

Refugees support refugees: the case of the Community Psychosocial Workforce

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Migration has been a natural phenomenon throughout the history of humanity resulting in a melting pot of cultures and races, contributing to the progress of human civilization. However, in the words of the UN Refugee Agency, the world is now witnessing the highest levels of displacement on record. The UNHCR portal notes that to date, more than 84 million people around the world have been forcibly displaced from their homes. 26 million of them are refugees and 4.4 million are asylum seekers.

In Greece, there are 166,144 people who are displaced, of whom 67% are refugees, 30% asylum seekers and 3% stateless. Greece is the fourth country with the largest number of first-time asylum seekers (Eurostat, 2021). During 2015-2016, we witnessed a rapid increase of refugee flows to Greece. From 2016 to 2019 there was a steady gradual increase, while since 2020 there has been a significant decrease (the largest since 2013), due to the covid-19 pandemic restrictive measures.

The movement of people, especially the management of refugee flows, is a matter of paramount importance for the European Union (EU) and is high on the political agenda of the Member States and the EU institutions. Despite its significance, about half of Europeans (47%) and the majority of Greeks (70%) believe that the most controversial issue between the EU and national governments is immigration/refugees (Parliament, 2020).

Let's remember at this point the German sociologist Ulrich Beck, who inspired the risk society theory. According to Beck, the risks of the New Modernity are characterized by complexity and universality. An effective risk management requires a quick response. At policy level, the central government is weak, as the bureaucracy does not allow for flexibility and immediate reaction. The political solution is shaped by various groups (NGOs, international organizations, etc.), who have greater reflection and self-criticism from the central government, characteristics that allow them to effectively manage the risks of modernity. For Beck (1997), the bottom-up model of policy and activism are a new way of doing politics. I will introduce to you shortly a programme based on this model, regarding refugees' psychosocial support.

A programme which includes an international organization, an NGO and the refugee communities themselves. But first, let's look at why a programme aiming at the psychosocial support of refugees is necessary.

Refugees face several life-threatening situations such as war, violence and persecution as well as losses during their journey, which hugely compromise their quality of life and mental health. These challenges are augmented by post-migratory stressors, such as tense asylum procedures, poverty, isolation, marginalization, fragmented social networks, discrimination and racism, acculturation, language barriers, poor access to healthcare and consequent compromised approaches, among others. Coping with these challenges sometimes results in mental health problems and illnesses. It is known that people with post-traumatic stress disorder (PTSD) - the most prevalent mental health problem among refugees – are also more likely to experience other mental problems, including anxiety, and depression. A recent systematic review of 8.176 Syrian refugees resettled in 10 countries reported prevalence of 43% for PTSD, 40% for depression, and 26% for anxiety. Nevertheless, refugees/asylum seekers remain highly under-diagnosed compared to the rest of the population, thus suffering from low treatment levels. Moreover, mental health interventions used are limited in several ways when dealing with these populations. Limitations include lack of sufficient evidence on specific mental health problems refugee populations suffer from, therapeutic models developed from studies conducted in Western countries (Europe and North America), assumptions that specific psychological therapies can be applied across all populations and non-consideration of cultural diversity in mental health problems, barriers to access and the use of mental health services, and lack of human resources to deliver mental health services to those in need.

An increasingly popular response to the challenges mentioned above has been the development of so-called “task-shifting” methods, in which trained paraprofessionals implement therapeutic interventions in refugee communities. This approach is promising in reducing symptoms of distress and improving psychosocial wellbeing in efficacy trials conducted with refugees. It is based on the philosophy of peer-support. Peer support programmes are used to create a new cultural context for healing and recovery. Members of these groups, often having been faced with social stigma and cultural ostracism, are capacitated through a shared understanding of the impact of their experiences in order to engender personal, relational, and social change. Research suggests that mental health services provided by peers may have similar outcomes when compared with those provided by professional staff.

The Community Psychosocial Workforce (CPW) is consisted of refugees and asylum seekers who are trained in various skills and tools including Psychosocial First Aid (PFA), Problem Management Plus (PM+) and Peer Support Work (PSW). Their aim is

to provide basic psychosocial support to other asylum seekers and refugees, in their native language; Arabic, Farsi and French. CPWs are supervised by trained mental health professionals (psychologists or social workers) and they are a bridge between the refugee communities and the professional mental health service providers.

Who do the CPWs provide services to?

The Community Psychosocial Workforce (CPW) provides services to adult refugees and asylum seekers who live in the urban setting of Attica and who:

- suffer from mental illness,
- suffer from emotional distress related to disability, social isolation, or other specific need,
- are elderly and in need of psychosocial support,
- belong to a vulnerable group in need of extra support to develop coping skills.

What do the CPWs do?

- Assessment of psychological problems and identification of needs
- Basic psychosocial support
- Introduction and training on coping mechanisms for managing everyday problems
- Social empowerment and assistance with navigating bureaucratic services
- Co-facilitation of sessions between the local municipality and staff of NGOs who work in the refugee field
- Referral and liaison to specialized services, if necessary.

Where do the CPWs work?

- CPWs visit beneficiaries at their house and sometimes hold individual or group sessions at community spaces or spaces of collaborating actors.
- Due to the protection measures against covid-19, the services were offered remotely. However, given the lifting of the restrictions and the gradual return to normality, our services will also slowly return to normal, in-person meetings.

From the beginning of the covid-19 pandemic, EPAPSY, in collaboration with UNHCR, runs a psychosocial support helpline, in order to provide immediate psychosocial assistance and to guarantee the access of refugees and asylum seekers on public and private services. The helpline is operated by the Community Psychosocial Workforce (CPW) which comprises of trained refugees and asylum seekers who provide peer

support and is available from Monday to Friday from 11:00 to 19:00 in Arabic, French and Farsi.

These mobile phone numbers are available – besides calling – for sending written or voice messages via the messaging applications WhatsApp & Viber, with the possibility to call back. Provided services are the following: psychosocial support, information about covid-19 (limitations, protection measures, testing, vaccination etc.), liaison with existing protection services in Attica, emergency referrals to specialists or public authorities, and links to supportive communities and NGO networks.

In the table you can see the total number of beneficiaries who received services through the CPW program and the Helpline. Specifically, 711 refugees and asylum seekers were included in the CPW programme and 1.864 persons of the refugee communities called the helpline. While the majority of the callers are men, most women participate in the CPW programme which requires stable in-person meetings. This differentiation based on the gender could be attributed to the construction of masculinity in those cultures, where seeking help could be seen as a weakness and an element of inferiority. The majority of the beneficiaries are Arabic-speaking, followed by Farsi-speaking, and French-speaking. Regarding the country of origin, the top five countries the beneficiaries come from are the following: Afghanistan, Syria, Iran, Congo, and Iraq.

In this slide, you can see the categories of the main requests of the refugees/asylum seekers who address our programme: legal, communication, employment, financial, health, mental health issues and basic needs.

As part of the participatory assessment of the programme by the UN High Commissioner for Refugees, two focus group discussions have been conducted: one with Farsi-speaking and one with Arabic-speaking beneficiary refugees / asylum seekers, who were characterized by high levels of vulnerability (e.g., people with disabilities or chronic illness, people with psychological problems, mother-head of a single-parent family, etc.).

The participants expressed satisfaction with the services provided in the context of the CPW programme. In particular, they reported that discussing their problems with someone who has similar experiences with them helps them emotionally and gives them hope for the future. We must highlight that the literature suggests that such interventions should be based on hope and building confidence and optimism. The CPW acts as a companion, guiding them to respond effectively to the challenges they face in everyday life. The emotional bond that develops between the CPW and the beneficiary, contributes to the formation of a "family" feeling of closeness, trust and security.

According to the beneficiaries, the psychosocial support services they receive also help alleviate the physical symptoms of anxiety. In particular, one middle-aged Afghan refugee woman reported suffering from severe anxiety-related headaches and observed a remission of the symptom during her participation in the program.

The participants feel the program as their only support, without which, they would have been destroyed, as one of them characteristically states (Male, 33 years old, Syria). The possibility of immediate psychosocial support through the helpline seems to be particularly important.

Nevertheless, we must note that the community psychosocial workers are also beneficiaries of the programme. During a Photovoice workshop, carried out in November 2021, the CPWs have shown through their photos the impact that their work has had on their life. During the workshop, the CPWs were taught the importance of photography to raise awareness for refugees' living conditions and to advocate for their communities. Upon the groups' reflection and thematic analysis on the photos that everyone submitted, the final collection, which is currently being exhibited, consists of photos that portray a) the "Life as a Refugee" and b) the "Life as a CPW". Under the theme "Life as a CPW", the subthemes of Personal Development, Benefits, and Care are presented. The photos are accompanied by captions, written by the CPWs, and inspired by the group reflection process. You can visit the virtual exhibition of our Photovoice project on Instagram.

In conclusion, the programme seems to be effective both for the beneficiaries and the CPWs. More such interventions need to be designed and implemented for subgroups of the refugee communities, characterized by high levels of vulnerability and risk of exclusion from the border society and the refugee communities.