

# Mental health interventions for refugee minors and families in Greece. The experience of Babel Day Centre

NIKOLAOS GKIONAKIS, MSC,  
PSYCHOLOGIST, SCIENTIFIC ASSOCIATE,  
BABEL DAY CENTRE



A UNICEF project funded by European Union





- ▶ Minors exposed to war and violence are at high risk of suffering of mental health problems.
- ▶ Refugee minors also tend to have higher levels of behavioural or emotional problems, including aggression and other affective disorders.



# Refugee minors in Greece

- ▶ A large number (30-40%) of migrants and refugees who arrived in Greece since January 2015 is under 18 years old. A consistent number concerns unaccompanied minors.

## Refugee and migrant children in Greece

As of 31 March 2017



20,300 estimated number of refugee and migrant children across Greece. Among them 2,000 UAC

4,632 children have been relocated from Greece, as of end of March. Among them 245 UASC (4 November 2015 – 31 March 2017)

59 accompanied children have been returned to Turkey through the EU- Turkey statement (20 March 2016- 31 March 2017)



# hypothesis

Our experience at Babel Day Centre, mental health unit for migrants and refugees operating in Athens since 2007, allowed us to make the hypothesis that

- ▶ *bad living conditions at the reception centres as well as in other hosting facilities* and
- ▶ *lack of positive life perspectives*
- ▶ *Lack of support*

may affect in a negative way pre-existing behavioural problems or may trigger the onset of new ones at individual, family and community levels.



# People affected by crisis

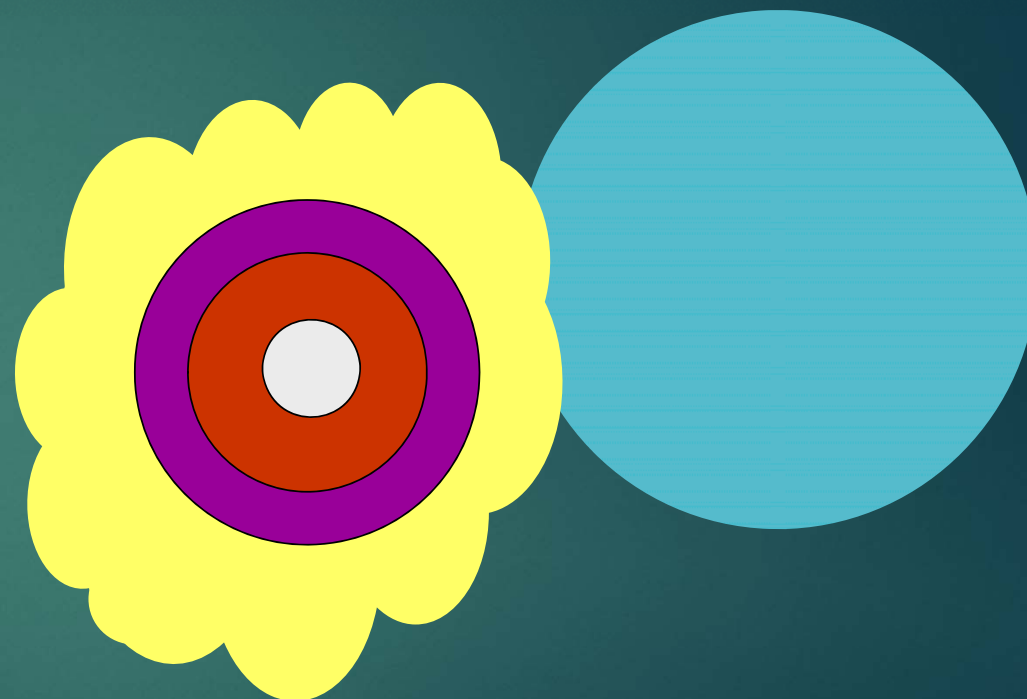
5

Target Population

Workers

Related Others

Wider society





# The pyramid of MHPSS interventions

IASC, 2007



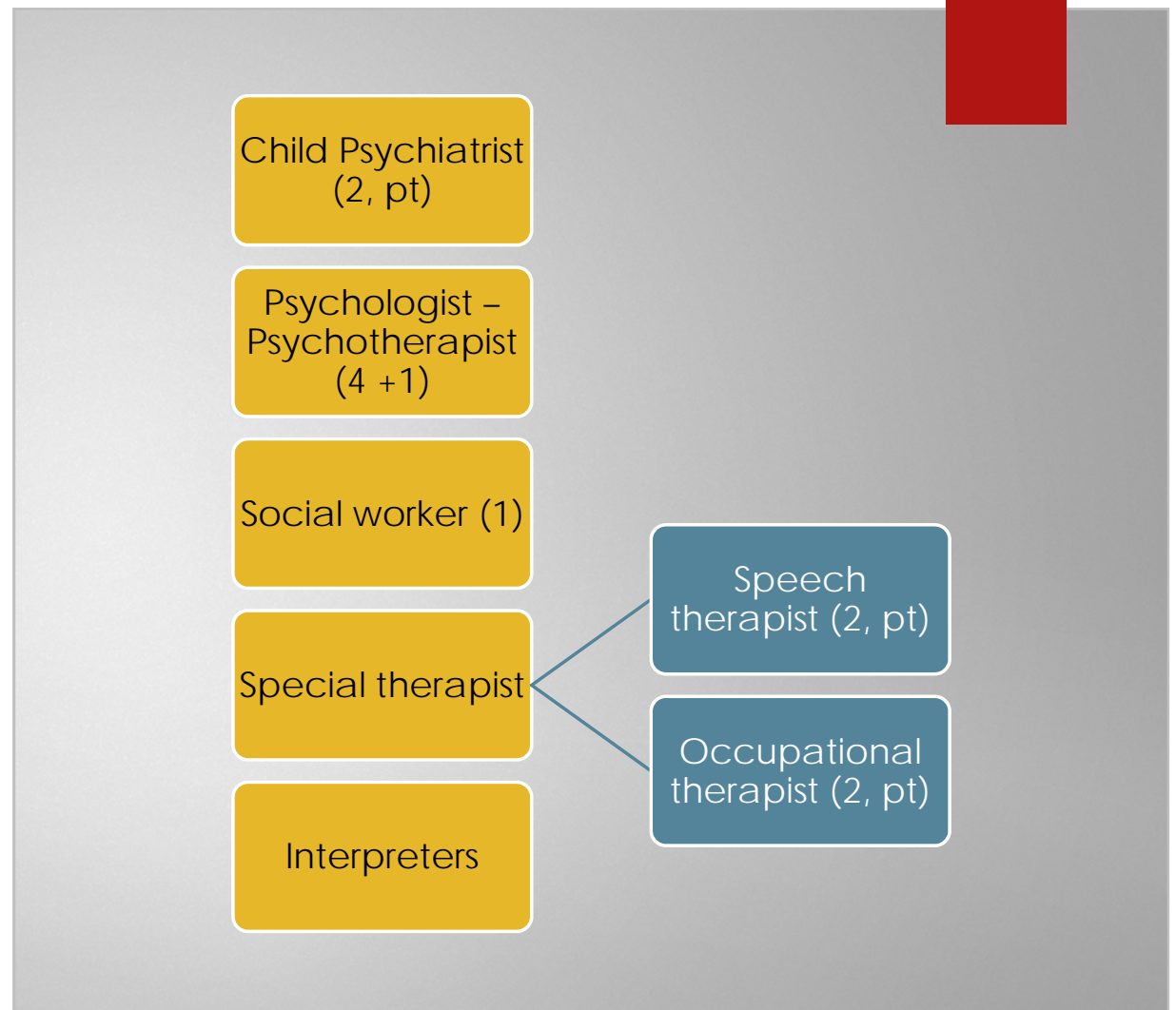
# A Babel-UNICEF project for the mental health care of refugee minors living in Athens

- ▶ **Title:** Provision of targeted Psychosocial Services to Refugee and Migrant Children and their Families
- ▶ **Duration:** 1 year (September 2016-August 2017) / Prorogation up to end of May 2018
- ▶ **Output 1** Provide **psychosocial and mental health services** for refugee and migrant children and their families living in sites/camps in and around the Athens area.
- ▶ **Output 2** Improve and **increase the access** of refugee and migrant children and their families **to secondary and tertiary mental healthcare** services either at the primary care level or at the specialist care level (Day Centre Babel), thus improving their personal and family wellbeing as well as their social integration abilities and potentials.
- ▶ **Output 3** Provide **support and supervision to front line workers** caring for / working with refugee and migrant children and families, such as other professionals from mental health field, camp and residential services staff, professionals from education



# Interdisciplinary team

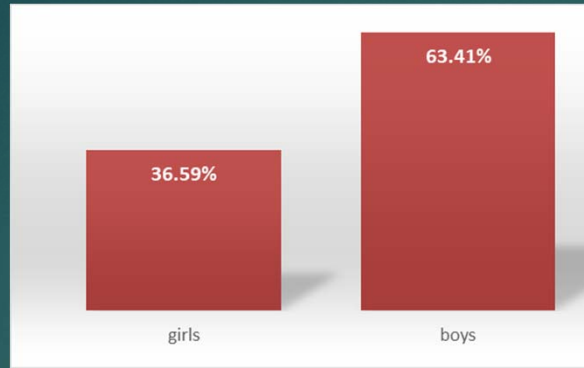
operating in the drop-in centre and in mobile units.



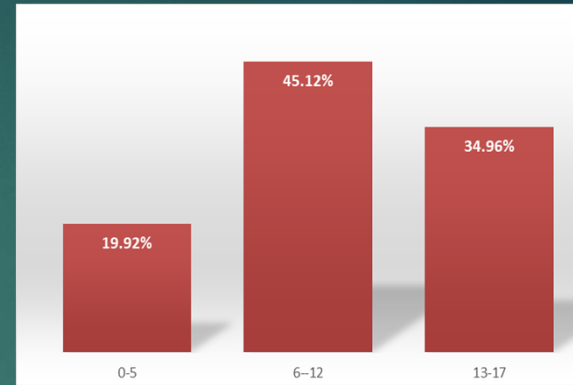
# Results

(n=246)

## Sex

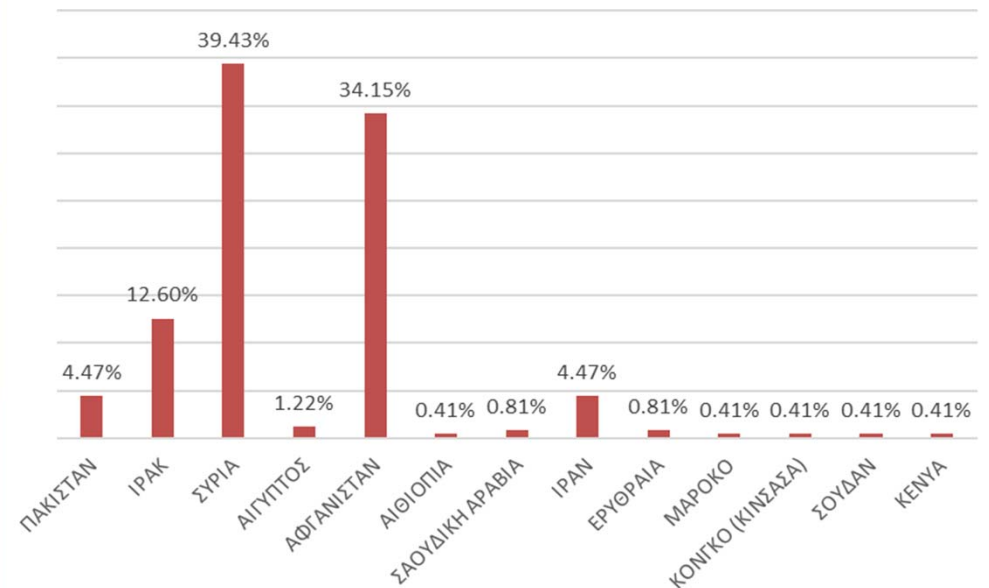
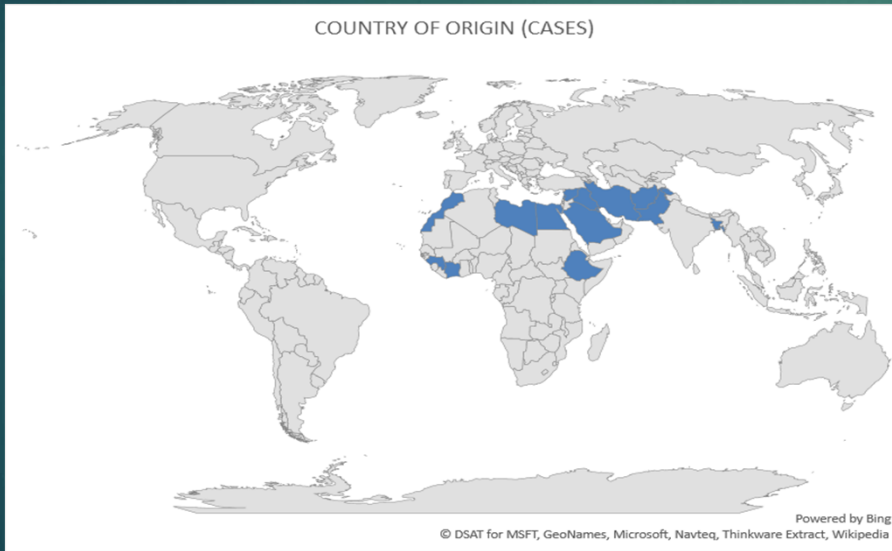


## Age



## Country of origin

COUNTRY OF ORIGIN (CASES)

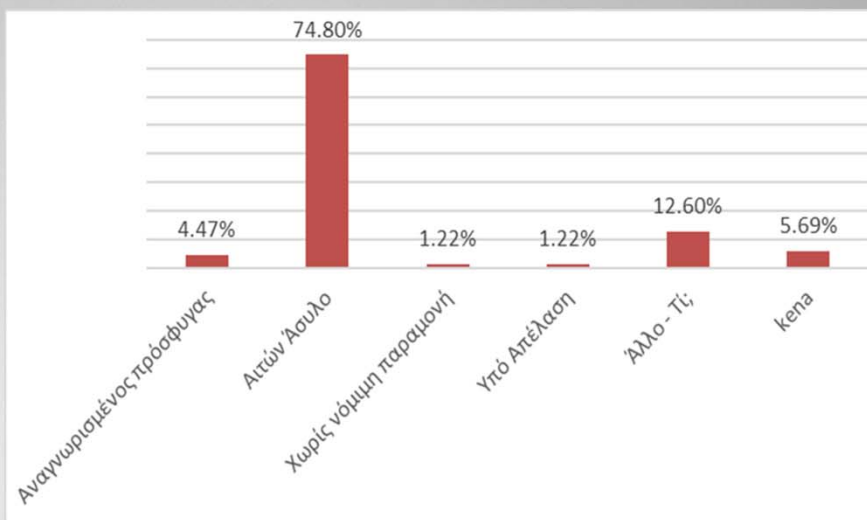


# Results

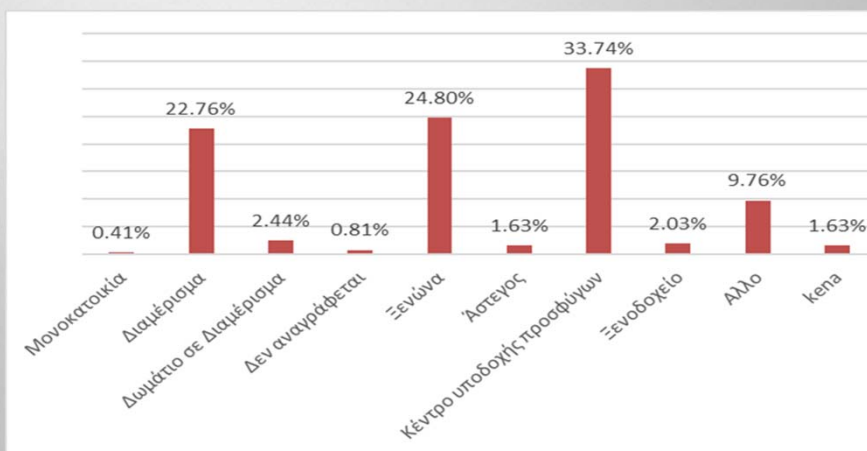
*All subjects' parents declared they wanted to go to other European countries, being Greece a country of transit.*



## Status

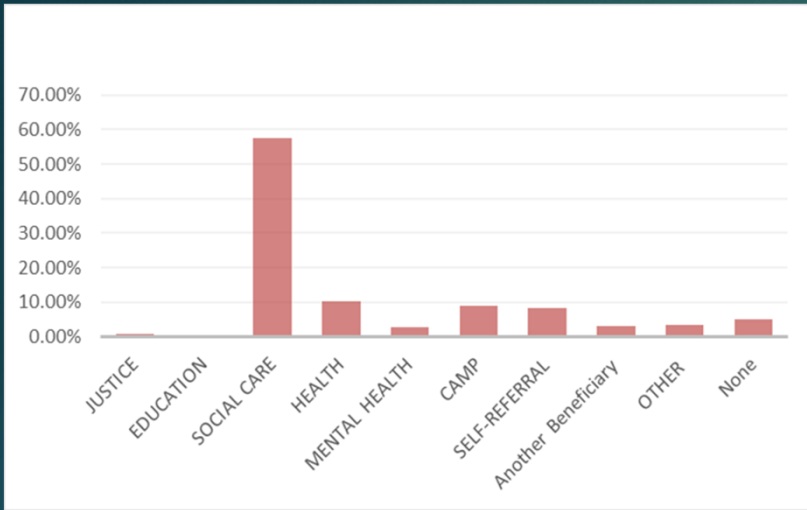


## Where they live

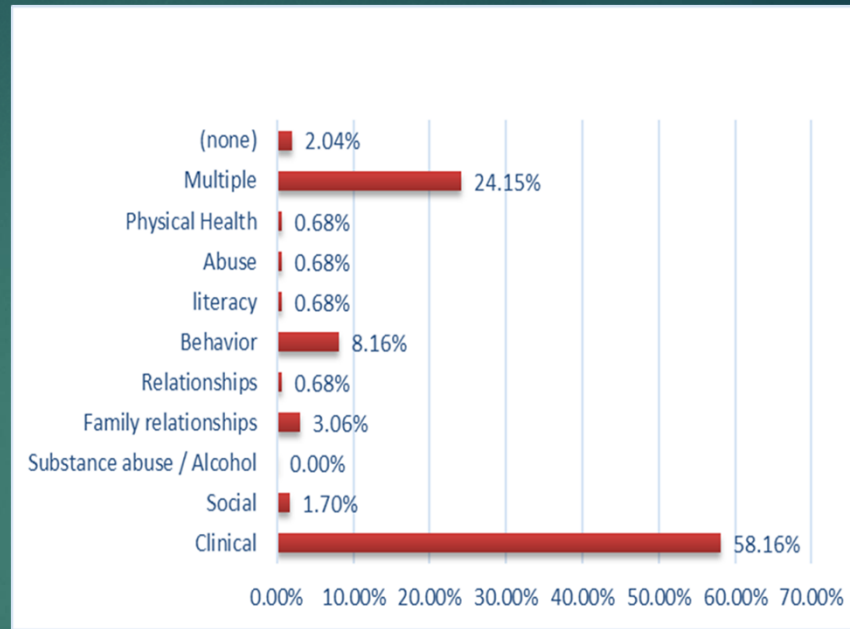


# Results

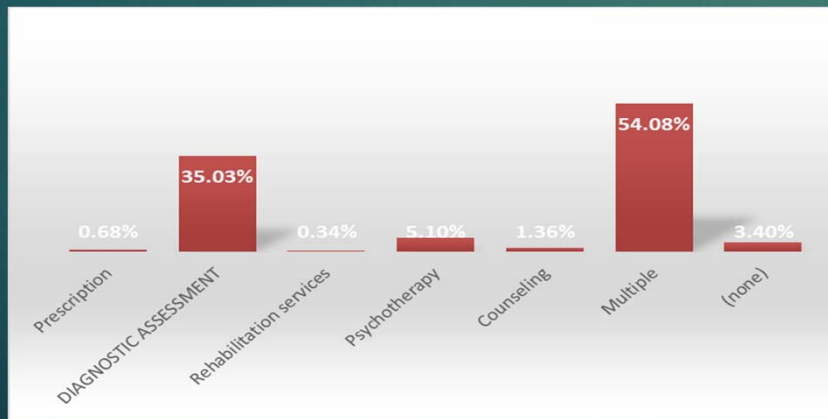
## Referral sources



## Problems referred



## Expressed demand

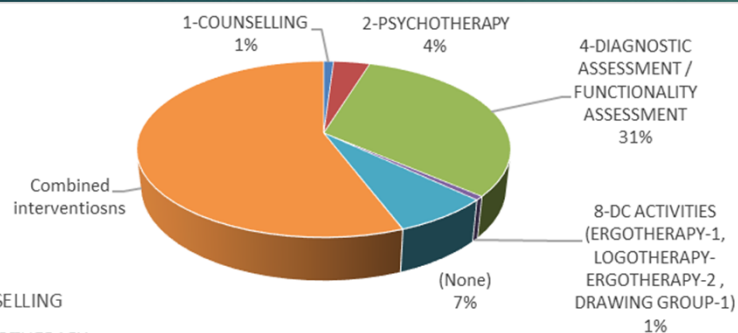


# Diagnosis

F01-F09 Mental disorders due to known physiological conditions	1.22%
F10-F19 Mental and behavioral disorders due to psychoactive substance use	0.00%
F20-F29 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	1.22%
F30-F39 Mood [affective] disorders	3.66%
F40-F49 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	37.40%
F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors	1.63%
F60-F69 Disorders of adult personality and behavior	1.22%
F70-F79 Intellectual disabilities	4.07%
F80-F89 Pervasive and specific developmental disorders	12.20%
F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	12.20%
F99-F99 Unspecified mental disorder	24.80%
Kena	0.41%



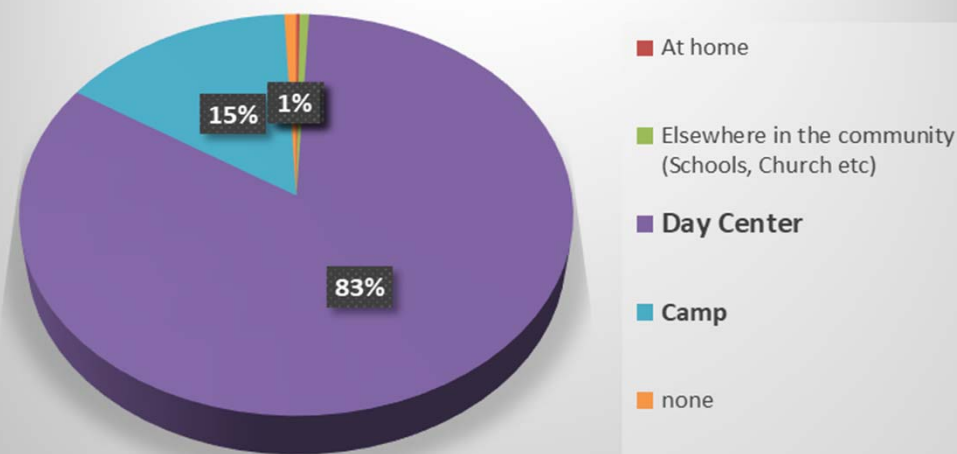
# What we did



- 1-COUNSELLING
- 2-PSYCHOTHERAPY
- 4-DIAGNOSTIC ASSESSMENT / FUNCTIONALITY ASSESSMENT
- 8-DC ACTIVITIES (ERGOTHERAPY-1, LOGOTHERAPY-ERGOTHERAPY-2, DRAWING GROUP-1)
- (None)
- COMBINATION INTERVENTION

# Where we did

TREATMENT PLACE (acts)



unicef

# More actions undertaken

## ▶ Community interventions

- ▶ Parents empowerment (through group activities in the camps)
- ▶ Improvement of living conditions (support for families to move from camps to apartments)
- ▶ Support for the acceleration of family reunification, relocation, exam of the asylum request

## ▶ Staff interventions

- ▶ Consultations
- ▶ Training
- ▶ Supervision



# Conclusions

- ▶ Minors' mental health problems linked to past as well as to current living conditions
- ▶ MHPSS need to be comprehensive and respectful of PoC perceived needs and expressed demands
- ▶ MHPSS need to take into account reception as well as integration.
- ▶ Interventions should be addressed to all those who are involved: PoC, field workers, planners, politicians. **It is often us and our aid interventions** to create or worsen problems people have.
- ▶ Time is needed
- ▶ IASC Guidelines are of crucial importance!

