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Mental Health Issues rise among refugees in Greece: Discussion on the mental health services "delivery" to refugees.

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Abstract

Introduction: The 2015 migration crisis prompted changes in Greece's system and services, particularly in mental health support. However, many refugees with mental health issues still face barriers, impacting social integration. Addressing these needs is crucial for effective integration strategies.

Literature Review: Forced migration and traumatic experiences put a significant portion of refugees at risk of psychological and psychiatric issues. Despite available services, most refugees with mental health problems lack proper support. Factors like unequal service distribution, lack of coordination, and cultural considerations contribute to this gap.

Research Objective: This study aims to assess Greece's response to refugees' mental health needs and mental health professionals' perceptions, focusing on integration. Objectives include analyzing Greece's mental health care system, evaluating the effectiveness of its response to integration, understanding challenges faced by professionals, and identifying barriers and solutions for improved support.

Methodology: Thirteen mental health experts were interviewed, primarily from Non-governmental organizations (NGOs) and international organizations. The study used Braun and Clarke's thematic analysis framework to extract meaningful insights.

Results: Six key themes emerged, highlighting complexities in mental health care for refugees. These covered mental health provision challenges, access barriers, cultural considerations, effective therapeutic relationships, service development progress, and integration challenges and suggestions.

Discussion: The study emphasizes NGOs' crucial role in bridging mental healthcare gaps and the need for enhanced cultural competence among professionals. It provides practical recommendations, including awareness and education, cultural training, interpreter availability, and targeted language and employment support.

Conclusion: These findings hold substantial implications for refining mental health services for refugees not only in Greece but also in similar global context.

Key words: Asylum Seeker, Refugee, Migrant, Mental Health, Integration, Non-governmental organizations (NGOs), National Health System (NHS)

1. Introduction

Greece's migration landscape underwent a significant transformation in the late 1980s and 1990s, shifting from a country known for emigration to becoming a destination for immigrants. The bulk of these migrants originated from the Balkans, Eastern and Central Europe, as well as the ex-Soviet states in the aftermath of the dissolution of communist governments. In the early 2000s, economic growth and changes in employment opportunities led to a demand for foreign labor in various industries. This resulted in a notable influx of migrants, filling positions in sectors like construction, tourism, agriculture, cleaning services, and caregiving (Anagnostou, 2016).

The migration crisis of 2015 marked a pivotal moment for Greece and the European Union, as they grappled with a huge surge of migrants and refugees, primarily from conflict-ridden Middle Eastern and North African nations. Approximately 850,000 sought refuge in Greece in 2015, with an additional 157,801 arriving in the first half of 2016. Among the refugee population, 90% originated from the ten main refugee-producing nations (United Nations Development Programme, 2023). This situation placed immense strain on Greece's resources, leading to challenges in accommodation, housing, and access to essential services (Cabot, 2018).

In this study, it is imperative to establish a clear understanding of the terms "asylum seeker," "refugee," and "migrant." While these labels are often used interchangeably, it is crucial to recognize the legal distinctions among them (Amnesty International, 2023). An asylum seeker is an individual who has fled their home country seeking protection from persecution and human rights violations in another nation but has not yet been officially recognized as a refugee (Amnesty International, 2023). Refugees are those who have fled their homeland due to the imminent threat of human rights violations and persecution (Amnesty International, 2023).

Migrants, a term not precisely outlined in global legal frameworks, pertain to individuals who move from their typical place of residence, whether within a nation or across borders, either temporarily or permanently, for diverse motives. (International Organization for Migration, 2023). It is crucial to note that regardless of the reason for migration, all individuals, including migrants, are entitled to have their human rights safeguarded (Amnesty International, 2023).

This study does not prioritize the distinction between migrants, asylum seekers, and refugees. Instead, all these categories collectively form the population of interest. However, it is essential to acknowledge that there may be differences in legal status concerning bureaucratic procedures.

Among the newly resettled population in Greece, including asylum seekers, refugees, and migrants, a significant portion struggles with mental health disorders, highlighting the critical need for psychosocial support. However, despite a network of international, national, non-governmental, and voluntary agencies responsible for psychosocial support, many refugees with mental health issues still lack access to appropriate services. This gap arises from factors such as uneven distribution of mental health services, absence of synchronization international and national agencies, and insufficient consideration of cultural diversity in working with refugees (Silove et al., 2017).

The importance of addressing mental health concerns becomes evident when considering the integration of refugees and migrants into host communities, particularly in Greek society. Failure to address mental health issues can significantly impact social integration and overall quality of life (Schick, 2016). To enhance achieving social integration requires a deep understanding of the unique needs of this group and devising methods to support their integration (UNHCR, 2013).

This study aims to delve into Greece's response to the mental health needs of refugees, focusing on the perspectives of mental health professionals regarding service provision, integration and practices. The objectives encompass i) analyzing Greece's mental health care system, ii) evaluating Greece's response in facilitating the integration of refugees with mental health issues, iii) gathering current insights into the challenges faced by mental health professionals, and iv) identifying potential solutions related to available health services to enhance support and contribute to refugees' integration process.

2. Literature review: Mental health issues among refugees and mental health policies

Prior to exploring the prevalent mental health issues among immigrant communities, it's crucial to establish a comprehensive grasp of mental health and well-being. The American Psychiatric Association (APA, 2023) defines mental illnesses as conditions that involve alterations in emotions, thoughts, or behaviors, often accompanied by distress and difficulties in social, occupational, or familial functioning. Serious mental illness refers to significant impairments in mental, behavioral, or emotional functioning that substantially hinder or restrict major life activities, excluding developmental and substance use disorders. Examples of serious mental illness encompass major depressive disorder, schizophrenia, and bipolar disorder. Conversely, the World Health Organization (WHO, 2017) asserts that good mental health extends beyond the mere absence of mental disorders. It encompasses a condition of holistic wellness where individuals can acknowledge and harness their personal capacities, adeptly manage the pressures of daily life, and actively contribute to their communities.

2.1 Common mental health problems among refugees

Although there is a wealth of published research on the mental health of refugees, asylum seekers, and migrants, there is no clear differentiation in the mental health outcomes among these groups. Studies have predominantly focused on the risk and stress factors for mental disorders within each population, as well as the adverse effects of migration on mental health (Priebe et al., 2016).

2.1.1 Risk factors

For many decades, most theories surrounding the mental health of refugees and migrants centred on their experiences with traumatic events. Lately, theorists have moved a bit further from the perception that the high rates of mental disorder in this population are exclusively the consequence of the traumatic exposure to war and conflict (IOM, 2019). Research has shown that the migrating experience involves many events that occur in varied contexts and persist over time (IOM, 2019).

Poor mental health is related not only to the horrific experiences in their home country, but also with what refugees and migrants suffer during the relocation process (Porter & Haslam, 2005). Depending on the stage of their resettlement, the elements that cause

acute distress and, thus, endanger their mental health vary. These risk factors may be encountered prior to migration (pre-migration), during migration (perimagration or in transit), and/or after resettling in a new environment (post-migration) (Porter & Haslam, 2005; Priebe et al., 2016).

A) Pre-migration risk factors

As previously stated, pre-migration stresses have been the subject of the greatest research. In their home countries, migrants, asylum seekers, and refugees may have faced persecution, armed conflict, natural catastrophes, and other adversities (Priebe et al., 2016). Prosecution often involves torture, incarceration, witnessing the death of a family member, and human rights violations (Priebe et al., 2016). In addition to being exposed to extreme violence, refugees may face enormous financial challenges and lack the resources to meet their basic needs, such as having access to clean water, food, and other essential supplies (Priebe et al., 2012; Priebe et al., 2016). All the aforementioned are related with mental health problems in the refugee community (Priebe et al., 2016).

In situations of armed conflict, the grief and loss of a missing or killed relative, coupled with other emotional and material losses, may also contribute to mental health issues (Hassan et al., 2016). These intense and potentially chronic traumatic experiences of migrants are generally related with the posttraumatic stress disorder (PTSD) diagnosis, which will be detailed later (Van Ee et al., 2014).

Furthermore, persistent exposure to violence, terror, and conflict has an effect on an individual's fundamental beliefs, worldview, and self-perception. After experiencing challenges and terrible occurrences, the world might never feel as safe as it once did, and as a result, one's sense of self-efficacy may be drastically diminished (Ehlers & Clark, 2000). Therefore, the mentioned events have the potential to have a major impact on their lives and functioning (van Ee et al., 2014 Moreover, studies indicate a notable connection between the extent of trauma exposure and the severity of psychiatric symptoms (Bogic et al., 2015; Porter & Haslam, 2005; Li et al., 2016; Hajak et al., 2021).

B) Perimigration risk factors

According to the United Nations Foundation (2018), crossing international boundaries and entering foreign areas is fraught with numerous dangers, including physical and

sexual violence, exploitation, kidnapping, extortion, and human trafficking. In their pursuit for a new home or a safe country, migrants and refugees may be subjected to life-threatening conditions, such as crossing unsafe boats or traveling by truck or on foot over hazardous routes. This preceding may be a major mental burden (Priebe et al., 2016).

Migration entails not only a loss of security, but also separation from family and significant others, as well as support systems (Priebe et al., 2016). Considerations over the safety of family members still in the country of origin and those in the process of migration are a significant source of anxiety (UNHRC, 2013). The longer the duration of the voyage, the greater the individual's stress levels (Ben Farhat, et al., 2018). These persistent concerns are connected with anxiety and somatization disorders in refugee populations, according to research (Schweitzer et al, 2006).

C) Postmigration risk factors

In their review, Li and her colleagues (2016) classify postmigration risk variables into three categories: socioeconomic stressors, social and interpersonal risk factors, and asylum procedures and immigration policies-related risk factors.

Integration into the host society is quite challenging for newcomers. This might result from socioeconomic problems such as financial and housing insecurity, low language skills, host society discrimination, lack of vocational skills, and other psychological obstacles (Bogic et al., 2015; Li et al., 2016). Because the majority of refugees and migrants reside in shared asylum accommodations, their restricted access to stable housing may cause severe psychological distress (Hajak et al., 2021). Porter and Haslam (2005) noted that having access to secure and private housing is associated with enhanced mental well-being for refugees in contrast to those living in temporary refugee accommodations.

Not only do asylum seekers and refugees endure the loss of material and financial resources, but it is also difficult for them to reclaim some of them due to the high unemployment rates in the host country (Krahn et al., 2000). Refugees and asylum-seekers frequently have very limited access to economic options, job rights, and employment prospects (Li et al., 2016). According to the literature, unemployment is a substantial risk factor for depressive and anxiety disorders (Bogic et al., 2015; Laban

et al., 2005; Li et al., 2016; Priebe et al., 2016). The factors mentioned above exert a noteworthy influence on the mental well-being of refugees in comparison to the native population (Abebe et al., 2014; Laban et al., 2005; Li et al., 2016; Porter & Haslam, 2005; Priebe et al., 2016).

In addition, once migrants and refugees resettle in the host society, they face numerous more social and interpersonal problems, since many struggle to fully integrate into society (Priebe et al., 2016). Physically and culturally, they seek to adapt to a new and foreign environment (Li et al., 2016). Miller (1999) argues that a major source of stress for migrants and refugees is the social isolation that results from the severing of social relationships and the loss of the refugee's previous social and occupational positions. This leads to the loss of their social identity and the environmental mastery. On the contrary, they must adapt and negotiate their new role, find relevant activities, and undertake new responsibilities (Miller, 1999). Moreover, in some societies, the discrimination refugees and migrants confront and the societal tensions may exacerbate stress and marginalization. All these, including the dissolution of the nuclear family, are considered risk factors and have a lasting impact on mental health (Hajak et al., 2021; Li et al., 2016; Priebe et al., 2016).

Other major aspects that are shown to be crucial are the asylum procedures and immigration policies. Once the asylum seekers and migrants arrive at the host country, they have to follow the prescribed asylum procedures. In most situations, that involves ambiguity about the result of their asylum request, stress of navigating the complex and complicated legal procedures and eagerness to obtain a decision on their asylum claim. All of them are facts that contribute to heightened mental health symptoms (Hajak et al., 2021.; Laban et al., 2005; Priebe et al., 2016). Individuals seeking asylum who endure prolonged waiting periods for their claims to be processed are at higher risk of experiencing mental health challenges like PTSD, depression, and anxiety compared to those who have recently applied for international protection status. The prospect of been rejected on their asylum application from the host country has a significant impact on their mental health resulting in high stress levels and despair (Laban et al., 2005; Li et al., 2016; Schoretsanitis et al, 2018.).

Further to that, immigration regulations tend to become more restrictive with time, and frequent obligatory detention may result from a high number of illegal arrivals. The risk

of encountering incarceration circumstances as well as the protracted and unpredictable duration of detention are factors that exacerbate deterioration and are evidently linked to mental disorders (Anagnostopoulos, 2015; Priebe et al., 2016). All detained asylum applicants reported significant levels of anxiety, depression, and PTSD symptoms, as well as self-harm, based on a comprehensive study conducted by Robjant and colleagues in 2009. Noteworthy is the connection between the severity of their suffering and the length of their imprisonment (Robjant et al., 2009).

Overall, migrants and refugees encounter a range of stressors spanning from pre-flight to resettlement, and the effects on mental health may persist for a considerable time after resettlement (Blackmore, et al., 2020; Porter & Haslam, 2005; Priebe et al., 2016). Despite the initial emphasis on the stresses of war and conflict, the complex context of migration and the post-migration stress that migrants and refugees experience - marginalization, difficulty in integrating, lack of social support, and socioeconomic hardship - should be acknowledged (Porter & Haslam, 2005). Nevertheless, there is a strong probability that refugees, asylum seekers, and migrants will benefit from their experiences and become more resilient and less prone to mental diseases despite all the stressful situations they may encounter (Priebe et al., 2016).

2.1.2 Prevalence of mental health disorders in refugee and migrant population

Existing literature primarily centers on the occurrence of mental health disorders in refugees, with comparatively less emphasis on migrants and asylum seekers. According to the majority of study conducted on refugees, the prevalence of mental health disorders is not significantly higher than in the rest of the host population. PTSD is the disorder with the highest prevalence when compared to the general population (Bustamante et al., 2018).

As the figures do not indicate the presence of mental health illnesses among irregular migrants, little is known about them. The majority of undocumented migrants avoid or do not have direct access to healthcare facilities. Moreover, very few consent to participate in relevant research studies (Dorn et al., 2011).

Most studies primarily concentrate on individuals who have recently relocated to the host country, typically referred to as short-term resettlement, spanning a period of five years. In a lesser degree, research has concentrated on long-term resettlement, meaning

those who have resettled for more than five years. It is interesting that the disparities in prevalence between these two groups are observable (Priebe et al., 2016).

2.1.2a Depression and PTSD

According to current knowledge, refugees commonly experience clinically significant issues such as distress comparable to depression, prolonged grief disorder, anxiety disorders, and PTSD (Hassan et al, 2016; Priebe et al., 2016).

Experiencing horrific circumstances increases the likelihood that refugees and asylum seekers may be diagnosed with PTSD and depression (Mahmood et al., 2019; Morina et al., 2018; Ssenyonga et al., 2013). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines depression as a span of at least fourteen days during which an individual undergoes feelings of sadness or a diminished interest or enjoyment in regular activities, and exhibits a majority of specific symptoms like sleep disturbances, changes in appetite, reduced energy, difficulty concentrating, or feelings of low self-worth. According to the American Psychiatric Association (2022), PTSD is a condition associated with exposure to a traumatic event that causes intense anguish and disturbance of normal life. A mental health practitioner evaluates if a patient meets the diagnostic criteria for PTSD, this involves symptoms like recurrent and distressing thoughts, avoidance of certain thoughts and behaviors, negative shifts in thinking and mood, and alterations in arousal and responsiveness.

There are various and frequently contradictory studies about depressive symptoms, depending on the period of resettlement, legal status, and socioeconomic conditions of the host community. Fazel and his colleagues (2005) observed that the prevalence of depression symptoms in 7000 as not notably distinct from the wider population. a recent comprehensive study found that refugees experience higher rates of depression and PTSD compared to the host community. According to their conclusion, between one and three migrants exhibit depression and/or PTSD symptoms (Henkelmann et al., 2020). In the same review, it was discovered that the prevalence rate did not alter over time (Henkelmann et al., 2020), however, other research consider the time after relocation to be a crucial determinant in terms of prevalence (Bogic et al., 2015; Edwards et al., 2022l). Specifically, data suggests that these diseases are prevalent among immigrants several years after relocation (Bogic et al., 2015). In addition to the period of resettlement, it has been discovered that the social and economic conditions

in the host country have a major impact on the well-being of migrants and refugees and are therefore listed as a risk factor for depression (Lindert et al., 2009). According to research conducted in Greece, the prevalence of Major Depressive Disorder (MDD) was remarkably elevated among Syrian asylum seekers residing in a refugee camp in Greece. The prevalence of MDD in this population was nearly tenfold higher compared to the pre-conflict depression rates among Syrians and exceeded the global prevalence of depression (Poole et al., 2018).

Given their legal status, Bustamante and his colleagues (2018) conclude in their review that, although both migrant and refugee communities show a high occurrence of depression and PTSD symptoms, the refugee population experiences these symptoms nearly twice as frequently.

2.1.2b Anxiety and stress-related disorders

According to WHO (2023), anxiety disorders entail an excessive sense of fear and unease, accompanied by related behavioral disruptions. These symptoms are substantial enough to cause notable distress or impair daily functioning. Generalized anxiety disorder (characterized by persistent worry about day-to-day difficulties), Panic Disorder (when a person experiences recurrent panic attacks), Social anxiety disorder (intense apprehension of social situations), Agoraphobia (which refers to a fear of situations or places that may induce feelings of panic), and Specific phobia (which refers to an intense, persistent fear of a particular object or situation) are all examples of anxiety disorders (American Psychiatric Association, 2022).

When it comes to anxiety, it is remarkable that have a lower lifetime prevalence among refugees and asylum seekers compared to the general population (Blackmore, et al., 2020; Fazel et al., 2005; Steel et al., 2017). There is a significant difference between asylum seekers and refugees that has an effect on their distress and anxiety. This distinction refers to their status, their pending asylum applications and various other legal proceedings (Li et al., 2016).

Priebe and his colleagues (2016) revealed that asylum seekers who are accommodated in the host country for a longer period of time are more likely to exhibit anxiety symptoms than those who arrived later. Just like individuals with signs of depression, refugees who have been resettled for an extended period are at higher risk of developing

stress-related disorders compared to those who have recently resettled (Bogic et al., 2015).

Being a migrant is linked with a significant occurrence of anxiety disorders. In particular, migrants have higher chances to be diagnosed with panic disorder and generalized anxiety disorder (Pignon et al, 2017). A noteworthy finding that third-generation migrants had a higher occurrence of anxiety disorders compared to first-generation migrants (Pignon et al, 2017).

2.1.2c Substance use disorder

According to DSM-5 (American Psychiatric Association, 2022), a substance use disorder (SUD) entails a set of symptoms resulting from the continued use of a substance, even in the face of its adverse consequences. According to research, migrants and refugees engage in substance abuse. Throughout the integration process and the subsequent cultural and psychological changes, migrants face obstacles. As a result, they are more vulnerable to engaging in substance abuse as a coping mechanism for the shifting environment (Horynia et al., 2016; IASC, 2007).

For the most cases, substances are more accepted and normalized in the host country, making them more accessible and available to refugees. In addition, the desire to escape past experiences and be accepted by the host community are cited as the most common reasons for substances consumption (Lindert et al., 2021). The consumption increases, especially migrants who resettle in Western countries where subsentence use and alcohol consumption are accepted as part of daily life (Horynia et al., 2016). The correlation between being a migrant and substance abuse is more apparent among young migrants, who are also subject to peer pressure and "in-between" two cultures. Young migrants who have recently been resettled may believe that abstinence from substance use will lead to further discrimination and exclusion, and therefore they might engage in substance use in order to gain acceptance (Blanco et al., 2013).

According to research (Qureshi et al., 2014; Salas-Wright et al, 2014), substance abuse and dependence are less prevalent among immigrants than among native-born citizens. Despite research indicating reduced levels of alcohol and drug misuse, it was observed that the amount of alcohol and drugs taken by an immigrant was more than that of a native-born person. In the majority of cases, substance abuse among migrants was

associated with marginalization and community rejection, which contributed to riskier behaviour and increased drug use.

2.1.2d Suicidal ideation and suicide attempts

Consistently, adverse life events and traumatic stressors are linked to thoughts of suicide and suicide attempts (Liu & Miller, 2014). These issues represent significant challenges faced by refugees and migrants. Suicidal ideation is defined as contemplating self-harm with deliberate thought or planning of potential methods for causing one's own death (American Psychiatric Association, 2022). Due to limited social support, heightened mental distress, the presence of other mental health conditions, and uncertain legal status, migrants and refugees are identified as a high-risk demographic for suicidal thoughts and attempts (Akinyemi et al., 2015; Nickerson et al., 2019). Despite its significance, there is a scarcity of epidemiological studies addressing this concern.

Several studies indicate that the rate of suicidal ideation among refugees is significantly higher than that of residents of the host country. In a study of Nigerian refugees from Libya, Sudan, Congo, etc., 27.3% reported suicidal ideation, a statistically significant difference compared to the non-refugee population of 17.3%. (Chandra et al., 2016). In another researvh, the suicide rate among Bhutanese refugees is nearly double that of the U.S. population as a whole (Meyerhoff et al., 2018).

On the contrary, a study conducted in Sweden (Amin et al, 2021) discovered that refugees had a lower likelihood of hospitalization for a suicide attempt or succumbing to suicide compared to people born in Sweden. As indicated, Swedish citizens and asylum seekers do not share the same risk factors for suicide attempts. What was found is that suicide attempts by asylum seekers were primarily motivated by the asylum decision process and pre-migration stressors (Priebe et al., 2017).

Another systematic review examined suicidal ideation among detained migrants. Within this population, 93% of adults had persistent suicidal ideation, whereas none of the participants had reported persistent suicidal ideation prior to detention. In addition, none of the population had self-harm experiences prior to the detention period, whereas 36% of the adults self-harmed during that time (Robjant et al., 2009).

2.2 Existing mental health services and facilities in Greece

2.2.1 The mental health system in Greece

The first thing that comes to mind when discussing the mental health care system in Greece is the so-called "Psychiatric Reform." In 1984, the European Economic Community (EEC) initiated this reform, laying the groundwork for the restructuring of the national mental health care system. The current era of reform began in 1999, when the EU provided substantial financing and a new mental health law was enacted, resulting in the shuttering of six public mental facilities and the progression of community-centered services. According to Madianos (2019), the primary objective of reform has been the deinstitutionalization and transfer to community-based alternative arrangements of thousands of asylum patients.

This includes the "Leros I" and "Leros II" programs (1990-1994) and the "Psychargos I" programme (from 1997 to 2001). During the Psychargos II Revised project (2001-2010 the shuttering of public mental facilities, the geographical, administrative sectorization of mental health services, and the establishment of psychiatric services in general hospitals were accomplished (Giannakopoulos & Anagnostopoulos, 2016; Madianos, 2019).

The last phase of Psychargos was expected to span the years 2011 through 2020. Throughout this entire time period, a large number of Non-governmental organizations (NGOs) were designated to aid in the implementation of Psychargos initiatives. It was the first time in Greece that a considerable number of NGOs were established to help the national mental healthcare system (NHS). In 2012, there were 65 service-providing NGOs in addition to 220 units in the public sector (Giannakopoulos & Anagnostopoulos, 2016).

2.2.2 Mental health services and facilities in Greece

2.2.2a Mental health services and facilities before refugee crisis

Even though Greece has a long history of hosting asylum seekers and refugees, guidelines on how to collectively act on the situations of persons in need of primary health care (PHC) were not in place before to the 2015 inflow. (Anagnostopoulos at al., 2017). Due to administrative delays, it took months for asylum-seekers to get a medical card and an identification card in order to gain access to health care services. Prior to

2004, Greece was the only European country that did not offer asylum seekers with medical screening upon arrival as a requirement (Norredam et al., 2005).

From the early 2000s onwards, initial endeavors were directed towards safeguarding asylum seekers and those granted international protection through legal assistance initiatives. These programs were funded by entities such as the UNHCR, the European Social Fund, and the Greek Council for Refugees (GCR, 2003).

In 2002, GCR provided refugee and asylum-seeker counselling. Additionally, they directed the beneficiaries to healthcare facilities. Another project named "Pyxides" provided assistance to refugees and asylum seekers. In fact, social workers were employed in this initiative. Beneficiaries received psychosocial help and participation in group sessions. Moreover, in 2001, the Ministry of Health established the "Iolaos" special unit to provide psychological care to refugees with serious mental health difficulties. The unit was led by a psychiatrist and provided accommodation for up to ten refugees and psychoeducational and rehabilitation activities for up to twenty-five persons at the Day Center of Iolaos (GCR, 2003).

At the beginning of the twenty-first century, there were also attempts to establish Day Centers for asylum seekers and refugees with the goals of community building and social integration. Kyklos developed a Day Center and organized several programs to empower the refugees. Since 2007, the Babel Day Center in Athens has continued to provide mental health treatment to migrants and asylum seekers. It is a network based on the patient, where personalized care is offered (Babel, 2022).

Since the commencement of its activities in Greece in the early and mid-2000s, Médecins du Monde (MDM) has maintained an active program in Greece. MDM has established a number of programs that provide medical and other services to underprivileged populations, including asylum seekers who lack access to healthcare and medical treatment (Γιατροί του κόσμου, 2023).

2.2.2b First Initiatives after the refugee crisis

In 2015, when the first significant flow of refugees and migrants arrived in Greece, it was deemed most necessary to provide them with safe travel and basic medical treatment. This quick influx of migrants raised again the question of health policy in

terms of emergency situations. The Greek National Health Service (NHS) faced unprecedented challenges (Kotsiou et al., 2018).

As a result, at the newly formed camp on the island of Lesvos, dozens of NGOs began providing primary health care. Tens of volunteers provided thermal blankets, water, and some food to the freshly arrived population (Kousoulis et al, 2016). Access to health care was regarded to be a crucial issue. When a considerable number of asylum seekers were transferred to Idomeni camp in 2016, army doctors first provided primary medical treatment. Some International and Greek NGOs, like Médecins Sans Frontières and Doctors of the World, established clinics in a number of camps on the mainland after a period of time to facilitate access to healthcare (Kousoulis et al, 2016). In addition to their other duties, professionals were responsible for making appointments at local hospitals in line with the NHS.

There was also a desire to address secondary health care services, including mental health, as the presence of NGOs in the camps grew. Psychologists and psychiatrists had a more active role as members of each team. In certain instances, psychologists were present full-time, while in others, they rotated via mobile clinics. The psychiatrists made fewer visits to the camps, and their principal objective was to prescribe medication. Beneficiaries' mental health was not given as much attention as their primary health (De Paoli, 2018). In addition to budgetary and funding constraints, identifying priorities was challenging. Information on mental health support was inaccessible, and population screening for psychopathology was inconsistent (Kotsiou et al., 2018).

This is why the Ministry of Health, through the Asylum, Migration, and Integration Ministry established some initiatives, such as KEELPNO's “Philos” program (Emergency Health Response to Refugee Crisis). The EU financed this project. To expand access to medical and mental health services, the primary objective was to recruit health professionals and support workers, such as interpreters (eody, 2013).

It must be highlighted that the asylum seekers' and refugees' accommodation scheme had a significant impact on the quality of the medical care they received. The 2016 implementation of the urbanization strategy altered the delivery of healthcare services. The transfer of asylum-seeker communities to urban centers resulted in the

establishment of polyclinics by NGOs and the decongestion of public medical facilities located next to the camps (Gunst et al., 2019).

Since January 2015, the most vulnerable asylum seekers and refugees have been able to benefit from the ESTIA program, which was initially supervised by the UNHCR before being handed to the Ministry of Migration and Asylum. Individuals whose mental health was affected and their families, were considered one of the most vulnerable population segments. The ESTIA project refers to urban housing and monetary support in addition to a tighter monitoring of the beneficiaries' needs and provision of psychological counseling services (Ministry of Migration and Asylum, 2023). Social professionals and psychologists were hired to assist with the population's needs assessment and supervision. For the same reason, the International Organization for Migration (IOM) implemented a project known as FILOXENIA through which 6000 places were made available to the vulnerable population housed in inadequate conditions in RICs. The project's beneficiaries were accommodated in hotels on the mainland and received assistance from social workers and psychologists (IOM, 2023b).

2.2.2c Programs aiming to integration

The largest and most renowned program currently underway in Greece is the HELIOS project. Through the HELIOS project, in close collaboration with national authorities and experienced partners, IOM aims to facilitate the integration of individuals granted international protection and temporary protection into Greek society (IOM, 2023b). This is achieved through various program components:

Integration Courses: Conducting Integration Courses at Integration Learning Centers established throughout Greece. Each course cycle spans 6 months and covers modules on learning the Greek language, cultural orientation, job readiness, and life skills.

Accommodation Assistance: Assisting beneficiaries in obtaining independent housing through leasing apartments in their names. This involves covering rental expenses, initial move-in costs, and facilitating connections with property owners.

Support for Employment: Providing personalized assistance and preparation for entering the job market, encompassing career guidance, access to relevant certifications, and connections with private employers.

Integration Progress Evaluation: Performing routine evaluations of beneficiaries' integration journey to guarantee their ability to engage effectively with Greek public services after completing the HELIOS project and transitioning to independent living in Greece.

Raising Awareness in the Host Community: Arranging workshops, events, and activities, along with initiating a nationwide media drive to promote interactions between the host community and recently arrived individuals. The objective is to emphasize the significance of migrant integration into Greek society.

According to IOM (2023), the HELIOS project has a dual objective. The first one is to enhance the self-reliance and active participation refugees in Greek society. The second objective is to support Greek authorities in creating a long-lasting integration framework for individuals granted international or temporary protection in Greece, within the broader context of the country's Migration Management System.

2.2.3 Barriers to access the National Health System (NHS)

Significant gaps existed in the capacity to provide an organized setting for those in need, which was becoming increasingly difficult due to the constant movement of the population and the lack of available space. Asylum seekers and refugees were not closely monitored by a particular medical doctor, nor were their medical needs met, as a result of their constant relocation from a Site to an apartment or a hotel (Shortall et al., 2017).

Another significant barrier asylum seekers faced for a long time when attempting to access the health care system was the authorities' failure to provide a Social Security Number (AMKA). According to the law, asylum seekers and their immediate family members were entitled to free hospital and medical care. Despite the fact that this was a national law, the relevant authorities were unable to issue social security numbers for a lengthy period of time, resulting in difficulties gaining access to all the vital health care resources. In 2016, a new law made it easier for asylum seekers and beneficiaries of international protection to access AMKA (Circular 31547/9662). Almost four years later, another law (717/2020 - 199/B/31-1-2020) revoked the ability of asylum seekers to obtain an AMKA, instead offering a provisional social security identifier, called PAYPA, that is issued along with their asylum application card and can last until the final decision on their application (e-nomothesia, 2013).

To gain access to secondary health care, asylum seekers and refugees also had to overcome the language barrier, as relatively few hospitals offered translating services to refugees. Numerous physicians who lacked interpreters based their medical reports on written notes and referral letters from the NGO's staff. In addition, asylum seekers had no access to health-related information, as all prescriptions were written in Greek. Clearly, adequate cultural mediators were lacking. And thus, volunteers were responsible for interpretation, a fact that enhanced confidentiality (De Paoli, 2018).

Since their intention was not to remain in Greece and continue their journey, a significant majority of asylum seekers who arrived refused to accept or request any form of medical aid. In a recent study, the majority of respondents indicated that they lacked crucial information regarding the NHS policies and locations of medical units and facilities, even if they wished to access the NHS. The exceedingly rare presence of interpreting services was cited as a second factor contributing to their unwillingness to access the NHS. Even with interpreters present, the communication barrier remained challenging to overcome (Van Laoenen et al., 2018). As they did not feel comfortable being supervised by doctors of the opposite gender, female participants also highlighted the significance of the cultural barriers relating to the gender of the doctors and their cultural background. This was the primary reason why they did not address their needs until it was an emergency. Lastly another unnoticed factor was the lack of attention they received when addressing their needs and the non-continuity in health care. In the NHS, it was difficult to be supervised by a certain medical staff or even to receive treatments from the same medical unit, even if the patient did not alter their housing arrangement or location (Van Laoenen et al., 2018).

Despite reform and development efforts, the NHS faces challenges due mostly to funding issues and workforce shortages. People seeking access to specialized care must overcome lengthy waiting lists, a scarcity of specialized professionals, and a dearth of resources. For both patients and staff, the absence of specialized training in the state's mental healthcare services and the overall deficiency of basic medical care constitute a hurdle (Kotsiou et al., 2018). Since the governmental sector has been dysfunctional and lacked universal access equity, different social actors and non-profit organizations have provided supplementary services up to this point (Kotsiou et al., 2018).

2.2.4 NGO’s role

Due to the NHS's difficulty in providing access to specialized care or treatment, NGOs assumed a more active role. NGOs played an important part in delivering healthcare to the refugee population, handling almost half of all cases, rather than the NHS (Kotsiou et al., 2018).

A plethora of non-governmental organizations provide activities and assistance for migrants, refugees and asylum seekers with mental health issues who reside in urban areas. For the purpose of facilitating their integration by offering social and psychological support, numerous Day Centers have been established (JRS, 2023; SAO Association, 2023).

UNHCR and EPAPSY (association for regional development and mental health) began developing a psychosocial support program for refugees and asylum seekers in their mother tongues with funding from the European Union. It was named "Community Psychosocial Workforce," and members of the refugee community provided psychosocial aid to the beneficiaries under supervision. Additionally, they provided assistance through a 24-hour Psychosocial Support Helpline (EPAPSY, 2023). They also operated the Refugee Outreach Mental Health Team (ROMHT) for nearly two years, with mental health specialists providing assessment and treatment via mobile units in Athens and Thessaloniki (EPAPSY, 2023).

Existing polyclinics in Athens and Thessaloniki extended their services by employing additional mental health specialists, social workers, and cultural mediators in order to meet the population's growing demands. The focus was placed on those who lacked access to the NHS for administrative reasons. In addition, mobile units were designed to provide psychosocial support to the impacted community and medical screenings were deployed (MDM, 2023; Praksis, 2023;).

The provision of interpretation to healthcare services was held in high respect, therefore from 2018 to 2022, the NGO METAdrasi facilitated communication between patients and medical professionals by providing interpretation in a range of languages through properly qualified interpreters (METAdrasi, 2023). Through a program funded by the European Commission and IOM, there were on-demand interpreting services in the languages most commonly spoken by them at every medical unit in the country (METAdrasi, 2013).

Lastly, migrants and refugees who engage in substance abuse are provided with an intercultural counseling service and group sessions with their families, partners, or friends to provide information and counseling on addiction-related issues, provided they speak English or are accompanied by an interpreter (KETHEA, 2023).

3. Literature review: Supporting refugees with mental health problems towards integration

3.1 Good practices in supporting refugees with mental illness towards integration.

The United Nations High Commissioner for Refugees recognizes integration into the first host nation as one of the three viable long-term solutions to address refugee concerns (Dryden-Peterson & Hovil, 2003). Therefore, achieving integration can be seen as the ultimate objective of the resettlement process, indicating that the refugee problem has been effectively resolved. To accomplish this, it is crucial to establish a clear definition of integration that allows for assessing the level of integration of individual refugees, making comparisons between different groups, and monitoring the progress of the integration process over time. In the majority of literature, integration is regarded as a valuable outcome that should be nurtured and promoted (Farrugia, 2009).

Simultaneously, there is a growing trend across Europe to detain asylum seekers, preventing them from filing asylum claims in the country best suited for their eventual integration. They are also being denied access to language classes, vocational training, and the job market (Farrugia 2009).

The European Council on Refugees and Exiles (ECRE) emphasizes that refugees have historically contributed to Europe's cultural, economic, and social fabric. However, the current systematic exclusion of asylum seekers not only fuels racial tensions but also isolates vulnerable individuals, potentially alienating future citizens. If ministers genuinely view integration as a reciprocal process, they must shift their attention from the newcomers and work towards creating inclusive societies that embrace refugees (European Council on Refugees and Exiles, 2002).

3.1.1 Defining integration

There is not one definition of integration, and only a small percentage of the current literature expressly attempts to establish a concept of what refugee integration is (Castles et al. 2002). Robinson (1998) states "*Integration is a chaotic concept: a word used by many but understood differently by most*".

There is extensive academic research on immigrant integration, which is a challenging concept to define and make tangible. It becomes even more complex when we try to

view integration as the final state of an individual or group feeling like they belong to a host society. Scholars from various disciplines, such as sociology and political science, have explored ideas like assimilation, incorporation, and multiculturalism. They have analyzed different national models and policies aimed at integrating immigrants, as well as the impact of these policies on issues like ethnic conflicts, political engagement, and labor market participation. In a wide-ranging and potentially unclear context, migrant integration can be defined as the journey towards being embraced by the host society and establishing a feeling of belongingness to it (Givens, 2007).

According to ECRE (2002), integration is not a static result, but is rather a process of change that is dynamic, long-term, and continual. It requires the engagement of every inhabitant, not just immigrants and their descendants. The process of integration entails the adaptation of immigrants, both male and female, who have rights and duties in their new country of residency. Integration also encompasses the host society, which should enable immigrants to fully participate in the economic, social, cultural, and political aspects. Therefore, Member States are urged to take into account and engage both immigrants and native citizens in integration policies, ensuring the clear communication of their respective rights and responsibilities.

According to IOM (2019), integration is viewed as a reciprocal adjustment between the host society and migrants, encompassing both individuals and groups. Policy frameworks for migrant integration should factor in the rights and responsibilities of both migrants and host societies, encompassing access to the job market, healthcare, social services, and education for everyone.

The absence of a concrete definition may reflect the subjective nature of integration as a process and the fact that a person may be integrated in some areas of the receiving society but not in others. It may also illustrate how an immigrant can concurrently establish and retain strong ties with his or her place of origin, the country of destination, and countries of transit (UNHCR, 2013).

National policies frequently reflect varying conceptions of the term "integration." It is common that "assimilation" and "multicultural society" may be considered synonyms or descriptions of successful integration. Without a doubt, each word is used in

accordance with each nation's specific approach, meanings, and policies, as well as its attitude toward multiculturalism and ethnic diversity (Gionakis et al., 2022).

Consequently, the concept of integration may encompass all forms of cultural or social behaviour, ranging from complete abandonment of one's background to the maintenance of unaltered behavioural patterns. This challenge of definition, however, has implications for measuring integration (Farrugia 2009). Thus, the evaluation of integration's progress (or lack thereof) cannot be limited to a single unit of measurement.

Promoting early integration through fair treatment and the prevention of discrimination benefits both migrants and the communities they join. The degree of integration is determined by a variety of factors. One important factor should be time. The period of asylum seeking is typically excluded from the integration procedure. The length of time that individuals lack a legal status that enables them to seek employment, enroll in language classes, and reside in suitable housing when detained is a factor that should be considered when discussing integration into the host community (Lomba, 2010). Most typical factors measuring integration include language, the availability of sufficient-paying employment, legal status, participation in civil and political life, access to social services, family reunification, and access to citizenship through naturalization (Farrugia 2009; International Organization for Migration, 2017). It also involves each refugees' unique characteristics, expectations and personal ambivalences (Gionakis et al., 2022; International Organization for Migration, 2017). According to Papadopoulos (2021), individuals often encounter a state of uncertain transition, where they are unsure of their sense of belonging. They question whether they truly belong to their current location or if their true place of belonging lies in their country of origin. This uncertainty revolves around whether they should embrace their new circumstances and the accompanying reality, or persist in maintaining their connection to the familiar aspects of their "home," including language, values, traditions, and way of life. In essence, it is important for both newcomers and the host society to actively participate in building a connection founded on common goals, responsibilities, and entitlements (International Organization for Migration, 2017). This entails committing to an ongoing cycle of dialogue and concession, aiming for peaceful coexistence and embracing diversity as the ultimate goal (Gionakis et al., 2022; Ryan et al., 2008).

3.1.1.1 The dimensions of integration

The Home Office enlisted the services of Ager and Strang (2008) to develop a framework and criteria for assessing the effectiveness of integration programs designed to support asylum seekers and refugees in the United Kingdom. Through an extensive review of existing literature and thorough empirical research involving asylum seekers, they arrived at the following conclusion. They categorized ten different "domains" of integration into four distinct groups. The first group encompasses areas such as employment, housing, education, and health. The second group pertains to social connections, including social networks, interpersonal relationships, and bridges between different social groups. The third group focuses on facilitators such as language proficiency, cultural understanding, and the provision of safety and stability. The fourth and final group represents the foundation of integration, which includes rights, citizenship, and the mechanisms of social interaction within and between various community groups. Additionally, this group also recognizes the presence of structural barriers to connection, such as language, culture, and the local environment.

3.1.1.1a Means and markers: Employment, housing, education, and health

This initial category, encompasses employment, housing, education, and health, serving as markers for an individual's level of integration and factors that contribute to integration in other ways (Kirkwood & McNeil, 2015). Employment has received significant attention in integration studies, consistently being identified as influential in various aspects such as financial self-sufficiency, making plans for the future, engaging socially with the host community, enhancing language proficiency, rebuilding self-confidence, and cultivating self-dependence (Tomlinson & Egan, 2002). Refugee employment is influenced by factors like language barriers, miscommunication, lack of networks, childcare challenges (especially for women), administrative and documentation difficulties, as well as non-recognition of credentials and prior work experience (UNHCR, 2013; OECD, 2016). The non-recognition of credentials poses a significant obstacle as many refugees are unable to provide evidence of their qualifications, and even if they can, their credentials may not be acknowledged by companies (OECD, 2016; UNHCR, 2013).

Apart from being an essential human entitlement, having a safe, stable, and reasonably priced place to live is pivotal in influencing overall health and prosperity. It forms the

basis from which resettled refugees can pursue work, reestablish family ties, and form bonds with the wider community. Consequently, establishing a residence and a feeling of belonging in the host community are crucial components o integration process (UNHCR, 2023).

Certainly, education imparts skills and capabilities that facilitate employment, enabling individuals to contribute more effectively to society. Moreover, refugee children (and often their parents) view schools as one of the primary avenues for interacting with members of the local host community and establishing relationships that foster integration (Ager & Strang, 2008). The right to health involves non-discrimination, whereby health services, commodities, and facilities must be made available to all without prejudice. Finally, these health services must be accessible, medically and culturally acceptable, available in sufficient quantity and quality, and include a trained health worker, safe goods, and cleanliness (Tangcharoensathien et al., 2015).

Given that there is a considerable variance in income and employment status, housing opportunities, educational status as well as access to health within the population of any nation, what could be defined as successful integration? What should be noted is that despite their significance, achievement or progress in these domains is not necessarily indicative of integration. Individuals who are employed and have access to housing, health care, and education may not necessarily feel integrated. This is why it is important to discuss the rest of the dimensions (Gionakis et al., 2022).

3.1.1.1b Social connections: Social bonds; Social bridges; Social links

Ager and Strang (2008) identified three domains of integration as follows:

1. Social cohesion within specific groups characterized by ethnic, national, or religious identities. Establishing connections with individuals from similar ethnic backgrounds is believed to have various benefits that contribute to successful integration.

2. Building social bridges with members of other communities. Both refugees and non-refugees perceive integration in terms of engaging in a wide range of activities with individuals from diverse groups. Common activities such as sports, college classes, religious gatherings, community organizations, and political participation serve as indicators of progressing integration (Ager & Strang, 2008; Spaaij et al., 2019).

Numerous studies have explored the role of public leisure facilities as potential "bridges" across different community groups (Ager & Strang, 2004).

3. Creating connections with institutions, encompassing services provided by both local and central government authorities. While social cohesion and social bridges focus on relationships among individuals within and between groups, social links refer to the connections between individuals and state structures, such as government services. It is widely recognized that refugees face unique challenges (unfamiliarity with the local environment, language barriers, etc.) that create obstacles requiring additional efforts from both refugees and the wider community to ensure equal access to services.

3.1.1.1c Facilitators: Language and cultural knowledge; Safety and stability.

This category pertains to elements required to facilitate integration. The ability to communicate to the primary language of the host community is, for instance, seen as crucial to the integration process. Given that integration is a “two-way” procedure, this means that the issue of language competence or lack of it is a challenge for the hosting population, more particularly the health providers. Despite the necessity of the language proficiency, a review of the literature and qualitative interviews conducted within refugee-affected communities have consistently demonstrated the importance of a broader cultural understanding in facilitating integration processes and outcomes (Ager & Strang, 2008). While this comprises mainly of the refugees’ awareness of national and local procedures, traditions and facilities and, in a lesser degree, the hosting populations’ knowledge of the cultural background of refugees what is important to mention is again that integration is a two-way procedure (Ager & Strang, 2008; Mestheneos & Ioannidi, 2002). Both the host society and recently arrived residents have a shared responsibility to proactively take steps towards overcoming language and cultural differences. This helps in building stronger connections between them (Gionakis et al., 2022).

In terms of safety and stability, refugees emphasize the significance of physical safety as a crucial element in their integration process. Feeling threatened or constantly being wary of physical or verbal abuse from the host community impacts their willingness to integrate as a whole (Ager & Strang, 2008). Many individuals with a refugee background have experienced instability, and when this transforms into a sense of

stability within the host community, it can enhance their connection to the society (Gionakis et al., 2022).

3.1.1.1d Citizenship and rights

Citizenship and its related rights and obligations likely generate more confusion and dispute than any other aspect of integration. This partially reflects the different understanding of conceptions of citizenship and, more fundamentally, of nationhood that exist amongst civilizations. The accepted definitions of integration within a nation are inevitably shaped by that nation's perception of its own identity, which encompasses its "cultural concepts of nation and national belonging."This sense of national identity involves particular values, and these values have a considerable influence on the manner in which each nation perceives integration (Ager & Strang 2008).

Residence status is closely associated with the socio-economic integration of refugees. Not having a temporary refugee status is found to provide refugees with the sense of safety and security and thus, facilitate integration (Bakker et al., 2014). According to Ryan et al. (2008), obtaining a secure residence status, or even better, acquiring citizenship, is a vital component of the integration process and a prerequisite for successful refugee integration (Lomba, 2010).

Ethno-cultural political exclusion is typically related with 'assimilation' concepts of integration: the assumption that refugees would adapt until they blend seamlessly with the host community. However, in liberal democracies, this approach has become less politically viable. This is due to the increasing emphasis on the freedom to maintain cultural and religious identity and practices, and the elevation of the idea of a pluralist society to a higher level of importance (Ager & Strang 2010). According to Gionakis and his colleagues (2022), protecting the rights of refugees to safety and recognized status does not necessitate a high level of tolerance for diversity, but it does facilitate a foundation of respect and individual autonomy within society.

According to IOM (2017), there are various ways for migrants to engage in civic and political participation beyond the right to vote. These avenues include the establishment of consultative platforms for migrants to voice their opinions to government authorities and participating in voluntary roles within local organizations, which empower migrants as proactive members of the community. However, policies that impede or

limit migrants' opportunities for civic and political involvement can lead to prolonged exclusion and reduced representation of migrants and their offspring in the realm of politics. Barriers to migrants' participation in economic, social, political, and cultural aspects of community life can exacerbate tensions between host populations and migrants, ultimately undermining the potential benefits associated with migration.

3.1.2 Achieving integration when diagnosed with mental health illness

It is widely acknowledged that physical and mental health are influenced by both biological and social factors (American Psychological Association, 2021). From a social perspective, determinants of health can be categorized into material and interpersonal variables. Material variables include access to necessities such as food, shelter, and healthcare, while interpersonal variables encompass experiences of discrimination, exclusion, and low social status. In the case of refugees, these social determinants significantly impact their psychological well-being (Hynie, 2018). The combination of pre-migration trauma and post-migration social determinants of health increases the likelihood of poor mental health among this population, and exposure to both types of stressors can have a cumulative effect (Gleeson et al., 2020; Hynie, 2018; Kartal & Kiropoulos, 2016).

Research indicates that individuals accommodated in refugee camps situated in low-income countries experience elevated levels of anxiety and depression. Furthermore, prolonged displacement is associated with poorer mental health outcomes, highlighting the impact of stressful environments on refugees' well-being (Bogic et al., 2015; Silove et al., 2017). Challenges related to the new environment, such as uncertain legal status, family separation, living in refugee accommodation facilities, and experiences of discrimination, contribute to elevated anxiety and reduced life satisfaction among resettled populations. Conversely, elements like finding employment, heightened social engagement with the host community, and improved language skills are linked to reduced difficulties and increased levels of happiness (Walther et al., 2020).

Upon receiving international protection status, individuals are expected to integrate swiftly into the host community, particularly in terms of language proficiency and economic independence. This integration process poses significant cognitive and interpersonal challenges, which are often magnified for refugees with mental health issues (Schick et al., 2016). Limited research has been conducted on the integration

difficulties faced by migrants and refugees with mental health disorders. Notably, relocating to a "safe" country does not inherently guarantee improved mental health and increased chances of successful integration (Gleeson et al., 2020).

There is evidence suggesting that migrants integrate more extensively into the host culture experience better mental health outcomes, while other studies support the notion that elevated acculturation levels are associated with poorer mental health outcomes, known as the "immigration paradox" (Schwartz et al., 2010). To gain a comprehensive understanding, further exploration is needed into specific integration factors that influence mental health outcomes (Kartal & Kiropoulos, 2016).

One study found that depression negatively impacted the successful economic integration of refugees (De Vroome & Van Tubergen, 2010). In a recent study conducted in Switzerland, individuals who reported substantial exposure to potentially traumatic experiences and exhibited psychological impairment demonstrated significant deficits in integration. This was observed even among those with favorable socio-demographic attributes, including high educational attainment and secure visa statuses, as well as residing in the host community for an extended period, they encountered various migration-related challenges. Regression analysis in the same study revealed that symptoms of depression and anxiety were associated with difficulties in social integration (Schick et al., 2016). Another study conducted in Norway discovered that weak social integration network and weak social integration are strongly associated with PTSD and higher levers of psychiatric symptoms in refugees. Social integration was assessed based on factors such as language proficiency, knowledge of current events in the host country, and interactions with locals (Teodorescu et al., 2012).

3.1.2.1. Psychosocial support of migrants and refugees towards integration

When discussing the mental health and psychosocial support of refugees, it is crucial to consider the complexity of meeting the diverse needs of different groups (Yakushko et al., 2008). The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007) proposes a pyramid model for interventions targeting refugees and migrants. The first three layers of the pyramid focus on providing essential services and security, community and family support, and targeted non-specialist support tailored to the specific population. At the pinnacle of the pyramid, specialized services are

provided to individuals with severe mental health issues. These services encompass psychological and psychiatric support, either through referral to specialized services beyond primary healthcare or by training and educating primary health providers on supporting this population.

Limited social integration could be both the source and consequence of mental distress. In such instances, it's crucial to contemplate targeted interventions aimed at bolstering social integration or mitigating the adverse effects of inadequate integration (WHO, 2018).

According to the WHO (2018), there are four main areas of interventions whose aim is to promote mental health care for refugees and migrants.

The first is to encourage social integration. The goal is to help refugees with mental health issues feel more integrated in their new country. This can also be used as a preventative approach, since it may lessen the development of mental conditions as well as some physical health issues, both of which can lead to marginalization (WHO, 2018). These efforts may encompass various entities and individuals, including social service organizations and whole communities, to reduce social isolation.

The second and third areas are removing any barriers to mental health access and facilitating involvement with care. Effective treatment programs may therefore be developed or, at the very least, the progression of existing mental problems could be avoided for those who are most severely impacted. Both patients and healthcare providers should be given information about this population's rights and entitlements. Furthermore, outreach services may aid in gaining access to information about the care system pathway. Engagement in the services could be an option if high-quality interpretation is available (Inter-Agency Standing Committee, 2007).

The last area is focusing on treating refugees and migrants with mental disorders. In terms of therapies, there is a broad spectrum of evidence-based treatments for mental health disorders, both pharmaceutical and psychological (Silove et al., 2017). Interventions include brief psychotherapies and counselling that are most often used therapies among refugees for common mental disorders like as PTSD, depression, and anxiety. There is evidence that these treatments help alleviate the symptoms of the conditions (Nickerson et al., 2011). Psychotropic meditation is also used by

practitioners as part of a specific pharmacological strategy, particularly for severe mental health issues. Furthermore, psychosocial therapies are widely employed with refugee and migrant populations, demonstrating the tremendous influence that social circumstances have on the mental health and well-being of refugees (Silove et al., 2017).

Overall, post-resettlement prevalence rates are on par with those of the host community (Giacco & Priebe, 2018). Depression and anxiety are shown to be as common as PTSD, the most often used diagnosis in the refugee community, which affects up to 40% of asylum seekers and refugees (Turrini et al., 2017). As with the rest of Europe's population, the most frequent mental disorders are mild to moderate depression and anxiety (WHO, 2018). Treatments are offered in the same manner to refugees and migrants as they are to the local community. The sole distinction is that with regards to PTSD there has been significant refugee-specific research into managing the mental health difficulties related to the condition (Giacco & Priebe, 2018).

3.1.3 Features, practices, and goals of the mental health professionals

3.1.3a Features

According to Silove and his colleagues (2017), when interacting with refugee and migrant populations, professionals should always keep in mind factors such as the extent of exposure to torture, the severity of traumatic event experiences, and a large scale of potential stressors following the migration process, all of which contribute to mild to severe mental health outcomes.

In addition, a crucial consideration for mental health professionals residing in Western nations is the concept of what is normal and what is not normal in terms of mental health, and thus, what is an appropriate therapeutic approach for this population (Gopalkrishnan, 2018).

A substantial body of academic literature suggests that perceptions of health and illness vary significantly among different cultures (Gopalkrishnan, 2018). According to the U.S. Department of Health and Human Services (Satcher, 2001), this is evident in the way patients convey their symptoms to professionals, as they do so in a manner consistent with their cultural background. The meaning of illness varies based on attitudes and beliefs regarding the legitimacy of a disease (Campinha-Bacote, 2002),

whether it affects the body or the mind, whether it merits the attention of specialists, whether it is stigmatized, and its potential causes. All these perceptions of illness have a significant impact on whether patients are motivated to seek support, their approach to symptom management, to whom they reach out for assistance (whether it be a mental health professional, primary care physician, or traditional healer, for examplethe routes they choose to access support and services, as well as the dynamics of the therapeutic relationship and the treatment process itself (Marsella , 2011; Satcher, 2001).

According to Hechanova and Waeldle (2017), there is limited guidance on the cultural distinctions between Southeast Asian and Western beliefs and approaches to supporting refugees and migrants. It goes without saying that migrant and refugee communities are not homogeneous, nor are their approaches to mental health issues. Unquestionably, there are cultural differences that should be considered when providing mental health assistance. Among its features are the following:

A. Emotional expression

Different cultural backgrounds can influence how emotions are expressed and communicated. Refugees may have cultural norms that shape their emotional expression, which may differ from the host population. This can include variations in body language, facial expressions, vocal tone, and the degree of emotional openness or restraint (Chen & Zhou, 2019).

B. Stigma and Shame

Mental health issues are frequently associated with shame, and individuals and families may be hesitant to openly discuss or seek assistance for these issues out of fear of social judgment or repercussions. Stigma surrounding depression and other mental disorders can be more prevalent in some cultural groups, may lead to unwillingness and secrecy regarding mental health issues. It often serves as a substantial obstacle for individuals from diverse cultural backgrounds in their pursuit of mental health support (Biswas et al., 2016; Satinsky et al., 2019; WHO, 2001). According to Satcher (2001), patients with certain cultural backgrounds may be more hesitant to use mental health care and they only seek treatment when they are severely ill. Further to that, family members often discourage the use of these services until symptoms become unmanageable.

C. Importance of Social Support

The literature on the psychological study of culture and mental health care suggests that the collectivism prevalent in non-Western cultures is a vital component to be considered (Hechanova & Waeldle, 2017; Tse & Ng, 2014). Those with a more collectivistic value orientation view the extended family as a central concept and perceive themselves as part of a larger whole. The primary objective of collectivistic families is to maintain a sense of responsibility rather than to express emotion towards others (Tse & Ng, 2014). In these communities, a strong emphasis is frequently placed on collective identity and close-knit social networks. Families and communities play crucial roles in assisting individuals with mental health issues (Mathew et al., 2017). Hence, seeking aid and support from trustworthy family members, friends, or people of the community is frequently chosen over established mental health services (Satinsky et al., 2019).

D. Spirituality

Another crucial aspect of culture is spirituality, which can have an impact on the mental well-being of refugees and migrants through shaping their attribution towards mental health disease and its cause (Aten et al, 2014). Religious beliefs are connected with interpreting hardships and suffering with religious meanings and by placing hardships and challenges side by side with a higher order good. What is found to be usual is linking mental health problems to supernatural or spiritual origins. In some cultures, people attribute mental health challenges to demonic possession, witchcraft, or divine vengeance (Stefanovics et al., 2015) This is why, it is commonly accepted to reach out to religious leaders or traditional healers for help, and thus traditional practices for cure instead of a mental health clinician. According to Ai et al. (2005), the most prevalent method for managing mental health issues is private prayer.

All of the aforementioned contribute to the notion that cultural competence is essential when addressing mental health issues in culturally diverse settings. Cultural competence is described as the capacity of systems to deliver care that aligns with patients' diverse values, beliefs, and behaviors, while also customizing the delivery to accommodate their social, cultural, and linguistic requirements (Betancourt et al., 2002). Cultural competency is built on a foundation knowledge, skills, and awareness. According to the preceding, healthcare professionals should seek knowledge on health-related beliefs and cultural values to better comprehend their patients' worldviews and treatment efficacy. The skills pertain to the capacity to acquire all facts and analyze the

situation using cultural standards. Finally, the therapeutic relationship is established not just when the professional demonstrates compassion and profound cultural understanding (Karageorge et al., 2018), but also when cultural awareness occurs. This entails that the clinician is conscious of their own cultural identity, as well as their own prejudices and beliefs that may differ from reality (Campinha-Bacote, 2002).

On the other hand, when it comes to mental health professionals, it is generally acknowledged that there is a strong tendency to transmit Western diagnostic categories and therapies centered around trauma to the culturally varied settings where most refugees reside (Biswas et al., 2016; Gopalkrishnan, 2018). Western biomedicine makes a clearer distinction between illnesses of the body and those of the mind, a distinction that does not necessarily apply to all cultures (Feldmann et al., 2007). At the same time, clinical conclusions are based on “western” assessment tools which raises concerns about the clinical assessments' validity (Marsella, 2011).

3.1.3b Practices

When working with refugees experiencing mental health difficulties, mental health providers use a variety of practices and approaches. These methods seek to offer comprehensive and culturally sensitive treatment while addressing the particular needs and challenges that refugees experience (Campinha-Bacote, 2002).

Given that many refugees have suffered trauma before to, during, or after resettlement, clinicians often employ trauma focused care approaches. Recognizing the impact of trauma on people's lives and fostering safety, trust, and empowerment in the therapeutic relationship, they most commonly use Cognitive and Behavioral Therapy (CBT) based approaches, trauma therapies such as testimony therapy, Narrative exposure therapy (NET), and eye movement desensitization and reprocessing (EMDR) (Lambert & Alhassoon, 2014).

As stated previously, cultural competence is an essential aspect. Mental health practitioners try to perform culturally competent evaluations that consider refugees' specific cultural, language, and environmental aspects. They should use culturally relevant assessment tools and methodologies, taking cultural manifestations of distress, idioms of distress, and cultural norms around mental health into account (Marsella, 2011). As a result, cultural components, values, and beliefs are included into therapy

procedures to make them more relevant and meaningful. This may entail modifying therapy techniques and integrating storytelling, art, music, or other culturally relevant modalities (Weine, 2011). That is why, in addition to traditional individualized treatment and trauma-focused therapies, there is a growing trend of applying psychosocial interventions within a community with the goal of fostering self-directed rehabilitation and building resilience. Contemporary approaches to mental health care for migrants and refugees focus on the refugee experience and its characteristics, adopting a more ecosocial approach influenced by social sciences (Gopalkrishnan, 2018). Thus, successful interventions for the population with mental health difficulties can be community-based ethno-cultural services that can be positively utilized by the entire community (Marsella, 2011).

Further to that, psychoeducation about mental health, prevalent mental health conditions, and treatment choices is provided by mental health clinicians to refugees (Kung et al., 2012). They provide people with the knowledge and skills they need to better understand and manage their mental health difficulties. Stress management, coping skills, self-care practices, and access to community resources are all examples of psychoeducation (Lambert & Alhassoon, 2014; Uitterhaegen, 2005). For instance, individuals may experience changes in sleep and eating habits, as well as being easily irritable. It can be beneficial to reassure people that many of these responses and emotions are normal and to provide basic coping strategies (Ventevogel et al., 2015).

Supporting migrants and refugees with mental health issues is not only the duty of mental health professionals. Clinicians frequently partner with interdisciplinary community members and organizations to facilitate refugee integration. They may cooperate with social workers, healthcare professionals, case managers, educators, lawyers and interpreters to ensure refugees receive coordinated and comprehensive care (American Psychological Association, 2020; Weine, 2011). There is an increased likelihood that the multifaceted needs of refugees will be managed this manner since there is a shared awareness that dealing with mental health difficulties is strongly tied to other components. As previously noted, housing, employment, legal assistance, and social integration are all critical variables influencing the well-being of refugees and migrants and should be prioritized alongside psychological and psychiatric treatment (Bogic et al., 2012; Bowen & Mitchell, 2016; Hajak et al., 2021; Porter & Haslam, 2005; Schweitzer et al., 2006; WHO, 2018). A holistic approach to help entails ensuring

that all identified requirements are satisfied through thorough service delivery that is recorded and monitored (IOM, 2019).

Clinicians could be of tremendous assistance by advocating systemically for the mental health needs of refugees (Saha, 2021). Raising awareness about the obstacles faced by refugees could be one of their primary practices, thereby reducing stigma. They may promote access equity, improved access, and the viability of services provided to refugees and migrants. Their contribution could also be substantial if they participate in policy discussions to provide a safe and trustworthy health care system for refugees and migrants (Rousseau, 2018).

Finally, one critical difference between supporting migrants and refugees and the host community is the linguistic barrier. In order to successfully help this group, mental health practitioners are utilizing multilingual and translating services. Cultural mediators may help with not just communicating, conducting therapy sessions, and ensuring appropriate translation, but they can also help with understanding (Kirmayer et al., 2011). They can serve as an active link between the practitioner and the patient. Working effectively with cultural mediators necessitates teamwork and a certain set of abilities (Tribe & Thompson, 2021).

3.1.3c Goals

Mental healthcare providers who work with asylum seekers, refugees and migrants often have several goals in their practice. Some of the common objectives they aim to fulfill are:

One of the primary objectives of mental health professionals is to evaluate and diagnose the mental health condition and psychological distress of refugees. Psychological assessment also helps inform the treatment planning, and identify relevant patient characteristics, goals, and preferences for the treatment process (American Psychological Association, 2021). This can be accomplished by conducting interviews and sessions, utilizing standardized culturally competent assessment tools, and collecting data on their experiences prior to, during, and after resettlement. Early detection and treatment of treatable mental health conditions could enhance the chances of refugees benefiting from resettlement, cultural and vocational training initiatives, and the development of positive relationships (Magwood et al., 2022).

The assessment is crucial because it will help determine the most appropriate and effective treatment. Any intervention selected must be compatible with the needs, resources, traditions, and beliefs of the population, as well as those of the service providers and organizations that will implement the intervention (American Psychological Association, 2021). This means that individual therapy, group therapy, family therapy, or other community-based interventions may be employed (Weine, 2011; Weine et al., 2008).

As mental health practitioners gain a deeper understanding of trauma's impact, they acknowledge the significance of providing care that is sensitive to trauma (Silove et al., 2017). Trauma-informed care emphasizes the importance of understanding a patient's life experiences to deliver effective treatment. This approach has the potential to improve patient involvement, adherence to treatment, and ultimately, mental health outcomes (American Psychological Association, 2021; IOM handbook). As stated, various trauma focused interventions could be employed strengths-based approach, appreciating the resilience of trauma survivors (Lambert & Alhassoon, 2014).

A further objective of mental health care providers is to establish a therapeutic relationship in which patients feel secure, accepted, and understood (American Psychological Association, 2021). As stated, this could be achieved by developing a profound comprehension of cultural, social, and contextual factors. In addition, establishing a trusting relationship with the clinician is critical, particularly with individuals who have previously endured traumatic events and humiliation (Mirdal et al., 2012). The compassion of the mental health professional, along with being nonjudgmental, empathetic, and attentive, plays a vital role in establishing this therapeutic relationship (Vincent et al., 2013).

Another goal is to empower the refugees and migrants and help them develop resiliency. This way they will be better equipped to navigate the everyday arising challenges and will develop adaptive strategies to face any upcoming difficulty. This can happen, as stated, not only through psychoeducation to individuals and their families but the whole community (Kung et al., 2012). Besides empowerment through psychoeducation, professionals support refugees in the process of social integration. his is achieved through psychoeducation for individuals, their families, and the broader community (Kung et al., 2012). Additionally, mental health professionals assist refugees in the

process of social integration, helping them manage stress related to integration and adaptation, navigate cultural differences, and establish social connections, all of which positively impact their well-being (Schick et al., 2016).

3.2 Challenges encountered when working with refugee population

3.2.1 Language and Communication

The language barrier poses one of the most significant hurdles when working with refugees. Clinicians often struggle to effectively communicate with individuals that do not speak the local language or have limited proficiency (Sandhu et al., 2013). This communication obstacle hinders the therapeutic process, making it sometimes difficult to gather accurate information, establish rapport, and provide appropriate care (Sandhu et al., 2013).

When immigrants with limited language skills seek mental health services, the presence of an interpreter is often necessary to facilitate the procedure. However, most of the times and mostly in emergency setting, encountering an interpreter is difficult. This is why often family members or other staff within institution are the ones providing interpretation. This serves as a common practice despite its drawbacks (Kirmayer et al., 2008). Using family members as interpreters may compromise confidentiality, and the accuracy of diagnosis and assessment can be challenging when indirect communication methods are employed (Sandhu et al., 2013) and should be in agreement with the patient (Hadziabdic et al., 2014).

The use of interpreters, family members or professionals and whether in-person or via telephone, presents its own set of dilemmas. While telephone interpreting may offer certain advantages such as safeguarding confidentiality in specific situations, face-to-face interpreting is generally more suitable for the complex and nuanced nature of psychological work (Giacco et al., 2014). Telephone interpreting may not be appropriate for individuals with additional communication difficulties, such as those with underlying intellectual disabilities. When telephone interpreting is utilized, it is important to involve recognized and accredited agencies and discuss the process as part of the therapeutic conversation (Tribe & Thompson, 2021).

The syntax and structural differences between languages further complicate the interpretation process, particularly when informal or family interpreters are relied upon without professional training (Cambridge et al., 2010). Interpreting in mental health

requires a deep understanding of the cultural nuances and connotations of patients' words, which can be challenging for interpreters and clinicians alike (Kirmayer et al., 2008).

Working with an interpreter can also create a sense of dependence and unsettlement for the practitioner, potentially impacting the dynamics of the therapeutic relationship (Tribe & Thompson, 2009). Establishing a good three-way therapeutic relationship may take more time, given the overlapping dynamics between the practitioner, interpreter, and service user (Tribe & Thompson, 2009).

Furthermore, emotional reactions within the therapeutic triad can affect the therapeutic process. Both interpreters and clinicians may experience unexpected emotional responses, such as feeling excluded or self-conscious, which should be addressed through careful screening, adequate training, and ongoing support (Miller et al., 2005).

3.2.2 Cultural and Contextual Understanding

As discussed, the process of diagnosing mental health conditions presents complexities that influence experiences and hinder the provision of suitable mental health care to migrants (Agudelo-Suárez et al., 2012). To effectively support refugee populations, mental health clinicians must develop a profound understanding of their cultural backgrounds, beliefs, and values. The cultural differences detected have an impact on help-seeking behaviors, perceptions of mental health, and treatment preferences. Insufficient cultural competence or unfamiliarity with specific cultural practices and norms can impede accurate assessment and intervention (Agudelo-Suárez et al., 2012; Sandhu et al., 2013).

Understanding the symptoms of migrants and refugees and avoiding biases when making medical decisions are different from prejudice, but they can still lead to unequal treatment. It's difficult for clinicians to accurately interpret symptom reports from those patients and they may rely on stereotypes, which creates problems. This makes it hard to create policies that effectively address these issues. (Balsa et al., 2002). Many times, professionals Many times, professionals underscore the need for increased knowledge and awareness of cultural differences among practitioners and the significant impact these differences have on the diagnosis and treatment of mental health services (Sandhu et al., 2013).

3.2.3 Trauma and the risk of secondary traumatic stress

Mental health clinicians often encounter refugees with experiences of trauma, during, or after their migration journey. These traumatic experiences may include violence, war, persecution, or loss. Oftentimes, mental health professionals lack adequate training and expertise in trauma-informed care, which is vital for effectively handling the intricate mental health demands of individuals who have been through trauma (IOM, 2018).

Engaging with patients who have experienced trauma can have an emotional toll on mental health clinicians. Both clinical and non-clinical personnel face the potential of experiencing secondary traumatic stress. This form of stress emerges from being exposed to the traumatic experiences of others and can result in enduring fatigue, intrusive thoughts, diminished focus, emotional detachment, extreme weariness, avoidance behaviors, absenteeism, and even physical ailments (Wirth et al., 2019). When clinicians and frontline staff grapple with these symptoms, they may find it challenging to deliver top-quality care to patients, potentially leading to burnout and subsequent staff turnover. This turnover can set off a detrimental cycle, exacerbating similar sentiments among remaining employees (Menschner & Maul, 2016).

3.2.4 Lack of resources and high demand

Services often face a lack of competencies and resources for addressing the mental health concerns of migrants. This encompasses a scarcity of mental health experts who possess the necessary knowledge and experience to effectively treat migrant populations, especially those who have experienced trauma. Both public mental health services and NGOs encounter this problem. The absence of professional interpreters trained in mental health is particularly problematic, as accurate communication is vital for diagnosing and treating individuals with mental disorders. While medical procedures may be covered, other crucial services like interpretation or psychotherapy frequently go uncompensated (Straßmayr, et al., 2012).

Insufficient resources can lead to long waiting lists and restricted access to timely and comprehensive care. Refugees often face delays, limited availability of therapy and psychological treatments, a scarcity of social services in hospital facilities, inadequate integration of mental health into primary care services, insufficient aftercare and coordination, lack of day care options, and difficulties accessing information about mental health services (Straßmayr et al., 2012).

The limited access to patient's medical and social history, especially for undocumented migrants, poses further challenges. Obtaining this information is challenging, and even if available, it is often in a foreign language. This lack of medical and social history poses complications, as healthcare providers are unaware of patients' previous health and mental health problems, leading to potential challenges in providing appropriate care (Priebe et al., 2011).

Practical issues, including organizational inflexibility, limited time due to high demand and the need for individualized care, also arise when working with refugees. For instance, according to Priebe et al. (2011), numerous practitioners find it necessary to schedule double sessions, particularly when an interpreter is involved, in order to allocate more time to migrant patients. This approach aims to ensure that these patients feel heard and understood during their appointments.

Another significant challenge is the lack of awareness among care providers regarding the legal entitlements of refugees and migrants to mental health care, leading to denial or minimal medical attention despite their right to receive care (Sandhu et al., 2013). Especially in the case of undocumented migrants, the absence of legal entitlement to mental health care beyond emergency services is a significant barrier, as some countries do not provide access to comprehensive care (Straßmayr et al., 2012). Along with that, refugees may encounter obstacles related to the lack of coverage in health and social security programs, unaffordable health insurance, and unclear legislation that hampers access to healthcare services (Agudelo-Suárez et al., 2012).

3.2.5 Psychosocial Stressors and Social Determinants of Health

Migrants and refugees often face a range of psychosocial stressors, which include uncertainties about their legal status, living in overcrowded camps or temporary accommodations, restricted availability of education and job prospects, as well as limited social support networks. These stressors exert a noteworthy influence on their mental health, presenting challenges for mental health professionals striving to provide comprehensive care (IOM, 2019). Additionally, he absence of social welfare and housing privileges adds an extra layer of complexity to the provision of mental health services and addressing the complex needs of individuals with mental health problems, especially those who are homeless (Straßmayr et al., 2012). With regards to mental health professionals, ensuring a steady supply of medications and follow ups on their

improvement or not can be challenging in humanitarian and acute refugee settings (Silove et al., 2017).

3.2.6 Unrealistic expectations and mistrust

Migrants and refugees have been found to exhibit a greater tendency to seek physiological explanations for psychological issues compared to native individuals (Sandhu et al., 2013). As stated before, this tendency to either dismiss mental illnesses or ascribe symptoms to a physiological origin is frequently linked to a lack of awareness about mental health or culturally distinct perspectives on mental well-being (Campinha-Bacote, 2002; Marsella, 2011).

Refugees may hold different expectations regarding mental health care and the information they are willing to disclose, influenced by cultural factors. These differing views can have a huge impact on the mental health professional's work with them, their acceptance of a mental health diagnosis and subsequent treatment (Giacco et al., 2014). Furthermore, previous experiences with healthcare systems in other countries can shape refugees and migrants' expectations of the roles of clinicians and patients, leading to uncertainty and mistrust if experiences differ significantly from their expectations. Some migrants may have unrealistic expectations about the capabilities of clinicians addressing both physical and social issues (Priebe et al., 2011).

Mental health practitioners have identified a common concern regarding the establishment of trust, particularly with immigrant patients who may be skeptical of authorities or unfamiliar with the healthcare system, including mental health services. Some patients associate specific indicators with negative experiences, necessitating additional care to establish a safe and trustworthy environment for their care (Sandhu et al., 2013). Negative experiences such as torture, oppression, and ethnic conflict in their home countries can contribute to patients' negative responses to the care they receive in the host country (Sandhu et al., 2013). Building trust with immigrants encompasses more than just the connection between the healthcare provider and the patient. It also includes the dynamic between the interpreter and patient in certain situations. Immigrants might have valid reasons for being cautious about interpreters from their own community or those originating from countries where the patients have encountered political or religious conflicts (Sandhu et al., 2013). These patients may explicitly request to see a different staff member or withhold information based on these grounds. Unfavorable attitudes and at times, unfriendly conduct towards staff are

frequently linked to disparities in culture, misinterpretations, or a feeling that their issues are not being treated with due consideration (Priebe et al., 2011).

3.2.7 Lack of coordination

Migrants and refugees often experience fragmented contact with mental health specialists and service providers throughout their journey, hindering the establishment of trust-based relationships and resulting in short-term or emergency support. Seamless handovers between mental health experts become essential as migrants transition between different jurisdictions, requiring additional support and coordination to ensure uninterrupted service delivery and effective psychosocial support (IOM, 2019).

Mental health professionals highlight the chaotic and inadequate collaboration between healthcare providers, which is attributed to the presence of multiple NGOs and volunteer groups without proper organization. This uncoordinated approach leads to overlapping and duplication of interventions, failing to effectively address the healthcare needs of vulnerable migrants (Chiarenza et al., 2019).

Moreover, the lack of coordination not only leads to confusion in task allocation but also leads to inefficient utilization of human and economic resources. Establishing health coordination mechanisms to bring together all stakeholders involved in the healthcare response for refugees is crucial for effective support (Chiarenza et al., 2019). This would facilitate a smoother flow of information and ultimately lead to enhanced services for refugees (Qayyum et al., 2014).

4. Methodology

4.1 Data collection method

This qualitative study aims to explore the viewpoints of mental health professionals regarding the efficacy and the challenges of Greece's response in integrating refugees with mental health concerns into Greek society. The study seeks to gather current insights into the difficulties encountered by mental health professionals, while also identifying barriers and potential solutions concerning available health services and support of refugees with mental health issues.

Qualitative methodologies were chosen for this thesis to extend the existing knowledge on mental health support of refugees. Through obtaining direct personal narratives from practitioners working with migrants and refugees facing mental health conditions, the study endeavors to comprehend mental health professionals' attitudes toward mental health and migration, refugee integration, and effective integration strategies.

To capture this comprehensive perspective, the qualitative researcher employed semi-structured interviews, consisting of a total of ten standardized questions. Through strategic questioning, identification of themes in respondents' narratives, systematic note-taking, and personal engagement in the process, the researcher adhered to a methodological approach (Engel & Schutt, 2013). Semi-structured interviews use prompts for questions but also allow for flexibility in the order and content of questions, depending on how participants respond during the conversation (Engel & Schutt, 2013). The use of open-ended questions helps uncover new ways of understanding the difficulties faced by the professionals, along with their insights into recommended strategies, policies, and potential alternatives.

Individual interviews were favored over focus groups to create an environment where participants can discuss aspects of their working experiences, thoughts, and work challenges without being influenced by other participants' reactions or responses.

For the scope of this research, five in-person interviews were carried out, while the remaining eight were carried out via Zoom meetings. Interviews were scheduled at times and locations that accommodated the participants' convenience. The duration of the interviews spanned between 15 to 30 minutes. Starting with general questions about their experience in the field and the population they were working with, the intention was to build a connection and foster confidence before exploring the complex matter

of mental health in refugee settings, their role as mental health practitioners and their views on the existing system.

4.2 Research sample

As indicated, the present study employed a methodological approach centered on semi-structured interviews, thereby facilitating the induction of valuable insights from a cohort of mental health professionals. The overall number of mental health experts participating in the study amounted to a total of thirteen individuals. The majority of participants were selected based on convenience sampling, a sampling technique used in research for its practicality and ease of data collection. Notably, 10 among these participants were recruited from the researcher's antecedent professional sphere. This sphere, characterized by engagement with adult asylum seekers, migrants, and refugees, was linked to the researcher's role as a psychologist operating within camp settings and in a project that aims to refugees' integration into Greek society. It is noteworthy that the utilization of a snowball sampling approach also contributed to participant recruitment, with the participation of three individuals sourced through referrals from existing participants.

The selection of mental health professionals was based on their specialized expertise in assisting individuals afflicted by mental health challenges within migrant and refugee populations. This recruitment procedure involved accessing the researcher's professional network, reaching out to professionals with significant expertise in the field of migration, as well as considering individuals recommended by prior participants.

The age range of the sample spanned from 28 to 50 years, comprising four male and nine female participants. The sample demonstrated a period of engagement within the refugee sector ranging from three to seven years, with an average cumulative experience of approximately four and a half years. Among these, eleven participants held licensure as psychologists and fulfilled diverse roles, including a minimum of one year as counselors, providing support to refugees and migrants. Concurrently, two participants were licensed psychiatrists and were actively engaged in serving refugee populations.

A substantial majority, eleven out of the total thirteen participants, were employed within international non-governmental organizations (NGOs) and international entities

dedicated to aiding asylum seekers and individuals under the umbrella of international protection. Furthermore, almost half of the participant sample presently operates within projects centered on refugee integration, conducted under the auspices of the Greek Ministry of Asylum and Migration. The remaining participants offer their services in facilities specifically designed for accommodating refugees and migrants. Additionally, one of them conducts sessions in a private office.

4.3 Research data analysis method

The analytical procedure adhered to the six-stage framework proposed by Braun and Clarke (2013). The aim of performing a thematic analysis is to identify noteworthy or compelling patterns in the data, referred to as themes, and leveraging them to address research objectives or shed light on specific matters. It surpasses data summarization; a proficient thematic analysis involves interpretation and comprehension, all done in six stages (Braun & Clarke, 2013).

In the initial stage, the researcher converted audio data into textual form. This transformation enabled the systematic coding and analysis of the data (Braun & Clarke, 2013). In the second phase, the researcher thoroughly immersed themselves in the data, recording general impressions, conceptual ideas, and particular concerns (Braun & Clarke, 2013).

The comprehensive coding process initiated with the first data element and proceeded until all data items were thoroughly and inclusively coded. During the third phase, data relevant to the research question was subjected to semantic-level coding. Semantic codes, rooted in the data, encompassed apparent content, whereas latent codes, guided by the researcher, revealed underlying meanings embedded within the data (Braun & Clarke, 2013). The distinction between semantic and latent coding was not strict, as certain codes displayed characteristics of both categories. Frequently, codes could be applied to multiple data elements, capturing a spectrum of patterns and variations within the dataset. The components of the codes were evaluated for consistency and correspondence with other codes, facilitating the interconnectedness of codes.

In the fourth stage, the researcher systematically examined codes and gathered data associated with each code to identify potential overlaps that could form the themes (Braun & Clarke, 2013). Acknowledging the potential for alternate interpretations, the fifth stage involved a review and consensus-building process for the candidate themes.

As a last stage of the process of refining candidate themes, the researcher moved towards finalizing the identified themes, ultimately leading to the realization of the thematic analysis.

4.4 Code of Ethics in Research

Participants received informative sheets detailing the study's objectives a week prior to the interview sessions (see Appendix). Adequate time was allocated before each interview to answer questions and ensure participants fully understood their role. The researcher made it clear to participants that they had the right to choose not to answer any questions and could opt out of the study if they desired. Additionally, participants were requested for consent to digitally record the interviews.

Maintaining confidentiality and protecting anonymity were of utmost importance. Participants were assured that all information gathered throughout the research process would be maintained in strict confidentiality. Their names and personal details would be securely stored separately from audio recordings and subsequent data analysis. It was also explained that portions of anonymized transcriptions might be reviewed by the researcher's supervisors to assess the research's quality. Importantly, only the researcher would know participants' true identities.

4.5 Research Limitations

An important consideration among the limitations refers to the study's sampling approach. Participant selection was driven by considerations of accessibility and availability. Given the specific requirement for a sample comprising mental health experts engaged with migrants and refugees, the feasibility of obtaining a random or representative sample from the entire population was constrained. Simultaneously, gathering a diverse or representative sample from the total population meeting the defined criteria posed challenges due to resource constraints and time limitations.

While convenience sampling accelerates data collection, it introduces potential bias into the research outcomes. The sample derived from this convenience sampling method, comprised of participants occupying specific roles within the migration domain, might not accurately mirror the broader population. This can limit the generalizability of findings and engender bias if the participants do not adequately represent the larger population, thus affecting the validity of the study's conclusions. Therefore, the researcher should be cautious when interpreting outcomes and explicitly acknowledge the constraints inherent in the sampling strategy.

Another limitation arises when attempting to generalize study findings to encompass the full range of work experiences among mental health practitioners. With the exception of one participant, all respondents were employed within organizations, with none directly affiliated with governmental bodies. As a result, it is inappropriate to extend the applicability of the data to operating within the public sector. Rather, it predominantly reflects the viewpoints of individuals engaged in humanitarian roles.

Another salient constraint relates to the sample size. A limited sample may lack diversity and variations across demographics, perspectives, and other pertinent factors. This constraint has the potential to limit the depth of insights and hinder the exploration of various patterns within the data.

Lastly, most of the interviews were carried out in Greek, the native language of the target population, in order to ensure participants' comfort in responding. Consequently, as part of this study's process, the analysis necessitated translating the participants' Greek responses into English. Given how challenging it is to find exact equivalents for words, phrases, or concepts between languages may have led to nuances, idiomatic expressions, or cultural references being lost or altered, potentially changing the meaning of the original text. Oftentimes, translating the text literally can cause confusion or unintended meanings with translated sentences that sound unclear due to grammatical differences.

5. Results

The data analysis revealed eighteen subthemes, categorized into six broader themes aligning with the research questions.

To improve clarity, unnecessary elements such as 'erm' and 'you know' were excluded when using quotes to illustrate themes. In addition, it is noteworthy that – as stated in the limitations of the study- the quotes showcased in the results are the outcome of the researcher's endeavor to translate them into English. Survey participants are assigned numerical identifiers, such as participant 1 or participant 2, for reference within the text. The numbers assigned to each participant were randomly generated.

Theme 1: Mental health services for refugees in Greece:

1.1: Challenges and Provision:

According to the majority of participants, the challenges in providing mental health care for refugees revolve around issues like the misdiagnosis of mental illnesses. Participant 9 elaborated: "*We encountered numerous cases of personality disorders, but assessing and approaching them posed difficulties due to cultural differences. There were many controversial signs that complicated the diagnosis of specific disorders.*" He later added "*In our work, addressing an individual's difficulties relies on a descriptive approach; it's not as straightforward as objective measurements like blood tests. The description alone isn't a definitive clue because what might be functional for us might not be functional for others*." Participant 8 contributed that "*speech serves as the exclusive assessment tool*," while participant 10 highlighted that the descriptive approach sometimes results in diagnoses that don't align with reality.

Furthermore, over-diagnosing refugees, which leads to inaccurate assessments, along with generalizing problems and making incorrect diagnoses, further intensifies these challenges. Participant 10 pointed out: "*Language barriers often lead to people receiving diagnoses for disorders that practitioners assume they have. For instance, if drug abuse is observed, it's often associated with antisocial personality disorder, even when the criteria aren't met. If drug abuse is coupled with a history of incarceration, a diagnosis is almost certain. This diagnosis remains, making it difficult for a new mental health practitioner to deviate from the original diagnosis*."

The predominant focus on problems tends to obscure the inherent resilience of these individuals. Participant 1 remarked that refugees appear more as "*people who are*

mentally resilient rather than individuals with severe psychological issues." Participant 12 added that "*most of the time, these individuals have faced significantly more difficulties in their lives. While it might seem terrifying to us, to them, it's more straightforward."*

Alongside the issue of misdiagnosis, interviewees highlight misconceptions regarding refugee vulnerability. The quick categorization of migrants and refugees as vulnerable often results in medication prescriptions. Participant 1 noted that they believe "*it's easier for a mental health professional to prescribe medication to refugees than to a Greek citizen because they view them as primarily vulnerable*." Additionally, participant 5 proposed that "*we should cease categorizing individuals with mental health problems as inherently vulnerable, as this often causes us to overlook those who genuinely need mental health services*."

It's noteworthy that problems are frequently approached from a medical perspective to streamline resolution and monitoring, which contributes to the complexities of mental health provision for refugees. Participant 10 explained: "*Many mental health issues are viewed from a medical standpoint due to the need to control the situation and ensure the patient's safety. However, those treated medically or hospitalized lack access to rehabilitation services. Those leaving psychiatric facilities have no support network to turn to*." Participant 7 highlighted the lack of rehabilitation for refugees, especially those struggling with substance addiction. Furthermore, participant 10 emphasized a substantial gap in the rehabilitation system for refugees. They noted that "*while Greek citizens may be able to visit a day center, they will be occupied, they will play backgammon, they will crochet something. They will get in contact with someone there. Refugees do not have this opportunity. The rehabilitation for refugees with mental health concerns does not exist".*

Apart from the absence of specialized services, participants argue that another frequently encountered difficulty is refugees' confusion in finding the right support. Many existing services offer similar kinds of support. According to participant 1, "*there's a proliferation of facilities providing similar services to the refugee population. This often results in missed appointments, as they might be receiving support from multiple sources*." Moreover, the abundance of similar services complicates refugees' ability to select the appropriate service. Participant 10 emphasized that "*in Greece,*

refugees often seek support from numerous services, which unfortunately leads to them losing their dynamism and resilience. This confusion often results in indecision and lack of action."

Even if refugees eventually manage to access the right service, another existing challenge is the imbalance between rising demand and limited resources. "*For an individual to receive a diagnosis, prescribed treatment, and follow-up from a clinician, is nearly impossible. To provide an example from my experience: on Samos Island, there were only two clinicians available to accept refugees for appointments. This was for a population of around 10,000*," stated participant 5. Furthermore, the scarcity of available appointments often hinders refugees' access to timely care. Participant 5 noted that even in emergency cases, "*appointments were often scheduled for three or four months later.*" To seek psychological treatment through governmental services, participant 6 mentions the difficulty due to the shortage of appointments caused by insufficient personnel. Additionally, participant 2 observed that the limited availability of public services renders them inaccessible to refugees. "*There are few available organizations. It's discouraging to schedule a session and have to wait one or two months just to talk about your problem."* This issue also affects follow-up appointments, making it challenging to maintain consistent therapeutic work and monitor a person's progress in symptom improvement. Participant 12 also pointed out that these circumstances are influenced by the financial crisis that has had a profound impact on the healthcare system. "*As a consequence of the financial crisis, the local health centers lack the necessary resources, and there has been a surge in demand - even from Greek citizens. Both public health centers and hospitals have suffered a decline in quality."*

1. 2: Differences in treating refugees with mental health disorders

Geographical factors significantly shape the landscape of mental health provision for refugees. Service availability is heavily influenced by location, often favoring urban centers over smaller towns and rural areas, leaving those in less populous regions with limited access. Additionally, the quality of assistance provided by mental health professionals is different with those located in larger cities displaying a greater level of familiarity with refugee-related issues. Participant 2 further elaborated on this point, stating that "*in smaller cities and rural areas where they worked, the organizations and staff providing assistance lacked experience in working with individuals from non-Greek backgrounds. This lack of familiarity made it exceptionally challenging for them*

to comprehend the needs of refugees and how to effectively aid them." Participant 12 also emphasized the impact of location on service provision, explaining that "*larger cities offer more opportunities for support compared to smaller cities or rural areas".*

A recurring suggestion from multiple participants was that the unfriendly attitudes of Greek professionals towards refugees exacerbate the situation. Participant 5 recalled that on the island of Samos, "*while many professionals offered support regardless of cultural differences, there were practitioners who exhibited discriminatory behavior towards refugees, excluding them from receiving assistance*". Notably, discrepancies in the treatment of refugees compared to locals were often observed, especially in terms of consistent psychological and psychiatric care. As participant 9 explained, "*refugees and locals tend to receive similar treatment in emergency settings, but this parity is not maintained when dealing with regular appointments".*

Theme 2: Access to mental healthcare by refugees

2.1: Lack of information and bureaucratic complexities

Access to mental healthcare encompasses multifaceted obstacles for refugees. An important aspect that is elaborated by all participants was the refugees' lack of information about crucial aspects such as procedures, appointment scheduling, necessary documentation, and healthcare entitlements. Navigating through bureaucracy and navigating shifting health insurance policies, especially for asylum seekers, adds to the complexity.

Participant 2 underscored that refugees frequently struggle with "*unfamiliarity regarding the procedure for scheduling mental healthcare appointments. This issue isn't merely due to their unfamiliarity with their rights; it extends to their lack of understanding of concepts such as the AMKA (social insurance number)."* Subsequently, the participant added, "*A notable absence of guidance leaves them uninformed about the contents and use of the documents they possess, as well as their rights within the host country, including the fundamental right of healthcare access.*" As opposed to Greek citizen, participant 10 added that "locals know better where to address and what to do so as to get the help they need". Participant 3 reflected that the system inadvertently perpetuates the distress experienced by refugees during their unsafe journey, comparing it to their initial uncertainties upon embarking on a boat trip into the unknown or crossing the Evros river border. They claimed that this is attributed

to "*the system's failure in providing adequate information and guidance. The pathways to assistance are not clear; the system remains oblivious to the challenges they will face and how to tackle them".*

A vital factor that impacts their journey to care is having dedicated contacts to facilitate service access and appointment scheduling streamlines the process for refugees. NGOs play a crucial role in making access to services more feasible for refugees, contributing to the enhancement of their overall mental health support. Participant 4 consequently emphasized that most refugees "*consistently rely on the assistance of psychosocial workers to arrange appointments*". Participants 6 and 4 further illuminated the difficulties arising from insurance-related matters, expressing that obtaining healthcare access is a hard task due to "*persistent issues related to their insurance, whether it pertains to the AMKA number or the Paypa number*" (participant 6). Additionally, participant 4 revealed a period during which "*neither Paypa nor AMKA were accessible, and their medications were only accessible through donations."*

Another significant challenge revolves around motivation. The perception of Greece not being perceived as a final destination exacerbates the situation. Participant 3 believed that it would be more advantageous if they perceived their residency in Greece as something more permanent, as opposed to their current perspective likening it to a mere *"bed and breakfast*." Consequently, they stated that "*they adopt a stance of, 'alright,' we will engage in some activities during our stay here, but not beyond that. Certain individuals seek assistance solely under the assumption of an extended stay, while for others, Greece serves merely as a transient stopover*". This sentiment is re-stated by participant 10, who contended that the transitory perception of Greece leads to "*a lack of motivation in resolving non-urgent issues that do not directly threaten physical well-being".* The same for participant 7 who stated that "*they have this perception that when they leave Greece, which is their main concern, all of the sudden their mental difficulties will be resolved".*

Furthermore, participant 9 drew attention to the instability in service provision caused by frequent relocations driven by accommodation considerations. Access to healthcare becomes challenging due to refugees' limited ability to participate consistently. Participant 9 emphasized that "*this is not due to lack of willingness, but rather, the frequent shifts from one location to another within Greece create a predicament*". They

are in a constant state of flux, consistently moving across the country. This sentiment aligns with participant 4's perspective, who also acknowledged that *"this population has experienced numerous relocations, shifting between various housing arrangements and environments, thereby interacting with a diverse range of professionals."*

Finally, an additional hurdle that emerged relates to the influence of legal status on healthcare access. Participant 13 highlighted this aspect, stating, "*In my experience, it's intriguing to observe that asylum seekers often have more accessible medical and health support compared to those who achieve recognized refugee status. This peculiar dynamic is primarily a result of the language barrier. While asylum seekers remain within facilities, be it refugee camps or alternative programs, they are provided with interpreters and dedicated personnel to aid their interactions with various institutions in the Greek national system… However, this assistance wanes once they transition from the asylum-seeking phase to becoming recognized refugees. At this point, they are tasked with integrating into society and navigating these challenges independently"*. Moreover, they added, "*Once they transition from the camps and acquire refugee status, their circumstances deteriorate significantly. Their access to support, medical professionals, and financial resources is restricted. Moreover, the scope of their health insurance is limited, leaving them without coverage if they are not employed*."

2.2: Cultural Barriers in Refugees' Pursuit of Mental Health Support

The challenges in refugees' pursuit of support are exacerbated by their limited understanding of the distinctions between psychiatrists and psychologists. Participant 2 acknowledged, "*up to a point they come from countries where they did not have access to this type of services and they are not used to receiving regular support"* Participant 11 added, "*they come from countries that are differently structured and do not operate like Greece does*." Participant 2 further elucidated, "*many times we have to clarify what a psychiatrist does and what a psychologist does, what their role is and how they can be of help to them*." Participant 7 underscored that "*they are not familiar with the concept of mental health" which leads them to" anticipate rapid and drastic results from just one or two sessions and causing frustration when they do not see that."*

The prevailing stigma surrounding mental health within refugee societies impedes open discourse and seeking assistance. Participant 10 highlighted that "*many individuals, influenced by their homeland's cultural norms, perceive mental health as a taboo*

subject. Consequently, individuals from specific nations rarely engage with mental health professionals." These individuals hold the belief that "*addressing such concerns is unnecessary and that they can resolve these issues within their own homes".*

An additional dimension mentioned is the potential misinterpretation of mental illness as a means to gain advantages. Curiously, some benefits do exist for individuals with mental health diagnoses, which further complicates the landscape of mental health support and perception among refugees. Participant 10 asserted, "*it should be clearer to them that obtaining a mental health disorder diagnosis doesn't necessarily improve their asylum application outcome. Mental health problems should not be interpreted as a means to demonstrate vulnerability and gain benefits, such as refugee status recognition, improved housing, or expedited relocation to their final destination like Germany."*

Alarmingly, encounters with hostility and discrimination from mental health personnel compound the challenges faced by refugees when seeking help. Participant 11 voiced, "*frequently, we observe discriminatory or unequal treatment of refugees by professionals compared to locals*." This negative treatment engenders suspicion among refugees, leading them to question the intentions of mental health experts. As participant 4 stated, trust in confidentiality becomes a concern, often arising from refugees having to recount their narratives to various professionals. Regarding their mistrust, participant 10 added, "*Many individuals who faced persecution in their home countries, including those from the LGBTQIA+ community, are not trustful towards mental health professionals."*

Gender dynamics also come into play. Participant 10 observed that "*women often seek assistance through referrals, because their husbands send them somehow; while men tend to reach out only due to antisocial behavior.*" Participant 12 added that "*In cases where women couldn't access female practitioners due to unavailability, they often chose not to seek support at all."*

2.3 Communication Barriers

The interviews with participants shed light on the significant communication challenges that refugees encounter in their pursuit of mental health care. An overarching factor discussed by all participants in relation to access limitations is the shortage of

interpreters and cultural mediators, which creates substantial obstacles in establishing effective communication and providing support.

Participant 9 underscored, "*It is not that interpreters were unavailable; rather, they were not equipped to address mental health concerns effectively*." This sentiment is echoed by participants 1 and 12, who pointed out that the communication hurdles persist, with some mental health experts resisting the utilization of phone interpretation, highlighting the complexities in fostering a meaningful therapeutic relationship remotely. According to participant 10, "*In the context of mental health issues, phone interpretation is not the optimal approach. Neither the psychiatrist nor the patient feels comfortable in this scenario".*

Language emerges as the foremost challenge, as noted by participant 3, who highlighted the scarcity of facilities offering interpretation services. "*While interpreters were introduced to public hospitals in 2018, their numbers remained limited*." This shortage presented difficulties, with *"one interpreter often tasked with covering an entire facility*." The result was a challenge in providing comprehensive mental health sessions, which typically require a substantial amount of time. In other facilities, *"interpretation services were not available, leading NGOs to provide their own interpreters."* Participant 13 added, *"Although organizations like Doctors Without Borders offer in-house interpreters in select locations, mainstream facilities such as National Hospitals lack such provisions."*

Participant 12 added to this challenge, noting that having interpreters who speak the refugee's language is not always feasible. Even in accommodation facilities, "*the lack of interpreters who speak specific languages, such as Urdu, can create barriers in effectively working with them."*

Even in case there is a cultural mediator present, Participant 3 emphasized that direct communication still lacks effectiveness. Sometimes, even if the individual desires to share information, the presence of a cultural mediator may not inspire trust, limiting the depth of communication.

In this regard, the absence of a cultural mediator further complicates the situation, as refugees often rely on relatives or familiar individuals for support, inadvertently hindering full disclosure of critical information about the individual's mental health

condition. Participant 10 observed, "*Many times, refugees have to be accompanied by a relative, friend, or neighbor who speaks English. However, this arrangement can exacerbate the challenge, as patients may not fully present their issues due to shame or other reasons."*

Theme 3. Mental health professionals' work

3.1 Enhancing culturally informed Mental Health Support

The findings from the interviews underscored the necessity for mental health professionals to adopt a personalized approach tailored to the unique needs and cultural backgrounds of refugees. An evident challenge observed by the majority of participants is the insecurity experienced by professionals due to inadequate understanding of cultural factors, particularly concerning the distinct gender roles prevalent in refugees' home countries.

Participants adapt their strategies to account for these cultural disparities, specifically in relation to gender roles. For instance, participant 13 provided an example: "*the concept of empowerment holds significantly greater significance for female refugees and asylum seekers than one might expect in the general population. It becomes crucial to navigate the disparities in the roles of women within Middle Eastern societies compared to European countries, especially when working with male asylum seekers*". Building on this, participant 2 highlighted, "*in the beginning what I needed to comprehend is that a woman from an Asian country might find it extremely challenging to open up to a male therapist compared to a Greek woman' Cultural differences play a significant role. Of course, there might be a preference also for the Greek ladies to choose a therapist of their own gender. Nevertheless, in those countries, women have limited agency and are required to seek their husband's approval to address to a therapist, often leading to their presence during therapy sessions. This significantly complicates the process.*" Participant 12 further emphasized that women were not able to access the support they needed "*just because the psychiatrist was a man, and they did not want to address their issues to male psychiatrists.*" As she added, *"Unfortunately, choosing the gender of the mental health professional is not feasible in most cases and this is something that we, the mental health professionals, should always keep in mind'.*

Therapeutic work can be complicated by distinct cultural norms. Professionals recognize that a solely Western approach isn't suitable for this diverse population, and they need to interpret patients' expressions to understand their true concerns. Many participants shared such experiences of working with the refugee population.

Participant 3 mentioned: "*I think besides the language barriers we face as professionals we are lacking an intercultural - how to say it - empathy. There are cultural aspects we fail to grasp. For instance, I encountered a beneficiary that we initially thought that suffered from a mental illness because he was taking bottles and filled them with liquids from his body such as urine…What he claimed was that he did it for protection. Just because we lacked that cultural competence or knowledge, we considered it to be a sign of mental disorder, so did the psychiatrist that we referred him. After a lot of discussions, the psychiatrist informed us that that was the outcome of the difference in culture and customs*." Later they added: "*we are unaware of important information. We are not aware of all the aspects of a behavior that for us is unusual, but for other communities is ordinary. For instance, that applied in child neglect. Things that for us as experts were child neglect, socially and culturally, are not considered to be child neglect for them. It is a different approach of childcare".*

Participant 9 added: *"The foremost challenge is to understand what different civilizations mean, different culture and different ways to deal with a difficulty. A typical example is the cutting in the arms that for some people might stem from religious beliefs".*

Participant 10 pointed out that "*Mental health experts often overlook the cultural factor. They see mental illness with a certain perspective, a western perspective that doesn't resonate with everyone*". Participant 13 stressed that "*it's imperative to recognize that there exists a significant deficit in the understanding of mental health and a prevailing stigma surrounding it within Middle Eastern societies".*

Another imperative identified is for mental health professionals to confront their personal biases. Participant 9 noted "*When I began working with refugees, I was not open to new information. It was the first time I was working with a foreign population, and I had a lot of personal bias that I needed to address and be mindful of*". Participant 5 echoed this sentiment, highlighting that "*I don't believe that there is an efficient or suitable western approach on their difficulties; this is why we should move beyond*

standardized Western approaches and focus on tailoring interventions to individual needs." Participant 4 contributed, stating, *"Throughout my experience, I have come to understand that mental health professionals primarily operate based on their own requirements rather than actively listening to the needs of the patients."*

Continuous education is advocated to enhance professionals' knowledge. Participant 11 acknowledged that *"a challenge for me is to continuously adjust my knowledge and skills to the population that I address to; every time they are of different cultures with different demographics… Thus, I need to train myself more, to acquire more knowledge on each population I am working with".* This participant also noted that engaging with diverse cultures has facilitated professional growth, "*I can totally say that engaging with a range of cultures has significantly expanded my knowledge and equipped me with a variety of techniques and viewpoints for addressing a wide array of challenges. This dimension of growth wouldn't have been possible if I had solely been working with individuals from my own community."*

3.2 The Therapeutic Relationship: Cultivating Effective Communication and Rapport

The therapeutic relationship holds a significant role in facilitating successful communication and establishing rapport between mental health professionals and refugees. A notable aspect raised by several participants is the potential impact of cultural mediators on the therapeutic relationship, stemming from their non-directive role.

Participant 13 emphasized that " *Whether we acknowledge it or not, employing interpreters introduces an additional layer of difficulty in communication and in establishing therapeutic rapport with these individuals. This becomes particularly prominent when navigating the complex landscape of diverse cultural beliefs and customs."* Participant 4 added that "*it's challenging to ensure that your intended message is conveyed exactly as intended. The presence of a third party, the interpreter, can lead to the loss of certain wordings or information, affecting the quality of the therapeutic relationship."* In addition, participant 2 highlighted that "*the primary emphasis often shifts from the content of the conversation to resolving practical concerns, such as the availability of an interpreter and ensuring the session can take place."*

Mental health professionals prioritize creating a secure and unbiased therapeutic environment that validates refugees' emotions, aiming for a sense of safety throughout the therapeutic journey. Participant 1 highlighted the importance of "*constantly seeking to identify the desired changes throughout the therapeutic process without undermining the significance of aspects they wish to remain unchanged."*

Another crucial factor is the diverse roles that practitioners working in refugee accommodation schemes often undertake, potentially impacting their therapeutic work due to their continuous presence on-site. Participant 3 pointed out that "*the therapeutic work is influenced by the various responsibilities psychologists assume when working in accommodation facilities. This entails a multifaceted role that extends beyond mental health support. The presence of contradictory roles, such as simultaneously providing psychosocial support and accompanying refugees to administrative services, introduces complexities."* Expanding on this, participant 6 acknowledges, "*A significant challenge I've encountered is my continuous interaction with the population I'm providing therapeutic services to within the site. This environment does not foster the establishment of a trust-based relationship or the setting of clear boundaries. This is why in cases of severe symptomatology, it's often more appropriate to refer the individual to an external expert."*

Participant 12 underscored the notion that due to refugees' diverse experiences, building trust and encouraging openness can be arduous. She acknowledged, "*Suspicion arises frequently due to their range of diverse encounters. Overcoming this challenge is a crucial aspect that we need to address."* Participant 5 further contributed, "*considering many refugees experience marginalization and non-acceptance -without saying that everybody is experiencing this- simply the act of the entering a space or room where they are genuinely accepted and safe to reveal their authentic selves can significantly contribute to their emotional well-being."*

3.3 Effective strategies

The insights obtained from the interviews strongly indicate the critical importance of promptly addressing emergencies. As emphasized by participant 6, "*we first try to offer immediate support to establish feelings of safety and stability."* Participant 9 also pointed out that "*the primary offering often revolves around psychological first aid."*

The information gathered from the interviews emphasizes the crucial importance of psychoeducation in tackling the restricted mental health awareness found among refugees. Participant 13 emphasized, "(…) *critical importance of providing robust psychoeducation as the foremost and most impactful tool for offering support. Initiating this process from the very basics, by deconstructing beliefs and dispelling assumptions related to mental health, stress, and the physiological functioning of the body, becomes paramount. The profound influence of psychoeducation on aiding these individuals cannot be overstated.*" Participant 7 reinforced this idea, "*being educated to what mental health is, and how important it is for their daily life to balance it will be of great help…what it is that they are experiencing, maybe an awareness session of what mental health is"*. Participant 11 complemented these views, acknowledging that "*sometimes they attend sessions with non-mental health concerns. Though it is essential to assist the individual in recognizing that there is a term for their experiences and there are ways to make them feel better.*" Participant 2 contributed by noting the importance of identifying their symptoms, "*it is important to understand whether a symptom they are experiencing is physical or psychosomatic, or psycho-emotional, and what is the source of the problems they are currently experiencing."*

Providing those insights to the support system is also important. The absence of a comprehensive support system poses consistency challenges, prompting professionals to involve family members and provide family counseling. Participant 10 suggested that "*When dealing with refugees who are reluctant to participate in therapeutic interventions, such as torture victims, involving their family members becomes crucial. This step ensures that their relatives are informed about their challenges and can provide essential support."*

Utilizing focus groups proves valuable in certain cases. Participant 2 remarked, "*Based on my experience, community interventions have proven to be highly effective. In a specific project, we conducted awareness sessions focusing on issues like marginalization, the associated challenges, and the emotional aspects it can trigger. These sessions aimed to equip individuals with strategies to effectively confront and address such circumstances."*

According to the participants, techniques that emphasize the present moment and short-term goals are frequently employed. Participant 1 adopts a solution-focused approach,

stating, "*My emphasis lies in finding solutions rather than dwelling on the problems." Participant 9 adds that the goals set with refugees are" short-term and achievable, with a strong focus on the present moment."*

Empowerment emerges as a powerful strategy as well. Participant 13 underscored its significance, particularly for vulnerable demographic segments. They stated, *"Empowerment, although not traditionally categorized as a therapeutic approach, plays a pivotal role. Particularly for specific demographic segments, including women, children, teenagers, and even men who have experienced abuse, empowering them with the realization that they possess the capability to envision a brighter future and that they inherently harbor the strength to achieve their aspirations can serve as a formidable motivator*." Participant 3 added, "*I aimed to redefine their adversities and channel them into sources of strength."*

Theme 4. Service development

4. 1: Diverse Perceptions of Professionals' Preparedness and Adaptation

In the context of professionals' readiness and capabilities to provide support to the influx of migrants and refugees, the viewpoints expressed by interviewees reveal a range of perspectives. Contradictory opinions arise when examining how mental health professionals adapt to working with this population over time. Some participants contended that mental health practitioners become more adept at assisting refugees as they gain experience with a larger patient load.

Participant 2 elaborated, stating, "*with seven years in practice, it's expected that experts would have encountered numerous refugee patients, especially in larger cities. Even in rural areas where there are accommodation facilities, experts would have interacted with individuals from diverse cultural backgrounds. However, this doesn't necessarily imply that the support provided is entirely sufficient; it could merely imply a heightened level of empathy."* Participant 4 echoed this sentiment, highlighting a shift in approach. They note that professionals now invest more effort in understanding the individual in front of them, rather than attributing every aspect to cultural differences. "*For example, they have become more knowledgeable about their patients' religion, the conditions in their countries of origin – factors that significantly matter in therapeutic work,*" added participant 6. Furthermore, according to participant 6, mental health professionals

become more familiar with collaborating alongside interpreters, enhancing their effectiveness.

Conversely, other interviewees express contrasting opinions. Participant 5 asserted that "*mental health practitioners often perceive the refugee population as a burden."* Participant 8 added that there has been limited alteration in the operational methods of professionals, and "*specialized training for mental health practitioners in the public sector is largely absent."* Moreover, Participant 2 added that the public domain continues to function "*as if the reality of refugee influxes had never occurred (...) there were no guidelines offered so that the approach of the professionals is changed*."

Participant 10 drew a distinction between mental health professionals operating within the public sector and those employed by NGOs and organizations. While considerable expertise is acknowledged among NGO professionals in effectively supporting refugees, this expertise is not consistently evident in the public sector. *"Encountering a mental health expert in the National Healthcare System who previously worked for organizations like "Doctors of the World" and later transitioned to a hospital setting could prove advantageous for refugees. This familiarity with the documentation possessed by refugees and understanding how to address their concerns can significantly enhance care."* Another example shared by participant 10 highlighted the significance of the gender-sensitive care which is not always offered: "*For instance, if a woman from Somalia wearing a niqab and displaying discomfort interacting with males seeks assistance, it is essential to bring in a female practitioner to establish a therapeutic rapport."* A similar distinction is emphasized by participant 13, who noted that "*there is a notable distinction apparent in those individuals who have chosen to engage in the refugee sector within Greece", meaning the private sector.*

4. 2: NGO Engagement and Private Sector Involvement

Non-Governmental Organizations (NGOs), particularly within the private sector, play a crucial role in driving progress by offering comprehensive support through expert teams. As highlighted by participant 13, "*there has been an improvement owing to the involvement of NGOs that strive to offer assistance to these individuals*." Participant 9 emphasized "*Mental healthcare services have become accessible primarily at the local level, facilitated by organizations and specialized facilities within the public sphere." They also acknowledge that "numerous previously unavailable services have been*

initiated, primarily through NGOs, many of which operate under the Ministry of Health's umbrella."

Participant 9 noted, "*Initially, numerous NGOs were involved in offering support, but official credentials and requisite experience were often lacking*." Participant 11 supplemented this observation by mentioning, "*NGOs and organizations encountered challenges, particularly within the psychosocial sector, where limited experience initially posed obstacles."* They recount their experience, stating, "*During my initial involvement in this field, there were no established guidelines or standardized operating procedures for providing optimal support to refugees, even within NGOs. Over time, the mental support offered became more effective due to accumulated experience. There were enhancements in terms of available resources, improvements in human resources, monitoring and coordination, and logistical aspects."*

Most participants acknowledge the presence of mistakes and gaps but underline the overall protection of refugees and migrants, with significant efforts made towards effective population management. Elaborating further, Participant 11 emphasized, "*In the initial four years, the majority of interventions were carried out by international organizations and NGOs. The experience and expertise of employees familiar with migration aspects facilitated knowledge transfer and capacity building."*

Participant 7 added that NGOs were more precise in their actions, demonstrating *"awareness towards the specific population they were assisting*." "*Various organizations and NGOs not only extended original forms of support but also facilitated follow-ups and interpretation services,*" they noted.

4.3 Support Changes for Refugees in Greece

Participant 12 sheds light on the state of mental healthcare, noting its decline since the financial crisis. They mentioned that "*organizations have helped, but their involvement has decreased over time."*

As many participants claimed, support for refugees in Greece follows a changing pattern. Participant 9 highlighted that *"the support follows a rollercoaster pattern, shifting from solidarity to disaffection, hostility to relative calm*." Participant 4 reflected on Greece's journey since 2015, highlighting that "the initial months marked by openness and people offering practical aid such as food and accommodation. However, over the years, this spirit has waned, leading to a deteriorating state." Participant 7 also

added that "*The early phases were marked by disorganization. Later on, more organized actions and interventions were initiated, largely driven by organizations and NGOs. However, in recent times, with the government assuming a larger role, the support for this population has begun to dwindle, especially in terms of mental health, with a noticeable absence of NGO-led assistance.*" Reflecting on the changing tides, Participant 11 noted the initial challenges in correspondence, subsequent improvements over the years, and "*current downward trends with governmental services gaining prominence and power."*

Participant 13 highlight3e the significant, transformative influence of a specific group of local individuals. These individuals have been instrumental in dismantling the negative stereotypes and biases associated with refugees. "*Their dedication has served to erode discriminatory attitudes within their respective environments and has highlighted the transformative impact of aiding these individuals. Although organizational changes might not be overt, discernible transformations manifest at the individual level and within the milieu of these dedicated individuals.".*

Furthermore, a common view shared by numerous participants is that effective care and assistance within the public sphere are derived from individualized endeavors, reflecting each individual's unique contribution. For example, participant 9 emphasized that "*there were individuals at the forefront who went above and beyond to provide support to refugees beyond their capacities*." Participant 3 expanded upon this, emphasizing that "*Driven by their own initiatives and empathy, certain professionals within the public sector make concerted efforts to better support this specific group of individuals. They do so by engaging in targeted training sessions or utilizing supplementary services within the private sector."*

Theme 5: Navigating Integration: Challenges and Rights

5.1: The importance of Integration

Integration is a collaborative action, encompassing the efforts of the state, refugees, and migrants alike. The responsibility for successful integration rests upon all parties involved, necessitating well-informed initiatives to facilitate the process.

Participant 3 offered valuable insight, remarking that "*integration signifies achieving equilibrium, although commonly held perceptions depict it as a path where refugees adapt to the pre-existing environment. However, the true essence of integration requires*

also the hosting society to actively embrace and incorporate refugees." (…) "*integration is all of us as citizens of this country that should be aware that there is an attempt going on to integrate refugees* (...) *Integration involves each of us, citizens of this nation, being conscious of ongoing efforts to integrate refugees. It's our collective responsibility to contribute to integration by learning how to better facilitate it."* Participant 10 also emphasized the mutual nature of integration. "*Integration operates as a dual-path process, requiring both sides to be willing participants in its success. Integration signifies parity; ensuring access to rights regardless of one's background, culture, or language. But it needs to be an effort of both the state and the individuals."*

Participant 4 provided a profound perspective, highlighting the transformative power of integration *"Integration stands as an avenue through which individuals can redefine their identities, set new goals, and realize new dreams. Integration embodies a process of activation".*

Participant 9 expressed their perspective by stating, "*Integration is the next step. Is an evolutionary process. Beyond evolution, it holds political and social significance, serving as both a necessity and a responsibility within contemporary politics. To me, integration signifies societal enhancement, blending with new ideas, and undoubtedly, the obligation of a modern Western society. It encapsulates responsibility and becomes the culmination of an individual's struggle – the pinnacle reached after enduring hardships. It's a declaration that I have faced adversity and now I am starting a new life".*

The need to strike a balance between providing assistance and fostering self-reliance emerges as a fundamental principle to empower refugees and encourage their independence. Participant 10 underscored this perspective, highlighting that "*it is not okay to have lived in Greece for the past eight years and remain unaware of how to communicate a stomachache or not knowing that emergency services can be reached by dialing 166. Similarly, one should not anticipate the presence of an interpreter everywhere they go".*

From the perspective of societal enrichment and human resources, integration contributes to the enhancement of the collective human potential within society. Participant 8 added "*Integration presents a significant chance for Greece's progression. Utilizing the potential of these individuals as valuable human resources is crucial. They*

represent a youthful and resilient demographic, often considered the strongest from their countries of origin. By ensuring their stability, we can harness their capabilities to our advantage. This direction will inevitably guide us toward a more diverse society, ultimately benefiting not only our current generation but also our children's future."

5. 2: Components of integration

The survey's participants shed light on the multifaceted components of integration into refugees' and migrants' host society.

Foremost among these components is the awareness of their legal rights and the support services available to them. Participant 2 emphasized that a comprehensive grasp of *"one's legal rights and the availability of support services is crucial for effective integration."* This understanding empowers individuals to access the necessary resources to thrive. Participant 11 further emphasized that refugees and migrants should be entitled to "*the same benefits as any Greek citizen, including the right to employment, the right to personal security and safety, access to healthcare, and psychosocial care."*

Language proficiency stands as another pivotal aspect. A strong command of the local language facilitates meaningful communication and community engagement. Participant 2 stressed the significance of "*learning the Greek language as a crucial step towards integration."* Participant 9 echoed this sentiment, highlighting that *"access to education, particularly language classes, plays a vital role; without language proficiency, progress is hindered."* Participant 7 added that the ability to "*learn Greek in a way that allows them to engage with a supporting community during their potential struggles"* is essential.

Employment constitutes another cornerstone: Mastery of the local language, in this context, Greek, and understanding the job market are paramount for integration. As participant 6 notesd "*Securing stable employment is a vital aspect of the integration process. It not only promotes economic equality but also enhances personal security, well-being, access to proper healthcare, and psychosocial support*." Participant 12 underscored that true integration entails "*individuals working in roles they are qualified for, avoiding jobs that may be unrelated or unsuitable for their skills. For example, someone who was a nurse in their country of origin should have the opportunity to practice nursing in their new environment."*

5.3 Obstacles in Refugee Integration: Bureaucratic Complexities and Societal Dynamics

Integration faces a multitude of obstacles, primarily stemming from bureaucratic complexities surrounding health insurance and employment opportunities. Participant 1 highlighted the challenges within the employment sector, stating that "*there are various obstacles in their insurance such as the AMKA or PAYPA insurance number."* Participant 9 shed light on the difficulties, where "*abusive behavior from employers towards refugees and refugees' reluctance to engage in roles they deem unsuitable"* contribute to the intricacies. Additionally, participant 9 pointed out that "*The employment landscape presents a somewhat brighter picture, not due to increased societal inclusivity but rather driven by a heightened demand for human resources. Employment opportunities are more accessible for recognized refugees holding a specific legal status. However, complications arise for asylum seekers due to legal constraints."*

Participant 6 also contributed, explaining, "*I observe a recurring trend; individuals initially approach me with great enthusiasm for integration, eager to work, participate in classes, language learning, and education. However, after a brief period, they often discontinue these efforts… due to bureaucratic challenges, document processing delays, which ultimately lead to feelings of frustration and abandonment of their efforts."*

Language barriers further compound challenges in the employment realm. As participant 13 emphasized, "*The most prominent obstacle in this regard stems from our inability to accommodate non-Greek speakers, as language becomes a significant barrier. The challenge extends to the professional realm, where successful integration necessitates employment to foster independence and support families. Unfortunately, this remains elusive for those who lack command of the Greek language."*

The lack of inclusiveness within Greek society, evident through resource inadequacies, poses a significant barrier to the integration process. Participant 3 stressed that "*Greece lacks a comprehensive plan to facilitate refugee integration. These individuals are often perceived as a transient burden, expected to move on eventually. This perception is reciprocated by refugees, who consider Greece a mere stopover. As a result, Greece invests little in integration efforts.*" Participant 12 concured, indicating Greece's *"inability to bear the entire burden, expecting it to be shifted elsewhere."*

The state's approach often revolves around viewing refugee presence as temporary, lacking a comprehensive long-term integration strategy. Participant 12 noted: "*While we excel in formulating laws and regulations, translating them into practical steps becomes challenging. This holds true for all aspects of daily life, not just the refugee context."*

Participants also voiced the notion that successful integration is more feasible when refugees view Greece as a final destination rather than a temporary stop. As participant 1 articulated, "*For those who see Greece as a bridge to Europe, true integration remains elusive."*

Regarding education, participant 13 noted, "*the situation is further compounded when addressing gender dynamics, wherein men, specifically, who had limited or no access to education or personal freedoms face even greater complexities."*

The state's provisions lack coordination, as participant 13 emphasized, "*the scope of their health insurance is limited, leaving them without coverage if they are not employed. Consequently, they are subjected to marginalization, navigating an intricate web of challenges that exacerbate their plight."*

Striving refers to the close monitoring of refugees and migrants by humanitarian actors once they become asylum seekers. "*As they transition from dependency to self-reliance, they encounter difficulties due to their unfamiliarity with independent decision-making"* (participant 5). Participant 8 added, "*In my view, refugees remain incompletely integrated as they are under the care of certain organizations for prolonged periods, resembling a process of ghettoization. These individuals have struggled to feel included in mainstream society."* Participant 13 echoed this sentiment, emphasizing that "*Regrettably, the Greek government's failure to establish targeted initiatives that offer employment opportunities, foster community integration through interpreter assistance, and establish comprehensive support networks has inevitably led to the marginalization of these individuals. This is evident in certain areas such as Thessaloniki and Athens, where they have become confined to what can be described as a societal enclave or ghetto".* Participant 2 further commented, stating that "*If we were to ask someone who has been receiving comprehensive support for their needs from NGOs while staying in accommodations to suddenly manage everything*

independently, including securing a job and ensuring self-sufficiency, they would likely find this transition quite challenging."

Furthermore, addressing the integration of refugees with mental health disorders presents unique challenges. Participant 9 underscored, *"Even in initiatives and projects aimed at refugee integration, there is no provision for those suffering from mental health issues, especially those lacking a support network. These individuals are often overlooked among the rest."* These individuals are often overlooked, as participant 13 affirmed, "*When considering the immense difficulty of motivating individuals grappling with trauma and various mental health concerns, particularly those who were devoid of formal education even in their home countries, some of whom faced literacy challenges."*

Theme 6: Facilitating Integration and Support for Refugees

6.1. Approaches to Enhancing Mental Health Support for Refugees

Promoting comprehensive mental health support for refugees necessitates a multifaceted strategy that encompasses a range of initiatives, as highlighted by participants in this study. Central to this approach is psychoeducation on mental health, aimed at fostering awareness and understanding among refugees. Participant 4 emphasized the importance of psychoeducating refugees about mental health-related issues, recognizing it as a pivotal aspect. According to participant 2 and 10, community-based interventions and mobile teams serve to further enhance awareness about the unique healthcare requirements of refugees. Participant 10 elaborated on the importance of home care services which, through home visits, play a vital role in monitoring the evolving needs of refugees and ensuring their well-being. They also proposed that "*introducing cross-cultural pharmacies staffed by trained professionals, including mental health providers, fosters an intercultural approach to healthcare delivery, addressing the specific needs of diverse populations*."

Critical to delivering effective care is the mandatory cultural competence training for mental health professionals, as advocated by participants 2, 4 and 6. This training facilitates a profound understanding of refugees' cultural backgrounds and experiences, enabling mental health experts to deliver culturally sensitive care. Participant 3 suggested that "*For the past seven years, this demographic has been residing in Greece,*

underscoring the necessity for mental health professionals to undergo mandatory training in intercultural subjects. This training should encompass skills in effectively collaborating with interpreters, navigating the dynamics of single-parent families, and adeptly handling culturally sensitive matters". Additionally, participant 2 contributed by suggesting that "*This approach would ensure that mental health professionals acquire an in-depth understanding of the challenges faced by refugees, including prevalent mental health issues, factors influencing their decision to leave their home country, and pertinent background information.*" Participant 4 shared a similar perspective, emphasizing that psychiatrists, psychologists, and interpreters need to possess cultural awareness.

This awareness and support can come from community-based interventions as well. Participant 2 pointed out "*There are certain community-driven initiatives whose efficacy remains uncertain, relying on support from within the respective refugee communities. From my perspective, the concept of individuals receiving assistance from members of their own community holds substantial potential. For instance, a case in Cameroon demonstrates psychiatrists training elderly women to provide support to other community members. While EPAPSY has undertaken similar projects, it's crucial for these endeavors to receive proper advocacy to ensure their successful implementation."*

Every participant unanimously emphasized the critical role of interpreters and cultural mediators within hospital settings to bridge the communication gap effectively. Additionally, there was a shared suggestion for the implementation of a platform for interpretation to further facilitate communication. Participant 5 specifically proposed the launch of an online platform with readily available interpreters or the placement of interpreters in crucial locations.

In the context of mental health professionals' work, participant 5 underscored the significance of supervision. They stressed that professionals working in these demanding and stressful conditions "*require proper supervision and psychological support to prevent burnout, emotional exhaustion, secondary stress, reduced job satisfaction, and staff turnover."* The state's responsibility in providing this essential support for mental health professionals was strongly emphasized.

6.2. Education and Job Support

Efforts to facilitate refugees' integration encompass a spectrum of vital components. Among the noteworthy insights shared by the participants, a consensus emerges on the significance of mandatory language classes upon refugees' entry into the country.

Additionally, participant 10 introduced a compelling perspective by advocating for programs rooted in cognitive rebuilding theories or related approaches. "*Such initiatives could offer vocal training and skill development, addressing a crucial need particularly for individuals grappling with mental health disorder."* Participant 10 provided a specific perspective regarding severe mental health disorders. They suggested that, in such cases, the state should consider implementing "*a psychiatric reform." "Instead of providing beneficiaries with a full allowance, the state could offer reduced financial support while simultaneously assisting them in finding suitable employment where their skills and abilities can be utilized."*

Creating a supportive employment environment is thought to be an important aspect by many participants. Participant 2 underscored the value of potential programs tailored exclusively for refugees and asylum seekers by the Hellenic Manpower Employment Organization (OAED). "*These programs could extend beyond mere employment opportunities; they could offer mediation with essential services, enriching refugees' integration journey. In addition, they suggest".* To ensure refugees' comprehension of their employment rights, the inclusion of interpreters within OAED is essential, as advocated by participant 2 "*Bolstering this is the establishment of a comprehensive job-finding system, streamlining access to employment."*

Participant 8 further introduced an innovative idea of incentivizing employers through tax absolution for hiring refugees. *"This proposition not only fosters diversity within the workforce but also underscores the value that refugees bring to their new communities."* Participant 13 further supported that this would be "*a critical step that should assume precedence is the government's commitment to cultural integration by demonstrating respect, support, and recognition of the potential for these individuals to contribute their unique skill sets to local communities".* They provided an example to support their statement: "*An illustrative instance worth mentioning pertains to the Somali community in Messology. Here, the incorporation of their inherent value was effectively accomplished. This was particularly evident due to their specialized*

expertise in fishing, owing to their background and the flourishing fishing industry in their native region. This niche skill set enabled them to secure employment, establish a distinct community, and receive acceptance from the local populace. This serves as a compelling testament to the potential for harmonious coexistence when individuals are provided with support, mutual assistance, and opportunities for skill exchange."

6.3 System Support and Coordination:

The consensus among the participants highlights the critical need for fostering collaboration between various services, both in the private and governmental sectors. This collaborative approach is considered pivotal for a comprehensive strategy.

An essential aspect identified is strengthening connections between social services and healthcare facilities, particularly within hospitals. Participant 10 emphasized the importance of services functioning as a cohesive community, *"advocating for the establishment of a referral pathway where hospital social services are active participants."*

Reducing the movement of asylum seekers and refugees is another key point of agreement among multiple participants. They argued that minimizing transfers allows for more consistent care, ideally commencing at border crossings.

Additionally, participants stressed the significance of implementing standardized procedures and educational initiatives. Standardized integration procedures, applicable to all individuals in need of integration, are seen as a means to establish a fair and inclusive framework. Participant 8 stressed that "*we should emphasize in two primary components: psychosocial support and assessment. With regards to psychosocial support, we should be actively seeking feedback from beneficiaries to understand their specific needs and plan more effective interventions. With regards to the assessment, equipping stakeholders with tools for proactive and preventive mental health support adds another layer to this comprehensive approach."*

Addressing administrative challenges is also a vital part of ensuring successful integration. Participant 6 highlighted a concerning issue, the security numbers of refugees and migrants, and suggested that a resolution is needed. *"There should be a unified system, rather than the current fragmented approach where different agencies handle various security numbers, like Paypa or AMKA. Establishing a centralized*

agency, such as the Asylum service or KEP, to oversee this security system is as a more efficient solution."

6.4 Promoting Inclusivity

Many participants highlighted the critical role of public awareness in combating biases related to refugees' countries of origin and in promoting better acceptance among the local population. This awareness, as emphasized by Participant 5, should aim to "treat all refugees equally, without distinguishing them as "good" or "bad" based on their country of origin…raising awareness through media about refugees' rights can foster understanding and empathy." Participant 7 stressed the need for "*a systemic approach to familiarize the Greek population with what it means to be a refugee, including their rights, available services, and the functioning of the entire system. This can be achieved through media campaigns focusing on the positive aspects of refugee integration."* Participant 13 suggested the implementation of workshops within National Health services to reduce discrimination and eliminate stigma against refugees.

Furthermore, participants emphasized the importance of creating awareness about available services, especially within the public sector, upon refugees' arrival. This would provide them with essential information and help them feel like integral members of the community. Participant 10 expressed the view that "*individuals entering the country should have access to critical information, such as knowledge about the AMKA system, mental health services, and healthcare options for themselves and their children. Doctors and psychologists should be present to inform newcomers about the healthcare system. While NGOs play a crucial role, the public sector should eventually take responsibility for this task, ensuring that asylum seekers, migrants, and refugees are aware of the resources available through the National Health System."*

Lastly, Participant 7 emphasized the importance of supporting cohabitation in housing units as a means to encourage diversity and interactions among people from different cultures. This approach fosters *"a sense of belonging and support, as individuals from various backgrounds come together in a harmonious blend of different cultures."*

6. Discussion

This research aimed to investigate i) the mental health care system in the case of Greece; ii) how effective Greece's response has been for the integration of refugees with mental health problems into the Greek society; iii) to gather up-to-date information on the challenges faced by the mental health professionals, and lastly, iv) to recognize the barriers and solutions related to available health services so that the provided support is improved and contributes to refugees' integration process. In the upcoming sections, we will examine the key discoveries of this study in light of the literature outlined in Chapter 2 and 3. Subsequently, we will analyze and discuss the significance and consequences of these findings. Furthermore, we will recognize the constraints of the study and suggest potential directions for future research.

6. 1 Mental healthcare system in Greece

Before the 2000s, Greece reformed its mental healthcare system, shifting from public institutions to community-based services with NGO involvement. This marked a significant shift. Collaboration between government, NGOs, and healthcare professionals expanded mental health access for refugees. However, prior to the 2015 refugee crisis, clear healthcare guidelines were lacking, resulting in delays due to administrative processes. Initial efforts focused on legal aid and psychosocial support.

The 2015 crisis prompted various NGOs and international organizations to provide primary healthcare to migrants. Access remained a concern, particularly for mental health services. NGOs like Médecins Sans Frontières and Doctors of the World set up clinics, involving psychologists and psychiatrists. Challenges persisted, including budget limitations and prioritization. To address this, the Ministries of Health and Migration initiated programs for housing, financial aid, counseling, and needs assessments for vulnerable asylum seekers and refugees.

Overall, Greece's mental healthcare system has evolved significantly, with increased involvement of NGOs and international organizations in providing support to refugees and asylum seekers, particularly in response to the 2015 refugee crisis. Among other projects, integration projects aim to enhance self-reliance and active participation in Greek society while assisting authorities in establishing sustainable integration mechanisms.

Furthermore, the findings of the survey revealed certain challenges within the Greek National Health System (NHS) when it comes to providing mental healthcare for refugees. A significant challenge identified by participants stemmed from the misdiagnosis of mental illnesses due to cultural differences. These misdiagnoses complicated the assessment and treatment of specific disorders, leading to controversies surrounding diagnoses. Recognizing the complexity of mental health diagnosis across different cultures becomes imperative in such scenarios (Yakushko et al., 2008).

Additionally, the study brought attention to the issue of over-diagnosis among refugees, often based on assumptions, particularly related to drug abuse and antisocial personality disorder. These findings align with concerns raised about the validity of clinical assessments in multicultural contexts (Marsella, 2011). One possible reason for such overdiagnoses is the rapid categorization of refugees as vulnerable, leading to medication prescriptions. This practice is based on a distinction between physical and mental illnesses that doesn't always apply to every culture (Feldmann et al., 2007).

Contrary to the perception of vulnerability, participants highlighted that refugees often exhibit resilience despite their challenging circumstances. This resilience can sometimes be overlooked due to the predominant focus on their problems. This observation corresponds with the notion suggesting that refugees, asylum seekers, and migrants may derive strength from their experiences, becoming more resilient and less susceptible to mental disorders despite facing stressful situations (Priebe et al., 2016).

According to the finding of this survey, within the NHS, there exists a significant imbalance between the increasing demand for mental health services and the limited resources available. Extended waiting times for appointments, even in emergency cases, present challenges to timely care. Furthermore, inconsistencies in treatment, particularly during regular appointments, were observed between refugees and the local population. This highlights the necessity for resource allocation and measures to reduce waiting times, especially for emergency cases.

Among the mental health professionals interviewed, there was a spectrum of views regarding the readiness and adaptability of experts working in the NHS in serving refugees. Some participants believed that professionals in larger cities like Thessaloniki or Athens become more proficient and empathetic with experience. This empathy includes efforts to understand individual backgrounds, religious beliefs, and the

importance of collaborating with interpreters. These professionals shift from attributing every aspect to cultural differences to focusing more on the individual's unique circumstances. This approach aligns with existing literature emphasizing the importance of understanding the symptoms of migrants and refugees and avoiding biases when making medical decisions to ensure equitable treatment (Balsa et al., 2002). It is important to recognize that migrant and refugee communities are not homogeneous, and their approaches to mental health issues vary (Hechanova & Waeldle, 2017). Mental health professionals can become more culturally competent over time as they gain expertise in addressing the diverse needs of refugees.

Conversely, some participants raised worries regarding the readiness of certain mental health professionals, highlighting a perception among some practitioners that the refugee population poses challenges due to communication barriers and unfamiliarity with their cultural backgrounds. Additionally, the lack of specialized training, resources, and operational changes in the public sector raised concerns.

Additionally, the survey results underscore the crucial need for the deployment of proficient cultural mediators within healthcare settings to enhance refugees' mental health access. They contend that a substantial deficiency exists in interpretation services, leading patients to frequently depend on family or friends for aid. This practice hampers the complete disclosure of vital information regarding an individual's mental health state.

Throughout the study, the role of Non-Governmental Organizations (NGOs) was consistently emphasized. NGOs, particularly in the private sector, play a crucial role in providing comprehensive support to refugees. They have introduced numerous services that were previously unavailable to improve accessibility to mental healthcare. While some NGOs initially lacked official credentials and experience, they have improved over time, accumulating expertise, enhancing available resources, and refining coordination and logistical aspects. NGOs and organizations have played a significant role in protecting refugees and migrants, facilitating knowledge transfer, capacity building, and demonstrating awareness of the specific population they assist. This aligns with Kotsiou and colleagues' findings, which highlight the significant role of NGOs in providing healthcare to the refugee population (Kotsiou et al., 2018).

The pivotal role played by NGOs and organizations, particularly in the early stages, showcases their effectiveness in bridging gaps in mental healthcare. However, the transition towards increased government involvement the latest years raises questions about the sustainability of support and the landscape of mental healthcare for refugees in Greece. This transition requires careful monitoring and evaluation to ensure continuity of care.

6. 2 Greece's approach to integrating refugees with mental health challenges into Greek society

Ager and Strang (2008) define several dimensions of integration, including employment, housing, education, health, social connections, language and cultural knowledge, and citizenship and rights. Participants in this survey elaborated on many of these dimensions.

The participants of this study provided valuable insights into the obstacles that refugees encounter when striving to integrate into Greek society. Among these challenges, bureaucratic complexities emerged as a recurrent theme. Health insurance complexities were a prominent concern, exacerbated by the constant changes in laws and policies, a lack of understanding regarding the agencies involved, and ongoing issues with document processing that perpetuate the asylum seeker status, hindering employment prospects. Understanding the bureaucratic hurdles faced by refugees is crucial for policymakers and service providers. Streamlining processes related to health insurance, document processing, and legal status can significantly facilitate integration.

Refugee employment is influenced by a multitude of factors, as noted in existing literature, including language barriers, communication breakdowns, limited networking opportunities, administrative and documentation obstacles, as well as the non-recognition of qualifications and prior work experience (UNHCR, 2013; OECD, 2016). In this study, proficiency in the local language, in this context, Greek, emerged as a crucial factor for meaningful communication, community engagement, and successful integration into the workforce. The results of this study reveal that language barriers are further intensified due to the limited accessibility and non-compulsory nature of language courses, which restricts individuals from effectively communicating with the host population, thereby increasing their risk of exclusion.

Furthermore, the lack of inclusivity within Greek society, coupled with insufficient resources and limited funding, represents substantial barriers to successful integration efforts. These resource inadequacies pose significant challenges to the effective implementation of integration programs and support initiatives. Especially, refugees with mental health disorders face unique challenges in integration, as initiatives often overlook their needs, especially those lacking a support network.

Integration programs, such as the HELIOS project (IOM, 2023b), have been instrumental in facilitating the integration of individuals granted international protection and temporary protection into Greek society. Nevertheless, based on the findings of this study, there is a notable absence of specialized services dedicated to individuals with mental health challenges among the beneficiaries of international protection. As per the participants' insights, there appears to be a lack of projects specifically designed to facilitate the integration of individuals facing mental health difficulties whether they are asylum seekers and refugees or not.

Another notable aspect raised during the study is the existing disparity between the levels of assistance provided and the cultivation of self-reliance among refugees. Establishing a harmonious equilibrium between offering support and nurturing self-sufficiency stands as a vital factor in promoting the empowerment and independence of refugees. This equilibrium essentially entails endowing them with the necessary skills to autonomously navigate the intricacies of daily life. Regrettably, in the context of Greece, this equilibrium remains largely unattained. Professionals operating within the migration field, particularly within NGOs and various organizations, frequently engage in comprehensive assistance for refugees and asylum seekers. This assistance extends to guiding them through the intricacies of bureaucratic procedures, facilitating access to services, and addressing numerous facets of their daily lives. This equilibrium requires equipping refugees with the skills needed to navigate daily life independently.

Geographical factors also influence the availability of mental health services, with urban centers enjoying more favorable conditions compared to smaller towns and rural areas. Larger cities provide greater support opportunities and host professionals with deeper familiarity regarding refugee-related issues. Understanding the disparities in mental health service availability between urban centers and rural areas is essential. Efforts should be made to ensure that refugees in all locations have access to adequate

mental health support. Moreover, the proliferation of similar services, often provided by NGOs, United Nations agencies, and the NHS, in urban centers has created a situation where refugees seek support from multiple sources, leading to missed appointments, confusion, and ultimately a lack of effective action. This emphasizes the importance of coordination among service providers to minimize confusion and ensure effective action.

6. 3 The challenges faced by mental health professionals in Greece

The study shed light on the significant challenges encountered by mental health professionals working with refugee populations. It underscored the vital importance of these professionals adopting a personalized approach that takes into account the unique needs of refugees.

What is important to notice is the debate around the personalized approaches in mental health settings and the more holistic approaches in working with the refugee population.

While both approaches aim to support refugees and migrants, they have different emphases. The personalized approach is highly individual-centric, recognizing the uniqueness of each person's situation. It ensures that services are tailored to their specific needs, potentially leading to more targeted and effective outcomes. On the other hand, the holistic approach considers the broader ecosystem in which migrants and refugees live. It is a call for an all-encompassing approach that acknowledges cultural distinctions, contextual factors, and the innate resilience and wisdom within refugee communities (Adelman & Taylor, 2015).

While cultural competence and empathy are considered essential in providing effective therapy, the study identified a common challenge among some mental health experts.

This challenge is the tendency to overlook the cultural factor and apply a Western perspective that may not resonate with all refugees. This observation aligns with the existing literature, which indicates a strong tendency to apply Western diagnostic categories and trauma-focused therapies to culturally diverse environments in which the majority of refugees live (Biswas et al., 2016; Gopalkrishnan, 2018).

Furthermore, the study highlighted the importance of mental health professionals confronting and addressing their personal biases when working with refugees. Openness to new information and the ability to move beyond standardized Western approaches are crucial in this regard. Mental health professionals prioritize creating a

secure and unbiased therapeutic environment that validates refugees' emotions. They were mindful that building trust and encouraging openness can be challenging due to refugees' diverse experiences. This aligns with the perspective presented by Campinha-Bacote (2002), which emphasizes that clinicians should remain mindful of their own cultural identity, as well as their own preconceived notions and beliefs that may deviate from reality.

Another factor raised in the study is cultural disparities, particularly concerning gender roles, which can significantly impact therapeutic strategies. Professionals must navigate differences in women's roles in Middle Eastern societies compared to European countries. For example, the need to match male asylum seekers or refugees with male therapists due to cultural norms can complicate the therapeutic process. Gender also plays a role in seeking assistance.

Moreover, challenges related to the therapeutic relationship were elaborated. Cultural mediators were recognized as another crucial aspect of the challenges faced by mental health experts. While cultural mediators play a valuable role, they can introduce complexity into communication and therapeutic rapport. This is why establishing a good three-way therapeutic relationship may take more time, given the overlapping dynamics between the practitioner, interpreter, and service user (Tribe & Thompson, 2009). It requires careful navigation of roles and responsibilities to maintain a strong therapeutic rapport.

Another challenge of the therapeutic relationship is that mental health professionals working in refugee accommodation schemes often assume various roles, which can impact therapeutic work due to blurred boundaries and conflicting responsibilities.

Lastly, the survey participants provided insights into the practices they often employ. These practices prioritize immediate support to establish feelings of safety and stability, especially in emergency situations. Psychoeducation is considered a fundamental tool for offering support in later stages, involving deconstructing beliefs and dispelling assumptions related to mental health, stress, and the physiological functioning of the body. This corresponds with the existing literature, which suggests that mental health experts provide individuals with the knowledge and skills they need to better understand and manage their mental health difficulties (Lambert & Alhassoon, 2014; Uitterhaegen, 2005). Additionally, the findings indicate that techniques emphasizing

the present moment and short-term goals are frequently employed, focusing on finding solutions rather than dwelling on problems. This approach is often rooted in the widely used Cognitive and Behavioral Therapy (CBT) (Lambert & Alhassoon, 2014). Involving family members is another strategy often used by mental health professionals, as family counseling helps inform relatives about challenges and provides essential support, validating that communities play a crucial role in assisting individuals with mental health issues (Mathew et al., 2017). Furthermore, community interventions, such as awareness sessions in focus groups, have proven highly effective in addressing issues like marginalization and emotional challenges. Building connections with the larger community is crucial for refugees, as it helps them establish a sense of home and belonging in the receiving community, which are fundamental components of the integration process (UNHCR, 2023).

These findings provide a comprehensive understanding of the challenges and strategies employed by mental health professionals working with refugee populations. They offer valuable insights for shaping culturally sensitive and effective mental health practices in Greece. Additionally, these insights can inform training programs and policies aimed at supporting mental health professionals in their work with refugees.

6.4 Proposals for Improving Service Provision

The study provided valuable recommendations for further improving the provision of mental health services to refugees. These recommendations are informed by the challenges faced by both refugees and mental health professionals:

Promoting Psychoeducation: The study emphasized the importance of providing psychoeducation to raise awareness of mental health issues among refugees. Such awareness is crucial not only for their therapeutic treatment but also for their successful integration into the host society. Psychoeducation encompasses educating individuals, their families, and the wider community (Kung et al., 2012). By doing so, there is a high chance to reduce stigma, increase awareness, and ensure a more inclusive and informed environment for mental health support.

Enhancing Awareness Strategies: Participants suggested various strategies to enhance awareness, including community-based interventions and mobile teams. Additionally, the provision of home care services and the establishment of cross-cultural pharmacies were recommended as effective means to monitor evolving needs and deliver culturally

sensitive healthcare. All these approaches not only can bridge gaps in mental healthcare delivery but help monitor evolving needs and provide culturally sensitive care, ensuring more tailored support.

Cultural Competence Training: The study underscored the necessity for mental health professionals to undergo mandatory cultural competence training, which is not currently in place. These training programs are seen as essential for enabling professionals to gain a deep understanding of refugees' cultural backgrounds, facilitating the provision of culturally sensitive care.

Interpreters: The presence of at least one interpreter within hospital settings was emphasized as indispensable for bridging communication gaps effectively. Participants also recommended the implementation of a platform for interpretation to facilitate seamless communication within healthcare settings in a way that enhances accessibility and quality of care for refugees.

Education and Job Support: Mandatory language classes upon refugees' entry into the country were proposed as a crucial step for integration, facilitating communication and employment access. Creating a supportive employment environment, including programs offered by organizations, was considered essential. Incentivizing employers through tax benefits for hiring refugees was suggested to promote diversity in the workforce and inclusivity.

Cognitive Rebuilding Programs: The study highlighted the potential of programs rooted in cognitive rebuilding theories or related approaches. These programs could offer vocal training and skill development, addressing the needs of individuals with mental health disorders and aiming to overall well-being.

Collaboration and Coordination: Fostering collaboration between various services, both private and governmental, was seen as essential. Establishing health coordination mechanisms to bring together all stakeholders involved in the healthcare response for refugees was considered crucial for effective support. What participants stressed was the need for standardized integration procedures applicable to all individuals to establish a fair and inclusive framework.

Public Awareness Campaigns: The survey participants recommended the importance of public awareness campaigns in combating biases related to refugees' countries of origin

and promoting acceptance among the local population. These campaigns should emphasize equal treatment for all refugees and should occur through various media channels.

Encouraging Cohabitation: Encouraging cohabitation in housing units was suggested to foster diversity and interactions among people from different cultures, promoting a sense of belonging and social support networks.

These recommendations collectively underscore the complex and interdependent nature of refugee integration and mental healthcare. They address linguistic, cultural, social, and systemic factors that influence the mental well-being of refugees. Implementing these suggestions can lead to more inclusive, informed, and supportive environments, ultimately improving the overall mental health of refugee communities. Furthermore, these findings can inform policy-making, program development, and training initiatives aimed at enhancing mental health services for refugees not only in Greece but in similar contexts worldwide.

6.5 Limitations of the research

While this study provides a significant addition to the wider corpus of literature on migrants and mental health, it's crucial to recognize its inherent constraints.

First and foremost, the research adopts an exploratory and qualitative approach, which inherently restricts its generalizability. Consequently, the perspectives, experiences, and challenges explained by the mental health professionals may not be wholly representative of their counterparts across Greece. It's crucial to recognize that the geographical scope was predominantly confined to North Greece, potentially leading to a regional bias. This concentration on North Greece might not fully capture the nuances and realities faced by mental health professionals in the South.

Furthermore, it's imperative to acknowledge the active role of the researcher in shaping the knowledge produced. The fact that the researcher previously worked as a psychologist in refugee accommodation facilities and was involved in an integration program, coupled with the majority of participants being former colleagues of the researcher, could have potentially influenced how participants responded to each question. In addition, different researchers with distinct lines of inquiry might have drawn varied experiences, viewpoints, and interpretations related to mental health.

Additionally, the sample exhibits imbalances in gender representation, with only four out of the thirteen participants being male. The imbalance in gender representation could potentially influence the comprehensiveness and diversity of perspectives presented. Moreover, the occupational status of the participants is not fully representative of the broader population of mental health professionals, as none were affiliated with the National Health System. Their experiences were primarily drawn from UN agencies or NGOs, potentially introducing a bias in the findings. In addition, with the majority of participants -eleven out of thirteen- being psychologists rather than psychiatrists, there is a possibility that this composition could have influenced how the research findings relate to mental health and its requirements.

A crucial consideration is that interviews took place through both virtual and in-person means. This decision regarding the mode of interview can exert a substantial influence on the richness and quality of the acquired information. When conducted remotely, virtual interviews may promote a greater sense of ease and candidness among participants, particularly in their own familiar settings. Conversely, the interviewer's actual presence can help build a stronger connection and trust with participants, which may result in more elaborate and nuanced responses.

Lastly, as previously stated, it's crucial to highlight that the interviews were conducted in Greek, with the subsequent translation of results and findings into English performed by the researcher. This process introduces the possibility of nuances or contextual intricacies being lost or altered in translation. This linguistic transformation could potentially influence the precise representation of participants' perspectives in the final analysis.

6.6 Future research

In light of the acknowledged limitations outlined above, it is prudent to interpret the findings of this research while considering these constraints. Future studies in this field could substantially benefit from a more diverse and representative participant pool, encompassing professionals from various agencies, both governmental and private, including those with extensive experience in the migration field preceding the 2015 influx.

Expanding the geographical scope of such studies could offer a broader perspective on mental health professionals' experiences in Greece, accounting for potential regional

disparities. Additionally, paying close attention to subtle language intricacies during data collection and analysis would further enhance the depth of understanding.

Furthermore, there is a need for research that delves into the perspectives of refugees themselves regarding the accessibility and efficacy of the healthcare system, as well as their experiences with integration in Greece. This aspect remains unexplored in the present survey.

Considering the profound impact of the Covid-19 pandemic on healthcare systems worldwide, including mental health services, an additional area of inquiry could examine its effects on access to mental healthcare and the unique challenges it presents for refugees and migrants grappling with mental health issues.

Furthermore, given the recent influx of Ukrainian refugees resulting from the conflict with Russia, a comparative study contrasting their experiences with those of refugees from the Middle East, Asia, and Africa could yield valuable insights into integration processes, policies, prevalence of mental health difficulties, and access to mental health services.

Another recommendation is to delve deeper into the intricate subject of secondary post-traumatic stress commonly experienced by mental health practitioners, emphasizing the necessity to help the helpers. It is crucial to highlight the value of organizational backing and self-care practices for mental health professionals who are assisting individuals affected by trauma.

With the evolving role of NGOs mentioned, future research could delve into the shifting landscape of NGO involvement. This may involve assessing the effectiveness of mental health programs led by NGOs and discerning the factors that influence their long-term viability. Moreover, exploring the changing dynamics between NGOs and governmental bodies in delivering mental health support would offer critical insights into how this transition impacts the accessibility and quality of mental healthcare, which is pivotal in shaping future policies.

Finally, recognizing that integration is an ongoing and dynamic process, it would be beneficial to conduct a follow-up study to reassess the outcomes of integration interventions after a significant period, providing valuable data on the long-term effectiveness of such initiatives.

7. Conclusion

Based on the extensive exploration of Greece's mental healthcare system, the challenges faced by mental health professionals, and the integration efforts for refugees with mental health needs, several key conclusions can be drawn. Greece has made significant steps in reforming its mental healthcare system. Prior to the 2015 refugee crisis, bureaucratic complexities and delays in obtaining essential documents hindered asylum seekers and refugees from accessing primary healthcare. The crisis prompted NGOs and international organizations to play an important role in filling this gap, providing essential support to address both primary and secondary healthcare needs. They have been instrumental in providing comprehensive support to refugees, particularly in the initial stages. However, a transition towards increased government involvement raises questions about the sustainability of support and the future landscape of mental healthcare for refugees in Greece.

Mental health professionals also play a pivotal role in supporting refugees, necessitating a personalized approach that recognizes the unique needs and cultural backgrounds of individuals. Overlooking cultural factors can lead to misdiagnoses and hinder the effectiveness of therapy. In addition, the presence of proficient cultural mediators is essential in healthcare settings to facilitate effective communication and therapeutic rapport. However, it requires careful navigation of roles and responsibilities to maintain a strong therapeutic relationship.

Integration, as a multi-dimensional process, involves various aspects like employment, language acquisition, housing, and social connections. Bureaucratic complexities, language barriers, and resource inadequacies pose significant challenges to successful integration. Several actionable recommendations emerged from the study, including the promotion of psychoeducation, enhancing awareness strategies, cultural competence training for professionals, ensuring access to interpreters, and supporting education and job opportunities.

The findings of this study hold implications for policy-making, program development, and training initiatives not only in Greece but also in similar contexts globally. Implementing these recommendations can lead to more inclusive, informed, and supportive environments, ultimately improving the overall mental health and well-

being of refugee populations and ensuring that integration can happen. This, in turn, paves the way for successful integration to take place.

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Appendixes

Appendix 1

HELLENIC REPUBLIC
UNIVERSITY OF MACEDONIA

Informed Consent Form for Participation in Semi-Structured Interview

Title of the Study: Mental Health Issues rise among refugees in Greece: Discussion on the mental health services delivery to refugees.

Principal Investigator: Bampleki Theodora

Affiliation: University of Macedonia, Department of Balkan, Salvik and Oriental Studies and Department of International and European Studies

Purpose of the Study: The purpose of this study is to elaborate on Greece's response to the mental health needs of the refugees and the mental health professionals' perceptions of the service provision focusing on integration We are conducting semi-structured interviews to gather information on the challenges faced by the mental health professionals when working with migrants and refugees and good practices towards the integration of refugees with mental health issues.

Please tick box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to askquestions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. ☐

	Yes	No
3. I agree to take part in the above study.	☐	☐
4. I agree to the interview consultation being audio recorded.	☐	☐
5. 5. I agree to the use of anonymized quotes in publications.	☐	☐

Participant's Name: _____ Date: _____

Participant's Signature: _____

Appendix 2 - Interview Questions

Introductive questions: Could you please tell me about your area of specialization?

Where are you currently employed, and for how long have you been working there?

Main interview questions:

1. From your experience, which mental health issues do you commonly encounter when working with refugees?

2. How would you describe the accessibility of mental health services for refugees and asylum seekers within the healthcare system of Greece? Do you notice any differences in access compared to the services available to the local population?

3. Could you share some of the difficulties or challenges you face when working with the migrant and refugee population?

4. What approach or methods do you typically employ when working with refugees and asylum seekers who have mental health difficulties? Based on your experience, which interventions tend to be most effective with this population?

5. What are the primary goals you set when providing mental health support to refugees and asylum seekers with mental health issues?

6. In your view, what does the integration of refugees into Greek society entail?

7. Do you believe the refugee population is adequately prepared for integration? If not, what measures do you think could be taken to facilitate their integration?

8. How do you assess Greece's response to the migrant population, particularly concerning the integration and inclusion of individuals with mental health challenges? How effective do you find the support system for these individuals?

9. Have you observed any significant changes in the operation of specialized facilities offering psychosocial support to individuals with mental health issues and in the way mental health professionals interact with refugees after the refugee crisis?

10. What, in your opinion, should be done to enhance the current system and make it more effective in supporting individuals with mental health problems?