

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

“Children on the move in Greece: challenges and barriers for providing care and the role of data collection in evidence based policies”

George Nikolaidis,

Psychiatrist, MD, MA, MSc, PhD,

Head of the Department of Mental Health & Social Welfare,
Institute of Child Health



Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Sources of information

- “Southeast Safe Net: Preventing child trafficking and protecting unaccompanied minors in Greek-Turkish Borders”, reference: **HOME/2012/ISEC/AG/4394**, Unit C.4.: Internal Security Fund, Directorate C: Schengen, DG Home Affairs, EU.
- “Project for De-Institutionalization in Greece: toward facilitating the end of large scale residential and institutional care of disadvantaged children and promoting and developing community and family based alternatives”, funded by Charity Fund “Lumos”.
- “Consultancy: Rapid Assessment of Mental Health and Psychosocial Needs and Services for UASC in Greece (national level)”, reference: **503378**, CEE/CIS, UNICEF (supported by the EU DG ECHO), No.: **43223236**.
- “Mapping and Analysis of the Child Protection System in Greece”, reference: **RFPS-PFP-2017-171090**, CEE/CIS, UNICEF, No.: **43230885**.
- “ASOP4G – Alliance for children on the move: standard operating procedures for Guardians”, reference: **REC-CHILD-AG-2016-02/4666823**, DG Justice, EU.
- Ongoing monitoring of the situation with children on the move in Greece



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Situation until 2015



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Unaccompanied minors in today's troubled era

- ▶ Rapid increase in virtue of zones of war, civil conflict and dismantling countries in Middle East and Northern Africa
- ▶ Unfortunately, this is probably going to (a) be a constant phenomenon in the directly foreseeable future and (b) increase in magnitude over time
- ▶ Minors are also deriving from countries with extreme poverty which again see no perspective of economic growth at the time being
- ▶ A good proportion of UAC actually begun their journeys alone aiming at reaching a developed state, find a job there and escape from misery, hunger, danger, uncertainty and lack of perspective
- ▶ The bigger part of UAC pass from this geographic area as transit; so they usually stay only as long as it takes to establish the means for continuing their journeys



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg.ac.uk

ENTER Mental Health, EPAPSV & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Ineffectiveness of shelter residential care placement system in the previous phase of immigration/refugee issue

Drop-outs from UAC minors' shelters (EKKA, 2012 & 2013)

➤ Average length of stay in shelters:

2012: 49 days 2013: 60 days

➤ Drop-outs during the first 10 days

2012: 33,45% 2013: 30,54%

➤ Drop-outs after the first 30 days :

2012: 37,98% 2013: 38,6%

Other challenges of UAC's residential care

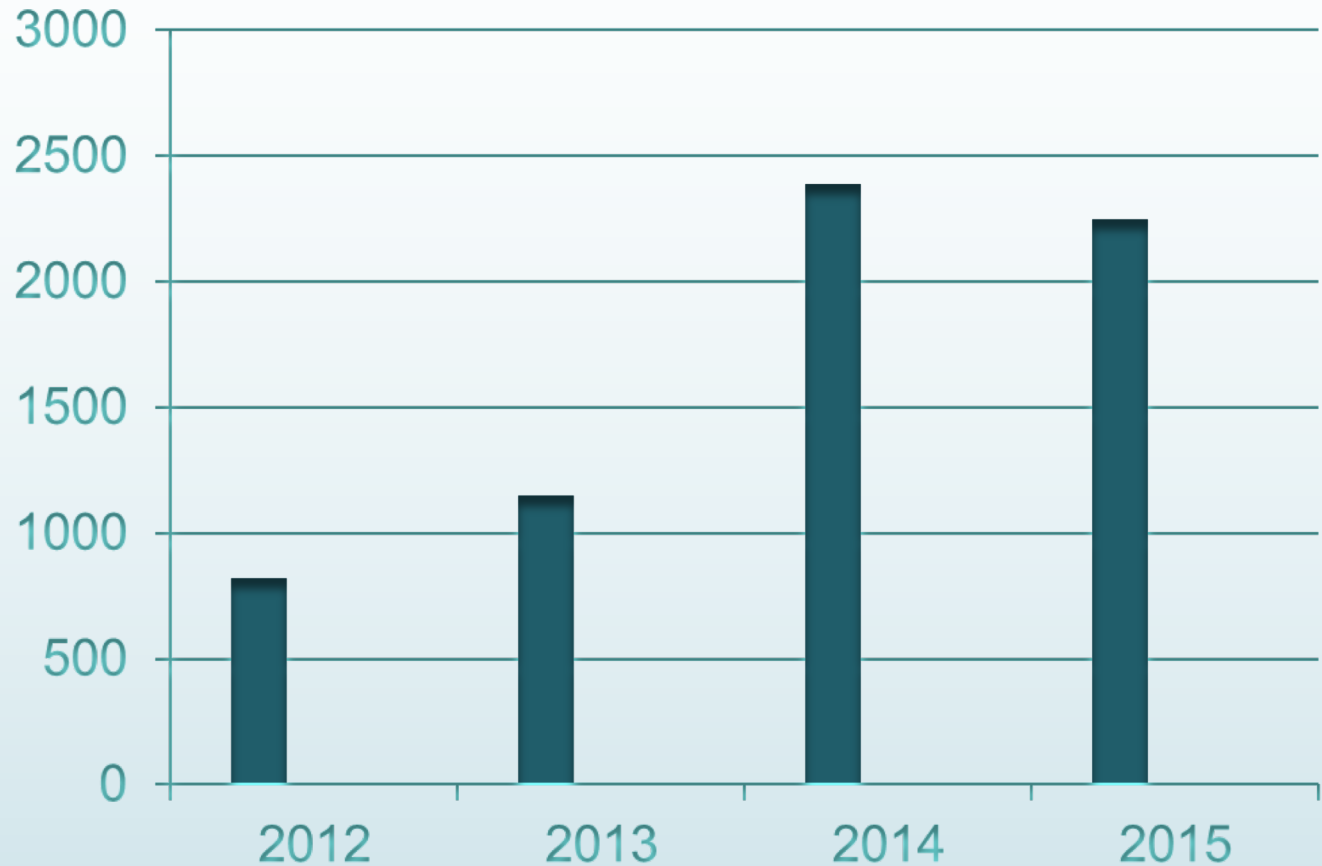
- Vast differences of provided services and quality of care among different shelters
- Vast differences in sensitization on the rights of UAC minors
- Differences in response when one UAC runs away from a shelter
- Needs for training, appropriate and specialized and experienced personnel and its supervision in all types of services having contact with UAC

Time period (in days) for UAMs' reception

	2012	2013	2014	2015
Average time from making an accommodation request until finding a vacancy in a shelter	15	13	24	5
Average time from finding a vacancy until the child's settling in the shelter	15	12	13	8
Average duration of UAM's stay	49	60	51	32

UAC accommodation requests

2012	2013	2014	2015
823	1150	2390	2248



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wa.gov.au

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: "Mental Health, Refugees and Migration", ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

All these happened until the massive wave of immigrants-refugees passing through the Aegean sea beginning in the summer of 2015



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Situation in 2016



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference

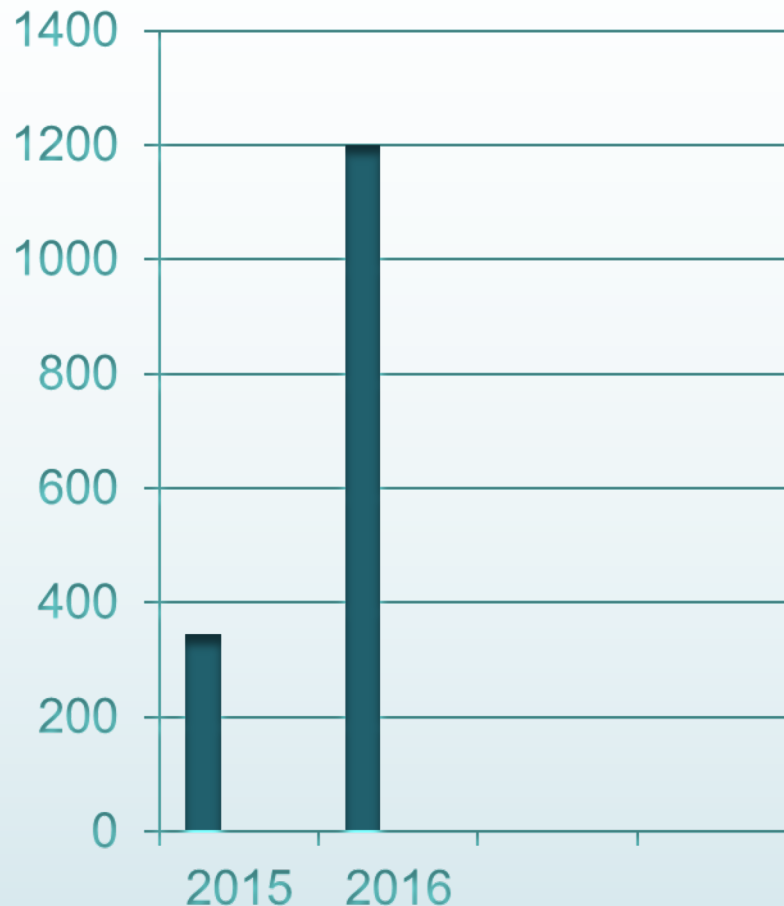


**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Accommodation requests UAC

1st quarter of 2015 vs. 1st quarter of 2016



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gov.au

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

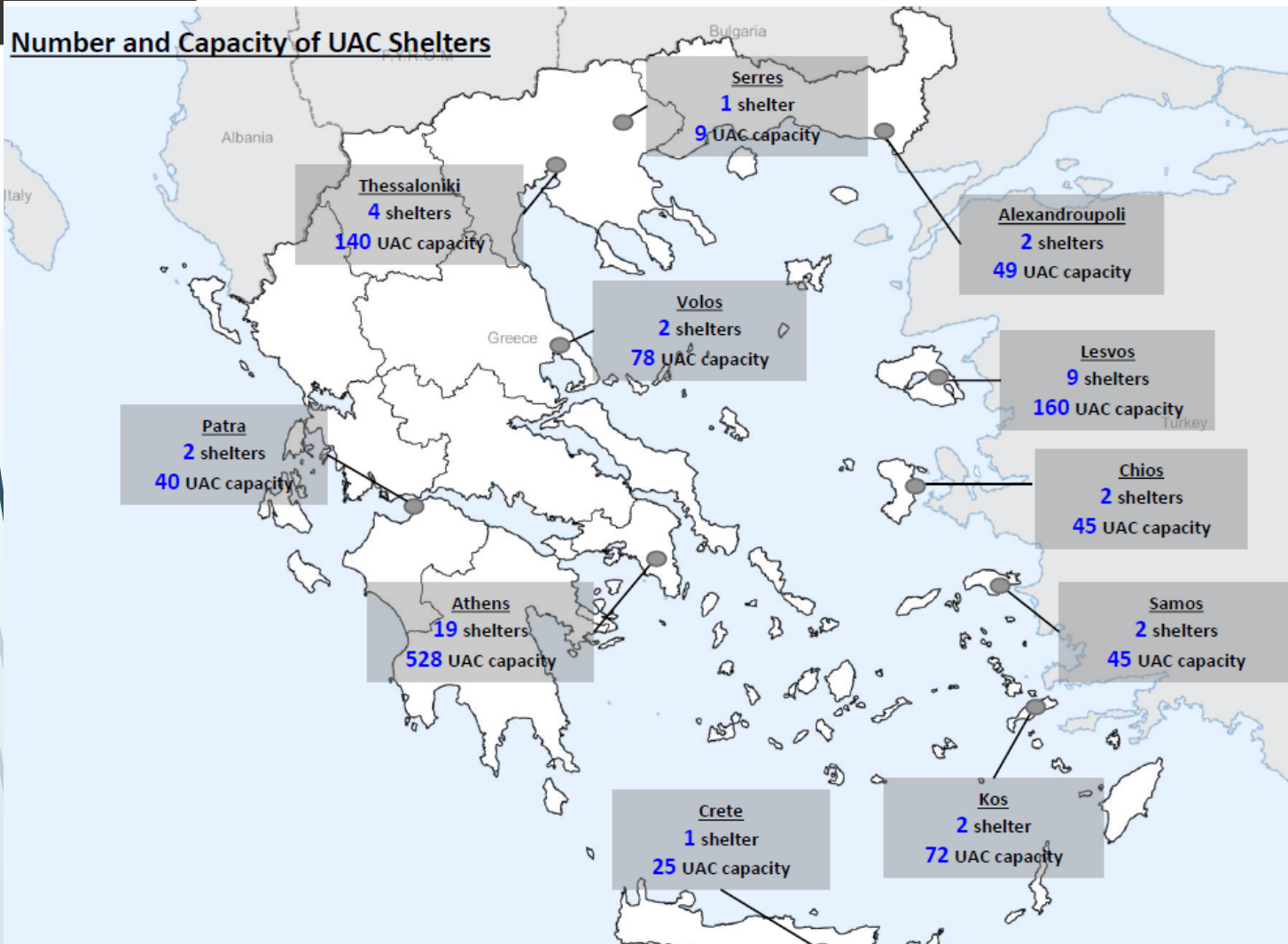
Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Unaccompanied children

- In 2016 there were estimates of **2,400 unaccompanied children** in Greece (based on referrals to EKKA)
- **1,191** places in shelters for unaccompanied children
- **1,610** unaccompanied children on the waiting list for shelters
- **4,370** unaccompanied children referrals to EKKA (Jan-Nov)
 - 91% boys / 9% girls
 - 14% under 14

Source: Situation Update: Unaccompanied Children in Greece, 1 January 2016 –31 October 2016, EKKA

Number and Capacity of UAC Shelters



Situation in 2016:
46 shelters
130 more planned

Source: Situation Update: Unaccompanied Children in Greece, 1 January 2016 –31 October 2016, EKKA



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

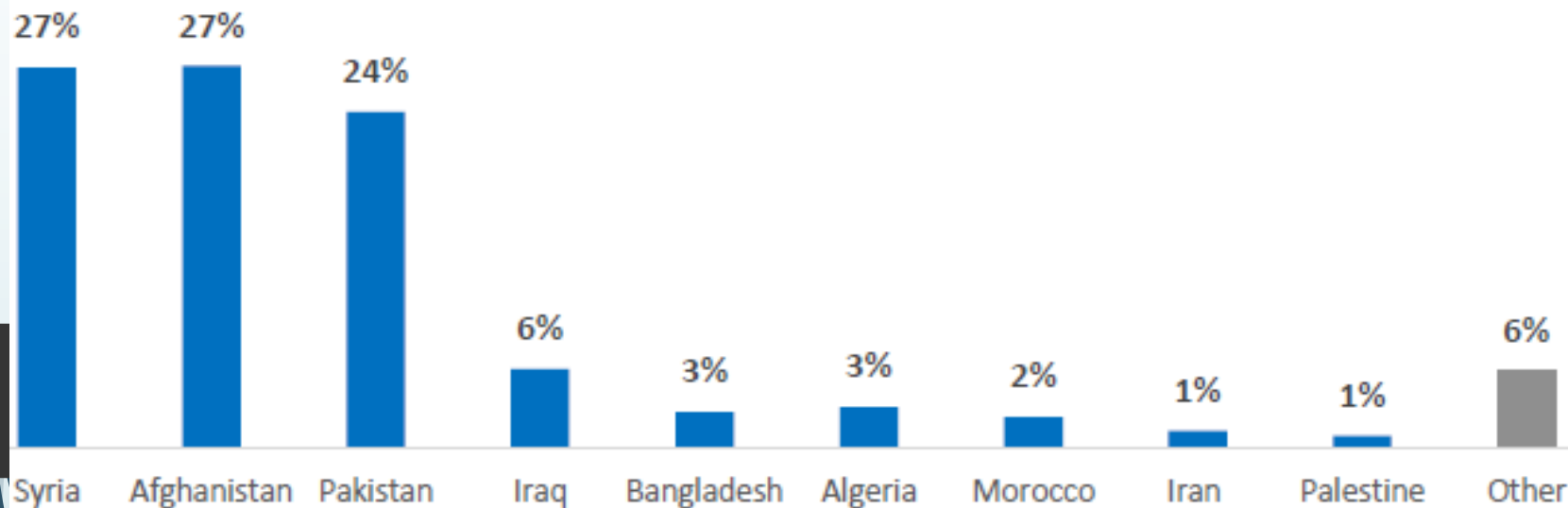


Mental Health, Refugees & Migration

15th ISPCAN European Regional Conference,
31/09/2017 - 04/10/2017,
the Hague, the Netherlands

Nationality of UAC (2016)

Total number of UAC referrals to EKKA by nationality
1 January - 31 October, 2016



Source: *Situation Update: Unaccompanied Children in Greece, 1 January 2016 –31 October 2016, EKKA*



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference

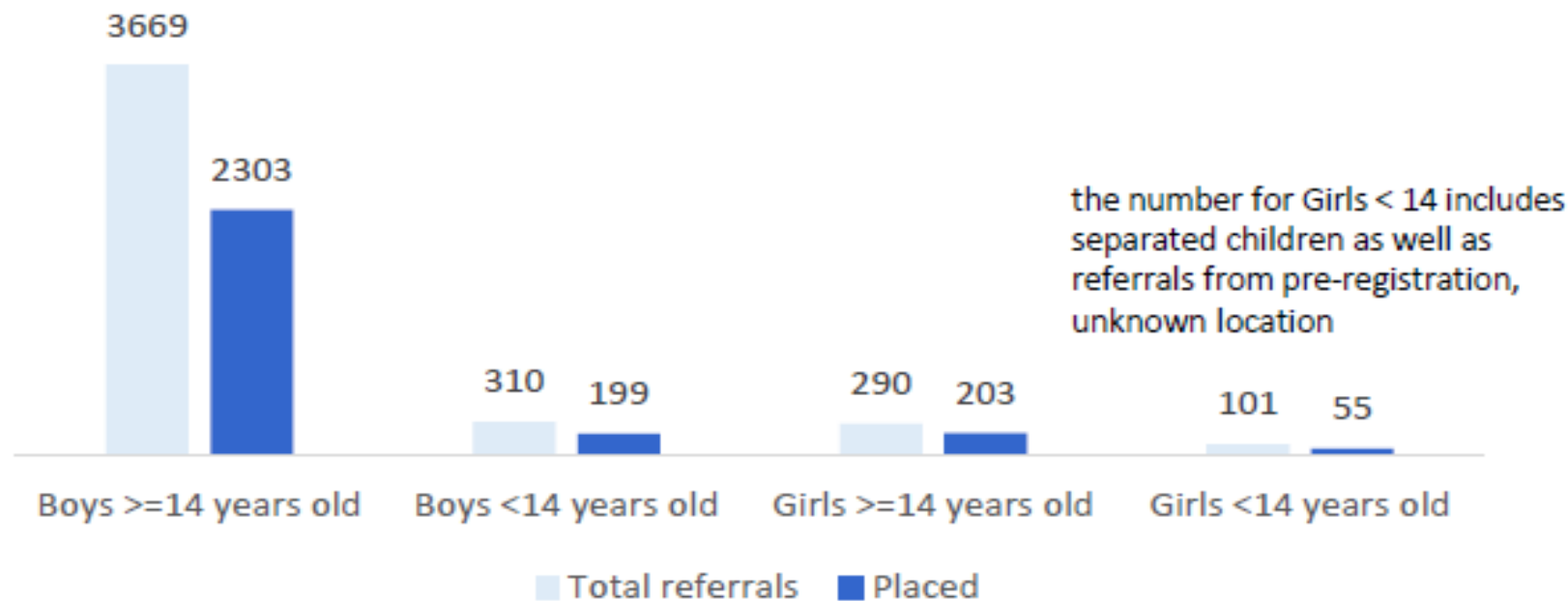


**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Age and sex of UAC (2016)

**Total UAC referrals to EKKA vs. Total UAC placed in shelters
disaggregated by Sex/Age
1 January – 31 October, 2016**



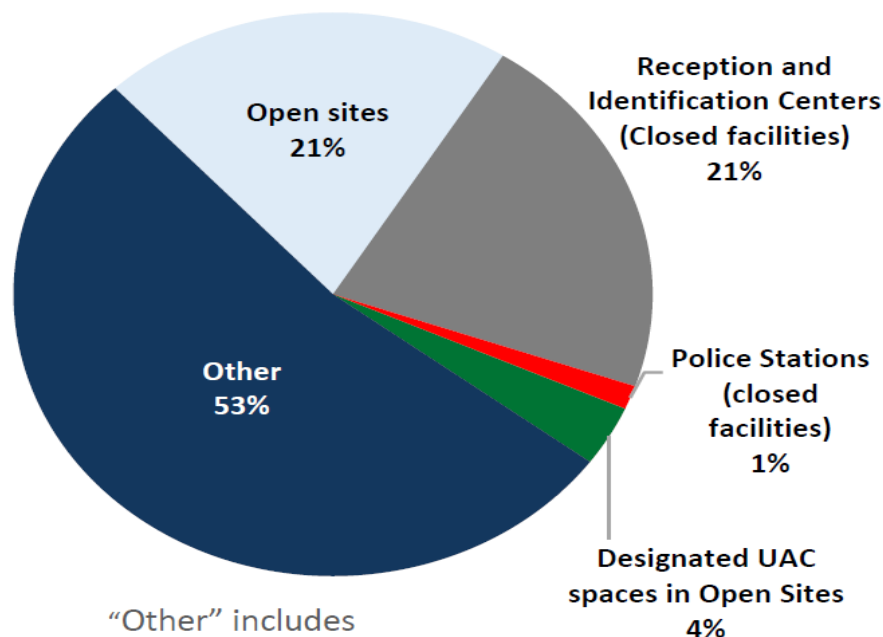
2016, EKKA

Those not in shelters... (2016)

Percentage of UAC on the waiting list by location

as of 2 November 2016

(based on requests by referral agents*)



“Other” includes primarily referrals from Asylum Service and NGOs.

- 1,610 on the waiting list
- Total number of children that have not been referred that are in the country
- Children who have been trafficked/ have gone ‘missing’

Source: Situation Update: Unaccompanied Children in Greece, 1 January 2016 –31 October 2016, EKKA



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.gov.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

After the closure of the so called Western Balkan channel, run away rates have dropped;

However, this should not be misunderstood; inefficiencies and ineffectiveness of that system are still a major challenge!



Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Situation in 2017



Rapid Assessment of Mental Health and Psychosocial (MHPS) Needs and Service Response to Unaccompanied Children (UAC)



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Objectives of the rapid assessment

- To assess the range, scope and scale of mental health issues facing UAC in Greece including those living in shelters and those in other locations including reception and identification centres and reception centres;
- To map existing MHPSS and child protection legislation, policy and services in Greece and assess the capacity to meet the increased case load, scope and range of specific MHPSS support needs of UAC, including but not exclusively the most severe cases;
- To identify good practices and possible gaps in the current Greek legal and policy framework as well as service provision response to the increased case load and particular MHPSS needs of UAC;
- To propose a set of recommendations on how to best address existing gaps including immediate and medium/long term actions in light of the realities of the Greek context



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Research questions & expected outcomes

Needs Assessment

- to identify the range of mental health and psychosocial support needs affecting UAC in Greece
 - including medical, social risk and protective factors
 - categorized according to symptoms and severity
- to estimate the number of UAC have been identified as having MHPSS needs and what type of needs including estimations of
 - number and percentage of UAC that require primary, secondary or tertiary specialized MHPSS support
 - percentage of UAC that may require separate in-patient care

Methodology & Information collection



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Research components

Desk review

- ▶ to describe the national context in general
- ▶ to identify good practices currently applied in other countries concerning services to address MHPS needs of UAC
- ▶ to map existing UAC-related child protection and MHPS support legislation, policy and services

▶ Preliminary data collection

(see next slide)

▶ Focus Group Discussions (Athens, Thessaloniki, Mytilene, Alexandroupolis)

- ▶ **10 FGDs with a total of 63 participants** working in shelters hosting UAC
 - ▶ **Shelters' personnel:** 7 FGDs with a total of 46 participants
 - ▶ **Shelters' Coordinators:** 3 FGDs with a total of 17 Coordinators

▶ Semi-structured Interviews (SSIs)

- ▶ **14 SSIs with key-informants working with UAC**

Also

▶ Steering Committee meetings

- ▶ Progress review of rapid assessment during three 12-member SC meetings



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.gov.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: "Mental Health, Refugees and Migration", ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Form for collecting preliminary data

- AIM:** first assessment of awareness of services of potential MHPS issues
- WHAT:** e-form for collecting preliminary data on MHPS needs of UAC
- WHEN:** ASAP (before FG/SSI take place)
- WHO:** UAC shelters' coordinators
- WHY:** to ask for available data related to MHPS problems of hosted UAC (**pre-existing, crisis-induced and current situation induced**)

The screenshot shows a web browser window with the URL <https://ee.kobotoolbox.org/x/#YBxK>. The form is titled "MENTAL HEALTH AND PSYCHO-SOCIAL NEEDS AND SERVICES FOR UAC" and includes a section "B. ΧΑΡΑΚΤΗΡΙΣΤΙΚΑ ΠΛΗΘΥΣΜΟΥ-ΣΤΟΧΟΥ" (B. CHARACTERISTICS OF THE TARGET POPULATION). Below this, there is a yellow box labeled "ΣΧΟΛΙΑ" (Comments) with a small text block: "Παρακαλούμε συμπληρώστε αυτό το μέρος να μη γράψετε σφάλμα είτε σχετικά με τις πληροφορίες ουσιαστικές ή άλλες πληροφορίες που θεωρείτε ότι μπορούν να βοηθήσουν στην καλύτερη κατανόηση των ψυχοκοινωνικών αναγκών και προκλήσεων ψυχικής υγείας των ασυνόδευτων παιδιών." (Please complete this part without making errors either related to the essential information or other information that you consider can help in a better understanding of the psychosocial needs and challenges of unaccompanied children's mental health). At the bottom of the form, there is a checkbox "Αποθήκευση ως σχέδιο" (Save as draft) and a red "Υποβολή" (Submit) button. Navigation buttons "Επιστροφή στην αρχή" (Back to start) and "Μετακίνηση στο τέλος" (Move to end) are visible at the bottom of the form area.

(via electronic tool at <https://ee.kobotoolbox.org/x/#YBxK>)

The information collected was used as a **basis** in facilitating **FG discussions** and **SSIs** with professionals and key stakeholders aiming to **identify currently applied practices in response to MHPSS needs and, mainly, weaknesses in the availability of the existing services with an ultimate aim to inform the necessary planning process.**



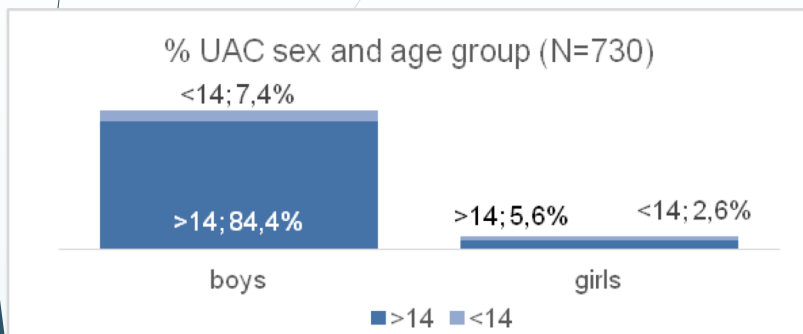
Conference: "Mental Health, Refugees and Migration", ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Limitations

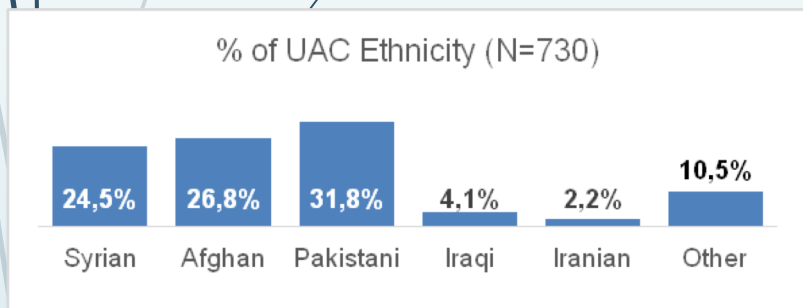
- ❖ The assessment consists a snapshot of the situation of MHPS UAC's needs and support services' response in a rapidly changing environment
- ❖ Given the limited timeframe, not all relevant agencies' stakeholders eventually participated in the assessment
- ❖ Data on the scale and the spectrum of MHPS needs of UAC derived from staff of shelters and not from assessments of the UAC themselves

UAC characteristics

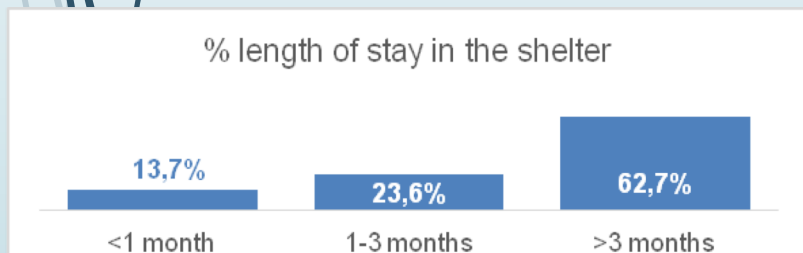
sex & age group



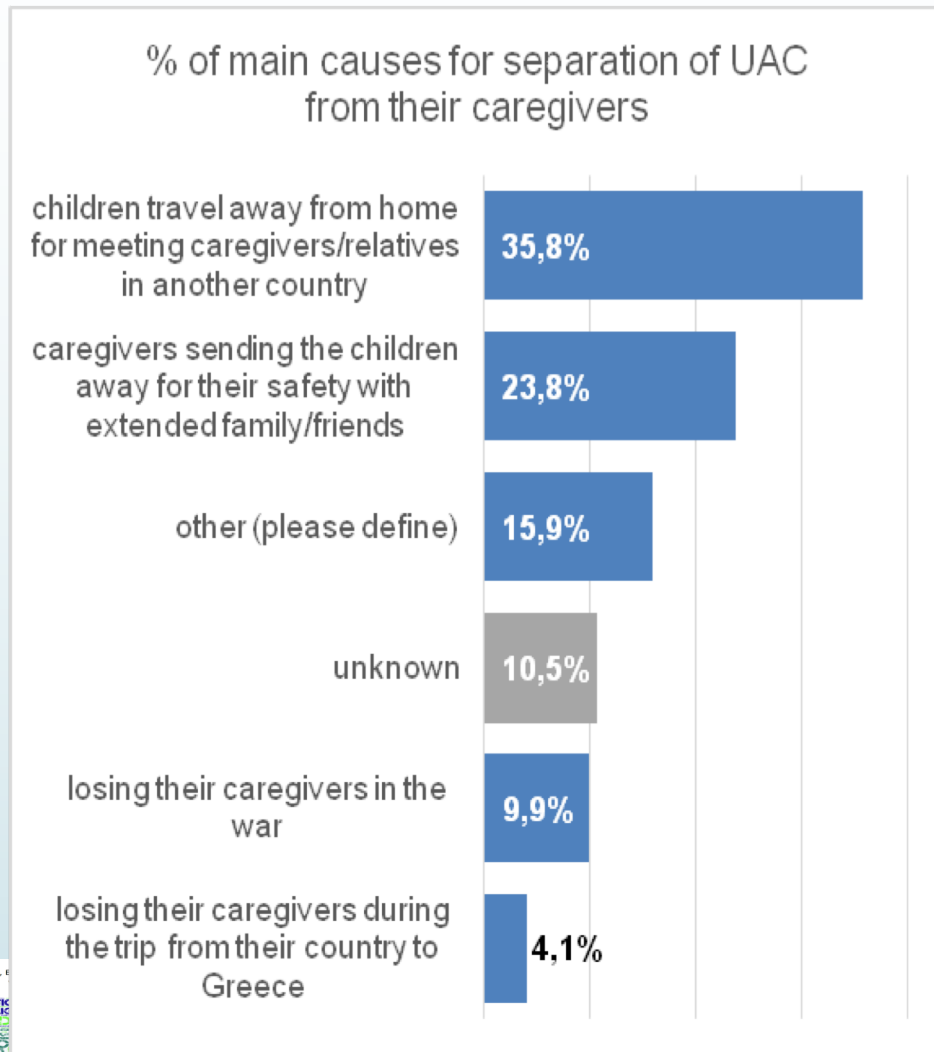
ethnicity



length of stay in the shelter

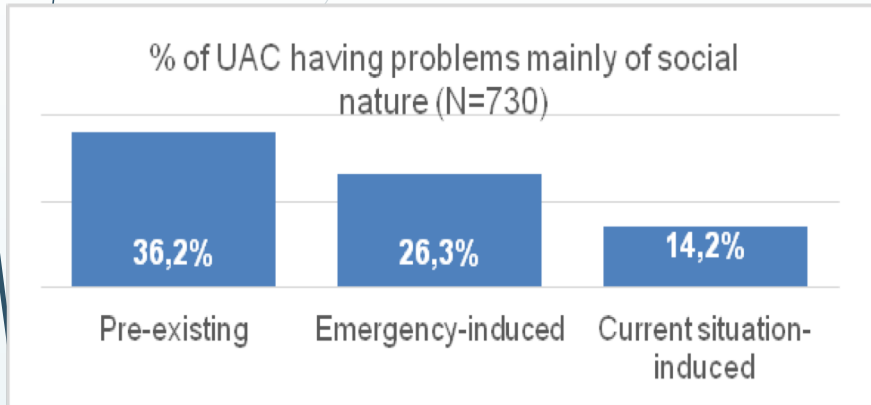


Main causes of separation of UAC (according to staff knowledge)

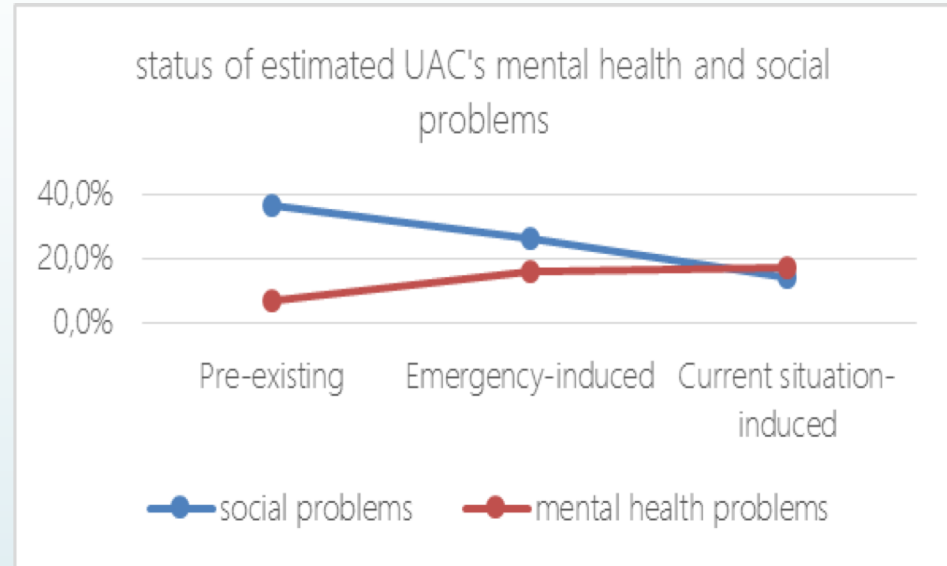
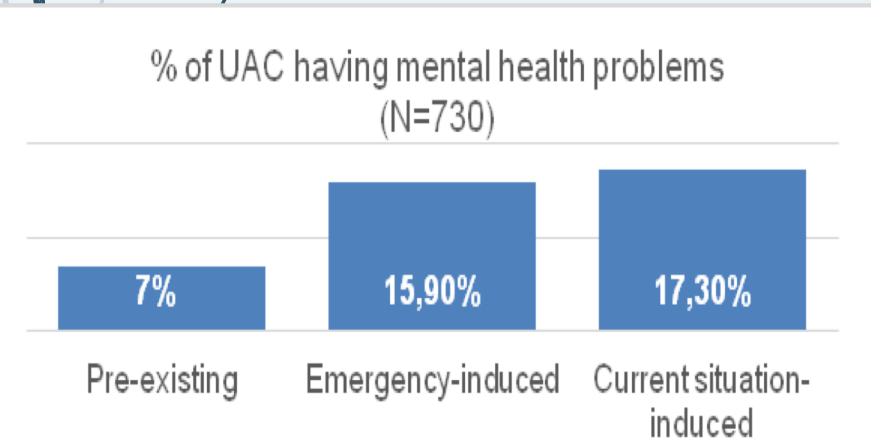


Scale of MHPS needs

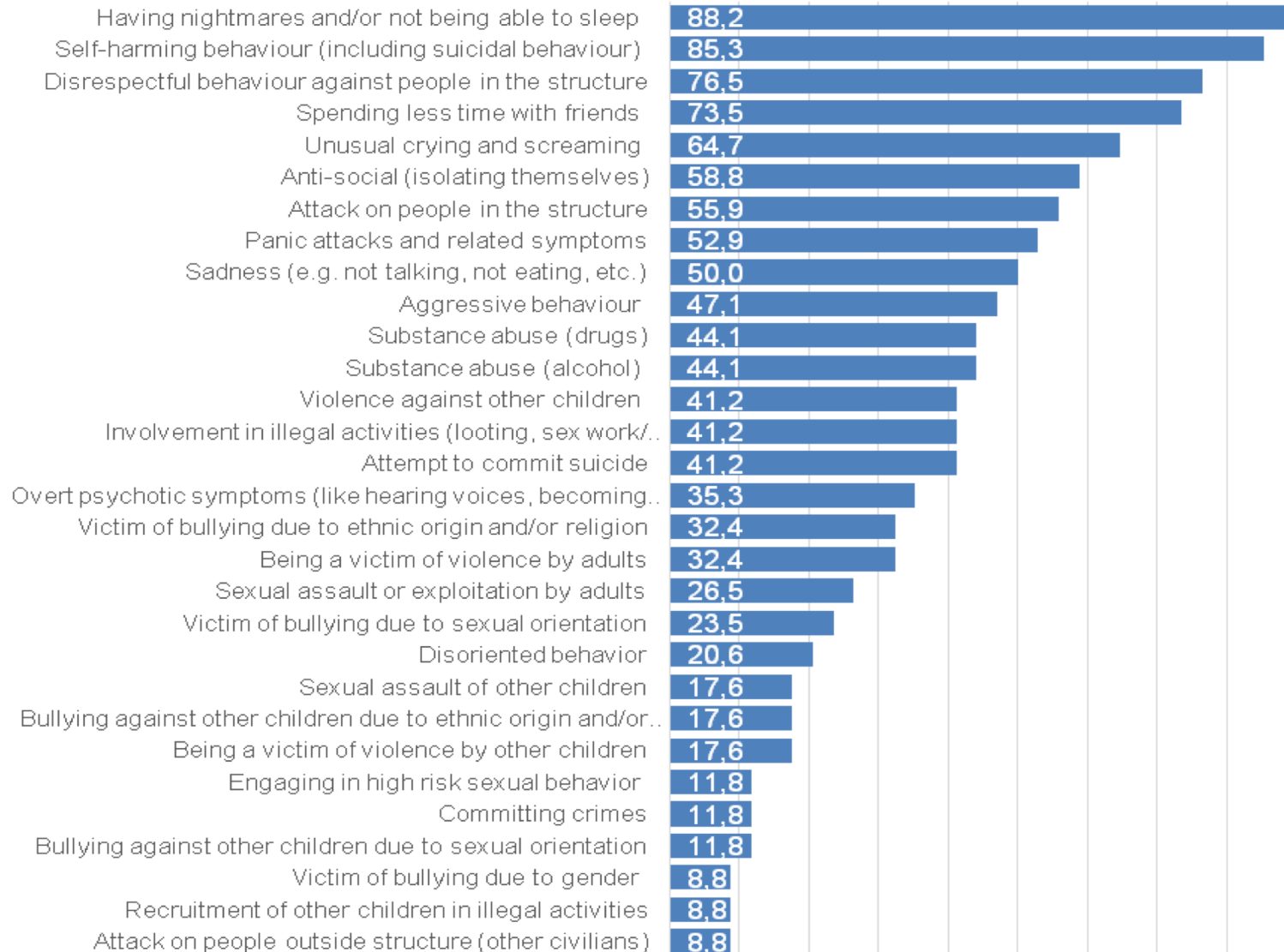
Problems of social & psychosocial nature



Mental health problems



% of shelters replied that host one at least UAC with the worrying sign



Prevalence of worrying signs noticed by shelters' staff (a)

Prevalence of worrying signs noticed by shelters' staff	chronic cases [f (%)] for 730 UAC (N=381)	acute cases [f (%)] for 730 UAC (N=684)	total cases (chronic+acute) for 730 UAC (N= 1065) ¹
Having nightmares and/or not being able to sleep	96 (13,2%)	48 (6,6%)	144 (19,7%)
Disrespectful behavior against people in the structure	43 (5,9%)	93 (12,7%)	136 (18,6%)
Self-harming behavior (including suicidal behavior)	22 (3%)	59 (8,1%)	81 (11,1%)
Unusual crying and screaming	18 (2,5%)	65 (8,9%)	83 (11,4%)
Sadness (e.g. not talking, not eating, etc.)	25 (3,4%)	42 (5,8%)	67 (9,2%)
Spending less time with friends	22 (3%)	26 (3,6%)	48 (6,6%)
Attack on people in the structure	6 (0,8%)	46 (6,3%)	52 (7,1%)
Violence against other children	15 (2,1%)	42 (5,8%)	57 (7,8%)
Aggressive behavior	11 (1,5%)	36 (4,9%)	47 (6,4%)
Substance abuse (drugs)	12 (1,6%)	30 (4,1%)	42 (5,8%)
Anti-social (isolating themselves)	20 (2,7%)	21 (2,9%)	41 (5,6%)
Substance abuse (alcohol)	4 (0,5%)	34 (4,7%)	38 (5,2%)
Panic attacks and related symptoms	13 (1,8%)	23 (3,2%)	36 (4,9%)
Involvement in illegal activities (looting, sex work/ prostitution, etc)	18 (2,5%)	16 (2,2%)	34 (4,7%)
Disoriented behavior	12 (1,6%)	8 (1,1%)	20 (2,7%)
Attempt to commit suicide	6 (0,8%)	13 (1,8%)	19 (2,6%)

Prevalence of worrying signs noticed by shelters' staff		chronic cases [f (%)] for 730 UAC (N=381)	acute cases [f (%)] for 730 UAC (N=684)	total cases (chronic+acute) for 730 UAC (N= 1065) ¹
most frequently reported signs	least frequently reported signs			
Having nightmares and/or not being able to sleep		96 (13,2%)	48 (6,6%)	144 (19,7%)
Disrespectful behavior against people in the structure		43 (5,9%)	93 (12,7%)	136 (18,6%)
Self-harming behavior (including suicidal behavior)		22 (3%)	59 (8,1%)	81 (11,1%)
Unusual crying and screaming		18 (2,5%)	65 (8,9%)	83 (11,4%)
Sadness (e.g. not talking, not eating, etc.)		25 (3,4%)	42 (5,8%)	67 (9,2%)
Spending less time with friends		22 (3%)	26 (3,6%)	48 (6,6%)
Attack on people in the structure		6 (0,8%)	46 (6,3%)	52 (7,1%)
Violence against other children		15 (2,1%)	42 (5,8%)	57 (7,8%)
Aggressive behavior		11 (1,5%)	36 (4,9%)	47 (6,4%)
Substance abuse (drugs)		12 (1,6%)	30 (4,1%)	42 (5,8%)
Anti-social (isolating themselves)		20 (2,7%)	21 (2,9%)	41 (5,6%)
Substance abuse (alcohol)		4 (0,5%)	34 (4,7%)	38 (5,2%)
Panic attacks and related symptoms		13 (1,8%)	23 (3,2%)	36 (4,9%)
Involvement in illegal activities (looting, sex work/ prostitution, etc)		18 (2,5%)	16 (2,2%)	34 (4,7%)
Disoriented behavior		12 (1,6%)	8 (1,1%)	20 (2,7%)
Attempt to commit suicide		6 (0,8%)	13 (1,8%)	19 (2,6%)



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ict.mhsu.gr

Mental Health, Refugees & Migration

Prevalence of worrying signs noticed by shelters' staff (b)

Prevalence of worrying signs noticed by shelters' staff	chronic cases [f (%)] for 730 UAC (N=381)	acute cases [f (%)] for 730 UAC (N=684)	total cases (chronic+acute) for 730 UAC (N=1065) ¹
Attempt to commit suicide	6 (0,8%)	13 (1,8%)	19 (2,6%)
Victim of bullying due to ethnic origin and/or religion	11 (1,5%)	7 (1%)	18 (2,5%)
Being a victim of violence by other children	4 (0,5%)	12 (1,6%)	16 (2,2%)
Being a victim of violence by adults	3 (0,4%)	12 (1,6%)	15 (2,1%)
Sexual assault or exploitation by adults	2 (0,3%)	11 (1,5%)	13 (1,8%)
Overt psychotic symptoms (hearing voices, becoming paranoid etc.)	5 (0,7%)	6 (0,8%)	11 (1,5%)
Victim of bullying due to sexual orientation	6 (0,8%)	2 (0,3%)	8 (1,1%)
Attack on people outside structure (other civilians)	0	8 (1,1%)	8 (1,1%)
Bullying against other children due to sexual orientation	2 (0,3%)	4 (0,5%)	6 (0,8%)
Bullying against other children due to ethnic origin and/or religion	1 (0,1%)	4 (0,5%)	5 (0,7%)
Sexual assault of other children	0	5 (0,7%)	5 (0,7%)
Committing crimes	0	5 (0,7%)	5 (0,7%)
Engaging in high risk sexual behavior	1 (0,1%)	3 (0,4,%)	4 (0,5%)
Victim of bullying due to gender	3 (0,4%)	0	3 (0,4%)
Recruitment of other children in illegal activities	0	3 (0,4%)	3 (0,4%)

Prevalence of worrying signs noticed by shelters' staff		chronic cases [f (%)] for 730 UAC (N=381)	acute cases [f (%)] for 730 UAC (N=684)	total cases (chronic+acute) for 730 UAC (N=1065) ¹
most frequently reported signs	least frequently reported signs			
Attempt to commit suicide		6 (0,8%)	13 (1,8%)	19 (2,6%)
Victim of bullying due to ethnic origin and/or religion		11 (1,5%)	7 (1%)	18 (2,5%)
Being a victim of violence by other children		4 (0,5%)	12 (1,6%)	16 (2,2%)
Being a victim of violence by adults		3 (0,4%)	12 (1,6%)	15 (2,1%)
Sexual assault or exploitation by adults		2 (0,3%)	11 (1,5%)	13 (1,8%)
Overt psychotic symptoms (hearing voices, becoming paranoid etc.)		5 (0,7%)	6 (0,8%)	11 (1,5%)
Victim of bullying due to sexual orientation		6 (0,8%)	2 (0,3%)	8 (1,1%)
Attack on people outside structure (other civilians)		0	8 (1,1%)	8 (1,1%)
Bullying against other children due to sexual orientation		2 (0,3%)	4 (0,5%)	6 (0,8%)
Bullying against other children due to ethnic origin and/or religion		1 (0,1%)	4 (0,5%)	5 (0,7%)
Sexual assault of other children		0	5 (0,7%)	5 (0,7%)
Committing crimes		0	5 (0,7%)	5 (0,7%)
Engaging in high risk sexual behavior		1 (0,1%)	3 (0,4,%)	4 (0,5%)
Victim of bullying due to gender		3 (0,4%)	0	3 (0,4%)
Recruitment of other children in illegal activities		0	3 (0,4%)	3 (0,4%)



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
URL: www.icmh.msk.gov.uk

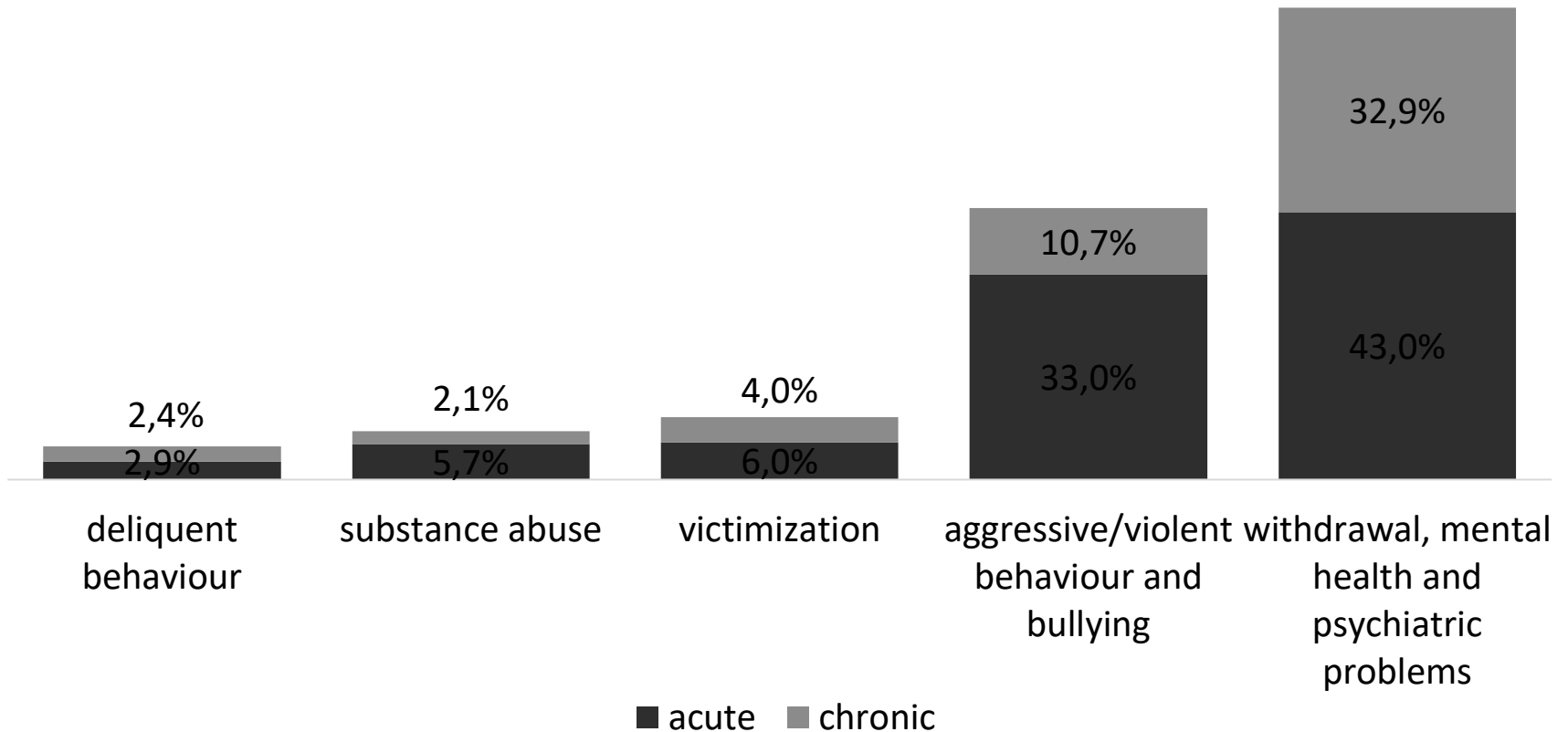
ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



Mental Health, Refugees & Migration

Reported worrying signs per category

% of reported worrying signs per category by shelters' staff *



Mental health & psychosocial institutions and services addressing the MHPSS needs of UAC

Total number of places for UAC in shelters and safe zones nationwide (July 2017)
1427 places in 50 shelters & 7 safe zones*

Alexandroupoli
2 shelters, 50 places

Kavala
1 shelter, 10 places

Serres
1 shelter, 9 places

Thessaloniki
6 shelters, 168 places

Lesvos
9 shelters, 176 places

Volos
2 shelters, 78 places

Chios
1 shelter, 20 places

Samos
1 shelter, 18 places

Athens
23 shelters, 583 places

Patra
1 shelter, 30 places

Kos
2 shelters, 54 places

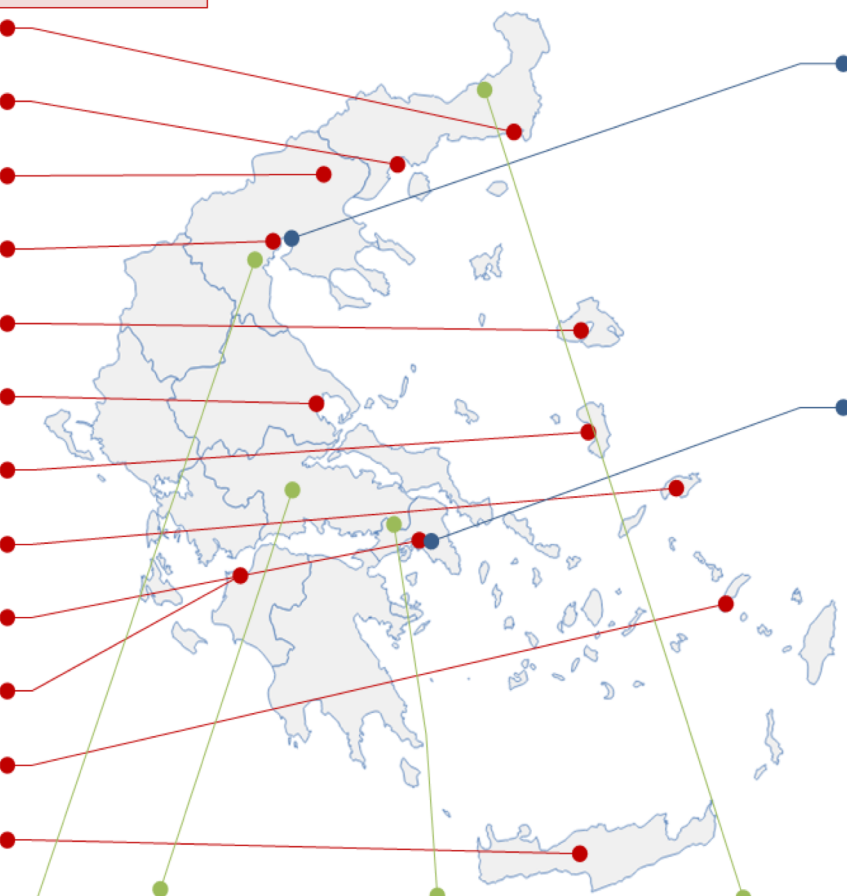
Crete
1 shelter, 25 places

Central Macedonia
2 safe zones, 60 places

Central Greece
2 safe zones, 60 places

Attica
2 safe zones, 54 places

East Macedonia & Thrace
1 safe zone, 30 places



Availability of beds in Child Psychiatric Departments in hospitals nationwide
53 beds in 7 hospitals**

Thessaloniki

- Child and Adolescents Psychiatric Department, General Hospital "Agia Sofia" Thessalonikis,, 8 beds
- Child and Adolescents Psychiatric Department, General Hospital "Papanikolaou", 10 beds

Athens

- Department of Child and Adolescent Psychiatry, Athens University Medical School at the "Aghia Sophia" Children's Hospital, 10 beds
- Child Psychiatric Department, General Child Hospital "A Kyriakou", 5 beds
- Child Psychiatric Department, General Child Hospital Pentelis, 5 beds
- Child Psychiatric Department, General Hospital "Tzanio", 5 beds
- Child and Adolescents Psychiatric Department, General Hospital "Sismanogleion", 10 beds (for adolescents)

Note: For children up to 14 years old there are 25 beds available (in child hospitals); for adolescents 14-18 years old there are 10 beds (in Sismanogleion Hospital)

* Source: EKKA & UNICEF (July 2017) available at: <http://www.unicef.org/greece/files/ΚΑΚΑ%20Πρόγραμμα%20Αποδοχής%20Αλλοδαπών%20Παιδιών%20και%20Ενηλίκων%20Αναψυχής%20και%20Εκπαίδευσης%20στην%20Ελλάδα%202017-2019.pdf>

** Source: MoH, Special Committee for the Protection of Rights of People with Mental Disorders (14/5/2013) available at: <http://www.moh.gov.gr/articles/health/domestic-issues/psychiatry/312-psykh-ygeia/1398-eidikh-epitroph-elegxoy-prostasias-twn-dikaiomatwn-twn-atomwn-me-psyhikes-diataraxes?fdl=8836>

However....

- Sustainment rates are still low and will be threatened to drop again anytime!
- Incorporation to society is still the bigger challenge which is not sufficiently addressed by the current system of residential placement
- Meeting perplexed needs of UAC is still a challenge; also requiring to ground pre-assumptions of all stakeholders to the specifics of the particular minor's population

To that end, comprehensive and ongoing data collection is of paramount importance for social policy intervention design and assessment

Response of existing services to the MHPSS needs of UAC (1)

- ▶ Psychosocial needs are managed in the vast majority of the cases internally
 - ▶ social workers and other social scientists working in shelters undertake the leading role as well as other personnel, especially caregivers, which also take part on addressing issues
- ▶ Everyday difficulties related to stress UAC experience due to long waiting for their legal cases, to cohabitation etc. are also managed in their majority internally
 - ▶ psychologists, pedagogues, caregivers, social workers and other shelters' personnel are involved usually
- ▶ Response to mental health problems is also usually internal, often with the support of external services (while UAC remain in shelter)
 - ▶ Mental disorders or acute violent or self-harm cases, however, are often referred to services outside of the shelter
 - ▶ cooperation with mental health services (usually psychiatric departments of hospitals) is reported not to be always smooth and/or effective

Response of existing services to the MHPSS needs of UAC (2)

- In rare occasions (according to EKKA's data ~**20 referrals** nationwide for the first semester of 2017 some of which concern the same minor), UAC should involuntarily taken for clinical assessment with the question of potential admission to an inpatient psychiatric hospital unit following a respective prosecutor's order (upon a request of shelters' personnel when the case is not possible to be handled internally in the shelter).
- However, sometimes, there is confusion among stakeholders between prosecutor's order for granting permission for providing clinical services (qua fulfilling the role of legal custodian) on one hand and prosecutor's order for involuntary assessment and in turn hospitalization on the other.

PROPOSED SOLUTIONS by participants in FG and SSIs

- Some participants in the discussions suggested the planning and development of specialized structures for hosting UAC with severe mental health problems; other participants –even working in the same shelters had a quite a different opinion as they consider that this would be a new form of institutionalization
- Other participants suggested the development of new services that will support UAC with problems while living in the shelters (except for very severe and “dangerous” cases) or strengthening the already existing services to this direction.

Key challenges; main topics (1)

➔ Long delays in asylum seeking (or other relevant) procedures

Mental health and social welfare professionals working with UAC within shelters and in community based services recognized that developments on legal procedures of UAC are very relevant to the mental health difficulties (especially with acute incidents of aggressive or violent behavior but also of withdrawal and depressive behaviour)

➔ Progress on legal procedures and services for UAC MHPSS needs

UAC receive information concerning the progress on legal procedures for their cases from multiple and often contradictory sources including lawyers (also those working in shelters); the dedicated members of the guardianship network; staff of shelters; but also other informal sources often with limited reliability such as family members; other UAC; other adult refugees and migrants and, often, smugglers.



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gi

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (2)

Age of UAC/ Age assessment

- Often age assessment procedures are not accurate; in many cases staff of shelters as well as key-informants noted that they consider that there are many young adults living in shelters along with minors.
- During the focus group discussions, staff of shelters mentioned that consider that many of the UAC maybe older than 18 years old, sometimes minors who come of age while in the shelter and in other cases people who were >18 when placed; the latter probably claim to be minors following the advice of other people (including smugglers and other migrants) in the RICs for having the rights and entitlements of minors such as accommodation in the respective shelters, legal aid, and other services. In addition, given that there is a chronic shortage of space for unaccompanied children, placements of young adults in shelters implies longer waiting list for UAC.
- Staff in some shelters noticed that is difficult to work equally and adequately with the whole population of the shelter and that they feel that their shelter miss an identity; different tools are needed for children and different for young adults

Suggestion

The proper procedure to be followed for a precise age assessment as soon as the person arrives in the country (i.e. in the reception and identification services) as provisioned in the relevant Ministerial Decision (2013) setting out a “multidiscipline approach to age assessment” that does not rely solely on appearance or medical or dental examinations but also in interviews with social welfare and mental health professionals.



Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (3)

Sharing of information among services working with the same UAC

A common finding among shelters hosting UAC was the lack of adequate information concerning children psychosocial and mental health history. The information accompanying the UAC when placed in a shelter (from another shelter or from a camp etc) is quite restricted. To this end, the shelter should assess all newcomers in order to collect some information for their histories.

MHPSS problems of UAC related to practical difficulties

There is a problem with public services response when it comes to UAC day-to-day life and aspects influencing their mental health and well-being. People working in services are confused or unaware of the legal framework or sometimes they do not want to implement what is prescribed

During focus group discussions as well as interviews with key-informants, a recurring subject was the practical problems that UAC have to face; these issues affecting their day to day life and adding up to their stress are, indicatively, related to acquiring AMKA number, registration at school, parental/guardian consent in various cases for practical everyday issues such as buying SIM cards, money transfer from families to UAC, participation in community sport clubs or other activities, etc. In addition to the stress these situations put upon UAC, they also require extended amount of time from the professionals working in shelters who need to visit, for example, several KEPs in order to make it possible for an UAC to acquire AMKA or various schools in order to find a school principal who will accept the UAC in their school.

Suggestion

A common request from professionals working with UAC was **the preparation of a brief document/guide** with clear directions providing solutions to practical barriers, common for all shelters for UAC to be shared among them but also to be distributed (stating, for example, in a simple way but also citing the relevant legislation what documentation is needed for registration in school).



Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (4)

Services for hosting young adult refugees

The absence of shelters for hosting young adults for a transition period for mainly a) the ones who have lived in shelters as minors and came of age during their stay there and also b) the ones identified as >18 based on a secondary age assessment

Apart from the challenges occurring as well as the potential risks of adults-children cohabitating within the same structure, the above mentioned situation keeps behind young adults when it comes to their day to day life and in acquiring the skills for living independently in Greece or another EU country.

Suggestion

During focus group discussions and interviews with key informants the development of new services was suggested; these new services should have a “transitional” character and address mainly the age group of young adults (e.g. >18-23), targeting the real needs of this special age group instead of treating them as minors, as, for example, provide them with options for young adults’ education (e.g. vocational training in order at a later time to be able to find some employment).



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.gov.gr



**Mental Health,
Refugees
& Migration**

• Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (5)

Guardianship-related issues

Given the particular characteristics of unaccompanied children as well as their numbers, the effective regulation of the guardianship institutions is imperative; currently the appointment of temporary or permanent guardians becomes particularly difficult, resulting in children not being able to enjoy the protection and rights enshrined in the Convention on the Rights of the Child.

Moreover in the absence of legal guardians appointed the prosecutors fulfil this role; this is a common source of difficulties and confusion in regards to provision of clinical services to UAC especially involuntary.



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (6)

MHPS problems of UAC related to policy or general societal aspects

Funding of shelters, especially for UAC pocket money.

It was highlighted by many professionals that when UAC have no money at all it means that they cannot be independent. They go out for a walk, for a coffee and all they have is the bus ticket that the NGOs provide for them. It was also mentioned that the absence of pocket money makes UAC much more vulnerable in participating in illegal activities putting them sometimes in really risky situations.

Negative attitude of the community against UAC

There were several cases mentioned in which UAC were victims of racist behaviors. For example, there was a health professional in a hospital located in Athens who didn't want to provide care to an UAC because of his origin; a priest in a church in a smaller city who asked "documentation" of Christianity in order to give to the child the holy communion; police officers who arrested and led UAC in custody because they didn't have on them their original papers but just copies; habitants in a neighborhood who complaint to the local authorities about UAC sitting in a park "where families go".



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: "Mental Health, Refugees and Migration", ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (7)

Education is not always an option for UAC

Education was consistently mentioned as a MHPSS related issue need especially for areas where reception classes and/or cross-cultural classes in schools are not adequate or doesn't exist at all; some UAC go to school but face difficulties with the language and therefore their assessment by respective services (e.g. by KEDDY for learning or other difficulties) are not feasible especially considering that validated assessment tools for children deriving from specific countries are now widely available.

A problem that was often mentioned were the difficulties of enrolling UAC into school (either due to practicalities or because there were no available places in reception classes or there was no cross-cultural school).



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg.ac.uk

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: "Mental Health, Refugees and Migration", ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Key challenges; main topics (8)

Standards of operation for shelters

A lot of discussion on current response of shelters to MHPSS needs of UAC focused on operational aspects of shelters. Currently each shelter develops and applies its own procedures to handle mental health or psychosocial problems of residents in a more or less effective way; participants in discussions suggested that development and application of common operational standards for all shelters for UAC and evaluation methods are necessary and directly relevant to effective response to MHPSS needs of UAC.

Shelters' structure

Providing that younger UAC are considerably fewer than the older ones, it was suggested the revision of the age criterion for placements from ≥ 14 to ≥ 16 old

Capacity building

Almost every participant in the FGDs mentioned that initial and ongoing training of UAC shelters' personnel is necessary as well as relevant material covering a variety of subjects such as practical issues, legal issues, cultural issues etc

Appropriate staffing/ not frequent movement

A need was noted for clarification of roles among caregivers, guards/security staff, educators and other personnel



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: "Mental Health, Refugees and Migration", ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Recommendations



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gi

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Primary Prevention

This dimension is the most essential since preventing UAC from manifesting mental health disorders or challenging behaviors as well as addressing premorbid conditions, under-threshold symptoms and “soft” signs could be the most effective strategy to tackle the issue. Moreover, it is well documented that addressing such mental health challenges at an early stage is more cost-efficient and prevents further implication which otherwise might appear. Applying a comprehensive approach for primary prevention would entail:

- **Promoting early detection and identification of UAC with mental health and psychosocial issues** via comprehensive schemes of personnel’s training
- **Raising awareness of UAC for mental health issues and availability of effective care** via mental health awareness raising programs for UAC
- **Enhancing social inclusion of UAC via providing activities merging UAC with other minors**
- **Building personal relationships of UAC with caregivers**; this could be promoted by developing good practices’ guidelines for shelters’ functions
- **Addressing key triggering or risk factors of psychopathological manifestations** i.e. informing in advance for potential delays in procedures, holding after crucial life events etc.



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.gov.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Secondary Prevention

This dimension is of paramount importance for tackling the problems once mental health disorders or challenging behaviors eventually arise. It should be noted that measures included at this level should target to the totality of UAC facing mental health and psychosocial issues and not just the few ones requiring hospitalization in virtue of the one or the other such condition. Therefore, outpatient, community-based services should be the main focus of efforts to prevent mental health conditions to worsen. However, in order for such services to be available in practice, one has to take into consideration all practical issues currently representing barriers to utilization of existing MHPSS by the UAC. Such an approach should include:

- **Developing an easy and comprehensive system of referrals**
 - EKKA could lead this effort
- **Providing accessible and appropriate MHPSS to all UAC in need by developing specialized community-based mental health services for UAC** (i.e. one in each of the three regions with many shelters)
- **Actively involving caregivers to treatment schemes by operational procedures** securing close collaboration between caregiving “system” and therapeutic services
- **Addressing gaps in availability of necessary resources** including geographical inequalities in their allocation;
 - specifically in the Northern Aegean region providing for some public sector mental health services for C&A could benefit not just the UAC residing there but also the general population which is currently uncovered



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.gov.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Tertiary Prevention

Safeguarding continuity of care and enhancing efforts for avoiding relapses is of paramount importance for any comprehensive strategy for prevention and control of mental health issues of any particular population group including UAC. Such an approach should include:

- **Securing a comprehensive and quality follow up system of mid- and long- term treatment of UAC with mental health and psychosocial issues** by developing specialized community-based mental health services for UAC (i.e. one in each of the three regions with many shelters)
- **Developing individualized care plans for any UAC with mental health or psychosocial issues in collaboration between the caregiving “system” and the therapeutic services** which if specialized could secure continuity
- **Safeguarding continuity of UAC’s care**, including cases of them which are coming into adulthood via developing networks between specialized community-based mental health services for C&A and the ones for adult immigrants/refugees for creating synergies



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Horizontal Actions

Such actions cross cut all levels of prevention strengthening implementation of all other measures recommended like:

- **Developing a monitoring mechanism** for case-based registering and surveillance of UAC in need of MHPSS
- **Promoting participation of UAC as well as ethnic communities of their origin in all levels of decisions concerning them** including effective tackling of mental health and psychosocial issues of individual UAC
- **Establishing a common minimum code for operation for UAC residential care as well as protocols** for addressing acute or chronic mental health issues of residents
- **Clarifying capacities of public sector services** for the subject matter from top level (Ministries) to first-line services



STUDY: MAPPING AND ANALYSIS OF THE CHILD PROTECTION (CP) SYSTEM IN GREECE

[RFPS-CEECIS-2017-171090]

Institute of Child Health, Department of Mental Health and Social Welfare



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Outline

- ▶ Steps taken for implementing the study
 - ▶ Semi-structured Interviews with professionals (key-informants) in Athens and Thessaloniki
 - ▶ Focused Group Discussions with professionals in Thessaloniki
 - ▶ Focused Group Discussions with children and parents in Athens and Thessaloniki
- ▶ Focused Group Discussions and Interviews with professionals
 - ▶ Participants
 - ▶ Results
- ▶ Focused Group Discussions with children and parents
 - ▶ Participants
 - ▶ Results
- ▶ Next steps



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Aim of the study

→ Better understanding of the CP system's functionality on a municipal (Athens-Thessaloniki municipalities) or/and regional (Attica-Central Macedonia regions) level, in relation to the protection of children and especially migrant and refugee children, in order to

- ▶ shed light on how the CP system functions in practice, taking also into account the overall responsiveness of the system on a national level,
- ▶ provide feedback for further planning of CP services in metropolitan centers, so that it becomes able to meet the increasing needs of the migrant and refugee population, and
- ▶ trace the possible interventions necessary to enhance the system's immediate and mid-term functionality

Main challenge of the study

→ Documenting the situation regarding the CP services inevitably delivered on two parallel levels, combined with the inter-function of these two parallel systems, that is:

- ▶ Services delivered by the mainstream CP system, that is, services addressed to minor residents of the country in need of protection,
- ▶ CP services addressed to “children on the move” (refugee/migrant minors, unaccompanied or not), and
- ▶ The points of inter-function between the services involved with the first, second or both the above categories of minors in need of social care



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.gov.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Concluding remarks



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wg

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Common daily practice problems

resistances of professionals working with migrant children have been primarily an **oscillation from total rejection and passive stance towards children and/or their families, to “absolute power” and assertiveness** towards them, making way, thus, to the threat of “burn-out syndrome”,

- **resistances of children themselves and their families if any** (their parents/carers) have been often reactive and defensive towards services and professionals and
- **institutional resistances** co-existing with individual ones, have been expressed in reluctance, negative outcome pre-viewing as well as in articulating procedures and requirements that practically exclude migrant populations from services' benefits.

Failures of approaches insofar

- During the last years a parallel system of residential care was developed in Greece to address growing numbers of UAC
- Residential care for UAC has clearly failed as a method as well as repressive approach towards them: no prison cell, no institution can eventually keep these children and adolescents from pursuing their place in the world.
- From a cost-effectiveness viewpoint measures implemented insofar have shown very little outcomes in terms of accommodating some substantial proportion of unaccompanied minors and incorporating them to some or other societal network of care
- So, maybe it is time to explore potentials of alternative approaches...
- However, the most radical solution to this problem lies miles away from Greek-Turkish borders: creating conditions for decreasing migration, for those populations to have a future in their own homelands



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gr

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

The most difficult “Core” challenges in designing social policies indentified:

- How to simultaneously respect **cultural diversity** on one hand and Human Rights and the **Rights of the Child** on the other
- How to address **current challenges** and **growing numbers** without institutionalizing **segregated different sets of standards in child protection** for Children on the Move



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.wa.gov.au

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018

Thank you for your patience!!!



INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich.mhs.w.gi

ENTER Mental Health, EPAPSY & the United Nations Refugee Agency invites you to a one-day conference



**Mental Health,
Refugees
& Migration**

Conference: “Mental Health, Refugees and Migration”, ENTER Mental Health, EPAPSY & the United Nations Refugee Agency, Athens, 24/05/2018