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Clinical Supervision Experiences and Needs of Mental Health Professionals Working with Refugees and Asylum Seekers: A Systematic Review

Makbule DURAN MUCUK
Melike KOÇYİĞİT
mlkocyigit@gmail.com

Research Article

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Abstract

Objective: This systematic review aims to thoroughly explore the supervision experiences, needs, and challenges encountered by mental health professionals and social workers engaged with refugees and asylum seekers.

Method: A comprehensive search across the PubMed, Web of Science, and Scopus databases identified 27 studies (2000–2026) that met the criteria for inclusion and exclusion, which were subsequently included in the review. These studies span research from 15 different countries and contexts, utilizing qualitative, quantitative, and mixed-methods designs, with data analyzed through a descriptive and interpretive thematic synthesis approach.

Findings: The thematic synthesis revealed four primary themes: (1) Psychological Burdens and Supervision: Mental health professionals working with refugees face unique psychological burdens, such as secondary traumatic stress, vicarious trauma, and burnout, which place them at a higher risk compared to those in other fields, highlighting the necessity of supervision support; (2) Supervision Experiences and Access: Factors such as geographic distance, limited resources, and institutional neglect of supervision hinder access to supervision; (3) Cultural and Contextual Factors: The success of supervision is heavily reliant on context-sensitive approaches that consider the cultural, linguistic, and political aspects of refugees; (4) Supervision Models and Practices: Innovative frameworks like PEACE, BECCS, and data-driven remote supervision models present feasible alternatives in resource-limited humanitarian settings.

Conclusion: The review's findings suggest that structured, high-quality, and context-sensitive supervision for mental health professionals and social workers dealing with refugees and asylum seekers is vital not only for maintaining professional quality but also for ensuring professional sustainability. Based on the study's findings, it is advised that policymakers, institutional leaders, and clinical practitioners focus on assessing the adaptation of cultural competence training specifically for supervision, technology-supported remote online supervision models, and peer supervision in settings requiring humanitarian aid, such as those serving refugees.

Introduction

Forced displacement is one of the most significant humanitarian crises of the 21st century. According to the United Nations High Commissioner for Refugees (UNHCR, 2025), the number of forcibly displaced individuals has reached 123.2 million, marking an increase of approximately 7 million (6%) from the previous year.

According to the data, more than 123 million people worldwide have been forcibly displaced; of these, approximately 43 million have refugee status, while 68 million have been internally displaced within their own countries. Displacement resulting from the Ukraine-Russia war has significantly contributed to this figure, with Ukraine becoming one of the world's largest sources of refugees, hosting approximately 6.9 million refugees (UNHCR, 2025). Turkey, meanwhile, is the country hosting the largest number of refugees globally, with approximately 3.2 million Syrian refugees. (UNHCR, 2025). Refugees and asylum seekers are exposed to multiple traumatic experiences—ranging from war to torture, sexual violence, the sudden loss of loved ones, and forced displacement—in a cumulative manner (Silove et al., 2017). In addition to these experiences, stress levels are exacerbated by post-migration challenges such as uncertainty, discrimination, language barriers, and concerns about legal status in the host country (Porter & Haslam, 2005). Indeed, research shows that the prevalence of post-traumatic stress disorder (PTSD), depression, and anxiety disorders among refugees and asylum seekers is significantly higher than in the general population (Steel et al., 2009; Fazel et al., 2005).

In this context, the importance of mental health professionals, social workers, and mental health and psychosocial support (MHPSS) services cannot be overstated. However, technical expertise alone is insufficient for providing mental health services to refugees; cultural competence—the ability to work effectively with clients from diverse cultural backgrounds — and trauma sensitivity—the capacity to understand the impact of traumatic experiences on an individual's functioning and narrative—cannot be sustained without systematic professional support in the form of clinical supervision and knowledge and experience in these areas (WHO, 2025; Inter-Agency Standing Committee [IASC], 2007).

Mental health professionals working with refugees and asylum seekers face particularly severe and challenging professional difficulties specific to this context. A review of the literature highlights that these professionals are at risk of three primary psychological risks: secondary traumatic stress, vicarious trauma, and burnout. Secondary traumatic stress is a condition arising from indirect exposure to clients' traumatic experiences while working with them, leading to symptoms similar to those of PTSD—such as avoidance, hyperarousal, and intrusive thoughts (Figley, 1995). Indirect trauma, on the other hand, is a more enduring process resulting from constant exposure to traumatic content, formed through empathy, and leading to changes in the individual's self-perception, worldview, and systems of meaning. (McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995). Burnout, on the other hand, is defined as emotional exhaustion, depersonalization, and a diminished sense of accomplishment associated with intense and persistent work-related stress (Maslach & Leiter, 2016).

In addition to these risks, professionals working with refugee and asylum-seeker populations also face the following unique challenges: the triadic therapeutic relationship (therapist–interpreter–client) and the complexity of this relationship (Miller et al., 2005), the reality of sharing the same cultural identity with clients and having experienced shared traumatic events (Hamid et al., 2020), insufficient institutional support and scarcity of resources (limitations in mental health infrastructure, trained personnel, and funding) (Ghafoori et al., 2024), and professional isolation (Butt et al., 2025). Taking all these elements into account, it becomes evident that professionals in this field require structured and systematic clinical supervision support. This necessity is distinct from that of those in general mental health services because of the unique challenges posed by the refugee context, such as repeated trauma exposure, cultural intricacies, and structural vulnerabilities. Therefore, a more comprehensive and context-specific supervision framework is essential. (Denkinger et al., 2018; Butt et al., 2025).

Supervision involves a systematic support process where a seasoned professional (supervisor) regularly engages with a less experienced colleague (supervisee) to evaluate clinical practice, foster professional growth, and safeguard the client's well-being (Bernard & Goodyear, 1998; Hawkins & Shohet, 2012).

Three primary functions of clinical supervision are highlighted in the literature: the normative function (monitoring the alignment of work with ethical standards), the formative function (developing the professional knowledge and skills of the supervisee or prospective supervisor), and the supportive/restorative function (support related to coping with professional challenges and processing emotional burdens) (Proctor, 1987; Inskipp & Proctor, 2001). For mental health professionals working specifically in the field of trauma, supervision is essential for the prevention, early identification, and management of secondary traumatic stress and vicarious trauma (Pearlman & Saakvitne, 1995), maintaining the quality of the therapeutic relationship (Safran & Muran, 2000), and ensuring the healthy continuation of professional sustainability in the long term (Figley, 1995). Cohen and Collens (2013) note that supervisors working with professionals who provide psychological assistance to refugees must possess sociopolitical awareness in addition to these functions and adapt this awareness to the supervision process.

Current Study

Contrary to what was mentioned above, it is noteworthy that the vast majority of mental health professionals working with refugees do not have access to adequate supervision support. Professionals in low- and middle-income countries (LMICs) face significant challenges in obtaining supervision due to inadequate mental health infrastructure, a shortage of trained personnel, and limited funding (Denkinger et al., 2018; Jahan et al., 2025). The situation becomes even more complicated when factors like cultural differences, resource limitations, and geographical distances are considered, further heightening the demand for supervision (Hamid et al., 2020; Denkinger et al., 2018; Jahan et al., 2025).

Although there has been an increase in research on supervision, systematic studies specifically examining the experiences and needs of mental health professionals working with refugees and asylum seekers are still scarce. A review of the current literature shows that existing studies either concentrate on the broader trauma field (Sprang et al., 2007) or are confined to specific geographic areas (Apostolidou & Schweitzer, 2017; Guhan and Liebling-Kalifani, 2011). No comprehensive study has been conducted that addresses elements unique to the refugee context.

This systematic review aims to thoroughly explore the supervision experiences and needs of mental health professionals working with refugees and asylum seekers, highlighting the importance of this issue. The review seeks to answer the primary question: "What characterizes the clinical supervision experiences of mental health professionals working with refugees and asylum seekers, and what are their supervision needs?"

Additional questions include how supervision addresses psychological challenges, the models used in the field, barriers to accessing supervision, and other contextual factors. By examining studies from various regions, especially Turkey, this review intends to provide an evidence-based resource for policymakers and practitioners. The framework outlined in this study will not only guide supervisors and institutions offering supervision to mental health professionals working with this population but will also help clarify the current situation. It will also serve as a foundation for supervisors and researchers aiming to develop needs-based supervision models.

Method

This research is a systematic review aligned with the PRISMA 2020 guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) aimed at exploring the experiences and requirements of mental health professionals who provide clinical supervision to refugees and asylum seekers (Page et al., 2021).

Search Strategy

A literature review was carried out using the PubMed, Web of Science, and Scopus databases. The search focused on studies published in English and Turkish from 2000 to 2026. Keywords and MeSH terms such as clinical supervision, mental health professionals, refugees, asylum seekers, vicarious trauma, secondary traumatic stress, burnout, humanitarian settings, supervision needs, and supervision were utilized. These terms were combined using AND/OR logical operators for the search. Besides searching the databases, the citation chains of the selected studies were manually examined, but this approach did not yield any additional studies.

Inclusion and Exclusion Criteria

The criteria for including studies in the review were as follows: (1) the study must involve mental health professionals such as psychologists, psychiatrists, social workers, or psychological counselors who directly engage with refugees and/or asylum seekers as participants; (2) it should focus on clinical supervision experiences, needs, models, or access conditions as a main or significant secondary topic; (3) it must be original research employing qualitative, quantitative, or mixed-methods approaches; (4) it should be published in a peer-reviewed journal. The review excludes review articles, meta-analyses, editorials, opinion pieces, studies with student or trainee samples, research where supervision is only a secondary variable, studies not explicitly set in a refugee context, and publications where the full text is unavailable.

Screening and Selection Process

A total of 178 records were identified through database searches (PubMed: 52, Web of Science: 97, Scopus: 29). After removing duplicate records, 112 studies remained. In the screening conducted at the title and abstract level, 71 studies were excluded; the primary reasons for exclusion were irrelevant context, lack of a refugee focus, and review/synthesis type. Full texts of the remaining 41 studies were retrieved and evaluated against the established inclusion criteria. At this stage, 14 studies were excluded: student/intern sample (n = 5), supervision being a secondary topic (n = 4), absence of a refugee context (n = 2), inability to access the full text (n = 2), and having a program description/report nature (n = 1). As a result, 27 studies were included in the systematic review. The screening and selection process is presented in Fig. 1 as a PRISMA 2020 flow diagram.

Quality Assessment

The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018). The MMAT was selected because it allows for the evaluation of qualitative, quantitative, and mixed-methods studies within a single framework. The quality assessment was conducted independently by two researchers with experience in clinical supervision and refugee mental health; any disagreements were resolved through discussion. The quality assessment findings were used not to exclude studies but to provide context for interpreting them.

Data Extraction and Synthesis

Data extraction from the included studies was conducted systematically; for each study, the author(s), year of publication, country/context, study design, sample characteristics, data collection method, intervention/supervision model, measurement tools, key findings related to supervision experience and needs were recorded. Data synthesis was conducted at the descriptive and interpretive levels using Thomas and Harden's (2008) thematic synthesis approach. Given the methodological diversity of the included studies, a statistical meta-analysis was not performed.

Results

Detailed information on the 27 studies included in the systematic review is presented in Table 1:

Table 1

Analysis Table of Studies Included in the Systematic Review (n = 27)

No	Authors	Year	Title	Country	Study Design	n	Sample Characteristics	Data Collection	Intervention / Supervision Model
1	Guhan, R. & Liebling-Kalifani, H.	2011	The experiences of staff working with refugees and asylum seekers in the UK: A grounded theory exploration	United Kingdom	Qualitative / Grounded Theory	—	Mental health and social work professionals working with refugees and asylum seekers	Semi-structured interviews	Not specified
2	Barrington, A.J. & Shakespeare-Finch, J.	2013	Working with refugee survivors of torture and trauma: An opportunity for vicarious post-traumatic growth	Australia	Qualitative / IPA	17	Clinical and administrative staff (torture and trauma field)	Semi-structured interviews	Not specified
3	Puvimanasinghe, T. et al.	2015	Vicarious resilience and vicarious traumatization: Experiences of working with refugees and asylum seekers in South Australia	Australia	Qualitative / Thematic Analysis	—	Mental health professionals working with refugees and asylum seekers	Semi-structured interviews	Not specified
4	Schweitzer, R. et al.	2015	Therapeutic practice with refugee clients: A qualitative study of therapist experience	Australia	Qualitative / Thematic Analysis	12	Therapists working with refugee clients	Semi-structured interviews	Not specified
5	Apostolidou, Z. & Schweitzer, R.D.	2017	Refugee experiences of resettlement and supervision in mental health services	Australia	Qualitative / Thematic Analysis	9	Therapists serving refugees with temporary protection status	Semi-structured interviews	Cross-cultural supervision
6	Denkinger, J.K. et al.	2018	Secondary Traumatization in Caregivers Working With Women and Children Who Suffered Violence and War	Germany	Cross-Sectional Analytic	84	Social workers, therapists, interpreters	Quantitative anketler	Not specified (HAP institutional context)
7	Echeverri, C. et al.	2018	Facilitating and impeding factors for scaling up mental health care in LMICs (mhGAP-HIG assessment)	Sub-Saharan Africa	Assessment / Quantitative	619	Health workers (primary care, community)	mhGAP-HIG assessment tool	mhGAP-HIG Protocol (including tele-supervision)

No	Authors	Year	Title	Country	Study Design	n	Sample Characteristics	Data Collection	Intervention / Supervision Model
8	Brooks, M.	2019	The importance of using reflective practice when working with refugees, asylum seekers, and survivors of torture within IAPT	United Kingdom	Qualitative / Case Analysis	—	Therapists (torture/asylum seeker cases)	Clinical observation and case notes	Cross-cultural supervision
9	Tarannum, S. et al.	2019	Integrating mental health into primary health care in the Rohingya refugee response in Bangladesh	Bangladesh	Quantitative	62	Health workers serving Rohingya refugees	Practical skills observation form	mhGAP-based supervision
10	Wirth, T. et al.	2019	Working conditions in the caring professions: A qualitative study of workers' experiences	Germany	Mixed / Scoping	—	Social workers with refugees and homeless individuals	Literature synthesis + interviews	Not specified
11	Binder, A. et al.	2020	Working with refugees: How do social workers experience work-related stress?	Germany	Mixed / Cross-Sectional	54	Social workers with women and children exposed to ISIS violence	Quantitative survey + qualitative interview	Not specified (institutional context)
12	Hamid, A. et al.	2020	Qualitative accounts from Syrian mental health professionals: Shared realities of working with fellow Syrians	Turkey	Qualitative / Thematic Analysis	16	Syrian mental health professionals (also displaced)	In-depth interviews	Self-disclosure
13	Long, S.	2020	Supervisors' Perception of Vicarious Trauma and Growth in Australian Refugee Trauma Counselors	Australia	Qualitative / IPA	11	Clinical supervisors affiliated with FASSTT	Semi-structured interviews	Cohen & Collens Modeli analizi

No	Authors	Year	Title	Country	Study Design	n	Sample Characteristics	Data Collection	Intervention / Supervision Model
14	Posselt, M. et al.	2020	Fostering mental health and well-being among workers who support refugees and asylum seekers	Australia	Mixed-Methods / Cross-Sectional	41	Refugee support personnel (social work, psychology, etc.)	Online survey (DASS-21, ProQOL)	Clinically focused supervision
15	Augusterfer, E.F. et al.	2020	A review of telepsychiatry as a tool for reintegrating displaced persons and refugees	LMIC / Conceptual	Theoretical Model	—	Professionals in low-resource crisis settings	Literature synthesis	Tele-supervision model
16	Robelski, S. et al.	2020	Burnout in social work with refugees: A qualitative study	Germany	Qualitative / Interview	26	Social workers serving refugees and homeless persons	Semi-structured interviews	Group supervision
17	Perera, C. et al.	2021	Towards an integrated model for supervision for MHPSS in humanitarian emergencies: A qualitative study	Global / Humanitarian	Qualitative / Thematic Analysis	26	Global MHPSS professionals	Semi-structured interviews	Integrated Model for Supervision (IMS) development
18	Potter, C. et al.	2023	Mental health supervision for psychotherapists working with refugees: The Fearless project	Germany	Qualitative / Thematic Analysis	13	Psychotherapists working with refugees (Fearless project)	Semi-structured interviews	Fearless project supervision model
19	O'Sullivan, E. et al.	2023	Gender considerations for supportive supervision in humanitarian contexts: A qualitative study	Global / Humanitarian	Qualitative	12	MHPSS workers (various humanitarian contexts)	Semi-structured interviews	IMS framework (gender-focused)
20	Ghafoori, B. et al.	2024	Psychological adaptation among health care workers who work with trauma-exposed refugees in Greece	Greece	Qualitative / Thematic Analysis	20	Healthcare workers in NGOs (psychologists, doctors, nurses)	Semi-structured interviews	Not specified (clinical adaptation-focused)

No	Authors	Year	Title	Country	Study Design	n	Sample Characteristics	Data Collection	Intervention / Supervision Model
21	Greene, M.C. et al.	2024	Comparing implementation strategies for training and supervising nonspecialists in Group Problem Management Plus: A hybrid effectiveness-implementation trial in Colombia	Colombia	Quantitative / Mixed	127	Psychosocial intervention facilitators	Fidelity tools (ENACT, GroupACT)	Peer supervision (ENACT/GroupACT)
22	Jahan, S. et al.	2025	Clinical mental health supervision in a humanitarian context in LMICs: PEACE model for community engagement	Bangladesh / Turkey / Syria	CBPR / Qualitative	6	Rohingya Advisory Committee members	FGD, IDI, and RAC meetings	PEACE Model (supervision-focused)
23	Kurt, G. et al.	2025	Online group supervision for Syrian refugee mental health workers in Turkey: A longitudinal mixed-methods study	Turkey / Syria	Longitudinal / Mixed-Methods	55	Syrian mental health professionals (C4C program)	Kessler-6, ProQOL; interviews	C4C Online Group Supervision
24	Küçüknane, A. et al.	2025	Secondary traumatic stress experiences and coping strategies of humanitarian aid workers	Turkey	Qualitative / Thematic Analysis	13	Humanitarian aid workers	Semi-structured interviews	Not specified (lived experience-focused)
25	van den Broek, M. et al.	2025	Data-driven supervision in humanitarian settings: Experiences from Uganda	Uganda	Qualitative	38	Community mental health gatekeepers and supervisors	Semi-structured interviews	Data-driven supervision (Dashboard)
26	Pillay, Y. & Civan, K.	2025	The BECCS Model: A Novel Approach to Clinical Supervision in Culturally Diverse Settings	USA	Conceptual Model Development	—	Clinical supervisors and counselors	Literature synthesis	BECCS Model (7 vectors)
27	Butt, M.K. et al.	2026	Secondary traumatic stress among mental	Pakistan	Qualitative / Reflexive	6	Psychologists, psychiatrists, social workers	Semi-structured interviews	Not specified (lived experience-focused)

No	Authors	Year	Title	Country	Study Design	n	Sample Characteristics	Data Collection	Intervention / Supervision Model
			health professionals working with war refugees in Pakistan: A qualitative exploration		Thematic Analysis				

The findings of the 27 studies examined as part of the systematic review were synthesized under four main themes that align with the research questions: (1) the psychological implications of the work for the refugee population, (2) supervision experiences, the role of supervision, and access conditions, (3) cultural and contextual factors, and (4) supervision models and practices. Each theme is addressed in detail, taking into account the overlaps and differences among the findings of the studies included.

Theme 1: Psychological Implications of Working with Refugee Populations

Most studies reviewed consistently show that mental health professionals working with refugee populations face a unique and significant psychological burden. This burden is characterized by secondary traumatic stress (STS), vicarious trauma, and burnout, which are qualitatively different from general clinical practice. These experiences are closely tied to the availability or lack of structured supervision support.

Secondary traumatic stress is frequently observed among professionals working with refugees, as evidenced by multiple studies. In a cross-sectional study of 84 professionals assisting Syrian refugees in Germany, 22.9% exhibited clinical-level secondary traumatization; while 71.6% expressed a strong need for supervision, only 64.1% reported having regular access to it (Denkinger et al., 2018). A personal history of trauma and shared experiences of flight with clients were identified as primary risk factors, whereas a secure attachment style was a protective factor. Similar results were found in a qualitative study in Pakistan, where participants linked high levels of STS to professional isolation and a lack of structured supervision (Butt et al., 2025). Ghafoori and colleagues (2024), who studied healthcare workers in refugee camps in Greece, also noted psychological adjustment difficulties, expectation mismatches, and symptoms of secondary trauma, identifying inadequate training and lack of supervision as major institutional challenges for professionals. Conversely, some studies suggest that working with refugees can be both traumatic and empowering. Puvimanasinghe et al. (2015) observed that professionals experience both vicarious trauma (VT) and vicarious resilience (VR), with supervision and guidance playing a crucial role in processing these complex experiences. Similarly, Barrington and Shakespeare-Finch (2013) found that vicarious trauma and vicarious post-traumatic growth (VPTG) can occur simultaneously, demonstrating that structured supervision can aid in professional meaning-making and growth. Long's (2020) study, which looks at the issue from the supervisor's perspective, emphasizes the significant role supervisors play in counselors' meaning-making processes, but notes that current approaches do not adequately address vicarious trauma and the socio-political context.

Burnout and the quality of supervision are significant themes in the literature. Binder et al. (2020) conducted a mixed-methods study revealing that 64.1% of professionals had access to supervision, yet most of it was inadequate, focusing mainly on administrative tasks and lacking emotional support. Similarly, Robelski et al. (2020) discovered that group supervision often remained surface-level due to heavy workloads, highlighting the need for immediate professional support during crises. Augustfer et al. (2015) emphasized the potential of tele-supervision to alleviate the isolation of specialists in remote areas and provide clinical guidance, suggesting it could be a sustainable solution, especially in LMICs. In line with this, Wirth et al. (2019) conducted a screening study in Germany, which showed that the emotional strain of working with clients facing chronic deprivation, combined with insufficient institutional support, is particularly severe in the refugee context. This underscores the importance of incorporating emotional management into supervision agendas alongside technical skills. Research in Turkey adds another layer to these patterns. Küçüknane et al. (2025) conducted a qualitative study with humanitarian aid workers, focusing on informal coping mechanisms. Participants reported relying on spontaneously formed peer networks for support, which, however, did not replace structured supervision. The lack of supervision and institutional support were identified as primary causes of burnout, indicating an urgent need to strengthen the supervision infrastructure in Turkey's humanitarian aid sector.

Theme 2: Supervision Experiences, the Role of Supervision, and Access Conditions

The studies included indicate that mental health professionals working with refugees face notable deficiencies in their supervision experiences, both qualitatively and quantitatively. This theme encompasses issues such as limited access to supervision, the quality of the supervision provided, and challenges specific to their work environment.

2.1. Barriers to Accessing Supervision

Numerous studies have documented the precise dimensions of these barriers. In a comprehensive evaluation by Echeverri et al. (2018) involving 619 healthcare professionals in Sub-Saharan Africa, it was discovered that supervision guided by the mhGAP-HIG protocol significantly enhanced clinical skills, showing a 44–53% improvement. Notably, in environments characterized by a lack of specialists, remote supervision through phone and SMS has proven to be a feasible alternative.

Similarly, Tarannum and colleagues (2019) observed 62 healthcare workers in Rohingya camps in Bangladesh and found that only 15 participants received consistent supervision. Structural obstacles such as heavy workloads and insufficient infrastructure were identified as hindrances to participating in supervision. These findings underscore the geographical and institutional aspects of the supervision access issue. Comparable challenges were noted in

Ghafoori et al.'s (2024) study in Greece, where participants, including psychologists, doctors, and nurses within a civil society organization, reported that frequent staff turnover, vague job roles, and inadequate supervision contributed to severe burnout. Additionally, the significant gap between expected and actual support led to a pronounced mismatch between expectations and reality.

Apostolidou and Schweitzer's (2017) qualitative research, conducted with nine therapists offering psychological services to refugees under temporary protection in Australia, is crucial in demonstrating that supervision experiences remained consistent despite temporal changes. While therapists deemed supervision essential for bridging cultural gaps and managing the helplessness stemming from shared trauma and legal uncertainties, they noted that current supervision does not adequately address these issues. This study is significant in that it demonstrates that the need for supervision specific to the refugee field was articulated in the same way nearly a decade ago and that structural transformation is still awaited.

Schweitzer et al. (2015) also identified a similar pattern in their qualitative study with 12 therapists in Australia: The vast majority reported that existing supervision did not adequately address the challenges specific to working with refugees, and they faced significant difficulties accessing supervisors specialized in this field. This finding is significant because it demonstrates that the aforementioned access issue persists even in contexts such as Australia, which are not considered resource-constrained.

The study conducted by Guhan and Liebling-Kalifani (2011) with mental health and social service professionals working with refugees and asylum seekers in the UK points to a historical continuity in that it clearly demonstrated, as early as fifteen years ago, just how widespread and systemic the lack of supervision is. The professionals participating in the study reported facing serious difficulties in accessing expert supervisors who understand the unique challenges of refugee clients and can adapt this experience to the supervision process. Burnout and professional isolation were found to be directly linked to the lack of structural supervision (regular, planned, and institutionally supported supervision). This study points to a historical continuity in that it demonstrates that this need was articulated in the same way approximately fifteen years ago and has yet to be resolved through a structural solution.

In their 2020 qualitative study, Hamid et al. explored the experiences of 16 Syrian mental health professionals who were forcibly displaced to Turkey, documenting barriers to access such as heavy workloads, scarce supervision opportunities, and concerns over professional confidentiality, which align with findings from other research. However, this study uniquely emphasizes the dual nature of shared cultural and linguistic identity with refugees: it facilitates the formation of therapeutic connections but also poses the risk of emotional boundary issues. Some therapists pointed out ethical challenges when working with clients who are also colleagues or acquaintances' clients, highlighting the necessity for supervision. The study's results suggest that supervision by culturally similar professionals in Turkey requires particular attention and structured methods.

2.2. The Nature of Supervision

The central theme emerging from the studies reviewed is the nature of the working relationship and therapeutic alliance within the supervisory context. Posselt et al. (2020) quantitatively showed that a robust supervisory alliance serves as a protective shield against secondary traumatic stress and depression, suggesting that the quality of supervision is as crucial as its frequency. Additionally, cultural sensitivity, countertransference management, and the supervisor's readiness for the refugee context are essential aspects of this theme.

The mixed-methods study by Posselt et al. (2020) in Australia stands out as one of the most methodologically sound in this area. This study, which included 50 therapists working in refugee support services, revealed that a strong therapeutic alliance between supervisor and supervisee significantly protected against secondary traumatic stress and depression. It was found that anxiety levels were notably lower among staff receiving weekly supervision, with the supervisory alliance being the strongest predictor of this protective effect. This underscores the vital importance of not only conducting regular supervision but also establishing it on a foundation of trust and a strong relational bond.

In 2019, Brooks conducted a case study within the framework of the United Kingdom's IAPT (Improving Access to Psychological Therapies) program, focusing on the therapeutic interaction between a therapist and a refugee client. In this study, supervision is defined as a space that serves a reflective function, facilitating the therapist's awareness of and processing of their implicit assumptions, cultural biases, and countertransference reactions. In particular, managing the triadic therapeutic relationship (therapist–interpreter–client) poses a challenge that requires intensive supervision. This study indicates that focusing solely on the case is insufficient in supervision and that the therapist must examine their own attitudes and cultural position.

In a qualitative study conducted by Van den Broek et al. (2025) in refugee settlements in Uganda, the authors examined the impact of a data-driven supervision approach that integrates real-time data provided via digital dashboards into the supervision process. In this approach, performance data for community mental health workers—such as case identification, intervention frequency, and follow-up rates—are visually tracked via a software interface (dashboard) and transmitted to the supervisor in real time. In this data-driven approach, data such as intervention frequency, case identification, and follow-up rates are displayed in real time on digital dashboards; the supervisor uses this data as a reference to provide feedback. Research findings have shown that this method significantly increases both therapist motivation and confidence in case detection (van den Broek et al., 2025). It has been observed that real-time feedback from supervisors is critical for correcting potential errors early. This study provides strong evidence regarding the feasibility of technology-supported, data-driven supervision models in low-resource humanitarian aid contexts.

Finally, a qualitative study conducted by Potter et al. (2023) in Germany documented the direct impact of supervision on therapist motivation. Interviews with 13 therapists who began working with refugees as part of the Fearless project revealed that structured supervision reduced therapists' reluctance to accept refugee cases and strengthened their self-confidence and the development of their professional identities. This discovery underscores the effectiveness of supervision in not only boosting mental health capabilities for refugees but also in the areas of hiring and maintaining employment. Although the Fearless project does not introduce a novel supervision model, it offers important insights into how structured supervision contributes to retaining therapists.

Theme 3: Cultural and Contextual Factors

When considering cultural and contextual elements, supervision in refugee settings diverges from typical supervision practices. The studies examined indicate that factors such as cultural identity, shared migration experiences, political context, and conditions in the host country significantly influence the supervision process.

Hamid et al. (2020) discovered that professionals who share national, cultural, and linguistic identities with their clients find it easier to build therapeutic relationships. Therapists have observed that when identities align, it facilitates gaining clients' trust and understanding their experiences. However, this alignment can blur professional boundaries between therapists and clients, making therapists more emotionally vulnerable to the trauma their clients have endured. As one participant expressed, “Sometimes I forget that this pain is my own.” This insight underscores the importance of carefully monitoring the boundary between personal trauma and professional roles during supervision sessions with therapists who share a common identity with their clients.

Jahan et al. (2025) explored the PEACE model (Participation, Respect for Community Expertise, Encouraging Action, Building Authentic Connections, and Empowerment), providing strong ethical and practical reasons for involving refugee communities actively in supervision processes. This study was part of the 16-month online group supervision program Caring for Carers (C4C), aimed at Rohingya refugees in Bangladesh and Syrian internally displaced persons in Turkey/Northern Syria. It involved adapting supervision materials based on input from the Rohingya Advisory Committee (RAC). The cultural insights shared by community members during supervision offered crucial contextual information on how mental health is perceived in the local language and culture, which was directly applied to adapt the supervision content. This study clearly illustrates that supervision should be developed within a collaborative framework that includes the knowledge and experience of refugee communities, rather than being conducted through a top-down, one-way approach dictated solely by experts (supervisor-consultant-client).

In a qualitative study by O’Sullivan et al. (2023) conducted in humanitarian aid contexts, the gender aspect of supervision practices was explored. Interviews with 12 MHPSS workers revealed that gender roles influenced supervisory relationships, feedback dynamics, and emotional safety in ways intertwined with the cultural context. It was found that in some settings, male supervisees faced challenges receiving support and feedback from female supervisors due to cultural norms. These findings emphasize that a one-size-fits-all approach to gender in supervision models is inadequate and that flexible arrangements sensitive to cultural, religious, and social norms are crucial. The study also highlights that current humanitarian aid guidelines do not sufficiently address this aspect and calls for further research in this area.

Theme 4: Supervision Models and Practices

Research indicates that supervision models tailored to the refugee context are not only few in number but also still evolving. Nonetheless, it is important to highlight that innovative and promising models are emerging in this area. These models typically strive to incorporate cultural competence, community involvement, and social justice principles into the supervision framework.

The PEACE model, introduced by Jahan et al. (2025), is a groundbreaking study that employs a community-based participatory research (CBPR) approach to clinical supervision within humanitarian aid settings. The model comprises five components: Participation, Expertise, Agency, Connection, and Empowerment. It provides a structured supervision curriculum that addresses topics such as human rights, diversity and power dynamics, the client-counselor relationship, MHPSS skills, case discussion, and reflective practice. In this model, community participation is viewed not just as a tool but as an ethical obligation that honors the knowledge and experiences of refugee communities. The PEACE model sets itself apart from existing models by integrating local cultural insights, awareness of power disparities, and a rights-based approach into the supervision agenda.

The Bio-Ecological Cross-Cultural Clinical Supervision (BECCS) Model, created by Pillay and Civan (2025), uniquely adapts Bronfenbrenner’s bioecological theory of development (PPCT: Process-Person-Context-Time) to clinical supervision. This seven-dimensional conceptual framework addresses supervision content at various levels: micro (individual and therapeutic relationship), meso (team and organizational relationships within the supervision context), exo (organizational policy and funding structures), macro (social norms, culture, and legal framework), and chronosystem (experiences that change over time). A notable aspect of this framework is its emphasis on developing cultural competence and a social justice-oriented approach to supervision, tailored to the complex nature of refugee experiences. The temporal dimension is another distinctive feature of the model; it highlights the importance of incorporating the processing of the refugee experience within a temporal continuum into the supervision agenda. In essence, BECCS positions the supervisor not just as a clinical guide, but as a cultural mediator, an advocate for social justice, and a collaborative partner who comprehends the client’s multi-layered context.

The qualitative study by Perera and colleagues (2021) with mental health and psychosocial support specialists in humanitarian contexts marks the initial phase of developing the Integrated Model for Supervision (IMS). Semi-structured interviews with 26 global mental health experts provided a comprehensive view of the components of effective supervision in humanitarian contexts. Participants concurred on the significance of active listening skills and supervisors having access to their own supervision support. The model comprises four main sections: (1) fundamental supervision principles, (2) organizational integration, (3) supervisor competency development, and (4) the participation of the supervisee. IMS offers a flexible framework that organizations of various sizes and different humanitarian aid contexts can adapt. The Turkey/C4C study by Kurt et al. (2025), which is based on IMS, confirms the model’s practical applicability in Turkish and regional contexts.

Greene et al. (2024) conducted a study in Colombia to evaluate the impact of supervision in environments where essential resources, such as qualified supervisors, training facilities, and financial support, are scarce. The research, involving 127 facilitators, utilized tools to measure ENACT (adherence to individual interventions) and GroupACT (adherence to group interventions). The findings indicated that groups receiving peer supervision performed just as well in case follow-up and intervention adherence as those with expert supervision (Greene et al., 2024). This underscores the significance of creating culturally relevant and cost-efficient supervision methods, especially in countries with limited resources. It also implies that peer supervision could be a viable alternative in situations where expert supervision is not readily available.

Discussion

This systematic review consolidates current understanding of the supervision experiences and requirements of mental health professionals working with refugees and asylum seekers, highlighting these main conclusions: (1) professionals in this area face a significant and unique psychological burden; (2) there is a lack of adequate and evenly distributed access to structured, high-quality supervision; (3) cultural and contextual elements specific to the refugee environment greatly influence the supervision process; and (4) new models being developed in this field often emphasize cultural competency, community involvement, and social justice principles.

The review indicates that supervision is not just a tool for professional growth; it plays a vital protective role for practitioners working with refugees. Posselt et al. (2020) quantitatively showed that a strong supervisory relationship can mitigate secondary traumatic stress and depression. Data from Denkinger et al. (2018) highlight the widespread and pressing need for this support. Echeverri et al. (2018) demonstrate that supervision concretely and measurably improves clinical skills. The qualitative findings of Butt et al. (2025) show that the quality of supervision matters more than its mere presence; a trauma-informed and individually tailored approach is essential in this context. These findings are consistent with the trauma supervision literature (Pearlman & Saakvitne, 1995; Figley, 1995) and demonstrate that supervision needs in the refugee context differ from those in general mental health practice in both scope and content.

These findings raise important questions regarding the applicability of general supervision models in the refugee context. The majority of existing models are built on a Western, individualistic, and clinically focused framework; collective trauma, intergenerational effects, and sociopolitical dimensions are generally overlooked (Long, 2020). This demonstrates that developing supervision frameworks that are refugee context-sensitive, holistic, and culturally adapted is not an option but a necessity for practitioners working in this field.

The included studies also reveal serious disparities in access to supervision across geographies and contexts. Even in relatively well-resourced settings such as Australia and the United Kingdom, practitioners reported inability to access adequate, quality supervision (Brooks, 2019; Posselt et al., 2020), demonstrating that this problem cannot be explained by resource constraints alone. This points to the necessity of addressing structural, cultural, and institutional dimensions to achieve quality access to supervision, and also reflects the extent to which the refugee population's needs and mental health service quality remain institutionally deprioritized.

In LMIC contexts—countries and regions such as Pakistan, Ethiopia, Bangladesh, and Northern Syria, where serious resource constraints exist in mental health services, supervision infrastructure, and qualified specialists—challenges are far more pronounced and multi-layered. The Pakistan study by Butt et al. (2025) documents the near-total absence of structured supervision systems; the study by Jahan et al. (2025) is valuable for demonstrating how online group supervision can be implemented in remote and hard-to-reach geographies.

In the study conducted by Tarannum et al. (2019) in Bangladesh, it was found that a mere 15 out of 62 workers received consistent supervision, highlighting significant structural barriers to access. Conversely, research by van den Broek et al. (2025) in Uganda suggests that digital, real-time, data-driven supervision can help mitigate these challenges. These findings suggest that technology-based solutions could effectively address issues of access and inequality. Tele-supervision and online group supervision emerge as viable options to alleviate supervision resource limitations, though it remains crucial to adapt supervision content to cultural contexts.

The situation in Turkey, which hosts the largest refugee population globally, deserves special consideration. Hamid et al. (2020) report that Syrian mental health professionals in Turkey face secondary traumatic stress and professional isolation while continuing to provide services, compounded by significant challenges in obtaining adequate supervisory support. This is corroborated by a longitudinal mixed-methods study by Kurt et al. (2025) involving 55 Syrian mental health professionals in Turkey and Northern Syria. The Caring for Carers (C4C) program's online group supervision was shown to significantly alleviate psychological stress (Bayesian hierarchical analysis: $b = -0.18$), with this effect persisting even during the 2023 earthquake. This underscores the need for structural reinforcement of Turkey's refugee mental health system and the establishment of systematic supervision mechanisms to ensure the sustainability of practitioners in the field.

A notable insight from this review is that cultural identity and context act as a dual factor—both aiding and complicating the supervision process. While a shared cultural identity with clients can enhance therapeutic rapport (Hamid et al., 2020), it also introduces risks such as boundary erosion, increased countertransference, and challenges in maintaining professional neutrality. This intricate dynamic suggests that supervision for practitioners sharing clients' cultural identity requires careful attention and structure, further supporting the need for supervision support.

Limitations and Future Research Directions

This review has several methodological limitations that need to be recognized. Firstly, the relatively small number of studies included ($n = 27$) restricts the generalizability of the results. The variation in samples, contexts, and methods among the studies complicates direct comparisons and prevents systematic statistical synthesis. The search did not encompass gray literature, such as reports, theses, conference proceedings, and institutional publications that are not found in peer-reviewed journals. Additionally, the focus on English and Turkish publications means that significant studies in languages like Arabic and French might have been overlooked.

For future research, it is important to prioritize randomized controlled trials and longitudinal studies that assess the effectiveness of supervision interventions. The implementation processes and outcomes of culturally adapted supervision models in low- and middle-income country (LMIC) contexts, especially in Turkey, should be thoroughly documented. There is a need to develop psychometrically sound and culturally validated measurement tools for professionals working with refugees, explore the feasibility of technology-assisted supervision models in various contexts, and encourage participatory

designs that involve refugee community members as research partners. It is also important to note that many of the reviewed studies did not provide basic information on supervision frequency, duration, and model (see Table 1). Comprehensive reporting of this information will significantly benefit future comparative research.

Conclusion

This systematic review thoroughly examines the supervision experiences and requirements of mental health professionals who work with refugees and asylum seekers. The results clearly indicate that structured, high-quality, and culturally sensitive supervision is essential for both individual practitioners and the overall quality of services in this area. As global focus on refugee mental health continues to grow, highlighting the psychological challenges and structural obstacles faced by practitioners in this field is crucial. Innovative models like PEACE and BECCS offer a glimpse into the future by integrating cultural competence, community involvement, and social justice principles into the supervision framework. It is vital to recognize that supervision is not merely a luxury or optional support but a fundamental professional right for mental health practitioners in any setting, and this understanding must be reflected in policy and practice.

The findings of this review have significant implications for policymakers, institutional leaders, and clinical practitioners in the mental health sector. Primarily, ensuring regular, structured, and quality supervision for all mental health professionals working with refugees should be seen not as a privilege but as an essential ethical duty. Supervision models should evolve from one-size-fits-all approaches to become culturally sensitive, trauma-informed, and adaptable; supervisors should be equipped with comprehensive training on the historical, political, and cultural aspects of refugee communities. Especially in low- and middle-income countries, technology-assisted online supervision options should be carefully assessed for cultural suitability, and research should employ participatory methods that directly involve the voices of refugee communities in the process.

Declarations

Author Contribution

MDM: Conceptualization, literature search and screening, data extraction, thematic synthesis, writing – original draft, writing.MK: Conceptualization, supervision, methodology oversight, writing – review and editing.

References

1. Apostolidou, Z., & Schweitzer, R. (2017). Practitioners' perspectives on the use of clinical supervision in their therapeutic engagement with asylum seekers and refugee clients. *British Journal of Guidance & Counselling*, *45*(1), 72–82. https://doi.org/10.1080/03069885.2015.1125852
2. Augusterfer, E. F., Mollica, R. F., & Lavelle, J. (2015). A review of telemental health in international and post-disaster settings. *International Review of Psychiatry*, *27*(6), 540–546. https://doi.org/10.3109/09540261.2015.1082985
3. Barrington, A. J., & Shakespeare-Finch, J. (2013). Working with refugee survivors of torture and trauma: An opportunity for vicarious post-traumatic growth. *Counselling Psychology Quarterly*, *26*(1), 89–105. https://doi.org/10.1080/09515070.2012.727553
4. Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision*. Allyn & Bacon.
5. Binder, A., Denkinger, J., Sount, E., Windthorst, C. R. O., Engelhardt, P., Ringwald, M., & Junne, J., F (2020). Psychological burden, stressors, and resources of social workers working with women and children who suffered extreme violence by the 'Islamic state': A mixed-method study. *Journal of psychosomatic research*, *132*, 109959. https://doi.org/10.1016/j.jpsychores.2020.109959
6. Brooks, M. (2019). The importance of using reflective practice when working with refugees, asylum seekers, and survivors of torture within IAPT. *The Cognitive Behavior Therapist*, *12*, e16. https://doi.org/10.1017/S1754470X19000023
7. Butt, M. K., Amin, R., Grigutytė, N., & Eimontas, J. (2025). Secondary Traumatic Stress Among Mental Health Professionals Working with War Refugees in Pakistan: A Qualitative Exploration of Lived Experiences. *European Journal of Trauma & Dissociation*, 100626. https://doi.org/10.1016/j.ejtd.2025.100626
8. Cohen, K., & Collens, P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory Research Practice and Policy*, *5*(6), 570. https://doi.org/10.1037/a0030388
9. Denkinger, J. K., Windthorst, P., Sount, R. O. E., Blume, C., Sedik, M., Kizilhan, H., & Junne, J. I., F (2018). Secondary traumatization in caregivers working with women and children who suffered extreme violence by the Islamic State. *Frontiers in Psychiatry*, *9*, 234. https://doi.org/10.3389/fpsyt.2018.00234
10. Echeverri, C., Le Roy, J., Worku, B., & Ventevogel, P. (2018). Mental health capacity building in refugee primary health care settings in Sub-Saharan Africa: impact, challenges, and gaps. *Global Mental Health*, *5*, e28. https://doi.org/10.1017/gmh.2018.19
11. Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in Western countries: a systematic review. *The Lancet*, *365*(9467), 1309–1314. https://doi.org/10.1016/S0140-6736(05)61027-6
12. Figley, C. (1995). *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. brunner. Routledge.
13. Ghafoori, B., Triliva, S., Chrysikopoulou, P., & Vavvos, A. (2024). Psychological adaptation among health care workers who work with trauma-exposed refugees in Greece. *Journal of Traumatic Stress*, *37*(3), 483–491. https://doi.org/10.1002/jts.23022
14. Greene, M. C., Castellar, D., Sangraula, M., Camargo, N., Diaz, J., Meriño, V., Miller-Suchet, L., Chamorro Coneo, A. M., Venegas, M., Cristobal, M., Chávez, D., Kohrt, B., Ventevogel, P., Uribe, M., DeLuca, M., Shultz, J., Espinel, Z., Snider, L., Marsch, L., Romero, S., & Brown, A. (2024). Comparing implementation strategies for training and supervising nonspecialists in Group Problem Management Plus: A hybrid effectiveness-implementation trial in Colombia. *Global Mental Health*, *11*, e90. https://doi.org/10.1017/gmh.2024.95

15. Guhan, R., & Liebling-Kalifani, H. (2011). The experiences of staff working with refugees and asylum seekers in the United Kingdom: A grounded theory exploration. *Journal of Immigrant & Refugee Studies*, *9*(3), 205–228. https://doi.org/10.1080/15562948.2011.592804
16. Hamid, A., Scior, K., & de Williams, C., A. C (2020). Qualitative accounts from Syrian mental health professionals: shared realities in the context of conflict and forced displacement. *BMJ open*, *10*(5), e034291. https://doi.org/10.1136/The BMJopen-2019-034291
17. Hawkins, P., & Shohet, R. (2012). *Supervision in the helping professions* (4th ed.). Open University.
18. Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for information*, *34*(4), 285–291. https://doi.org/10.3233/EFI-180221
19. Inskipp, F., & Proctor, B. (2001). The art, craft and tasks of counselling supervision: making the most of supervision. Cascade.
20. Inter-Agency Standing Committee (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Inter-Agency Standing Committee. https://share.google/IcXsl4ONGum19uQ1S
21. Jahan, S., Faruk, M. O., Kurt, G., Némorin, S., Zarate, A., Mozumder, M. K., & Wells, R. (2025). Clinical mental health supervision in a humanitarian context in LMICs: PEACE model for community engagement. *Research Involvement and Engagement*, *11*(1), 114. https://doi.org/10.1186/s40900-025-00722-2
22. Kurt, G., Almeamari, F., El-Dardery, H., Kardouh, A., Wong, S., McGrath, M., & Wells, R. (2025). Testing the role of online group-based supervision for local humanitarian workers following a crisis: A mixed-methods longitudinal study. *PLOS Global Public Health*, *5*(8), e0004635. https://doi.org/10.1371/journal.pgph.0004635
23. Küçüknane, A., Karatay, G., & Polat, S. (2025). Secondary traumatic stress experiences and coping strategies of humanitarian aid workers. *Journal of Cognitive-Behavioral Psychotherapy and Research*, *14*(1), 45–58. https://dx.doi.org/10.14744/JCBPR.2025.32557
24. Long, S. (2020). Supervisors' perception of vicarious trauma and growth in Australian refugee trauma counsellors. *Australian Social Work*, *73*(1), 105–117. https://doi.org/10.1080/0312407X.2018.1501587
25. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, *15*(2), 103–111. https://doi.org/10.1002/wps.20311
26. McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*, *3*(1), 131–149. https://doi.org/10.1007/BF00975140
27. Miller, K. E., Martell, Z. L., Pazdirek, L., Caruth, M., & Lopez, D. (2005). The role of interpreters in psychotherapy with refugees: An exploratory study. *American journal of orthopsychiatry*, *75*(1), 27–39. https://doi.org/10.1037/0002-9432.75.1.27
28. Muran, J. C., & Safran, J. D. (1998). Negotiating the therapeutic alliance in brief psychotherapy: An introduction. https://psycnet.apa.org/doi/10.1037/10306-010
29. O'Sullivan, E., Abujaber, N., Ryan, M., McBride, K. A., Blum, P. T., & Vallières, F. (2023). Gender considerations for supportive supervision in humanitarian contexts: A qualitative study. Cambridge Prisms: Global Mental Health, 10, e50. https://doi.org/10.1017/gmh.2023.33
30. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., & Moher, D. (2022). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Revista panamericana de salud publica*, *46*, e112. https://doi.org/10.1136/bmj.n71
31. Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. WW Norton & Company.
32. Perera, C., McBride, K. A., Travers, Á., Blum, T., Wiedemann, P., Dinesen, N., & Vallières, C., F (2021). Towards an integrated model for supervision for mental health and psychosocial support in humanitarian emergencies: A qualitative study. *PloS one*, *16*(10), e0256077. https://doi.org/10.1371/journal.pone.0256077
33. Pillay, Y., & Civan, K. (2025). The bio-ecological cross-cultural supervision (BECCS) model: a novel approach to clinical supervision in culturally diverse settings. *The journal of humanistic counseling*. https://doi.org/10.1002/johc.70015
34. Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *Journal Of The American Medical Association*, *294*(5), 602–612. https://doi.org/10.1001/jama.294.5.602
35. Posselt, M., Baker, A., Deans, C., & Procter, N. (2020). Fostering mental health and well-being among workers who support refugees and asylum seekers in the Australian context. *Health & Social Care in the Community*, *28*(5), 1658–1670. https://doi.org/10.1111/hsc.12991
36. Potter, F., Zehb, M., Dohrmann, K., Müller-Bamouh, V., Rockstroh, B., & Crombach, A. (2023). It is worth hanging in there -Psychotherapeutic experiences shaping future motivation for outpatient psychotherapy with refugee clients in Germany. *Bmc Psychiatry*, *23*(1), 503. https://doi.org/10.1186/s12888-023-05004-3
37. Proctor, B. (1987). *Supervision: A cooperative exercise in accountability. Enabling and ensuring*. Supervision in practice.
38. Puvimanasinghe, T., Denson, L. A., Augoustinos, M., & Somasundaram, D. (2015). Vicarious resilience and vicarious traumatisation: Experiences of working with refugees and asylum seekers in South Australia. *Transcultural Psychiatry*, *52*(6), 743–765. https://doi.org/10.1177/1363461515577289
39. Robelski, S., Mette, J., Wirth, T., Kiepe, N., Nienhaus, A., Harth, V., & Mache, S. (2020). Un)bounded social work? -Analysis of working conditions in refugee and homeless aid in relation to perceived job stress and job satisfaction. *International journal of environmental research and public health*, *17*(2), 601. https://doi.org/10.3390/ijerph17020601
40. Schweitzer, R., Van Wyk, S., & Murray, K. (2015). Therapeutic practice with refugee clients: A qualitative study of therapist experience. *Counselling and Psychotherapy Research*, *15*(2), 109–118. https://doi.org/10.1002/capr.12018
41. Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*, *16*(2), 130–139. https://doi.org/10.1002/wps.20438

42. Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, *12*(3), 259–280. https://doi.org/10.1080/15325020701238093
43. Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *Journal Of The American Medical Association*, *302*(5), 537–549. https://doi.org/10.1001/jama.2009.1132
44. Tarannum, S., Elshazly, M., Harlass, S., & Ventevogel, P. (2019). Integrating mental health into primary health care in Rohingya refugee settings in Bangladesh: experiences of UNHCR. Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 17(2), 130–139. https://doi.org/10.4103/INTV.INTV_34_19
45. Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, *8*(1), 45. https://doi.org/10.1186/1471-2288-8-45
46. UNHCR (2025). Global trends: Forced displacement in 2024. https://www.unhcr.org/global-trends-report-2024
47. van den Broek, M., Greene, M. C., Guevara, A. F., Agondeze, S., Kyanjo, E., Irakoze, O., & Jordans, M. J. D. (2025). Data-driven supervision to optimize the effectiveness of proactive case detection for mental health care among children: a proof-of-concept study. Cambridge Prisms: Global Mental Health, 12, e4. https://doi.org/10.1017/gmh.2024.150
48. Wirth, T., Mette, J., Nienhaus, A., Schillmöller, Z., Harth, V., & Mache, S. (2019). This isn't just about things, it's about people and their future: A qualitative analysis of the working conditions and strains of social workers in refugee and homeless aid. *International Journal of Environmental Research and Public Health*, *16*(20), 3858. https://doi.org/10.3390/ijerph16203858
49. World Health Organization (2025). Refugee and migrant mental health. https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement

Figures

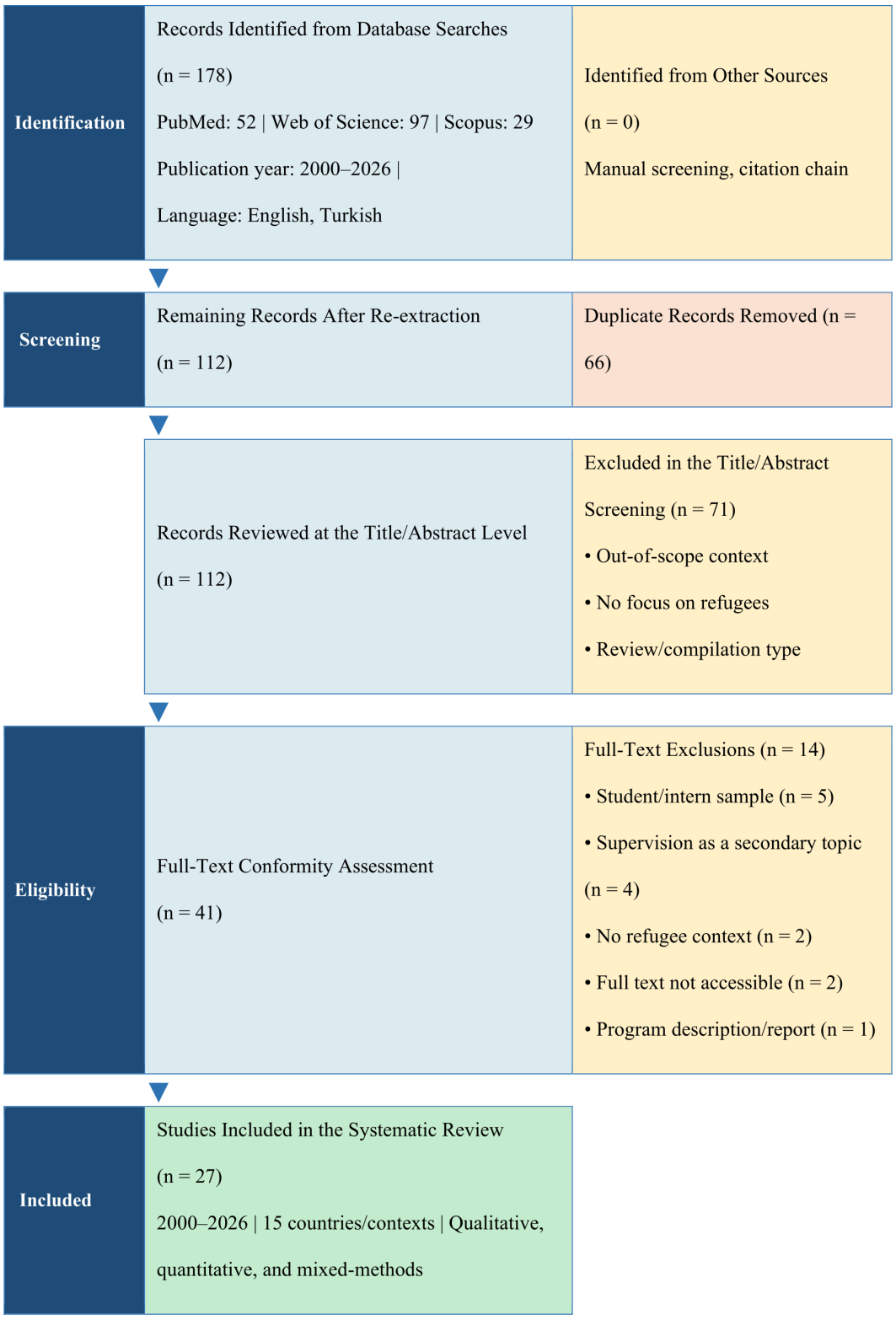


Figure 1

PRISMA 2020 flow diagram: supervision experiences of mental health professionals working with refugees/asylum seekers