

Psychosocial Mental Health Interventions for
Unaccompanied Refugee Children in Greece: A
Community-based Approach

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Introduction

In the guidelines of the UN High Commissioner for Refugees (UNHCR, 1997) and UNICEF (UNICEF, 2004), the term unaccompanied refugee minors refers to children under 18 years old that arrive in the territory of a foreign state without an adult responsible for them. They often migrate in order to escape from war and general violence, and because there is a fear of prosecution. It has been noticed, that most of them are coming in Europe by illegal routes, often by paying a smuggler or as victims of trafficking and human exploitation.

Operational Context

Most of the unaccompanied minors arriving in Greece, are boys, while their age ranges between 14 to 18 years old. Greece is a cultural crossroads between East and West and a major entry point for refugees to the EU (Hodes et al., 2018). It is estimated that since February 2018, more than 3.090 unaccompanied children (UAC) sought asylum in Greece, most came from Syria, Afghanistan, Iran, Iraq, and Somalia. Although the number is quite high, Greece did not manage to ensure an adequate response. Upon their arrival in a host country, UAC have expectations towards the new country (living conditions, health and education system, asylum process) and goals that they would like to achieve (El-Awad, Fathi, Petermann & Reinelt, 2017). Most of the times, their expectations are not met in the reality. For a period of time, they have to live in camps, until their registration is completed, and then they will be referred to other care facilities. However, in Greece, the shelters do not have enough space for all the UAC, and for this reason, children may have to live in camps (in specific sections named 'Safe Zones') for a long period of time. Moreover, they may have goals, such as going to school or learning foreign languages, which is not always

the case, as there are many difficulties, and even the subscription to the Greek school may require some months. What is also important is the prolonged asylum processes in Greece, which can lead to a feeling of losing control over their lives (Vervliet et al., 2014).

Psychological Context

Unaccompanied refugee minors are at a special risk for mental health problems due to traumatic experiences that relate both to their host country and the acculturation process – as mentioned above - and their country of origin, meaning pre-departure war-related traumatic events (El-Awad et al., 2017; Keles et al., 2018). UAC seeking asylum may have experienced a high level of adversity, and thus would appear to be at increased risk of psychological distress (Hodes, Jagdev, Chandra & Cuniff, 2008). Although posttraumatic stress disorder (PTSD) can be a significant problem, grief and mood disorders are often greater problems that are faced in this population (Hodes et al., 2008). Depressive symptoms (self-harm, hypoactivity, self-blame) are also common psychological symptoms, and the main reason is the deprivation of a family environment or a primary caregiver (Lundh, Wångby-Lundh, Paaske, Ingesson, & Bjärehed, 2011). Finally, they may also experience extreme fear or shame because of traumatic experiences they had in the past or in their way to the new country, and this may lead to their inability to regulate their emotion and manage their anger (El-Awad et al., 2017).

Unaccompanied children seeking asylum have been exposed to more traumatic events and suffer from higher levels of mental health problems than other refugee children (Oppedal & Isoe, 2015). This means that when they arrive in a foreign state, they are in a particularly vulnerable position, and they need support to avoid further mental

health harm. It worths mentioning here that although Greece has signed the Convention on the Rights of the Child, it has failed to meet the children's demands due to the high numbers of arrivals and the inadequacy of the mental health interventions. For this reason, this article attempts to answer the following research question: what kind of mental health interventions can improve the well-being of unaccompanied child refugees and asylum seekers in Greece?

Despite the difficulties UAC may have faced, it has been also widely reported their resilience as a mediating factor (Mels, Derluyn & Broekaert, 2008). For this reason, organized psychosocial, mental health interventions that strengthen the children's competencies are essential to promote youngsters' coping with mental health problems (Oppedal et al., 2015). The studied literature has revealed that community-based psychosocial interventions reinforcing the unaccompanied refugees' resources (in contrast to the Western one-to-one sessions), can enhance the psychological well-being of UAC in an effective way. The present study was designed to confirm that community-based interventions are beneficial for unaccompanied children, and extend the analysis to specific psychosocial activities that can be used for an understudied population: unaccompanied children seeking asylum in Greece. Due to the limited space that this paper allows, it was impossible to evaluate the effectiveness of these activities, hence the evaluation of these programs remains a question of future research.

Method

Both qualitative and quantitative sources of literature were used to provide a holistic overview of both the mental health of unaccompanied children, and the kinds of interventions that can be beneficial for the psychological well-being of them. A search of literature from the psychINFO, PubMed, PsychArticles, Academic Research Library (SmartCat), Google Scholar was used, using search terms including ‘well-being of unaccompanied minors’, ‘mental health of unaccompanied minors’, ‘community-based approach’, ‘community mobilisation’, ‘post-traumatic stress in refugee children’, ‘psychosocial mental health support’, ‘unaccompanied children in Greece’, ‘community-based interventions’, ‘social support’, ‘psychosocial programs’. The main research was based on Herr’s article: A Systematic Review: Effects of Psychosocial Interventions on Outcomes in Refugee Adolescents Resettled in the US, Canada and the UK (2016). Evidence available concerning existing mental health interventions in different countries in Europe, Canada and the US was used to answer to the main research question, as there is a gap in the literature regarding specific interventions in Greece.

Moreover, the author of this article joined the team of an accommodation site for UAC in Northern Greece as a Protection Advisor. During this period (January-August 2018), the author conducted interviews with individuals and organizations which offer community-based psychosocial interventions in open accommodation sites for unaccompanied refugee children in Greece, and also participated in some of the PSS (psychosocial) activities, observing the programs in action. Specific examples of psychosocial interventions will be given at the end of the next chapter.

Results

This chapter outlines literature research findings reflecting on the interventions for the promotion of the mental health of unaccompanied refugee children, and attempts to answer the main research question. The suffering of children in the context of conflicts and war has been a focus of humanitarian concern for many years, especially for unaccompanied or separated minors (Montgomery, 2010; E Werner, 2004). There is a special focus on UAC, because they have all experienced the loss of or separation from family members, as they arrive alone in the host country (Keles et al., 2018). Although their experiences were tough, they managed to flee and travel long and often perilous routes all alone, and engaged in the resettlement process in the new country without any supportive network or an adult responsible for them (Keles et al., 2018).

In a research conducted in North-East London in 2007 about refugee mental health, it was mentioned that there is a serious risk of depression in young population after arriving in the first host country, and this represented a change in behaviour since these individuals had arrived in the host country (Harris & Maxwell, 2000). This was often connected to worry, sleeping difficulties, or boredom. All interlocutors that participated in the research, mentioned also a feeling of isolation and loneliness as key problems for them (2000). The same study mentions that the loss of a familiar country or culture, and the need to adapt in a new country and environment, contributed also to the children's distress and anxiety (2000).

Model of Intervention

Although according to the abovementioned, it is apparent that the mental health of unaccompanied refugee children is at special risk for a number of factors that are related to both their experiences in their country of origin, and the difficulty to engage in the acculturation process in the host country, it has only been within the last decade that awareness of the developmental consequences of such experiences have significantly influenced humanitarian action (Ager & Loughry, 2004). In order to respond to the basic mental health needs of a vulnerable population, such as those of UAC, people engaging in programs with refugee children found that they need to take a wide perspective of mental health, and not only the one that is recognized in the Western societies (Harris et al., 2007).

Specifically, research conducted by Jarlby et al. (2018), shows that refugee children have associated the traditional one-to-one therapy with negative aspects of their past. Thinking about their past and speaking about it, has been stigmatizing them, and it is an alien therapy for them and their culture (2018). Another study of refugee children living in Waltham Forest, determined that the provision of counseling alone is not the appropriate mean of addressing the child refugees' needs (Harris et al., 2007).

Cohen et al. (2016), also agree to this, and argue that psychological counseling, although available, is used infrequently in refugee populations and an effective psychosocial support often originates from the communities. Taking into account these literature findings, there is an apparent need to implement another model of intervention for the promotion of the mental health of refugee minors in Greece, where community engagement, participation and mobilization are increasingly promoted.

A community-based Approach

In the spirit of support many intervention models for UAC coping with trauma have been developed. New models of interventions have been introduced for the promotion of the mental health and the well-being of unaccompanied minors. These kinds of interventions, often called as MHPSS activities (Mental Health and Psychosocial Support) have been developed to provide psychosocial support in challenging humanitarian and development contexts.

The overall aim of the present sub-chapter is to analyse a community-based approach to mental health interventions for refugee UAC according to the existing literature. Based on a review of studies dealing with mental health interventions, research has revealed that interventions which include psychosocial activities that can highlight youngsters' talents, abilities and educational aspects, and are relying upon the beneficiaries' skills and internal strengths, have a positive impact on their well-being (Herr & Kurtz, 2016). A community-based approach actually aims at the individual mental health improvement through community involvement and relationship building, and for this reason it goes beyond the narrowly defined health systems (T.Nakkash et al., 2011).

The United Nations Inter-Agency Standing Committee (IASC) has developed guidelines for psychosocial support in emergency settings. IASC represented mental health support virtually as a pyramid, where different layers demonstrate different kinds of mental health interventions, starting from community and family supports to non-specialised and specialised support. Moreover, the IASC Guide to the Evaluation of Psychosocial Programming identifies 3 main domains for measuring well-being: 1) skills and knowledge: culturally appropriate coping mechanism, anger and conflict

management 2) emotional well-being: feeling safe, trust in others, self-worth, hopeful for the future 3) social well-being: sense of belonging to a community (Ager et al., 2011). Such psychosocial activities based on the pyramid's second layer can have a stress-reducing effect for UAC and can create a sense of social belonging with the host community (MSF, n.d).

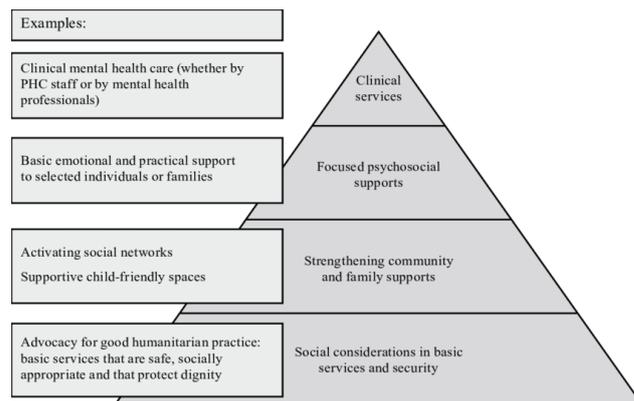
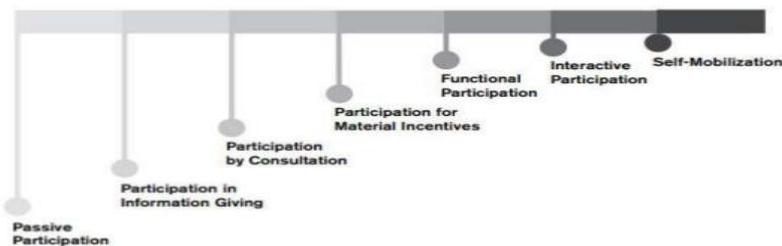


Figure 1: The IASC MHPSS Intervention Pyramid

Pacione et al.(2013), propose that the most effective intervention for UAC is the general psychosocial support, while specialised services are offered to a smaller group of refugee children with the greatest needs. A large scale of community-based interventions have been pursued in addition to clinical therapeutic interventions to support the psychosocial well-being of UAC. Researchers on the mental health of UAC have begun to shift the emphasis from trauma and counseling toward fostering strength, capacity and resilience amongst children (Herr et al., 2016). There is also a tendency that the researchers rely more on psychosocial models that promote positive personal change, raise of self-esteem and restoring hope and dignity (Herr et al., 2016).

Hobfoll et al. (2007), conducted a research where they found that about 20% to 80% of UAC show little psychopathological concerns and seem to be resilient. They may face some stressful events, and community-based activities can accompany them on their adaptation to the new reality. Children can use the community to strengthen the sense of belonging and identity, which can be a powerful protection mechanism in difficult times (Hobfoll et al., 2007). Community-based activities are helping minors to build-up their self-esteem and feel part of a community again (Mann & Fazil, 2006). Finally, active community participation is a matter of sustainability and leads to self-mobilisation (Bourassa, 2009).

Levels of Participation



Source: Mercy Corps' Guide to Community Mobilization Programming

Figure 2: Community Mobilisation

While there is only a small body of research on the outcomes of community-based interventions, available results suggest that programmes focusing on enhancing resilience and promoting community empowerment, have significant positive outcomes on the mental health of the children (Henley, 2010). The same research has proved that group activities that provide structured social engagement, mobilisation and support programmes, increase the hopes and beliefs in the children's own capacities to achieve goals, and have positive results (2010). Henley (2010) concludes

that structured activities to restore a sense of normality and care are essential to promote the well-being of the minors.

With this support it is unlikely that many children will need specialized intervention. UAC should be involved in common interest activities i.e constructing/organising shelter, organising family tracing, distributing food, cooking, sanitation, organising youth clubs, sports activities, conflict resolution, education on trafficking, HIV/AIDS, reproductive health and other life skills, creating groups for discussion, and other activities (El-Awad et al., 2017). According to the reviewed literature, it is apparent that community-based group activities consist an effective mean of mental health interventions, and this should also be implemented in Greece, where there is an urgent need of psychological interventions, as the minors just arrive in a foreign country and need support. In the next sub-chapter, the author will present some examples of psychosocial support activities that can easily be implemented in Greece, and do not require many resources.

Mental Health and Psychosocial Activities

In this chapter, some examples of MHPSS activities will be mentioned that can easily take place in an accommodation setting and can promote the well-being of the UAC in the specific setting. Some methods used in psychosocial programs, include: psycho-education groups, storytelling, sharing experiences, forgiveness and reconciliation workshops, community-capacity building and inclusion, sports activities (especially football) and skills training such as leadership, citizenship, and English language. It has been noticed that these kinds of activities offer to the minors a sense of normality and care, and children are willing to participate in them (El-Awad et al., 2017). The below-mentioned PSS activities took place in a shelter in

Northern Greece and were conducted by the Protection Team of the Greek mission of an International Organisation in which the author participated. The below-mentioned activities demonstrate some examples of PSS activities that were conducted in the shelter to promote the well-being of the beneficiaries and can be used in whichever accommodation arrangement in Greece.

Example 1

An example activity is ‘The Rivers of our Lives’. In this activity we gave to the children the instructions on how to draw a river which would be divided in 3 sections i) birth stage until 12 years old, ii) 12 years old until present, and iii) the future. At every stage the children had the opportunity to place at the riverfront symbols that would represent important life events (such as birth, family separation, displacement, conflict) that had been through at each stage of their lives.

The goal of this activity is to help the minors to recognize the difficult events they have been through and put them into a coherent story of their lives in the past, the present and the future. Also, to help them gain a broader inside of their traumatic experiences by seeing the visual overview of their lives that includes both painful and pleasant experiences. Moreover, through the sharing of these experiences, the goal is to increase the bonding among the group members and to help them build a trustful and meaningful relationship.



Figure 3 : The rivers of our lives

Example 2

Culture is an important aspect of minors' lives and is essential to be included in PSS activities. In this group activity, we discussed about the meaning of culture and what it entails (language, habits, foods, festivals, customs). The minors emphasized that they try to keep their identity alive by maintaining their religious habits (praying, fasting) and the traditions of listening and dancing the music of their country.

After the exchange of experiences, each child was given a sheet of paper with 'the circle of my own culture', and we encouraged them to write down some examples in each section of the circle on the paper (the sections were: songs, foods, feasts, games, customs). After filling their circles, each child had to present his cultural circle to the rest of the group. At the end of the activity, the minors expressed their feelings when they were talking about their countries and cultures.

This activity highlights the importance of talking about cultures in order not to forget the origins and cultural identity because it consists an important part of ourselves. The goal of this activity is to enhance the cultural identity of children, to reinforce the feeling of appreciation for their country of origin, and their honour of belonging in this community. Also, this activity helps them to enhance equality and promote cultural diversity and sensitivity.

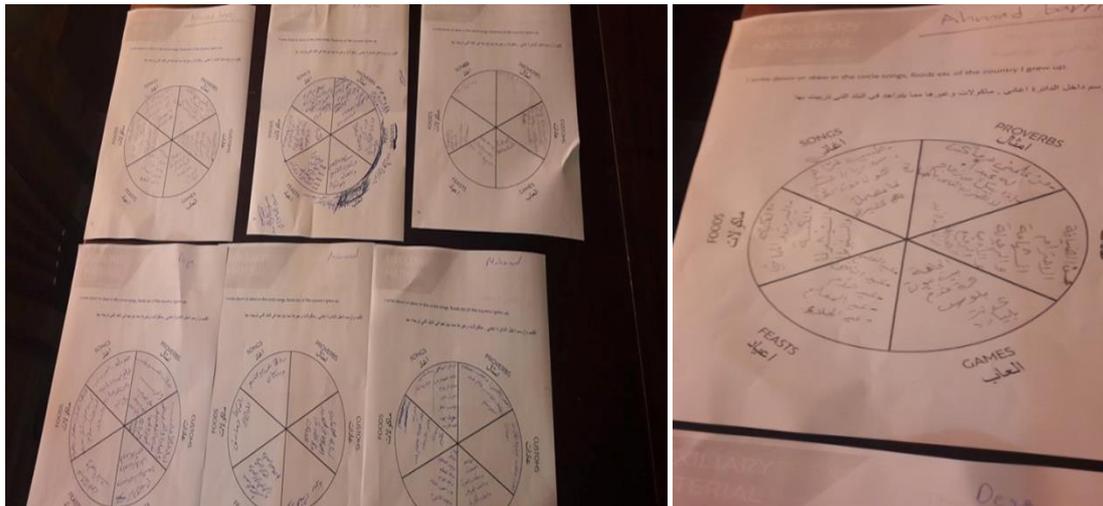


Figure 4: The circle of our culture

Example 3

This activity was implemented with a partner NGO named A21 that is specialised in human trafficking. The activity started with a projection of a short film in which a man who was victimized was telling his story. The minors had the chance to express their own experiences as many of them have been approached by possible trafficking rings. There were presented potential recruitment scenarios and the minors had the chance to listen to possible reactions that could be useful for them. The minors had also the chance to listen to useful information as it concerns the reliability of the people that might get in touch with them claiming that they represent organizations and got informed about the right path to follow in such a case in order to protect

themselves from false information. A21 has developed an age-appropriate material targeting minors, a Comic Booklet, which was distributed to the minors that participated in the activity. This activity promotes the empowerment and resilience of minors, as they learn how to react alone to incidents of human trafficking.


WALK FOR
FREEDOM



Figure 5: A21 Campaign – Walk for Freedom

Discussion

The reviewed literature revealed that there is a prevalence of mental disorders among UAC seeking asylum, with depressive as the most common symptoms (Montgomery, 2010; Harris et al., 2000). However, it has only been within the last decade that mental health interventions for UAC have been a focus of the humanitarian action. Research has revealed that the provision of counseling alone is not the appropriate means of addressing child refugees' needs and against this background, the study revealed that interventions that highlight the beneficiaries' skills and internal strengths have a positive impact on their well-being (Herr et al., 2016; Harris et al., 2007). Researchers consistently find that community-based interventions decrease psychological problems in refugee adolescents, while specialised services are offered to a smaller group of refugee children with the greatest needs (Pacione et al., 2013; Herr et al., 2016). Although there is limited research on the evaluation of community-based programs and their impact on UAC, the little experience that exists revealed positive results (Henley, 2010).

This study and previous research give the answer to the research question: community-based and psychosocial group activities highlighting children's identity, strengths and coping capacities, consist the most effective mental health interventions for unaccompanied children. Thus, this study further recommends, based on a critical appraisal of the evidence, that these kinds of interventions should also be implemented in Greece, where there is an urgent need for mental health interventions.

Limitations

It has to be noticed that the research was mainly based on descriptive studies, focusing largely on the description of a community-based intervention, its characteristics and the adherence to the IASC Principles. On the other hand, intervention studies with accurate results on the impact of these kinds of interventions were limited. Moreover, measuring this emerging resilience from community-based interventions seems to be a challenge for the researchers. Additionally, as there were not specific examples in the literature on psychosocial activities that can be implemented in practice in a community-based intervention, evidence from the author's experience was used. However, this can also be seen as the strength of the paper, as in contrast to other studies, it mentioned specific examples of PSS activities, highlighting their potential impact. Finally, the evidence used was concerning interventions conducted in Western countries such as European countries (Germany, Sweden, the UK), and the US, as there is a gap in the literature for specific interventions in Greece, although it is a country that hosts a huge number of unaccompanied refugee children.

Recommendations

Since researchers have consistently found that psychosocial interventions based on the community empowerment have positive outcomes in displaced adolescents, humanitarian actors must advocate for an increase in effective programming that would include these interventions.

Overall, the findings of the study suggest a focus on the development of community-based mental health programs that help to meet the specific needs and backgrounds of

refugee children. Psychosocial interventions should also be implemented in Greece, where UAC have to live for a long period of time and there is an urgent need for mental health support to avoid further harm and deterioration of their psychological status.

Finally, according to Jennifer Bourassa (2009), the lesson to be learned by international aid actors is that the only way to achieve sustainable mental health solutions is to highly promote psychosocial interventions that aim at the community empowerment.

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