

Mission Report

Mental Health Technical Support Mission to Greece January 13-21, 2016

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List of acronyms

IMC	International Medical Corps
MHPSS	Mental Health and Psychosocial Support
PFA	Psychological First Aid

Objective

1. To support UNHCR Greece in **identifying the priorities** for mental health and psychosocial support for person of concern and set up the operation in Greece including which new initiatives are needed to strengthen the response.
2. To promote a **uniform understanding** of what Mental Health and Psychosocial Support means and what it can contribute in this context. The Snr Public Health Officer noticed in his last report that Mental Health and Psychosocial Support (MHPSS) continued to be an unclear concept in this context.



GREECE 3rd Public
Health Mission Report



Mission schedule

The mission was carried out by the Snr Mental Health office from Geneva who was accompanied by the Public Health Officer of UNHCR in Greece and consisted of three working days in Athens, three on Lesbos and one on Samos.

Relevant documents from earlier missions by others

1. UNHCR through its partner War Trauma Foundation in the Netherlands organized PFA 19 workshops for a total of 236 participants (155 Greek speaking and 81 English speaking) in October.
2. An assessment mission in Dec 2015 from the Psychosocial Support Centre for the IFRC identified as main priorities 1) train all first responders in providing psychological first aid, 2) identify and agree upon referral procedures and services for those with specialized PS needs, particularly shipwreck survivors, 3) organize psychosocial activities for children, 4) provide adequate support to staff and volunteers.
3. In December 2015 a brief 'Guidance note for Mental Health and Psychosocial Support for Refugees, Asylum seekers and Migrants on the move in Europe' was released by 24 organisations including UNHCR, WHO, IOM and major NGOs (See attachment). Translations in Greek, Arabic and seven other languages are available on www.mhpss.net. The document uses a public health framework with an emphasis on strengthening resilience and advocates for strengthening the bottom layers of the IASC pyramid for MHPSS: social considerations in provision of basic services and security, 2) strengthening family and community support.



20151119 Report
PFA training Greece F



IFRC Field visit
report FINAL.pdf



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Stakeholders in MHPSS

This mission was too short to provide a comprehensive overview of all actors in MHPSS but it is obvious that the number of organizations and groups involved in MHPSS is substantial. For example, on Lesbos alone, a recent assessment by IMC counted 14 organisations involved in MHPSS with a total of 13 psychologist and 11 social workers. On the other islands numbers of MHPSS initiatives are significantly smaller but still significant. For example on Samos four organizations are involved in MHPSS who have a total of 3 psychologist and 2 social workers. The situation changes constantly so do the human resources, due to the short term deployment and the presence of volunteers who sometimes stay only very briefly on the islands. The comprehensive mapping by IMC (see attachment) is a good basis for planning and should be regularly updated.



Greece MHPSS
3Ws.xlsx

Actions:

- Ensure that mapping of MHPSS actors is regularly updated. If possible, one actor could be assigned to do this. This could be someone from UNHCR but can also very well be an NGO. If IMC continues their operation in Greece this would be good niche for them.

A unified concept of MHPSS

During the mission it became clear that there was some confusion about what 'psychosocial support and mental health actually is. Some expressed concern about the labelling of basic social activities as 'psychosocial support' and preferred to use the term psychosocial support for work by specialized work such as psychotherapy or counselling. During the health and protection coordination meetings in Lesbos and Samos the Snr MH Officer gave a short presentation (see attachment) highlighting the interagency consensus that MHPSS includes all activities aimed at promoting and maintaining psychosocial wellbeing and preventing and treating mental disorders. MHPSS is thus not the exclusive domain of 'specialists'. On the contrary, some of the most important ways to improve psychosocial wellbeing are done by non-specialists.



MHPSS LESVOS- JAN
2016.pdf

Coordination

There is no need for an extra layer of formal coordination. MHPSS can best be kept as a fixed agenda point in the regular protection coordination meetings (for the PSS aspects) and in the health coordination meeting (for the MH aspects). However many MHPSS practitioners expressed a wish to meet with each other content specialists. Technical Working Groups MHPSS have now started in Lesvos and Samos and in Athens one should be set up.

These meetings of technical MHPSS specialists should focus on information exchange, and working towards common projects (joint psycho-education material, PFA trainings, etc. A representative of the MHPSS TWG can attend the formal coordination groups to report and liaise. Links with health and protection coordination where policy decisions are to be taken. Preferably such groups are co-chaired by people from mixed backgrounds for example health/protection and international/national).

Actions:

- Set up TWG in settings with more than three different organisations for MHPSS
- Set up a joint Greece MHPSS page on www.mhpss.net

Main gaps

Providing MHPSS support to a volatile population is extremely challenging and we need to be modest about what we can do to alleviate the psychological suffering of people who are strongly dedicated to move on. For conceptual clarity, we can divide the population of refugees, asylum seekers and migrants in Greece into three groups with different MHPSS needs.

1. People on the island who are 'en route' from Greece to the Balkans (expected stay on the islands one day to one week)

This is by far the largest group consisting of people planning to go to Germany, Sweden or Austria. The typically travel in groups.

Prototypical problems that can be seen in this group are: stress reactions, grief, emotional reactions. Many (most) reactions are normal, but some may be maladaptive. However people are very strongly dedicated to move on, so interventions should be focused on strengthening resilience of people.

The 12 principles of the multi agency guidance (see above) apply fully and are what is needed for this group.

MHPSS interventions that are important and seem feasible:

a. Upscaling of PFA workshops for Greek and international first responders

It is important to promote that arriving refugees are received by first responders (coast guards, volunteers, staff of humanitarian organisations) who have followed workshops in Psychological First Aid (PFA). The provision of workshops in October PFA has worked out positively, participants of the workshops were very positive about it. Main aim of PFA workshops is learning to respond better to people in acute distress. It is important to realise that PFA is not a specialist intervention, but is a set of skills and attitudes. The workshops enable participant to learn from each other, gain confidence and be able to express their own emotional reaction when confronted with mass suffering and adversity.

Actions

- *Make a plan per island for the organisation of PFA workshops*

Various organisations have technical capacity to do PFA workshops. Among them are

- IMC (have funding to do 11 workshop and 4 Training of Trainers workshops)
- The Danish Red Cross on Lesvos (with technical support from the IFRC Reference Centre in Denmark)
- IsraAid in Lesvos
- Save the Children on Samos
- The Greek NGO Babel in Athens

- War Trauma Foundation in the Netherlands (not based in Greece, but they have the capacity to organize and deploy trainers for such workshops as they did in October 2015)
- *Ensure that participants in the workshops are from various backgrounds*
Ideally workshop include a mix of UN staff, NGO staff and volunteers (for the English language workshops) and coast guards, police officers, NGO staff and UN staff (for the Greek language workshops).
- *Ensure the buy in from high-level functionaries*
The invitations for workshops should not come from individual NGOs but preferably from UNHCR heads of office together with local authorities. Buy in on Athens level from the Greek Ministry of Health and the Greek Ministry of Interior is important

b. *Coherent and practical psycho-education about emotional reactions*

The population on the islands are not very receptive for long and intensive sessions but it is important that information about psychological reaction to distress reaches them through logical ways. Particularly important is the provision of information to parents about how to respond to children who are distressed. This may include 1) interactive group sessions using visual aids, 2) distributing leaflets in appropriate languages (although it is unlikely that refugees on the move will consider these brochures as essentials to take with them on their journey)

Actions

- *Joint development of materials and approaches*
Technical specialist in MHPSS can learn a lot from each other and do not need to reinvent the wheel. Such materials can be developed through Technical Working groups for MHPSS and shared online, for example through www.mhpss.net that has a group for MHPSS for refugee and migrants on the move in Europe.
- *Include psychosocial support in the Child and Family Hubs*
A logical place to provide such information is in the interagency Child and Family Support Hubs that are now being set up under the Blue Dot logo. The concept note for the Child and Family Support Hubs list as one essential element ‘*the presence of psychologists, social workers and/or trained NGO professionals able to identify children, especially UASC, who might need further support and to engage with these children, and if relevant their parents, regarding the most appropriate way to provide that support.*’ It is important that this is followed.



Child and Family
Support Hub - Concept

2. **People who are temporarily delayed due to specific conditions and vulnerabilities**

Among the population in Greece are people who for various reasons have a significant delay in their travel plans due to vulnerabilities and medical problems. This group includes

- People with severe medical problems, disabilities
- Unaccompanied or separated minors
- Shipwreck survivors

The MHPSS problems of this group is as under 1, but include also more severe reactions that such as prolonged or complicated grief, trauma related disorders, depression and severe mental disorders. The severity and complexity of their problems requires more attention while the prolonged stay of offers opportunities for intervention. The basic approach as described under 1) is not sufficient for this group.

MHPSS interventions that are important and seem feasible:

On the islands

- For *shipwreck survivors* the emotional suffering is enormous and it is important to assign a (one!) psychosocial worker to each shipwreck survivor with the goal to provide emotional support and facilitate grief. An important aspect that sometimes goes wrong is the facilitation of culturally and religiously appropriate burials and mourning rituals.
- For *unaccompanied and separated children in the registration centres and shelters*: multiple session interactive psycho-education groups with the aim to provide information, stress management techniques and identify people who may require individual counselling.
- For *unaccompanied and separated children in detention* (eg in Leros and Lesvos): Visits to the children by a psychologist or social worker who has access to the detention facility.
- For *people with severe mental disorder*: referral and accompaniment to psychiatric care within the existing health care system

Actions

- Inclusion of MHPSS in the SOPs for shipwreck survivors. In Lesvos this has been done, see attachment.
- List of MHPSS responders who can be matched to survivors in order to prevent that multiple actors are involved with the same person.



Mental Health and
Psychosocial Support

In Athens

- Some people with specific vulnerabilities are transferred to Athens. This group includes 1) people with complex medical problems, 2) unaccompanied and separated children, and 3) shipwreck survivors and other people with special needs who are referred the Ecumenical Refugee Program (ERP) from the Greek Orthodox Church for legal assistance. Many of them have complex and severe problems that need specialized attention from MHPSS professionals. The accompaniment of people with such complex problems takes too time for non-MHPSS workers such as example the lawyers from the ERP.

Actions

- Individual case management (social, legal and medical) such as provided by Social Services team MDM
- Indication setting for specialize mental health support through a kind of ‘mental health referral committee’. Referral can be based on symptomatology, social functioning and client preferences and include referral to
 - Babel Mental Health Centre for migrants and refugees
 - Assisted housing for refugees and migrants with psychiatric disorders- Klimaka
 - Trauma therapy (Greek EMDR Association)
 - MDM and other NGOs
- Decide how care for MHPSS problems will be paid (small fund for survivors shipwrecks and extremely vulnerable people)

3. *People who are stuck in Greece*

Increasingly the Greek operation will be conformed with people who are stuck in the country because they see their way forward blocked for legal or economic reasons. This group includes rejected asylum seekers, people who are deported from border and may sometimes be violently pushed back. At the moment, these are mostly people from nationalities who are not considered to be prima facie refugees and whose asylum claims would make little chance (eg people from North and West Africa and South Asia). MHPSS problems will most likely be different from the first group and characterized by anger, hopelessness and frustration. Among this group some people may fall into depression and substance use and resort to suicidal behaviour, ‘acting out’.

MHPSS interventions that are important and seem feasible:

In Athens, on the border, and in Thessaloniki

- Individual case management (social, legal and medical) and this is probably less directly related to the mandate of UNHCR since many will not be refugees but rejected asylum seekers and other migrants. However, it is to be expected that the increasingly restrictive policies in Europe will lead to an increasing number of people of concern to UNHCR within this group and UNHCR in Greece needs to prepare itself. Linking with partner organisations, particularly IOM and MDM is important in this regard.

Support for emotional wellbeing of first line responders and humanitarian workers

Staff support was not part of this mission. Several people whom I met pointed at the considerable stress that humanitarian workers face. The management of UNHCR in Greece is well aware of this and the topic has their full attention. It is important that this remains to be a priority within UNHCR, particularly for national staff who often work long periods.

PV - 29 Jan 2025