these vulnerable groups.

3.4. Model Countries - Canada and Germany

Both Canada and Germany exemplify comprehensive mental health frameworks for refugees:

3.4.1. Canada

Mental Health Support Framework

Some of the highlights of Canada's offered services are:

- Government-funded mental health programs tailored to refugees - Canada's government-funded mental health programs are specifically designed to address the unique challenges faced by refugees, including trauma and cultural differences. These programs incorporate trauma-informed care, recognizing the multifaceted traumas refugees endure during displacement, such as violence, persecution, and hazardous journeys. Services include individual counseling, group therapy, and specialized interventions like

Narrative Exposure Therapy (NET) or cognitive-behavioral therapy (CBT), tailored to refugee experiences. Culturally sensitive practices ensure that healthcare providers understand diverse backgrounds, languages, and belief systems, fostering trust and improving engagement. Mental health programs are integrated into broader healthcare frameworks, addressing both psychological and socioeconomic factors affecting the well-being of everyone.

- Community sponsorship programs reducing isolation and promoting integration - These initiatives connect refugees with local communities, offering emotional, financial, and practical support during resettlement. Sponsorship groups provide companionship, mentorship, and opportunities for social interaction, helping refugees overcome feelings of loneliness and alienation. By assisting refugees in navigating new environments, accessing essential services, and learning local customs, these programs accelerate integration and enhance adaptability. Economic empowerment is another key focus, with sponsors offering job training, language courses, and networking opportunities to equip refugees with skills needed for economic self-sufficiency. The mutual benefits of sponsorship extend beyond refugees, fostering cross-cultural exchange and building resilient, inclusive communities. Sponsors gain insights into diverse cultures while refugees feel valued and supported.
- Economic inclusion policies - Canada makes it a point of prioritizing refugees' early access to labour markets through offering comprehensive skill-building programs that prove beneficial to the refugees in the long term while cutting back on their financial

dependency and handouts from the host country. This has been beneficial to both the refugees and Canada in terms of economic growth and ensuring that refugees work and contribute economically and achieve integration and social cohesion as fast as possible.

Challenges

Challenges faced in supporting Refugee Mental Health in Canada are:

- Scalability of Community Sponsorship Programs - Canada's community sponsorship programs are highly effective in promoting integration and reducing isolation among refugees. However, scaling these programs to accommodate larger numbers of refugees while maintaining quality and consistency poses logistical and financial challenges. It also proves difficult to ensure equitable distribution of sponsorships across different parts of the country.
- Geographic Accessibility - Similar to Germany, geographic disparities impact access to mental health services in Canada. Remote or sparsely populated areas may lack adequate resources, making it difficult for refugees living in such regions to receive timely and appropriate care.
- Economic Integration Challenges - While Canada offers policies enabling refugees to work and contribute economically, long-term employment stability and career advancement remain problematic. Systemic barriers such as credential recognition, language proficiency requirements, and potential discrimination can impede refugees' professional growth and financial independence.
- Addressing Diverse Needs Within Refugee Populations - Refugees come

from varied cultural, linguistic, and religious backgrounds, each with distinct mental health needs. Designing and implementing services that cater to this diversity without oversimplifying or stereotyping requires careful planning and execution.

- Balancing Mental Health Priorities with Broader Healthcare Demands - Integrating mental health into the broader national healthcare system is a strength of Canada's approach. However, balancing the specific mental health needs of refugees with the overall demands on public health services can strain resources and lead to inequitable outcomes.

3.4.2. Germany

Mental Health Support Framework

Germany, too, follows an inclusionary model of mental health support that involves:

- Nationwide psychosocial support centres - Germany has established a network of psychosocial support centres that provide comprehensive services (such as therapy, legal aid, and job training) to address the multifaceted needs of refugees. These centres are designed to promote holistic well-being by integrating mental health care with practical support systems.
- Fast-track asylum processing - By streamlining procedures and allocating adequate resources, Germany ensures that asylum seekers receive timely decisions on their applications and can experience minimised stress and uncertainty. Therefore, shorter waiting periods reduce anxiety and allow refugees to focus on rebuilding their lives rather than dwelling on unresolved legal issues, while transparent communication throughout the process helps them

manage expectations and alleviate fears.

- Universal access to healthcare regardless of legal status - Germany's commitment to universal healthcare ensures that all refugees, regardless of their legal status, have unbiased access to essential medical and mental health services. To ensure effective and equitable service delivery, German healthcare providers undergo training in culturally sensitive practices. This includes understanding diverse cultural backgrounds, languages, and belief systems, which enhances trust and communication between patients and practitioners.

Challenges

- Resource Constraints and Scalability - Germany's robust psychosocial support centers and universal healthcare access for refugees requires substantial funding. As the number of incoming refugees fluctuates, ensuring consistent financial backing for mental health initiatives becomes challenging. Additionally, scaling up existing programs to meet growing demand without compromising quality remains a concern.
- Cultural Integration Barriers - While Germany has implemented fast-track asylum processing and job training programs, cultural differences can hinder full integration. Refugees may struggle to adapt to German societal norms, leading to feelings of isolation or alienation. Language barriers further exacerbate this issue, limiting access to mental health services and reducing opportunities for meaningful social interaction.
- Workforce Capacity and Training Gaps - Providing trauma-informed care requires a well-trained workforce capable of addressing the unique needs of refugees. However,

there may be shortages of professionals who are fluent in multiple languages or experienced in culturally sensitive mental health practices. Ensuring that all healthcare providers are adequately trained to recognize and treat refugee-specific mental health issues is an ongoing challenge.

- **Urban vs. Rural Disparities** - Access to mental health services varies significantly between urban and rural areas. Urban centers typically have better infrastructure and resources, whereas rural regions may lack sufficient facilities or specialists, leaving refugees in these areas underserved.
- **Long-Term Sustainability of Support Systems** - The sustainability of Germany's mental health frameworks depends heavily on political will and economic stability. There has been a resurgence of right-wing support in Germany, with AfD (a far-right party known for its anti-migration views) having skyrocketed in popularity. The recent rejection of an Opposition bill demanding a more restrictive approach to migration, with the support of the AfD, has created fears that changes in government priorities or economic downturns could jeopardize funding for these critical programs.

3.4.3. Specific challenges underscored for the model countries include:

Common Challenges faced across both countries are:

- **Sustained Funding** - Both Germany and Canada rely on significant investments in mental health and integration programs. Securing consistent funding over time, especially amidst changing political

landscapes or economic conditions, remains a persistent challenge.

- **Reducing Stigma Around Mental Health** - Even in progressive nations like Germany and Canada, the stigma surrounding mental health can deter refugees from seeking help. Promoting awareness and reducing stigma requires sustained efforts at both community and policy levels.
- **Tailoring Services to Diverse Populations** - Refugees represent diverse cultural, linguistic, and religious groups. Developing and delivering services that effectively address the unique needs of each group without creating inefficiencies or inequities is a complex challenge.
- **Coordination Between Stakeholders** - Successful implementation of these mental health support systems requires coordination between various stakeholders, including governments, NGOs, healthcare providers, and local communities. Ensuring seamless collaboration and communication among these entities is crucial but often difficult to achieve.

As much as the best practices from these countries highlight the importance of holistic, government-led approaches to refugee mental health, they face unique challenges in implementing the policies, much like any other nation. What makes them a model is not the absence of challenges, but their resolve to uphold international refugee laws and protect refugees even in the face of these challenges.

4. DISCUSSION

4.1. Integration Outcomes

Kenya, despite hosting approximately 600,000 refugees, struggles with limited legislative frameworks and encampment policies that restrict freedom of movement

and economic participation, exacerbating chronic stress and dependency among refugees. While international NGOs provide essential trauma counseling and psychosocial support, capacity gaps due to shortages of trained professionals and insufficient funding persist. To improve outcomes, Kenya must integrate mental health services into its national healthcare system and allow greater economic participation for refugees.

Uganda, on the other hand, has progressive policies already in place that have enabled it to host over 1.7 million refugees, demonstrating commendable efforts through its open-door approach, granting refugees the right to work, own land, and access public services. The Country has attempted to push community-based mental health services by integrating them into primary healthcare facilities to enhance accessibility, though financial constraints limit the services' scalability. Urban refugees face additional barriers compared to those in settlements, highlighting the need for targeted interventions. Addressing staffing gaps and ensuring sustained funding will strengthen Uganda's inclusive model.

In contrast, the United Kingdom grapples with complex asylum processes that create prolonged uncertainty and stress for refugees. Despite offering free mental health services through the NHS, bureaucratic hurdles, language barriers, and long waiting times hinder accessibility. Restrictions on employment, poor housing conditions, and limited social networks further isolate refugees, underscoring the importance of expediting asylum procedures and enhancing cultural competency among healthcare providers.

Canada and Germany exemplify comprehensive mental health frameworks, prioritizing trauma-informed care, economic inclusion, and universal healthcare access. Canada's government-funded programs, community

sponsorship initiatives, and skill-building opportunities foster integration and resilience. However, scaling these programs while addressing geographic disparities and systemic barriers remains a challenge. Similarly, Germany's nationwide psychosocial support centers, fast-track asylum processing, and universal healthcare access significantly reduce stress and promote self-reliance. Yet, workforce capacity, urban-rural disparities, and political shifts pose ongoing concerns.

4.2. Barriers to Effective Mental Health Support

Several systemic barriers impede effective mental health support for refugees:

- Resource Constraints - Limited funding restricts the reach and quality of mental health services.
- Cultural Stigma - Misunderstandings about mental health deter refugees from seeking help.
- Policy Gaps - Restrictive policies hinder access to essential services, exacerbating mental health challenges.

4.3. Lessons Learned

Countries with inclusive policies and robust mental health frameworks demonstrate better outcomes for refugees. For instance, Uganda's open-door policy, Canada's government-funded mental health programs specifically designed to address the unique challenges faced by refugees, including trauma and cultural differences, and Germany's fast-track asylum processing improve the mental well-being and integration of these refugees. In contrast, restrictive approaches like Kenya's encampment policies and the UK's lengthy asylum procedures and legislative hurdles to economic and social integration worsen their mental and physical health.

5. POLICY RECOMMENDATIONS

Based on the analysis done, the following recommendations are proposed:

5.1. Legislative Frameworks

- Enact legislation prioritizing mental health in national refugee policies.
- Remove restrictions on employment and freedom of movement to enhance economic independence.

5.2. Service Delivery Mechanisms

- Invest in trauma-informed care tailored to refugees' unique experiences.
- Train healthcare providers on culturally sensitive mental health practices.
- Establish mobile mental health units to reach underserved populations in remote areas.

5.3. Social and Economic Integration

- Promote skill-building programs targeting both adults and youth.
- Foster public-private partnerships to create employment opportunities for refugees.
- Encourage community engagement initiatives to reduce stigma and foster mutual understanding.

5.4. General Recommendations

- Invest in Trauma-Informed Care - Develop and implement trauma-informed approaches tailored to the unique experiences of refugees, recognizing the multifaceted traumas they endure.
- Train Healthcare Providers - Provide ongoing training for healthcare professionals on culturally sensitive mental health practices to ensure effective and respectful service delivery.
- Establish Mobile Mental Health Units - Deploy mobile mental health units to reach underserved populations in

remote or hard-to-access areas, ensuring no one is left behind.

- Promote Public Awareness Campaigns - Conduct widespread campaigns to reduce the stigma surrounding mental health and encourage help-seeking behavior among refugees and host communities.
- Foster Global Cooperation - Share best practices and lessons learned across countries to strengthen global efforts in addressing refugee mental health challenges.
- Prioritize Sustainable Funding - Advocate for consistent and sufficient funding from domestic budgets, international donors, and humanitarian organizations to sustain mental health initiatives over the long term.

6. CONCLUSION

As the global refugee crisis continues to escalate, the unprecedented scale of displacement underscores a critical need for robust, sustainable mental health support systems personalized to the unique challenges faced by refugees. Host countries play a pivotal role in addressing these challenges, yet each faces distinct barriers that hinder effective service delivery. Prioritizing refugee mental health is not only a moral imperative but also an economic necessity. By adopting inclusive policies, investing in culturally sensitive care, and fostering collaboration at all levels, host countries can create supportive environments where refugees thrive. As the global community confronts this pressing issue, it must act collectively to ensure no one is left behind, upholding the shared responsibility to protect vulnerable populations and build resilient societies.

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APPENDICES

Appendix A: Summary of Mental Health Support Models

Kenya: Mental Health Support Model

- Legislation: Limited inclusion of mental health in broader refugee assistance programs. The National Mental Health Policy (2021–2030) lacks specific provisions for refugees.
- Service Delivery: Mental health services are primarily delivered by international NGOs, focusing on trauma counseling and psychosocial support. However, shortages of trained professionals and insufficient funding hinder service delivery.
- Integration Efforts: Encampment policies restrict freedom of movement and economic participation, contributing to chronic stress and dependency on aid.
- Challenges: Geographic isolation of camps, cultural stigma around mental health, and limited legislative frameworks exacerbate barriers to effective support.

Uganda: Mental Health Support Model

- Legislation: The Refugee Act (2006) grants refugees the right to work, own land, and access public services, fostering self-reliance.
- Service Delivery: Community-based mental health services are integrated into primary healthcare facilities, ensuring accessibility for refugees. Training programs for local and refugee health workers enhance service delivery.
- Integration Efforts: Open-door policies promote social inclusion and reduce stigma around mental health.
- Challenges: Financial constraints limit scalability, urban refugees face additional barriers compared to those in settlements, and staffing

gaps persist despite training initiatives.

The United Kingdom: Mental Health Support Model

- Legislation: Complex and prolonged asylum processes contribute to uncertainty and stress. Refugees are entitled to free healthcare through the NHS but face bureaucratic hurdles, language barriers, and long waiting times.
- Service Delivery: Non-governmental organizations (NGOs) provide critical support, including interpreters, well-being services, trauma-focused therapy, and employability training.
- Integration Efforts: Restrictions on employment and financial dependence exacerbate feelings of isolation and abandonment. Detention centers further worsen mental health conditions.
- Challenges: Legislative challenges, lack of cultural competency among healthcare providers, and poor living conditions hinder effective mental health support.

Germany: Mental Health Support Model

- Legislation: Universal access to healthcare ensures that all refugees, regardless of legal status, have unbiased access to essential medical and mental health services.
- Service Delivery: Nationwide psychosocial support centers offer comprehensive services, including therapy, legal aid, and job training. Fast-track asylum processing minimizes stress and uncertainty.
- Integration Efforts: Trauma-informed care and culturally sensitive practices enhance trust and communication between patients and practitioners.
- Challenges: Resource constraints, cultural integration barriers, workforce capacity gaps, and urban-rural disparities impact

service delivery. Long-term sustainability depends on political will and economic stability.

Canada: Mental Health Support Model

- Legislation: Government-funded mental health programs tailored to refugees incorporate trauma-informed care and culturally sensitive practices.
- Service Delivery: Community sponsorship programs reduce isolation and promote integration by connecting refugees with local communities. Economic inclusion policies enable early access to employment opportunities.
- Integration Efforts: Skill-building programs and public-private partnerships foster self-reliance and social cohesion.
- Challenges: Scaling community sponsorship programs, addressing geographic disparities, and overcoming systemic barriers such as credential recognition and discrimination pose ongoing challenges.

Appendix B: Case Studies of Successful Integration Programs

1. 'New Scots' Strategy (Scotland, UK)

- Overview: The 'New Scots' strategy is a comprehensive refugee integration program in Scotland that combines legal provisions, mental health support, and community engagement initiatives to foster shared connections between refugees and local populations.

- Key Features:

- Provides tailored mental health services, including counseling and

trauma-focused therapy, to address the unique needs of refugees.

- Offers language courses, employment training, and housing assistance to promote self-sufficiency.
- Encourages community participation through cultural exchange events, volunteer opportunities, and mentorship programs.
- Impact: By integrating mental health support with practical resources and fostering mutual understanding, the program has significantly reduced isolation and improved well-being among refugees. It serves as a model for other regions aiming to balance humanitarian support with societal integration.

2. Community Sponsorship Programs (Canada)

- Overview: Canada's community sponsorship program connects refugees with local communities, providing emotional, financial, and practical support during resettlement.
- Key Features:
 - Sponsorship groups offer companionship, mentorship, and opportunities for social interaction, helping refugees overcome feelings of loneliness and alienation.
 - Sponsors assist with navigating new environments, accessing essential services, and learning local customs.
 - Economic empowerment is prioritized through job training, language courses, and

networking opportunities, enabling refugees to achieve financial independence.

- Impact:
This initiative not only supports refugees but also fosters cross-cultural exchange and builds resilient, inclusive communities. Both sponsors and refugees benefit from the mutual understanding and collaboration fostered by this program.

3. Nationwide Psychosocial Support Centers (Germany)

- Overview:
Germany operates a network of psychosocial support centers that provide comprehensive services, including therapy, legal aid, and job training, to address the multifaceted needs of refugees.
- Key Features:
 - Integrates mental health care with practical support systems, such as legal assistance and employment preparation.
 - Fast-track asylum processing minimizes stress and uncertainty by expediting decision-making.
 - Culturally sensitive practices ensure effective communication and trust-building between healthcare providers and refugees.

- Impact:
These centres have been instrumental in reducing anxiety and promoting holistic well-being among refugees. Their focus on early intervention and trauma-informed care helps refugees transition more smoothly into German society.

4. Open-Door Policy and Community-Based Services (Uganda)

- Overview:
Uganda's open-door policy grants refugees the right to work, own land, and access public services, fostering self-reliance and reducing dependency on aid.
- Key Features:
 - Community-based mental health services are integrated into primary healthcare facilities, ensuring accessibility for refugees.
 - Training programs for local and refugee health workers enhance service delivery and build capacity within communities.
 - Social inclusion efforts, such as shared markets and schools, promote interaction and reduce stigma.

- Impact:
Despite resource constraints, Uganda's approach demonstrates how inclusive policies can improve mental health outcomes and promote long-term integration. The emphasis on self-reliance empowers refugees to contribute economically and socially.

5. Skill-Building and Employment Programs (Canada & Germany)

- Overview:
Both Canada and Germany prioritize skill-building and employment opportunities for refugees, recognizing the importance of economic inclusion in mental health recovery.
- Key Features:

- Canada offers comprehensive skill-building programs, including vocational training, language instruction, and certification assistance, to bridge gaps between refugees' existing qualifications and labor market requirements.
- Germany provides job training and placement services through nationwide psychosocial support centers, ensuring refugees can enter the workforce quickly and effectively.
- Impact:
 Early access to employment reduces financial dependency, enhances self-esteem, and promotes social cohesion. These programs exemplify how economic empowerment can positively impact mental health and overall well-being.

6. Migrant Help and NGO Support (UK)

- Overview:
 In the UK, organizations like Migrant Help and other NGOs play a critical role in supporting refugees through accommodation, financial assistance, and mental health services.
- Key Features:
 - Provides interpreters to facilitate communication between refugees and healthcare professionals.
 - Offers emergency help, one-on-one support, and casework to address immediate needs.
 - Conducts family reunification efforts to alleviate stress and promote stability.
- Impact:
 While legislative challenges persist, these grassroots initiatives fill critical gaps in service delivery and offer lifelines to vulnerable populations. They demonstrate the importance of collaborative efforts between governments and civil society.