

# Waiting to be Heard

Considerations on the impact of  
Greek asylum policies on the  
psychosocial wellbeing of asylum  
seekers on Lesbos

FENIX - HUMANITARIAN LEGAL AID | FEBRUARY 2023

## Disclaimer

The information in this report is up-to-date as of December 31, 2022, unless otherwise stated.

This report was written and edited by Erofili Dagalidi, with significant contributions by Georgianna Skrepetou, Miriam Oberhettinger, and Daphne Moseinco in the drafting and data collection phases. Inês Avelãs provided key input during the conceptualization and editing of this document. Testimonies from MHPSS clients were collected by Georgianna Skrepetou, Miriam Oberhettinger, and Daphne Monseinco. Miriam Oberhettinger performed all statistical analyses. Erofili Dagalidi served as the MHPSS scientific lead.

To protect the identities of the refugees and asylum seekers who participated in the project, all names have been changed and any identifiable information withheld.

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## **GLOSSARY**

### **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), is a publication by the American Psychiatric Association (APA) which has served as the definitive resource in contemporary psychiatric discourse for the diagnosis and classification of mental disorders. Much like the ICD (see below), it functions as a common language tool for mental health practitioners to determine and help communicate a diagnosis after an evaluation. It is used by physicians, healthcare providers, researchers, and insurers, among others, to monitor and share clinical information.

### **EU-Turkey Statement**

The EU-Turkey Statement is an agreement adopted between EU Member States and the Turkish government, following an increase in the number of arrivals of refugees and asylum seekers at Europe's external borders in 2015. One of the most important commitments agreed upon was that "[a]ll new irregular migrants crossing from Türkiye into Greek islands as from 20 March 2016 will be returned to [Türkiye]". According to the Statement, third-country nationals who do not apply for asylum, or whose applications have been determined unfounded or inadmissible, shall be returned to Türkiye. In exchange, for each Syrian national returned to Türkiye from the Greek islands, another Syrian would be resettled in the EU, in accordance with the United Nations vulnerability criteria. The statement was made public via a press release on the European Council's website on March 18, 2016.

### **Geographical Restriction**

The term 'geographical restriction' is used to describe the imposition of a restriction of movement on applicants of international protection within the confines of the island through which they entered Greek territory, i.e. the islands of Lesbos, Samos, Kos, Leros, and Chios. The geographical restriction is imposed by the police authorities and the Greek Asylum Service (GAS), and applies to any person who has arrived to one of the five Eastern Aegean islands. The geographical restriction can only be lifted following a decision by the Commander of the Reception and Identification Centre (RIC) or Closed Control Access Centre (CCAC), in cases of (i) unaccompanied minors, (ii) persons subject to Articles 8 to 11 of the Dublin III Regulation, after the Take Charge request has been

accepted by the competent authorities of the requested Member State, (iii) persons whose applications can be reasonably considered to be well founded, as well as (iv) persons belonging to vulnerable groups or in need of special reception conditions or special procedural guarantees, provided that it is not possible for them to access appropriate support on the island.

### Greek Asylum Code

The Greek Asylum Code regulates the Greek asylum system domestically and has undergone substantial changes and amendments in recent years. The current legal framework is Law 4939/2022, Gov. Gazette A' 111/10.06.2022, which came into force on June 10, 2022, ratifying the 'Code of reception, international protection of third-country nationals and stateless persons and of temporary protection in cases of mass influx of displaced persons'. Law 4939/2022 repeals the International Protection Act (IPA), Law 4636/2019, which was introduced in November 2019 and in turn amended the previous legal framework established by Law 4375/2016 (Asylum Act). Each amendment further complicated the asylum framework, raising concerns about the introduction of new restrictions on the rights of refugees and asylum seekers, and undermining access to a fair and effective asylum procedure.

### International Statistical Classification of Diseases and Related Health Problems (ICD-10)

The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) is a standardized medical classification list produced by the World Health Organization (WHO). It is a tool used globally for defining and reporting physical and mental health conditions, and it is one of the most prevalent diagnostic classification standards for clinical and research purposes. The 11th revision of the ICD came into effect in February 2022, with the aim to improve the clinical utility and applicability of diagnostic categories across cultures. In the context of Greece, the use of ICD-10 for the purposes of diagnosis, assessment, treatment, insurance, and health monitoring was instituted by Law 4286/2014.

### Istanbul Protocol

The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, commonly known as the Istanbul Protocol, is the first set of internationally recognized guidelines for the effective

examination and documentation of torture and its consequences. The Istanbul Protocol is endorsed by the United Nations. Having been revised most recently in June 2022, the Istanbul Protocol is intended to serve as a tool for the assessment of persons who allege torture and ill treatment, for investigating cases of alleged torture, and for reporting such findings to judiciary and other investigative bodies.

### Post-Traumatic Stress Disorder (PTSD)

The term ‘post-traumatic stress disorder’ is used to define a mental and behavioral condition precipitated by an experience of intense fear, helplessness or horror during exposure to a traumatic and/or life-threatening event or situation. The diagnostic criteria of PTSD are outlined in both the DSM-5 and ICD-10 and 11. Symptoms may include: intrusive and recurring thoughts, feelings, images, dreams or nightmares of the traumatic event; avoidance of stimuli associated with the event; hyperarousal; a sense of numbness and emotional blunting; negative alterations in cognition and mood, such as memory disturbances or diminished emotional responsiveness.

### Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics (SOGIESC)

‘SOGIESC’ is an acronym that serves to approach individuals and populations with diverse sexual orientations, gender identities, gender expressions, and sex characteristics, in a more inclusive and culturally-sensitive manner. The term is particularly relevant in the context of human rights law and across different regions, countries, and cultures. Many of the commonly used terms to describe persons or populations with diverse SOGIESC (such as ‘lesbian’, ‘gay’, ‘bisexual’, ‘transgender’, ‘queer’ and ‘intersex’), represent Western conceptualizations that assume universality, while failing to reflect the fluidity of identities of the people being referenced. For our purposes here, we use both SOGIESC and LGBTQI+ to refer to people with diverse SOGIESC.

### Social Determinants of Health

According to WHO, the social determinants of health (SDOH) “are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems”. WHO also argues that “in countries at all levels of income, health and illness follow a social

gradient: the lower the socioeconomic position, the worse the health". Examples of SDOH include, but are not limited to: safe housing and access to basic amenities; income and social protection; access to affordable and quality health services; employment and working conditions; social inclusion and non-discrimination; education and literacy skills. SDOH have a significant impact on people's health, well-being, and quality of life. They also contribute to major health disparities and inequities.

### Vulnerability

The term 'vulnerability' under Greek and EU legislation refers to vulnerable groups seeking international protection and presupposes that they are entitled to special reception conditions. In Greece, according to Article 1 of Law 4939/2022, the following groups are considered to be vulnerable: '[c]hildren; unaccompanied children; direct relatives of victims of shipwrecks (parents, siblings, children, husbands and wives); disabled persons; elderly; pregnant women; single parents with minor children; victims of human trafficking; persons with serious illness; persons with cognitive or mental disability; and victims of torture, rape or other serious forms of psychological, physical or sexual violence such as victims of female genital mutilation.' Notably, people with post-traumatic stress disorder (PTSD) have been removed as a category of persons belonging to vulnerable groups.

The concept of vulnerability should be approached through a critical and intersectional lens, as it is the product of multiple intertwined forms of discrimination that exist within systems of oppression and privilege. These create disparate outcomes for various groups and preclude them from accessing fundamental human rights. Refugees and asylum seekers are not inherently vulnerable. Rather, they may find themselves in vulnerable situations as a consequence of involuntary displacement, experiences during transit, and conditions they face on arrival, or because of aspects of their social identity, including their race, ethnicity, religion, nationality, sex, gender, sexual orientation, age, ability, language, national or social origin, economic and social status, marital or family status, etc.

## ABBREVIATIONS

CCAC	Closed Controlled Access Centre
DSM	Diagnostic and Statistical Manual of Mental Disorders
ESTIA	Emergency Support to Integration and Accommodation
GAS	Greek Asylum Service
HELIOS	Hellenic Integration Support for Beneficiaries of International Protection
HLA	Holistic Legal Aid
IASC	Inter-Agency Standing Committee
ICD	International Statistical Classification of Diseases and Related Health Problems
LGBTQI+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and Others
MHPSS	Mental Health and Psychosocial Support
MNS	Mental, Neurological, and Substance Use Disorders
NHS	National Healthcare System
NPHO	National Public Health Organization
PAAYPA	Foreigner's Temporary Insurance and Health Coverage Number
PAMKA	Provisional/Temporary Social Security Number
PFA	Psychological First Aid
PTSD	Post-Traumatic Stress Disorder
RIC	Reception and Identification Centre
SDOH	Social Determinants of Health
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics
SSPUAM	Special Secretariat for the Protection of Unaccompanied Minors





## **Waiting to be Heard**

SoT	Survivor of Torture
UAM	Unaccompanied Minor
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

### INTRODUCTION

Fenix is a non-profit organization offering a holistic service that combines legal aid, protection, and mental health care to refugees and asylum seekers on the island of Lesbos, as well as in mainland Greece. Our fieldwork has allowed us to gain unique insight into the multiple intersecting legal and social issues that often define the experience of people entering Greek territory in search of safety. Refugees are forced to endure lengthy, perilous journeys to exercise their right to seek asylum. For those who manage to arrive safely at the Eastern Mediterranean frontier, the reality of their experience is far from ideal. In supporting individuals to navigate the asylum process, Fenix has witnessed firsthand the stories of vulnerable people who are caught in a complex web of dehumanizing and harmful practices.

The relationship between mental health and the asylum experience has been widely documented by academics, civil society organizations, and professionals working on the ground. A fundamental precondition to rebuilding one's life in a host country, the European asylum process has been criticized as deeply disempowering and inefficient in its aim of guaranteeing basic human rights<sup>1</sup>. In Greece, multiple human rights entities have raised concerns surrounding the practical application of the reception and asylum procedure and the relentlessly stressful circumstances it creates for people seeking protection<sup>2</sup>.

Research indicates that people on the move face an array of stressors and precarious conditions spanning all phases of the migration experience<sup>3</sup>. War, conflict, and persecution in their homelands may be paired with unexpected and violent losses at the personal, familial and community levels, while journeys in pursuit of safety are often hazardous, presenting very real risks of physical harm, exploitation, and separation from loved ones. Although it is generally acknowledged that past adverse experiences may be strongly associated with negative mental health outcomes, there is ample evidence that post-migration factors place undue strain on refugees and may undermine their ability

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<sup>1</sup> European Council of Refugees and Exiles (ECRE), Asylum in Greece: A situation beyond judicial control?, 4 June 2021, Available at: <https://bit.ly/3Gz4CZB>

<sup>2</sup> Refugees International, The Fallacy of Control: Tightened Asylum and Reception Policies Undermine Protection in Greece, 24 February 2022, Available at: <https://bit.ly/3Cghph1>

<sup>3</sup> Priebe S, Giacco D, El-Nagib R. Public Health Aspects of Mental Health Among Migrants and Refugees: A Review of the Evidence on Mental Health Care for Refugees, Asylum Seekers and Irregular Migrants in the WHO European Region [Internet]. Copenhagen: WHO Regional Office for Europe; 2016. (Health Evidence Network Synthesis Report, No. 47.) Available at: <https://bit.ly/3i4Zp2d> [Accessed October 4, 2022]

to cope over time<sup>4</sup>. Broadly, these stressors include (a) legal uncertainties, including legal status, time spent in detention, length of asylum process, and complicated bureaucratic procedures; (b) socio-economic factors, such as financial hardships, unemployment, and inadequate housing; (c) social and interpersonal factors, such as family separation, lack of support networks, racism and discrimination, language barriers, and poor social integration<sup>5</sup>.

In the politically fraught and volatile context of Lesvos, asylum seekers are faced with a multitude of barriers stemming from the deficiencies and prejudices of systems, laws, and policies. Serious and recurring abuses have been documented in the media and by non-governmental organizations, including systematic pushbacks and collective expulsions at land and sea borders<sup>6</sup>. Accelerated asylum procedures and poor legal outcomes exacerbate the suffering of thousands by creating a protracted legal limbo. Policies of containment and deterrence leave people feeling overwhelmed and despairing. Undignified living conditions and limited access to critical resources, including healthcare, employment, and livelihood opportunities, have an adverse impact on mental and physical wellbeing and drastically diminish social participation. These structural issues are linked to what has been widely cited as a 'growing mental health crisis'<sup>7</sup>, and all but preclude the possibility of recovery<sup>8</sup>.

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<sup>4</sup> Recommended reading on the subject: Vukčević MM, Živanović M, Bjekić J. Post-migration living difficulties and mental health in refugees and asylum seekers in Serbia. *Polit Psychol J Polit Psychol* (2019), 1, 32–45; Li SS, Liddell BJ, Nickerson A. The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers. *Curr Psychiatry Rep.* (2016), 18(9):82; Aragona M, Pucci D, Mazzetti M, Maisano B, Salvatore G. Traumatic events, post-migration living difficulties and post-traumatic symptoms in first generation immigrants: a primary care study. *Ann Ist Super Sanità* (2013), 49:169–75; and, Gerritsen AAM, Bramsen I, Devillé W, van Willigen LHM, Hovens JE, van der Ploeg HM. Physical and mental health of Afghan, Iranian and Somali asylum seekers and refugees living in the Netherlands. *Soc Psychiatry Psychiatr Epidemiology* (2006), 41, 18–26.

<sup>5</sup> Gleeson C, Frost R, Sherwood L, Shevlin M, Hyland P, Halpin R, Murphy J, Silove D. Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: a systematic review. *Eur J Psychotraumatol.* 2020 Dec 1;11(1):1793567.

<sup>6</sup> See Al Jazeera, 'Lawlessness at the border mars Greece's reputation over migration', 4 February 2022, Available at: <https://bit.ly/3Gd6OVd>; and, Human Rights Watch, "'Their Faces Were Covered'" Greece's Use of Migrants as Police Auxiliaries in Pushbacks', 7 April 2022, Available at: <https://bit.ly/3i7BB66>

<sup>7</sup> Médecins Sans Frontières (MSF), Constructing crisis at Europe's borders: The EU plan to intensify its dangerous hotspot approach on Greek islands, 10 June 2021, Available at: <https://bit.ly/3Q9IFmP>

<sup>8</sup> International Rescue Committee (IRC), The Cruelty of Containment: The Mental Health Toll of the EU's 'Hotspot' Approach on the Greek Islands, 31 December 2020, Available at: <https://bit.ly/3CgdWyo>

Grounded in the World Health Organization's (WHO) conceptual framework for the social determinants of health<sup>9</sup>, this report explores key issues impacting the mental health and psychosocial wellbeing of individuals navigating the asylum process on the island of Lesbos. It draws on statistical data and observational material collected as part of the Mental Health and Psychosocial Support (MHPSS) programming at Fenix over the course of 22 months, from October 2020 to June 2022. To maintain confidentiality, all data in this publication has been fully anonymized and any names and identifiable information have been changed. The report is structured as follows:

- **Chapter I** presents the rationale for integrating an MHPSS component within a legal aid organization. It offers a brief overview of Fenix's psychosocial programming activities, alongside anonymous summary statistics collected by the MHPSS team over a 22-month period.
- **Chapter II** provides enriched observations based on interactions with Fenix clients, as well as an in-depth exploration of the barriers faced by specific subpopulations. Commentary and testimonials by clients offer a unique window into the lived experiences of people seeking protection in Greece.
- **Chapter III** examines serious institutional gaps and shortcomings identified through Fenix's fieldwork, with Lesbos serving as a case in point. A contextual update capturing recent events and developments is provided. The report concludes with remarks and key recommendations informed by the voices of asylum seekers and their families.

Our findings add to growing evidence that the asylum process creates stressful and challenging circumstances for refugees and asylum seekers. They also suggest that the structural failures and shortcomings in the reception and asylum procedures adopted by Greece, and the European Union more broadly:

- Have far-reaching consequences on people's wellbeing;
- Facilitate the systemic exclusion and dehumanization of people seeking protection;
- Actively contribute to the deterioration of people's mental health.

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<sup>9</sup> See Glossary, p. 5, Social Determinants of Health. See also: Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice), 13 July 2010, World Health Organization. Available at: <https://bit.ly/3Z8n16z>

## **CHAPTER I: FENIX'S HOLISTIC LEGAL AID MODEL**

In October 2020, in the direct aftermath of the fire that burned Moria refugee camp to the ground, Fenix received the funding necessary to formalize a Mental Health and Psychosocial Support team, which had been part of the organization's strategic plan since its founding. Up to that point, the services that Fenix provided to support the psychosocial needs of its clients were delivered by international psychologists, with a primary focus on psychological first aid (PFA), group sessions, and referrals to specialized mental health actors. Through the consolidation of a formal structure, led by a psychologist licensed to practice in Greece, our MHPSS team had far greater capacity to provide comprehensive, targeted MHPSS support to our clients.

The establishment of an MHPSS team served to further solidify Fenix's Holistic Legal Aid model. Our provision of legal aid and information is complemented by protection and mental health services, functioning collectively to remove barriers that prevent people from accessing the right to asylum, while providing tools for empowerment and self-reliance. The MHPSS programming aims to leverage the team's knowledge and resources to improve the psychosocial wellbeing of refugees and asylum seekers, while mitigating stress and re-traumatization in the lead up to and during the asylum interview, and through all stages of the asylum process.

At the core of Fenix's work is our conviction that a traditional approach to legal aid in the context of the Greek asylum system is insufficient. While refugees and asylum seekers are frequently seen as numbers, beneficiaries, service users, or 'cases' throughout the asylum process, we see them as human beings with individual needs, skills, capacities, agency, and decision-making power over their futures. Our integrated, person-centered approach honors the complexity of people, both within and outside their legal case, addressing their specific medical, psychosocial, mental health, material, and legal needs in an interconnected manner. In addition to the above, Fenix also advocates for a more just and equitable asylum system through capacity building activities, regular advocacy work, general community engagement, monitoring and reporting of human rights violations, and strategic litigation.

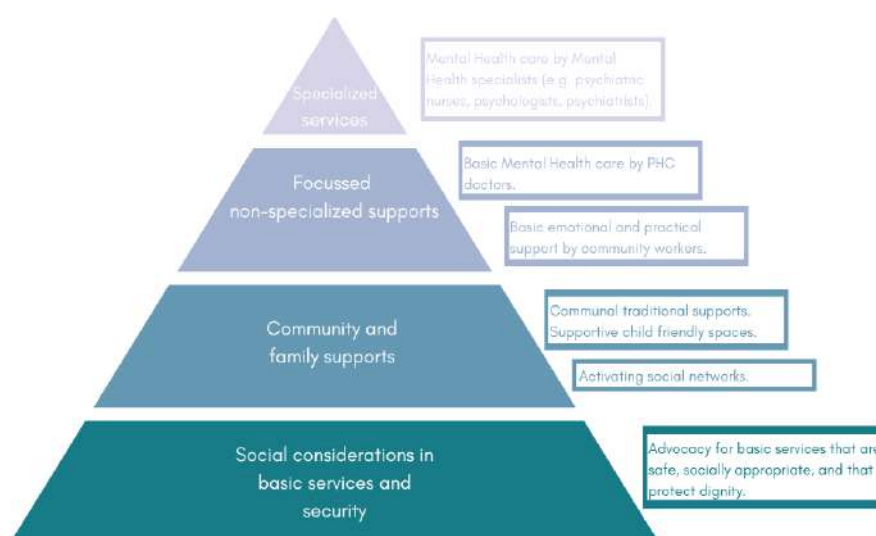


### Mental Health & Psychosocial Support at Fenix: Activities, Observations and Key Findings

#### *Concept*

The values underpinning the MHPSS project at Fenix, from its inception to the implementation phase, derive from the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings<sup>10</sup> and the proposed model of multi-layered, complementary supports to respond to the ranging needs of different groups (see Figure 1). Though the MHPSS component has focused on the third and fourth level, Fenix's holistic approach has allowed for the concurrent implementation of all levels of the pyramid.

#### **Intervention pyramid for mental health and psychosocial support in emergencies.**



**Figure 1.** Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below<sup>11</sup>.

<sup>10</sup> Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 1 June 2007, Geneva: IASC. Available at: <https://bit.ly/3i5oZUD>

<sup>11</sup> At the bottom of the pyramid are basic services and security, including access to food, water, shelter and basic healthcare. The second layer encompasses community and familial supports, such as education activities, activation of social networks, and family tracing and reunification. The third layer consists of focused, non-specialized supports by trained and supervised individuals, such as psychological first aid

## Waiting to be Heard

While every individual supported by Fenix receives services within the first two levels, people who additionally require more focused individual or group interventions have the option to access Fenix's in-house MHPSS resources (Levels 3 and 4), provided by trained mental health practitioners. This integrated model facilitates the early identification of needs and a seamless coordination of mental health support when it is needed and/or requested. It also carries less stigma for individuals, with mental health care being available within a service that they are already accessing for their legal needs. Testimonies from Fenix clients suggest that the option to see MHPSS staff within this structure has helped reduce the emotional strain resulting from having to recount their story to different agencies and professionals.

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*You ask me, what the sessions at Fenix meant to me. For me this was a space where I could speak and where I would be heard. This was very important for me in this phase, as I did not feel heard or like anybody else cared for me out there.*

— Faheema, 29-year-old woman from Afghanistan

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*These sessions are very important to me. Before, I was telling my problems to the sea because the sea cannot judge you or share your secrets with others. I don't trust anyone else. It is difficult to trust people who cause you fear.*

— Yusef, 35-year-old man from Syria

### Project structure

Although the project is ongoing as of the drafting of this report, the data referenced hereafter derives from fieldwork that took place on the island of Lesbos between October 2020 to June 2022.

For the majority of its duration, the project consisted of two licensed Greek psychologists (with one serving as the coordinator of the MHPSS team and acting as the focal point for local NGOs and civil society organizations); two international mental health and

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(PFA) and basic mental health care. The top layer of the pyramid is specialized services targeting a small portion of the population with severe psychological and psychiatric needs.

psychosocial workers (operating under the title of MHPSS Officers)<sup>12</sup>; and four cultural mediators who collectively spoke Farsi, Dari, French, Lingala, Somali, and Arabic. The MHPSS staff had prior training in various evidence-based therapeutic modalities (including narrative therapy, cognitive-behavior therapy, and mindfulness) and operated through a strengths-based and participatory framework. Cultural mediators played a vital role in bridging cultural and linguistic barriers and navigating the complex and delicate nuances of therapeutic work with asylum seekers.

Within the scope of the project, licensed psychologists were tasked with providing ongoing psychological care and supporting asylum seekers with complex or chronic psychological needs. MHPSS Officers, depending on their experience, focused primarily on providing first line psychosocial support (including PFA and empathic listening), as well as conducting assessments and group counseling. The team met weekly for the purposes of general oversight, case discussion and guidance, and to collaboratively enhance service delivery by exploring opportunities for mental health advocacy. Mental health staff also participated in monthly clinical supervision with an external supervisor and licensed psychologist, which provided a space for reflection, support, and joint problem solving. Clinical supervision also served to mitigate the impact of occupational stressors, while allowing practitioners to monitor ethical considerations that might have arisen in the context of their work. All staff had access to regular one-to-one confidential counseling with external mental health affiliates for the purposes of debriefing and emotional support.

### Activities

The project included individual and group counseling sessions, mental health assessments, psychological first aid (PFA), psychoeducation, community-based activities, referrals to psychiatric support, as well as continuation of care in mainland Greece, through the effective coordination of referrals to local civil society organizations. For individuals who did not have access to public healthcare, Fenix also covered the cost of appointments with private specialists such as psychiatrists and neurologists, along with the cost of psychiatric medication. The team of psychologists and MHPSS workers collaborated intensively with the protection and case management teams at Fenix to compile a tailored care plan addressing the non-legal needs of each client. Services encompassed, among other things, ensuring targeted distribution of essential non-food

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<sup>12</sup> Fenix is a non-clinical setting; however, for the implementation of this project, some level of specialization was required for all MHPSS workers. International practitioners were psychology graduates who already held, or were in the process of earning, psychology licensure and certification in their respective countries.

items; securing access to primary and secondary healthcare; identifying adequate housing; connecting individuals with livelihood and integration opportunities; liaising with other organizations for specialized support. With the exception of participants enrolled in group activities, all individuals who accessed mental health support and case management services at Fenix had in-house legal representation throughout different stages of the asylum process. Together, these services (legal, protection and mental health) comprise a package that Fenix has coined 'Holistic Legal Aid' (HLA).

### *Group interventions*

Group interventions served as an additional feature of Fenix's programming under the organization's Capacity Bridging & Community Engagement program. They were delivered by MHPSS staff, with the aim of supporting community engagement and resilience. Group objectives, goals, and activities were determined based on feedback from community members and intended participants, as well as local non-profit and civil society organizations. A proportion of group participants had access to in-house legal representation; however, groups generally operated as a stand-alone service, with many participants receiving legal aid and/or social support from different organizations on the island. In cases in which a group participant was identified as being in need of legal aid, their details were added to Fenix's internal waiting list, provided there was capacity. Group participants often had access to info sessions held by Fenix's Legal and Protection Officers, and were referred to appropriate external partners as needed. Since October 2020, the following group activities have taken place:

- *Support group for Farsi, Arabic, French & English-speaking women*

A psychosocial support group for women that provided psychoeducation and encouraged meaningful interaction among participants. The sessions were complemented by mindfulness activities and practical self-help tools for navigating challenging emotions. From October 2020 to June 2022, 67 participants accessed this service, which is ongoing to this day. The sessions aimed to help women develop an understanding of common psychological responses to adversity while forging community ties and promoting self-expression through creative activities. The group was designed to be a safe and welcoming place for women, with a designated MHPSS or Protection Officer providing childcare in the office premises for the duration of the sessions.

- *Support group for translators from the refugee community*

A support group for translators with refugee experience. Groups in this category were accessed by individuals of both genders living in Lesvos and working as translators with

local NGOs. In total, 22 individuals accessed this service from March to September 2021. The groups were held once weekly for a period of 12 weeks. They were facilitated by a licensed psychologist who did not act as a therapist, but was tasked with organizing the meetings and keeping the discussion focused. The aim of these groups was to bring translators together through common understanding and solidarity. Participants were encouraged to discuss the unique experiences and stressors associated with working as a translator in a humanitarian setting. They were also invited to support one another, foster positive relationships, tackle challenges through collaboration, and build capacity and hope for themselves and their peers.

- *Psychosocial support group for unrecognized minors*

A dynamic support group for unrecognized minors who additionally received in-house legal representation and protection services. Our clients in this demographic were predominantly young males of Afghan origin. In total, 20 individuals accessed this service from May to September 2021. The groups were held once weekly for a period of 12 weeks and were facilitated by an MHPSS Officer, with the assistance of a Farsi-speaking interpreter. The aim of the groups was to increase emotional wellbeing and reduce social isolation by creating a welcoming, safe environment for young individuals to develop skills, socialize with peers, and take a respite from daily challenges. Participants were encouraged to bring their own talents and ideas to the group, and actively contribute to the development of activities. The following activities were included as part of this initiative: conversation circles, language classes, board games, arts and crafts, movie screenings, life skills development.



*In this space, I could discover and talk about my feelings without being judged and I could understand better what I want. I could think about the past years here and what I have learnt. I feel more confident now to move on.*

— Zahra, participant of the women's group at Fenix



### Summary Statistics

The analysis in this report is based on routine client data from the Fenix database, relating to 270 individuals who accessed our in-house MHPSS services on the island of Lesbos over a 22-month period, from October 2020 to June 2022. All data in this report follows Fenix's data collection policies and has been fully anonymized. Testimonies from clients were collected through semi-structured interviews with MHPSS staff. Interviewees provided their informed consent for their testimonies to be used in this report. The names of individuals have been changed to protect their identities.

Of the 270 people who received MHPSS services at Fenix, 161 attended one-to-one sessions, 79 accessed groups, and 30 did both. The total Fenix MHPSS cohort comprised 53% women (142), 39% men (106, of whom at least 30 were unrecognized minors registered as adults before the authorities), and 8% girls (17) and boys (5) (Figures 2 and 3). The vast majority of the cohort were from conflict-affected countries, comprising 82% of the total client base, with the most common countries of origin being Afghanistan (152), the Democratic Republic of Congo (40), Somalia (15) and Syria (14). A smaller percentage came from Sierra Leone (5%; 13 individuals), Cameroon (4%; 12 individuals), and other countries including Iraq, Senegal, Ghana, Guinea and Sudan (9%; 24 individuals) (Figure 4).

Gender breakdown of Fenix clients attending mental health sessions between October 2020 to June 2022

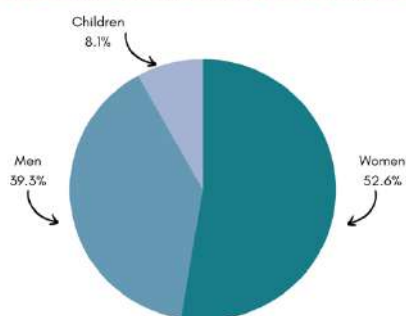


Figure 2.

Age breakdown of Fenix clients attending mental health sessions between October 2020 to June 2022

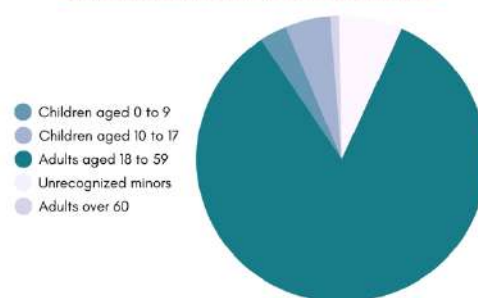
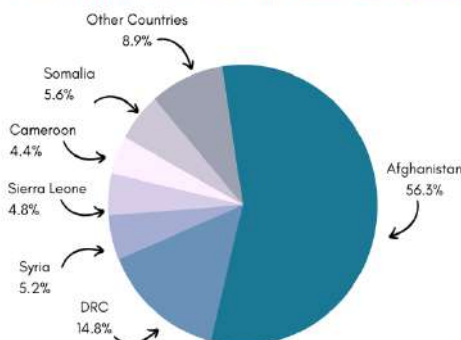


Figure 3.

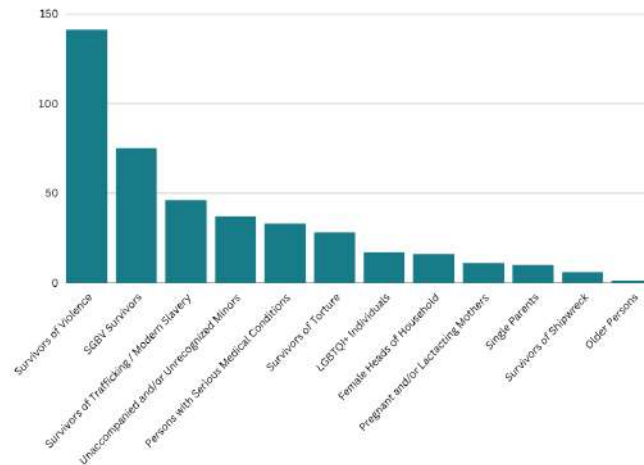
Nationality breakdown of Fenix clients attending mental health session between October 2020 to June 2022



**Figure 4.**

With only a few exceptions, most individuals reported one or multiple traumatizing experiences in their country of origin and/or during transit (Figure 5). Of the 191 people in Fenix's one-to-one cohort, an alarming 74% (141) had survived at least one incident of violence and ill-treatment, including forms of psychological violence such as threats, harassment and intimidation, while over one-third (39%; 75 individuals) were survivors of gender-based violence. About one in four (24%; 46 individuals) were survivors of trafficking and modern slavery. Nearly one in five (19%; 37 individuals) were unaccompanied or unregistered minors. About one-sixth (17%; 33 individuals) had a serious medical condition or physical disability alongside other vulnerabilities. Almost one-in-six (15%; 28 individuals) would qualify as a survivor of torture per the standards set out in the Istanbul Protocol. One in twenty (3%; 6 individuals) had survived a shipwreck in their attempt to cross the Greece/Türkiye border. Our cohort also comprised 17 individuals (9%) who had faced persecution in their country of origin on the basis of their sexuality and/or gender orientation. A further 16 people were female heads of household (8%), 11 were pregnant or lactating mothers (6%), 10 were single parents with minor children (5%), and 1 person was over 65 years old (1%).

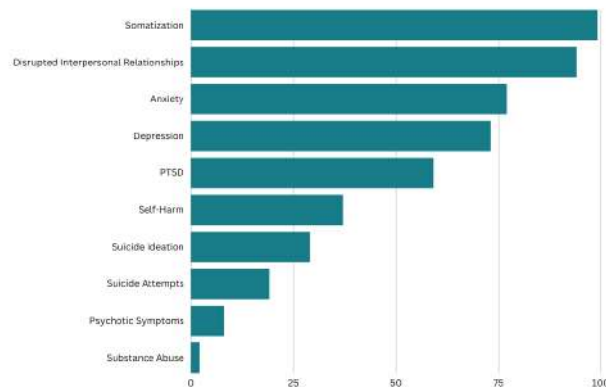
**Nationality breakdown of Fenix clients attending mental health session between October 2020 to June 2022**



**Figure 5.**

Of the 191 people that Fenix supported through individual psychological sessions (see Figure 6), over three quarters (88%; 167 people) reported sleeping problems, major appetite changes including anorexia and weight loss, as well as psychosomatic symptoms such as headaches, chest pain, back pain, nausea, and/or fatigue. Another three quarters (84%; 160 individuals) reported challenges in interpersonal relationships, including social isolation, withdrawal, and difficulty to form close bonds with others. At least two in three reported elevated levels of anxiety (69%; 131 individuals) and depression (65%; 125 individuals). Over half reported trauma-related symptoms (53%; 101 individuals), while close to one third reported self-harm (33%; 63 individuals). An average of one in four people (26%; 49 individuals) reported suicidal ideation, while at least one in six had attempted to take their lives (32 individuals). A smaller percentage (7%; 13 individuals) reported experiencing psychotic symptoms.

**Main symptoms reported by people accessing 1-1 MHPSS services at Fenix between October 2020 and June 2022**



**Figure 6.**

Among the 191 individuals who attended one-to-one mental health sessions at Fenix, 61 also received psychiatric care through the organization's partnerships with the National Public Health Organization (NPHO or EODY) in the Lesvos RIC, the General Hospital of Mytilene 'Vostanio', as well as private psychiatrists operating on Lesvos. Of those 61 individuals, 44 (23%) met the criteria for a psychiatric diagnosis, with almost half (19) being assigned more than one. Of the individuals who held a psychiatric diagnosis, nearly one in two had been diagnosed with PTSD (48%; 21 individuals out of 44).

## **CHAPTER II: PERSPECTIVES OF ASYLUM SEEKERS**

### **Unpacking common themes during conversations with clients**

#### *Helplessness and lack of autonomy in the asylum process*

Fenix clients frequently expressed a sense of helplessness as a result of feeling trapped and having no control over their situation. The entirety of our MHPSS cohort, including individuals who attended group sessions (a total of 270 people), reported shared feelings of uncertainty and anguish. Different factors within the asylum process were referenced as the perceived cause of this. A number of people – including group participants not receiving in-house legal aid, and people whose asylum case was taken over by Fenix at second instance or during a subsequent application – attributed their uncertainty to a general lack of information. The common sentiment was that they had not received any legal guidance upon arrival to Lesbos and had no time to access legal support before having their asylum application rejected.

Others reflected upon their experiences leading up to and during the asylum interview. Asylum seekers spoke of the interview's emotionally and cognitively demanding nature, which in turn generated feelings of powerlessness and alienation. Many saw the asylum process as inherently biased, noting that they had to provide excessive justification in support of their claim while being confronted with dismissal and blunt indifference by asylum caseworkers. The most vulnerable applicants in particular spoke of the constant battle to have their experience and/or identity legitimized by asylum officials, as discussed further on.

The protracted nature of the asylum experience on Lesbos derives from a landscape of convoluted and ever-changing legal and bureaucratic processes. Many clients, particularly those supported at later stages of the procedure (many of whom had already been on the island for several months or years prior to their case being undertaken by Fenix), experienced periods of extreme delays and uncertainty caused by difficulties in lodging appeals or subsequent applications.

Waiting during the asylum procedure, often for indefinite periods, was commonly experienced as wasted time devoid of events. Many individuals expressed a sense of overwhelming stasis and passivity in anticipation of their asylum decision or appeal outcome, which was reinforced by the perception that their time on Lesbos would be temporary. For the majority, including those who had been in limbo for months or even



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years, Lesvos was regarded as a transit point that did not warrant serious investment or engagement. Others articulated experiences of restricted agency, particularly in the context of Covid-19. Despite their willingness to make sense of this 'empty' time by pursuing activities or acquiring new skills, an absence or scarcity of services at the time of data collection made their aspirations hard to achieve.

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*They lock us in here all day, before I could go to sports every day, it helped me to distract and improve my anger and anxiety, now there is nothing. I just sit and wait all day, in the cold, it is such a depressing situation.*

— Yasir, unrecognized minor from Somalia

Fenix MHPSS staff witnessed a marked decline in people's psychological wellbeing after receiving fast rejections, along with a wariness and mistrust toward institutions and organizations. A large number of clients reported a lack of agency during the fast-track border procedure (see Chapter III), especially in the aftermath of a negative decision that was issued only a few days after their interview. For those with tenuous or uncertain legal status, lingering feelings of frustration, hopelessness, and despair were commonly expressed due to their perceived inability to bring about change in their circumstances. Rejected applicants also reported an amplified threat of homelessness, destitution, and forced return, which for many manifested in self-described symptoms of anxiety and depression.

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*Many people left and the ISO boxes are empty and scary. My children ask me if we did something bad and we are still here and I don't know what to tell them. People are judging me because I have been here for a long time. They think that I have committed a crime and this makes me feel embarrassed.*

*I used to have many friends and good support here. Now everybody receives positive decisions and we are left behind since 3 years. I am tired and I feel isolated, all the RHUs around us are empty, I feel left behind, like it will never end.*

— Mariam, 27-year-old woman from Afghanistan, mother of four young children

Concerns around securing income and housing, navigating administrative and bureaucratic obstacles, accessing the labor market, learning the language, and dealing with social exclusion and discrimination in Greece were repeatedly voiced by refugees and asylum seekers alike. What is noteworthy is that for some Fenix clients, stress and

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anxiety persisted even after they had been granted asylum status. People with international protection status expressed that their sense of overwhelm was intensified by a lack of opportunity to grasp and prepare for upcoming challenges prior to receiving a positive decision. A smaller number of individuals attributed their sense of insecurity to the difficulty of being able to afford transportation to the mainland or basic accommodation.

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*I thought I would feel better after having a positive decision. But I feel like the problems just keep piling up. Where should we go? How should we find money to pay the passports for everybody? How can we find work?*

— Samira, 33-year-old single mother of three

Newly-recognized refugees spoke of a frustrating lack of key facilitators to integration that would ease their transition from the reception system to an autonomous life. Even when the option to enroll in the government-funded Hellenic Integration Support for Beneficiaries of International Protection (HELIOS) project<sup>13</sup> was presented, people felt that the program’s requirements were extremely difficult to meet. For instance, the possibility of presenting a lease contract in advance of their enrollment to the program was unthinkable, particularly in the absence of assistance from a community member with significant knowledge of the Greek system or a social service provider. Fenix clients made explicit links between language skills, employment, and their ability to secure proper and quality accommodation.

### *Making the connections between housing and ontological security*

While attaining asylum status was commonly perceived as a key factor in reaching a sense of stability and belonging in Greece, housing emerged as a decisive element in the wellbeing of people and their families. A number of Fenix clients residing in the Lesbos RIC spoke of deeply felt anxieties surrounding their material realities, most notably, inadequate living conditions, concerns around safety in the camp, and isolation from support networks.

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<sup>13</sup> The HELIOS project aims to promote the integration of beneficiaries of international protection into Greek society, through the following services: integration courses; accommodation support; employability support; integration monitoring; sensitization of the host community. The project has been operating since June 2019. It was initially funded by the European Commission and presently receives funding from the Greek Ministry of Migration and Asylum. See also: Ministry of Migration and Asylum, ‘Project HELIOS’, Available at: <https://bit.ly/3WnqsUl> [Accessed October 11, 2022]

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In instances where people perceived their experience of living in Mavrovouni as akin to entrapment, negative mental health outcomes were particularly pronounced. Parents of minor children, as well as caregivers of persons with severe mental or physical conditions, maintained that life in Mavrovouni had an increasingly negative impact on the wellbeing of their loved ones. Many parents and caregivers expressed immense guilt and shame, along with feelings of inadequacy, due to the challenge of caring for dependent family members or offering them adequate protection in the context of the camp.

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*I am a father and I feel that nothing is in my hands. I feel like it is my fault that my family is here. I feel guilty that all these things are happening to me and my children. I came for a better life but I didn't know that I would live in a prison. I wanted to study and get a job. I was not like this in my country. In my country I was working and supporting my family. Here I feel like I lost the person I was.*

— Karim, 44-year-old man from Afghanistan, stuck on Lesbos with his family for over 5 years

A lack of privacy and safety was revealed to be detrimental to the mental health of people (particularly women, girls, and LGBTQI+ individuals) while adverse outcomes related to physical health were also cited. Chronic pain and sleep disturbances were among the most commonly-reported somatic concerns stemming from unsuitable living conditions.

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*I feel like a 50-year-old woman. My body hurts and I feel stressed all the time and unsafe. There are many fights in the camp. People drink alcohol and use drugs. I am afraid of being alone and I cannot sleep because people are trying to open my door. They have all the families and single women near single men. I feel even less safe than in Moria.*

— Morsal, 13-year-old girl from Afghanistan

The entirety of our cohort reported a difficulty in establishing routines that would restore a sense of ontological security<sup>14</sup>. The unpredictability of living conditions, with frequent changes in the designated tents or containers in Mavrovouni, produced feelings of frustration and defenselessness in the face of decisions made by camp authorities. A

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<sup>14</sup> Ontological security, a concept introduced in scholarly work by sociologist Anthony Giddens, refers to the need to experience oneself as a whole, continuous person in time, in order to realize a sense of agency and give meaning to one's life. Ontological security also entails a positive view of oneself, the world, and the future. Giddens argues that deep uncertainty threatens people's sense of ontological security, while chosen and meaningful routines may inspire a sense of safety, trust and purpose. See: Giddens, A. *Modernity and Self-Identity*, (1991), New York: Polity Press.

## Waiting to be Heard

sense of defenselessness was also prominent in people's narratives of confinement as a result of Covid-19 measures.

Concerns around safety in the camp again arose in conversations with rejected applicants, including families, single men, and unrecognized minors. Many indicated that they had witnessed incidents of violence within the camp. They also noted that the heightened police and military presence inside and outside the camp induced a sense of fear and intimidation, rather than protection.

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*I am not safe here. We just stay together all night, we are scared of every noise and we don't dare to go out.*

— Armineh, 27-year-old woman from Afghanistan,  
mother of three young children

The problematic securitization of Mavrovouni was further encapsulated in the policing of people accessing psychiatric support, an issue that was corroborated by asylum seekers and several MHPSS organizations on Lesbos in the early months of 2022. Fenix clients reported being subjected to systematic and unwarranted searches of their personal belongings by camp security forces upon entering the RIC. In the event that they had medication in their possession, authorities asked them to produce the prescription from their treating psychiatrist. People reported that their medication and prescriptions were frequently checked in public, violating patient privacy and confidentiality. Fenix clients described this experience as one of imprisonment and intimidation<sup>15</sup>.

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*Police stopped me again at the gate of the camp and checked my medication. I'm afraid of the authorities and I feel like a prisoner.*

— Gaston, 24-year-old single man from Cameroon

### *Finding a way through: narratives of resilience in the face of hardship*

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<sup>15</sup> RIC authorities explained to the Lesbos MHPSS Working Group that checks at the gate were enforced in an effort to control the illegal circulation of so-called red line medications in the camp, and they have since discontinued the practice.

The dire consequences of the protracted legal limbo facing asylum seekers, particularly those with precarious legal status, are eloquently asserted by Bendixsen and Eriksen<sup>16</sup>, who state that “everyday routines may come across as meaningless and are pursued not as living but as mere survival in so far as they take place in a context devoid of direction and content”. Additionally, a lack of agency in the face of cumulative, prolonged and inescapable trauma (including post-migration stressors that are often intensified for people navigating the asylum process) has been linked to learned helplessness<sup>17</sup>, a known risk factor for the development of mental health conditions such as anxiety<sup>18</sup>, depression<sup>19</sup> and PTSD<sup>20</sup>. Nickerson et al. describe that a “lack of control over one’s circumstances is a key characteristic of virtually every state of the refugee experience. This may result in a pervasive sense of helplessness in refugees, and can be likened to the concept of ‘mental defeat’”<sup>21</sup>.

People arriving to Lesvos in search of safety lack autonomy in many facets of their life. Many are stuck in a liminal state and may experience ‘a blockage of action’ as they await decisions beyond their control. The reality that refugees are trying to transcend has been described as a ‘torturing environment’<sup>22</sup>, and is one of invisibility, confinement, and forced dependence on state practices. Camp facilities, representing both physical shelter and symbolic spaces associated with meaning, threaten people’s sense of ontological security by generating a profound lack of agency and imposed passivity. In this light, the limited prospects for asylum seekers to enhance their livelihoods and realize their potential might explain the deterioration of their wellbeing. While certainly helplessness and ontological insecurity do not dominate the lives of all refugees and asylum seekers, for those experiencing elevated distress and functional impairment, the social and cultural fabric of their surroundings becomes extremely difficult to maneuver.

<sup>16</sup> Bendixsen S, Eriksen TH. Time and the Other: Waiting and hope among irregular migrants (p. 92). In: Bandak A. & Janeja M. (Eds.) *Ethnographies of waiting: Doubt, hope and uncertainty*. London: Bloomsbury; 2018. pp. 87-112.

<sup>17</sup> Klein DC, Fencil-Morse E, Seligman ME. Learned helplessness, depression, and the attribution of failure. *J Pers Soc Psychol.*, (1976 May); 33(5):508-16.

<sup>18</sup> Mineka S, Oehlberg K. The relevance of recent developments in classical conditioning to understanding the etiology and maintenance of anxiety disorders. *Acta Psychol. (Amst.)*, (2008 Mar); 127(3):567-80.

<sup>19</sup> Pryce CR, Azzinnari D, Spinelli S, Seifritz E, Tegethoff M, Meinlschmidt G. Helplessness: a systematic translational review of theory and evidence for its relevance to understanding and treating depression. *Pharmacol Ther.*, (2011 Dec); 132(3):242-67.

<sup>20</sup> Hammack SE, Cooper MA, Lezak KR. Overlapping neurobiology of learned helplessness and conditioned defeat: implications for PTSD and mood disorders, *Neuropharmacology*, (2012 Feb); 62(2):565-75.

<sup>21</sup> Nickerson A, Bryant RA, Silove D, Steel Z. A critical review of psychological treatments of posttraumatic stress disorder in refugees (p. 413). *Clin Psychol Rev.*, (2011 Apr); 31(3):399-417.

<sup>22</sup> Pérez-Sales P, Galán-Santamarina A, Zunzunegui MV, López-Martin S. Refugee Camps as Torturing Environments – An Analysis of the Conditions in the Moria Reception Center (Greece) Based on the Torturing Environment Scale. *Int J Environ Res Public Health*, (2022 Aug 17); 19(16):10233.



Through conversations with clients, we became increasingly interested in co-researching people's capacity to aspire and hope for possible futures in response to trauma and injustice within the migration process. Inside the camp, supportive relationships with loved ones and/or neighboring communities held particular meaning for people. Many expressed a determination to focus on the present and 'what they had in their hands now', prioritizing rituals of everyday life. Opportunities to pursue educational or professional goals, contribute to society, support one's peers, and take control over one's life, were often understood as sustaining and nurturing practices through hardship. Testimonies suggested a continuous emotional oscillation between moments of doubt, uncertainty, and despair, along with feelings of joy, hope and courage; themes of purposefulness accompanied by existential fears emerged in the narratives of people.

People who were employed or engaged on a voluntary basis in local NGOs and community-based settings conveyed a sense of stability and optimism about the future. Similar sentiments were shared among those in limbo as well as rejected applicants who operated as interpreters, community workers, or service providers on the ground. Despite the uncertainty around the trajectory that their cases would take, the very act of working/volunteering (whether it was understood as allowing them to provide for themselves and their loved ones, being engaged in something meaningful, or simply 'escaping one's empty time') was core to their sense of identity and wellbeing. For some, 'escaping idleness' served as the actualization of a fundamental need for dignity and self-reliance. This also speaks to the importance of facilitating integration from the point of arrival in Greece, while actively addressing the structural issues facing refugees and asylum seekers in the post-migration context.

A testament to people's resilience was the wide-ranging mutual aid and community care practices that emerged on Lesbos during the pandemic<sup>25</sup>. Amid discriminatory policies and intensified restrictive measures, Fenix staff bore witness to the stories of refugees coordinating Covid-19 awareness efforts in the camp and channeling their feelings of uncertainty into making their own music. Participants of our women's groups supported and cared for each other in moments of hardship and isolation, and formed meaningful connections that extended beyond the context of the group. From helping other refugees access material and practical support and connecting them to essential resources such as legal aid or mental health care, to getting involved in food distribution efforts, leading

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<sup>25</sup> Tsavdaroglou C, Kaika M. Refugees' caring and commoning practices against marginalisation under COVID-19 in Greece. *Geographical Research*, (2022) 60:2, 232-240.

sports classes, praying together, and looking after each other's children, vital everyday practices of commoning emerged in the face of institutional hostility and confinement.

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*My faith and my community are what keeps me going. I know that God will help me find my way and until then we wait here together and we do everything together. We all came from the same country and we will all leave together as friends.*

— Amina, 29-year-old woman from Afghanistan, participant in the women's group at Fenix

### Particularities of specific vulnerable groups

#### *Survivors of torture*

Torture, in all its manifestations, can have a long-lasting impact on the lives of survivors, their families, and the community at large. The resulting physical and psychological consequences can hinder survivors from building interpersonal relationships, pursuing professional goals, and cultivating fulfillment and purpose. UNHCR has estimated that up to 35% of refugees worldwide have experienced torture<sup>24</sup>. Among refugees arriving to Greece in recent years, exposure to torture and ill-treatment is most prevalent in nationals of Syria,, Iraq, Afghanistan, the Democratic Republic of Congo, and several other African countries<sup>25</sup>. The impact on such populations may be exacerbated by migration itself, or if the events of torture were based on, or reinforced by, historic patterns of discrimination.

Survivors of torture<sup>26</sup> (hereafter, SoTs) are considered to be vulnerable in Greek legislation and may be entitled to special procedural guarantees upon proof of their

<sup>24</sup> Office of the United Nations High Commissioner for Human Rights (OHCHR). Torture victims in the context of migration: Identification, Redress and Rehabilitation. Report on the Third Annual Expert Workshop, Geneva, 26–27 April 2017. Available at: <https://bit.ly/3vKbKfa>

<sup>25</sup> These statistics only concern individuals served within the framework of the METAdrasi identification and certification of victims of torture program, between January 2016 to September 2021. Notably, “the majority of cases examined and certified as torture victims were admitted into the process after receiving a first rejection decision, without their vulnerability having been acknowledged by the staff of the public services examining their cases” (p. 7). See: METAdrasi – Action for Migration and Development, Torture victims: from detention to protection — historical context, practice and suggestions for improving the protection of torture victims in Greece, December 2021, Available at: <https://bit.ly/3ZawlXN>

<sup>26</sup> Within legislative frameworks, the term *victim* is typically used in reference to a person who has been subjected to a crime and/or has suffered significant harm. The term also designates a status that provides certain rights under the law. However, from a psychosocial standpoint, the term *survivor* is more favorable, as it emphasizes the strength, resilience, and coping of people in the face of adversity. With this in mind, the term survivor of torture (SoT) is predominantly used throughout this document.

status<sup>27</sup>. The law also provides that asylum caseworkers and public healthcare officials must have appropriate training to perform their duties, while ensuring that people have access to adequate care. Beyond these explicit duties under domestic law, states also have an obligation to undertake effective legislative, administrative, judicial, and other measures to ensure that survivors have access to appropriate remedies, even in instances where torture was suffered outside the state's territory<sup>28</sup>. These measures must be informed by the 'do no harm' principle and ensure that certain precautions are in place to avoid the re-traumatization of SoTs, whose needs tend to be complex and wide-ranging.

Contrary to these provisions, serious gaps and oversights in the Greek reception and asylum system impede the enjoyment of rights that SoTs are entitled to. Upon arrival to Lesbos, SoTs must contend with a dearth of psychosocial resources, including an absence of special material reception conditions; undignified living standards; shortcomings in medical screenings and psychosocial assessments that result in vulnerabilities going undetected; and a lack of early access to certification and specialized rehabilitation services. Compounding the issue is the overwhelming nature of the asylum process itself, as well as the difficulty in accessing free legal aid and representation, leaving newcomers deprived of essential rights and effectively eroding international standards of protection. Additional concerns relating to the asylum process include (a) problematic interview conditions that fail to account for the specific vulnerabilities, circumstances,

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<sup>27</sup> See Article 72 of Law 4939/2022: '[w]here applicants have been deemed in need of special procedural guarantees, they shall be provided with sufficient support in order to be in the position to benefit from the rights and comply with the obligations in the framework of the asylum procedure.' Examples of forms of adequate support during the personal interview include '[t]he possibility of additional breaks; the possibility for the applicant to move if their health condition so requires; leniency to minor inconsistencies and contradictions, to the extent that they relate to the applicant's health condition'.

<sup>28</sup> The United Nations Convention Against Torture (UNCAT) is the leading document in the definition of torture and the rights of survivors. According to Article 14, the signatories to the convention have an obligation to ensure that all survivors of torture and ill-treatment are able to obtain redress. Redress constitutes a long-term integrated approach to rehabilitation, requiring holistic medical and psychological support, and comprehensive access to legal and social services. State parties should also ensure that such services are available, accessible, and suited to the needs of survivors. See: UN General Assembly, Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 December 1984, United Nations, Treaty Series, vol. 1465, p. 85, Available at: <https://bit.ly/3WMTUUX>; See also Article 25 of the recast Reception Conditions Directive (2013/33/EU), incorporated into domestic legislation in May 2018 (Law 4540/2018): '[t]he possibility of abuse of the reception system should be restricted by specifying the circumstances in which material reception conditions for applicants may be reduced or withdrawn while at the same time ensuring a dignified standard of living for all applicants'.

and/or needs of SoTs; (b) a lack of considered reasoning in decision-making; (c) inadequate understanding of the psychosocial consequences of torture<sup>29</sup>.

Asylum authorities often correlate discrepancies and inconsistencies in an applicant's account with a lack of trustworthiness, thereby failing to acknowledge the unique contingencies that may influence disclosures in asylum interviews. People who have been subjected to torture often remain silent, or may have difficulty producing a 'coherent' verbal narrative, due to a fear of continued persecution, distrust of authority figures, feelings of shame and isolation, as well as different elements of cognitive and psychological sequelae of torture, including significant impairments in memory recall and a diminished ability to concentrate<sup>30</sup>. Psychological research suggests that SoTs are more likely to have discrepancies in their recollection of autobiographical – particularly traumatic – events, and may struggle to relay these experiences in an articulate manner. Inconsistencies are more likely to occur during repeated interviews or if interviews are long-delayed, both of which commonly occur during the asylum procedure<sup>31</sup>.

On Lesbos, Fenix has observed multiple incidents where SoTs were deemed non-credible on the basis of minor inconsistencies in their descriptions of harm and/or persecution. Procedural fairness is further undermined by the failure of asylum caseworkers to conduct proper individualized assessments, as well as to identify and consider factors associated with the applicant's ability to express themselves properly, especially in relation to trauma<sup>32</sup>. SoTs are subjected to exhaustive interview processes characterized by an overriding focus on personal details along with unsuitable questioning about aspects of their history of torture that are particularly distressing<sup>33</sup>. Insufficient knowledge of basic PFA (including an ability to identify and properly address visible signs of deterioration in the mental and emotional state of people being interviewed) further contribute to a culture of disbelief toward refugee SoTs. J.B., a survivor from Congo diagnosed with several concurrent psychiatric disorders including PTSD, recalled: *"My mind was busy with*

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<sup>29</sup> An account by a former beneficiary of MSF's rehabilitation clinic in Athens illustrates some of the issues faced by SoTs during the asylum interview: [Mapping Me – Why the asylum procedure in Greece needs to do more to recognize the specific needs of survivors of torture](#) [Accessed December 10, 2022]

<sup>30</sup> See Bogner D. What prevents refugees and asylum seekers exposed to violence from disclosing trauma?, 2005, Doctoral thesis, University of London. Available at: <https://bit.ly/3vEAlgf>

<sup>31</sup> See Herlihy J, Scragg P, Turner S. Discrepancies in autobiographical memories – implications for the assessment of asylum seekers: repeated interviews study. *BMJ*. 2002 Feb 9;324(7333):324-7; and, Herlihy J, Turner S. Should discrepant accounts given by asylum seekers be taken as proof of deceit? *Torture*. 2006;16(2):81-92.

<sup>32</sup> See AIDA, Country Report Greece, 2021 Update, May 2022, pp. 100-101.

<sup>33</sup> MSF, RSA, PRO-ASYL, 'Border procedures on the Greek islands violate asylum seekers' right to special procedural guarantees', 15 February 2021, Available at: <https://bit.ly/3mp0Bes>

*many problems when I went for my asylum interview. I remember telling my story to the caseworker. He had no interest in hearing me. He was asking questions that made me break down and cry. I felt so ashamed to be like this in front of him but I had no control. What happened to me is eating me from the inside. Seeing the rejection paper felt like being back to that place again."*

Additionally, SoTs in Greece are confronted with a troubling lack of public healthcare services specialized in identifying or assisting them in their rehabilitation process. National legislation<sup>34</sup> explicitly states that public healthcare structures shall be the only designated authority for the identification and rehabilitation of survivors. In practice, no public entity is able to conduct the certification procedure set out in the law. As of the writing of this report, competent bodies (i.e. public hospitals, military hospitals, and appropriately-trained public healthcare specialists such as forensic physicians) declare a lack of capacity or expertise in conducting the certification, or cite the need for explicit authorization by police authorities or the public prosecutor<sup>35</sup>. Identification and rehabilitation processes are only made available through NGOs based on capacity and areas of operation. However, as NGO funding dwindles, several challenges exist for SoTs in maintaining uninterrupted and sustained access to quality services. Worryingly, in the absence of certification, it is nearly impossible for survivors to access proper healthcare and other services such as accommodation support, or acquire supplementary evidence of torture that can often prove life-changing in the context of refugee status determination procedures.

At present, METAdrasi is the only NGO in Greece where, within the framework of the project 'Hope and Memory: Identification and Certification of Victims of Torture'<sup>36</sup>, a torture survivor can be certified in accordance with the guidelines outlined in the Istanbul Protocol<sup>37</sup>. Nonetheless, it is not mandated for asylum authorities to accept certificates produced by METAdrasi, and there have been documented instances of medico-legal certificates being pointedly disregarded. For newly arrived persons on the islands who are subject to indiscriminate geographical limitation measures<sup>38</sup>, access to certification procedures is practically impossible prior to completion of their first interview<sup>39</sup>. In the area of rehabilitation, there is a distinct lack of state-run specialized services aiming to

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<sup>34</sup> See Article 67 of Law 4939/2022.

<sup>35</sup> See notes 25 and 32, pp. 19-20 & 128 respectively.

<sup>36</sup> METAdrasi, 'Hope and Memory: Identification and Certification of Victims of Torture', Available at: <https://bit.ly/2zYDqQs> [Accessed November 20, 2022]

<sup>37</sup> See Glossary, p. 5, Istanbul Protocol

<sup>38</sup> See Glossary, p. 4, Geographical Restriction

<sup>39</sup> See note 25.

restore SoTs' independence, including their physical, mental, social and vocational ability, as well as their full inclusion and participation in society. With Médecins Sans Frontières' (MSF)'s rehabilitation clinic ceasing its operation in late 2021<sup>40</sup>, specialized psychosocial rehabilitation services for SoTs are currently offered exclusively through BABEL Day Centre<sup>41</sup> in Athens.

These issues are only the tip of the iceberg. Applicants who are deemed not to qualify for international protection are at risk of being returned to their country of origin or country of transit where they may face torture and further persecution. Even if an appeal is lodged, and is successful, the psychosocial wellbeing of SoTs may be further harmed by the protracted and demanding appeal process. Survivors also face a heightened risk of (re-)traumatization resulting from upstream social determinants of health such as poverty, unemployment, stigma, social exclusion, destitution, and homelessness.

In exploring the life stories of SoTs who accessed MHPSS services at Fenix, it was evident that the challenges they were confronted with were not solely related to the atrocities they had survived in their countries of origin or along the migration route, but were a product of their past experiences, their present circumstances, as well as their prospects for the future. During people's conversations with MHPSS staff, the pervasive nature of trauma but also resilience emerged. Survivors made meaning out of their difficult, and often devastating, encounters with the Greek asylum system in numerous remarkable and nuanced ways. For some, the loss of autonomy and control in the asylum procedure paralleled the experience of torture, while others managed to remain hopeful and resistant in the face of dehumanizing conditions. People discussed the importance of rebuilding relationships of trust and a sense of belonging. Testimonies pointed to the protective role of community, spirituality, and access to essential services, including legal aid, housing and psychosocial support<sup>42</sup>.

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<sup>40</sup> MSF Greece, 'Οι Γιατροί Χωρίς Σύνορα ολοκληρώνουν τη δράση τους στην κλινική για επιζώντες βασανιστηρίων στην Αθήνα' [Greek only], 21 December 2021, Available at: <https://bit.ly/3ih7TDm>

<sup>41</sup> BABEL Day Centre, 'Psychosocial rehabilitation services for survivors of torture', 26 January 2021, Available at: <https://bit.ly/3lmlYn> [Accessed November 20, 2022]

<sup>42</sup> These findings are in line with a recent study centering on the rehabilitation of Congolese SoTs in Athens. The study's participants stated that accommodation, refugee status, health, and employment were key aspects of rehabilitation, thereby suggesting that an integral aspect of recovery is long-term stability. The study also offers significant insight into the benefits of creating a synergistic support network of holistic clinical services and community supports. See Psyraki M-A, Venables E, Eleftherakos C, Severy N, Barry D, Gionakis N, Episkopou M, Komita A, De Maio G. Looking for stability: Experiences of rehabilitation for Congolese survivors of torture in Athens and the role of the Congolese community in their support. *Torture* (2021 Feb 10), 30: 101-112. Available at: <https://bit.ly/3GjOthz>



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*I used to be very judgmental of people who committed suicide when I heard such stories in the news. Now I'm one of those people, my heart is empty and I feel like there's nothing to live or fight for. How can I feel okay in a country where I am nobody? What is there to fight for? Every day I fear they will arrest me and send me back. Here is a fight between life and death. If something happens to me, I cannot even go to the hospital because I have no papers.*

— Emmanuel, 21-year-old man from DRC

### Unrecognized minors

Unaccompanied minors (UAMs)<sup>43</sup> represent a significant percentage of children affected by conflict, and are at higher risk of violence, abuse, neglect, and exploitation. Despite recent legislative and policy developments in Greece<sup>44</sup>, serious systemic gaps persist that deprive UAMs of their right to housing, health, education, and social and legal protection<sup>45</sup>. According to the National Centre for Social Solidarity (EKKA), the estimated number of unaccompanied children in Greece in September 2022 was 2,224<sup>46</sup>. However, official figures may differ from those compiled by non-governmental

<sup>43</sup> UNHCR defines unaccompanied minors (UAMs) as “[r]efugee children who have been separated from both parents and are not being cared for by an adult who by law or custom has responsibility to do so”. Article 1 of Law 4939/2022 follows a similar definition, inscribing that a UAM is “[a] minor arriving in Greece unaccompanied by a person who exercises, in accordance with Greek law, his parental care or guardianship, or by an adult relative who in practice exercises his care and for as long as the performance of these duties has not been assigned to another person in accordance with the law”. The definition also includes minors who are left unaccompanied after they have entered Greece.

<sup>44</sup> These have included the [development of the operational framework of supported independent living \(SIL\) facilities for UMCs over 16 years of age](#) in early 2020; the [establishment of a Special Secretariat for the Protection of Unaccompanied Minors \(SSPUAM\) in March 2020](#), which was [later incorporated into the Ministry of Migration and Asylum](#); the implementation of a [voluntary relocation scheme](#) from April 2020 through October 2021, which aimed to facilitate the relocation of UMCs from Greek hotspots to other EU Member States; [the legal abolition of the long-standing practice of 'protective custody' in December 2020](#); and the [initiation of a national emergency response mechanism for lone children living in precarious conditions](#), launched jointly by the SSPUAM and UNHCR in April 2021.

<sup>45</sup> IRC, A chance for a better future: Supported independent living and the protection of unaccompanied children in Greece, 15 November 2021, Available at: <https://bit.ly/3BfZ0PW>; Refugees International, Seeking Asylum in Greece: Women and Unaccompanied Children Struggle to Survive, 27 February 2020, Available at: <https://bit.ly/3dbx3B0>; Fili A, Xythali V. The Continuum of Neglect: Unaccompanied Minors in Greece, 2018, *Social Work & Society*, 15: 1-15. Available at: <https://bit.ly/3DqNlAp>; University of Oxford [Border Criminologies], ‘Unaccompanied Minors in Greece: Who can “save” them?’, 6 February 2017, Available at: <https://bit.ly/3BFS0xm>

<sup>46</sup> National Center for Social Solidarity (EKKA), Statistical Data of Unaccompanied Minors in Greece, 2 September 2022, Available at: <https://bit.ly/3dgfQWQ>

organizations, and fail to provide an accurate picture of minors deemed as adults following an arbitrary or wrong registration and assessment.

In the context of Lesbos, Fenix has observed critical shortcomings in reception and identification procedures that have caused dozens of minors to be erroneously identified and registered as adults<sup>47</sup>. Relevant authorities repeatedly fail to properly apply the concept of 'substantiated doubt'<sup>48</sup> and refer those declaring themselves to be minors for age assessment<sup>49</sup>, despite regulations stipulating otherwise<sup>50</sup>. Alleged minors who manage to receive an age assessment are subject to inconsistent practices marred by substantial problems. For some applicants, the entire assessment process (which consists of an age assessment interview and a medical and psychological evaluation) may last less than 10 minutes and take place during a single session<sup>51</sup>. Additional issues have been reported, such as the primary use of intrusive medical methods, despite previous criticism of their inaccuracy and unreliability. Bureaucratic obstacles are not uncommon, with authorities disregarding documents held by individuals on the grounds that the documents' authenticity cannot be verified. Alarming, in direct violation of the principle of presumption of minority, individuals who have undergone age assessment are not treated as minors throughout the procedure and are housed in shared accommodation with unrelated adults pending the outcome of their assessment.

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<sup>47</sup> For a more thorough review on the subject, see Fenix's report entitled "A Child's Best Interests? Rights Violations in the Absence of Presumption of Minority" (October 2022); Available here: <https://bit.ly/3TvWwFf>.

<sup>48</sup> Substantiated doubts occur when "documentation is missing and the claimed age is not supported or is contradicted by several elements of evidence gathered by the authorities". European Asylum Support Office (EASO, now EUAA), 2018. *Practical Guide on age assessment*, Second Edition, p. 23. Available at: <https://bit.ly/40vp5WT>

<sup>49</sup> Joint Agency Note, The Workings of the Screening Regulation: Juxtaposing proposed EU rules with the Greek reception and identification procedure, 2 February 2021, Available at: <https://bit.ly/3QJyDaT>

<sup>50</sup> See Article 1(3), JMD 9889/2020

<sup>51</sup> See notes 47 and 49.



*I feel like they [the Greek government] are trying to punish me by registering me as an adult. Only bad things happen to me. There is one obstacle after the next. Maybe I am not meant to live in this world.*

— Javed, unrecognized minor from Afghanistan

It is worth noting that, in the first half of 2021, age assessment procedures on Lesbos were suspended, with the justification being that EODY personnel in Mavrovouni were awaiting training, while medical staff at the General Hospital of Mytilene lacked relevant expertise. As a consequence of this suspension, many alleged children were precluded from age assessment procedures for half a year and were unable to access child-specific accommodation and support. Meanwhile, many were interviewed by the asylum authorities as adults and had their request for family reunification disregarded at registration<sup>52</sup>.

Though UAMs experience wide-ranging needs, there are particular concerns for the wellbeing of unrecognized minors, who are left to fend for themselves. With little to no access to protection or proper accommodation, unrecognized UAMs typically reside with unrelated adults in official or unofficial sites. Many of them are homeless and forced to live in squalor, frequently being exposed to dire conditions and violence. They often support themselves by performing day labor, and are at serious risk of falling into undeclared, exploitative, or hazardous work<sup>53</sup>.

Testimonies from unrecognized minors who were supported by the Fenix MHPSS team validate the above concerns. Their experiences included limited access to institutionalized healthcare, lengthy periods of insecurity during the asylum process, the absence of familial and social support, a lack of access to viable educational opportunities, and exposure to racial discrimination and violence. Many cited self-harm, withdrawal, alcohol and drug abuse as coping mechanisms, and reported being completely neglected by the national healthcare system. An alarming number reported thoughts of suicide, with only a few having accessed mental health services outside of Fenix.

<sup>52</sup> See note 47. See also: Legal Centre Lesbos (LCL), 'Family Reunification in Greece: A few hard wins among many bureaucratic and systemic obstacles', 16 November 2021, pp. 8-10, Available at: <https://bit.ly/3JHIGyh>

<sup>53</sup> Hatzinikolaou K, Garelli H. Situation Analysis of Children and Youth in Greece, 2021, UNICEF. Available at: <https://uni.cf/3U7Dh5o>

Minors also reported elevated rates of mental distress; feelings of loneliness and isolation; fear of being detained and deported to Türkiye; and acute anxiety triggered by the age assessment procedure and the asylum process more broadly. In the words of G.M., an unrecognized minor from Afghanistan: *“It makes me lose any hope. I came to Greece alone and I am full of fear about my parents in Afghanistan. Now I also have to worry about my life here. The fact that I cannot make decisions for my life and freedom makes me feel stupid and helpless. [...] I am thinking of deporting myself. Here there is no way I will not feel alone.”*

These statements suggest that the situation in which unrecognized minors find themselves in Greece is exposing them to severe psychological harm and human rights violations. For many of them, being deemed an adult – and having to undergo a protracted legal process in order to challenge and rectify a wrong assessment – led to an unforeseen chain of events, such as impeding their right to seek asylum, jeopardizing their chance to apply for family reunification, and putting them at higher risk of losing access to essential supports.

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*Here I cannot properly study and I feel helpless. The schooling they offer us is not good, I learn nothing. The teacher writes something on the board for 15 minutes and then tells us to play with the computers. Other people my age already learned so much; I should study, too. It makes me worry about my future and often I lose all my hope.*

— Assad, unrecognized minor from Somalia

### Individuals with diverse SOGIESC

For people who seek refuge on the grounds of their sexual orientation, gender expression, and/or sex characteristics (SOGIESC), the experiences that have caused them to flee their country tend to be complex and very personal in nature<sup>54</sup>. LGBTQI+ asylum seekers often experience stigma and criminalization of their identity, threats to their wellbeing and safety, an environment of rejection and hostility, state-sanctioned violence and intersectional discrimination<sup>55</sup>, social and familial ostracism and exclusion, and a lack of

<sup>54</sup> Fenix, ‘Intersectional Invisibility: SOGIESC, Sexual Violence and Seeking Asylum’, 28 June 2022, Available at: <https://bit.ly/3EFb14n>

<sup>55</sup> Intersectional discrimination occurs when different forms of discrimination take place concurrently on the basis of multiple intertwined personal characteristics and/or identities, such as gender identity, sexual orientation, race, religion, ability, age, and refugee status. As an example, LGBTQI+ asylum seekers may experience both homophobia and xenophobia simultaneously.

protection or safe spaces. They are also at a disproportionately high risk of being survivors of violence, including sexual and physical abuse in their country of origin, during transit, as well as in the host country<sup>56</sup>. Due to the risks that come with revealing their identity, individuals with diverse SOGIESC are frequently forced to conceal it out of fear of reprisal or internalized shame<sup>57</sup>. These factors can have a cumulative effect on psychosocial wellbeing. Multiple and compounded traumas place LGBTQI+ asylum seekers at risk of further isolation and may lead to significant difficulties in articulating their asylum claim<sup>58</sup>.

The situation of LGBTQI+ asylum seekers in Greece is fraught with obstacles characterized by gross human rights violations and continuing social marginalization. Despite the seemingly favorable legal framework for the protection of vulnerable applicants – including individuals fleeing persecution on the basis of SOGIESC<sup>59</sup> – Greece has fallen short in providing adequate protection for members of the LGBTQI+ community<sup>60</sup>. Repeated procedural violations on Lesbos have led to incorrect conclusions about the credibility of SOGIESC claims, depriving people of a wide range of safeguards in the asylum process and exposing them to further harm. The lived realities of SOGIESC asylum seekers are further complicated by insufficient access to appropriate shelter and security<sup>61</sup>; inadequate services and support, particularly within public healthcare

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<sup>56</sup> One of the most harrowing hate crimes against members of the LGBTQI+ community is [corrective rape](#), an extreme manifestation of sexual violence whereby a person is raped on account of their actual or perceived diverse SOGIESC, with the intention of turning this person heterosexual. Occurrences of corrective rape are common in certain countries of origin, while LGBTQI+ asylum seekers face an ongoing threat [even in Greece](#).

<sup>57</sup> Brennan JM, Hiding the Authentic Self: Concealment of Gender and Sexual Identity and its Consequences for Authenticity and Psychological Well-being, 2021, University of Montana. Available at: <https://bit.ly/3An95Ll>

<sup>58</sup> Danisi C, Dustin M, Ferreira N, Held N. Queering asylum in Europe: legal and social experiences of seeking international protection on grounds of sexual orientation and gender identity, 2021, IMISCOE Research Series, Springer. Available at: <https://bit.ly/3UOfCD>

<sup>59</sup> See United Nations High Commissioner for Refugees (UNHCR), 'Guidelines on international protection no. 9: Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees' (UNHCR SOGI Guidelines), HCR/GIP/12/09, 23 October 2012, Available at: <https://bit.ly/3TD1YFk>, as well as Council of Europe, 'Recommendation of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity', CM/Rec(2010)5, 31 March 2010, Available at: <https://bit.ly/3trZcbf>.

<sup>60</sup> Joint Agency Letter, "'You Have to Hide Your Real Self': LGBTQI+ Asylum Seekers and the Failure of Greek Authorities', 29 August 2022, Available at: <https://bit.ly/3E7xB44>

<sup>61</sup> Solomon, No closer to heaven: Transgender asylum-seekers in Greece, 6 July 2022, Available at: <https://bit.ly/3AfvdHp>; Solomon, There is no escape from violence for LGBTQI+ asylum seekers, 19 August 2021, Available at: <https://bit.ly/3AeKJn4>

structures<sup>62</sup>; insufficient training and professional conduct from competent authorities<sup>63</sup>. Life after being granted international protection comes with its own set of challenges. Although research on the subject is scarce, evidence suggests that LGBTQI+ asylum seekers in Greece have vastly diminished integration prospects and face significant barriers to economic inclusion<sup>64</sup>, with many living under the poverty line and being forced to engage in sexual actions in exchange for food, housing, or money<sup>65</sup>.

In the context of the asylum procedure, SOGIESC applicants tend to be viewed with suspicion by Greek authorities, with unreasonable expectations being placed on them – that they will be able to gather corroborating evidence to substantiate their asylum claim, and provide ‘complete’ and ‘coherent’ accounts of the events that forced them to flee their home country. As is the case with SoTs, asylum caseworkers on Lesbos often fail to consider variables that affect the ability of LGBTQI+ applicants to articulate their story. The frailties of autobiographical memory due to psychological trauma, elevated levels of stress, and/or environmental factors are commonly overlooked in the assessment of SOGIESC claims. There is also a tendency to disregard the extreme difficulty, if not outright impossibility, of collecting evidence attesting to SOGIESC persecution. Furthermore, SOGIESC-specific country of origin information is lacking and cultural aspects are often overlooked<sup>66</sup>. During the asylum interview, many of the questions asked are based on stereotypes and are largely informed by heteronormative and medicalized conceptions of SOGIESC identities. In a similar vein, questions about sexual practices are frequently asked, despite this being prohibited under domestic and EU law. These harmful practices have broad implications on the lives of LGBTQI+ asylum seekers and increase the risk of (re-)traumatization<sup>67</sup>.

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<sup>62</sup> Orlando LGBT, Report: Πρόσβαση των ΛΟΑΤΚΙ+ ατόμων σε δημόσιες υπηρεσίες υγείας: τα αποτελέσματα της έρευνας του προγράμματος Faros [Greek only], 22 April 2021, Available at: <https://bit.ly/3toZKIR>

<sup>63</sup> See note 60.

<sup>64</sup> Kathimerini, ‘Ανασφάλεια και διακρίσεις βιώνουν οι ΛΟΑΤΚΙ πρόσφυγες στην Ελλάδα’ [Greek only], 31 May 2021, Available at: <https://bit.ly/3V7eVlv>

<sup>65</sup> ILGA Europe, ‘No One Left Behind Fund – Report on the results of the first regranting call to support groups in addressing socio-economic barriers for LGBTI communities’, March 2022, Available at: <https://bit.ly/3EhXy16>

<sup>66</sup> Indicatively, LGBTQI+ asylum applicants might not have had the space to explore their sexual orientation or gender identity. They may also have little to no familiarity with Western labels such as ‘gay’ or ‘transgender’ that are often used or expected by GAS, or be reluctant to use them due to negative connotations associated with them in their countries of origin.

<sup>67</sup> For a more comprehensive analysis of the particularities of SOGIESC claims and the harmful practices endured by LGBTQI+ asylum seekers on Lesbos, see Fenix’s report entitled “Naming and Shaming: Harmful asylum procedures for sexual orientation and gender identity claims on Lesbos”, (January 2022); Available here: <https://bit.ly/3GltUue>



## Waiting to be Heard

For the LGBTQI+ individuals who accessed MHPSS services at Fenix, a major theme that emerged in the early counseling stages was the significant distress caused by the asylum process. A recurring feeling was a sense of disempowerment and loss of autonomy during the asylum interview, and also in the aftermath of a negative asylum decision. Many clients described that they felt personally attacked or invalidated by asylum caseworkers. K.M., a 23-year-old lesbian woman from Sierra Leone, describes having felt constantly judged for her statements during her interview: *"These people made me cry. I don't want to feel ashamed of being a lesbian. They asked me questions that are hard to answer. They make me feel like I committed a crime"*. Clients described significant difficulty in sharing intimate details about their lives, while others were left feeling hopeless upon realizing that their statements and life events were not seen as sufficient 'proof' that they were being persecuted in their country of origin. Those whose asylum application was rejected reported intense anxiety deriving from the awareness that a more protracted legal process would extend their exposure to violence and unsafety in the camp.

The reported unfairness of the legal system was compounded by the housing insecurity and limited access to appropriate services experienced by some clients. E.J., a 30-year-old trans woman from a country in sub-Saharan Africa who was transferred to Athens under the ESTIA accommodation scheme, stated: *"I feel that I constantly have to fight for who I am. I tell them I'm trans, they place me in an apartment with men. I tell them I need to see a doctor, they take months before they book me an appointment. I tell them I'm being bullied, they do nothing. How am I supposed to feel safe in a house where I'm constantly being teased and harassed? How am I supposed to get help for my health issues? How am I supposed to call Greece a home? To them, I am nobody."* This testimony highlights the ongoing discrimination faced by many LGBTQI+ asylum seekers in Greece even when 'benefiting' from special procedural guarantees.

For some clients, the confidentiality and privacy of the psychological sessions created a space to explore sensitive topics and an opportunity to open up about their sexual orientation and gender identity. Notably, certain clients reported a sense of newfound freedom and strength and expressed the desire to connect with other LGBTQI+ people in the community. Others, however, particularly those who had been forced to conceal their identity, found this process of disclosure to be an ongoing source of stress and discomfort. The words of D.K., a 37-year-old gay man from Cameroon, are truly revealing in this regard: *"I don't want to openly discuss my sexual orientation cause I can't move freely. I know that if I say to a member of my community or an employer that I'm gay, I risk being violated or losing a job. I left my country because of this, I can't risk my safety here. All I want is to get my papers, find a partner and live a normal life."*

## Waiting to be Heard

These findings reveal a vast gulf between legal provisions and the lived experiences of many LGBTQI+ asylum seekers in Greece. They also suggest that the procedures in place for the assessment of SOGIESC claims seriously restrict the agency of applicants by delegitimizing their identity and inflicting further psychological harm. LGBTQI+ asylum seekers are denied access to critical social protections, further adding to feelings of exclusion and isolation.

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*I was told that you have more rights in Europe, that you get treated better here. From what I see, this is not true. I'm just a number, nobody cares about me or my rights, I'm not a human here, they [the asylum service] did not even give me time to say what I needed to say. In our countries, if they see we are lesbians they kill us. We wanted to come to Europe to save our lives.*

— Mariatu, 26-year-old woman from Sierra Leone

## CHAPTER III: LESVOS BACKGROUND AND CONTEXTUAL ANALYSIS

### Critical issues in MHPSS service delivery to refugees

While physical conditions and somatic concerns may be apparent in the context of forced displacement, severe mental health, neurological, and substance use (MNS) conditions remain largely invisible. Those living with chronic psychiatric and neurodevelopmental disabilities, including people with concurrent disorders<sup>68</sup>, are among the most neglected and underserved groups on Lesbos and in Greece more broadly. In Greece, Article 33 of Law 4368/2016 guarantees free healthcare for everyone – including uninsured and vulnerable social groups, such as asylum seekers and their family members. Despite the legal framework, access to healthcare for asylum seekers is hindered in practice due to administrative barriers and significant gaps in knowledge, capacity, and resources, which have been linked to the austerity measures imposed in the country over the past decade<sup>69</sup>.

#### *Restricted access to the Greek national healthcare system*

The main public psychiatric care provider on Lesbos is the General Hospital of Mytilene 'Vostanio'. The psychiatric unit of the hospital provides psychiatric support, pharmaceutical treatment, and emergency hospitalization to both the local and refugee population. Reports dating back to 2016 point to the critical understaffing of Vostanio Hospital, which has resulted in excessive numbers of people facing prolonged wait times in order to see a psychiatrist<sup>70</sup>. At the time of writing, Vostanio has only one psychiatrist covering the needs of the entire island, alongside adjunct psychiatric staff. Critically, the Vostanio psychiatrist is the only state practitioner on Lesbos qualified to make a mental health diagnosis that can support an application for transfer to the mainland and facilitate access to specialized treatment. Additional barriers include a lack of interpretation services; discrimination from service providers (including instances of

<sup>68</sup> Concurrent disorders is a term used to refer to co-occurring substance use and mental health problems.

<sup>69</sup> See Amnesty International, Greece: resuscitation required – the Greek health system after a decade of austerity, 28 April 2020, Available at: <https://bit.ly/3jSWNVz>. See also: Kotsiou OS, Srivastava DS, Kotsios P, Exadaktylos AK, Gourgoulis KI. The Emergency Medical System in Greece: Opening Aeolus' Bag of Winds. *Int. J. Environ. Res. Public Health*, 2018, 15, 745.

<sup>70</sup> This is corroborated in numerous publications dating back at least to 2016. See: MdM Greece, 'Report on the Situation in the Reception & Identification Center of Moria Lesbos', 31 October 2016, p. 5, Available at: <https://bit.ly/3XbPqiX>; MSF, 'Greece: Overcrowded, dangerous and insufficient access to healthcare in Moria', 4 May 2018, Available at: <https://bit.ly/2GUeNsU>; Bogaers D, Waiting for Europe – Invisibilization and Non-Politics in the Margins of the Aegean Sea. An Inquiry into the Reception Conditions of Asylum Seekers on the Greek Island of Lesbos, 2019, Doctoral thesis, Radboud University, p. 53, Available at: <https://bit.ly/3vLLSnI>

refusal to provide care); lack of coordination mechanisms; service fragmentation; limited training and capacity for the provision of evidence-based and culturally-appropriate interventions<sup>71</sup>.

Indicatively, between March 2021 and July 2022, Fenix MHPSS staff accompanied clients to several psychiatric appointments where no explanation about the client's condition, diagnosis, and recommended treatment was provided by their consulting physicians, either because of shortages in interpretation services or the practitioner's unwillingness to provide such information. In a similar vein, B.E., a 27-year-old man with a diagnosis of PTSD with psychotic features, had to wait for several months before he could secure an appointment at the hospital following a referral by state medical personnel in the Mavrovouni camp. He recalls: *"For months and months I've been telling them I need to see a doctor. Finally I go to the hospital and they tell me to go back because they do not have an interpreter. I feel completely abandoned."*

A lack of systematic case management and coordination for comprehensive psychiatric treatment may result in multiple overlapping diagnoses.

### *Serious shortcomings in vulnerability assessments*

Inside the RIC, EODY is the competent authority for carrying out intake medical screenings and psychosocial assessments for all asylum seekers residing in the hotspot<sup>72</sup>. Serious capacity shortages and understaffing are consistently reported, which in turn render medical registration, vulnerability assessments, and access to essential primary and secondary care extremely difficult<sup>73</sup>. Significant additional pressure is placed on the system as a result of a lack of incentives and sustainable funding, high turnover, and underdeveloped infrastructure<sup>74</sup>. Given that the program does not employ a psychiatrist, the Psychosocial Unit of EODY is currently being supported by the NGO Crisis Management Association (CMA) for the provision of psychiatric care, among other services<sup>75</sup>.

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<sup>71</sup> Joint Agency Policy Brief, 'For refugees and asylum seekers residing on Lesbos, mental health remains an invisible vulnerability', 24 May 2022, Available at: <https://bit.ly/3ifreFf>

<sup>72</sup> EODY (formerly KEELPNO) has operated in refugee camps across Greece since 2017 within the framework of the program Emergency Health Response to Refugee Crisis (PHILOS I and II) under the Greek Ministry of Health.

<sup>73</sup> See notes 7 and 8.

<sup>74</sup> Epochi, 'Θέτουν διαρκώς εμπόδια στην ιατρική περίθαλψη των προσφύγων' [Greek only], 6 March 2022, Available at: <https://bit.ly/3GJYeib>

<sup>75</sup> CMA, 'Psychiatric Care', Available at: <https://bit.ly/3VV5goH> [Accessed October 26, 2022]

These persistent gaps are magnified by the fragmentation of funding resources, preventing the long-term maintenance and monitoring of the program. For several weeks in the beginning of 2022, EODY operations in camps across Greece were in limbo, as no updates had been provided to employees regarding the continuation of the program. Only three days before the presumed termination of the program, following mobilizations by refugees and employees alike, the government announced that EODY operations would be extended until the end of the year<sup>76</sup>.

Moreover, owing to the issues listed above, the medical check and vulnerability assessment process conducted by EODY in the context of the fast-track border procedure has been marred by problems<sup>77</sup>. Fenix has regularly documented the failure of authorities to properly identify vulnerable people<sup>78</sup>, including cases of survivors of violence or people with visible conditions such as mobility problems. People who seek psychological assistance are often met with skepticism by service providers, while invisible vulnerabilities, such as MNS disorders, are frequently missed<sup>79</sup>. By way of illustration, in the vast majority of cases that received psychiatric support through Fenix, no mental health vulnerabilities were registered by EODY on the clients' official medical documentation (also known as Foreigner's Medical Card). Out of the 44 individuals receiving psychiatric care, only 14 (32%) had a mental health diagnosis on their card, while 27 (61%) were registered as 'clinically healthy' and 3 (7%) had a completely different diagnosis. Although applicants have the right to request a re-assessment by EODY and rectify the vulnerabilities indicated on their card, this can be very difficult in practice, especially if they do not have access to legal representation<sup>80</sup>. Non-identification of vulnerability lowers protection standards, depriving vulnerable applicants of essential healthcare and safeguards in the asylum procedure.

Efforts by NGOs to fill these service gaps are made possible through collaboration with private psychiatrists. Refugees and asylum seekers who seek psychiatric help and medication are referred to local private psychiatrists on Lesvos through the coordinated actions of MHPSS staff. The costs are covered by NGOs and capacity is frequently limited, as individuals with acute mental health needs tend to be prioritized. In the

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<sup>76</sup> Efimerida ton Syntakton (Ef.Syn.), 'Παράταση του προγράμματος PHILOS II' [Greek only], 28 February 2022, Available at: <https://bit.ly/3IsTr5R>

<sup>77</sup> See Asylum Information Database (AIDA), Country Report Greece, 2021 Update, 'Identification', May 2022, Available at: <https://bit.ly/3imizRe>

<sup>78</sup> Fenix, Up Against the Clock: Rights Violations as a Result of the Border Procedures on the Eastern Aegean Islands, 2 June 2022, Available at: <https://bit.ly/3Qk2GY9>

<sup>79</sup> See note 7.

<sup>80</sup> See note 49.

absence of these structures, refugees and asylum seekers presenting psychiatric needs would simply remain overlooked and unsupported.

### *Absence of healthcare insurance during the Covid-19 pandemic*

Yet, despite these temporary remedies, uninsured and undocumented people fall once more through the cracks of the system. A recent legislative development that entered into force in June 2022 stipulates that people without healthcare insurance are no longer able to obtain regular drugs, laboratory tests, or screenings free of charge (or against a small percentage of payment) if these are prescribed by private physicians<sup>81</sup>. Although people with serious psychiatric conditions and/or neurodevelopmental disabilities have been exempted from this, following an amendment by the Ministry of Health<sup>82</sup>, the reform itself disproportionately impacts migrant populations and risks further impeding their right to healthcare. In light of the significant waiting times and backlogs in public health entities, uninsured individuals who inevitably resort to private physicians will be required to bear the costs of medication and urgent diagnostic tests.

Additionally, throughout 2020 and the majority of 2021, amidst challenges that ensued in the context of the pandemic, critical delays were observed in the provision of a Foreigner's Temporary Insurance and Health Coverage Number (PAAYPA), a prerequisite for asylum seekers to access the Greek NHS free of charge. The PAAYPA was introduced by Article 55(2) of IPA, replacing the previous Social Security Number (AMKA). However, its activation for asylum seekers nationwide was not practically implemented for several months<sup>83</sup>, until its official announcement in April 2020<sup>84</sup>. Though the process is now observed to be fairly streamlined, a number of asylum seekers that Fenix supported in 2021 did not hold an AMKA or a PAAYPA for an extended period of time, which resulted in their exclusion from secondary health services and psychiatric support and exposed them to further uncertainty and health risks.

For those who are granted refugee status, the PAAYPA is to be converted into an AMKA within one month of delivery of their residence permit. However, the conversion does not happen automatically and recognized refugees must appear before a Citizen Service Centre (KEP) to complete this process. For applicants who lose the right to remain in

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<sup>81</sup> See Article 38 (1) of Law 4865/2021.

<sup>82</sup> See Ministerial Decision 30268/30-05-2022.

<sup>83</sup> See AIDA, Country Report Greece, 2021 Update, 'Health care', May 2022, Available at: <https://bit.ly/3VRgzhG>

<sup>84</sup> Ethnos, 'Σε ισχύ ο προσωρινός αριθμός ασφάλισης και περίθαλψης για τους αιτούντες άσυλο' [Greek only], 1 April 2020, Available at: <https://bit.ly/3VU2Czl>



Greece, i.e. persons whose asylum application is rejected and whose appeal against the negative decision would not halt a possible return, PAAYPA is automatically deactivated. In practical terms, this means that they lose access to the NHS, outside of emergency cases and advanced illness. For people who do not hold a PAAYPA, access to the local hospital in Mytilene can only take place through referrals by EODY. Though Fenix has collaborated effectively with the EODY Psychosocial Unit to request referrals to the local hospital, refugees and asylum seekers continue to face increasing hurdles in their encounters with the Greek NHS.

### *Lack of sustainable mechanisms for suicide prevention and response*

A lack of precise field-level coordination mechanisms for suicide prevention and response creates significant obstacles for MHPSS practitioners on Lesbos and takes a costly toll on the lives of affected individuals. Attempts to establish collaboratively-run comprehensive approaches to suicide prevention, including the use of multiple synergistic strategies as well as a centralized emergency mechanism, have fallen seriously short, partly due to the chronic structural gaps previously mentioned. At the time of writing, no public medical personnel are available during evenings or weekends inside the camp<sup>85</sup>. First-line and after-hours emergency care is provided by Boat Refugee Foundation (BRF)<sup>86</sup>, a volunteer-based medical and psychosocial iNGO that complements state-run healthcare services in the RIC.

Major humanitarian organizations operating on Lesbos and throughout the Eastern Aegean islands have reported an alarming rise in suicide attempts and self-harm among refugees stranded in the hotspots<sup>87</sup>. Between April 2021 and June 2022, Fenix alone provided emergency mental health care to over 31 individuals in the aftermath of a suicide attempt or acute mental health crisis in the Lesbos RIC<sup>88</sup>. Although the prevalence of the issue is unknown, suicide response for refugee populations tends to be addressed ad hoc, with an emergency outlook. Another primary challenge on Lesbos has been the poor communication channels across organizations, coupled with a lack of leadership

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<sup>85</sup> European Commission, Migration and Home Affairs, 'How the Lesbos refugee centre evolved in a year', 9 September 2022, Available at: <https://bit.ly/3WLnWIE>

<sup>86</sup> BRF, Annual Report 2021, Available at: <https://bit.ly/3jZt8Kw>

<sup>87</sup> See notes 7 and 8. See also: Save the Children, A Tide of Self-harm and Depression: The EU-Turkey Deal's devastating impact on child refugees and migrants, 13 March 2017, Available at: <https://bit.ly/3imfelg>

<sup>88</sup> In addition to attempted suicide, mental health crises that Fenix has responded to include self-harm, risk-taking behavior, or a state of unease marked by severe anxiety, impulsive anger outbursts, or aggression.

and sustained commitment to bring together communities, public agencies, and MHPSS actors.



*I just want to screw everything sometimes and run away, even from my children. I don't want to feel anymore, I don't want to live anymore. I feel so ashamed to say that, but it is true. I am just staying for my family, if it was just me, I'd rather be dead.*

— Nadine, 26-year-old single mother from DRC

The absence of a sustainable cross-agency strategy manifests in the arbitrary practices of medical personnel at the local hospital's emergency ward, who are generally unprepared to address the needs of refugees at imminent risk of suicide. Though some practitioners are willing to help, they lack cultural competency and are faced with persistent roadblocks hampering the delivery of care. Acutely distressed individuals have reportedly been turned away in the aftermath of attempted suicide, with the justification being that "their situation does not constitute an emergency"<sup>89</sup>. Due to a lack of proper round-the-clock interpretation, it becomes increasingly challenging to conduct a thorough clinical assessment, leaving individuals vulnerable to inaccurate diagnoses and psychiatrization<sup>90</sup>. Connections with points of care as well as mobilization of support networks (such as friends, family, trusted individuals, or community resources) are largely dependent on the efforts of NGO workers and the individuals themselves.

### *Gap in supportive housing and specialized treatment*

It is noteworthy that asylum seekers with suicide ideation, problems with substance and/or alcohol use, or those unable to care for themselves due to complex psychiatric and/or neurodevelopmental disabilities, did not fit the prerequisite for registration in the Emergency Support to Integration and Accommodation (ESTIA) program<sup>91</sup>. Even when ESTIA was available, people with MNS disorders were effectively forced to stay in camp structures or face homelessness for lack of alternative options.

<sup>89</sup> See note 16.

<sup>90</sup> Raghavan SS. Cultural Considerations in the Assessment of Survivors of Torture. *J Immigr Minor Health*. 2019 Jun;21(3):586-595.

<sup>91</sup> The ESTIA program operated between November 2015 to December 2022. It provided decentralized housing and supportive services to thousands of vulnerable asylum seekers and their families across Greece. The program was fully handed over by UNHCR to the Ministry of Migration and Asylum at the end of 2020. Through its implementation, it received funding from the European Commission and was executed in collaboration with local authorities and partner organizations. See also: Ministry of Migration and Asylum, 'Project ESTIA', Available at: <https://bit.ly/3JQwHgK> [Accessed October 11, 2022]

For the few projects on the Greek mainland that presently offer comprehensive psychosocial rehabilitation and supportive housing to refugees with complex psychiatric challenges (such as the IOLAOS shelter in Athens operated by Greek NGO KLIMAKA<sup>92</sup>), capacity is extremely limited and referrals are only made possible through the NHS. Lack of appropriate housing often forces family and community members to assume responsibility over the care of loved ones, usually without external support from a professional, as Fenix has witnessed repeatedly.

People who use alcohol or other substances are faced with additional obstacles. The lack of community-based rehabilitation, recovery services, and harm reduction interventions on Lesbos represents a serious gap. KETHEA (Therapy Center for Dependent Individuals)<sup>93</sup>, the only state-funded service specifically directed toward people facing addiction, is located in the island's capital, Mytilene, and is particularly hard to reach, both due to logistical challenges and a lack of coordination with MHPSS actors. Even so, the rehabilitation of asylum seekers who reside on the island and use substances remains siloed in delivery and goes hand-in-hand with a fear of criminalization, discouraging people from seeking out support and making it impossible to lay the ground for sustainable, evidence-based drug use disorder treatment and care.

### *Medicalization of trauma and implications for the asylum process*

Another critical observation when conducting our fieldwork pertained to the overlapping, and often conflicting, diagnoses that our clients were given. This raised concerns about the diagnoses' relevance, appropriateness and cross-cultural validity, while reinforcing points of criticism that refugee and migrant populations are at risk of being mis- or overdiagnosed<sup>94</sup>. By way of illustration, one individual in our cohort had been assigned 6 different diagnoses based on ICD-10: 'Z72.8 - Other problems related to lifestyle'; 'F29 - Unspecified psychosis not due to a substance or known physiological condition'; 'F43.1 - Post-traumatic stress disorder (PTSD)'; 'F44.9 - Dissociative and conversion disorder, unspecified'; 'F70 - Mild mental retardation'; 'F20 - Schizophrenia'.

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<sup>92</sup> KLIMAKA, 'Iolaos shelter for refugees and asylum seekers with mental disorders', Available at: <https://bit.ly/3WmKCOo>

<sup>93</sup> KETHEA, 'Mobile Unit of the North Aegean region based on Lesbos', Available at: <https://bit.ly/3JlfUT4> [Accessed October 31, 2022]

<sup>94</sup> Papadopoulos, RK (Ed.) Psychosocial Dimensions of the Refugee Condition: Synergic Approach. Publication of Babel Day Centre (Syneirmos NGO of Social Solidarity) and Centre for Trauma, Asylum and Refugees (University of Essex). Athens, 2019; p. 98. Available at: <https://bit.ly/3GIhyfI>

This example reflects the great difficulty that specialists have in dealing with complex sets of reactions to adversity, especially when it comes to culturally-diverse populations. Relevant research indicates that sociocultural factors impact clinicians' understandings and interpretations of what 'trauma' is, what constitutes 'normality' and deviation from it, the manifestations of symptomatology, as well as the so-called 'idioms/language of distress'<sup>95</sup>. This leads to incorrect diagnostic assumptions and further complicates clinicians' abilities to determine therapeutic interventions in a culturally-responsible manner. Notably, diagnostic constructs such as PTSD and schizophrenia have been developed and standardized for use in Western populations, while criticism about mainstream classification systems<sup>96</sup>, such as the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10)<sup>97</sup> and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5)<sup>98</sup>, points to their ethnocentricity, cultural othering and rigidity, as well as their tendency to seek explanations solely within the confines of the mind and body.

Inflexible and inconsistent clinical practice risks overlooking the sociocultural context in which trauma is produced and sustained for displaced populations<sup>99</sup>. Practitioners working with refugees have made repeated calls for a critical lens to be employed when approaching human suffering. In the face of limitations arising from universalist diagnostic systems, health professionals should develop greater socio-cultural sensitivity by contextualizing mental distress and rethinking psychiatry in relation to a wider domain of evolving identities and practices. Yet a seeming paradox arises in the context of refugee determination procedures, where trauma must be recognized by a clinician in order for people to access the material and legal resources that will facilitate their recovery. A lack of recognition that trauma did in fact occur and that its implications are

<sup>95</sup> Recommended readings on the subject: Bassett AM, Baker C. Normal or abnormal? 'Normative uncertainty' in psychiatric practice. *J Med Humanit.* 2015 Jun; 36(2):89-111; Womersley G, Kloetzer L. Using cultural-historical theory to explore trauma among refugee populations in Europe. *Cultural-Historical Psychology*, (2018), 14(1), 87-97; Alarcón RD, Bell CC, Kirmayer LJ, Lin KM, Üstün B, Wisner KL. Beyond the funhouse mirrors: Research agenda on culture and psychiatric diagnosis. In D. J. Kupfer, M. B. First, & D. A. Regier (Eds.), *A research agenda for DSM-V* (pp. 219-281). 2002. American Psychiatric Association; and, Alarcón RD. Culture, cultural factors and psychiatric diagnosis: review and projections. *World Psychiatry*. 2009 Oct;8(3):131-9.

<sup>96</sup> For definitions of the ICD and DSM, see Glossary, pp. 4-5.

<sup>97</sup> Gureje O, Lewis-Fernandez R, Hall BJ, Reed GM. Cultural considerations in the classification of mental disorders: why and how in ICD-11. *BMC Med.* 2020 Jan 27;18(1):25.

<sup>98</sup> Alarcón RD, Becker AE, Lewis-Fernández R, Like RC, Desai P, Foulks E, Gonzales J, Hansen H, Kopelowicz A, Lu FG, Oquendo MA, Primm A; Cultural Psychiatry Committee of the Group for the Advancement of Psychiatry. Issues for DSM-V: the role of culture in psychiatric diagnosis. *J Nerv Ment Dis.* 2009 Aug;197(8):559-660.

<sup>99</sup> Theisen-Womersley G. Beyond PTSD. In: *Trauma and Resilience among Displaced Populations: A Socio-Cultural Exploration* (2021). Cham, Switzerland: Springer, pp. 83-105.

ongoing – which, in the context of institutionalized administrative procedures, requires the utilization of psychiatric or legal codes – has harmful implications for asylum seekers.

As a case in point, following a consultation at Vostanio Hospital, at least 4 individuals in Fenix’s client cohort were assigned the Z72.8 ICD-10 diagnosis code ‘Other problems related to lifestyle’ and prescribed heavy psychotropic medications, including olanzapine (antipsychotic) and escitalopram (antidepressant). Arguably, this categorization may come from a place of sincerity and ethical conduct on the part of practitioners, in recognition of the broader systems in place that adversely impact psychological wellbeing. Nevertheless, it risks oversimplifying severe psychiatric conditions that require treatment and specialized care. It also impedes the proper and timely identification of vulnerabilities that can make a critical difference in the asylum procedure, resulting, at best, in protracted legal processes and, at worst, in the severe psychological deterioration of international protection applicants. Notably, all 4 individuals had their applications rejected, some of them on credibility grounds despite their histories of trauma.

Though living conditions<sup>100</sup> (including uncertain legal status and prolonged stay in refugee camps<sup>101</sup>; poor integration and a lack of employment<sup>102</sup>; separation from family and social isolation<sup>103</sup>) are inextricably linked to higher levels of distress and functional impairment among migrant populations, in the context of the Greek reception and asylum system, lack of recognition of serious mental health conditions has a far-reaching impact on the lives and livelihoods of asylum seekers. Considered from this perspective, medical and psychosocial certificates present a unique opportunity for professionals to testify to the devastating implications of trauma and open the door for practical solutions.

<sup>100</sup> Walther L, Fuchs LM, Schupp J, von Scheve C. Living Conditions and the Mental Health and Well-being of Refugees: Evidence from a Large-Scale German Survey. *J Immigr Minor Health*. 2020 Oct;22(5):903–913.

<sup>101</sup> Laban CJ, Gernaat HB, Komproe IH, Schreuders BA, De Jong JT. Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands. *J Nerv Ment Dis*. 2004 Dec;192(12):843–51.; Ryan DA, Benson CA, Dooley BA. Psychological distress and the asylum process: a longitudinal study of forced migrants in Ireland. *J Nerv Ment Dis*. 2008 Jan;196(1):37–45.; Hallas P, Hansen AR, Staehr MA, Munk-Andersen E, Jorgensen HL. Length of stay in asylum centres and mental health in asylum seekers: a retrospective study from Denmark. *BMC Public Health*. 2007 Oct 11;7:288.

<sup>102</sup> Schick M, Zumwald A, Knöpfli B, Nickerson A, Bryant RA, Schnyder U, Müller J, Morina N. Challenging future, challenging past: the relationship of social integration and psychological impairment in traumatized refugees. *Eur J Psychotraumatol*. 2016 Feb 12;7:28057.

<sup>103</sup> Miller A, Hess JM, Bybee D, Goodkind JR. Understanding the mental health consequences of family separation for refugees: Implications for policy and practice. *Am J Orthopsychiatry*. 2018; 88(1): 26– 37.; Beaton E, Musgrave A, Liebl J. *Safe but Not Settled: The impact of Family Separation on Refugees in the UK*. Nairobi (KEN): Oxfam; 2018.

Clinical psychologists Gangsei and Deutsch argue that the very practice of psychological evaluation may have an empowering effect on asylum seekers, particularly those who have survived violence and torture, making space for their lived experience and allowing them to develop understanding of the necessity of (re)telling their story, while healing the wounds of mistrust, humiliation, marginalization, and fear<sup>104</sup>. Setting aside issues of objectification and victimization, which are inherent in evaluation processes, practitioners should find a balance between bearing witness to past and ongoing traumas facing refugees (which may sometimes take the form of drafting a medico-legal certificate or assigning a diagnosis code when necessary) while prioritizing individuals' and communities' local knowledge and capacity for resilience.

### A snapshot of nearly 3 years of restrictions and marginalization under Covid-19

Over the course of the Covid-19 outbreak, refugees and asylum seekers in Greece faced stark inequalities in regards to living conditions, healthcare provision, and freedom of movement. Restrictive public health policies implemented for the supposed safety and protection of the general population facilitated widespread discrimination against migrant communities<sup>105</sup>. Notably, during the two nationwide lockdowns in Greece in 2020 and 2021, restrictions for people living in the RICs were stricter and longer in duration than those placed on the general population<sup>106</sup>, despite there being no epidemiological situation within reception structures to justify this measure<sup>107</sup>.

On Lesbos, the increased institutional marginalization of refugees and asylum seekers under the pretext of Covid-19 did not happen in a vacuum. It was preceded by a unique set of circumstances in the first quarter of 2020<sup>108</sup>. These included the escalating of

<sup>104</sup> Gangsei D, Deutsch AC. Psychological evaluation of asylum seekers as a therapeutic process. *Torture*. 2007;17(2):79-87.

<sup>105</sup> MSF, 'Greek government must end lockdown for locked up people on Greek islands', 16 July 2020, Available at: <https://bit.ly/3GM5OZt>

<sup>106</sup> Human Rights Watch, 'Greece Again Extends Covid-19 Lockdown at Refugee Camps – Authorities Should End Discriminatory Restrictions', 12 June 2020, Available at: <https://bit.ly/3jZkSKz>

<sup>107</sup> Fouskas T. Migrants, Asylum Seekers and Refugees in Greece in the Midst of the COVID-19 Pandemic. *Comparative Cultural Studies – Journal of Communication and Transdisciplinary perspectives* 5, (2020 Dec 4), 10: 39-58.

<sup>108</sup> Though this report is primarily focused on the period following the Moria fire in September 2020, a contextual understanding is necessary to gain insight into state-led practices impacting the lives of asylum seekers on Lesbos to this day. For our purposes here, reference is made to key events and developments predating the second and third waves of the pandemic in Greece in late 2020 and throughout 2021. For a comprehensive review of events that took place since the beginning of the pandemic, see also: Pallister-Wilkins P, Anastasiadou A, Papataxiarchis E. Protection in Lesbos during Covid-19: A critical failure, ADMIGOV interim report (deliverable 4.1.), October 2020, University of the Aegean. Available at: <https://bit.ly/3Xa3lgU>



violence and militarization at land and sea borders following Türkiye's announcement of an 'open door policy'<sup>109</sup>, as well as violent clashes between riot police and the local community over the construction of five new closed refugee structures across the Eastern Aegean islands<sup>110</sup>. These events took place amidst a climate of unprecedented xenophobia toward refugees, asylum seekers, and humanitarian aid workers alike, with many NGOs leaving Lesbos en masse<sup>111</sup>.

### *Deficiencies during the first wave of the pandemic in Europe's largest refugee camp*

In the wake of the first suspected case of Covid-19 on Lesbos in early March 2020<sup>112</sup>, multiple human rights entities and NGOs called for an emergency evacuation of the two main state-run refugee camps on the island, Moria and Kara Tepe. With over 21,000 people residing in Moria at the time (more than seven times its stated capacity), the camp was described as 'an ideal breeding ground for a rapid spread of Covid-19'<sup>113</sup>. As cases continued to increase nationwide, the Greek government implemented its first national lockdown from March 23, 2020 until May 4, 2020. The lockdown for residents of refugee camps across Greece had started two days prior and was extended until late August, following successive announcements by the government and without a single case being detected within most structures.

Under the curfew that was imposed early in the pandemic on the residents of Moria and Kara Tepe, a total of 100 persons per hour, in groups of 10 at a time, were allowed to exit the facilities between 7am and 7pm. This number increased only slightly as summer approached. People wishing to exit had to obtain written permission from police or security authorities; only one member per family or one representative per group was allowed to exit once weekly in order 'to meet essential needs'. Relative to the combined population of both camps, this meant that only 1 in 20 individuals was allowed to leave each day<sup>114</sup>. The measures also included temporary suspension of financial support to

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<sup>109</sup> Al Jazeera, 'Greece on the defensive as Turkey opens border to refugees', 1 March 2020, Available at: <https://bit.ly/3GMEElc>;

<sup>110</sup> The NY Times, 'Riot Police Pulled From Greek Islands After Clashes Over New Camps', 27 February 2020, Available at: <https://nyti.ms/3GJ2ZaH>

<sup>111</sup> The Guardian, 'We left fearing for our lives: doctors set upon by mob in Lesbos', 4 March 2020, Available at: <https://bit.ly/3VSA5u6>

<sup>112</sup> Kathimerini, 'Suspected case of Covid-19 reported on Lesbos', 9 March 2020, Available at: <https://bit.ly/3GUd9X3>

<sup>113</sup> Deutsche Welle, 'Refugees at Moria threatened by coronavirus', 18 March 2020, Available at: <https://bit.ly/3W3nunS>

<sup>114</sup> Legal Centre Lesbos (LCL), 'Covid-19 paves way for mass detention of migrants', 19 March 2020, Available at: <https://bit.ly/3QweJSa>

prevent ‘non-essential exits’ while awaiting construction of ATMs inside the camp. An increased number of police personnel was deployed in an attempt to tighten these measures.

The disproportionate movement restrictions on those living in the camps facilitated their segregation from the rest of the island and served to consolidate discrimination under the guise of Covid-19 response. As a result of the heightened restrictions, many refugees and asylum seekers lost access to vital educational and recreational activities, including language and computer classes, vocational training, as well as music, sports, and art lessons. Local NGOs and stakeholders put segments of their programming on hold, while others ceased their operations entirely<sup>115</sup>. When visiting Mytilene in search of legal assistance, RIC residents were systematically subjected to 150-euro fines for ‘non-essential travel during a lockdown’ by local police authorities<sup>116</sup>. Meanwhile, newcomers to the island were *de facto* detained and subjected to mass quarantine measures at the remote location of Megala Therma on the north coast of Lesbos, approximately 50 km away from Vostanio Hospital, the only public secondary healthcare facility on the entire island<sup>117</sup>. Quarantine periods post-arrival were frequently extended beyond 14 days<sup>118</sup>.

To add to this, the long-neglected health crisis that existed within the facilities was amplified when the pandemic hit. Residents of Moria camp (including vulnerable and immuno-compromised people, such as persons with physical disabilities and chronic health conditions, single parents with minor children, as well as pregnant women and lactating mothers) were exposed to a host of health-related risks resulting from overcrowding and squalid housing conditions, a malfunctioning sewage system, poor sanitation, and a lack of access to hygiene products, such as masks, hand sanitizer, and disinfectants<sup>119</sup>. Though medical organizations sought to establish an isolation center for

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<sup>115</sup> See note 108, p. 37.

<sup>116</sup> HIAS Greece, ‘The instructions for the resumption of the operation of the Asylum Service lead to violations of the fundamental rights of asylum seekers’, 19 May 2020, Available at: <https://bit.ly/3Cy9CuS>

<sup>117</sup> The so-called quarantine camp has been utilized for this purpose since late May 2020. According to reports, ‘the site cohorts can reach severe overcrowding, do not allow for physical distancing, and fail to meet basic infection control and prevention’. See: NIEM, ‘Serious violations of human rights and access to healthcare for new arrivals of asylum seekers on Lesbos island in 2021’, Available at: <https://bit.ly/378pWpE> [Accessed November 1, 2022]

<sup>118</sup> See AIDA, Country Report Greece, 2021 Update, ‘Reception and Identification Procedure’, May 2022, Available at: <https://bit.ly/3QIUlgW>

<sup>119</sup> A recent analysis of national surveillance data from 2020 in Greece demonstrates that refugees and asylum seekers residing in the RICs were at higher risk of infection compared to the general population. See: Kondilis E, Papamichail D, McCann S, Carruthers E, Veizis A, Orcutt M, & Hargreaves S. The impact of the COVID-19 pandemic on refugees and asylum seekers in Greece: A retrospective analysis of national surveillance data from 2020. *EClinicalMedicine*, 2021, 37, 100958.

## Waiting to be Heard

persons displaying Covid-19 symptoms, these efforts were shut down by the Greek authorities in June 2020, without an alternative arrangement being put in place<sup>120</sup>.

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*In the first months I had a lot of fear. I didn't want to go outside and I was getting angry that we didn't have masks or sanitizers to protect ourselves. Then, it started to get worse and worse everyday. I would come to Mytilene to see my lawyer or psychologist and be stopped on the street. Police would see my authorization paper and still make fun of me and give me a fine. I would see others moving free and the police only stopping people who looked like me. Now I'm angry and I feel alone. We came to Greece to feel like humans and instead we're treated worse than animals. I have mental health problems because of this.*

— Gloria, 23-year-old single woman from DRC

The very tangible reality of mass *de facto* detention in overcrowded and unsanitary structures in the midst of a global pandemic, coupled with prolonged and discriminatory limits on mobility and insufficient access to essential supports, laid the groundwork for the explosive situation that was about to follow, when Moria recorded its first confirmed case of Covid-19 on September 2, 2020<sup>121</sup>. On September 9, 2020, a series of fires ravaged the Moria camp overnight, leaving more than 12,000 people in the streets. The Mavrovouni temporary emergency site that was built on a former shooting range to host the thousands of refugees left without shelter, was equally ill-equipped to manage a pandemic and simultaneously provide adequate living conditions to its residents. In the days that followed, hundreds tested positive for Covid-19<sup>122</sup>, with authorities being largely unprepared<sup>123</sup>.

### *Moria fires aftermath: negligent and dangerous Covid-19 response in Mavrovouni camp*

Since the hasty construction of Mavrovouni, a lack of proper infrastructure and winterization measures has forced the camp residents to relocate constantly from one

<sup>120</sup> MSF Greece, 'MSF forced to close Covid-19 centre on Lesbos', 30 July 2020, Available at: <https://bit.ly/3CvgMQP>

<sup>121</sup> Reuters, 'Greece reports first coronavirus case in Moria migrant camp on Lesbos', 2 September 2020, Available at: <https://reut.rs/3GzegkX>

<sup>122</sup> BBC, 'Lesbos: Hundreds test positive for Covid-19 after migrant camp fire', 21 September 2020, Available at: <https://bbc.in/3VYmaTi>

<sup>123</sup> Guardian, 'Covid-19 fears on Lesbos as thousands of refugees flee huge fires', 10 September 2020, Available at: <https://bit.ly/3X4sJFj>

tent or container to another. The living circumstances are described as being no better than those in Moria, with rough weather conditions such as strong winds and flooding, severe shortages of electricity and heating, and poor hygiene facilities<sup>124</sup>. Residents have suffered prolonged exposure to dust pollution generated from construction machinery and emissions of trucks passing through the camp, while many residential tents remained for months in direct proximity to areas where elevated lead levels had been detected<sup>125</sup>.

For people residing in Mavrovouni, enhanced controls and stringent measures persisted throughout 2021 and the majority of 2022. Residents were only allowed to leave the camp for 3 to 9 hours a week in accordance with an 'exit list', even when measures had been lifted across the country. For months, exit lists were created on a weekly basis, whereby residents were divided based on their file number (also known as 05/ or DIKA) and were only allowed to exit the structure at a time allocated by the camp management. The only people exempt from this rule were those who held written confirmation of medical appointments, asylum interviews, or meetings with lawyers, psychologists, social workers, and/or public services<sup>126</sup>.

A quarantine zone was designated in Mavrovouni, described by both asylum seekers and NGO workers as undignified and medically unsafe<sup>127</sup>. At present, some of the new arrivals to Lesbos are held preventively in this isolated area for at least 5 days, along with other residents of the camp who have tested positive for Covid-19<sup>128</sup>. The area is under constant police and camera surveillance; its conditions are deplorable, with inadequate heating, hygiene, and sanitation. As of mid-2022, EODY and BRF were the only medical and mental health actors allowed to access the area, or a designated space outside of it, for the provision of PFA and emotional support to those in distress<sup>129</sup>. Testimonies from clients receiving MHPSS services at Fenix reveal that incidences of acute mental distress are frequent while in the quarantine zone. On one occasion in early 2022, a Fenix client held in quarantine was deemed to be at imminent risk of suicide. Fenix was able to intervene

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<sup>124</sup> Legal Centre Lesbos (LCL), 'One year of Mavrovouni camp', 14 September 2021, Available at: <https://bit.ly/3GY7y1P>

<sup>125</sup> Human Rights Watch, 'Greece: Lead Contamination Threat to Migrants Unresolved', 1 April 2021, Available at: <https://bit.ly/3kcmcd5>

<sup>126</sup> The irony in this situation is that, in order to obtain such documentation, one needed to already have access to most of the above-mentioned services outside the camp. See: GCR & Oxfam Briefing, 'Lesbos Bulletin - Update on the EU response in Lesbos', 1 December 2021, Available at: <https://bit.ly/3vLOnlF>

<sup>127</sup> LCL, 'The "COVID-19 quarantine" area or the shameful jail of the Lesbos RIC', 25 May 2022, Available at: <https://bit.ly/3lxCHuu>

<sup>128</sup> See note 85.

<sup>129</sup> See notes 85 and 86.

through the support of BRF, as neither the client's treating psychologist, nor his authorized lawyer at Fenix, were permitted to visit him.

Further, since June 2021 and at least until the first quarter of 2022, refugees and asylum seekers on Lesbos faced delayed access to vaccinations<sup>130</sup>, while many contended with bureaucratic obstacles related to their health insurance status<sup>131</sup>, as indicated in an earlier section. Of the three officially-approved Covid-19 vaccines, Mavrovouni residents only received access to the J&J vaccine, and then, only by appointment within the RIC 'so as not to burden the vaccination lines of the local community'<sup>132</sup>. By June 20, 2021, partly as a result of these measures, only 372 of the 4,669 residents of the Lesbos RIC had been vaccinated<sup>133</sup>.

Throughout 2021, vaccination figures in accommodation facilities for refugees remained remarkably low relative to the general population, with the percentage of vaccinated individuals being reported as 20% by the Ministry of Health, and as low as 2% by medical organizations working on the ground<sup>134</sup>. Limitations on eligibility tied to residence or legal status made it impossible for people without legal status (including individuals who had not applied for asylum or asylum applicants whose application had been rejected in the second instance) to secure access to the vaccine for the majority of 2021 and much of the first quarter of 2022<sup>135</sup>. Poor vaccine access, together with limited access to routine testing, further prevented people from making use of services on the island.

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<sup>130</sup> Solomon, 'Θολά νερά με τους εμβολιασμούς προσφύγων και μεταναστών' [Greek only], 6 July 2021, Available at: <https://bit.ly/3ZgrvY>

<sup>131</sup> Kathimerini, 'Εμπόδια για εμβολιασμό προσφύγων - μεταναστών' [Greek only], 1 December 2021, Available at: <https://bit.ly/3X814CS>

<sup>132</sup> Avgi, 'Ξεκίνησαν οι εμβολιασμοί των προσφύγων' [Greek only], 3 July 2021, Available at: <https://bit.ly/3QyqTtU>

<sup>133</sup> See note 130.

<sup>134</sup> EfSyn, 'Ξεκινούν αγώνα για τον εμβολιασμό προσφύγων και μεταναστών' [Greek only], 1 October 2021, Available at: <https://bit.ly/3JRIZCX>

<sup>135</sup> In a rare positive development, on October 2, 2021, the Greek government passed Law 4839/2021, making it possible for undocumented people and stateless persons to obtain a provisional social security number (PAMKA) that would allow them to get vaccinated without risking deportation. In practice, the issuance of PAMKA required some form of identification, which was often not available to undocumented migrants. To address the gaps in the PAMKA legislation, an additional procedure was introduced by JMD 5160/2021, Gov. Gazette 5247/B/12-11-2021. For more information on issues faced by refugees and asylum seekers in accessing Covid-19 vaccination, see: Tsiganou J, Chalkia A, Lempesi M. COVID-19 Crisis as the New-State-of-the-Art in the Crimmigration Milieu. *Soc. Sci.* 2021, 10, 457.

Testimonies from Fenix clients suggest that their forced confinement inside the camp caused their living situation to deteriorate dramatically<sup>136</sup>. Throughout the lockdown, Fenix MHPSS staff observed a deterioration in the mental health of people accessing psychological support. Clients attributed this to a loss of resources, a lack of opportunity to soothe their anxiety, limited access to services and community supports, feelings of isolation, prolonged periods spent in the camp, inadequate living conditions, the constant fear of deportation, and an intensified focus on the asylum process and the stasis deriving from it. Of particular difficulty for clients was the disruption of community-based activities that had once provided them with meaning, purpose, and a source of distraction from their daily anxieties. Critically, over the course of the pandemic, residents of the Lesbos RIC were denied the possibility of self-actualization and expression, which was overwhelmingly experienced as undermining and degrading.

### Narrowing road to asylum and intensification of migration controls

The asylum procedure in Greece has undergone constant change throughout the years, with asylum seekers being faced with periods of extreme delay as well as rapidly-expedited processes. Between 2020 and 2022, the period under analysis in this document, the asylum process on Lesbos shifted greatly. Previously, asylum seekers had to wait for months or even years for a decision on their asylum application or an appeal outcome. Beginning in 2021 and entering into full force in 2022, asylum interviews became increasingly accelerated, often occurring three or four days after registration. While a swift process seemed to be a desirable progression from what preceded it, the new status quo has not proven to be fair, dignified, transparent or effective.

### *Situation of asylum seekers since the EU-Turkey Statement*

More than six years since the implementation of the EU-Turkey Statement<sup>137</sup>, the implications of the ‘hotspot’ approach on the lives of hundreds of asylum seekers on Lesbos and the Eastern Aegean islands remain pertinent. Initially envisaged as an emergency measure to ‘[e]nd the human suffering and restore public order’<sup>138</sup>, the statement instead led to the swift adoption and implementation of degrading and

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<sup>136</sup> Testimonies from clients are in reference to the second nationwide lockdown, which came into effect on November 7, 2020 and ended, for the general population, on May 3, 2021.

<sup>137</sup> See Glossary, p. 4, EU-Turkey Statement

<sup>138</sup> European Council, EU-Turkey Statement, 18 March 2016, Press release No 144/16, Available at: <https://bit.ly/2S5qaAg>



ineffective asylum policies<sup>139</sup>. The introduction of the EU-Turkey Statement in March 2016 served to create an unprecedented humanitarian emergency at Greece's sea borders, with overarching consequences extending to this day.

Displaced people arriving to Greece through the hotspots after March 20, 2016, have been automatically geographically restricted to the island through which they entered Greek territory<sup>140</sup>. For those people who do not wish to apply for asylum in Greece, or whose application is deemed unfounded or inadmissible, the EU-Turkey Statement declares that they shall be readmitted to Türkiye. By quickly transforming the islands into 'mass detention centers', the deal has created situations of entrapment and deterrence, causing widespread anguish<sup>141</sup>.

Two different types of border procedures exist in Greece, which should only be applicable to asylum claims made at the borders: the 'fast-track border procedure' and the 'border procedure'. Accelerated timelines and short deadlines within the framework of both procedures came into full effect in 2021, further compromising the guarantees under EU and domestic law that vulnerable asylum seekers are entitled to. The fast-track border procedure, an expedited version of the border procedure, was introduced by Law 4375/2016 and maintained by Laws 4636/2019 and 4939/2022. Initially introduced as an exceptional measure in light of mass arrivals of third-country nationals to the Greek shores, it instead became the rule for six years<sup>142</sup>. As set out in Article 95(3) of the Greek Asylum Code, the fast-track border procedure foresees an accelerated timeline for processing asylum applications at the borders, stipulating, for example, that the personal interview shall be conducted within 7 days of the asylum seeker's registration. The fast-track border procedure was effectively phased out at the beginning of 2022. However, accelerated procedures remain in effect on the Greek islands, with the average time between arrival and registration of international protection applications being 10 to 15 days, sometimes even fewer.

In practice, very limited processing times translate to insufficient time for applicants to: access legal information, advice, and representation; get referred to appropriate medical services; gather critical evidence pertaining to their vulnerabilities, such as

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<sup>139</sup> Fenix, Five years of the EU-Turkey Statement: Past, present and future, 18 March 2021, Available at: <https://bit.ly/3lx4lcg>

<sup>140</sup> See Glossary, p. 4, Geographical Restriction

<sup>141</sup> Fenix, Caught in a Loop: The Narrowing Access to Asylum in Greece Since the EU-Turkey Statement, 17 March 2022, Available at: <https://bit.ly/3jSiuFb>

<sup>142</sup> Equal Rights Beyond Borders, HIAS Greece & RSA, The state of the border procedure on the greek islands, 11 October 2022, Available at: <https://bit.ly/3VUHZNq>

medical documentation or certification for victims of torture; develop adequate understanding of the interview process; and mentally prepare to articulate their claim<sup>143</sup>. Furthermore, border procedures are particularly unsuitable for vulnerable individuals, whose medical examination and vulnerability assessment, as previously discussed, are often not completed prior to their interview<sup>144</sup>.

Access to a fair and dignified asylum procedure is further diminished by the application of the 'safe third country' concept, which exposes hundreds of asylum seekers to a protracted legal limbo<sup>145</sup>. In June 2021, Greece passed the Joint Ministerial Decision 42799/2021 (hereafter JMD) designating Türkiye a 'safe third country' for applicants originating from Syria, Afghanistan, Somalia, Pakistan, and Bangladesh<sup>146</sup>. As a consequence, applications lodged by asylum seekers of any of those nationalities throughout the Greek territory can be rejected as inadmissible without an examination on the merits<sup>147</sup>. In other words, nationals of the aforementioned countries seeking international protection in Greece will need to substantiate why Türkiye is not safe for them; only if successful, asylum authorities will deem their application 'admissible' and will proceed to an examination on the grounds of their individual circumstances and the reasons why they fled their country of origin<sup>148</sup>. Notably, nationals of Syria, Afghanistan, and Somalia represent a high proportion of newcomers to the Greek islands<sup>149</sup>.

Applicants who have their application rejected on admissibility grounds find themselves caught in legal uncertainty in Greece and are condemned to destitution and exacerbated suffering<sup>150</sup>. Since March 2020, Türkiye has unilaterally suspended re-admissions of asylum seekers with rejected applications from the Eastern Aegean islands<sup>151</sup>. This has led to a perpetual cycle of rejections<sup>152</sup>, whereby the individual submits

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<sup>143</sup> See note 141. See also: AIDA, Country Report Greece, 2021 Update, 'Fast-track border procedure (Eastern Aegean islands)', May 2022, Available at: <https://bit.ly/3lwxy5D>

<sup>144</sup> See note 77.

<sup>145</sup> See AIDA, Country Report Greece, 2021 Update, 'Safe Third Country', May 2022, Available at: <https://bit.ly/3WXgl4y>

<sup>146</sup> Prior to the implementation of JMD, the 'safe third country' concept was only applied under the border procedure on the Greek islands for nationals of Syria, who were subject to the EU-Turkey Statement.

<sup>147</sup> Reasons why they left their country of origin.

<sup>148</sup> Fenix, 'The Real-Life Impacts of the Safe Third Country Concept in Greece', 7 June 2022, Available at: <https://bit.ly/3WRpBfZ>

<sup>149</sup> See note 145.

<sup>150</sup> See notes 145 and 148. See also: Joint Open Letter, 'Denying Food: Instead of Receiving Protection People Go Hungry on EU Soil', 26 October 2021, Available at: <https://bit.ly/3Zk8SmX>

<sup>151</sup> Fenix, 'Fenix calls the Greek authorities to examine the merits of asylum applications rejected on admissibility', 6 December 2021, Available at: <https://bit.ly/3Xd5SHf>

<sup>152</sup> This is in stark violation of Article 91(5) of Law 4939/2022, which stipulates that, if return to the third country in question is not possible, the application should be examined based on the applicant's personal

multiple applications, only to have their claim dismissed under the ‘safe third country’ concept<sup>153</sup>.

In addition to the above, since September 2021, for the second or any following subsequent applications, asylum applicants are required to pay a fee amounting to 100€ per person<sup>154</sup>. Given the limited financial capacities of asylum seekers to cover this amount, many individuals are precluded from this option. The imposition of a fee for the purpose of lodging an asylum application magnifies the problems within the asylum procedure and denies people fundamental legal and material provisions enshrined in domestic, European, and international law<sup>155</sup>.

### *Further complexities resulting from the legal context*

From a psychosocial standpoint, these legal hurdles create a forced stasis that has a devastating impact on people’s sense of agency and wellbeing. Asylum seekers are deprived of the resources and supports they need to build a solid foundation in Greece or continue their journey elsewhere, while being constantly reminded of the risk of deportation to their country of origin or country of transit where they would face ongoing persecution. The words of S.G., a 19-year-old single woman from Syria, illustrate this poignantly: *“The asylum procedure feels like some monsters are playing the lottery and betting on my life. I have no idea what are the reasons behind their decisions, everything happened so fast and I have no possibility to change it. I don’t have any power. [...] I don’t know what my future will be if I’m returned to Turkey as an unmarried woman. I have nowhere to go.”*

For Fenix’s mental health and protection teams, it has been exceedingly difficult to support clients in accessing vulnerability assessments, medical appointments, and

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circumstances and the situation in their country of origin. For more information on the subject, see Fenix’s press release “Fenix calls the Greek authorities to examine the merits of asylum applications rejected on admissibility”, December 2021, Available here: <https://bit.ly/3lt6Z1d>.

<sup>153</sup> It is worth mentioning a development that arose following the drafting of this report. On February 3rd, 2023, pursuant to a request for annulment of the JMD submitted by GCR and RSA, the Plenary of the Council of State decided to formulate preliminary questions to the Court of Justice of the European Union (CJEU) on the relevance of refusal of readmissions when determining that a third country is a safe third country. See: Council of State, ΣΤΕ Ολομ. 177/2023 [Greek only], 3 February 2023, Available at: <https://bit.ly/3YlBiGb>

<sup>154</sup> See Article 94(10) of Law 4939/2022.

<sup>155</sup> Fenix, ‘Imposition of a fee of 100 euros for access to asylum from the 2nd and every following subsequent application to applicants for international protection, including minors!’, 2 March 2022, Available at: <https://bit.ly/3QkYZS3>

psychological support in advance of their first interview. MSF reports that, during the first semester of 2021, zero out of 2846 registered persons were identified as survivors of torture before their first instance decision. Meanwhile, MSF alone provided support to 181 clients that had survived some form of violence, ill treatment, or torture in that period<sup>156</sup>. Given the extremely short period in which evidence must be collected, legal and protection caseworkers struggle to strike a balance between building trust with clients while informing them about their rights and options.

The framework of border procedures contrasts sharply with the principles of trauma-sensitive and culturally-responsive practice, which stress the importance of building a relationship of trust progressively over time, establishing a safe space, and providing sufficient information about the legal procedure for clients to have adequate understanding and make informed decisions. The asylum system is complex to understand; in order to collect evidence to corroborate their claim, applicants need to attend various medical and psychological appointments (involving, for instance, scar documentation) without having the chance to properly process and reflect on past events or their current situation. It is vital to acknowledge the emotional strain caused by the relating of traumatic experiences. Fenix MHPSS clients who were subjected to the ultra-rapid border procedure reported that they were not given the opportunity to cognitively and emotionally process the events they survived before arrival, and often felt overwhelmed when recounting them in the context of interview preparation. This makes the collection of evidence a highly disruptive and potentially retraumatizing experience.

### *Continued policies of deterrence*

A range of other measures stemming from a broad policy of deterrence has created an even more harrowing picture in the Greek hotspots. The establishment of closed reception structures across the Eastern Aegean islands<sup>157</sup> speaks to the intensification of migration controls and risks over-isolating the most vulnerable. As with other so-called Closed Controlled Access Centers (CCACs), the new closed facility on Lesbos, to replace the temporary facility of Mavrovouni, will be located in a remote area detached from local communities, with barbed-wire fencing and 24/7 surveillance. In many respects,

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<sup>156</sup> MSF Greece, 'Lesvos Briefing Note: Systemic denial of procedural guarantees, special reception conditions, adequate support for persons in need of access to medical care and protection', September 2021 [Unpublished Briefing Note]

<sup>157</sup> Three CCACs have already been inaugurated on the Greek island of [Samos](#), on September 18, 2021, as well as the islands of [Leros and Kos](#), on November 27, 2021. At the time of writing, the new closed camps on Lesbos and Chios are under construction and expected to become operational in 2023. See: ANSA, InfoMigrants, 'Greece: New hotspots on Lesbos, Chios to open in 2023', 28 September 2022, Available at: <https://bit.ly/3vRBMND>

these facilities share a striking resemblance to traditional prison structures<sup>158</sup>; the combination of constant security control, advanced surveillance, disproportionate movement restrictions, and isolation from the general population, severely impedes residents' ability to achieve autonomy and social inclusion. Despite robust scientific evidence linking prolonged detention in refugee camps to adverse mental health outcomes<sup>159</sup>, the EU's hotspot approach as epitomized in Greece exacerbates suffering and puts human lives in danger.

Alarming, following the discontinuation of out-of-camp accommodation on the islands from late 2020 (including the closure of safe and dignified structures such as the PIKPA and Kare Tepe refugee shelters<sup>160</sup>), as well as the termination of the ESTIA accommodation scheme across Greece in December 2022<sup>161</sup>, asylum seekers and their families have been left with no alternative but to remain in closed facilities. Though legitimate concerns existed around the practical implementation of ESTIA, the program nevertheless addressed a critical need for decent housing by providing asylum seekers with accommodation in apartments in dispersed urban areas within 18 Greek cities<sup>162</sup>. Yet, by the end of 2022, hundreds of vulnerable asylum seekers, including families with children, had been transferred from their ESTIA-operated flats back to refugee camps across the country<sup>163</sup>.

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<sup>158</sup> Joint Agency Report, 'Walling Off Welcome: New reception facilities in Greece reinforce a policy of refugee containment and exclusion', 7 September 2021, Available at: <https://bit.ly/3Xdy503>

<sup>159</sup> Recommended reading on the subject: von Werthern M, Robjant K, Chui Z, Schon R, Ottisova L, Mason C et al. The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry*. 2018;18(1):382; van de Wie W, Castillo-Laborde C, Francisco Urzúa I, Fish M, Scholte WF. Mental health consequences of long-term stays in refugee camps: preliminary evidence from Moria. *BMC Public Health*. 2020; 21, 1290.; and, Steel Z, Momartin S, Bateman C, Hafshejani A, Silove D, Everson N, Roy K, Mares Snk. Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Australian and New Zealand Journal of Public Health*. 2004, 28, 527-536.

<sup>160</sup> Joint Agency Statement, 'Save Kara Tepe and Pikpa, Save Dignity!', 30 September 2020, Available at: <https://bit.ly/3ItAmAu>

<sup>161</sup> Ministry of Migration and Asylum, Press Release: 'Ολοκληρώθηκε το πρόγραμμα φιλοξενίας αιτούντων άσυλο σε αστικά διαμερίσματα «ΕΣΤΙΑ»' [Greek only], Available at: <https://bit.ly/3jxw94Z> [Accessed January 11, 2023]

<sup>162</sup> GCR, Diotima Centre & IRC, Homeless and Hopeless: An assessment of the housing situation of asylum applicants and beneficiaries of international protection in Greece, 20 January 2022, Available at: <https://bit.ly/3jC8tMC>

<sup>163</sup> Fenix, 'Closure of ESTIA II: thousands of extremely vulnerable asylum seekers to be left without human and adequate accommodation and proper care', 31 October 2022, Available at: <https://bit.ly/3ZkhdHg>; RSA, 'A step backwards for protection and integration: On the termination of the ESTIA II housing programme for asylum applicants', 22 December 2022, Available at: <https://bit.ly/3XjtXf4>

## CONCLUSION

The foregoing analysis points to the complex ways in which the Greek reception and asylum system impacts the wellbeing of newly-arrived refugees and asylum seekers on the island of Lesbos. It draws attention to the multiple intersecting factors that shape the psychosocial experience of people seeking protection, as well as the host of challenges that they have to endure upon arrival at the Eastern Mediterranean frontier. The material presented ultimately suggests that injustices inherent to the asylum procedure reinforce the precariousness of the lives of asylum seekers. Applicants are confronted with numerous legal and institutional processes characterized by long delays, poor decisions, and a total lack of information. Restrictive migration policies and insufficient levels of protection, compounded by the absence of appropriate living conditions, severely compromise the agency of people and have an invariably dehumanizing effect.

Perspectives of asylum seekers who accessed Fenix's MHPSS services from October 2020 to June 2022 were truly illuminating in grasping the above. Experiences of isolation, entrapment, restricted access to services, and discriminatory treatment were frequently reported as having an immense impact on people's wellbeing, creating a sense of uncertainty and disempowerment. Testimonies also revealed that people felt that they lacked control over their day-to-day lives and were forced to contend with a multitude of structural issues at the social level, including limited access to purposeful activities and opportunities that would facilitate their integration in the Greek context.

Among the most difficult aspects of our clients' lived realities was the asylum process itself and its resulting legal limbo, encompassing rushed border procedures with little to no time to prepare, or prolonged wait periods of months or even years before being able to lodge an asylum application. Worryingly, our findings suggest that the most vulnerable, including minors, survivors of torture, LGBTQI+ individuals, and people with pre-existing or crisis-induced mental health and neurological challenges, were systematically subjected to severe shortcomings in the reception and identification procedure. They were also deprived of essential rights, including access to care and protection, resulting in significant psychological harm and essentially impeding any effort toward their recovery.

Fenix's MHPSS project was limited in terms of geographical scope and the number of people who received support. Though conclusions about the situation of asylum seekers in Greece cannot be generalized, the data from this very small sample expands on broader scholarly work and echoes similar observations by civil society organizations on



the impact of stressors relating to the asylum procedure on mental health. Further research with more rigorous methodology may shed light on the links between mental distress and the array of legal uncertainties faced by people on the move.

In exploring the socio-legal experiences of asylum seekers on Lesbos, it is vital to take a reflective and anti-essentialist stance while challenging dominant discourses of victimhood and marginalization. The stories of our clients are not stories of absolute oppression: their sheer resilience and multifaceted meaning-making in the face of adversity emerge time and time again. This report does not aim to be a homogenizing portrayal of the 'refugee experience' in Greece, but rather an account of the systems and policies that place individuals at risk. Our analysis provides a small frame of reference to address broader issues within the Greek asylum system. It is particularly applicable in view of the increased border controls, intensification of containment, and policies of deterrence adopted in recent years across Greece and Europe.

Our experience has demonstrated that a holistic, integrated approach that incorporates legal, mental health, and protection services, with careful consideration of all lawyers across the IASC MHPSS intervention pyramid, is pivotal in creating durable solutions for asylum seekers and resolving protracted situations. In order to improve the lived realities of people on the move, policy-makers should ensure that the core principles of international refugee law are not eroded and that the full spectrum of their needs is adequately met, including providing services and resources that are necessary for survival and a dignified way of living. Greek authorities should acknowledge the structural failures of the reception and asylum system and push for a rights-based overhaul that would center the voices of affected people, their families/caregivers, and the wider community. Political and societal responsibility means creating prospects for the future; while sustainable solutions can be introduced at the national level, more can certainly be done to increase effective and equitable responsibility-sharing among EU member states.

## RECOMMENDATIONS

The set of recommendations listed below has been guided by the voices of asylum seekers who find themselves trapped on Lesbos and are left struggling against a largely disempowering asylum process. They are meant to serve as action points to promote the welfare of asylum applicants in Greece and facilitate incremental improvement at the policy level, particularly in the context of MHPSS.

### A. General Remarks

- The operation of the new EU-funded Closed Controlled Access Centers (CCACs) in Greece should be urgently assessed by an independent committee to ensure compliance with the Reception Conditions Directive as well as the framework of national, European, and international human rights and refugee law. Since the Samos CCAC began operating in September 2021, numerous NGOs have documented the negative impact of containment and increased securitization on the mental health of refugees and asylum seekers residing in these structures. These observations should not be overlooked, particularly in light of the new closed facility on Lesbos, located in the area of Vastria (approximately 30 kilometers north of the island's capital, Mytilene), and scheduled to become operational by 2023. A more humane approach that respects the rights and dignity of every person should be of utmost priority<sup>164</sup>.
- In view of the discontinuation of the ESTIA accommodation scheme, with no foreseen alternative arrangements in place for 2023<sup>165</sup>, a long-term strategic plan that will ensure out-of-camp, safe and dignified housing for both asylum seekers and recognized refugees is absolutely vital. Alternative types of accommodation within residential areas should be prioritized and evictions should be avoided at all costs, with special care for families and vulnerable groups, such as survivors of gender-based violence and torture, unaccompanied minors, and people with chronic and/or complex medical and mental health conditions.
- In accordance with the EU Action Plan on Integration and Inclusion, the Greek government should work toward the development of a national integration strategy that accounts for asylum seekers, in addition to those recognized as beneficiaries of international or subsidiary protection. Integration and inclusion support efforts should start at the 'earliest possible moment', i.e. at the reception

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<sup>164</sup> Joint Agency Press Release, 'One year since Greece opened new "prison-like" refugee camps, NGOs call for a more humane approach', 20 September 2022, Available at: <https://bit.ly/3vt6MDL>

<sup>165</sup> Fenix, 'Closure of ESTIA II: a political choice behind its closure', 6 December 2022, Available at: <https://bit.ly/3GcvXiz>

stage, in order to restore a sense of belonging and decrease the risk of social isolation and exclusion in asylum seekers. This will greatly benefit both the migrant and host communities, allowing newcomers to be self-reliant and contribute more readily to Greek society and the economy.

- In the context of MHPSS provision, existing coordination mechanisms should be strengthened and partnerships between local community-based and civil society organizations, public bodies, stakeholders with diverse professional roles (e.g. policymakers, practitioners, researchers), as well as affected communities and persons with lived experience, should be enhanced in order to optimize services and activities, promote effective linking to appropriate supports, and inform the overall planning and implementation of programming. The establishment of common monitoring and evaluation frameworks is strongly recommended, including incorporating standardized evidence-based and culturally-informed protocols for crisis intervention and suicide prevention, as well as promoting a shared language and scope of MHPSS interventions in accordance with global intersectoral, inter-agency guidelines, such as the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the WHO mhGAP Humanitarian Intervention Guide, across all actors offering MHPSS services to migrant populations.
- All asylum personnel, police authorities, and medical and paramedical staff working in the hotspots should attend continued mandatory training on Psychological First Aid (PFA) and be sensitized on specific aspects of the asylum procedure that intersect with mental health and psychosocial support (e.g. understanding the psychosocial consequences of conflict and forced displacement; recognizing trauma and its impact on autobiographical memory; working with survivors of torture, unaccompanied minors, and individuals with diverse SOGIESC, etc).

### B. Asylum Procedure

- In accordance with Greece's obligations under national, European, and international law, ensure that all asylum applicants are provided with reasonable time to obtain crucial legal information and assistance, access social services, and prepare for their interview.
- End the regime of geographical restriction applied on asylum seekers arriving at the Greek hotspots.
- Ensure that NHS actors at reception facilities are fully resourced, and that additional expert staff such as doctors, psychologists, child psychologists, and cultural mediators are deployed, so that medical screenings and vulnerability

assessments can be conducted properly at registration and on time for the asylum interview.

- Ensure that all personnel involved in medical checks and vulnerability assessments have the technical skills and competencies to conduct comprehensive evaluations for the identification of vulnerabilities that are non-apparent or invisible, such as mental, neurodevelopmental, and substance use (MNS) conditions. Ensure that when such vulnerabilities are identified, people are referred to specialized services and follow-up care. Clear guidelines, along with training, supervision, and support, should be regularly provided to healthcare staff to enable more effective provision of care.
- Adopt concrete measures for the protection and safeguarding of the rights of specific vulnerable groups seeking protection in Greece:

### *Unrecognized minors*

- Apply the presumption of minority principle to any person declaring to be a minor at registration, and ensure that they have access to a proper age assessment procedure and their entitlements as children, including placement in suitable accommodation and enrollment to education, even if their age assessment result is still pending.

### *Survivors of torture*

- Ensure that an authority that meets the requirements set out by the Istanbul Protocol is in place to properly identify and recognize individuals alleging to be survivors of torture. In the absence of an authority appointed by the state, ensure that asylum and reception authorities assert the validity of certification produced by non-state actors.
- Ensure that survivors of torture are afforded special reception conditions prior to the examination of their asylum application.
- Ensure that survivors of torture have their special procedural needs recognized, and are referred to the normal procedure.

### *LGBTQI+ individuals*

- Ensure that all staff involved with the assessment of SOGIESC claims, including asylum caseworkers, interpreters, decision-makers, as well as medical and psychosocial staff conducting screenings and vulnerability assessments, follow best practices and have up-to-date SOGIESC-specific training.

### *People with mental health conditions*

- Reintroduce PTSD as part of the vulnerability criteria with consideration of substantial scientific evidence pointing to its prevalence among forcibly displaced populations and the importance of early intervention.
- Guarantee the provision of psychiatric emergency care and crisis intervention at reception facilities by state actors. Ensure that medical personnel such as psychiatrists or mental health nurses are present 24/7 to ensure that those experiencing acute mental health crises receive adequate care.
- Remove the discriminatory exclusion of people with mental health conditions and/or suicidal ideation from any future accommodation schemes.

### **C. Health Service Delivery**

- Implement the fundamental humanitarian principles of humanity, impartiality, neutrality, and independence in the context of healthcare provision. Strengthen the Greek national health strategy to guarantee equitable and universal access to comprehensive, quality care for all, and ensure that all refugees, asylum seekers, and migrant populations are served without discrimination within public healthcare structures on the basis of need and irrespective of their legal status.
- Address the structural barriers prohibiting people's access to healthcare in the hotspots by filling critical gaps in infrastructure and key personnel, providing career and financial incentives for healthcare staff, as well as facilitating translation, referral, and transportation (particularly in light of the new CCACs which are located in remote, isolated areas), with priority given to local hospitals, as well as state-approved structures such as addiction services.
- Strengthen the continuum of care across different NHS agencies and NGOs by systematically collecting medical records in a comparable manner. Ensure that a coordination mechanism is in place to facilitate proper care and follow-up of people who, due to severe impairments in their everyday functioning, require long-term psychological, psychotherapeutic, or psychiatric treatment. Ensure that a medical record follows them as they move from the islands to the mainland to avoid service duplication and complex bureaucracy, as well as address obstacles, better utilize referral pathways, and prevent the (re-)traumatization that often results from having to recount one's story to different professionals.
- Take steps to establish Mobile Mental Health Units operating in strategic locations to provide case management, problem solving, counseling, and information sharing, as well as facilitate access to emergency healthcare, including clinical follow-up and medication, in collaboration with healthcare partners. The units

should work closely with key focal points within the Greek NHS, particularly local hospitals. Key members of different ethnic groups with relevant background (e.g. in medicine, psychology, or education) should be employed as Community Psychosocial Workers in order to help identify and support people in need of mental health services.

- All healthcare professionals and clinicians should receive regular training on cultural competence and working effectively with interpreters, including pre-briefing, structuring a session, and de-briefing. Training should emphasize skills and knowledge that value diversity, and should include modules such as: working across cross-cultural situations; best practices in the context of medical and mental healthcare with culturally- and linguistically-diverse populations; developing awareness and sensitivity of different cultural norms; cultural do's and don'ts of the client; addressing disparities in healthcare outcomes. Training should always be accompanied by ongoing support and supervision.
- Build capacity of new and existing Psychosocial Rehabilitation Units in order to accommodate refugee and migrant populations facing psychiatric disorders and/or psychosocial challenges. Build capacity of new and existing specialized services for individuals facing substance use issues and facilitate their entry to intervention programs, especially in areas where there is a lack of, or restricted access to, such services, as in many Eastern Aegean islands.
- Use participatory monitoring and evaluation (M&E) approaches to inform the design and implementation of any MHPSS work that targets refugees, asylum seekers, and migrant populations, as part of responsible and ethical programming practice. Ensure the involvement of any specific target groups, as well as the use of feedback and complaint mechanisms, through systematic efforts to create meaningful dialogue with populations/program participants about their needs and views about any services that affect them. Ensure that continuous learning, contextualization, accountability, and program adaptation are an integral part of any M&E efforts in the area of MHPSS.