

## Policy Brief

# Beyond Survival: Refugee Mental Health and Belonging in Germany

by Zohra Wandaa

Secretariat

**bicc**  
Bonn International Centre for Conflict Studies

Supported by

 **Robert Bosch  
Stiftung**

On behalf of

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH

 **Federal Ministry  
for Economic Cooperation  
and Development**

# Recommendations

## *1. Improve housing and early access to mental health care*

Germany should reduce early psychosocial harm by limiting time in reception centres and prioritising community-based housing. The arrival phase poses severe mental health risks due to legal uncertainty and poor living conditions. Guaranteed access to mental health care from day one—including screening and therapy—is essential. A coordinated, well-funded early response would protect well-being and support long-term integration.

## *2. Train staff in trauma-informed and anti-bias practice*

Germany should mandate trauma-informed and anti-bias training for all staff working with refugees. Harmful interactions persist because programmes are voluntary, fragmented and lack accountability. Institutionalising and upscaling current initiatives would ensure consistent, culturally competent practice across agencies reducing re-traumatisation, rebuilding trust and upholding dignity.

## *3. Establish a psychosocial support hotline*

Germany should establish a federally funded, multilingual psychosocial support hotline to address major barriers to mental health care. Fragmented services, language gaps and stigma currently allow distress to escalate into crisis. A 24/7 confidential hotline, staffed by trained professionals and multilingual peer counsellors, would provide early support, crisis response and referrals, signalling a commitment to accessible, dignified care.

## *4. Employ and train refugees as peer support workers*

Germany should create a national fast-track programme to train and employ refugees as paid peer support workers. Many refugees with relevant lived experience remain underemployed despite strong evidence that peer support reduces distress and builds trust. Short, accessible training would enable peers to provide psychosocial first aid and orientation, strengthening early support while creating dignified employment and agency.

## *5. Establish municipal ‘belonging hubs’ and civic participation*

Germany should move beyond formal integration markers and treat belonging as a core, measurable policy goal. Municipal ‘belonging hubs’ and civic participation pathways would create spaces for recognition, agency and trust, enabling refugees to actively contribute to and help shape shared community life.



The Refugee Advisory Board Germany was established to ensure that national and international decision-making is informed by the perspective and expertise of forcibly displaced people who provide critical feedback on international refugee issues and programmes. As the first national board of its kind in Europe, board members work together to contribute their insights to national and international dialogues and to participate meaningfully in policymaking.



## *Background*

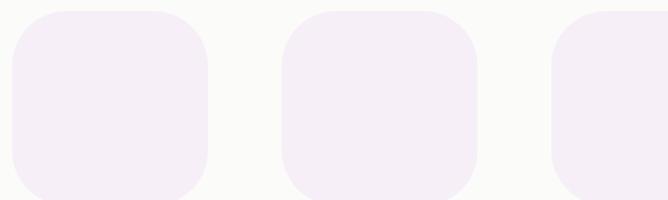
While investment in refugee support has increased in areas such as housing and language training, mental health remains structurally neglected within Germany's asylum and integration frameworks. Recent changes, including extended exclusions from full health coverage under the Asylum Seekers' Benefits Act (Asylbewerberleistungsgesetz, 2024), have further restricted access to care (Biddle, 2024). Recent evidence confirms that the mental health burden among refugees in Germany is alarmingly high: a large cross-sectional study found PTSD symptoms in 29.9 per cent and depressive symptoms in 39.8 per cent of adolescent and young adult refugees (Potter et al., 2024). Similarly, a nationwide study of asylum seekers reported that fewer than one in seven individuals with mental health needs received minimally adequate psychotherapy, highlighting a critical gap in care provision (Dumke et al., 2024).

Post-migration stressors amplify this distress. Legal uncertainty, prolonged asylum procedures, and substandard collective accommodation are closely associated with depression and PTSD. Evidence suggests that post-migration stressors, such as housing insecurity and inadequate access to services, significantly shape long-term mental health outcomes for refugees (Walther et al., 2020).

Existing psychosocial services are fragmented, underfunded and often inaccessible. Barriers include stigma, language gaps, fear of authorities and a shortage of trained professionals. In many reception centres, psychological services are available only for acute cases, often without interpreters, and are insufficient for the population size. Most services remain project-based and short-term, undermining continuity of care and trust.

Legal recognition and employment are important milestones, but they do not automatically ensure psychosocial stability. Refugees often lack opportunities to rebuild identity, agency and belonging leaving integration incomplete.

If these gaps remain unaddressed, they harm individuals and generate long-term costs for Germany's health, labour and social systems. Public debate has highlighted incidents involving refugees experiencing untreated psychological distress. While such cases are rare and complex, they illustrate the systemic risks of neglecting early, trauma-informed support.



## Funding as a Structural Gap

Mental health support for refugees is chronically underfunded across Germany (BAfF, 2023). Services are fragmented, short-term and heavily reliant on project-based grants. Even in early reception centres, mental health staff are overstretched and often available only for acute cases, with limited language support and long waiting times. Promising pilot projects are rarely scaled up, and continuity is frequently lost when individuals transition from psychosocial centres to regular services. The problem is not only insufficient budgets but also the absence of stable funding mechanisms and unclear institutional responsibilities. Interpreting services, for instance, remain excluded from standard health coverage under the German Social Code, and access to therapy is often mediated by social services staff with no medical qualifications.

Mental health continues to be insufficiently prioritised within Germany's asylum and integration policy frameworks (BAfF, 2023). Without long-term, embedded funding, integrated into health and social budgets, rather than ad hoc project grants, necessary reforms cannot be sustained or properly evaluated. The alternative is far more costly: Untreated trauma increases demand for emergency healthcare, unemployment and failed integration. Studies suggest that every euro invested in early psychosocial support can save up to three euros in long-term costs. A proactive, forward-looking funding strategy is therefore not only more humane, but also economically prudent.

## Recommendation 1: Improve Housing and Early Access to Mental Health Care

The first phase after arrival is often the most psychologically harmful. Legal uncertainty, prolonged asylum procedures and overcrowded shelters contribute to high rates of PTSD, anxiety and depression among refugees (Walther et al., 2020). While housing in reception facilities is legally required for some groups, time spent there should be limited to six to twelve months, in line with UNHCR and EUAA guidance (2024). Community-based housing enhances autonomy, safety and social integration, which are key protective factors for mental well-being.

Access to mental health care during this early phase remains severely restricted. Current policy under the Asylum Seekers' Benefits Act (AsylbLG) limits health entitlements for up to 36 months, allowing local welfare offices to deny psychotherapy for non-acute conditions. Interpreting services are not reimbursed, disrupting continuity of care when people transition from psychosocial centres to formal providers.

To reduce early-stage psychosocial harm, Germany should introduce a coordinated early mental health response, including:

- On-site psychosocial support units in shelters;
- Mental health screening within the first weeks of arrival;
- A basic guarantee of therapy and interpretation services from day one;
- Stabilised structural funding for entry-phase psychosocial centres;
- Accelerated asylum processing for those at psychosocial risk.



### Zohra Wanda

is an Afghan humanitarian and refugee advocate with over ten years' experience in human rights, displacement and emergency response. She has worked with the United Nations, as well as international and national NGOs. Her work focuses on refugee protection, social justice, inclusion and the meaningful participation of affected communities in policy and decision-making processes.

She currently supports refugees and asylum seekers in Germany through mental health and psychosocial support (MHPSS), serves as a member of the Refugee Advisory Board Germany and is pursuing further studies in circular and return migration management.



## ***Recommendation 2: Train Staff in Trauma- informed and Anti-bias Practice***

Despite progress in integration policy, frontline staff still lack consistent psychosocial sensitivity and trauma-informed approaches. Refugees report harmful interactions during asylum procedures, at job centres and in shelters. Staff are often not adequately trained to recognise trauma, cultural barriers or distress, which erodes trust, discourages service use and worsens psychological outcomes (Dumke et al., 2024).

Some training programmes are currently in place. Albatros Beratungszentrum Brandenburg, for example, offers psychosocial counselling and intercultural training, the German Association of Psychosocial Centres for Refugees and Victims of Torture (BAfF) provides trauma-awareness seminars, NGOs run similar workshops. Yet these are voluntary, fragmented and short-term. Rather than replacing them, existing initiatives should be upscaled and institutionalised under a national mandate to ensure continuity.

At the time of writing, no national standard or accountability mechanism guarantees trauma-sensitive and culturally competent practice. Without structural change, services risk repeating harm rather than offering protection.

Germany should introduce a mandatory training framework for staff in institutions for refugees, including:

- A modular curriculum co-developed with trauma specialists, intercultural trainers and refugee advisors;
- Required training across all federal, Länder and municipal agencies (e.g., BAMF, job centres, shelters, schools, hospitals);
- Training in core areas, such as trauma-informed practice, psychosocial first aid, cultural humility, anti-racism, bias awareness, de-escalation and trust-building;
- Blended learning formats (in-person/digital), integrated into onboarding and repeated every three years;

- Evaluation through anonymous refugee feedback;
- Oversight by a central office for service culture and staff development.

Embedding this framework will improve service quality, reduce the long-term costs of untreated trauma and foster social cohesion. Most importantly, it affirms that Germany's protection mandate includes not just legal status, but also dignity, trust and trauma-informed professionalism.

## ***Recommendation 3: Establish a Psychosocial Support Hotline***

Refugees and asylum seekers in Germany face serious barriers to accessing mental health care. Services are fragmented, short-term and often inaccessible, particularly in rural areas and reception centres. Stigma, mistrust and lack of language access prevent many from seeking support. As a result, distress often escalates into crisis, resulting in high social and health costs (Dumke et al., 2024).

To address this systemic gap, Germany should establish a federally funded, nationwide, multilingual psychosocial support hotline. The service would provide immediate, confidential and culturally sensitive assistance. It would complement, but not replace, local mental health and counselling programmes.

### **Key features of the hotline should include:**

- 24/7 free number, with service in key languages: The obligatory language set should be reviewed and updated regularly based on shifts in major countries of origin, while additional languages remain desirable to ensure inclusivity;
- Staffed by trained psychosocial experts and certified multilingual peer counsellors with refugee backgrounds;
- Tiered response: immediate crisis counselling, scheduled non-urgent follow-ups, and referrals to trauma centres, social services and mobile teams;
- Confidentiality and data protection under GDPR, with anonymous access to reduce stigma and fear;

- National coordination by the Federal Centre for Health Education (BZgA), in collaboration with NGOs and refugee organisations;
- Monitoring systems to collect anonymised data on usage, needs and gaps, providing valuable input for policymakers;
- External evaluation after three years to assess impact, identify unintended consequences and ensure continuous improvement.

Although establishing a 24/7 multilingual hotline requires initial investment, it is a cost-effective preventive measure compared to the long-term expenses of untreated trauma, hospitalisation or social disengagement. Most importantly, it demonstrates Germany's commitment to ensuring that protection and integration include timely, accessible and dignified psychosocial support for all refugees.

## ***Recommendation 4: Employ and Train Refugees as Peer Support Workers***

Many refugees with lived experience of displacement and integration, including first-hand understanding of navigating the asylum system and adapting to life in a new country often experience unemployment or underemployment, despite their potential to serve as cultural mediators and psychosocial supporters for others. Evidence from Germany shows that peer-to-peer self-help groups can effectively reduce distress and improve trust in psychosocial support. Similarly, peer mediation approaches tested in German shelters demonstrate how trained peers can sustainably manage conflict, improve well-being and foster community resilience (Winter et al., 2021).

To close this gap, the federal government should establish a national fast-track training and employment pathway for refugee peer support workers. This model would provide refugees with short, language-accessible training to deliver psychosocial first aid and orientation support in shelters, reception centres and community hubs.

### **Core elements:**

- Short, modular training (3–6 months) in refugees' native languages, covering psychosocial first aid, asylum system orientation, crisis communication, confidentiality and referral pathways;
- Deployment in frontline settings (e.g., centralised shelters, community centres, integration hubs) as first points of contact for newly arrived refugees;
- Paid employment, such as mini jobs or part-time employment, that ensures dignity and professional recognition;
- Clear boundaries and referral mechanisms to ensure that peer support workers complement, but do not replace, professional psychologists and social workers;
- Implementation via job centres, municipalities or NGO partnerships, with federal funding and standardised certification for quality assurance.

This approach offers a dual benefit: Newcomers receive trusted, culturally responsive support at the earliest and most fragile stage of integration, while trained peers gain meaningful employment, recognition and agency.

## ***Recommendation 5: Establish Municipal Belonging Hubs***

Despite achieving formal integration milestones such as language skills or employment, many refugees continue to feel disconnected from German society. This is not a matter of cultural mismatch, but of sustained exclusion, unacknowledged trauma and the absence of meaningful roles or recognition. Without space to rebuild identity, trust and agency, integration remains incomplete.

To move beyond surface-level inclusion, Germany should embed belonging as a concrete, measurable dimension of integration policy. This is not about symbolic programmes, it is about shaping structures that allow refugees to be seen, heard and involved in building a shared community.

We propose three concrete actions:

### **1. Belonging hubs in municipal integration and community centres**

Municipalities should establish low-threshold 'belonging hubs' within existing integration units, neighbourhood centres, adult education centres or other municipal community spaces. Psychosocial supervision for facilitators should be provided regionally through psychosocial services for refugees. Hubs offer small-group discussion formats on identity crises, values and their redefinition, discrimination, integration from a psychological perspective, isolation and post-settlement barriers, with tailored sessions for women, youth, LGBTQI+ persons and survivors of violence. Activities would be led by trained refugee facilitators with light professional supervision to ensure continuity and safety.

### **2. Civic ambassador fellowships linked to the hubs**

Suitable participants may apply for one-year civic ambassador fellowships. Fellows would support hub activities, act as points of contact for schools, job centres and cultural institutions, and convene reflection groups for refugees who have lived in Germany for several years. Fellowships are part-time and stipended, compatible with study or employment and funded through Länder and municipal integration budgets.

### **3. Transition to civic participation and community initiatives**

After completion, fellows may participate in municipal integration committees, youth councils or local planning processes. Belonging hubs should also manage micro-grants for joint refugee–host initiatives, such as neighbourhood repair projects or intercultural cooperatives. Municipalities and NGOs may issue voluntary certificates recognising participation and contribution.

These steps alone will not close the structural gap in belonging, but they represent a shift from short-term, formal inclusion toward policies that build the emotional, psychological and social foundations of integration. Belonging is not an optional outcome. It is a precondition for cohesion and a realistic policy goal when measured, funded and implemented accordingly.

## *Conclusion*



Germany can move from a reactive, crisis-driven approach to a preventive, psychosocially informed integration strategy. While the proposed reforms are ambitious, they are feasible if key structural barriers are addressed. Implementation depends on effective coordination across federal, Länder and municipal levels, as overlapping mandates often delay progress. Sustainable funding remains critical: Although cost-effective in the long term, these measures require upfront investment and multi-year commitments that are difficult in constrained fiscal contexts. Adequate workforce capacity—including

interpreters, culturally competent staff and qualified supervisors—will further determine feasibility and scale.

Despite these constraints, the benefits are substantial. Investing in psychosocial well-being reduces long-term costs, improves labour-market outcomes and strengthens institutional trust. It also affirms that integration is not limited to legal status, language or employment, but depends on the emotional and social foundations needed to rebuild lives in safety and dignity.

## References

- Biddle, L. (2024). *Verlängerte Leistungseinschränkungen für Geflüchtete: Negative Konsequenzen für Gesundheit – erhoffte Einsparungen dürften ausbleiben* (DIW Wochenbericht, 12). Deutsches Institut für Wirtschaftsforschung. [https://www.diw.de/de/diw\\_01.c.897128.de/publikationen/wochenberichte/2024\\_12/heft.html](https://www.diw.de/de/diw_01.c.897128.de/publikationen/wochenberichte/2024_12/heft.html)
- Bundesweite Arbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer (BAfF). (2023). *Flucht & Gewalt. Psychosozialer Versorgungsbericht Deutschland 2023*. [https://www.baff-zentren.org/wp-content/uploads/2023/06/BAfF\\_Versorgungsbericht2023.pdf](https://www.baff-zentren.org/wp-content/uploads/2023/06/BAfF_Versorgungsbericht2023.pdf)
- Dumke, L., Schmidt, T., Wittmann, J., Neldner, S., Weitkämper, A., Catani, C., Neuner, F., & Wilker, S. (2024). *Low access and inadequate treatment in mental health care for asylum seekers and refugees in Germany: A prospective follow-up study over 12 months and a nationwide cross-sectional study*. *Applied Psychology: Health and Well-Being*, 16(3), 1141–1158. <https://doi.org/10.1111/aphw.12523>
- Gerlinger, T., Greß, S., & Polat, S. (2019). *Finanzierung psychosozialer Zentren: Sozialmedizinische Perspektiven und nachhaltige Finanzierungsalternativen. Abschlussbericht des Forschungsprojekts „Finanzierungsstruktur der Psychosozialen Zentren für geflüchtete Überlebende von Krieg, Verfolgung und Folter*. Bielefeld University. [https://pub.uni-bielefeld.de/download/2992605/2992739/Gerlinger\\_Gre%C3%9F\\_Polat\\_PSZ\\_Finanzierung\\_Abschlussbericht.pdf](https://pub.uni-bielefeld.de/download/2992605/2992739/Gerlinger_Gre%C3%9F_Polat_PSZ_Finanzierung_Abschlussbericht.pdf)
- Potter, C., Kindermann, D., Rohleder, N., & Bajbouj, M. (2024). *Refugees' integration and emotional distress over the course of nine months*. *Frontiers in Psychology*, 15, 1459934. <https://doi.org/10.3389/fpsyg.2024.1459934>
- UNHCR & European Union Agency for Asylum (EUAA). (2024). *Guidance on vulnerability in asylum and reception: Operational standards and indicators*. UNHCR/EUAA. [https://www.euaa.europa.eu/sites/default/files/publications/2024-05/Guidance\\_vulnerability\\_operational\\_standards\\_and\\_indicators.pdf](https://www.euaa.europa.eu/sites/default/files/publications/2024-05/Guidance_vulnerability_operational_standards_and_indicators.pdf)
- Walther, L., Fuchs, L. M., Schupp, J., & von Scheve, C. (2020). *Living conditions and the mental health and well-being of refugees: Evidence from a large-scale German survey*. *Journal of Immigrant and Minority Health*, 22(5), 903–913. <https://doi.org/10.1007/s10903-019-00968-5>
- Winter, H. M. E., Klapprott, F., Naanaa, M., Turk, A. M., & Winter, S. F. (2021). *Psychosocial peer mediation as a sustainable method for conflict prevention and management among refugee communities in Germany*. *Conflict Resolution Quarterly*, 39(3), 195–210. <https://doi.org/10.1002/crq.21322>

## Acknowledgement

The author gratefully acknowledges the valuable input from members of the German Refugee Advisory Board (RAB Germany), the RAB Secretariat, and participants of the bicc research colloquium. Special thanks to Mathias Nelle for his thoughtful comments and constructive support.

## Imprint

### Publisher

BICC – Bonn International Centre for Conflict Studies gGmbH  
Pfarrer-Byns-Straße 1, 53121 Bonn, Germany  
[www.bicc.de](http://www.bicc.de)

### Contact

Refugee Advisory Board Germany, Secretariat  
Maarit Thiem  
bicc  
Pfarrer-Byns-Str. 1  
53121 Bonn, Germany  
[maarit.thiem@bicc.de](mailto:maarit.thiem@bicc.de)

**Dated:** February 2026

**Copyeditor:** Heike Webb

**Texture Photo:** [www.rawpixel.com](http://www.rawpixel.com)

**Print:** Köllen Druck + Verlag GmbH, Bonn

**Layout:** Santiago Duque

**doi:** <https://doi.org/10.60638/94ht-3h36>

The content contributed by the author does not always reflect the opinion of the publisher.

**bicc**  
Bonn International Centre for Conflict Studies



The JRF institutes are institutionally supported by the German state of North Rhine-Westphalia



Except where otherwise noted, this work is licensed under: <https://creativecommons.org/licenses/by-sa/4.0>