



Mental Health Care for Refugees in Germany: A Staff Survey on the Multimodal, Multiprofessional Treatment Offers within the RefuKey Project

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Introduction: Refugees and asylum seekers (ASR) show increased psychiatric morbidities (e.g. depression, PTSD) due to pre-, peri-, and post-migrative trauma and stress [1,2]. Multilevel barriers and post-migrative stressors (e. g. lack of language mediation, legally restricted access, lack of cultural sensitivity) hinder their access to standard mental health care [3]. Psychosocial Counseling Centers (PCCs) provide specialized and low-threshold care for ASR in Germany, pursuing a multidisciplinary, multimodal and flexible treatment approach [4,5] with significant improvements on ASR's symptom burden.

The refuKey project (established in 2017) aims at improving access to standard mental health care for refugees in Germany. Following a stepped-care approach, so-called cooperative competence centers have been established, consisting of newly founded PCCs and nearby psychiatric clinics, in the vicinity of federal receptions centers. *RefuKey* employees serve as connecting links between both institutions (e. g. coordinating patient transfers, supporting clinical staff). The *refuKey* project is scientifically evaluated, including i. a. the pre-/post-evaluation of ASR-clients' mental health parameters, showing significant improvements during the treatment process.

Methods: This multistage sub-study focuses on the exploration of *refuKey* service offers, taking into account the perspective of *refuKey* employees

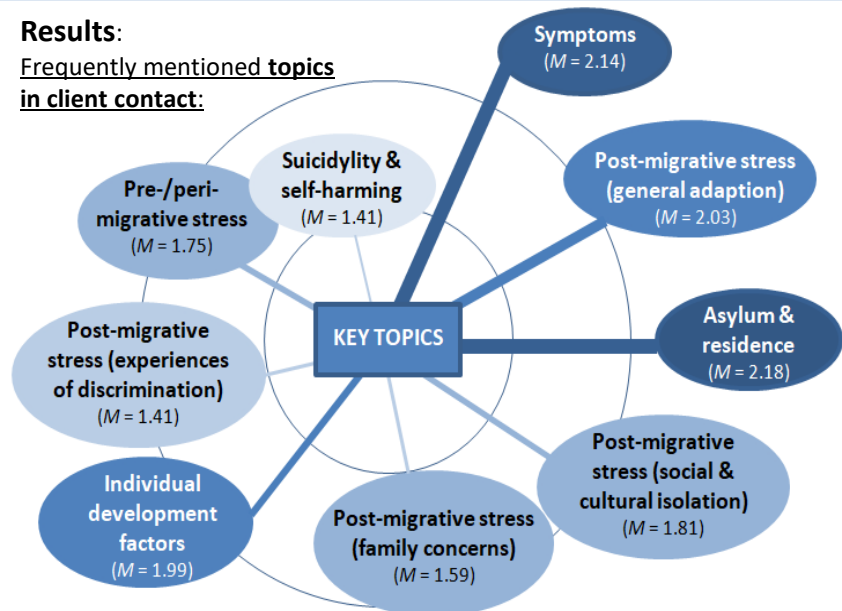
1. Qualitative survey (paper-pencil) of practitioners with direct client contact on their professional background, tasks in client contact, key topics, conversation techniques and methods/interventions used
2. Quantitative survey (online) of practitioners with direct client contact (based on study 1) Forty-three practitioners (44% psychologists, 16% social work, 16% specialized therapist, 24% other) rated the items on a 4-point Likert-Scale (0 "never" – 3 "always")
3. Qualitative, semi-structured focus groups with representatives from all professional groups with direct client contact, supplementing the previous findings with perceived strengths, challenges, and experiences in multimodal, multiprofessional work [implementation planned]

Frequently mentioned methods/ interventions:

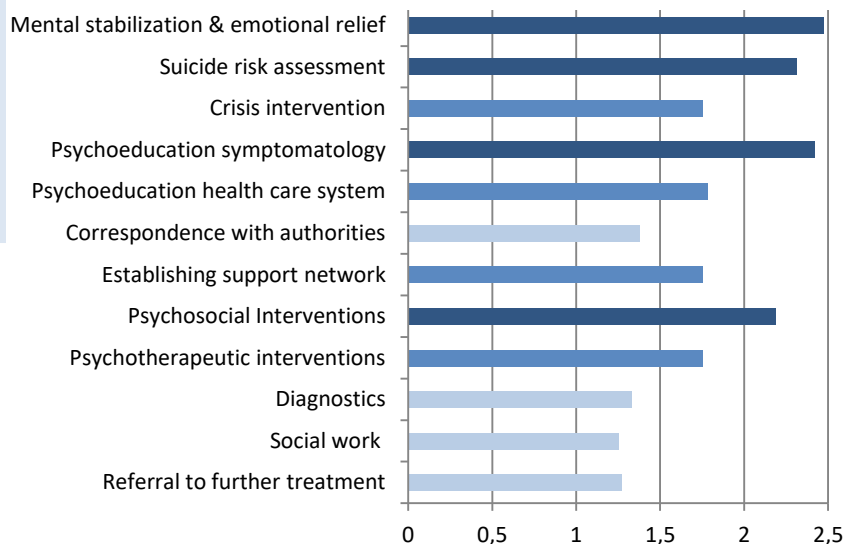
- Ressource activation
($M = 1.8$; $SD = .78$)
- Practical and supportive interventions
($M = 1.6$; $SD = .54$)

Results:

Frequently mentioned topics in client contact:



Frequently mentioned tasks:



Discussion:

- In addition to pre- and peri-migrative stressors, **post-migrative stressors are a particular focus** of the counseling sessions [6]. Factors related to **asylum/residence permit** and **social/cultural isolation** are mentioned particularly frequently → s. a. *Calliess et al., 2025*: ASR emphasizing the importance of "interpersonal relationship and community" within *refuKey* treatment
- Transdiagnostic interventions (e. g. promoting self-efficacy, emotion regulation) that **support ressource activation** are of high relevance → s. a. *Calliess et al., 2025*: ASR emphasizing perceived benefit of "personal growth & emotional resilience"
- Mental stabilization, emotional relief and crisis intervention are highly relevant and indicate ASRs' high mental burden
- **Expansion and facilitation of early access to standard mental health care** and long-term promotion and funding of **low-threshold, multimodal treatment offers** (e. g. PCCs) as well as reduction of post-migrative stressors are urgently needed