

RISK AND RESCUE: PSYCHOMETRIC TOOLS FOR TRAUMA-RELATED IN REFUGEES IN EUROPE (2014–2024)

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Abstract

Introduction: Refugees in Europe face significant psychological burdens resulting from trauma, displacement, and post-migration stressors. This review examines the tools used to assess PTSD and related mental health conditions, highlighting the lack of standardization and the need for culturally sensitive approaches.

Purpose: This systematic review examined psychometric instruments used to assess mental health among adult refugees in Europe, focusing on trauma-related disorders, particularly post-traumatic stress disorder (PTSD).

Methodology: Peer-reviewed studies published between 2014 and 2024 were retrieved from major databases (APA PsycInfo, PsycArticles, MEDLINE, among others) following PRISMA guidelines. Forty-six studies met inclusion criteria. Data extraction included assessed domains, instruments, and sample characteristics, and methodological quality was evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist.

Results: Germany was the most frequent host country, followed by Norway, Sweden, and the Netherlands. A total of 99 instruments were identified, with the Harvard Trauma Questionnaire (HTQ), Hopkins Symptom Checklist (HSCL-25), and PTSD Checklist for DSM-5 (PCL-5) most commonly applied. PTSD ($n=32$), depression ($n=30$), and anxiety ($n=19$) were the predominant disorders assessed. Considerable variability in tool selection, limited cultural and linguistic adaptation, and frequent reliance on self-report measures were observed. Instruments addressing post-migration stressors (e.g., RPMS, PMLD) and resilience factors provided broader clinical insights.

Conclusions: No standardized European approach exists for refugee mental health assessment. A multifaceted strategy integrating validated tools, clinician-administered interviews, and culturally adapted measures is recommended. Future research should develop context-sensitive, multidimensional, and potentially digital assessment models to enhance diagnostic accuracy and care accessibility.

Keywords

Mental health, Refugees, PTSD, Assessment Tools, Systematic Review.

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Introduction

The Ukraine-Russia war, which began with Russia's invasion in February 2022, has triggered one of the biggest refugee crises Europe has seen since World War II (Ellison et al., 2023). In the course of this mass displacement, as of May 2024, 6.5 million Ukrainian civilians have fled their homes to their neighbouring countries and other EU states (UNHCR, 2024). Already starting with the refugee crisis in 2015/16, European countries have been taking in many refugees over the last years, but even with the ongoing stream of incoming refugees, data from the United Nations Refugee Agency (UNHCR, 2025a) clearly indicates a surge in the magnitude of migration due to the crisis in Ukraine (United Nations, 2013). This magnitude persists because other forcibly displaced populations are also fleeing other different countries affected by war or ongoing human rights violations. Most of these countries have a long history of permanent conflict, such as Syria, Afghanistan, Iraq, and the Democratic Republic of the Congo (UNHCR, 2025). These populations are arriving in Europe primarily in search of asylum or refugee status.

In a Refugee Convention by the UN in 1951, refugees were defined as people who were forced to flee their home country in order to find safety somewhere else (UNHCR, 2025b). This can be due to different reasons like fear of persecution, because of race, religion, nationality, their belonging to a particular social group and more, as well as war and violence (UNHCRc). People who are seeking international protection and are still awaiting a decision on their asylum claim are referred to as asylum seekers (AS) (Amnesty International, 2025). It is important to note that not every migrant is considered a refugee or AS. People might just choose to leave their home country because of work or joining family. Other migrants do not fit the legal definition of refugees but might still feel forced to leave their home country due to reasons like poverty or natural disasters. This seems legally simple, but society lacks in literacy regarding these differences, also research stands with that gap when assessing for migrants with no separate groups and clear definitions. The present study aims to examine through a systematic review which instruments are being used to assess mental health of adult refugees and AS, in Europe, in what regards specifically trauma related to the forced displacement.

Emotional effects on refugees and AS

In short, refugees and AS never leave their country voluntarily. Most of the time the decision to become a refugee is a last resort for those facing pain and fear in their home countries and

is based on an interaction of psychological, social and environmental factors (Jesuthasan et al., 2018; Killikelly et al., 2021; Lambert, 2017; Li et al., 2016; Watters et al., 2022). Those affected experience trauma, violence and go through severe anxiety and loss, which has a huge impact on their psychological health and people who experience extreme violence such as armed attacks and bombs are bearing the impact of those memories for their whole lives (Figueiredo & Petravičiūtė, 2025; Figueiredo et al., 2023; Volkan, 2018). Trying to navigate unfamiliar situations and reconstructing their lives creates even more stress, anxiety and uncertainty (Hameed et al., 2019). Forced migration creates a unique set of trauma with specific implications for the individuals that are impacted by it. Refugees are at a constant risk of violence, persecution, discrimination and violations of human rights by armed groups and governmental actors deepen the already existing psychological scars (Schlaudt et al., 2020; Taylor et al., 2024). Refugees and AS often also not only experience discrimination in their home countries but in their hosting countries as well (Taylor et al., 2024; Wylie et al., 2018).

Additionally, the impact witnessing death and the devastation of whole communities likely has on a person's mental health (Schlaudt et al., 2020). The feelings of helplessness and hopelessness created by this are further intensified by the immense psychological impact of the loss of their homes, their belongings and frequently their family (Watters et al., 2022). Post-traumatic stress disorder (PTSD) may result from direct exposure to violence, including armed attacks, the sudden and forced displacement from one's home, and witnessing the death of family members and animals. It is one of the most common forms of trauma experienced by refugees (Ben-Ezra et al., 2022; Bilewicz et al., 2024; Bryant et al., 2023). This often manifests itself in the form hypervigilance or paranoia, emotional detachment, nightmares and flashbacks (Bryant et al., 2023; Figueiredo & Petravičiūtė, 2025; Istiaque et al., 2023).

Apart from this emotional trauma these individuals may carry, it can also be the root cause for a loss of identity, belonging and security, the effects of which are even more far-reaching (Dromgold-Sermen, 2022; Fuchs et al., 2021). Being removed from the familiar structures of their daily lives, refugees and AS find themselves in a situation characterized by uncertainty and creating a sense of disempowerment (Figueiredo et al., 2024; Figueiredo et al., 2025; Procter et al., 2017). This is especially relevant, since having a solid social network is a protective factor against mental health problems (Długosz, 2023; Sundvall et al.,

2021). Since anterior research, it is well known the negative condition of being separated from their loved one's, their familiar surroundings and routines especially considering the circumstances, which creates a sense of isolation, disorientation and vulnerability which exacerbates the impact of the trauma experienced (Długosz, 2023; Evans Cameron, 2008; Zepinic et al., 2012).

This loss of identity is also connected to cultural trauma (Im & Swan, 2021). Pressured migration can change a group's collective identity. Being in a foreign country and culture, in forcible way, having lost their homes and familiar environment, refugees and AS are forced into a position where they have little control (Giordano et al., 2024; Zeno, 2021). These groups experience feelings of alienation and a serious identity crisis can result from the loss of a sense of belonging, community and home (Kość-Ryżko, 2022; Wehrle et al., 2018; Zeno, 2021). Language barriers and unfamiliar norms in the hosting countries may increase these effects even more (Figueiredo, 2016; 2022; Wylie et al., 2018). Looking at the situation in the hosting countries, refugees are often forced to endure long stays in refugee accommodations with hazardous and unfavorable conditions (ACNUR, 2025a; Volkan, 2018). Having lost their means to provide for themselves and their loved ones, having lost family members and facing many other vulnerabilities, a better life often seems impossible to achieve (Ellis et al., 2019; Jones et al., 2024).

Effects of forcible populations on the hosting communities

Rapid migration even increases the risks of exploitation, abuse and trafficking, especially of vulnerable groups, such as children, women and elderly and beyond that, has negative effects on the social and cultural life of the hosting communities as well (Freccero et al., 2017; Schneiderheinze & Lücke, 2020; Tambini et al., 2024). The existing cultural norms and values are threatened, and this creates cultural conflicts and identity problems within the hosting communities, which is somewhat similar to some of the experiences of the refugee populations (Stevens et al., 2024). Apart from that, the hosting communities only have limited resources to help all incoming refugees and local services like education, housing and healthcare can quickly reach their limits. As a result, both refugees and hosting communities are unable to receive the care and services they need. The rapid income of refugees and AS can easily overwhelm the local communities tasked with dealing with those people in need. Due to all this the social

cohesion can be weakened, social inequities can be worsened and it is cause for tension and disputes over resources (Łukasiewicz et al., 2023; Maystadt et al., 2019).

As a result, sentiments of being overpowered may arise and lead to feelings of anger, xenophobia and consequently discrimination towards displaced persons (Aldamen et al., 2023; Obeid et al., 2019). How the hosting country structures their response, dictates how well or if at all refugees and AS are able to receive the care and support they need to deal with pre-existing health issues and also the emotional and psychological impact of forced migration (Figueiredo & Petravičiūtė, 2025; Kronick et al., 2021; Morina et al., 2017). Having a secure surrounding is tremendously important to stabilize the mental health of trauma victims (Buchcik et al., 2023; Ballard-Kang, 2021). Without the proper support it is almost impossible to cope with the toll the experiences associated with forced migration take on the people concerned. Therefore, it is absolutely essential to provide access to mental health services, psychological support and trauma-informed care to promote healing and recovery (Kronick, 2018; O'Donnell et al., 2020).

Protective factors and need for action in mental health assessment

However, it is important to also point out the resiliency and strengths refugees and AS display despite all those hardships (Derya et al., 2020; Łukasiewicz et al., 2023; O'Donnell et al., 2020). This is especially true regarding both the psychological and social effects of displacement (Newman et al., 2017; Taylor et al., 2024). Many demonstrate an exceptional degree of endurance, ingenuity and flexibility and are frequently able to reconstruct their lives and communities despite the challenges they are facing (Giordano et al., 2024; Strang & Quinn, 2021; Walther et al., 2021). In order to support this resiliency and well-being among refugees in their effort to rebuild their lives in a new environment, providing a secure and supportive surrounding that helps to empower, restore dignity and create a sense of belonging is crucial (Ballard-Kang, 2021; Buchcik et al., 2023; Krause & Schmidt, 2019).

As can be seen, forced migration has a significant impact on both refugees and hosting communities (Das & Chowdhary, 2020; Łukasiewicz et al., 2023). It is indisputable that there needs to be a better way to support those seeking refuge. This requires a coordinated response from governments, humanitarian organizations and civil societies (Łukasiewicz et al., 2023). In accordance with the problems

pointed out, measures to strengthen the social support system, promote social cohesion, and ensure the protection and rights of both refugees and hosting populations are required (Greenberg et al., 2018; Kronick et al., 2021; Morina et al., 2017). Assessing the mental health state of the refugees is a key step in assuring the needs as quickly as possible and the right assistance can be distributed (Hanewald et al., 2023; Kronick et al., 2021; Volkan, 2018). This systematic review aimed to identify, synthesize, and critically appraise psychometric instruments used between 2014 and 2024 to assess trauma-related mental health disorders—particularly post-traumatic stress disorder (PTSD)—among adult refugees and asylum seekers in European host countries. The review compared assessment domains, methodological approaches, and cultural adaptations to inform the development of standardized, context-sensitive evaluation frameworks.

Purpose

This review aims to systematically examine the domains of mental health that are assessed and the psychometric instruments employed by European countries to evaluate the mental health status of refugees, as well as to compare the methodologies adopted across different national contexts. European hosting countries have made significant strides in promoting the social and psychological well-being of refugees mainly with origin in current war conflicts in Middle East, Africa, Latin America (Venezuela and Colombia) and in Ukraine (Europe). Government initiatives apparently have facilitated rapid access to healthcare services, housing, education, and employment opportunities, thereby supporting smoother integration into society.

Despite these efforts, substantial challenges persist, particularly in the provision of timely and effective mental health assessment and treatment for individuals with clinical needs. Psychological support remains essential for many refugees who are experiencing trauma related to armed conflict, displacement, and uncertainty regarding their future. As part of this research project, a comprehensive literature review will be conducted to evaluate existing studies on the assessment of mental health among asylum seekers and refugee populations, in European soil. The study will address several sub-questions, including:

- What specific assessment procedures and validated mental health instruments are employed in European countries?
- What are the characteristics of these instruments (e.g., version, date of publication, cultural and linguistic

adaptations) used over the past decade (2014-2024) across European contexts?

- What are the socio-demographic characteristics (e.g., age, sex, occupational status) of the refugee populations assessed in these studies?

Methodology

The evaluation of the mental health of refugees for disorders stemming from trauma involves a number of particular obstacles (Uphoff et al., 2020). Both language limitations and cultural differences can make it difficult for refugees and mental health specialists to effectively communicate with one another (Morrice et al., 2019). Cultural variations can have an impact on how mental health disorders are presented and perceived (Kirmayer et al., 2021). It is also possible that the stigma that is associated with mental disorders in certain cultures may discourage refugees from seeking assistance, which would make the evaluation process more difficult (Ahad et al., 2023). This systematic review will explore practices in several key areas, focusing on which specific mental health aspects are assessed, the instruments employed, and the methods of their administration. The objective is to gain insight into how the countries in Europe that receive the largest numbers of refugees assess mental health, in order to identify best practices and optimize approaches.

The research team, comprising three authors of this study, followed a rigorously structured, multi-phase protocol consistent with systematic review standards. Each member contributed to distinct yet overlapping stages to ensure methodological transparency and reliability.

- **Planning and Protocol Development:** All three authors jointly defined the research objectives, formulated the core thematic domains, and established explicit inclusion and exclusion criteria. A comprehensive search strategy, including the selection of keywords (see Section 2.2), was collaboratively designed to optimize retrieval from academic databases.
- **Literature Search and Study Selection:** Two authors independently conducted the systematic search and screened titles, abstracts, and full texts according to the predefined criteria. Any discrepancies were resolved through discussion with the third author, who acted as an adjudicator.
- **Data Extraction and Quality Assessment:** Data from eligible studies were

independently extracted by two authors and verified by the third to ensure accuracy. The risk of bias for each study was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tool. Risk of bias was systematically evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist, applying nine core domains encompassing sample adequacy, methodological transparency, analytical robustness, and clarity of outcome reporting (Figure 2).

- **Data Analysis and Synthesis:** All authors participated in qualitative synthesis and thematic analysis, applying the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines throughout.
- **Interpretation and Finalization:** The final discussion, including the resolution of disagreements and critical reflection on findings, was collaboratively developed by all three authors.

This structured approach ensured methodological rigor, minimized bias, and provided a transparent account of each phase of the review.

Inclusion/exclusion criteria

To be included in this review, studies had to meet the following inclusion criteria: published between 2014 and 2024; peer-reviewed; written in English; report mental health assessments carried out on adult (above the age of 18) refugees or asylum seekers in European countries. Non-empirical studies, PhD theses, grey literature, as well as studies where the country of reception was not part of the European Union (EU) were excluded.

Data source and search strategy

The MeSH terms selected for this critical literature review on mental health assessments of adult refugees in Europe were strategically chosen to comprehensively represent relevant thematic areas and enable an exhaustive search within key academic databases. Keywords were designed to capture the core elements of the research: variations of mental disorders investigated, specific assessment instruments utilized, and the European geographical context. Additionally, broader and related terms were included to increase the sensitivity of the search and ensure retrieval of applicable studies.

Specific MeSH terms such as "refugee mental health", "asylum seekers mental health", "adult refugee assessment," and "psychological testing for refugees" focus the search on the target population. Complementary broader terms like

"mental health screening" and "psychological evaluations" allow inclusion of studies addressing assessment methodologies applicable to refugees, even if the population is not explicitly stated.

Disorder-specific terms, including "Post-Traumatic Stress Disorder (PTSD)", "anxiety disorders," and "depression," were selected due to their high prevalence among refugee populations, thereby facilitating identification of literature centered on commonly evaluated conditions.

Terms such as "trauma assessment" and "psychological trauma in refugees" underscore the significant impact of forced displacement on mental health, reflecting the clinical emphasis on trauma-informed care.

Cultural dimensions were addressed through terms like "culturally sensitive assessments" and "cultural competence in mental health," recognizing the importance of culturally adapted diagnostic approaches within both refugees' countries of origin and host European contexts. The inclusion of "Europe" refined the search to the study's geographical scope.

Furthermore, diagnostic frameworks such as "DSM-5" and "ICD-11" were included to ensure retrieval of studies employing standardized and validated diagnostic criteria.

The databases searched comprised APA PsycInfo, APA PsycArticles, Psychology and Behavioral Sciences Collection, Humanities International Complete, and MEDLINE.

Selected MeSH Terms:

- Refugee mental health
- Mental disorders in refugees
- Anxiety disorders in refugees
- Depression in refugees
- Mental health assessment tools refugees
- Europe refugee mental health
- Diagnostic criteria for refugees
- Mental health evaluation methods
- Refugee psychology
- Mental health outcomes in refugees
- Psychological trauma in refugees
- Screening tools for refugees
- Mental health services for refugees
- DSM-5 and refugees
- Cross-cultural psychology
- Trauma-informed care refugees
- Psychosocial assessments refugees
- Clinical assessments in refugees.

Study selection and data extraction

The initial database search yielded 6332 studies, of which 6028 studies were removed due to being marked as ineligible by the automation tools. The remaining 304 studies were then

screened and the full text of 109 studies was retrieved. After duplicates and studies that did not fit the inclusion criteria or met the exclusion criteria were removed, 46 studies remained and were analyzed for this systematic review.

The screening process was conducted in two sequential phases in accordance with established systematic review protocols. Initially, titles and abstracts retrieved from the database search were screened against predefined inclusion and exclusion criteria. Articles meeting these criteria proceeded to a full-text eligibility assessment to establish the final corpus of studies addressing the associations among mental health, particularly PTSD, of refugees and asylum seekers in Europe. Both the title–abstract and full-text screening procedures were conducted independently by two reviewers (co-authors). To

enhance completeness, the reference lists of all eligible studies were subjected to manual citation tracking by two co-authors.

Data extraction was performed using a standardized template by two reviewers and independently validated by a third reviewer to ensure accuracy and internal consistency. Extracted variables included: publication year, geographic origin, exposure and outcome measures, study design, sample size and characteristics, and key findings relating to the interaction between sleep routines, chronotype, geographic positioning, and ethnicity. Discrepancies in extracted data were resolved through consensus-based discussion among all reviewers.

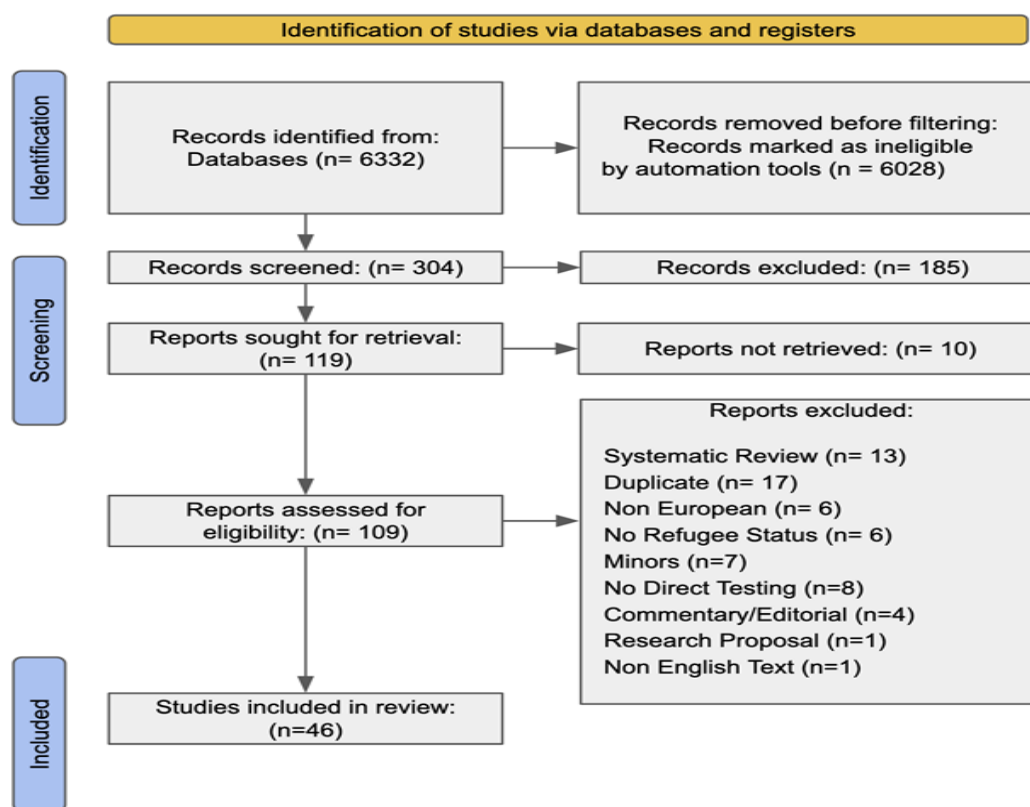


Figure 1. Flowchart of Study Identification and Inclusion

Ethical considerations

Approval of the study obtained by Ethical Committee of Research Psychology Centre (CIP) of Universidade Autónoma de Lisboa (UAL), Portugal, with code: ref^a 2/2023. Despite the compliance of the study with the ethical principles outlined in the Declaration of Helsinki, ensuring integrity, transparency, it was not applicable the informed consent regarding the type of investigation (systematic review) with no direct contact with human participants.

This is a systematic review, does not involve directly research with human participants. All procedures are in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Results

A total of 46 studies were included for this review (Table 1), covering 18 different hosting countries. 18 of those studies were conducted in

Germany, while Norway, Sweden and the Netherlands were the second most common hosting countries mentioned in the included studies. In this systematic review a wide variety of psychological assessment instruments were used to evaluate various elements of refugee mental health. Considering the focus of this review, the results are going to be presented in three separate points: the (1) areas of mental health that were assessed, the (2) instruments used for assessment and (3) the comparison of the different tools to each other.

The assessed areas of mental health

As mentioned, many different aspects of mental health were assessed in the included studies, PTSD and depression being mentioned the most frequently with 32 and 30 studies having their focus on those disorders respectively. This is followed by anxiety which was assessed 19 times. Next to these frequent assessments, many other aspects of mental health were examined. Some examples include somatization, functional impairment, several measures of stress and subjective well-being.

In regards to sex differences, there were noticeable disparities in mental health results and the efficacy of assessment instruments. Male reported less psychological suffering, while showing more avoidance behaviors. Female, especially those with children, showed more expressed sadness and anxiety.

The tools used for assessment

This systematic review showed a wide range of psychological assessment tools that were used in those 46 studies. In total 99 different tools could be identified, not including demographic measures. The Harvard Trauma Questionnaire (HTQ), the Hopkins Symptom Checklist (HSCL-25) and the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) were most often used to measure PTSD, depression and anxiety. Some broader assessments of anxiety and functional impairment used other tools, including the Patient Health Questionnaire (PHQ-9), General Health Questionnaire (GHQ-28), and Refugee Health Screener (RHS-15).

Overall, a significant variance can be noted in instrument choice across studies. Many studies that chose self-report measures such as the HSCL-25 and PHQ-9 did so due to the simplicity of administration and accessibility. Clinician-administered interviews and culturally customized assessments on the other hand provide a more complete picture of refugee psychological health. Vignette-based semi-structured interviews helped lower the possibility of misdiagnosis due to showing more sensitivity to cultural variations in

symptom manifestation. Functional impairment metrics, such as the WHO Disability Assessment Schedule (WHODAS 2.0), were used in some studies to reflect the influence of mental health disorders on everyday living. Conventional symptom-based surveys do not usually cover this aspect of mental health disorders.

Some studies used tools that also assessed post-migration stress variables, which offered an increased understanding of refugee mental health outside the direct influence of trauma. Examples of these tools include the Refugee Post-Migration Stress scale (RPMS) and the Post-Migration Living Difficulties Checklist (PMLD). They showed that refugees often struggled with housing insecurity, legal status, social integration, and financial problems, which greatly affected their psychological well-being.

The increased use of multidimensional assessment techniques can be observed as a growing trend in the literature. Some of the included studies paired the assessment of psychological distress indicators with the evaluations of social well-being and quality of life in order to respond to the interaction between mental health and social functioning. Well-being was measured using the EUROHIS Quality of Life Scale and the WHO-5 Well-Being Index. Resilience and coping strategies were investigated using the General Self-Efficacy Scale and the Brief COPE.

Comparison of the different tools

Some studies voiced critique on Western tools, like the PHQ-9 and HSCL-25 in regards to their relevance for different groups, as translated versions with psychometric validation or modified tools to fit particular cultural settings showed greater dependability and validity. Including interpreters and cultural mediators in evaluation processes further improved the accuracy of mental health assessments.

While the direct comparison is made difficult by the high number of different tools, there were some clear recommendations: For trauma exposure and PTSD symptoms, the HTQ and PCL-5 were deemed useful; for depression and anxiety, the HSCL-25 and PHQ-9; for functional impairment the WHODAS 2.0 and the PMLD for post-migration stress.

Concerning Joanna Briggs Institute (JBI) Critical Appraisal Checklist, the assessment was performed for each included study, with explicit documentation of judgments as "Yes," "No," "Unclear," or "Not Applicable." Studies receiving "No" or "Unclear" ratings—typically due to incomplete methodological reporting, reliance on self-reported measures, or inadequate procedural detail—were classified as having a moderate risk of bias. The JBI risk-of-bias

assessment for all 46 included studies was finalized by the lead reviewer, with all evaluations cross-validated by the research team prior to synthesis. Domains refer to the following questions: D1: Was the sample frame appropriate to address the target population?; D2: Were study participants sampled in an appropriate way?; D3: Was the sample size adequate?; D4: Were the study subjects and the setting described in detail?; D5: Was the data analysis conducted with sufficient coverage of the identified sample?; D6: Were valid methods used for the identification of the condition?; D7:

Was the condition measured in a standard, reliable way for all participants?; D8: Was there appropriate statistical analysis?; D9: Was the response rate adequate, and if not, was the low response rate managed appropriately? See Figure 2.

In summary, the overall risk of bias was determined to range from low to moderate, with no substantial concerns identified regarding the content of the studies included in this systematic review.

Figure 2. Traffic-light table using the JBI critical appraisal tool for each included study

Study	D1	D2	D3	D4	D5	D6	D7	D8	D9
Aarethun et al., 2021	●	●	●	●	●	●	●	●	●
Alexander et al., 2021	●	●	●	●	●	●	●	●	●
Anne et al., 2023	●	●	●	●	●	●	●	●	●
Bajbouj et al., 2021	●	●	●	●	●	●	●	●	●
Beck et al., 2021	●	●	●	●	●	●	●	●	●
Ben Farhat et al., 2018	●	●	●	●	●	●	●	●	●
Borho et al., 2021	●	●	●	●	●	●	●	●	●
Comtesse et al., 2021	●	●	●	●	●	●	●	●	●
Dietrich et al., 2019	●	●	●	●	●	●	●	●	●
Dixie Brea Larios, 2024	●	●	●	●	●	●	●	●	●
Dumke et al., 2024	●	●	●	●	●	●	●	●	●
Harris et al., 2021	●	●	●	●	●	●	●	●	●
Heeke et al., 2020	●	●	●	●	●	●	●	●	●
Høyvik et al., 2018	●	●	●	●	●	●	●	●	●
Husby et al., 2020	●	●	●	●	●	●	●	●	●
Kallakorpi et al., 2018	●	●	●	●	●	●	●	●	●
Kananian et al., 2020	●	●	●	●	●	●	●	●	●
Knefel et al., 2022	●	●	●	●	●	●	●	●	●
Knipscheer et al., 2015	●	●	●	●	●	●	●	●	●
Koch et al., 2019	●	●	●	●	●	●	●	●	●
Lamkaddem et al., 2015	●	●	●	●	●	●	●	●	●

Study	D1	D2	D3	D4	D5	D6	D7	D8	D9
Lindegard et al., 2019	●	●	●	●	●	●	●	●	●
Mangrio et al., 2021	●	●	●	●	●	●	●	●	●
Matos et al., 2022	●	●	●	●	●	●	●	●	●
Michał Bilewicz et al., 2024	●	●	●	●	●	●	●	●	●
Mooren et al., 2024	●	●	●	●	●	●	●	●	●
Nesterko et al., 2019	●	●	●	●	●	●	●	●	●
Nissen et al., 2021	●	●	●	●	●	●	●	●	●
Olena Lytvynenko & König, 2023	●	●	●	●	●	●	●	●	●
Omid Dadras & Diaz, 2024	●	●	●	●	●	●	●	●	●
Pandya, 2018	●	●	●	●	●	●	●	●	●
Purgato et al., 2021	●	●	●	●	●	●	●	●	●
Röhr et al., 2021	●	●	●	●	●	●	●	●	●
Schnyder et al., 2015	●	●	●	●	●	●	●	●	●
Sengoelge et al., 2022	●	●	●	●	●	●	●	●	●
Spacij et al., n.d.	●	●	●	●	●	●	●	●	●
Steil et al., 2021	●	●	●	●	●	●	●	●	●
Vukovic et al., 2024	●	●	●	●	●	●	●	●	●
Walther et al., 2020	●	●	●	●	●	●	●	●	●
Walther et al., 2021	●	●	●	●	●	●	●	●	●
Wolfin et al., 2018	●	●	●	●	●	●	●	●	●
Yang et al., 2023	●	●	●	●	●	●	●	●	●
Zbidat et al., 2020	●	●	●	●	●	●	●	●	●
Zinfandel & Svensson, 2024	●	●	●	●	●	●	●	●	●

Note: D = Domains corresponding to JBI items (1–9); Colors: green indicates a “Yes” response to each question/domain, representing low risk of bias for the specific study; red indicates “No” representing high risk of bias; yellow indicates “NA” (not applicable), representing moderate risk; and grey indicates “unclear” information, meaning it was excluded from the assessment.

Discussion

The majority of the analyzed studies were published between 2019 and 2024, showing an increased interest in the topic of mental health among refugees in recent years. The observed

variance of the chosen evaluation tools among the included studies suggests that there are differences in the assessment emphasis, cultural suitability and therapeutic relevance. This also shows that assessing mental health in refugee communities is still a complex and difficult job

(Kiselev et al., 2020). This systematic review revealed that PTSD was the most extensively assessed mental health outcome, with 32 studies incorporating its evaluation. The domains most frequently investigated included trauma exposure history, intrusive symptoms (flashbacks, nightmares), hyperarousal, emotional numbing, and avoidance behaviors, often measured through instruments such as the Harvard Trauma Questionnaire (HTQ) and the PTSD Checklist for DSM-5 (PCL-5). Several studies also explored complex PTSD manifestations, including disturbances in self-organization, affect dysregulation, and interpersonal difficulties, though these were less consistently addressed. Functional impairment and comorbid depressive or anxiety symptoms were frequently assessed alongside PTSD, highlighting its multidimensional clinical burden. Despite this focus, heterogeneity in tools, lack of standardized cut-off scores, and limited cultural adaptation restricted cross-study comparability and may have led to under- or overestimation of trauma-related disorders in refugee populations.

The growing application of multidimensional assessment techniques also shows that various tools could lead to better results, when applied together. Combining standardized tests like the HTQ and HSCL-25 for diagnosis with different qualitative methods might yield better results. Those qualitative methods like interviews with clinicians and tools tailored to a person's culture can help to obtain more accurate information, since there is still the general problem in cross-cultural validity in psychiatric examinations (Shiraeve & Levi, 2020).

The culturally unique symptoms of refugees are not always captured well by standardized Western diagnostic tools, even if their validity was high in previous clinical settings (Kitayana & Salvador, 2023). This shows that mental health evaluations can be influenced by cultural and contextual factors and using methods that do not take into account these cultural factors could lead to misdiagnosis and underreporting (Shiraeve & Levi, 2020). As an example, there is evidence of mental distress typically presenting itself in culturally subtle forms like physical symptoms, spiritual distress or community-based displays of suffering among refugee groups (Zbidat et al., 2020). In order to improve the sensitivity in detecting mental health issues in refugees, using culturally adapted evaluations, including qualitative approaches such as vignette-based semi-structured interviews, has been found effective (Van & Leung, 2021). Including interpreters and cultural mediators ensures a more accurate understanding of refugees' experiences and suffering.

With regard to this topic, it is also important to mention that self-diagnostic tools are often not reliable in depicting the psychological disorders or the facets of mental health they are meant to assess. For these tools to be accurate, the person to whom these tests are applied needs to be able to correctly understand and describe their psychological suffering (Hogan, 2019). Other factors like low literacy, language barriers and differences in cultural views on mental health can also negatively impact the accuracy of those tools (Shiraeve & Levi, 2020). By giving more nuanced insights, interviews and observations led by therapists can possibly counteract these problems to some extent (Dunwoodie et al., 2022). To highlight further difficulties, it is important to be aware of differences between women and men, when it comes to assessing the outcomes of mental health evaluations. One of the studies in this review found that male refugees tend to not report their symptoms due to the social stigmas surrounding mental health (Brabender & Mihura, 2016), while female refugees tend to report higher levels of anxiety and sadness (Buchcik et al., 2023). Based on these findings, it is reasonable to assume that traditional self-report questionnaires might not work as well for men as they do for women.

To have a full understanding of the psychological well-being of refugees a holistic approach is required that includes for example, assessments of functional impairment and stress elements, with which refugees and AS are confronted in the respective hosting countries after migration (Hogan, 2019). This systematic review emphasizes the importance of establishing post-migration stressors as part of the evaluation of refugee mental health, since the psychological suffering does not stop on arrival in a hosting country (James et al., 2019). The use of the Post-migration Living Difficulties Checklist (PMLD) and the Refugee Post-Migration Stress Scale (RPMS) are good examples of useful tools for assessment of these aspects. As previously mentioned, refugees' and AS' resources like resilience and protective factors should not be neglected when assessing refugee mental health evaluations. Including resilience-based measures in the evaluations can help offer a more balanced view, an increased understanding of refugee mental health outside the direct influence of trauma and aid in creating a strengths-based approach. Many studies focus on capturing the extent of psychological suffering in refugees, but more recent research has begun to bring focus on the need of assessing social support systems, coping strategies and resilience (Derya Güngör & Strohmeier, 2020). The Brief COPE and the General Self-Efficacy Scale have

been used to measure refugee's adaptation capacity (Fino et al., 2022) and based on the results, a strong social support system and active coping techniques seem to play a crucial role in having better control over the psychological suffering (Oviedo et al., 2022).

Strengths and Limitations of the study

Limitations and future perspectives

This systematic review should be considered with some limitations to this study in mind. A direct comparison between evaluation tools is made difficult by the large quantity of different instruments used in the included studies. Additionally, while some instruments have been culturally adapted, they have been developed for the Western context. Therefore, they might not accurately reflect the specific symptom presentation and manifestations of different groups. This may have a negative impact on the cultural validity and sensitivity of these tests.

Language barriers and low literacy may have a negative effect on the validity of instruments. While many tests were administered as translated versions, this can cause prejudice and the meaning of psychological concepts may have been altered. Stigma, mistrust of mental health care and cultural or trauma-related avoidance can cause underreporting of symptoms.

Current literature on mental health symptoms in refugees consists largely of cross-sectional studies. The development of psychological distress over time would provide a better insight into changes in the mental health status post-migration or in response to treatments. Moreover, there is a great variety in demographic data and sample sizes across the included studies to be noted, which, in addition to small sample sizes and sex imbalances in some studies, restricts generalization of results.

Finally, this systematic review is limited by a possible publication bias, since studies with highly significant results could be more likely to be published than those without.

Future studies should concentrate on creating more holistic approaches to mental health assessments and encourage the development of improved culturally sensitive assessment tools. Pre-migration trauma evaluations combined with post-migration stress assessments could provide a more comprehensive view on the mental health of forcibly displaced people.

To make mental health evaluations in refugees more accessible and accurate, future research should also focus on new ways of carrying out those assessments, including for example digital mental health screenings and tools using AI to counteract the problems of self-

reports in populations with background of international displacement. The development of gender-sensitive evaluation methods of these populations could be another focus of future studies.

Strengths of the study

Comprehensive scope: The study reviews a full decade (2014–2024) of research, offering an up-to-date and exhaustive overview of mental-health assessment tools used with refugees in Europe.

Methodological rigor: It follows PRISMA guidelines and applies the JBI Critical Appraisal Checklist, ensuring transparent screening, quality evaluation, and reduced bias.

Comparative insight: By mapping 99 instruments across 46 studies, it provides a rare comparative analysis of assessment domains, methodologies, and cultural adaptations.

Focus on cultural validity: The study highlights how cultural and linguistic factors affect tool accuracy, filling a critical gap in cross-cultural assessment literature.

Relevance to policy and practice: Findings inform clinicians, researchers, and policymakers seeking more reliable, harmonized approaches to refugee mental-health assessment.

Identification of emerging trends: It captures the shift toward multidimensional, culturally adapted, and resilience-oriented assessment methods.

Practical and social value

Improves clinical practice: The review identifies reliable and culturally appropriate assessment tools, helping clinicians choose instruments that better capture refugees' mental-health needs.

Guides policy development: By exposing the lack of standardization across Europe, it supports policymakers in creating coherent, evidence-based assessment frameworks for refugee care.

Enhances service accessibility: Highlighting barriers such as language and cultural mismatch encourages the design of more inclusive, adapted mental-health services.

Supports better resource allocation: Understanding which tools are effective enables more targeted interventions, reducing misdiagnosis and unnecessary treatment.

Promotes social integration: More accurate mental-health assessments contribute to improved well-being, resilience, and integration outcomes for forcibly displaced populations.

Conclusion

The present study aimed to provide an up-to-date overview of the literature on which methods and tools are currently applied in European countries for mental health evaluation in refugee populations. Results showed that the instruments used are very diverse and there is currently no standardized approach. While self-report assessments are widely used, the accuracy of those assessments is compromised due to cultural differences and inaccuracies in self-perceptions among others. This systematic review highlights the need for a consistent, yet adaptable method for assessing refugee mental health. An emergent trend for the use of multidimensional evaluation techniques could be observed in the literature. Based on these results, a multifaceted method including culturally adapted instruments, clinician-administered interviews, as well as self-report assessments is proposed for a proper understanding of refugee mental health.

The results of this systematic review also emphasize the importance of including post-migration stressors in mental health evaluations. Language barriers, problems with social integration, financial struggles and housing uncertainties can have a significant impact on the psychological health of refugees and AS. Tools like the Refugee Post-Migration Stress Scale (RPMS) and the Post-Migration Living Difficulties Checklist (PMLD) can help mental health professionals to better understand the situation of those forcibly displaced people. Combined with resilience-based measures, mental health treatments could be increased in their effectiveness due to a more balanced view on refugees' psychological health.

Future studies should focus on developing more accurate means of evaluation with an emphasis on cultural-sensitive measurements that include post-migration stressors, as well as pre-migration trauma in an integrated model. It is important to understand that a flexible yet consistent approach is essential to be able to provide the proper care for a refugee population whose needs are constantly changing due to the diverse backgrounds of these individuals.

By focusing on these measures, the accuracy of diagnosis could be enhanced and overall mental health care for refugee populations can be improved.

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Conflict of interest

The authors declare no conflicts of interest.

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