Migration mental health issues in Europe: The case of Greece

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The migrations of people of many different cultural, racial and ethnic backgrounds have been a major issue of concern in Greece the last three decades. Since 1989 Greece has been transformed into a host country for immigrants and refugees. The collapse of the former socialist regimes of Eastern Europe and the slow but steady growth of Greek economy, in combination with its location, turned Greece into a major draw for hundreds of thousand immigrants. According to 2001 census, the total immigrant population in Greece was about 800,000 people, of which approximately 60% came from neighboring Albania. It has been estimated that from 1988 to 2004 the number of foreigners living in Greece were more than one million. Research on the mental health among immigrant children in Greece during the past decade showed that this population did not present more serious or diverse psychopathology or worse social adaptation compared to Greek children [1, 2]. Immigrant families had equal levels of service utilization as Greek families. However, it was apparent that immigrant families did not apply for help as readily as their Greek counterparts. Also, immigrant students seemed to perform significantly lower academic achievement and be less engaged in school (possibly in order to protect themselves from academic failure) than their nonimmigrant classmates [3, 4].

Since 2008, Greece is the main host country for African and Asian refugee population (mainly from Pakistan, Afghanistan, Iraq and Bangladesh). It is noteworthy that in

2010, according to the EU border agency Frontex [5], 9 out of 10 immigrants illegally entered Europe via Greece. In 2010, the officially recorded rate of immigrants in the total population living in Greece was estimated to reach 7%. Although in 2011 the policy developments in Libya and Tunisia made Italy as one of the main refugee-hosting countries, the immigration in Greece further increased. A total of 113,844 immigrants entered Greece during the first nine months of 2011, versus 76,697 at the same period of 2010. Additionally, the application of the Dublin II Regulation (2003/343/CE) resulted in the return of a large number of refugees from Western European countries back to Greece. This tremendous immigration influx coincided with the global financial crisis and the disastrous Greek economic recession. The country's GDP declined by 25%, the income and the employment among both natives and immigrants were decreased, and the public health and welfare sector were the target of austerity measures [6].

The present refugee crisis in Greece

According to Frontex [7], the first nine months of 2015, Greece is the European country that receives the major number of immigrants without travelling documents. The vast majority of those are refugees. Since the beginning of 2015, approximately 710,000 refugees have entered Greece by the sea with the Greek islands (i.e. Lesvos, Chios, Samos, Leros, Kos, Symi and Tylos) becoming the main gateway to European Union. Most refugees (62%) are adult males, 23% are children and 14% are females, who mainly come from Syria (69%) and Afghanistan (21%). According to Hellenic Coast Guard [8] in 2015, approximately 5,000 cases of shipwreck have occurred. More than 89,000 immigrants and refugees have been rescued, of which more than 16,500 surviving minors (children and infants) have been recorded. There are still up

to 8,000 people arriving every day in Greece and 23% of them are children, who are often unable to swim and do not have proper lifejackets according to reports. Only during September-October 2015, more than 70 children have drowned trying to reach Greece. Additionally, winter weather makes the journey by sea more risky and children are often soaking wet and freezing when they are brought ashore, leading to a high risk of hypothermia and in many cases hospital treatment is required. For refugees who finally reach a Greek island, the living conditions are adverse, especially for young children. The authorities, NGOs, church charities and local communities make a great humanitarian effort to host newly arriving refugees, cover their primary needs, and care for young children and pregnant women. Nevertheless, there are thousands of new arrivals every day, leading to a shortage of supplies.

Unaccompanied minors

Concerning the unaccompanied minors, the National Center for Social Solidarity (NCSS) has accepted 1,824 requests since January 2015. In 2014, there were 2,390 respective requests, more than double compared to those of 2013, and almost three times more than those of 2012. According to the NCSS annual account [9], 96.28% of requests of unaccompanied minors referred to boys, while 3.81% referred to children younger than 12 years. The majority of requests referred to Afghan minors (60%), while the unaccompanied minors from Syria were 12.76%.The aforementioned statistics underestimate the actual numbers of child refugees who reach Greece without their own families, given that there may be a great difficulty in verifying the actual age of these minors. Medical examinations are required and many of those minors claim that they are adults or relatives of unidentified persons. These children may be separated by their families accidentally or deliberately. More specifically, in

the chaos of conflict, displacement or registration process, separation may be accidental. On the other hand, a number of children face multiple traumatizations through deliberate separation either by their own families or by traffickers. Abductions, forced labor and sexual exploitation and abuse are some of the major risks that these children face.

A national committee for the management of unaccompanied minor cases has been formed by the Greek authorities in order to ensure the life protection and wellbeing of these children. Medical examinations and health care, psychosocial support and housing are being offered by a network of public organizations and NGOs based on the national child protection legislation. For instance, members of only a single NGO since have accompanied approximately 2700 refugee minors to child protection settlements. Only in the last two months the number of minors placed to child protection settlements reached 450, whereas the respective number of cases was 40-50 in previous years [10]. It should be noted that the social welfare, education and healthcare public services are accessible without any charges to the refugee population. Additionally, it should be stressed that all the necessary means, such as internet and social media (e.g. see http://www.healthgate4all.gr) facilitating immigrants' access to the public health sector is being used. Also, official mediators and translators coming from relevant ethnic backgrounds are involved in a regular basis in the access process. The expansive communities coming from the neighboring Arab and Balkan countries are a big asset for this effort. Pediatric hospitals make a significant contribution to this effort through examining, caring and hosting child refugees. The particular experiences of the university department of child psychiatry in the biggest general pediatric hospital in Athens are presented below as a representative example.

Working with refugee children and adolescents in the general pediatric hospital

It is well known that most war refugees have experienced serious traumas including death or physical, emotional, or sexual traumatic events. In addition to these traumatic experiences, refugees confront poverty, hostility and racism. They also experience changes in family functioning as well as in living conditions, low social support and isolation [11, 12]. Moreover, it has been shown that refugees experience higher rates of psychiatric disorders than other populations with post-traumatic stress disorder, depression and anxiety disorders to be the most common psychiatric disorders among war refugees [13, 14]. To date there are few studies examining mental health of Syrian refugees [15-17].

A great number of refugee children and adolescents that enter the biggest general pediatric hospital in Greece refer to unaccompanied minors. In general, the number of children entering the hospital upon order of protection has been increasingly raised since 2009, with a total of 536 cases being hospitalized to date. It is noteworthy that the number of children coming from the Middle East countries (i.e. Syria, Iraq and Iran) has been increased during 2014-2015 compared to 2011-2013, while there is a significant decrease in the number of refugee children coming from Afghanistan and Pakistan during the respective periods of time. The average duration of hospitalization for protection during 2014-2015 was approximately 50 days. During 2011-2013, the highest percentage of children (62.6%) was hospitalized for up to a month and only a rate of 15.3% remained for more than two months. The mean age of those children remained the same, around 8 years old, during the last four years. Concerning the placement of children after leaving the hospital, comparing the data of 2014-2015 and 2011-2013, there was an increase in the cases that return to their family (41.0% and

31.8% respectively). This change could be explained by the dramatic reduction in available accommodation services.

There was also an increase in the incidents of deaths of unaccompanied minors during 2014-2015 compared to previous years 2011-2013. This increase refers to cases of children who were taken to the hospital for treatment and eventually died, or came to the hospital to ascertain the cause of death. No cases of deaths were reported during 2009-2013 regarding respective cases. Moreover, another complicated issue in the clinical practice with this population refers to age-disputed children, i.e. asylum applicants whose claimed date of birth is not accepted by the local authorities. The effective management of these cases is of crucial importance, since deciding whether an individual is an adult or a child has serious implications for the way in which the person's claim for asylum is treated, and the support received.

Our current experience with the refugee children confirms that they endure great physical and mental challenges during the course of their movement and suffer from continued hardship after their arrival. The adverse events in their country which enforce their immigration are often just the beginning of a long period of turmoil and uncertainty. They may travel for weeks or months in dangerous conditions, using traffickers in order to be settled in a rich country, and sometimes temporarily or permanently separated from their family. The challenges that they commonly confront with upon their arrival include the lack of adequate infrastructure, complicated legal procedures of immigration and the huge social, cultural and linguistic differences between the country of origin and the new environment. The policies of immigration detention and dispersal can negatively affect the process of adaptation in the host countries.

The aggregation of adversities exacerbates children's reactions. The exposure to violence and the loss of family support due to death or other violent events seem to be the experiences that result in the most severe mental health problems. The repetitive exposure to violence and the lack of security after the displacement are of great importance in this respect. New traumatic experiences come to arouse previous traumatic memories, erode previous adaptation and create secondary adversities. The clinicians should analyze children's experiences without pathologizing their difficulties. Additionally, they are called to think about refugee children's stories without feeling paralyzed by the tragic sense of their traumas. The clinicians also need to explore how cultural issues in conjunction with current adversities affect families in order to avoid stereotypical representations of mental health problems. An open communication between the clinician and the refugee child has to be built in order for the child to feel secure, free to express their traumatic experiences or future worries and be able to get a sense of acceptance in an unknown environment. Above all, child and adolescent mental health professionals have to evaluate this complexity of ongoing challenges for the wellbeing of refugee children and adolescents in order not only to support them through effective treatments but also to stand up for them as advocates for refugee rights, anti-discriminatory policies and social justice.

Conclusions

Greece has a long history of hosting immigrants and refugees. Research on the psychosocial adaptation of immigrant children in the past decade documented that the vast majority of them attended school and they did not show increased mental health problems compared to the general population. Those populations were mainly economic immigrants that had left behind lives of destitution and sought work, opportunities and better living conditions in Greece. On the contrary, the present

situation is completely different, with thousands of migrants to Greece being mostly traumatized refugees fleeing war or persecution. Child and adolescent refugees reaching Greece experience a series of major threats: drowning in the Aegean Sea, separation from their families, adverse weather conditions, lack of supplies, abductions, trafficking, sexual exploitation and mental health problems. The Greek society collectively offers humanitarian aid through the action of national and local authorities, welfare, education and healthcare public sector, NGOs and church charities. Protecting the life and integrity of the child refugees remains a major concern not only for the Greek state but also for allied professionals and local communities. Child and adolescent mental health professionals, in particular, have a crucial role to play through their knowledge and expertise in advocacy for improvements in policy, legislation and service development.

References

1. Anagnostopoulos DC, Vlassopoulou M, Rotsika V, Pehlivanidou H, Legaki L, Rogakou E, Lazaratou H (2004) Psychopathology and mental health service utilization by immigrants' children and their families. Transcult Psychiatry 41:465-486
2. Kolaitis G, Tsiantis J, Madianos M, Kotsopoulos S (2003) Psychosocial adaptation of immigrant Greek children from the former Soviet Union. Eur Child Adolesc Psychiatry 12:67-74
3. Motti-Stefanidi F (2015) Risks and resilience in immigrant youth adaptation: Who succeeds in the Greek school context and why? Eur J Dev Psychol 12:261-274

4. Motti-Stefanidi F, Masten A, Asendorpf JB (2015) School engagement trajectories of immigrant youth: Risks and longitudinal interplay with academic success. Int J Behav Dev 39:32-42
5. Frontex (2010) Frontex deploys rapid border intervention teams to Greece. http://frontex.europa.eu/news/frontex-deploys-rapid-border-intervention-teams-to-greece-PWDQKZ. Accessed 15 November 2015
6. Anagnostopoulos DC, Soumaki E (2013) The state of child and adolescent psychiatry in Greece during the international financial crisis: a brief report. Eur Child Adolesc Psychiatry 22:131-134
7. Frontex (2015) 710 000 Migrants entered EU in first nine months of 2015. http://frontex.europa.eu/news/710-000-migrants-entered-eu-in-first-nine-months-of-2015-NUiBkk. Accessed 20 November 2015.
8. Hellenic Coast Guard (2015) UNICEF Awards Greek Coast Guard. http://www.hcg.gr/node/11506. Accessed 22 November 2015
9. National Center for Social Solidarity (2015) NCSS report 2014. Ministry of Labour, Social Insurance and Social Solidarity, Athens, Greece
10. METAction (2015) Unaccompanied minors guardianship network: Results and experiences from the world of unaccompanied children protection. Non-Governmental Organization “METAction” - Action for Migration and Development. http://www.metadrasi.org/newsentry/entry143. Accessed 25 November 2015
11. Porter M, Haslam N (2005) Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. JAMA 294:602-612

12. Burnett A, Peel M (2001) Asylum seekers and refugees in Britain. The health of survivors of torture and organised violence. BMJ 322:606-609

13. Steel Z, Chey T, Silove D, Marnane C, Bryant RA, 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. JAMA 302:537-549

14. Bronstein I, Montgomery P (2011) Psychological distress in refugee children: a systematic review. Clin Child Fam Psychol Rev 14:44-56

15. Gammouh OS, Al-Smadi AM, Tawalbeh LI, Khoury LS (2015) Chronic diseases, lack of medications, and depression among Syrian refugees in Jordan, 2013-2014. Prev Chronic Dis 12:E10

16. Jefee-Bahloul H, Khoshnood K (2014) Mental health research in the Syrian humanitarian crisis. Front Public Health 2:44

17. Alpak G, Unal A, Bulbul F, Sagaltici E, Bez Y, Altindag A, Dalkilic A, Savas HA (2015) Post-traumatic stress disorder among Syrian refugees in Turkey: A cross-sectional study. Int J Psychiatry Clin Pract 19:45-50

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