

Work Package II: Conceptual framework and Co-Created Training Scheme for covering mental health needs of migrants and refugees.

Country Profile

Country: GREECE

Responsible Partner: Prolepsis Institute



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Version II, corrected in October 2025



**Co-funded by
the European Union**

Funded by the European Union.

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Summary

Since the onset of the Syrian civil war in 2011, Greece has been a primary entry point for refugees and migrants seeking to enter Europe. The country has faced a significant reception crisis, with hundreds of thousands of people arriving on its shores, primarily via the Aegean Sea from Turkey. Greece implemented various policies to address the migration crisis, such as setting up reception and processing centres on certain islands and signing the EU-Turkey agreement (IRC, 2022). However, these policies have been criticized for contributing to poor mental health outcomes among refugees and asylum seekers, human rights violations, and inadequate support and assistance for refugees and migrants. While the Greek government has also attempted to improve conditions for migrants and refugees, such as providing housing and financial assistance and integration programs, these policies have been poorly implemented, resulting in overcrowded and unsanitary conditions and issues with integration.

Many refugees have been stranded in Greece for years, with limited access to healthcare, education, and other necessities. According to findings, refugees face various stressors during different stages of the migration process, such as armed conflict, violence, poverty in the country of origin, the process of migration, including the risk of death, physical exhaustion, and lack of healthcare and the isolation, discrimination, and marginalization in host country. Multiple studies have shown that refugees in Greece are at a high risk of experiencing mental health problems, with a significant proportion of them experiencing symptoms of mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD). Studies have also shown that refugee minors are at higher risk of experiencing mental health problems than their non-refugee peers. In addition, refugees screened positive for anxiety and felt oppressed by stressful events such as poverty, isolation, marginalization, and changes in family structure. The trauma they have experienced, as well as the uncertainty and lack of stability of living in a refugee camp or temporary housing, can have a significant impact on their mental well-being. Studies have also shown that refugee minors are at higher risk of experiencing mental health problems

than their non-refugee peers. However, most refugees are not routinely screened for psychopathology and mental illnesses.

In order to face the reception crisis and the refugees' mental health needs, Greece created a legislative framework about the use of mental health services by refugees but the actual access to these services remains limited due to lack of funding, resources, bureaucracy and trained personnel. There have been reports of long wait times, limited availability of specialized care, and discrimination. In order to fill the gap, several NGOs and international organizations operate in Greece to provide mental health care services to refugees and support them in accessing the public health care system.

It is important to note that available research data on the crisis have many methodological limitations, hindering the development of effective policies and interventions to address it. Language and cultural barriers can make it difficult for researchers to effectively communicate with refugees and to gain their trust. Other challenges include the self-referential nature of research, difficulty distinguishing symptoms from reactions to stressful situations, and logistical issues in conducting research in the context of a humanitarian crisis, including issues related to safety, access to resources, and the need to work within the constraints of government and NGO policies and protocols.

1. Introduction

The movement of refugees and immigrants to Europe, and especially to Greece, is one of the greatest human tragedies. The massive influx of migrants and refugees has created a reception crisis with multiple ramifications for all stakeholders. The reception crisis in Greece has been a complex and multifaceted issue that has presented numerous methodological challenges and controversies. With thousands of refugees and migrants arriving on Greek shores in search of safety and a better life, the Greek government and international aid organizations have faced significant logistical and ethical challenges in aiding these vulnerable populations. Furthermore, the reception crisis has been subject to intense political and media scrutiny, with conflicting narratives and opinions on how best to respond to the crisis. These

methodological challenges and controversies have further complicated efforts to address the reception crisis in Greece, highlighting the need for careful consideration and nuanced approaches to addressing this pressing issue.

It is important to stress that available research data on the reception crisis in Greece have reportedly many methodological limitations that have been highlighted by NGOs on various occasions. These limitations span from inaccurate representation of the real numbers of refugees to difficulty documenting their journey, services provided and needs due to constant forced relocation. This further exacerbates the problem of understanding/gauging the scope of the crisis and hinders the development of effective policies and interventions to address it.

2. Migrant and Refugee Demographic characteristics

In the last decade, Greece has become the host country for many refugees and migrants, who have arrived by crossing the Mediterranean Sea by boat or cross country traveling via Turkey. Because of wars and other dire circumstances, many people seek for a new place to continue their life (United Nations High Commissioner for Refugees, 2018). For some people, Greece is just a transit country, for others it can be their new home. Greece – due to its geographical position between three continents and because of its extensive coastline comprising a significant part of the external sea borders and part of the land borders of the European Union (EU) and the Schengen area – is the main entry and transit point to the European territory for incoming third-country nationals, i.e. asylum seekers, refugees and migrants, who cross the Greek-Turkish land borders in the area of Evros and the sea borders in the Aegean Sea.

This situation is known with the term ‘migrant crisis’. While immigration via Greece substantially decreased following the EU-Turkey agreement, the closure of Turkish borders has drastically increased the length of stay of refugees at the Greek entry locations. Upon arrival, refugees generally reside in camps, which, even though originally designed as short-stay structures, became long-stay facilities.

Only in the first week of 2023, the Hellenic Coast Guard stopped 32 boats carrying 1108 people (<https://ecre.org/>).

2.1 Migrants

Definition: Migrants are the people who change their residence and move to another country but they are not forced to i.e., study migrants, work migrants.

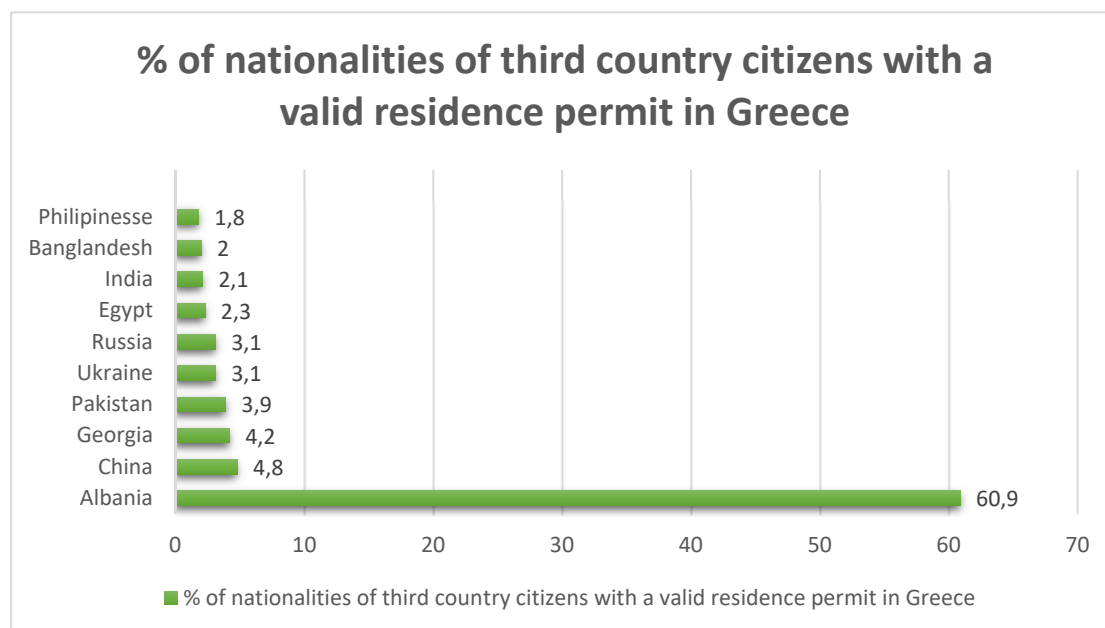
According to the latest data of the Greek Ministry of Migration and Asylum, in November 2022, there are 754.141 regular migrants. We can observe a **31% reduction** on the valid residency permission, but there is a **103% increase** in the residency permit request in relation to 2021. There are no statistical data about people who arrived Greece irregularly.

Table 1. Number of Migrants living in Greece

<i>Migrants</i>	
<i>EU countries</i>	221.967
<i>Non-EU countries</i>	471.198
<i>Beneficiaries of international protection</i>	60.976
<i>Total</i>	754.141

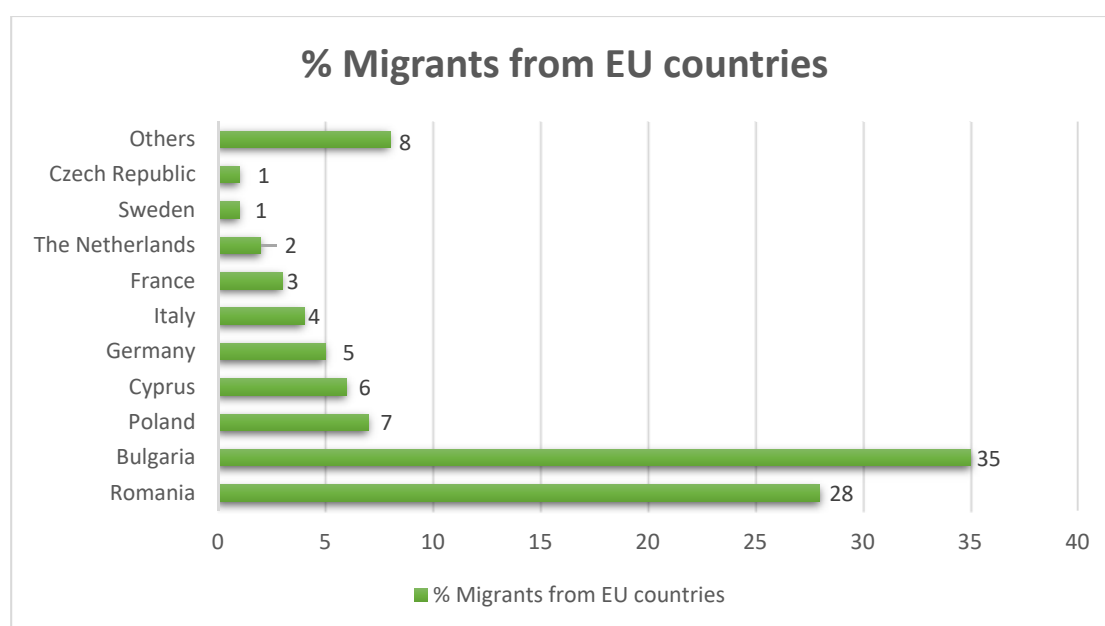
In Table 1, it is shown the percentage of Migrants from EU countries. In Graph 1, there is percentage of nationalities of non-EU citizens with valid residence permit in Greece according to the latest data of the Ministry of Migration and Asylum.

Graph 1. Percentage of Nationalities of non-EU citizens with valid residence permit in Greece



The main 10 nationalities from non-EU countries that have valid residency permit is shown in Graph 2. With respect to initial grant requests filed within 2020, the main countries of origin of immigrants for which have been issued residence permits were Albania, China and Pakistan. However, for the requests submitted in 2021 permits have mainly been issued for nationals of Albania, Georgia and Pakistan.

Graph 2. Percentage of Migrants from EU countries



The most requests are from the Region of Attica and Macedonia-Thrace.

For initial grant requests that have been filed in the first 10 months of 2022 and residence permits have been issued, ahead of the nationals of Albania, Russia and China (see the number of residency permission in Table 2.) The most requests are from the Region of Attica and Macedonia-Thrace.

Table 2. Number of Requests and Renewals of Residence Permits

Migrants' Requests for Residence Permit

<i>New Requests</i>	231.834
<i>Renewal of residence permit</i>	690.075
<i>Total</i>	941.909

2.2 Asylum Seekers

“Asylum seeker is an individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided upon by the country in which the claim is submitted. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee was initially an asylum-seeker” (<https://www.unhcr.org/449267670.pdf>)

The census data of the Greek Asylum Service concern asylum applications and asylum decisions. The data is examined by gender, age and nationality of asylum seekers. In particular, data on the asylum applications of unaccompanied minors are analysed. The data are presented as sets of years, where past years are compared with the current year.

In December 2022, Greece has reported 28.055 asylum requests (27% are for unaccompanied minors, 56% for 18-24 years old and 17% 35-64 years old). In 2022, compared with 2021 Greece has shown 20% increase of minors' asylum requests. According to UNHCR Greece, 67% were asylum-seekers and 33% were recognized refugees. In their majority, they came from Afghanistan (34%), Syria (13%), the

Democratic Republic of Congo (9%), and Somalia (8%). Seventy-five per cent were men and 25% women.

The final decisions about requests from 01/01/2022 till 31/10/2022 are 33 % positive, 36% negative and 31% decision which concerns other administration process. 97% has been given recognition as refugees and the 3% has been given subsidiary protection.

According to Medicines Sans Frontiers (MSF) report (2021), 61% of asylum seekers reached out services, during a difficult bureaucratic process, 52% of asylum seekers are living in apartments which are offered by the ESTIA project and 26% at hotspots, although refugees with mental health problems are not beneficiaries of ESTIA project. Unfortunately, the Greek authorities decided to terminate the project in December 2022.

In the following table, the situation of residency change is described:

Table 3. Residency change in December 2022

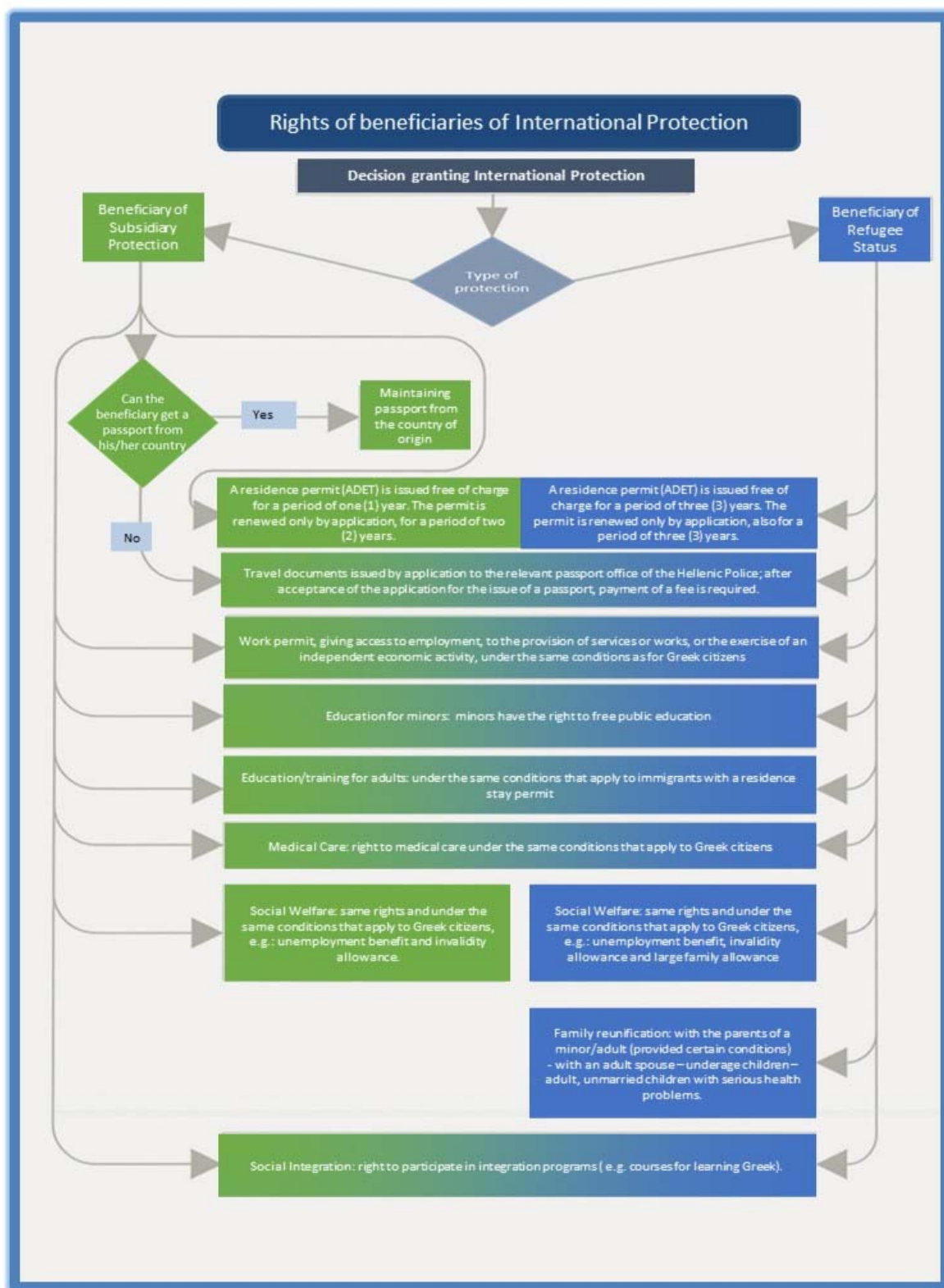
<i>Forced deportations and returns of non-EU citizens based on European agreements</i>	211
<i>Voluntarily Departures through IOM</i>	286
<i>Voluntary departures to the country of origin</i>	130
<i>Departures to another EU country based on Dublin Agreement</i>	39
<i>Departures of minors</i>	14

2.3 Refugees

A refugee is someone who has been forced to flee their home and cross an international border because of war, violence or persecution, often without warning. They are unable to return home unless and until conditions in their native lands are safe for them again. If someone is granted refugee status, they can apply for family reunification under certain criteria. Beneficiaries of subsidiary protection do not have this right (see below Image 1. Rights of beneficiaries of International Protection).

There are two ways to reach Greece: by sea and by land. The refugees and asylum seekers have landed mainly on the islands of the Aegean Sea: Lesbos, Chios, Samos, Leros, Kos, Simi, and Tilos. The most common causes of such population movements are the long-term conflicts and violence in countries such as Syria, Afghanistan, Iraq, South Sudan, and Sudan. According to recent data, in 2022, 16.538 refugees have fled their countries to travel to Greece (10.924 sea arrivals and 5.614 land arrivals). Compared to 2021, there was a **2% reduction of refugee's arrival** in 2022, which contrasts with a 16.5% increase in refugees in 2021 compared to 2020. Another data refers that there is **54% decrease of refugees who live in Greece** (16% decrease of those who live on islands). By the end of 2022, more than 86,600 refugees and asylum seekers were in Greece (refugees from Ukraine represent 25 per cent)

Image 1. Rights of beneficiaries of International Protection



Source: Ministry of Migration & Asylum

According to data retrieved from <https://data.unhcr.org/>, 5.435 refugees have fled their countries to travel to Greece (5.307 sea arrivals and 128 land arrivals) and 1.953 deaths and missing people have been reported in 2022. Till March 2023, 3.293 refugees have fled to Greece (2.827 sea arrivals and 466 land arrivals).

Table 4 shows the statistical data on the number of Refugees residing on the islands in December 2022 as published by the Ministry of Civil Protection.

Table 4. Number of Refugees in December 2022.

	<i>Lesvos</i>	<i>Chios</i>	<i>Samos</i>	<i>Leros</i>	<i>Kos</i>	<i>Others</i>
<i>Number of Refugees</i>	1631	509	1057	478	965	20

In 2022, many refugees have left Greece due to a variety of reasons. In October, 680 refugees departed and 1.714 arrived in Greece.

2.3.1 Ukrainian Refugees

In March 2022, the Russian war on Ukraine started. The war made many people to flee from Ukraine and move to other EU countries, including Greece.

Up until 31/10/2022, Greece had 20.418 cards for temporary protection permits for Ukrainian refugees, 69% women and 31% men. 7% were issued without date. According to the latest data, retrieved from <https://www.consilium.europa.eu/en/infographics/ukraine-refugees-eu/> as of January the 4th 2023, there are **20.955 refugees from Ukraine living in Greece**.

2.4 Unaccompanied minors in Greece

According to UNICEF (2020) 1/3 of refugees arriving through Mediterranean routes are children and adolescents. Specifically, the Greek Ministry of Migration and Asylum announced that in January 2023, the number of children that live in Greece is **2.624**. More details are referred below:

- 85% Boys and 15% Girls

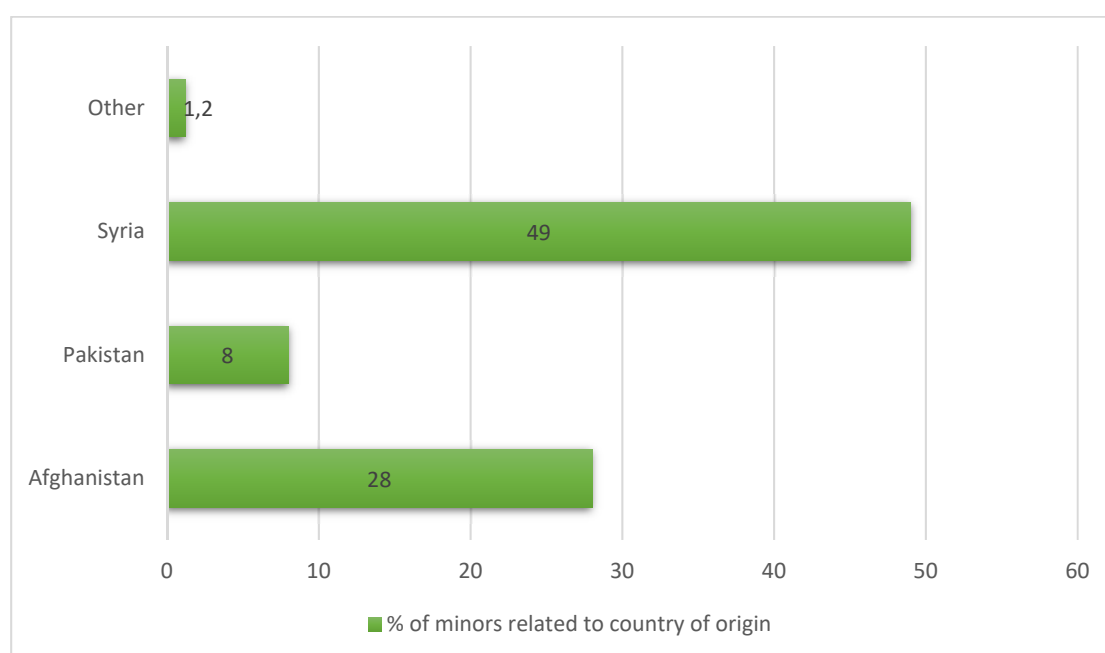
- 7% <14 years of age
- 1.736 in Accommodation Centres
- 241 children in Supported Independent Living Apartments (SIL)
- 214 in Emergency Accommodation Facilities
- 389 in Reception and Accommodation Centres
- 44 children in Open Accommodation Facilities

Number of places:

- 2,272 places in Accommodation Centres (Shelters/SIL)
- 240 places in Emergency Accommodation Facilities

The countries minors fled from are shown in Graph 3.

Graph 3. Percentage of unaccompanied minors related to country of origin in December 2022



3. Factors affecting the psychological wellbeing of migrants and refugees

Migrants and refugees often face various problems and stressors which can take place at various stages of the migration process and are referred below:

3.1 Pre-migration

The life before migration can play an important role in refugees' mental health. The lack of opportunities for education and development, the exposure to armed conflict, violence, poverty and/or persecution are some of the factors that can affect migrants' mental health (WHO, 2020).

3.2 Migration

One main factor that affects the psychological mental state of refugees and migrants is the process of migration itself. Many refugees have left their homes, they have experienced trauma and death and during their trip to a safe shelter they may have risked their lives. Numerous people have risked or lost their life on boats. The way these people travel to a country and the attitudes and processes of the host country can affect their physical and mental health e.g., causing anxiety. The refugees and asylum seekers are physically exhausted and the provision of healthcare is an emergent need.

Unaccompanied minors report prolonged exposure to violence and lack of a sense of security (Giannakopoulos & Anagnostopoulos, 2016). The increased risk of poor mental health among the refugees and asylum seekers seems to be closely linked with anxiety before and after emigration but also with the procedure for seeking asylum itself. Immigrants and refugees usually undertake dangerous journeys leaving their country of origin.

3.3 The host country situation & culture

Migrants and asylum seekers in Greece, many of whom are children, face tremendous mental health problems related to war, trauma, forced migration, and other factors. People compelled or even forced to abandon their home country or their permanent residence and seek shelter in a foreign country experience a "culture shock". Culture shock is conceived as a serious, acute, and sometimes chronic affective reaction to a new environment. Cultural differences and potential cultural conflicts between the refugees and host country citizens can lead to feelings of isolation, discrimination, and

marginalization which can contribute to the development of mental health issues (Kontaxakis, et al., 2010).

Additionally, the reception crisis has exposed divisions within Greek society, with some Greeks expressing resentment towards refugees and others advocating for greater compassion and support. As a result, much of the burden of supporting refugees has fallen on NGOs and international organizations, who have been forced to fill the gaps left by the Greek state.

The reception crisis has brought new needs, which must be undertaken by already heavily weakened services, especially at primary healthcare level. For instance, lack of personnel, organizational dysfunctions and cultural limitations may affect the level of access and quality of mental health services, for both the local population as well as for immigrants.

For the unaccompanied minors and children, the situation was slightly better. In June 2022, 72% of children had access to schools, meaning that they are entitled to enroll even if they are undocumented. However, one of the major challenges facing migrant and refugee children in Greece is the difficulty of integrating into the Greek school system. Many migrant and refugee children face language barriers, cultural differences, and a lack of resources and support, which can make it difficult for them to succeed in school.

3.4 Attitudes towards refugees and migrants

The way the local population treats the refugees can play an important role to their psychological wellbeing. Greeks' concerns and suspicion are related to various factors, such as the limited financial resources for confronting the reception crisis, the capacities of the local authorities to manage the flows and the emerging security and issues (Dixon et al., 2019). In addition, xenophobia can lead to racism and social exclusion, which, in turn, leads to mental instability of the marginalised groups. Racism and xenophobia play an important role in the psychological health and wellbeing of migrant and refugee children.

3.5 Social and demographic characteristics

Gender can also be a factor in the mental health of refugees. Women, in particular, are at increased risk of experiencing sexual and gender-based violence by men, which can have a significant impact to their mental health. Also, they might be in an increased risk to develop depression, anxiety, and PTSD.

In terms of country of origin and legal status:

- Adult refugees from war-torn countries may be more likely to experience PTSD, while adult refugees from countries where there is a high prevalence of sexual violence may be more likely to experience mental health problems related to this type of violence.
- Unaccompanied minors from Syria, Afghanistan, and Somalia may be at a higher risk of experiencing mental health problems, including depression, anxiety, and PTSD, compared to UAMs from other countries. The authors suggest that the high prevalence of mental health problems among UAMs from these countries may be related to experiences of trauma and violence in their home countries and during their migration journey, as well as difficulties adapting to a new cultural and social context (Niemic & Oikonomidou, 2019)
- Asylum seekers have a higher level of PTSD and depression/anxiety symptoms compared to refugees. (Stathopoulou & Robjant, 2019).

In terms of gender:

- According to MSF, female refugees do not receive the same treatment as male. This can be caused by cultural stereotypes about gender and the fact that health services are being populated by a majority of Greek male doctors. Gender disparities exist in the mental health care provided to refugees in Greece, with female refugees experiencing lower quality care and greater barriers to accessing services. Female refugees in Greece are more likely to experience barriers to accessing mental health care, including stigma, cultural norms, and language barriers. The authors suggest that these gender disparities may be related to gender-based violence, which is more prevalent

among female refugees, and the fact that mental health care services are often designed with men in mind. (Michail & Vagenas, 2019)

- Females among the refugee population in Greece may be at a higher risk of experiencing mental health problems than males.
- Additionally, the study found that female refugees in Greece are more likely to present with symptoms of anxiety and depression, while male refugees are more likely to present with symptoms of PTSD. This may be due to differences in the experiences of male and female refugees, with women being more likely to experience gender-based violence and discrimination, and men being more likely to have experienced direct violence and conflict.
- More men are taking part in researches than women, which is mainly due to cultural and other reasons for this sample, as males are possibly more likely to agree in being interviewed or take part in a research study in general.

It is important to note that these findings cannot be generalised to all refugees. Every individual has different experiences and resilience levels. In addition, every refugee should be approached with a trauma-informed care, taking into account the specific context, such as specific vulnerabilities, cultural background and the different experiences that led them to become a refugee.

3.6 Policies about reception and integration of migrants/refugees, as factors that might affect psychological wellbeing

Greece as a country has transformed from sender to receiver and during migrant crisis was forced to develop policies about migration. Policies about reception and processing and integration immensely affect refugees' psychological well-being. Although Greece has introduced various policies, measures and approaches to address the migration crisis in recent years, the high numbers of refugees/migrants, the increased level of needs in conjunction with the lack of financial resources, hinder their effectiveness.

Greece is a party to the 1951 Geneva Convention and 1967 Optional Protocol and its asylum law is bound with the European Union Standards. One of the main policies has been the establishment of reception and processing centres, also known as

"hotspots," on the islands of Lesbos, Chios, Samos, Leros, and Kos. These centers were set up to register and fingerprint migrants and refugees, and to determine their eligibility for asylum. However, **these centres have been heavily criticized being part of a more general deterrence policy adopted and applied by the Greek state which can significantly contribute to poor mental health among refugees and asylum seekers.** Additionally, the lack of privacy and the lack of access to appropriate mental health services can further exacerbate mental health problems among refugees in hotspots. the prolonged waiting periods and uncertainty surrounding the asylum process can also contribute to poor mental health outcomes among refugees in hotspots, which can cause serious mental health difficulties (Vlachou, 2019).

Another policy that has been implemented is the EU-Turkey agreement, also known as the "EU-Turkey deal," which was signed in 2016. This agreement aims to disrupt the flow of refugees and migrants to Europe by returning those who do not qualify for asylum in Greece back to Turkey. However, this agreement has also been criticised for human rights violations, and for putting migrants and refugees at risk of being returned to countries where they may face persecution. There were two choices that Greece could opt for to face the large numbers of migration flows: closing the borders or restricting their intake policies or requesting more external aid (UNHCR, 2016). In general, Greece has followed a policy of containment and deterrence, seeking to prevent refugees and migrants from entering the country and encouraging them to move on to other European countries. This has involved a range of measures, including border closures, the construction of barriers and fences, and the use of military and police forces to patrol the borders and deter crossings.

At the same time, the Greek government has struggled to provide adequate support and assistance to refugees and migrants who are already in the country. Many have been housed in overcrowded and unsanitary conditions, with limited access to basic services such as healthcare, education, and legal support. The Greek government has also faced criticism for its handling of asylum applications, with many refugees and migrants facing long delays and inadequate support in the application process. According to a report by Human Rights Watch (HRW) published in January 2021, Greece's migration policies have led to human rights violations, including the

"systematic use of illegal pushbacks and violence against migrants and asylum seekers." The report also criticized the Greek government for its inadequate support and assistance for refugees and migrants, and for failing to uphold their rights to asylum and protection.

The Greek government has also sought to improve conditions for migrants and refugees living in Greece, with measures such as providing housing and financial assistance, as well as integration programs for those granted asylum. However, there are huge discrepancies between the written policies and their implementation in real life. The housing options in particular, remain inadequate and overcrowded, with reports of people living in inhumane and unsanitary conditions. The issues with integration are also paramount. Waiting for residence permit appears to be a marker for post-migration stress. As a result, a great number of refugees remain on Greek islands either waiting for their asylum application to be accepted or because the limited financial resources could not ensure their safe return to Turkey (Velentza, 2018).

3.6.1 The situation in “HotSpots”

When refugees arrived to Greece, especially to Greek islands, they are gathered in camps called “Hotspots”. The “hotspot approach” was first introduced in 2015 by the European Commission in the European Agenda on Migration as an initial response to the exceptional flows. It was a solution for Member States, which were facing disproportionate migratory pressures at the EU’s external borders and was presented as a solidarity measure. The initial objective of the “hotspot approach” was to assist Italy and Greece by providing comprehensive and targeted operational support, so that the countries could fulfil their obligations under EU law and identify, register and fingerprint incoming migrants, channel asylum seekers into asylum procedures. The hotspot approach was also expected to contribute to the implementation of the temporary relocation scheme, proposed by the European Commission in September 2015. Therefore, according to the Greek law L 4375/2016, that was introduced in April 2016, the reception process will be undertaken at the hotspots. The reception process includes; identification, asylum procedure or return.

Five hotspots, under the legal form of First Reception Centres – now Reception and Identification Centres (RIC) – were established in Greece on Lesbos, Chios, Samos, Leros and Kos. During 2021, on Samos, Leros and Kos, the RIC have been converted into ‘Closed Controlled Access Centres of Islands (CCACI)’. The situation in hotspots has impacted refugees’ mental health. Refugees who live in the hotspots face overcrowded spaces, security issues, lack of access to adequate healthcare, sanitation, and food. Upon arrival in Greece, many are placed in camps with limited access to school and mental health services, and report high rates of attempted suicide, panic attacks, anxiety and aggressive outbursts (Hermans et al., 2017; Médecins Sans Frontières, 2018). For example, the “HotSpot” in Chios, like many other refugee camps, is located in a remote area, far from the town centre, therefore far away from the available mental health services- which according to several studies- hinders the access to necessary mental health support (e.g., Hynie, 2018).

After the EU-Turkey Statement, refugees arriving on the Eastern Aegean islands were systematically and indiscriminately detained. This differs from the “geographical restriction” on the island. Detention refers to the practice of confining individuals, including refugees and migrants, to a particular location or facility, often without their consent or legal justification. In the context of refugees and migrants in Greece, detention is often used to refer to the practice of holding individuals in overcrowded and unsanitary conditions, with limited access to healthcare, sanitation, and other basic needs.

Geographical restrictions, on the other hand, refer to policies or practices that limit the movement of refugees and migrants to a particular geographical area. In the case of Greece, the geographical restrictions on the islands mean that refugees and migrants who arrive on the islands must remain there while their asylum applications are being processed, often in overcrowded and inadequate facilities. This policy is designed to prevent refugees and migrants from moving to mainland Greece or other EU countries while their asylum claims are being considered.

Such measure was imposed either de facto, under the pretext of a decision restricting the freedom within the premises of the RIC for a period of 25 days, or under a deportation decision together with a detention order. The long-term stay in hotspots

is experienced as detention which can be harmful to their well-being especially for minors. During, the pandemic, to prevent the spreading of the virus, people who arrived to the Eastern Aegean Islands have been subjected to a 7-day, 10-day or 14-day quarantine period, during which they were not allowed to exit the facility. Another restriction is that people can leave the island only if the asylum procedures come to an end.

It is important to note that both detention and geographical restrictions on refugees and migrants can have significant negative impacts on their mental and physical health, as well as their ability to access legal support and other basic needs. Additionally, these practices may be in violation of international and national human rights laws, including the right to freedom of movement and the right to seek asylum.

3.6.2 Policies about Ukrainian Migration

The recent Ukrainian crisis has showed that the country of origin plays an important role in the way the local population will treat refugees. For example, Greece was more openminded and welcoming to the Ukrainian refugees, which can be attributed to the fact that they are EU citizens, caucasian and Christians. In March 2022, the EU activated the **temporary protection directive**, an EU emergency scheme used in exceptional circumstances of a mass influx to:

- provide **immediate and collective protection** to displaced persons
- reduce pressure on the national asylum systems of EU countries

Rights under the temporary protection scheme include a residence permit, access to the labour market and housing, medical assistance, and access to education for children.

The EU policy for Ukrainian refugees has transformed the process of identification and integration and made it easier, so in this case the reception policies which are shown below, were not a risk factor for Ukrainians. According to a recent report by the Greek Council for Refugees and Save the Children (2022) they are able to enter Greece without visa and once registered, they are given social security and tax numbers that allow them to access the labour market, healthcare, housing and food support.

3.6.3 Integration policies as a factor which affects refugees' mental health

Social integration is a process that entails mutual accommodation by third-country nationals (migrants, applicants, or beneficiaries of international protection) and Greek residents. Successful social integration leads to peaceful co-existence, respect for diversity and social cohesion.

According to the National Integration Strategy of 2019, the main objectives of the Greek model for social integration are:

- Create and maintain an open society that respects diversity.
- Protect the rights, and outline the obligations of third-country nationals in a non-discriminatory manner that ensures social equality.
- Foster interaction, collaboration, dialogue and constructive criticism between culturally or ethnically diverse communities, promulgating democracy and equality.
- Promote diversity, tolerance and social cohesion.
- Motivate all individuals to protect the common good and encourage the contribution of all individuals to the development of the country.
- Access to necessary services and goods.
- Access to education, work, civic participation and participation in the political life.

Greek integration policies for refugees can have a significant impact on their mental health. The integration process can be challenging for refugees as they may face language barriers, cultural differences, discrimination and difficulty finding employment. Additionally, the uncertainty and lack of stability that comes with living in a refugee camp or temporary housing can also contribute to mental health issues. The Greek government has implemented various policies to support the integration of refugees, including language classes, job training programs, and housing assistance. However, these programs are often underfunded and understaffed, which can lead to delays and difficulties in accessing services. Integration policies in Greece that are restrictive or that do not take into account the specific needs and cultural backgrounds of refugees can lead to feelings of isolation, discrimination, and marginalisation, which

can contribute to poor mental health outcomes. Policies that promote social and economic integration, such as language classes and job training, can have positive effects on the mental health of refugees in Greece (Papadopoulou, 2020).

Overall, the Greek government has struggled to effectively address the reception crisis in the country, and the policies implemented have been implemented with mixed results. There have been criticisms of the poor living conditions in the reception and processing centres, as well as concerns about the human rights implications of the EU-Turkey agreement. At the same time, efforts have been made to improve the lives of migrants and refugees in Greece, but it is difficult to say that these efforts have been successful, as the situation is constantly changing and evolving.

4 Mental health challenges

It is difficult to provide specific statistical data on the mental health of refugees in Greece, as data collection and research in this area is limited. However, studies have shown that refugees in Greece are at high risk of experiencing mental health problems.

4.1 Main Mental Health Problems

A study conducted in 2016 by the Greek Ministry of Health and the World Health Organization (WHO) found that over half of all refugees in Greece were experiencing symptoms of mental health disorders, such as depression, anxiety, and post-traumatic stress disorder (PTSD). Another study conducted by the UN refugee agency (UNHCR) in 2018 found that among the refugee population in Greece, 70% of children and adolescents, and over 50% of adults reported symptoms of psychological distress. A more recent study conducted by the Mental Health Centre for Asylum Seekers, Migrants and Refugees in Greece, in 2020, found that nearly 80% of the asylum seekers who were assessed were suffering from at least one mental disorder, such as depression, anxiety, PTSD, or adjustment disorder. In 2022, the most common diagnoses in adults globally and in Greece were anxiety and stress-related disorders as well as emotional disorders (Fylla et al., 2022, Patanè et al., 2022). Here is a list of

some common mental health disorders and their definitions among adults among the refugee population in Greece:

- **Post-traumatic stress disorder (PTSD):** A condition that can develop after experiencing or witnessing a traumatic event, such as war, violence, or displacement. Symptoms can include flashbacks, nightmares, avoidance of reminders of the trauma, and increased anxiety and distress. Exposure to trauma is high in Syrian refugees and occurs at all stages of the journey. Among refugees in Greece, 31–77.5% experienced at least one violent event in Syria (mainly bombings), 24.8–57.5% during the journey to Greece (mainly beatings), and 5–8% in the Greek settlement (mainly beatings). (Hazma et al., 2021). In Greece, there is no official data for PTSD prevalence, except for a study concerning children survivors of a ship wreck where 52% were found to have PTSD as opposed to 3% in the general school population. PTSD is the most severe psychopathological condition for people who fled a war zone, i.e., such as the Syrian civil war. Make shift boats from Syrian conflict zones, are at risk of having had or developing PTSD due to their experiences of war and the trauma of the migration process itself.
- **Depression:** Depression rates are higher among immigrants and refugees than in the general population due to their living conditions. Barriers remain to accessing specific health services, such as specialist psychological and mental care; women care; child care and victim of violence car.
- **Anxiety:** A condition characterized by excessive worry and fear about a variety of situations or events. Symptoms can include panic attacks, sweating, and a rapid heartbeat.
- **Somatoform disorders:** A condition in which physical symptoms are present, but there is no underlying physical cause. These symptoms can be used as a way to express psychological distress or emotional problems.
- **Substance abuse:** Some refugees may turn to substance abuse as a way to cope with the trauma and stress they have experienced. This can lead to addiction and other problems.

In addition, refugees screened positive for anxiety and felt oppressed by stressful events such as poverty, isolation, marginalization and changes in family structure (Ben Farhat et al., 2018). In 2022, mental health conditions emerged as the most common health problems among people staying at migrant camps (56.3%) (Farmakioti et al., 2022). Between 31% and 78% of refugees reported having experienced at least one incident of sexual or physical violence (Ben Farhat, 2018). 19% of beneficiaries who visited a psychologist in Athens, Thessaloniki and Lesbos referred self-harm and 22%

suicidal ideation (12% suicidal attempt) (Fylla et al., 2022). According to Lavdas et al. (2023) life in the camp with associated inactivity, and uncertainty for the future, was perceived as a crucial risk factor for psychological distress. Female participants referred gender-based and domestic violence as risk factor and males highlighted conflict and persecution.

It is worth noting that these studies were conducted in different time periods and may reflect different contexts and population. Also, it is important to keep in mind that these studies are based on self-reported data, which may not fully represent the mental health conditions of all refugees in Greece. While specific data on the mental health of refugees in Greece is limited, multiple studies have shown that refugees in Greece are at a high risk of experiencing mental health problems, with a significant proportion of them experiencing symptoms of mental health disorders such as depression, anxiety, and PTSD.

4.2 Minors Mental Health Problems

Minors, or children and adolescents are particularly vulnerable when it comes to mental health problems among refugees in Greece. The trauma they have experienced, as well as the uncertainty and lack of stability of living in a refugee camp or temporary housing, can have a significant impact on their mental well-being. Although mental disorders are quite widespread among refugees, most of them are not routinely screened for psychopathology and mental illnesses (Theofanidis et al., 2022).

Studies have shown that refugee minors are at higher risk of experiencing mental health problems than their non-refugee peers. A study conducted by the UN refugee agency (UNHCR) in 2018 found that among the refugee population in Greece, 70% of children and adolescents reported symptoms of psychological distress. A more recent study conducted by the NGO Save the Children in 2020, found that more than 80% of the children in refugee camps in Greece suffered from symptoms of psychological distress, such as nightmares, bedwetting, and difficulty sleeping. The study also found that more than half of the children had symptoms of depression and anxiety.

Here is a list of some common mental health disorders of minors among the refugee population in Greece:

- Post-traumatic stress disorder (PTSD): A condition that can develop after experiencing or witnessing a traumatic event, such as war, violence, or displacement. Symptoms can include flashbacks, nightmares, avoidance of reminders of the trauma, and increased anxiety and distress.
- Depression: A mood disorder characterized by feelings of sadness, hopelessness, and a loss of interest in activities. Symptoms can include changes in appetite and sleep, fatigue, and difficulty concentrating.
- Anxiety: A condition characterized by excessive worry and fear about a variety of situations or events. Symptoms can include panic attacks, sweating, and a rapid heartbeat. More than three-quarters of the respondents aged over 15 years were diagnosed with an anxiety disorder and required referral for mental health evaluation. (Fahrar B., 2018)
- Adjustment disorder: A condition that can develop when an individual has difficulty adjusting to a major change or stressor, such as moving to a new country or living in a refugee camp. Symptoms can include depression, anxiety, and difficulty functioning.
- Sleep disturbance
- Externalizing behaviours

(Fazel et al., 2012; Savin et al., 2005)

During 2022, it was found by Fylla et al., that the most common diagnoses in minors were:

- Anxiety
- Stress-related disorders
- Developmental disorders

Children and adolescents may also face additional challenges, such as difficulty adjusting to a new culture, language barriers, and difficulty accessing education. These challenges can make it difficult for them to form connections and relationships, which can further exacerbate mental health problems. The trauma that minors have

experienced can also have long-term effects on their mental health. For instance, children who have witnessed violence or been separated from their families may be at a higher risk of developing PTSD, depression, and anxiety. According to Nye (2018), children who live in refugee camps are at high risk of attempting suicide.

In addition, refugee children face family separation, detention, limited access to education and recreational activities, trafficking, and security problems. It is recognized that they are exposed to a wide range of risks, such as sexual violence, and physical and psychological harm. Sexual exploitation is increasingly observed in many public places, such as parks, squares, and bars. In these places, particularly teenage boys are sexually abused by older men in exchange for money (Freccero et al., 2017).

4.3 Possible cultural differences and somatization issues

Cultural differences can also play a role in the mental health of refugees in Greece. Many refugees come from cultures where discussing mental health issues is stigmatised, and seeking help for mental health problems is not widely accepted. This can make it difficult for refugees to access mental health services and may lead to somatization, where mental health issues are expressed through physical symptoms rather than emotional or psychological symptoms.

Somatization is a common phenomenon among refugees and immigrants, as they may not have the cultural or linguistic resources to understand and express their mental health problems. In some cultures, mental health issues may be perceived as a personal weakness, and people may not be willing to talk about them or seek help. Moreover, the trauma that refugees have gone through such as war, persecution, and displacement, can also lead to somatization. Trauma can manifest itself in physical symptoms, such as headaches, stomach aches, and fatigue, which can make it difficult to diagnose and treat mental health disorders.

Due to cultural and linguistic barriers, migrants may be unwilling or feel unable to seek help, and those who are eager to do so are often not aware of the services available to them. Pregnant women present commonly with somatic symptoms and are left in social isolation. In general, they tend to prefer practical help instead of pharmacological interventions (Iliadou et al., 2019). Refugees and asylum seekers may

maintain a negative attitude towards mental health services because of dissuasive experiences in their country of origin. The refugee population is often not accustomed to receiving mental health services since, for instance, in the Arabic world, a small amount of the annual governmental budget is spent on mental health. Cultural differences in beliefs about mental health and access to mental health services can make it difficult for refugees to receive appropriate care. This highlights the importance of culturally sensitive approaches to mental health care for refugees in Greece (Kostakopoulou, 2018).

As the reception crisis in Greece continues, healthcare providers face the challenge of caring for a diverse population with unique cultural backgrounds and experiences. One of the key issues facing refugees in Greece is the potential for cultural differences to affect their physical and mental health. For many refugees, their beliefs about health and illness may be vastly different from those held by healthcare providers in Greece (Kontaxakis, 2015). This can lead to misunderstandings and mistrust between refugees and healthcare providers, making it difficult for providers to effectively diagnose and treat patients.

Another issue that healthcare providers may encounter is somatization, which is the experience of physical symptoms as a result of psychological distress. According to data from the United Nations High Commissioner for Refugees (UNHCR), as of 2021, more than 70% of the refugee population in Greece has experienced some form of trauma. Many of these refugees may somatize their symptoms, making it difficult for healthcare providers to identify and treat the underlying mental health issue. This can be further complicated by cultural and language barriers, which can impede communication between refugees and healthcare providers.

It is important for healthcare providers to be culturally sensitive and aware of these potential issues when working with refugee populations in Greece. Providers should take the time to understand the cultural beliefs and experiences of their patients, and should work to build trust and open communication with them. Additionally, providers should be trained to recognize the signs of somatization and be prepared to refer patients to mental health professionals for further assessment and treatment.

In conclusion, the reception crisis in Greece presents unique challenges for healthcare providers. By understanding the cultural beliefs and experiences of refugees, and being aware of the potential for somatization, healthcare providers can more effectively and sensitively care for this population and ensure that they receive the best possible care.

5 Mental health services

The mental health promotion and prevention has been a central focus over the last years. After the economic crisis, the situation of mental health services has worsened. On the other hand, the high refugee and immigrant flows overwhelmed Greece, that did not have the necessary infrastructure to welcome them. The rights of migrants to healthcare and education are interlinked with their integration into society and their right to live a normal life. Thus, health and education policies cannot be missing from the overall crisis management strategy (Vozikis et al., 2021). In the sector of national insurance and social protection, migrants have the same rights as Greek citizens only if they have legal documents of residency in Greece, otherwise, they can only have access to medications and relevant services exclusively in emergency and life-threatening cases. According to Article 33 of the National Law 4368/2016 asylum seekers are entitled to free access to healthcare systems. People who belong to vulnerable social groups such as pregnant women, elderly, unaccompanied children, people who has survived from torture, people with disabilities and those who come from conflict areas has the right to health care including psychological care and support (Law, No.141/2013,2013).

Even if the laws give free access for people under international protection, this access is limited in practice, due to financial crises and Greek National Health System and due to lack of translators and social workers. For example, according to UNHCR Greece, 2020, in Samos Island there was only one doctor for a dense of population.

Greece has no specialized mental health services for refugees and no interpreter is offered by mental health institute (few interpreters untrained). In fact, in most camps, primary healthcare (PHC) is generally ensured by army doctors and international and

Greek NGOs, and these play a critical role in delivering healthcare services in all sites. Since recently, medical services were provided mainly by a general practitioner and a nurse. Gynaecologists (preferably female), midwives, dentists, psychologists, and psychiatrists were lately included in the camp clinics (De Paoli, 2018). According to Farmakioti (2022), refugees are not satisfied with the access to primary health care (physician, paediatrician, midwife, psychologist, and antenatal and perinatal care), while access to a psychologist was assessed as minimum or non-existent.

5.1 Governmental Mental Health Services

There are various organizations and agencies in Greece that provide mental health services and support to migrants and refugees. These services include counselling, therapy, and medication. The Greek Ministry of Health and the Ministry of Migration and Asylum are responsible for providing these services, which are supported by the European Union and the United Nations. The Governmental Organizations which provide mental health services are listed below:

- **The Ministry of Health:** The Ministry of Health is responsible for the overall management and funding of the National Health System (NHS) which provides mental health services to refugees and other residents of Greece.
- **The National Centre for Social Solidarity (EKKA):** EKKA is responsible for the coordination of social welfare services provided by the Greek state, and also offers mental health support to refugees and migrants
- **Local MMHUs (Mobile Mental Health Units) which are involved in MHPSS:** An example of MMHU is referred in Fylla et al. (2022) and it is about MMHU in Chios. The MMHU-Ch delivers services in rural areas of the regional unit of North-East Aegean, more specifically on 3 islands on the borders: Chios, Oinousses, and Psara. The provided services include diagnosis and individualized treatment, such as pharmacotherapy and psychotherapeutic interventions, as well as enhancement of patients' social skills, family support, and community-based programs. All services are free of charge. There was a high percentage (20.7% adults and 21% children) where the request was cancelled with no appointment ever taking place.

- **EODY:** The programme “PHILOS – Emergency health response to reception crisis” is a programme of the Greek Ministry of Health, implemented by EODY. It’s a new approach of the Greek Republic to address on the reception crisis, by fulfilling the sanitary and psychosocial needs of people living in the open camps. The programme is funded by the Asylum, Migration and Integration Fund (AMIF) of EU’s DG Migration and Home Affairs.
- **AEMY:** The Anonymous Company of Health Units SA (AEMY SA) is the implementing body of the action "Development of the services provided in the Pre-departure Detention Centers for Foreigners" with MIS code 5010510, which is funded by the Ministry of Health and is part of the National Asylum, Migration and Integration Fund Programme. AEMY S.A. function as a provider of medico-pharmaceutical services and psychosocial diagnosis, based on the provisions of Law 4461/2017 and the establishment and operation of the Pre-Departure Detention Centers for Foreigners (PRO.KEK.A.), where a significant number of foreigners live, whose detention is temporary and do not have the possibility to stay in the country and there is an obligation to be sent back to the countries of origin.

It is important to note that the mental health services provided by these organizations may vary over time depending on funding and other factors e.g., EODY and AEMY should provide psychosocial services in reception/hospitality/pre-departure centres, etc. but they do it from time-to-time.

5.2 Mental Health Services for Refugees by NGOs

Unfortunately, the Greek State alone cannot provide the needed services to refugees. NGOs try to fill the gap in the map of mental health services. Their funding comes from programs assigned to them by states and supranational bodies such as the United Nations (UN) or the European Union. According to the Article 81/c of Law on Foreigners and International Protection, refugees and asylum-seekers can benefit from the services of NGOs (L 2828/1983). Some examples of NGOs:

- **Medecins Du Monde Greece:** Medecins Du Monde have implemented the project “Open Minds: Promoting mental health and well-being in community”.

Through the project, several unaccompanied minors as well as minor children of refugee and immigrant families received services for dealing with their mental health problems by:

- Ensuring access to free and quality mental health services
- Psychosocial support
- Referrals to secondary health care structures and
- Social welfare
- Individual sessions and social history download
- Awareness actions for the approach to the mental health sector
- **Babel Day Centre** is a mental health unit for migrants and refugees operating in Athens under "Syn-eirmos" management. As a mental health unit is funded and supervised by the Greek Ministry of Health. They offer a range of services including:
 - Mental health assessments: This includes screenings for conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD)
 - Psychological support: This includes individual and group counseling for refugees who have experienced traumatic events such as war, persecution, or displacement.
 - Community-based mental health: This includes support for individuals and families in the form of workshops, community-based activities, and education on mental health issues.
 - Social support: This includes assistance with housing, education, and employment for refugees and migrants.
 - Referral services: This includes connecting refugees and migrants with specialized mental health services and other community resources as needed.
- **ARSIS**: ARSIS is an NGO based in Athens and Thessaloniki while it has developed structures and accommodation facilities in many cities of Greece such as Alexandroupoli, Volos, Kozani and the region of Epirus. They provide support and assistance to vulnerable youth, including refugees and migrants. They offer a range of services, including:

- **Mental health support:** This includes counselling and therapy for youth who have experienced traumatic events such as war, persecution, or displacement.
- **Social support:** This includes assistance with housing, education, and employment for youth.
- **Educational and vocational training:** This includes programs to help youth acquire the skills and knowledge needed to find work and integrate into Greek society.
- **Health and well-being,** including access to health care and other services that promote physical and mental well-being.
- **Recreational and cultural activities:** This includes programs that provide youth with opportunities for socialization, self-expression, and cultural exchange.
- **Legal support:** This includes assistance with navigating the legal system and resolving issues related to immigration and asylum.
- **Klimaka- Iolaos Project:** Iolaos project is running by Klimaka Organization and is funded and supervised by the Ministry of Health. "Iolaos" was designed and operates, providing a range of multifaceted support and care services to refugees facing mental disorders and serious psychosocial problems. The program consists of the **"IOLAOS" Day Centre** and the **Psychosocial Rehabilitation Unit - "IOLAOS" Guesthouse**. **The Day Centre** provides a range of services to refugees with mental disorders and serious psychosocial problems like psychiatric care and follow-up, individual (intercultural) counselling, referral-link to relevant health, welfare, employment, legal support etc. agencies, providing support in the asylum process and in integration, education of students and health professionals
- **KETHEA:** KETHEA is a legal entity under private law, under the supervision of the Ministry of Health that offers therapeutic services to persons with addiction problems. One of its units (**"Mosaic"**) is addressed to foreigners living in Greece who face such problems. In the recent years Mosaic staff works

in camps for asylum seekers delivering primary and secondary prevention services.

- **The Hellenic Red Cross (HRC):** HRC is a humanitarian organization that provides a range of services to vulnerable groups, including refugees and migrants. The services include psychological support. Mental health assessment, health promotion, referral services, support for self-care and empowerment.
- **SOLIDARITY NOW:** SOLIDARITY NOW is a non-profit organization that offers various services to refugees, including mental health services. They provide psychosocial support to refugees, which includes counselling and therapy, as well as group activities and workshops to promote mental well-being. They also work to raise awareness about the mental health needs of refugees and advocate for increased access to mental health services for this population. Additionally, SOLIDARITY NOW may collaborate with other organizations that provide mental health services to refugees, such as local hospitals or clinics, to ensure that refugees have access to the care they need.
- **The United Nations High Commissioner for Refugees (UNHCR) Greece:** UNHCR Greece offers mental health services to refugees as part of their overall support and assistance program. This can include providing access to mental health professionals, such as psychologists and psychiatrists, who can offer individual and group counselling, therapy, and other forms of support to refugees. Additionally, UNHCR Greece may provide psycho-social support activities, such as recreational and educational programs, to help refugees cope with their experiences and build resilience. They may also work with local organizations to ensure that refugees have access to the mental health services they need, including those that are culturally and linguistically appropriate. Additionally, UNHCR Greece may also provide training and support to staff and volunteers working with refugees, to help them identify and respond appropriately to mental health needs.
- **METADRASI:** METADRASI offers support and assistance to refugees and migrants in Greece. They may offer a range of services, including mental health

services. METADRASI may provide counselling and therapy, as well as group activities and workshops to promote mental well-being for refugees and migrants. They may also work to raise awareness about the mental health needs of refugees and migrants and advocate for increased access to mental health services for this population. Additionally, METADRASI may collaborate with other organizations that provide mental health services to refugees and migrants, such as local hospitals or clinics, to ensure that they have access to the care they need. They may also provide training to staff and volunteers working with refugees and migrants, to help them identify and respond appropriately to mental health needs.

- **Social EKAB (Social Ambulance Service):** Social EKAB is a Greek organization that provides emergency medical and social services to refugees and migrants through the project “Nefeli” and “Kallisti”. The services include psychological support, mental health assessment, social support, medical management, community mental health, referral services.
- **EPAPSY:** EPAPSY (National Organization for the Provision of Health Services) is a Greek public organization that provides mental health services to the population, including refugees and migrants. In response to the reception crisis in Greece, EPAPSY has taken a leading role in providing mental health support to refugees. EPAPSY operates a number of mental health clinics and mobile units across Greece, which provide a range of services, including counseling, psychotherapy, and medication management. These services are available to refugees and migrants, as well as Greek citizens, and are provided free of charge. EPAPSY has also been involved in efforts to address the unique mental health challenges faced by refugees, such as trauma and anxiety related to displacement, persecution, and violence. The organization has developed specialized programs and interventions aimed at addressing these challenges, including group therapy sessions and art therapy programs.
- **BRF:** Boat Refugee Foundation provides medical and psychosocial (emergency) care and stands up for the rights of people on the run. Since 2015, they have been working on various hotspots in Greece.

- **IRC:** The International Rescue Committee (IRC) Hellas started operating in Greece in 2015, on the island of Lesbos, in response to the unprecedented number of refugees arriving on the island at the time.
- **Intersos Hellas:** INTERSOS is present in Greece since March 2016 with the aim of providing holistic support and long-term durable solutions as a response to the migration crisis. They provide access to information, services, rights and orientation and they try to promote peaceful coexistence between host and hosted communities.
- **FenixAid:** Fenix provides asylum seekers and refugees on Lesbos legal aid and representation, as well as protection and case management, and mental health support.
- **Home Project:** "The HOME Project" is a non-profit organization based in Greece that provides support and assistance to unaccompanied refugee minors. Their aim is to ensure that vulnerable children who have been forced to flee their homes due to conflict, persecution, or other crises have access to the basic necessities of life, such as shelter, food, healthcare, and education. The organization operates several shelters and safe houses across Greece, where they provide accommodation, support, and care for unaccompanied minors. They also offer a range of services and programs designed to help these young people integrate into society, including language and vocational training, counselling and mental health support, and legal assistance.
- **Praksis:** PRAKSIS is a non-governmental organization (NGO) based in Greece that provides humanitarian aid and support to vulnerable populations. PRAKSIS has been working extensively with refugees and asylum seekers since the onset of the reception crisis in Greece in 2015. The organization operates several programs and services specifically designed to support and assist refugees and asylum seekers who have fled their countries due to conflict, persecution, and other crises.
- **Medicins sans Frontiers:** Médecins Sans Frontières (MSF), also known as Doctors Without Borders, is an international medical humanitarian organization that provides emergency medical care and assistance to people

affected by conflict, epidemics, disasters, or exclusion from healthcare. MSF has been working with refugees in Greece since 2015, providing medical assistance and healthcare services to refugees who have fled their countries due to conflict, persecution, and other crises. In Greece, MSF operates several medical clinics and mobile units that provide primary healthcare, sexual and reproductive healthcare, and mental healthcare services to refugees living in refugee camps and urban settings. The organization's medical teams also provide emergency care and referrals to hospitals and specialized care facilities when needed.

- **MVI:** Medical Volunteers International offers refugees free medical care since 2016. Medical Volunteers works in Thessaloniki, in Lesbos (since March 2017) and Athens (since May 2017).
- **SOS Children Villages:** SOS Children's Villages is an international non-governmental organization (NGO) that provides care and support to vulnerable children around the world. The organization operates in more than 135 countries, including Greece, where it provides support to children and families in need. In "Child-Friendly Spaces" in Athens and Thessaloniki (and on the islands of Lesbos and Crete) they provide refugee children with psychosocial support and education. Furthermore, they offer shelter to unaccompanied minors, and help reunite them with their families.
- **Smile of the Child:** The Smile of the Child is a non-governmental organization that provides essential support and assistance to refugees in Greece. Its programs and services aim to meet the immediate needs of refugees, including emergency response, child protection, education, healthcare, and shelter. The organization's work is crucial in ensuring the well-being and protection of refugee children and families who have been forced to flee their homes due to conflict, persecution, or other crises.
- **Melissa Network:** The Melissa Network is a Greek non-governmental organization that supports refugee and migrant women in Greece. The organization's mission is to empower women and promote gender equality by providing a range of services and programs designed to meet the specific

needs of refugee and migrant women. The Melissa Network provides a range of programs and services to support refugee and migrant women in Greece, including language classes and integration programs, legal support, counseling and psychosocial support, healthcare services and vocational training for economic empowerment.

- **Greek Council for Refugees:** The Greek Council for Refugees (GCR) is a Greek non-governmental organization that provides legal and social assistance to refugees, asylum seekers, and stateless persons in Greece. The organization's mission is to protect and promote the rights of refugees and other vulnerable populations, and to advocate for their inclusion and integration into Greek society.
- **etc**

However, access to mental health services remains a challenge for many migrants and refugees in Greece. There is a shortage of mental health professionals who speak the languages of the refugees and migrants and understand the cultural context. This makes it difficult for refugees and migrants to access mental health services, and many are reluctant to seek help due to lack of trust, lack of information and fear of stigmatization.

In addition, there have been reports of inadequate mental health services provided in detention centres, where refugees and migrants are held while their asylum applications are processed. The conditions in these centres can exacerbate mental health problems, and there are often insufficient resources to provide adequate mental health care.

Overall, while there are efforts being made to provide mental health services to migrants and refugees in Greece, access to these services remains a challenge. Language and cultural barriers, lack of trust and information, poor living conditions, and limited resources are all factors that make it difficult for refugees and migrants to access the mental health care they need

6 Legislation regarding the use of mental health services

Greece has a complex legislative framework that governs the use of mental health services by refugees. The country has been a major point of entry for refugees and migrants fleeing conflict and persecution in the Middle East and Africa, and the government has struggled to meet the needs of this vulnerable population.

In Greece, **the Ministry of Health is responsible** for providing healthcare to registered refugees. According to Greek legislation, all individuals, including refugees, are entitled to access public healthcare services. **The Greek National Health System (NHS) provides primary and secondary care, as well as hospital care.** Article 33 of Law 4368/20161 provides free access to medical and pharmaceutical services provided by the Greek Health System to the uninsured and to members of “vulnerable social groups”. This includes refugees, asylum-seekers (from the moment they express their will to apply for asylum) and minors irrespective of their legal status, including unaccompanied children and children without legal residence in Greece. One of the main aims behind this legislation was to ensure free access to health services to an estimated 2,5 million people who lost their social insurance during the severe economic crisis and to “vulnerable groups”.

The process for accessing healthcare for refugees involves registering with the local health centre and obtaining a European Health Insurance Card (EHIC). This card is valid for the duration of their stay in Greece and allows them to access public healthcare services. Refugees are also eligible for a special card (named AMKA) that grants them access to additional services and benefits. However, despite these legal protections, access to mental health services for refugees in Greece remains limited. This is due in part to a lack of funding and resources, as well as a lack of trained personnel to provide these services. As a result, many refugees do not receive the mental health care they need, leaving them at risk of developing serious mental health problems such as PTSD, depression and anxiety. In addition, sometimes refugees face difficulties with the procedures required to obtain a social security number (AMKA) because it is not translated in Greece or due to bureaucracy (Kotsiou et al., 2013), which is obligatory

for accessing healthcare services in Greece, except for emergencies (European Public Health Alliance, 2020).

In July 2019, the Greek Government suspended the issuance of Social Security Number (AMKA) for asylum seekers and undocumented migrants, thus blocking free access to healthcare services and pharmaceutical treatment. In addition, **post-traumatic stress disorder is no longer considered as one of the vulnerability categories examined during the asylum process, while detention measures have been extended.** As of 24 September 2019, out of the 14,079 asylum-seekers hosted in ESTIA accommodation, 16% did not have AMKA. (Estia, 2019).

There have been reports of difficulties in accessing healthcare for refugees in Greece, particularly in terms of long wait times and limited availability of specialized care. There are also concerns about discrimination and language barriers, which can make it difficult for refugees to navigate the healthcare system. Despite these challenges, several NGOs and International organizations operate in Greece to provide health care services to refugees and support them in accessing the public health care system.

Article 55 of the IPA, introduced a new a Foreigner's Temporary Insurance and Health Coverage Number (PAAYPE), replacing the previous Social Security Number (AMKA). In Greece, the government has recently introduced a new Personal Identification Number for Asylum Seekers and Beneficiaries of International Protection (PAAYPE) to replace the previous Social Security Number (AMKA) for refugees. The PAAYPE is aimed at simplifying the process of accessing healthcare and other public services for refugees, and ensuring they have the same rights and benefits as Greek citizens. According to the Greek Ministry of Migration and Asylum, the PAAYPE will be issued to all refugees who have been granted international protection in Greece, including those who have been granted asylum, subsidiary protection, or humanitarian protection. The number will be used as a unique identification for refugees and will be required for accessing public services, including healthcare, education, and employment.

The introduction of PAAYPE is part of the Greek government's efforts to improve the integration of refugees into society and to ensure they have access to the same rights

and benefits as Greek citizens. The move is also in line with the EU's Common European Asylum System, which aims to ensure that all refugees have access to the same rights and benefits across the EU. PAAYPA is also expected to reduce the administrative burden on refugees, as they will no longer need to carry multiple documents with them when accessing public services. According to the Greek Ministry of Migration and Asylum, the PAAYPA will make it easier for refugees to access healthcare, education, and other public services, and will also make it easier for the government to track and monitor their integration into society.

It is worth noting that, according to the Greek Council for Refugees (GCR), it will also help to reduce the discrimination and mistrust towards refugees, as it will grant them legal and social recognition. GCR also stresses that PAAYPA should be issued as soon as possible and should be accompanied by the necessary information and support for refugees to fully understand the new system and to use it properly (Greek Council for Refugees).

However, some technical and bureaucratic problems with using PAAYPA have arisen.

- Those who received a negative asylum decision and their PAAYPA was deactivated but later lodged a subsequent application.
- Those who have received a positive decision to their asylum application but do not have an asylum seeker card (e.g., because they are in detention), are recognized refugees who have been returned from other EU Member States and have never received residence permits in Greece, persons whose protection status had been revoked but who later received a (new) protection status but also those who received a positive asylum decision following a subsequent asylum application” (rsaegrean.org)

In recent years, there has been a growing awareness of the need to improve access to mental health services for refugees in Greece, and a number of organizations have stepped in to fill the gap. For example, the International Medical Corps (IMC) has been working to provide mental health services to refugees in Greece, through the provision of specialized counseling and psychotherapy. The organization also provides training and support to local health professionals to help them better understand the needs of refugees.

Despite this legal framework, access to mental health services for migrants in Greece remains limited. This is due in part to a lack of funding and resources, as well as a lack of trained personnel to provide these services. In addition, the migration context in Greece is still very challenging and many migrants experience several barriers that hinder their access to healthcare services, including mental health services.

In summary, Greece has a comprehensive legislative framework that recognizes the importance of providing mental health services to migrants, but the actual access to these services remains limited. The existing framework guarantees the rights of migrants to receive equal and high-quality healthcare services, including mental health services, but the implementation of this framework is challenged by a lack of funding, resources and trained personnel. NGOs and other civil society organizations have stepped in to fill the gap left by the government, by providing mental health services to migrants in Greece.

6.1 Possible differences based on the legal status and time of arrival

The use of mental health services by refugees can vary depending on the time of their arrival and their legal status.

Time of arrival

Refugees who arrive early in a crisis may have better access to mental health services than those who arrive later. This is because early responders, such as humanitarian organizations, are often better equipped to provide mental health services to refugees than the host country's government. Additionally, early responders may be more prepared to deal with the mental health needs of refugees, because they have more time to plan and coordinate their response.

However, for those who arrive later, the situation can be different. They may find that the resources and support available have been depleted, and the focus has shifted from emergency response to longer-term rehabilitation and integration. As a result, they may have more difficulty accessing mental health services. Additionally, if the crisis continues for an extended period of time, the host country may become

overwhelmed and unable to provide adequate mental health services to all of the refugees.

In addition, the differences based on time of arrival can be obvious during the period 2018-2019. Refugees who arrived in Greece before 2019 have been granted asylum under the old asylum system, where they were issued with an AMKA number which granted them access to public services, including healthcare services.

However, for refugees who arrived in Greece after 2019, the asylum system has changed. They are granted a PAAYPA number which grants them access to public services, including healthcare services. The PAAYPA number is aimed at simplifying the process of accessing healthcare and other public services for refugees, and ensuring they have the same rights and benefits as Greek citizens.

As a result, refugees who arrived before 2019 and have an AMKA number have more comprehensive access to mental health services than those who arrived after 2019. Although the PAAYPA number grants the same rights and benefits, the process of issuing it, along with the necessary information and support, is not always efficient and smooth. This might lead to difficulties in accessing mental health services for some of the recently arrived refugees.

It is worth noting that, according to the Greek Council for Refugees (GCR), the newly arrived refugees have limited access to mental health services, as they are often not included in the public healthcare system and face language barriers and discrimination when trying to access healthcare services.

Legal status

The legal status of asylum seekers and refugees in Greece can affect their access to mental health services. For example, asylum seekers and refugees who are not registered with the authorities may be unable to access mental health services, as these services are often linked to legal residency. Additionally, the study found that the quality of mental health services available to refugees can vary depending on their legal status, with those in detention centers or hotspots often having limited access

to mental health services, while those living in urban areas may have better access (Medical Solidarity International, 2025).

It is important to note that the use of mental health services by refugees is affected by a complex interplay of factors, such as the availability of mental health services, cultural and linguistic barriers, the refugees' own understanding of mental health, and their personal experiences of violence and trauma. Furthermore, the legal status of a refugee should not be the only determinant factor of access to mental health services.

6.2 Possible Differences Based on the Location of the Camp

There are several differences in the use of mental health services by refugees in Greece based on the location of the camp. For example, refugees living in urban areas may have better access to mental health services than those living in rural or remote camps. Additionally, refugees living in camps that are run by non-governmental organizations (NGOs) may have better access to mental health services than those living in camps run by the government. Furthermore, refugees living in camps that are overcrowded and have poor living conditions may be more likely to experience mental health issues and have a harder time accessing mental health services.

Another difference is that the level of services provided in camps run by NGOs may be higher than that of government-run camps, as NGOs often have more resources and funding to provide mental health services. Additionally, the quality of services provided can vary depending on the qualifications and training of staff working in the camp. It's worth noting that the situation in Greece regarding refugee camps is complex and dynamic, the above information should be taken as a general overview, and the specific conditions of each camp may vary (Medical Solidarity International, 2025).

6.3 Possible differences based on the country of origin

The use of mental health services by refugees in Greece can also vary based on their country of origin. Cultural and linguistic barriers can play a significant role in the use of mental health services by refugees from different countries. For example, refugees from countries where there is a strong stigma attached to mental illness may be less

likely to seek help for mental health problems than refugees from other countries. Additionally, refugees from countries where there is a lack of understanding or knowledge about mental health may have difficulty accessing mental health services or may not understand the services that are available to them.

Additionally, refugees from certain countries may have experienced different types of trauma and violence, which can affect their mental health in different ways. For example, refugees from war-torn countries may be more likely to develop post-traumatic stress disorder (PTSD) than refugees from other countries. Similarly, refugees from countries where there is a high prevalence of sexual and gender-based violence may be more likely to experience mental health problems related to this type of violence.

Most of the barriers are related to language, culture, and lack of information about the healthcare system in the host country. Linguistic and cultural differences make it more difficult to assess and manage these problems (Kotsiou, et al., 2018). Furthermore, cultural and traditional beliefs, practices and values also play an important role in the mental health of refugees. For example, refugees from certain cultures may prefer traditional healing practices, rather than seeking help from mental health professionals, which may hinder their access to mental health services.

The significance of country of origin is obvious in the legal status of Ukrainian and non-Ukrainian refugees. Currently, Ukrainians benefit from the unprecedented implementation of the Temporary Protection Directive, which allows Ukrainian refugees to reside, seek employment, and attend school in the EU for three years, no official asylum approval necessary.

6.4 Possible differences based on the age

The legislation regarding the use of mental health services by refugees in Greece takes into account age differences to some extent. The main piece of legislation that governs the provision of mental health services to refugees in Greece is the Law on the Rights and Protection of Victims of Torture, which provides for the provision of specialized mental health services to victims of torture and other forms of violence, including refugees. This law recognizes the importance of providing specialized mental health

services to children, who may be particularly vulnerable to the effects of trauma and violence.

Additionally, the Law on the Reception and Integration of Migrants and Refugees, passed in 2016, recognizes the rights of children to receive equal and high-quality healthcare services, including mental health services. This law also acknowledges that children, who are a particularly vulnerable group, have special needs and require specific protection measures to be taken, such as providing appropriate accommodation, education, and healthcare services. Under international human rights law, the right to health includes the right to access health facilities, goods and services free from discrimination. Amnesty International calls on the Greek authorities to urgently take action to ensure that asylum-seekers, unaccompanied children and children born in Greece whose parents have irregular status can access free healthcare through the National Health System, in line with national legislation and Greece's obligations under EU and international law (GCR,2021).

However, despite these legal protections, access to mental health services for children refugees in Greece remains limited. This is due in part to a lack of funding and resources, as well as a lack of trained personnel to provide these services. This may result in children refugees not receiving the mental health care they need, leaving them at risk of developing serious mental health problems such as PTSD, depression and anxiety.

In addition, the law requires the establishment of specialized units within the healthcare system to address the specific needs of children, such as child-friendly spaces and specialized counselling services. However, these units are not always operational and may not be fully equipped to provide the necessary services.

7 Conclusion

Greece is a country that has been impacted greatly by the reception crisis, with thousands of individuals fleeing war, persecution, and other forms of violence in their home countries. With this influx of refugees, there has been a significant increase in the need for mental health services among this population.

Mental health services for refugees in Greece are provided mainly by non-governmental organizations (NGOs), either local or international, which operate time-to-time and short-term projects. On the other hand, the access to mental health services provided by the Greek State can be limited due to a lack of resources and funding. The Greek state currently finances a total of four structures that were all founded many years ago (the Day Center and the "Iolaos" Hostel of Klimaka was founded in 2001 and at that time the responsibility for their operation was held by the Hellenic Council for Refugees, the Mosaic of KETHEA and Babel). No state structure has the capacity to properly receive foreigners for the reasons mentioned in the text below.

Additionally, language barriers, lack of trust in the health care system, lack of knowledge of available services, lack of access to services in remote locations, and financial constraints are also major limitations to the use of mental health services by refugees in Greece.

The Greek government has recognized the need for mental health services for refugees and has implemented several initiatives to address this need. In 2016, the Ministry of Health and the Ministry of Migration Policy established a National Action Plan for the Health Care of Migrants and Refugees, which includes provisions for mental health care. Additionally, the Greek government has also signed the Mental Health in Europe Action Plan, which aims to improve access to mental health care for vulnerable populations, including refugees. Unfortunately, none of the plans have been implemented.

The legislation for the provision of mental health services to refugees in Greece is in line with the EU legislation and the International human rights standards. The Greek Asylum Service is responsible for the referral of asylum seekers to mental health services. The Greek National Health System is responsible for the provision of mental health services to recognized refugees and other migrants with legal residence.

In conclusion, Greece has dealt many barriers in order to providing adequate mental health care to migrants and refugees. This is primarily due to lack of resources, language barriers, lack of trust in the health care system and lack of knowledge of

available services. It is essential that the Greek government continues to invest in mental health services for refugees and that efforts are made to ensure that mental health services are accessible and affordable to all refugees, regardless of their legal status or location.

It is essential that appropriate mental health services are made available to refugees, including access to culturally and linguistically appropriate care, in order to address the high levels of mental health need among this population. Additionally, efforts should be made to ensure that mental health services are accessible and affordable to all refugees, regardless of their legal status or location. This can be achieved by providing interpreting services, increasing awareness of mental health services among refugees, and ensuring that mental health services are available in all refugee camps and other locations where refugees reside (WHO, 2018).

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